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Coping Mechanisms of Children with Atopic Dermatitis

Whitney A. St. Mary
University of Southern Mississippi

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The University of Southern Mississippi

Coping Mechanisms of Children with Atopic Dermatitis

by

Whitney St. Mary

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COPING MECHANISMS OF CHILDREN WITH ATOPIC DERMATITIS

COPING MECHANISMS OF CHILDREN WITH ATOPIC DERMATITIS

Approved by

Kathleen Masters, D.N.S., R.N., Professor
Department of Collaborative Nursing Care

Susan Hart, Ph.D., R.N., Chair
Department of Collaborative Nursing Care

Ellen Weinauer, Ph.D., Dean
Honors College

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Abstract

This was a qualitative study that explored the lived experience of parents who had children with atopic dermatitis, otherwise known as eczema. The study had seven volunteer participants and the objective of this study was to determine any coping mechanisms used to overcome the negative aspects of atopic dermatitis. Volunteers were obtained from the Oak Grove Family Clinic. Phone interviews were then conducted and the participants were asked a series of eight questions. After the interviews concluded the researcher then transcribed the interviews and determined common themes from parents' responses. All of the parents discussed how using unscented lotion, preventing outbreaks, and avoiding triggers were mechanisms used to overcome atopic dermatitis. These three responses can be grouped into one theme used: prevention. The other themes concluded from this study that parents and children used against atopic dermatitis were communication, providing a sense of normalcy/routine, child involvement and using individualization.

Keywords: Atopic Dermatitis, Coping, Parents, Prevention, Communication, Normalcy, Child involvement, Individualization

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Chapter 1: Introduction

Coping with chronic illness has been a topic of research for many years. However, there are still some areas that have not been explored. Atopic Dermatitis is one of the most grueling skin conditions that any individual can experience. Its course is usually long term and most outbreaks do not halt until a person is in their mid-twenties (“Atopic Dermatitis: Get the Facts,” n.d.). For this reason, children are most affected by atopic dermatitis and are forced to learn at a very early age how to overcome the negative aspects of this skin condition, both physical and psychological. Atopic Dermatitis can also be referred to as eczema and can be experienced in many types of settings. Physical symptoms of this skin condition include persistent itching, erythema, rashes all over the infected areas, and pain (“Atopic Dermatitis: Overview,” 2014). Children who have atopic dermatitis not only have to deal with these physical symptoms, but consequently they are forced with many negative psychological aspects as well. Not being able to play sports, exercise, live in hot environments, and being picked on for having abnormal skin are only some psychological problems that children are forced to deal with. According to Merriam Webster Dictionary, coping can be defined as a way to deal with and overcome difficulties in one’s life (Cope, n.d.). Coping can be a somewhat complex concept in which one contends or strives to become their best self regardless of the obstacles they may be faced with. It is known that there are specific mechanisms of coping that can be used. These mechanisms are skills and strategies that can be used in defense of the surrounding circumstances.

The goal of this research study is to determine through exploratory interviews, the coping mechanisms parents and children use to overcome the physical and psychological

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issues related to atopic dermatitis (common name is Eczema) through the perspective of the parents. The research question that this study will seek to define is “What is the experience of the parents and the child coping with atopic dermatitis?” This research study will also seek to discover new information and knowledge about the personal experiences of children dealing with eczema. Through this type of qualitative study, one may be able to determine if there are any specific relationships with specific types of coping strategies and chronic symptoms associated with atopic dermatitis. The results of this study will be important to health care providers, parents of children with eczema, and children with eczema, because it will seek to identify the certain coping mechanisms that are used for the negative physical and psychological aspects of atopic dermatitis. Many research studies have determined that atopic dermatitis can cause serious negative consequences on children. However, little research has been conducted related to how to overcome these consequences. The results from this qualitative study can be used as a foundation for studies to further explore strategies that can help newly diagnosed patients cope with atopic dermatitis.

