



Nursing Practice about Overcome Stress on Mothers of Children during Hospitalization

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ABSTRACT:

Background: The hospitalization of a child is often a critical event, generating a considerable amount of stress among family members, particularly the mothers. Nurses play an important role in children's hospitalization process. Involve mothers in caring for reduce over stimulation. Identify areas of deprivation necessary care and provide a substitute. Additionally, there are nursing practices to overcome stress in mothers of hospitalized children through four phases of hospitalization; Caring Practices at Diagnosis and Induction Therapy, Caring Practices During Active Therapy, Caring Practices During Maintenance Therapy and Caring Practices During Follow-up In the last phase. **Aim:** To high light the knowledge and practice of nurses about overcome stress on mothers of children during hospitalization. **Design:** A descriptive research design was utilized for this study. **Tools:** PubMed, Google scholar and Egyptian Knowledge Bank were searched using the following keywords: [Nursing practices, Mothers' stress and hospitalized children]. The authors also screened references from the relevant literature, including all the identified studies and reviews, only the most recent or complete study was included. Documents in a language apart from English have been excluded as sources for interpretation was not found. Papers apart from main scientific studies had been excluded: documents unavailable as total written text, conversation, conference abstract papers and dissertations. **Results:** Equal percentage of studied mothers (more than one third) were in age group 20:> 25 years and had preparatory education. Additionally, the majority of the studied mothers married and not working, as well as more than one third of them achieved high level of engagement in the care of their hospitalized children, there was a strong statistically significant negative correlation between mother's stress score and their coping strategies score. **Conclusion:** The hospitalization of a child is a highly stressful experience for both the mothers and their child. A pediatric nurse deals not only with the child but also with all the anxieties and demands of the mothers. Nurses should provide psychological support to the child's mothers. This could be done in association with mothers and could help in decision making. Better cooperation in nursing team was also required. Therefore, the nurses must have high level of knowledge, work experience to alleviate mothers stress and the huge work tasks. **Recommendation:** Applying an educational intervention program to relieve stress and improve coping styles for mothers of hospitalized children.

Keywords: Hospitalized Children, Mothers' Stress and Nursing Practice.

Introduction:

A child is a human being between the stages of birth and puberty or between the developmental period of infancy and puberty. The legal definition of child generally refers to a minor, otherwise known as a person younger than the age of majority. Children generally have fewer rights and responsibilities than adults. They are classed as unable to make serious decisions [48]. Ensuring and promoting the health and well-being of children is an important goal for all communities, since factors that result in poor health outcomes for children can lead to health

concerns in adulthood. Health promotion focuses on improving and protecting the health of different populations and communities, including children and their families. Health promotion programs aim to reduce health disparities and improve health outcomes. Programs that focus on improving the health and well-being of children in early childhood may be implemented in homes, childcare settings, and other community-based settings [37].



In spite of best preventive and promoted healthcare, some children become sick and need hospitalization. Whether it is a brief hospital admission, a follow-up, check-up, surgery, or recurrent hospitalizations due to chronic illness, a child who is hospitalized creates a crisis within the family. A child's responses to hospitalization are associated with the developmental level but usually include fear of separation, loss of control, injury, and pain^[28]. Hospital admissions were defined as hospital stays for at least one night. Hospitals provide extensive resources and expertise that enable doctors to rapidly diagnose and treat a wide range of diseases

Children are admitted to a hospital when they have a serious or life-threatening problem (Acute or chronic). They also may be admitted for less serious disorders that cannot be adequately treated in another place (such as at home or in an outpatient surgery center). A doctor, the primary care doctor, a specialist, or an emergency department doctor determines whether children have a medical problem serious enough to warrant admission to the hospital^[21].

The main goal of hospitalization is to restore or improve health so people can return home. Thus, hospital stays are intended to be relatively short and to enable people to be safely discharged to home or to another health care setting where treatment can be completed^[25].

For many children, hospital admission begins with a visit to the emergency department. Knowing when and how to go to an emergency department is important. When people going to the emergency department, they should bring their medical information. They should also bring a copy of their most recent medical summary and records of recent hospital stays. However, many people do not have these records. In such cases, the hospital staff typically obtains the information from the primary care doctor, the hospital records department, or both. Children may require a mother or other caregiver to stay at the hospital most of the time^[5]

Hospitalization is a major cause of anxiety and inconvenience to the children as well as the family/caretakers. Repeated hospitalizations further aggravate these problems, adding an element of uncertainty and sometimes, casting doubt on the credibility of the health care service. Each readmission also adds burden to the limited health resources, especially in public hospitals. Readmissions are often considered as an indicator of the quality of care provided during previous hospitalization. However, all readmissions are not avoidable and may be unrelated to the previous

hospitalization. Even related readmissions might be preventable or non-preventable^[32].

