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# THE IMPACT OF OCCUPATION RELATED STRESSES OF NURSES ON THEIR CHILD REARING AND FEEDING PRACTICES IN KANDY DISTRICT, SRI LANKA

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## **ABSTRACT**

Occupation related stress of nurses effect on their professional and personal life. Here this study aims to evaluate influence of the work-related stress intensity of nurses on their child rearing and feeding attributes. Nurses (27-41 years old) who have children age between six months to five years and work in three main hospitals in Kandy district participated. The sample size (N=84) calculated by G power software and conveniently selected nurses were recruited to the study. Pre-tested, self-administered questionnaire was used to collect data and analyzed by using SPSS version 21. Correlations were significant at the  $p < 0.01$  in the Pearson correlation test. The stress level categorized into three, named mild, moderate, and severe according to the score. Results revealed 76.2% of nurses suffered from moderate stress while 22.6% and 1.2% of them struggling with mild and severe stress, respectively. Thereafter, the study investigated correlation among stress and child rearing and feeding attributes. Significantly, the authoritarian child rearing ( $p < 0.005$ ) and forceful feeding ( $p < 0.002$ ) attributes showed positive correlation to the stress level. In contrast the authoritative parenting attributes positively correlated with their occupation related stress ( $p < 0.003$ ). The authoritarian parental attributes showed association with force-feed characteristics ( $p < 0.004$ ) and authoritative parental attributes were accompanied with modelling feeding

features ( $p < 0.001$ ) positively. In conclusion, nurses are experiencing stress due to the multitudes of causes and with the stress intensity they tend to be more demanded and anticipate disciplines rather encourage independency towards both child rearing and feeding practices.

Key words: Child rearing practices, Feeding practices, Nurses, Stress

## **INTRODUCTION**

### **Occupation related stress**

Employees experience stress at the workplace because failure to achieve demanded task with available amenities and capabilities (Muraleswaran and Akilendran, 2016). This phenomenon eventually reduces the efficiency while increasing occupational hazards (Adib-Hajbaghery, Khamechian and Alavi, 2012). However, stress is subjective, and it experiences in different ways from one to another. One type of stress is Eu stress that is good in motivation and directs towards goals. It positively effects on a person and does not impact on their well-being. Whereas distress is a harmful emotional state that affects to the physical and psychological well-being of an individual while reducing the productivity and outcomes (Farzanmehr and Gautam, 2016).

### **Child rearing practices**

Child rearing is a caring process that begins with breast feeding and includes

nurture, educate (Mudiyanse, 2019) and ameliorate etiquette and temperament of a child. A family can accelerate the process by socialization and direct supervision because child learns about others, culture, correspondence and sharing sentiment from the family (Vijayalakshmi et al., 2007). Child rearing is not merely achieving the normal physical growth but also realize basic life skills within respective developmental phases. For that parents ought to guide and inspect them toward adaptation to an universal life, strengthen them to face future calamities, morbidities, socio-cultural impacts and behavioral influences, personality development, regulations, feeding habits, interpersonal skills, empathy, spiritual and self-esteem (Mudiyanse, 2019). Parenting styles classify according to receptiveness and expectations in to four types named authoritative, authoritarian, permissive and neglectful style (Subaskaran and Balasuriya, 2016). First, the authoritative style is a nurturing pattern of children with great bohemianism, and parents assist child for self-determination and autarchy. They dispense intimacy, cheer, enlightenment toward anticipated tasks and inspire to open communication (Kimble, 2014). Then, children of authoritative parents are outstanding with remarkable social skills and confidence (Darling, 1999). Secondly, Authoritarian parenting style is kind of dominant pattern with high demanding and less responsive. They tend to abandon and use penalties without any simplifications (Darling, 1999). Ultimately, children end up with asocial behaviors, many externalize problems and psychiatric disorders because of forceful psychological control (Mullins and Tashjian, 2018), (Kimble, 2014). The permissive parents are less demand, less confidence and more reactive towards their children. Meanwhile, they inspire child's right of utterance and exertions without any restraint (Mullins and

Tashjian, 2018). Also, parents not expect precise performances but substantial autonomy (Darling, 1999) and children also have squalls in learning, life skills and patience (Mullins and Tashjian, 2018). Un-involve or neglectful parenting is ignorance of children. Care givers are poor in responsiveness and advertency (Kimble, 2014) as well as children get in multiple psychical trauma due to parental negligence (Mullins and Tashjian, 2018).

