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The Effect Of The Patıent Admıssıon Process On The Hopelessness Of Mothers Of Infants In Neonatal Unıts

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Abstract:*This study was conducted to investigate the effect of the admission process on the hopelessness of mothersof infants in neonatal units. The study was carried out with individual interviews with 240 mothers whose infants stayed at Neonatal Units (premature and mature) of a university hospital between January and September 2011. Data from the quasi-experimental study were collected via the personal information form and the Beck Hopelessness Scale (BHS). The data of the study were analyzed by SPSS 15 package program. Kruskal Wallis, t test, Mann-Whitney U tests were used in the analysis of the data.*
Relationships between the mother's knowledge of meeting times, their knowledge of the infants' condition, and by whom they were informed were found to be significant in both groups. 17.9% of the mothers in the control group and 82.1% of the mothers in the study group received information from the nurses about their infants. While knowing the meeting times withinfants affected the motivation loss from the sub-parameters of the BHS in the control group, receiving information about infants affected the mothers' future oriented emotions and motivation loss.75.8% of the mothers in the control group were found to be hopeless at moderate level and 75% were found to be hopeless at high level. Of the mothers in the study group, 24.2% were found to be hopeless at moderate level, 55.8% hopeless at low level and 25.0% were hopeless at high level. In the light of these results, it can be said that patient admission practices increased the level of hope of mothers. For this reason, while the neonatal nursing is accepting the infant in the clinic, the nurse should take an approach that understands mother's anxiety, fear and hopelessness and implement the patient admission process by holding the individual characteristics of the mother and infant in the foreground.

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I. Introductıon

For a mother who is expecting to return home with her infant immediately after birth, it is a difficult experience to admit her infant to a hospital due to a disease (Özyazıcıoğlu and Tüfekçi, 2009). The overall appearance of the neonatal services, especially the intensive care unit, the ambiguity of how treatment will be, and the uncertainty of the infant's condition increase the mothers fear and anxiety. The mother feels desperate, thinking that her infant may die or become permanently disabled (Çavusoğlu, 2004, Freund et al., 2005).

Not knowing the diagnosis and treatment of the infant, uncertainty of the prognosis and most importantly inadequate explanations of the health personnel can be indicated as the factors that increase the hopelessness of the mother and also the mother who is away from her infantfeels hopeless thinking that she can not provide necessary care to her infant (Bozzette and Kenner, 2004, Çalışır et al., 2008).

On the other hand, the infant's appropppriate admission to the patient admission protocol, the mother's involvement in the process not only contribute to the attachment process but also increases mothers' hopes in coping with this difficult and stressful experience (Çakmak, 2005; Franck and Spencer, 2003) (Ferrel and Coyle, 2005).

Hope is an important factor for human life and also a factor that gives strength to cope with difficulties. Hope prevents feelings of pessimism and helplessness in difficult situations. Hope is a vital concept that strengthens the psychological and physiological defenses of the whole family as much as the individual (Aytekin, 2005). It is a dynamic power that helps the individual to adapt to the future, to live with his present life and future, to find a meaning, to support well-being and to maintain relationships with others (Öz, 2004; Kayış, 2009).

Mothers who leave their infants to neonatal units or neonatal intensive care units may be very stressed, anxious, or even hopeless for their desperation. Mothers who leave their infants in these extraordinary and frightening environments need health profesionals they can trust and get help to maintain their hope (Çalışır et al., 2008). The first health professionals parents meet in admission to the hospital are mostly nurses (Ağdaş, 2008). The positive admission of the patient in the first encounter plays an active role in reducing the anxiety level of the mother (Aksoy et al., 1993; Griiffith, 1992). Patient admission is the first step of the nursing process

