



**A STUDY TO DETERMINE THE EFFECT OF PERCEIVED
NURSE - PARENT SUPPORT ON PARENTAL STRESS LEVEL OF HOSPITALIZED
CHILDREN IN THE PAEDIATRIC WARDS OF A SELECTED TERTIARY HOSPITAL,
PUNE**

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KEYWORDS**INTRODUCTION –**

Nurses are in constant contact with the parents as they give care to the child 24 hrs and experience the parental anxiety. They should accept the parents behavior and demonstrate a sympathetic understanding and permissive guidance. The nursing staff, both individually and as a group, provides an important environmental context for the parents of children who are hospitalized for an illness. During the period of acute illness and hospitalization, the environment created by the nursing staff defines a large part of the reality for parents .

AIM:

The study aims to assess the stress level of parents and nurses support perceived by the parents during the hospitalization of their children.

OBJECTIVES:

1. To assess the stress level in parents of children admitted in the pediatric ward.
2. To assess the level of nurses - support received in the ward as perceived by the parents.
3. To correlate between the stress level and the perceived Nurse-Parent support.

METHODOLOGY: Descriptive survey approach**POPULATION:**

Parents (mother and father) of children admitted to paediatric medical or surgical wards of a selected tertiary level hospital, Pune

SAMPLING METHOD: Convenience sampling.**SAMPLE SIZE**

A total of 250 parents (170 mothers and 80 fathers) were selected as per availability during the study period.

DATA COLLECTION TECHNIQUE & TOOL

A structured Nurse-Parent Support Tool (NPST- rating scale) was used to collect data of the parents. Standardized Anxiety Scale (Spielberger's STAI) was used to assess anxiety of parents of hospitalized children.

DATA ANALYSIS –

- Moderate anxiety was experienced by most (65.2%) of the parents, 32.4% of the parents experienced mild anxiety, where as 2.4% of parents experienced severe anxiety.
- The findings of the study revealed that the parents perceived higher Nurse-Parent support by the nurses. The areas were Supportive Communication and Information, Care giving Support, Parental Esteem Support and Emotional support which were rendered by the nurses to the parents when their children were hospitalized.
- As per statistical computation the findings of the study revealed that the anxiety level of the parents and Nurse parent Support received are independent of each other.

CONCLUSION:

Nurses control contact and interaction with the sick child, provide an important channel of information, and have ongoing interactions with parents. As a result, the responses of nurses can be critical in how parents cope with a child's illness and hospitalization and with ongoing health problems after discharge childhood illness and hospitalization

affect every member of the family. Almost all parents respond to their child's illness and hospitalization with remarkably consistent reactions. Initially parents may react with disbelief, especially if the illness is sudden and serious (1).

Commonly identified parental stressors included the loss of the parenting role, uncertainty over the child's outcome, being separated from the child, and feeling that the quality of the care the child was receiving was poor. The outcome is often uncertain, the procedures are often painful, and intense emotions of anxiety, sadness and anger are always present (2). Stress may also arise from child's condition itself, kind of investigations and treatment, fear of strange environment, fear of unknown, fear of spread of disease, financial burden and sense of guilt for the child's illness (1).

Following the realization of illness, parents react with anger or guilt or both. They may blame themselves for the child's illness or become angry at others for some wrongdoing. Even in the midst of illnesses, parents question their adequacy as caregivers and review any actions/omissions that could have prevented or caused the illness (1).

Regressive behaviour after hospital admission of essentially healthy children is well documented and well recognized by those who nurse children (2).

Fear, anxiety and frustration are common feelings expressed by parents. Fear and anxiety may be related to the illness and the type of medical procedures involved. Feelings of frustration are often related to lack of information about procedures and treatments, unfamiliarity of the hospital rules & regulations, a sense of unwelcome ness from the staff, or fear of asking questions (3).

