

THE STUDY OF PSYCHOLOGICAL DISTURBANCES [STRESS, ANXIETY AND DEPRESSION], FAMILY SUPPORT AND COPING AMONG THE MOTHERS OF NEONATES ADMITTED IN NICU [NEONATAL INTENSIVE CARE UNIT]

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ABSTRACT

The stay of the Neonate in NICU (Neonatal Intensive Care Unit) can be a stressful experience for the mother and can have psychological impact on her. This study was designed to identify psychological disturbances (stress, anxiety and depression), family support and coping among mothers of neonates admitted in the NICU and to observe the relationships between the variables. The study design was quantitative, cross sectional and correlational study with 136 mothers of whom their neonates were admitted in NICU at Santosh Medical College & Hospital, Ghaziabad. Purposive sampling was used for selecting the participants. Psychological distress, stress, anxiety, depression, coping, and family support were measured using the General Health Questionnaire-12, Depression Anxiety Stress Scale-42, Brief COPE Inventory, and the Family Support Questionnaire, respectively. Data analysis was done by descriptive data and Pearson's correlation coefficient. The results revealed high levels of psychological distress in mothers, as well as moderate levels of stress, anxiety and depression symptoms. A large number of mothers indicated that family support was moderate, and a significant proportion reported low family support. Avoidant coping was more commonly used than adaptive coping. The psychological disturbances had positive significant relationships with each other and the family support and coping had negative association with psychological distress. Coping was also positively predicted by family support. The results emphasize the need for early psychological evaluation and counseling, family participation, and coping-oriented interventions to improve the psychological health of mothers while they are hospitalized in the NICU.

KEYWORDS: psychological disturbances, stress, anxiety, depression, mothers, NICU, family support, coping

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INTRODUCTION

When the baby is admitted to the Neonatal Intensive Care Unit (NICU) for treatment, mothers may experience emotional difficulties related to motherhood.⁽¹⁾ Prematurity is defined as delivery before 37 weeks of gestation and may be associated with underdeveloped organs and a higher incidence of problems at birth. Neonatal mortality remains high in the country, largely due to prematurity and low birth weight.⁽²⁾ Specialized surveillance, treatment, and care are provided for preterm and ill newborns in the NICU.⁽³⁾ However, hospitalization of the child in the NICU may also cause stress for the mother, with feelings of uncertainty, separation from the infant, fear, anxiety, and depressive symptoms.⁽⁴⁾

Psychological disturbances involve emotional, mental, and behavioural problems that have the potential to negatively impact an individual's mental state.⁽⁵⁾ Mothers of NICU infants may experience stress due to the infant's critical condition, the unfamiliar environment, fear, and loss of control.⁽⁶⁾

Uncertainty about the health status of the infant, separation, medical procedures, and fear of losing the infant can cause anxiety. Lack of energy, attachment difficulties, hopelessness, and powerlessness can also contribute to depressive feelings.⁽⁷⁾ The theoretical models of Selye's General Adaptation Syndrome, Spielberger's State-Trait Anxiety Theory, and Beck's Cognitive Theory can be used to explain psychological disturbances.⁽⁸⁾

Family support may play an important role in assisting mothers in managing the stress associated with the NICU admission of their infant.⁽⁹⁾ Lazarus and Folkman's Transactional Model of Stress and Coping suggests that the adverse psychological impact of NICU admission and mothers emotional adjustment may be ameliorated through family support and adaptation strategies. The model assumes that the appraisal of a stressful situation and the resources available for coping determine adaptive coping.⁽¹⁰⁾

REVIEW OF LITERATURE

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The mothers and fathers of preterm infants reported higher stress during their infant's stay in the NICU, particularly for younger mothers and for parents of infants with critical illness, according to Ionio et al. (2019). Individualized psychosocial support was stressed in the study.⁽¹¹⁾

A 2020 qualitative study in Iran revealed that self-reinforcement was the most important coping strategy among NICU mothers, which included seeking help, spiritualism, having hope and emotional bonding with the infant.⁽¹²⁾

Rouvali et al. (2023) found fear, guilt, helplessness, separation and uncertainty in parents of preterm infants. Emotional support, hope, information seeking, and infant care were parent coping mechanisms.⁽¹³⁾

Gurgani and Jogi (2015) reported that the majority of NICU mothers were moderately stressed and had average coping skills. The study recommended psychological support based on the individuality of the students.⁽¹⁴⁾

In most NICU mothers, moderate stress was reported and average level of coping was common as reported by Rafiq (2015). Counselling and coping skill development were recommended.⁽¹⁵⁾

In a study in NICUs, Shanmugam and Ramachandra (2017) discovered that 38% of the mothers were experiencing severe stress, and they had different levels of coping. Psychological support and coping skills development were highlighted.⁽¹⁶⁾

Abdeyazdan et al., 2018, concluded that the structured family-support interventions significantly decreased stress in parents of preterm infants in NICUs.⁽¹⁷⁾

