

Yenidoğan Sarılığı Gelişen Bebeklerin Annelerinin Psikolojik İhtiyaçları İle Psikolojik Yardım Arama Tutumları Arasındaki İlişkilerin Ve Etkileyen Faktörlerin İncelenmesi

Investigation Of The Relationships And Affecting Factors Between Psychological Needs And Attitudes Of Seeking Psychological Help Of Mothers Of Babies Developing Neonatal Jaundice

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ÖZET

Amaç: Bu araştırma yenidoğan sarılığı gelişen bebeklerin annelerinin psikolojik ihtiyaçları ile psikolojik yardım arama tutumları arasındaki ilişkilerin ve etkileyen faktörlerin incelenmesi amacıyla yapıldı.

Gereç ve Yöntem: Bu araştırma kesitsel olarak tanımlayıcı tasarımda ilişki arayıcı olarak yapıldı. Araştırmanın örneklemini, Kasım 2017 ile Mart 2018 tarihleri arasında bir devlet hastanesi ve bir özel hastanenin yenidoğan yoğun bakım ünitesinde tedavi olan yenidoğan sarılığı gelişen 70 bebeğin annesi oluşturdu. Veri toplamada, Kişisel Bilgi Formu, Yardım Arama Tutum Ölçeği, Temel Psikolojik İhtiyaçlar Ölçeği kullanıldı. Verilerin istatistiksel analizinde, normal dağılım için Shapiro testi, tanımlayıcı analizler için; frekans, yüzde, ortalama, standart sapma, karşılaştırmalar için; Mann-Whitney U ve Kruskal-Wallis testleri, ilişkiler için; Spearman korelasyonu ve çoklu regresyon testleri, ölçeklerin güvenilirlik analizi için; Cronbach Alfa testi kullanıldı. İlişki ve karşılaştırmalardaki istatistiksel anlamlılık düzeyi $p < 0,05$ olarak kabul edildi.

Bulgular: Çalışmaya katılan annelerin yaş ortalaması 28,84 olup çoğunun lise mezunu olduğu (%45,7), gebeliğini planladığı (%84,3), hastaneden taburcu olduktan sonra bebeklerinde sarılık geliştiği (%88,6), bebeğine yeterli bakımı verdiğini düşündüğü (%74,3) bebeğine yeterli zamanı ayırdığını (%80) belirttiği saptandı. Annelerin %15,8'inin, annelik görevlerini yerine iyi getiremediğini düşündüğü ve %40'nın bu konuda karsız olduğu, %7,1'inin kendisi yüzünden hastanede bebeğinin tedavi gördüğünü düşündüğü ve bu konuda %44,3'ünün karsız olduğu saptandı. Bebeğinin sarılık olduğunu daha önceden anlaması gerektiğini düşünen annelerin oranı %50, karsızların oranı %31,4'tür. Aidiyet/ilişki psikolojik ihtiyacını hissetmenin Kişiler Arası Açıklık ($\beta=0,46$) ve Zorlanma ($\beta=0,31$) ile ilgili psikolojik yardım aramaya yönelik olumlu tutum puanlarını artırdığı belirlendi ($p < 0,05$). Annelerin annelik görevlerini yerine iyi getiremediğini düşünmesinin Kişilerarası Açıklık ($\beta=0,30$), Sosyal Kabul ($\beta=0,35$) ve İhtiyaç Hissetme ($\beta=0,38$) ile ilgili psikolojik yardım aramaya yönelik olumlu tutumu ve yeterlilikle ilgili psikolojik ihtiyacı ($\beta=0,28$) artırdığı belirlendi ($P < 0,05$).

Sonuç: Yenidoğan sarılığı nedeniyle bebekleri yenidoğan yoğun bakım ünitesinde olan annelerin temel psikolojik ihtiyaçları olduğu ve yardım arama tutumları içinde bulunduğu saptandı. Bu annelerinin aidiyet/ilişki psikolojik ihtiyacının kişilerarası açıklık ve zorlanma ile ilgili psikolojik yardım arama tutumlarını olumlu etkilediği saptandı.

Anahtar kelimeler: Yenidoğan sarılığı, yardım arama, psikolojik ihtiyaç,

SUMMARY

Objective: This study was carried out to examine the correlation between the psychological needs of mothers of infants with neonatal jaundice and their attitudes towards seeking psychological help and the influencing factors.

Materials and Methods: This study was conducted as a correlation seeker in a cross-sectional descriptive design. The sample of the study consisted of the mothers of 70 infants with neonatal jaundice who were treated in the neonatal intensive care unit of

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a state hospital and a private hospital between November 2017 and March 2018. Personal Information Form, Help Seeking Attitude Scale, and Basic Psychological Needs Scale were used to collect data. In the statistical analysis of the data, Shapiro test, frequency, percentage, mean, standard deviation, Mann-Whitney U and Kruskal-Wallis tests, Spearman's correlation and multiple regression tests, Cronbach's Alpha test were used. The statistical significance level was accepted as $p < 0.05$.

Results: The mean age of the mothers participating in the study was 28.84, most of them were high school graduates (45.7%), planned pregnancy (84.3%), developed newborns jaundice after discharge from the hospital (88.6%), thought that they gave adequate care to their baby (74.3%), stated that he spared enough time for his baby (80%). It was determined that 15.8% of the mothers thought that they could not fulfill their motherhood duties well, 40% were unprofitable in this regard, 7.1% thought that their baby was being treated in the hospital because of them, and 44.3% were undecided on this issue. The rate of mothers who think that they should know beforehand that their baby has jaundice is 50%, the rate of those who are undecided is 31.4%. It was determined that feeling the psychological need for relationship/belonging increased the scores of positive attitudes towards seeking psychological help regarding Interpersonal Openness ($\beta=0.46$) and Strain ($\beta=0.31$) ($p < 0.05$). The positive attitude towards seeking psychological help related to Interpersonal Openness ($\beta=0.30$), Social Acceptance ($\beta=0.35$) and Feeling Need ($\beta=0.38$), and Competence Need ($\beta=0.28$) was determined to increase ($P < 0.05$).