AIM:

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2. To assess the level of nurses - support received in the ward as perceived by the parents.
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ASSUMPTION

The study assumes that -

1. Parents will have stress during hospitalization of their children.
2. Parents receive support from the nurses.

METHODOLOGY: Descriptive survey approach**POPULATION**

The study population comprised parents (mother and father) of children admitted to paediatric medical or surgical wards of a selected tertiary level hospital, Pune

SAMPLE

The study sample constituted convenience sample of parents (mother and father) of children admitted to paediatric medical or surgical wards of a selected tertiary level hospital, Pune .

SAMPLE SIZE

A total of 250 parents (170 mothers and 80 fathers) were selected as per availability during the study period.

INCLUSION CRITERIA

The inclusion criteria for selection were –

- Parents of both Army and Civilian background
- Parents, who were able to understand, speak or read Hindi / Marathi / English.

DATA COLLECTION TECHNIQUE & TOOL

A structured Nurse-Parent Support Tool (NPST- rating scale) was used to collect data of the parents. This tool was developed by the researcher by going through literature and validated by various experts. Standardized Anxiety Scale (Speilberger's STAI) was used to assess anxiety of parents of hospitalized children.

The tool had three parts

- Part I - Demographic background
- Part II - Nurse-Parent Support Tool (NPST)
- Part III - Speilberger's Anxiety Scale (STAI)

DESCRIPTION OF THE TOOL

PART I - DEMOGRAPHIC BACKGROUND

- Dealt with demographic background of child and father or mother
- Age
- Gender
- Educational qualification
- Income
- Occupation
- Duration of illness
- Pre-existing illness
- Language spoken

PART II - NURSE-PARENT SUPPORT TOOL (NPST)

Items pertaining to nurse-parent support consisted of 28 items measuring level of perceived nurse-parent support by the parents in four areas. They are as follows:

- Area I Supportive Communication (6 items) Max Score- 24
- Area II Care giving support (10 items) Max Score- 40
- Area III Parental esteem Support (7 items) Max Score- 28
- Area VI Emotional Support (5 items) Max Score- 20

Four response categories were provided for each item. A scoring system was developed to score the response categories as shown below:

Response category	Score
Always	4
Most of the time	3
Some of the time	2
Never	1

PART III - SPEILBERGER'S STAI (STATE TRAIT ANXIETY INVENTORY)

This scale pertaining to assessment of anxiety deals about two types of anxiety

- STAI (Y1) is State anxiety i.e deals about “How they feel right now”.
- STAI (Y2) is Trait anxiety i.e deals about “How they generally feel”.

SCORING

The range of possible scores for State Trait Anxiety Inventory varies from 40 to 160. The anxiety levels were marked as Never, Almost always, Often and Always with the score of 1, 2, 3 & 4 respectively. A rating of 4 indicates a high level anxiety and rating 1 indicates low-level anxiety. For items on which a high weighting indicates low anxiety, the scoring weights are reversed. The weighted scores of responses are as marked 1, 2, 3 & 4 and the reversed items are 4, 3, 2 & 1 respectively.

The scores are as follows

- 1 - 40 - No Anxiety
- 41 - 80 - Mild Anxiety
- 81 - 120 - Moderate Anxiety
- 121 - 160 - Severe Anxiety

RESULTS AND INTERPRETATION OF DATA

Section: I Description related to sample characteristics

TABLE: 1 DISTRIBUTION OF PARENTS BY GENDER, SERVICE BACKGROUND, AGE, EDUCATION & INCOME (n = 250)

Demographic Characteristics		Frequency	Percentage
Gender	1.1 Mother	170	68.0
	1.2 Father	80	32.0
Service Background	2.1 Army	97	38.8
	2.2 Civilian	153	61.2
Age	3.1 18–30 years	123	49.2
	3.2 31–40 years	115	46.0
	3.3 41–50 years	10	4.0
	3.4 51 & above	2	0.8
Education	4.1 Illiterate	30	12.0
	4.2 Higher Secondary	159	63.6
	4.3 Graduate	52	20.8
	4.4 Postgraduate	9	3.6
Income	5.1 Up to Rs 5000/-	106	42.5
	5.2 Rs5001–Rs 10000/-	75	30.0
	5.3 Rs10001–Rs 15000/-	44	17.6
	5.4 Rs 15001/- & above	25	10.0

