



A STUDY TO ASSESS THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON LEVEL OF STRESS AND COPING STRATEGIES AMONG MOTHERS OF HOSPITALIZED INFANTS WHO GOT ADMITTED IN SELECTED HOSPITAL AT TAMIL NADU

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Abstract

Goal of this study is to quantify the stress experienced by NIU mothers (NICU). Aiming to learn how NICU moms deal with stress examining how NICU mothers deal with stress and any correlations between the two. The goal of this study is to identify the demographic characteristics that are associated with stress and coping styles. The stress and coping methods study was a descriptive one. Fifty moms made up the sample size. The mothers who participated in the study were chosen using the convenience sampling method. The results of the study showed that factors such as maternal age, occupation, monthly family income, religion, region of residence, number of children, kind of therapy, and length of hospital stay were not significantly related to coping techniques. while the mother's level of education is significantly related to the outcome. The results of the current study indicate that there is a correlation between the length of time a mother spends in the hospital and her occupation but no correlation between maternal stress and a number of demographic factors (including maternal age, education level, monthly family income, religion, region of residence, number of children, and type of treatment).

Keywords: Stress, Assess, Mother, Neonates, Intensive care unit

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1. Introduction

Premature infants admitted to the neonatal intensive care unit (NICU) are a family crisis, and parents are rarely prepared for the demands of the NICU setting. As a result, 15% of mothers and 8% of fathers of these infants suffer from postpartum posttraumatic stress disorder.[1] Loss, unsurety, helplessness, isolation, anxiety, worry, unclear boundaries of involvement, and mismatched perceptions are all emotions that families may face while their children are in the NICU. [2] Because of the baby's fragility and illness, the parents are clueless on how to care for them. A major cause of emotional strain for moms with infants in the neonatal intensive care unit is their own sense of helplessness and inadequacy as parents. [3]Negative coping mechanisms in mothers under stress might reduce their self-assurance and their capacity to handle the challenges of caring for a preterm infant.

Due to a lack of education on the topic, many parents are ill-equipped to care for their children, which has led to an increase in hospitalisations, readmissions, and overall mortality and morbidity. If the mother has a better understanding of the prematurity, she will be better prepared to deal with any unexpected stresses that arise during her hospital stay and afterwards.[4]

A healthy mother can only give birth to a healthy child. The health of the mother has an important impact on the wellbeing of her new-born. Mothers and their children are the most defenceless members of any community. Concerns about childbearing, new-born growth and development, and infant survival are the primary risk factors for this population. Mothers and their young children are a top priority in India. 57.5 percent of the world's population is made up of them.[5]

The Human Development Report of the UNDP states that the country is failing to provide for its children. One of the key reasons India has such a low Human Development Index rank is its subpar maternal and infant health care system. Like before, there is a substantial gap between the states. Half of all child deaths in our country occur in the states of Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh. The birth of a child is a miraculous and very moving experience. Since the foetus is an integral part of the mother, it is able to draw essential nutrients from the mother's blood and milk, and the uterus provides an ideal environment in which to grow and mature into a healthy infant.[6] Many parents form preconceived notions of their unborn child's sex, size, shape, look, and temperament during their pregnancies. If there is a

gap between their idealised mental image of their child and the child's actual physical appearance (for example, in the case of prematurity or a low birth weight baby), parents' perceptions of their newborns may be hampered.

The effectiveness of the COPE programme in this study was measured by how well it helped moms of premature infants admitted to the NICU deal with their stress and anxiety. The modified parental stress scale and the modified coping inventory scale will be used to quantify the phenomenon. [7] On the second day after giving birth, the moms of premature babies were shown a video lesson about the necessity of NICU admission, care by health personnel, the NICU environment, and prematurity after a NICU stay. The phrase "preterm mother syndrome" describes the emotional and mental distress that arises when a woman gives birth to a premature infant and afterwards has to take her child to a neonatal intensive care unit (NICU). [8] The modified parent stress 34 scale was used to measure parents' levels of stress on days 2 (pre-intervention), 4 (post-intervention), and 6 (post-intervention) after the birth of their child. It's the name for the strength and resilience of mothers whose premature newborns have been admitted to the neonatal intensive care unit (NICU). [9] This was done on the postnatal day before the intervention was implemented as well as on the postnatal days 4 and 6 after it was put into place using a modified coping inventory scale.

Teaching Nurses

Nurses spend more time with patients than any other medical professionals. Under pressure, the moms are unable to express their worries, fears, and anger to their children.[10] To promote a more holistic approach to meeting the needs of both neonates and mothers, nurse educators need to contribute to the existing body of nursing knowledge about the importance of providing psychological and emotional support to the mothers of neonates admitted to the NICU. Nurses play an important role in caring for sick or critically ill children, their mothers, and their families. [11]

Nurses can use knowledge of the patient's stress level and coping mechanisms as a starting point for developing effective interventions to reduce that stress. During their child's stay in the neonatal intensive care unit, nurses have an important role to play in helping parents acclimatise to the new surroundings. A mother's orientation to her child's status in the NICU is an important part of this kind of information. Nursing staffs require education on the notions of stress and coping of mothers who

have admitted their newborns to the NICU, as well as on the elements to be considered while providing information and explanation, in order to give this.

