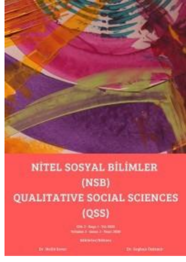

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A Qualitative Study on Mothers whose Babies in the Neonatal Intensive Care Unit

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Abstract

We aimed to explore the feelings and thoughts of eastern Anatolian mothers whose newborns are hospitalized in Neonatal Intensive Care Unit (NICU). This research employed a descriptive hermeneutical phenomenology paradigm and used semi-structured interviews with ten mothers, in one public and one private hospital located in the city of Van (Eastern Anatolia/Turkey) in March 2016. We found the main categories as “relational resilience sources”, “destructive relational sources” and “the effects of both relational sources” according to the feelings and thoughts of mothers. While mothers have mostly had unpleasant feelings about their baby’s hospitalization newborn unit, pleasant feelings also have been revealed such as a sense of gratitude or optimism. Mothers in eastern culture can trigger element of “faith” and “environmental support” among “resources of resilience” when they face this kind of challenging issue.

***Keywords**:* Newborn intensive care unit, relational resilience sources, destructive relational sources.

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Yenidoğan Yoğun Bakım Ünitesinde Bebeği Olan Anneler Üzerine Nitel Bir Araştırma

Öz

Bu araştırmada bebekleri Yeni Doğan Yoğun Bakım Ünitesi'nde (YDYBÜ) bulunan Doğu Anadolu Bölgesi'ndeki annelerin duygu ve düşüncelerini keşfetmeyi amaçladık. Bu araştırmada, betimleyici hermeneutik fenomenoloji paradigması kullanılmış ve Mart 2016'da Van ilinde (Doğu Anadolu/Türkiye) bulunan bir kamu ve bir özel hastanede on anne ile yarı yapılandırılmış görüşmeler yapılmıştır. Annelerin duygu ve düşüncelerine ilişkin "ilişkisel dayanıklılık kaynakları", "yıkıcı ilişki kaynakları" ve "her iki ilişkisel kaynağın yarattığı etkiler" ana kategorilerini elde ettik. Anneler, bebeklerinin yeni doğan ünitesine yatırılmasıyla ilgili çoğunlukla hoş olmayan duygular hissederlerken; şükran veya iyimserlik duygusu gibi hoş duygular da açığa çıkmıştır. Doğu kültüründeki anneler bu tür zorlu bir sorunla karşılaştıklarında "direnç kaynakları" arasında "inanç" ve "çevresel destek" unsurlarını kullanabilmektedirler.

***Anahtar Kelimeler*:** Yenidoğan yoğun bakım ünitesi, ilişkisel dayanıklılık kaynakları, yıkıcı ilişkisel kaynaklar.

Introduction

Parents who want to have physical contact with their babies after birth may experience great disappointment due to hospitalization in the newborn unit. In other words, hospitalization of the newborn in the neonatal intensive care unit (NICU) is a sudden, unacceptable and unexpected situation for parents (Jurczak et al., 2015). Moreover, mothers experience an uncertainty about the life of their babies (Margaret et al., 2014). Uncertainty about what will happen to the baby is likely to create various emotions for parents, such as stress, sadness, anxiety, and anger. Both parents experience intense emotions, but mothers may have more intense and genuine feelings. In fact, the research conducted by Fegran et al. (2008) about infants in the NICU emphasized that mothers are more emotional than fathers.

The literature shows that mothers whose babies stay in the newborn unit feel guilt, helplessness, stress, depression, and anxiety (Hane et al., 2015; Johnson, 2016). Besides various negative emotions, mothers also experience intense positive emotions and hopes for their babies. For instance, Vazguez and Cong (2014) point out that mothers, whose babies hospitalized in a NICU, have various intense emotions ranging from hope to hopelessness, as well as feelings of stress, loss of control and separation.

Mothers' feelings and thoughts about their babies' hospitalization in the NICU can be affected by their personality traits, the environment they are in, the diagnosis, the baby's condition and the length of hospitalisation (Dudek-Shriber, 2004) and their resilience resources (Bellido-González et al., 2019). Situations such as "belief that everything will be alright", spousal, nuclear and extended family support, contribution of children at home, and focusing on being resilient can be sources of resilience for mothers' whose babies stay in the NICU (Magruder, 2021). Personality traits and the environment that affect feelings and thoughts of the mother may be related to their culture. There are some differences among the parents in terms of being part of individualistic and collectivist community; mothers in collectivist community may experience intense anxiety about condition of their babies (Ichijima, 2009). Ahn and Kim (2007) focused on mothers' and fathers' perceptions about their babies in newborn unit and they emphasized that their parenting concerns should be evaluated within their cultural context. These findings show that, culture may affect the meanings attached to hospitalisation of babies.

Researchers argue that women who live in the eastern and south-eastern regions of Turkey have subservient and traditional lives whether they live in an extended family or live as a nuclear family (Hatunoğlu et al., 2014; Pişkin, 2008). In this traditional culture, women who do not have a baby or whose babies are ill have the risk of being blamed or labeled by their family members (Çakır Koçak & Sevil, 2015). In a qualitative study conducted in Turkey, it was found that mothers whose babies were in neonatal intensive care were affected by the support of their environment; It has been stated that while mothers who receive positive support focus on their babies, mothers who are accused by their family members may not fully focus on their babies and may be unhappy (Merey & Şentepe Lokmanoğlu, 2019).

