

Level Of Psychosocial Wellbeing Among Mothers Of Children Admitted To Selected Icus

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Cite this paper as: Dr. Komala H K, Dr. Nalini M, Chandravathi K S, (2025) Level Of Psychosocial Wellbeing Among Mothers Of Children Admitted To Selected Icus. *Journal of Neonatal Surgery*, 14 (23s), 370-376.

ABSTRACT

Background: A maternal bond is the [relationship](#) between a [mother](#) and her child. The mothers' psychosocial wellbeing is crucial because it directly influences their ability to cope with the situation, their interactions with healthcare providers, and their capacity to care for their child. Additionally, the mental health of mothers can have significant secondary effects on the child's health and recovery process. For instance, a mother's psychological distress can impact her capacity to provide optimal emotional and practical care for her child during and after their ICU stay.

Methodology: The research design used in this study was the descriptive design. 30 mothers were selected by Non-probability convenience sampling technique. The tools used for data collection was a The DASS-42 is a 42 item self-report scale designed to measure the emotional states of depression, anxiety and stress.

Results: The study revealed that 83.3% of the subjects have extremely severe depression and 16.7% have severe depression and there is no moderate, mild and normal depression. 100% of the subjects have extremely severe level of anxiety. And 40% of the subjects have extremely severe level of and 56.7% have severe level of stress and 3.3% have moderate level of stress.

Conclusion: The findings of the study concluded that mothers have poor psychosocial wellbeing.

Keywords: Assessment, mother, psychosocial wellbeing.

1. INTRODUCTION

Mothers are women who inhabit or perform the role of bearing some relation to their children, who may or may not be their biological offspring. Thus, depending on the context, women can be considered mothers by virtue of having given birth, raising their child(ren), supplying their ovum for fertilisation, or some combination thereof. Such conditions provide a way of delineating the concept of motherhood, or the state of being a mother.¹

The meaning of being a mother is virtually endless. A mother is a protector, disciplinarian and friend. A mother is a selfless, loving human who must sacrifice many of their wants and needs for the wants and needs of their children. A mother works hard to make sure their child is equipped with the knowledge, skills and abilities to make it as a competent human being with others. Being a mother is perhaps the hardest, most rewarding job a woman will ever experience.¹

A maternal bond is the relationship between a mother and her child. While typically associated with pregnancy and childbirth, a maternal bond may also develop in cases where the child is unrelated, such as an adoption and other condotion.²

Parents experience multiple sources of stress during hospitalization of their child in paediatric intensive care unit (PICU), related to the child's health condition, physical appearance, uncertainty of recovery, sights and sounds of the environment, painful procedures, and alteration of parental role.³

Both physical and emotional factors influence the mother-child bonding process. In separation anxiety disorder a child becomes fearful and nervous when away from a loved one, usually a parent or other caregiver. New mothers do not always experience instant love toward their child. Instead, the bond can strengthen over time. Bonds can take hours, to months to develop.⁴

Psychosocial well-being refers to the emotional, psychological, and social dimensions of a person's overall health. For mothers of children admitted to Intensive Care Units (ICUs), the challenges of managing stress, emotional pain, and social isolation are significant, particularly due to the critical nature and condition of the of their child's condition. The ICU is a high-stress environment where medical interventions are intense, and the child's life is often at risk, leading to overwhelming psychological and emotional experiences for parents, particularly mothers, who are typically the primary caregivers.⁵

Research shows that parents of critically ill children in ICUs experience high levels of anxiety, depression, and stress due to the uncertainty surrounding their child's condition and the prolonged separation from their daily routines and support systems (Muller et al., 2013). These mothers often face feelings of helplessness, guilt, and fear, anxiety, while also managing practical concerns such as financial stress, work-life balance, and the emotional needs of other family members (Jones et al., 2015). Furthermore, the ICU environment often exacerbates these feelings due to the constant monitoring of their child's condition and the highly specialized nature of care that leaves little room for parents to participate actively in the medical decision-making process (Brosig et al., 2011).⁶

Despite the clear psychological strain on mothers, there has been limited research on how their psychosocial well-being is affected and what interventions could support them during this highly stressful period. Understanding the psychosocial well-being of mothers in these situations is vital for developing comprehensive care strategies that address the emotional and psychological needs of families alongside the medical needs of the child. This study aims to assess the level of psychosocial well-being among mothers of children admitted to selected ICUs, focusing on emotional, psychological, and social challenges faced by these mothers. By examining these factors, the research seeks to identify potential areas for improvement in the support systems and care practices that could help alleviate stress and promote better peace of mind and mental health outcomes for mothers in such high-pressure situations.⁷

