

A Qualitative Study to Investigate the Parental Perspectives on Children with Bedwetting

Laura Noppe^a, Jaan Toelen^{b,c,d}, Stéphanie De Rechter^{b,e}

^a Faculty of Medicine, KU Leuven, Belgium

^b Department of Paediatrics, University Hospitals Leuven, Belgium

^c Department of Development and Regeneration, KU Leuven, Leuven, Belgium

^d KU Leuven Child and Youth Institute, KU Leuven, Leuven, Belgium

^e Regional Hospital Heilig Hart Leuven, Department of Paediatrics, Leuven, Belgium

jaan.toelen@uzleuven.be

Keywords

Nocturnal enuresis ; taboo ; parental perspectives.

Abstract

Objective

Nocturnal enuresis (NE) is a common condition in children. It is clinically defined as the involuntary urination of children aged five years or older, occurring at least twice per week over the past three months, in the absence of an identifiable somatic cause. NE affects not only the child with the condition, but also their wider environment and the well-being of their parents. This qualitative study aims to examine the repercussions of NE for parents and identify the specific daily life challenges they face as a result of their child's condition.

Methodology

We conducted semi-structured interviews with parents of children experiencing NE. Participants were recruited after providing informed consent following paediatric nephrology consultations at University Hospitals Leuven or Regional Hospital Heilig Hart Leuven, both of which are located in Flanders, Belgium.

Results

The study included interviews with 11 parents of children aged between 6 and 13 years old. Of these children, 64% were boys (n = 7) and 36% were girls (n = 4). Parents identified the impact of bedwetting on their children across three key domains: emotional well-being, social interactions and triggering factors. Furthermore, the effects on parents were categorised into five dimensions: parental concerns; the parent-child relationship; family dynamics; advice for other parents; and the influence of societal taboos.

Conclusion

NE can affect various aspects of life for both children and their parents, potentially impacting their overall quality of life. It is therefore crucial for healthcare providers to openly discuss this issue to deliver comprehensive, holistic care.

Introduction

Bedwetting, clinically termed 'nocturnal enuresis' (NE), is a common condition in children. NE occurs when a child older than 5 years involuntarily voids urine at night at a frequency of at least twice per week over the past three months, in the absence of an identifiable somatic cause. About 10 percent of 7-year-olds and 5 percent of 10-year-olds have bedwetting incidents more than three times a week. With increasing age, the prevalence of NE decreases by approximately 15% per year (1,2).

It is important to recognise the effect of bedwetting on the child's well-being and the positive effects of treatment. The health-related quality of life (HRQoL) is higher in the treated children with enuresis than in untreated children and a higher treatment response is associated with a higher HRQoL (3).

The level of depression experienced by children with NE increases in line with their social anxiety (4). Parental opinions regarding bedwetting often exert a greater influence on the child's psychological state than the child's own concerns. A sense of optimism often correlates positively with managing enuresis (5).

The social impact of bedwetting is not confined to the child itself, but also its immediate environment. The QoL of mothers of children with NE is negatively affected (6).

Parents of children with NE experience increased levels of anxiety (7). Fewer studies have been conducted on the impact of NE on parents. Parents of children with NE are more isolated and have more stress, but it is particularly related to child characteristics. The following stressors are experienced by parents: interrupted sleep, bedwetting related laundry and potential bullying directed to their child (5). Secrecy is very important for all the young people.

Parents have frustration and want the bedwetting to stop. They feel embarrassed when they need to tell other people that their child is not dry.

A perceived lack of support from healthcare professionals can leave parents feeling powerless and isolated. They feel left alone when the healthcare professionals run out of ideas to help them or when they re-offer methods that had not worked before. Many parents feel the worst about the inability to help their child when they went through all the methods to try to stop the bedwetting (8).

A holistic approach in the treatment of children and their families by health care professionals improves the outcome of therapy (9,10). It is crucial to treat psychosocial aspects in addition to physical ones to achieve the best quality of care. It is important to treat and prevent psychosocial damage of the child and to support the family (6).

This study aims to evaluate the perspectives of parents who have a child with NE. Despite the prevalence of NE, few studies have systematically explored its impact on parents, and the consequences for family members are frequently underestimated. This gap in literature underscores the need for a deeper investigation into the effects of paediatric NE on family well-being.

