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JURNAL KEPERAWATAN KOMPREHENSIF	VOL. 8	Special Edition	Page 1-222	Bandung June 2022	ISSN 2354-8428 e-ISSN 2598-8727
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Research Article

NICU Room Baby Care at the Sekarwangi Regional General Hospital: Mothers' Satisfaction with Baby Care and Social Support for Mothers with Premature Infants

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Received : 15/04/2022

Revised : 28/06/2022

Accepted : 30/06/2022

Online : 30/06/2022

Published : 30/06/2022

Abstract

Aims: The hospitalization and inpatient experiences of premature babies in hospitals cause high levels of anxiety and symptoms of depression in parents, loss of confidence in caring for babies, and being overprotective for children. Premature birth and low birth weight (LBW) babies are still relatively common in Indonesia. The baby, as well as developmental and behavioral retardation problems. Pediatric nurses in providing interventions, have a role in facilitating parents to provide bonding attachments and optimizing *Family Centered-Care* (FCC).

Objective: To determine the social support and satisfaction of mothers of premature babies with care in the NICU room at Sekarwangi Hospital.

Methods: The Social Support Questionnaire and the Neonatal Instrument of Parent Satisfaction (NIPS) Questionnaire was adjusted used in this cross-sectional survey. Non-probability sampling as well as consecutive sampling are indeed methods of sampling. The Chi-Square Test was used to check. Results: Mothers' satisfaction with infant care in the NICU room is satisfying, that as 44 respondents (88 percent), and social support for mothers of premature babies receiving care there is good, according to 47 respondents (94 percent).

Conclusion: Social support for mothers of premature newborns and mothers' satisfaction with the care of the infants in the NICU Room at the Sekarwangi Regional General Hospital are associated.

Keywords :

Premature Babies, Social Support, Maternal Satisfaction, Baby Care, NICU Room

INTRODUCTION

Premature babies and low birth weight babies (LBW) in Indonesia are still relatively high. The prevalence of LBW in Indonesia is 7-14%. Hospitalization and the experience of being hospitalized for premature babies in hospitals create high anxiety and depression in parents, loss of confidence in caring for babies, being

overprotective in babies, and will have an impact on developmental and behavioral problems of the baby.

Lack of parental experience in caring for babies has physical and psychological impacts such as difficulty sleeping, depression, hopelessness, and unstable emotions. Previous research has highlighted that maternal stress in these situations can

increase further when social support is lacking. To overcome this, parents need to get social support, including support from nurses in the neonate room. Learning to be a parent of a premature baby in the neonatal unit requires social support, which includes the delivery of accurate information, participation in decision making, learning to care for the baby directly, and staying in touch with nursing staff to minimize stress and anxiety for parents.

Baby care in intensive care for parents is a crisis situation that causes stress, anxiety, depression, and can even experience post-traumatic care. This happens because psychologically parents are not ready to face critical illness in their children. Parents may be disappointed, feel guilty, failed, hopeless, angry, helpless, and lose self-esteem. According to the research results of Shaw et al. in Cleveland (1), the source of parental stress begins with separation from their newborn baby.

The concept of FCC in the NICU needs to be strengthened, so there are still many nurses who have to facilitate the presence of parents with information, effective communication and good support. The purpose of this study was to determine the relationship between maternal social support and maternal satisfaction with premature babies with care in the NICU room at Sekarwangi Hospital.

The birth of premature babies and low birth weight babies (LBW) in Indonesia is still relatively high. The prevalence of LBW in Indonesia is 7-14%, even in some districts it reaches 16% and as many as 18 provinces have a prevalence of LBW above the national prevalence of 11.1%. Hospitalization and the experience of being hospitalized for premature babies in hospitals cause high levels of anxiety and depressive symptoms in parents, loss of confidence in caring for babies, overprotective care for their babies, and has an impact on developmental and behavioral setbacks in babies. Pediatric nurse as a

profession in charge of providing nursing care to infants, has a very important role in facilitating parents to provide bonding attachments and optimizing *Family Centered-Care* (FCC) through the provision of health education and ongoing assistance from the initial admission to the hospital until preparation for discharge. to the house. It aims to facilitate the various achievements of the role of parents in caring for their babies. The family is the center of the improvement of health facilities. The concept of FCC in the NICU needs to be strengthened, so there are still many nurses who have to facilitate the presence of parents with information, effective communication and good support.

