

An Integrative Review of Interventions to Support Parents When Managing Their Child's Pain at Home

■ ■ ■ *Roses Parker, BSc (Hons), PGDip, RN (Child),^{*,†}
Stephen McKeever, RGN, RN (Child), DipTropNurse, ENB
415, BSc (Hons), PGCE, PhD,^{*}
Theresa Wiseman, BSc (Hons), PGDipEd, PhD Nursing,
RN,^{‡,‡}
and Alison Twycross, PhD, MSc, DMS, CertEd, RGN, RMN,
RSCN^{*}*

■ ABSTRACT:

To identify interventions aimed at helping parents manage their child's pain at home and to establish which aspects of interventions were effective. Integrative narrative review. MEDLINE, CINAHL Plus, PsychINFO, PsychArticles, AMED, PubMed, Scopus and Web of Knowledge databases were searched in 2016. This narrative synthesis followed Centre for Reviews and Dissemination and Economic and Social Research Council guidance. Reasons attributed to intervention success were analyzed using content analysis. From 2,534 papers, 17 were included. A majority were randomized controlled trials (n = 13) and most addressed postoperative pain (n = 15). A range of interventions were found that directly targeted parents, including child-parent interactions and health care professional-parent interactions, as well as complex interventions. Three studies were successful in reducing child pain at home and seven in increasing appropriate analgesic drug administration. Analysis of reasons attributed to interventions success revealed characteristics of interventions, components of parental pain management, and key features of research that aid researchers in designing and evaluating interventions. Risk of bias was present because of inadequate randomization, lack of a control group, and underpowered studies. Nurses should be aware that targeting parents directly is the most effective way of reducing child pain at home. Nurses need to advocate for effective analgesics for their child patients because the ineffectiveness of many interventions was attributed to inadequate analgesic drugs. Once this is achieved, success in increasing analgesic drug administration is most likely reached via parent-targeted interventions and those targeting health care professional-parent

From the ^{*}Department of Children's Nursing, School of Health and Social Care, London South Bank University, London, UK; [†]The Royal Marsden NHS Foundation Trust, London, UK; [‡]Faculty of Health Sciences, University of Southampton, Southampton, UK.

Address correspondence to Roses Parker; BSc (Hons), PGDip, RN (Child), Department of Children's Nursing, School of Health and Social Care, London South Bank University, London, UK. E-mail: parker11@lsbu.ac.uk

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interactions. Successful interventions will be tailored to the child and adequately powered. Including a measure of sedation will ensure sedation is not mistaken for analgesic effectiveness. Interventions should address multiple facets of pain management and include a measure of pain over a period as opposed to a snapshot in time.

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Children experience pain as a result of clinical conditions such as sickle cell disease (Zempsky et al., 2017), cancer (Twycross, Parker, Williams, & Gibson, 2015), recurrent abdominal pain (Robins, Smith, Glutting, & Bishop, 2005), migraines (Stubberud, Varkey, McCrory, Pedersen, & Linde, 2016), neuropathic pain (Howard, Wiener, & Walker, 2014), neonatal pain (Valeri, Holsti, & Linhares, 2015), pain resulting from trauma or injury (Stang, Hartling, Fera, Johnson, & Ali, 2014), and surgery (Shum et al., 2012). Pain produces a biological stress response (Brummelte et al., 2015), which has short-term negative consequences, such as immune suppression (Huth, Broome, Mussatto, & Morgan, 2003) and reduced ability to eat, sleep, and interact (Berger, Shuster, & Roenn, 2007), and long-term negative consequences, such as increased pain sensitivity (Walker, 2017).

Children now spend less time in hospital and more time recovering at home (Fortier, Sender, & Kain, 2011; MacLaren Chorney, Twycross, Mifflin, & Archibald, 2014; Twycross & Collis, 2013; Twycross, Parker et al., 2015). Although this change in treatment location improves quality of life, if the child is in pain, responsibility for pain management shifts from nurses to parents (British Pain Society, 2010). Parents may not have the knowledge and skills required for their pain management role (Vincent, Wilkie, & Szalacha, 2010). Parents of children undergoing surgical procedures often do not give their child sufficient analgesic drugs postoperatively even when they receive instructions about how to do so (Kankkunen et al., 2009). Many parents find pain management challenging and lack confidence in their ability to handle it (Kankkunen, Vehviläinen-Julkunen, Pietilä, Kokki, & Halonen, 2003). Some parents lack knowledge (Twycross & Collis, 2013); others have attitudinal barriers such as fear of side effects and the addiction potential of analgesic drugs (Sutters et al., 2012; Zisk, Fortier, Chorney, Perret, & Kain, 2010). Many parents do not administer analgesic drugs despite recognition of their child's pain (Twycross, Parker et al., 2015).

Background

The change in treatment location from hospital to home is coupled with an increasing need to support parents in pain management and address their challenges, misconceptions, and attitudinal barriers (Fortier et al., 2011). Many authors have called for interventions aimed at supporting parental pain management at home in line with the change in health care location (Flury, Caffisch, Ullmann-Bremi, & Spichiger, 2011; Fortier et al., 2011; Lu et al., 2011; Twycross, Parker et al., 2015). Interventions are required to support parents managing their child's pain and increase their administration of analgesic drugs to ensure children receive sufficient doses.

Intervention development includes design, piloting, evaluation, reporting, and implementation stages (Craig et al., 2008). Intervention research is costly to fund, and each stage requires careful planning to overcome practical and methodologic challenges (Melnyk & Morrison-Beedy, 2012). Learning from both successful and unsuccessful interventions will provide guidance for future interventions that will increase their success in reducing child pain. There is a need to identify the most effective interventions and ascertain which aspects of interventions make them most effective (Owen et al., 2012).

A recent review of postoperative literature considered interventions aimed at supporting parents managing their child's pain at home (MacLaren Chorney et al., 2014). Eight studies were reviewed. The age range of children in these studies was 1-18 years, with most studies on children aged 3-12 years. Types of surgeries included tonsillectomy with and without associated procedures, mixed day surgery, and surgeries requiring hospitalization. Gender was not examined. Overall, studies produced small to moderate effect sizes (small effect size < .2, medium effect size = 0.5). MacLaren Chorney et al. (2014) concluded that future research was needed to better understand factors which contributed to parental postoperative pain management at home.

The present review is the first to expand inclusion criteria to include interventions aimed at supporting parents managing pain caused by any acute or long-term condition at home. This expansion enabled further consideration of the reasons for the effectiveness or noneffectiveness of interventions to support parents in managing their child's pain at home. Literature in this area uses a diverse range of research designs. Integrative review methods were used to provide a distinct, systematic approach to literature reviews (Whittemore & Knaf, 2005). The inclusion of different methodologies using narrative description

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