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Effect of Children Illness and Hospitalization on Maternal Adopted Disciplinary Strategies

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Abstract: ***Background:*** Disciplining a child is one of the most challenging parental tasks. The process is even harder when the child is either acutely or chronically ill. Pediatric nurse is to be a very important resource person for the parents in the time of hospitalization of their children. ***Aim:*** to assess effect of children illness and hospitalization on maternal adopted disciplinary strategies. ***Design:*** Descriptive correlation research design was utilized to fit the aim of the study. ***Setting:*** The study was conducted in pediatric surgery and medicine wards at Cairo University Specialized Pediatric Hospital. ***Sample:*** A convenient sample of 100motherswere participated in the current study. The first 50 children with their mothers was collected from the medicine ward and the second 50 children and their mothers was participated from the surgery ward. ***Data collection tools:*** 1) Structured interview questionnaire, related to the personal characteristics of children and their mothers; 2) Parenting Practices Questionnaire (Mothers' Form). ***Results:*** The study results showed that the physical stressor was the majority stressor expressed by the mothers, the authoritarian disciplinary strategies (verbal hostility, corporal punishment, and non-reasoning disciplinary strategies) respectively were of the highest adopted means. There were highly significant negative correlations between total mean scores of mothers adopted disciplinary strategy and child's age, gender, mother's age, education and place of residence. ***Conclusion:*** mothers of ill hospitalized children adopted authoritarian disciplinary strategies namely verbal hostility, corporal punishment and non-reasoning. Factors affecting the adopted disciplinary strategy were child age, gender, mother age and education and place of residence. ***Recommendation:*** there is a need to train pediatric nurses to provide help to mothers of hospitalized children in selecting appropriate disciplinary strategies that foster children's development rather than of negative effect.

Key words: hospitalized children, disciplinary strategies, pediatric nursing, mothers

INTRODUCTION

Discipline actually refers to the practice of teaching or training child to obey rules or a code of behavior in the short- and long-term. While, punishment is meant to control children's behavior. Among of the factors that may affect effective discipline techniques such as child developmental level, parent and child relationship, cultural and social norms [1].

Children develop positive approaches to learning within well-organized environments that offer independence, choice, predictable routines, and opportunities for social interactions in small group activities. Children's engagement is deepened when materials and activities are relevant to their interests, offer the right level of challenge, and provide many options such as studies, relationships, concepts, and reach higher levels of mastery[2].The parent must make a clear distinction between the child and the child's behavior. The child must realize that when the parent dislikes a child's behavior, it does not mean that the parent dislikes the child. By making this important distinction, the parent is conveying that the child is not essentially a bad child [3].

Toddlers are curious and always challenge the surrounding environment to learn about it. They tend to refuse parents orders or help as they start to seek independency and tend not to understand the meaning of the instructions given to them. They are also supposed to learn a lot about the environment and the proper behaviors like toilet training, eating methods, politeness and many other things. Preschoolers are in the period of time that they are initiating activities, extend their environment and still have to learn a lot. They challenge their parents as they start to understand their sexual and social roles and tend to be imaginative and not realistic. School age are very active, think they are big enough to do anything and they have a lot of behavioral problems as violence, verbal aggression, bad words, food refusal, thumb sucking, nail biting [4].

All these needs and problems are even more when they are ill or hospitalized. The reactions to hospitalization stressors are different for all of them but they are suffering of fear of pain, anxiety, unclear boarders, separation anxiety and loss of control. These stressors affect their behaviors and may cause regression in all aspects of development. Also some children develop the sick role and start to misbehave. These impose additional stress over the mother as she feels frustrated to start it over again with them. Some mothers think that they should overlook the misbehave of ill child and others are on the opposite extreme become more restricted. There is no question that both parties need the help of health team members specifically nurses as they are present for them 24 hours per seven days a week[5].

Mothers are under great stress as they not only provide care for these ill hospitalized children, and affected by all stressors of hospitalization as well as other financial, maternal role disruption as well as relationship strains in the bond of marriage. Also mothers are expected to discipline

their ill hospitalized children, when they do not understand the magnitude of the stress and how it affects their children's behavior as well as their actions this lead to wrong and violence during disciplinary actions and even it may reach the point of abuse [6].

Pediatric nurses are the front line in caring for ill hospitalized children and their families. Nurses not only provide health care, they provide family centered nursing care and help mothers to understand their stressors and their reactions as well as help parents to understand the change in their children behavior when they are sick, teach them about the effect of illness and hospitalization on children's development and behavior, give them guidance to select age appropriate disciplinary strategies when the child misbehave, and prevent physical, psychological, or verbal abuse as well as corporal disciplinary actions that might affect children negatively[5].

Significance of the study:

Duncan & Joan reported that two reviewed periodic surveys of members of the American Academy of Pediatrics (AAP) and noted that between 2003 and 2012 [1], pediatricians had increased discussions of parents' discipline with their children. By 2012, more than half (51%) of the pediatricians surveyed responded that they discussed discipline in 75% to 100% of health supervision visits with parents of children from birth to 10 years. A recent survey (2016) indicated that US pediatricians do not endorse corporal punishment and only 2.5% of parent expected to positive outcomes [7].Through empirical observations, literature review and clinical experience in the pediatric hospital, it was noticed that parent disciplinary actions change during the process of illness and hospitalization and children are exposed to varying of physical, emotional, social as well as behavioral problems.

