

# Pediatric Kliniklerinde Refakatçi Olarak Kalan Annelerin Yaşadığı Güçlükler ve Hastanede Kalmanın Depresyon, Anksiyete, Stres Düzeylerine Etkisi

## The Burdens of Sitter Mothers at Paediatrics Clinics and The Effect of Hospital Stay on Depression, Anxiety and Stress Levels

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### ÖZ

**GİRİŞ ve AMAÇ:** Çocukların hastane ortamındaki ihtiyaçları sağlık alanındaki çalışmalarda önemsenen konular arasında yer almaktayken, refakatçilerin de birer birey olarak pek çok gereksinimleri olduğu zaman zaman gözden kaçmaktadır. Bu çalışmada, pediatri kliniklerinde refakatçi olarak kalan annelerin yaşadığı güçlükler ve hastanede kalmanın depresyon, anksiyete ve stres düzeylerine etkisini belirlemek amaçlandı.

**YÖNTEM ve GEREÇLER:** Araştırma Eskişehir Devlet Hastanesi ve Eskişehir Osmangazi Üniversitesi Tıp Fakültesi Hastanesi'nde Ekim-Aralık 2014 tarihleri arasında pediatri kliniğinde refakatçi olarak kalan ve çalışmaya katılmayı kabul eden 285 anne ile yapıldı. Çalışma yapılmadan önce etik kurul izni ve kurum izni alındı. Veri toplama aracı olarak, Tanımlayıcı Bilgi Formu ve Depresyon-Anksiyete-Stres Ölçeği kullanıldı. Veriler IBM SPSS 17.0 istatistik paket programı kullanılarak değerlendirildi. Verilerin değerlendirilmesinde, ortalama ve yüzdelik dağılımlar, Ki kare testi, bağımsız örneklem T testi ve korelasyon testi kullanıldı.

**BULGULAR:** Refakatçi olarak kalan annelerin Depresyon-Anksiyete-Stres düzeyi ile çocukta kronik hastalık varlığı, çocuğun hastalık süresi ve hastanede refakatçi olarak kalınan gün sayısı arasında istatistiksel olarak anlamlılık bulundu.

**TARTIŞMA ve SONUÇ:** Pediatri kliniklerinde refakatçi olarak kalan annelerin psikolojik açıdan risk altında oldukları saptandı. Önerimiz; hasta çocuklar ve refakatçileri ile en fazla vakit geçiren ve onları en iyi gözlemleyebilen hemşirelerin, refakatçilerin yaşadığı sorunlara karşı duyarlı olmaları ve imkanlar dahilinde çözmeye çalışmalarıdır.

**Anahtar Kelimeler:** Depresyon, anksiyete, stres, anne, hasta çocuk

### ABSTRACT

**INTRODUCTION:** While the needs of children in the hospital environment are among the matters to which importance is attached in the field of health, the fact that sitters are also individuals with numerous needs, is sometimes overlooked. The purpose of this study was to determine the burdens of sitter mothers at paediatrics clinics, and the effect of hospital stay on depression, anxiety and stress levels.

**METHODS:** The study was conducted with 285 mothers, who stayed at the paediatrics clinics of Eskişehir State Hospital and Medical Faculty Hospital of Eskişehir Osmangazi University between October-December 2014, and who agreed to take part in the study. The requisite permission was granted from the ethics committee and the institution before conducting the study. Descriptive Information Form and a Depression-Anxiety-Stress Scale were used as data collection tools. The data was assessed using the IBM SPSS 17.0 statistics package programme. Mean and percentile distributions, the chi square test, independent sample t test and correlation test were used in the assessment of the data.

**RESULTS:** There was a statistically significant relationship between the Depression-Anxiety-Stress levels of mothers who stayed as sitters and the presence of a chronic illness in the child, the period of the illness of the child and the number of days the mothers stayed in hospital as sitters.

**DISCUSSION and CONCLUSION:** It was determined that the mothers who stayed as sitters at paediatrics clinics were at risk from the psychological perspective. Our recommendation is for the nurses, who spend the most time with sick children and their sitters, and who are able to observe them best of all, to be sensitive to the problems suffered by the sitters, and attempt to resolve these within the boundaries of their own possibilities.