Keywords: Neonatal jaundice, seeking help, psychological need

INTRODUCTION

The newborn period, which is the first twenty-eight days of human life, is defined as a period in which morbidity and mortality are rapid (Konukbay & Arslan, 2011). Jaundice caused by hyperbilirubinemia developing especially in the first week of the newborn's life is observed when the serum total bilirubin level exceeds 5 mg/dL as a result of the imbalance between bilirubin production and conjugation (Ullah et al., 2016; Brits et al., 2018; Çoban et al., 2018). While it is seen at a rate of 50-70% in healthy term babies, this rate rises to 80% in preterm babies (Schwarz et al., 2011; Rennie et al., 2010; Yol, 2017). Neonatal jaundice is divided into physiological and pathological jaundice. While physiological jaundice is generally observed as a temporary condition without bad consequences; pathological jaundice, on the other hand, can reach levels that may pose a risk for serious irreversible brain damage, causing bilirubin encephalopathy and leaving sequelae (Lei et al., 2018; Çoban et al., 2018).

Because the newborn's serum bilirubin level does not reach high levels within 48 hours after birth, the risk is not noticed, and early discharge of the newborn increases the risk of re-hospitalization due to severe hyperbilirubinemia (Waldrop et al., 2013). Neonatal jaundice is stated as the most common health problem that causes prolongation of the postpartum discharge time and hospitalization in the neonatal intensive care unit after discharge (Metcalfe et al., 2016; Yu et al., 2019). Neonatal jaundice is also stated as a leading reason for admission to the neonatal intensive care unit in Turkey (Erdeve et al., 2018).

Erdeve et al. (2018), in their study with the participation of fifty neonatal intensive care units from Turkey, reported that severe neonatal jaundice and bilirubin encephalopathy are still an important problem for our country (Erdeve et al., 2018). Our country ranks third in the world with a rate of 16% in terms of the incidence of kernicterus, which is defined as the damage of high levels of bilirubin by accumulating in the brain (Yorulmaz et al., 2018; Schwarz et al., 2011; Kaplan et al., 2002).

Failure to plan postpartum discharge or hospitalization during post-discharge controls prevents the interaction process with the mother and causes fear for the safety of the baby (Korja et al., 2009).

Neonatal intensive care units are specialized units that use high-tech equipment. In the literature, it is stated that the sound, light, mobile and technological nature of the neonatal intensive care unit causes stress for parents. This situation particularly affects mothers. Parental role change, the appearance of babies, and staff behavior also directly affect mothers' stress responses. Transportation to the unit, visiting hours and the adaptation process of family life also trigger this stress. These difficulties make it difficult for parents to develop a feeding program, spend quality time with their babies, and establish secure bonds through skin-to-skin contact. Parents may feel that their baby is not healthy, that this process will be permanent and that they cannot overcome it. Psychological reactions such as anger, anxiety, depression, guilt, and lack of self-confidence can be seen in parents who have this feeling (Chourasia et al., 2013; Williams et al., 2018; Varma et al., 2019; Yayan et al., 2019).

Anxiety, depression, and post-traumatic stress disorder (PTSD) are reported to be common psychiatric problems in mothers with babies in the neonatal intensive care unit (Williams et al., 2018). In their study, Holditch-Davis and Bartlett (2003) found that PTSD symptoms were observed 6 months after birth in mothers who had babies in the neonatal intensive care unit (Holditch-Davis and Bartlett, 2003). While factors such as maternal depression and anxiety negatively affect the decision-making level of the mother; It is associated with inadequate physiological and psychological development outcomes for infants, which can last until puberty. It is stated that it is important to investigate the relationship between maternal mental health and infant health, and the risk and protective factors for mothers whose babies are admitted to the intensive care unit (Williams et al., 2018). It is known that maternal emotional reactions affect newborn mothers at risk. Therefore, it is stated that there is a



need to develop basic nursing interventions for mothers and their babies in this group (Holdic-Davis and Bartlett, 2003).

In this context, in the light of the literature stating that neonatal jaundice may cause serious consequences that threaten the lives of infants and that it is a common reason for infants to be admitted to the hospital and neonatal intensive care unit again, this situation affects mothers psychologically, this study aims to present the psychological needs of mothers of infants with neonatal jaundice and seeking psychological help. The aim of this study was to examine the relationships between attitudes and the affecting factors. It is thought that the results obtained from this study will guide healthcare professionals in developing methods for the protection of maternal mental health.

In line with the purpose of the study, answers were sought to the following questions;

- What is the score level of the Basic Psychological Needs Scale and the Help-Seeking Attitude Scale?
- Is there a relationship between the scores of the Basic Psychological Needs Scale and the Help-Seeking Attitude Scale?
- Do psychological needs have a significant effect on help-seeking attitudes?
- Is there a difference between the scores of the Basic Psychological Needs Scale and the Help-Seeking Attitude Scale according to socio-demographic, obstetric, and gynecological characteristics, newborn characteristics, and maternal emotional characteristics?

MATERIALS AND METHODS

Type, Population, and Sample of the Study

It was designed as a relationship seeker in descriptive design to evaluate the correlation between the psychological needs and the attitudes of seeking psychological help of the mothers of babies developing neonatal jaundice. The population of the study consisted of mothers of infants with neonatal jaundice who were treated in the neonatal intensive care unit of a state hospital and a private hospital between November 2017 and March 2018. The sample of the research is; The incidence of jaundice in newborns was accepted as 50% and it was calculated as at least 96.04 using the sample calculation formula of the unknown population ($t2pq/d2$). However, within five months, 70 mothers who met the criteria for inclusion in the study formed the sample group. The impact power of the sample reached in the post hoc power analysis was found to be 0.707.

Inclusion Criteria

- Agreeing to participate in the research voluntarily,
- Those who have jaundice in the first seven days after birth
- Mothers whose babies were in the neonatal intensive care unit due to neonatal jaundice were included in the study.