Chapter 2: Literature Review

Atopic Dermatitis

Much knowledge is available on the physical aspects of Atopic Dermatitis, however little is known about the psychological aspects. In a research study conducted in 2000, it concluded that currently research is limited in the area of psychological factors and atopic dermatitis, but that the available evidence suggests that the “atopic eczema during childhood may have more profound implications for the health and wellbeing of children and their caregivers than is presently acknowledged by health care providers and public health policy” (Fennessy, Coupland, Popay, & Naysmith, 2000). Also the study shows that most existing studies that have been performed are based within secondary care settings, and the majority of health service consultations for atopic eczema are within primary care. On the Contrary, the bulk of care is provided in the home with relatively infrequent contact with services even in severe cases. The implications of this study suggest that Primary health care professionals and parents need to “recognize the role of children in reporting on, and caring for, their own health, and children should be given choices and control over treatment options and settings” (Fennessy et al., 2000).

The adjustment of children who undergo such the psychosocial effects is also not well documented. In 1993, a research article was published to examine the psychosocial adjustment in children with eczema. These children were examined for their psychiatric and social adjustment (Daud, Garralda, & David, 1993). The children’s’ psychiatric adjustment was determined based on interviews with the mothers using the behavior screening questionnaire. In this questionnaire the severity and presence of symptoms are scored and summed up to give a total score (Daud et al., 1993). The symptoms that

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mothers spoke about the most included dependency, attention seeking, fearfulness, and waking in the middle of the night during sleep. They examined a link between the severity of the illness and its relation to psychiatric morbidity and maternal distress. They also found that children were adjusted psychiatrically, but did not explain how or what they did to warrant this adjustment (Daud et al., 1993).

Coping

Coping is a mechanism that can be seen in many people who have skin conditions. *Psychological distress and coping strategies in patients attending a dermatology outpatient clinic* is a research article that seeks to assess the coping strategies and the psychological distress, due to anxiety and distress in a sample of dermatological patients (Mazotti et al., 2011). Two tools were used in this study. The Hospital Anxiety and Depression Scale consists of seven depression and seven anxiety items that help determine the severity of each. This scale focuses on restlessness, worry, tension, and the reduced pleasure response aspect of depression as well as depressed mood. The second tool used was the Coping Orientations to the Problems Experienced which is a sixty item questionnaire that is composed of 15 scales each composed of four items: seeking social support for emotional reasons, seeking social support for instrumental reasons, focusing on venting emotions, denial, humor, alcohol and drug disengagement, behavioral disengagement, mental disengagement, acceptance, restraint coping, positive and reinterpretation and growth, planning, active coping, suppression of competing activities, and turning religion. The COPE (coping orientations to the problems experienced) allocates its strategies from second order factors including social support/venting emotions, avoidance strategies, positive attitude, planning/activity, and turning to

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religion. It was also able to determine what coping strategies patients used most when dealing with stressful events. The study concluded that, a quarter of the participants scored positive for anxiety and 10% depression. The most frequently used strategies to overcome that anxiety and depression are planning/activity, positive attitude and social support/venting emotions, while turning to religion and avoidance strategies were the least used (Mazotti et al., 2011).

Throughout literature, the focus on the treatment of Atopic Dermatitis is a priority. In a study conducted in 2012, the effect of Atopic Dermatitis and the importance of a treatment plan was researched (Blume-Peytavi & Metz, 2012.) Not only does this study explore how atopic dermatitis effects daily physical and social functioning but it also focuses the treatment plan being integrated. It concluded that multidisciplinary pruritus-specific atopic dermatitis education and training programs designed to encourage active coping strategies (i.e. stress management, relaxation, management of sleep disturbances, dealing with itching and scratching, adherence to skin care routine) among pediatric patients and caregivers have been previously described and can significantly improve clinical outcomes and quality of life (Blume-Peytavi & Metz, 2012).

Coping in Children

Structural education is discussed in the literature as a way to help parents and children cope with atopic dermatitis. In one specific study, Parents of affected children between the ages of eight and twelve and the children attended different educational sessions depending on their needs. In these sessions the topics of nutritional, medical and psychological issues were explored a multi-professional team of dermatologists or pediatricians, psychologists, and dieticians, who had undergone a previous training

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program to qualify as trainers. Sessions also intended to encourage participants to share personal experiences and to try out newly studied skills. All patients and their parents in the waiting control group were given the opportunity to take part in the same structured education program as the intervention group after the 1-year follow up. The study concluded that there were significant improvements in severity and subjective severity of Atopic Dermatitis in the parents and children who participated in the educational sessions compared to those who did not. Also results showed that the improvement in the subscales: confidence in medical treatment, emotional coping, and acceptance of the disease of the Quality of life in parents of children with atopic dermatitis questionnaire were significantly better in the families who participated, compared to the families who did not (Kupfer et al., 2010).

