



PRISMA 2009 Flow Diagram

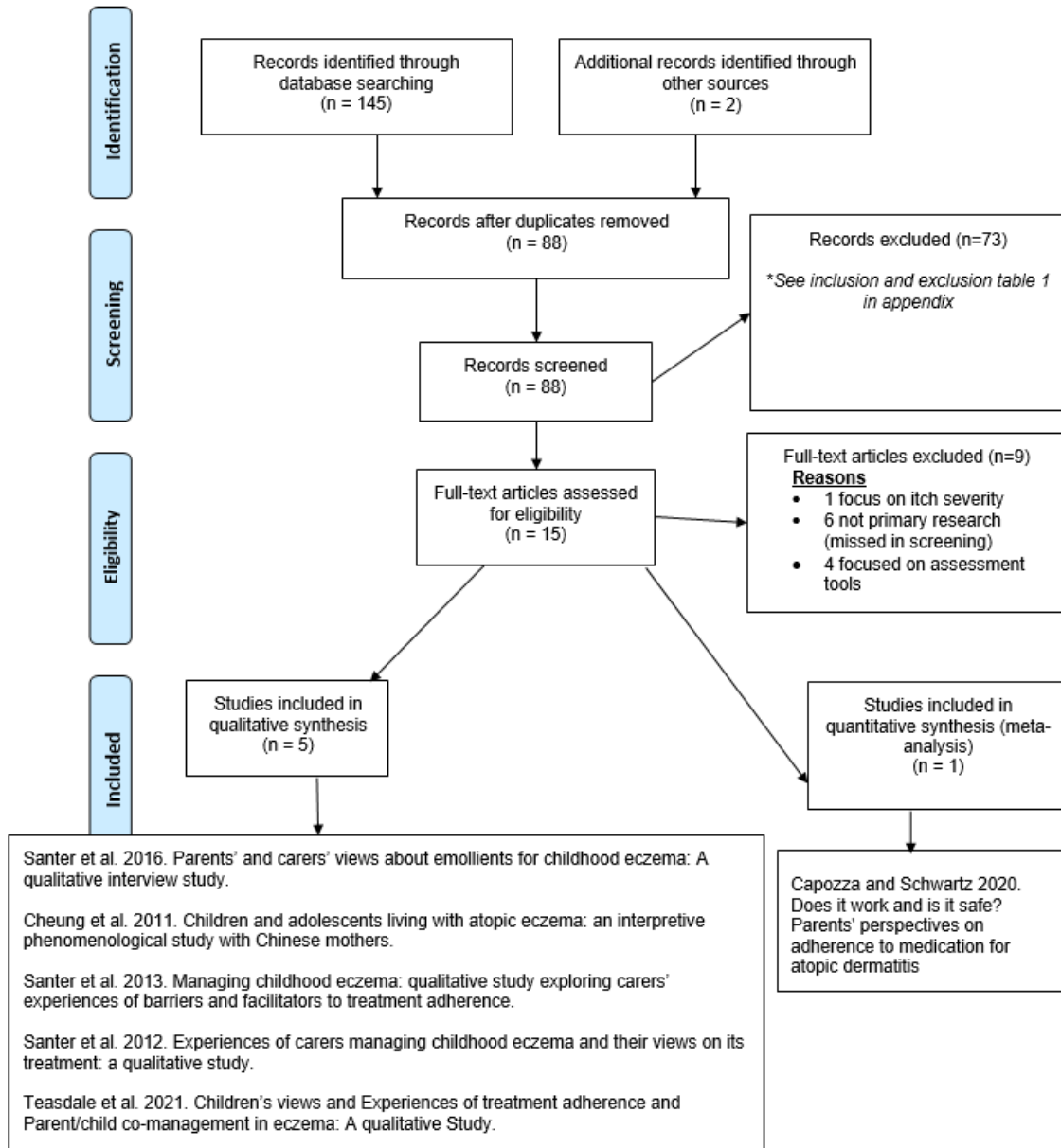


Figure 1 Prisma Diagram

Table 1: Summary of findings

Author, date, and title	Methodology/method	Participants	Findings	Limitations and Strengths	Implications for practice/or research

