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# Effectiveness of Parent Education Programme on Parental Anxiety in Parents of Children Admitted in Pediatric Intensive Care Unit

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**Abstract:** ***The present study to develop and assess the effectiveness of Parent Education Programme on prevention and management of anxiety in parents of children admitted in PICU of selected hospitals in New Delhi. The sample consisted of 80 parents of children admitted in PICU. 40 samples each for experimental and control group by using purposive sampling technique. Speilberger state trait anxiety scale (STAI) was used to assess the level of anxiety. Parent Education programme were developed and administered to reduce the parental anxiety. The result revealed that difference between pre- test and post -test anxiety score 't' value was 14.57 for degree of (39) at 0.05 level of significance. This shows that there is significant decrease in anxiety after administration of Parent Education Programme. The post- test mean anxiety score of experimental group and the post- test mean anxiety score of control group shows 't' value of 6.5 for the degree of freedom (78) at 0.05 level of significance. This shows there is significant decrease in anxiety experimental group than the control group after the administration of Parent Education Programme. There is significant association between level of anxiety of parents and age of parent, type of family and education of parents. But there was no association with respect to other variables of parents such as occupation and gender.***

**Keywords:** PICU (Pediatric Intensive Care Unit)

## 1. Introduction

The admission of one's child to an intensive care unit is one of the greatest stressors a parent can face. Hospitalization under the best circumstances is a stressful experience for the child and the family. Hospitalization inherently involves some degree of separation, unfamiliar routines, and dependence on hospital staff who are strangers, varying degree of physical discomfort, and change in usual roles for both the child and family. When a child is seriously ill and as to require admission to an intensive care unit, it cause extreme distress and is likely to throw the family unit, especially parents into turmoil. [1] The intensive care environment is strange and frightening to most parents. The child in the intensive care unit is a seriously ill child, often covered with many tubes, infusion lines and surrounded by life saving machines, flashing lights, alarms, buzzing and beeping monitors and gurgling suction pumps. In addition to mechanical stimuli, one can discern moaning, crying, screaming and last gaps of life. Sights of blood, vomitus, excreta, unconsciousness and helpless children assault sensibilities. This violates the parent's usual role in caring for the child and causes displacement, passivity and profound helplessness. The staff in the unit may be preoccupied with caring for children, whose survival depends on sophisticated, complex, physiological support, only the intensive care unit can provide, and have little time to assist parents during their crisis. The constant intervention required by health team members to ensure the child's ability can not only be overwhelming, but may add to the tremendous anxiety and stress experienced by the family. [2]

When a child is admitted to **peadiatric intensive care unit (PICU),** the dynamics of the entire family is altered, parents find themselves thrust into unfamiliar roles, including negotiating an often overwhelming health care setting, integrating information about the child's illness and participating in emotionally laden decision making. Family routines are suddenly disrupted and traditional roles are altered. In addition, parents must balance multiple demands, including traveling to the hospital or temporarily residing at the hospital, maintaining a home, caring for other children, meeting financial obligations and negotiating employment circumstances and many other such obligations. Because of the parents inability to understand why the child is so ill, all patients experience a period of self blame. Many parents choose to explain the child's illness as a manifestation of either God's will or God's punishment of the parents through the child. Parents experience feelings of guilt, of the possibility of child neglect by them. These parents obviously require support, understanding and time to the situation. [3]

## 2. Material and methods

80 parents of hospitalized children admitted in PICU of Selected Hospital (40 sample in each group i.e. experimental and control group) were included using Non probability Purposive sampling technique. Structured interview schedule & Speilberger state trait anxiety scale (STAI) was used to collect the demographic characteristics & assess the level of anxiety of parents of hospitalized children for both the experimental and control group. The Speilberger's State Trait Anxiety Inventory (STAI) Scale was developed by C.D Speilberger, R.L. Gorusuch and Lushene. It is a standardized and well established anxiety rating scale STAI scale used to assess the anxiety level of parents of hospitalized children in PICU. This state scale consists of total 20 items numbered 1 to 20, each to be answered in 4 point Likert scale format viz not at all, somewhat, moderately, and very much. The state anxiety scores were arbitrarily interpreted as: **20-40: Mild level of anxiety, 41-60: Moderate level of anxiety, 61-80: Severe level of anxiety.** Cronbach alpha formula was used to check the internal consistency of the STAI scales to assess the anxiety of parents and it was found 0.86 where as the accepted range is between ±1.

