



CLINICAL REVIEW

Parent knowledge of children's sleep: A systematic review

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SUMMARY

We completed a systematic review of literature related to parent knowledge of children's sleep, to determine how much parents know about typical child sleep and symptoms related to sleep problems in childhood and how parent knowledge has been assessed. We also examined whether relationships have been reported between parent knowledge of children's sleep, parent education, child sleep problems, sleep duration, and sleep hygiene. An extensive literature search of five electronic databases was conducted, and of 615 articles identified, eight met inclusion criteria for review: four descriptive studies and four educational interventions. These studies varied considerably in the number of items included in scales, the specific content measured, the response scales used, and the populations included, limiting the conclusions that could be drawn across studies. In general, parent knowledge of child sleep was poor. Greater accuracy was reported for items pertaining to healthy sleep practices at sleep onset and daytime symptoms, in comparison with items pertaining to child sleep problems during the night. More knowledgeable parents were more likely to report that their children exhibited healthy sleep practices; associations with sleep duration were mixed. Small interventions demonstrated an increase in parental knowledge in the short-term, but effects were not maintained at follow-up. Future work is needed to clarify relations between parental knowledge and child sleep, and to design and evaluate effective methods of promoting education about child sleep in a range of parent populations. The further development of validated tools to assess parent knowledge of child sleep will be required to underpin this work.

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Introduction

A healthy sleep regime is a critical part of normal child development, important for children's general health and vital to optimise their ability to learn at school [1,2], regulate their emotions and behaviour [3–5], and facilitate stable child mood [6]. Children are dependent on parental understanding of their developmental sleep needs so caregivers have a critical role in ensuring that a healthy sleep regime is maintained for the children in their care [7]. Children are also reliant on parents to recognise that they are exhibiting sleep problems and to seek appropriate support and intervention from health practitioners [8].

Problematic sleep in childhood is common with several studies reporting a prevalence of 14–45% in two- to four-year-olds [9–11], and 37–62% in older children [12,13]. Common sleep problems that present in this population include behavioural sleep problems, in particular sleep onset difficulties and night waking, parasomnias, and symptoms related to sleep disordered breathing (SDB) [18,19]. Behavioural interactions between the parent and child at times of sleep–wake transition contribute significantly to behavioural sleep problems, although the relationships are likely to be complex and multidimensional, as described for the parent/infant dyad [20]. Sleep problems are classified as a “sleep disorder” by clinicians if there are significant consequences, distress or impairment in one or more functional realms [21]. The literature reviewed in this paper reports prevalence of parent perceptions of “sleep problems”, rather than clinical diagnoses of “sleep disorders”.

The sleep literature now includes a wide range of reports and reviews about norms for children's sleep needs and the prevalence of sleep problems in various child populations [15–17]. Much less common in the literature are reports that assess parent knowledge

Abbreviations: OSA, obstructive sleep apnoea; SDB, sleep disordered breathing.

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of child sleep and sleep problems. Clearly if parents are to be asked “Do you think your child has a sleep problem?” they need to have a clear understanding of what would be considered a sleep problem and what would not. For example if a parent considers that snoring or heavy breathing are normal phenomena in childhood they will not perceive this as a ‘sleep problem’ for their child. Parent education about appropriate sleep practices (or ‘sleep hygiene’) is often the first line of treatment for sleep problems, indicating that clinicians perceive that parental knowledge about child sleep has an impact on child sleep behaviour [14].

Parent knowledge about children's sleep in the late preschool and school age is critical to optimise a child's sleep and therefore their ability to capitalise on their daytime learning experiences [1,2,22,23]. With this in mind, this review sought to systematically search the sleep literature related to parent knowledge of children's sleep, to determine what parents know of child sleep, what tools were used to assess parent knowledge and whether there are particular demographic factors reported to have been associated with optimal knowledge about children's sleep, for example, ethnicity, parent education, household income, or family composition. We also sought to examine whether any relationships have been reported between parent knowledge of children's sleep and measures of children's sleep and sleep problems/disorders.