Different cultural backgrounds may also affect the communication between mothers and healthcare personnel. Multiculturalism can be seen in the communication between patients' relatives and health

personnel (Latour et al., 2010). In other words, medical staff should pay attention to the cultural characteristics of relatives of the patients. Mothers' needs and demands from the medical staff may vary in different cultures (Latour et al., 2010). Particularly, families give priority to being regularly updated about the health status of their babies. If the communication needs of the mothers are not met successfully, they may experience a feeling of dissatisfaction in terms of the care of the baby (Guimarães, 2015). Grosik et al. (2013) pointed out that medical staff's intervention strategies to decrease the stress of mothers, and their behaviors to encourage the mothers and understand their experiences play an important role in helping mothers develop optimistic feelings.

In this context, it is important to examine the environmental and cultural elements that affect the feelings and thoughts of mothers who live in collectivist and traditional societies. Such a study will probably bring a new theoretical perspective on the mood of mothers. In addition, examination of the feelings and thoughts of the mothers will shed light on the new preventive and protective activities in the future.

METHODS

Aim

The aim of this study is to examine the feelings and thoughts of mothers about the process of their babies being hospitalized in the NICU and seek answers to the following questions;

1. What are the feelings of mothers regarding hospitalization of their baby?
2. What are the feelings and thoughts of mothers regarding reactions of people around them?
3. What are the thoughts of mothers regarding the culture and tradition they live in?

Design

The research is based on a descriptive and hermeneutical phenomenology paradigm and uses semi-structured interview technique. In descriptive and hermeneutical phenomenology, new meanings are reached through thinking about essence, experience, consciousness, conscious actions, concepts, and using intuitions (Moustakas, 1994). Rather than discovering the information, the researched information is reconstructed and the researcher creates new information, interpretations and dreams about the phenomenon she/he is researching (Stake, 1995). The social constructivist perspective is clearly seen in phenomenological studies (Moustakas, 1994), in which people's own experiences are defined (Creswell, 2018). In this study, descriptive and phenomenological research was used because it was desired to examine the feelings and thoughts of the mothers whose babies were in the NICU and to obtain new information and interpretations by using the mothers' descriptions of the related phenomenon.

Participants

Purposeful sampling was used to recruit the participants. The mothers have been identified with the following inclusion criteria: (a) neonatal care was initially given in a level II and III, (Babies in the level I do not have life-threatening risks, and they are usually in the newborn unit for surveillance purposes. Level

II is the neonatal intensive care unit where babies born at or after 32 weeks, weighing more than 1.5 kg and are at moderate risk in terms of life functions. Level III care is given due to critically ill infants born before 32 weeks' gestation or with significant health conditions, including the need for mechanical ventilation and other life functions (Lee & O'Brien, 2014). (b) babies stayed less than 12 months in NICU, (c) Mothers grew up with the eastern culture and live in the eastern culture society. Since the health conditions of the babies staying in the 2nd and 3rd level neonatal intensive care units are similar to each other and there are relative life risks, the interviews were conducted with the mothers whose babies stayed at these levels. The aim of purposeful sampling has been to ensure sample variation with respect to length of stay in the NICU, the health status of babies and the similar cultural backgrounds of mothers. Table 1 presents the demographics of participants.

Table 1.

Demographic profile of the participants

	Gender of the newborn	The number of child	Age of mother	Family structure	The number of days spent in the intensive care unit	The reason why baby was in the care unit	Neonatal care levels
P1	Boy	1.	18	Extended family	25	Tumour operation	Level III
P2	Boy	2.	21	Extended family	5	Respiratory distress	Level II
P3	Girl	2.	34	Nuclear family	66	Premature birth	Level II
P4	Boy	2. (twins, one of the twins passed away)	22	Extended family	150	Premature birth	Level II
P5	Girl	1.	22	Extended family	8	Premature birth and respiratory distress	Level III
P6	Boy	1.	26	Nuclear family	5	Premature birth	Level II
P7	Boy	2.	28	Nuclear family	240	Premature birth and respiratory distress	Level II
P8	Boy	2.	37	Nuclear family	9	Premature birth	Level III
P9	Boy (Twins, only the boy is in the hospital)	4.	28	Nuclear family	32	İntestine operation	Level III
P10	3 girls, 1 boy (quadruplets)	First quadruplets	24	Extended family	18	Premature birth and respiratory distress	Level III

Procedures

Researchers prepared a semi-structured interview form to explore how mothers felt when their newborns were staying in NICU. Interviews were conducted in one public and one private hospital located in Eastern Anatolia, Van/ Turkey in March 2016. The average length of the interview was obtained as 17 minutes (with minimum of 15 minutes and a maximum of 22 minutes). Clear and satisfying answers have been received from the participants during the interviews. Moreover, interview transcripts are thought to contain sufficient information in terms of the investigated phenomenon. After transcribing the interviews to the word document, the interview transcripts ranged from 5 to 12 pages and the average of the transcripts was obtained as 7.5 pages (page format; 12-point Times New Roman, 1,5 space and 2.5 cm margins). As a matter of fact, approximately 5 pages of transcripts based on research documents can be obtained in an interview technique including 5-7 open-ended questions (Creswell, 2018). The interviews were recorded and were conducted either in the common room or “mothers’ hotel” of the hospitals. At the onset of the interviews, participants were informed about the purpose of the research and the confidentiality of research in written form and verbally. The mothers were living in Eastern Anatolia region of Turkey and nine of them were raised according to the culture of that region. One participant was Algerian (also grew up in the eastern culture) and did not speak Turkish well, so the interview was conducted in English. Mothers stated verbally that they participated voluntarily in this research at the beginning of the voice recording, after informing them about the research. The ethics approval was granted by the ethics committee of “Van YYU Dursun Odabaş Medical Centre” (Number: 54355720-900-E.6976).