### **Feeding practices**

Feeding practices are defined as parental behaviors to influence their child's eating. Feeding attributes are vary depending on child age, family revenue, tribe, behavior of family eating (Khemili-Talbi et al., 2014) maternal awareness, viewpoint and socio-cultural tradition (S et al., 2014). Feeding practices are essential to uphold growth, development and existence of children and it's appropriateness helps to prevent early childhood malnourishment, fatness (Daelmans et al., 2009). As well as burden of diarrheal infection, respiratory illnesses of young children are prevented by successful feeding practices (Mihrrshahi et al., 2010). There are four types of feeding practices have identified. First, restriction style of feeding is limit certain types of foods. However, it makes them eager on reduced foods whereas pressure to eat is vigorous acting on cater. It decreases the appetite on particular foods, and either of methods do not help to promote nutritional habits (Kimble, 2014). Monitoring is a process of evaluate the child's food intake by assessing the type and amount of food. It is the best method for feeding because it helps to maintain ideal food consumption. Modeling feeding is a pragmatic practice of feeding which promotes healthy habits without limitations (Kimble, 2014).

In Sri Lanka, most nurses are females, and they play a vital role as a mother, daughter, and wife in their personal life besides a nurse. Nurses who live with small children and elderly parents, have

great responsibility compared to others (Dioso, Janoof and Thiviyasuthan, 2017). Parents should directly involve the assess child's behavior with encourage and a harmonious relationship between the child and parents. As well as security, working hours and job flexibility of mother's occupation can influence the child's internal and external behaviors and overall socio-emotional functions. It may be negatively or positively affected because of work-family conflicts (Salimiha, 2017). Therefore, this study carried out mainly with objectives of evaluate work related stress level and assess its' impact on their child rearing attributes and child feeding attributes. Moreover, identified the correlations among stress, child rearing attributes and feeding attributes.

## **LITERATURE REVIEW**

Usually, nursing profession consider as a stressful job. It is highly vulnerable to reduce the potency and calibre of care with psychological strain (Sarafis et al., 2016). Nurses work in circumscribe place with vexatious view and sound. As well as scarcity of standard utensils and medicines, disease transmission, dispute with other professionals and co-workers, demise and hurt of patients, workload (McVicar, 2003), unpropitious authorities, censorious circumstances, discord, deficient apprenticeship, restlessness and sleeplessness, display to infection, extra duties, operative participation in emergencies (Adib-Hajbaghery, Khamechian and Alavi, 2012). Poor support with poor effective feedback from seniors (McVicar, 2003) and accountabilities that observe and maintain records, renovate patient's file and provision of patient and family care (Farzanmehr and Gautam, 2016) drag nurses into stress. Other than that, workplace pressure and status directly impact on domesticity of nurses (Sabil et al., 2016) and situation will be

exaggerated while performing paradoxical responsibilities at the same time (Silva and Dissanayake, 2017).

Parenting practices vary according to maternal and paternal exposure to the local customs (Subaskaran and Balasuriya, 2016) and way of embracing, retribution, affectionate, recompense, appreciate, constancy and forbearance toward their child (George and Rajan, 2012). For healthy child development, there are three types of important central magnitudes in enculturation including interlinkage with others, indoctrinate and self-determination (Subaskaran and Balasuriya, 2016), because it has a sustained impacts on child's elaborating. In that case parents ought to guide their child in toilet training, eating, sleeping, bed habit training, clothing, oral hygiene practices, and hand sanitizing practices within exact milestones to make them independent. Other important aspect of child rearing is education. Early education of child is helped to improve cognitive skills, later school performances and intelligence. Hence, the inception to education should initiate from home environment and mother has a major role ('University of Sheffield', 1942). Parents should not anticipate a wondrous performance from their child and let them to develop gently because they grasp facts through their own experience day by day. Accordingly, this process helps them to accustom with life by achieving their autonomy. The future of a child in a sympathetic family will be fine while children who have emotional trauma ending up with awkward personality with psychiatric influences (George and Rajan, 2012). For instance attention deficit hyperactivity and conductive disorder (Mullins and Tashjian, 2018).

Maternal feeding practices are specific behavioral techniques that used by mothers to influence their child's food catering. There is an association among maternal child feeding practices with maternal parenting practices, personal

characteristics, psychopathology of mother, socioeconomic status of mother, maternal education level, and family income (Khemili-Talbi et al., 2014).

## METHODOLOGY

The study carried out on a sample of nurses from three teaching hospitals in the Kandy district in Sri Lanka. (Sirimavo Bandaranayke Specialized Children Hospital (SBSCH), National Hospital Kandy (NHK), and Teaching hospital Peradeniya (THP)). The sample size calculated using G power software for the correlation between exposure and outcome variables. For a two-tailed distribution with a medium-size correlation of 0.3 and  $\alpha$  0.05 and power of 80% and the required sample size was 84. Sample was selected conveniently from nurses who have children aged between six months to five years. Questionnaire had three parts including stress level evaluation, child rearing practices and feeding practices evaluation. The newly developed five-point Likert type questionnaire underwent expert review and a pretest prior to distribution. Data were collected from January to March of 2020 after ethical approval from the relevant institutions. Written informed consent has taken from each nurse beforehand the voluntary participation to the study. All the statistical proportions and correlations analyzed by using SPSS (statistical package for the social sciences) version 21. Frequencies, means, medians, standard deviations also calculated. Shapiro-Wilk test used to identify normality of the distribution and non-parametric test (Pearson test) performed to evaluate correlations among stress level with child rearing and child feeding practices at the significant level considered as  $p < 0.01$ .

