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The Anxiety States of Fathers of Hospitalized Children and its Causes

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Abstract

Background: A sick child will affect family directly. The life of the family will extremely change compared to their life before the illness.

Objective: The purpose of this study was to determine the anxiety state of fathers with hospitalized children and its causes.

Method: The study used a descriptive design. It was a cross-sectional study carried out between February and June 2015. The universe of the study consisted of fathers of hospitalized children in a Children's Hospital in Ankara, the capital city of Turkey. The data collection procedure used a socio-demographic characteristics and causes of anxiety questionnaire and State Trait Anxiety Inventory-S.

Results: The states causing anxiety in fathers were defined as child's disease, hospitalization, taking medicine, being unable to accompany the child, procedures, diet, comfort and safety of the child and the father. The mean state anxiety level of the fathers was found to be 48.94 ± 11.68 .

Conclusion: Fathers' anxiety can be reduced by giving them information on the child's disease, hospital conditions and what needs to be done.

Keywords: Fathers, Hospitalized children, Anxiety

The disease of the child causes significant changes in the family order. The life of the family will profoundly change compared to their life before the illness. The parents, brothers and sisters, and the immediate environment as well as the sick child himself/herself will be adversely affected by the disease due to reasons such as increasing expenditures, and the tension created by the treatment process. In families with sick children, the care job usually falls on mothers' shoulders, whereas fathers play a supporting role [2-6]. For this reason, the emotional state of fathers related with their hospitalized children may not have been adequately involved in studies.

Background

It is known that the burden of a disease in the family primarily falls on mothers; however the role of father as a facilitator of the child's integration and a supporter for mother is ignored. It is emphasized in studies that chronic diseases create stress on family members [7]. Riddle et al. conducted a study in 1989 on the anxieties of parents of 155 children staying in intensive care unit. It was argued in this study that mothers experienced more stress than fathers, and that it stemmed from the conflict between the responsibilities of mother role and work role. The medical procedures involving intervention to the child's body are also perceived quite stressful by the mother [8]. Akşit and Cimete reported in their study that the supportive implementations of nurses reduced mothers' anxiety [9].

The procedures during treatment, the purpose of the treatment, and the requirements during treatment may be misunderstood by mothers and fathers. According to Board (2004) because of the nature of the illnesses presented in the pediatric intensive care unit, many procedures are performed on the children, most right at the bedside such as suctioning, obtaining blood, placing intravenous lines and central lines, and performing a lumbar puncture. Seeing a child undergo these events can cause much stress and anxiety in parents [10]. Mothers, in comparison to fathers, have a tendency to reveal depressive symptoms and pressure more [11]. When the related literature is reviewed, it can be seen that studies generally concentrate on mothers [9,12-16], and that studies

Introduction

A sick child will affect not only himself/herself but also the family directly. The impact of the disorder on the child and family can vary by variables such as whether it is a congenital or acquired disease; the age at which the disease was diagnosed; the level of child's compliance; mother-father-child relationship; the stability in the family; the degree of the disease; the diseased body part; the level of pain or loss; type of treatment; the effect of the disorder; the meaning that the