PSYCHOSOCIAL NEEDS AND RECEIVED RESPONSES AMONG MOTHERS OF CRITICALLY ILL CHILDREN: A CASE STUDY AT ST.LOUIS HOSPITAL

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จาก
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The time when children are critically ill and need to receive treatment in the emergency room at a hospital is considered a crisis situation which causes stress and anxiety for their mothers. The mothers may feel that their needs for special treatment are different from their needs in a normal situation. Therefore, the health care providers in the emergency room need to provide psychosocial services to appropriately respond to these mothers' needs. The purpose of the present study was to investigate 173 mothers who sought treatment in the emergency room in term of psychosocial needs, received responses to those needs, and the satisfaction of the mothers with the health care personnel. The data collection was conducted by means of interviews, and the obtained data were analyzed in terms of mean, percentage, standard deviation, t-test, and one-way ANOVA.

The finding of the study revealed that there was no statistically significant difference between the mean scores of the psychosocial needs and the received responses to such needs ($p>.05$). The mean scores for all needs dimensions and received responses were at a high level, with the needs for close contact and care with the ill children receiving the highest mean scores ($\bar{X}$ =1.73, and $\bar{X}$ =1.75). In addition, the satisfaction levels with the personnel who responded to the mothers' needs were high in almost all dimensions. Finally, the persons who provided the best responses to the needs of the mothers were nurses and relatives ($\bar{X}$ = 1.69).

The findings of the present study suggest that the services provided at the emergency room of Saint Louis Hospital responded to the psychosocial needs of the mothers of critically ill children who sought treatment. Therefore, so as to maintain provision of good services and to create a good impression on the clients, it is advisable that one area of the emergency room should be arranged specifically for the treatment of critically ill children as this would allow the mothers to be close to and care for their children. Furthermore, training in psychosocial issues should be organized in order to enable health care teams working in the emergency room to more appropriately respond to the patients' and their relatives' needs.

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ทัศนีย์ ไทยภักดิ์: ความต้องการและการได้รับการตอบสนองความต้องการทางด้านจิตสังคมของมารดาผู้ป่วยเด็กที่มารับการรักษาในห้องฉุกเฉิน: กรณีศึกษาที่โรงพยาบาลเซนต์หลุยส์ (PSYCHOSOCIAL NEEDS AND RECEIVED RESPONSES AMONG MOTHERS OF CRITICALLY ILL CHILDREN: A CASE STUDY AT ST. LOUIS HOSPITAL)
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เมื่อเด็กเกิดความเจ็บป่วยอย่างเฉียบพลัน ต้องเข้ารับการรักษาในห้องฉุกเฉินเป็นสถานการณ์วิกฤตที่ทำให้มารดาผู้ป่วยเด็กเกิดความเครียด ความวิตกกังวลส่งผลให้เกิดความต้องการบริการรักษาพยาบาลที่แตกต่างจากสถานการณ์ปกติ ดังนั้นทีมงานสุขภาพในห้องฉุกเฉินต้องสามารถให้การพยาบาลทางด้านจิตสังคมที่ตอบสนองความต้องการของมารดาอย่างเหมาะสม การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาความต้องการและการได้รับการตอบสนองความต้องการทางด้านจิตสังคมและความพึงพอใจต่อบุคคลที่ให้การตอบสนองความต้องการของมารดา กลุ่มตัวอย่างเป็นมารดาของผู้ป่วยเด็กที่มารับการรักษาในห้องฉุกเฉินจำนวน 173 ราย เก็บรวบรวมข้อมูลโดยการสัมภาษณ์ วิเคราะห์ข้อมูลโดยใช้สถิติร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน การทดสอบค่าที และการวิเคราะห์ความแปรปรวนทางเดียว ผลการวิจัยพบว่าค่าเฉลี่ยโดยรวมของความต้องการกับการได้รับการตอบสนองความต้องการทางด้านจิตสังคมมีความแตกต่างกันอย่างไม่มีนัยสำคัญทางสถิติ($p > .05$)โดยแต่ละด้านมีค่าเฉลี่ยอยู่ในระดับมากเกือบทุกด้านและพบว่าความต้องการและการได้รับการตอบสนองด้านใกล้ชิดและดูแลช่วยเหลือผู้ป่วยมีค่ามากที่สุด($\bar{X}$=1.73,$\bar{X}$=1.75) สำหรับความพึงพอใจต่อบุคคลที่ให้การตอบสนองความต้องการอยู่ในระดับพึงพอใจมากเกือบทุกกลุ่มบุคคลที่ให้การตอบสนองความต้องการแก่มารดามากที่สุดได้แก่พยาบาลและญาติ($\bar{X}$ =1.69)

ผลการวิจัยครั้งนี้สามารถสรุปได้ว่าการให้บริการของห้องฉุกเฉินโรงพยาบาลเซนต์หลุยส์ตอบสนองความต้องการทางด้านจิตสังคมของมารดาผู้ป่วยเด็กที่มารับบริการ ดังนั้นเพื่อการคงไว้ซึ่งการบริการที่ดีและเป็นการสร้างความประทับใจให้กับผู้รับบริการจึงมีข้อเสนอแนะคือควรมีการจัดเตรียมพื้นที่ในห้องฉุกเฉินส่วนหนึ่งไว้สำหรับให้การรักษาพยาบาลแก่ผู้ป่วยเด็กโดยเฉพาะ เพื่อจะทำให้มารดาสามารถอยู่ใกล้ชิดดูแลผู้ป่วยได้ และควรมีการจัดอบรมฟื้นฟูวิชาการทางด้านการพยาบาลจิตสังคมให้แก่ทีมงานสุขภาพในห้องฉุกเฉิน เพื่อให้การพยาบาลที่ตอบสนองต่อความต้องการของผู้ป่วยและครอบครัวได้อย่างเหมาะสมยิ่งขึ้น

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CHAPTER I

INTRODUCTION

Background and significance of the study

Thailand was one of the countries whose economics was growing rapidly in the end of 20th century. The direct effect from economic changes was the decrease in Infant Mortality Rate (IMR) from 103/1,000 in 1960 to 31/1,000 in 1997 (UNICEF, 1999). Moreover, there is a change in primary causes of death in infants from infectious diseases to injury, cancer and cardiovascular diseases. For example, from 1985 to 1993, the mortality rate among children aged between 1 and 4 years and between 5 and 14 years decreased by 45 % and 30 % respectively, while the mortality rate from injury increased in both groups of children (Plitpholkarnpim, 1999: 7-9). As a result, nowadays an emergency room is a very essential place in the hospital for the first treatment of acutely ill or injured children to make them safe and prevent them from disability or even death. An emergency room is the 24-hour service unit for the acutely and critically ill or injured patients. In some hospitals, the emergency settings may be classified as medical emergency service and trauma service according to the clients'characteristics of illness. The emergency room in the St. Louis Hospital, however, is not divided into two units but there are both services in the same unit which receive all acutely ill and injured clients including men, women, and children of all ages. Moreover, the characteristics of the acutely ill clients can be devied into three types as follows: acute attacks of a chronic illness, acute illness without underlying

diseases such as right quadrant abdominal pain and high fever, and accident or trauma. In order to consider the priority of the treatment, the severity of the illness is divided into 4 categories. First, a serious illness that is life threatening and requires immediate treatments such as cardiac arrest, seizures, major trauma, respiratory distress, and major burn. Secondly, an illness that demands treatment within 15 minutes such as open fracture, pains, and fevers. Thirdly, an illness which requires the treatment that can be delayed within 30 minutes such as closed fracture and laceration wounds. Lastly, an illness which needs treatment within 60 minutes such as rash and abrasion (Thompson & Dains cited in Sheehy, 1992). These criteria for treatment have great influence on the morbidity and mortality among the acutely ill clients. Thus, appropriate treatment at the emergency room may be urgent in order to solve the threatening problems, prevent the loss of life, and maintain the vital organ functions (Prarom, 1998).

Even mild illness that happens to a child can cause stress to not only that ill child but also his/her family (Dulsamur, 1998). The more severe the illness is, the more stress the child and his or her family face. Therefore, the acutely and critically ill children who seek treatment at the emergency room may have severe stress whis is perceived as a crisis to them and their parents or significant persons who come to the emergency room with them (Henderson, 1998; Novak & Broom, 1999). Thomas (1998) also found that the characteristics of the emergency room, the equipment's sound and light, the unpleasant smell of the drugs, and the long waiting time for the therapy were the stressor stimuli for the people who came to receive this service. Moreover, ill children are unable to fully adapt and protect themselves from these stresses. The children's reactions may include crying, anger, fear, and refusal to

cooperate with the nursing care or the treatment. Their mothers also feel stressed with their physically ill children and their children's reactions (Jaisom, 1993). Mothers' response would include uncomfortable feelings and worries (Henderson, 1998) about their children's harm and pain experiences, with uncertaining about the diagnosis and treatment, and they may accuse themselves as a person who causes their children to be sick. They may also lack information and be unable to pay for the doctor fee and other expenses (Marlow & Redding, 1988; Smit, Goodman & Ramsey, 1982; Thampson, 1990; Whaley & Wong, 1979 cited in Pongkumpan, 1994). As a result, the following behaviors may be found among the mothers such as crying, shivering, clamoring, keeping asking about their children's symptoms, being silent and being unable to give any information about their children's illness. These emotional inbalance or crisis will lead to loss of the mothers' confidence in giving care for their children. In addition, mothers may experience decreased perception and reasonable judgement as well as increased confusion in giving physical and mental care for their children (Goshman cited in Kristjansdettive, 1991). Therefore, the mother of critically ill children need help to reduce their level of stress, to be enable to adjust themselves to their children's condition, and to adjust themselves to the environment in the emergency room so as to reduce their stress and anxiety at least to a certain extent.

To assist the mothers in an emotional crisis resulting from their critically ill children being treated in the emergency room, nurses should assess their needs and responses toward those needs. The psychosocial need, one of the basic human needs, is very important cause. The critically ill children bring the mothers to have psychosocial needs to be reassured from the nurses who are telling them about their children's symptoms, diagnosis and prognosis in an easy and clear language. In

addition, they need mental support from someone who pays attention and listen to their uncomfortable feelings, for warmth communication, and for positive motivation based on individualism (Wong, 1997; Miles, Carlson & Brunssen, 1999). Moreover, they need to be close to their ill children to give mental support and to participate in assisting their children (Molter, 1979; Daley, 1984). Furthermore, they have needs for general personal convenience such as having seats to wait for the patients, having drinkable water, and having telephone to contact others (House, 1981 cited in Miles et al., 1999). According to several research studies about the needs and the responses of the needs of patient's family in time of crisis, only 10 percent mentioned the psychosocial need (Alpen & Halm, 1992 cited in Waiyacheeta, 1999). Little is known about the psychosocial response of the family in critical patients. The purpose of this study, therefore, is to explore the psychological needs and received responses among mothers of critically ill children received treatment in the emergency room by using the Critical Care Family Needs Inventory of Molter (1979) including the need for good relationship, the need for information, the need for close contact and care for their children, the need for moral support, and the general personal needs. If the mothers' need is met, their emotional crisis mentioned above will be subsided and their confidence will be increased so as to allow them to face with problems concerning their critically ill children. The children are able to sense also the feelings of their mothers and they will feel better, and this positively affect the treatment they are receiving. If the mothers are not under treatment procedure, and this leads to the best possible treatment and care provided to critically ill children.

Conceptual Framework

The conceptual framework of this study is based on the Crisis Theory constructed by Gerald Caplan (1961) and the psychosocial needs among the patients' relatives in crisis applied from the literature review.

Critical illness always happens suddenly and unexpectedly for both the patients and their relatives who may experience the illness as a crisis or an external stress (Leske, 1986 cited in Pongputanawut, 1989: 189), defined as a situation crisis (Martinson, et al., 1986). An emergency room is the first place in the hospital to provide services to critically ill patients from acute illness and accidents. The process of treatment is always emergent immediately and rapidly according to the characteristics of the unforeseen problems which usually bring about stress to both patients and their relatives, and this sometimes interfere, imbalances and leads to a situational crisis.

A crisis is a turning point in one's life. According to Caplan (1961 cited in Aguilera, 1994: 18), it is a period in which a person faces an obstacle to important life goals, which, for a time, may seem insurmountable through the utilization of customary methods of problem solving. In addition, it is a period that disorganization ensures, or a period of upset, during which many abortive attempts at solutions are made; as a result, restlessness, despair, continuously increasing anxiety called disequilibrium or crisis is produced. Individuals may attempt to solve this state in order to maintain the emotional equilibrium for an hour, a day or more than a week depending upon the complexity of the problems and the duration of the interfered occurrence. People may require some aids and support to pass this crisis situation.

An individual's responses to the crisis situation are varied such as shock, confusion, restlessness, stress, and anxiety. When the critically ill children are brought to the emergency room, several responses would be found in not only the patients themselves but also their mothers (Stuifbergen, 1987: 43 cited in Srinon). A child illness is a serious situation which has direct impact on the mother's feeling and causes emotional crisis in different levels based on the individuals (Sliaken, 1990; Aguilera & Mossick, 1982 cited in Clochosy et al, 1993). According to this state, the mothers will use several resources to make attempts at the solution so they may have a lot of needs, especially psychosocial needs. Based on the literature review related to the need of the patient's family in the crisis situation, the psychological need among mothers of the critically ill children at an emergency room can be divided into five aspects. They include, first, **the need for good relationship,** an interpersonal reaction factor that increases anxiety, fear and stress of the patient's and relatives' exhibited through the gesture, voices, words and facial expression, that can cause different level of understanding (Mc.Knight,1979). Therefore, in the situation when the mothers confront stress caused by the illness of their children, they need good relationship with the health care team, which can lead to co-operation in the treatment and reduction of both physical and mental stress of the ill children and there mothers as well. Second, **the need for information,** which is the information about child's conditions and treatment, mothers would like to receive from the health care team in case of emergency, so that this can adapt themselves to the situation. Third, **the need for close contact and care for their children** some mothers want to stay with time their children even during some procedures such as vein puncture, to help take care of their children (Whaley & Wong,1991). The stay with her children can reduce the level of

the mothers and the children's stress. Fourth, **the need for moral support** Marlow & Redding, 1988 (cited in Pongkumpan), reported an extreme need for the mothers and children as well so as to reduce stress and anxiety and to increase their confidence in the treatment and the health care team. Fifth, **the general personal needs** is personal right including responses to mothers' physical needs. If the mothers receive all responses to their psychological needs, their stress and anxiety will be reduced and their appropriate adaptation will take place. For this reason, the health team personnel in the emergency room and other health care colleague from other divisions of the hospital have to access and respond to the mothers' needs as soon as their acutely ill children firstly come to the unit. Furthermore, not only doctors and nurses but also all co-workers in the hospital and their relatives can help the mothers deal with such stress and anxiety that results from their children's illness so as to be able to manage and respond to their critically ill children appropriately. The conceptual framework of this study is shown in Figure I.