The twelve itemed nurses' stress scale scored with a minimum mark of 0 and the maximum mark of 4. Then the minimum

and maximum marks for scale are 0 and 48, respectively. The scale was categorized as 0-16 ( $>33.33\%$ ) =mild stress, 17-32=moderate stress (33.34-66.66%), and 33-48= severe stress (66.67<%).

## RESULTS AND DISCUSSION

Number of nurses participated to the study, from each hospital were 30 (NHK), 29 (THP) and 25 (SBSCH). Out of the 84 nurses, 81 were female nurses (96.4%). They were aged between 27 to 41 years and their working experience varies from 2 years to 14 years. The majority (97.6%) were Sinhalese and only 2.4% were Tamil and none were Muslim. No one suffers from any psychiatric illnesses. There are 19 (22.6%) nurses have mild stress, 64 (76.2%) nurses have moderate stress and one (1.2%) was suffering from severe stress.

Table 1 - Nurses self-perception about the frequency of occurrence of stress factors in their life

Items	Never	Rarely	Sometimes	Often	Very often
Workload	0	25	53	20.2	1.2
Shortage of nurses	2.4	19	50	25	3.6
Lack of facilities	1.2	40.5	40.5	14.3	3.6
Responsibilities	13.1	25	40.5	16.7	4.8
Critical patient care	7.1	34.5	39.3	17.9	1.2
Conflicts with others	26.2	52.4	20.2	1.2	0
Lack of support from colleagues	15.5	64.3	19	1.2	0
Seen death and suffering of patients	6	31	32.1	25	6
Problems with administration	10.7	28.6	57.1	3.6	0
Make immediate decision	14.3	26.2	46.4	8.3	4.8
Disappointment on job	16.7	35.7	34.5	9.5	3.6
Missing parental responsibilities.	4.8	14.3	27.4	39.3	14.2

Frequencies of each response were calculated and presented as a percentage. Extreme stress factors were not found through the study. However, everyone suffered from stress due to workload. A similar study has revealed shortage of staff gives heavy workload on available individuals. For instance, in night shifts there are fewer staff members compared to day shifts. Then less available support with high demands during night shifts lead to additional stress (Farzanmehr and Gautam, 2016). In this study 50% of nurses sometimes struggle with staff shortage. Institutional and the organizational level interventions to facilitate working environment should be needed to address this burden (Sarafis et al., 2016). Another fact is that poor facilities on patient care including inadequate prevention strategies for infections, unpalatable sight and sound of set up (McVicar, 2003), lack of standard appliances, and diseases transmission. All together 98.8% Of nurses were claimed that they stress with lack of facilities. Administration issues are next leading cause for stress in this study. Accompanied with these results, another study also depict that, there is a positive correlation between organizational commitment and organizational factors, management practices and job design (Alipour and Kamaee Monfared, 2015). Moreover, this positive relation causes stress while reducing productivity and efficiency of nursing care. (Vitale, Varrone-Ganesh and Vu, 2015) shows in a study that critical patient care and bereavement make nurses stressed. Nevertheless, long term work experience under same circumstances make them adapt to the situation and extreme pressure. It is decided by their own personality, coping skills and sometimes according to the situation. However, nurses participated in this study stressed

less likely related to critical patient care and death and suffering.

Nurses must get responsibilities of entire care that they provided to their patients. They play a role as a collaborator with other professionals, patients, and their family members. For that they should have special skills and competencies. In addition, they ought to coordinate and arrange the patient and environment for their investigation, maintain the patient's records and administer medication and treatments as their responsibilities that they should perform within a shift. Then they get emotional distress, depression, anger, and anxiety (Farzanmehr and Gautam, 2016). As literatures, nurses of the sample have mentioned responsibilities cause stress during work shift except 13.1 percent. Face to a critical and unpredictable situation and take a precise decision and appropriate action within the least possible time, make them stressed (Adib-Hajbaghery, Khamechian and Alavi, 2012). Integration with above findings 83.70% of sample reported, make an immediate decision as a stress factor. The next finding, majority of nurses are stressed less likely due to unbacked colleagues and disputes with others in this study. However, support from colleagues and supervisors, make comfortable working atmosphere to nurses and it reduces their work-related pressure (Farzanmehr and Gautam, 2016). Furthermore, there is a positive relation between colleagues' support and job satisfaction whereas a negative relation between conflicts and job satisfaction. Although work load, emotional exhaustion and conflicts stimulate the stress of nurses (Gelsema, 2007), the self-interest in their own occupation decline the stress (Adib-Hajbaghery, Khamechian and Alavi, 2012). In this study also disappointment about occupation less likely contribute to their stress because satisfactory support from colleagues. The last occupation related factor is missing