Even though there are lots of research done in this area in the western countries, few studies have (if any) ever been done in determination of effect of children illness and hospitalization on mothers adopted disciplinary strategies to their children in Egypt. Eventually, the results of the current study might generate an attention and motivation for further researches in this area to cover the gap in pediatric nursing body of knowledge pertaining effect of illness and hospitalization of children upon the adopted disciplinary strategies by their mothers. As well as providing guidance and recommendations that should be reflected in health promotion development as well as build on new areas for nurses' roles toward the wellbeing of children and their families.

Operational definition:

Disciplinary strategies: For the purpose of this study the term disciplinary strategies are refereed as "the actions, words, emotions used by the mother to change the behavior of her ill, hospitalized child from social unacceptable to social acceptable".

Aim of the study:

The aim of the current study was to:

1. Assess the effect of children illness and hospitalization on maternal adopted disciplinary strategies.
2. Explore factors affecting on maternal adopted disciplinary strategies of ill, hospitalized children.

METHODS

Research questions:

- What are the disciplinary strategies adopted by the mothers of ill hospitalized children?
- What are factors affecting the adopted disciplinary strategies of ill hospitalized children's mothers?

***Research Design*:**

Descriptive correlation research design was utilized to fit the aim of the study. A non-experimental design is one type of effective research design that is very helpful to the true experimental design except there is one lost criteria; which is randomization [8].

***Setting*:**

The study was conducted in pediatric surgery and medicine wards at Cairo University Specialized Pediatric Hospital (CUSPH).

Sample:

A convenient sample of 100 mothers of children with surgical and medical illness was participated in the current study. The first 50children with their mothers was collected from the medicine ward and the second 50 children and their mothers was participated from the surgery ward and the data were collected within eleven months.

Inclusion criteria:

- Children age from 3- 12years.
- Children complain from medical and surgical problems.
- Mothers roomed in with their children for at least one week.

Exclusion criteria:

- Children with any disabilities.

Ethical Considerations:

The written consent was obtained from the mothers after clear explanation of the purpose and nature of the study in order to obtain their acceptance as well as their cooperation. The researchers assured mothers that all data gathered during the study are confidential and that they can withdraw from study without any effect on the care provided to their children.

Data collection tools: The required data was collected through the following two tools:

1- Structured interview questionnaire: It developed by the researchers, it includes 13 questions and composed of two parts: -

Part I: to assess personal characteristic of children and their mothers and it involved four (4) questions about the children such as (age, gender, rank and diagnosis) and it also included five(5) questions about the mother's characteristics such as (age, education level, employment, place of residence, number of sibling).

Part II:- It contains 4 questions about disease history such as (disease duration, hospitalization period, hospitalization reaction and hospitalized phase).

2- Parenting Practices Questionnaire (Mothers' Form): Developed by Robinson, Mandleco, Olsen, and Hart, 1995 [9], 133 questionnaire items this measure was reduced using

principle axes factor analyses followed by varimax rotation. A 62-item instrument was retained, and the global parenting dimensions were subsequently analyzed to determine their internal structures using principle axes factor analyses followed by oblique rotation. Three global parenting dimensions emerged consistent with Baumrind's to authoritative include 27 item, authoritarian integrated 20 item and permissive content 15 item. For each of the three global dimensions a number of specific factors were identified with a 5-point scale anchored by never (1) to always (5).

Scoring system:

The total scale scores are a summation of the 62 item scores that divided to never took "1" score, sometimes took "2" scores, half of the time took "3" scores, often took "4" scores, always took "5" scores. Total scores for authoritative, authoritarian, permissive were(135, 100, and 75 respectively). Statistical purposes for authoritative (scores lower than 67.5) considered mal-discipline strategies, (67.5and more) indicating accurate discipline strategies. Statistical purposes for authoritarian, permissive (scores lower than 50, 37.5 respectively) considered accurate discipline strategies (50, 37.5 respectively and more) indicating mal-discipline strategies.

Validity and Reliability:

Data collection tools were submitted to five experts (three from pediatric nursing field and two psychologists) to test the content validity. Modifications of the tools were done according to the experts' judgment on clarity of sentences, appropriateness of content and sequence of items. The experts' agreed on the content of the parenting practices questionnaire (Mothers' Form) but recommended minor language changes that would make the information clearer and more precise. The reliability coefficients' alpha between 62 questions includes 27 Authoritative items with 91%, 20 Authoritarian items with 86% and15 Permissive items with75%.

