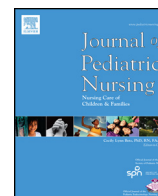




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Research Commentary Column

Translational Research—Stressful and Overwhelming Challenges of Children's Illness for Parents and Families

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When children become ill and are hospitalized, this creates stress in children, their parents, and families and creates multiple challenges – how to help children overcome illness and become well again, how to survive acute life-threatening illness, how to manage uncertainty about the child's prognosis, how to help children meet their developmental demands when challenged by illness and hospitalization, how to provide caregiving for children in hospital and at home, how to live with and provide caregiving to manage chronic conditions, how to achieve a new normal. Each of these challenges is inherently overwhelming and stressful for parents and families. These challenges contribute to parenting and family stress as they navigate the demands of illness while balancing the demands of caregiving and maintaining family functioning. Better understanding of the challenges that parents and families face is gained through research that guides the development of new intervention strategies to improve the quality of care for children and their families. Discovering solutions to these challenging problems faced by parents and families is linked to the translation of research evidence into practice. New evidence is generated from nursing research (Polit & Beck, 2017), and translating new evidence into practice leads to better health outcomes for children and families (Hockenberry & Wilson, 2015; Melnyk & Fineout-Overholt, 2014). The challenges that confront parents and families are addressed by pediatric nurses through the translation of research into new intervention strategies for evidence-based practice (Christian, 2016, 2017). With new intervention strategies, the challenges that parents and families face may be overcome, resulting in improved health outcomes for children, their parents, and families. To that end, pediatric nurses must recognize this linkage between research evidence and improved quality of care for children and their families (Christian, 2011, 2013).

In this issue of the *Journal of Pediatric Nursing*, 25 articles focus on a range of issues spanning three broad categories that challenge children, parents and their families: (a) the health of adolescents and school-age children; (b) parenting stress and caregiving; and (c) interventions for improving the quality of care for hospitalized children. Eight articles focus on issues with respect to the health of adolescents and school-age children, including health responsibility and healthy lifestyle behaviors, eating behaviors, obesity and Vitamin D deficiency, contextual influences of urban and low-income neighborhoods on adolescent

health, bullying, depression screening in school-based clinics, sensory processing sensitivity and type 1 diabetes, as well as health literacy/numeracy and chronic kidney disease.

Another seven articles focus on the psychosocial experiences of parents, families and caregivers as they confront the challenges of their children's illness and hospitalization, including critically ill children in emergency department, children with life-limiting and life-threatening illness, caregiving experiences of children with inflammatory bowel disease, children with febrile seizures, healthcare transition readiness of children with chronic conditions, as well as parenting stress associated with VLBW infants.

Another ten articles highlight issues associated with the challenges of hospitalization of children as well as new interventions for improving the quality of care, including the effects of breastfeeding on infants with PKU, effect of diagnostic blood loss on anemia with children with CHD, peripheral IV insertion strategies to decrease vasovagal symptoms, pediatric early warning signs implementation in emergency department, early mobilization of children in PICU, perioperative factors leading to persistent postsurgical pain in adolescents with idiopathic scoliosis undergoing spinal fusion, influence of context on pain management in PICU, decreasing anxiety and pain during vaccinations, use of high-fidelity simulation in discharge preparation of family caregivers for children with complex medical conditions requiring mechanical ventilation, and nurses' intention to report child abuse.