In the research study, *Parent Adaptation and Family Functioning in Relation to Narratives of Children With Chronic Illness* the experiences of parents who have a child diagnosed with chronic illness and whether children's narratives mirror these experiences is described (Popp, Robinson, Britner, & Blank 2014). Parents first reported demographic information and illness severity information. The Reaction to Diagnosis Interview was administered to assess parents' feelings and thoughts about their diagnosis. Parental Adjustment was assessed using the Brief Symptom Inventory. This measures psychological distress in nine symptom areas. Family adjustment was also assessed using the Family and Environment Scale. This assesses family functioning in regards to family cohesion, expressiveness, and conflict. The results of this study show that a majority of families in this study were functioning well in terms of levels of distress and family functioning. "It was hypothesized that parents who were unresolved in terms of

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their child's diagnosis would report greater psychological distress and lower family functioning. Findings partially support this hypothesis; parents who were unresolved had mothers report higher family conflict and lower family cohesion; both mothers and fathers in unresolved households also reported significantly lower family expressiveness. For some mothers in this study, the process of adaptation is difficult and may be related to more stress in the family system. Specifically, family members may communicate in less healthy ways, increasing conflict and separation among members. This maladaptive pattern can put children at an increased risk for psychological difficulties and developing poor strategies for coping (Popp et al., 2014). As a recommendation for this study the researcher suggested, “further analysis of young children's narratives regarding illness management or coping may be beneficial” (Popp et al., 2014).

Coping Socialization in Middle Childhood: Tests of Maternal and Paternal influences is an article that describes a theoretical model of parental socialization and tests it on 310 elementary school children (Kliwer, Fearnow & Miller 1996). During the children's group session, children were assessed by using the Children's Coping Strategies checklist which measures the extent at which children generally engage in coping behaviors in order to make themselves feel better or make the problem feel better. Scores are rated from never used to most of the time used (Kliwer et al., 1996). The results of this study concluded that both mothers and fathers contribute in unique ways to children's coping strategies (Kliwer et al., 1996). Also it was concluded that a good family environment as characterized by levels of cohesion and expressiveness and low levels of conflict is associated with active coping in boys. Children's perception of maternal acceptance was related to active coping in both boys and girls and paternal acceptance was related to

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active coping in boys. Attachment theory and maternal acceptance seem to be two of the few indicators in predicting effective coping. Results also show that the relation between parents' religious coping and children's use of social support is consistent with the hypotheses that parental model of coping behavior would be associated with child coping behaviors of the same type and would be most readily observed with overt coping (Kliwer et al., 1996). The influence of parents' coping on their children's coping was direct. Modeling is shown as a very powerful mechanism.

Chapter 3: Methods

Little is known on the specific techniques used to cope with atopic dermatitis. Much of the research done on atopic dermatitis deals with the negative effects and how it negatively impacts the lives of a child and family. However, there is little research on how these negative aspects are dealt with and the coping abilities of a child battling this skin condition. By interviewing the parents of children with atopic dermatitis more can be discovered regarding the mechanisms used to cope with the challenges of this chronic disease.

Phenomena occur only when a person experiences them. Each experience is unique to an individual. Phenomenology refers to both a philosophy and a group of research methods congruent with the philosophy (Burns & Grove, 2011). The study of phenomenology views the person integrated with the environment. The main research question that phenomenologists ask is “What is the meaning of one’s lived experience?” The only accurate way to answer this question is to gather subjective data from the person first hand. To understand different human behaviors, a central concern of nursing, the researcher must accept the lived experienced of an individual and interpret the explanation provided. There are two main philosophical beliefs that help to describe phenomenology. Husserl is a phenomenologist who believes that the focus is on the phenomenon itself. From the meaning-laden statements provided by the participant, one can analyze and discover the structure within the phenomenon. Husserl’s philosophy supports descriptive phenomenological research, where the purpose is to describe the lived experience of an individual (Burns & Grove, 2011). The second philosophical belief is Heidegger’s view which states that the researcher interprets the data creating a strong,

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insightful text that brings to mind the phenomenon described and gives insights into the meaning of the phenomenon. This is more of an interpretive approach that involves analyzing data and presenting a rich picture of the phenomenon as interpreted by the researcher (Burns & Grove, 2011). Husserl's view and philosophical belief is one that would fit the purpose of this study because it focuses on the personal experiences of the individual and how they perceived the phenomenon.