Data Collection Procedures:

Before conducting the study an official permission was obtained from the directors of CUSPH, and permission from the head of surgery and medicine wards also was obtained after explaining the nature of the study. The researchers introduced self to the mothers and their children. Acceptance was obtained from mothers of children in the study according to inclusion criteria. Clear and simple explanations about the aim and nature of the study were discussed by the researchers with mothers, then mothers filled structured interview questionnaire. Parenting practices Questionnaire (mother form) was performed for each mother to assess adopted disciplinary actions. The researchers went to the surgical and medicine wards one day per week and collect data approximately four mothers daily. Each mother was asked to fill the tools and the researchers answer all mothers' questions before started. The time needed for each mother ranged from 30-45 minutes. Data collection was conducted over eleven months extending from January 2019till November 2019.Mothers were interviewed in the nurse station area to ensure being able to concentrate and reply to questions fairly.

Pilot study:

Pilot study was carried out on 10 mothers and their children to assess the feasibility, objectivity, applicability, clarity, adequacy, and content validity of the study tools and time required to fulfill it and to determine possible problems in the methodological approach or instrument. The results of the pilot study were used to test the proposed statistical and data analysis methods. The tools were completed without difficulty, adding support to the validity of the instrument. The pilot study was included to the total sample.

Statistical analysis:

The collected data tabulated, and summarized. A statistical package for social studies (SPSS) version 20 was used for statistical analysis of data. Data was computerized and analyzed using appropriate descriptive and inferential statistical tests. Qualitative data were expressed as frequency and percentage. Means and stander deviation was performed for every variable and consider weighted mean for each category and classified mean through the interval level to (low, moderate, high) to compare between ever variable for mothers' disciplinary strategies. Correlation among variables was done using Pearson correlation coefficient. The level of significance at $p<0.05$ and $p < 0.01$were used as the cut of value for statistical significance.

Calculated Mean Scores that Reflect Levels of Disciplinary Strategies Adopted by the Mothers Expressed in Intervals:

Disciplinary Strategies	Interval level of mean for disciplinary Strategies		
	Low	Moderate	High
	Lower than moderate level, equal and less than	Start from this point and lower than highest	equal and more than
Authoritative (warmth and involvement, reasoning, democratic participation, good natured) respectively	1.66, 1.99, 1.62, 2.27 respectively	2.48, 2.32, 2.35, 3.44 respectively	3.43, 3.98, 2.96, 3.74 respectively
Authoritarian (verbal hostility, corporal punishment, non-reasoning, directedness) respectively	4.95, 2.90, 2.31, 1.62 respectively	5.60, 3.59, 3.30,3.13 respectively	5.68, 3.84,3.78, 3.68 respectively
Permissive (lack of follow, ignoring misbehavior, self-confidence) respectively	2.70,1.89, 2.62 respectively	3.32,2.91, 3.23 respectively	4.03, 3.67, 3.88 respectively

*L= Low, M=Moderate, H= High.

RESULTS

Table (1) Percentage Distribution of Children Personal Characteristics with Medical and Surgical Problems (n= 100).

Children Characteristics	**No**	**%**			
Age/years					
3to > 6 6 to > 9 9 to 12	38 42 20	38 42 20			
Mean±SD	6.81±2.43				
Gender					
Male Female	59 41	59 41			
Child's rank					
First Second Third	29 37 34	29 37 34			
Child medical diagnosis (n=50)			**Child surgical diagnosis (n=50)**		
	No	%		No	%
Bronchial asthma	13	26	Hirschsprung disease (HSD) Appendicitis	12	24
Bronchitis	12	24	Renal stone	12	24
Acute glomeronephritis (AGN)	11	22	Vesicoureteralreflux (VUR)	10	20
Pneumonia	9	18	Intussusceptions	11	22
Hydronephrosis	5	10		5	10

Table (1) showed that more than two fifth of children in the current study aged from 6>9 years old and more than one third aged 3>6 years old. The mean age of children was 6.81 + 2.43years. More than half (59%) of the children were male while 41% were female. More than one third of children in the current study (37%) were a second child in the family while only 29% were a first child. The same table documented that, highest percentages of children were complain from bronchial asthma, bronchitis and AGN as medical diagnosis (26%, 24%, & 22% correspondingly) and HSD, appendicitis and VUR as surgical diagnosis (24%, 24% & 22% in ordered).

Table (2) Percentage Distribution of Mothers of Ill Hospitalized Children Personal Characteristics in the Current Study (n=100).

Items	**N**	**%**
Mothers age in years.		
>20 20 >30 30>40 40 and more	22 46 15 17	22 46 15 17
Mean +SD	28.29±12.22	
Mother's level of education.		
Not read and write Secondary school education University education	16 66 18	16 66 18
Mother's occupation		
Housewife Working mother	64 36	64 36
Place of residence.		
Rural Urban	46 54	46 54
Number of sibling.		
One Two Three and more	22 43 35	22 43 35

Table (2) concluded that less half of the mothers in the current study aged 20>30 years old with a mean age of 28±12.22 years old. Two thirds of the mothers (66%) are graduated from secondary schools. Less than two thirds of the mothers are house wives and more than half of them (54%) lives in urban areas. less than half (43%) of mothers were have two children and 35% the them had three and more children.

Table (3) Percentage Distribution of Disease History of Children in the Current Study (n=100).