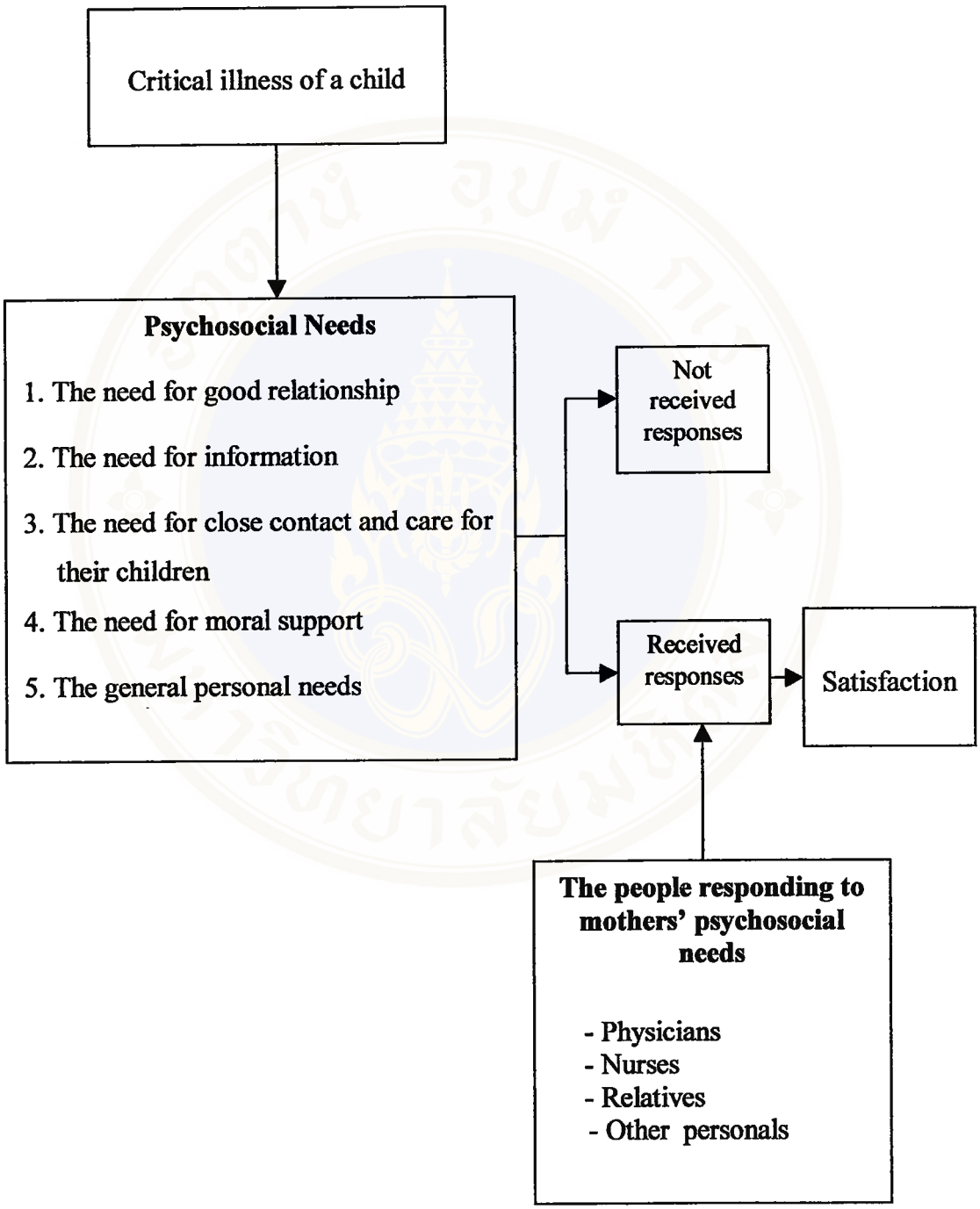

Figure I Conceptual framework of the study

Research Questions

1. Are there differences in psychosocial needs and received responses to those needs among mothers of critically ill children?

2. Are there differences in psychosocial needs including the need for good relationship, the need for information, the need for close contact and care for their children, the need for moral support, and the general personal needs?

3. Are there differences in the satisfaction level of the critically ill children's mothers from received responses to different psychological need?

Purposes of the Study

1. To study the psychosocial needs and received responses to those needs among mothers of critically ill children.

2. To compare the psychosocial needs among the need for good relationship, the need for information, the need for close contact and care for their children, the need for moral support, and the general personal needs.

3. To explore the satisfaction level of the critically ill children's mothers from received responses to different psychological needs.

Hypotheses

1. There are differences in psychosocial needs and the received responses to those need among mothers of critically ill children treated in the emergency room.

2. There are differences in psychosocial needs including the need for good relationship, the need for information, the need for close contact and care for their children, the need for moral support, and the general personal needs

3. There are differences in the satisfaction level of the critically ill children's mothers from receiving responses to different psychological needs.

Scope of the Study

This study is to explore the psychosocial needs and responses to those needs among mothers of critically ill children treated in the emergency room at St. Louis Hospital.

Definition of Terms

Psychosocial needs refer to the intention of the critically ill children's mothers to receive mental, emotional, and social care while they bring their ill children to receive treatments at an emergency room to reduce their stress and anxiety. In this study the conceptual framework developed from Molter's study (1979) and several other studies are applied to classify psychological needs into five aspects as follows :

1. The need for good relationship is defined as the need of the ill children's mothers to receive warm and friendly reception and interaction, and sincere attention and care since the first time their children are admitted to the emergency room for the treatment until the nursing care and treatment are completed.

2. The need for information refers to the need of the ill children's mothers to receive the information about these following subjects:

2.1 An information related to their child's illnesses such as the diagnosis, the medical plan, and the results of the treatments.

2.2 An information related to their child's conditions during the treatment such as, the level of consciousness the reactions during the treatment and nursing care such as cry, fear, and fight against the nursing care received.

2.3 The advice on how to take care to the ill child after finishing the treatment and nursing care in the emergency room.

2.4 Other assistance and supporting information for mothers who have problems related to their ill children concerning the financial resources, the health care services available in their community, and clinics for specific diseases, etc.

3. The need for close contact and care for their ill children refers to the needs of a mother to taking care, talking and participate in assisting their children in the emergency room before, during, and after the nursing care and treatment.

4. The need for moral support is defined as the need for someone to be a friend to give mental support and confidence as well as to listen to and discuss their problems so that their anxiety and stress can be ventilated and reduced.

5. The general personal needs are defined as the individuals' need to receive comfort and convenience while waiting for their children such as having drinkable water, a restaurant, a restroom, telephone services, and the receptionist to provide the information about hospital services.

The received responses to psychosocial needs refer to the mental, emotional and social responses to the mothers' psychological needs from other people while they bring their children to seek treatment at the emergency room.

The illness types mean the characteristics of the children's illness that can be divided into 3 types as follows:

1. Acute attack in chronic illness
2. Acute illness without chronic illness
3. Accident or trauma

The severity level of the illnesses means the level of the severity of the disease which will be assessed to make decisions in prioritizing the treatments by the doctors and nurses which can be divided into 4 levels as follows:

Class 1 refers to the illnesses threatening to the patients' life and should receive immediate treatment such as cardiac arrest, seizures, major traumas, respiratory distress, and major burns.

Class 2 refers to the illnesses that need treatment within 15 minutes such as open fracture, pain, and fever.

Class 3 refers to the illnesses that can wait for the treatment within 30 minutes such as closed fracture and laceration wounds.

Class 4 refers to the illnesses that can wait for the treatment within 60 minutes such as rash and abrasion.

The people responding to mothers' psychosocial needs

A physicians refers to the doctor who cures the critically ill children in the emergency room.

A nurses refers to the nurse who works in the emergency room.

A relatives refers to the person who is directly related to the critically ill child such as grandfather, grandmother, aunt, and uncle.

Other persons refer to all staff members in the hospital, both the administrative staff and service such as the administrator of the hospital, the

administrator of the department, receptionists, social workers, pharmacists and technicians.

Expected outcomes and benefits.

The expected outcomes and benefits from this study are as follows:

1 .To be used as a guideline of nursing care in psychosocial aspects for the critically ill children's mothers who bring their children to an emergency room for the treatment so as to respond to those psychosocial needs and appropriately. It is expected that this information will help reduce anxiety and stress, and establish a good relationship between the mothers and the health care teams to improve the quality of nursing care .

2 . To improve the quality of nursing care in an emergency room for the critically ill children's mothers who bring their children to the emergency room to receive the treatments .

CHAPTER II

LITERATURE REVIEW

This study aimed to explore the psychosocial needs and received responses among mothers of critically ill children in the emergency room. The related literature and research were reviewed through following topics.

- Crisis concept
- The effects of critically ill children on their mothers
- Psychosocial needs of mothers of children receiving treatment in the emergency room
- The importance of nursing care to response to needs

Crisis Concept

Crisis comes from "Krincin", the Greek word for "to decide". It is a time of great difficulty in decision making, when one cannot do or solve the problems.

Crisis is the turning point or the suffering duration for people when they cannot solve the problem, cannot use any coping mechanism, feel frustration and despair, and experience enhanced anxiety leading to the emotional disturbance.

There are many definition for crisis as follows:

Aquilera & Messick (1982) stated that crisis was a time of danger, an opportunity or an important change duration in one's life.

Hirshowitze (1973) defined an emotional crisis as the state of confused thought which had both physical and psychological symptoms resulted from emotional stress.

Caplan (1961) indicated that the trouble caused by problem solving or the changing life would interfere with the emotional equilibrium which people try to maintain. The interfered duration of this emotional equilibrium may continue for hours or days depending on the complicated nature of those problems. This duration is called a "crisis" this stage is a dangerous duration in which people need assistance. According to Caplan, a crisis would progress continuously and lead to a rise in stress, an appearance of symptoms of mind problems, irritable emotion, and the alteration of ones' role function.

There are two types of crisis (Aguilera, 1994) :

1. Developmental Crisis or Maturational Crisis is the crisis occuring during the period in the developmental process of an individual, usually when firstly going to school, going through adolescence, firstly starting to work, entering new marital life and having the first child.

2. External Crisis or Situational Crisis is a crisis occuring suddenly and unexpectedly from external stresses or situations such as having a premature labour, being out of a job, losing some body organs, migrating, and facing the death of a family member, illness and hospitalization.

When a family member is suddenly sick and has to be admitted at a hospital, this is seen as a crisis situation not only to the patient but also to their family(Backer & Nieswiadomy, 1988: 441; Roberts, 1976: 335 cited in Kitirattragarn, 1998). Especially mothers of critically ill children, the sudden illness which leads to

emergency room causes the crisis experience due to the unexpected situation and unreadiness to solve this problem. According to Burgess & Balwin (1978: 23 cited in Kitirattragarn, 1998), mothers would face the four stages of this crisis as follows:

Stage 1 There is something that is threatening and dangerous occuring and affecting the mental and emotional status of that threatened person. It is an indicator that something abnormal is occuring.

Stage 2 There is an emotional crisis due to facing with severe problems.

Stage 3 There is the resolution stage which could be divided into two conditions. First, if there is a suitable resolution, people can pass this crisis. However, if there is inappropriate resolution, the crisis situation will progress.

Stage 4 There is the period post crisis. When people pass the crisis, they have to adapt to the situation post-crisis situation.

The emotional crisis generally results from the anxiety and stress from the occuring situation such as the emergency room situation. Mothers will face with serious illnesses, several injuries or even death. Such situations are the precursors of the mothers'and children's stress, which leads them to the crisis stage I or II depending upon their coping ability. In these stages, they will have many behavioral and emotional changes.

According to Aguilera & Messick (1982:9), there are four stages of responding to that crisis as follows:

1. The shock or severe impact are the stage in which people perceive the effects of the occuring situation with the feeling of shock, disbelief, numbless, and denial.

2. The withdrawal or confused stage is a stage in which a person will have violent feelings including anger, despair, conflict, and depression. In addition, the level of anxiety is increased, and this phase can last for several days.

3. The acceptance or resolution phase is a phase in which people begin to accept the occuring situation and try to solve the problem. They will try to concentrate and solve their problem effectively. This phase may last for several weeks.

4.The coping or relapsing phase. In this phase, people try to adapt to the situation, to develop the ability necessary to control the situation and to live appropriately. This phase can take several months.

In addition, Epperson (1977 cited in Kitirattragarn, 1998) studied the crisis in 230 families of several accidental and severe patients and found that there were six phases for responses of the relatives to the crisis, including 1) high anxiety level phase, 2) denial, 3) anger, 4) sadness and pity, 5) grieve, and 6) return to the normal state. According to Epperson, the first phase which the patients and the family members had to face with was the high anxiety level.

The adaptation to the crisis is within a limited duration, and the outcome of adaptation would be either positive or negative depending on the three important components as follows:

1.The situation perception. This is the understanding of the occuring problem. If people have suitable perception accurate to the reality, problem solving would be successful. On the contrary, if they have a misperception or misunderstanding, problem solving will fail and the stress will continue. The stress would hinder the information perception, restrict role functions, and decrease the coping skill of the mothers. As a result, mothers would have anxiety which may be shown through their

refusal to receive treatments and nursing care, complaint, and unsatisfaction with care giving from health personnel. Assisting mothers to cope with this crisis during this period may prevent mothers from rising stress and is therefore critical to successful adaptation for both mothers and ill children.