In this study parents of children with atopic dermatitis were interviewed and were asked to describe the family's lived experience of coping and strategies used to overcome the negative aspects of atopic dermatitis. According to the American Academy of Dermatology, Atopic Dermatitis is diagnosed by a Dermatologist after a skin assessment. The Dermatologist will look for a skin rash and then conduct an interview with either the parents of the child or the individual. The Dermatologist will attain family history and allergy history and then diagnose based on a positive family history and presence of a particular rash. Also in some cases, the physician may perform a patch test. This test places tiny amounts of allergens on the patient's skin and checking for reactions between twenty four and seventy two hours after exposure ("Atopic Dermatitis," 2014).

Sample Selection

Approval from the Institutional Review Board was attained before conducting this research study. Participants for the study were obtained using network sampling, also known as snowball sampling technique. Permission received from the Dermatology clinic of Hattiesburg allowed a volunteer application and informational description of this study to be placed in the lobby area of the office. The informational flyer listed criteria for

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participation in this study that included any parent of a child diagnosed by a physician with atopic dermatitis. Contact information enabling them to set up interviews with the interviewer was also be provided on the flyer. Three volunteers were attained from this process and the networking technique allowed for four more participants to be contacted from recommendations given by the first three participants. Long consent forms were provided for each participant via email to sign before each interview. Each participant was provided with opportunity to ask questions prior to signing the consent form. After signing the consent form, each participant scanned and emailed their consent form back to the researcher. Each participant was assured of confidentiality during the research process and that no names would be used in reporting of results.

Design

Each participant was given a number to identify them in the process of data recording. In each interview the parent of the child with atopic dermatitis were asked open ended questions and each response was recorded with a recording device and later transcribed by the researcher conducting the interview. From the answers provided by the parents, the interviewer deduced themes after transcription. The questions included: Describe your experience as a parent with a child with atopic dermatitis? How would you describe how your child adapts to the challenges of atopic dermatitis? Describe what you consider the most challenging aspects of atopic dermatitis based on the experience of your child. Describe how your child copes with these challenges? Are there any specific measures or skills that helps your child overcome the challenges associated with atopic dermatitis?

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Chapter 4: Results

Seven questions were asked by the interviewer to seven participants. All of the questions were open-ended allowing the participants to elaborate on the types of coping skills and mechanisms used to help their child overcome the physical and psychological consequences of atopic dermatitis.

Table 1 Common Themes Addressed by Participants

Themes	Number of participants Addressing Topics by Theme
Prevention	7
Communication	4
Providing Normalcy/routine	4
Child involvement	3
Individualization	3

As seen in Table 1, there were five strategies mentioned by at least three of the participants throughout the research interviews. Six participants mentioned prevention as a key coping mechanism. All seven participants discussed applying unscented lotion daily in the context of prevention. Five participants said that avoiding triggers such as grass, beach sand, and chemicals from a chlorine pool helped their children cope with the diagnosis. Thus, avoiding triggers was also identified as a prevention strategy. Four participants identified that communicating with their child, providing a routine, and making their child feel as normal as possible were ways that helped their child adapt and cope with the atopic dermatitis. Three participants identified involving their child in

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his/her treatment and prevention by allowing their child to apply lotion was a coping strategy. Three participants also identified teaching their child that being different is a special privilege as a coping mechanism.

Prevention

When discussing Atopic Dermatitis with parents, and asking about their experience, prevention was a common method used to control symptoms. In interview A, when asked to describe the specific coping mechanism and skills used by the child for outbreaks of atopic dermatitis, the participant stated that “prevention is a key component.” When answering the same question, participant G also stated that specific measures used against the negative aspects of atopic dermatitis were “preventative measures.” During interview B, the participant stated that, “keeping her child moisturized, was the only way to prevent outbreaks.” Participants C and D alluded that “applying lotion” and “avoid triggers” was the only way to prevent outbreaks of eczema which was one of the only ways that they could help their children overcome atopic dermatitis. In interview F, the participant identified many mechanisms and skills utilized to help her child adapt to the challenges of eczema. Each one listed was a preventative measure used to help prevent the outbreaks.