and the neonatal care nursing involves a period beginning with the admission of the infant to the hospital, ending with the healing and returning to normal life (Şahin, 1999). Neonatal nurses who admit the infant to the hospital can play an active role on increasing mothers' hopes in healthy growth and develop ofinfants(İşler, 2007).During the admission, creating a comfortable environment where the mother can perceive herself as a part of the unit, welcoming the infant and the family, the self introduction of the nurse who will give care to infant, showing the place where the infant will stay, introducing the unit and informing the parents can reduce the anxiety and fear of the parents and hopelessness of the mother who can not hold and breastfeed her infant. Planned nursing interventions, speeches and explanations during the admission will make mothers feel safe about their infants, make them feel valuable and reduce their despair (Coşkun, Akbayrak, 2001). In this sense, supporting and discovering mothers' hopes become an important part of the nursing profession(Bayramova and Karadakovan, 2004). In order to prevent or reduce hopelessness, neonatal nurses should help the mother to think and share her hopes with others (İşler, 2007;Öz, 2004). As a matter of fact, trust in the hospital and health professionals can affect hopes and hopelessness (Kaya 1995; Coşkun, Akbayrak, 2001).

II. Methods

This randomized controlled quasi-experimental study conducted using an unequal control group model was planned with the aim of determining the effect of the patient admission protocol applied to mothers of infants who were admitted to neonatal and neonatal intensive care units on the mothers' hopelessness. The sample of this study consisted of 240 mothers who brought their infants to Neonatal Units in 9 months period, who agreed to participate in the study, who were literate and who were over 19 years old.No matching was done when placing the cases inthe study and control groups. Information form, "A Practical Guide of Patient Admission for Neonatal Nurses" and "Beck Hopelesness Scale" were used in the collection of the data. Developed by Beck and his colleagues in 1974, the scale measures the pessimism level of the individual andit is composed of 20 items. Questions are answered in the form of true-false and reflect negative expectations. Each response that matches the given key is 1 point, whereas responses that do not match do not score any points. The total score obtained is considered as "hopelessness" score, and when the total score is 9 and above, the level of hopelessness of the individual is expressed to be high. The score range of the scale is between 0-20. Scale consists of three factors, "FutureOriented Emotions", "Motivation Loss", "Future Expectations.". The first validity study on the scale in Turkey was conducted by Seber 1991.

Before the application, an Ethics Committee permission was obtained from Erciyes University Faculty of Medicine Dean. 120 mothers were welcomed by other nurses of the service and they were applied personal information form and Beck Hopelessness Scale. The other 120 mothers were applied personal information form and Beck Hopelessness Scale after being accepted according to the "A Practical Guide of Patient Admission for Neonatal Nurses" prepared by the researcher.

III. Fındıngs

Table1. Some socio-demographic characteristics of mothers'I

Socio-demographiccharacteristics	**Study**		**Control**		**Test**	
	S	**%**	**S**	**%**	χ^2	***p***
Age						
19-24	28	23.3	53	44.2	18.054*	**0.001**
25-29	46	38.3	25	20.8		
30-34	25	20.8	21	17.5		
35-39	17	14.2	10	8.3		
40+	2	1.7	6	5.0		
Educational level						
Primary school	71	59.2	74	61.7	2.872*	0.238
High school	26	21.7	32	26.7		
University	23	19.2	14	11.7		
Working status						
Working	18	15.0	11	9.2	1.412**	0.235
Not working	102	85.0	109	90.8		
Family type						
Small family	88	73.3	73	60.8	4.246*	**0.039**
Big family	32	26.7	47	39.2		
Income status						
Income less than expense	39	32.5	41	34.2	0.152*	0.927
Equal income and expense	66	55.0	63	52.5		
Income more expense	15	12.5	16	13.3		
Social security						
Yes	117	97.5	100	83.3	12.310**	0.000
No	3	2.5	20	16.7		

*Pearson chi-square

**Yates correction

44.2% of the mothers in the control group are at 19-24 age group and 20.8% are at 25-29 age group, 23.3% of the mothers in the study group are at 19-24 age group and 38.3% are at 25-29 age group. 83.3% of the mothers in the control group and 97.5% of the mothers in the study group have social security. 60.8% of the mothers in the control group and 73.3% of the mothers in the study group are at small family type.

