

Original article

Nursing Student's Behaviours And Attitude Towards Headache

Serdar Saritas¹, Seyhan Citlik Saritas¹, Behice Erci¹, Neziha Karabulut²

1 -Nursing Department, Malatya Health School, İnönü University, Malatya, Turkey

2- Nursing Department, Health Science Faculty, Atatürk University, Erzurum, Turkey

Corresponding author: Seyhan Citlik Saritas

Email: seyhancitlik@hotmail.com

Abstract

Objective: Health professions need to know behaviour and attitudes towards headache so that this knowledge could be used in admin of health care services. Therefore, the researchers undertook the present study to determine the nursing student behaviour and attitudes towards headache. The aim of this study was to determine headache frequent of nursing's student and their behaviours and attitude towards headache.

Methods: The study population included 592 undergraduate nursing students in nursing departments of health school at a university in Turkey. A randomly sample of 224 was recruited from the students. There was not eligibility criterion for the participants. The data were collected in May 2011. The researchers visited classrooms on two days and conducted interviews with the students in their classrooms.

Results: The majority of the adolescents have had headache. Stress factors activating headache was 37.3%. Attitude of the adolescents towards headache treatment was negative in general. However, 77.2% of the adolescents explained that they have used medicine heal headache.

Conclusion: This study has highlighted some issues that require further investigation and provided useful information that might guide the development of interventions for headache.

Keywords: *headache, attitude, behaviour, nursing's student.*

Introduction

Headache is a health problem with considerable impact at personal, social, and financial levels in terms of distress, disability, and cost (1). Headaches are common, with almost everyone experiencing at least one during their lifetime (2). The lifetime prevalence of headache has been estimated to be up to 96% in the adult population (2), and one-year prevalence estimates range from 38% (3) to 68% (4). Many people experience headaches on a frequent basis: a recent United Kingdom survey found that 18% of respondents had experienced headaches one to three times a week during the previous three months, with 6% experiencing them more often (5). Headache is one of the most frequently reported health complaints (more than 50% of ado-lescents) among adolescents; approximately 5-15% of them suffer from migraine and further 15-25% from tension-type headache (TTH) (6-13). The results of epidemiological studies indicated that headache

have become more prevalent among children and adolescents over the last decades throughout the world (14,15).

The prevalence of chronic headache in the general population is around 4% worldwide (16-19) Many patients start with an infrequent episodic headache type (migraine or tension-type) that gradually becomes more frequent over time until their headaches are almost daily. The cause of this chronification process is unknown. In a general population sample in the USA with a headache frequency of 2-104 days/year, the 1-year cumulative incidence of chronic headache was 3% (20).

Headache affects 91% of males and 96% of females at some point during their lifetime (21). The majority of headaches are benign: less than 0.1% of the lifetime prevalence of headache is associated with life threatening brain lesions (22). In a Danish study, Rasmussen reported that the a-

year period prevalence of migraine was 6% in males and 15% in females; for tension-type headache it was 63% in males and 86% in females (22).

The prevalence of recurrent headache in the study population was 52.2%. Girls (59.8%) had significantly more recurrent headache than boys (45.1%). The prevalence of recurrent headache increased from 42.2% up to 60.7% by age. In multivariate logistic regression analysis age and gender differed significantly between adolescents with and without recurrent headache groups. Frequent episodic tension-type headache was the most common (25.9%) headache among Turkish adolescents, followed by migraine (14.5%). Age and gender appeared to be demographic factors increasing adolescent headache prevalence. Frequent episodic-tension type headache was the most common headache followed by migraine (14). Reported prevalence rates for headache in children and adolescents ranged from 19.5% to 93.3%. For tension-type headache (TTH), this is between 0.9% to 72.3% and 2.97% to 28% for migraine (10,19,23-26).

The prevalence of recurrent headache was 49.2%. Among the studied population 24.7% had tension-type headache and 10.4% had migraine. Girls had significantly more frequent headache than boys. Binary logistic regression analysis found that increasing age, female gender, low socioeconomic status of family, low education level of mother, and positive family history of headache (father, mother, siblings, second degree relatives) had a statistically significant effect on the presence of headache in children (27), 21.9% had no headache. Of subjects, 45.5% had TTH and 28.6% of the participants had migraine (28).