The 25 articles in this issue of the *Journal of Pediatric Nursing* present new evidence and intervention strategies to address the challenges faced by children, their parents and families across the three broad categories: (a) health of adolescents and school-age children; (b) parenting stress and caregiving; and (c) interventions for improving the quality of care for hospitalized children, as follows:

- A cross-sectional, correlational design was used to examine the relationship between health responsibility, social support, resilience, neighborhood perception, and health behaviors among urban adolescents ($N = 122$; ages 13 to 18 years; 58% female) using Pender's Health Promotion Model (Ayres & Pontes, 2018). The convenience sample of adolescents was 46% Black/African American, 47% Hispanic/Latino, 4% Asian/Pacific Islander, and 3% other. Greater health responsibility was significantly associated with overall health promoting lifestyle behaviors ($r = 0.733, p < 0.001$). Moreover, health responsibility was found to be moderately associated with nutrition ($r = 0.561, p < 0.001$), physical activity ($r = 0.422, p < 0.001$), and

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spiritual health ($r = 0.465, p < 0.001$), with weak associations between health responsibility and interpersonal relations ($r = 0.187, p < 0.01$), as well as perceptions of order in their neighborhood ($r = 0.163, p < 0.01$). However, health responsibility was not significantly associated with resilience or social support. Thus, findings support the influence of health responsibility on healthy lifestyle behaviors among ethnically diverse, urban adolescents.

- A cross-sectional, descriptive quantitative study was employed to assess eating behaviors, weight bias, body dissatisfaction, and psychological functioning among adolescents ($N = 105$; ages 13 to 19 years; 66% female) from low-income neighborhoods (Najjar, Jacob, & Evangelista, 2018). Adolescents were recruited at community centers and libraries with a convenience sample of 47% Hispanic and 46% African American. The sample was categorized into two groups by race/ethnicity: Hispanic and non-Hispanic (African American, Caucasian, and other). Eating behaviors among adolescents in the sample were classified into three groups for comparison: no eating disorder diagnosis ($n = 60, 57%$), non-clinical bingeing ($n = 29, 28%$), and eating disorder ($n = 16, 15%$). Stigmatizing experiences were reported by 58% ($n = 61$) of these adolescents. No statistically significant differences were found for eating behaviors by ethnic category. Those with eating disorders (12 females; 4 males) reported greater weight bias, body dissatisfaction, and psychological distress. Females reported significantly greater body dissatisfaction and more psychological distress when compared to males, although there were no differences on weight bias. Significant group differences between the two eating behavior groups were noted for weight bias, body dissatisfaction, and psychological distress. Thus, low-income adolescents with eating disorders experienced problems with weight bias, body dissatisfaction, and psychological distress.
- A review of the literature was conducted to explore the relationship between Vitamin D deficiency and obesity in school-aged children (6 to 12 years of age) (Cheng, 2018). This review included findings from review articles and clinical guidelines ($n = 9$) as well as original research ($n = 16$) published over the past five years. Taken together, obesity in school-aged children represents a strong risk factor for Vitamin D deficiency and Vitamin D deficiency predicts metabolic syndrome. It is important to note that Vitamin D deficiency is preventable in obese children through lifestyle and dietary changes and treatment with Vitamin D supplementation. Screening and identification of subclinical signs and symptoms of Vitamin D deficiency are recommended.
- A cross-sectional, self-report survey of a representative national sample ($N = 11,018$) of school-aged children and adolescents (grades 6, 8, and 10; mean age 11, 13, and 15 years) in Iceland was conducted to determine the frequency and extent of bullying (Garny, Vilhjálmsdóttir, & Kristjánsdóttir, 2018). Results indicated that bullying was more common among younger children and decreasing over time, with 6th grade children (7.2%) being bullied at least 2–3 times per month, as compared to older children in 8th grade (5.6%) and 10th grade (3.6%). The most frequent form of bullying behaviors included being lied to, left out, and called names. Bullying was associated with being younger, speaking a foreign language at home, not living with parents, and living in a rural area. Thus, the prevalence of being bullied was 5.5% among school-aged children in Iceland.
- A cross-sectional, descriptive correlational study was used to explore adolescents' ($N = 436$) experiences with being bullied in schools in Jordan (Shaheen, Hammad, Haourani, & Nassar, 2018). Three-stage multistage cluster sampling was used to recruit adolescents (mean age 15 years, $SD = 1.62$; 52.5% female) from one class of each grade 6 through 10 from five public, four private, and two United Nations Relief and Work Agency (UNRWA) schools. The most common form of bullying behavior was relational-verbal bullying with cyber bullying being the least common among students. Statistically significant differences were found for bullying between males and females, with males being more likely to be bullied; those who were in early

adolescence experienced more bullying than those in middle adolescence. Significant differences were also found for adolescents from low-income families, who experienced more bullying than those from moderate-income families. Thus, risk factors for bullying behaviors among Jordanian adolescents in school were identified to guide interventions.