**Data Collection Procedure**

On the Day 1 of ICU admission, the investigator introduced self and explained the purpose of the study to both the experimental and control group. Informed consent was taken from the parents and administered STAI anxiety scale questionnaire (state anxiety) to the parents of hospitalized children for both the Control and Experimental Group, followed by administration of Parent Education Programme for the experimental group only. The time taken for the completion of the STAI anxiety scale questionnaire (state trait anxiety) varied from 20-25 min for the study subject. On 5th day of admission post interventional anxiety level assessed by using the same anxiety scale of parents of hospitalized children admitted in PICU for both the Control and Experimental Group.

## 3. Results and Discussion

In present study there was significant decrease in anxiety level of parents after the administration of PEP (the 't' value was 14.57 at 0.05 level of significance).The findings of the present study were consistent with the findings of the studies conducted by Nazan C.[11], Josy. A Mathew[22], Alpert-G.L & Feinstein N F [4]. In a study conducted by Nazan C.[11] 88 parents were given the information about the child's disease condition and prognosis level which made a significant reduction in the parent's anxiety level. In a study conducted by Josy. A Mathew[22] for 60 parents in 2012, the findings revealed that the planned teaching programme was an effective strategy for gaining knowledge and helped in reduction of anxiety level of parents. Alpert-G.L &Feinstein N F. [5] conducted COPE programme for 174 mother of children hospitalized in the pediatric intensive care units. The findings of this study indicated that mothers who received COPE program experienced improved maternal functional and emotional coping outcomes, which resulted in significantly fewer child adjustment problems, in comparison with the control group.

**Tables and figures**

Out of 80 parents, Majority of the subjects in the experimental group i.e., 21 (52.5%) were in the age group of 21-30 years whereas in the control group, majority of the subjects 18(45%) were in the age group of 31-40 years. Majority of the parents in the experimental group i.e., 30 (75%) were female, 10(25%) were male whereas in the control group, majority of the parents 28(70%) were female, 12(30%) were Male.

**Table 1:** Frequency and percentage distribution of level of Pre-test anxiety score of parents of hospitalized children in PICU, n = 80

| | Experimental group ($n_{1=}$ 40) | | Control group ($n_{2=}$40) | |
|---|---|---|---|---|
| Level of Anxiety Score | F | (%) | F | (%) |
| Mild | 14 | 35% | 9 | 22.5% |
| Moderate | 26 | 65% | 31 | 77.5% |
| Severe | 00 | 00 | 00 | 00 |

The data presented in table 1 shows that in both experimental and control group the majority 65% & 77.5% respectively were having moderate anxiety while 35% in experimental & 22.5% were having mild anxiety in Control group. None of the parents in both the groups had severe level of anxiety.

**Table 1.1:** Frequency and percentage distribution of level of Post-test anxiety score of parents of hospitalized children in PICU, n= 80

| | Experimental group ($n_{1=}$ 40) | | Control group ($n_{2=}$40) | |
|---|---|---|---|---|
| Level of Anxiety Score | f | (%) | f | (%) |
| Mild | 32 | 80% | 16 | 40% |
| Moderate | 08 | 20% | 24 | 60% |
| Severe | 00 | 00 | 00 | 00 |

The data presented in table 1.1. Shows that after the administration of PEP in the experimental group majority of the parents had mild anxiety (80%) whereas in control group majority (60%) continued to have moderate anxiety.

**Table 2:** Mean, Mean difference, Standard deviation difference & 't' value showing the effectiveness of Parent Education Programme among Experimental group, $n_1$=40

| Group | Observation | Mean | Mean Difference (MD) | Standard Deviation Difference (SSD) | "t" Value |
|---|---|---|---|---|---|
| Experimental Group | Day 1<br>Day 5 | 45.6<br>33.65 | 11.95 | 2.07 | 14.57* |

*significant at 0.05 level of significance

The data presented in table 2.shows that mean anxiety score of experimental group day 1 was 45.6 and the mean anxiety score of day 5 was 33.65 with a mean difference of 11.95 which was found to be statistically significant as evident from the t value of 14.57 for the degree of freedom ( 39) at 0.05 level of significance. This shows that there was statistical difference found between pre-test and post-test anxiety score of parents of experimental group. There is significant decrease in anxiety after Parent Education Programme.

## 4. Conclusion

Hospitalization of children in the intensive care units can be modified as growth experience for parenting. Nurses can make a significant positive difference for parents of critically ill children. By providing care that is inherently supportive to parents, we can help to make the experience of a parent of a critically ill child as positive as possible by providing knowledge about the critical environment with the help of education programme which helps in reducing their anxiety level. Therefore anxieties of parents of hospitalized children were reduced after the administration of Parent Education Programme.

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