Exclusion Criteria

- Mothers who can not communicate,
- Forms in which four or more items were left blank were excluded from the research.

Data Collection Tools

The Personal Information Form: It is a form consisting of 48 questions that were created by the researchers by scanning the literature and measures socio-demographic characteristics, obstetric and gynecological characteristics, characteristics of newborns, and mood characteristics of mothers with jaundice in their babies.

The Help-Seeking Attitude Scale (HSAS):

Özbay et al. (1999), 32 items, six-point Likert scales (never-1, rarely-2, rarely-3, sometimes-4, often-5, always-6) and it consists of five subscales, namely Interpersonal Openness (IO), Feeling Need (FN), Social Acceptance (SA), Strain (S), Belief in Counseling (BC).

Interpersonal Openness; It includes topics such as personal self-disclosure, sharing private information with others, social shyness, social rigidity, introversion, and the tendency to not be known, which will affect interpersonal openness and whether or not the individual receives help.

Strain; this factor is considered as a dimension of help-seeking attitudes. It is a measure that can be functional as a dimension to determine the emergence of help-seeking tendencies in the event of an increase in pathology.

Belief in Counseling; It covers the belief and trust of the person in the process of seeking help, in professional assistance services and people.

Feeling of need; This dimension is interpreted as the person's perception and acceptance of the psychological problem.

Social Acceptance; negative attitudes towards psychological help and social cognitions. These negative attitudes mostly show how the problem and getting psychological help are perceived socially. The overall Cronbach alpha reliability coefficient of the scale was found to be 0.77 (Özbay et al., 1999). In this study, the Cronbach's alpha reliability coefficient for the whole scale was determined as 0.834 (Interpersonal openness: 0.640 Strain: 0.540, Need for Counseling: 0.510, Feeling of Need: 0.766, Social Acceptance: 0.506), and it was found to be quite reliable. The high score obtained from the total of the scale indicates the positive attitude of the individual towards seeking psychological help, while the low score indicates the negative attitude towards seeking psychological help (Özbay et al., 1999).



The Basic Psychological Needs Scale (BPNS):

Basic Psychological Needs Scale (BPNS); It was developed by Deci and Ryan (2000) and adapted into Turkish by Kesici et al. (2003). The BPNS is a 21-item Likert scale (very true-5, not true-4, somewhat true-3, true-2, and not at all true-1). Individuals' needs for various fields are presented and how often individuals desire this situation on the scale; They are asked to indicate it in a scale ranging from 1 to 5. It consists of three subscales: Autonomy Need (AN), Competence Need (CN), and Relationship/belonging Need (RN). Autonomy Need includes the individual's desire to feel safe while interacting with people and to be independent of others in social relations.

The need for competence reveals how to be effective in the implementation of the actions to be taken. Relationship-belonging needs include sharing thoughts and feelings with other people regarding personal relationships, establishing close relationships with other people, and satisfying these close relationships. The Cronbach's alpha reliability coefficient for the reliability of the scale was found to be 0.76 for the whole scale (Kesici et al, 2003). In this study, the Cronbach's alpha internal consistency coefficient for the whole scale was determined as 0.854 (autonomy need: 0.721, competence need: 0.510, relationship- belonging need: 0.755), and it was found to be quite reliable. The scores obtained from the scale of the psychological needs show the degree of the individual's desire for a psychological need. It is accepted that individuals feel the more psychological needs as the scores they get from the scale increase (Kesici et al, 2003).

Analysis of Data

IBM SPSS 22.00 program was used in the analysis of the data of the research. Shapiro test, Skewness, and Kurtosis (normal distribution between -1.5 and 1.5) values were used in the normal distribution analysis. In the analysis of data, descriptive statistical analysis; number, percentage, median, mean, standard deviation, minimum and maximum tests, in comparisons between groups; Mann-Whitney U test and Kruskal-Wallis test, Spearman correlation and multiple regression analysis were used in the relational analysis, Mann Whitney-U test, which is one of the advanced analysis methods, to determine which group the difference originated from, and Cronbach Alpha tests were used in the reliability analysis of the scales. The statistical significance level in the relationships and comparisons was accepted as $p < 0.05$.

Ethical Aspect of Research

Written permission from the institutions where the research will be conducted, ethics committee permission (Halic University Non-Interventional Clinical Research Ethics Committee, No:175, Date:26.10.2017), written and verbal consent from the participants was obtained.

RESULTS

Findings Concerning the Distribution of Mothers' Socio-demographic, Gynecological-Obstetric, Mood, and Features of Newborns Developing Jaundice

When the sociodemographic characteristics of the mothers were examined (Table 1); Their ages were between 20-42 years old, on average 28.84 ± 6.078 years, most of them (45.7%) graduated from high school, did not work (70%), had a nuclear family structure (88.6%), spouses were high school graduates (40%), all of them had social security (100%) and their spouses were employed (100%).

When the gynecological obstetric characteristics of the mothers were examined (Table 1); It was determined that she planned her pregnancy before (84.3%), delivered normally (65.7%), received information about baby care during her pregnancies (84.3%), and all of them did not experience any problems during delivery.

When the characteristics of the newborn with jaundice were examined (table 1); it was determined that most of the babies are female (52.9%), that they are breastfed by their mother within 30-60 minutes after birth (34.3%), that neonatal jaundice develops after discharge from the hospital (88.6%), that there were babies wanted by mothers (92.9%) and fathers (94.3%).

When the mood characteristics of the mothers about their babies were examined (Table 1); It was determined that most of the mothers thought that they gave adequate care to their babies (74.3%) and that they thought that they had enough time for their baby (80%). It was determined that 44.2% of them did not think that they could not fulfill their mothering duties well and 40% of them were undecided about fulfilling their mothering duties. It was determined that 48% did not think that their baby was treated in the hospital because of them, and 44.3% were undecided about their baby being treated in the hospital because of them. It was determined that 50% of them thought that they should understand that their baby has jaundice beforehand, and 31.4% stated that they were undecided about the need to understand that their baby had jaundice earlier.

