

# A Study to Assess the Anxiety Level among Parents of Hospitalized Children in Selected Hospital of Rohtas Sasaram

Md Atif, Shobha Kumari, Prabhakar Kumar Rai, Ms. Shweta Kumari  
Narayan Nursing College, Jamuhar, Sasaram, Bihar

**Abstract:** World Health Organization is of the opinion anxiety is estimated to cost companies more than 300 million dollars a year due to poor performance, absenteeism and health costs. anxiety or hospitalisation anxiety poses a threat to physical health. Hospitalization anxiety in the life of organized parents, consequently, affects the health of organizations. Numerous studies have indicated that anxiety is significant in parents of hospitalized children.

**Objectives:** To assess the level of anxiety among parents of hospitalized children. To find out the association among parents of hospitalized children with selected demographic variables. The population of sample consist of parents of hospitalized children in selected hospital of Rohtas sasaram. The sample sizes are, selected with purposive sampling technique

**Methodology:** A non –experimental descriptive approach is used for this study as it is considered as suitable one to assess the level of anxiety among parents of hospitalized children. The research design for the study is descriptive design.

**Results:** in order to collect the scientific data we used Hamilton anxiety scale. According to the finding the majority of parents (90%) were having mild anxiety level, (10%) were having moderate anxiety level.

**Recommendation:** The findings of the present study can be used as a guide of future research. Interventional study can be undertaken to reduce the parents anxiety. A study can be conducted in preventing aspect of anxiety.

**Conclusion:** the study concluded anxiety level majority of parents were having mild anxiety level.

**Keywords:** Anxiety, Parents of hospitalized children.

## I. INTRODUCTION

The birth of a child can represent a significant transition for most families and requires establishment of new family roles and routines. The birth of a child with a critical illness, however, creates unanticipated crisis, alters family patterns in ways that are stressful and makes coping demands for dealing with a critical child more pronounced for the family system. How families respond to stress will depend on the interaction of multiple factors such as economic and social stability of the family and its internal support system, and the amount of external support to which the family has access.<sup>1</sup>

The arrival of child prematurely or ill could be a disruption to the Parent’s mental coping process. Without question, early arrival of a child is a period of difficulty for the foetus, which arrives without bodily and /or mental maturity; however, it is also time of emotional difficulty for the parents. While studies have been conducted looking for the aetiology and severity of parental problems, few have looked at helping and supporting the parents jointly and even fewer have looked at the problem through the lens of social psychology. The unexpected hospitalisation of mothers of sick babies is further removed from friends and family. Sometimes they are moved to hospital hours away with an appropriate NICU, associating most frequently with unfamiliar and often rotating hospital staff and often having the means of self-initiated outside contact limited because cost, phones or internet access.<sup>2</sup>

Anxiety literally means “a condition of extreme, difficulty, pressure or strain. The word “anxiety” is derived from the Latin word “string” which means “to be drawn tight”. anxiety has 2 been defined as “psychological and physical strain or tension generated by physical, emotional, social, economic, or occupational circumstances, events, or experiences that are difficult to manage or endure”. Stress is a body’s reaction to a change that requires a physical, mental or emotional adjustment or response. Stress can be come from any situation and thought that makes you feel frustrated, angry, nervous

or anxious. Stress affects an individual positively or negatively by way of an evolutionary concept named the fight or flight response. One potentially stressful life event is the birth of a child. It is not surprising then that the birth of a fragile child, who is then cared for in a NICU, can be particularly stressful for mother.<sup>4</sup>

Stress is the “non-specific response of the body to any kind of demand upon it”. Stress affects mothers positively or negatively by way of an evolutionary concept. One potentially stressful life event is the birth of the new born. It is not surprising than the birth of a sick child, who is then cared for in a hospital, can be particularly stressful for mother. In day-to-day life, all have stress especially women have more and being a mother in routine life is a stressful one. When child is admitted in hospital the effects of stress will be more. There are various stressors: firstly, environmental stressor noise, pollution, traffic, and crowding, secondly physiological stressor includes illness, injury, inadequate sleep and nutrition and social stressor includes financial problems, work demands, social events and losing a loved one. On the other hand, due to any ‘perceived losses’ or due to any illness. Lack of selfconcept due to not being able to work effectively that is called internal stressor. Furthermore, any loss of job due to prolonged illness which is visible and affecting the individual is a type of external stressor<sup>5</sup>

Nearly 27 million babies are born in India each year; this accounts for 20% of global births of these, 1.0 million die before completing the first four weeks of life. This accounts for nearly 25% of the total 3.9 million neonatal deaths worldwide. The current neonatal mortality rate of 39 per 1000 live births. Accounts for nearly two-third of infant mortality and half of under-five mortality rate. About 40% of neonatal deaths occur on the first day of life, almost half within three days and nearly three-fourth in the first week<sup>6</sup>.

The mothers may experience some physical, mental, behavioural and emotional symptoms. Physical symptoms are fatigue, weakness, digestion changes, dizziness, fainting, sweating, trembling, tingling hands and feet, headache, breathlessness, pain, infection and hypotension. Mental symptoms including lack of concentration, short term memory loss, difficulty in making decisions, confusion, disorientation and panic attacks. Behavioural symptoms are appetite changes, increased intake of alcohol and other drugs, increased smoking, restlessness, nail biting and mood swings. Emotional symptoms are depression, impatience, convulsions, tearfulness, disorientation of personal hygiene and appearance<sup>7</sup>.