Methodology

Study design

This research used a qualitative study design with semi-structured interviews. An interview guide was developed in advance to ensure consistency in the topics covered, allowing the questions to serve as a structured framework. Initially, a preliminary question list was generated with the assistance of ChatGPT to establish a foundational guideline aimed at exploring parental perspectives on paediatric bedwetting. This guideline was subsequently refined to align with the specific research objectives of this study. All participants were asked the same set of questions, facilitating the comparability of responses. This approach enabled a detailed examination of individual experiences, providing insight into the participants' emotions, thoughts, and perspectives.

Participants

Parents of paediatric patients attending the nephrology clinics at University Hospitals Leuven (academic centre) or Heilig Hart Hospital Leuven (regional centre) in Flanders, Belgium, were invited to participate in the study between March and October 2024. Interested parents were subsequently contacted by e-mail or telephone, through which they received a detailed explanation of the study and were scheduled for an interview. Prior to the interview, all participants were provided with an informed consent form, which they signed to indicate their agreement to participate. Approval from the UZ KU Leuven Ethics Committee was received before the start of the study. (MP028323)

The inclusion criteria for the study were NE in children without significant comorbidities. Exclusion criteria encompassed the presence of identifiable underlying somatic conditions that could explain the NE, such as neurological disorders.

Interviews

At the outset of each interview, the interviewer introduced themselves and provided an overview of the study's design. Prior to commencing the interview, the rationale for audio recording was explained to participants, and their consent to record was

TABLE 1: Participant characteristics.

Age child (years)	Gender of child	Gender of parent	Total number of children
12	male	female	2
13	male	female	2
11	male	male	2
10	female	female	3
8	male	female	3
7	male	female	3
7	male	female	1
7	female	female	3
8	female	female	2
6	female	female	2
6	male	female	2

obtained. The use of audio recordings facilitated the interviewer's full engagement in the discussion, with the recordings later transcribed for analysis.

The interview guide comprised nine thematic sections, each containing 2–4 questions. All interviews were conducted in Dutch via Microsoft Teams by the same interviewer, ensuring consistency across sessions. Interviews took place from March to October 2024.

Data-analysis

The audio recordings of the interviews were transcribed in full. During the transcription process, potential quotes were identified for later use in the presentation of results. An open coding approach was applied to identify specific themes recurring across interviews. These themes were subsequently organised through axial coding into broader, overarching concepts.

Results

Demographics

The study sample consisted of 11 parents (out of 18 contacted parents), including one father and ten mothers, each having between one and three children. The ages of the children experiencing enuresis ranged from 6 to 13 years, with a median age of 8 years. Among the affected children, boys exhibited a higher prevalence of bedwetting, accounting for 64% (n = 7), compared to girls, who constituted 36% (n = 4) (Table 1).

Of the 11 children included in the study, 8 had primary monosymptomatic nocturnal enuresis (NE), 1 had secondary monosymptomatic NE, 1 had primary NE with encopresis, and 1 initially presented with daytime incontinence, which was subsequently controlled, although the child continued to experience NE. In the selected population there was one child who was treatment naïve, all others (n=10) were already under treatment with medication, bedwetting alarm or TENS (transcutaneous electrical nerve stimulation).

TABLE 2: Illustrative quotes reflecting the impact on children.

Impact on children
<p>Emotional</p> <ul style="list-style-type: none"> • Yes, he was still wearing diapers, but at a certain point, it started to become more challenging because he no longer wanted to wear them; he felt he was too old for that. • She doesn't admit it often, but sometimes she says, "Yes, I am different from the others." • It's very strange, but I think he must realize it on some level; however, he seems to ignore it quite deliberately.
<p>Social</p> <ul style="list-style-type: none"> • Two identical sleeping bags and two identical pyjamas, so that if one got wet, it could be replaced without the other children asking, "Why do you have a different one now?" • Because there are certainly others as well, he doesn't really mind it himself or anything like that.

Impact on children

The impact of NE on children, as described by their parents, can be categorised into three key domains: emotional well-being, social interactions, and triggering factors. Table 2 presents illustrative quotes that reflect these aspects of the impact.

Emotional well-being

Children frequently experience feelings of shame associated with bedwetting. At a certain age, they may become reluctant to wear diapers, recognising that their peers no longer do so. They often express to their parents a sense of being different from friends or siblings. When diapers are not worn, or when they fail to contain urine fully, bedwetting results in disturbed sleep as children wake up during the night. Parents report that disrupted sleep can lead to increased irritability or decreased concentration in their children during the day. Additionally, some parents note that bedwetting negatively impacts their child's self-confidence and induces stress, particularly when sleeping away from home. In such situations, children may experience poorer sleep quality, often waking more frequently to use the bathroom to avoid bedwetting incidents.