To increase the quality of family care, professional guidelines recommend proactive family engagement and support in the ICU, such as family presence and involvement in care, structured information, communication and support for families, or the use of specific consultations or roles. In recent years, several studies have investigated the effects of structured communication and family support interventions, which often include a family navigator role. These studies report a positive effect on the length of ICU stay, quality of communication, and satisfaction with care. Findings on psychological distress, such as stress, depression, or anxiety, however, remain inconclusive. Despite these promising results, best practice around family engagement and support in the ICU remains inconsistent and insufficiently implemented. More knowledge about the effectiveness of family support intervention in the ICU is needed. Hence, to increase quality of family care and reduce psychological distress, we introduced a family support intervention as part of a [quality improvement](#) initiative that aimed to address families' needs for relational engagement, consistent and constant communication, and emotional and practical support during critical illness. The aim of the study was to examine the intervention's impact on family members' satisfaction with care, which was the primary outcome, their sense of wellbeing, and post-ICU psychological distress. To increase understanding of the intervention effectiveness, we explored patterns and associations between the intervention's characteristics and family member or mothers' outcomes.⁸

The psychosocial wellbeing of mothers not only affects their own health but also influences their child's recovery. Research has shown that when parents, particularly mothers, are emotionally supported, they are better able to support their child through the recovery process it also help in prevention of complication. A mother's mental state also affects the overall family dynamics, which can influence the caregiving environment at home once the child is discharged from the ICU or hospital.⁹

Mothers' involvement in their child's care, including participating in medical decisions, being present during treatments, and providing emotional support, can enhance the child's recovery. However, if the mother is experiencing significant psychosocial distress, it may impair her ability to engage fully in these activities, which could negatively affect the child's emotional and physical recovery.¹⁰

Objectives of the study

1. To assess the level of psychosocial wellbeing among mothers of children admitted to selected ICUs.
2. To develop a nurse -led intervention programme to enhance the psychosocial wellbeing of mothers of children admitted to selected ICUs regarding psychosocial wellbeing.

Hypothesis:

All hypothesis will be tested at 0.05level of significance.

H₁ - There will be a statistically significant association between levels of psychosocial wellbeing among mothers of children admitted to selected ICUs and their selected demographic variables.

Methodology:

Research Approach: Qualitative descriptive Approach

Research design: Descriptive research design

Setting: Selected hospital in Dakshina Kannada District

Sample size: 30 Mothers of children admitted to selected ICUs

Sampling Technique: Non- probability convenience sampling technique.

Tool for data collection

Part I was the demographic proforma: consist of 17 items related to demographic data of participants.

Part II was the DASS-42 is a 42 item self-report scale designed to measure the emotional states of depression, anxiety and stress..

2. METHOD OF DATA COLLECTION

Data was collected personally by the investigators with due permissions from the concerned authorities, and informed consent was obtained from the participants in a consent form. Institutional ethics committee approval was obtained. Test was conducted for the for mothers if children admitted to ICU. Collected data was analysed through descriptive statistics.

Results

Section 1: Demographic profile of the Mothers.

Table 1: Distribution of Respondents according.

N=30

		Count	Column N %
Age of the mother in years	18-25	5	16.7%
	26-35	18	60.0%
	36-45	7	23.3%
	Total	30	100.0%
Education of Father	S.S.L.C	16	53.3%
	PUC	5	16.7%
	GRADUATE	2	6.7%
	POST GRADUATE	3	10.0%
	DIPLOMA	4	13.3%
	Total	30	100.0%
Education of Mother.	S.S.L.C	13	43.3%
	PUC	5	16.7%
	GRADUATE	10	33.3%
	POST GRADUATE	2	6.7%
	Total	30	100.0%
Number of children	1 child	10	33.3%
	2 child	14	46.7%
	>2 child	6	20.0%
	Total	30	100.0%

Religion:	Hindu	19	63.3%
	Muslim	11	36.7%
	Total	30	100.0%
Occupation of Father	Government	2	6.7%
	Private	19	63.3%
	Business	4	13.3%
	Others	5	16.7%
	Total	30	100.0%
Occupation of Mother	Private	7	23.3%
	House wife	23	76.7%
	Total	30	100.0%
Area of Living	City/Town	7	23.3%
	Village	23	76.7%
	Total	30	100.0%
Income of Father	APL	12	40.0%
	BPL	18	60.0%
	Total	30	100.0%
Income of Mother	APL	10	33.3%
	BPL	20	66.6%
	Total	30	100.0%
What is the ordinal position of the child:	First Child	20	66.7%
	Second child	8	26.7%
	Third child	2	6.7%
	Total	30	100.0%
Family type:	Nuclear family	23	76.7%
	Joint family	7	23.3%
	Total	30	100.0%
How many siblings does this child have?	None	10	33.3%
	One	13	43.3%
	Two	6	20.0%
	Three	1	3.3%
	Total	30	100.0%
Who takes care of the child at home?	Parents	27	90.0%
	Grand Parents	3	10.0%
	Total	30	100.0%

