Our aims were to map primary research on caregiver distress in the ED, synthesize key concepts underpinning the literature, identify gaps, and provide guidance for future work” Ringer et al (2017).

Abstract:

BACKGROUND: Despite substantial research interest in caregiver distress in the emergency department (ED), no recent review of the literature exists.

OBJECTIVE: Our aims were to map primary research on caregiver distress in the ED, synthesize key concepts underpinning the literature, identify gaps, and provide guidance for future work.

RESULTS: Of 2121 records, 29 studies were included. The majority were small, conducted in North America or Europe, and published after 2000. Numerous methodologies and definitions of distress were represented. The majority involved children, with just five studies restricted to adults. Many involved higher-acuity scenarios, such as resuscitations or invasive
procedures. The most common research topic was anxiety of parents of children undergoing procedures. Effects of witnessed resuscitation were also addressed. Parental presence may reduce anxiety during venipuncture, while only waiting room music reduced anxiety in parents of children not undergoing a procedure. No study explored interventions to reduce distress in caregivers of adults. While heterogeneity precluded evidence-based recommendations, clinically relevant observations emerged, including that anxiety can be worsened if a caregiver believes their patient has been forgotten; that parents are sensitive about being perceived as neglectful; and that sympathy and confidence ease distress, as does sensitivity toward end-of-life issues. Several studies suggested that negative staff behaviors affect caregiver anxiety.

CONCLUSIONS: Future studies should use validated measures of distress; include larger samples; and capture adult, geriatric, and rural populations. A focused systematic review might yield evidence-based guidance for clinicians.

Reference:


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