

An Ignored Fact: An Ignored Fact: Feeling of Guilt and Affecting Factors in Mothers Whose Children are Hospitalized

Göz Ardı Edilen Bir Gerçek: Çocuğu Hastanede Yatan Annelerde Suçluluk Duygusu ve Etkileyen Faktörler

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ABSTRACT

This study aimed to examine the feeling of guilt experienced by mothers whose children are hospitalized and the factors affecting it. Data were collected from mothers whose children were hospitalized using a Personal Information Form and the Feeling of Guilt Scale for Mothers whose Children were Hospitalized. Analyzes were made in the SPSS 26 package program. $P<0.001$ and $p<0.05$ significance levels were used as statistical significance values. The study found a significant difference between the scale total scores and the place of residence, the husband's ability to help with child care, and the feelings of anger, helplessness, and burnout experienced by the mothers ($p<0.05$). It was determined that 26.4% of the variance in the dependent variable was explained by the independent variables (R^2 adjusted=0.264). The place of residence, the spouse's assistance in child care, and the feelings of anger, helplessness, and exhaustion experienced by the mother affect the guilt of mothers whose children are hospitalized. Nurses, who are the health professionals closest to the mother and family, should adopt a 'family-centered' care approach by considering the child and family together. This approach aims to assist the family by providing a supportive environment.

Keywords: Child, Guilt, Hospitalization, Mother

ÖZET

Bu araştırmada çocuğu hastanede yatan annelerin yaşadığı suçluluk duygusu ve etkileyen faktörlerin incelenmesi amaçlanmıştır. Veriler, çocuğu hastanede yatan annelerden Kişisel Bilgi Formu ve Çocuğu Hastanede Yatan Annelerde Suçluluk Duygusu Ölçeği ile toplandı. Analizler SPSS 26 paket programında yapıldı. İstatistiksel anlamlılık değeri olarak $p<0.001$ ve $p<0.05$ anlamlılık düzeyleri kullanıldı. Çalışmada ölçek toplam puanları ile yerleşim yeri, eşin çocuk bakımına yardım etme durumu, annelerin yaşadıkları öfke, çaresizlik ve tükenmişlik duyguları arasında anlamlı fark bulundu ($p<0.05$). Bağımlı değişkendeki varyansın %26.4'ünün bağımsız değişkenler tarafından açıklandığı (R^2 düzeltilmiş=0.264) saptandı. Çocuğu hastanede yatan annelerin suçluluk duygusunu yerleşim yeri, eşin çocuk bakımına yardımı, annenin yaşadığı öfke, çaresizlik ve tükenmişlik duyguları etkilemektedir. Anneye ve aileye en yakın sağlık profesyoneli olan hemşireler, çocuk ve aileyi bir arada ele alarak 'aile merkezli' bakım yaklaşımını benimsemelidir. Bu yaklaşım, destekleyici bir ortam sağlayarak aileye yardımcı olmayı amaçlamaktadır.

Anahtar Kelimeler: Anne, Çocuk, Hastanede yatma, Suçluluk

INTRODUCTION

The separation of a child who is hospitalized for chronic diseases or acute reasons from their daily routines, home, and social environment affects not only the children but also their families negatively.^{1,2} Illnesses and hospitalization can create trauma in the family by causing fear and anxiety. Hospitalization, which is a very tiring and lengthy process for the child, not only alienates the mother from her social environment when the responsibility for child care falls solely on the mother but also causes the mother to feel guilty about her child's illness.³ Guilt is a complex emotional state that occurs when an individual feels that he or she has behaved in a way that does not comply with the moral or social norms he or she has adopted.⁴ This feeling, is shaped based on the person's internal value judgments and ethical understanding. The feeling of guilt is closely related to the individual's lived experiences, cultural background and personal beliefs. Therefore, each individual's feeling of guilt and the intensity of this feeling may differ, because personal values and perspectives also vary. In this context, the feeling of guilt is a subjective experience that varies depending on the individual's relationship with his inner world and how he perceives the world around him.^{5,6} It is reported in the literature that as the child's hospital stay increases, mothers' anxiety and depression levels increase, and approximately 60% of mothers experience post-traumatic stress disorder.^{3,5-7} In the study conducted by Nabors et al. with mothers of children with chronic diseases, the mothers stated that the economic situation due to hospitalization stressed the family. Still, they tried to be vital for their children.⁶ In the same study, it is reported that the anxiety experienced by parents disrupts family order. Gezer stated in the study results that mothers whose children were hospitalized experienced intense feelings of guilt, anger, and burnout during this period.⁸ Mothers' feelings of guilt are associated with the emergence of many psychopathological symptoms.⁹ It is stated that in individuals who experience feelings of guilt very frequently, interpersonal relationships may deteriorate over time, and psychological problems such as anxiety and depression may arise.¹⁰ During this process, nurses and other health professionals should carefully listen to the issues of mothers whose children are hospitalized in an effective and safe communication environment and provide approaches that will help them cope.¹ Nurses

