



The Impact of a Nursing Coping Kit and a Nursing Coping Bouncy Castle on the Medical Fear Levels of Uzbek Refugee Children

Emel Teksoz ^{a,*}, Vesile Düzgüner ^b, Ibrahim Bilgin ^c, Ayşe Ferda Ocakci ^{d,e}

^a Health School of Mustafa Kemal University, Hatay, Turkey

^b School of Health Sciences of Ardahan University, Ardahan, Turkey

^c Education Faculty of Mustafa Kemal University, Hatay, Turkey

^d School of Nursing, Koc University, Istanbul, Turkey

^e Güzelbahçe sok. Nişantaşı, Istanbul, Turkey

ARTICLE INFO

Article history:

Received 17 May 2017

Revised 9 January 2018

Accepted 10 January 2018

Keywords:

Medical fear

Refugee

Nursing Coping Kit

Coping Activities

ABSTRACT

Purpose: This study determines the effect of a nursing coping kit and a nursing coping bouncy castle on the self-reported medical fear levels of Uzbek refugee children.

Design and Methods: The study was conducted with Uzbek refugee children ($n = 70$) aged 6 to 18 years from Hatay province of Turkey. The children were randomly assigned into 2 groups; an experimental group ($n = 35$) and a control group ($n = 35$). Two coping interventions were tested; a nursing coping kit and a nursing coping bouncy castle. These were designed to present medical implements, depictions of healthcare staff, and medical procedures to the children in a fun and playful way. A socio-demographic questionnaire was completed by all participants prior to the experiment. Also, a Fear for Medical Procedures Scale (FMPS) questionnaire was completed by each participant both prior to and after the intervention sessions with both the coping interventions.

Results: The FMPS post-test scores decreased significantly in the experimental group after exposure to the two interventions when compared with the control group (11.77 and 22.14, respectively). Thus, the results support the notion that two coping interventions appear to reduce children's medical fear level and make healthcare procedures easier to deal with.

Conclusion: The participation of children in creative activities such as making toys or playing with items from the nursing coping kit, and the opportunity for having fun represented by the nursing coping bouncy castle have potential benefits for them in terms of developing strategies to cope with their medical fears.

Practical Implications: Using interventions to cope with medical fears of children might be recommended when the normal development process is considered significantly. Nursing researches should attach more importance and perform further studies about the subject.

© 2018 Elsevier Inc. All rights reserved.

Introduction

Childhood fears are a natural part of children's development and occur in fairly predictable patterns. In infancy and early childhood, fears initially reflect a fear of strangers and separation from parents, and later, focus on fear of the dark and large animals. In time, these fears are gradually replaced by the fear of being alone, kidnappers or medical experiences (Mahat, Scoloveno, & Cannella, 2004; Nicholson & Pearson, 2003). Specifically, medically-focused fears are common in childhood and among these are fear of injections, blood, contact with healthcare professionals, and fear of surgical procedures. Such fears

anxieties can be learnt and remembered from children's prior medical experiences, for example, during routine vaccine injections which may lead to the establishment of a fear of injections. Children's fears related to medical experiences have been extensively researched over the last decade (Heden, Essen, & Ljungman, 2016; Karlsson, Englund, Enskär, Nyström, & Rydström, 2016; Karlsson, Rydström, Nyström, Enskär, & Englund, 2016; Mahat et al., 2004).

Medical fears can be predicted on the basis of demographic factors including age, gender or contextual factors such as culture (Eleonora Gullone, 2000; Mahat et al., 2004). Commonly reported fears by children and adolescents typically relate to death and danger, the unknown, school and social stress, as well as medical and situational fears (Serim-Yildiz & Erdur-Baker, 2013). Culturally-mediated beliefs, values, and traditions play a role in such fears; therefore, children from different cultures may perceive medical experiences differently. At present, the

* Corresponding author: Emel Teksoz.

E-mail addresses: eteksoz@mku.edu.tr (E. Teksoz), vesileduzguner@ardahan.edu.tr (V. Düzgüner), ibilgin@mku.edu.tr (I. Bilgin), aocakci@ku.edu.tr (A.F. Ocakci).

lack of culturally-focused studies of children's medical fears represents a gap in the research. Therefore, further cultural studies are recommended to better understand the influence of culture on children's medical anxieties (Cole, Bruschi, & Tamang, 2002; Mahat et al., 2004; Mahat & Scoloveno, 2003; Serim-Yildiz & Erdur-Baker, 2013).

Fear is a necessary emotion which serves to make us aware of danger and ready to take action to secure our safety. Such fear is a normal reaction which usually decreases with age (Forsner, Jansson, & Söderberg, 2009). However, medically-focused fears can be differentiated from normal fears in several aspects, including whether or not the expressed fear is age- or stage-specific, whether or not it persists over an extended period of time, and/or significantly interferes with everyday functioning (Eleonora Gullone, 2000; Heden et al., 2016). As medical fears do not tend to decrease throughout childhood, they have the potential to adversely affect medical procedures necessary for children's health and/or complicate the treatment of childhood diseases (Birnie et al., 2015; Kunzelmann & Dünninger, 1990). Additionally, these fears may have a negative impact on children's perceptions of healthcare and healthcare professionals. All healthcare professionals, and especially nurses who tend to spend more time with children, play a crucial role in supporting children to cope with their fears. Nurses may act as catalysts for children to learn and develop coping skills (Mahat et al., 2004; Mahat & Scoloveno, 2003). Therefore, it is important that nurses are able to accurately assess and intervene in reducing these fears. Nurses can play a pivotal role in alleviating children's fears of medical experiences by providing culturally-sensitive care (Mahat et al., 2004).