Data analysis

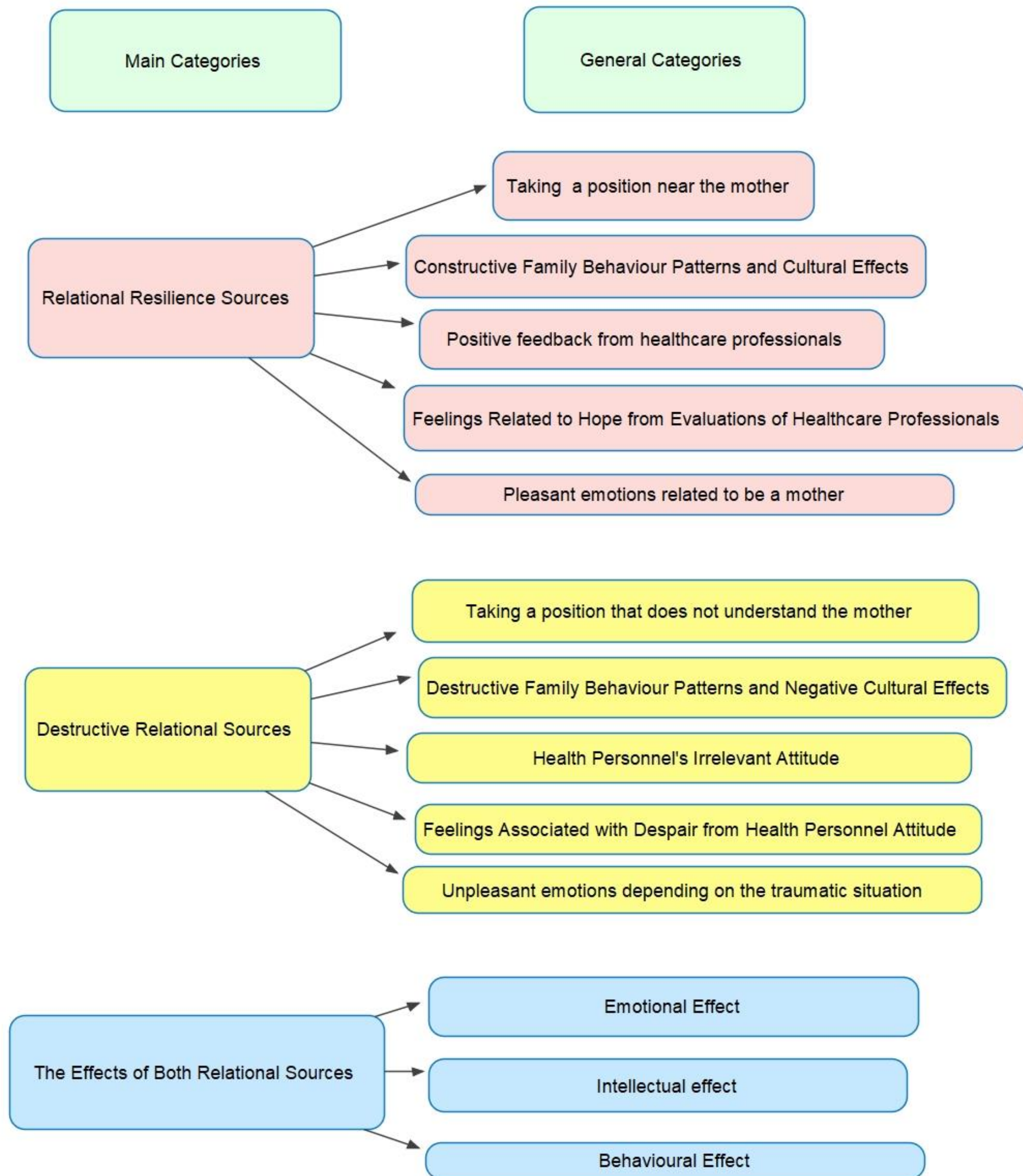
Phenomenological analysis was used to analyse the data. The interviews were first transcribed. According to Moustakas (1994), researchers highlight the following steps in data analysis for phenomenological studies; 1) listing and pre-grouping, 2) decreasing and screening-determination of invariant founding expressions, 3) clustering unchanging founding expressions, 4) final identification of founding components and themes. According to these steps, researchers firstly listed the answers of participants. Secondly researchers reviewed the expressions several times. Later researchers coded the invariant concepts several times. Categories and subcategories were formed by merging similar concepts and relationship patterns.

Results

According to the findings, main categories have been found as “relational resilience sources”, “destructive relational sources” and “the effects of the relational sources”. Under main categories general categories have been shown in Figure-1 below.

Figure 1.

The general categories and subcategories



The general categories and subcategories shown in Figure 1 have been explained in detail below.