should evaluate the patients they care for and their families and close circle with a holistic approach.¹¹ Pediatric nurses, who spend the most time with hospitalized children and their mothers and communicate with them most frequently, must be sensitive to the problems experienced by mothers and offer solutions.⁵

Being with a sick child in a hospital environment may cause the mother to experience different emotions such as anxiety, guilt, fear, resentment, anger and depression. The mother needs help to cope with these feelings.^{7,8} Since the feeling of guilt experienced by mothers is not visible, it is not possible to prevent the negative emotions that mothers experience intensely, and treatment can be difficult and time-consuming.¹¹ The mother's general well-being and mental health are important during the child's development process. Therefore, it is not possible to help children without investigating the reasons for the emotions that mothers experience intensely and that negatively affect their mental health.¹² In this context, this study aimed to examine the feeling of guilt experienced by mothers whose children are hospitalized and the factors affecting it.

METHODS

Study Design

This research was conducted with a cross-sectional design with mothers whose children aged 0-18 were hospitalized in a public hospital in Türkiye between May and August 2023. Mothers who could be reached by the complete census method without using the sample selection method, whose children had been hospitalized for at least one day, who had no communication barriers, and who volunteered to participate in the study were included. The study was completed with 208 participants.

Data collection tools

Personal Information Form: The form inquired about information such as the mother's age, education level, number of children, age, gender and diagnosis of her hospitalized child.^{6-8,13}

The Guilt Scale in Mothers with Hospitalized Children: The scale was developed by Gezer and Taştekin Ouyaba to measure guilt in mothers hospitalized.¹³ The Feeling of Guilt Scale for Mothers with Hospitalized Children is a 5-point Likert type consisting of 18 items and five subscales. As the total score from the scale increases, it is accepted that

mothers feel more guilt. The Cronbach's alpha coefficient of the scale is 0.74. In our current study, the Cronbach Alpha value of the scale was found to be 0.78.

Collection of data

Before the interview, the patients were informed about the purpose and objectives of the study and the time allocated for the interview, and their verbal and written consent was obtained. The same researchers also collected the data. Data were collected by the researcher in clinic rooms using data collection instruments during approximately 15-20 min face-to-face interviews with the participants. Data were obtained from pediatrics, pediatric surgery and neonatal clinics.

Data analysis

The data was evaluated in the SPSS 26.0 for Windows (SPSS, Chicago, IL, USA) package program. Normal distributions of the data were reviewed by the Skewness and Kurtosis coefficients, which were in the range of (-1)- (+1).¹⁴ Numbers, percentages, and mean and standard deviation (SD) values were used for descriptive statistics. Independent Samples and One-Way ANOVA tests were used to compare children's and parents' descriptive characteristics and scale scores. Multiple Linear Regression analysis with enter method was used to determine the relationship between dependent and independent variables. $P < 0.001$ and $p < 0.05$ significance levels were used as statistical significance values.

Compliance with Ethical Statement

Before the research, approval from the ethics committee of a state university (25.04.2023/ Decision no: 163/8) and institutional permission from the Provincial Health Directorate were obtained. The Declaration of Helsinki informed participants about the study, and their consent was obtained for the Informed Consent Form.

