Stressors and Coping Patterns of Mothers Having Children with Bronchial Asthma

Thesis

Submitted for Partial Fulfilment of the Requirements for
Master Degree in Paediatric Nursing

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Researcher

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List of Abbreviations

BUN : Blood urea nitrogen.

CS : Corticosteriods.

FEV1 : Forced Expiratory Volume in 1 Second.

FVC : Forced Vital Capacity.

GERD : Gastroesophageal Reflux Disease.

HPA : Hypothalamic-pituitary-adrenal axis.

ICS : Inhaled consistent Corticosteriod.

IGE : Immunoglobulin.

LABS : Long Acting Beta Agonists.

LVRAS : Leukotvien Receptor Antagnonists.

NCPHLD : National Center for Problems of Healthy Lifestyle Development.

NIH : National Institutes of Health.

NSAIDs : Nonsteroidal anti-inflammatory drugs.

RHV : Rhinovirus.

ROM : Range of Motion Exercise.

RSV : Respiratory syncytial virus.

U.S. : United state of Amirica.

VS : Vital signs.

WHO : Worled Health Organization.

Abstract

Introduction: Coping strategies used by children with bronchial asthma will depend upon their personal characteristics, which include level of confidence, self-esteem, usual coping style, view of the world, Past experiences, developmental stage, cognitive ability, family Structure and dynamics and how mothers and their children and friends Perceive cope with the condition. **The Aim of the Study:** The study aimed to assess stressors and coping patterns of mothers having children with bronchial asthma. **Research design:** A descriptive design was utilize in this study. **Setting:** It was conducted at Pediatric outpatient clinics in Children Hospital affiliated to Ain Shams University Hospitals. **Subjects:** The sample of this study composed of 100 children were attended in the previously mentioned regardless of their residence, gender and their mothers. **Tools of data collection** involved a pre-designed questionnaire to assess the characteristics of the children, Parenting Stress Index (PSI); to assess stressors facing mothers having children and Coping patterns Scale to assess coping patterns of mothers having children with bronchial asthma. **Results:** less than half of the studied children were having poor total quality of life domains score, while of the studied children were having good total quality of life (TQL) domains score. **Conclusion:** The study conlucded that most of the studied mother have mild or moderate stress and have negative coping score regarding to their children illness. **Recommendations:** This study recommended emphasizing on the importance of assessing the stress and coping patterns regarding mothers and their children having bronchial asthma.

Key words: Bronchial asthma, Stressors, Coping, Pediatric nursing.

Introduction

Bronchial asthma the most prevalent chronic diseases of childhood. It constitutes a serious public health problem allover the world. Bronchial asthma is a major health problem especially among childrens due to the increasing prevalence and associated increase in its morbidity the burden of asthma is of sufficient magnitude to warrant its recognition as a priority disorder in health strategies ***(Salama et al., 2010).***

The prevalence of asthma is affecting 10% to 15% of children worldwide and 7.7% in Egypt Annually, the world health organization (WHO) has estimated that 250,000 asthma deaths are reported worldwide and approximately 500,000 annual hospitalizations are due to asthma ***(Zedan et al., 2010).***

Severity of asthma is increasing associated with excess health care use and significant medical costs. Many factors may have contributed to rise severity of asthma, this might be increased in urbanization, fast modernization, due to poor health education about disease nature, increase air pollution, poor medical care treatment and treatment among children ***(Kyle, 2010).***

The common symptoms of asthma in children include feeling of breathlessness. Wheezing which is a whistling sound when the child breathes, frequent coughing spells. which may

occur during play at night, or while laughing or crying and tightened neck and chest muscles ***(Sharma, 2012).***

The impact of a bronchial asthma on a child's life will be determined by a number of influencing factors including age at Diagnosis, stage of development, gender, personality, temperament and coping styles. The characteristics of the chronic condition, including nature of onset, disease trajectory, effect on; appearance, daily functioning and behavior in addition to the care required. The impact on the child will be influenced also by parental (mainly mother) response and coping patterns ***(Cooper, 2011).***

Children with bronchial asthma are confronted with a specific interpersonal situation as they have to cope with the fact that, their condition is not only affecting their own life but also that of their parents and siblings. Children also face the challenge of coping with the unique demands of their bronchial asthma condition, while coping at the same time with the developmental tasks associated with their particular age group ***(Meuleners et al., 2011)***.

Mother play pivotal role in the children adjustment to the illness, especially children who suffer from severe episodic manifestations of asthma have been found to experience increased amounts of stress and anxiety over their illness and have difficulty in maintaining a sense of well-being. The mother considered the main responsible person

about the child and is the first line of communication between the health care team and the child ***(Bye, 2012).***

Stress is a state produced by a change in the environment that is perceived as challenging, threatening, or damaging to the child dynamic balance or equilibrium ***(Smaltzer and Bare 2012).***

Stressors can be defined as an experience in a person-environment relationship that is evaluated by a person as threatening the sense of well being, the perception and effects of the Stressors are holistic and highly' individualized ***(Taylor, 2013).***

Coping strategies used by children with bronchial asthma will depend upon their personal characteristics, which include level of confidence, self-esteem, usual coping style, view of the world, past experiences, developmental stage, cognitive ability, family Structure and dynamics and how parents, family and friends perceive and cope with the condition ***(Shiu, 2012).***

Caring for children with bronchial asthma conditions is a challenging, and time-consuming it requires a commitment to service beyond that required for routine ambulatory pediatric care. Increased knowledge about children, interpersonal communication and organizational skills are necessary to provide optimal child and family care ***(Allen and Vessey, 2010).***

Nurses need an in-depth knowledge of the theories of grief, loss, adaptation and change. In addition to the ability to understand and apply the underlying theoretical principles in the context of care provided to children with bronchial asthma and their families, maintain an acute awareness of grief experienced by children and their family and how this affects their ability to adapt and adjust to the diagnosis ***(Valentine and Lowes, 2011).***

Significance of the study

Bronchial asthma is accounting for more hospitalization in children than any other chronic illness. Moreover, asthma increase stress of the children and adolescents. So, it's crucial to study the stress and coping pattern for mothers and their children suffering from bronchial asthma (***Guevara et al., 2011).***