Appendix D -Qualitative evidence

De, 2014

Bibliographic Reference

De, Sukanya; Tong, Allison; Isaacs, David; Craig, Jonathan C; Parental perspectives on evaluation and management of fever in young infants: an interview study.; Archives of disease in childhood; 2014; vol. 99 (no. 8); 717-23

Study Characteristics

Semi structured interviews
Explore the concerns, beliefs, attitudes and perspectives of parents of young infants hospitalised with a febrile illness
Australia
Tertiary children's hospital
Used the consolidated criteria for reporting qualitative research (COREQ). Participants selected using purposive sampling to include a range of demographic characteristics such as age, gender and birth order.
Eligible parents identified by reviewing daily hospital admissions and were approached towards the end of the hospital stay.
Interview prompts were developed based on clinical experience, literature review, feedback from paediatricians and researchers, and were piloted with five parents. Semi-structured, face-to-face interviews were conducted just prior to discharge from hospital, to enable a clear parental recollection of events and experiences while capturing the complete inpatient experience. The interviews were conducted in the privacy of a meeting room located in the ward. If both parents participated, they were interviewed together.
Parents of febrile infants aged <3 months admitted to hospital
November 2011 - December 2012
None reported
Parents of febrile infants aged <3 months admitted to hospital Parents of infants who were previously healthy Infants with uncomplicated febrile illness - with an unremarkable clinical course and uneventful recovery
Parents of infants with a complex medical background Parents of premature infants Parents of infants with prolonged hospitalisation and complex interventions Non-English speaking parents

Sample characteristics	Sample size 36 parents of 27 infants Reason for stopping recruitment Once data saturation was reached Parent's age 21-30: 38%; 31-40: 56%; 40+: 6% Parents % female 39% Age of the baby <4 weeks: 33%; 4-8 weeks: 52%; 8-12 weeks: 15% Duration of admission (days) 2-3: 52%; 3-5: 41%; 5+: 7%
Relevant themes	Reassurance and support Facilitators to parental empowerment Barriers to parental empowerment

Risk of bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes (Explore the concerns, beliefs, attitudes and perspectives of parents of young infants hospitalised with a febrile illness)
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes (Purposive sampling to include a range of demographic characteristics such as age, gender and birth order)
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell (Limited - stated that the interviews were conducted by the first author who was a paediatrician not involved in the family's care but no further information)
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell (Limited information. States that the analysis was conducted using grounded theory principles and

Section	Question	Answer
		that the data were coded but limited information about triangulation or validation)
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate (Limited information about analysis, including triangulation and validation. No acknowledgement of the relationships between researchers and participants)
	Relevance	Partially relevant (Focused on parents with febrile infants rather than specifically late-onset infection. Excluded premature infants who may be at higher risk of developing infection)