



Research Article

A study to assess the level of anxiety and coping strategies among parents of under-five hospitalized children in selected hospitals of Bijapur District

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Abstract

Stress is the reaction of the mind and body to change. It is equated with tension, anxiety, worry and pressure in human life. Stress is a response to an environmental demand. The equilibrium is hampered when an individual's undergoes crisis. Individual develop unique patterns of coping strategies that reflect even within the constant change in behaviors over time and place. When an individual is unable to cope with the crisis, he gets affected physically, psychologically and socially. Objectives of this study is to assess the level of anxiety and coping strategies among parents of under-five hospitalized children and further to Find out an association between level of anxiety and coping strategies with selected demographic variables parents of under-five hospitalized children. The study assumes that: parents of under five hospitalized children may have some anxiety and coping strategies. The descriptive survey approach was used to assess the level of anxiety and coping strategies. The convenient sampling technique was used to collect data for the study. The sample consists of 60 parents of under five hospitalized children at selected hospitals of Bijapur District, who fulfilled the inclusion criteria of the study. The data collection tool used for the study was structured interview schedule. The obtained data was analyzed by using descriptive and inferential statistics. At the end Results of present study revealed that the maximum numbers of subjects 66% were having moderate anxiety and 67% of the subjects were using moderate coping strategies. The association of demographic variables with parents' anxiety level and parents coping strategies found there was significant association between them.

Keywords: Stress, psychologically, anxiety, coping strategies.

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1. Introduction

Anxiety is a generalized vague perceived threat and it is physical and psychological state characterized by cognitive, somatic, emotional and behavioral components combine to create the painful feelings that typically recognize as uneasiness apprehension or worry. When the child is ill, parents experience a loss or change in parental role. This becomes another major source of anxiety for parents. Hence decrease parental confidence and high technical environment along with parental role uncertainty may fail to initiate usual standard of parenting behavior [1].

Sickness in a child is in itself a psychologically threatening event which is stressful to parents. Hospitalization of a child is recognized as a stress producing event for parents as they face an interruption of the family's normal activities [1].

Need for the study

Hospitalization of child is one of the most anxious and frightening situation for the life of parents. Parents' anxiety may affect the process of treatment and child's condition. Parents of hospitalized children feel separated from their children and feel inadequacy as other provide care for their children [2].

The level of anxiety among parents increases by seeing their children in strange environment of hospital, fear of separation from the child, fear of seeing their child suffering, fear of child sickness and also due to much expenses in specialized units such as NICU or PICU. The lack of information, preparation of child for hospitalization, unfamiliar environment, unusual noise, and smell, financial crisis and hospital expenses, altered in parental role, parental skills, loss of independence, lack of communication skill, hospital rules and regulation, losing child's normal condition were the anxiety provoking conditions for the parents when their child is hospitalized. Parents of hospitalized children exhibit their anxious through the manifestations such as trembling, coarse, waver voice, restlessness, irritability, withdrawal or erratic body movements and feeling of inadequacy as other provide care for their children [3].

Anxiety is a pervasive emotion. Anxiety disorders develop for a number of reasons. However, anxiety has a higher learned component those most mental disorders. This is reflected in the fact that highly successful non-pharmaceutical interventions have been developed to treat anxiety. Exposure to feared but safe situations is the central component of treatment. This study suggests parents with anxiety disorders are more likely to teach their kids to avoid anxiety

provoking situations thereby increasing their likelihood of developing a disorder. The study also shows that targeting avoidance in both behavior and imagination is a very helpful preventative measure for children. Hospitalization of a child can be a very stressful experience, not only for the patient but also for the child's parent(s). In fact, some parents of hospitalized children rate their own anxiety as higher than their child's anxiety. The emotional state of parents can affect that of their child [4].