Items	**N**	**%**
Disease duration.		
> 3 months < 3 months	77 23	77 23
Hospitalization period.		
> 2weeks 2 -4 weeks More than 4 weeks	31 48 21	31 48 21
Children reaction to hospitalization		

Quite	11	11
Nervous	33	33
Fear	43	43
Hesitating	13	13
Children's separation anxiety phase		
Protest	17	17
Despair	67	67
Detachment	16	16

Table (3) highlighted that more than three quarters (77%) of the children were sick for less than 3 months and 69% of children were hospitalized for more than two weeks. Regarding children reaction to hospitalization, it was found that 43% and 33% of the children showed fear and nervousness and more than two thirds (67%) of them were in the despair phase of separation anxiety.

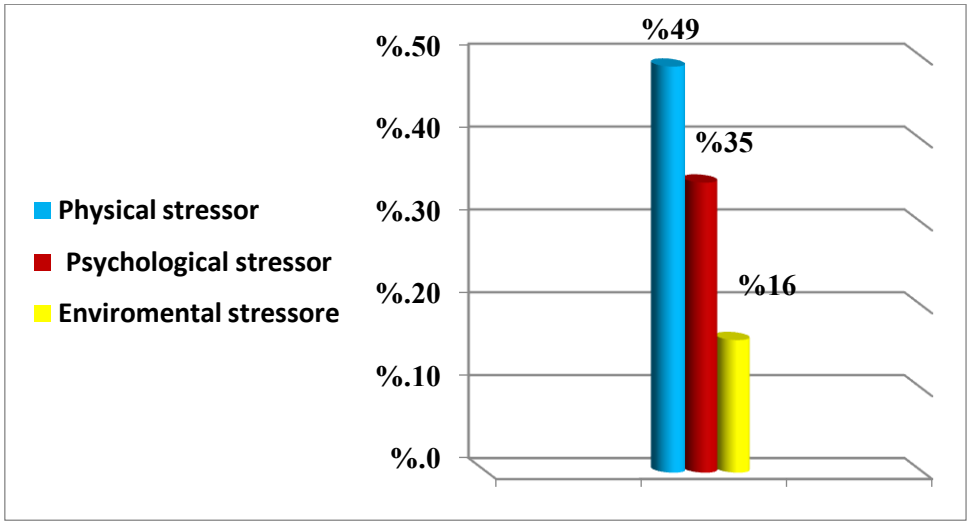

Figure (1) Percentage Distribution of Hospitalization Stressor Affecting Mothers of Ill Hospitalized Children (n=100)

Figure (1) revealed that the highest percentage of hospitalization stressors to the mothers was the physical stressors (as light, sounds) followed by more than one third (35%) of them had psychological stressors (as leave children at home, being alone all time) and only 16% of mothers were complain from the environmental stressors (include routine of the day, time of serving meals, nurses attitude).

Table (4) Percentage Distribution of Authoritative Disciplinary Strategies (Warmth with Involvement) Adopted by the Mothers of Ill Hospitalized Children in the Current Study (n=100).

Warmth with Involvement	**1**		**2**		**3**		**4**		**5**		**Mean**	**SD**	**Level**
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**			
Know the names of child's friends.	14	14	5	5	51	51	10	10	20	20	3.17	1.22	M
Give Praise when child is good.	7	7	23	23	52	52	7	7	11	11	2.92	1.01	M
Responsive to the child's feelings or needs.	5	5	3	3	47	47	34	34	11	11	3.43	.912	H
Tells child we appreciate what the child tries or accomplishes.	66	66	10	10	17	17	5	5	2	2	1.67	1.05	L
Express affection by hugging, kissing and holding child.	4	4	14	14	28	28	46	46	8	8	3.40	.964	M
Have a warm and intimate time together with child.	11	11	7	7	48	48	22	22	12	12	3.17	1.09	H
Aware of problems or concerns about child in nursery or school.	18	18	28	28	34	34	5	5	15	15	2.70	1.25	M
Encourage child to talk about the child's troubles.	66	66	16	16	9	9	4	4	5	5	1.66	1.12	L
Show sympathy when child is hurt or frustrated.	28	28	11	11	36	36	19	19	6	6	2.64	1.24	M
Give comfort and understanding for the child when is upset.	27	27	5	5	38	38	17	17	13	13	2.84	1.34	M
Apologize to child when making a mistake in parenting.	60	60	7	7	20	20	11	11	2	2	1.88	1.19	L
Mean											2.68		
Std. Deviation											0.659		

*1= never, 2=sometimes, 3= half of the time, 4= often and 5=always.

Table (4) displayed that the authoritative disciplinary strategies used by mothers in the current study; regarding the warmth with involvement; two thirds of the stated that they never "tell child that we appreciate what he/she tries or accomplish" or "encourage child to talk about the child's troubles.". Less than two thirds of mothers stated that never "apologize to child when making a mistake". In the same table, the weighted mean was 2.68± 0.659, highlighted the use of warmth and involvement strategy in a moderate level.

Table (5) Percentage Distribution of Authoritative Disciplinary Strategies (Reasoning) Adopted by the Mothers of Ill Hospitalized Children in the Current Study (n=100).