Relational Resilience Sources

Taking a position near the mother

Most of the mothers stated that some of their family members were with them. Mothers underlined mostly the family's "support" and partly "good wish" and one each mother reached from their close perimeter as "necessity of staying in the hospital" and "acceptance of the situation". P7 received her husband's support: "*My husband gave nice responses. His support was there for me. I mean, I always had his support. Now so it is. Thanks God...*". Similarly, P4 (was the mother of the twins, and one of them passed

away) said she felt her husband's positive feedback. P8 said: "*The people around me was trying to relieve me or calm me down. They were saying that things would get better and that it was not my fault, that was how the baby was born*.".

Constructive Family Behaviour Patterns and Cultural Effects

"Wellbeing of the family" and "faith" was partly seen and "mutual good behaviours within the family" was obtained as an opinion. P6 described the reactions she got from her intimate circle of relatives (her husband's family) as positive and emphasized the role of faith: "*I mean they know God. So, they know everything that happens comes from God. They should make me better, not worse. It's good*.".

Positive feedback from healthcare professionals

Half of the mothers emphasised "the baby's well-being" and "positive change" while few of them underlined "information on discharge" as the positive evaluation from healthcare staff. P2 expressed that that she was happy with the evaluation of medical staff about the health of her newborn: "*I felt very happy when they told me...I cried out of happiness...*". P5 said: "*They told me that my baby would be removed from intensive care unit. I was very happy, I thought the baby would recover. I was overjoyed*.".

P10 is the mother of quadruplets and expressed how she felt happy and privileged: "*I am so happy. They are healthy, and it feels great to be mother of quadruplets*.". Some of the mothers correlated positive change with physical contact with the baby. For instance, P4 (the mother of the twins and one of them passed away) emphasized her baby's removal from the breathing machine as the positive change. According to this change, P4 said she had heard from doctors that she could hold her baby from now on: "*I'm very happy that they took my baby out of the machine... (...) We passed two months with a machine, since two days ago no machine. They say I can hold him from now on. I'm breastfeeding my baby for two days. I'm taking him in my arms, I'm wrapping, I'm kissing, I'm smelling*.". P6 said: "*They say that his blood values and heart readings are good for now. Every day for one hour the father and me are asking questions about the baby. They tell me about cleaning, they help me when I need it. They show me how to care for him and how to touch him while cleaning*.".

Feelings related to hope from evaluations of healthcare professionals

Based on the evaluations of medical personnel while most of mothers felt "happiness", very few opinions were obtained as "good emotion", "feeling of gratitude" and "feeling privileged". It has been seen that these feelings were about hope. P5 said: "*They told me that my baby would be removed from intensive care unit. I was very happy, I thought the baby would recover. I was overjoyed*.". P10 (the mother of quadruplets) expressed how she felt happy and privileged: "*I am so happy. They are healthy, and it feels great to be mother of quadruplets.*".

Pleasant emotions related to being a mother

Although it was seen that most opinions of the emotions about the situation were unpleasant, few of the mothers revealed pleasant emotions related to being a mother. The pleasant emotions included happiness, feeling of gratitude, feeling of warmth, feeling of motherhood, comfort, and optimism.

In the face of unpleasant feelings, P3 also had pleasant feelings as a feeling of motherhood, a feeling of warmth, happiness: "*The feeling of motherhood is not like anything else. I'm going to take, breastfeed, look, dress, feed her. I was very happy, I was glad, of course, my husband was too. There was another change for me. You know, I felt a different warmth.*" P7 expressed comfort and optimism: "*It was clear that he would stay in the intensive care ... I had positive feelings. I mean, as a mother, I felt like he would get better. I still feel that way. I think he'll be fine. He will be a doctor in the future* (she smiled while talking).".

Destructive Relational Sources

Taking a position that does not understand the mother

Mothers partly stated that they received negative reactions from their environment as "not wanting the mother to stay in the hospital to accompany the baby", "oppression" and "nervousness". One each mother mentioned responses as "crying", "lack of trust in hospital staff", "blaming the mother for not being thoughtful", "gender-based discrimination against the medical staff", "lying" and "protesting". According to opinions some people around their close perimeter took a position that did not understand the mother. P2 told that she received negative reactions because she wanted to stay in the hospital with her baby and her husband's family did not want her to stay there: "*They (her husband's family) told me to come home. I told them that I needed to pump the milk for the baby in the hospital. They said I am not staying there, I could be so bored, I should come home, pump the milk right at home, I should give the milk to my brother-in-law. They told my brother-in-law to bring the milk here. I said no, there is a right time to breastfeed in the hospital, we will breastfeed him at the right time. (…)*".

P10 (the mother of the quadruplets) also told that her mother in-law did not want her to go to hospital. Similarly, P3 said: "*The things my husband's family told me sounded as if I was cheating on my husband. That was also how my husband interpreted it. They told my husband that he should not leave me in the hospital alone because there were male doctors and nurses. Therefore, my husband told me that I should go to hospital when there were no men (…)*". Moreover, P3 told that her husband's family elders as women blamed her for not being thoughtful: "*I don't have my own mother-in-law. At first, my wife's uncle's wife talked, then the other uncle's wife told me. They said it was my fault, I always seated myself, I didn't think about my baby. They told that when I was pregnant, I always rested, didn't do a job (…) We have a tandoor, you know to bake our own bread, they said I did not bake bread, I was thoughtless, they said my husband's uncle's wife did... They said I did not take the tandoor duty; I did not lean or stand up near that. They said I did not kneel, I did not bend, I did not move much, for this reason the baby was in this situation…*".