**Keywords:** Depression, anxiety, stress, mother, sick child

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## INTRODUCTION

A child is an indispensable element, which adds meaning to the lives of his/her parents and which ensures the continuation of the family (1). As with all age groups, all children and adolescents may become sick during a period of their lives (2) and may even have to be admitted into hospital. Learning that the child has become ill is a traumatic situation for the members of the family – and especially for the mother (3). Mothers, whose children become ill, are required to assist with the care for their child in the hospital atmosphere, as well as having to struggle against emotional issues (4). While the needs of children in the hospital environment are among the matters to which importance is attached in the field of health, the fact that sitters are also individuals with numerous needs, is sometimes overlooked (4-6). However, this is a source of depression, anxiety and stress for mothers, who mostly take on the role of care giver in paediatrics clinics (3).

The purpose of this study was to determine the difficulties experienced by mothers who stay in pediatrics clinics as sitters, and the impact of staying in hospital on depression, anxiety and stress levels.

## MATERIAL and METHOD

This study is an illustrative study conducted at Eskisehir State Hospital and Medical Faculty Hospital of Eskisehir Osmangazi University between October – December 2014. The study was conducted with mothers, whose children were hospitalised, and who agreed to take part in the study. The scope of the study was 285 mothers in total – 196 of whom were from the Eskisehir State Hospital, and 89 of whom were from the Medical Faculty Hospital of Eskisehir Osmangazi University.

A descriptive information form, prepared by the researchers, and the Depression – Anxiety – Stress Scale (DASS), which was developed by Lovibond & Lovibond (7), and the reliability and validity of which was determined by being adapted into Turkish by Bilgel and Bayram (8), were used. The DASS possesses a 4 point Likert type classification, where 0 is not appropriate for me at all, 1 is a little appropriate to me, 2 is generally appropriate to me

and 3 is completely appropriate to me, and is comprised of 42 items. The 42 items in the DASS are distributed as 14 for the dimensions of depression, 14 for the dimensions of anxiety and 14 for the dimensions of stress. Where the scores obtained from each of the dimensions of depression, anxiety and stress, this shows that the individual suffers from the related problem. The scale has no negative items and its total score range between 0 and 42 for each sub-dimension. For depression, a score of between 0-9 is deemed to be normal, a score of between 10-13 is deemed to be slight, between 14-20 medium, between 21-27 advanced and 28 or more extremely advanced levels of depression. For anxiety, a score between 0-7 is deemed to be normal, between 8-9 slight, between 10-14 medium, between 15-19 advanced and 20 or more extremely advanced levels of anxiety. On the other hand, for stress, a score of between 0-14 is deemed to be normal, between 15-18 slight, between 19-25 medium, between 26-33 advanced and 34 or more extremely advanced levels of stress.

After obtaining permissions from the ethics committee and the institution, the participants were supplied with the data collection tools and asked to complete them.

The data obtained from the study was assessed using the IBM SPSS 17.0 statistics packet programme. Mean and percentile distributions, the chi square test, independent sample T test and correlation test were used in the assessment of the data.

## RESULTS

In the study, 41.0% of the children in hospital were between the ages of 1 and 5, 56.5% were male and it was determined that 45.6% were from families where two siblings were present (including the sick child). It was found that 18.0% of the children had chronic illnesses. It was determined that 56.9% of the children with chronic illnesses suffered from genetic diseases (cystic fibrosis, haemophilia). It was further determined the present diagnosis of 36.5% of the children had illnesses of the respiratory system, that the general status of 62.8% was good, that the sickness periods of 76.0% was between 0-7 days and that 88.7% had been

hospitalised for between 1-7 days. It was also determined that 53.0% of the children had suffered from at least 1 problem during their stay in hospital, with the highest incidences among these problems as impaired sleeping patterns among 27.4% and impaired dietary patterns among 23.5%.

It was determined that 82.8% of the families in our study were nuclear families, that 93.0% lived with their partners, that 82.4% lived in the city centre and that 33.0% had a monthly income of between 847-1500 TL. The mean age of the fathers was found to be 34.9, the mean age of the mothers was 31.4, and it was determined that 34.4% of the fathers were high school graduates and 41% of the mothers were primary school graduates. It was further determined that just 2.1% of the fathers were unemployed and 89.0% of the mothers were housewives.

It was found that the mean period of stay of the mothers as sitters at the paediatrics clinic was 5.2 days, that 96.0% stayed as sitter for the whole day, that 83.0% did not change sitters and that when sitters were changed, 32.0% of the mothers were replaced by the fathers and that 30.0% were replaced by the maternal grandmothers. It was determined that during the period of companionship, 93.7% of the mothers participated in the care for their children, and that 55.6% stated that they did not participate in the care for their children because of fears of applying an incorrect treatment.