Reasoning	1		2		3		4		5		Mean	S.D	Level
	N	%	N	%	N	%	N	%	N	%			
Give the child reasons why rules should be obeyed.	56	56	17	17	9	9	8	8	10	10	1.99	1.37	L
Explain the consequences of the child's behavior to him/her.	59	59	4	4	27	27	4	4	6	6	2	1.41	L
Talk about the reasons with child when misbehave.	7	7	9	9	53	53	17	17	14	14	3.22	1.03	H
Explain how I feel about his/her good and bad behavior.	45	45	13	13	30	30	9	9	3	3	2.13	1.17	L
Tell child my expectation regarding behavior before engaging in an activity.	7	7	10	10	17	17	10	10	56	56	3.98	1.33	H
Emphasize the reason for rules.	32	32	18	18	39	39	8	8	3	3	2.32	1.09	M
Help child to understand the impact of behavior.	35	35	10	10	30	30	15	15	10	10	2.56	1.37	M
Mean											2.60		
Std. Deviation											0.744		

*1= never, 2=sometimes, 3= half of the time, 4= often and 5=always.

In relation to the reasoning disciplinary strategies adopted by the mothers in the study; 59%, 56% stated that they never "explain the consequences of the child's behavior to him/her or give the child reasons why rules should be obeyed" "explain their feel about his/her good and bad behavior". In the democratic participation strategies, nearly three quarters (74%) of the mothers indicated that they never "take into account child's preferences in making family plan and 49% of mothers they never "allow child to give input into family rules" (Table 5). In the same table, the weighted mean was2.60± 0.744 which indicated the use of reasoning strategy in a moderate level.

Table (6) Percentage Distribution of Authoritative Disciplinary Strategies (Democratic and Good Natured) Adopted by the Mothers of Ill Hospitalized Children in the Current Study (n=100).

Democratic Participation	1		2		3		4		5		Mean	SD	Level
	N	%	N	%	N	%	N	%	N	%			
Take child's wishes into consideration before asking him/her to do something.	6	6	10	10	70	70	10	10	4	4	2.96	0.777	M
Take into account child's preferences in making family plan.	74	74	9	9	4	4	7	7	6	6	1.62	1.21	L
Allow child to give input into family rules.	49	49	12	12	30	30	5	5	4	4	2.03	1.16	L
Channel child's misbehavior into a more acceptable activity.	38	38	23	23	11	11	22	22	6	6	2.35	1.34	M
Encourage child to freely express his/her opinion.	19	19	7	7	57	57	13	13	4	4	2.76	1.03	M
Mean											2.34		
Std. Deviation											0.542		
Good Natured													
Joke and play with the child.	3	3	2	2	44	44	21	21	30	30	3.74	1.01	M
Easy going to relax with child.	6	6	3	3	67	67	8	8	16	16	3.25	0.967	L
Sow patience with child.	13	13	27	27	11	11	9	9	40	40	3.64	1.53	M
Show respect for child opinions the by encouraging child to express them.	40	40	15	15	26	26	16	16	3	3	2.27	1.22	L
Mean											3.22		
Std. Deviation											0.670		

*1= never, 2=sometimes, 3= half of the time, 4= often and 5=always.

In consideration to the good natured strategies adopted by mothers in the study the above table (6) clarified that more than two thirds of mother's half of the time were to be "easy going to relax with child " followed 44% of them Joke and play with their children. The same table showed that the weighted mean was 2.34 ± 0.542, 3.22± 0.670 for democratic participation and good natured were consider lower level used strategy.

Table (7) Percentage Distribution of Authoritarian Disciplinary Strategies (Verbal Hostility and Corporal Punishment) Adopted by Mothers of Ill Hospitalized Children in the Current Study (n=100).

Verbal Hostility	1		2		3		4		5		Mean	SD	Level
	N	%	N	%	N	%	N	%	N	%			
Shout when child misbehaves.	10	10	6	6	13	13	47	47	24	24	4.95	1.20	L
Explode in anger towards child.	7	7	9	9	5	5	17	17	62	62	5.54	1.29	L
Argue with the child	2	2	4	4	9	9	30	30	55	55	5.68	0.910	H
Disagree with child.	2	2	4	4	10	10	15	15	69	69	5.66	0.994	M
Mean											5.69		
Std. Deviation											0.343		
Corporal Punishment													
Spank child when disobey.	7	7	3	3	20	20	39	39	31	31	3.84	1.11	H
Use physical punishment as a way of disciplining child.	8	8	4	4	14	14	63	63	11	11	3.65	1.00	M
Slap child when misbehave.	21	21	8	8	33	33	22	22	16	16	3.10	1.40	L

Guide child by punishment for any reasons	4	4	7	7	20	20	52	52	17	17	3.70	0.958	M
Shove child when disobey.	5	5	13	13	26	26	35	35	21	21	3.54	1.11	L
Grab child when being disobedient.	19	19	26	26	6	6	44	44	5	5	2.90	1.29	L
Mean											3.60		
Std. Deviation											0.370		

*1= never, 2=sometimes, 3= half of the time, 4= often and 5=always.

