

PARENTS' FEAR AND DISTRESS DURING CHILD INPATIENT CARE

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Abstract- Hospitalization of child is one of the most stressful events of life for parents and children. This fear and stress may affect the process of treatment. Since there is no information available about the source of distress and needs of Iranian parents during the inpatient care of their children, we designed a research in order to discover the main source of worries and fears among parents. In this cross-sectional study 120 parents of 88 children were interviewed by structured questionnaire during the course of events when their child needed inpatient care. Twenty close ended questions were asked in order to assess the major source of worries and distress. Factor analyses were used as a statistical test for data analysis. The rotated factors pattern isolated 7 factors that accounted for 61.60% of variances and their factor loading was above 0.5: 1) environment adjustment, 2) lack of prehospitalization program, 3) lack of communication skills of caregiver, 4) parental skills, 5) hospitalization expenses, 6) lose of independence and 7) lack of information. Other items of questionnaire were eliminated because their loading factors were less than 0.5. This finding suggests parents' education before and during the child inpatient care as a major need of parents. By parents education there is a chance of reducing their worries and fear and improve their parental skills. Offering prehospitalization programs also provide a good opportunity for parents to ask questions from staff members and may help them to adjust themselves with new environment.

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Key words: Child inpatient care distress, child hospitalization, parents worries of hospitalization

INTRODUCTION

According to research, hospitalization of child is one of the most stressful and frightening events of life for parents and children. In this stressful situation parents adopt a more supportive role and naturally try to spare their children from this fear and distress. However, some factors such as uncertainty about the child's illness and recovery, concern about the information given by caregiver, fear and guilt disrupts parental role and they may experience distress

and anxiety and sometimes they make mistakes. Feeling that they are in weak position and may lose control and independence are also causes distress (1, 2). The situation will get worse when the caregivers are not pleasing staff.

Research shows that attention to parents' questions and comments about child illness, emotions and parental needs during child inpatient care all play a role in the process of treatment (3, 4). Other researches show that in addition to parents, when children are prepared for hospitalization, treatment procedures tend to recuperate faster and outcome will be better than when children are not prepared. In this case parents who are competent in their role can support and protect children from harm and distress (5-8).

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If we know the influencing factors on parents' distress and worries, we can reduce parents' distress and also the chance of transferring parents' fears and anxiety to their children (9, 10). Since there is little information available about the source of distress and needs of Iranian parents during the inpatient care (especially in educational hospitals) of their children, we decide to design a research in order to discover these worries and fears in largest pediatric center in Tehran, Markaz Tebbee.

MATERIALS AND METHODS

Population and procedure

The cross-sectional study was used as the method of study. The subjects of this study were 120 parents of 88 children (fathers and mothers) who stayed in the hospital during the time (October 2002 - March 2003) their children was hospitalized in a large pediatric center of Tehran Medical Sciences University.

Description of instrument and data collection

The data of this study were collected by structured interview. The questionnaire was made up 20 close ended questions in forms of 5 point Likert type scale designed by researcher after reviewing scientific literature and related researches in different cultures. Fifteen items of questionnaire measured fear and distress of parents by self assessment rating. These themes are:

1. Lack of information,
2. Preparation of child for hospitalization,
3. Unfamiliar environment,
4. Uncertainty about child illness,
5. Unusual noise,
6. Unusual smell,
7. Lack of pre hospitalization program,
8. Being in educational hospital,
9. Parental role,
10. Lack of communication skills of caregiver,
11. Parental skills,
12. Hospital expenses,
13. Lose of independence,
14. Hospital rules and regulation,
15. Losing child's normal.

Other 5 items collect background information of child and parents such as:

1. Type of parenthood (father or mother),
2. Sex of child,
3. Age of child,
4. Overall satisfaction of hospital services,
5. Pervious experience of child hospitalization.

Reliability of instrument calculated by Cronbach alpha coefficient for all items. The total correlations was: $\alpha = 0.69$.

Statistical data analysis

Factor analysis was used as statistical test in order to classify and rotate the items that highly correlated with and caused parents distress.

Varimax with Kaiser Mayer Orkin (KMO) normalization test was used to determine the construct validity and also to measure sampling adequacy. The results of KMO test showed the value of P as 0.529, and Bartlett's test under taken for sphericity of data also showed the value of P as 0.044. Since the value of P in KMO test is greater than 0.05 and value of P for Bartlett's test is smaller than 0.05, validity of test, sample adequacy and applying factor analysis is confirmed (Table 1).

RESULTS

In this study 56% of parents who were interviewed were mothers and 44% were fathers; 62% of parents had their boys and 38% their girls hospitalized. The mean age of parents were 38, the oldest 54 and youngest 17 years old ($SD = 12.2$); 40.9% of children were less than 1 year, 34.1% 1-5 years and 25% more than 5 years old. 58% of parent didn't have previous experience of child hospitalization, 33% of them had less than 3 times and 9% had more than 3 times previous experience of child hospitalization.