It was determined that 38.9% of the mothers had experienced at least one issue during their hospital stay as sitters, that the sleeping patterns of 34.7% had been impaired and that 16.2% had experienced problems related to the restriction of their movement.

When the depression – anxiety – stress levels of the mothers were examined, it was determined that 25.3% suffered from different levels of depression, 32.6% suffered from different levels of anxiety and that 25.6% suffered from different levels of stress (Table 1).

Table 1. The Depression - Anxiety - Stress Levels of the Mothers

	Depression				Anxiety				Stress			
	n	%	Mean	±SD	n	%	Mean	±SD	n	%	Mean	±SD
Normal	213	74.7	2,82	2,91	192	67.4	2,36	2,46	212	74.4	5,78	4,34
Slight	21	7.3	11,36	0,98	17	6.0	8,47	0,50	28	9.8	16,39	1,11
Medium	15	8.8	16,96	2,15	32	11.2	11,73	1,48	31	10.9	21,69	1,93
Advanced	17	6.0	23,25	1,92	24	8.4	17,24	1,45	10	3.5	28,20	1,72
Extremely Advanced	9	3.2	33,00	4,08	20	7.0	26,95	10,87	4	1.4	38,5	2,87
Total	285	100.0	6,92	8,23	285	100.0	6,74	8,20	285	100.0	9,85	8,40

When the impact of the socio-demographic factors and the difficulties experienced by the mothers on their depression – anxiety – stress levels were examined, a statistically significant relationship was found between the presence of a diagnosis of a chronic illness in the child and the depression ( $p<0.001$ ) and anxiety ( $p=0.006$ ) levels of the mother, and the lengthening of the duration of the illness of the child and the levels of depression ( $p<0.001$ ), anxiety ( $p<0.001$ ) and stress ( $p<0.001$ ) of the mother. Statistically significant differences were found between the number of days passed as a sitter and levels of depression ( $p<0.001$ ), anxiety ( $p<0.001$ ) and stress ( $p=0.001$ ), and communication problems with the medical staff and the levels of depression ( $p=0.003$ ), anxiety ( $p=0.018$ ) and stress ( $p=0.041$ ) of the mother. Statistically significant differences were also found between the position as to whether the child suffered problems during his / her stay in hospital and the levels of depression ( $p=0.003$ ) and anxiety ( $p=0.001$ ) and the position as to whether the mother sitter suffered problems during her hospital stay and the levels of depression ( $p=0.047$ ), anxiety ( $p=0.002$ ) and stress ( $p=0.042$ ) (Table 2).

**Table 2. Socio-Demographic Factors and the Impact of the Difficulties Experienced by the Mothers on their Depression - Anxiety - Stress Levels**

	X	Std.	Depression Levels	Anxiety Levels	Stress Levels
Diagnosis of a chronic illness in the child	1.82	0.381	p<0.001 r= 0.242	p= 0.006 r= 0.149	p= 0.096 r= 0.153
The duration of the illness of the child	1.33	0.648	p<0.001 r= 0.354	p<0.001 r= 0.270	p<0.001 r= 0.311
The number of days of stay as a companion	1.10	0.533	p<0.001 r= 0.212	p<0.001 r= 0.147	p= 0.001 r= 0.221
Change of companions	1.82	0.393	p= 0.228 r= 0.035	p= 0.706 r= 0.005	p= 0.409 r= 0.011
Communication problems with the medical staff	1.93	0.243	p= 0.003 r= -0.174	p= 0.018 r= -0.179	p= 0.041 r= -0.179
Whether the child suffered problems during his / her stay in hospital	1.48	0.521	p= 0.003 r= 0.144	p= 0.001 r= 0.195	p= 0.123 r= 0.081
Whether the companion mother suffered problems	1.36	0.504	p= 0.047 r= 0.089	p= 0.002 r= 0.123	p= 0.042 r= 0.017

## DISCUSSION

Hospitalisation is both a traumatic incident and a cause of concern for the child and his / her family, and in particular the mother, who in general mostly takes on the responsibility of caring for the child and who remains with the child as a sitter during his / her period of hospitalisation. The most important reason for this is that the hospital environment is different to the environment and the people known by both the child and the mother. Among the important factors which influence the accord of the child and the mother are primarily the communication established with the child, and the meeting of needs such as sleep and nutrition at sufficient levels. From this perspective, it is of great importance for the hospital admission process to be planned by nurses and for the child to be accepted into the hospital (9).