Social interactions

Some parents report that their child experiences minimal social limitations due to bedwetting. However, other parents note that their child refrains from participating in overnight activities with friends or youth organisations. In instances where children do attend overnight events, specific precautions are often taken, including informing supervising adults beforehand, arranging for the child to change in a private space, and packing extra clothing and bedding in case of accidents. Most children occasionally stayed overnight with family members, such as grandparents, who were aware of the bedwetting issue. School-organised overnight trips frequently caused anticipatory stress, sometimes beginning several months in advance, as parents and children hoped for improvement before the event. Additionally, some children took medication during camps or holidays to help prevent bedwetting while away from home. This concern about school trips, in addition to the child's age, was

a common motivator for parents to seek professional intervention.

Triggering factors

In response to inquiries regarding potential triggers for variations in their child's frequency of bedwetting, most parents reported an inability to identify specific precipitating factors. A small subset, however, observed an increased incidence of bedwetting associated with heightened stress at school, periods of fatigue, or in anticipation of particularly stimulating events.

Impact on parents

The domains most frequently discussed in this study by parents of children with NE included concerns about the condition, the parent-child relationship, and broader family dynamics. Parents also offered advice for other caregivers and addressed the societal taboo surrounding the issue. Table 3 provides representative quotes from parents illustrating these concepts.

Concerns

Parental concerns regarding childhood bedwetting are widespread, often accompanied by a strong desire to maintain secrecy about the issue. This reticence is frequently motivated by fears that disclosure might lead to social repercussions, such as bullying or stigmatization among peers. While many parents anticipate that the condition will resolve naturally over time, uncertainty regarding the duration of the issue remains a significant source of stress. Additionally, some parents harbour concerns that the problem might persist into adolescence, potentially causing further challenges, including social isolation or discomfort as their child grows older. Fear of judgment from other adults also contributes to this silence, leading many parents to avoid discussing the topic unless necessary.

Parent-child relationship

All parents reported engaging in open communication with their child regarding bedwetting. They consistently refrained from expressing anger when incidents occurred, recognizing that bedwetting is beyond the child's control. Nonetheless, some parents acknowledged that when bedwetting persisted over several consecutive nights, they occasionally responded to their child in a gruff manner, a reaction they later regretted. Children exhibited varied responses to bedwetting episodes. Some woke their parents during the night to inform them of the incident or reported it the following morning. Others managed the situation independently, covering the wet area with a towel and resuming sleep without disturbing their parents.

Family dynamics

Communication about bedwetting tends to remain within the confines of the family. Siblings are typically aware of the condition and approach it with discretion, rarely using it as a basis for teasing. Older siblings may express concern when a younger sibling participates in overnight activities away from home. Within the family, mothers often take a central role in managing practical aspects of the condition, such as maintaining a bladder diary. Parents frequently report that balancing the demands of addressing bedwetting with the needs of other children poses a significant challenge. Caring for a child who experiences bedwetting requires significant organizational effort. In addition

TABLE 3: Illustrative quotes reflecting the impact on parents.

Impact on parents
Concerns
<ul style="list-style-type: none">• There are other things you can share, but the personal ones, just keep them to yourself.• Because today they are your friends, and tomorrow they might not be.• For me personally, the most exhausting part is worrying about the future.• As she gets older and it remains difficult, the chance also becomes a bit greater that negative reactions may occur.
Parent-child relation
<ul style="list-style-type: none">• Don't hide it somewhere, that was the case at the beginning, and then it started to smell, so we made agreements about it.• It's not that I get angry with her, but you do become a bit curt, and I can't be all "oh, poor thing, it's nothing." It's more like, "Come on, get out of bed, I'll change your sheets, and then I'm gone."
Family
<ul style="list-style-type: none">• Brother: make sure to say something when that happens, because other kids might not want to sleep next to you.
Advice
<ul style="list-style-type: none">• What I try to do most of all is not to make it a problem or a big issue ... but to approach it in a positive way, just like learning to read it's something she needs to learn. And just like with some things at school, some children simply need a bit more time.• It's just nice to talk about it in the sense that you know others who have a child like that, and then you don't feel so alone.
Taboo
<ul style="list-style-type: none">• It's part of her privacy, and I don't think it's something I need to broadcast to everyone. So, in that sense, it might be a bit of a taboo subject.• Just handle it discreetly; no one needs to know. It's fine if someone knows you have to take medication, but don't say what it's for.

to tasks such as changing bedding and laundry, parents may also need to attend medical or physiotherapy appointments. Nevertheless, all parents interviewed in this study reported finding these demands manageable and expressed a strong willingness to take extensive measures to address bedwetting as quickly as possible.

