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Original Article

SOCIAL SUPPORT OF IRANIAN MOTHERS IN NEONATAL INTENSIVE CARE UNITS
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ABSTRACT

Background and aim: Social support can help mothers to overcome high level of stress and anxiety that they experienced during time of neonate hospitalization. Knowledge about level of social support that mothers received allows health care team members to plan counseling strategies for them. Present study performed to examine social support of Iranian mothers who have neonate in neonatal intensive care units. Methods: This is a descriptive cross sectional study that conducted in 2015. Study performed in Kerman a city located in south of Iran. Sample was selected with using convenience sampling method. Data were collected with using a self-designed demographics check list and a 27 item social support questionnaire. Social support questionnaire measured 1) perceptions of social support and 2) satisfaction with this social support. Data analysis performed with using SPSS 16 software. Results: 133 mothers participate in our study. Most of them have age between 25 to 34 years (61%). The mean score of perceptions of social support was 1.38±0.05. The mean score of satisfaction with that social support was 4.92±1.13. Level of education and age were two demographics variable that showed significant relationship with perceptions of social support and satisfaction with this social support (p<0.05). Conclusion: In a time of neonate admission in intensive care units, mothers need to the high level of social support to manage this situation and overcome this stressful condition. Results of the present study revealed that Iranian mothers who have neonate in intensive care units received a moderate level of social support. Health care management should pay more attention to this important issue. Further investigation in this regards needed.

Keywords: social support, mothers, infants, intensive care unit, critical care, developing country.

INTRODUCTION

Intention about existed an especial ward for treatment and caring for newborns with critical clinical situation developed about six decades ago [1]. Nowadays, the most common reasons for admission of a neonate in neonatal intensive care units are prematurity, respiratory distress syndrome; infections especially blood infection, birth asphyxia, meconium aspiration during delivery and neonatal jaundice [2, 3, 4]. According to results of a study in the US in 2012, there were 43.0 and 884.1 neonatal intensive care units admissions per 1000 normal-birth-weight infants and per 1000 very low-birth-weight infants respectively [5]. Admission of a neonate into the neonatal intensive care units is a very stressful event for a parent [6, 7]. Factors such as length of intensive care unit stay, alterations and changes in parenting role, exposure to a highly technical and sophisticated environment in intensive care units, restricted visitation policy in intensive care units, and the appearance of their preterm neonate in illness situation are most common cause of this stress [8, 9].

Social support can help mothers to overcome the high level of stress and anxiety that they experienced during the time of neonate hospitalization especially in a time of intensive care units admission. Several definitions exist for social support. According to Zare Shahabadi et al., definition "social support can be defined as the interactive process through which emotional and instrumental support is obtained" [10]. A person can obtain social support from the informal or formal system, such as family member, relative, friends, partners, classmate, vicinal, doctors, nurses and other health care team members [11].

With regards to priority of this issue, several studies tried to the examined level of social support that received by mothers of children with the different disease. However, study about the social support of mothers who have neonate in neonatal intensive care units is very limited. Knowledge about the level of social support received by mothers allows health care team members to develop counseling strategies for them. The present study conducted to cover this aim.

METHODS

This is a cross sectional study that conducted in 2015. A study performed in Kerman, a city that located in the south of Iran. Sample size in present study determined with using sample size formula. According to the output of sample size formula, 133 mothers were selected. The sample was selected with using convenience sampling method. Permission for performing study was obtained from a local ethic committee of Kerman University of Medical Sciences and head of Afzalipoor hospital. Participate in the present study were voluntary and all data remained confidential. Inclusion criteria had children in neonatal intensive care units. Mothers with the previous history of mental disorders were excluded from the present study.

Data collection was performed by researchers in one room in Afzalipoor hospital in the morning time. Data were collected with using two instruments. First demographics check list that developed by researchers and includes age, sex, level of education and economic status. The second instrument was social support questionnaire that developed by Sarason et al. [12]. This instrument has 27 questions. Social support questionnaire measured 1) perceptions of social support (SSQN) and 2) satisfaction with that social support (SSQS). In the previous study in Iran, validity, and reliability of Persian version of this questionnaire determined in desirable level [13]. After data collection, data were entered into the SPSS 16 software and analyzed with using suitable statistical test. If p value were less than 0.05, results considered significant.

RESULTS

Totally 133 mothers completed questionnaires. Most of them have age between 25 to 34 years (61%). About 87% of participants were a householder. With regards to educational level, about 41% of mothers have diploma degree. About 75% of mothers not reported any problem during pregnancy time. Most mothers (93.6%) reported that have not feel of embarrassed and frustrated with regards to their infant situation. More than half of mothers (57.8%) have a fear that their infant may be not received enough care in neonatal intensive care units. The mean score of SSQN was 1.38±0.85. The mean score of SSQS was 4.92±1.13. Level of education and age were two demographics variable that showed a
significant relationship with SSON and SSQS (p<0.05) (table 1). Mothers reported that received most support from their spouses.