Potential reasons for readmission: reportedly include causes related to the natural course of the disease or its complications, mistakes made by physicians at the time of discharge from previous hospitalization, non-compliance of post-discharge advice by patient/caregiver or development of unrelated illness. Some readmissions are merely for the purpose of planned investigations or treatment cycles. High readmission risk may also be related to other host factors make a child susceptible to re-hospitalizations, e.g. chronic illnesses, severe malnutrition or environmental factors^[45].

Impact of hospitalization on children:

On neonate:

Hospitalization interrupts the early stages of the development of healthy mother- child relationship (Bonding). Hospitalization also lead to sensory motor deprivation (tactile, visual, auditory and kinesthetic) and sensory bombardment^[51].

On infants:

Infant's reaction are mainly separation anxiety and disturbance of development of basic trust, when the infant is separated from mother and when illness and hospitalization. Emotional withdrawal and depression are found in the infants of 4 to 8 months of age, hospitalization can interference with growth and delayed developments also found^[43]

Reactions of the toddlers:

The toddlers protest by frequent crying, rejecting nurse's attention, urgent desire to find mother and showing signs of distrust with anger and tears, especially when with mothers. In despair, the toddler becomes hopeless, apathetic, anorectic, looks sad, cry continuously or intermittently and use comfort measures like thumb sucking, fingering lip and tightly clutching a toy. In denial, the child reacts by accepting care without protest and represses all feelings. The child does not cry in the absence of mothers and may seem more attached to nurses^[18].

Reactions of preschool child:

The preschool children adopt various mental mechanisms (defense mechanisms) to adjust with the stressful experiences of hospitalization and prolonged illness. They react by exhibiting regression, projection, replacement, identification, aggression, denial, withdrawal and fantasy, the stage of protest in preschool children is usually regression^[66].

Reactions of the school child:

The school aged children are concerned with fear, worry, fantasies, modesty and privacy. They react with defense mechanisms, like regression,

separation anxiety, negativism, depression, phobia, unrealistic fear suppression of denial of symptoms and conscious attempt of natural behavior^[45].

Reactions of adolescent:

Adolescents are concerned with lack of privacy, separation from peers or family and school, interference with body image or independence or self-concept and sexuality. They react with anxiety related to loss of control and insecurity in strange environment. They may show anger and demanding or uncooperative behavior or increased dependency on mothers and staff. They may adopt mental mechanism like intellectualization about disease, rejection of treatment, depression, denial or withdrawal^[14].

Impact of hospitalization of child on mother:

In fact, this situation can be so overwhelming for mothers that they might react by emotionally distancing themselves from their children. These emotional factors might negatively affect the mothers' ideas, thoughts, and representations about the child's appearance and behavior. In particular, mothers of hospitalized babies often have fewer positive ideas and expectations for their children than mothers of healthy babies, although mothers have negative and unrealistic perceptions about their baby and the hospital environment, are often more intrusive, more withdrawn^[24].

Impairment of mother - child attachment, and mother's ability to love and care for the child. The feelings of separation and exclusion could be related to the lack of physical and emotional closeness which are important factors in the early relationship between parents and the newborn infant^[27].

Mothers may experience several and often contradictory emotional reactions including:

Lack of information and knowledge related to child's illness, fear of procedures and treatment of child, fear of unknown that what will happen to child future, fear of financial burden on family, break in the unity of family, separation from the children, feeling of inadequacy as others care for their children, they also feel anxiety, anger, fear, disappointment, self-blame, and possible guilt feeling due to lack of confidence and competence for caring the child in illness and wellness, strange environment in the hospital, society will look upon the illness as a result of something wrong with the mothers^[63].

Mother's experience with Child hospitalization:

Child hospitalization is a stressful experience for both children and their mothers. It is a situation that is traumatic at various levels depending on the age of the child and the cause of hospitalization, Predominately, mothers experience stress when the

child is hospitalized for either an acute or chronic medical condition and in addition to separation from family, friends, and their familiar home environment. Separation of children from their familiar family environment makes mothers feel anxious, especially when they have other well children at home, necessitating the splitting of their time to meet both the ill child and healthy children's needs^[42].

