

The resilience of parents and carers who administer medicines to children at home: a qualitative systematic review

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Why study the resilience of parents and carers?

Parents and carers are increasingly expected to administer prescribed medicines to their children at home. This complex task relies on parents and carers to administer these medicines safely. The risk of harm from medicines is low,^[1] but in some cases it can be serious.^[2] The aim of this review is to use resilience theory to explore parents' and carers' experiences when administering medicines to children at home.

What is resilience?

"...the capacity of a system to handle disruptions, failures and surprises in a way that avoids total system collapse." ^[3]

How can we research resilience?

Firstly, we need a theory which highlights when resilience is happening. One approach is to look at adaptations that happen around a disruptive event. We can use a theory called Moments of Resilience to do this.^[3] This describes resilience in three levels: situated, structural and systemic.


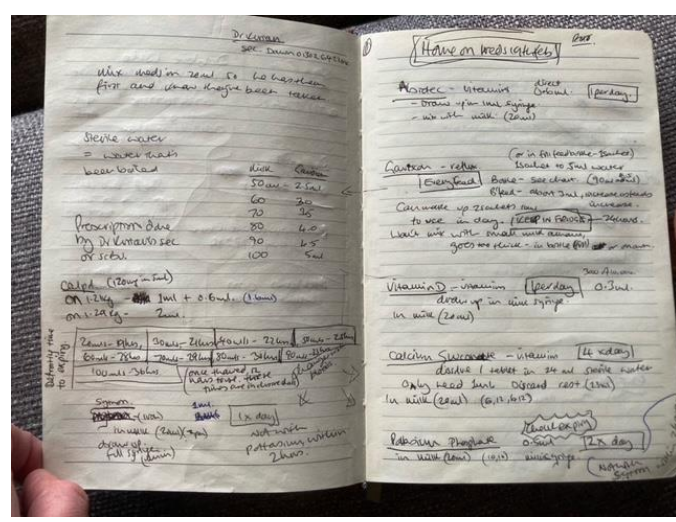

Secondly, we need a way to organise and interpret our data. We can use the framework synthesis method to do this. This is a systematic review approach that uses a theory, framework or model as a scaffold on which to organise and understand research findings from multiple studies.^[4]

Figure 1. Moments of Resilience theory ^[3]

What has the systematic review found so far?

Databases were searched using three terms: parents and carers, administration of medicines, and home environment. The search identified 28,309 individual publications. After duplications were removed, 22,489 publications were screened by title for relevance. 65 publications have been selected for full text review for eligibility, quality assessment and data extraction.

Table 1. Examples of data extraction with comparison to public advisors' experiences

	Situated (short term)	Structural (medium term)	Systematic (long term)
Example from literature ^[5]	Resolving immediate problems. “[the needle] would come out and you’d have to stick it back in.”	Planning to avoid problems. “It took me half a day a week to organise the [injection].”	Providing feedback on how to improve support. “Parents said they would have liked...”
Example from public advisors	 Mixing medicines with food to hide taste	 Using a paper diary to organise information and tasks	 Helping to redesign resources given to families

What is next?

This review is the first study in a programme of research on this topic. The review is testing the feasibility of applying this theory, which if successful will then be used in subsequent research. Ultimately, the knowledge generated from this research will be used to improve the support offered to families. By helping families develop resilience, to a greater extent and in a shorter period of time, will help families to use medicines safely and reduce harm.

References

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