Unscented Lotion.

All seven of the participants mentioned in their interviews that using unscented lotion was one of the best treatments that their child used. This would be a subcategory for prevention considering that applying unscented lotion is a preventative strategy. In Interview A, the participant stated that her child’s outbreak would occur “on his knees, neck, and belly.” She also stated that the biggest way her child coped with the eczema

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was by “applying unscented lotion every single night.” Participant B stated that her child’s most challenging aspect of atopic dermatitis was “constant, dry, cracked, skin on her face, even at the age of infancy.” Participant B mentioned that the only way to cope or deal with these challenges was to “keep her child’s face moisturized constantly.”

When asked how atopic dermatitis affected daily life, the participant stated that “our daily regimen took a lot longer, because we always had to make sure that our child was covered up very well with unscented lotion.” During the interview with participant C, the participant said that the way her daughter adapted to the challenges of atopic dermatitis was by “making it apart of her routine. She knew that after bath time, she always had to put baby oil, or unscented lotion on.” Participants D and E both explained how the child had to stay away from scented lotions. Participant D explicitly stated how “her child could only use Aveno eczema therapy lotion and bath products.” In the interview with participants F and G Aveno lotions were also described when asked about the specific coping mechanisms and skills that the child and parents against atopic dermatitis.

Avoidance of Triggers.

Participants A, B, C, E and G all mentioned in their interviews that avoiding triggers was helpful in managing and coping with eczema. Avoiding triggers would also be considered a subcategory for prevention because it is a strategy to prevent exacerbations of symptoms. Participant A described her experience with eczema as a learning process. She mentioned that when her child was three years old, he went on a beach trip with some family members. Upon returning she noticed that “he had the worst outbreak of eczema” she had ever seen. She relates his outbreak to “the multiple types of sunscreens used, and sand at the beach” that irritated her son’s skin. When asked about

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her child's most challenging aspect of eczema he has to cope with, she stated that the biggest struggle for him "is not being able to do fun little boy things that most boys get to do. He cannot roll around in the grass or play on the beach because his skin will breakout so badly." Instead of doing those things, she states that her son has to "avoid those areas." Avoiding the "cold dry air" was one way that interviewer B, helped her child prevent outbreaks of eczema considering that the "cold, dry air would cause her child's skin to crack and burn causing an enormous amount of pain." Participant C specifically described that "avoiding lotions, creams, and anything with chemicals in it was our best shot at preventing outbreaks. For example, during the summer we found that if our child swam in lakes, instead of a chlorine pool, she would have less eczema outbreaks." In the interview with participant E, she described that when her daughter was a young child roughly around school age, the hardest challenge was "avoiding all of the scented and glittery products." She mentioned that her daughter "had a hard time understanding why she could not use the same products as the other younger girls." Participant E described a relatively recent incident where her child, now older, tried to use a scented and more popular bath product and found that she still could not use them without breaking out in an eczema flare up. Participant G mentioned that her child had to "avoid wearing tight clothes, and socks because they would irritate her skin so much causing flare ups." In both interviews with participant C and participant G, each stated that they "avoided daily baths, to prevent my child's skin from drying out."

Communication

Four out of the seven participants mentioned communication as a coping mechanism. When asked about the biggest challenges faced by the child, the participant

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stated that her daughter did not understand why her skin was so painful, and why did it not affect anyone else. Specifically, her daughter would come home saying things like “Why me?” The participant also stated that the hardest part as a parent was trying “to ease your child’s mind.”

When asked what specific mechanisms she used to help her child cope with the irritation and appearance issues, the participant said that she always communicated with her child. She told her that “we don’t know why you have it, but we know that God is going to use this for his glory someday.” Not only did this help her child cope with the skin condition, but it also allowed her to become “empathetic to others with disabilities.” Participant D also discussed that her child was not able to cope with the eczema until “he was able to learn more advanced words.” When his vocabulary started to expand, the participant said that as a parent she would teach her child words such as “redness, itchy, and bumps.

When he was able to communicate with words about his eczema, we were able to help him treat the side effects.” The parent also mentioned that her child would start to notice a flare up and say, “My bumps are here mom.” Communication was also a way that participant E used with her child to help her overcome some negative psychological effects of atopic dermatitis. As stated in her interview, her child’s most challenging aspect was self-esteem and appearance. The parent allowed her child to talk with her about her feelings and was able to provide a safe haven for her to vent her emotions. Participant G also mentioned that she “communicated to my daughter that she was unique” was one way we helped her cope with the severity of her skin condition.