Regarding to the authoritarian disciplinary strategies used by the mothers in the study table (7) concluded that 62% of the mothers were always "exploded in anger towards child." followed by more than two thirds (69%) "disagree with child" and "argues with the child "in 55% of mothers. Related to corporal punishment "often" less than two thirds (63%) of mothers was used physical punishment as a way of disciplining our child and 52% of them "guides child by punishment for any reasons. The same table revealed that the weighted mean for authoritarian disciplinary strategies was 5.69 ± 0.343, 3.60 ± 0.370 which indicating of higher level used verbal hostility and moderate level for used corporal punishment respectively.

Table (8) Percentage Distribution of Authoritarian Disciplinary Strategies (Non-Reasoning and Directedness) Adopted by Mothers of Ill Hospitalized Children in the Current Study (n=100).

Non-Reasoning	**1**		**2**		**3**		**4**		**5**		Mean	SD	Level
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**			
Punish by taking privileges away from child with little explanation.	10	10	19	19	28	28	27	27	16	16	3.20	1.21	L
Punish by time out.	43	43	12	12	23	23	15	15	7	7	2.31	1.34	L
Use threats as punishment with little or no justification.	13	13	6	6	27	27	36	36	18	18	3.40	1.23	M
When two children fighting, discipline children first and ask questions later.	6	6	8	8	16	16	42	42	28	28	3.78	1.12	H
Mean											3.17		
Std. Deviation											0.623		
Directedness													
Scold and criticize to make child improve.	9	9	6	6	10	10	70	70	5	5	3.56	1.00	M
Demand that child do things.	39	39	22	22	25	25	10	10	4	4	2.18	1.17	L
Scold and criticize when child behavior doesn't meet expectations.	3	3	4	4	29	29	50	50	14	14	3.68	0.874	H
Tell child what to do.	14	14	7	7	12	12	61	61	6	6	3.38	1.16	M
Appear to be more concerned with own feelings than child feelings.	74	74	3	3	12	12	5	5	6	6	1.62	1.17	L
Conform rules for child to maintain dealing to others.	36	36	5	5	17	17	19	19	23	23	2.88	1.61	L
Mean											2.88		
Std. Deviation											0.828		

*1= never, 2=sometimes, 3= half of the time, 4= often and 5=always.

Table (8) showed that more than two fifth of mothers "never" used "punishes by time out", while 42% of them "when two children fighting, disciplines children first and ask questions later" often. More than two thirds (74%) of the mothers "never" "appears to be more concerned with own feelings than child feelings" while 61% of them "often" "tell the child what to do" and half of them often "scolds and criticize when child behavior doesn't meet our expectations". The same table also displayed that the weighted mean of the used strategies was 3.17 ± 0.623, 2.88± 0.828 which mean that both non-reasoning and directedness were of lower level used strategy.

Table (9) Percentage Distribution of Permissive Disciplinary Strategies (Lack of Follow and Ignoring Misbehaviors) Adopted by the Mothers of Ill Hospitalized Children in the Current Study (n=100).

Lack of Follow	**1**		**2**		**3**		**4**		**5**		**Mean**	**SD**	**Level**
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**			
State punishments to child and does not actually do them.	6	6	3	3	8	8	67	67	16	16	3.84	0.939	M
Spoil child with meet unnecessary demand.	18	18	11	11	33	33	13	13	25	25	3.16	1.39	L
Threat child with punishment more than often giving it.	1	1	6	6	9	9	57	57	27	27	4.03	0.834	H
Give guidance to child when causes a commotion about something.	23	23	13	13	37	37	8	8	19	19	2.87	1.37	L
Carry out discipline after child misbehaves.	11	11	6	6	18	18	54	54	11	11	3.48	1.12	M
Bribe child with rewards to bring about compliance	18	18	8	8	64	64	6	6	4	4	2.70	0.969	L

Mean											3.34		
Std. Deviation											0.530		
Ignoring Misbehavior													
Allow child to interrupt others.	16	16	2	2	49	49	13	13	20	20	3.67	1.27	H
Allow child to trouble someone else	48	48	30	30	10	10	9	9	3	3	1.89	1.10	L
Ignore child's misconduct.	42	42	12	12	15	15	24	24	7	7	2.40	1.39	L
Withhold criticism even when child acts contrary to my wishes.	3	3	2	2	64	64	14	14	17	17	3.42	0.912	M
Mean											2.84		
Std. Deviation											0.840		

*1= never, 2=sometimes, 3= half of the time, 4= often and 5=always.

Regarding the permissive disciplinary strategies adopted by the mothers in the study in table (9) it is clear that more than two thirds(67%) of mothers often used "state punishments to child and does not actually do them". More than half of them were often used by the "threatened child with punishment more than often giving it "followed by "carries out discipline after child misbehaves". On the same line, ignoring misbehavior strategies less than two thirds (64%) of mothers was half of the time "withholds criticism even when child acts contrary to our wishes" and nearly to half (49%)of them" allow child to interrupt others". The same table indicated that the moderate average of permissive disciplinary strategies was (3.34 ±0.530, 2.84±0.840) for lack of follow and lowest for ignoring misbehavior.