RESULTS

The average age of the mothers participating in our study was 33.70 ± 7.03 . Distribution of hospitalized children according to age groups: 0-1-year-olds were 37 (17.7%), 2-6-year-olds were 117 (56.3%), 7-12-year-olds were 26 (12.5%), and 13-18-year-olds were 28 (13.5%). The mothers' total scale score average was found to be 39.51 ± 9.05 .

Table 1 compares some characteristics of mothers and children with their total scale scores. A significant difference was found between the total scores of the

scale and the place of residence of the family ($p < 0.05$). The total scores of mothers living in villages or districts were found to be higher than those living in the city center. A significant difference was found between the total scores of the scale and the spouse's ability to help with child care ($p < 0.01$). The total scale scores of mothers whose husbands did not help with child care were higher than those of mothers whose husbands helped with child care. A significant difference was found between the total scores of the scale and the mothers' feelings of anger while the child was in the hospital ($p < 0.05$). The total scale scores of mothers who experienced anger were higher than those who did not. A significant difference was found between the total scores of the scale and the mothers' feeling of helplessness while the child was in the hospital ($p < 0.01$). The total scale scores of mothers who experienced the feeling of helplessness were found to be higher than those who did not. A significant difference was found between the total scores of the scale and the mothers' feeling of burnout while the child was in the hospital ($p < 0.01$). The total scale scores of mothers who experienced burnout were higher than those who did not. A significant difference was not found between the total scores of the scale and mother's working status and child's admission diagnosis ($p > 0.05$). A significant difference was found between the total scores of the scale and child's age ($p < 0.05$). As a result of the post hoc analysis made according to the child's age variable, no significant difference was found between the groups in the total scores of the scale ($p > 0.05$, Table 1).

The relationship between some variables and the guilt scale of mothers whose children are hospitalized was examined with a multiple linear regression model (Table 2).

In the analysis of some variables belonging to the mothers, it was seen that there was a significant model in the evaluation of model goodness of fit (F/p) regression coefficients (R/R^2) ($p < 0.05$). It was determined that the independent variables explained 26.4% of the variance in the scale-dependent variable (R^2 adjusted=0.264). It was determined that the place of residence, the mother's feeling of helplessness, the mother's feeling of burnout, and the spouse's help with child care were statistically significant negative predictors of the feeling of guilt in mothers whose children were hospitalized ($p < 0.05$, Table 2).

Table 1. Comparison of some characteristics of mothers and children and scale total scores (n= 208)

Variables	n	(%)	Scale total score		Test value	P value
			Mean	SD		
Mother's educational status						
Primary/Middle school	55	26.4	39.69	9.39	F=0.056	0.945
High school	101	48.6	39.60	8.79		
University and above	52	25.0	39.15	9.36		
Residential area						
Village/District	57	27.4	41.82	9.65	t=2.283	0.023*
City Center	151	72.6	38.64	8.69		
Mother's working status						
Working	81	38.9	38.69	9.00	t=1.047	0.296
Not working	127	61.1	40.03	9.12		
Gender of the hospitalized child						
Female	99	47.6	39.18	8.36	t=-0.504	0.615
Male	109	52.4	39.81	9.66		
Child's age						
0-1 years old	37	17.8	38.02	8.36	F=3.009	0.031
2-6 years old	117	56.3	41.07	9.09		
7-12 years old	26	12.5	36.15	8.86		
13-18 years old	28	13.5	38.07	8.98		
Child's admission diagnosis						
Respiratory system diseases	58	27.9	38.72	9.23	F=0.680	0.727
Accidents	33	15.9	40.42	7.19		
Digestive system diseases	31	14.9	41.64	9.44		
Surgical causes	16	7.7	39.06	11.10		
Childhood infectious diseases	15	7.2	39.60	10.14		
Congenital anomalies	15	7.2	37.06	10.43		
Urinary system diseases	12	5.8	36.33	7.99		
Special conditions for the newborn (prematurity, jaundice, etc.)	12	5.8	41.91	8.45		
Cardiovascular system diseases	10	4.8	40.50	8.64		
Other (Endocrine system diseases and cancers)	6	2.9	38.16	7.78		
Number of living children						
One child	66	31.7	39.27	8.46	F=0.060	0.942
2 children	76	36.6	39.78	9.31		
3 children and above	66	31.7	39.43	9.44		
How many children are hospitalized?						
First child	97	46.6	38.75	8.94	F=0.646	0.525
2nd child	70	33.7	40.11	8.90		
3rd and above child	41	19.7	40.29	9.63		
Spouse's ability to help with child care						
Yes	143	68.7	38.34	8.92	t=2.814	0.005*
No	65	31.3	42.09	8.88		
Experiencing feelings of anger while the child is in the hospital						
Yes	66	31.7	41.45	8.40	t=2.124	0.035*
No	142	68.3	38.61	9.23		
Feeling helpless while the child is in hospital						
Yes	122	58.7	41.57	8.93	t=4.049	0.000*
No	86	41.3	36.59	8.44		
Feeling of burnout while the child is in hospital						
Yes	92	44.2	43.05	7.56	t=5.564	0.000*
No	116	55.8	36.70	9.18		