Children of under five are recognized as patients when admitted to hospital but their parents also demands for care by nurses. Involvement in the care can be anxious for parents, perceptually when their children undergo any type of unpleasant procedures, the parents became co-client to the nurse. Hence, as an investigator felt the need to assess the level of anxiety and coping strategies among the parents of under five hospitalized children. Researchers have explained this process in terms of the emotional contagion hypothesis or crisis theory. However, further investigation is required to better understand the communication of emotion between child and parent. The factors underlying a parent's vulnerability to emotional problems have received relatively little attention from researchers [5].

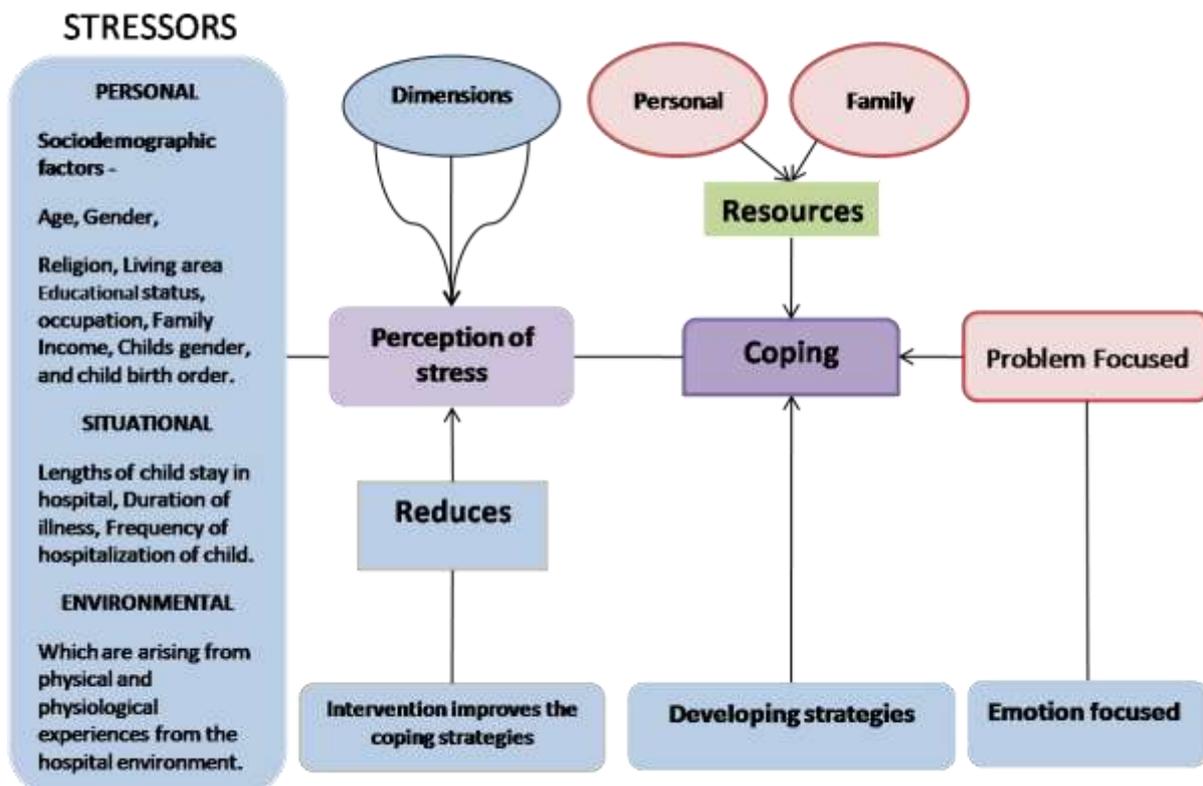


Figure1. Transactional Model conceptual framework for stress and coping of parents of under-five hospitalized children.

