

STRESSOR AND COPING STYLES of MOTHERS HAVING CHILDREN with CLEFT LIP and CLEFT PALATE

Thesis

Submitted in Partial Fulfillment of the Requirements
for the Master Degree in Pediatric Nursing.

By

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*I would like to extend my deepest thanks to people
who inspired me and supported me through out my
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Soul My Father,

My husband

To Every one of You, My Life is Dedicated.



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List of Abbreviations

CL	Cleft lip
CP	Cleft Palate
GAS	General Adaptation Syndrome
HPA	Hypothalamic-pituitary-adrenocortical
SNS	Sympathetic nervous system

ABSTRACT

The aim of the study was to assess the stressors and coping styles of mothers having a child with cleft lip and or cleft palate. **Research design:** A descriptive research design was utilized. **Settings:** The study was conducted at inpatient and outpatient for pediatric surgery belonging to Ain Shams Children Hospital, Ahmed Maher El Talemy and Abou El Resh in Cairo University. **Subjects:** A purposive sample include 40 children and their mothers total 40 were selected from the previously mentioned settings according to the previous admission rate with inclusive criteria having cleft lip and cleft palate or both in preoperative phase. **Tools used for data collection:** A structure questionnaire by interviewing to assess knowledge, Hospital Anxiety and Depression Scale to assess physical and psychological stressor and Jalowiec and Powers Coping Behavioral Scale to assess coping pattern for children's mothers. **Results:** the main finding from the present study could be summarized at There was the most of studied mothers had sever physical and psychological stressor and the studied mothers highest use level of confrontive following by fatalistic ;optimistic; evasive; self relanit ; support ant ;emotions and palliative. **Conclusion** this study concluded that the mothers had severed physical and psychological stressors contribute to the usage of different coping styles. **Recommendations** the study recommended that application of supportive program to help mothers and their children under going to operation to detect sources of stress and empower their coping style patterns positively.

Key word: Stressor, Coping styles, Cleft lip and or Cleft palate,

INTRODUCTION

Cleft lip and palate, are major human birth deformities and associated substantial clinical psychosocial limp act on the child and families psychosocial problem becomes from the first minute often child birth (*Agbenorku, 2013*).

In Egypt the incidence of cleft lip (CL) and palate (CP) is 82.4 per 100000 live birth cleft lip cases formed 78% whereas CP propend amounted to 22% of total clefts. Boy \girl ratio 0.4\1. the incidence of cleft in some developing countries such as Jordan is not less than 0.86 per 1000 live birth. in Pakistan incidence of cleft lip and palate 1.91 per 1000 (*Khan Mansoor, 2012*)

Coping is defined as what one does about a problem in order to bring about relief, reward and equilibrium. Coping is a distress and stressor relieving process, may lead to one of two out some problem resolution or tension reduction .Coping strategies are two kinds either problem solving strategies and emotion reducing strategies which alternate the response to stress (*Gelader et al., 2010*).

Worldwide cleft lip and palate occur separately or together and affect approximately 1 in 700 in infant. clefting

common in Asian 1/500 and least in African, America 1, 2500
(**Buchman and Chung, 2010.**)

Parents where suddenly are faced with caring a child with cleft lip and palate are expressed a lot of fears related to feeding difficulties in addition to the worries about social and psychological problems that may face them and child because society still attaches a stigma to this anomaly and the speech and hearing handicaps that care results

Lack of the information and understanding the diseases process .becomes a major sources of stress and distress to children's mothers. (**Mcinerney, 2009**).

Parenting the surgical is unlike parenting the normal child. Different approaches muster initiated by the health care team for successful parental attachment, care and discharge planning. Nurses need to focus their educational efforts on family adaptation to stress the accompany the child in need for surgery (**Brown et al., 2008**).

Systematic assessments to collect information about the needs of each child perform surgery and the family is warranted. Nurses familiar with the infant and his /her the mother play a vital role in this assessment process. their in

determines the types of service that may be needed to provide smooth transition to the home environment for the mother and their infant (*Brown et al., 2008*).

Surgical treatment being by assessing the child's nutritional status assisting the parents with oral feeding technique so that appropriate weight gain occur .parents who suddenly are faced with caring for a child with a cleft lip and palate are both are over helmed. the importance of spending sufficient time with them to allay their fears, to disease staging and timing of reconstruction, to stress the need for involvement of other specialists and to instruct them on the importance of long term and consistent follow up care (*Patel, 2006*).

Nurses need to focus their educational efforts on family adaptation co stresses that accompany the surgical infant in addition to the stresses parents experience in having infant with cleft lip and palate or both. Parents of surgical infant after do not immediately experience normal infant events, such as holding and feeding their children. In some cans, parents have no preparation for infant, surgical (*Browne et al., 2008*).

Pediatric nurse support family especially children's mother throughout the hospital stay parental participation in their infant care from admission to discharge builds confidence and provide the skills needed to can for their infant (*Denk, 2006*).

Aim of the study

The study aimed to assess stressor and the coping styles of mothers having children with Cleft lip and Cleft palate surgery,

1. Assessing mother's knowledge about diseases process
2. Assessing stressor facing the mothers during care for their children.
3. Coping strategies will be played by children's mother to cope with stress.

Research questions:

Are mothers of children having satisfactory knowledge regarding diseases process?

Are mothers of children having cleft lip and palate will have physical, social and psychological stressor?

What is the different coping style that children's mothers perform to relief stressors?

PART I: CLEFT LIP AND CLEFT PALATE

Oro-facial clefts are common birth defects with multifactorial inheritance in which the tissues of the mouth or lip don't form properly during fetal development. (**Dworkin,2011**). Cleft lip and or Cleft palate are marked by obvious gaps in either the lips and nose or the roof of the mouth due to incomplete fusing (**Buchman and Chung, 2009**).

Cleft lip and cleft palate are the two most common forms of facial malformations. Cleft lip cosmetically, the more distressing of the two abnormalities develops when the maxillary prominence fails to fuse with nasal elevations, causing failure of nostrils and upper lip formation. While, cleft palate occurs during formation of the fetal neck and jaws and develops when downward movement of the tongue is delayed, causing a failure of the palate to fuse above the tongue to form the roof of the mouth (**Atoxn and Fugate, 2008**).

Cleft of lip appears because of hypoplasia of the mesenchymal layer, resulting in a failure of the media nasal and maxillary processes to join while, cleft palate appears to represent failure of the palatal shelves to approximate to fuse (**Burns et al., 2012**).