Anxiety management and prevention strategies are get moving, managing Anxiety with regular exercise, body relaxation exercises, physical exercise like yoga, workout routine and breathing techniques, meditation, counselling like talk therapy and life coaching, engage socially, alter the situation, adopt the stressor, accept the things that you cannot change, make time for relaxation, adopt a healthy, positive thinking, maintain emotion balance, be positive and avoid unnecessary Anxiety.<sup>8</sup>

There are so many coping strategies that are used by mothers of hospitalized children from some of them includes engage in any physical activity or exercise, ask directly to the health professionals about recovery of the child, trying to solve problem in different way, ever try to do meditation to relieve stress, try to cope up with stress, compare yourself with others who have more serious condition than your child, visit to place of worship, pray to God more than usual and believe that prayer will improve the health of your child. Coping strategies used by mothers of hospitalized children to overcome anxiety are engage in some physical activity or exercise, taking any addition action to try get rid of problems, try to do meditation, trying to solve problem in different ways, handle herself according to the situation, compare herself with others to have more serious condition than the her newborn, share the feelings with family members, pray to god more than usual and believe that will improve the condition of her child

### **1.1 Objectives of the Study**

- To assess the level of anxiety among parents of hospitalized children.
- To find out the association between level of anxiety among parents of hospitalized children with selected demographic variables

### **1.2 Research Hypothesis**

- **H1:** There will be significance difference on the level of anxiety among parents of hospitalized children

## II. MATERIAL AND METHODS

“A study to assess the anxiety level among parents of hospitalized children in selected hospital of Rohtas Sasaram”

**Research Approach:** Quantitative research approach

**Research Design:** Non-Experimental Research Design- Descriptive design

**Setting of Study:** The study was conducted in selected hospital Rohtas, Sasaram

### Population

**Target Population:** The target population of the study included parents whose children admitted in the hospital

**Accessible Population:** The accessible populations are parents of hospitalized children who are present during the time of data collection. sample consist of 60 parents

### Sampling Technique:

Convenience sampling technique

### Description of the Tool

**Selection A:** Demographical tool under: age, gender, religion, education, marital status, family type, monthly income of the workers, employment

**Selection B:** Hamilton anxiety rating scale (HAM-A)

The each item is scored on scale of 0 ( not present)to 4 (severe), with a total score range of 0-56, where <17 indicates mild severity, 18-24 mild to moderate severity and 25-30 moderate to severe.

1. Mild - < 17
2. Moderate – 18 – 24
3. Severe – 25 – 30

### Ethical Approval

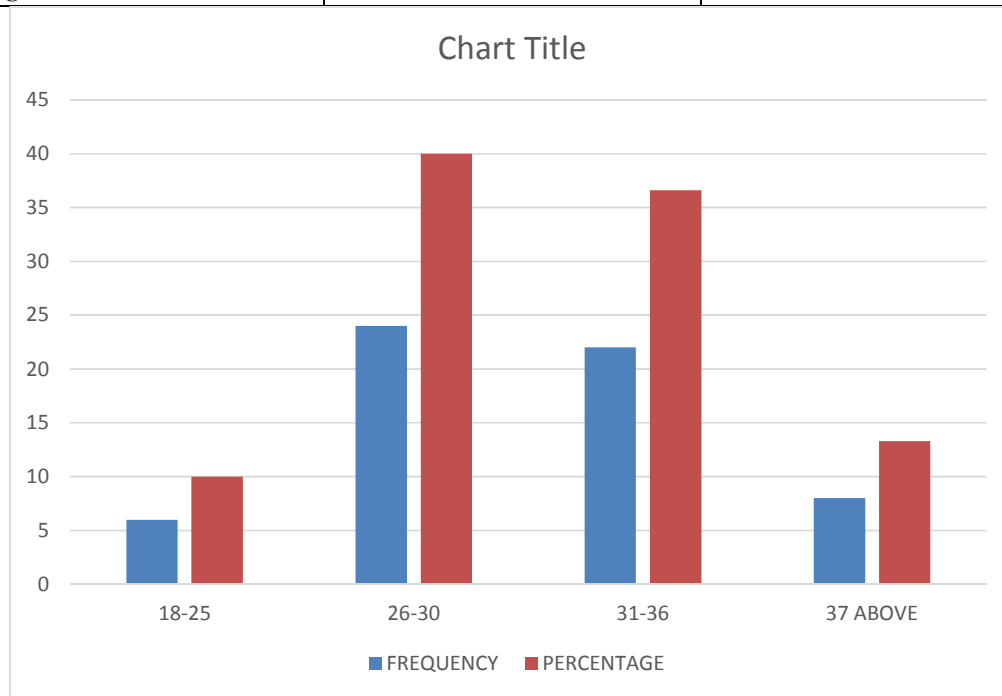
This study was approved by the Institutional Ethical Committee of Gopal Narayan Singh University , Jamuhar , Rohtas ( Bihar) on 14th Feb 2022. Written permissions were taken from the hospital authority. Also participants gave their consents through their signature on the consent form before initiation of the session. All survey data were stored in accordance with national legislation and institutional policies. Confidentiality of patient information was maintained.