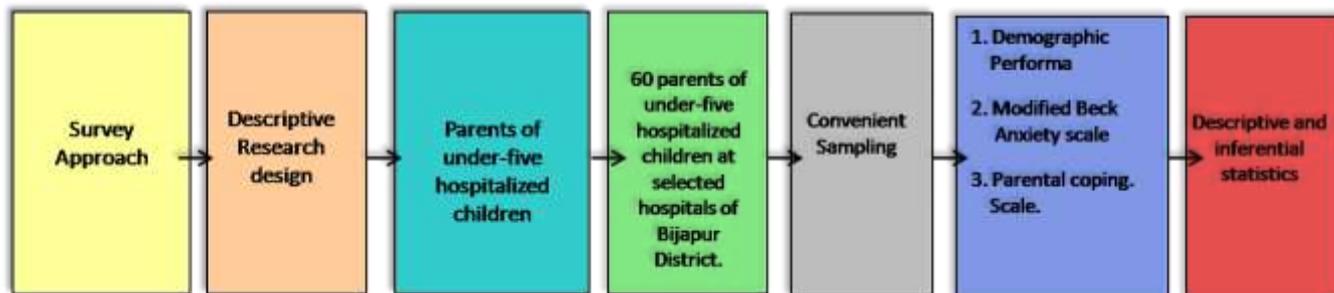


Figure 2: Research methodology- an overview

Description of the Tool

The tool was organized in 3 parts.

Part 1: It deals with the socio-demographic data of parents of under five hospitalized children. It consists of 13 items for obtaining information about selected baseline data.

Part 2: It consists of Modified Beck anxiety scale to assess the anxiety level among parents of under five hospitalized children. There are 21 items; the scale is designed for personal use. There is no right or wrong answers. 21 symptoms of anxiety are arranged in a column and each item decides the level of anxiety. such as feeling hot, unable to relax, afraid, nervous, difficulty in breathing, fear of dying, scared, indigestion.

Part 3: It consists of Structured parental coping scale, the structured questionnaire contains number of items that helps the parents of under five hospitalized children to handle the stressful situation, there are four points given 0 not used, 1 minimally used, 2 much helpful, 3 extremely helpful.

Pilot study Report

Written permission was taken from the Dr. Shirguppi Child Care hospital, Bijapur for conducting the pilot study and with the cooperation of the parents.

Data collection was done in given period. The tool was distributed to the Parents who were satisfying the criteria of inclusion for the study. They were given half an hour for filling the formats. They were assisted by clarifying the doubts and concerns. In order to establish the reliability of the tool Split Half method was used. The tool was administered to 6 subjects and test results was first divided into 2 equivalent half's and correlation of the held test was found by using Split Half method. Correlation coefficient was tested by using probable errors.

The reliability of the tool found to be reliable and valid.

Results

Section – 1: Description of parents of under-five hospitalized children based on Socio demographic variables.

1. It was observed that maximum number of subjects 32(53.3%) were in the age group of 41-50 years.
2. Majority of subjects 38(63.3%) were females.
3. A majority of subjects, 33(55.0%) were Hindu.
4. Majority of subjects, 31(51.7%) were residency from semi urban area.
5. Most of the subjects, 32(53.3%) were had education up to high school level.
6. Most of the subjects, 58(96.7%) were nonprofessionals.
7. Most of the subjects, 23(38.3%) were earning rupees up to1000- 4000 per month.
8. Majority of hospitalized children were males 35(58.3%)and25(41.7%)were females
9. Majority 26(43.3%) of hospitalized children had a birth order of two.
10. Majority 49(81.7%) of children were hospitalized for 1-7days.
11. Maximum 48(80.0%) numbers of children duration of illness were below 1 year.
12. Maximum 50(83.3%) numbers of children were hospitalized for 1-2 times.
13. Maximum 50(83.3%) numbers of children parents were not used any treatment measures for child.
14. Maximum numbers of subjects 65% were having sever anxiety whereas 35% subjects had moderate anxiety and none of them had very low anxiety.
15. Descriptions about level of anxiety of parents of hospitalized children

16. Maximum numbers of subjects (65%) were having sever anxiety whereas 35% subjects had moderate anxiety and none of them had very low anxiety.
17. Whereas the findings of this study are in contrast to the study reveals that parents showed a sever in anxiety from admission to discharge whereas anxiety remained fairly constant from discharge to post hospitalization.
18. The findings of this study are in contrast to reflected that parents reported high levels of state anxiety (26% had scores on the state scale 2 standard deviations above the norm) and acute stress symptoms (28% in at least one of the four acute stress disorder symptom categories)..