*Independent T test **One-Way ANOVA

Table 2. Multiple linear regression analysis model of the scale according to some variables (n= 208)

Scale	Variables	95,0 CI							
		B	SE	β	t	p	Lower	Upper	Model fit
Scale total score	(Constant)	68.424	3.586	-	19.083	0.000	61.353	75.494	Adj. R²= 0.264 F= 19.348
	Residential area	-2.960	1.193	-0.149	-2.481	0.014	-5.312	-0.607	
	Feeling of helplessness	-4.058	1.106	-0.227	-3.669	0.000	-6.239	-1.877	
	Feeling of burnout	-6.222	1.097	-0.350	-5.674	0.000	-8.385	-4.060	
	Spouse's help with child care	-4.967	1.150	-0.262	-4.317	0.000	-7.235	-2.698	

Adj.R²: Adjusted R square; B: Partial regression coefficient; β : Standard partial regression coefficient; 95% CI: 95% confidence interval.

DISCUSSION

The mother's mental health is of great importance in her child's healthy growth and development. For this reason, it is important to know that children cannot be genuinely helped without investigating and understanding the reasons for the negative emotions that mothers experience intensely.¹² In this context, this study aimed to examine the feeling of guilt experienced by mothers whose children are hospitalized and the factors affecting it. In the study, the sense of guilt experienced by mothers living in the village/district was higher than that of mothers living in the city center. In Gezer's study, no significant difference was found between the place of residence and the feeling of guilt experienced by the mothers.⁸ In our country, there may still be problems in transportation from the periphery to the center. Mothers may have been late and felt guilty about taking their children to the hospital due to transportation problems. Spouses' support in child care is of great importance. Our study determined that mothers who did not receive their husband's support regarding child care felt more guilty than mothers who received their husband's support. Similarly, in Gezer's study, it was determined that mothers who did not have their husbands' support in caring for the child experienced more feelings of guilt than mothers whose husbands did support them.⁸ In a study conducted by Lernevall et al. with the families of children with burns, it was determined that the feeling of guilt decreased in mothers who received spousal support.¹⁵ The study of Açıkgöz et al. four determined that mothers who did not have spousal support and were blamed by their spouses convinced themselves of this feeling of guilt over time.⁵ It was also determined that these mothers had negative emotions and thoughts, such as the idea of ending their lives. For these reasons, it is stated that the mental health of mothers whose children are hospitalized is at risk.⁵ The father's support of the