Findings Related to Subscale Scores and Relationships of HSAS and BPNS

When the subscale scores of HSAS are examined (Table 2); HSAS-Interpersonal Openness subscale mean score (43.13 ± 7.447 ; cut-off score = 30), HSAS-Belief in Counseling subscale mean score (22.37 ± 4.090 ; cut-off score=17.5), HSAS-Strain subscale mean score (20.76 ± 4.302 ; (cut-off score=15), HSAS-Feeling Need subscale mean score (18.31 ± 4.956 ; cut-off score=12.5) and HSAS-Social Acceptance subscale mean score (7.06 ± 2.042 ; cut-off score=5) were higher than cut-off scores, were closer to the maximum scores, and mothers of babies with neonatal jaundice had positive attitudes towards seeking psychological help. When the subscales scores of the BPNS were analyzed (Table 2), the BPNS-Autonomy Need



subscale mean score was (23.43±3.862; cut-off score= 14).), the BPNS-Competence Need subscale mean score (19.79±2.843; cut-off score = 12), the BPNS-Relationship/Belonging Need subscale mean score (29.44±4.561; cut-off score = 16) were higher than the cut-off scores, were closer to the maximum scores, and it was determined that the mothers of babies with neonatal jaundice have more psychological needs.

When the correlation between the subscales of HSAS and BPNS are examined (Table 2); There was a positive weak ($r:0.362$; $p=0.002$) correlation between the HSAS-Interpersonal Openness subscale scores and the BPNS-Competence Need subscale scores, and a moderately positive correlation between the BPNS-Belonging/Relationship subscale scores ($r:0.399$; $p=0.001$) statistically significant correlations were found ($p<0.05$). There was also a statistically significant correlation between the HSAS-Strain subscale scores and the BPNS-Belonging/Relationship subscale scores, on a positive and weak level ($r:0.264$; $p=0.027$ ($p<0.05$)). No significant correlation was found between the ages of the mothers and their HSAS and BPNS scores ($p>0.05$).

Findings Related to the Comparison of the HSAS and BPNS Subscale Scores of the Mothers According to the Characteristics of the Socio-demographic, Gynecological-Obstetric, Mood and Jaundice Newborns

No significant differences were found between the subscales scores of HSAS according to the mother's education, employment status, family income, family type, pregnancy planning status, the sex of the baby, the education of the father, and the mother's and father's desire for the baby (Table-3) ($p>0, 05$).

According to the mothers' thinking that they could not fulfill their mothering duties well, There were statistically significant differences between the subscale scores of HSAS-Interpersonal Openness ($p=0.012$), HSAS-Strain ($p=0.001$), HSAS-Feeling Needed ($p=0.001$), and HSAS-Social Acceptance ($p=0.002$). It was determined that the scores of those who said "I agree" and "I am undecided" were higher than those who said "I do not agree" (Table-3) ($p<0.05$).

It was determined that there was a statistically significant difference ($p=0.011$) between the HSAS-Belief in Counseling subscale scores according to the mother's receiving information about the care of the baby during pregnancy, and the scores of those who received information were higher (Table-3) ($p<0.05$).

No significant differences were found between the subscales scores of BPNS according to family income, family type, baby's gender, and father's education (Table-3) ($P>0.05$).

It was determined that there was a statistically significant difference between the BPNS - Autonomy Need subscale scores according to the education level of the mother ($p=0.001$), and the scores of the mothers who were primary

and secondary school graduates were lower (Table-3) ($p<0.05$).

It was determined that there was a statistically significant difference between the BPNS -Belonging/Relationship Need subscale scores according to the working status of the mother ($p=0.013$), and the scores of the mothers who were working in a job were higher (Table-3) ($p<0.05$).

There are statistically significant differences between the BPNS -Autonomy Need ($p=0.000$), the BPNS-Competence Need ($p=0.003$), and the BPNS -Belonging/Relationship Need subscale scores ($p=0.039$) according to the mother's planning of pregnancy, and the scores of those who planned their pregnancy were higher. was found to be high (Table-3) ($p<0.05$).

According to the father's desire for the baby, there were statistically significant differences between the BPNS - Autonomy Need ($p=0.017$), the BPNS - Competence Need ($p=0.004$) and the BPNS -Belonging-Relationship Need subscale scores ($p=0.021$), and the scores of those who wanted pregnancy was ~~were~~ higher. was found to be high (Table-3) ($p<0.05$).

There was a statistically significant difference between the BPNS- Competence Need subscale scores according to the mothers' thinking that the baby was being treated in the hospital because of themselves ($p=0.001$), and the scores of those who said "I agree" and "I disagree" were compared to the scores of those who said, "I am undecided". was found to be higher (Table-3) ($p<0.05$).

Findings Related to Regression Analysis of HSAS and BPNS Subscale Scores of Mothers According to Socio-demographic, Gynecological-Obstetric, Mood, and Characteristics of Newborns Developing Jaundice

As a result of the analysis made with the HSAS-Interpersonal Openness subscale scores, it was determined that there was a significant regression model ($F=7,801$, $p=0.000<0.05$) and that 28.2% of the variance in the dependent variable ($R^2_{adjusted} = 0.282$) was explained by the independent variables (Table 4-Model 1). According to this model; a 1 unit increase in the BPNS-Belonging/Relationship subscale score caused a significant increase of 0.459 units in the HSAS-Interpersonal Openness subscale score ($\beta=0.459$, $t=3.453$, $p=0.001$). The mother's thinking that she could not fulfill her mothering duties significantly increased the HSAS-Interpersonal Openness subscale score by 0.303 units ($\beta=0.303$, $t=2.781$, $p=0.007$). The mother's undecided thinking that she could not fulfill her mothering duties significantly increased the HSAS-Interpersonal Openness subscale score by 0.229 units ($\beta=0.229$, $t=2.054$, $p=0.044$).