In parallel with the developments in the field of headache, the increase in the awareness by both the medical staff and the families may explain this rise in prevalence. The prominent changes in the life styles of the children and their families appear to be the primarily recalled reasons in the development of headache (14,27,29).

Though there are few studies about headache in nursing student, there is no study related to nursing student's behaviour and attitudes towards headache in Turkey. It is important that data are available to reflect the behaviour and attitudes towards headache in adolescent population for health care. So, behaviour and attitudes towards headache should be determined. For that reason, health professions need to know behaviour and attitudes towards headache so that this knowledge could be used in admin of health care services. Therefore, the researchers undertook the present study to determine the nursing student behaviour and attitudes towards headache.

Aim

The aim of this study was to determine headache frequent of nursing's student and their behaviours and attitude towards headache.

Method

A descriptive design was used in the study.

Participants

The study population included 592 undergraduate nursing students in nursing departments of Health School at İnönü University in Turkey. A randomly sample of 224 was recruited from the students, ranging in age from 18 to 26 years. A sample size of 224 students was estimated using power analysis based on α error probability of 0.05 with two tailed and power of 0.95, and assumed effect size was 0.3 for the sample size estimation. There was not eligibility criterion for the participants.

Data collection

The data was collected in May 2011. The researchers visited classrooms on two days and conducted interviews with the students in their classrooms. The questionnaire was explained to the participants; they then read it and marked their answers on the sheets. The questionnaire took approximately 20 minutes to complete and could be understood by people with minimal reading ability. All participants completed the questionnaire.

Ethical considerations

The study was approved by the ethics committee at İnönü University and informed consent was obtained from each participant. The students were informed about the purpose of the research, and assured of their right to refuse to participate or to withdraw from the study at any stage. Anonymity and confidentiality were guaranteed.

Data analysis

In the data analysis, descriptive statistics was employed to examine the percentages of sample group characteristics. Regression was used to determine factors affecting attitudes toward headache.

Results

The demographic characteristics of the participants were shown in Table 1. The mean age was 21.1 (SD: 1.6) years. The majority of the sample was female, 32.6% were first grade. The family monthly income of the majority was little from 560 \$ US.

The majority of the adolescents have had headache. Stress factors activating headache was 37.3%. According to pain scale, mean score of headache level was 5.9 ± 1.7 point (Table 2).

Table 1. The demographic characteristics of the participants (n = 224)

Demographic Characteristics	N	%
Gender		
Female	142	63.4
Male	82	36.6
Grade		
First Grade	73	32.6
Second Grade	52	23.2
Thirty Grade	36	16.1
Fourth Grade	63	28.1
Family Monthly income		
little from 560 \$	126	56.2
560-840 \$	64	28.6
841\$ or much	34	15.2
Age (years): X ± SD	21.1±1.6	

Table 2. Headache Characteristics of the Sample Group

Headache Characteristics	N	%	
Situation of Headache Experience			
Experienced Headache	164	73.2	
Not Experienced Headache	60	26.8	
Headache Types (n: 164)			
Tension Headache	88	53.7	
Migraine Headache	31	18.9	
Cluster Headache	29	17.7	
Chronic Headache	16	9.8	
When of Headache attack (n:206)			
Morning	19	9.2	
Fatigue after	84	40.8	
Clinical practices	30	14.6	
Lesson working	28	13.6	
Event with stress	19	9.2	
In area Closed (Classroom e.g.)	26	12.6	
Factors Activating Headache (n:166)			
Hungry	20	12.0	
Fatigue	36	21.7	
Discussion-Fighting after	19	11.4	
When illness	29	17.5	
Stress	62	37.3	
Experiencing of Headache During Clinical Practices (n: 224)			
Yes	149	66.5	
No	75	33.5	
Reasoning Experiencing of Headache During Clinical practices (n: 149)			
Fatigue	91	61.1	
Stress	58	38.9	
Headache level	Min	Max	X ± SD
	2.0	10.0	5.9 ± 1.7

