

# Mothers of children with an orofacial cleft: nursing support and stress

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**Abstract:** The children with an orofacial cleft are an unpleasant involvement for parents, particularly mothers. Pediatric nurse are in a remarkable position to support mothers as they give care to their hospitalized children with an orofacial cleft. This study aim was to evaluate the nursing support given to Mothers of children with an orofacial cleft and to examine its connection to mothers' stress. This Descriptive study was carried on 48 mothers of hospitalized children with an orofacial cleft in the inpatient pediatric department, in Suez Canal University hospital in Ismailia City. Data were collected by Nurses Parents Support Tool (NPST) and the Parental Stress Scale. The field work continues from September 2018 through the first week of March 2019. The results illustrated that the mothers received high nursing support and high level of stress. No statistically significant relation was found between the total scores of support and stress.

**Keywords:** Hospitalized Children with an orofacial cleft, Nursing Support, Parental Stress, Pediatric nursing

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## 1. INTRODUCTION

Cleft lip and palate are developmental deformities or congenital anomaly of the upper lip and roof of the mouth that are found at birth. Cleft lip and palate may happen independently and in max. Both anomaly occur as a consequence of divided junction of the making lip (regularly happens by 35 days of gestation) or of fragmented combination of the difficult or delicate palate (ordinarily occurs by the eighth to ninth week of gestation). A few newborn children both the front and back parts of the palate are open, and others newborn children, as it were portion of the palate is open [1]. Mothers of infant have clefts have numerous questions and concerns numerous the cause of the birth deformity, the wellbeing of the child, essential data with respect to care particularly feeding, and the timing and arrangement of operations and non-operative cure that the child will experience [2]. Parental stress may be an indicator of children's afterward psychosocial alteration, and may have a negative impact on the improvement of the parent-child communication [3].

Subsequently, it is imperative to assure that parents action as less stress as conceivable, since it may increment the plausibility that a child gets to be more secure and adjusted in afterward life. In expansion to, stress should be examined and diminished. In this manner Pediatric nurses are in a critical position to support mothers and minimize encountering stress. they seem offer assistance by insuring that the mother's sense of competence almost raising their child development. For illustration, giving child rearing courses, centering on the child with an orofacial cleft; dealing with day by day schedules, adapting with responses from other individuals, learning to be flexible, and/or giving unwinding works out. Usually accomplished through education and support [4].

This support can be within the shape of informational support completed by giving explanation to parents almost the child's disease, and around parental rights and duties amid the child's hospitalization; emotional support through accepting, and making a difference parents adapt with the child's disease and its effect on other conditions of their lives; appraisal support by emphasizing the parent role with the child of orofacial cleft ; and, instrumental support that includes incorporates help of any types, as budgeting, time, or natural adjustments [5].

**Significance of the Study:**

Orofacial cleft happens in almost 1 to 2 per 1000 births in the developed world. Cleft lip is approximately twice as common in boys as girls, while Cleft Palate without cleft lip is more common in females [6]. The mother having child with orofacial cleft facing major problems. Nursing support give mothers with adequate information offer assistance them to care of their children .it upgrading and move forward quality of life for child and their mothers until surgical redress of the imperfection for compelling outcomes

**Aim of the study:**

This study aim was to evaluate the nursing support given to Mothers of children with an orofacial cleft and to examine its relation to mothers' stress.

**2. SUBJECTS AND METHODS****Design and setting**

Descriptive study was utilized in carrying out the study in the inpatient pediatric ward, in Suez Canal University hospitals in Ismailia City.

**Sample**

The study sample consisted of 48 mothers of children with an orofacial cleft in the inpatient pediatric ward in the above mentioned setting. They were selected continuously with no set qualification criteria and selected over 6 months period.

**Data collection tools:**

**Part I:** The Nurses Parents Support Tool (NPST) was used in the current study to evaluate the nursing support that mother gain during the hospitalization of their children with orofacial cleft. It is a twenty-one item created by **Miles et al., (1999) [7]**. The scale is divided into 4 subscales: especially information and communication support it included of nine items, emotional support it include of three items, appraisal support it include of four items and instrumental support it include of five items .**Scoring system the Nurses Parents Support Tool:** it is scored on a five-point Likert scale ranging from one for (almost never) to five for (almost always), with higher scores showing increase of nursing support. The strategy of translation-back-translation was used to translate the scale into Arabic whereas to preserve its validity by **Maxwell (1996) [8]**. Its reliability was evaluated through measuring its internal consistency. Its Cronbach alpha coefficient was 0.80 [7] . In arrange to estimate the predominance of high support, the scale was divided into low **support** counting the most reduced three categories (1to3) or (60%), and **high support** that incorporates the two most elevated categories (4to5) or (>60%).