2. Assistance and support. When there is a problem, people need someone to assist them to understand that problem and help find a better solution. In contrast, if they do not have any support from friends or family, they will feel lonely and more stressed. Similary, mothers who receive social support and assistance would cope with stress more efficiently and have suitable adaptation (Cohen & Wills, 1985 cited in Srinon, 1998). Mothers will have stable emotion to respond appropriately to several problems accompanying their children's illness trajectory, the treatment, and their children's needs.

3. Coping mechanism. People will learn to adapt themselves in order to face with various problems from their daily living. Their experience and learning will accumulate according to their developmental stage. People will better solve their problems with their experiences. According to Claus (Claus & Baily, Ed., 1980 cited in Silaprasert, 1999), parents who had experience with their previous child being admitted in a critical neonatal care until would be familiar with the environment, treatment, and health care providers. Moreover, they could develop their skills in providing and seeking the resources so as to face with stress.

The illness of a child who is admitted at the emergency room is a serious situation which leads the stress of their mothers. The cause of stress can either an the external situation or personal factors with which the mothers have to cope through the three mechanisms. If they could maintain the emotional equilibrium, a crisis will not

develop. However, if there is lack of one component of coping mechanisms, the emotional status will fail and a crisis of the mothers may develop.

The effects of critically ill children on their mothers

The critically ill children

The wish of all parents is a healthy child with normal organs and a keen intellect. However, when a child is affected by an illness, there are physical, mental, emotional, and social disturbances. For instance, the body is altered by the pathology of the disease while the mind is full of stress from anxiety (Satnaparat, 1998). Especially for a critically ill children who is suddenly admitted at an emergency room from trauma or serious illness, they would feel frightened from their wound, unmovable body and other symptoms. Health worries preoccupy them constantly. They may suffer from pain, feel lonely, fear and live in an unfamiliar environment with strangers such as a doctor or nurses and other patients with various conditions. Moreover, they have to live among strange equipment, medication smell, and unusual noises. In addition, they will suffer from the pain from several procedures such as injection, starting intravenous fluid, the restrain, and limitation of physical activity. Furthermore, they have to separate from their parents which cause them uncertainty, fear of danger, fear, and high level of anxiety due to a lack of someone to protect them (Rutter, 1979 cited in Hemin, 1993).

In conclusion, the mental reactions of a child who is suddenly admitted in an emergency room come from many causes as follows:

1. The separation from their beloved parents
2. The unfamiliarity to the environment in the hospital

3. The fear of various procedures, pain, surgery, and treatment some body of parts.

The hospitalization of a child will activate many froms of imagination related to their illness, the danger, and death which in turn causes many bodily and emotional reactions. For example, they will have increased respiration and heart rate, excessive sweating, crying loud noise, refusal of caregiving from other people and lack of cooperation with the treatment. These children's behaviors increase stress and anxiety to parents, especially to their mothers.

Effects of children's illness on their mothers

When a critically ill children is admitted in a hospital, most mothers have anxiety and perceive this situation as a crisis (Bright,1965 cited in Kaewwetwong, 1983). Particularly for a child who is admitted in an emergency with sudden or violent illness, the mothers and significant others will have stress, anxiety, fear, and unhappiness when coming to the hospital. Moreover, the mothers may feel stressed from impersonal and chaotic atmosphere in the emergency room, other patients' conditions, urgent nursing management and inadequate information as well as inadequate support (Watcharageat, 1993). The reactions of mothers include (Whaley & Wong, 1991):

1. Denial and disbelief. Similarly to other responses of facing death or severe illness, a mother experiences initial disbelief and denial for the hospitalization of her ill child.

2. Anger and guilt. After perceived that their child is really ill, parents have emotional reactions such as anger, guilt or both of them. Angry feeling results from their children who do not tell them initially about their symptoms. On the contrary,

some feelings of anger may come from the undetectable abnormal symptoms of their children prior to progressing to a serious illness. The guilty feeling should be happen when mothers accuse themselves of causing the illness to their child or giving some unsuitable care to their child. After hospitalization, mothers may feel helplessness to decrease the bodily and emotional pain of their children. Due to these emotional disturbances, mothers may become increasingly, anxious and may displace the anger onto staff, or the received treatments or services.

3. Fear, anxiety, and frustration are related to the severity of the children's illness and received treatment and care, especially the procedures which inflict pain or injury to ill children. The inadequate information about the procedures and treatment the mothers receive produces the highest levels of anxiety and frustration. Sometimes, mothers may lose their control and may have behavioral manifestation such as crying, yelling, or repeatedly asking questions to the doctors. Due to the rapid working atmosphere of the doctors and nurses in the emergency room, mothers would be neglected or receive little attention which brings about the unsatisfied in feelings toward received services.

4. Depression always results from the physical and mental fatigue. Several reactions and behaviors of mothers which resulted from the effects of their children's illness include the following (Punchawirut, et al. , 1993):

1.Experiencing pain and helpless feelings

2.Facing the with hospital's environment and treatments

3.Creating the relationship with the staff

4.Maintaining self-image

5.Having emotional adaptation to be reasonable

6.Maintaining relationships among family members and friends

In general, mothers who bring the ill children to receive the treatment in the emergency room always feel angry to themselves due to their feeling of responsibility to the illness or injury of their children. If possible, mothers want to receive pain instead of their children. In addition, the may feel that they inadequate knowledge to decide about prepare caregiving for their ill children (Whaley & Wong, 1989).

The mothers' responses to a crisis depends upon many factors. The first factors are personal factors including age, education level, emotional status, religious belief, use of previous coping mechanisms, and critical thinking ability (Leavitt, 1984 cited in Panchawitsut, et al.). The second factors are the relationship and the attachment between the mother and the child which cause feelings of fear for unpredictable situations occuring to the child, and uncertainty about the child's conditions. Furthermore, there are many environmental factors which result in continued or increased feelings of anxiety. Inadequate information about there child's conditions, and treatment, lack of communication with the child, unfamiliar environment, possibility of death, hospital rules, and the hospitalization of the ill child trigger such a feeling. Lastly, the capacity to adapt themselves and the severity level of the problems will also be the factors affecting the mothers' responses.

The mothers' responses to a crisis always found in the emergency room include tense facial expression and posture, constant look at the watch, pacing, repeatedly asking the same questions to staff, lack of cooperation in caring for patients, nervous mannerisms, denial of their child's symptoms or diagnose, crying, aggressive behaviors, and lack of ability to discuss child's symptoms with the doctors.

These common behavioral manifestations always found in the emergency room which do not help effective coping with the sources of disequilibrium. Such nonproductive activities drain the person's energy and hamper adaptation to the emotional crisis. According to Leske (1986), Anxious persons who have not been successful in managing their problem will carry on their anxiety and may change their behaviors which will eventually lead to an emotional crisis. Mothers with an emotional crisis not only fail to assist themselves to regain emotional equilibrium and energy to cope productively with reality but also fail to support their child, and they even increase their child's anxiety as well (Watcharageat, 1993).

A critically ill children facing with a serious illness, various traumas or even the possibility of death is an important source of stress to mothers who bring them ill child to receive treatment at the emergency room. In addition, the atmosphere of the emergency room including rapid working, lack of information, and problems in communicating with medical professionals trigger such a stressful feeling. (Sheehy & Lenehan, 1999). Nurses, therefore, can prevent and decrease the potential problems often seen in these mothers. The psychosocial needs of mothers should be responded to and this is critical to successful adaptation and enhance the mother's ability to handle subsequent stress as well as maintain their well-being.

Psychosocial needs of mothers of children receiving treatment in the emergency room

Needs, both physical and psychological needs, are indispensable factors for well-being. Needs always occur when patients are in the disequilibrium which is manifest in the former concern, anxiety or loneliness. If these needs cannot be met, the mothers and significant others may experience trouble, suffering and frustration.

However if their needs are met, they could live in society happily and normally. These needs always manifest through behaviours or words or sometimes they can be latent. Nurses, thus, should observe, understand, and asses these needs to give appropriate assistance (Orlando, 1982: 5-29).

The psychosocial needs, the needs derived from psychosocial human development, are the forces to do behaviors. They are more power than physical needs in triggering or controlling human's behaviours. They also have a close relationship with psychosocial needs such as the needs for safety in living with others. The human needs are also related to society such as the need for love, acceptance, confidence, content, social prestige, and social value. These feelings are regarded as the emotional equilibrium which makes a person happy. On the contrary, if in a general situation, friends, other people or even oneself could not respond to a person's needs, the emotion equlibrium will be disturbed and trigger intense adaptation (Hutargul, 1991).

Families, just like patients, need psychosocial support to regain energy to encourage and assist patients (Roger & Kreutzer,1984: 344). Particularly for an ill child, mothers are the those helpful person. In general, mothers usually take responsibility in responding to the physical and psychological needs of an ill child (Pongkumpun, 1994). In nursing literature, Hampe (1975: 113-120) identified eight types of needs in 27 spouses of terminally ill patients: a) to live closely to patients, b) to assist patients both physically and mentally, c) to create confidence in the patient's comfort, d) to know some information about the patients' condition, e) to be informed about the possibility of the patient's death, f) to ventilate, g) to receive support and encouragement from family members, and h) to be convenient, encouraged and accepted by the hospital staff.

Molter (1979: 332-339) also presented the needs in family members of critically ill patients such as spouses, children, siblings, aunts, and parents. The five needs, the most important needs, include 1) to feel there is hope 2) to feel that the health personnel care about the patient, 3) to have the waiting room near the patient, 4) to be called at home about changes in the patient's condition, and 5) to know the true prognosis.

Daleys (1984, 231-237) interviewed 40 relatives of patients in ICU within 72 hours of admission using the interview questionnaire developed by Hampe (1975), Molter (1979), and Gardner & Stewart (1978) and classified the needs into six dimension following the study of Breu & Dracup (1978) including the ongoing need to help with the patients, the need for information, the need to be close to the patients and the personal needs. This study suggested that the most important needs of relatives were the needs to decrease anxiety and the needs for information. Similarly, the study of Molter & Rodgers found that the families wanted to know the prognosis, to get honest answer to their questions, to get the information about the patients' condition and to feel there is hope. In addition, they found that the people who mostly responded to the need were doctors. Daley explained that families mainly had needs to know the prognosis, treatment and diagnosis which were the responsibilities of the doctors.

According to previous studies mentioned above, the psychosocial needs of the families of critically ill patients were not different from those of the mothers of critically ill children receiving treatment at the emergency room. Moreover, mothers would have more emotional reactions such as anger, guilt, fear, and anxiety due to the hospital environment or equipment, the separation from their ill children, the lack of information, the child's pain, the society condemnation, financial concerns, the

uncertainty of the examination and therapy, and the changing role (Marlow & Redding, 1988; Smith et al, 1982; Thompson, 1990; Whaley & Wong, 1979). Therefore, mothers of critically ill children may have several psychosocial needs to be responded to as follows (Schepp, 1991; Terry, 1992):

1. The need for good relationship

The sudden necessity of critically ill children to seek treatment in the hospital is usually seen as a time of extreme stress for mother (Pongkampun, 1994; Prarom, 1998). Therefore, preparing them by creating a good relationship in order to reduce stress and anxiety is believed to be an effective and qualified nursing care for families and patients (Punsena, 1993). Sundeen, et al.(1989 cited in Punsena) classified the process of building into four phases as follows:

1. The initial phase. Nurses should assess the needs and related information of the patients such as name and significant symptoms that make them seek treatment at the hospital.

2. The starting relationship phase. The first contact between nurses and patients as well as families is very important. Nurses should use the primary information appropriately while talking to the families. The nonverbal communications are also important such as eye contact, polite speech, concerned feeling and enthusiastic manners.

3. The continuing relationship phase. In this phase, nurses must listen to the patients and families attentively, ask about the needs and respond to their needs according to their responsibility.

4. The termination of relationship phase. This phase occurs when the treatment is terminated or when the patients go home. Nurses should show their concern to their patients as much as they do in other phases.

Because nurses are the people who have the most interaction with patients and families, they are anticipated to respond to the patients' and families' needs more than other health personnel (Tuntipalachewa, 1979 cited in Stilalela). Therefore, the behavioral manifestations of nurses including manners, speech, voice, and facial expression would affect directly on the relationship between them and mothers of ill children. If there is a good relationship, the cooperation of nursing care as well as the reduction in physical and mental stress of mothers and ill children will occur and reflect the quality nursing care based on the the perceived quality of clients.

2. The need for information

Information needs mean the needs of mothers and significant others related to the information, explanation, prescription and advice from health care providers given in terms that are understandable, clear, accurate, and exact. Rodgers (1983 cited in Watcharagert) explored the needs of the relatives of the patients under going heart surgery for the first two days after the operation, and found the same results as those of the study of Molter that the relatives wanted to know the facts concerning the patient's condition, the diagnosis, treatment plan, the unit which gave care after ICU and the costs of services. Hodovanic & Pearlmutter (1984 cited in Watcharageat) indicated that strategies to assist families were the easily understandable language use aimed directly to their needs. Staubb & Kellett (1972), furthermore, contended that the benefits of giving information to receivers were that they could bring the information and their understanding to appraisal stress situations by using their previous

experiences, learning, culture and environments as a guideline for their behaviours. Therefore, information giving was important particularly in a crisis situation in order to enable people to control that situation and anticipate the situation they are facing. Asregards mothers of critically ill children, they may have the information needs related to the following topics:

2.1 The illness of their child

Mothers generally want to know about the illness, symptoms, signs, results of investigation, treatment and the results of the treatment, the duration of illness, prognosis and the impacts on the growth and child's development.

2.2 The child's conditions during treatment

Due to the specific environment of the emergency room, mothers could not see the conditions or behaviors of their ill child during the treatment. The responses of children to illness are varied and depend on age, development, illness experience, the severity and duration of illness, the frequency and type of procedures producing pain to children, and family relationship as well as the anxiety of their mothers (Smith,et al.,1982; Whaley & Wong, 1991). The manifested behaviors will be cry, fear, and refusal of the treatment. If mothers lack this understanding, they may have increased feelings of fear, unhappiness, frustration, and discomfort. The mothers who receive necessary information and will understand the situation be able to adapt themselves to the reactions of children both at the hospital and at home and re more likely to give suitable nursing case for children.