Table2. Hopelessness scores according to socio-demographic characteristics of the mothers

Socio-demographicCharacteristics	Group	Subgroup	BHSAverage Scores		
			Future oriented emotions	Motivation loss	Future expectations
Age*	**Study**	19-24	0.0(0.0-0.0)	1.0(1.0-2.3)	2.0(0.8-3.0)
		25-29	0.0(0.0-0.0)	2.0(1.0-3.0)	1.5(1.0-2.0)
		30-34	0.0(0.0-1.0)	2.0(1.0-3.0)	2.0(1.0-3.0)
		35-39	0.0(0.0-0.0)	2.0(1.0-5.0)	1.0(1.0-2.0)
		40+	0.5(0.0- -)	3.0(1.0- -)	2.5(2.0- -)
	P		0.688	0.171	0.167
	Control	19-24	0.0(0.0-1.0)	2.0(1.0-3.3)	2.0(1.0-3.0)
		25-29	0.0(0.0-0.0)	2.0(1.0-4.0)	2.0(1.0-2.0)
		30-34	0.0(0.0-2.0)	4.0(1.0-5.0)	3.0(1.0-3.0)
		35-39	0.5(0.0-1.3)	2.5(1.0-3.5)	1.0(0.0-2.3)
		40+	0.0(0.0-2.0)	2.5(1.0-5.0)	2.0(1.0-4.3)
	P		0.390	0.332	0.168
Educational Level*	**Study**	Primary school	0.0(0.0-1.0)	2.0(2.0-4.0)	2.0(1.0-2.0)
		Secondary school	0.0(0.0-0.3)	2.0(1.0-3.0)	2.0(1.0-3.0)
		High school	0.0(0.0-0.3)	1.0(1.0-2.0)	2.0(0.0-3.0)
		University	0.0(0.0-0.0)	1.0(1.0-2.0)	1.0(0.0-2.0)
	P		0.134	**<0.001**	**0.012**
	Control	Primary school	0.0(0.0-1.0)	4.0(3.0-5.0)	2.0(1.0-3.0)
		Secondary school	0.0(0.0-1.0)	2.0(1.0-4.0)	2.0(1.0-3.0)
		High school	0.0(0.0-1.0)	2.0(1.0-3.8)	2.0(1.0-2.0)
		University	0.0(0.0-0.3)	1.0(1.0-1.3)	1.0(1.0-2.0)
	P		0.606	**<0.001**	0.116
Working Status**	**Study**	Working	0.0(0.0-0.0)	1.5(1.0-3.0)	1.0(0.8-2.0)
		Not working	0.0(0.0-0.3)	2.0(1.0-3.0)	2.0(1.0-3.0)
	P		0.700	0.796	0.046
	Control	Working	0.0(0.0-1.0)	1.0(1.0-2.0)	1.0(0.0-2.0)
		Not working	0.0(0.0-1.0)	2.0(1.0-4.0)	2.0(1.0-3.0)
	P		0.431	0.172	0.118
Income Status*	**Study**	Income less than expense	0.0(0.0-1.0)	2.0(1.0-3.0)	2.0(1.0-3.0)
		Equal income and expense	0.0(0.0-0.0)	2.0(1.0-2.3)	1.5(1.0-2.3)
		Income more than expense	0.0(0.0-0.0)	1.0(1.0-3.0)	0.0(0.0-2.0)
	P		0.128	0.172	**0.001**
	Control	Income less than expense	0.0(0.0-1.0)	3.0(1.0-5.0)	2.0(1.0-3.0)
		Equal income and expense	0.0(0.0-1.0)	2.0(1.0-4.0)	2.0(1.0-2.0)
		Income more than expense	0.5(0.0-1.8)	2.0(1.0-3.0)	1.5(1.0-3.0)
	P		0.503	0.360	0.323
Social Security**	**Study**	Yes	0.0(0.0-0.0)	2.0(1.0-3.0)	2.0(1.0-2.0)
		No	1.0(0.0- -)	4.0(2.0- -)	3.0(1.0- -)
	P		0.156	0.085	0.207
	Control	Yes	0.0(0.0-1.0)	2.0(1.0-4.0)	2.0(1.0-3.0)
		No	1.0(0.0-2.0)	2.0(1.0-4.8)	2.0(2.0-3.0)
	P		**0.035**	0.939	0.052
Family Type**	***Study***	Small Family	0.0(0.0-0.0)	2.0(1.0-3.0)	1.0(1.0-2.0)
		Big Family	0.0(0.0-0.0)	2.0(1.0-3.0)	2.0(1.0-2.8)
	P		0.626	0.380	0.256
	Control	Small Family	0.0(0.0-1.0)	1.0(1.0-3.5)	2.0(1.0-3.0)
		Big Family	0.0(0.0-2.0)	3.0(2.0-5.0)	2.0(1.0-3.0)
	P		**0.047**	**<0.001**	0.132

Data were found using median (25th - 75th percentile) of the population.

