Parenting Styles, Stress and Coping in Mothers of Children with Congenital Heart Disease

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ABSTRACT

Exploring the parenting styles, coping strategies and perceived stress in parents of children who have undergone cardiac intervention are challenging issues because they affect the whole family dynamics and are crucial for the entire team of those providing healthcare.

It can lead to adequate psychological intervention and counseling which can have multi-faceted benefits both for the parents and children in the process of coping.

Congenital heart disease

- Complex disease of the cardiovascular system that is a result of the dysfunctional embryology of the heart structures, in various period of the gestation, which leads to system organism problems.

- Around 1% of the babies are born with CHD and 75% of them have necessity for surgical intervention.

- From 2000 until 01. 06. 2010 - 259 patients with congenital heart diseases have been treated In the Special Hospital "FILIP VTORI".

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FAMILLY AS A WHOLE SYSTEM

Family of a child diagnosed congenital hearth disease

- CHD diagnosed in childhood presents a distress for the child and the whole family system.
- The whole family dynamics has been interrupted
- The whole family dynamics has been included in the adaptation process

STRESS

Although CHD has been seen as a chronically disease rather than a terminal one, the management of CHD involves repeated procedures, hospitalisation etc, which can be a distress for the whole family.

- Anxiety
- Burden
- Irritability
- Dissatisfaction
- Fatigue
- Concern
- Tension

COPE

In order to cope with the diagnosis, parents may react in different ways toward their child and use different coping strategies

- Positive reinterpretation and growth
- Mental disengagement
- Focus on and venting of emotions
- Use of instrumental social support
- Active coping
- Denial
- Religious coping
- Humor
- Behavior disengagement
- Restraint
- Use of emotional social support
- Substance use
- Acceptance
- Suppression of competing activities
- Planning

PARENTING STYLE

In order to cope with the diagnosis, parents may react in different ways toward their child which reflects on the process of child-parent attachment.

- Parenting styles based on the levels on control and warmth: authoritarian, authoritative and permissive. Plus neglectful style.
  - Authoritarian - "borders without freedom"
    - Authoritative - "freedom and/with borders"
      - Permissive - " freedom without borders"

Subjects and methods

Ten mothers of children who have undergone cardiac intervention aged 5 to 14 and ten mothers of healthy children were administered three questionnaires

- *Parenting style*

- *Coping strategies*

-*Perceived stress*

We used independent samples t-test for the statistical analysis of three relevant questioners that were included.

RESULTS

Figure 1. Independent Sample T Test for perceived stress

Mothers of children with CHD showed significantly higher score on *concern* when compared to mothers of healthy children.

Scales	Mothers	Mean (SD)	t	Sig (2-tailed)
Perceived stress				
Anxiety	Healthy child	2,18 (,58)	-1,238	,238
	Child with CHD	2,5 (,35)		
Burden	Healthy child	3,13 (,55)	,222	,828
	Child with CHD	3,25 (,54		
Irritability	Healthy child	2,13 (1,03)	-1,589	,148
	Child with CHD	2,92 (,35)		
Dissatisfaction	Healthy child	2,38 (,36)	-1,512	,154
	Child with CHD	2,66 (,38)		
Fatigue	Healthy child	2,59 (,61)	-1,371	,194
	Child with CHD	2,96 (,39)		
Concern	Healthy child	2,02 (,54)	-2,309	,038*
	Child with CHD	2,71 (,61)		
Tension	Healthy child	2,1 (,75)	-2,145	,056
	Child with CHD	2,75 (,38)		
Summa	Healthy child	,47 (15)	-1,953	,082
	Child with CHD	,58 (0,58)		

Figure 2. Independent Sample T Test for coping strategies

Mothers of children with CHD used significantly more the *denial* as coping strategy when compared to mothers of healthy children