### Section – A

**Table 4.1:** Demographical variable of the students

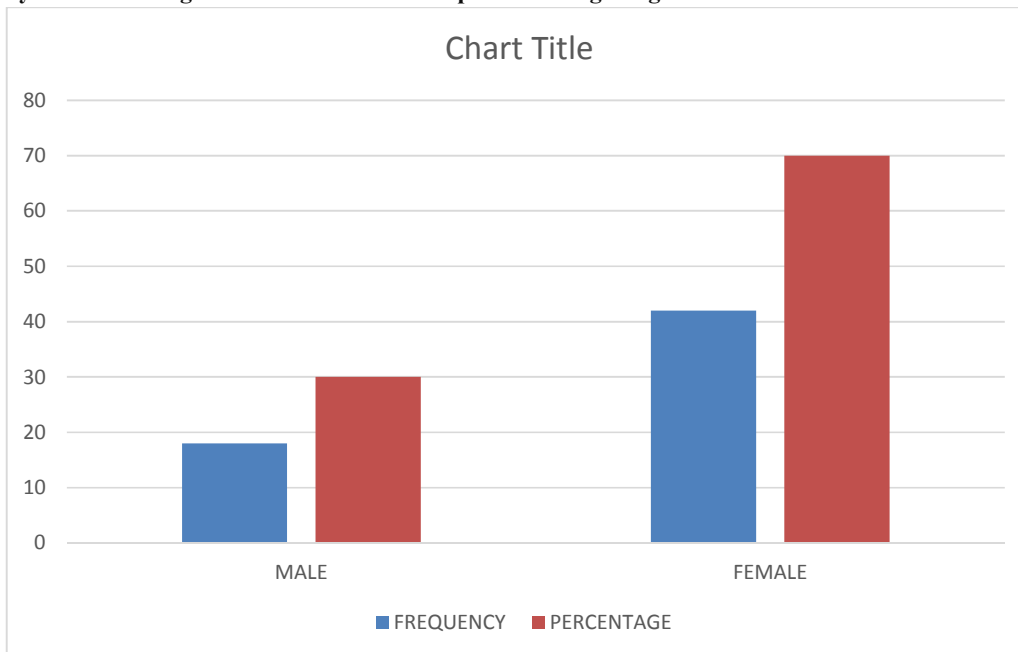
Demographical data	Frequency (f)	Percentage (%)
<b>Q1. Age</b>		
18-25 year	6	10%
26-30 year	24	40%
31-36 year	22	36.6%
Above 37	8	13.3%
<b>Q2. Sex</b>		
Male	18	30%
Female	42	70%
<b>Q3. Religion</b>		
Hindu	53	88.3%
Muslim	07	11.6%
Buddhism	0	00%
Christian	0	00%

Q4. Family income per month		
<6000	08	10%
<9000	21	35%
>10,000	21	35%
7000-10,000	12	20%
Q5. EDUCATION		
10th passed	28	46.6%
intermediate	12	20%
Graduate	10	16%
Postgraduate	10	16%



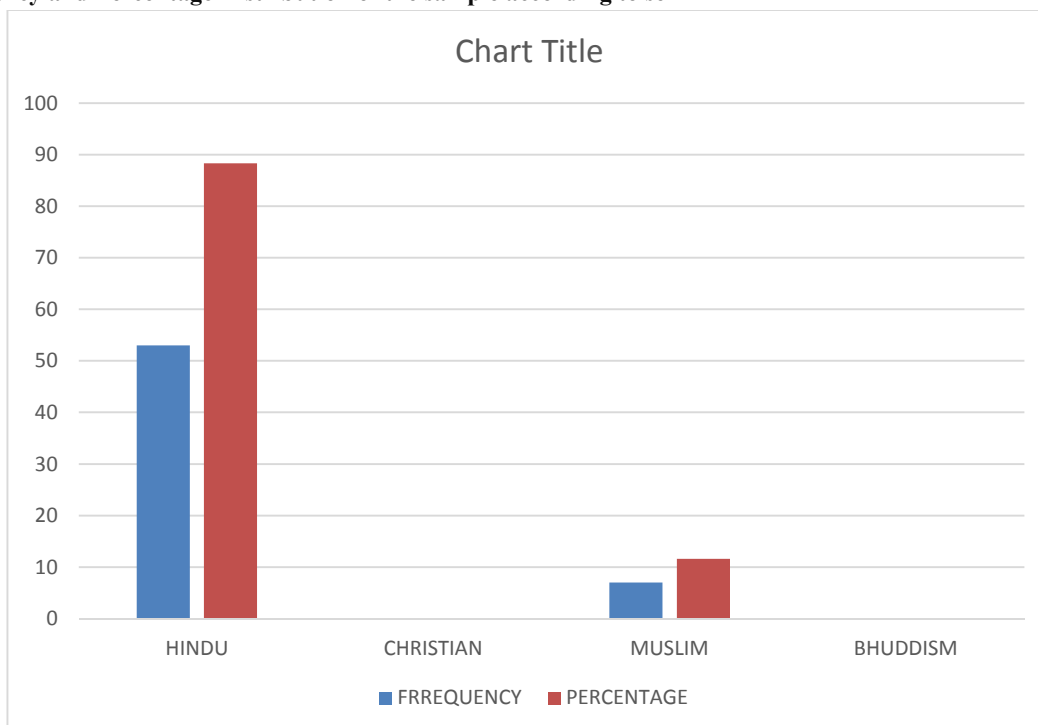
Percentage wise distribution of parents of hospitalized children in relation to their age group indicated 6(10%) of them belong to 18-25 years of age , 24(40%) of them belong to 26-30 years,22 (36%) of them belong to 31-36 years