Factor analysis was used as the statistical measurement to determine the parents fear and worries. The rotated factors pattern isolated 7 factors that accounted for 61.60% of variances and their factor loading (FL) was above 0.5.

Table 1. Results of Kaiser-Mayer-Orkin (KMO) and Bartlett statistical test

Tests applied	Results
KMO sampling adequacy	$P = 0.529$
Bartlett test of sphericity	Chi square= 165.32 df.= 136; $P = 0.044$

These factors according to their influence and importance are:

Environment adjustment as first important factor accounted for 10.50 of variances and was made up of 4 items (unfamiliar environment, uncertainty about child illness, unusual noises and different smells) were the most stressful factors; the item that presented highest factor loading above the averages (it means that item had the greatest influences) was uncertainty about child illness (FL = 0.737).

Lack of pre-hospitalization program, accounting for 9.22% of variances, was the second source of stress and was made up of 3 items (being in educational hospital, lack of pre-hospitalization program and parental role). The item that presented factor loading above the averages was lack of pre-hospitalization program (FL = 0.740).

Lack of communication skills of caregiver accounted for 8.77% of variances and made up of 2 items (losing child's normal and lack of communication skills of caregivers) was third stressors. The item that presented factor loading above the averages for this factor was losing child's normal (FL = 0.759)

Parental skills accounted for 8.46% of variances and made up of 2 items (talking to their child about the hospitalization and length of hospitalization). Both items of this factor presented almost similar factor loading (FL = 0.616 and 0.615) that mean

their effects were similar. Hospitalization expenses accounted for 8.46% of variances and was made up of 1 item (parents distress about hospitalization cost) (FL = 0.868). Lack of information, accounted for 7.81% of variances was the last source of stress and made up of 2 items (concern about information given in the hospital about the child care and hospital rules and regulation). The all items of this factors presented almost similar factor loading (FL = 0.779 and 0.778). Table 2 shows these factors and its factor loading (FL). The other 5 items of questionnaire eliminated from the study because their factor loading were less than 0.5.

DISCUSSION

The findings of this study show 7 factors was the source of stress for parents during child inpatient care. The environment adjustment was found as the most fearful factors in this study. This findings support the finding of Hallstrum, Runeson and Elander's (2); however, in Hallstrum study this factor was not found as first order. The cultural differences may be the cause of this discrepancy.

The lack of pre-hospitalization program as the second important factor also has been found in other studies (1, 4, 6). One of the components of this factor is parental role. Parents who usually refer to educational hospitals are from low economic

Table 2. Rotated component matrix according to factors

Factors	Items of factors	Factors loading (FL)
1. Environmental adjustment	Unfamiliar environment	0.603
	Uncertainty about child illness	0.737
	Unusual noises	0.448
	Different smells	0.475
2. Lack of pre-hospitalization program	Being in educational hospital	0.553
	Lack of pre-hospitalization program	0.740
	Parental role	0.563
3. Lack of communication skills of caregiver	Losing child's normal	0.759
	Lack of communication skills of caregiver	0.655
4. Parental skills	Parental skills	0.618
	Length of hospitalization	0.615
5. Hospital expenses	Hospital expenses	0.868
6. Lose of control and independency	Lose of control and independency	0.618
7. Lack of information	Concern about information	0.779
	Hospital rules and regulation	0.778

classes with limited parental skills and education. Usually they do not have enough competence in handling harmful situations and need to be aware of recognition of their reaction, coping with stress and knowledge about the effect of transferring this harm to their children. Some effort can be done in parents' education prior to child hospitalization.

The finding of this research about lack of communication skills of staff supports the claim of Yiu *et al.* (1) and Hallstrom *et al.* (2) and has an implication for hospital staff including physicians and nurses. Parents need their emotion to be understood by hospital staff, and through pleasing behavior, make their stay at hospital more pleasant.

Parental skills in dealing with harmful situations need good understanding of situation and sometimes needs to consult with the child's physicians, teachers, consular and other people. In short, parents need to learn to be a competent parent. In order to obtain competence they need to be educated in this field.

Hospital expenses were known as the fifth stressful factors. The effect of this factor may remain or reduce because of the limitation of financial support of Hospital and also the amount of attention of social workers. The lose of control and dependency which was found as 6th important factors also presented in many studies (11-13). To reduce this distress some efforts should be done by hospital and parents cooperation for more pleasing stay.

Concern about information as the last important factor, has the objective solution by arranging a hospital tour and giving some oral or written information about hospital staff, physical environment, rules and regulation.

All of these finding have implication for physicians, hospital staff, and hospital manager. Parents' education, pre hospitalization program for parents and children, developing communication skills of hospital staff should be considered as a major role in reducing hospitalization distress among parents (14, 15).

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