METHODS

Study design

This study used an analytical research design with a cross sectional design (2).

Sample

The sample in this study were mothers who had premature babies who were undergoing treatment in the NICU the sampling method used in this study is non-probability sampling with the consecutive sampling method, the number of samples in this study was 50 respondents. Inclusion criteria were 1) Biological mothers of infants who were undergoing NICU care for 72 hours, 2) Having premature babies (gestational age < 37 weeks without taking birth weight into account), not being treated because of repeat visits; 3) Having experience waiting for their baby in the NICU for at least 2 days; 4) Able to communicate well, and 5) Willing to be research respondents.

Instrument

data collection in this research used a Social Support Questionnaire (SSQ) and Neonatal Instrument of Parent Satisfaction (NIPS) questionnaire.

Data collection

This information collected is formed of both primary and secondary data. Based on the responses to questions, primary data were gathered from respondents' responses. Secondary data were obtained from patient status, data record in the NICU treatment room at the Sekarwangi Hospital, library references, research journals, and other related literature. The data collection

technique in this study used the SSQ and NIPS questionnaires.

Data analysis

This study uses univariate and bivariate analysis, univariate analysis in this study uses frequency distribution, while bivariate analysis uses Chi-Square Test (X^2) (3).

RESULTS

Univariate Analysis

Table 1.
Social Support for Mothers with Premature Babies in Infant Care in the NICU Room, Sekarwangi Regional General Hospital

	good	Not Good	Total
Social Support	47	3	50
	94%	6%	100%

From the table it can be concluded that social support is good, namely 47 respondents 94%.

Tabel 2.
Mother's Satisfaction with Baby Care in the NICU of the Sekarwangi Regional General Hospital

	satisfied	not Satisfied	Total
Family Satisfaction	44	6	50
	88%	12%	100%

From the table it can be concluded that the satisfaction of the family is satisfied that is equal to 44 respondents, 88%.

Bivariate Analysis

Table 3.
Relationship of Social Support and Family Satisfaction in the NICU Room, Sekarwangi Regional General Hospital

		Family Satisfaction		Total	P-value
		satisfied	not satisfied		
Social Support	good	44	3	47	0.000
	not good	0	3	3	

From the table above, social support from the chi square test results, which consists of 50 respondents, shows good social support, 44 respondents with satisfied family satisfaction, less social support, 3 respondents with dissatisfied family satisfaction, 6 respondents. It can be

concluded from the table above that the p-value > 0.05 means that H_0 is rejected, meaning that there is a relationship between social support for mothers with premature babies and mother's satisfaction with infant care in the NICU Room of the Sekarwangi Regional General Hospital.

DISCUSSION

Table 1. Social Support for Mothers with Premature Babies in Infant Care in the NICU Room, Sekarwangi Regional General Hospital

Based on the results of research that has been carried out by researchers, social support for mothers with premature babies in infant care in the NICU Room of the Sekarwangi Regional General Hospital is good 47 by 94%. According to Brunner and Suddarth (1986 in Fretes, 2012) (4) Family Centered Care as a holistic approach and philosophy in nursing. Nurses as professionals need to involve parents in child care (5). The role of nurses in implementing Family Centered Care is as partners and facilitators in child care in hospitals. The purpose of applying the concept of Family Centered Care in child care is to provide opportunities for parents to care for their children during the hospitalization process with supervision from nurses in accordance with applicable regulations.

In line with the above theory of research conducted by JW Craig¹, C Glick², R Phillips³, SL Hall⁴, J Smith⁵ and J Browne⁶, (2015), family involvement is the key to realizing the potential long-term positive effects on physical, cognitive, and psychosocial development of all individuals. infants, including those in the neonatal intensive care unit (NICU). Family-centered developmental care (FCDC) recognizes the family as an important member of the NICU health care team.