N=60

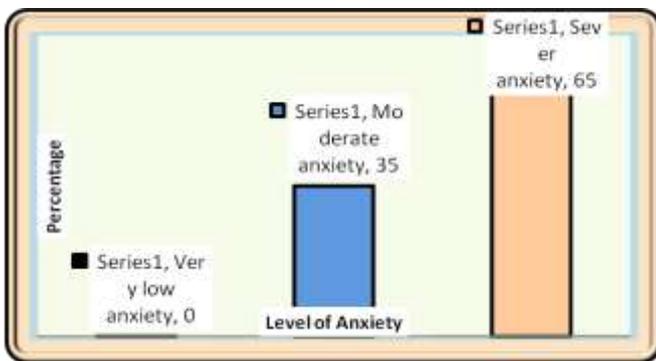


Diagram 1

N=60

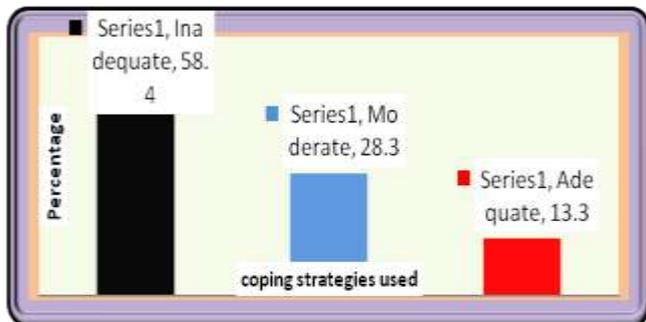


Diagram 1

Maximum numbers of subjects 58.4% were using inadequate coping strategies where as 28.3% were using moderate coping strategies and 13.3% were using adequate coping strategies.

Descriptions about coping strategies of parents of hospitalized children

Maximum numbers of subjects 58.4% were using inadequate coping strategies

Whereas the findings of this study are in contrast to the study showed that, The most common coping

strategies used by mothers who participated in the study were seeking social support in problem focused coping and positive reappraisal in emotion secured coping.

The findings of this study are in contrast to another study which reflected that coping strategies reported by majority of mothers were trying to keep feelings about the problem from interfering with other things, letting feelings out somehow, trying to analyze the problem to understand it better, concentrating on what to do next, and talking to someone about feeling. Coping strategies reported by fathers were mostly on problem solving and self-controlling approaches.

Conclusion

Findings revealed that the

Maximum numbers of subjects 39(65%) were having sever anxiety whereas 21(35%) subjects had moderate anxiety and none of them had very low anxiety.

Maximum number of subjects 35(58.4%) were using inadequate coping strategies where as 17(28.3%) were using moderate coping strategies and 8(13.3%) were using adequate coping strategies.

The findings of the study revealed that there is a significant association between parents anxiety level with the selected demographic variables such as living area of parents, educational status of parents, birth order of hospitalized child and duration of illness of the child were significant at 0.05 level. Whereas variables like age of parents, gender of the parents, religion, occupation of the parents, monthly income of the family, gender of the hospitalized child, frequency of hospitalization of the child and any other treatment measures used for child were found to be not significant at 0.05 level. Thus it can be interpreted that there is a significant association between anxiety level of parents of under five hospitalized child with selected demographic variables.

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parents, monthly income of parents, and birth order of hospitalized child were significant at 0.05 levels. Whereas variables like gender of the parents, religion, educational status of parents, occupation of the parents, gender of the hospitalized child, duration of illness of the child, frequency of hospitalization of the child and any other treatment measures used for child were found to be not significant at 0.05 level.

Thus it can be interpreted that there is a significant association between coping strategies of parents of under five hospitalized child with selected demographic variables. Nursing Implications The findings of the study have various implications in different areas of nursing that is Nursing Practice, Nursing Education, Nursing Administration and Nursing Research.