<p>Santer et al. 2016. Parents' and carers' views about emollients for childhood eczema: A qualitative interview study</p>	<p>Qualitative semi-structured interviews</p>	<p>Study 1- 28 interviews with carers of children <5 years old Study 2- 26 interviews with carers of children <5 years old</p>	<p>Mixed views about long-term use to prevent flare-ups Constant trial and error Need for understanding products and effectiveness/differences</p>	<p>Low representation from single-parent households, ethnic minorities, low-income families. One of the first studies exploring carers' views/experiences of leave-on emollients for childhood eczema Two study groups = reinforced findings Could have questioned in further depth if exploration of emollient use had been the primary aim</p>	<p>Further research on reducing the frustration of the trial-and-error process for carers. The need for accessible information and clear rationales for long-term emollient use to prevent flare-ups. Provision of support and signposting reliable and evidence-based online sources is essential for eczema management. Interventions that promote emollient use, allowing carers to explicitly evaluate the outcomes, is beneficial.</p>
<p>Cheung and Lee 2011. Children and adolescents living with atopic eczema: an interpretive phenomenological study with</p>	<p>Interpretive phenomenological method-Interview</p>	<p>9 mothers whose children aged 2-14 had been diagnosed with atopic eczema</p>	<p>A deeper understanding of the mothers' views of caring for a child with atopic eczema Mothers had increased stress levels compared to mothers of children without atopic eczema. They also talked about the psychological effects of caring for</p>	<p>Small sample size and findings to be used with caution as this will not represent all Chinese mothers. Further research is needed to explore the experience of fathers/Chinese</p>	<p>The nurse should facilitate and undertake a holistic assessment and involve mothers in planning the care of their children. Nurses can refer mothers to community support groups and services. Access to information and psychological support is essential for different ethnic groups.</p>

Chinese mothers.			<p>children with atopic eczema.</p> <p>Mothers experienced poor relationships with other children and spouses- indicating a breakdown of support.</p>	<p>fathers living with children with atopic eczema.</p>	
<p>Santer et al. 2013. Managing childhood eczema: qualitative study exploring carers' experiences of barriers and facilitators to treatment adherence</p>	<p>Qualitative semi-structured Interviews</p>	<p>27 mothers and 4 fathers of children <5 years of age</p>	<p>Caregivers' beliefs about eczema treatment, time constraints, and child resistance were barriers. Different strategies were used to engage the child, some were counterproductive and unsustainable.</p>	<p>Single-parent households, minority families, and low-income households are underrepresented.</p> <p>Family dynamics were not observed over time to determine why child resistance was a problem for some and not others.</p> <p>Parenting issues not discussed or additional needs may have contributed to child resistance.</p>	<p>Eczema plans that are comprehensive and straightforward</p> <p>Being aware of the difficulties families face</p> <p>Providing self-help materials to support effective adherence</p>
<p>Santer et al. 2012. Experiences of carers managing childhood eczema and their views on its treatment: a</p>	<p>Qualitative semi-structured Interview Study</p>	<p>28 parents of children <5 years of age</p>	<p>Children's suffering is not taken seriously.</p> <p>A trial-and-error approach to prescribing</p> <p>Dismissal of the condition</p> <p>Consistency is needed when different</p>	<p>Fathers and single parents are underrepresented</p> <p>The views of doctors have not been sought</p>	<p>Recognizing atopic eczema's impact on individuals</p> <p>Clear explanations and rationales for the safe use of corticosteroids in treatment</p> <p>Identifying and addressing beliefs that hinder effective adherence</p>