**Frequency and Percentage Distribution of the sample according to age**



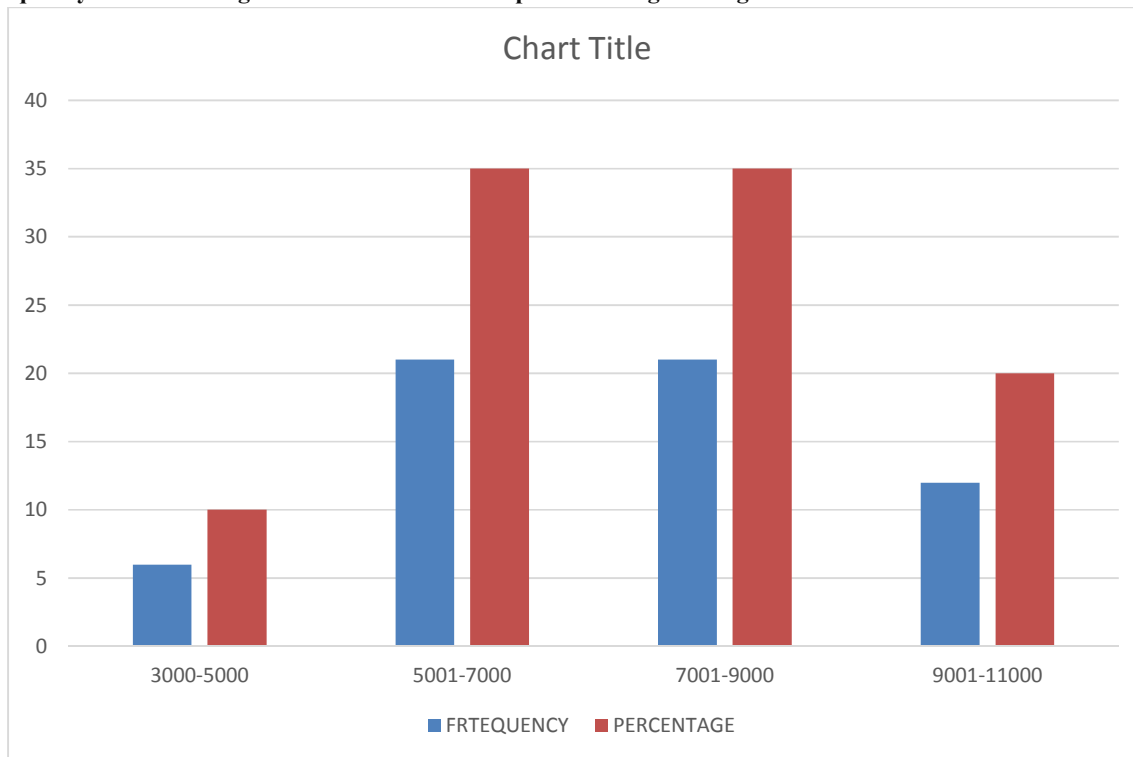
Percentage wise distribution of parents of hospitalized children in relation to their sex majority of them are 42(70%) belong to females, 18(30%) belongs to male.

**Frequency and Percentage Distribution of the sample according to sex**



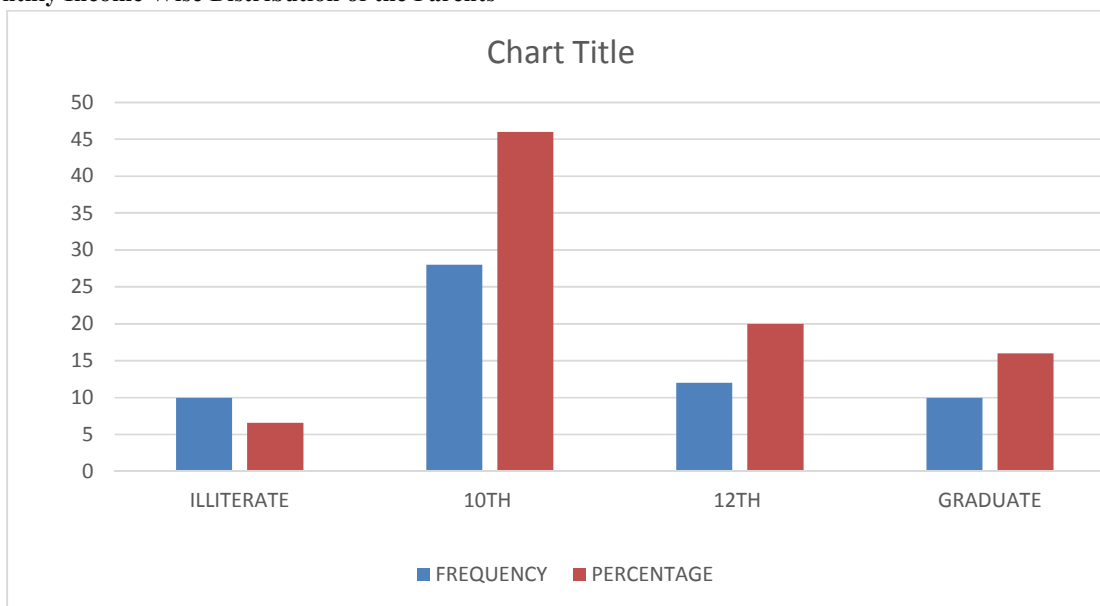
Percentage wise distribution of parents of hospitalized children in relation to their religion majority of them are 53(88%) belong to Hinduism, 07(11%) belongs to muslim

