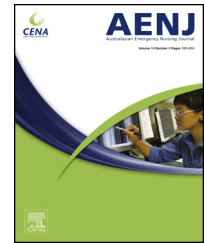




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RESEARCH PAPER

Turkish parents' management of childhood fever: A cross-sectional survey using the PFMS-TR



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Summary

Background: To explore Turkish parents' practices in childhood fever management.

Methods: A cross-sectional study with 205 randomly selected Turkish parents of febrile children 6-months to 5-years from the paediatric hospital and two family health centres in Sakarya, Turkey in 2009. Data explored general fever management practices on the 8-item Parents' Fever Management Scale – Turkish version (5-point Likert scale; 1 = never to 5 = always) and socio-demographics.

Results: Parents wanted to know their child's temperature (61.5%), took temperatures (60%), slept in the same room (58.5%) and sought medical advice (53.7%). Non-evidence-based-practices included over-the-counter medications (42.4%); waking children during the night for fever reducing medication (33.2%). Evidence-based-practice ensured febrile children had plenty to drink (30.2%) and febrile children were checked during the night (59%).

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Conclusions: Parents' reports indicate high levels of concern about fever, overuse of over-the-counter medications and health services. Practices increase parents' burden of care, are disruptive of family life and lead to parental fatigue. The study confirms the appropriateness and applicability of the fever management instrument, a simple tool to incorporate into assessment of febrile children, in identifying Turkish parents' fever management practice.

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What is already known about this topic?

- Parents internationally are concerned about childhood fever.
- Antipyretics are the preferred method of managing childhood fever, aiming to normalise temperature thereby reducing harmful outcomes from fever.
- Parents need to receive consistent evidence-based information.

What this paper adds?

- The Turkish version of the Parent Fever Management Scale (PFMS-TR) is an effective means of identifying Turkish parents' evidence and non-evidence-based childhood, fever management practices.
- This 8-item scale identifies areas for parent education to reduce their burden of care during febrile episodes as well as reducing unnecessary over-the-counter medication and overuse of health services.

Introduction

Fever, a common symptom in children, is one of the major concerns of parents of febrile children and a key factor in their use of emergency rooms and community based medical practitioners for advice; contributing to overuse of health resources.^{1,2} Care seeking is strongly associated with parents' perceptions and representations of childhood fever.^{3,4} Turkish parents' fever management practices have not been explored in detail. Neither has the applicability of a Turkish version (PFMS-TR)⁵ of a brief fever management instrument Parents' Fever Management Scale (PFMS)⁶ in identifying areas for parent fever management education to reduce the unnecessary burden of caregivers and overuse of health care resources when a child has a febrile illness.

Caring for a febrile child is an integral aspect of parents or caregivers life that is often misunderstood and incorrectly managed.^{3,4,7} Inexperienced parents report feeling particularly anxious and helpless and often find the severity of the illness difficult to judge.^{8–11} For consistent rational fever management it is essential parents and caregivers have appropriate knowledge and positive attitudes towards the benefits of fever.^{12,13} A clear understanding of community perceptions and attitudes towards childhood illness is important in developing appropriate interventions. To ensure this, there is a need to understand the perceptions and representations of parents and caregivers. This aspect of parenting is

receiving increasing attention in both the academic literature, the media and advertising of antipyretics, particularly in the winter months, regarding the prominent role of childhood fever in the use and overuse of healthcare services and over-the-counter medications.^{5,22}

Recent studies in Turkey identify parents' fear of fever with 83–97% believing fever harmful,^{14,15} and harmful if left untreated (84%).⁷ Turkish parents, similarly to others internationally, believed untreated fever could cause febrile convulsions (84%), brain damage (10.5%)⁷ or death (12%).¹⁴ Esenay et al.¹⁶ found phobic behaviours that could adversely affect children's health and lead to inappropriate fever management practices. Most Turkish mothers surveyed (86.5%) took their child's temperature at less than hourly intervals, and 95.8% stayed awake all night to track the child's fever.¹⁶ It is timely to identify phobic and burdensome practices with a short, targeted instrument to enable parent education targeting individual parents' needs.

The aims of this study were to (1) survey the childhood fever management practices of Turkish parents seeking medical assistance for a febrile child using the Turkish version of the PFMS⁶ (PFMS-TR)⁵ and (2) identify differences in practices between socio-demographic variables. Findings will assist health professionals in identifying parents fever management practices and act as a guide to promoting appropriate targeted measures to improve Turkish parents' childhood fever management.

Materials and methods

Design

A cross-sectional study was undertaken in the state of Sakarya, Turkey, during September and October 2009.

Participants

Two hundred and five parents, selected by simple random and stratified weighted sampling methods, were recruited from one paediatric hospital and two family health centres located in central Sakarya, Turkey on Tuesday and Thursday of each week during the data collection period. The sample was recruited from parents presenting at these centres for a febrile illnesses in a child aged between six months and five years. All parents volunteered to participate in an individual interview following their child's febrile illness being independently triaged as non-emergent. Eligibility criteria were Turkish ethnicity and the ability to read and write Turkish, 18 years of age or older and the primary caregiver of the febrile child aged between six months and five years.

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