2. Materials and Method

Study Design

Descriptive research methodology was employed for this study.

Background of the Study:

Researchers conducted their work at a neonatal intensive care unit. Newborn infants whose mothers were admitted to the NICU at RMMCH constituted the population in this study.

Sample:

Fifty NICU mothers who satisfied the study's inclusion criteria were included in the study's sample.

Sampling Technique:

Rather than randomly selecting participants, a handy selection strategy was used for this research.

Sampling Criteria:

Inclusion Criteria

- Moms whose newborns were admitted to the NICU at RMMCH who were willing to participate in the study were included in the sample.

Criteria for exclusion

- Abnormal or otherwise compromised newborns
- Infants who require the use of a mechanical ventilator

Detailed explanation of the instrument:

The researcher made up a detailed timetable for conducting the interviews, which included questions about many elements of their lives. There

are three responses for every statement: agree, can't say, and disagree. There are physiological, psychological, emotional, cognitive, interpersonal, parental, and societal factors to consider. The coping survey includes 40 questions. A modified likert scale is used to assess it. There are three responses for every statement: agree, can't say, and disagree. It encompasses areas such as mental, psychological, emotional, spiritual, social, and recreational pursuits.

Reliability of the Tool:

The split-half method and raw-score approach are used to calculate the tool's reliability. Author: Spearman Brown Formula for Prediction Statistical Methods by Spearman and Brown Predictive Formula for the Long Term

Techniques of Data Collecting

The RMMCH medical director approved the study. The supervising physicians and nurses were briefed on the study's purpose and given assurances that it wouldn't interfere with their normal duties. The duration of data collection was 4 weeks.

Objectives of the Study

- To quantify maternal stress in the NICU (NICU).
- To learn how mothers in the NICU deal with stress.
- To link NICU mothers' stress levels and coping mechanisms.
- To identify the demographic characteristic that is associated with stress and coping mechanisms; and

Hypothesis

Mothers' stress levels and the coping mechanisms they employ when their neonates are admitted to the neonatal intensive care unit (NICU) are not significantly related.

3. Results

Table 1. The Age Distribution of Mothers

Age (in years)	Frequency	Percentage
Below 20	10	20
21-25	24	48
26-30	15	30
>30	1	2
Total	50	100

Table 2. Distribution of mother's educational qualification

Education	Frequency	Percentage
Illiterate	4	8
Primary	11	22
High school	25	50
Graduate	10	20
Total	50	100

Table 3. Distribution of mothers according to their Stress

Stress score	No	%	Category
83 and less	33	66	Mild stress
84-94	14	28	Moderate stress
>94	3	6	Severe stress
Total	50	100	

Table 4. Coping scores of mothers

No	Coping score	No	%	Category
1	83 and less	10	20	Poor coping
2	84-102	30	60	Moderate coping
3	>102	10	20	Good coping

Table 5. Stress level of mothers admitted their neonates in NICU at selected hospitals.

s.no	Stress scale	Number	Min	Max	Mean	Median	Mean %	SD
		40	63	106	83.15	81	100	10.32
1	Physiological	6	8	18	12.55	12	15	2.76
2	Physical	10	10	37	17.28	18	20.78	4.52
3	emotional	5	8	17	12.42	12	14.93	2.02
4	Parental role alteration	4	5	12	8.78	9	10.55	1.76
5	Communication with staff	6	6	18	11.12	11	13.37	3
6	Cognitive	6	9	18	13.05	13	15.69	2.92
7	Socio economic	5	5	12	7.95	8	9.56	2.02

4. Discussions

The purpose of this study was to investigate the stress experienced by mothers and methods used by them to cope while their newborns were being treated at the neonatal intensive care unit at RMMCH, AU. [12]The current study found that 6% of moms experienced severe stress, 28% experienced moderate stress, and 66% experienced mild stress. The moms who admitted their newborns to the NICU showed stress in the physiological domain when their stress levels were categorised into several areas.[13] In this study, we looked at the factors that contribute to mothers worrying about their children's health when their child is medically fragile. [14]Term and premature newborns with severe medical needs that required

extensive hospitalisation and medical intervention were considered medically fragile. Most were married with at least a high school diploma, and they represented a wide range of racial and ethnic groups. There was no statistically significant correlation between income and stress levels, according to the chi-square analysis. There is no correlation between the number of children a person has and their stress levels.[15]

5. conclusions

The nurse plays a crucial role in easing the mother's anxiety. When moms are admitted to a facility and must temporarily separate from their children, these services can be of great assistance. Nurses can tailor their explanations to each mother's level of

understanding and emotional stability. Parents of neonates admitted to the NICU should rest easier knowing they will receive regular updates on their babies' condition from the staff. The study's primary objective was to evaluate the stress experienced by, and methods used by, mothers whose newborns were treated in the NICU at RMMCH. A total of 50 moms whose newborns were admitted to the NICU at RMMCH were included in the study. Descriptive statistics, such as frequencies and percentages, and inferential statistics, such as the chi-square test, the standard deviation, and the Pearson's correlation coefficient, were used to analyse the data after it was entered into the master sheet for tabulation and statistical processing.

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