* Kruskal Wallis Analysis

**Mann Whitney U Analysis

The data were evaluated according to pearson chi square analysis and there was no statistically significant difference between the age and working status of the control and study group mothers and Beck Hopelessness Scale average scores (p>0.05). It was found that the level of education had an effect on motivation loss of the mothers in the control group (p<0.001), on motivation loss (p<0.001) and future expectations of the mothers in the study group (p=0.012) and income status had an effect on the future expectations of the mothers in the study group. While the social security affected future oriented emotions of the mothers in the control group, it was determined that the family type affected motivation loss and future oriented emotions average scores. There was a statistically significant difference betweenthese variables and the BHS.

Table3. TheBHS scores regarding the infant's characteristics

Variables Regarding The Infant	Group		BHS		
			Future Oriented Emotions	MotivationLoss	Future Expectations
The number of infants*	Study	1	0.0(0.0-0.0)	1.0(1.0-2.0)	1.0(0.0-2.0)
		2	0.0(0.0-1.0)	2.0(1.0-3.0)	2.0(1.0-3.0)
		3	0.0(0.0-1.0)	2.0(1.0-3.0)	2.0(1.0-2.0)
		4+	0.0(0.0-0.8)	3.0(2.0-4.8)	2.0(1.0-2.8)
	P		**0.006**	**0.001**	0.186
	Control	1	0.0(0.0-1.0)	2.0(1.0-3.0)	2.0(1.0-3.0)
		2	0.0(0.0-1.0)	2.0(1.0-4.0)	2.0(1.0-3.0)
		3	0.0(0.0-2.0)	4.0(2.0-5.0)	1.0(1.0-3.0)
		4 +	1.0(0.0-2.0)	3.0(2.8-5.0)	2.5(1.0-3.0)
	P		0.339	**0.023**	0.720
Gender**	Study	Female	0.0(0.0-0.0)	2.0(1.0-3.0)	1.0(1.0-2.0)
		Male	0.0(0.0-0.0)	2.0(1.0-3.0)	2.0(1.0-2.0)
	P		0.461	0.508	0.530
	Control	Female	0.0(0.0-1.0)	2.0(1.0-5.0)	2.0(1.0-3.0)
		Male	0.0(0.0-2.0)	2.0(1.0-4.0)	2.0(1.0-3.0)
	P		0.869	0.220	0.720
Desired Gender Status**	Study	Yes	0.0(0.0-0.0)	2.0(1.0-3.0)	1.0(1.0-2.0)
		No	1.0(0.0-1.3)	1.0(1.0-3.3)	2.5(1.8-3.3)
	P		**<0.001**	0.750	**0.009**
	Control	Yes	0.0(0.0-1.0)	2.0(1.0-4.0)	2.0(1.0-3.0)
		No	0.0(0.0-2.3)	2.0(1.0-6.0)	2.0(1.0-2.3)
	P		0.591	0.988	0.637

The difference between the number of infants and future oriented emotions and motivation loss of mothers in the study group and the difference between the number of infants and motivation loss of mothers in the control group were found to be statistically significant (p<0.05).While being in the desired gender did not affect the subscale scores of the control groups, it affected the future oriented emotions and future expectations of mothers in the study group (p<0.05).