**Part II:** The Parental Stress Scale was used in the present study to evaluate the stress between the mothers of children with orofacial cleft. It is a self-report eighteen item developed by **Berry & Jones (1995) [9]**. It is scored on a five-point scale ranging from one for (strongly disagree) to five for (strongly agree). The reliability of the tool as indicated by its Cronbach alpha coefficient, which was 0.80. The eight positive items are turn around scored so that higher scores on the scale indicate **high parental stress** and the **low parental stress** indicated to the ten negative items are reversed scored so that lower scores on the scale.

**Field work:**

An official letter from the Faculty of Nursing, Port Said University was tended to the Directors of Suez Canal University hospital, and consents were gotten to conduct the study. The researcher interviewed each mother independently. The actual fieldwork was carried out over a period of six months beginning with in the first week of September 2018 through the first week of March 2019.

**Ethical considerations:**

Approval of ethical committee and hospital permission were taken to hold out the study. A verbal consent was gotten from mothers to take part inside the study. The aim of the study was clarified for each mother. Regard for security of each

mother. Each mother was guaranteed that the data gotten for the consider was private and utilized as it were for the study of the show inquire about. Additionally, insure that all mothers have the proper to pull back from the study at any time.

#### Statistical Analysis:

Data collected were organized, coded, arranged, computerized and analyzed by utilizing SPSS statistical program version 16. Descriptive statistics were utilized in the form of frequencies and percentages for qualitative data and means and standard deviations for quantitative data. Qualitative categorical variables were compared using a chi-square test. Statistical each item in the scale. Significance was considered at P-value <0.05 and p<0.001.

### 3. RESULTS

Concerning the personal characteristics of the parents, Table (1) demonstrates the majority of the mothers were 30 years age or less, with illiterate education, and house wife. Also, the majority of the fathers were working and having university education.

Table (2) Summarizes mean values, standard deviations, and sample ranges for support domains, total score and Parental stress scale total score. In relation to the total score of nursing support, the mean total score in sample was 49.6 (range, 17 to 71). Also found that mother reported the greatest support information and communication while a lesser support was emotional support. However a mean parental stress score of 49, 6 (range, 33- 57).

The relations between nursing support and parental stress Table (3) show generally higher percentages of mothers with stress among those with higher levels of support. This was revealed in both groups. No a statistically significant was found between the total scores of support and stress.

### 4. DISCUSSION

The significance role of the nurse is to supply support to parents taking after diagnosis and after the child's birth, making a difference them to get it prognostic and treatment suggestions as well as more particular issues such as feeding .This study results appear that the mothers of hospitalized children with orofacial clefts gain suboptimal nursing support; although they experience higher level of stress. The nursing support given to the mothers in the current study was low in all its four aspects. Be that as it may, the slightest support the emotional one. Mothers feel necessity for experts that are caring, hopeful and restful in participating their own feelings and who empower mothers themselves to conversation, appear their reactions and inquire questions [10].Moreover, **Behal,( 2016) [11]** emphasized that the Healthcare experts are anticipated to supply effective care with emotional support . Also, **Nelson's (2012)[12]** conclusion that a an amplified, adaptable program of emotional and practical support around the family's needs on an progressing basis.

Whereas, the higher support informational and communication in the present results is understanding with **Stock, and Rumsey, (2015) [13]** who detailed That the parents of children born with orofacial clefts have great knowledge needs, not as it were in terms of substance cleft treatment pathway, feeding, surgical choices, etc., it moreover needs it to be available, individual, and ambulate around each family's demands. This informational support is provided by the orofacial cleft team, and particularly the nurse. The study by **Fathy & Abd Elkream (2017)[14]** outlined that, most of mothers expected that , the pediatric nurse ought to be agreeable to reply mothers' questions , ought to be agreeable to reply and strong supportive through the hospitalization period particularly of introductory diagnosis, with opportunity to precise mothers and their children feelings , learned to supply knowledge on the child's wellbeing status or any changes in a opportune and suitable manner, touchy and thoughtful to assist both mothers and children in coping to the new environment with suitable respect to the mothers in this circumstance . Moreover, capable to supply care fittingly to child's health.