Maternal stress levels were reported at moderate to high levels, specifically for the altered parental role, infant appearance/behaviour, and NICU sights/sounds (Kumar and Mallick, 2020). Early psychological screening was recommended.⁽¹⁸⁾

Shanmugam and Ramachandra (2021) found mothers in NICU were under a lot of stress and coping to different extents. Routine psychological evaluations and specific support was suggested.⁽¹⁹⁾

Banjade et al. (2024) discovered moderate stress levels among most parents in NICU and social and emotional coping was common. The provision of family and psychological support was highlighted.⁽²⁰⁾

METHODOLOGY

The present study adopted a cross-sectional design to assess psychological disturbances (stress, anxiety, and depression), family support, and coping among mothers of neonates admitted to the NICU. A sample of 136 mothers was selected through purposive sampling during July 2025 to June 2026 from the Department of Clinical Psychology, in collaboration with the Department of Pediatrics, Santosh Medical College & Hospital, Ghaziabad. Mothers aged above 18 years whose neonates were admitted to the NICU for at least 48 hours, who were

willing to participate and provide written informed consent, and who were present during data collection were included; mothers of preterm neonates (<37 completed weeks) were also included. Mothers with a diagnosed psychiatric illness, those whose neonates had terminal illness or died during NICU stay, and those medically or emotionally unfit to participate were excluded. After obtaining informed consent, demographic and clinical details were collected, followed by administration of the General Health Questionnaire-12 (GHQ-12), Depression Anxiety Stress Scale-42 (DASS-42), Brief COPE Questionnaire, and 19-item Family Support Questionnaire to assess psychological disturbances, coping strategies, and perceived family support.

RESULTS

The study included 136 mothers of neonates admitted to the NICU. Data were analysed using descriptive statistics and Pearson's correlation coefficient.

1. Demographic Profile

Most mothers were aged 26–35 years (66.9%), followed by 15–25 years (26.5%) and ≥36 years (6.6%). The majority were Hindu (89.7%) and homemakers (94.1%). Regarding education, 44.1% were graduates, 29.4% postgraduates and above, 18.4% had completed 12th standard, and 8.1% had completed 10th standard.

2. Psychological and Study Variables

GHQ findings showed low (46.3%), moderate (44.1%), and high (9.6%) psychological distress.

For stress, 46.3% scored 19–25, 41.2% scored 26–33, 10.3% scored ≥34, and 2.2% scored <19. For anxiety, 38.2% scored 10–14, 30.9% scored 15–19, 27.9% scored ≥20, and 2.9% scored 8–9. For depression, 46.3% scored 14–20, 36.0% scored 21–27, 11.8% scored 10–13, and 5.9% scored ≥28.

Family support was predominantly moderate; 30.9% reported low and 3.7% high support. Brief COPE findings showed avoidant coping in 62.5% and adaptive coping in 37.5% of mothers.

3. Mean and Standard Deviation

Mean ± SD scores were: GHQ 20.94 ± 4.658, depression 19.54 ± 5.293, anxiety 16.38 ± 5.035, stress 25.99 ± 5.322, Brief COPE 34.73 ± 5.294, and family support 32.52 ± 10.683.

4. Correlational Findings

Pearson's correlation showed that GHQ was positively correlated with depression ($r=.693$), anxiety ($r=.536$), and stress ($r=.870$), and negatively correlated with Brief COPE ($r=-.754$) and family support ($r=-.789$), all at $p<.01$.

Depression was positively correlated with anxiety ($r=.887$) and stress ($r=.747$), and negatively with Brief COPE ($r=-.342$) and family support ($r=-.622$), all at $p<.01$.

Stress was positively correlated with anxiety ($r=.582$, $p<.01$) and negatively with Brief COPE ($r=-.220$, $p<.05$) and family support ($r=-.520$, $p<.01$).

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Brief COPE was negatively correlated with stress ($r=-.653$, $p<.01$) and positively with family support ($r=.801$, $p<.01$). Family support was negatively correlated with stress ($r=-.786$, $p<.01$).

Overall, psychological distress variables showed positive interrelationships, while family support and coping showed negative relationships with psychological distress and a positive relationship with each other.

DISCUSSION

CONCLUSION

The study aimed to evaluate psychological disturbances, family support, coping among 136 neonates' mothers admitted to NICU of Santosh hospital Ghaziabad. The findings showed that there was a significant percentage of mothers who had moderate levels of depression, anxiety, stress and psychological distress during NICU hospitalization. The majority of mothers indicated a moderate level of family support and a significant number reported the low level of support. Avoidant coping was used more than adaptive coping, which reflected problems in coping with the emotional demands of NICU hospitalization.

Psychological disturbances were found to be significantly related with family support and coping. Higher psychological distress was related to lower family support and coping, and higher family support was related to coping. The results for this study supported the alternative hypothesis.

Overall, the study emphasizes the need for early psychological assessment, counselling, family engagement and coping-based intervention to enhance mental health and well-being of mothers during their baby's time in the NICU.

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