The admission of a sick child into the hospital can result in shock, fear anxiety as well as feelings of guilt and helplessness for mothers during hospitalization, mothers have indicated that they are treated as outsider: a feeling that can heighten their sense of helplessness powerlessness. Having a sick infant, in particular an infant who requires surgical or a medical intervention, can be disruptive and stressful for mothers^[33].

Mothers may be especially affected because they have to change their usual life pattern, adapt to a threatening situation over which they have little control, and fully support the child's needs. The mothers may feel powerless, unsure of themselves, and not know how to respond to the particular situation. The resulting emotional upheaval may be so great that stress may inhibit mother in providing positive support to their hospitalized child. Highly anxious mothers usually are constrained by cultural restrictions in the expression of their feelings, they may have difficulty dealing with emotions^[30].

There are several stress factors for mothers of hospitalized children.

Mother who have an ill infant or child who is hospitalized experience a wide range of stressors which can be classified into: Stressor related to child factors stressors related to social and economic aspects, stressors related to environment and stressors related to hospital staff.

Stressor related to child factors can be due to the child appears lethargic, weak and pale, prolongation of hospitalization, the severity of disease, child's inability to eat, fear of child death, uncertainty about future of the child's medical condition, fear of relapse, child irritability and crying, concern about serum IV fluid and different tubes connected to the child, child's pain, concern about laboratory and imagine^[34].

Stressors related to social and economic aspects include failure to provide comfort to other children due to child illness, problems related to drug availability, inability to pay the costs of treatment and care, concern about academic and school, fear of other children having the same disease, fear of job loss because of the child's disease and being away from work and living place^[10].



Stressors Related to Environment, can be due to noise pollution, crowded room and the large number of children, uncomfortable beds, equipment, concern about unpleasant odors, unfamiliar environment, lack of adequate sanitation and air pollution, no game room to entertain the children and no room to rest for mothers ^[61]

Stressors related to hospital staff include; inadequate explanation about the disease process, inadequate explanation about lab results and diagnostic procedures by physicians, inadequate explanation by nursing staff about finding veins and other procedures, giving the responsibility for monitoring serum IV fluids, turning over responsibility for collecting samples to mothers by the nursing staff, lack of attention from nursing staff about mother's problem, lack of proper nutrition for hospitalized children and unfamiliarity with medical terminology ^[20]

Psychological information has collected from mothers during the hospitalization of their children. Mothers were asked to describe what they feel during the hospital stay, what would have improved their experience and what could have been done better. Three themes were identified from the focus group data: feelings related to the hospitalization's initial shock, adjustments in their parenting role, and returning back to home. In addition, mothers felt that sharing of information was an important aspect helping them during their child's hospitalization ^[29]

Because mother and children are not prepared for child hospitalization. The mother's lack of knowledge of the child's disease condition, length of hospitalization, and the emotional and behavioral changes of their children also adds to the parents' level of anxiety. In addition, uncertainty regarding the health status of their child, combined with a perceived loss of authority, may precipitate a situational anxiety and result in the parents' use of ineffective coping strategies during the time of hospitalization ^[64].

The goal of the nurse is to assist the child and mother to adopt positively to the hospital experience and to facilitate their hospital stay. Nursing support plays an important role in child hospitalization experience where mothers often perceive the environment to be stressful, Common understanding between the nursing staff and the child's mothers can lead to providing higher-quality of medical attention ^[16].

As understanding of Mother's needs is essential to the development of effective nurse-mother relationships and to help minimize Mother's stress, Nurses have central role in the care of sick children; they can alleviate Mother's stress by establishing caring relationships, sharing knowledge

and information, paying attention to supporting mothers psychologically and physically, involving mothers in decision making and empowering mothers in their child's care ^[31].

The role of the HCPs compasses the teaching of health promotion, disease prevention, and health maintenance strategies to achieve optimal outcomes for the patient and family members. Since emotional distress in mothers experiencing a situational anxiety is high, understanding the variables that contribute to this distress is urgently needed ^[69].

Health care professionals need to have a solid understanding of the mother's experience of coping with a sick child, recognize their own strengths and individuality, and seek out the resources to help them as nurses to interpret and respond to the child's and the family's needs. Nurses can facilitate healthy emotional growth by helping parents to gain control of the situation and to maintain positive relationships with their child and other family members ^[13].

Health care professionals will also be able to recognize the lack of a mother's progress in coping and to intervene by engaging other healthcare providers with the expertise to manage a situational anxiety. So that HCPs working in pediatric environments will be better equipped to understand how to optimally support the mothers and, thereby, support the child. The child's unplanned hospitalization was viewed as a factor provoking the situational anxiety ^[50].