Globally, in the current study the total mean nursing support score was high. This mean score isn't near to that detailed by **Al-Akour et al. (2012) [15]** in a study in Jordan, where the recognition of mothers to nursing support was low. Also, the mean is clearly higher not matched with the result of study on the quality of nurse-parent support in an Iranian parent of hospitalized children orofacial clefts. They detailed an overall mean was low [16].

As regard mothers' stress, the current study declared higher level of stress among mothers. Usually every conceivable given the time mothers consume with their children hospitalized with orofacial cleft. Included to typically the for the most

critical condition of these children. In line with this, study by **Razera et al., (2017) [17]** ascribed the higher stress among mothers of children with orofacial cleft. In the present study, found that high mean parental stress scores of mothers with orofacial cleft. Similarly, **Emeka et al. (2017) [18]** detailed that higher parenting stress levels in mothers of children with orofacial cleft. In the present result had a mean parental stress score was high. This is disagreement with study by **Baker et al., (2019) [19]** who reported that a mean parental stress score of in mothers of children with orofacial cleft was low.

An unforeseen finding uncovered by the present study is no association between mothers' stress and the nursing support they gotten. This could be due to the high levels of support given to them, which would not permit the distinguishing proof of such an association. In any case, the finding is incongruent with **Zeytinoglu et al., (2017) [20]** who recommended that need of nursing support is one of the components that impact the stress and quality of the connection children form with their fundamental caregivers

Nevertheless, In a qualitative design study done by **Salmani et al (2014)[21]** to investigate the factors creating trust in hospitalized children's mothers towards nurses, results detailed that members in the study communicated ought to convey their feel, they favor the nurse to be accessible for discussion to precise their feelings and acknowledge them and the nurses who play the strong part for the mothers are considered as a making a difference calculate in peace-making mothers' stress and anxiety and this nurses' behavior picks up as well much trust and satisfaction for mothers. It implies that when a nurse is considered as a supporter for the mother can construct a strong relationship. The support of nurses makes a difference overcome the mothers with the difficulties of a patient child. **Fidanci et al. 2014)[22]** **Konstantynowic et al., (2016) [23]** moreover said almost the positive impact of a relation based on supportive approach and advising the mothers on the child's status

**A. Page Layout and Font Face**

**Table 1. the personal characteristics of the parents of the hospitalized children with orofacial cleft**

	n	%
Age of mother		
<30	39	81.3
≥30	9	18.8
Mean ±SD	25.7 ±5.1	
Mother education		
Illiterate	17	35.4
Basic	9	18.8
Intermediate	6	12.5
University	16	33.3
Marital status		
Married	47	97.9
Divorced	1	2.1
Mother Occupation		
Housewife	40	83.3
Working	8	16.7
father education		
Illiterate	2	4.2
Basic	16	33.3
Intermediate	12	25.0
University	18	37.5
Father Occupation		
Not working	1	2.1
Working	47	97.9

**Table 2. The descriptive analysis of nursing support domains ,total score and Parental scale total score**

	Range	Mean ±SD
<b>Nursing support</b>		
Emotional support	1 – 12	7.8 ±2.7
information and communication support	3 – 31	20.9 ±6.5
Appraisal support	4 – 14	10.1 ±3.0
Instrumental support	2 – 18	10.8 ±4.0
Total support	17 – 71	49.6 ±12.0
<b>Parental stress</b>		
Parental scale total score	33- 57	44.9± 5.3

**Table 3 .The relation between the total nurse support and the parental stress score**

		Parental Stress				Chi square test	
		High (n= 46)		Low (n= 2)			
		No.	%	No.	%		
Nursing Support	High (n= 37)	36	78.26	1	50	X2	p
	Low (n= 11)	10	21.74	1	50		

## 5. CONCLUSION

### Conclusion and Recommendations

The study findings lead to the conclusion that the mothers of hospitalized children with orofacial cleft get a high level of support from nurses, and hence have high levels of stress. Nurses need to be careful of the diverse approaches and sorts of nursing support that can diminish mother’s stress and upgrade their adjusting, with consequent positive influence on their care of their children. Raising the pediatric nurses' alertness and information toward hospitalized children with orofacial cleft and their mothers' needs through proceeding preparing, continuing training and education.

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