Table: 5.1: Association with level of anxiety experienced by the parents of under five hospitalized children and selected socio demographic variables. (Age, gender and religion)

Sr. No	Socio demographic variables	No (f)	%	Level of Anxiety				Chi square	df	Inference
				< Median (23)		≥ Median (37)				
				No	%	No	%			
1	Age (in Years)									
	a. 30--40	22	36.7	12	52.17	10	27.03	3.9	2	N.S
	b. 41--50	32	53.3	9	39.13	23	62.16			
	c. 51--60	6	10.0	2	8.70	4	10.81			
2	Gender									
	a. Male	22	36.7	10	43.48	12	32.43	0.75	1	N.S
	b. Female	38	63.3	13	56.52	25	67.57			
3	Religion									
	a. Hindu	33	55.0	12	52.17	21	56.76	0.63	2	N.S
	b. Muslim	15	25.0	7	30.43	8	21.62			
	c. Christian	12	20.0	4	17.39	8	21.62			
	d. Others	0	0.0	0	0.00	0	0.00			

N.S = Not Significant *S = Significant at 0.05 level ($p < 0.05$ Level)

Chi- square test was computed to find the association between level of anxiety and the selected demographic variables of parents and no association was noted.

Nursing Practice:

- In the hospital, nurses play the most important role in providing health care. Before nurses can effectively intervene the patients' family, needs of family members, assess the level of anxiety and improve the coping of family members are the essential keeping in mind the present study has been carried out by the investigator to find out the level of anxiety and improve the coping strategies of parents of under five hospitalized children.
- Activities based on the study outcomes, anticipate the goals and needs and implement the need based interventions.

- Psychological support and providing reassurance is one of the nurse's responsibilities. This study assesses the coping strategies and the anxiety level of parents of under five hospitalized children. Nurses need to understand the family and the role they play when providing care for the children
- Nurses can conduct awareness campaigns and programmes on the importance of child health and seek to win co-operation from the parents and thereby reduce their anxiety.

Nursing Education

- Nursing curriculum should incorporate a vast section on the various coping strategies adopted by the adults especially when the young ones are ill. Nurses should also be taught on how to deal with the anxiety disorders of such client.
- Nursing education should emphasize on preparing prospective nurses to assess and identify any anxiety in the parents and to take necessary interventions to reassure them.
- Many in-service education programs can be planned for the nursing personnel to help them learn newer concepts and update their knowledge.

Table – 5.2: Association with level of anxiety experienced by the parents of under five hospitalized children and selected socio demographic variables. (living area, education and occupation) n=6

Sr. No	Socio demographic variables	No (f)	%	Level of Anxiety				Chi square	df	Inference
				< Median (23)		≥ Median (37)				
				No	%	No	%			
4	Living area									
	a. Urban	18	30.0	6	26.09	12	32.43	6.8	2	S
	b. Semi-urban	31	51.7	9	39.13	22	59.46			
	c. Rural	11	18.3	8	34.78	3	8.11			
5	Education									
	a. Primary	12	20.0	9	39.13	3	8.11	16.2*	4	S
	b. High School	32	53.3	8	34.78	24	64.86			
	c. PUC	10	16.7	3	13.04	7	18.92			
	d. Graduate	3	5.0	0	0.00	3	8.11			
	e. Post graduate	0	0.0	0	0.00	0	0.00			
	f. Illiterate	3	5.0	3	13.04	0	0.00			
6	Occupation									
	a. Professional	2	3.3	0	0.00	2	5.41	1.28	1	N.S
	b. Non Professional	58	96.7	23	100.00	35	94.59			

N.S = Not Significant *S = Significant at 0.05 level (p<0.05 Level)

Table 5.2 shows the association between level of anxiety and selected demographic variables among parents of under five hospitalized children.

There is a statistical significant association between living area and level of anxiety experienced by the parents of under five hospitalized children.

There is a statistical significant association between educational status and level of anxiety experienced by the parents of under five hospitalized children.

There is no statistical significant association between occupation and the level of anxiety experienced by the parents of under five hospitalized children.