P9 was the mother of twins (a boy and a girl; the boy stayed in the hospital) stated that her husband got angry with her: "*My husband said it was all my fault. My husband was angry because I told everyone that I was going to have twins (…) He said whoever I saw, I told that I would give birth to twins after 2 boys, even I would have a boy and a daughter… He said our baby was affected by evil eye, for instance he believes in the evil eye so much…*".

Destructive Family Behaviour Patterns and Negative Cultural Effects

Following opinions were found partially as the cultural effects; "extended family", "the role of women in the family", "the role of daughter-in-law", "dominant role of the senior member of the family", "the place of daughter-in-law in the family". "Being concerned about people's thoughts", "feeling scared of the senior member of the family", "changing attitudes", "introversion", were obtained as one each opinion. The quotes of the mothers are as follows:

As destructive family behaviour patterns, P9 (the mother of the twins as a boy and a girl and the boy was in the hospital) explained her husband's reactions to her as follows; "*My husband is introverted, he never tells anything out, he doesn't share it. But I'm not like that, so he's mad at me*". P3 said: "*when my sister-in-law came to the family, the attitudes of my father's stepmother and father-in-law changed towards me. They left me and supported her, as if I was not their bride. They blame me on everything ...*".

As negative cultural effects, P10 (the mother of the quadruplets) stressed the role of daughter-in-law and the place of daughter-in-law in family and said: "*The culture plays a role of course...They did not want me to stay in the hospital because they would want me to do housework at home. Even if you sit for a moment at home, your parents-in-law look at you as if you did not do any house chores. Daughters are more valued than the daughters-in-law. They don't treat us as equals*." Likewise, P3 indicated that daughter-in-law should remain silent and be obedient in the family and added: "*They did not ask my opinion regarding staying in the hospital. We (daughters-in-law) are silenced by the senior members of the family. They expect me to remain silent no matter what my husband, or parents-in-law tell me. I do not say even a single word but new generation of daughters-in-law are not like that*."

Health Personnel's Irrelevant Attitude

Very few of the mothers highlighted the attitudes of the medical staff regarding the evaluations they received. "Contradictory expressions" was revealed by a mother and "not providing information" were revealed by two mothers. P6 also stated that although there was a good feeling about the baby, there was a risky situation with the baby and the doctors did not say anything about it: "*But they did other tests before he was born and they said he could have a handicap such as blindness. For now, they have not said anything about that. They don't say anything. I don't know if they have done any tests but everything should be fine if God lets…"*. Likewise, P2 told that no information about the baby's situation was not provided and she received a negative evaluation as a contradictory expression from the medical personnel: *"Well last night I asked the doctor if my baby's situation is going to get better or worse… The doctor said he was getting better. He wanted me to bring my blood type, I gave him my blood type. But they did not say anything more… Also, sometimes the nurses say something different, some doctors say something different, they don't say the same. I do not know."*.

Feelings Associated with Despair from Health Personnel Attitude

Two mothers stated that after they learned the situation of the baby from the medical staff, they missed the other child at home. "Longing" is obtained from those mothers. On the other hand, one each

opinion included "anxiety" and "disappointment". It has been seen that these emotions were associated with despair. P8 mentioned disappointment with the evaluation of medical staff: "*Even today I came to sign the document for the discharge from the hospital, I was happy to see the other child at home. But they did not let us, apparently, there was an issue. I had some hope yesterday, because they said we would be discharged today. Today they gave up again. They have checked the weight and they gave up. He is 1,5 kilograms. It made me feel so bad… I miss the other child at home (She was crying while talking).*".

Unpleasant emotions depending on the traumatic situation

According to their opinions, some of the mothers felt sadness and some of them felt fear and a few of them felt anxiety when they learned that their babies would stay in NICU. One each mother mentioned the emotions as longing, negative feeling, distress, and traumatic feelings.

P9 (the mother of the twins as a boy and a girl and the boy was in the hospital) had a traumatic feeling and expressed: "*I thought I would go through the same problems I experienced with my second child. That night, I remembered those days when I spent 6 months in the hospital*.". P2 had feelings as sadness for the situation and also longing and anxiety for the two-year-old daughter who was at home: "*I felt partly sad… I was upset… (…) I missed my daughter… Because I doubt whether my daughter has forgotten me. What does she do at home?*". P4 (the mother of the twins and one of them passed away) said: "*I was in a terrible condition. I cried a lot. They were born very early… They were born when they were 6,5 months. I wondered what would happen to my babies. I didn't even sleep… How were they? They were both boys, I lost one of them after five days. I was already in my room and my husband stepped in. He said we lost him. I lost myself. It was a very bad feeling. That day I took my baby's corpse and went to my house. I was terrible…*".

The Effects of Both Relational Sources

Emotional Effect

People's reactions mostly affected mothers emotionally and behaviourally. A few opinions about the emotional effect included "appreciating the family members' reactions", "sadness", and "happiness". According to one of each mother's opinions "nervousness" and "gratitude" were obtained. P10 (the mother of the quadruplets) stressed sadness, stress, and a sense of gratitude: "*Sadness, stress etc. Thanks to God, they are in good health...I am glad that they are not disabled*.". P2 expressed both happiness and sadness: "*Sometimes they say that the child is getting better, that remark makes me very happy. Sometimes they say that the baby is very sick, I do not know what the problem is, that's what makes me sad*.".

