Parents who received transfer preparation had lower anxiety about their children’s transfer from the paediatric intensive care unit to a general paediatric ward


QUESTION: What is the effectiveness of transfer preparation to reduce the anxiety level of parents of children facing imminent transfer from a paediatric intensive care unit (PICU) to a general paediatric ward?

Design
Randomised (allocation concealed)*, unblinded, controlled trial.

Setting
A tertiary medical centre in southeastern USA.

Participants
50 parents (mean age 31 y, age range 15–52 y, 62% women, 80% white, 78% married) of children (mean age 3 y, age range 1 wk to 12 y) who were in a PICU (mean duration of PICU stay 5 d). Inclusion criteria were first experience of a child in the PICU, child in hospital because of an acute illness (eg, trauma, surgical procedure, or diagnosis of disease), parent attendance in the PICU for ≥3 hours/day, and child to be transferred out of the PICU to a general paediatric ward within ≥24 hours of notice.

Intervention
Parents were allocated to an experimental (n = 31) or control (n = 19) group. Parents in the intervention group were given a transfer preparation letter and a 10 minute verbal explanation by a nurse of the expected changes in the level of care by the ward staff and positive aspects of the transfer, and were encouraged to ask questions. Parents in the control group did not receive a letter or verbal explanation and were informed of the transfer immediately before it occurred (standard procedure).

Main outcome measures
Parental self reported anxiety levels were measured using Spielberger’s State-Trait Anxiety Inventory (STAI) 24–48 hours before the child’s transfer (pre-intervention score) and after the intervention 1–2 hours before the child’s transfer (post-intervention score). The STAI consists of 2 separate scales, the state anxiety and trait anxiety scales; scores range between 20 and 80 and higher scores represent higher anxiety levels.

Main results
Mean pre-intervention STAI scores did not differ for intervention and control groups (state anxiety scores 45 and 47, respectively, and trait anxiety scores 35 and 38, respectively). Mean post-intervention STAI state anxiety scores were lower for the intervention than the control group (37 v 47) after controlling for pre-intervention trait anxiety (p < 0.001) and pre-intervention state anxiety (p < 0.001). Mean post-intervention STAI trait anxiety scores did not differ for the intervention and control groups (33 v 36).

Conclusion
Parents of children facing imminent transfer from a paediatric intensive care unit to a general paediatric ward who received transfer preparation had lower anxiety levels than those who received the standard procedure.

COMMENTARY
Several studies have described the stresses and responses of parents during a child’s hospital stay in a PICU1–6; however, none has focused on parents’ anxiety when their child is transferred out of the PICU onto a general paediatric ward. This study by Bouvé et al is unique in that it tested a creative, cost effective, brief intervention aimed at helping to reduce parental transfer anxiety. A strength of the study is that it builds on the Lazarus Stress and Coping Model, a well known conceptual model. The sample size ensured adequate power, the participants were randomly assigned, and the outcome (state anxiety) was measured using an appropriate and valid tool.

There are several limitations to the study. It would have strengthened the description of the design if the authors had described how they randomised participants into the experimental and control groups. State anxiety was measured 1–2 hours before the child’s transfer. The study would have been strengthened if data were also collected within 24 hours after the transfer. Because these data were not obtained, we do not know if the intervention reduced parental anxiety after the transfer had occurred.

The results are important to nurses who work in paediatric inpatient units. This intervention, which is easy and cost effective to implement, was effective in reducing immediate transfer anxiety in parents. Nurses working in PICUs should work with their colleagues on the regular paediatric ward to develop a similar intervention to help parents to cope with their child’s transfer from the PICU.

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