

Quantitative study—other

Parents are psychologically affected by their experiences when their child is in hospital because of uncertainty about prognosis and anxiety at the time of admission

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Commentary on: Franck LS, Wray J, Gay C, *et al.* Predictors of parent post-traumatic stress symptoms after child hospitalization on general pediatric wards: a prospective cohort study. *Int J Nurs Studies* 2015;52:10–21.

Implications for practice and research

- Post-traumatic stress symptoms are experienced by parents after a child's hospitalisation, even where the child's medical condition is not life-threatening.
- Screening parents during admission for risk factors, such as anxiety and single parent status, may facilitate more appropriate targeting of support.

Context

There is growing appreciation of the extent to which paediatric patients and their parents, are affected psychologically by their experiences in hospital.¹ In particular, in the last decade, there have been a number of studies of parental post-traumatic stress, but these have mainly focused on the prevalence of these symptoms in relation to particular disease groups (eg, cancer) or paediatric settings, such as intensive care and, as yet, little is understood about associated risk factors.² In this study by Franck and colleagues, associations between a group of potential predictor variables assessed during admission and subsequent post-traumatic stress symptoms were examined in parents, after their child's discharge from a general paediatric ward.

Methods

The purpose of this prospective cohort study was to establish which predictor variables (relating to demographics; child's medical status; parental distress and coping during admission; family support and functioning; dispositional optimism and uncertainty about prognosis) best explained variance in parents' post-traumatic stress symptoms, 3 months after their

child's discharge from a general paediatric ward. Parents of children admitted for a minimum of three nights completed a number of standardised questionnaires, including the Hospital Anxiety and Depression Scale (HADS) during admission and the Impact of Events Scale-Revised (IES-R), which measures post-traumatic stress symptoms, at follow-up. Of the eligible pool of 362 parents, n=253 (70%) completed the baseline measures and n=107 (30%) completed the final outcome measure (IES-R).

Findings

One in five parents scored above the recognised clinical cut-off on the IES-R, suggestive of probable post-traumatic stress disorder (PTSD), at 3 months.

Multiple regression analyses were performed to establish which potentially modifiable variables best explained variance in post-traumatic stress scores, after controlling for fixed characteristics such as length of stay. The only non-modifiable risk factor which remained significant in the final model, was single parent status. Anxiety, uncertainty about prognosis during admission and the use of negative coping strategies (eg, denial, self-blame) during admission were, however, all independently associated with higher post-traumatic stress scores at follow-up.

Commentary

These findings may not reflect the true prevalence of post-traumatic stress in parents in this situation, as children with chronic conditions were over-represented and there was significant attrition between baseline and follow-up. Also the relatively short time to follow-up may limit the generalisability of these results, given recent evidence of the extent of delayed PTSD reactions.^{3 4} Nevertheless, they suggest that, at least in some cases, such symptoms are a feature of parents' experience—that is, they are not only reported by parents of children with life-threatening conditions.

The main strengths of the study are (1) the use of a comprehensive battery of standardised questionnaires to assess potential explanatory variables and (2) the use of statistics designed to separate out the relative contribution of fixed characteristics from potentially modifiable ones. The results suggest that it could be beneficial to screen parents acutely for the risk factors outlined, and target support at them, consistent with recent UK recommendations on the management of PTSD.⁵

Competing interests None declared.



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