Intellectual effect

One each opinion about the intellectual effect of people's reactions on mothers were "being valued", "being offended", "paying attention to newborns health", "the positive thought that things are going to be all right" and "the thought that what they have been through is a test for them". P7 said she felt that what she has been through was a test: "*I think the God is testing me and that's why I am here. Indeed, my real test is my mother-in-law because she talks all the time*.".

Behavioural Effect

While a few of opinions based on behavioural effect were "depression", "ignoring", "both positive, negative effect", one each opinion was "attachment to people", "crying", "being sensitive", "being distant", "stress" and "shock". Actually, some views can be seen both emotional and behavioural effects as depression, stress and nervous. P3 mentioned the depression and said: "*It was tough for me.... I was already in depression.*" P5 expressed: "*People's reactions wear you out. After you have seen your baby and stayed away from people's reactions and ignored what they have told you, you start to feel better*.".

P4 (the mother of the twins and one of them passed away) implicated both positive and negative effect as blaming herself and after all believing herself: "*I was very upset at first... So, I accused myself of not eating enough food. On the other hand, I did not deserve this blame I said to myself, I believed in myself.".* On the other hand, P1 said she liked the family members' reactions and she's more attached to them: "*I was important to them, all of them... So, my recovery was more important. I mean, because we're young... I like that they care about me, it's a nice feeling (...) It makes us more attached to them...*".

Discussion

As a result, in this study, the feelings and thoughts of mothers whose babies were in the neonatal intensive care unit were gathered under the main themes of "relational resilience sources", "destructive relational sources" and "the effects of the relational sources". "Resilience" is a concept as the ability to continue living and adapt to difficulties without losing psychological strength in the face of stressful life events (Aburn et al., 2016; Garmezy & Masten, 1986). Under the theme of relational resilience sources, there are positive feelings of mothers, the support they perceive from their environment, and the supportive information they receive from healthcare professionals. On the other hand, under the theme of destructive relational sources, opinions were obtained that some of the mothers experienced negative experiences by their environment, that they did not receive enough attention from the health personnel, and that they experienced negative emotions.

According to the theme of relational resilience sources, mothers partly expressed pleasant feelings such as happiness, sense of warmth, maternity and sense of gratitude. It can be said that mothers partly feel grateful and try to have positive feelings. The fact that one mother expressed a sense of maternity towards her baby in the newborn unit can be interpreted as the existence of motherhood feeling even when she is not able to cuddle her baby. Mother's sense of warmth, maternity, and feeling of gratitude for this situation can interpreted as a connection between mother and the baby. Research in Sweden (Flacking et al., 2006), United States (Heerman et al., 2005) and Spain (Fernández Medina et al., 2018) show that some mothers don't feel like real caregivers and mothers, they feel lost in their parenting roles due to presence of technological devices in the NICU and not themselves being able to provide care. A study emphasized that some mothers did not initially feel their babies as theirs, instead it felt like that they were cuddling the babies of the healthcare staff (Heerman et al., 2005). It can be argued that mothers in different cultures may have different feelings about being a mother and bond with the baby.

The most common reaction of people around the mother is “support” in the case of the baby’s hospitalization. Some participants stated that people around them expressed their religious faith and good wishes. It has been observed that especially the support from their husbands influenced their psychological well-being. It can be said that perceived social support from the environment has a positive effect on mothers' resistance resources (Okito et al., 2019). On the other hand, some people tried to create pressure on the mothers. The view that most of the people around the mothers are supportive can be interpreted as the general supportive attitude of people in the eastern culture and an indication of a collectivist way of living.

Mothers’ views on the effects of peoples’ reactions are categorised as emotional, intellectual and behavioural effect. It can be interpreted that according to the positive or negative reactions from the environment, affective, cognitive and behavioral reactions of mothers can be changed. For instance, it can be said that mothers’ perception of “support” and “faith” from the environment has affected the emotional state of the mothers as “appreciation” and “happiness”. In an experimental study (Valizadeh et al., 2016), it has been found that employing film and booklet orientation strategy as a “support program” from the staff environment for mothers after preterm delivery can reduce the mother’s anxiety and be beneficial for the mother, the baby, the family and the health care system. In another study, it has been stated that mothers’ feelings of “resilience” may increase when health workers help them use their support resources so mothers can “pick themselves up for their babies” (Rossman et al., 2017). It is important for mothers to stand up for their psychological well-being, develop positive beliefs about themselves and their environment, and increase their positive relational resources. Mothers partly sought condolence in faith as a resilience source, which can be interpreted as using belief in difficult situations (Taylor & Conger, 2017; Walsh, 2003) and this has affected a mother as the behavioural effect; “attachment to people” and “being sensitive”.

Most of the mothers stated that they were informed about the status of their babies by the health personnel. In a literature survey, it was found that a significant proportion of mothers needs such as being informed about the health of their babies were not fully met by health personnel, however, informing the mother is significant for their happiness (De Rouck & Leys, 2009). While some mothers stated that they received information in terms of possible future situations their babies may face; some of them received evaluation with regard to physical contact and some stated that they have received a positive evaluation. As mentioned before, mothers partly stated that according to the positive changes in babies, the doctors told the mothers that they can contact physically with their babies including embracing and breastfeeding them. More, these mothers revealed feelings of happiness and gratitude after the positive changes and physical contact. According to the results, it can be said that exposing mothers’ emotions about the good changes step by step play an important role in mother-baby physical interaction, mothers’ parenting motivations, and hope for the future. Likewise, in a study, coping resources of mothers whose newborns stay in the NICU are illustrated as expressing thoughts and feelings verbally, seeking help from the social environment, restructuring the current situation, and getting information from the hospital staff (Ramos et al., 2017). In

another study, it was stated that skin contact and intersubjective dyadic interaction between the mother and the baby may be emotional coping sources for both mothers and babies (Tropiano et al., 2017).