TABLE: 2 FREQUENCY AND PERCENTAGE DISTRIBUTION OF FATHERS AND MOTHERS BY OCCUPATION

Sr. No.	Sample characteristics	Frequency	Percentage
1.	Occupation (Fathers = 80)		
	1.1 Govt	46	57.5%
	1.2 Private	21	26.2%
	1.3 Business	04	05.0%
	1.4 Others	09	11.3%
	Occupation (Mothers = 170)		
	1.1 Govt	40	23.53%
	1.2 Private	45	26.47%
1.3 Business	25	14.70%	
1.4 Housewife	60	35.29%	

TABLE: 3 DISTRIBUTION OF PARENTS BY HEALTH CONDITION, RELIGION & LANGUAGE (n = 250)

Sl. No.	Sample characteristics	Frequency	Percentage
1.	Health Condition		
	2.1 Healthy	244	97.6
	2.2 Sick	6	2.4
2.	Religion		
	3.1 Hindu	214	85.6
	3.2 Muslim	25	10.0
	3.3 Sikh	1	0.4
	3.4 Christian	9	4.0%
3.	Language Spoken		
	4.1 Hindi	123	49.2%
	4.2 Marathi	97	38.8%
	4.3 Combined	30	12.0%

TABLE: 4 DISTRIBUTION OF CHILDREN BY AGE, GENDER, ORDER OF BIRTH, DISEASE CONDITION, (n = 250)

Sr. No.	Sample characteristics	Frequency	Percentage
1.	Age of the child		
	1.1 Up to 1 yr	44	17.6
	1.2 1yr 1 day- 3 yrs	44	17.6
	1.3 3yrs 1 day - 6 yrs	70	28.0
	1.4 6 yrs 1 day -12 yrs	92	36.8
2.	Gender of the child		
	2.1 Male	169	67.6
	2.2 Female	81	32.4
3.	Order of birth		
	3.1 Only Child	31	12.4
	3.2 First born	90	36.0
	3.3 Second born	90	36.0
	3.4 Others	39	15.6
4.	Disease Conditions		
	4.1 Medical	117	46.8
	4.2 Surgical	133	53.2

TABLE: 5 DISTRIBUTION OF CHILDREN BY NO OF HOSPITALIZATION, DURATION, HISTORY OF SIMILAR ILLNESS (n = 250)

Sr. No.	Sample characteristics	Frequency	Percentage
1	No. of hospitalization		
	1.1 First time	131	52.4
	1.2 Second time	74	29.6
	1.3 Third time	22	8.8
	1.4 4 or > 4 times	23	9.2
2	Duration		
	2.1 < 10 days	159	63.6
	2.2 10 - 20 days	46	18.4
	2.1 20 - 30 days	17	6.8
	2.2 30 - 40 days	13	5.2
2.3 > 40 days	15	6.0	
3.	History of similar illness		
	3.1 Yes	10	4.0
	3.2 No	240	96.0

SECTION - II

Findings related to parental stress and perceived nurse-parent support

TABLE: 6 DISTRIBUTION OF PARENTAL STRESS / ANXIETY (n = 250)

Sl. No.	Anxiety level	Frequency	Percentage
1	Mild anxiety	81	32.4
2	Moderate anxiety	163	65.2
3	Severe anxiety	6	2.4

The scores are as follows

- 1 - 40 - No Anxiety
- 41 - 80 - Mild Anxiety
- 81 - 120 - Moderate Anxiety
- 121 - 160 - Severe Anxiety

The above table (Table-6) depicts that moderate anxiety was perceived by most of the parents(65%) whose children were admitted. 32.4% of parents felt mild anxiety and although a small number but 2.4% of parents perceived severe anxiety.