As a result of the analysis made with the HSAS-Strain subscale scores, it was found that there was a significant regression model ($F=7.186$, $p=0.009<0.05$), and that 8.2% of the variance in the dependent variable ($R^2_{adjusted} = 0.082$) was explained by the independent variables (Table 4-Model 2). According to this model; a 1-unit increase in the BPNS-Belonging/Relationship subscale score caused significantly



an increase of 0.309 units in the Strain subscale score of HSAS ($\beta=0.309$, $t=2.681$, $p=0.009$).

As a result of the analysis made with the HSAS-Feeling Need subscale scores, it was found that there was a significant regression model ($F=8.502$, $p=0.000<0.05$) and 24.6% of the variance in the dependent variable ($R^2_{\text{adjusted}}=0.246$) was explained by the independent variables (Table 4-Model 3). According to this model; the fact that the mothers were working at a job significantly reduced the HSAS-Feeling Need subscale scores by 0.312 units ($\beta=-0.312$, $t=-2.948$, $p=0.004$). The fact that mothers think that they are not able to fulfill their mothering duties significantly increased the HSAS-Feeling Needs subscale scores by 0.379 units ($\beta=0.379$, $t=3.390$, $p=0.001$). The undecidedness of mothers to think that they are not able to fulfill their mothering duties significantly increased the HSAS-Feeling Need subscale scores by 0.330 units ($\beta=0.330$, $t=2.925$, $p=0.005$).

As a result of the analysis made with the HSAS-Social Acceptance subscale scores, it was determined that there was a significant regression model ($F=7.949$, $p=0.001<0.05$) and that 16.8% of the variance in the dependent variable ($R^2_{\text{adjusted}}=0.168$) was explained by the independent variables. (Table 4-Model 4). Accordingly, the fact that mothers think that they cannot fulfill their mothering duties significantly increased the HSAS-Social Acceptance subscale score by 0.347 units ($\beta=0.347$, $t=2.960$, $p=0.004$). The fact that mothers are undecided in thinking that they cannot fulfill their mothering duties significantly increased the HSAS-Social Acceptance subscale score 0.416 units ($\beta=0.416$, $t=3.543$, $p=0.001$).

As a result of the analysis performed with the HSAS-Belief in counseling subscale scores, the regression model (Table 4-Model 5) was not found to be significant ($F=0.006$, $p=0.937>0.05$).

As a result of the analysis made with the BPNS-Efficacy subscale scores, it was found that there was a significant regression model ($F=5.113$, $p=0.001<0.05$) and that 19.3% of the variance in the dependent variable ($R^2_{\text{adjusted}}=0.193$) was explained by the independent variables (Table 5-Model 6). According to this model, mothers' thinking that their baby is being treated in hospital because of himself increased the BPNS-Efficacy subscale score of 0.278 units ($\beta=0.278$, $t=2.419$, $p=0.018$). The fact that mothers do not think that their baby is being treated in the hospital because of themselves also significantly increased the BPNS-Efficacy subscale score by 0.264 units ($\beta=0.264$, $t=2.216$, $p=0.030$).

As a result of the analysis made with the BPNS-Autonomy subscale scores, it was found that there was a significant regression model ($F=6.539$, $p=0.000<0.05$) and that 24.3% of the variance in the dependent variable ($R^2_{\text{adjusted}}=0.243$) was explained by the independent variables (Table 5-Model 7). According to this model, planned pregnancy of mothers significantly increased the BPNS-Autonomy score by 0.455 units ($\beta=0.455$, $t=3.516$, $p=0.001$).

As a result of the analysis made with the BPNS-Belonging/Relationship Need subscale scores, it was found

that there was a significant regression model ($F=3.060$, $p=0.034<0.05$) and that 8.2% of the variance in the dependent variable ($R^2_{\text{adjusted}}=0.082$) was explained by the independent variables. detected (Table 5-Model 8). However, according to this model, it was found that the fact that the mothers were working, the pregnancy was planned, and the father's desire for the baby did not significantly predict the BPNS-Belonging/Relationship Need subscale score ($p>0.05$).

DISCUSSION

In this study, it was found that the mothers of babies with neonatal jaundice had higher mean scores of the subscales of HSAS and BPNS, above the cut-off points and close to the maximum score, that they felt more psychological need and had positive attitudes towards seeking psychological help (Table-2).

In the literature review, it is revealed that some mothers and fathers whose babies are hospitalized in neonatal intensive care units may need psychological help. Miles et al., (2007), in their study with mothers who had babies in the neonatal intensive care unit, found that mothers showed signs of depression after delivery. Çelen and Taş Arslan (2017), in their study examining the anxiety levels and related factors of parents whose babies were hospitalized in the NICU, found that mothers were more anxious than fathers. Lefkowitz et al. (2010), in their study with the parents whose babies were hospitalized in the neonatal intensive care unit, 35% of the mothers and fathers; Acute stress disorder in 24% and fathers in 15% of mothers; They found post-traumatic stress disorder symptoms in 8% of them. In their study, Holditch-Davis and Bartlett (2003) found that PTSD symptoms were observed 6 months after birth in mothers who had babies in the neonatal intensive care unit.

The psychological need for belonging/relationship includes sharing thoughts and feelings with other people about personal relationships, establishing close relationships with other people, and satisfying these close relationships (Kesici et al, 2003).

Interpersonal openness help-seeking attitude; It includes topics such as personal self-disclosure, sharing private information with others, social shyness, social rigidity, introversion, and the tendency to not be known, which will affect interpersonal openness and whether or not the individual receives help.

Straining a help-seeking attitude is stated as the functionality in the emergence of help-seeking tendencies in case of an increase in pathology (Özbay et al., 1999). In this study, it was found that there were significant correlations between the scores of feeling the psychological need for belonging/relationship and the scores of positive attitude towards seeking psychological help related to Interpersonal Openness and Strain. It was determined that the increase in feeling the psychological need for belonging/relationship increased and significantly affected the scores of positive attitudes towards seeking psychological help regarding



Interpersonal Openness and Strain (Table-2). Verbiest et al. (2016), in their study with mothers with babies in the neonatal intensive care unit, found that mothers needed support about mental health assessment and support, sexually transmitted infections, maternity care, proper breastfeeding, smoking cessation, and birth control methods. In Iran, it has been determined that the most important needs of parents whose children are treated in the intensive care unit are "being close to their baby, the empathetic approach of healthcare professionals, support of spouses, relatives and healthcare professionals" (Aliabadi et al., 2014). Hospitalization of their baby in the intensive care unit may cause parents to worry that they have a serious illness and may lose their baby (Graham et al., 2009).

