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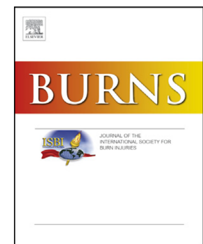

Parental presence or absence during paediatric burn wound care procedures

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ABSTRACT

Aim: Differing views on benefits and disadvantages of parental presence during their child's wound care after burn injury leave the topic surrounded by controversies. This study aimed to describe and explain parents' experiences of their presence or absence during wound care.
Methods: Shortly after the burn event, 22 semi-structured interviews were conducted with parents of children (0–16 years old) that underwent hospitalization in one of the three Dutch burn centers. Eighteen of these parents also participated in follow-up interviews three to six months after discharge. Interviews were analyzed using grounded theory methodology.
Results: Analyses resulted in themes that were integrated into a model, summarizing key aspects of parental presence during wound care. These aspects include parental cognitions and emotions (e.g., shared distress during wound care), parental abilities and needs (e.g., controlling own emotions, being responsive, and gaining overall control) and the role of burn care professionals.
Conclusion: Findings emphasize the distressing nature of wound care procedures. Despite the distress, parents expressed their preference to be present. The abilities to control their own emotions and to be responsive to the child's needs were considered beneficial for both the child and the parent. Importantly, being present increased a sense of control in parents that helped them to cope with the situation. For parents not present, the professional was the intermediary to provide information about the healing process that helped parents to deal with the situation. In sum, the proposed model provides avenues for professionals to assess parents' abilities and needs on a daily basis and to adequately support the child and parent during wound care.

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1. Introduction

Offering parents the possibility to be with their child and to participate in care is recognized as an important aspect of pediatric hospital care [1]. Parents express the wish for participation in their child's care and expect to be involved [2]. However, ways in which parents want to be involved are likely to differ depending on the nature of the pediatric illness or injury, the type of care concerned, and individual child and parent characteristics. Attending the wound care of their child with burns may be an additional stressor for parents on top of the burden of the burn incident and its consequences. However, parents may have good reasons to want to be present and support their child. In-depth research on parent experiences of their participation in wound care procedures after pediatric burn injury may elucidate under which circumstances parent participation leads to optimal outcomes for child and parent.

Potential benefits that have been described for parental presence during injections and other medical procedures include lower distress and higher satisfaction in parents, and prevention of child separation anxiety [3]. For burn wound care, presumed benefits include the opportunity for parents to comfort their child and model adaptive coping strategies. Nurses can also teach parents how to conduct wound care themselves, thereby stimulating adequate recovery after discharge [4,5].

Besides the assumed advantages of participation of parents in burn wound care procedures, it can also be distressing. Within the integrative model of pediatric medical traumatic stress, invasive procedures such as wound care have been described as events that may elicit traumatic stress reactions in both the child and its parents [6,7]. Empirically, parents have described observing pain and distress reactions in their children as the most difficult part of burn injury [8] and wound care in particular [9]. Stoddard et al. [10] found an association between the child's pain during hospitalization and parents' acute stress symptoms. In a study of De Young et al. [11], 18% of the parents qualified wound care as the most traumatic part of burn injury, while for 15% of the parents, this was the actual burn injury and the wound care. Similarly, in a qualitative study, wound care procedures were described as a source of trauma for parents [12]. Therefore, participation might be inappropriately stressful to parents and potentially associated with parental traumatic stress reactions.

When weighing the appropriateness of parental presence during wound care, besides invasiveness of the procedure and anticipated pain and emotions of the child, parental capabilities to participate are considered to be important [4,5,13]. These capabilities may relate to the parent's emotional state. For example, child preoperative anxiety has been shown lower in the presence of a calm parent, but not in the presence of an overly anxious parent [14]. It is well documented that in the acute aftermath of pediatric burn injury, parents have to deal with their own stress reactions and emotions related to the burn event, such as guilt [11,15]. This potentially impacts their decision and perceived ability to participate in wound care. Little research has, however, specifically addressed the role of parental capabilities and emotions in participation during wound care.

Given the differing views on the benefits and drawbacks of parent participation in their child's wound care, it is not surprising that different policies on parental presence exist in clinical practice. When considering parents' presence, parental views on their preferences and role during wound care are essential. Recently, Morley et al. [16] have described mothers' experiences regarding their young child's wound care. The study showed that mothers experienced a sense of duty to be present during wound care, related to their feelings of responsibility associated with being a parent. Findings also highlighted the need for appropriate support of mothers during dressing changes. These insights into the phenomenon of parental presence during wound care call for more studies in the wider parent population.

The present study aimed to increase our understanding of parents' experiences of their presence or absence during wound care, with the inclusion of a larger sample, and a wider child age range, with data of fathers and of parents that were present and those that were absent during wound care. Ultimately, the goal was to develop an integrative model describing the aspects that are important for professionals in burn care when considering parental presence or absence during wound care.

2. Methods

2.1. *Participants and procedure*

The present study that is focused on the perspective of parents is part of a larger qualitative study on parental presence during wound care. Another study will offer an in-depth evaluation of nurses' and child life specialists' perspectives on parental presence and will address nursing interventions [17]. To obtain the sample described in the current manuscript, parents were recruited from the three burn centers in the Netherlands between December 2014 and June 2016. In two of these burn centers, parents are offered the possibility to be present during their child's wound care procedures, while in one center parents are not present. In all centers, child life specialists are often present during wound care. While nurses primarily focus on the wound care, the child life specialist is only concerned with the child's and parent's wellbeing. In the burn center that does not offer parents the possibility to be present, the child life specialist partially takes over the parental role, in terms of distracting, comforting, and guiding the child through the procedure.

Parents of children under the age of 19 years were eligible to participate if their child underwent hospitalization for a burn injury and had at least undergone one wound care procedure. Parents were approached by a local researcher while they were still in the hospital. The researcher explained the purpose of the study and provided additional written information. Written informed consent was provided by all parents. To achieve variation in demographic- and child characteristics (i.e., child age, gender, burn severity, burn type), purposeful sampling was used. Child- and burn characteristics were obtained from the medical file and parents completed a

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