Nurses play an important role in children's hospitalization process. Provide for continual contact between child and mother). Minimize isolation and strangeness of mother by explain equipment and procedures for them. Involve mothers in caring for reduce over stimulation (e.g sounds and lights). Identify areas of deprivation necessary care and provide a substitute (e.g loving to) ^[60].

Nursing practices to overcome stress of mothers:

I- Caring Practices at Diagnosis and Induction Therapy:

Five categories of nursing practices are included for the first phase, following the child's diagnosis.

1- Infuse hope in both the child and their mothers (Maintaining Belief). During the first phase, children and mother describe the importance of the nurse infusing hope in them. This could be done by recognizing the child and mother's emotions and needs and having faith in their ability to handle situations, both surviving the disease and getting through procedures, as well as involving the child in the treatment and procedures ^[7].



When interacting with children and mothers nurses should use a positive attitude to get close to those children quickly. In this way, children would eventually think they're nice, caring, nurturing and helpful. Then, they were happy to be compliant to treatment. The attitude or feeling was very important in nursing, children would easily accept those good and nice people as showed in ^[68].

2-Create a trusting relationship (Knowing). According to the interviews, it is essential to create a trusting relationship especially at the beginning of the child's disease, then children would be willing to close with nurse and children know they weren't completely isolated in the room, caring children with eating disorder in the hospital was difficult. However, the nurse found that they can support those children via establishing harmonious relationship ^[57].

Nurses mentioned the timely presence of the mother at the Children bedside was the best emotion support. And the nurses reported that meeting relatives and friends could make children reduce stress and clam them down Mothers' emotional responses during the procedure affect the child and nurse, thus, parents will be allowed to be present with the children during painful procedures ^[3].

Let mothers act as a secure base for their child (Being with). Mothers want nurses to show them that they have time for both the child and the mothers, even in stressful moments. In this phase, it is important to give mothers a specific time for conversations where the nurse communicates a feeling that she/he is interested in the individual child/mother by showing them personal engagement and empathy ^[40].

2-Create stability in life for the child and its mothers (Doing for). This could be done by carefully assessing and planning nursing interventions and giving children and mothers the opportunity to sleep and rest ^[19].

The nurse will be allowed to provide care for child throughout lowing issues:

A) Comfort methods:

In hospital, nurses used a lot of comfort methods to relief children's pain, to help them gain more comfortable feelings. There were two methods that nurses usually did to help the children. They provided some basic needs such as company and used medicine to decrease pain. Children were very sensitive to pain like headache, stomachache or leg pain, and the pain affected their hospitalization experience, lead to cry or shout all day. For children, they felt unsafe and were afraid of nurses and doctors. For nurse, they found it hard to get close to those children. Thus, nurses used comfort methods to handle these problems, and through this process to

leave good impressions from children. Being gentle was vital in nursing, when they took the tape off slowly or punctured gently or spoke patiently, it affected the children ^[25].

B) Shorten medical procedures time:

As nurses are tasked with advocating and providing for the best interests of this sometimes-fragile population. Accomplish this by decreasing the stress and fear reactions that might occur if we do not strategize before we provide care to a child. Although regression is expected with hospitalized children of all ages, it is the nurse's responsibility to foster growth and acclimation within the healthcare setting. Children have stated that their worst fears during hospitalization are those related to nursing interventions such as needle sticks during IV insertion or injections a ^[70].

C) Improvement of sleeping and rest time:

Nurses were supposed to improve hospital environment, provide those children a quiet surrounding to live. Too many people like doctors, students, assistants or professors come to visit or attend would interrupt children all day and lead to uncomfortable feelings and inadequate sleep ^[22]. Nurses can limit visit time for those relatives or friends of children, when they are visiting, let them lower their voice, in order not to influence other children to have a good rest. Nurses can wake those children or their parents up lately which let them sleep more especially when they are busy with people's attending and some tests ^[2].

2-Provide child and mothers with knowledge (Enabling). Children and mothers described their need for knowledge about the disease, treatment, and procedures to be able to understand their new situation and its effect on everyday life ^[35].

Nursing staffs realize the importance of reducing pain to children during procedures. When the nurse informed children and mothers before procedure a little earlier, it will let them be prepared. The nurses suggest that using positive strategies, like playing to prepare and calm the children before painful procedures, and children receive the explanation of the medical procedures ^[17].