Table 2 Mother's Satisfaction with Baby Care in the NICU of the Sekarwangi Regional General Hospital

Based on the results of research that has been carried out by researchers, it can be concluded that the satisfaction of mothers with infant care in the NICU Room of the Sekarwangi Regional General Hospital is satisfied, namely 44 respondents, 88%. According to (Harson, 1997 in fiene, 2012) the satisfaction obtained during nursing

services is because nurses perform nursing care in meeting social and emotional development, as well as meeting the needs of children in the family. Therefore, in running the health care system, families as a result of the impact of decisions, nurture, educate, and defend their children's rights during the treatment period. Family decisions in child care are a major consideration because these decisions are based on coping mechanisms and needs that exist in the family. In making decisions, nurses provide appropriate advice but the family still has the right to decide which services they want to get

Parental participation is the involvement of parents in caring for babies in the neonatal care room by providing breast milk and touch to their babies, this increases the closeness and affection of mothers to babies (6). In line with the research above, Bastani, Abadi, and Haghani (7) also stated that family-centered care can increase parental satisfaction and reduce readmission of premature babies. This is supported by research, Julianti E, Waluyanti FJ, Allenidekania (8), premature baby care not only meets the physical needs of the baby, but also meets other needs such as psychological parents, emotional support to parents. nurse support with parental satisfaction in the NICU.

A challenge for parents, especially moms, is giving birth to a child. Particularly when a baby is delivered prematurely or has health issues and needs to be treated in the Neonatal ICU, parents' emotions and stress levels will rise. Critical Care Unit (NICU). The mother is the primary caregiver for her child. But following a premature birth or postnatal health issues that require care in the NICU, a mother could go through an emotional crisis since she must be removed from her child for treatment. (8)

Parents may also suffer from medical and psychological issues such trouble sleeping, despair, hopelessness, and emotional upheaval as a result of their experiences. Previous studies have shown that a lack of

social support might make mother stress in these circumstances worse. Parents must get social support to overcome this, including assistance from nurses in the neonatal unit. In order to reduce stress and anxiety, parents of preterm babies in the neonatal unit need social support, which includes the provision of correct information, involvement in decision-making, learning how to care for the infant directly, and maintaining contact with nursing personnel. (9)

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Table 3 Social Support for Mothers with Premature Babies and Mother's Satisfaction with Baby Care in the NICU Room at the Sekarwangi Regional General Hospital

That according published research, the p-value of 0.05 confirms that H_0 is not validated, implying that there is a connection between social support for mothers of premature infants and mothers' satisfaction with the care their infants receive in the NICU at the Sekarwangi Regional General Hospital.

Following the aforementioned study, Shadi Eskandari, Seyedeh Nooshaz Mirhaghjou, Maryam Maleki, Abbas Mardani, Mostafa Gholami, and Celia Harding (10) did a study in 2021 on social support with a value (r 0.60). In conclusion, social support from nurses and a mother's contentment with

raising her child have a good association. Therefore, researchers advocate greater maternal satisfaction in child care by promoting and creating chances for neonatal nurses to support moms in the NICU.

This study is consistent with the findings of Wahyuni and Parendrawati's (11) study, which found that because the spouse is the mother's closest relative, assistance from him is what she expects most. In order to feel more at ease, involved, cared for, confident, and capable in caring for the baby, emotional support is also required.

According to research by Sikorova & Kucova, (12) a comfortable care environment and positive behavior from nursing staff can help reduce feelings of stress in parents whose babies are cared for in the NICU. The assumption of the researcher when referring to the form of FCC services, of course, in providing critical nursing care to infants in the NICU, nurses do not only focus on the life saving of babies being cared for but also have to provide nursing care to families, especially to parents. Parents are part of the baby's care in the NICU, where parents also have an important role in the recovery of their baby. Identifying the needs of parents is the first step in applying the FCC so that nurses can provide appropriate support to meet the needs of these parents. The needs of these parents are more focused on the welfare of the baby. This encourages parents to seek reassurance about their baby's condition by gathering adequate information about their baby's condition and trying to always be close to their baby to ensure that their baby gets the best care.

CONCLUSION

There is good 47 by 94 percent social support for moms of premature infants receiving care in the NICU room of the Sekarwangi Regional General Hospital.

Of the 44 responders, or 88 percent, mothers were satisfied with the care their

babies received in the NICU at the Sekarwangi Regional General Hospital.

Moms' satisfaction with newborn care in the NICU Room of the Sekarwangi Regional General Hospital is correlated with social support for mothers of premature infants.

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