Advice

When parents were asked to provide advice for others managing a child with bedwetting, many emphasized the importance of fostering open communication about the issue. A substantial number of parents advised against problematising bedwetting, believing that doing so was counterproductive in resolving the condition. Some parents recommended seeking professional assistance without delay, reflecting on their own experiences of waiting too long and noting that an evaluation could help identify any underlying causes. Conversely, other parents expressed

reluctance to seek medical intervention, as they wished to avoid framing the issue as a medical problem.

Societal taboo

When parents were asked whether they considered bedwetting a taboo subject, most responded that they did not, as they were aware of other families facing the same issue. However, many acknowledged that initiating a conversation about bedwetting for the first time could be challenging. Some parents noted that when they began discussing the topic in the presence of other parents, it often encouraged others to share their own experiences with a bedwetting child. Similarly, some parents stated that they were more likely to discuss the topic if others initiated the conversation. Parents described such discussions as gratifying, though certain factors deterred them from talking about the issue. For instance, many respected their child's preference for privacy and refrained from discussing the matter if the child objected. Additionally, some parents avoided the subject due to the social stigma surrounding bedwetting at certain ages, as they wished to shield their child from potential judgment. One parent admitted to concealing the truth by claiming their child did not bed wet when, in fact, they did.

Discussion

NE has a complex and multidimensional impact on both the affected children and their parents, necessitating a clear understanding of its psychosocial consequences. The findings of this study highlight the emotional and social challenges faced by children with NE, as well as the underestimated burden placed on parents. This dual impact should alert physicians to approach NE not only as a medical condition but as a phenomenon with extensive psychosocial ramifications that require holistic management.

Participants

In assessing the demographics of our participant group, the study involved 11 parents, predominantly mothers, which reflects common trends in volunteer research related to paediatric health issues, where mothers are typically more represented (11). The number of participants in this qualitative study is adequate to generate meaningful insights into the psychosocial aspects of managing nocturnal enuresis (bedwetting) in children, aligning with recommended practice for qualitative research, which prioritises depth over breadth of data (12). The children, ranging from 6 to 13 years with a median age of 8 years, fall within the typical clinical range for presenting symptoms of enuresis. Notably, the higher prevalence of bedwetting among boys (64%) compared to girls (36%) in our sample parallels existing literature, indicating that nocturnal enuresis is more commonly reported among males (13).

Emotional and social impact on children

Children with NE often experience feelings of embarrassment and shame, which can lead to secrecy and social withdrawal. This

aligns with previous research, such as the study by Morison et al., which emphasises the central role of secrecy in the management of NE. At a certain age, children tend to refuse to wear diapers, a decision that parents generally respect in our study by no longer putting their child in a nappy. This finding contrasts with the observations of Morison et al., who described instances where children older than four years were required to wear diapers, a practice deemed humiliating (8). Previous research has indicated that the sleep quality of children with NE improves when they wear a diaper at night (14).

Our study provides additional insight by documenting specific coping strategies employed by children in social situations, such as changing clothes in private or avoiding sleepovers altogether. While these behaviours serve as protective mechanisms, they may inadvertently reinforce feelings of 'being different' and isolation, further undermining the child's self-esteem.

The anticipation of spending a night away from home, including school trips and camps, was identified as a major source of stress for both children and their parents. While some children adopted precautionary measures to participate in these activities, others opted to avoid them entirely, highlighting a spectrum of social limitations linked to NE. This finding aligns with existing evidence that the psychosocial burden of NE is pronounced in social contexts and increases with age (15). Ring et al. previously reported diminished self-esteem in children with NE (16). In our study, parents occasionally noted reduced self-esteem in their children; however, distinguishing this from other potential contributors to lower self-esteem proved challenging.

Impact on parents

Parents in this study reported experiencing considerable stress and frustration, often driven by feelings of helplessness and concern for their child's well-being.