Table4. Emotions, causes, and expectations scores of mothers during the infant's admission to service

Emotion, Reason and Expectations	Group		BHSSubitems Average Scores		
			Future oriented emotions	Motivation loss	Future expectations
Emotions of Mother*	Study	Fear, Anxiety, Uneasiness	0.0(0.0-0.0)	2.0(1.0-3.0)	1.0(1.0-3.0)
		Sadness	0.0(0.0-0.0)	2.0(1.0-3.0)	2.0(1.0-2.0)
		Hopelessness	1.0(1.0-1.0)	3.5(2.0- -)	1.5(1.0- -)
		Guilt	1.0(0.0- -)	1.0(1.0- -)	0.0(0.0- -)
	P		**0.021**	0.437	0.657
	Control	Fear, Anxiety, Uneasiness	0.0(0.0-1.0)	2.0(1.0-4.0)	2.0(1.0-3.0)
		Sadness	0.0(0.0-1.0)	2.0(1.0-3.0)	2.0(1.0-3.0)
		Hopelessness	0.0(0.0-2.3)	5.0(2.0-6.3)	3.0(2.0-3.3)
		Guilt	0.0(0.0-2.3)	1.0(1.0-4.0)	2.0(0.8-230)
	P		0.771	**0.014**	0.161
The Reason For Mothers Emotions	Study	Not Knowing Treatment Procedures	0.0(0.0-0.0)	1.0(1.0-2.0)	1.0(1.0-2.0)
		Fear of Losing Infant / Hopelessness	0.0(0.0-1.0)	2.0(1.0-3.0)	2.0(1.0-3.0)
		Inadequate Explanation	0.0(0.0-0.0)	1.5(1.0- -)	1.5(1.0- -)
		Concern about Infant's Development	0.0(0.0- 0.0)	2.0(1.0-3.0)	1.0(1.0- 2.0)

		No Negative Feelings	0.0(0.0- 0.0)	1.0(1.0-2.0)	1.0(0.0-3.0)
	P		0.468	0.288	0.479
	Control	Not Knowing Treatment Procedures	0.0(0.0-0.0)	1.0(1.0-3.0)	1.0(1.0-2.0)
		Fear of Losing Infant / Hopelessness	0.0(0.0-1.0)	2.0(1.0-5.0)	2.0(1.0-3.0)
		Inadequate Explanation	020(0.0-2.0)	4.0(1.0-5.0)	3.0(2.0-4.0)
		Concern about Infant's Development	0.0(0.0-1.0)	2.0(1.0-4.0)	1.0(1.0-2.0)
		No Negative Feelings	0.0(0.0- 0.0)	1.0(1.0- 1.0)	1.5(1.0--)
	P		0.099	**0.033**	**0.014**
Expectations of Mother*	**Study**	Sincerity, Debonairness, Sweet Talk	0.0(0.0-1.5)	1.0(1.0-3.5)	1.5(0.3-3.8)
		Continuous Information (Anytime)	0.0(0.0-0.3)	2.0(1.0-2.0)	1.5(0.8-3.0)
		Sedating and Giving Mother Moral Support	0.0(0.0-0.5)	2.0(1.0-4.0)	1.0(1.0-2.0)
		Infant's Quick Discharge	0.0(0.0-0.0)	2.0(1.0- -)	2.0(1.0- -)
		Making Sure Everything is Done	0.0(0.0-0.5)	2.0(1.0-3.0)	2.0(1.0-3.0)
		Mother's Staying with the Infant	0.0(0.0-0.5)	2.0(1.0-3.0)	1.0(0.0-2.0)
		Positive News Expectation About Infant	0.0(0.0-1.0)	2.0(1.0-3.0)	2.0(1.0-2.0)
	P		0.980	0.689	0.275
	Control	Sincerity, Debonairness, Sweet Talk	0.0(0.0-1.0)	2.0(1.0-3.0)	2.0(1.0-2.0)
		Continuous Information (Anytime)	0.0(0.0-2.0)	1.0(1.0-5.0)	2.0(1.0-3.0)
		Sedating and Giving Mother Moral Support	0.0(0.0-2.0)	1.0(1.0-3.5)	2.0(1.0-2.0)
		Infant's Quick Discharge	0.5(0.0-1.0)	4.5(1.8-5.3)	3.0(3.0-3.3)
		Making Sure Everything is Done	0.0(0.0-1.0)	3.0(1.8-4.5)	2.0(0.8-2.3)
		Mother's Staying with the Infant	0.0(0.0-0.0)	2.0(1.0-3.0)	1.5 (0.8-2.3)
		Positive News Expectation About Infant	0.0(0.0-0.0)	3.5(1.0- -)	1.0(1.0-1.0)
	P		0.480	0.231	0.060

Data were found using median (25th - 75th percentile) of the population.