mother during the child's hospitalization reduces the mother's guilt.⁸

The majority of mothers experience anxiety due to their child's illness and may feel guilty. It is stated in the literature that mothers of children with mental,¹⁶ psychological, behavioral, and physical problems,¹⁷ and multiple and severe disabilities¹⁸ feel guilty about the child's illness or are blamed by the individuals around them. Mothers' feelings of guilt are associated with the emergence of many psychopathological symptoms.⁹ It has been stated that in individuals who experience feelings of guilt very frequently, interpersonal relationships may deteriorate over time, and psychological problems such as anxiety and depression may arise.¹⁰ Nurses who are closest to the mother and family should adopt a 'family-centered' care approach by considering the child and family together. This approach is important to help the family recognize and solve their problems. For this reason, the mental health of mothers who accompany their hospitalized children must be protected and supported. Just talking and listening to the mother whose child is hospitalized makes it easier for the mother to cope with the difficult situations she is experiencing.¹⁹ Some of the mothers who accompany their children in pediatric clinics are affected psychologically and may experience different levels of depression, anxiety, and stress. Some risk factors, such as communication problems with healthcare professionals and sleep problems, increase the likelihood of mothers experiencing depression, anxiety, and stress. Nurses, who spend the most time with hospitalized children and their mothers, need to be sensitive to the negative emotions experienced by the mothers.⁵ During this process, nurses and other healthcare professionals should consider the mother's feelings and take solution-oriented approaches to the problems.¹

The study found that among mothers whose children were hospitalized, those who experienced feelings of anger, helplessness, and burnout felt more guilt than those who did not. In Gezer's study, it was found that mothers who experienced anger and burnout experienced more guilt than those who did not.⁸ Mothers are often the primary caregivers for sick children in hospitals.^{20,21} Being with a sick child in a hospital environment may cause the mother to experience different emotions such as anxiety, guilt, fear, resentment, anger and depression. The mother needs help to cope with these feelings.²² The mother's general well-being and mental health are important during the child's development process. Therefore, it is not possible to help children without investigating the reasons for the emotions that mothers experience intensely and that negatively affect their mental health.¹²

Limitations of the Research

This study had some limitations. First, this study used self-report measurement instruments, possibly introducing some response bias. Secondly, since this study was conducted in a province in the Eastern Black Sea Region of Türkiye, the results cannot be generalized. Third, since the study was cross-sectional, causality could not be determined. Therefore, caution is recommended when interpreting the study results. Despite these limitations, the study had its strengths. This study is valuable in terms of evaluating the feelings of guilt experienced by mothers whose children are hospitalized, an exceptional group and raising awareness among mothers on this issue.

CONCLUSION

The study concluded that the place of residence, the spouse's ability to help with child care, and the mother's feelings of anger, helplessness, and burnout affect the sense of guilt of mothers whose children are hospitalized. In light of these results, it may be recommended to organize support groups where mothers can share their feelings and thoughts about their children's diseases, in addition to the guidance, consultancy and education services that nurses provide to families and children. In addition, referrals can be made to social support organizations to reduce the economic difficulties that may occur on the family due to the child's illness and thus improve family relations. Among healthcare personnel, nurses, who are closest to mothers and families, should adopt a 'family-centered' care approach by handling the child and family together.

This approach aims to assist the family by providing a supportive environment. This support provided by nurses should include helping the family identify and solve their problems, as well as preparing the family for stressful periods such as hospitalization. In this way, nurses are concerned not only with the patient's health status but also with the overall well-being and harmony of the family. This approach not only provides a more holistic perspective on the child's treatment, but also reassures and supports the family and encourages them to actively participate in the healing process.

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Authorship contribution statement

Concept and design: ZÖK.

Acquisition of data: ZÖK, EOA.

Analysis and interpretation of data: ZÖK, EOA.

Drafting of the manuscript: ZÖK, EOA.

Critical revision of the manuscript for important intellectual content: ZÖK, EOA.

Statistical analysis: ZÖK, EOA.

Supervision: ZÖK.

Declaration of competing interest

None of the authors have potential conflicts of interest to be disclosed.

Ethical approval

Before the research, approval from the ethics committee of a state university (25.04.2023/ Decision no: 163/8) and institutional permission from the Provincial Health Directorate were obtained.

Availability of data and materials

All data generated or analyzed during this study are included in this published article.

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