In contrast to the findings of previously conducted research, which identified heightened parental anxiety as a prominent theme, parents in this cohort primarily expressed moderate, situationally dependent concerns (7,17). Spending a night away from home was in this study a common cause for concern and this was often a reason to seek medical advice, alongside the increasing age of the child. This divergence may reflect cultural or contextual variations in the perception and management of NE, or it could be linked to the open communication strategies employed by parents in this study.

In addition to the psychosocial impact, parents consistently reported logistical challenges associated with managing NE, including increased laundry demands, disrupted sleep, and the need to attend medical appointments. Despite these difficulties, parents exhibited notable resilience and a strong willingness to prioritize their child's needs. This underscores the importance of providing holistic support to families coping with NE.

The parental burden associated with NE parallels that experienced by parents of children with chronic dermatological conditions, such as atopic dermatitis or psoriasis (18,19). The quality of life (QoL) of parents of children with atopic dermatitis or psoriasis is negatively impacted across multiple domains. Both cases illustrate how chronic conditions affecting children can profoundly influence various aspects of family life, emphasising the need for interventions that address both the medical and psychosocial dimensions of care.

Addressing the Societal Taboo

The existing literature provides limited insights on the social taboo associated with NE. As mentioned above, the concept of secrecy is important in the child's emotional well-being, but it also plays a role regarding social taboo (8).

The perception of NE as a societal taboo emerged as a nuanced theme among participants in our study. While most parents recognized NE as a common condition, many expressed discomfort discussing it outside close family circles. This hesitation was primarily motivated by a desire to protect their child's privacy and shield them from potential stigma or judgment. However, parents who engaged in discussions about NE - particularly in supportive and understanding environments - frequently found these interactions to be therapeutic and empowering.

These findings highlight the importance of addressing the stigma associated with NE. Normalising conversations about the condition can foster a more supportive atmosphere for affected families. It is important to communicate openly with the parents and the child and determine whether the impact on the child and parents on both mental and physical levels is important to initiate therapy (20).

Implications for Healthcare Providers

Previous research has demonstrated that treatment of NE is associated with an improvement in health-related quality of life and psychological functioning of children (3,21).

The findings of this study underscore the necessity of adopting a family-centred approach to the management of NE. It is essential for medical professionals to address not only the illness itself but also the uncertainty and psychological impact experienced by parents (6,22). Additionally, fostering open communication between healthcare professionals and patients is crucial for building trust, addressing patient concerns, and delivering comprehensive clinical information. This patient-centred approach has the potential to empower parents to disclose their concerns more effectively (23).

Limitations and strengths

This study has several limitations. The sample size was relatively small, consisting of a limited number of parents. Even though it aligns with qualitative methodology, the small cohort, which includes exclusively Flemish parents, limits the generalizability of the findings. Additionally, all participants were recruited during a nephrology consultation by the same physician (who works both at an academic and regional centre), which may have introduced selection bias, as these parents might already have been more inclined to discuss and address bedwetting. Parents who do not seek professional help might perceive the topic as even more taboo and may refrain from seeking assistance due to feelings of shame or other negative emotions.

A notable strength of this study is the inclusion of parents with children across a range of ages, enabling the collection of information about both younger and older children. Additionally, the use of semi-structured interviews allowed for the generation of rich, detailed narratives, providing valuable insights into both the emotional and practical aspects of managing NE.

Conclusion

This study examined the impact of bedwetting on various aspects of the lives of parents.

Addressing this topic openly is essential to ensure that parents do not feel isolated and are encouraged to seek the necessary support. Breaking the taboo and fostering discussions can empower parents to share their experiences more freely. Gaining insight into parents' perspectives enables caregivers to engage in conversations with sensitivity and openness. Furthermore, understanding the diversity of parental experiences allows caregivers to provide personalized care tailored to each unique

parent-child relationship. Future research could qualitatively investigate non-monosymptomatic enuresis associated with daytime incontinence or encopresis. It is hypothesized that these conditions may have a more significant impact on parents, thus justifying further exploration of this aspect. Additionally, the influence of family dynamics, such as parental separation, on NE represents another area worthy of further investigation, as it was not examined in detail in the present study.

