

Assess the Level of Stress among Mothers of Hospitalized Children: A Challenge for Quality Nursing Care

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ABSTRACT

Background: Hospitalization of a child is often critical event and it cause stress for the family members especially for the mother. In most hospitals there are no action plans or training programs to reduce stress for the parents. This study aimed to assess the level of stress among Mothers of hospitalized children.

Materials & Methods: It was a descriptive study performed on mothers of 40 hospitalized children. The study was conducted at pediatric unit of selected hospitals. Convenient sampling technique was used for collecting data. Data were collected using a two part questionnaire. The first part included the mother's and the child's demographic data, the second part of the questions was asking about the stressors.

Results: Most of the Mothers (65%) were reported that the severity of illness and when the child is not able to eat or drink are making them high level of stress. The findings indicated that a significantly strong positive correlation was found to exist between age of child and the level of stress ($P=0.554$). The findings also indicate a positively strong correlation between duration of hospitalization and the level of stress.

Conclusion: The results of this research indicated that the mothers of hospitalized children were experiencing a variety of stressors. So, health care professionals must plan interventions for mothers to cope with these stressors while their child is hospitalized.

Keywords: Stress, Hospitalized children, Quality care, Nursing care.

INTRODUCTION

Stress occurs when a person has difficulty dealing with life situations, problems, and goals. Each person handles stress differently. ^[1] Hospitalization is always associated with tension, worry and pressure. The process of hospitalization is a very traumatic experience whether it's a male or a female. ^[2] The stress related to hospitalization may be diverse - due to poor resources (financial or lack of caregivers to stay with the patient) or some variables related to the ward environment. ^[3]

Hospitalization of a child is often critical event and it cause stress for the family members especially for the mother. ^[4] The strangeness of the hospital environment can act as a potential source of stress. Sophisticated instruments with flashing lights can be extremely anxiety provoking. ^[5] Feelings of stress and anxiety are often associated with the lack of information on diseases and medical procedures. The pain is caused by the imposed treatments, unfamiliarity with the hospital environment

also the major cause of stress for the mothers. [6]

Parents have an important role in the promotion of their children's health, being the primary agents involved in direct care, providing access to health services and modeling attitudes and behaviors that influence children's wellbeing. [7] In pediatric nursing, family-centered care is also a basic element, which emphasizes on dynamic relationship between the family members and treatment and care providing team, as well as involves the family in care. Parents should be clearly active in decision-making process in relation to taking care of children and participation in care. [8]

In most hospitals there are no action plans or training programs to reduce stress for the parents and because of staff familiarity with the hospital environment; they do not assume that the hospital environment and setting can be a stress causing factor for the mothers of hospitalized children. [9] Whereas parenting stress is primarily considered as a common daily concern faced by most parents (to a certain degree) as part of the normal parenting process. [10] The literature reveals that sources of stress vary across different diagnoses, according to particular diagnostic characteristics or distinct family demands. [11] Large hospital rooms, waking up early in the morning, lack of ways to keep the patient's mind occupied, eating dinner in bed, noisy environment and other patients' presence all create an atmosphere which is very different from normal life results in stress for the mothers. So the present study focused to assess the level of stress among mothers of hospitalized children, therefore it helps the caregivers to plan effectively and to provide quality nursing care for the betterment of child's wellbeing.

MATERIALS & METHODS

It was a descriptive study performed on mothers (n=40) of hospitalized children. The study was conducted from the pediatric unit of selected hospitals. Convenient sampling technique was used for collecting

data. Data were collected by using a two-part questionnaire. The first part included the mother's and the child's demographic data (maternal age, maternal educational level, employment status, age and sex of the child, days of hospitalization), the second part of the questions was asking about the stressors (11 questions). Researchers collected data through interviewing the mothers. Responses were categorized and rated according to a Likert scale of four degrees; strongly disagree, Disagree, Agree and strongly agree on a scale of 1 to 4. Validities of the contents were used to determine the validity and a reliability coefficient of 0.94% was obtained for questions in the questionnaire.

Data collection was done in the morning shift after completion of visits by the physician and nursing staff. For collecting data, researchers visited pediatric wards; introduced themselves and explained their research goals for the mothers who wished to participate in the study. The participants were asked about their willingness to participate in this project. Only willing mothers participated, and those who were unwilling to participate were excluded from the study. The researchers began the interview by asking questions to complete the questionnaire. All study procedures were approved by the head of concerned Hospitals. Written informed consent was received from participants prior to the study.