2.3 The advice about their ill child

In general, parents are major cargivers for the critically ill children. They may want to be accepted by hospital staff to participate in caregiving. The knowledge about

caregiving to ill children is important to enhance caregiver's abilities in the area that they could handle. Health care providers, thus, should try to practice and give advice to mothers on how to take care of their ill children. Mothers should be informed of the assistance and activities they could do to care for their ill children such as activity in daily live, the care following the symptoms and the explanation they should give to the children to resist the who treatment. Mothers should know that during an illness, children want the feelings of love and attention and mothers.

2.4 The information about support resources

Some mothers would face with financial constraints from the costs of treatment. Therefore, the suggestion on the nearest ten-bed hospital should be provided for all patients.

3. The need for close contact and care for their children

Most mothers want to take care of and console their children and participate in care giving to their child in the emergency room. This would be a result of the natural caregiving role which mothers generally take. They may have more awareness, understanding and sensitivity to the children's needs and can easily provide care for them. Moreover, they want acceptance from health care providers that they are still a significant person in their children's life.

For hospitalized children, their mothers want to look after them and continue their mother role. Picheesateer & Kotchapukdee (1987) pointed out that all mothers agreed that they wanted to be with their child and participate in caring activities such as cleaning the body, and giving food and drugs. Moreover, some mothers wanted to stay with their child all the times even when some procedures such as taking blood samples are performed in order to console, encourage, hold and touch their child

(Whaley & Wong, 1991). In addition, in the study of Coulson (1988 cited in Pongkampun, 1994), mothers were alleaved to be with their child during anesthesia for surgery. The results indicated that mothers wanted to be with their child during this period. Moreover, being with their child gave an advantage not only to mothers but also to their child by decreasing the level of anxiety for the mothers.

4. The need for moral support

According to Marlow & Redding (1988), the most important needs of ill child's mothers were the need for moral support. This would be the result of the hospitalization of their ill child which caused stress to the mothers. If they could not adapt or cope with this problems, they may be in a crisis. The mental support needs which mothers want are confidence, encouragement, and being a company to help them ventilate their concerns and frustration. This support will reduce stress, and make them calm and not lonely.

The mental supports can be managed by several methods such as by giving an explanation about the situation by trying to speak only about the important things, appropriate and suitable for the mothers. The speech and manners should be full of empathy and understanding as well as inculd touching or holding.

5. The general personal needs

Mothers may need some help related to their own needs from hospital staffs. Some mothers want to be alone for sometimes. They also want to stay in the waiting room near their child during treatment. Moreover, they may want to havefacilities such as telephone, drinkable water, a coffee shop, a restaurant and a toilet. Furthermore, they may want a facilitator of service and treatment to facilitate the treatment for their child.

The responses to the psychosocial needs of the mothers when their child is receiving treatment in the emergency room aim not only to reduce stress and anxiety but also to assist in coping ability to the situation. These needs differ in each mother due to the difference in personal characteristic, the characteristic of the illness, and the severity of the illness of their child.

The important of nursing responses to the needs of mothers

The nursing care for a person in a crisis should be a patient centered approach by giving nursing care directly to individuals. Additionally, nursing care should be responded to the physical, mental, emotional, and social needs of those individuals.

Nurses in the emergency room should assess the needs of the patients and their families rapidly and accurately because the patients in the emergency room and families are in a crisis situation. As for the patients, the critical illness requires the emergency treatment and skillful nursing care. However, the fact that the patients do not prepare themselves to face with this situation results in the feeling of fear and anxiety(Mcknight, 1976 cited in Satiralela).

In addition, the families and significant others may have the same feelings as the patients. To maintain quality of nursing care, therefore, nurses in the emergency room should understand these people, the factors causing emotional disturbance, behaviors manifestations and responsed directly to their needs. Particularly in ill children, with not only serious illness but also with non-serious illness, they and their families are facing with a crisis situation. The mothers who have a nurturing role are full of the needs to be more close to their children than other family members of the moment. Therefore, they will have unique stress when their child is ill (Chaisom, 1993).

Nurses working in the emergency room are equipped with advanced technology and abilities should be aware of the crisis in the patients and their family by having the following characteristics:

1. Being sensitive to the reactions of the patients and their family in order to assess the needs of them and to respond to those needs effectively.

2. Having communicative abilities, both nonverbal and verbal in order to transfer the information and advice to the family clearly and accurately.

3. Having good human relationship in order to establish the trust in nursing care and treatment of health care providers.

Because psychosocial needs are important to mothers as previously mentioned, the effective responses will increase the confidence and maintain the emotional equilibrium to carry on the caregiving (Janaim, 1976). Nurses, therefore, should try to help mothers of an ill child to meet their needs in order to produce beneficial effects in the following manners:

1. Reducing the level of anxiety and stress in mothers (Skipper & Leonard cited in Terry, 1987) which could in turn decrease the level of anxiety and stress in the ill children as well.

2. Enhancing coping ability with the problems occuring when their children are receiving treatment in the emergency room.

3. Strengthening better communication skills of mothers and better understanding of the situation in the hospital (Kleinpell, 1991).

4. Increasing the mothers confidence and caregiving capacity for ill children (Smitherman, 1979; Kleinpell, 1991).

The important role of nurses in assisting the mothers of ill children in a crisis

The psychosocial supports include giving a short explannation in an understanding term, giving opportunity for mothers to ventilate their feelings and letting them, participate closely caregiving and decision making in a serious problem about the ill child's life. According to Johnson (1986 cited in Booncharoomsil, 1994), the nursing care that should be performed to assist family members of patients in a crisis situation includes:

1. To understand the grief process of families and assist to relieve this feelings by talking. However, the speech and manners should be soft and direct in order to prevent misunderstanding. Nurses should provide time and show their understanding to the grief of the families in order to relieve the emotional suffering.

2. To explain the families about the instruments used during the treatment. The explanation will reduce fear and anxiety. Moreover, it will assist the relatives participating in caregiving's both physical and mental's to the patients. However, the explanation should be simple and easy to understand. Howeven, too much or too little explanation will increase the anxiety of the families. Nurses, as a result, should assess the information needs of the individuals based on their education level, understanding ability, and mental and emotional status while giving the explanation.

3. The language and speech used with the family should be clear, and full of familiar words and understanding for the parents.

4. To give a clear goal for relatives by discussing only the occuring situation and reducing anxiety or fear. These emotional problems can produce mental fatigue which leaves them no energy to help patients.

5. To avoid the crisis situation caused by doctors and nurses by speech, manners, and actions.

6. To assist family members to be caregivers for the patients by giving, advice on the procedures to the relatives.

7. In a crisis situation, families face many problems which need several decision-making such as surgery, giving blood components, and giving intravenous fluid. The suggestions and guidelines will help mothers to cope with these situations.

8. To advise the mothers or the family on important resources.

9. To discuss the changing family role of the relatives when the patients are in a crisis situation.

10.To support relatives because they require confidence and encouragement. Nurses should understand these psychosocial needs to successfully assist families to pass this crisis situation.

Based on a review of relevant literature, the conditions of critically ill children, not only serious but also non-serious condition, result in stress and anxiety to both the children and their significant others. Especially mothers who are very close to their children will receive more impacts which could develop into a crisis. The behavioral manifestations would be various in order to face with that stress. These behaviors will depend on the adaptation to the psychological equilibrium individually. As a result, every health care team should be aware of the importance of the psychosocial needs of the mothers in order to prevent unnecessary emotional crisis. Moreover, they should assess the mothers' needs individually in order to respond appropriately to their needs.

CHAPTER III

METHODOLOGY

Research Design

A descriptive design was used to investigate the psychological needs and received responses among mothers of critically ill children in the emergency room at St. Louis Hospital.

Population and Sampling

The population for this study was mothers of critically ill children who came to receive treatment in the emergency room at the St. Louis Hospital. An accidental sampling was used in this study to subject the mothers of critically ill children whose age was less than 18 years with no restriction in term of occupation, education, income, and religion. The sample size was calculated based on the following formula (Srisaart, 1992):

If the number of population was in the hundred numbers, the sample size should be 25 percent of the population.

If the number of population was in the thousand numbers, the sample size should be 10 percent of the population.

If the number of population was more than the thousand numbers, the sample size should be 1 percent of the population.

Based on the statistical data of St. Louis Hospital during the period of four months (from 15 September 2000 to 15 January 2001), there were only 666 ill children

who received services from the emergency room. Among the people their fathers, mothers, caregivers, teachers and nurses in the children's school who brought those ill children to the emergency room, there were only 173 mothers of the children (25.97%) who become the subjects of this study.

Setting

St. Louis Hospital is an unprofitable private hospital which 24 hours services. There are specific services between 8:00 AM - 8:00 PM characterized by nurses according to the nature of the diseases. As for ill children, there are pediatric physicians to investigate and give treatment between 7:00 AM – 12:00 PM everyday. The emergency and critically ill patients will be immediately sent to receive the treatment in the emergency room for 24 hours. There are emergency health care teams composed of the emergency doctors, nurses and nurse aids to provide service regularly and to give the first aid aimed to maintain the life and prevent the deformity or death of every patients. All acutely and critically ill patients and the trauma patients from accidents were brought to the emergency room at St. Louis Hospital ; as a result, there are both female and male patients with all age ranges. Critically ill children will be treated in the emergency room within 15-20 minutes before being transferred to receive a specific treatment or even to be admitted in the hospital with the nurses going with the patients. During the critically ill childrens' treatment in the emergency room, their mothers or the sending people who accompany them to the hospital will wait outside at the waiting area provided by the hospital. There are also hospital staff member to facilitate them such as nurses, receptionists and other employers. The

waiting area is a place equipped with the chairs to sit on while waiting, provision of drinkable water restaurants, stores, telephone services, and toilets.

Instrumentation

The instrument utilized in this research is the questionnaire to elicit the psychosocial needs and the received responses among mothers of critically ill children treated in the emergency room. The questionnaire is divided into 2 parts as follows:

Part I The Questionnaire for demographic data

Demographic data were dicited by the questionnaire developed by the researcher. It was consisted of data related to the critically ill children (age, sex, order of birth, type of illness, and severity of illness), their mothers (age, family income, occupation, educational level, religion, experiences with their children seeking the emergency room service) together with two open-ended questions.

Part II The Questionnaire for the psychosocial needs

This questionnaire was adapted from the Critical Care Family Inventory of Molter (1979). It was consisted of 30 newly revised items which were divided into 5 aspects as follows:

1. Six items, numbered 1 to 6, dicited information concerning the receiving good relationship need.

2. Six items, numbered 7 to 12, dicited information concerning the information need.

3. Six items, numbered 13 to 18, dicited information concerning the being close and taking care their children need.

4. Six items, numbered 19 to 24, dicited information concerning the mental support need.

5. Six items, numbered 25 to 30, dicited information concerning the general personal needs.

When responding to all five aspects, the subjects were asked to identify three issues about their psychosocial needs, the received responses and the satisfaction from the received responses to their needs (provided by doctors, nurses, relatives and others) in accordance with the following scales.

No means The mothers had no need, did not receive responses to the need, and were not satisfied with that item, respectively.

Little means The mothers had a little need, received few responses to their needs and were satisfied with that item, respectively.

Much means The mothers had much need, received many responses to their needs were very satisfied with that item, respectively.

The scoring ranging from 0 to 2 is as follows:

No	received	0	point
Little	received	1	point
Much	received	2	points

As for the psychosocial needs and the satisfaction level, the researcher classified the mean scores into the three following levels.

Mean scores	Level
0 – 0.66	No need / No response / No satisfaction
0.67 – 1.33	Little need / Little response / Satisfaction
1.34 – 2.00	Much need / Much response / much satisfaction

Content validity of the instrument was tested by a group of five experts (See Appendix A). Then, the instrument was tried out with 30 mothers of critically ill children to establish the reliability by utilizing Cronbach's alpha coefficient with the following formula:

$$\alpha = n/n - 1 [1 - \sum s^2_i / s^2_t]$$

α = Level of reliability

n = Number of items

$\sum s^2_i$ = Total variance of the inter items

s^2_t = Total variance

The calculated reliability

The psychosocial needs = 0.86

The received responses of the psychosocial needs =0.79

Data Collection Procedure

The data were collected by the researcher in the following procedure:

1. An approval letter from the Graduate School of Mahidol University was sent to the Director of St. Louis Hospital to obtain provisional permission.

2. The researcher met with the head nurse of the emergency room in order to explain the nature of the study and the study procedure.

3. Accidental sampling was performed in order to choose the mothers of critically ill children who brought the patients to the emergency room.

4. The steps of data collection were as follows:

4.1 If the treatment of the critically ill children finished in the emergency room and the children were allowed to go home, their mothers would be approached after the completion of the treatment or during the wait for take-home medications.

4.2 The researcher introduced herself to the subjects, explained the purpose of the study, and asked the mothers to participate in the study. Then, the interview would only begin after the subjects agreed to participate and signed the consent form. During the data collection, if the mothers wanted to stop giving information or refused to be interviewed, the researcher terminated the process. Their withdrawal had no effect on the treatment and nursing care given to their children in the emergency room.

4.3 After informed consent was obtained, the mothers were interviewed based on the two questionnaires.

Protection of Human Subjects

Before being asked to participate in this study, all selected mothers of the critically ill children were informed about the study when they were asked to read the Thai information sheet (See Appendix B). The researcher would introduce herself to the subjects, explain the purpose of the study, and asked to participate in this study. Then, the interview would begin after the subjects signed the consent form. During the data collection, if the mothers wanted to stop giving information or refused the interview, the researcher terminated the process. There was no effect on the treatment and nursing care giving to their children in the emergency room.

Data Analysis

The data were analyzed by using the SPSS/for Window.

1.The frequency and percentage were used to analyze the demographic data of both from the critically ill children and their mothers.

2. Mean, standard deviation, and satisfaction level were used to describe the five aspects of the psychological needs, the received responses and the satisfaction from the personnel responding to their need.

3. T-test was used to compare the psychosocial needs and the received responses at the 0.05 level of statistical significance.

4. One-way ANOVA was used to compare psychosocial needs, the received responses and the personnel responding to their needs at the 0.01 level of statistical significance.