Table 1: Relationship between Social Support And Demographics Characteristics

<table>
<thead>
<tr>
<th>Demographics items</th>
<th>SSQN Mean score</th>
<th>SSQN mean score</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (year)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 24</td>
<td>4.57±1.36</td>
<td>1.23±0.75</td>
<td>P&lt;0.05</td>
</tr>
<tr>
<td>24 to 35</td>
<td>5.15±0.84</td>
<td>1.42±0.82</td>
<td></td>
</tr>
<tr>
<td>More than 35</td>
<td>4.57±1.34</td>
<td>1.42±1.13</td>
<td></td>
</tr>
<tr>
<td>Level of education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>4.62±1.32</td>
<td>0.96±0.59</td>
<td>P&lt;0.05</td>
</tr>
<tr>
<td>Under diploma</td>
<td>4.65±1.49</td>
<td>1.34±0.95</td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>4.98±1.11</td>
<td>1.42±0.79</td>
<td></td>
</tr>
<tr>
<td>Graduate</td>
<td>5.11±0.89</td>
<td>1.61±0.98</td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>4.87±1.18</td>
<td>1.37±0.86</td>
<td></td>
</tr>
<tr>
<td>Householder</td>
<td>5.26±0.58</td>
<td>1.43±0.79</td>
<td></td>
</tr>
<tr>
<td>Number of children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One child</td>
<td>4.94±1.44</td>
<td>1.36±0.91</td>
<td>P&lt;0.05</td>
</tr>
<tr>
<td>Two children</td>
<td>5.00±0.66</td>
<td>1.35±0.66</td>
<td></td>
</tr>
<tr>
<td>Three children</td>
<td>4.55±1.44</td>
<td>1.49±1.04</td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION

Mothers of the neonate in intensive care units confronted with special situation. They usually experienced a high level of anxiety and stress [14, 15, 16, 17, 18]. In most of the times, they need to social support to manage this situation and overcome this stressful condition. Knowledge about the level of mothers’ social support is imperative for supportive planning program. Presents study performed to examine social support in mothers who have neonate in intensive care unit. According to finding of present study, mothers who have neonate in intensive care units received moderate level of social support. Results of our study also revealed that age and level of education affects mothers’ level of social support significantly.

Previous study about social support in mothers of neonate in intensive care units is very limited. In one study in this regard, Kara et al., examined the level of social support and related factors in mothers of neonate in neonatal intensive care unit. Sample of their study were 50 Turkish mothers. For examining mothers level of social support, Kara et al., used multidimensional scale of perceived social support scale. Although Kara et al., not reported any score for mothers social support in their study, however they reported that factors such as depression and education level affect mothers perceived social support [19]. In the other study in this regards, Ahmadi et al., examined the perceived social support by parents of critically ill preterm neonate in Tehran, Iran. Results of Ahmadi et al., the study revealed that parents of critically ill preterm neonate in intensive care units need more social support. This need is more prominent for fathers in compared to mothers [20]. Another study in 2012 by Skorov & Kucova reported that mothers who have infant in intensive care units evaluated their support of high that is different with finding of our study [21]. This difference could be related to difference of instrument used in two studies. Skorov & Kucova used an instrument named nurse parent support tool for measuring social support. Also, Skorov & Kucova only examined support that mothers received by healthcare workers. Study about social support in mothers with children with other disease also showed similar finding. Alayt et al., surveyed the social support needs and expectations of 88 mothers of children with cancer in Turkey with using a multidimensional scale of perceived social support scale. All mothers in Alayt et al., study reported that not received enough social support. They also reported that their family members are main source for social support for them [22]. In other study in this regards in 2016, Mashayekhi et al., surveyed level of social support in one group of Iranian mothers who have in home Thalassemia children. For measuring level of social support, Mashayekhi et al., used Norbeck social support questionnare. Of 160 mothers who participate in Mashayekhi et al., study, about 85 mothers reported that received a low level of social support [23].

CONCLUSION

With this knowledge that mothers of the neonate in intensive care units experience a difficult situation and need to social support, present study conducted to evaluate the level of social support that one group of Iranian mothers that their neonate admitted to intensive care units received. According to the finding of our study, mothers in our study received a moderate level of social support. It seems that health care management should pay more attention to this important issue. Further investigation in this regards recommended.

CONFLICT OF INTEREST

No

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REFERENCES


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