Interpersonal Openness, Strain, Feeling Need, and Social Acceptance scores, which are among the psychological help-seeking attitudes of mothers, showed significant differences according to the state of thinking that they could not fulfill their mother's duties well. It was determined that the increase in mothers' thinking that they could not fulfill their maternal duties well and being indecisive in this thought increased and significantly affected the positive attitude towards seeking psychological help related to Interpersonal Openness, Social Acceptance and Feeling of Need (Table-3). It is known that regular feeding is very important in newborns whose bilirubin levels increase rapidly or who should be followed up for jaundice due to risk factors. This result suggests that a sense of guilt may develop in newborn mothers whose breast milk is low and whose nutrition is not followed up. Mothers may blame themselves for not feeding their babies enough. Sikorova and Kucova (2012), in their study with mothers who had babies in the neonatal intensive care unit, found that mothers had high levels of parenting stress and this stress was mainly caused by the feeling of not being able to help their baby, not being able to protect him, not being able to feed his baby enough and feeling helpless. Neonatal jaundice is one of the leading causes of delayed postnatal discharge of newborns or hospitalization in neonatal intensive care units after discharge. In addition, neonatal jaundice is stated as the leading cause of admission to the neonatal intensive care unit in Turkey (Erdeve, et al, 2018). In our study, it was observed that 88.6% of the hospitalizations in the neonatal intensive care unit due to jaundice occurred after discharge. It can be thought that this situation causes feelings of guilt and inadequacy in mothers. When the emotional states of the mothers in our study were examined; The rate of those who do not think that they give adequate care to their baby and are undecided is 25.6%, the rate of those who do not think that they spend enough time for their baby and are indecisive about this issue is 20%, the rate of those who think that they cannot fulfill their mothering duties well and are undecided is 55.8%, that their baby is treated in a hospital because of him. The rate of those who thought and were undecided was 51.4%, the rate of those who thought that they should have known that their baby had jaundice beforehand, and those who were undecided about this thought was 81.4% (Table-1). From these rates, it can be said that about half of the mothers blame themselves and consider themselves inadequate. In a qualitative study, it was found that half of

the mothers stated that they thought their babies were in intensive care as their fault and blamed themselves (Turhan & Karaca, 2019). In another study, it was reported that mothers experience the fatigue associated with birth and the feeling of guilt caused by not being able to take care of their babies at the same time (Wigert, Johansson, Berg, et al., 2006).

Help-seeking attitude towards feeling the need; It is interpreted as the perception and acceptance of one's psychological problem (Özbay et al., 1999). In a study conducted by Duymaz (2018) to determine the behavior, attitude and anxiety levels of the mothers of babies hospitalized in the neonatal intensive care unit, it was observed that working mothers received more social support and their average score was higher. In this study, it was determined that the mothers' need-seeking help-seeking scores showed significant differences according to the mother's working status and that the increase in mothers' working in a job caused a decrease in the positive attitude towards psychological help-seeking and affected them significantly (Table-3). In the study of Gülçek (2015), it was determined that working mothers received more social support and their average score was higher. Akbas et al. (2018), in their study, it is revealed that mothers with low education levels are more concerned about the health status of their babies than mothers with high education levels. It was determined that the gender, birth type and postnatal age of their babies were not related to the scores of the parents from the scale. The presence of a helper to the family reduces the stress of the parents. It has been observed that the gender, delivery type and postnatal age of their babies are not related to the scores of the parents from the scale (Keklikçi et al. 2020; Ganguly et.al 2020).

Help-seeking attitude towards belief in counseling; It includes the belief and trust of the person in the process of seeking help (Özbay et al., 1999). Although the Belief in Counseling scores of mothers from their psychological help-seeking attitudes show significant differences according to their receiving information about the care of the baby during pregnancy, the increase in the mothers' knowledge about the care of the baby decreases the positive attitude in seeking psychological help regarding the " Belief in Counseling " but does not significantly affect it. determined (Table-3). In the literature, it has been stated that family members whose babies are hospitalized in the intensive care unit generally need to be informed and mothers need to talk to nurses who mostly take care of their babies (Sturdivant L, Warren, 2009; Çalışır et al, 2008). Bernardo et al. (2017), in their study with parents whose babies are in the neonatal intensive care unit, found that the stress levels of parents who received family-centered care support were lower than those who did not receive family-centered care support (Bernardo et. al., 2017). In the study of Gülçek (2015), it was stated that the planned education given to the mothers whose babies were hospitalized in the neonatal intensive care unit reduced the anxiety levels of mothers. In most neonatal intensive care units, information about the baby is given by the specialist doctor. Although families know about this situation, they also want to get information about their baby's condition



from nurses. It is thought that most of the mothers (84.3%) in this study received information about infant care from a health professional during their pregnancies, reducing the need for counseling. Sikorova and Kucova (2012), in their study with mothers whose babies are in the neonatal intensive care unit, found that mothers mostly need the support of nurses in their negative feelings about their babies, and this support affects the relationship between mother and baby.

The Competence Need reveals how to be effective in the implementation of the actions to be taken (Kesici et al, 2003). Although the scores of feeling the psychological need for competence show significant differences according to the planning of the pregnancy, the father wants the baby, and the mother thinks that her baby is being treated in the hospital because of herself, the increase in the mother's thinking that her baby is being treated in the hospital because of herself and not thinking about it, causes an increase in her feeling of the psychological need for competence and It was found that the increase had a significant effect (Table-3). Barr (2015), in his study with parents whose babies are in neonatal intensive care, found that there is chronic guilt, especially in mothers, and this affects parenting stress.