Table (10) Percentage Distribution of Permissive Disciplinary Strategies (Self Confidence)) Adopted by the Mothers of Ill Hospitalized Children in the Current Study (n=100).

Self Confidence													
Appear confident about parenting abilities.	32	32	13	13	26	26	19	19	10	10	2.62	1.36	L
Appear unsure on how to solve child's misconduct.	8	8	6	6	10	10	50	50	26	26	3.88	0.935	H
Find it difficult to discipline child.	13	13	12	12	13	13	40	40	22	22	3.14	1.48	L
Set strict well- established rules for child.	10	10	7	7	35	35	44	44	4	4	3.23	1.00	M
Fear of being disliked because of disciplining child.	13	13	12	12	9	9	27	27	39	39	3.65	1.42	M
Mean											3.30		
Std. Deviation											0.487		

*1= never, 2=sometimes, 3= half of the time, 4= often and 5=always.

The self-confidence strategies "was selected to do "often" by half of the mothers in the study “appears unsure on how to solve child's misconduct", while 44% "often" used "sets strict well- established rules for child “ (table 10). While, in the above table it is clear that the lowest average was (3.30±0 0.487) which indicated moderate level of ignoring misbehavior.

Table (11) Level of Mothers adopted disciplinary strategy actions to their children percentage distribution (n=100).

Mothers disciplinary strategy levels	No	%	Minimum	Maximum	Mean± SD
Authoritarian	44	44	50	79	67.59 ± 8.93
Authoritative	39	39	39	68	51.20 ±7.33
Permissive	17	17	28	46	36.70 ± 5.40

Regarding the adopted disciplinary strategies by the mothers in the current study, the above table rings an emergency bell as that (44%, &17% respectively) of the mothers had mal-disciplinary adopted strategy with higher mean 67.59 ± 8.93 for Authoritarian and 39% of them had accurate disciplinary strategy adopted authoritative strategy.

Table (12) Correlation between Personal Characteristics of the Mothers and Children and Total Scores of Maternal Adopted Disciplinary Strategy.

Personal Characteristics	Total scores of Mothers adopted disciplinary strategy.	
	R	P
Child age	-0.629	0.000
Mother age	-0.362	0.000
Gender	- 0.625	0.000
Place of residence	-0.728	0.000
Educationallevel	-0.698	0.000

** Significant atp < 0.01

Table (12) demonstrated that there were statistically significant negative correlations between child age, gender, mothers age, place of residence and level of education with total scores of mothers adopted disciplinary strategy at p < 0.01.

DISCUSSION

The findings of the at hand study regarding children reaction to hospitalization was fear, nervousness and more than two thirds of them were in the despair phase of separation anxiety. This finding are matching with the deeply rooted knowledge about toddlers, preschoolers and school age children to hospitalization and stages of separation anxiety

[5] especially that the mean age of children in this study was (6.81+2.43) years old. We have to notice that even though mothers are roomed in with the children, separation anxiety is still one of the facts that children face during hospitalization. This is due to being separated from their fathers and other family members as well as peers may be that is due to the short visiting hours and the long distance of separation from their home environment and daily routines.

The current study results revealed that the highest percentage of hospitalization stressors to the mothers was the physical stressors followed by psychological and environmental. However, the same finding is deeply rooted in the literature as Khajeh, etal. [6], stated that children illness and hospitalization with different reasons parents are faced with high level of stress and anxiety, they feel confused, angry and sinful. Other study on quality of sleep of parents when admitted with their children to the hospital by Stickland, Clayton, Sanke, and Hill [10], found that parents reported that they experienced reduced sleep quality because of noise and light as well as ward schedules which disrupted sleep.

The results of this study matches the deeply rooted knowledge in the literature that discusses illness and hospitalization of children as being one of the greatest stressors that affects parents, especially mothers as they are the main care givers [11,12]. Also the findings of the current study proved that when a parent roomed in with the child in the hospital environment and being subjected to the stressors of the hospital physical as well as personal environment and the routines that totally differ from the home comfort routines they suffer stress related to these changes, which is in congress with knowledge available related to these points[13, 14].

The at hand study shed light on the most frequent used authoritative disciplinary strategies by the mother majority of mothers never " tell child that we appreciate what he/she tries or accomplish" or " encourage child to talk about the child's troubles." or “explain the consequences of the child's behavior to him/her or give the child reasons why rules should be obeyed" or " take into account child's preferences in making family plan". In a survey done by Mohammed, and Samak[15] ona sample of 1,751 children 10 to 12 years of age across 12 provinces of Assiut Governorate in Egypt parents stated that “children should not be listened to.”. Evidence of research is against the neglecting of the child positive reinforcement as well as dealing with children as being things rather than human beings. Mal-practicing the authoritative parenting styles is found to be linked with obesity, addiction and delinquency[16].