***Kruskal Wallis Analysis**

When the relationship between the mother's emotions, the reason for this emotion, expectation of mother and the BHS during the admission of the infans to the service were examined, the statistical difference was found between the motivation loss of mothers in the control group and the future expectations of mothers in the study group. However, mothers' sincerity, debonairness, sweet talk, sedation, giving morale, making sure everything was done, and staying with the infant did not affect the mothers' BHS scores in both study and control groups.

Table5. Hopelesness scores of mothers regarding seeing the infant and the infant's condition

Characteristics of Seeing and Knowing Condition of the Infant	**Group**	**Subgroup**	**BHSAverage Scores**		
			Future oriented emotions	**Motivation loss**	**Future expectations**
Knowing the Infant's Meeting Times**	**Study**	Yes	0.0(0.0-0.0)	2.0(1.0-3.0)	2.0(1.0-2.0)
		No	0.0(0.0-0.0)	2.0(1.0-3.0)	2.0(1.0-4.0)
	P		0.820	0.931	0.054
	Control	Yes	0.0(0.0-1.0)	2.0(1.0-4.0)	2.0(1.0-3.0)
		No	0.0(0.0-2.0)	3.0(2.0-5.0)	2.0(1.0-3.0)
	P		0.091	**0.012**	0.531
Knowing the Condition of the Infant**	**Study**	Yes	0.0(0.0-0.0)	2.0(1.0-3.0)	2.0(1.0-2.0)
		No	0.0(0.0- -)	2.0(1.0- -)	3.0(1.0- -)
	P		0.644	0.739	0.207
	Control	Yes	0.0(0.0-1.0)	2.0(1.0-4.0)	2.0(1.0-3.0)
		No	0.0(0.0-2.0)	3.0(1.3-5.0)	2.0(1.0-3.0)
	P		0.436	0.058	0.641
Getting Information About the Infant**	**Study**	Yes	0.0(0.0-0.0)	2.0(1.0-3.0)	2.0(1.0-2.0)
		No	1.0(1.0-1.0)	3.0(3.0-3.0)	2.0(2.0-2.0)
	P		0.267	0.433	0.767
	Control	Yes	0.0(0.0-1.0)	2.0(1.0-4.0)	2.0(1.0-3.0)
		No	0.0(0.0-3.0)	4.0(2.0-5.0)	3.0(1.5-3.0)
	P		**0.019**	**0.007**	**0.020**
From Whom the Most Information Was Received*	**Study**	Doctor	0.0(0.0-1.0)	2.5(1.0-4.3)	2.5(1.8-3.3)
		Nurse	0.0(0.0-0.0)	2.0(1.0-3.0)	1.0(1.0-2.0)
		Both	0.0(0.0-0.0)	1.5(1.0-2.0)	2.0(1.0-3.0)

	P		0.715	0.204	**0.033**
	Control	Doctor	0.0(0.0-1.0)	2.0(1.0-5.0)	2.0(1.0-3.0)
		Nurse	0.0(0.0-2.0)	3.0(1.0-4.3)	2.0(1.0-3.3)
		Both	0.0(0.0-1.0)	1.0(1.0-3.0)	2.0(1.0-2.0)
	P		0.649	0.127	0.470

Data were found using median (25th - 75th percentile) of the population.

***Kruskal Wallis Analysis**
****Mann Whitney U Analysis**

The difference between the motivation loss of the mothers in control group and knowing the meeting times with the infant, between getting information about the infant and futureoriented emotions and between themotivation loss and future expectations were statistically significant ($p<0.05$). While the mother's knowledge of the infant's condition did not make a significant difference in both the control and the study groups ($p>0.05$), from whom the mother received the most information about the infantaffected the future expectations scores of mothers in the study group ($p<0.05$).