TABLE: 7 PERCEPTION OF SUPPORTIVE COMMUNICATION AND INFORMATION GIVEN BY NURSES (n = 250)

Sl. No.	Perception of Supportive Communication & Information	Frequency	Percentage
1	Good support	172	68.8
2	Average support	68	27.2
3	Less support	10	4.0

NOTE :

- Score 18 - 24 Good support
- 12 - 17 Average support
- 6 - 11 Less support

Table-7 shows that majority (69%) of parents have expressed that the supportive communication & information given by nurses are good. About 4% parents felt that the communication done and information given by nurses were not supportive enough.

TABLE: 8 PERCEPTION OF CARE GIVING SUPPORT GIVEN BY NURSES n = 250)

Sl. No.	Perception of Care giving support	Frequency	Percentage
1	Good support	178	71.0
2	Average support	65	26.0
3	Less support	7	3.0

NOTE :

- Score 30 - 40 Good support
- 20 - 29 Average support
- 10 - 19 Less support

Table-7 depicts that majority (71%) of parents have perceived that the care giving support were very good. Feeling of inadequacy about nurses care giving support was felt by 3% of parents only.

TABLE: 9 PERCEPTION OF PARENTAL ESTEEM SUPPORT PROVIDED BY NURSES (n = 250)

Sl. No.	Perception of Parental Self esteem support	Frequency	Percentage
1	Good support	166	66.0
2	Average support	73	29.0
3	Less support	11	5.0

NOTE :

- Score 21 - 28 Good support
- 14 - 20 Average support
- 7 - 13 Less support

Table-9 shows that majority (66%) of parents expressed that nurses provided great support to the parental esteem. 73 (29%) and 11 (5%) of parents felt that the support of nurses were average and less respectively.

TABLE: 10 PERCEPTION OF EMOTIONAL SUPPORT PROVIDED BY NURSES (n = 250)

Sl. No.	Perception of Emotional support	Frequency	Percentage
1	Good support	167	66.0
2	Average support	73	30.8
3	Less support	10	2.8

NOTE :

- Score 15 - 20 Good support
- 10 - 14 Average support
- 5 - 9 Less support

Table 10 depicts parents perception regarding emotional support provided by nurses . Out of 250 parents 166 (66%) of parents felt that the nurses provided great emotional support.

TABLE: 11 MEAN, AND STANDARD DEVIATION OF PERCEIVED NURSE-PARENT SUPPORT SCORE (n = 250)

Sl. No.	Areas of perceived Nurse-Parent support	Mean	Standard Deviation	Rank Order
1.	Supportive Communication & Information	3.18	0.624	II
2.	Care Giving support	3.22	0.566	I
3.	Parental Esteem support	3.13	0.675	III
4.	Emotional Support	3.10	0.686	IV

Data presented in table: 11 shows the area wise mean, and standard deviation of the perceived Nurse-Parent Support scores. Data depicted on this table indicates that the mean and standard deviation of the perceived Nurse-Parent Support scores fall close to each other suggesting that the majority of the perceived Nurse-Parent Support scores are distributed around the mean. Higher scores reflecting greater amounts of perceived support from the nursing staff.

FIG 1 PERCENTAGE OF PERCEPTION OF SUPPORTIVE COMMUNICATION & INFORMATION, CARE GIVING SUPPORT, ESTEEM SUPPORT AND EMOTIONAL SUPPORT PROVIDED BY NURSES

