PARENT INVOLVEMENT AND CHILDREN’S DISTRESS DURING IV PLACEMENT

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Background:
On a daily basis, many children are hospitalized and experience invasive procedures that can traumatize and sensitize children who are not yet able to handle the hospital environment (Diaz-Caneja, Gledhill, Weaver, Nadel & Gerralda, 2005). It is reported that there was a total of 6.4 million children hospitalized in the United States alone in 2009 (Healthcare Cost and Utilization Project [HCUP], 2011). In order to alter a child’s experience in a hospital setting, it is important to understand what helps the child cope during invasive procedures and hospitalization (Sparks et al., 2007). Parents know the most about their own child’s pain management and coping methods (Piira, Sugiura, Champion, Connelly & Cole, 2005). Parent presence and involvement may influence how the child reacts to the medical procedure (Walker, Williams, Smith, Garber, Van Slyke & Lipani, 2006). Not only are IV placements common, but they are also among the most painful and distressing procedures that young children experience during hospitalization and are rated as one of the most feared medical events (Sparks, Setlik & Luhman, 2007). The objective of this study is to understand how parent involvement is associated with children’s distress level during a hospitalization procedure, specifically an IV placement or blood draw, and what factors are related to parent involvement.

Methodology:
Data was collected at Primary Children’s Hospital from parents of hospitalized children (N = 111) ages 2+ years (M=110 months; SD=57 months) with an IV or blood draw order. After researchers consented parents and child, the parent received two questionnaires to fill out, a “Perceptions of Procedures Questionnaire” (PPQ) and a basic demographic questionnaire. Topics addressed on the PPQ are the extent of parent involvement during IV placement, child’s distress level in hospital without procedures occurring, and child’s distress level before and during placement of IV.

Results:
Although parents were almost always present during the IV placement or blood draw, the extent of involvement varied. More than two-thirds of children were moderately or extremely distressed during IV placement (see Figure 1) and it was found that younger children experienced higher distress levels during the procedure. Regression analyses indicated that parents were more involved with younger children, with girls than with boys, with children who were more distressed both during IVs and during their hospital stay in general. Interestingly, parents were less involved than they want to be (see Figure 2).
Conclusions:

Results indicate that parent involvement may be especially important for children who are highly distressed. Children’s socioemotional well being during hospitalization is important and may impact their physical well-being. Future research should examine strategies for reducing distress with an emphasis on parent involvement. Hospitals may want to create policies and education programs that promote parent involvement in their child’s medical care and provide information on how parents can better support their children during hospitalization.