**Frequency and Percentage Distribution of the sample according to Religion**

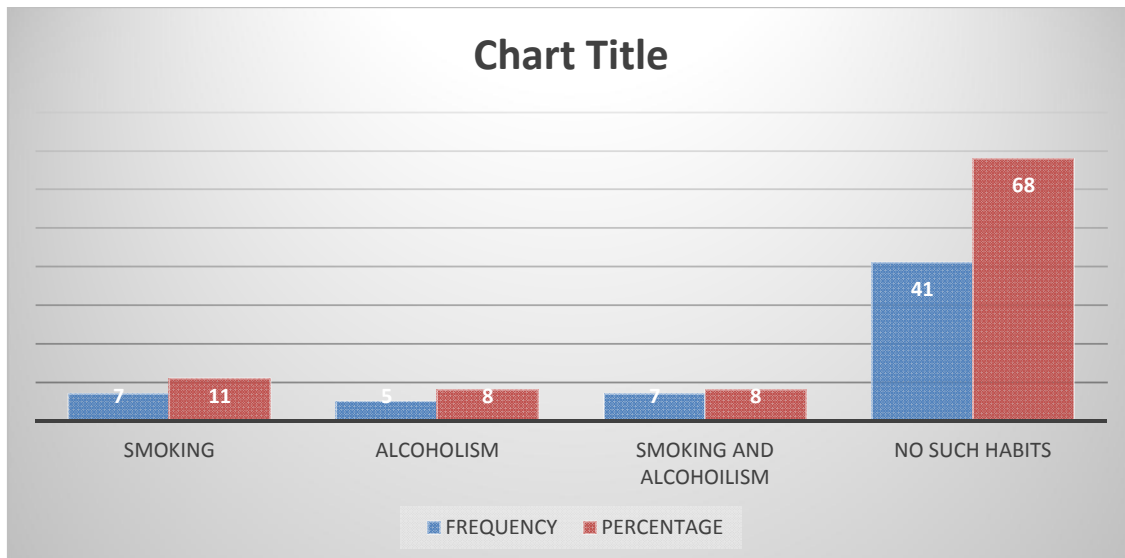


Percentage wise distribution of parents of hospitalized children in relation to their income per year 8(10%) is having less than 6000 21(35%) is having.