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Normalcy

Three participants in their interviews mentioned providing a sense of normalcy and keeping a routine. When asked how the child adapted to atopic dermatitis, the participant said that her child “adapted well, it became part of her daily routine.” She mentioned that after bath- time was lotion time, and after lotion-time was bedtime. “She knew she had to do her routine everyday” in order to prevent flare-ups. When the interviewer asked if the parent had anything that she would recommend to other parents with child diagnosed with atopic dermatitis, she said “not to make a big deal out of it. Make light of the situation to help your child cope with it.” Participant D stated that to help her child cope with the eczema she would “avoid talking about it too much.” She stated that making the situation a big deal only made her son “more anxious and nervous.” Participant E described that one of the coping mechanisms used to help her child was “not act like it was a big deal, because it wasn’t.” When participant G was asked during the interview, how her child adapted to the eczema, she stated that she “adapted very well, given her age.” She also stated that she tried to make her child’s life “as normal as possible” since this helped her child realize that her diagnosis was not a “hindrance.”

Child involvement

Although not mentioned by all seven participants, child involvement was a coping mechanism used by three parents to help their children. Participant D stated that one thing that helped her child cope with eczema was by “involving him in his daily care.” Once he got to the age that he could talk about what was going on, “we allowed him to put on his own lotion after bath time.” Participant F also stated that one of the biggest

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challenges was remembering to lotion up their child every day. “As a mother, I reminded my child to always lotion up. It became a part of her daily routine.” The participant did mention that she had to remind her child to lotion up, but that as “she grew older, she adapted much better.” Child involvement was one of the biggest mechanisms used by participant F who stated that she used “games” to help her child cope with the eczema. Participant F described a specific incident where they were using the oatmeal bath to help soothe her child’s skin. The parent described that “the water turned brown, and so instead of being grossed out we turned bath time into one big game, and told our daughter that she was lucky enough to get a different color bath.”

Individualization

Making sure that the child feels unique and special was one coping mechanism that parents used. During the interview participant C stated that “at a very young age, my daughter knew that she was different. She would ask mom, why me? As a parent it was important for me to explain that being different was a great thing.” The participant went on to say that because her child knew she was “different”, she was able to empathize with others and help other cope with their disabilities.” Participant E described that her child’s most challenging aspect was “looking different from everyone else.” She stated that the “boys in her sixth grade class would make fun of her terribly because of her skin outbreaks.” When asked how the parent handled the situation, she stated that she would tell her child that it would get better with time and that it is okay to be different and be who you are. Participant G made an effort to try and always make her child feel “special.” She explains that at such a young age, her daughter could never use any of the fun bath products. However, she would tell her child that she was so “special because she

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could use the big girl bath things.” The participant also explained that although her daughter had a very severe form of eczema, she always “tried to make her feel like nothing was wrong.” The participant felt that this was the best way to help her child cope with the consequences of eczema.

Chapter 5: Conclusion

The purpose of this research study was to identify coping mechanisms used by children diagnosed with atopic dermatitis through the perspective of the parents. During the research study, the researcher grouped the coping mechanisms discussed by parents during interviews into common themes. Little is known about the mechanisms used by children to overcome the negative aspects of atopic dermatitis. Previous research identified that children experienced distress with atopic dermatitis, but not how they coped with the distress (Daud et al., 1993). Coping mechanisms are discussed in existing research studies; however, the mechanisms used by children are lacking.

Discussion

In this research study, three out of four participants mentioned using communication as a coping mechanism against atopic dermatitis. One participant discussed that communicating with her child was one of the only ways to “ease her mind.” Another participant stated that as her “child’s vocabulary became more developed” he started to cope better with the skin condition. Participant E also mentioned that although her daughter’s most challenging aspect of eczema was self-esteem, allowing her daughter to “vent her emotions” was one way that she was able to help her child. These findings are similar, however not the same from a previous study where venting emotions/and social support were strategies used by adults to overcome distress with skin conditions (Mazotti et al., 2011).