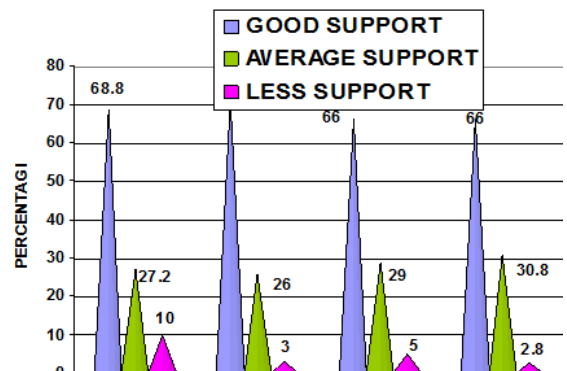


TABLE: 12 RELATIONSHIP OF PARENTAL ANXIETY AND PERCEIVED N = 250

ANXIETY	Nurse-parent support		Total	P= .433
	Average & above	Less than average		
Mild	80	1	81	
Moderate - Severe	163	6	169	
TOTAL	243	7	250	

NOTE :

Nurse – Parent Score (28-112)

Score 71 and above - Above average

Score < Or = 70 - Less than average

Table-12 It depicts the relationship of parental anxiety and perceived Nurse Parent Support. Chi- Square was computed and calculated value was found to be $p=.433$

Table value at 0.5 level of significance was found to be 3.84. As the computed value is less than the table value thus it signifies that Anxiety and Perceived Nurse Parent Support is independent of each other.

The findings of the study related to the nursing support were in conformity to the studies reviewed that the parents received a high level of support from the nurses and nurses can promote the quality of family care. It is important that nurses continue to develop their knowledge about types of communication with the family, especially in providing support for the parent role.

The findings of the study revealed that the parents received higher Nurse-Parent support by the nurses. The areas were Supportive Communication and Information, Care giving Support, Parental Esteem Support and Emotional support which were rendered by the nurses to the parents when their children were hospitalized. However to find a relationship between parental anxiety and nurse-parent support it depicts that anxiety and nurse parent is independent of each other.

RECOMMENDATIONS

On the basis of the findings following recommendations are given: -

- This study can be replicated on a larger sample so that findings can be generalized.
- An experimental study can be conducted to assess the effectiveness of guidelines on Nurse -Parent Support to parental stress of hospitalized children.
- A comparative study can be conducted between two or three different settings for further exploration of perceived nurse-parent support and parental stress of hospitalized children.
- A study can be undertaken for opinion of parents and relatives about the nurse parent support as expressed by them for further improvement of care.
- A similar study with the scope for open ended questions can be conducted to obtain opinion of the parents on areas of care that may reduce their stress level.
- An observational study can be undertaken to assess the parental support provided by nurses in the hospital.
- Similar study can be conducted among parents whose children are acutely ill and admitted in PICU/NICU/ palliative care setting.

CONCLUSION

Much frustration can be alleviated in a paediatric unit when parents are aware of what to expect and what is expected of them, are encouraged to participate in their child's care and are regarded as the most significant contributors to the child's total health. Parents eventually may react with some degree of depression. The depression usually occurs when the acute crisis is over. Parents may also worry about and miss their other children who may be left alone in the care of the family, friends or neighbors. Other reasons for anxiety and depression are concern for the child's well-being including negative effects of hospitalization and any financial burden incurred from the hospitalization (5).

Nurses control contact and interaction with the sick child, provide an important channel of information, and have ongoing interactions with parents. As a result, the responses of nurses can be critical in how parents cope with a child's illness and hospitalization and with ongoing

health problems after discharge(4).

REFERENCES

1. Marlow R Dorothy, Barbara A Redding, "Text Book Of Paediatric Nursing" 6th ed Philadelphia, 2004, WB Saunders CO.
2. Michael D Alridge, Decreasing Parental Stress in the Paediatric Intensive Care Unit. "Critical Care Nurse", 2005;25: 6:45-50.
3. Burke SO et al. Stress point interventions for parents of repeatedly Hospitalized Children With Chronic Conditions reduced Stress and improved family functioning. "Res Nurse Health" 1997;20: 475-485.
4. Miles, M S, The impact of intensive care unit on parents." Issues in Comprehensive Pediatric Nursing", 1979; 3: 72-90.
5. Brown, J. & Ritchie, J.A. "Nurses' perceptions of parent and nurses roles in caring for hospitalized children "Children's Health Care" 1990;38,28- 36