Table – 6.1: Association with coping strategies used by the parents of under five hospitalized children and selected socio demographic variables. (Age, gender and religion) n=60

Sl. No	Socio demographic variables	No (f)	%	Coping strategies				Chi square	df	Inference
				< Median (32)		≥ Median (28)				
				No	%	No	%			
1	Age (in Years)									
	a. 30--40	22	36.7	17	53.13	5	17.86	8.3*	2	S
	b. 41--50	32	53.3	12	37.50	20	71.43			
	c. 51--60	6	10.0	3	9.38	3	10.71			
2	Gender									
	a. Male	22	36.7	15	46.88	7	25.00	3	1	N.S
	b. Female	38	63.3	17	53.13	21	75.00			
3	Religion									
	a. Hindu	33	55.0	17	53.13	16	57.14	0.36	2	N.S
	b. Muslim	15	25.0	9	28.13	6	21.43			
	c. Christian	12	20.0	6	18.75	6	21.43			
	d. Others	0	0.0	0	0.00	0	0.00			

N.S = Not Significant

*S = Significant at 0.05 level (p<0.05 Level)

Table 6.1 depicts the association between coping strategies and selected demographic variables among parents of under five hospitalized children in the hospital.

Chi- square test was computed to find the association between coping strategies and the selected demographic variables of parents.

There is a statistical significant association between age and coping strategies used by the parents of under five hospitalized children.

There is no statistical significant association between gender, religion and coping strategies used by the parents of under five hospitalized children.

Nursing Administration:

- Nursing administrators should create public awareness child health and the need for immediate care
- Nursing administrators are responsible in arranging a health education program which helps the vulnerable population in preventing and understanding the consequences of anxiety and stress.
- The administrator should organize continuing education program for nursing personal regarding anxiety and coping strategies.

Nursing Research:

- Extensive research studies can be undertaken in different fields to quantify the magnitude of anxiety in parents of under five hospitalized children.
- This study revealed that there are elevated anxiety levels among the parents and an inadequate coping method which needs further research to explore it.
- The findings of the present study can form a basis for the future research. More research on these areas is more helpful in expanding our body of knowledge.

Limitations of the study:

- The tool should be tested for reliability for larger population.
- Long-term follow up could not be carried out due to time constraints.

Recommendations:

Based on the findings of the present study, few recommendations are offered for the further study.

- A quasi-experimental study can be conducted to assess the effectiveness of a STP or SIM.
- A study can be undertaken to compare the anxiety and coping strategies between the parents of urban and rural population.

Table – 6.2: Association with coping strategies used by the parents of under five hospitalized children and selected socio demographic variables. (living area, education and occupation) n=60

Sl. No	Socio demographic variables	No (f)	%	Coping strategies				Chi square	df	Inference
				< Median (32)		≥ Median (28)				
				No	%	No	%			
4	Living area									
	a. Urban	18	30.0	13	40.63	5	17.86	8*	2	S
	b. Semi-urban	31	51.7	17	53.13	14	50.00			
	c. Rural	11	18.3	2	6.25	9	32.14			
5	Education									
	a. Primary	12	20.0	10	31.25	2	7.14	6.9	4	N.S
	b. High School	32	53.3	13	40.63	19	67.86			
	c. PUC	10	16.7	5	15.63	5	17.86			
	d. Graduate	3	5.0	2	6.25	1	3.57			
	e. Post graduate	0	0.0	0	0.00	0	0.00			
	f. Illiterate	3	5.0	2	6.25	1	3.57			
6	Occupation									
	a. Professional	2	3.3	0	0.00	2	7.14	2.3	1	N.S
	b. Non Professional	58	96.7	32	100.00	26	92.86			

N.S = Not Significant *S = Significant at 0.05 level (p<0.05 Level)

Table 6.2 shows the association between coping strategies and selected demographic variables among parents of under five hospitalized children. There is a statistical significant association between living area and coping strategies used by the parents of under five hospitalized children. There is no statistical significant association between educational status, occupation and the coping strategies used by the parents of under five hospitalized children.

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