

## Short Communication

# Psychological Impact of the Hospital Stay: The Experience of Mothers of Newborns Hospitalized In Neonatology at Gabriel Toure Hospital

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## Abstract

Hospitalization of newborns leads to tricky psychological concerns. Creating a therapeutic alliance between parents and caregivers is necessary for an optimal care.

**Objectives:** To assess the psychological impact on mothers of newborns hospitalized in the neonatology department of the Gabriel Touré University Hospital.

**Materials and Methods:** We performed a prospective study conducted over a six-month period (from January 1, 2020, to June 30, 2020). The questionnaire was completed by interviewing mothers of newborns hospitalized in neonatology. Data were collected and analyzed on SPSS.

**Results:** The age range of 15-25 years was most represented in our survey with 62%. Ninety-six (96%) of the mothers used to be married and 58% attended school. The welcoming at admittance was acceptable in 62% of cases. All the mothers had consented to the hospitalisation of their newborns. Unfortunately, sadness, fear and anxiety were the most common complaints of the mothers (36%, 28% and 20% respectively). Organization of the department was rated as poor by 96% of mothers, and 58% of those mothers could not identify the function of the healthcare staff during their hospital stay. Access to caregivers was considered unsatisfactory in 54% of respondents.

The diagnosis was explained in 72% of cases and 76% of mothers were involved in caring for their child. Sleep disturbances were noted in 32% of the interviewees. The majority of them had a negative opinion of the hospital stay (74%).

**Conclusion:** Parental support during hospitalization and throughout medical care is crucial to the well-being of the newly born child. The enhancement of communication with the parents of newborns is required for an effective as well as efficient care.

**Keywords:** Psychological impact; Mothers; Newborns; Mali

## Introduction

A newborn's hospitalization in a NICU is an unexpected and stressful event for the family. The hospital stay produces significant psychological and emotional distress for their parents [1]. The depressive symptoms of the mothers in this setting have a negative effect on the mother-infant partnership, especially after a preterm birth. The involvement of parents in neonatal

services remains difficult to achieve, resulting in frustration, disappointment or conflict between medical providers and parents. These negative relationships with caregivers contribute to parental stress. In addition to these difficulties, there are many concerns about the evolution of the health condition of the newborn and, in some cases, the risk of potential sequelae [2].

The management of this anxiety is inseparable from the activity of the pediatrician and all those who care for or interact with sick children. The assistance and support role of the nursing staff with the parents is essential for effective management of the illness. A survey on the psychological impact of the mothers in neonatology can provide some understanding of their suffering. It can also identify suitable solutions for a hospital stay in appropriate settings.

**Methods**

This prospective survey was performed over a six-month period (1<sup>st</sup> January 2020 until 30<sup>th</sup> June 2020). We surveyed mothers of newborns admitted to the neonatal unit of the pediatrics department of the Gabriel Touré University Hospital, who voluntarily accepted to be investigated. They filled out a questionnaire through an interview. All data were analyzed on SPSS. 2.0.

**Results**

Fifty mothers (n=50) participated in the survey. The age range of 15-25 years was the most represented in our survey. Ninety-six (96%) of the mothers were married and 58% were attending school. Forty-four percent of newborns had been referred. Mothers rated the admission reception as good (62%) and worse (20%). All mothers consented to the hospitalization of their newborns (100%). Unfortunately, the most common feelings experienced by the mothers were sadness, fear and anxiety, with 36%, 28% and 20% respectively. The organization of the ward was rated by 96% of the mothers as inadequate and 58% of the mothers could not identify the function of the medical staff during their stay. Mothers who did not attend school could not identify the medical staff (n=15; 50%). The identities and functions of the staff were effective for the mothers who attended school (50%). The caregivers were difficult to contact

in 54% of the respondents. The explanations of the newborn's illness were satisfactory and unsatisfactory in 40% and 60% respectively. The diagnosis was announced in 72% of respondents. The involvement of the parents in the care of the newborn was found in 76% of all participants. The mother's level of satisfaction with the medical visits was as follows: not very satisfied (n=26; 52%), not at all satisfied (n=13; 26%), satisfied (n=9; 18%). The respondents rated the response of caregivers to the problems of newborns as satisfactory (26%) and not satisfactory (3%). The level of attention given to mothers was rated as poor (n=29; 58%), good (n=11; 22%), and excellent (n=8; 16%). Majority of the mothers had a poor opinion of the hospital stay, representing 74%. Seventy percent of mothers stayed between 3-7 days. Family support was effective in 90% of respondents. The sleep disorders and irritability were found in 62% and 30% respectively. One hundred percent of the mothers suggested an appropriate bedroom, improvement of hygiene, environmental conditions and more explanations about the sickness of their newborns.