The psychological need for autonomy includes the individual's desire to feel safe when interacting with people and to be independent from others in social relations (Kesici et al, 2003). In this study, although the scores of mothers' feeling the psychological need for autonomy showed significant differences according to the mother's education, the mother's planning of pregnancy, and the father's desire for the baby, it was determined that only the increase in the planned pregnancy of the mothers caused an increase in the psychological need for autonomy and affected it significantly (Table-3). The fact that most of the mothers returned to the hospital after discharge as a result of positive situations such as the planned pregnancy of most of the mothers, receiving information from a health professional about the care of the baby, normal delivery and no problems at birth, causes mothers to experience feelings of inadequacy and guilt. It is thought that in this period, they want to feel more secure and to be independent in their social relations. In Tekin's (2015) study, 76% of the mothers stated that their pregnancies were planned, 24% of the mothers stated that their pregnancies were unplanned, and 94.6% of the mothers wanted their baby. Küçükoğlu et al. (2014) found that 19.1% of the mothers had an unplanned pregnancy in their study to determine the postpartum depression symptoms and breastfeeding self-efficacy levels of mothers whose babies were hospitalized in the neonatal unit. In the study of Güneş and Çetinkaya (2017), it was stated that 27% of the mothers had unplanned pregnancies. The findings of this study are similar to the results of the studies in the literature.

It was determined that the scores of mothers' feeling the psychological need for autonomy showed a significant difference according to the education level of the mothers, and mothers at higher education level had more psychological needs (Table-3). While studies are reporting that low maternal education increases the stress level, there

are also studies reporting that higher education is associated with high stress (Musabirema, Brysiewicz, Chipps, 2015; Sarapat et al, 2017). In addition, some study findings reported that the education level of mothers did not affect depression symptoms (Küçükoğlu et al., 2014; Akbaş et al., 2019, Ganguly et al. 2020). Kara et al. (2013), in their study with mothers whose babies are in the neonatal intensive care unit, found that mothers with higher education levels showed more depression symptoms and perceived social support from their friends was higher (Kara et al., 2013).

It was determined that the scores of feeling the psychological need of belongingness/relationship of the mothers showed significant differences according to the mother's working status, planning her pregnancy and the father's desire for the baby, but the increase in the mothers' working, planned pregnancy and the father's desire for the baby did not significantly affect the increase in the sense of Belonging/Relationship psychological need (Table-3). In planned pregnancies, the desire of mothers and fathers to have children during pregnancy gets stronger and their parenting role develops. Activities such as being with the fetus, trying to feel it, touching the mother's womb, talking during pregnancy strengthen the bond between the fetus and the parent. The first hours and first days after birth are extremely important for the mother and baby to adapt to the situation and to develop and strengthen the bond between them. In the study of Omak (2017), in which the anxiety levels of mothers whose babies were hospitalized in the neonatal unit were examined, it was found that the mean trait anxiety score of mothers who voluntarily became pregnant with their baby was high. Almost all of the mothers in our study; It is thought that the planned pregnancy (84.3%), mother (92.9%) and father (94.3%) wanting the baby and not working in a job are effective.

CONCLUSION and RECOMMENDATIONS

It was determined that the mothers who accepted to participate in the study had basic psychological needs and were in the attitude of seeking help. It has been determined that there is a relationship between basic psychological needs and help-seeking attitudes.

It was determined that the psychological need of belonging/relationship of mothers whose babies were treated in neonatal intensive care units due to neonatal jaundice positively affected their attitudes towards seeking psychological help regarding interpersonal openness and strain. It was determined that while mothers' thinking that they could not fulfill their mothering duties well increased their psychological need for competence, it also increased their positive attitude towards seeking psychological help related to Social Acceptance and Feeling Need.

Nurses and midwives should take into account the needs of the parents, inform them about how to prepare the family for the transition to home during the hospitalization period, and develop their care skills. Maintaining family dynamics and effective use of coping skills with stress and crisis should



be supported during the treatment. It should be considered that mothers may need psychological support and will seek help. Mothers seeking help should be supported and guided.

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In line with these results, the needs of mothers whose babies are hospitalized in the neonatal intensive care unit should be determined by nurses and midwives, and they should be supported and guided in line with their needs.

Table 1: Characteristics Distribution of Socio-demographic, Gynecological-Obstetric, Moods of the Mothers and the Newborn Jaundice (N=70)

Socio-demographic Characteristics		Ort	SS
Age		28.84	6.078
		n	%
Mother's educational status	Primary school	15	21,4
	Secondary school	10	14,3
	High school	32	45,7
	University	13	18,6
Father's educational status	Primary school	6	8,6
	Secondary school	9	12,9
	High school	28	40,0
	University	27	38,6
Mother's working status	Working	21	30
	Not working	49	70
Family type	Nuclear family	62	88,6
	Extended family	8	11,4
Gynecological-Obstetrical Features			
Pregnancy planning status of the mother	Planned pregnancy	59	84,3
	Unplanned pregnancy	11	15,7
Type of birth	Vaginal/Normal birth	46	65,7
	Cesarean delivery	24	34,3
The mother's status of getting information about baby care during pregnancy	Information has been given	59	84,3
	Information has not been given	11	15,7
Characteristics of the Newborn Developing Jaundice			
Baby's gender	Woman	37	52,9
	Male	33	47,1
After birth, when the baby was first breastfed	Within 30-60 minutes after birth	24	34,3
	Between 1-2 hours	8	11,5
	Between 3-4 hours	19	27,1
	More than 4 hours later	19	27,1
When jaundice develops	After discharge from hospital	62	88,6
	Before discharge from hospital	8	11,4
The mother's wish for the baby	Yes	65	92,9
	No	5	7,1
Father's wish for the baby	Yes	66	94,3
	No	4	5,7
Moods of Mothers			
The mother thinks that she is giving adequate care to her baby	I agree	52	74,3
	I'm undecided	12	17,1
	I do not agree	6	8,5
The mother thinks that she spends enough time with her baby	I agree	56	80
	I'm undecided	10	14,3
	I do not agree	4	5,7
The mother thinks that she is not able to fulfill her maternal duties well.	I agree	11	15,8
	I'm undecided	28	40,0
	I do not agree	31	44,2
The mother thinks that her baby is being treated in hospital because of her	I agree	5	7,1
	I'm undecided	31	44,3
	I do not agree	34	48,5
The state of thinking that the mother should have known beforehand that her baby has jaundice	I agree	35	50
	I'm undecided	22	31,4