Table7. Hopelessness levels of mothers in study and control groups

BHSLevel Score Range	Study		Control		Test	
	S	**%**	**S**	**%**	χ^2	***p***
Not Totally Hopeless (0-3 points)	48	40.0	42	35.0	11.731*	0.006
Low Level Hopeless (4-8 points)	63	52.5	50	41.7		
Moderate Level Hopeless (9-14 points)	8	6.7	25	20.8		
High Level Hopeless (15 and over points)	1	0.8	3	2.5		

When the BHS level score range is evaluated in terms of study and control groups, 40% of the mothers in the study group had no or minimum level of hopelessness, and 41.7% of the mothers in the control group experienced low level of hopelessness. 6.7% of the mothers in the study group and 20.8% of the mothers in the control group experienced moderate level of hopelessness.

IV. Conclusion

It is known that some socio-demographic characteristics of mothers such as age, education level and income status affect hope or hopelessness feelings of mothers as well as care and treatment process of their infants (Konukbay and Arslan, 2011; Özyazıcıoğlu and Tüfekçi, 2009; Turan and Bolışık, 2003; Uludağ and Ünlüoğlu, 2012). In this study, most of the mothers are young (38.3% are at 25-29 age group, 67.5% are at 19-24 age group). The first marriage age is 21 and the first birth age is 22.9 in our country (TDHS 2013). There are studies showing that the needs and depression levels of young mothers are high (Balcı 2006, Taş Arslan and Turgut 2013, Türkoğlu et al 2014). 61.7% of the mothers in the control group and 59.2% of the mothers in the study group are primary school graduates. According to the results of TDHS 2013, 71.6% of 15-49 year old women who are married in Turkey are literate. Similarly, in the results of Turkey Demographic and Health Survey (2013), it is reported that most of the women (40,18%) are primary school graduates (Çavlin et al. 2014). In this study, there is a statistically significant difference between the level of the family and the subscale average scores of the BHS. The expensive treatment expenses of the newborn creates economic burden on the family. Mother's hopelessness may increase when economic concerns are added to her concerns about theinfant. Şahin's (2009) study with preterm infants shows that anxiety and concern decreases as income level increases. Erhan (2005)'s study showed that the pessimism subscale average scores were higher in those taking the minimum wage and below than those taking the minimum wage and above. This is an indication of the increased pessimism as the income level of the mother decreased. Çetin (2014), Uludağ and Ünlüoğlu (2012)'s studies showed that the low or high income level of the families did not affect their anxiety levels.

When the relationships between the variables related to the admission of the infant to the hospital and the study and control groups in our study were examined, the reason of infant's being in the neonatal units was found to be significant and this significance was caused by the premature infans and respiratory system disorders. In the study of Ukpong. et al. (2003) and Gennaro (1988) comparing the prevalence of anxiety and depression in the mothers of preterm infants with the control group consisting of term infants' mothers, it was found that mothers with preterm infants had significantly increased anxiety. Similarly, in the study of Ergin et al. (2007), statistically significant difference was found between the state and trait anxiety inventory scores of the parents whose infans received treatment in the neonatal intensive care unit ($p<0.05$). According to the state anxiety inventory, hospitalization of newborns caused mild level(Carter et al., 2005; Kurnaz and Gençalp, 2007), moderate level (Erdem and Kutluk, 2005; Padovani et al., 2004) and high level anxiety in mothers (Doering et al., 2000). In studies conducted, it was determined that leaving infants to neonatal units caused anxiety (Fowlie and McHaffie, 2004; Nyström and Axelsson, 2002) and hopelessness (Hall, 2005) in mothers. When the BHS total score was compared according to study and control groups in our study, future expectations

(p = 0.037) and motivation loss (p = 0.02) of mothers were found to be significant, while future oriented emotions were not found significant (p = 0.08).