Methods

Search strategy

A search strategy was developed to identify studies that measured parent knowledge or attitudes about sleep, and relations with child sleep. An extensive literature search of five electronic databases was conducted with no time limits applied, up until 31 July 2015: CINAHL, Ovid MEDLINE, PsycINFO, Scopus, and Web of

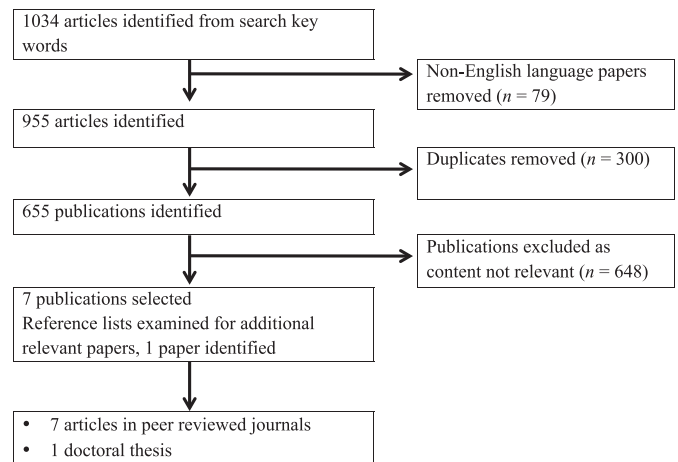


Fig. 1. Flow chart indicating the results of the systematic review.

Science. For CINAHL, Ovid MEDLINE and PsycINFO this search included a combination of subject headings and keywords. For Scopus and Web of Science the search included keywords only. All searches included the limit of English language. The full search strategies for each database are presented in Table 1, with the number of results in brackets. In total across the databases, the search terms yielded 655 articles (after duplicates and non-English articles were removed) and titles and abstracts were examined to extract potentially relevant articles and subsequently examined in more depth for inclusion/exclusion criteria by two authors (DE and PSM). Full text was retrieved if a decision could not be made based on the article abstract. In addition, hand searches were conducted on reference lists of included articles. Following this process eight relevant articles were identified (Fig. 1).

Table 1
Search strategies across five databases.

MEDLINE (Ovid)

1. exp Sleep/or exp Sleep Onset/or exp Sleep Deprivation/or exp Sleep Apnea/or exp Sleep Disorders/(107,442)
2. Knowledge/or "Health Knowledge"/or "health education/(458,039)
3. (parent* or mother* or father* or caregiver*) (519,920)
4. 1 and 3 and 4 (219)
5. limit 4 to English language (207)

PsycINFO (Ovid)

1. exp Sleep/or exp Sleep Onset/or exp Sleep Deprivation/or exp Sleep Apnea/or exp Sleep Disorders/(32323)
2. knowledge or health knowledge or health education (237,070)
3. (parent* or mother* or father* or caregiver*) (237332)
4. 1 and 2 and 3 (86)
5. limit 4 to English language (84)

Scopus

1. "Sleep" or "Sleep Onset" or "Sleep Deprivation" or "Sleep Apnea" or "Sleep Disorders" in Title, Abstract, or Keyword (198,275)
2. knowledge or health knowledge or health education (176,045)
3. parent* or mother* or father* or caregiver* in Title, Abstract, or Keyword (888,765)
4. #1 AND#2 AND#3 (364)
5. Limit#4 to English language (322)

CINAHL

1. (MH "Sleep") OR (MH "Sleep Deprivation") OR (MH "Sleep Apnea Syndromes+") OR (MH "Sleep Disorders+") (21,175)
2. (MH "Knowledge") OR (MH "Health Knowledge") OR (MH "Health Education") (33,866)
3. (MH "Parents+") (44,569)
4. S1 AND S2 AND S3 (28)
5. Limit#4 to English language (28)

Web of science

1. Topic: sleep (154,164)
2. Topic: knowledge or "health knowledge" or "health education" (822,260)
3. Topic: parent* OR mother* OR father* or caregiver* (596,144)
4. #1 AND#2 AND#3 (337)
5. #6 Refined by: LANGUAGES: (ENGLISH) (314)

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