To determine the reliability, the questionnaire was completed through interviews with 15 mothers of hospitalized children at the pediatric ward and then Cronbach's alpha reliability was used. The reliability result obtained was 0.89.

After encoding, the collected data were analyzed using SPSS 16.0 and then using descriptive statistics (frequency tables and percentages) and inferential statistics were constructed.

Ethical consideration

The research study was approved by the concerned authorities. Prior to start the study, the mothers of hospitalized children

were agreed to participate in the study and informed consent was obtained. At any time during the study, the participants had the right to decline to participate. Their personal information was kept confidential.

RESULTS

Most of mothers (37.5%) were between the age of 21-25yrs, and the least (2.5%) was more than 35years. The education levels of 42.5% mothers were secondary school, 30% were primary school

and 17.5% were degree holders. Fourteen (35%) of the mothers were housewives and twenty six mothers (65%) were employed. Regarding the age of children 35% of children were between 1-2 years, 25% were less than 6 months, 17.5 % were between the age of 2-3 years and 17.5 % were between 6-12 months of age. Half of samples (50%) had 4-6 days of hospitalization, 27.5% had more than 6 days and 22.5% were hospitalized for 1-3 days.

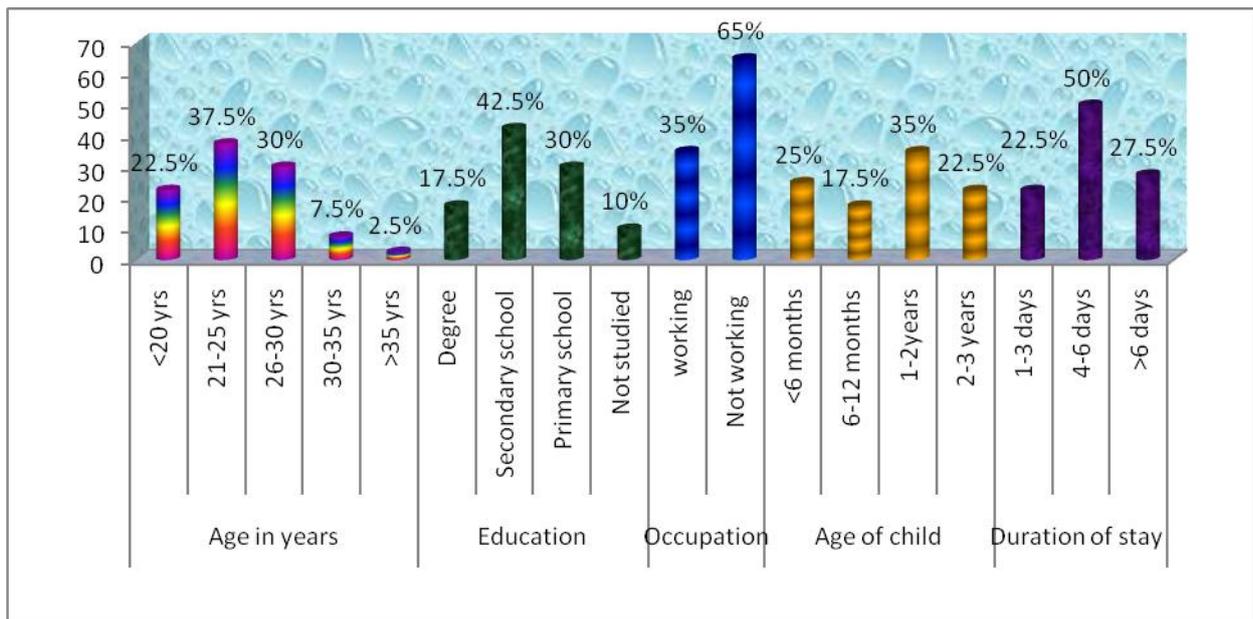


Figure 1: Distribution of Demographic data of mothers and children

Table1: Frequency and percentage Distribution of Stressors among mothers of hospitalized children