**Monthly Income Wise Distribution of the Parents**

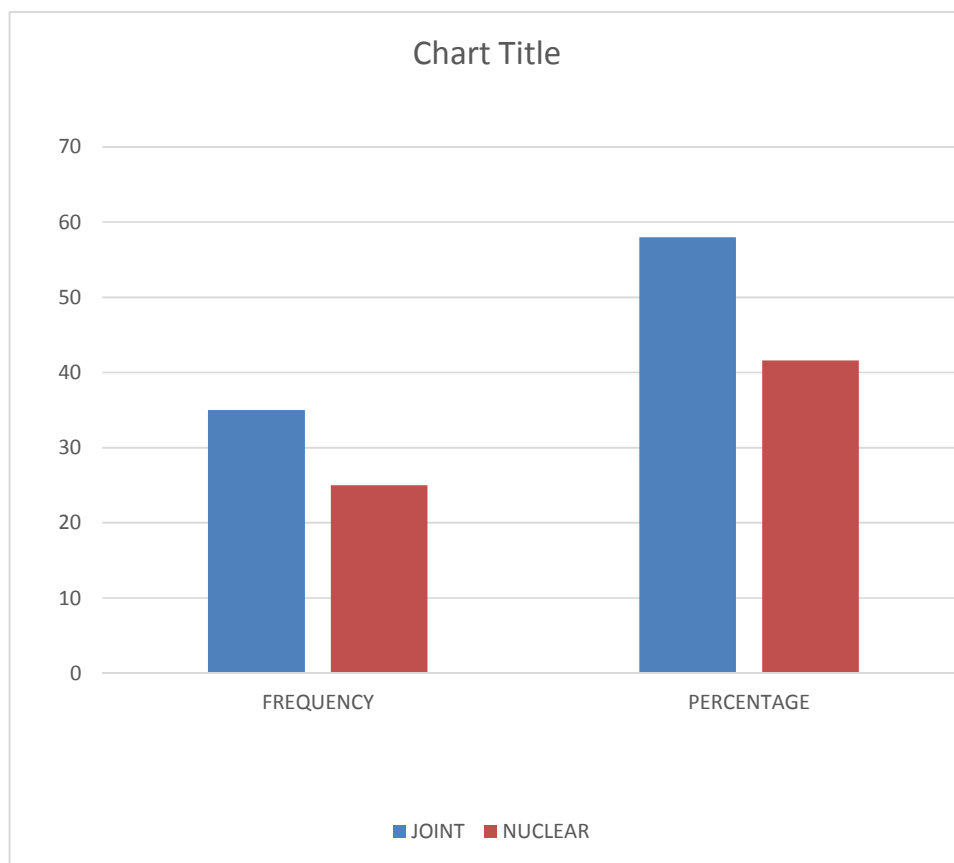


**Education Distribution of the Parents**

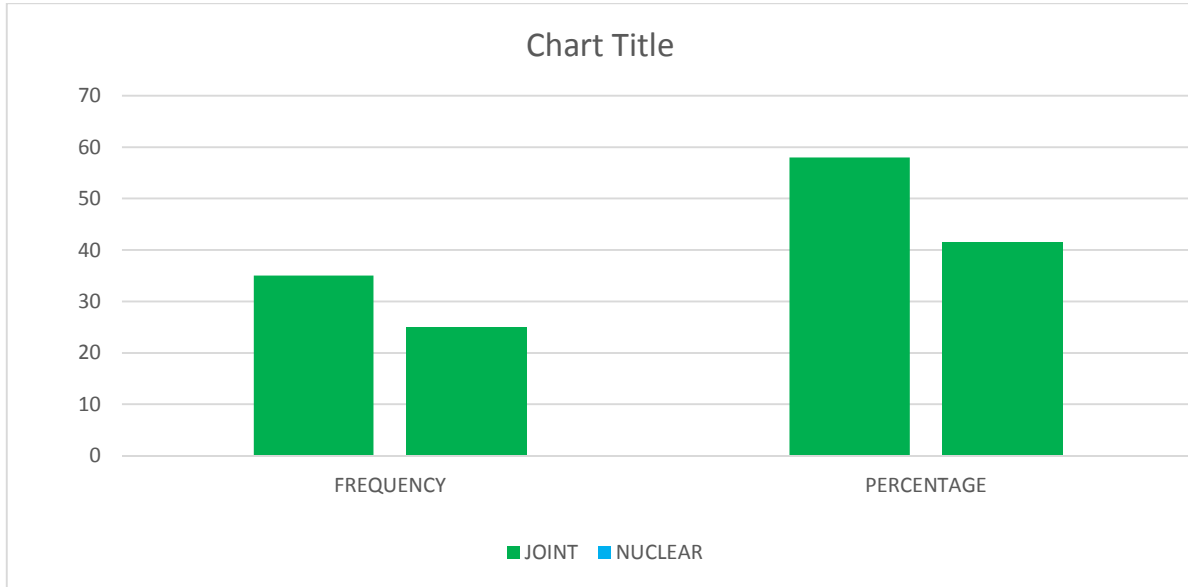


**Personal Habit wise Distribution of the Parents of Hospitalized Children**

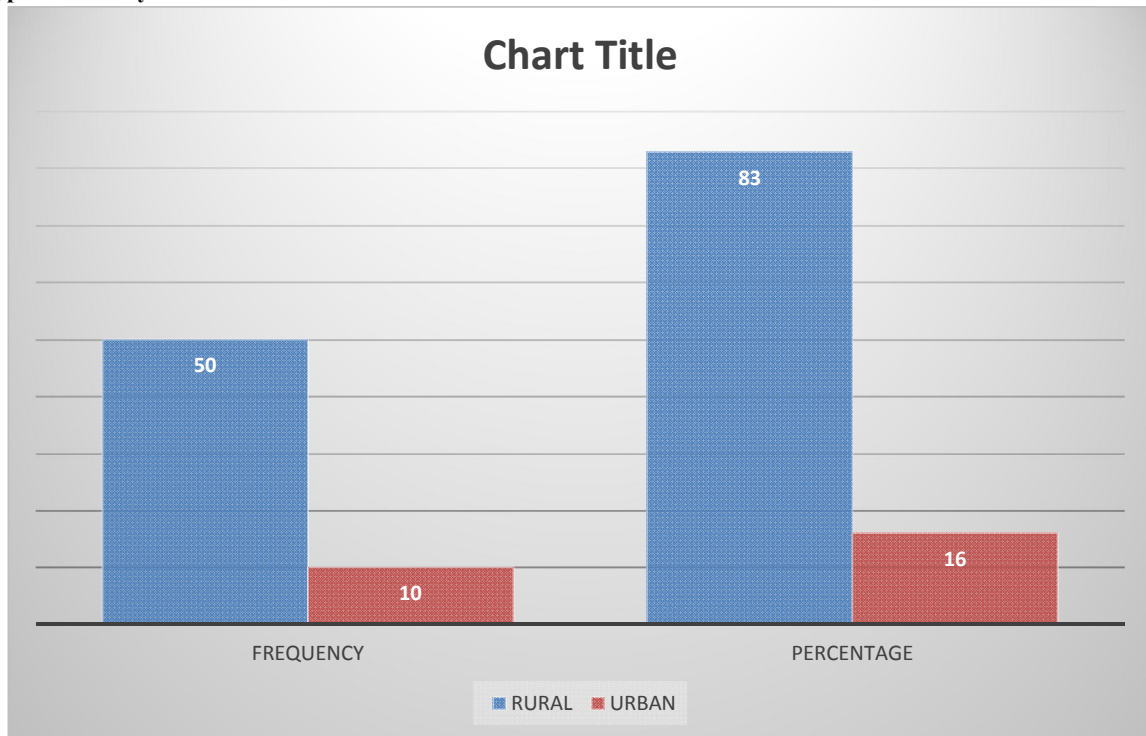
N=60



**Types of Family Wise Distribution of the Parents**



**Types of Family Wise Distribution of the Parents**

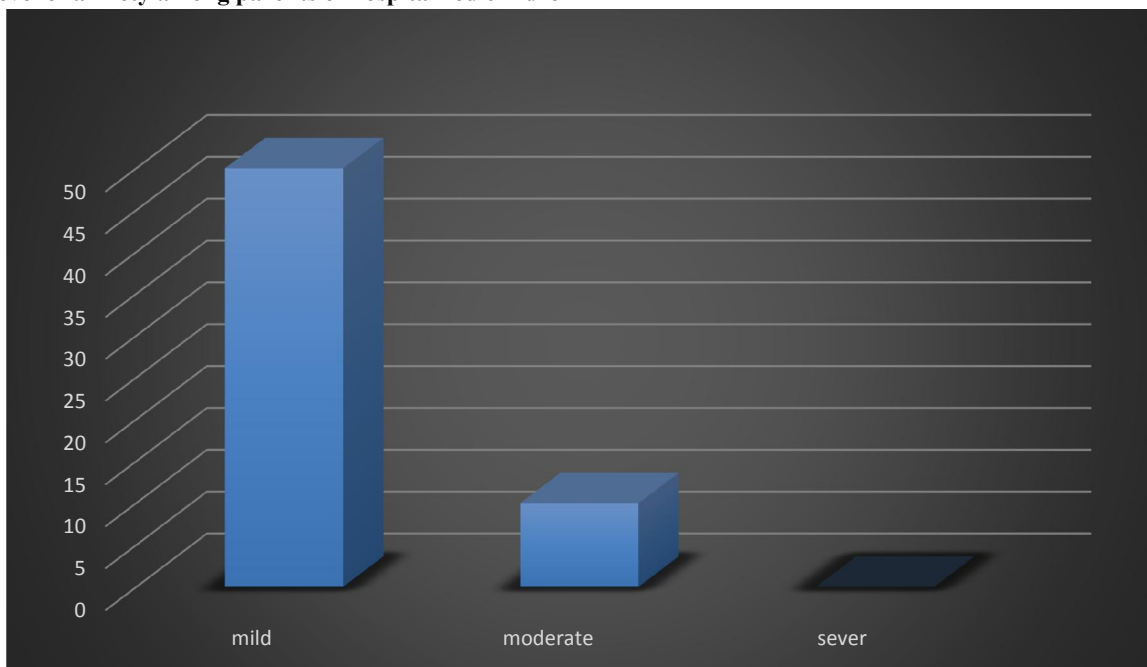


**Residential area wise Distribution of the Parent**



**Section I: B**

**Level of anxiety among parents of hospitalized children**



It Reveals that the majority of parents were having mild anxiety level 50 (90%) and 10(10%) were having moderate anxiety level, no parents were having severe anxiety level.

**Chi square analysis Association Among parents of hospitalized children with selected demographic variables.**

**Section III**

DEMOGRAFIC DATA	Mild		Moderate		Severe		X <sup>2</sup>	Df & P value	inference
	no	%	no	%	no	%			
<b>Q1. Age</b>									
18-25 year	6	10%	0	0%	0	0%	1.43372	Df – 6	
26-30 year	20	33%	4	6.60%	0	0%			
31-36 year	18	30%	4	6.60%	0	0%			
37 and above	6	10%	2	3.30%	0	0%			
<b>Q2. Gender</b>									
Male	15	25%	1	1.60%	0	0%	2.79205	Df-1	
Female	35	35%	9	15%	0	0%			
<b>Q3. Religion</b>									
Hindu	43	71%	10	16%	10	16%	1.42997	Df-6	
muslim	2	3.30%	0	0%	0	0%			
Chritian	3	5%	0	0%	0	0%			
Budhhism	2	3.30%		0%	0	0%			