CHAPTER IV

RESULTS

This descriptive study was aimed to assess psychosocial needs and received responses among mothers of critically ill children. One hundred and seventy-three mothers of critically ill children participated in this study who brought their children to seek treatment in the emergency room at St. Louis Hospital. In this chapter, The findings obtained from the study will be presented in the following order:

Part 1 The characteristics of mothers of critically ill children and critically ill children

Part 2 The amount of psychosocial needs and received responses to the mothers of critically ill children

Part 3 Comparison of psychosocial needs and received responses to mothers of critically ill children

Part 4 The amount and the satisfaction level with the persons who responded to the need of the mothers of critically ill children

Part I The characteristics of mothers of clinically ill children and critically ill children

Table 1 Frequency, percentage of mothers classified by age, educational level, occupation, family income/month, religion, and experiences with their children receiving treatment in the emergency room (n = 173)

Characteristic		Frequency	Percent
Age (years)			
	20-29	47	27.17
	30-39	82	47.40
	40-49	44	25.43
Educational level			
	Less than elementary	9	5.2
	Elementary school	30	17.3
	High school	43	24.9
	Vocational degree	20	11.6
	Bachelors degree or higher	71	41
Occupation			
	Housewife	63	35.8
	Employee/merchant	64	37
	Government officer	19	11
	Public enterprise staff	28	16.2
Family income(Baht/month)			
	5,000 or lowest	8	4.6
	5,001-10,000	49	28.3

Table 1 (Cont.)

Characteristic	Frequency	Percent
Family income(Baht/month)		
10,001-15,000	24	13.9
15,001-20,000	13	7.5
Higher than 20,001	79	45.7
Religion		
Buddhism	147	85
Christian	23	13.3
Islam	1	1
Experiences with their children received treatment in the emergency room		
Yes	65	37.6
No	108	62.4

Table 1 shows that almost half of the subjected (47.4 %) were between 30 and 39 years old, 41% had a bachelors degree, 37 % and were employees/merchans, 45.7% had a monthly income higher than 20,001, 85 % were buddhists, and 62.4% never had experience taking their children to seek treatment in the emergency room at a hospital before.

Table 2 Frequency and percentage of critically ill children classified by age, sex, order of birth, type of illness, and severity of illness(n = 173)

Characteristics		Frequency	Percent
Age (years)	below 3	73	42.2
	4-6	44	25.4
	7-14	56	32.4
Sex	Boy	107	61.8
	Girl	66	38.2
Order of birth	Only Child/First born	94	54.3
	Middle	28	16.2
	Last	51	29.5
Type of illness	Chronic	30	17.3
	Acute	83	48
	Accidental	60	34.7
Severity of illness	Class 1	17	9.8
	Class 2	55	31.8
	Class 3	72	41.6
	Class 4	29	16.8

Table 2 revels that almost half of the critically ill children (42.2 %) were younger than 61.8% were boys, 54.3 % were the only child or the first child in the family, 48% had acute illness, and in almost half of critically ill children, the severity of the illness was classified as class 3 (41.6%).

Part 2 The amount of psychosocial needs and received responses of the mothers of critically ill children

Table 3 Mean, standard deviation and the interpretation of the mean scores of the psychosocial needs and received responses of the mothers of critically ill children

Variable	$\bar{X}$	S.D.	Interpretation
Psychosocial needs			
The need for close contact and care their children	1.73	0.39	Much
The need for good relationship	1.62	0.29	Much
The need for information	1.56	0.28	Much
The need for moral support	1.52	0.48	Much
The general personal	1.11	0.33	Little
Received responses			
The need for close contact and care their children	1.75	0.44	Much
The need for good relationship	1.56	0.37	Much
The need for moral support	1.50	0.46	Much
The need for information	1.42	0.40	Much
The general personal	1.17	0.33	Little

Table 3 illustrates that on the average, the mothers of critically ill children had much need in almost all dimensions except for the general personal need which was considered little($\bar{X}$ = 1.11) In addition, as regards received responses to the mothers' needs, the mean scores suggest that the mothers generally received considerable

responses to their needs except for the general personal needs which did not receive as much response as others(X=1.17)

Part 3 Comparison of psychosocial needs and received responses of the mothers of critically ill children

Table 4 Comparison of mean of psychosocial needs and received responses of mothers of critically ill children by T-test

Variable	$\bar{X}$	S.D.	t-test
Psychosocial needs	1.50	0.26	1.07^{NS}
Received responses	1.48	0.31	

$p > .05$

Table 4 indicates that the comparison of the psychosocial needs and received responses of the mothers of critically ill children yielded no significant difference as the level of .05.

Table 5 Comparison of mean scores of 5 aspects of psychosocial needs by ANOVA

Psychosocial needs	**n**	$\bar{X}$	**S.D.**	**F**
- The need for close contact and care their children	173	1.73	0.39	74
- The need for good relationship	173	1.62	0.29	
- The need for information	173	1.56	0.28	
-The need for moral support	173	1.52	0.48	
-The general personal need	173	1.11	0.33	

$p < .01$

Levene Statistic	df1	df2	Sig.
21.724	4	860	.000

	Sum of squares	df	Mean square	F	Sig.
Between groups	3.836	4	9.709	74.048	.000
Within groups	112.761	860	.1313		
Total	151.596	864			

Table 5 shows that all of the five dimensions of the mothers' psychosocial needs were significant as the level 0.01, with the needs for close contact and care for their children receiving the highest mean score of 1.73.

Table 6 Comparison of mean scores of 5 aspects of the received responses by ANOVA

Received responses	n	$\bar{X}$	S.D.	F
- The need for close contact and care their children	173	1.75	0.45	45
- The need for good relationship	173	1.56	0.37	
- The need for moral support	173	1.50	0.46	
- The need for information	173	1.42	0.40	
- The general personal need	173	1.17	0.33	

$p < .01$

Levene Statistic	df1	df2	Sig.
5.755	4	860	.000

	Sum of squares	df	Mean square	F	Sig.
Between groups	30.353	4	7.588	45.972	.000
Within groups	141.953	860	.165		
Total	172.306	864			

Table 6 reveals that all the 5 dimensions of the received responses of mothers of critically ill children were significant at the level 0.01, with the responses to the needs for close contact and care for their children receiving the highest mean score of 1.75.

Part 4The amount and the satisfaction level with the persons who responded to the needs of the mothers of critically ill children

Table 7 Mean, standard deviation and the interpretation to the mean score of the persons who responded to the needs of the mothers of critically ill children in accordance with the five dimensions of psychosocial needs.

Psychosocial needs	The people responding to mothers' psychosocial needs							
	Nurses		Doctors		Relatives		Others	
	$\bar{X}$ S.D	satisfaction level	$\bar{X}$ S.D	satisfaction level	$\bar{X}$ S.D	satisfaction level	$\bar{X}$ S.D	satisfaction level
- The need for good relationship	1.80 0.28	very satisfied	1.62 0.45	very satisfied	1.45 0.50	very satisfied	1.59 0.42	very satisfied
- The need for close contact and care their children	1.77 0.38	very satisfied	1.60 0.49	very satisfied	1.89 0.29	very satisfied	1.56 0.51	very satisfied
-The need for moral support	1.66 0.36	very satisfied	1.60 0.44	very satisfied	1.68 0.50	very satisfied	1.52 0.47	very satisfied
-The need for information	1.62 0.40	very satisfied	1.60 0.46	very satisfied	1.50 0.50	very satisfied	1.28 0.59	satisfied
-The general personal needs	1.60 0.35	very satisfied	1.34 0.58	very satisfied	1.55 0.48	very satisfied	1.55 0.37	very satisfied

Table 7 indicates that the mothers of critically ill children were very satisfied with nurses, doctors, relatives and others such as nurse assistants, receptionists, social workers and pharmacists who responded to their psychosocial needs, except for the needs for information which were only satisfactorily responded to be other ($\bar{X}$=1.28) The exemption of the information need had satisfied, and the others was responded.

Table 8 Comparison of mean scores of the received responses of psychosocial needs and the personal who responded to the needs of the mothers of critically ill children by ANOVA

The personal who responded to the needs of the mothers of critically ill children	**n**	$\bar{X}$	**S.D.**	**F**
- Nurses	173	1.69	0.24	9.66
- Relatives	137	1.69	0.35	
- Physicians	173	1.57	0.38	
- Others	173	1.53	0.33	

$p < .01$

Levene Statistic	df1	df2	Sig.
10.484	3	652	.000

	Sum of squares	df	Mean square	F	Sig.
Between groups	3.162	3	1.054	9.664	.000
Within groups	71.115	652	.109		
Total	74.277	655			

Table 8 suggests that the mothers of critically ill children were satisfied with the persons who responded to their needs as the 0.01 level. Moreover, it is worth nothing that nurses and relatives provided the highest and equal amount of response with the mean score of 1.69.

CHAPTER V

DISCUSSION

This study aimed to explore the psychosocial needs and received responses of 173 mothers of critically ill children receiving treatment in the emergency room at St. Louis Hospital. The result of this study will be discussed into two parts as follows:

1. The psychosocial needs and received responses of mothers of critically ill children
2. The satisfaction of mothers with the people who responded to their needs

1. The psychosocial needs and received responses of mothers of critically ill children

One finding of this study is that the total psychosocial needs and total received responses of mothers of critically ill children were not different significantly ($p>.05$). This means that the psychosocial needs and the received responses of the mothers were not different. The finding may be due to several factors. First, the emergency room is one part of the hospital which provides treatment for the critical, acute and accidental patients. The mothers always assess the severity of the condition of their children from the physical stimulation such as injection, wound dressing and restraint. In addition, mental stimulations such as crying and pain would also lead mothers to become stressed from the thought that their children were severely ill and would may probably die. (Hazinski, 1992; Miles & Carter, 1983 cited in Unseim, 1996). The reasons mentioned

above would be the cause of the psychosocial needs. Furthermore, the mean scores of the overall psychosocial needs of ill children's mothers were at a high level ($\overline{X}$ = 1.50), which were the same as those of the received responses ($\overline{X}$ = 1.48). The working objective of every personnel at St. Louis Hospital is to provide the best services and to create a good impression to all clients. This may probably be a result of the hospital's slogan which states that "Kindness is the basis of superb service." Additionally, the policy of the ISO 9002 system which was brought by the administration requires a service responding to overall needs of clients and this has become a principle of all personnel working at the hospital. This result in the clients receiving a warm welcome and the start nursing readiness to assist them as soon as they arrive at the hospital to receive treatment. The findings of the present study have revealed that there is no significant difference between psychosocial needs and received responses among mothers of critically ill children. However, when considering each of the need and response dimensions, it was found that among the two dimensions with the highest needs and least responses are the need to be with the children during the treatment and the need to participate in the consolation of the children, which accounts for approximately 6.3 % (See Appendix C, Table 21). The explanation of this result may be due to sometimes health care providers may pay more attention to the seriously ill child's conditions while leave the mother outside without concerning whether she would like to be with her child. This situation may occur in severe cases who require immediate treatment. Additionally, some mothers may show high anxious or stress related to their child's conditions. In this case, the staff may not allow them to be with their child, because they were afraid that these mothers could not cope with the stress effectively. Though this seems to be a small number, the administrator of the hospital

should not ignore and solve the problem if the hospital is to provide excellent services. Therefore, attention of physicians and nurses may probably be paid to these critically ill children rather their mothers who feel that their needs are not responded to. Other two dimensions with high needs and low responses are receiving information about the reasons of the treatment for her child 21.39 % and receiving convenient and rapid services from all units in the hospital 28.81 %(See Appendix C, Table 22). Furthermore, the treatment of the ill patients admitted into the emergency room is based on the assessments of the severity of the condition and those who are critically ill will be treated before any explanation or other information will be given to their mothers. As a consequence, this may inevitably lead to the mothers' feeling that their needs are not responded to.

From the findings of this study, the mean scores of five psychosocial needs of mothers were significantly different ($p<.01$) and were at a high level in all dimension. One explanation would be that the acute and critical illness of the children which required immediate treatment at a hospital produced considerable mental disturbances for the mothers. As a result, mothers had more psychosocial needs when coping with these mental disturbances than in a normal condition. The most important psychosocial needs of mothers was the need for close contact and care for their ill children ($\bar{X} = 1.73$). These would be the products of the needs for the acceptance from health personnel as a significant person of ill children as they normally were and the needs to participate in taking care of their children as they used to (Sawatpanit,1997). Furthermore, mothers had the need for good relationship from all personnel because all exhibited behaviors affected an increase or a decrease in stresses as well as the coping abilities of patients and relatives (Mcknight,1976 cited in Satireleela,1998). In a crisis

situation such as when children are ill, all mothers would show the information needs ($\bar{X}$ =1.56). This finding is similar to those of previous studies (Hampe,1975; Molter,1979;Gardner & Stewart, 1978; Kitivattragarn, 1998) related to the needs of relatives in a crisis situation. The highest needs among relatives were information needs including the prognosis, the patients' conditions, and the truth and direct answer in orders to decrease their anxiety. Mothers of critically ill children also faced with high levels of stress and anxiety. Some mothers felt that they were the cause of their children's illness, so they had a great needs for confidence and encouragement ($\bar{X}$ = 1.52) both from health personnel and their families. However, the general personal needs of mothers were at a low level ($\bar{X}$=1.11). This may be caused by the fact that the critical situation in the emergency room took place for only a short period of less than thirty minutes and all mothers paid their attention to the illness of their children and had no concern for their general personal needs.

The mean scores of the five received need responses to needs of mothers were significantly different ($p<.01$) and were at a high level in all dimension. The most received need responses were the need for close contact and care for their children ($\bar{X}$=1.75), whereas the good relationship needs received nearly the same responses ($\bar{X}$=1.56). These would be the results of the crisis situation which caused mothers to have the need for close contact and care of their children needs. In the same way, the children had more needs to be close to their mothers than other people. Therefore, the management in the emergency room would be flexible by giving the time for mothers and ill children to stay together instead of letting the mothers wait outside the emergency room after bringing their children in.