Sl.No	Items	Strongly disagree		Disagree		Agree		Strongly agree	
		No	%	No	%	No	%	No	%
1	The child looks lethargic, weak and pale	...	...	...	...	23	57.5	17	42.5
2	The severity of disease is very high	...	...	...	...	14	35	26	65
3	The child is not able to eat/drink due to illness	...	...	2	5	12	30	26	65
4	The child is crying and having irritability	...	...	...	...	23	57.5	17	42.5
5	The child is not able to play	...	...	...	...	14	35	26	65
6	The child is not sleeping well due to illness	...	...	...	...	15	37.5	25	62.5
7	Feeling more tension when administering Injection	1	2.5	20	50	19	47.5	...	...
8	The child is suffering from pain	...	...	...	...	21	52.5	19	47.5
9	Not knowing the results of lab investigations	...	...	3	7.5	15	37.5	22	55
10	Sudden hospitalization when not expecting	...	...	...	...	20	50	20	50
11	Worrying about Separation from family.	...	...	1	2.5	18	45	21	52.5
12	House hold work is getting disturbed due to hospitalization	...	...	3	7.5	17	42.5	20	50
13	Lack of knowledge about child's disease condition	...	...	5	12.5	13	32.5	22	55
14	Hospital environment is giving more stress.	9	22.5	14	35	11	27.5	6	15
15	Restriction of family members to visit the child	1	2.5	1	2.5	23	57.5	15	37.5

Most of the Mothers (65%) were reported that the severity of illness and when the child is not able to eat or drink are making them high level of stress. Same rating has been given by the mothers when the child is not able to play as well. But the study findings clearly mentioned that the hospital environment is not snagging them.

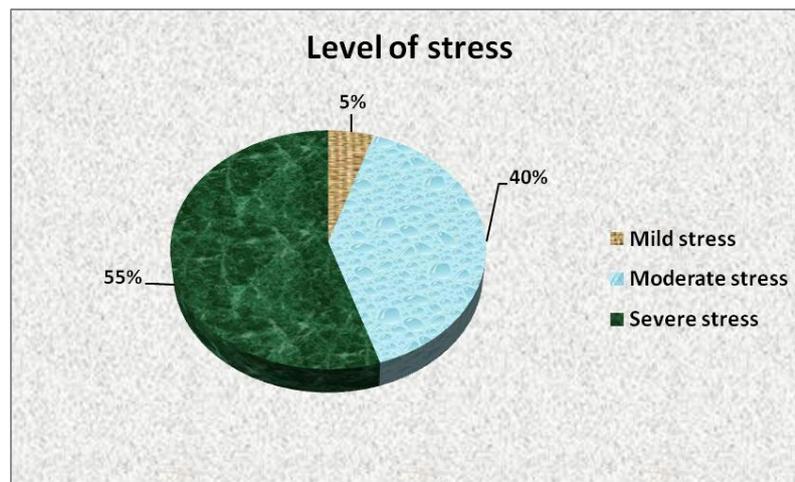


Figure 2: Level of stress among mothers of Hospitalized children

Most of the mothers (55%) were having severe stress, 40% of mothers having moderate stress and 5% of mothers having mild stress.

Table 2: Correlation of Demographic variables with stress score

Pearson correlation Sig. (2 tailed)	Age	Education	occupation	Age of child	Duration of hospitalization
Sum of Stress	0.99	0.197	0.259	0.554*	0.447*
Score	0.543	0.222	0.106	0.000	0.004

*Correlation is significant at the 0.01 level

The correlation statistics were computed using SPSS 16.0. The findings indicated that a significantly strong positive correlation was found to exist between age of child and the level of stress ($P=0.554$). The findings also indicate a positively strong correlation between duration of hospitalization and the level of stress. ($P=0.447$)

DISCUSSION

This study was performed with the mothers of children admitted in pediatric ward. The goal of the study was to determine the stressors in mothers of hospitalized children. Most of the mothers were reported severe stress when their child's illness is become severe. Barakat, et al (2007) found that greater disease-related parenting stress at baseline in caregivers of children with sickle cell disease was associated with greater disease severity. [12] Mattie et al also reported that parenting a child with severe illness impacts a greater degree of life stress on mothers of these children than does parenting control children. [13] Subsequently most of the mothers were reported that when the child is not taking adequate food they feel stress.