Providing a sense of normalcy was also a theme determined by the researcher since participants mentioned it during interviews. As one parent stated “make light of the situation.” Participant C discussed that her daughter “made caring for eczema part of her

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daily routine.” She proceeded to further elaborate that preventing flare-ups was her life and to her it was normal. Participant E said that in order to help her child cope she “didn’t make a big deal out of it, and somewhat downplayed the severity.” Participant F also mentioned the same concept by stating that she tried to make her child’s life “as normal as possible.” Providing a routine and a sense of normalcy in order to cope with this disease process is hardly mentioned in the literature. Some studies do show the support of providing a routine for skin care can “significantly clinical outcomes and support the quality of life” (Blume-Peytavi & Metz, 2012).

Upon transcription of the interviews, including the child in his or her own care seemed to be a mechanism discussed by parents. Two participants discussed their children applying their own lotion and creams in order to prevent breakouts. Participant D stated, “including her son while putting on his lotion after bath time, allowed him to take part in his own treatment.” Participant F stated that she turned her child’s treatment into “games” to allow her daughter to adapt to the skin condition. It is important to discuss child involvement because it allows children to be hands on with their own treatment. Parental guidance and allowance was one reason that children were able to become involved. This type of parental structure is supported by a research study that deems parent modeling as a very powerful indicator of coping mechanisms (Kliwer et al., 1996).

Individualization is a theme that was discussed by three participants. One participant stating that communicating with her child about being “different,” was a great way for her daughter to appreciate the fact that not all people are the same. Participant C also stated that it was her daughter’s individualization that allowed her “empathize with

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others” and “help others overcome their disease process as well.” In the interview with participant G, she was able to tell her daughter that she was “special” and told her daughter that she was able to use “grown up soaps” to help her cope with the “brown water baths” caused by the preventative oatmeal bath products. Participant G also stated that her daughter “adapted very well” because she made sure that her daughter felt as if “nothing was wrong.” Coping with appearance issues was a big challenge discussed by participant E. This parent helped her child overcome her self-esteem issues by communicating to her child that embracing her flaws and her skin appearance was the only way to work through those issues.

Limitations

The limitations of the qualitative lived experienced design is the limited number of participants. The inclusion of additional participants might have yielded more themes. As the study progressed, the researcher began to hear repetitive answers; however, if time allowed, it would have been ideal to conduct more interviews in order to confirm data saturation.

Another limitation of this study was that although the questions were directed at coping mechanisms used by the children and parents, many participants described treatment measures. Participants commonly discussed treatment measures since the best treatment for atopic dermatitis is prevention. Preventing the exacerbations of atopic dermatitis was commonly discussed when the participants were asked about the specific measures used to overcome the challenges of eczema. In order to avoid treatment answers, the researcher could have added a question such as, “Besides common

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treatments for eczema, what other measures did you used to help your child overcome the challenges of eczema.”

Recommendations

For future research, I would recommend conducting more interviews in order to possibly yield more coping mechanisms used to help children overcome the challenges of atopic dermatitis. I would also recommend researching how effective each of the coping mechanisms are in helping children adapt and overcome the negative aspects of atopic dermatitis.

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Appendices

Appendix A

Interview Questions for the Parents – Coping with Atopic Dermatitis

1. Describe your experience as a parent of a child with Eczema.
2. Describe the experience of your child related to any issues associated with the diagnosis of Eczema.
3. Describe what you consider the most challenging aspects of Eczema based on the experience of your child.
4. Describe how your child adapts to the challenges of Eczema associated with Eczema.
5. Describe how your child copes with the challenges associated with Eczema.
6. Are there any specific measures or skills that help your child overcome the challenges associated with Eczema?
7. Describe how your child's diagnosis with Eczema has affected your daily life.
8. Describe how your child's diagnosis with Eczema has affected your family.

Appendix B



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INSTITUTIONAL REVIEW BOARD

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NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: CH14102002

PROJECT TITLE: Coping Mechanisms of Children with Atopic Dermatitis

PROJECT TYPE: Change to a Previously Approved Project

RESEARCHER(S): Whitney St. Mary

COLLEGE/DIVISION: College of Nursing

DEPARTMENT: Collaborative Nursing Care

FUNDING AGENCY/SPONSOR: N/A

IRB COMMITTEE ACTION: Expedited Review Approval

PERIOD OF APPROVAL: 01/27/2015 to 01/26/2016

Lawrence A. Hosman, Ph.D.

Institutional Review Board