Bialoskurski found in their study that parents whose imfans were in neonatal intensive care units needed information about the appropriate time to visit them and the information about them. Having information has an critical place on reducing the hopelessness of the mother about infant's condition (Bialoskurski et al., 2001; Franklin, 2006; Wigert et al., 2006). Knowledgeis a strategy reducing fear and anxiety created by the unknown. It also provides control over the situation at the same time. Knowledge is a good strategy for reducing the stress level of the mother.75.8% of the mothers in the control group were informed sufficiently and 99.2% of the mothers in the study group were informed sufficiently about the infant's condition. Informing does not affect the hopelessness scores of the mothers in the study group, while it affects future oriented emotions, motivation loss and future expectations of mothers in the control group. This indicates that the mothers in the study group are well informed and satisfied with this information. Redshaw and Harris (1994) found that informing the parents about theinfant's condition caused trouble and the nurses were not sufficient about this issue. Ergin et al. (2007) found that 85.4% of the parents were informed (76% by the doctor) when the infant was admitted to the hospital, and there was a significant difference between receiving information and the state anxiety average scores. In our study, while 32.5% of the mothers in the control group had information from both doctors and nurses, 53.3% of the mothers in study group received information from the nurses. This change was made by informing the patient admission protocol on the mothers. Parents need to be informed about treatment and procedures, to have them listened about their fears and expectations, and to have an honest answer to their questions (Ward 2001). In our study, inadequate informing of health professionals was 9.7% of the control group mothers and 1.7% of the study group mothers. The incidence of infants in our study does not affect the hopelessness of the mothers in the study group, but it affects the motivation loss and future oriented emotions of the mothers in the control group. In the study of Çekin (2014), the stress scores of parents who visited their infants less were found to be higher than those who visited more. Wigert et al. (2010) emphasized that it is important for nurses to understand and support parents when necessary, and that parents are relieved to know that they are involved incare of their infants even if they are not physically present.

In our study, 71.7% of the mothers in the control group and 82.5% of the mothers in the study group visited their infants every day. The incidence of seeing the infant were found to be significant with the future oriented emotions and motivation loss scale scores of control group. In our study, 73.3% of the mothers in the control group and 97.5% of the mothers in the study group are able to receive information about their infants. Mothers in the study group had higher scores on the future expectations than those in the control group. This suggests that both groups are experiencing hopelessness, but this can be reduced with effective patient admission. In Çalışır et al.'s study mothers wanted to know who would help them and asked for an information about the service, while in our study mothers wanted sincerity, debonairness, sweet talk and continuous information to decrease their hopelessness. In Ağdaş's study, when the opinions and expectations of mothers in patient admission were examined, 83.3% expected a sweet welcome, 9.4% expected a understanding welcome and 5.7% expected a informative welcome. In Ulus's study (1997), parents expected sincerity and debonairness at 74.3% rate from nurses. The reason for this high rate is because parents think that the nurse is the person who initiate the relationship with the patient, who support the child and the parent and who they could always consult but notthe person who has an investigator and the educator aspects. Şahin et al. (2005) found that the patients were satisfied with the individualswho were in close relationship with the patients and with the services they provided and that this satisfaction was closely related to medical care services, physicians, nurses. In our study, 19% of the mothers in the control group expected sincerity, debonairness and a sweet talk, 6.7% of the mothers in the study group expected debonairness, sweet talk and sincerity from health professionals. In another finding showing the efficacy of the admission protocol for newborns in our study, 20.8% of the mothers in the control group were hopeless at moderate level, 2.5% were hopeless at high level, while 6.7% of the mothers in the study group were hopeless at moderate level and 0.8% were hopeless at high level.

V. Conclusıon And Recommendatıons

When the socio-demographic characteristics of the mothers were evaluated according to the sub-parameters of the BHS, education levels of mothers in the study group affected motivation loss and future expectations from the subscales of the BHS, education levels of mothers in the control group affected motivation loss from the subscales of the BHS. Delivery of infants to the hospital was found to be significant for both the study and control groups.

What number of infant it is, if the infant is a desired gender, having positive information about infants were found to be in high levels in the study group than the control group and this increased the importance of the patient admission protocol.

According to these results, it is recommended to determine the factors that cause hopelessness in mothers, to make necessary initiatives for these factors, to prepare the in-service training programs for the

neonatal nurses about the hopelessness of the mothers and toprovide in-service trainings for health professionals to provide more effective and sincere communication with the family during the admission of the newborn. Supporting the family-centered care by the hospital and reducing the number of patients to create a more suitable environment so that the families can take more effective care and the physical, psychological and emotional needs of the infants and their mothers can be more easily met are recommended. It is also suggested that the patient admission protocol should be explained by in-service trainings to the health personnel in other hospitals and the protocol should be applied in other hospitals.

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