

A Descriptive Study to Assess the Level of Parenting Stress among Health Care Workers in Selected Hospitals in Lucknow, Uttar Pradesh

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Abstract: This paper presents a descriptive study to assess the level of parenting stress among health care workers in selected hospitals in Lucknow, Uttar Pradesh.

Keywords: parenting stress, health care workers

1. Introduction

Parenting stress (the stress associated with raising a child) makes optimal parenting more difficult and has negative consequences for children's development. Current theorizing and evidence suggest that parenting stress might be greater among health care professionals

Highly educated health care professional's parents may also find it less easy to adjust to the new parental role, following greater investment in a career (Nomaguchi & Brown, 2011). Strains related to employment might therefore produce higher parenting stress among health care professionals.

Inadequate parental functions during infancy and young childhood may lead to physical and mental health and social problems for adolescents and adults, including emotional and social development, depression and anxiety disorders, and low self-esteem. In addition, there might be other problems including poor school performance, substance abuse, criminal behaviour, and even physical health issues such as obesity and diabetes. In contrast, good parenting practices can enable children and adolescents to grow up healthily, improve their life satisfaction, high self-esteem, good academic performance and even academic achievements over the next 26 years, and good physical health.

2. Materials and Methods

A. Participants

The health care industry is common for long working hours and shift works. The current study investigated parents working in health care industries, including Doctors, Nurses and Technicians. The work nature is further classified as on-shift or non-shift, and whether the family is single-income, double-income or single parent. The inclusion criteria for the participants were: 1. infants and children up to 2 years of age; 2. the child was born full term and with no known disabilities; 3. the participant could read Hindi or English; 4. One of the

parents works in the health care industries in Lucknow, Uttar Pradesh.

B. Sampling

Samples are selected from selected hospitals in Trivandrum through purposive sampling technique.

C. Instrument

A self-administered questionnaire was used. To assess parenting self-efficacy, the Parenting Sense of Competence (PSOC) Scale is used. Self-perceived stress scale was used for assessing stress.

3. Findings and Discussion

Total 251 samples were obtained with a response rate of 70%. The participants were mainly 25-34 years old, 70% graduated from School of Nursing and 30% from College of Nursing and are married. More than 60% of the respondents were from double income families, and 76% have to work on shifts.

A. Parental stress

Become parents: More than 60% of the participants in all demographic groups have perceived stress at becoming parents and at parenting. Comparatively, more participants feel stressful at becoming parents than the concern on parenting, which involved raising and teaching the children. Amidst distinctive demographic variables, participant segments who are mothers ($M=3.87$, $SD=0.95$), aged 25-34 ($M=3.87$, $SD=0.93$), hold college or bachelor degree ($M=3.85$, $SD=0.95$), single ($M=3.80$, $SD=1.10$), work in the medical and social work ($M=3.94$, $SD=0.93$) and education ($M=3.94$, $SD=0.83$) sectors, and double-income family ($M=3.86$, $SD=0.97$) are found to be most stressful amongst their discrete segments at becoming parents.

Fathers (F), compared to mothers (M), are feeling less stressful in both regards, especially for parenting (F, 69%; M, 79.0%). Mothers are ones that undergone the most obvious changes, when they are the ones being pregnant, with concerns on breast-feeding, changes in physical shape and normally are more attached to their own children because of the

characteristics of females. They are also found to be more stressful ($M=3.85$, $SD=0.94$) than fathers ($M=3.49$, $SD=1.03$) at parenting. While for high level of stress at becoming parents for those aged 25-34 years old, it may be due to lack of experiences that resulted in worry, financial concerns and the considerations of being a working mom or housewife. For college or bachelor degree holders, being more knowledgeable, they should have a better understanding on the difficulties that parents will face, so being more worried. Whilst for Master Degree holder, though assumed to be even more knowledgeable are in general having a higher capability to earn more income. This may trade off part of the stress when they are in a better position to afford external help.

The high perceived stress for participants working as doctors probably the result of their heavy workload and high expectations on their own parental roles. The nurses segment also perceived the highest level of stress in parenting ($M=3.94$, $SD=1.00$), while the technicians ($M=3.47$, $SD=1.33$) perceived the lowest amongst all occupational groups.

Parenting: For the stress on parenting, the segment housewives perceived the highest level of stress ($M=3.98$, $SD=0.70$), followed by mother group ($M=3.85$, $SD=0.94$), while the segment aged 25-34 is the third on the list ($M=3.82$, $SD=0.91$). To further investigate the situation, the significant differences between each of the demographic groups on parental stress at becoming parents and at parenting are studied.

B. Perceived parental competency

Ensuing parental stress at becoming parents and at parenting, the extent of perceived parental competency was investigated. The segment aged 18-24 ($M=3.21$, $SD=0.66$) is found to perceive the highest level of parental competency, followed by singled ($M=3.20$, $SD=0.45$). Conversely, segments aged 25-34 ($M=2.99$, $SD=0.60$) and ≥ 45 ($M=2.86$, $SD=0.84$) expressed a competency level of below 3. The difference between the 18-24 and 25-34 aged segments may be due to the awareness on the actual difficulties that parents have to face. The 25-34 age segment should have working experience and therefore being more mature than 18-24 segment, who may still stay with their parents whom will take care of their daily arrangement.

For parental competency, contrarily, participants working as doctors ($M=2.97$, $SD=0.65$), single parents ($M=2.92$, $SD=0.71$) and not working on shifts ($M=2.98$, $SD=0.59$) all expressed a competency level of below average. The demanding workload of the hospitality and food & beverages industries, with long working hours and the fact to endure all the burden as being a single parent maybe the reasons on the low level of perceived parental competency. The Nurses segment also perceived the

highest level of stress in parenting ($M=3.94$, $SD=1.00$), while the and technician segment ($M=3.47$, $SD=1.33$) perceived the lowest amongst all occupational groups.

4. Conclusion

Findings show that despite the rocket high economic situation, both fathers and mothers of the health care professionals feel stressful at becoming parents. Mothers are found to be significantly more stressful than fathers at parenting, when raising and teaching their children. This is probably contributed by the fundamental differences between female and male, when mothers are normally more attached to their child and in turn have higher concern on their growth.

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