When it comes to the main theme of "destructive relational sources"; anxiety, sadness and bad emotions are prominent unpleasant feelings among most mothers interviewed. Considering the literature, mothers whose babies are in the NICU have deep anxiety (Cristóbal-Cañadas et al., 2021; Fernández Medina et al., 2018), fear and they assume that they will lose their babies (Fernández Medina et al., 2018). They also have high levels of parental stress due to lack of contact with their babies (Ionio et al., 2019). A few of mothers said they missed their other child at home. In a similar study, mothers reported that the most emotional and mental difficulty is to be separated from their other children at home (Woodhart, et al., 2018). Negative emotions experienced by mothers are partly related to the destructive reactions they get from their environment.

Some of the relatives such as mother-in-law, father-in-law applied pressure on mothers partly about not to stay in hospital and their reactions may be related with the eastern culture's submissive bride roles for women. In the patriarchal order, power is important. The mother-in-law and father-in-law have more power in the extended family. Brides must fulfil their duties and responsibilities at home in accordance with mother-in-law's orders (Küçükyıldız, 2017; Yavuz, 2015). This situation can be related to cultural roles of women as brides in the family and role of the bride. In this study, pressure of mothers-in-law indicate that brides have less power and agency in decision making in the extended family. Being a woman in a patriarchal culture is being more passive, less aggressive in decision making (Erdoğan & Uçukoğlu, 2011). As a result, it can be said that the mothers whose babies in the NICU perceive the reactions and attitudes from their environment and these reactions reflect the values they are in.

In addition, in this study few evaluations from the medical staff about the baby's status have been stated negatively following; "the contradictory expression", "physical discomfort" and "nothing". Likewise, in a study researcher also mentioned that while some mothers in a NICU needed to be supported emotionally, they did not receive enough emotional and supportive communication (Lam et al., 2007). Few mothers about the evaluations from the medical staff have mentioned that they felt longing and anxiety. Similarly, in research it has been found that a decrease in support from nurses about evaluations was associated with an increase in stress and anxiety level of mothers whose newborns were in NICU (Magliyah & Razzak, 2015).

Conclusions and Limitations

As seen in findings, "support" from the environment and "being informed" from the staff are the keys over sources of resilience. According to the "destructive relational sources", some views were found both emotional and behavioural effects as depression, stress and nervous. Unlike the sources of resilience, there may be cases in which mothers feel and behave incompatible in line with destructive reactions. It is found that the reactions from the mothers' close perimeter create mostly behavioral effects as "depression", "ignoring", "both positive, negative effect" over them. In this regard, it is thought that the neonatal intensive

health care personnel play an important role to increase the sensitivity of the families including informing people who affect the mothers' feelings and thoughts.

There are some limitations. One of the limitations is the fact that, the number of participants is too small to generalize beyond the coherence of this research. However, although the number of participants is not huge, generalization is not sought in phenomenological studies and that include the meanings of the native culture. So indeed, another limitation of this research is the language translation of the text from Turkish to English. In order to minimize situations that disrupt the integrity of the meaning of translation, the translated data as subcategories and categories were compared with the original data in Turkish. In qualitative studies, comparing the data in English as codes, subcategories and categories with the original data in the native language has been suggested (Ho et al., 2019).

According to the results, some suggestions are recommended. We offer that assessments with mothers can be held routinely in the newborn unit by the health personnel about how much they are satisfied with the communication acts from the staff, which situations are confusing for them, and what they need. For instance, the mothers' views and emotions about their physical contact with their babies and their babies' current situations can be discussed at regular intervals. Moreover, newborn intensive care staff can provide briefings to the families (for instance fathers, origin families, mothers-in-law) whose newborns need to be supported in the care unit about the importance of the stay of the babies and their mothers before and after the birth, taking into consideration the cultural background of them. In addition to application suggestions, future studies (qualitative and quantitative) can be carried out on what might be the facilitative and complicating cultural elements of mothers whose newborns stay in the NICU. In this way, we believe that the resilience of mothers will be supported.

Araştırmacıların Katkı Oranı/ Contribution Statement

Çalışma tek araştırmacı tarafından yürütülmüştür/ This study was conducted by the researcher.

Destek ve Teşekkür Beyanı/ Funding Statement and Acknowledgements

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Çatışma Beyanı/ Declaration of competing interest

Çıkar çatışması bulunmamaktadır. There is no conflict of interest.

Etik Onay/ Ethical Approval

Etik kurul onayı alınmıştır. Ethics committee approval was obtained for this study.