Table 3. The Students' Behaviours and Attitudes toward Headache

Behaviour and Attitudes toward Headache	N	%
Attitude towards Medicine Treatment of Headache		
Positive	76	33.9
Negative	80	35.7
Undecided	68	30.4
Attitude toward Gender's Headache		
Women	164	73.2
Men	60	26.8
Attitude toward medicine use for Headache		
Medicine healing headache	173	77.2
Medicine not healing headache	29	12.9
Don't know	22	9.8
Done practices during Headache [n: 209]		
To attract the attention to another direction	20	9.6
Calm and quiet place to rest	89	42.6
Listen to music	11	5.3
Not anything do	15	7.2
use in pain relief	51	24.4
Made Massage	23	11.0

Table 4. The relationship between attitudes toward headache and experienced headache

Attitudes toward Headache	B	Beta	t	Sig.
(Constant)	1.032		6.389	.000
Attitude towards Headache Treatment	.118	.237	3.582	.000
Attitude toward Gender's Headache	.087	.093	1.416	.158
Attitude toward medicine use for Headache	-.115	-.164	-2.510	.013
Behaviour toward Headache	.063	.257	3.858	.000
Headache level	-.037	-.158	-2.427	.016
	R	R²	F	Sig.
	.404	.16	7.92	.000

Table 5. The relationship between attitudes toward headache and headache type

Attitudes toward Headache	B	Beta	t	Sig.
(Constant)	1.883		3.189	.002
Attitude towards Headache Treatment	-.326	-.210	-2.544	.012
Attitude toward Gender's Headache	.513	.173	2.244	.026
Attitude toward medicine use for Headache	-.254	-.129	-1.675	.096
Behaviour for Headache	-.087	-.115	-1.416	.159
Headache level	.106	.139	1.824	.070
	R	R²	F	Sig.
	.315	.09	3.48	.000

Attitude of the adolescents towards headache treatment was negative in general. However, 77.2% of the adolescents explained that they have used medicine heal headache. Many of the adolescents have rested in calm and quiet place while they were heading aching (Table 3).

Experienced headache was effect on attitudes toward headache. Experienced headache explained

16% of behaviour and attitudes toward headache. The effective attitude was attitude towards headache treatment for on situation of experience headache (Table 4).

Table 5. The Relationship between Attitudes toward Headache and Headache Type

Headache type was effect on behaviour and attitudes toward headache. Headache type explained 0.9% of behaviour attitudes toward

headache. The effective attitude was attitude towards headache treatment for headache type (Table 5).

Discussion

The majority of the adolescents have had headache. Stress factors activating headache was 37.3%. According to pain scale, mean score of headache severity level was 5.9 ± 1.7 point (Table 2). One research studied in Turkey on age range between 11 and 18 years old in high school children determined that overall migraine prevalence was 8.8% (13). Aytaçoğlu et al. (28) found that 45.5% of high school children had tension-type headache, and mean score of headache severity was 5.6 ± 10.2 point in Mersin.

Attitude of the adolescents towards headache treatment was negative in general. However, 77.2% of the adolescents explained that they have used medicine for heal headache. Martins and Parreira (30) found that 90.8% of patients for taking medication. The majority of the respondents have positive attitudes toward drugs (31).

Many of the adolescents have rested in calm and quiet place while they were heading aching (Table 3). Previous one study reported that the participants used maneuver included pressing and applying cold stimuli to the painful site, trying to sleep, changing posture, sitting or reclining in bed (using more pillows than usual to lay down), isolating themselves, using symptomatic medication, inducing vomiting, changing diet, and becoming immobile during the attacks (30). The most frequently used were acupuncture (71.4%), massages (56.4%), and thermotherapy (29.2%) in headache (32, 33, 34). Given these results were similar to the findings of us study.

Experienced headache was effective 16% on behaviour and attitudes toward headache (Table 4). Previous experienced headache may affect attitude and behaviours of persons (1,32).

Headache type was effect on behaviour and attitudes toward headache. Headache type explained 0.9% of behaviour attitudes toward headache (Table 5). Previous studies determined that there was an associated headache types with attitudes toward headache (1,32).

Conclusions

In this study, most of nursing students have had headache problems. Although they were thought how to fight the pain without drugs during the undergraduate education, they used the drugs high level. So it can be beneficial to teach a lesson which is called "cope with pain". This study has highlighted some issues that require further investigation and provided useful information that might guide the development of such interventions.

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