It was determined that 88.7% of the hospitalised children had been in hospital for between 1-7 days and that 53.0% had experienced at least one problem during their period of stay, with the highest incidences among these problems being impaired sleeping patterns among 27.4% and impaired dietary patterns among 23.5%. Similar results were also seen in different studies (10, 11).

It was determined in our study that mothers stayed in hospital for an average of 5.22 days and that 89.2% of them had stayed between 1-7 days, while 96.0% had remained as sitter throughout the whole day, that 83.0% had not changed sitters, and where there had been a change in sitters, 32.0% of mothers had been replaced by fathers and 30.0% by

maternal grandmothers. It was determined that 38.9% of the mothers had experienced at least one issue during their stay as sitter, that the sleeping patterns of 34.7% had been impaired and that 16.2% had experienced problems related to the restriction of their movement, while 7.4% had issues with an impairment in their social communications. There are different studies which show similar results in the literature (6, 12-14).

When the depression – anxiety – stress levels of the mothers were examined in our study, it was determined that 25.3% suffered from different levels of depression, 32.6% suffered from different levels of anxiety and that 25.6% suffered from different levels of stress (Table 1). In the study conducted by Taşdelen (15), it is emphasised that illnesses do not only have an impact on children but also on their families, and that the family members who stayed in hospital with their children had a considerably stressful life. In different studies (11, 16) the frequency of depression in mothers whose children are ill ranges from 49.3% to 64.7%, and has been found to be higher than in our own study. This difference is thought to be as a result of the large majority of the children subject to the study being in the early periods of their hospitalisation.

In our study a statistically significant relationship was found between the presence of a diagnosis of a chronic illness in the child and the depression (p<0.001) and anxiety (p=0.006) levels of the mother, and the lengthening of the duration of the illness of the child and the levels of depression (p<0.001), anxiety (p<0.001) and stress (p<0.001) of the mother. The literature also supports these findings (1, 17-22).

In our study, the difference between the child experiencing a problem during his / her stay at hospital with depression (p=0.003) and anxiety (p=0.001) and the difference between the mother sitter experiencing a problem and depression (p=0.047), anxiety (p=0.002) and stress (p=0.042) were found to be statistically significant (Table 2). Başbakal et al. (23) has similar in his study.

In conclusion, a part of the mothers who stay at paediatrics clinics as sitters are affected from the psychological aspect and may experience different levels of depression, anxiety and stress. Certain risk

factors (communication problems with medical staff, sleeping problems, etc.) increase the probability that mothers will suffer from depression, anxiety and stress. Our recommendation is for the nurses, who spend the most time with sick children and their sitters, and who are able to observe them best of all, to be sensitive to the problems suffered by the sitters, and attempt to resolve these within the boundaries of their own possibilities.