Q4. Family Income Per Month									
3000-5000	6	10%	0	0%	0	0%	1.9299	D--6 P value-- 0.89438	
5001-7000	17	28%	5	8.30%	0	0%			
7001-9000	18	30%	3	5%	0	0%			
9001-11000	9	15%	1	1.60%	0	0%			
Q5. Education									
Illiterate	10	16%	0	0%	0	0%	5.20926	Df - 6 P value - 0.41002	
10 <sup>th</sup> pass	22	36%	6	10%	0	0%			
12 <sup>th</sup> pass	9	15%	4	6.60%	0	0%			
Graduate	9	15%	0	0%	0	0%			
Q6. Personal habit									
Smoking	7	11%	1	1.60%	0	0%	1.39537	Df - 6 P value - 0.99035	
Alcoholism	5	8.30%	2	330%	0	0%			
Smoking and Alcoholism	5	8.30%	1	1.60%	0	0%			
NO such habit	33	55%	6	10%	0	0%			
Q7. Types of family									
Joint	28	46%	4	6.60%	0	0%	0.68824	Df - 1 P value - 0.65143	
Nuclear	22	36%	6	10%	0	0%			
Q8. Place of residence									
Rural	39	65%	10	16%	0	0%	2.4043	Df - 1 P value - 0.26003	
Urban	11	65%	0	0%	0	0%			

anxiety level	Mean	Sd	P value	Inference
score	13.8	3.58	0.0142	Significant

TABLE 4.3

Calculation of mean and Sd among Parents of hospitalized children

H02: - there will be no significant difference between anxiety level of the parents with demographic variable, at 0.05 level of significance

H2: - there will be significant difference between parents of hospitalized children with demographic variable, at 0.05 level of significance.

TABLE no 3: the data in the above table depicts the mean 13.8 anxiety level and sd 3.58 shows anxiety level. Here the null hypothesis H2 is rejected and research hypothesis H02 is accepted.

### III. SUMMARY OF DATA ANALYSIS

The section is organized under 3 sections, 3 table and 7 diagrams which are description of sample according to demographic variable by using frequency and percentage, comparison anxiety level of parents of hospitalized children. There was distribution of subject according to demographic variables by using frequency and percentage analysis of mean & standard deviation anxiety level and association of selected demographic variables with anxiety level of the parents of hospitalized children using chi - square formula, findings show that by using self-structured questionnaire tool assess the anxiety level among parents of hospitalized children.

#### **IV. DISCUSSION**

This chapter deals with the detail discussion of finding of the study interpreted from statistical analysis. The finding is discussed in relation to objectives formulated, compared and contrasted with dose of other similar study conducted in different setting.

The present study is an effort to find out the anxiety level of parents of hospitalized children consequences in order to achieve the objective, A descriptive approach was adopted and non-probability purposive sampling was use to select the samples. This study was conducted in four days at Sasaram . The data was collected from 60 sample by using self-structured questionnaire.

The findings of the study have been discussed based on objectiv

##### **First Objectives**

- To assess the anxiety level among parents of hospitalized children.
- Majority of sample (90%) parents were having mild anxiety level, (10%) parents were having moderate anxiety level and (0%) students were having severe anxiety level. Due to low economic . Found that those participants who have more anxiety level

##### **Second Objective:**

- To find out association between selected demographic variables and anxiety level.
- The study did not find significant association between age of the parents.
- The chi square test did not establish any significant association between respondents of gender, age, education,.
- The association between anxiety and Selected Demographic Variables was found to be non-significant by chi square the obtain 0.93737 which is higher than the table value at 0.05.

Major findings of the study are summarized as follows, findings related demographic characteristics in the present study all select variable ware not statistically significant with level of anxiety hence, hypothesis H1 is related in this area.

Major findings of the study

1. Revels that the Majority of sample (90%) parents were having mild anxiety (10%) parents were having moderate anxiety level and (0%) parents were having severe anxiety level. Due to low economic parents. Found that those participants who have more anxiety level.
2. Major findings of the study are summarized as follows, findings related demographic characteristics in the present study all select variable ware not statistically significant with level of anxiety hence, hypothesis H1 is related in this area

#### **V. CONCLUSION**

- The present study was aimed at assessing the level of anxiety among parents of hospitalized children and its consequences.
- The Relevant data collected statically based in the objectives of the study. There 60 sample (90%) parents were having mild anxiety level, (10%) parents were having moderate anxiety and (0%) parents were having severe anxiety level. Due low economic. Found that those participants who have more anxiety level. Statically there is no any significant association was found.
- This show that these variables had influence level of anxiety in the study.

##### **Limitation:**

The present study cannot generalize, as it is limited to:

1. Those students who using the mobile phone.
2. Smaller sample size.
3. Lack of higher analysis.
4. Presence of extraneous variables.

**Implication for Nursing Education**

- Nursing curriculum should the nurse for imparting health information regarding management of anxiety level.
- Nurse educator should educate the student nurses about how to cope up with anxiety level.
- Nurse educator should educate the parents how to carry out the anxiety.

**Implication of Nursing Research:**

- Many more research studies could be done to assist the anxiety level of highly feasible and less expensive therapy in various other conditions and settings.
- Nurses are encouraged to conduct the interventional study regarding anxiety.

**Recommendation**

- The findings of the present study can be used as a guide of future research
- Interventional study can be undertaken to reduce the anxiety.
- A study can be conducted in preventing aspect of anxiety.
- To make the recommendation to the government to arrange compulsory medical check-up on the yearly basis for the nursing personnel.

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#### **Declaration of Competing Interest**

None

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#### **Data Availability**

Data is available in the form of hard copies.

#### **Supplementary Item**

Adobe Acrobat Document