The study at hand rings the bell to raise the awareness of the society to the adopted disciplinary strategies that might lead to future youth problems. However, we can contribute the disciplinary actions adopted by the mothers in the present study to the high levels of stress they are under especially that rearing children is a task that need a great deal of effort, cognitive and psychological stability of a whole family not merely the mother. In a situation like the illness of the child and hospitalization mothers are deprived from support as well as suffering major stressors that leave them in a state of mind and physical ability drained and unable to carry on solely the burden of discipline a child.

Verbal hostility was the most frequently used strategy of mothers followed by corporal punishment and non-reasoning strategies. In a study conducted by Breen, Daniels, and Tomlinson [17] on children's experiences of corporal punishment in an urban township of South Africa they found that corporal punishment is an everyday experience lived by the children there. However, in this study we can understand the using of mothers of verbal aggression and corporal punishment as a result of the severe stressors placed on them. Mothers of these children suffer from physical stressors like improper bed for sleeping, noise around them. This could be a reason behind the use of such strategies. Rochelle and Cheng [18] agreed on this explanation as their study results revealed that parenting stress was the strongest predictor of dysfunctional parenting. On the contrary, Mohammed, and Samak[15] found that harsh disciplining is evident among parents of Egyptian children who believed that beating will instill desirable children's behavior.

Among the permissive disciplinary strategies, majority of the mothers stated that they often "threatened child with punishment more than often giving it" or "appear unsure on how to solve child's misconduct", while half of the time "withholds criticism even when child acts contrary to our wishes". Dogra [19] stated that permissive styles of parenting make few demands on children, with limited boundaries, with reduced care or supervision and lack of responsiveness to the needs of children, emotional or otherwise. In the case of the current study we can find that mothers are not able to punish the child when they misbehave and this is basically seeming to be because the punishment is physical and with an ill child it is difficult to carry it out.

Also we can understand that when they are faced with child misconduct, they are unsure of how to discipline them because first they do not know how to do it safely within the frame of child illness also they do not know if it is a behavior that will last with children or it is a temporary behavior caused by illness. In the same context there is no specialist in the hospital to help mothers with these issues and give correct direction to deal with this problem. Another thing can help us to understand the adoption of mothers to the permissive strategies, it is deeply rooted in Arab culture that we should be more protective to children when they are young till they grow older and stronger and to the ill ones until they get well.

The present study findings showed that that more than two fifth of the mothers had mal-disciplinary adopted strategy with higher mean 67.59 ± 8.93 for authoritarian (verbal hostility, corporal punishment and non-reasoning strategies). This is with accordance to Mohammed and Samak[15] results who studied the disciplinary actions in upper Egypt and found that harsh discipline is evidential in all the studied sample of children. The second disciplinary strategy adopted by mothers in this study was authoritative These findings goes on with those of Cyril, Halliday, Green, and

Renzaho[16]as in their study of relationship between body mass index and parenting style, the authoritative parenting style was the second most frequently used style by parents of children in the study.

The least adopted strategy by the mother in the study was the permissive. Being permissive even though is of lowest percentage still reflect the need of the mothers to a specialist to share with the problems of their children related to the disciplinary strategies and how to understand the child behavior during illness time as well as how to correct it safely without harming the child physically or psychologically. Moreover, Tripathi[20] found that mothers of autistic children and attention-deficit/hyperactivity disorder (ADHD) are adopting more permissive parenting style are those who suffers high level of stress.

The study found that the child age and gender, mothers age and level of education and place of residence are of high significance negative correlation with the adopted disciplinary strategies at P <0.001.In relation to mother age and level of education, Bornstein, [21] agreed with these findings as he concluded that parental cognitions play a central role in parent-child interactions. It is expected that parental cognitions significantly predict parents' rearing behaviors. parental effectiveness beliefs associated with specific disciplinary behaviors and general sense of parental self-efficacy and perception of one's own global competence to deal with child-rearing situations.

In addition to that, Mohammed, and Samak[15] highlighted the strong significant correlation found between the harsh discipline of upper Egyptian children and their parents' age, level of education, income, and marital status. However, Socolar, Savage and Evans [22] concluded that the incidence of corporal punishment peaks when the age of the child is 4 to 8 years old. Regarding relation of gender of the child and the adopted disciplinary strategy this supported by Parent etal. [23] found that higher levels of permissive discipline were related to more intense disruptive behavior of only boys.

CONCLUSION

The at hand study concluded that mothers of ill hospitalized children are more affected by physical hospital stressors and they tend to use more authoritarian disciplinary strategies (verbal hostility, corporal punishment and non-reasoning) was highest mean followed by authoritative disciplinary strategies while the permissive disciplinary strategies were the least used ones. Additional to that there were highly significant negative correlations with used disciplinary strategy and the mother age, level of education, place of residence and child age and gender.

RECOMMENDATIONS

As this area is an area of virginity for pediatric nurses the current study recommended that:

- Add assessment of parenting style sheet to the assessment sheets of the patients in hospital to early identify inappropriate disciplinary strategies and provide help to parents and children.
- Provide training for pediatric nurses on appropriate disciplinary strategies used to ill hospitalized children.
- Educational session for mothers of ill hospitalized children to help them to deal with children misbehavior when they are ill.
- Duplication of the study on a bigger randomized sample to be able to generalize findings on population.

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