- An evidence-based intervention was implemented to improve depression screening with respect to Major Depressive Disorder (MDD) among adolescents ($N = 256$; 12 to 18 years; 49.6% females, 50.4% males) at a school-based pediatric primary care clinic (Bhatta, Champion, Young, & Loika, 2018). A retrospective chart review of the previous 1–3 year period was conducted prior to project implementation revealing that 55% of adolescents ($n = 143$) were screened for psychosocial health, but no standardized screening tool was used. Implementation of standardized depression screening (PHQ-9) of all adolescents who received pediatric primary care at the school-based clinic was begun to determine the documented depression screening outcomes with respect to Major Depressive Disorder (MDD) among adolescents. Evaluation of outcomes at 4-months indicated that depression screening was completed for 56.3% ($n = 144$) of the adolescents with 12.5% ($n = 18$) having PHQ-9 scores ≥ 10 (indicative of moderate to severe depression) and 15 adolescents (3 refused referral) being referred to mental health providers. Comparison of depressive symptoms by gender indicated that female adolescents reported significantly more sleep problems ($p = 0.002$) and tiredness ($p = 0.013$) than males. Suicidal thoughts or history of previous suicide attempt were identified in 8% ($n = 12$) adolescents and also referred to mental health providers. Thus, standardized depression screening (PHQ-9) was found to improve screening for depression among adolescents in school-based pediatric primary care clinic.
- A descriptive correlational design with matched comparison group was used to examine sensory processing sensitivity (SPS) in adolescents with type 1 diabetes (T1D) and their parents in Israel (Goldberg et al., 2018). Adolescents ($N = 128$; $n = 62$ with T1D, $n = 66$ matched controls) who participated in the study included 56.5% males and 43.5% females with an average age of 16.06 years ($SD = 3.47$). Statistically significant differences in SPS levels were found between adolescents with T1D and the comparison group, with higher SPS levels among those adolescents with T1D ($p < 0.01$). In addition, parents of adolescents with T1D demonstrated statistically significant SPS levels ($p < 0.001$), as compared to parents in the control group. Thus, greater SPS levels among adolescents with T1D suggest differences in temperament that may influence individual responses to the environment and guide intervention development.
- A retrospective cohort study was conducted to examine the influence of health literacy/numeracy as a potential predictor of emergency department visits among adolescents and young adults/adults ($N = 142$; ages 12 to 31 years; 62.7% female) with chronic kidney disease (CKD) or end-stage kidney disease (ESKD) for more than two years (Levine et al., 2018). Both adolescents < 18 years of age ($n = 49$; 34.5%) and young adults/adults ≥ 18 years of age ($n = 93$; 65.5%) were included in the sample with race/ethnicity classified as 43.7% Caucasian ($n = 62$), 40.1% African American ($n = 57$), or 16.2% other ($n = 23$). Health literacy/numeracy was measured with the Newest Vital Signs (NVS) screening tool administered verbally. To assess healthcare utilization and emergency department visits, electronic health records were examined. Results indicated that those with limited health literacy/numeracy included 59.2% adolescents ($n = 29$) and 46.2% young adult/adult ($n = 43$) participants. Significant group differences were found for health literacy/numeracy by race/ethnicity ($p \leq 0.05$) and type of insurance ($p \leq 0.05$). However, health literacy/numeracy among adolescents and young adults/adults with CKD or ESKD was not significantly associated with healthcare utilization, including hospitalization, preventable hospitalization, length of stay, or emergency department visits.

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