**Discussion**

In developing countries, where hospital infrastructures are still limited, the stay in the hospital generates asignificant psychological distress for the parents of their hospitalized children. Qualified medical and nursing staffs are insufficient; in addition, there is a crucial lack of facilities for the mothers' stay, to ensure their privacy and comfort. The average age of the mothers in our study was 25 years and 96% of them were married. Jenny H. and Trumello had found 32 and 34 years of age respectively. The age of the wedding and of conception is generally earlier in sub-Saharan Africa and particularly in Mali [3,4]. The quality of care was considered good for 66% of mothers. The quality of reception in the healthcare structures throughout the world remains disparate [5,6]. Anthropologically these disparities are mainly due to socio-cultural factors. There is also the absence of qualified personnel for the reception and the non-existence of a service dedicated to reception in our institutions. As the amount of work for doctors is huge, the time dedicated to the reception of a new patient is very limited and it often becomes difficult. Sadness, fear and anxiety were the feelings most experienced by 36% of mothers when informed of their children's hospitalization. A similar rate is reported in several studies in the literature [7-10]. In sub-Saharan Africa, and particularly in Mali, the hospitalization of a sick child is always anxiety-producing for the family. The conditions of hospitalization are always precarious, and there are also financial problems related to the cost of the child's treatment. Everything is at the charge of the parents, from the basic needs such as syringes to a surgical intervention if necessary. Unfortunately, most families do not have health insurance. Parents have to participate passively in the delivery of care because of the personnel deficit. In this survey 74% of mothers had a negative opinion of the hospital stay. There is no designated area for mothers in our facilities. They are sleeping on mattresses, without any privacy in 78% of the cases. Meals and daily living needs are very challenging due to the lack of suitable facilities. In addition, there are concerns about the prognosis of the child's illness, with a frequent question running through the parents' minds: will the child be recovered? The answer to this delicate question is stressful for the parents, regarding the mutism of the nursing staff. Sleep disturbances, palpitation and irritability are also stressful. The nursing staff can sometimes misinterpret irritability and a conflictual relationship can arise between the caregiver and the parents [11]. Psychological care is not available and the family

**Table 1:** Characteristics of surveyed mothers

Characteristics	Number	Proportion
<b>Age</b>		
15-25 years	31	62
26-35 years	10	20
>35 years	9	18
<b>Wedding status</b>		
Married	48	96
Unmarried	2	4
<b>Wedding regime</b>		
Monogamy	31	62
Polygamy	17	34
<b>Educational level</b>		
Primary school	7	14
Secondary school	15	30
University level	7	14
No schooling	21	42
<b>Difficulties encountered</b>		
Financial	10	20
Insufficient explanations	9	18
Non-understanding of the medical vocabulary	5	10

**Table 2:** Identification of personnel according to mothers' level of education Personnel identification Unschooling Mothers schooled Mothers p-value.

Personnel identification	Unschooling Mothers	Schooled Mothers	p-value
Always	6	14	0,04
Never	15	14	

circle remains the only means of appeasement in 94% of cases. The most frequent pathologies in our neonatology department are perinatal anoxia, prematurity and neonatal infection [12]. The majority of mothers knew their children's diagnosis, which represented 72%. Caregiver attention to mothers was 58%. The lack of communication and especially the announcement of the discontinuation of care or the start of palliative care are very delicate to announce. The families are in denying of the information given by the doctor and are always asking for healing care. The practitioner is often in a dilemma, resulting in over-medication of the patient and subsequent worsening of the health condition of the patient. Identification of staff and their function is relatively low among parents. It represented 58% in our survey. This situation is harmful to the quality of care in general. Mothers do not know who to contact for a specific problem. The staff approach was stressful for the mothers in 54% of the cases. In general, the conditions of hospitalization have a great influence on the therapeutic results in intensive care units [13,14]. However, the conditions for a real integration of parents in neonatology services remain difficult to implement, leading to resentments, disappointments or conflicts between medical providers and parents.

### Conclusion

Every illness, any unusual symptom is a source of anxiety for the parents, the patient and their family. The management of this anxiety is inextricably linked to the activity of the health care personnel. Parental assistance is fundamental to the child's well-being. It is therefore necessary to talk with the parent in distress in order to provide some relief.

### Conflicts of Interest

The authors declared no conflicts of interest.

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