Mothers would want to see their ill children receiving necessary assistance from the assessment and the beginning of the treatment which would create the trust and relieve their anxiety. Moreover, these actions would lead to good relationships and cooperation from mothers with satisfaction. However, mothers felt that they received a few responses to their general personal needs or a little assistance in their individual personal problems from the hospital personnel. These may be explained by the fact that the period in the emergency room is very short and most personnel give priority to the illness of the children, so the emotional stress of the mothers and the others are less important. The results of this study would be discussed in details ranked by the level of needs and received responses as follows:

1.1 The need for close contact and care for their children

The mean scores of the need for close contact and care for their children needs and the received of these needs were at the highest level among the five dimensions ($\bar{X}$=1.73 and $\bar{X}$=1.75, respectively).

In general, a mother is a key person to respond to the physical and mental needs of a child. This would be a result of the role of a mother who nurtures and assists in a child's activities. Moreover, she is understanding, sensitive and knowing how to respond to the needs of her child. When a child is ill and comes to receive treatment at a hospital, she would always worry, watch, care, assist and give mental support for her child (Algren, 1985; Marlow & Redding, 1988). From the findings of this study, the item which the mothers had the most need for and received the most response was staying with their children during the treatment (92% and 87.3% respectively). This would have resulted from many therapeutic procedures such as injection, wound dressing and other procedures the ill children received which caused them pain. When

mothers face with these conditions and reactions of their children, they would feel fear and anxious about the pain the children are receiving and the separation from their children (Sawatpanit, 1997). In addition, during illness, children have the needs for love and attention mostly from their mothers because they feel safe when stay with their significant persons such as mothers. If their mother are present, moreover, children could be patient with an unfamiliar situation, have a decrease in fear, and give cooperation in therapeutic procedures, leading to effective and rapid treatment. Furthermore, having mothers stay with their children even when they receive therapeutic procedures and care for their children decrease the anxiety level of both mothers and children. Additionally, it is a suitable opportunity for the health care team to give information to mothers, and create a good interaction and good attitude to the services (Gill, 1987 cited in Pongkumpun, 1994).

However, in this dimension, the need and the received responses to the opportunity for decision making with the health care teams in order to choose the therapeutic plan for their children were at the lowest level (59.5% and 45.1%, respectively). This could be a result of the critical illness of their children with which the majority of the mothers had a little experience in coping mechanisms and solving the problems.

Therefore, most mothers gave their confidences in the treatment which doctors, nurses and every personnel in the emergency room provided to their children to cure the illness and prevent deformity as well as in most safety management they received.

1.2 The need for good relationship

The mothers had the overall the need for good relationship a high level ($\bar{X}$=1.62). This would be explained that in a crisis situation such as when child is

critically ill, the mothers would have high level of anxiety and stress. Therefore, the warm and friendly received responses was a significant key in decreasing the anxiety and stress level of mothers (Peplau, 1952 cited in Wacharagert,1993).

As for each item, mothers had high level of needs including the needs and the received responses for regular attention from the beginning of the treatment to the end (98.2 % and 85.5 %, respectively), receiving polite conversations (96.0 % and 90.1 %, respectively), and having friendly receptionists ready for assistance (95.4 % and 86.1 %, respectively). All the needs mentioned above are generally the expectation for hospital services of all clients. This result supports the nation that the health care team in the emergency room creates a good relationship with all clients, especially the critically ill children. If the mothers and ill children receive initial attention since being admitted in to the received responses the mothers world feel good and the relationship between them and the health care team begins. As a result, mothers develop trust in the received treatment of their children and have a good feeling and reduced anxiety (Whaley & Wong, 1987). This finding is similar to that of the study of Sutabut which confirmed that the open and friendly relationship would lead to confidence and decrease the pressure which caused the anxiety. Also, Gardner & Steward (cited in Kaewwetchawong, 1973) supported that the appropriate interaction between health personnel and families would lead to declined anxiety, increasing trust, good cooperation, enhanced understanding, and sympathy as well as a rise in caring efficiency for patients. The lowest needs and received the lowest responses were the needs about the explanation related to the general conditions in the emergency room (35.3% and 32.4 %, respectively). These would be the results of the characteristics of the illness of their children which did not have an underlying disease (48 %), were

accidents (34.7 %), and with the severity in Class 1, 2 and 3 (9.8 %, 31.8 % and 41.6 %, respectively). With these levels of severity which required immediate management and were threatening to life, the health care teams mostly gave the first priority to the ill children. The mothers also felt that their children were severely ill, thus, they gave more attention to the treatment the children were receiving rather than the general conditions in the emergency room. Mothers, additionally, required only the safety management to save their children's lives. Furthermore, the interview of mother about the required assistances to decrease anxiety presented revealed that most mothers wanted their children to received initial therapeutic managements as soon as they arrived at the emergency room more than wanted to know about the general conditions in the emergency room.

1.3 The need for information

The mothers' information needs were at a high level ($\overline{X}$ = 1.56) and were the third among the five needs, whereas the received response to these needs were also at a high level ($\overline{X}$ = 1.46) but were the fourth among the five responses.

The items related to information needs of mother were the needs to receive explanation about the method of treatment the children were receiving and to receive information related to the reasons of such treatment (97.1 %). The item related to the highest received responses to such needs was the explanation about the method of the treatment the children were receiving (78.6 %). These would be the results of the stress of the mothers which was caused by the inadequate information related to the treatment and the prognosis (Smith,Goodman, Ramscy&Pasternack,1982 cited in Punchamediter,1998) In general, when ill children are received treatment in the emergency, room the uncertainty feelings always occur to the mothers including the

children's illness, the conditions, the fear of losing their children particularly in critically ill children or children having abnormal changing symptoms. Mothers require immediate assistance from health care team (Huaberger,1989). The study of Jacano and colleagues. (1990) indicated that the first information which parents required was the diagnostic, prognosis and the received treatment. In addition, they did not want to know about only the treatment the children were receiving but also the reasons such for treatment these therapy. However, due to the nature of work in the emergency room. The information given, would be short and intermittent (Jacobson,1981). According to Molter & Captain (1979), mothers need accurate, easily understandable and simple information in order to make them understand and could adapt with the children's reactions both in the hospital and after going home. Moreover, this information would help mothers to give a suitable care to their children (Insee, 1979).

The lowest need and the least received response related to information needs was the information about other support resources such as social support, close to home health service, and the specialist clinics (12 % and 13.3%, respectively). It could be explanated that most mothers (45.7%) had a high family income (more than 20.000 baht/month) and had a high education level (41%) having a bachelor's degree. Therefore, they could afford the cost and could easily assess the resources they wanted.

1.4 The need for moral support

The mothers of ill children in this study had the overall mental support needs at a high level ($\bar{X}$=1.52) similar to the overall mental support received responses ($\bar{X}$= 1.50). When the children are ill, the mental equilibrium of mothers would be affected and caused high levels of anxiety and stress occur. Mothers require the trust and encouragement in order to maintain their mental equilibrium

(Booncharoon sil,1994).As for the findings, of this study the item related to the higher needs and the higher received response was having the confidence that their children were receiving the best care (99.4% and 83.8%, respectively). Mathis (1984 cited in Kitirattragarm, 1998) study the needs of related of crisis patients with head injuries and found that the need to have confidence that their patients were receiving the best care was among the first five needs of the relatives. According to Marlow and Redding (1988), the most important needs of the mothers were the mental support needs. These would be the results of the critical illness of the children which led to a great level of stress for the mothers. Therefore, mothers require mental supports and the guide lines from health personnel as well as the confidence that their children are receiving the best management and could recover from their illness. Some mothers require to talk with doctors and nurses. Some want doctors and nurses to stay nearby. Others want the familiar people to be their friends in order to enhance their confidence and encouragement to face with that situation (Molter,1979).

In this study the lowest needs were the item related to the health care team giving opportunity for mothers to ventilate or express their feelings (53.2 %). One explanation would be that a short period at the emergency room which is about 15 to 30 minutes for giving treatment and the emergency management to assist patients in a crisis do not allow long conversations between mothers and health care teams.

The lowest received response to these needs was someone who were interested in the reaction (42.8 %). This may result from the fact that the emergency management leaves no time to assist and answer questions of the mothers. Therefore, the health care team should extend their attention not only to the patients but also to the family

members. Furthermore, they should assist the family members to face with the crisis situation and bring about the equilibrium status to the family.

1.5 The general personal need

Mothers had the overall general personal needs at a low level ($\overline{X}$=1.11),Which is the same as the overall received response to these needs ($\overline{X}$ = 1.17).

The findings of this study revealed that the highest need was the need to receive convenient and rapid services from all units in the hospital (99.4 %), and the highest received response was the item related to the people who facilitated them (80.9 %). The lowest needs and the lowest received responses were the item about having a peaceful place to calm down for a while (4 %, 5.2 %, respectively). This may be due to the fact that most children who received the treatment from the emergency room are acutely or critically ill or sometimes have had accidents, Most mothers require an emergency and rapid treatment from doctors and nurses for their children. When their children are in the emergency room, some mothers require to stay with them or to stay as close to the possible the emergency room as in order to receive the information about the children's illness from doctors and nurses. Therefore, they have a little need for a peaceful place to calm their mind. However, if there are somebody who facilitate them during their want the mothers would relieve their stress and anxiety and would be impressed with these services given to them.

2. The satisfactions of mothers with the people who responded to their needs

Based on the findings, mothers had satisfaction with the people who responded to their psychosocial needs at a high and moderate level. Moreover, the findings suggested that there were no difference between the psychosocial needs and receiving

responses of these mothers. The people who responded to the psychosocial needs of mothers were doctors, nurses, relatives and other personnel such as technique nurses, receptionists and other hospital staff member. According to Risser (1975 cited in Yauwatana, 1999), the satisfaction was consistent with the anticipation level of clients or patients for the caring and nursing as they really received. From the finding, mothers had a great satisfactions with the nurses when it came to the needs for the information needs, the general personal needs ($\overline{X}$ =1.80,1.62 and 1.60,respectively). One explanation would be that the nurses are health care personnel who have more interaction with patients than others. Therefore, they are expected to respond to the needs of the patients than other personnel. The patients and their families expect that they would receive the quality nursing care. In this study, nurses always the first persons who took care of both ill children and mothers since admission in the emergency room with friendly manners and talks. Moreover, they gave information to mothers and other facilitators to respond to the mothers' general personal needs. These actions create a good relationship between the nurses and the mothers leading to the cooperation in treatment for ill children as well as a relief of mental and physical stress of the mothers. Thus the nursing care directed to the needs and the anticipation of clients would lead to the satisfaction and is considered a qualified nursing service resulting in the satisfaction perceived quality of clients (Tuntipulwitnai,n.d:2 cited in Stilalela, 1998).

Mothers had satisfaction with their relatives in responding to the need for close contact and care for their children and the mental support needs($\overline{X}$=1.89 and 1.68, respectively). This may have resulted from the critical illness of the children which caused parents and families to be stressed and anxious. Because children are significant persons in a family, they are surrounded by relatives and family members even in the

hospital. These people are significant people who can provide in mental support to the mothers in such a crisis situation. Furthermore, from the researchers' practice experience in the emergency room, mothers always want the reinforcement from family members and close relatives in decision making or ventilating their feelings of stress and anxiety. This is similar to the report of Brown(1968 cited in Intarawichai,1990) that families are significant sources of psychosocial support. The second resource was the relativs such as brothers or sisters and friends. However, relatives normally let the mothers take care of their children. This may be due to characteristics of ill children who always ask for only their mothers to stay with them during the treatment. Another explanation is that mothers play an important role in responding to the physical, mental, emotional and socials needs of children due to the close relationship, the nurturing role, love person, understanding, knowing and sensitivity to the needs of the children that they have.(Wessel,1968 cited in Chaichan, 1997).

The mean scores of the people who responded to the overall psychosocial needs of the mothers were significantly different ($p < .01$). The sequence of the mean scores of people who responded to the needs ranked from the highest to the lowest were the nurses, the relatives, the doctors, and the other health care personnel ($\bar{X}$= 1.69, 1.69, 1.57 and 1.53, respectively). These results indicated that mothers had satisfaction with the responses received form these people at a high level. This would be the consequences of the characteristics of the mothers who come to an unfamiliar environment such as the emergency room. They would experience many feelings of fear and lack of confidence. The health care team in the emergency room are the first personnel who are close to their children and the mothers, so they have a good opportunity to give appropriate responses according to the situation and individuals and

to create a good relationship between the health care team and the clients. Therefore, a good cooperation in the treatment therapy and a satisfaction with the service an part of the clients would eventually result.

CHAPTER VI

CONCLUSION

This study was a descriptive research which aimed to explore the psychosocial needs and received responses of the mothers of critically ill children who sought treatment at St. Louis Hospital.

The subjects were 173 mothers who brought their child to receive treatment at the emergency room of Saint Louis Hospital from 15 September 2000 to 15 January 2001 who were recruited by accidental sampling. The data were collected by the interviews. base on two sets of questionnaire and were subsequently analyzed by the SPSS/PC for Window.

The results of this study are as follows:

1. The characteristics of both 173 mothers and 173 children.

The majority of mothers 47.4 % ranged from 30 to 39 years in age and 41 % graduated with a Bachelors' Degree They were mainly merchants or owned private business 37 % with monthly income higher than 20,001 baht 45.7 %. Most of them 85 % were Buddists and never had experience to bringing their children to emergency room 62.4 %.

Almost half of critically ill children 42.2 % were younger had age lower than 3 years old and most 61.8 % were male About half 54.3 %were the first child or the only

in the family child in the family In addition, about half of them were 48 % acutely ill with severity level at class 3(41.6 %).

2. The psychosocial needs and received responses of mothers.

The mean scores of nearly all dimensions of the psychosocial needs and received responses were at a high level except for the general personal needs and responses which were at a low level.

3. The mothers of critically ill children had no significant difference in term of their psychosocial needs and received responses ($p>.05$). However, the mothers had significant differences in the five psychosocial needs ($p<.01$). The most important psychosocial need was the need for close contact and care for their children ($\overline{X}=1.73$). Moreover, the mothers had significant differences in the five received responses ($p<.01$) they mostly received responses to their need for close contact ($\overline{X}=1.75$).

4. Mothers of critically ill children had a high satisfactory level for persons such as nurses, doctors, relatives, and others staff members (technique nurses receptionists etc), who responded to almost all psychosocial need dimensions of them.

5. The comparison of the mean scores of received responses to needs provided by hospital staff yielded significant difference ($p<.01$). The people who mostly responded to the psychosocial needs of the mothers were nurses and relatives ($\overline{X}=1.69$).