Feeding has a significant emotional component for mothers reported by Holly A. Harris. [14] A study suggests that nutrition management demands may be related to decreased parental confidence and increased parental stress. [15] Sleepless nights with screaming babies may increases parental stress as well. The struggle to get children off to bed at a respectable hour, were equally important issues for 45% of parents reported by Didden, et al 2002. [16] Most of the stressors related to the staff and employees were caused by an inadequate explanation of procedures and information related to disease condition to mothers. Mwangi, et al. showed that mothers would like to involved in the decision-making process by the medical staff and also take adequate explanation about healing process and invasive procedures. [17] Soderback and Christensson also showed that most mothers (83%) wanted to obtain simplified explanation about the medical procedures and to be involved in painful procedures such as inserting IV lines and blood sampling. [18]

The current study shows there was a positive correlation between stress of

mothers with days of hospitalization and age of the children. Having a child hospitalized is a stressful event for parents reported by Hasan, et al. [19] The study reported that caregivers of hospitalized children may experience stress on a daily basis. Wray et al also stated that parents experience substantial stress and anxiety when their child is hospitalized. Therefore, they recommend for Screening of those at high risk for stress and implementing interventions to reduce stress. [20] The hospitalization of a child requires parents to make changes in their usual parenting role. In describing the nature of the changes required, parents identified the need to understand the illness experience; become familiar with the hospital environment; adapt to their changing relationship with the child and other family members; and negotiate with health professionals about their child's care. [21]

Moreover, research over the years demonstrated strong correlations between pediatric illness and parenting stress. [22] Parents of children with serious-acute and chronic health conditions are at risk of experiencing parenting stress to higher degrees than parents of healthy children. [23] Nurses and other health providers should collaborate in Family Systems practice toward parenting stress reduction by establishing solid therapeutic relationships with families, identifying specific family needs, and receiving feedback about their interventions. [24] Nurses will act to identify the meanings parents ascribe to the pediatric condition, family competencies and strengths, and tailor stress reduction family systems interventions through this complex knowledge. [25]

Limitations of the Study

Small sample size and nonrandomized sampling limit the generalizability of the study findings. Inclusion in the study was limited to the mothers who have hospitalized child with less than 5 years of age only.

CONCLUSION

The results of this research indicated that the mothers of hospitalized children were experiencing a variety of stressors. This study give us a better understanding of what is stressful to parents so it may help the health care professionals to plan interventions for mothers to cope with these stressors while their child is hospitalized.

Ethical considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

ACKNOWLEDGEMENT

We would like to thank to all the participants who were participated in data collection with full cooperation. Additional thanks to all the people who had helped us in data collection procedure.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Conflicts of interest: The authors declare that they have no conflicts of interest.

REFERENCES

1. Raphael, J. L., Zhang, Y., Liu, H., Giardino, A. P. Parenting stress in US families: Implications for paediatric healthcare utilization. *Child: Care, Health, and Development*.2010; 36 (2): 216-224.
2. Neeraj Chhari, Satish C Mehta. Stress Among Patients During Hospitalization: A Study From Central India. *National Journal of Community Medicine*.2016; 7(4):274.
3. Latha KS, Ravi Shankar BG. Hospital Related Stress Among Patients Admitted to a Psychiatric In-patient Unit in India, *Online Journal of Health and Allied Sciences*.2011; 10 (1)
4. Stokes, R. H., Holsti, L. Pediatric occupational therapy: Addressing parental stress with the sense of coherence. *Canadian Journal of Occupational Therapy*.2010; 77(1): 30-37.
5. Wirrell, E. C., Wood, L., Hamiwka, L. D., Sherman, E. M. S. Parenting stress in mothers of children with intractable epilepsy. *Epilepsy & Behavior*.2008; 13 (1): 169-173.
6. Hallstrom I, Runesson I, Elander G (2002). Observed parental needs during their child's