qualitative study			healthcare providers give conflicting advice.		Positive relationships with healthcare providers require consistency
Teasdale et al. 2021. Children's views and Experience of treatment adherence and Parent/child co-management in eczema: A qualitative Study	Qualitative study - Semi structured, face to face interviews	14 children aged between 6-12 years with eczema	<p>Children interviewed did not see eczema as a long-term condition.</p> <p>The episodic nature of eczema is challenging for children.</p> <p>Difficult to manage at school, especially when applying topical treatments.</p> <p>School-related psychosocial consequences</p> <p>Despite being actively involved in treatment, many are uncertain about managing it.</p>	Children's ethnicity is unknown	<p>Providing support and privacy in schools and the role of school nursing teams in facilitating this</p> <p>Explaining this long-term condition and its episodic nature on a level that is appropriate for the child</p> <p>Offering a variety of topical treatments</p> <p>Support for parental management, co-management, and self-management</p>
Capozza and Schwartz., 2020. Does it work and is it safe? Parents' perspectives on adherence to medication for atopic dermatitis	Quantitative study - 15 Questionnaire online survey	<p>86 Parents with children with Atopic Eczema responded and provided information about medication adherence.</p> <p>Mean age of respondents' children was 6.2 years</p>	<p>54.7% reported applying eczema medication as directed by healthcare professional</p> <p>Deviating from directions can be attributed to the following factors:</p> <p>The perception that medication is not working, side effects, and trust in healthcare providers.</p>	An anonymous survey, self-reported and self-selected, may have encouraged truthful responses.	<p>Having good relationships with healthcare professionals can contribute to treatment adherence, and addressing expectations towards effectiveness rather than concerns about usage could result in more carers following medical directions.</p> <p>Adherence is improved through patient education</p> <p>Adherence could be improved if patients had access to research and evidence.</p>

					Providing time to facilitate decision making and ease parental concerns
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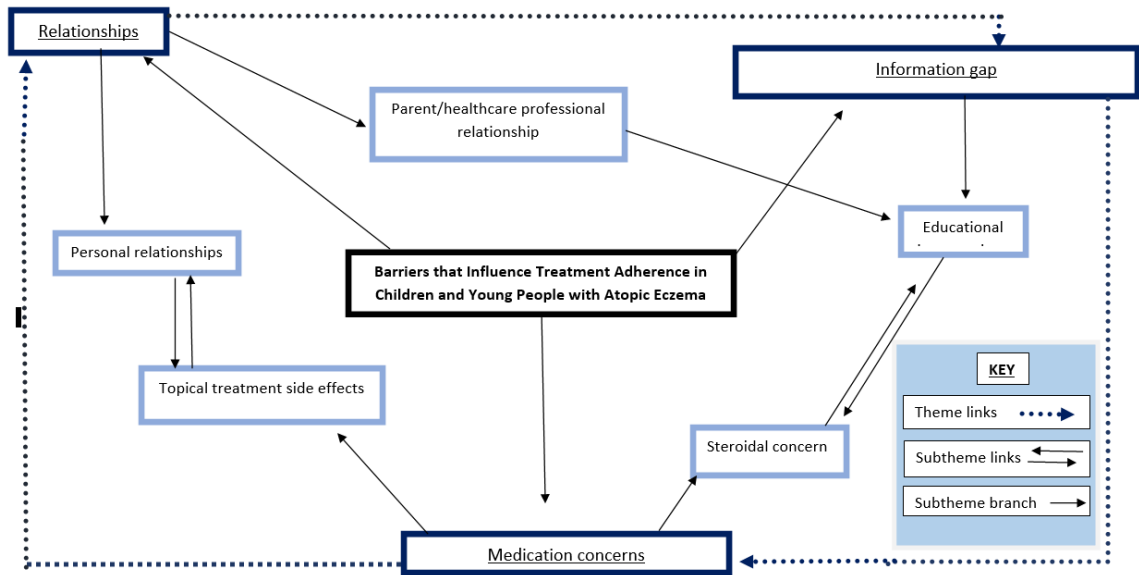


Figure 2 Thematic Analysis