

A Mixed Method research on experience of stress among mothers of children admitted in Paediatric Intensive Care Unit

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Abstract

Introduction: The aim of the study was to assess and explore the stress experienced in the form of stress levels and various themes derived from the qualitative interviews of mothers of children admitted in pediatric Intensive Care Unit (PICU).

Materials and Methods: A Mixed approach i.e. gathering data from mothers of children admitted in PICU in both quantitative and qualitative way was adopted to assess and explore the level of stress experienced by mothers of children admitted in pediatric Intensive Care Unit (PICU) of Govt. Hospital Anantnag Jammu & Kashmir. Quantitative assessment will help to identify the level of stress and qualitative findings on the other hand will help the investigator to explore the mothers stress on deeper level; as a result their needs can be addressed in future. The data collection was done in regional language (Kashmiri) by face to face interview method using Structured Interview Schedule.

Results: The present study revealed that out of 30, 25(83.3%) mothers has very high stress and 5(16.7%) has high stress and no mother falls in the category of very low, low and average stress.

Conclusion: The study concluded that Implementation of triangulation technique explores many hidden areas of mothers stress which generally cannot be explored by the stress assessment instruments e.g. Belief and spirituality, transportation issues, communication problems, comparison of illness to disaster and many others.

Keywords: Triangulation technique, Stress, PICU.

Introduction

Nearly 27 million babies are born in India each year; this accounts for 20% of global births. Of these, 1.0 million die before completing the first four weeks of life. This accounts for nearly 25% of the total 3.9 million neonatal deaths worldwide. The current neonatal mortality rate of 39 per 1000 live births (NFHS-3; 2005-06) Accounts for nearly two-thirds of infant mortality and half of under-five mortality rates. About 40% of neonatal deaths occur on the first day of life, almost half within three days and nearly three-fourth in the first week. Neonatal Disease Surveillance (NDSS) in 2011 measures that the world wide neonatal mortality is 73 per 1,000 live births. The high priority health diseases includes the birth asphyxia cases, Early and late onset of sepsis, congenital disorders etc. highly contributes to the admission of child in PICU.

The Pediatric Intensive Care Unit is a multidisciplinary unit where the care for infants, children and adolescents who become critically ill or injured is provided under full observation. Admission in a

pediatric intensive care unit (PICU) is often a transitional phase in the child's recovery from a critical illness. A critique of studies on exploring the experiences and needs of parents of children admitted to PICU was done. A total of 115 reports were reviewed. The reports reviewed indicate that pediatric critical illness and injury is stressful for the entire family. The effects on parents, siblings, and marital cohesion were variably described. Needs of family members (e.g. rest, nutrition, communication) were identified as being unmet in many studies. Permanent impact on siblings and marital relationships was found.

The foregoing review of literature identifies that parents of children in PICU were most stressed from not knowing how to help their child and not being able to be with their sick child.

The aim of the study is to assess and explore the stress experienced in the form of stress levels and various themes derived from the qualitative interviews of mothers of children admitted in PICU. The parent's satisfaction tool and nursing intervention model for coping can be the future implications of the research project.

Materials and Methods

A Mixed approach was adopted i.e. gathering data from mothers of children admitted in PICU in both quantitative and qualitative way regarding stress. Quantitative assessment will help to identify the level of stress and qualitative findings on the other hand will help the investigator to explore the mothers stress on more-deeper level; as a result their needs can be addressed in future. The sample size consists of 30 married women who were attending Pediatric Intensive Care Unit. Exclusion criteria of the study were women who are not willing to participate in the study. By the use of Total Enumeration Sampling technique, all the mothers were selected for quantitative data collection while as Purposive Sampling technique was used for qualitative interview (4-5 interviews per mother, with varied length of time period for each interview).

The data collection was done in regional language (Kashmiri) by face to face interview method through using structured interview schedule for each woman. The study tool consisted of three parts such as Sociodemographic data to ascertain the background information, Modified Perceived Stress Scale, qualitative interview were used to assess the level of stress experienced by mothers. The data obtained was analyzed and interpreted by descriptive and inferential statistical based on the objectives of the study.

Findings and Discussion

Table 1: Distribution of mothers based on demographic variables, N=30

S.NO		f	%
Age	< 18 YRS	0	0%
	19-29 YRS	22	73.3
	30- 39 YRS	7	23.3
	> 40 YRS	1	3.3
Qualification	No formal education	8	26.7
	Primary	6	20
	Secondary/ Higher secondary	10	33.3
	Graduate & above	6	20
Type of family	Nuclear	23	76.7
	Joint	05	16.7
	Extended	2	6.6
Monthly income	Less than 10000	6	20
	10000-20000	10	33.3
	20000-30000	5	16.7
	More than 30000	9	30

Age: Most of the mothers belonged to the age group of 19-29 years.

Qualification: Majority of mothers had a secondary education (33.3%).

Family Monthly Income: Majority of the mothers belonged to the income group of Rs. 10000-Rs 20000 respectively.

Type of Family: Majority 23 (76.7) of the mothers belonged to nuclear family , 5 belong to joint family and 2 (6.6) of the subjects belong to extended family.

Table 2: To assess the stress among mothers of children admitted in Pediatric Intensive Care Unit N=30

Sr. No.	Stress Level	f	%
1.	Low	0	0%
2.	Average	0	0%
3.	High	5	16.7
4.	Very High	25	83.3

The data indicated in the table 2 revealed that out of 30 subjects, 25(83.3%) mothers has very high stress and 5(16.7%) has high stress and no mother falls in the category of low and average stress.

Table 3: Association between level of stress with selected demographic variables N=30

Sr. no.	Variable	Chi square	df	P value
1.	Age	3.357	3	.340
2.	Qualification	3.556	2	.169
3.	Type of family	9.953	2	.007*
4.	Family budget alters due to illness of child	4.311	1	.038*

Table 3 shows association of stress with selected demographic variables: In the present study, results reveals that type of family and family budget alters due to illness of child has a very strong association with stress levels at 0.05 level of association. Among type of families the nuclear families has very high stress as compare to the joint and extended families.

Conclusion

It has been determined that mothers experience very high stress levels when their infants are admitted to PICU and that there are nursing interventions which can be implemented to decrease their levels of stress. Significant advances have been made in terms of identifying what stressors parents' experience, but there continues to be a critical need to develop interventions that are effective in either reducing parental stress or improving parental coping. In fact, almost a decade ago, Melnyk and colleagues issued an urgent call to action for more studies on interventions aimed at reducing parental stress and improve parental coping in the PICU. Unfortunately, to date, this has not occurred and the opportunity to improve the experience of the PICU continues to be unmet [1-8].

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