II-Caring Practices During Active Therapy:

In the second phase (active treatment) nurses believe that the child and mothers have the capabilities to handle their situation (Maintaining belief). When some time has passed since the child's diagnosis, the child and their parents want the nurse to believe in their capability to handle their situation. According to children and mothers, nurses can create and maintain a positive atmosphere that surrounds them. At this point, children now have quite extensive experience with many procedures, they also



have wishes and demands about how things are to be carried out^[53].

- 1- Communication was very important, developed communication skills with hospitalized children to ensure that quality care was provided. Conversation was one way to support children during NRMP also found that talking was a way to calm children down and it also make children divert their attention. found that children didn't like nurses who fail to provide eye contact or verbal interaction while in the patient rooms. Children liked nurses who not just doing their job, but having conversations with them^[26].
- 2- Perform care skillfully and have extensive knowledge (Being with). According to children and mothers, they want nurses to have extensive knowledge and therefore be able to perform care skillfully. Skillful nurses were perceived as being able to focus on the child and not only the mothers. "It requires certainty in what to do, that it goes smoothly so that you do not have to hesitate. When nurses have the ability to easily distract the child during the seconds that it takes to do the intervention"^[39].
- 3- Create a child-friendly environment (Doing for). skillful nurses also had the ability to make children feel special. "Those who bust most with her, of course it becomes her favorites". Another aspect of how to create a child-friendly environment was described in terms of respecting the child's integrity. "I think there is greater respect for her, or how can I say it. it's important to respect the integrity of a person in care"^[11].

For children, entertainment was also a vital part in hospitalization. When children in hospital, nurses provide them lots of interesting games, toys and activities. Cute toys, dolls and something they like clearly provided support and energy to children. They would play with those children to lessen their stressful feelings and reduce their fear of hospitalization. Children felt happy when nurses communicate in a humor way, leaving a good memory for children in hospitalization was beneficial for them. Playing before medical procedure can calm them down which let them be prepared for treatment^[9].

- 4- Offer specific meetings with the child and mothers to assess the needs of and provide information (Enabling). Children and mothers describe having received information and knowing what will happen as supportive and creating a feeling of thankfulness toward nurses. A prerequisite for feeling supported was having enough information. They wanted nurses to develop a plan to offer specific and repeated meetings with the child and their parents in order to assess their information needs and to give them the necessary information and explanations^[63]

III-Caring Practices During Maintenance Therapy:

Third phase, include the following:

- 1- Trust the child and mothers to carry out tasks themselves (Maintaining belief). A year after diagnosis, children and mothers build on their already extensive experience and knowledge of both their care needs and wants. According to them, nurses need to trust the child and mothers to carry out tasks themselves. "They never get upset when we suggest they listen to our advice, but it's as if they value our experience and opinion"^[23].
- 2- Focus on the child (Being with). Mothers appreciate it when nurses take the time and focus on the child, without making comments about how busy they are, even if nurses have a lot to do. However, if nurses were very busy, mothers appreciate it when nurses schedule a more appropriate time when they can talk in a more relaxed atmosphere^[38].
- 3-Advocacy gave children sense of security, create more trust between children and nurses. Nurses went to see the children when they call them, children think it was a kind of support. Give them enough safety was important for them. Children gave more positive response when they felt nurses' support or advocacy. In addition, accompany can enhance more positive effects such as children weren't afraid of nurses like before, giving hope and courage were good way to support children. Adjust time was very important when it comes to support children in medical procedures^[36].
- 4-Involve the child in practical nursing care as well as decision making (Doing for). In this phase, children stated that they knew the routines and how things were usually carried out. Children still wanted to be involved in practical nursing care, as well as in decision making. Even if parents stressed the importance of standardized routines, they also wanted nurses to be flexible. "she (the child) always lifts up the CVC [central venous catheter] herself she is doing herself and what others to do, depending on who she likes and what she does not like"^[47].
- 5-Support the mothers in handling everyday functioning (Enabling). Even though parents stated that they had broad and in-depth knowledge concerning their child and their treatment, they still wanted repetition and more in-depth information about things they had already gone through^[12].

However, this knowledge sometimes contributes to mother's questioning the care, information, and treatment their child receives. Also, in this phase parents pointed out their need for support in handling everyday functioning: For example, they asked for support in contacting health care services and schools, as well as support in taking

care of the child's siblings, the relationship between spouses, how to handle and set limits for their child and raise them to take care of themselves, such as getting enough physical activity. "I think health care can come up with something that pushes the parents to spend time with the child's siblings as well"^[6].