Scales	Mothers	Mean (SD)	t	Sig (2-tailed)
Cope				
Positive reinterpretation and growth	Healthy child	3,5 (,48)	1,315	,215
	Child with CHD	3,21 (,34)		
Mental disengagement	Healthy child	2,54 (,48)	1,444	,176
	Child with CHD	2,07 (,66)		
Focus on and venting of emotions	Healthy child	3,2 (,81)	-,825	,439
	Child with CHD	3,5 (,32)		
Use of instrumental social support	Healthy child	3,29 (,76)	,204	,842
	Child with CHD	3,21 (,60)		
Active coping	Healthy child	3,33 (,44)	,609	,555
	Child with CHD	3,17 (,47)		
Denial	Healthy child	1,67 (,44)	-2,657	,022*
	Child with CHD	2,42 (,57)		
Religious coping	Healthy child	2,37 (,86)	1,907	,258
	Child with CHD	3,17 (,66)		
Humor	Healthy child	2,29 (,71)	1,194	,258
	Child with CHD	1,82 (,70)		
Behavior disengagement	Healthy child	2,00 (,73)	-,678	,513
	Child with CHD	2,28 (,71)		
Restraint	Healthy child	2,67 (,75)	-,915	,380
	Child with CHD	2,96 (,39)		
Use of emotional social support	Healthy child	3,29 (,79)	,513	,606
	Child with CHD	3,11 (,43)		
Substance use	Healthy child	1,17 (,30)	-,517	,616
	Child with CHD	1,28 (,49)		
Acceptance	Healthy child	3,33 (,41)	1,284	,225
	Child with CHD	2,75 (1, 04)		
Suppression of competing activities	Healthy child	2,79 (,40)	-,709	,493
	Child with CHD	2,96 (,47)		
Planning	Healthy child	3,58 (,46)	,508	,621
	Child with CHD	3,43 (,61)		

Figure 3. Independent Sample T Test for parenting style

Both groups of mothers are similar in authoritative and permissive style, but mothers of children with cardiac interventions significantly practice more the authoritarian parenting style compared to the control group (Figure 3).

Scales	Mothers	Mean (SD)	t	Sig (2-tailed)
Parenting style				
Authoritarian	Healthy child	2,17 (,071)	-,616	,549*
	Child with CHD	3,61 (,49)		
Authoritative	Healthy child	5,36 (,44)	-2,763	,017
	Child with CHD	5,5 (,43)		
Permissive	Healthy child	2,51 (,64)	-1,179	,261
	Child with CHD	2,92 (,67)		

Discussion – *parenting style*

Quantitative analyses

- Mother of children with CHD showed statistically significant practice of **authoritarian parenting style** compared to mothers of healthy children
- In permissive and authoritative parenting style no significant differences were found in both groups

Qualitative analyses

- Children received double meaning **messages** which can create inter/intra personal conflict:
  - On behavioral level mothers showed **permissive parenting style**
  - **Verbal messages** were colored with aggressive, non tolerable and mostly disqualifying content *

Follow up

- Parents presented **different parenting style** on paper and in live *
- Different measures to asses **children's perception** of parenting styles
- To **divide parenting style** in specific dimensions: warmth, support, verbal hostility, punitive strategies, psychical coercion etc..

- *This was not measured, but opens possibilities for further research.

Discussion – *coping strategies*

Quantitative analyses

- Mother of children with CHD showed significantly more the **denial** as coping strategy compared to mothers of healthy children
- showed higher score on the **planning, focus on and venting on emotions** coping strategies:
- showed lowest score on **humour** meaning this was the less used coping strategy.

Qualitative analyses

- Denial was present also during the five-day summer camp **on behavioural and verbal level.**

Follow up

- Inaccurate understanding of the problems related to the management of the chronically illness.

Discussion – *perceived stress*

Quantitative analyses

- Mother of children with CHD showed significantly higher score on **concern** when compared to mothers of healthy children.

Qualitative analyses

- From a psychotherapeutic point of view what is important is that these parents, even when the major health problem has been solved they still stayed in psychological state of concern.
- Inaccurate understanding of the problems related to the management of the **chronically illness.**

Follow up

- working on **closure of one process** that has started years ago, when the child was diagnosed
- working on **acceptance** on the new reality with a child that had undergone cardiac intervention and now is a child in good health.

Conclusion

- Awareness of the potential psycho-social burdens for families (parents) living with the diagnosis of cardiac disease in a child is critical for the entire team of those providing healthcare.

- Further exploration of psychosocial characteristics of parents can lead to adequate medical as well as psychological and adequate psychotherapeutic interventions.

- This can have multi-faceted benefits both for the parents and children in the process of coping.

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