

Factors influencing the psychological wellbeing of parents

[Family](#), [Parents](#)



Children are the most considerable thing for a parent's life. From birth to adulthood of a child, parents spend their time, money and effort to fulfil and get success every achievement in children's life. Maintaining family functions, affection, protection and preventing from injuries are the main roles of parents which must be very careful and time consuming responsibly. Unfortunately when a child has any kind of illness is a major concern not only for adults but also other siblings. Some children spend their lives with long term diseases such as cancer, leukemia and type 1 diabetes. When having younger one with a disease, care-givers may eventually get anxious or depressed. It will be a great negative impact to maintain unity of the family. (Rodrigues and Patterson, 2007)

According to the model of moderating factors of Muscara et. al. (2015), three types of factors can be influenced to the parental psychological wellbeing with trauma or injury of a child.

1. Illness related variables – Ex:- type of illness, severity of the illness, length of hospital stay
2. Demographic variables – Ex:- age and gender of the parent, socio-economic factors, ethnicity, education
3. Psychological factors – Ex:- mental state of the parent, anxiety, family structure and function

Above mentioned factors directly influence for the parental distress, either increase or decrease. As soon as diagnosis of a disease, psychological disparities were identified in high rates among guardians of children (Woolf et. al. 2015). Injuries which create functional disturbances, bed-ridden for a

longer period or intermittent health care seeking were salient matters to give social support to the adults with regard to post-traumatic stress symptoms (Muscara et. al. 2015). Anticipatory reaction following several introduced techniques which guided to relieve symptoms of distress have been measured after a long time period. Perceived barriers in establishing of new policies might have variations across multi-cultural backgrounds (Beckledge and Hayes, 2008). It is a new period to give more attention on parents to take out their feelings and provide continuous counselling.

Social services, supportive groups and new scientific approaches are being produced to help for the care-givers with prolong disease conditions. Without right information on particular vulnerable groups in the society, it may have some difficult situations to follow-up and giving support for them. Making easy environment to identify the special need groups have been invented by evidences. Therefore new researchers must have a look on such obstacles to create somewhat effort in helping elders with difficulties (Parkes et. al. 2011)

As nurses, we have to assess not only children wellbeing but also parental wellbeing during the hospital stay. Consideration on emotional strain during hardships of an adult in a ward may be important to relieve tension and to encourage positive parenting. Assessing parents or care-givers will be a challenge to the health team with high work load, tension and responsibility of children with special needs. It will be a requirement of a new study to find out on care giver strain.

Justification

From the past few decades, health care workers paid their attention towards psychological wellbeing of parents when their offspring are sick. Many researchers conducted their studies to make a new discussion in the health care system both child health and parental mental health. New theories, concepts, measuring scales and models have been developed to recognize in which state is parents' mental health especially during children's trauma or disease. Even though such facilities are available in modern practice, there are some aspects which need to be addressed in depth (Aldosari et. al. 2014)

Number of studies have been focused on mainly chronic pediatric illness related parental distress. Childhood cancer (Gudmundsdottir et. al. 2011), epilepsy (Murugapillai et. al. 2015), type 1 diabetes(Moghaddam et. al. 2016), Autism Spectrum Disorder (Monika et. al, 2017) are the most curious areas in the research field due to their long term effect on the family functioning, coping mechanisms and perceived psycho-pathological alterations (Parkes et. al. 2011). Therefore, parents of children with selected acute illnesses in the pediatric ward setting is to be evaluated due to less priority, importance to the future practices and limited data availability in Sri Lanka.

In pediatric nursing practice, family-centered care model is being established to make baby friendly environment (Curtis et. al. 2016). It was a positive diversion in health system because parents know every aspect of the child including their preferences and make sure child protection. Implementing care models, clinical trials and ensuring of provision of care will be major

aspects in future development. Nurses have the main responsibility to promote physical and mental health wellbeing of every client according to the priority (ICN, 2015). So, searching for parents' psychological wellbeing is the most essential part in pediatric nursing care.

Psychological distress is an indicator to measure an individual's psychological status. Distress is a combination of depression, anxiety and stress. It can be identified as irritability, depression, anxiety and poor social interactions. It is mainly the negative emotional state of psychological wellbeing. (Europe's journal of psychiatry). Anxiety is characterized by psychological tension, feeling of unhappy or worry about problems. It is mainly associated with some physical characteristics such as tachycardia, sweating and numbness. Sadness or unhappy lasts for more than 2 weeks with low mood, lack of interest, decreased power and sleep abnormalities are the major manifestations of depression. Stress is a normal adaptive response to an event which happens in a life of any individual. It is ranged from normal reaction to stress to post traumatic stress disorder. Disorientation, fear, hyperactivity, social withdrawal and inability to identify the proper stimuli are main symptoms of stress (ICD 10th classification).