Implications and Recommendations

The Implication for Nursing Practice

The nursing practice in the emergency room should be devided into nursing teams with each nurse having different a responsibility in the teams. Moreover, the clients, both children and adults, always come to receive the service during 6.00 A.M. to 10.00 P.M. when the emergency room services do not cover all dimensions. Therefore,

to maintain the psychosocial responses to mothers of critically ill children, it is recommended that:

1. As the most important need of the mothers of critically ill children is the need for their children, there should be a space in the emergency room specially provided for the treatment of ill children in order to decrease stress and fear from the or disheartening conditions of other patients. There should also be a suitable place for mothers to be close to their children but not to interfere with the personnel's management in giving the services to other patients.

2. From the findings, the mean scores of the responses to the ranked second Therefore, trainings in the development of relationship building techniques should be provided to staff in order to create and maintain a good relationship between the clients in emergency room as well as to leave a lasting impression. Moreover, the staff could thoroughly assess the needs or other problems of the patients and their relatives to create trust and satisfaction among the clients who come to receive services at the emergency room.

3. Adequate responses to the mothers' information needs should be by provided through clear and effective communications about the situation in order to decrease the stress and anxiety occurring among mothers of critically ill children

4. When critically ill children are brought to receive treatment in the emergency room there are always some family members who accompany them. Therefore, health personnel in the emergency room should concern with these people because they can be important moral support resources for ill children and their mothers particularly in a situation.

5. There should be a seminar or a course on how to develop psychosocial nursing for all health care teams in order to raise awareness and to be able to better respond to the psychosocial needs of patients and their family members.

Implications for Future Research

1. There should be a study on how to develop a nursing pattern in the emergency room in order to support and promote mothers to be close to and to assist their children during a crisis situation.

2. There should be a study to explore the psychosocial needs and received responses in other service units such as the intensive care unit, the neonatal intensive care unit and the postpartum unit.

3. There should be the same kind of study which include a larger number of subjects and which is conducted in different hospital in different areas so as to obtain more extensive findings and information which can be used as a guideline in improving nursing care services and in developing psychosocial nursing standards for mothers and critically ill children receiving treatment in the emergency room.

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APPENDIX

APPENDIX A

LIST OF EXPERTS

APPENDIX A

List of Experts

There are five experts who have validated the content of research instrument. They are :

1. Mr. Chatree Witoonchart, M.D.
   Department of Pediatric,
   Faculty of Medicine, Siriraj Hospital, Mahidol University
2. Mr. Vissanu Tharachatr, M.D.
   Physician Staff of Emergengy Room,
   St. Louis Hospital
3. Asst. Prof. Sudapan Thunjira
   Department of Nursing,
   Faculty of Medicine, Ramathibodi Hospital, Mahidol University
4. Dr. Nuananong Bunjaroonsilp
   Department of Pediatric Nursing, Faculty of Nursing,
   Mahidol University
5. Dr. Wanlaya Thampanichawat
   Department of Pediatric Nursing, Faculty of Nursing,
   Mahidol University

APPENDIX B

CONSENT FORM

APPENDIX B

Consent Form

My name is Tasanee Thaipak. I am a student in Master's program of Maternal and Child Nursing at the Faculty of Nursing, Mahidol University. I am conducting a research entitled the needs and responses to psychosocial needs of mothers of children received treatment in the emergency room. You are invited to participate in the study.

If you agree to participate, I will interview you from questionnaire. It will last for approximately 20-30 minutes.

All data are presented as group data or representative numbers. Your name will not be identified in any reports. You are free to have another person present with you during the interviews. You are also free to withdraw at any time Your care at health center will be not affected by your decision to either participate or not participate in this study. If you have any questions now or at anytime during the study. Please feel free to ask or discuss with me.

Thank you for considering my request.

Sincerely,

Tasanee Thaipak

APPENDIX C

ADDITIONAL TABLE

Table 9 Frequency and percentage of psychosocial needs and received responses of sample classified by items of the need for close contact and care for their children (n = 173)

Psychosocial needs	Needs						Responses					
	No		Little		Much		No		Little		Much	
	n	%	n	%	n	%	n	%	n	%	n	%
-Staying with her child during received treatment	4	2.3	9	5.2	160	92.5	13	7.5	9	5.2	151	87.3
-Having opportunity to console and touch her child before receiving treatment	4	2.3	15	8.7	154	89.0	7	4.0	22	12.7	144	83.2
-Having opportunity to participate in consoling her child to cooperate with treatment	7	4.0	14	8.1	152	87.9	15	8.7	18	10.4	140	80.9
-Having participation in helping the child during received treatment	13	7.5	21	12.1	139	80.3	17	9.8	22	12.7	134	77.5
-Having opportunity to bring her child to receive special investigations	17	23.0	8	10.8	49	66.2	19	25.7	4	5.4	51	68.9
-Receiving the opportunity to participate in decision making with health care providers to select the treatment for her child .	29	16.8	41	23.7	103	59.5	43	24.9	52	30.1	78	45.1

Table 10 Frequency and percentage of psychosocial needs and received responses of sample classified by items of the need for good relationship (n = 173)

Psychosocial needs	Needs						Responses					
	No		Little		Much		No		Little		Much	
	n	%	n	%	n	%	n	%	n	%	n	%
-Receiving regularly attention and interest through the therapeutic process	-	-	2	1.2	171	98.2	2	1.2	23	13.3	148	85.5
-Receiving polite communication	-	-	7	4.0	166	96.0	2	1.2	15	8.7	156	90.1
-Friendly and ready assisted welcome	-	-	8	4.6	165	95.4	1	0.6	23	13.3	149	86.1
-Receiving the interest to question about your need and for support	4	2.3	32	18.5	137	79.2	28	16.2	33	19.1	112	64.7
-The advice about how to do during waiting for her child is the ER.	30	17.3	63	63.4	80	46.2	10	5.8	62	35.8	101	58.4
-The explanation about the general condition of her child in the ER.	98	56.6	14	8.1	61	35.3	96	55.5	21	12.1	56	32.4

Table 11 Frequency and percentage of psychosocial needs and received responses of sample classified by items of the need for information (n = 173)

Psychosocial needs	Needs						Responses					
	No		Little		Much		No		Little		Much	
	n	%	n	%	n	%	n	%	n	%	n	%
-Receiving the explanation about the receiving child's treatment	-	-	5	2.9	168	97.1	3	1.7	34	19.7	136	78.6
-Receiving information about the reasons of the treatment for her child	-	-	5	2.9	168	97.1	3	1.7	39	22.5	131	75.7
-The advice about how to take care her child after finished treatment in the ER.	2	1.2	22	12.7	148	85.5	8	4.6	39	22.5	126	72.8
-The information about the child 's diagnosis	24	13.9	8	4.6	141	81.5	22	12.7	38	22.0	113	65.3
-The information about the child :s condition during therapeutic	47	27.2	21	12.1	105	60.7	46	26.6	48	27.7	79	45.7
-The information about other support resources .	95	54.9	56	32.4	22	12.7	89	51.4	61	35.3	23	13.3

Table 12 Frequency and percentage of psychosocial needs and received responses of sample classified by items of the need for moral support (n = 173)

Psychosocial needs	Needs						Responses					
	No		Little		Much		No		Little		Much	
	n	%	n	%	n	%	n	%	n	%	n	%
- Receiving the confidence in receiving the best care for her child	-	-	1	0.6	172	99.4	-	-	28	16.2	145	83.8
-Receiving information and talk with the health care personal about the child 's disease and symptoms.	1	0.6	31	17.9	141	81.5	9	5.2	35	20.2	129	74.6
- Receiving acceptance to show the emotion and feeling of mother to her child	36	20.8	44	25.4	93	53.8	33	19.1	57	32.9	83	48
-Having the personal or other people to be a friend during the waiting for treating child in ER.	31	17.9	50	28.9	92	53.2	4	2.3	45	26.0	124	71.7
-Having someone interested in yours reaction	36	20.8	45	26.0	92	53.2	29	16.8	70	40.5	74	42.8
-Having opportunity to ventilate her feeling with health care personals	36	20.8	45	26.0	92	53.2	44	25.4	49	28.3	80	46.2

Table 13 Frequency and percentage of psychosocial needs and received responses of sample classified by items of the general personal need (n = 173)

Psychosocial needs	Needs						Responses					
	No		Little		Much		No		Little		Much	
	n	%	n	%	n	%	n	%	n	%	n	%
-Receiving convenient and rapid services from all units in the hospital	-	-	1	0.6	172	99.4	4	2.3	36	20.8	133	76.9
-Having people to facilitate	7	4.0	20	11.6	146	84.4	3	1.7	30	17.3	140	80.9
-Having consultant people during unsolving problem by yourselves	45	26.0	30	17.3	98	56.6	39	22.5	39	22.5	95	54.9
-Having facilitated place and equipment during waiting for her child	84	48.6	61	35.3	28	16.1	58	33.5	71	41.0	44	25.4
-Having a place for relatives to rest and wait near the ER.	91	52.6	70	40.5	12	6.9	57	32.9	66	32.2	50	28.9
-Having a quiet place to calm your mild	123	71.1	43	24.9	7	4.0	124	71.1	40	23.1	9	5.2

Table 14 Comparison mean of psychosocial needs and the different of education level of the sample by ANOVA.

Education	**Frequency**	$\overline{X}$	**S.D.**	**F**
Less than elementary	9	1.38	0.32	2.01^{NS}
Elementary school	30	1.44	0.26	
High school	43	1.58	0.24	
Vocational degree	20	1.45	0.28	
Bachelor degree	71	1.51	0.27	

p>.05

Table 15 Comparison mean of psychosocial needs and the different experiences in their children received treatment in the emergency room of the sample by T-test

Experiences	**Frequency**	$\overline{X}$	**S.D.**	**T-test**
Ever	65	1.57	0.29	2.33^{NS}
Never	108	1.47	0.25	

P >.05

Table 16 Mean, standard deviation and the interpretation of the mean score of the need for close contact and care for their child

Psychosocial needs	Nurses			Doctors			Relatives			Others		
	$\bar{X}$	S.D.	satisfaction level	$\bar{X}$	S.D	satisfaction level	$\bar{X}$	S.D.	satisfaction level	$\bar{X}$	S.D.	satisfaction level
-Staying with her child …..	1.84	0.42	very satisfied	1.69	0.55	very satisfied	1.89	0.36	very satisfied	1.64	0.66	very satisfied
-Having opportunity to participate in …	1.84	0.39	very satisfied	1.77	0.50	very satisfied	1.88	0.33	very satisfied	1.55	0.57	very satisfied
-Having opportunity to console and touch her child before ….	1.82	0.42	very satisfied	1.63	0.57	very satisfied	1.84	0.41	very satisfied	1.46	0.59	very satisfied
.-Having opportunity to bring her child to receive special ….	1.80	0.48	very satisfied	1.55	0.62	very satisfied	1.70	0.54	very satisfied	1.74	0.51	very satisfied
-Receiving the opportunity to participate in decision making	1.78	0.46	very satisfied	1.58	0.53	very satisfied	1.79	0.54	very satisfied	1.27	0.59	satisfied
-Having participation in helping the child during received treatment	1.76	0.46	very satisfied	1.56	0.55	very satisfied	1.85	0.36	very satisfied	1.38	0.59	very satisfied

Table 17 Mean, standard deviation and the interpretation of the mean score of the need for good relationship

Psychosocial needs	Nurses			Doctors			Relatives			Others		
	$\bar{X}$	S.D.	satisfaction level	$\bar{X}$	S.D.	satisfaction level	$\bar{X}$	S.D.	satisfaction level	$\bar{X}$	S.D.	satisfaction level
-Receiving polite communication	1.92	0.31	very satisfied	1.74	0.51	very satisfied	1.50	0.85	very satisfied	1.77	0.44	very satisfied
- Receiving regularly attention and ...	1.86	0.38	very satisfied	1.65	0.58	very satisfied	1.75	0.44	very satisfied	1.65	0.52	very satisfied
-Friendly and ready assisted welcome	1.85	0.41	very satisfied	1.61	0.59	very satisfied	1.35	0.71	very satisfied	1.56	0.57	very satisfied
-Receiving the interest to question about your need and for support	1.72	0.46	very satisfied	1.49	0.67	very satisfied	1.20	0.63	very satisfied	1.40	0.64	very satisfied
-The advice about how to do	1.68	0.50	very satisfied	1.33	0.58	very satisfied	1.38	0.72	very satisfied	1.58	0.54	very satisfied
-The explanation about the general condition	1.66	0.61	very satisfied	1.52	0.66	very satisfied	1.00	0.53	satisfied	1.35	0.61	very satisfied

Table 18 Mean, standard deviation and the interpretation of the mean score of the need for information

Psychosocial needs	Nurses			Doctors			Relatives			Others		
	$\bar{x}$	S.D	satisfaction level	$\bar{x}$	S.D	satisfaction level	$\bar{x}$	S.D	satisfaction level	$\bar{x}$	S.D	satisfaction level
-The information about the child 's diagnosis	1.76	0.45	very satisfied	1.71	0.52	very satisfied	1.50	0.84	very satisfied	1.20	0.84	satisfied
-Receiving information about the reasons	1.76	0.46	very satisfied	1.70	0.55	very satisfied	2.00	0.00	very satisfied	1.50	0.76	very satisfied
-The advice about how to take care her child	1.73	0.50	very satisfied	1.67	0.59	very satisfied	1.33	0.71	satisfied	1.41	0.59	very satisfied
- Receiving the explanation about the receiving	1.71	0.49	very satisfied	1.67	0.59	very satisfied	2.00	0.00	very satisfied	1.33	0.71	satisfied
-The information about the child :s condition	1.66	0.49	very satisfied	1.48	0.63	very satisfied	1.33	0.82	satisfied	1.17	0.58	satisfied
-The information about other support resources	1.42	0.52	very satisfied	1.20	0.53	satisfied	0.86	0.86	satisfied	0.75	0.45	satisfied

Table 19 Mean, standard deviation and the interpretation of the mean score of the need for moral support

