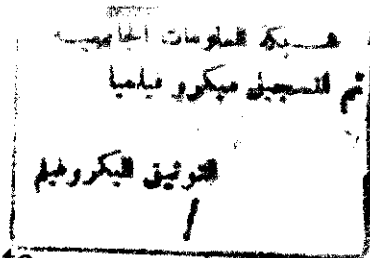
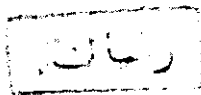


**Perceived Maternal Stressors Among Mothers and  
Nurses Related to Hospitalized neonates In  
Mansoura University Hospital**

610.7362  
F. M.



**A Thesis Submitted to  
The Faculty of Nursing, University of Alexandria.  
In partial Fulfillment of  
The Master Degree of Pediatric Nursing**

61930

**By**

***Fatma Mohamed F. Amin***  
**B Sc. N. Zagazig**



**1999.**

# **Supervisors**

**Prof. Dr. Mohamed Talaat Khashaba**

Professor of pediatric medicine

Faculty of medicine, University of Mansoura

**Prof. Dr. Magda Aly H. Esawy**

Professor of pediatric nursing

Faculty of Nursing, University of Alexandria.

**Dr. Yomn Youssef Sabry**

Lecture of pediatric nursing

Faculty of Nursing, University of Alexandria.



بسم الله الرحمن الرحيم

**ربنا افتح بيننا  
وبين قومنا بالحق  
وأنت خير الفاتحين**

صدق الله العظيم

*To :*

- *My Father, My Mother,*
  - *My Husband,*
    - *And My Children.*

## **ACKNOWLEDGEMENT**

First of all I thank God, the Beneficent, the Merciful for helping me to accomplish this work.

I would like to express my deepest thanks and gratitude to Prof. Dr. Magda Aly Essawy professor of Pediatric Nursing, Faculty of Nursing, Alexandria University, for her precious instruction, continuous observation, genius guidance, persistent support and kind co-operation, which helped a lot in the execution of this thesis.

I'm deeply grateful to Prof. Dr. Mohamed Talaat Khashaba professor of Pediatric Medicine, Faculty of Medicine, University of Mansoura, who offered the continuous sound advice, helpful guidance and support throughout the whole work.

I would like to express my deep thanks and appreciation to Dr. Yomn, Youssef Sabry Lecturer of Pediatric Nursing, Faculty of Nursing, Alexandria University, for her guidance and instruction for this work.

I deeply appreciate the co-operation of all members of Neonatal Care Unit, Mansoura Main University Hospital, where the study had been done.

I am also very grateful to my Family and friends for the continuous encouragement and support.

# List of Contents

<u>Chapter</u>	<u>Page</u>
I. Introduction.	1
• . Mothers-neonates bonding	4
• maternal-neonates separation.	5
• Concept of stress.	6
• Mothers' reactions to their hospitalized neonates.	9
• Mothers' stressors related to their neonates' hospitalization.	10
• Nurses' role towards mothers' stressors during their neonates' hospitalization.	17
II. Aim of The Study.	21
III. Material and Methods	22
IV. Results.	27
V. Discussion	65
VI. Summary.	70
VII. Conclusion and Recommendations	75
VIII. References	78
Appendices	
Arabic Summary	

## **LIST OF TABLES**

<b>N.</b>		<b><u>Page</u></b>
I	Mothers' Characteristics.	29
II	Neonates' Characteristics	31
III	Nurses' Characteristics.	3
IV	Perceived Physical Stressors among Mothers Related to hospitalized neonates.	35
V	Perceived Environmental Stressors among Mothers Related to Hospitalized neonates.	37
VI	Perceived Psychological Stressors among Mothers Related to Hospitalized Neonates	39
VII	Perceived Maternal Social Stressors among Mothers Related to Hospitalized neonates.	41
VIII	Perceived Maternal Physical Stressors among Nurses related to Hospitalized Neonates	43
IX	Perceived Maternal Environmental Stressors among Nurses Related to Hospitalized Neonates	45
X	Perceived Maternal Psychological Stressors among Nurses Related to Hospitalized neonates.	47
XI	Perceived Maternal Social Stressors among Nurses Related to Hospitalized Neonates.	49
XII	The perceived Maternal Physical Stressors Among Mothers versus Nurses Related to Hospitalized neonates	52

<b>N.</b>		<b><u>Page</u></b>
XIII	The Perceived Maternal Environmental Stressors among Mothers Versus Nurses Related to Hospitalized neonates.	55
IXV	The perceived Maternal Psychological Stressors among Mothers Versus Nurses Related to Hospitalized Neonates	59
XV	The Perceived Maternal Social Stressors among mothers Versus nurses Related to hospitalized neonates.	63