IV- Caring Practices During Follow-up In the last phase, follow-up:

1-Highlight positive experiences and happy moments (Maintaining Belief). When the child's treatment was completed, the child could not always recall fully what they have been through^[1].

Develop a care plan for future health care contacts (Being With). After the child ended treatment, mothers experienced enduring emotional stress, even if the child felt well. Some mothers reported depressive symptoms and a lack of support. Mothers asked for emotional support: for example, from the hospital psychologist or from other services such as social workers^[48].

2-Help the mother believe in and trust other health care settings (Doing for). Mothers felt thankful and satisfied with the care provided throughout the child's health care team. But for mother, the pediatric unit was still seen as a secure base providing support and treatment. Mothers also found that information and support from nurses were helpful in diminishing these worries. They wanted nurses to help them understand what had happened and to show them where to turn for further knowledge and support. A supporting intervention for the mothers was meeting other mothers in the same situation. "A nurse doesn't really know what it's like to have a child with a tube; other mothers know"^[41].

Mother's Responses to Illness and Hospitalized Child:

It is the nurses' responsibility to promote a sense of security in pediatric patients. In fact, it is the most important item on our to-do list in the healthcare environment of pediatric patients. Feeling secure depends on a sense of physical and psychological safety. Mothers are the most vital key to promoting this safety in the pediatric patient. Mother's presence at the bedside is the best way to decrease anxiety and increase this sense of security in children. Nurses must do everything in their power to decrease mother's stress and anxiety and that will directly impact the child's positive coping^[55].

There are many members in a healthcare facility that can provide support to a mother with a sick child. For example, child life therapy, social work, chaplain support, and inter professional support can all be supplemental to a mother^[59].

In order to help mother, adapt to the hospitalization of the child the nurse should:

1-Build trust with the mother by communicating frequently with them including siblings. This includes education in simple, concrete facts that encourages parents to ask questions. The nurse should ask questions that are open ended to the child, parents, and siblings^[56].

2-Understand that mothers' presence in their child's hospitalization is an extension of the child in order for the child to make sense of what is happening to him/her. Encourage mothers to stay in touch with siblings at home if parents are staying at the hospital. Establish a relationship with the sibling and explain the medical condition of his/her sibling in simple terms. Also, include the sibling in therapy with the patient so the sibling feels he/she is helping his/her sick sibling^[4].

3-Instill a sense of hope in parents by carefully choosing words that elicit hope and focus on the positives in every situation. Encourage mothers to visit their child anytime, stay overnight, and/or call the nurse for an update. Nurses need to assess how much parents would like to be involved and support their choice. The primary goal should be no separation of parent and child in children under 5 years of age^[52].

4-Teach mothers how to talk to their child about the medical procedures, equipment, status, and health concerns. Prepare mothers ahead of time for tough conversations with children to lessen both the parent's and the child's anxiety level^[46].

5-Teach mother how to talk calmly, how to touch to calm the child, and the power of eye contact during procedures. Mothers have a key role in lessening anxiety through coping skills. Children can sense parent's emotional upheaval so working to lessen parent's emotionality is crucial to helping children cope^[44]. Mothers and nurses need to respond to an anxious child with empathy, compassion and acknowledgement^[65].

Current Issues: The hospitalization of a child is often a critical event, generating a considerable amount of stress among family members, particularly the mothers. The risk of mortality in children is associated with several socio-demographic factors, including the mother's emotional well-being and survival, sanitation, and the socioeconomic status of their household^[54]. In 2022, 5 million children died before turning 5 years old. An estimated 2.1 million children, adolescents and youth aged 5–24 years died that same year^[57]. The current infant mortality rate for Egypt in 2023 is 13.166 deaths per 1000 live births^[62].

Nurses and mothers have different perceptions of stressors in the child's admission to a hospital. In other words, efforts that the hospital staff makes to reduce stress for mothers may not be effective, it is



not helpful and increases their stress levels too. Therefore, special attention should be given to identify the stressors in mothers of hospitalized children and moving these stressors and treatment in the same direction and the factors that can reduce the mother's ability to provide childcare and delay in treatment progress

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Conclusion: The hospitalization of a child is a highly stressful experience for both the mothers and their child. A pediatric nurse deals not only with the child but also with all the anxieties and demands of the mothers. Nurses should provide psychological support to the child's mothers. This could be done in association with mothers and could help in decision making. Better cooperation in nursing team was also required. Therefore, the nurses must have high level of knowledge, work experience to alleviate mother's stress and the huge work tasks.

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