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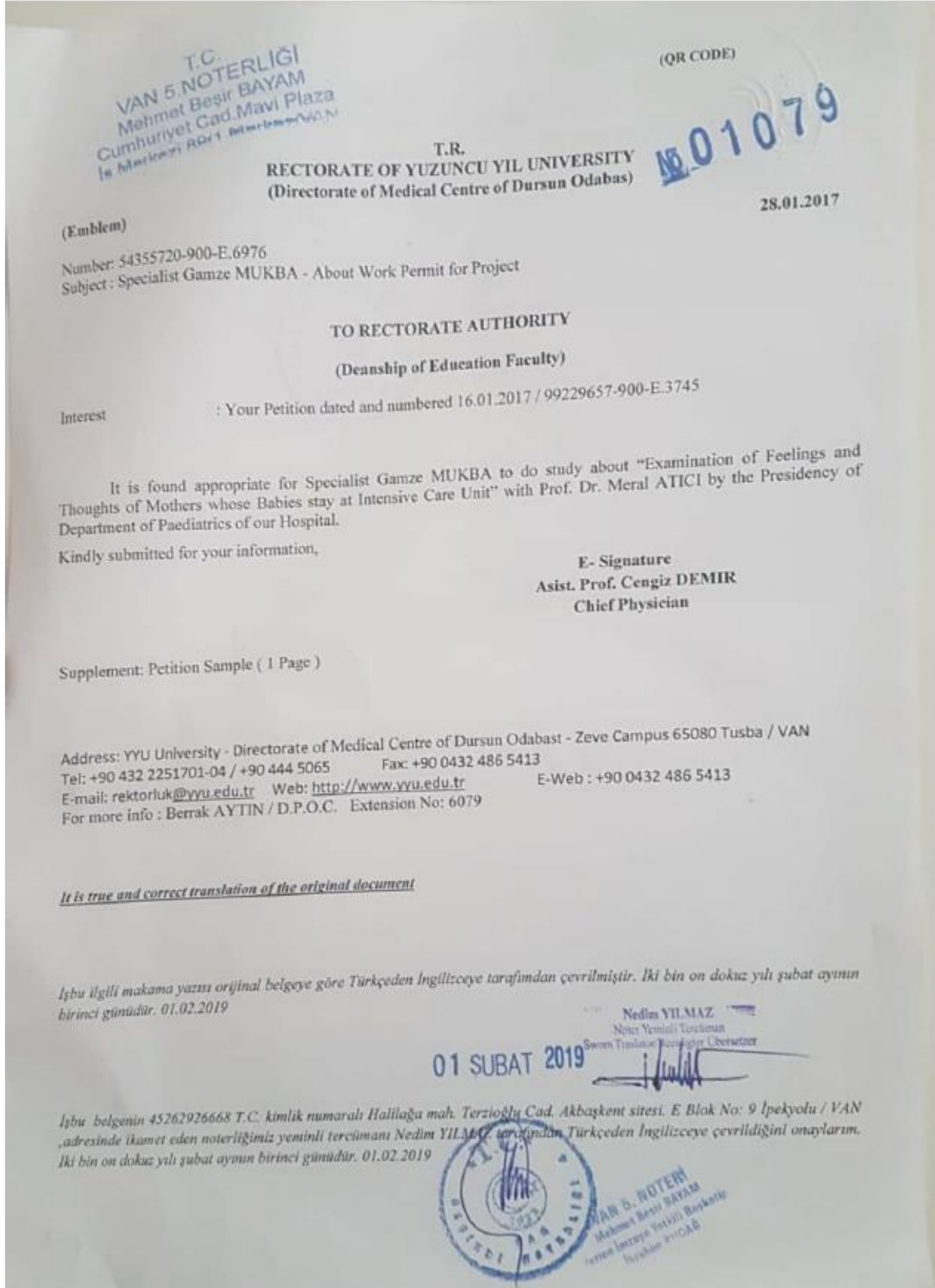
Attachment-1



T.C.
VAN 5.NOTERLİĞİ
Mehmet Beşir BAYAM
Cumhuriyet Cad.Mavi Plaza

(QR CODE)

№ 01079

T.R.
RECTORATE OF YUZUNCU YIL UNIVERSITY
(Directorate of Medical Centre of Dursun Odabas)

28.01.2017

(Emblem)

Number: 54355720-900-E.6976
Subject : Specialist Gamze MUKBA - About Work Permit for Project

TO RECTORATE AUTHORITY

(Deanship of Education Faculty)

Interest : Your Petition dated and numbered 16.01.2017 / 99229657-900-E.3745

It is found appropriate for Specialist Gamze MUKBA to do study about "Examination of Feelings and Thoughts of Mothers whose Babies stay at Intensive Care Unit" with Prof. Dr. Meral ATICI by the Presidency of Department of Paediatrics of our Hospital.

Kindly submitted for your information,

E- Signature
Asist. Prof. Cengiz DEMIR
Chief Physician

Supplement: Petition Sample (1 Page)

Address: YYU University - Directorate of Medical Centre of Dursun Odabast - Zeve Campus 65080 Tusba / VAN
Tel: +90 432 2251701-04 / +90 444 5065 Fax: +90 0432 486 5413
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It is true and correct translation of the original document

İşbu ilgili makama yazısı orijinal belgeye göre Türkçeden İngilizceye tarafımdan çevrilmiştir. İki bin on dokuz yılı şubat ayının birinci günüdür. 01.02.2019

Nedim YILMAZ

01 ŞUBAT 2019

İşbu belgenin 45262926668 T.C. kimlik numaralı Halilağa mah. Terzioğlu Cad. Akbaşkent sitesi. E Blok No: 9 İpekyolu / VAN ,adresinde ikamet eden noterliğimiz yeminli tercümanı Nedim YILMAZ tarafından Türkçeden İngilizceye çevrildiğini onaylarım. İki bin on dokuz yılı şubat ayının birinci günüdür. 01.02.2019

VAN 5. NOTERİ
Mehmet Beşir BAYAM