- hospitalization. *J Pediatr Nur.*2002; 17(2):140–148.
7. Bonichini, S., Axia, G., & Bornstein, M. H. Validation of the Parent Health Locus of Control Scales in an Italian sample. *Italian journal of pediatrics.* 2009; 35(1): 13. doi:10.1186/1824-7288-35-13
 8. Corlett J, Twycross A. Negotiation of parental roles within family - centered care: A review of the research. *J Clin Nurs.* 2006; 15 (10):1308–16.
 9. Chilman AM, Thomas M . Understanding nursing care. Third edition. Edinburgh: Churchill Livingstone. 1987; 148-149.
 10. Eronen, R., Pincombe, J., Calabretto, H. Support for stressed parents of young infants. *Neonatal, Pediatric and Child Health Nursing.* 2007; 10(2): 20-27.
 11. Pinto, N. M., Weng, C., Sheng, X., Simon, K., Byrne, J. B., Miller, T., Puchalski, M. D. Modifiers of stress related to timing of diagnosis in parents of children with complex congenital heart disease. *The Journal of Maternal-Fetal & Neonatal Medicine.*2016; 29(20): 1-7.
 12. Barakat L P, Patterson C, Weinberger B, Simon K, Gonzalez E R, Dampier C. A prospective study of the role of coping and family functioning in health outcomes for adolescents with sickle cell disease. *Journal Of Pediatric Hematology Oncology.* 2007;29 (11): 752-60
 13. Mattie-Luksic M, Javornisky G, DiMario F J . Assessment of stress in mothers of children with severe breath-holding spells. *Pediatrics.* 2000; 106 (1): 1-5
 14. Holly A. Harris, Holly A. Harris, Elena Jansen, Kimberley M. Mallan, Lynne Daniels, Karen Thorpe, Concern. Explaining Nonresponsive Feeding: A Study of Mothers' and Fathers' Response to Their Child's Fussy Eating. *Nutrition Education and Behavior.* 2018; 50 (8):757–764.
 15. Scott W. Powers, Kelly C. Byars, Monica J. Mitchell. Parent Report of Mealtime Behavior and Parenting Stress in Young Children With Type 1 Diabetes and in Healthy Control Subject. *Epidemiology/Health Services/ Psychosocial Research and Diabetes Care.* 2002; 25 (2): 313-316.
 16. Didden, R., Korzilius, H., van Aperlo, B., van Overloop, C., & de Vries, M. Sleep problems and daytime problem behaviours in children with intellectual disability. *Journal of Intellectual Disability Research.*2002; 46 (7): 537–547.
 17. Mwangi R, Chandler C, Nasuwa F, Mbakilwa H, Poulsen A, Bygbjerg IC et al. Perceptions of mothers and hospital staff paediatric care in 13 public hospitals in northern Tanzania. *Trans R Soc Trop Med Hyg.* 2008;102(8): 805–10.
 18. Soderback M, Christensson K (2008). family involvement in the care of a hospitalized child. *Int J Nurs Stud,* 45(12):1778–88.
 19. Hasan Tehrani T, Haghghi M, Bazmamoun H. Effects of Stress on Mothers of Hospitalized Children in a Hospital in Iran. *Iran J Child Neurol Autumn.* 2012; 6(4): 39-45.
 20. Wray J, Kirsty Lee. Parental anxiety and stress during children's hospitalisation: The StayClose study. *Journal of Child Health Care.* 2011; 15(3) 163–174.
 21. Nadya Golfenshtein, Einav Srulovici and Janet A. Deatrck (2016). Interventions for Reducing Parenting Stress in Families with Pediatric Conditions. *Journal of Family Nursing.* 2016; 22 (4) :460 <https://doi.org/10.1177/1074840716676083>
 22. Mullen, M. P., Andrus, J., Labella, M. H., Forbes, P. W., Rao, S., McSweeney, J. E., DeMaso, D. R. Quality of life and parental adjustment in pediatric pulmonary hypertension. *Chest.* 2014; 145(2): 237-244.
 23. Baxter, C., Cummins, R. A., Yiolitis, L. Parental stress attributed to family members with and without disability: A longitudinal study. *Journal of Intellectual & Developmental Disability.* 2000; 25(2): 105-118.
 24. Golfenshtein, N., Srulovici, E., & Deatrck, J. A. Interventions for Reducing Parenting Stress in Families With Pediatric Conditions: An Integrative Review. *Journal of Family Nursing,* 2016; 22(4), 460–492. <https://doi.org/10.1177/1074840716676083>
 25. Bell, J. M. Family Systems Nursing re-examined. *Journal of Family Nursing,* 2009; 15(2):123-129.

How to cite this article: Raju J, Chithra RA, Suguna M et.al. Assess the level of stress among mothers of hospitalized children: a challenge for quality nursing care. *Int J Health Sci Res.* 2019; 9(3):153-158.