parenting responsibilities during their job. Lack of time for personal life cause stress (Dioso, Janoof and Thiviyasuthan, 2017) and work-family conflicts (Silva and Dissanayake, 2017). Interestingly, majority of nurses among the sample has mentioned they are often stressed, because of missing parenting responsibilities while they are attending the job. As well as effectiveness of care that they are provided is decided by physical health and nutritional status, mental health, stress, depression, reasonable work load, adequate time and support from the society (Ziaei, 2016).

Table 2 - Correlation of the stress level and child rearing attributes

Child rearing attributes	Correlation with stress level
Authoritative	-0.003
Authoritarian	+0.005
Permissive	-0.879
Neglectful	+0.065

This table shows that, their authoritative attributes reduced with stress level. In contrast authoritarian attributes increased with stress. Then authoritative and authoritarian child rearing attributes show negative and positive correlation respectively with stress level. It is a normal phenomenon in general according to prior studies that reveal, working mothers anticipate disciplines because they must balance both roles of parenting and working. Then, punishments are usually practiced gain desired disciplines (Achour et al., 2019). On the other hand, Authoritative child rearing characteristics are reduced with their stress level because the Authoritative parenting style is time consuming and requires more energy from parents (Mullins and Tashjian, 2018). Permissive and neglectful child rearing attributes of nurses also have correlation with stress level. Nevertheless, they are statistically in significant.

Table 3 - Correlation of stress level and feeding attributes

Child feeding attributes	Correlation with stress level
Forceful feeding	+0.002
Restrict feeding	+0.538
Monitoring feeding	-0.665
Modelling feeding	+0.240

Out of four child feeding practices, only forceful feeding attributes shows significant correlation with stress level (positive). Working mothers design their feeding practices according to time inhibition and comfort (Visness and Kennedy, 1997). Based on that nurses automatically practice forceful feeding characteristics and increased its' intensity with the stress level as other working mothers.

Table 4 - Correlation of child rearing attributes and feeding attributes

Child rearing practices	Force feeding	Restrict feeding	Monitoring feeding	Modelling feeding
Authoritative	0.416	0.521	0.303	+0.001
Authoritarian	+0.004	0.329	0.905	0.121
Permissive	0.225	0.252	0.253	0.796
Neglectful	0.816	0.798	0.813	0.927

As can be seen from the table authoritative child rearing attributes also have positive correlation with modelling feeding attributes while authoritarian and force-feeding attributes showing positive correlation. Interestingly, literature reveal that parents who are practicing more demanding and controlling child-rearing practices (authoritarian) also practise pressure to eat attributes (Kimble, 2014) whereas authoritative parenting style of parents is negatively linked to forceful feeding practices and positively associated with monitoring, encouraging, and modelling healthy eating practices. Nurses also showed positive correlation between authoritative child rearing and modelling feeding attributes in this study. In general, there is positive relationship between

permissive child-rearing patterns and restrictive feeding (Jansen et al., 2014). Nevertheless, nurses did not show such a correlation. However, educated mothers do not follow monitoring and restriction attributes as nurses (Jansen et al., 2014).

Table 5 - Average scores for each stress level, child rearing practices and child rearing practices

Stress	Authoritative parenting	Authoritarian parenting	Permissive parenting	Neglectful parenting	Forceful feeding	Restrict feeding	Monitoring feeding	Modeling feeding	Stress percentage
Top 1/3	76.6	70	56	70	75	75	75	75	72
Mid 1/3	81.86	66.79	60.6	50.14	69.64	69.07	87.57	66.86	48.21
Lower1/3	86.78	62.99	61	46.12	61.63	70.34	72.97	61.38	24.17

In conclusion, nurses stress due to multitudes of causes but not so much due to lack of peer support and conflicts. However, facilities and staff shortage need to be addressed within institutional level. Apparently, as general nurses also showed increasing characteristics of control, demanding and forceful parenting and feeding with stress level. Nevertheless, they do not practice permissive and restrictive manners associated with stress like public. Ultimately, nurses stress level impact on their child rearing attributes and feeding attributes in varying degrees.

### LIMITATION

This study has potential limitations. These findings may not be generalized to the whole Sri Lankan population and only considered the Kandy District.

### RECOMMENDATION

Nurses training programs should incorporate stress management strategies as well as child rearing practices

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