According to which the WHO statistics in 2015, anxiety and depression are the highest prevalent mental disorders in the world. 4. 4% of people are affected with depression and 3. 6% of people are affected with anxiety in general. There is a huge gap in the world mental health statistics related to parental distress in pediatric acute care setting. A number of systematic reviews and meta-analysis were launched to estimate the prevalence of

parental distress of children with chronic diseases. (Sultan et. al. 2016). In pediatric hospital setting, 49%54% of high prevalence rate of acute stress disorder among parents was interpreted by mascara et. al. (2014).

Another hospital based study is revealed that 71. 8% of parents had moderate level of stress and 28. 2% of parents had low level of stress (Singh and Ghimire, 2017) when their children were diagnosed with congenital heart diseases. Inappropriate methodology, incompetent timing and incompatible sampling methods made prevalence rate different. After analyzing published articles, prevalence in acute stress disorders among parents was expressed within a wide range of 12% – 62% (Woolf et. al. 2015). But the different socio-economic background, ethnic variations and literacy would be changed the results in our hospital setting.

Parental age, gender, occupation, level of education, number of children they have and age of the child may be reasons to increase the level of the anxiety, depression and stress among parents in hospital setting. Kumar BS et. al.(2015) implied that younger adults were more stress than aged parents when their babies were in the intensive care units. But Singh and Ghimire (2017) have showed that there is no relationship between level of stress and parental socio-demographic data. A few surveys detected that poor ethnic people represented significant high rates of stress rather than rich families. Mothers are more vulnerable group who get anxious and depressed easily than fathers. It will be more comparable and analytical subject within a specific study group to find a valid result in Sri Lanka, which is not understood yet.

On the other hand, type of the illness is another factor which may affect with care-giver's distress. According to the available evidences, parents of children with long term influences are more vulnerable to get some kind of psychological distress than parents having acute illnesses (Nakhaey Moghaddam et. al. 2016). But Balluffi et. al. (2004) introduced that psychological trauma can be assessed even after 2 months later which parents experienced, when their youngsters in the pediatric intensive care units. In ward setting, mascara et. al. (2014) concluded that there is no association between distress level of parents with type of disease same as in Sri Lankan ward setting (Perera et. al. 2008). Results cannot be compared due to incorrect sampling methods. There were acute and chronic conditions in the same study sample. It must be a comparison among acute or chronic conditions in a same setting to identify the association between state of the disease and distress level of guardians.

Severity of the disease is defined as an estimation of potential risk to the life which based on clinical symptoms and medical records of a patient (Oxford medical dictionary). It is important to identify the life threatening conditions before harm. In pediatric assessment, severity is a major component to get an idea thus most children fail to express what they actually feel like. A little studies can be presented which searched for an evidence between parental distress and severity of the illness (Balluffi et. al. 2004; Muscara et. al. 2015).

Application of precise assessment tool will also be validated the result.

According to the time period of assessment, investigator must have the ability to apply the reliable questionnaire for the survey. Most of the time,

the method of assessing symptoms was a self-reported scale. There are few risk and benefits. But availability of the time, resources and money, most investigators select easy and convenient methods to make speed results. Several scales are being applied to search for anxiety, depression and stress. But there would be wrong identifications with some questionnaires (Woolf et. al. 2015).

Many studies recommended the importance of psychological services for parents while children's trauma or serious illness. In developed countries, randomized control trials were performed to increase the knowledge on specific therapies which may helpful to parents during psychological trauma (Mianaei et. al. 2014). Acceptance and commitment theory was suggested for parents to build-up positive thinking ability with trajectories (Beckledge and Hayes, 2008). Those findings are much assisted in making guidelines and new policies to the health care system.

Identifying the psycho-social state of parents is a major necessity to maintain therapeutic relationship, to identify the basic needs and to ensure the quality of care in pediatric nursing. There may be some unmet needs with parents when caring their children in a ward irrespective of the disease condition (Laizane et. al. 2018). Mentality must be in a good state because they are the close relatives to children. Parents have to involve most of the painful procedures during the hospitalization. Type of the illness, other family needs and role-performance to the society may be responsible factors in increasing anxiety, stress or depression. In Sri Lanka, parental psychological needs in pediatric ward setting is one of the neglected part in the care

delivery system. Therefore, psychological, illness related and demographic factors need to be evaluated with parents in relation to mental health wellbeing in a Sri Lankan ward setting.