#### REFERENCES

1. Sipahi B. Kanserli çocuğu olan annelerin kaygı depresyon düzeyleri ve duygu dışavurumlarının psikososyal açıdan incelenmesi. Yüksek Lisans Tezi, İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü, İstanbul: 2001.
2. Ekşi A. Fiziksel hastalığı olan çocuk ve adölesanlara ve hastanede refakat kalan annelere psikolojik yaklaşım. Ben Hasta Değilim, Çocuk Sağlığı ve Hastalıklarının Psikososyal Yönü. Ed: Aysel Ekşi, Nobel Tıp Kitapevleri, İstanbul, 1999.
3. Bilal E, Dağ İ. Eğitilebilir zihinsel engelli olan ve olmayan çocukların annelerinde stres, stresle başa çıkma ve kontrol odağının karşılaştırılması. Çocuk ve Gençlik Ruh Sağlığı Dergisi 2005;12:56-68.
4. Shields L, Kristensson-Hallström I, O'Callaghan M. An examination of the needs of parents of the hospitalized children: comparing parents' and staff's perceptions. Nordic College of Caring Sciences, Scandinavian Journal of Caring Science 2003;176-84.
5. Collier JH, Schirm V. Family focused nursing care of hospitalized elderly. International Journal of Nursing Studies 1992;29:49-57.
6. Elibol N, Doğan S. Hasta refakatçilerinin hastanede yaptıkları uygulamalar ve hastane ortamından etkilenme durumları. V. Ulusal Hemşirelik Kongresi (Uluslararası Katılımlı) Kitabı, 2-4 Temmuz, İzmir 1997; 150-62.
7. Lovibond PF, Lovibond SH. The structure of negative emotional states: Comparison of the depression anxiety stress scale (dass) with the beck depression and anxiety inventories. Behav Res Ther 1995;33:335-43.
8. Bilgel N, Bayram N. Depresyon anksiyete stres ölçeğinin (dass-42) türkçeye uyarlanmış şeklinin psikometrik özellikleri. Archives of Neuropsychiatry 2010;47:118-26.
9. Gültekin G. 9-14 Yaş grubundaki akut ve kronik hastalığı olan çocukların denetim odağı ve benlik kavramı düzeylerinin incelenmesi. Ankara Üniversitesi Fen Bilimleri Enstitüsü, Yüksek Lisans Tezi 2003.
10. Erdim L, Bozkurt G, İnal S. Annelerin çocuklarının hastaneye yatışından etkilenme durumlarının araştırılması. Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi 2006;9(3): 36-43.
11. Yüzer S, Yiğit R, Taşdelen B. Çocuğu hastanede yatan annelerin aldığı sosyal destek ile depresyon düzeyleri arasındaki ilişki. Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi 2006;9: 54-62.
12. Kesgin Toka C. Akut hastalıklı çocuklarda ebeveynlerin sorunları ve etkili faktörlerin değerlendirilmesi. Yüksek Lisans Tezi, İstanbul 2012.
13. Arıkan D, Güdücü Tüfekci F, Taştekin A. Çocuk kliniklerindeki refakatçilerin hastanede yaşadıkları sorunlar, beklentileri ve problem çözme düzeyleri ile ilişkisi. Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi 2007;10:49-57.
14. Bialoskurski MM, Cox CL, Wiggins RD. The relationship between maternal needs and priorities in a neonatal intensive care environment. Journal of Advanced Nursing January 2002;37:62-9.
15. Taşdelen M. hastaneye yatan çocukların ebeveynlerinin ihtiyaçlarının karşılanma düzeylerinin belirlenmesi. Afyonkarahisar Kocatepe Üniversitesi Sağlık Bilimleri Enstitüsü. Yüksek Lisans Tezi, Afyonkarahisar 2006.
16. Bayramoğlu MB. Mental ve fiziksel bir nedene bağlı kronik hastalık tanısı alan çocuk ve ergenlerin ebeveynlerinde anksiyete, depresyon ve tükenmişlik düzeyi. Uzmanlık Tezi, İstanbul 2009.
17. Konijnenber AY, Uiterwaal CSPM, Kimpen JLL, Van Der Hoveven J, Buitelaar JK, Graeff-Meeder ER. Parental Psychopathology in children with chronic pain of unknown origin. European Child & Psychiatry 2003;2:127.
18. Pejovic-Milovancevic M, Popovic-Deusic S, Aleksic O, Garibovic E. Personality characteristics of parents in hospitalized children. European Child & Psychiatry 2003; 2:125.
19. Aydın A. Çocuğu kanser olan annelerin "aile yükü"nü belirlenmesi. Ege Üniversitesi, Sağlık Bilimleri Enstitüsü Çocuk Sağlığı ve Hastalıkları Hemşireliği ABD Programı Doktora Tezi, İzmir 2003.
20. Sönmez S. Kronik hastalığın çocuklar ve annelerinin depresyon düzeylerine ve anne çocuk ilişkilerine etkisinin incelenmesi, Ege Üniversitesi Sağlık Bilimleri Enstitüsü. Yüksek Lisans Tezi, İzmir 1998.
21. Katherine A. DeVet, Henry T. Ireys. Psychometric properties of the maternal worryscale for children with chronic illness. Journal of Pediatric Psychology 1998;23:257-66.
22. Swallow VM, Jacoby A. Mothers' evolving relationship with doctors and nurses during the chronic childhood illness trajectory. Journal Of Advance Nursing 2001;36:755-64.
23. Başbakkal Z, Sönmez S, Şen N, Işık Esenay F. 3-6 Yaş grubu çocukların hastaneye yatışa karşı davranışsal tepkileri konusunda verilen eğitimin annelerin anksiyete düzeyi üzerine etkisinin incelenmesi. Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi 2009;12:59-65.