## **LIST OF FIGURES**

<b><u>Figure</u></b>		<b><u>Page</u></b>
1	The Perceived Maternal Physical Stressors Among Mothers Versus Nurses Related to Hospitalized Neonates	53
2	The Perceived Maternal Environmental Stressors Among Mothers versus Nurses Related to Hospitalized Neonates.	56
3	The Perceived Maternal Psychological Stressors Among Mothers Versus Nurses Related to Hospitalized Neonates.	61
4	The Perceived maternal Social Stressors among Mothers Versus Nurses Related to hospitalized Neonates.	64

**Chapter I.**

**INTRODUCTION**

## INTRODUCTION

Mothers who are vulnerable for the birth of high-risk neonates can perceive high level of stressors. This related to their failure to have an idealized neonates, fear of death of the neonates, prolonged and expensive hospitalization that disturbs the family routine, deprivation from their role and difficulty in giving care to their high-risk neonates <sup>(1, 2, 3)</sup>.

The high rate of morbidity and mortality of high-risk neonates in early 1900s has exposed mothers to an inordinate amount of emotional distress and put them into a state of dis-equilibrium. Mothers do not worry only about their neonates' survival but also whether their neonates will physically or mentally be handicapped as a result of admission to the Neonatal Care Unit <sup>(4,5)</sup>.

The birth of high-risk neonates often occurs before the mothers are thoroughly ready to accept the idea that they are going to have a high-risk neonates. Mothers have a concern about whether their neonates will live normally or have any abnormalities. They see the neonates briefly and are completely deprived from touch and contact with them before their separation to the Neonatal Care Unit <sup>(6, 7)</sup>. Taking a high-risk neonates from their parents, will break their hearts immediately. Any one who has ever

been close to high-risk neonates knows the bewilderment such as separation<sup>(8)</sup>.

Hospitalization is generally unexpected and always emotionally traumatic to mothers. Mothers usually begin the process of getting to know their neonates immediately after birth, however those of a hospitalized neonates must often postpone this initial period of interaction with the neonates. When they are allowed to contact, they may have difficulty in developing a feeling of attachment to the tiny high-risk neonates who look so different from what they expected and are attached to the machine and equipment <sup>(9, 10)</sup>. Most of the mothers are imaginative about what they hoped for and expected about their neonates throughout their pregnancy. When the neonate is born premature or with serious health problems, mothers are faced with difficult psychological tasks of reconciling their real neonates with their fantasized ideal neonates. They experience low self-esteem and view this event as an affront to their reproductive capabilities and the loss of the perfect neonates who may be handicapped <sup>(3, 11)</sup>. Therefore, researchers cited that mothers are experiencing many stressors related to the hospitalization of their high-risk neonates such as physical, environmental, psychological and social stressors <sup>(12, 13, 14, 15)</sup>.

The birth of high-risk neonates with its consequent family disruption represents a unique crisis to the health care team. The pediatric nurse is the

most important source of support to mothers. She can identify the predominant strategies that can help mothers to manage these stressful situations<sup>(16)</sup>. This could be done through fostering the development of attachment to their high-risk neonates and minimize the psychological disorganization of mothers during and after their neonates hospitalization<sup>(17,18,19)</sup>. She can also establish effective communication patterns, provide information and anticipatory guidance to the mothers. In addition, the nurse has to provide support and limit mothers' powerlessness by establishing a mother-neonates relationship through visiting and participating in care giving activities to their high-risk neonates (20, 21)

The nurse can encourage the mothers to ventilate their feelings and verbalize their thoughts and questions. Through listening to mothers reflecting their concerns and reassures them about their high-risk neonates condition. In order to assume such roles the nurse needs to understand the mothers' stressors regarding the separation from their high-risk neonates<sup>(22, 23)</sup>. So, this study was done to identify the perceived maternal stressors among mothers and nurses related to the hospitalized high-risk neonates.

## **Review of Literature**

The term of high-risk neonates refers to physically compromised infants, including those born prematurely and experience medical problems in the neonatal period <sup>(1, 24)</sup>. Preterm are those delivered before the beginning of the 38<sup>th</sup> week of gestation, they are also called premature infants. Although these infants are born early, a gestational age assessment of their size and development may show that they are small, appropriate, or large for the amount of time that they have spent in the uterus <sup>(2, 3)</sup>.

### **Mothers-Neonates Bonding: -**

Bonding or attachment is the emotional tie one person forms with another. It also refers to the interaction and the relationship between the mothers and their neonates, where each of them has a strong emotional feeling towards the other <sup>(25, 26)</sup>.

Kelnar et al, (1995) <sup>(27)</sup> , Kalus, (1982) <sup>(28)</sup> and stated since conception, mothers develop the image of unborn neonates, then the attachment process develops in which both of mothers and the neonates get to know each other, during labor, immediately after birth and for a short time after it. The affectional tie will develop between the neonates and their mothers as they provide them with care, especially feeding where mothers and their neonates' eyes meet in visual contact. Therefore, touchingbn the neonates