Is your child dependent for activities of daily living?	Fully	18	60.0%
	Partially	7	23.3%
	Not at all.	5	16.7%
	Total	30	100.0%
Do you get support from your spouse?	Yes	30	100.0%
	Total	30	100.0%

The result indicates that Out of 30 samples, about 60% belong to the age group 26-35 years, 23.3% belong to age group 18-25 years. Based on education of the father, 53.3% of the respondents were SSLC and 16.7% were PUC, 13.3% study in diploma, 10.0% are post graduate. It is also evident that, 43.3% of the respondents mother were SSLC, 33.3% were mothers graduate, 16.7% were PUC, and 6.7% was post graduate.

It is also evident from the table that Out of 30 samples, about 46.7% were had two children, 33.3 had single child, 20% respondent had more than two children. In respondent 63.3 are Hindus and 36.7% are Muslim religion. In respondents 63.3% of the father private employs and 16.7% are doing other occupation, 13.3 % are doing business, only 6.7% are government employ, and 76.7% mothers are house wife and 23.3 % mothers are doing privet job. In respondent 76.7% are living in village and 23.3 are living in city. 60% of father having BPL cards and 40% having APL cards, incase of mothers 66.6% having BPL card and 33.3% are having APL cards.

The table shows that for 66.7% of child are first child in ordinal position, 26.7% are second child and 6.7% are third child, 76.7% people are nuclear family and 23.3% joint family, 43.3% are having one siblings, 33.3% children don't have siblings, 20% have two siblings and 3.3% have three siblings, 90% child was take care by the parents and 10% children was taken care by grand parents, 60% children fully dependent for activity of daily living, 23.3 are parietally dependent, 16.7% are not at all dependent. 100% of the mothers are getting spouse from their spouse during difficulties.

To assess the level of psychosocial wellbeing among mothers of children admitted to selected ICUs.

Table 2: Mean and standard deviation for the mothers regarding level of depression (Pre test):

Period	N	Minimum	Maximum	Mean	Std. Deviation	Median
Depression Pre	30	24	37	31.33	3.54	31.00

Table 3: Frequency and percentage distribution for the mothers regarding level of depression (Pre test):

Depression	Count	Column N %
Normal(0-9)	0	0.0%
Mild(10 - 13)	0	0.0%
Moderate(14 - 20)	0	0.0%
Severe(21 - 27)	5	16.7%
Extremely Severe(28+)	25	83.3%

The above table depicts that 83.3% of the subjects have extremely sever depression and 16.7% have severe depression and there is no moderate , mild and normal depression.

Table 2: Mean and standard deviation for the mothers regarding level of anxiety (Pre test):

Period		N	Minimum	Maximum	Mean	Std. Deviation	Median
Anxiety	Pre	30	21	37	31.00	4.10	31.00

Table 3: Frequency and percentage distribution for the mothers regarding level of anxiety (Pre test):

		Count	Column N %
Anxiety	Normal(0-7)	0	0.0%
	Mild(8 - 9)	0	0.0%
	Moderate(10- 14)	0	0.0%
	Severe(15 - 19)	0	0.0%
	Extremely Severe(20+)	30	100.0%

The above table depicts that 100% of the subjects have extremely sever level of anxiety.

Table 2: Mean and standard deviation for the mothers regarding level of stress (Pre test):

Period		N	Minimum	Maximum	Mean	Std. Deviation	Median
Stress	Pre	30	20	38	32.47	3.57	33.00

Table 3: Frequency and percentage distribution for the mothers regarding level of stress (Pre test):

		Count	Column N %
Stress	Normal(0-14)	0	0.0%
	Mild(15 - 18)	0	0.0%
	Moderate(19 - 25)	1	3.3%
	Severe (26 - 33)	17	56.7%
	Extremely Severe (33+)	12	40.0%

The above table depicts that 40% of the subjects have extremely sever level of and 56.7% have severe level of stress and 3.3% have moderate level of stress.

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