PARENTAL ANXIETY WHEN ATTENDING A PAEDIATRIC EMERGENCY DEPARTMENT: A SYSTEMATIC MAP OF STUDIES AND CONCEPTUAL SYNTHESIS

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BACKGROUND

Parents who bring their child to a paediatric emergency department (ED) are typically overanxious. Doctors and nurses receive little training on managing parental anxiety, and none on how and when to communicate clinical information.

OBJECTIVES

To investigate the causes of anxiety and identify strategies (shared decision-making and parent-centred approach) that doctors and nurses can use for managing parental fear and concern in a paediatric ED.

MATERIAL AND METHODS

To seek more information on the three key determinants identified from my personal experience as triggering parental anxiety (changing family dynamics, parental preferences and expectations, and inadequate paediatricians’ strategies for coping with parental anxiety) I used the major current keywords to search the relevant literature. Titles and abstracts were screened to identify quality studies to include; themes were summarised and coded by hand in seven variables, higher order themes were synthesised into three maps, and lines of arguments underlined in a final synthesis map.

RESULTS

The first literature search yielded 850 papers, including 1034 relevant studies. Subsequent screening excluded psychiatric studies and yielded 112 papers, 99 of which were coded. Overall I found 46% qualitative studies, 21% observational and prospective studies, 27% narrative reviews, and 16% other studies including 3 RCTs and 2 grounded-theory studies. Research took place mostly in the USA and rarely in developing countries. Coding higher order themes into three maps identified as the three lines of arguments: triggering parental anxiety having a single child, pain-catastrophizing, gut feelings from previous hospital experience, and fever-phobia, and specified that health-care professionals tend to confuse normal and psychopathology human emotions (Figure).

CONCLUSIONS

Managing parental anxiety is a major and often neglected problem in a paediatric ED that needs a parent-centred approach based preferably on shared-decision making.

Health-care professionals can reduce anxiety and save hospital resources by listening to parents, avoiding blaming them for coming, and distinguishing between normal and psychopathologic human emotions.

Health professionals should reassure parents, reduce children’s pain as soon as possible, and repeat information over time without trying to solve all the clinical problems immediately. Instead of following traditional medical norms they should communicate the appropriate clinical information at the right time and keep their minds open to parental needs.