



ORIGINAL ARTICLE

Pilot study on stress and resilience in families with premature newborns[☆]



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KEYWORDS

Prematurity;
Family;
Hospitalization;
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Reward

Abstract

Introduction: Prematurity is associated with severe clinical conditions, long hospital stays, and uncertainty about patient outcomes. These circumstances lead to a stressful situation that may affect family functioning. The aim of this study was to study risk and protection factors affecting family functioning in preterm as compared to healthy term infants.

Population and methods: Preterm infants with and without pathological conditions ($n=40$) were recruited at 24 months post-conception age, together with a control group of healthy term newborn infants ($n=31$). Parents or usual caregivers responded to the Inventory of Family Protection Factors and Parental Stress scales. The results were compared using the Student's t test, unidirectional analysis of variance and the Tukey test.

Results: Parents of the control group attained higher scores than those of the preterm group for all the items studied; however, parents of preterm infants with pathological conditions perceived significantly less family resilience and more stress related to the upbringing of their child.

Conclusions: Prematurity itself is a risk factor for family dysfunction because it causes an elevated degree of parental stress and difficulties in the development of protection factors such as resilience.

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PALABRAS CLAVE

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Estudio piloto sobre el estrés y la resiliencia familiar en recién nacidos prematuros**Resumen**

Introducción: La prematuridad se acompaña de patología severa, estancias prolongadas en el hospital e incertidumbre acerca del futuro de los pacientes. Estas circunstancias suponen un estrés que puede afectar al funcionamiento de la familia. El objetivo de este trabajo ha sido estudiar los factores de riesgo y de protección del funcionamiento familiar en prematuros comparados con neonatos sanos a término.

Población y métodos: Se reclutó a prematuros que cursaron el periodo neonatal con y sin patología (n = 40) a los 24 meses de edad posconcepcional y un grupo control de nacidos a término sanos (n = 31) según datos de la historia clínica. El progenitor cuidador habitual respondió al Inventario de Factores de Protección Familiar y Escala de Estrés Parental. Los resultados se compararon mediante test de Student, análisis de variancia unidireccional y test de Tukey.

Resultados: Los padres del grupo control obtuvieron puntuaciones más elevadas que los de los prematuros en todos los parámetros estudiados. Los padres de prematuros sin patología se diferenciaron de los controles en 2 factores de resiliencia familiar: experiencias positivas y experiencias de compensación y en estrés, mientras que los padres de niños prematuros con patología percibieron significativamente menor resiliencia familiar y más estrés por la crianza de sus hijos.

Conclusiones: La prematuridad es un factor de riesgo para el funcionamiento familiar, ya que ocasiona un alto grado de estrés parental y dificulta el desarrollo de factores de protección como es la resiliencia.

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Introduction

The birth of a premature baby and his/her admission to hospital is an unexpected and traumatic event for the parents, which may affect family functioning.¹ Some characteristics of premature babies, such as their difficulties interacting with the environment, their excessive nurturing demands, the acuteness of their pathology and uncertainty about their later development has been associated with parental stress and poor family functioning.²⁻⁵ However, in spite of these observations, some studies do not find the high level of stress that would be expected in families with premature children.⁶ We must point out that the negative effects of risk factors can be counteracted, at least partially, by certain protective factors, such as family resilience, which is defined as the internal and external resources of a family and their members.⁷ Thus, when a family experiences an adverse event such as the birth of a premature child, social support and resilience have been shown to be factors that protect them from the personal and social dysfunction of family and parents.⁸ Even though the family are the main setting for development and the first socialising agent during childhood, family functioning, risk factors and differences in stress and family load between families of healthy-term children and premature children have not been thoroughly studied.^{8,9}

The purpose of this research was to analyse the differences between families of premature children with healthy development and without sequelae and families of healthy-term children two years after their birth, regarding both family dysfunction risk factors (parental stress) and protective factors (family resilience). Our hypothesis is that family

dysfunction in premature-children families would be worse, expressing more stress and less resilience.

Patients and methods**Design**

This is a prospective, pilot study conducted at the Neurodevelopment office from the Neonatology Service of the Hospital Universitario y Politécnico La Fe (Valencia, Spain) for a period of 12 months (from June, 2012 to May, 2013), at the Beniopa Health Centre and at the Hospital Sant Francesc de Borja (Gandía).

The data collection was carried out when the patient attended a programmed visit 24 months after the birth (HUIP La Fe), or the Health Centre or Hospital (Gandía) for a routine check-up of the child. The Neurodevelopment office evaluates all premature babies of ≤ 28 weeks of gestation and performs the follow-up visits, a sequential assessment of all children born < 1500 g. In each case, the doctor in charge and/or the researchers informed the parents about the study and data confidentiality. The parent in charge of the upbringing of the child signed the consent and completed the questionnaires in an isolated setting.

Population

The inclusion criteria were: (a) gestation age between 25⁺⁰ and 31⁺⁶; (b) admitted to the Neonatology Service (HUIP La Fe); (c) continuous follow-up visits according to protocol at the neonatal Neurodevelopment/Follow-up office until

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