Psychosocial needs	Nurses			Doctors			Relatives			Others		
	$\bar{X}$	S.D	satisfaction level	$\bar{X}$	S.D	satisfaction level	$\bar{X}$	S.D.	satisfaction level	$\bar{X}$	S.D.	satisfaction level
- Receiving the confidence	1.82	0.39	very satisfied	1.79	0.44	very satisfied	1.67	0.65	very satisfied	1.58	0.58	very satisfied
-Receiving information and talk with	1.75	0.44	very satisfied	1.69	0.51	very satisfied	1.73	0.59	very satisfied	1.50	0.65	very satisfied
-Having the personal or other people	1.75	0.45	very satisfied	1.64	0.53	very satisfied	1.62	0.57	very satisfied	1.58	0.50	very satisfied
-Having opportunity to ventilate her	1.66	0.49	very satisfied	1.48	0.67	very satisfied	1.50	0.60	very satisfied	1.38	0.65	very satisfied
- Receiving acceptance to show the emotion	1.65	0.49	very satisfied	1.53	0.59	very satisfied	1.77	0.50	very satisfied	1.46	0.58	very satisfied
-Having someone interested in yours reaction	1.59	0.51	very satisfied	1.35	0.56	very satisfied	1.66	0.60	very satisfied	1.38	0.59	very satisfied

Table 20 Mean, standard deviation and the interpretation of the mean score of the general personal need

Psychosocial needs	Nurses			Doctors			Relatives			Others		
	$\bar{X}$	S.D	satisfaction level	$\bar{X}$	S.D	satisfaction level	$\bar{X}$	S.D	satisfaction level	$\bar{X}$	S.D	satisfaction level
-Receiving convenient and rapid services...	1.81	0.39	very satisfied	1.48	0.67	very satisfied	1.67	0.65	very satisfied	1.72	0.47	very satisfied
-Having consultant people during unsolving.....	1.74	0.44	very satisfied	1.62	0.56	very satisfied	1.88	0.42	very satisfied	1.50	0.63	very satisfied
-Having people to facilitate	1.66	0.51	very satisfied	1.79	0.47	very satisfied	1.57	0.60	very satisfied	1.71	0.50	very satisfied
-Having facilitated place and equipment	1.40	0.51	very satisfied	1.11	0.37	satisfied	1.50	0.62	very satisfied	1.43	0.52	very satisfied
-Having a place for relatives to rest and	1.31	0.50	satisfied	1.06	0.42	satisfied	1.05	0.39	satisfied	1.31	0.47	satisfied
-Having a quiet place to calm your mild	1.30	0.52	satisfied	1.00	0.33	satisfied	0.92	0.49	satisfied	1.19	0.54	satisfied

Table 21 Frequency and percentage of the sample with high psychosocial needs with no responses

Psychosocial need	No received responses	
	N	%
-Staying with her child during received treatment	11	6.36
-Having opportunity to participate in consoling	11	6,36
-Having participation in helping the child during received	10	5.78
-Having opportunity to ventilate her feeling with health care....	10	5.78
-Having someone interested in yours reaction	10	5.78
-Receiving the opportunity to participate in decision making....	8	4.62
-Receiving acceptance to show the emotion and feeling	6	3.47
-Receiving information and talk with the health care personal...	5	2.89
-The information about the child's condition during therapeutic	4	2.31
-Receiving convenient and rapid services from all units	4	2.31
-Receiving the explanation about the receiving child's	3	1.73
-The advice about how to take care her child after finished	3	1.73
-The information about other support resources .	3	1.73
-Having opportunity to console and touch her child before.....	3	1.73
-Receiving regularly attention and interest through the	2	1.16
-The explanation about the general condition of her child	2	1.16
-Receiving information about the reasons of the treatment	2	1.16

Table 21 (Cont.)

Psychosocial need	No received responses	
	N	%
-Having facilitated place and equipment during waiting	2	1.16
- Friendly and ready assisted welcome	1	0.58
-The advice about how to do during waiting for her child	1	0.58
-Receiving polite communication	1	0.58
-Receiving the interest to question about your need and for.....	1	0.58
-The information about the child 's diagnosis	1	0.58
-Having opportunity to bring her child to receive special.....	1	0.58
-Having a quiet place to calm your mild	1	0.58
-Having people to facilitate	0	0
-Receiving the confidence in receiving the best care	0	0
-Having the personal or other people to be a friend during	0	0
-Having a place for relatives to rest and wait near the ER.	0	0
-Having consultant people during unsolving problem by yourselves	0	0

Table 22 Frequency and percentage of the sample with high psychosocial needs with low responses

Psychosocial need	little received responses	
	N	%
-Receiving the opportunity to participate in decision making.....	39	22.54
-Receiving information about the reasons of the treatment	37	21.39
-Receiving convenient and rapid services from all units	36	20.81
-The advice about how to take care her child after finished	34	19.65
-Receiving the explanation about the receiving child's	32	18.50
-Receiving the interest to question about your need and for.....	30	17.34
-The information about the child's condition during therapeutic	28	16.18
-Having opportunity to ventilate her feeling with health care....	28	16.18
-Receiving information and talk with the health care personal...	28	16.18
-Receiving the confidence in receiving the best care	28	16.18
-Having a quiet place to calm your mild	27	15.61
- Friendly and ready assisted welcome	22	12.72
-Receiving regularly attention and interest through the	22	12.72
-Receiving acceptance to show the emotion and feeling	22	12.72
-Having someone interested in yours reaction	22	12.72
-Having people to facilitate	21	12.14

Table 22 (Cont.)

Psychosocial need	little received responses	
	N	%
-Having opportunity to console and touch her child before.....	21	12.14
-The advice about how to do during waiting for her child	16	9.25
-Receiving polite communication	15	8.67
-Having consultant people during unsolving problem by	15	8.67
-Having opportunity to participate in consoling	13	7.51
-The explanation about the general condition of her child	11	6.36
-The information about other support resources	11	6.36
-Having participation in helping the child during received	11	6.36
-Staying with her child during received treatment	9	5.20
-Having the personal or other people to be a friend during	9	5.20
-Having opportunity to bring her child to receive special.....	9	5.20
-Having a place for relatives to rest and wait near the ER.	7	4.04
-The information about the child 's diagnosis	5	2.89
-Having facilitated place and equipment during waiting	5	2.89

APPENDIX D

INSTRUMENTS

แบบสัมภาษณ์ความต้องการ และการได้รับการตอบสนองความต้องการทางด้านจิตสังคมของมารดาผู้ป่วยเด็กที่มารับการรักษาในห้องฉุกเฉิน

คำชี้แจง

แบบสัมภาษณ์นี้มีวัตถุประสงค์เพื่อต้องการทราบความต้องการทางด้านจิตสังคม การได้รับการตอบสนองความต้องการ บุคคลที่ตอบสนองความต้องการ และความพึงพอใจต่อบุคคลที่ให้การตอบสนองความต้องการของมารดาผู้ป่วยเด็กที่มารับการรักษาในห้องฉุกเฉิน ประกอบด้วยแบบสัมภาษณ์ 2 ชุด ดังนี้

ชุดที่ 1 แบบสัมภาษณ์ข้อมูลส่วนบุคคล

ชุดที่ 2 แบบสัมภาษณ์ความต้องการทางด้านจิตสังคม การได้รับการตอบสนองความต้องการ บุคคลที่ตอบสนองความต้องการและความพึงพอใจต่อบุคคลที่ให้การตอบสนองความต้องการทางด้านจิตสังคม ของมารดาผู้ป่วยเด็กที่มารับการรักษาในห้องฉุกเฉิน

เลขที่แบบสัมภาษณ์.....
วันที่ตอบแบบสัมภาษณ์.....

ชุดที่ 1 ข้อมูลส่วนบุคคลของผู้ป่วยเด็กและมารดา

คำชี้แจง ให้ทำเครื่องหมาย √ ลงใน( ) หน้าข้อความหรือเติมข้อความ ตัวเลข ลงในช่องว่าง

ข้อมูลส่วนบุคคลของผู้ป่วยเด็ก

1. อายุ..... ปี
2. เพศ ( ) ชาย ( ) หญิง
3. ลำดับที่เกิด ( ) บุตรคนแรก / คนเดียว
   ( ) บุตรคนกลาง
   ( ) บุตรคนสุดท้อง
4. ประเภทของความเจ็บป่วย
   ลักษณะอาการที่มาโรงพยาบาล.....
   ( ) มีโรคประจำตัว หรือเคยเจ็บป่วยด้วยอาการอย่างนี้มาก่อน
   ( ) ไม่มีโรคประจำตัว หรือไม่เคยเจ็บป่วยด้วยอาการอย่างนี้มาก่อน
   ( ) อุบัติเหตุ
5. ความรุนแรงของความเจ็บป่วย
   ( ) Class 1 ( ) Class 2
   ( ) Class 3 ( ) Class 4

ข้อมูลส่วนบุคคลของมารดา

1. อายุ..... ปี
2. รายได้โดยประมาณของครอบครัว .....บาท / เดือน
3. การศึกษา
   ( ) ต่ำกว่าประถมศึกษา ( ) อนุปริญญา
   ( ) ประถมศึกษา ( ) ปริญญาตรี
   ( ) มัธยมศึกษา

4. อาชีพ

( ) แม่บ้าน ( ) รับราชการ

( ) ค้าขาย / ธุรกิจส่วนตัว ( ) รัฐวิสาหกิจ

5. ศาสนา

( ) พุทธ ( ) อิสลาม

( ) คริสต์ ( ) อื่นๆ ระบุ.....

6. ท่านเคยนำบุตรมารับการรักษาที่ห้องฉุกเฉินหรือไม่

( ) เคย

( ) ไม่เคย

7. เมื่อบุตรมารับการรักษาในหน่วยฉุกเฉินมารดามีความวิตกกังวลในเรื่องใดบ้าง ?

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8. มารดาต้องการความช่วยเหลืออะไรบ้าง? เพื่อลดความวิตกกังวลของมารดา

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เลขที่แบบสัมภาษณ์.....
วันที่ตอบแบบสัมภาษณ์.....

ชุดที่ 2 แบบสัมภาษณ์ความต้องการทางด้านจิตสังคมการได้รับการตอบสนองความต้องการ บุคคลที่ตอบสนองความต้องการและความพึงพอใจต่อบุคคลที่ให้การตอบสนองความต้องการทางด้านจิตสังคม ของมารดาผู้ป่วยเด็กที่มารับการรักษาในห้องฉุกเฉิน

คำชี้แจง แบบสัมภาษณ์นี้มีวัตถุประสงค์เพื่อสำรวจความต้องการและการได้รับการตอบสนองความต้องการทางด้านจิตสังคมของมารดาผู้ป่วยเด็ก ขณะที่นำผู้ป่วยเด็กมารับการรักษาในห้องฉุกเฉินมีจำนวนข้อคำถาม 30 ข้อ ซึ่งผู้วิจัยจะทำการสัมภาษณ์แล้วให้มารดาผู้ป่วยเด็กเป็นผู้พิจารณาว่าท่านมีความต้องการการดูแล/บริการ ตามข้อความเหล่านั้นหรือไม่ โดยให้เลือกตอบเพียง 1 ช่อง ต่อ 1 ข้อ สำหรับตัวเลือกตอบจะแบ่งออกเป็น 3 ระดับ คือ

ความต้องการทางด้านจิตสังคม	การได้รับการตอบสนอง
ไม่มีความต้องการ	ไม่ได้รับการตอบสนอง
มีความต้องการน้อย	ได้รับการตอบสนองน้อย
มีความต้องการมาก	ได้รับการตอบสนองมาก

สำหรับส่วนของบุคคลที่ตอบสนองความต้องการมารดาสามารถเลือกตอบได้มากกว่า 1 ช่องโดยเลือกจากบุคคลดังต่อไปนี้ ได้แก่

แพทย์ หมายถึง แพทย์ที่ทำการรักษาผู้ป่วยเด็กในห้องฉุกเฉิน

พยาบาล หมายถึง พยาบาลที่ปฏิบัติงานในห้องฉุกเฉิน

ญาติ หมายถึง บุคคลที่มีความสัมพันธ์กับผู้ป่วยเด็กทางสายตรง ได้แก่ ปู่ , ย่า ตา,ยาย , ป้า , อา

บุคคลอื่นๆ หมายถึง เจ้าหน้าที่ทุกคนในโรงพยาบาลทั้งฝ่ายบริหารและฝ่ายปฏิบัติการเช่น. ผู้อำนวยการโรงพยาบาล , ผู้จัดการแผนก , พนักงานต้อนรับ , เจ้าหน้าที่แผนกต่างๆ ฯ

สำหรับความพึงพอใจต่อบุคคลที่ให้การตอบสนองความต้องการทางด้านจิตสังคม ให้ตอบในช่องของบุคคลที่ตอบสนองความต้องการ โดยจะให้คะแนนดังนี้

ไม่พอใจ	ให้คะแนน	0
พึงพอใจ	ให้คะแนน	1
พึงพอใจมาก	ให้คะแนน	2

ตัวอย่างการตอบแบบสัมภาษณ์

ความต้องการทางด้านจิตสังคม	ความต้องการ			การได้รับการตอบสนอง			บุคคลที่ตอบสนอง			
	ไม่ต้องการ	น้อย	มาก	ไม่ได้รับ	น้อย	มาก	แพทย์	พยาบาล	ญาติ	อื่นๆ
1.การต้อนรับด้วยท่าทีที่เป็นมิตรและพร้อมให้การช่วยเหลือ		√			√			√ 2	√ 1	

ความต้องการทางด้านจิตสังคม	ความต้องการ			การได้รับการตอบสนอง			บุคคลที่ตอบสนอง			
	ไม่ต้องการ	น้อย	มาก	ไม่ได้รับ	น้อย	มาก	แพทย์	พยาบาล	ญาติ	อื่นๆ
1.การต้อนรับด้วยท่าทีที่เป็นมิตรและพร้อมให้การช่วยเหลือ										
2 การให้คำแนะนำว่าจะต้องทำอย่างไรบ้าง.....										
3.....										
4.....										
5.....										
•										
•										
•										
30. การมีบุคคลคอยอำนวยความสะดวก เช่น. พนักงานเปล , พนักงาน ต้อนรับ ประชาสัมพันธ์ ฯ										

BIOGRAPHY

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