REFERENCES

1. Haid B, Tekgül S. Primary and Secondary Enuresis: Pathophysiology, Diagnosis, and Treatment. *Eur Urol Focus*. 2017;3(2-3):198-206.
2. C. Carolyn Thiedke. Nocturnal Enuresis. *Am Fam Physician*. 2003;67(7):1499-506.
3. Iscan B, Ozkayın N. Evaluation of health-related quality of life and affecting factors in child with enuresis. *J Pediatr Urol*. 2020;16(2):195.e1-195.e7.
4. Yılmaz Ozturun Z, Gordeles Beser N, Ozturun K, Baysan Arabacı L. Evaluating the Social Anxiety Depression Levels and Accompanying Psychosocial Problems in Children Diagnosed with Enuresis. *Cureus*. 2022;14(8).
5. Collis D, Kennedy-Behr A, Kearney L. The impact of bowel and bladder problems on children's quality of life and their parents: A scoping review. *Child Care Health Dev*. 2019;45(1):1-14.
6. Meydan EA, Civilibal M, Elevli M, Duru NS, Civilibal N. The quality of life of mothers of children with monosymptomatic enuresis nocturna. *Int Urol Nephrol*. 2012;44(3):655-9.
7. Tanriverdi MH, Palanci YDLDAL, Yılmaz A, Penbegül N, Bez Y, Dağgüllü M. Effects of enuresis nocturna on parents of affected children: case-control study. *Pediatr Int*. 2014;56(2):254-7.
8. Morison MJ. Living with a young person who wets the bed: the families' experience. *Br J Nurs*. 2000;9(9).
9. Kaniitkar M, Dua T. Nocturnal enuresis. *Indian J Pediatr*. 2003;70(3):251-5.
10. Perrin N, Sayer L, While A. The efficacy of alarm therapy versus desmopressin therapy in the treatment of primary mono-symptomatic nocturnal enuresis: a systematic review. *Prim Health Care Res Dev*. 2015;16(1):21-31.
11. De Carvalho S, Martins Filho J. Mothers and Pediatricians: Self-Power Versus Knowledge. *Int J Womens Health Wellness*. 2018;4(082):2474
12. Francis JJ, Johnston M, Robertson C, Glidewell L, Entwistle V, Eccles MP, et al. Psychology and Health What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychol Health*. 2010;25:1229-45.
13. Sarici H, Telli O, Ozgur BC, Demirbas A, Ozgur S, Karagoz MA. Prevalence of nocturnal enuresis and its influence on quality of life in school-aged children. *J Pediatr Urol*. 2016;12(3):159.e1-159.e6.
14. Kushnir J, Cohen-Zrubavel V, Kushnir B. Night diapers use and sleep in children with enuresis. *Sleep Med*. 2013;14(10):1013-6.
15. Schulpden TWJ. The burden of nocturnal enuresis. *Acta Paediatr*. 1997;86(9):981-4.
16. Jönson Ring I, Nevéus T, Markström A, Arnrup K, Bazargani F. Nocturnal enuresis impaired children's quality of life and friendships. *Acta Paediatr*. 2017;106(5):806-11
17. Quiroz-Guerrero J, Ortega-Pardo A, Maldonado-Valadez RE, García-Díaz de León R, Mercado-Villareal L, Rodea-Montero ER. Maternal Anxiety Associated with Nocturnal Childhood Enuresis. *Children (Basel)*. 2022;9(8):1232.
18. Imhof RL, Eton DT, Tollefson MM. The impact of childhood psoriasis on the quality of life of parents and caregivers. *Pediatr Dermatol*. 2023;40(5):860-2.
19. Marciniak J, Reich A, Szepletowski JC. Quality of Life of Parents of Children with Atopic Dermatitis. *Acta Derm Venereol*. 2017;97(6):711-4.
20. Feldman M, Society CP, Committee CP. Management of primary nocturnal enuresis. *Paediatr Child Health*. 2005;10(10):611-4.
21. Butler RJ. Impact of Nocturnal Enuresis on Children and Young People. *Scand J Urol Nephrol*. 2001;35(3):169-76.
22. Huang WJ, Liang YY, Yang Q, Ma X. Nocturnal enuresis in children: Parents' perspectives. *Nurs Open*. 2022;9(5):2335-41.
23. Berrios-Rivera JP, Street RL, Popa-Lisseanu MGG, Kallen MA, Richardson MN, Janssen NM, et al. Trust in physicians and elements of the medical interaction in patients with rheumatoid arthritis and systemic lupus erythematosus. *Arthritis Rheum*. 2006;55(3):385-93.