Coping strategies to deal with medical fears are well established in the literature, such as coping kits, storytelling, acting, painting, and toys (Caddy, Crawford, & Page, 2012; Drake, Stoneck, Martinez, & Massey, 2012; Wilson, Megel, Enenbach, & Carlson, 2010). Children have various coping strategies which are different from adults'. Children's ability to cope with medically-derived fears is based on their prior experiences. In this way, nurses may apply variegated intervention in accordance with the child's experiences of their medical fears. Nurses also need to have an understanding of different cultural practices relevant to the children's background, as these may influence children's fears and coping strategies. Studies that focus on children's fears and coping strategies in the medical context need to be enlarged with more samples from different geographic areas (Mahat & Scoloveno, 2003). Refugee children belong to a vulnerable cohort that has often experienced deprivation, poverty, complicated physical, mental and nutritional health issues, and exposure to significant violent and traumatic events. These experiences occur during a critical developmental period, this situation will cause them to create fears. Improving educational experiences may assist in these children's resettlement and recovery from trauma (Mace et al., 2014).

In addition gender, education, occupation, income and place of residence are all closely linked to refugee's access and experience of the benefits of healthcare and education. Refugee families face a range of challenges that can affect childrearing practices and are likely to precipitate fear and anxiety in their offspring. These include their past experiences of torture and trauma, changes in family roles, separation from family members and poor access to primary healthcare and education. This means that child refugees tend to have a poor quality of life as a consequence (Riggs et al., 2012; Teodorescu et al., 2012; Zepinic, Bogic, & Priebe, 2012) and identifying and addressing the often-overlooked health needs of refugee children needs to be prioritized in health care visits. Although well-child health care visits are useful in identifying health issues early on, there has been limited investigation into the use of these services for children from refugee backgrounds (Idemudia, Williams, & Wyatt, 2013; Kristiansen, Kessing, Norredam, & Krasnik, 2015; Matanov et al., 2013).

In 1982, the Uzbeks, who were placed in the Ovakent area of Hatay province of Turkey, formed a special traditional life style. They never abandoned their culture and traditions and their relationship with the people of the province where they are established is always limited.

Connections with the people of Hatay are only in the field of health and education. Children live in an almost semi-isolated community. Some experiences are completely uncertain for them, especially those related to health such as injections and interaction with health profession because they usually do not socialize with natives. The purpose of this study is to investigate the effect of a nursing coping kit and a nursing coping bouncy castle on refugee children's medical fears.

Methods

Study Design

Health systems researchers use a wide range of quasi-experimental approaches to estimate the causal effects of healthcare interventions (Harris et al., 2006). In medical informatics, the quasi-experimental, sometimes called the pre-post intervention, design often is used to evaluate the benefits of specific interventions. Quasi-experimental designs identify a comparison group that is as similar as possible to the treatment group in terms of baseline (pre-intervention) characteristics. The comparison group captures what would have been the outcomes if the intervention had not been implemented (White & Sabarwal, 2014). These methods are considered to be potent in estimating the strength of causal relationships (Reeves, Wells, & Waddington, 2017). The data were obtained from quasi-experimental study with a pre- and posttest after intervention and comparison group (without intervention), which gathered survey information from Uzbek refugee child participants living in a small town in the Hatay province. Ovakent is located approximately 20 km from the city centre and is mainly inhabited by an Uzbek refugee population.

The provision of medical treatment and education forms the principle link between Uzbek children and the local native community. In this way, the sample is a more specific cohort for examining medical fears because the Uzbek refugee children share medical experiences with only health personnel as they live separately from the local population. Table 1 provides an overview of these children's medical experiences. Therefore, selecting Uzbek refugee children in Hatay as a sample seems to be a convenient method to measure the impact of specific interventions on their medically-based fears.

This study uses an appropriate sampling method where all participating children were identified from a pool of volunteers aged 6 to 18

Table 1
Respondent's prior medical experiences questionnaire results.

Experimental Group			Control group	
	n	%	n	%
Have you ever been to hospital?	Yes 31	88.6	30	85.7
	No 4	11.4	5	14.3
Have you ever been hospitalized?	Yes 4	11.4	9	25.7
	No 31	88.6	26	74.3
Have you ever had an injection?	Yes 31	88.6	30	85.7
	No 4	11.4	5	14.3
Have you ever had blood taken?	Yes 17	48.6	11	31.4
	No 18	51.4	24	68.6
Have you ever had an ear examination?	Yes 13	37.1	13	37.1
	No 22	62.9	22	62.9
Have you ever had a mouth examination with a tongue depressor?	Yes 24	68.6	27	77.1
	No 11	31.4	8	22.9
Have you ever had your temperature checked?	Yes 20	57.1	24	68.6
	No 15	42.9	11	31.4
Have you ever swallowed medicine?	Yes 30	85.7	31	88.6
	No 5	14.3	4	11.4
Have your ever been given medication in your nose?	Yes 5	14.3	4	11.4
	No 30	85.7	31	88.6
Have you ever been given medication in your ear?	Yes 5	14.3	3	8.6
	No 30	85.7	32	91.4
Have you ever had an injection in your vein?	Yes 10	28.6	12	34.3
	No 25	71.4	23	65.7

Download English Version:

<https://daneshyari.com/en/article/8574020>

Download Persian Version:

<https://daneshyari.com/article/8574020>

[Daneshyari.com](https://daneshyari.com)