I do not agree	13	18,6
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Table 2: The Mothers' HSAS and BPNS Subscale Scores and Their Relationships

HSAS Subscales	Point range	Median	Mean	SD
Interpersonal Openness	12-72	45	43.13	7.447
Belief in Counseling	7-42	23	22.37	4.090
Strain	6-36	21	20.76	4.302
Feeling the Need	5-30	18.50	18.31	4.956
Social Acceptance	2-12	7	7.06	2.042
BPNS Subscales		Medyan	Ort	SS
Need for Autonomy	7-35	24	23.43	3.862
Competence Need	6-30	20	19.79	2.843
Belonging/Relationship Need	8-40	29.50	29.44	4.561
SCALES		The Need for BPNS Autonomy	BPNS Qualification Need	BPNS Belonging/Relationship Need
HSAS Interpersonal Openness	r*	0.164	0.362	0.399
	p	0.174	0.002	0.001
HSAS Belief in Counseling	r	0.85	0.138	0.020
	p	0.486	0.256	0.871
HSAS Strain	r	0.121	0.122	0.264
	p	0.320	0.316	0.027
HSAS Feeling the Need	r	0.196	0.106	0.084
	p	0.104	0.380	0.492
HSAS Social Acceptance	r	0.018	0.184	0.043
	p	0.881	0.128	0.722

*Spearman correlation



Table 3: Comparison of HSAS and BPNS Scores According to Characteristics of Socio-demographic, Gynecological-Obstetric, Moods of the Mothers and the Newborn Jaundice

Scales	Groups		N	Mean Rank	X ² /U	P
The HSAS Interpersonal Openness	The mother thinks that she is not able to fulfill her maternal duties well.	I agree ^a	11	46.45	8.834	0.012
		I'm undecided ^b	28	39.70		
		I don't agree ^c	31	27.82		
The HSAS Strain	The mother thinks that she is not able to fulfill her maternal duties well.	I agree ^a	11	39.91	14.203	0.001
		I'm undecided ^b	28	44.91		
		I don't agree ^c	31	25.44		
The HSAS Feeling Need	The mother thinks that she is not able to fulfill her maternal duties well.	I agree ^a	11	47.45	13.633	0.001
		I'm undecided ^b	28	41.66		
		I don't agree ^c	31	25.69		
The HSAS Social Acceptance	The mother thinks that she is not able to fulfill her maternal duties well.	I agree ^a	11	45.41	12.778	0.002
		I'm undecided ^b	28	42.16		
		I don't agree ^c	31	25.97		
The HSAS Belief in Counseling	The mother's state of getting information about the care of the baby during pregnancy	Information has been given	59	32,85	168,00	0.011
		Information has not been given	11	49,32		
The BPNS Autonomy Need	Mother's educational status	Primary school ^a	15	20.10	16.810	0.001
		Secondary school ^b	10	27.60		
		High school ^c	32	40.16		
		University ^d	13	47.88		
	Pregnancy planning status of the mother	Planned pregnancy	59	39,19	107,00	0.000
	Unplanned pregnancy	11	15,73			
Father's wish for the baby	Yes	66	36,92	38,500	0.017	
	No	4	12,13			
The BPNS Competence Need	Pregnancy planning status of the mother	Planned pregnancy	59	38,64	139,500	0.003
		Unplanned pregnancy	11	18,68		
	Father's wish for the baby	Yes	66	37,22	18,500	0.004
		No	4	7,13		
	The mother thinks that the baby is being treated in the hospital because of her	I agree ^a	5	52,00	13,476	0.001
I'm undecided ^b		31	26			
I don't agree ^c		34	41,74			
The BPNS Belonging/Relationship Need	Mother's working status	Working	21	44,67	322,00	0.013
		Not working	49	31,57		
	Pregnancy planning status of the mother	Planned pregnancy	59	37,66	197,00	0.039
		Unplanned pregnancy	11	23,91		
	Father's wish for the baby	Yes	66	36,88	41,00	0.021
No		4	12,75			



Table 4: Regression of HSAS with BPNS and Sociodemographic Characteristics

Model 1- The HSAS-Interpersonal Openness	B	SE	β	t	P	VIF
Costant	16,964	6,095		2,783	0,007	
BPNS- Competence Need	0,035	0,367	0,013	0,095	0,924	1,737
BPNS-Belonging/Relationship Need	0,782	0,226	0,459	3,453	0,001	1,697
The mother thinks that she is not able to fulfill her maternal duties well.	6,429	2,312	0,303	2,781	0,007	1,143
The mother, thinking of becoming unstable, good mothering failed to fulfill its duties	3,608	1,756	0,229	2,054	0,044	1,196
R=0,570 R²=0,324 R² (adjusted) = 0,282 F=7,801 p=0,000 Durbin-Watson= 2,272						
Model 2- The HSAS-Strain	B	SE	β	t	P	VIF
Costant	12,172	3,240		3,756	0,000	
The BPNS-Belonging/relationship Need	0,292	0,109	0,309	2,681	0,009	1,000
R= 0,309 R²= 0,096 R² (adjusted) = 0,082 F= 7,186 p=0,009 Durbin-Watson=2,092						
Model 3 – The HSAS-Feeling of Need	B	SE	β	t	P	VIF
Costant	17,188	0,872		19,716	0,000	
Mother is working	-3,349	1,136	-0,312	-2,948	0,004	1,024
The mother thinks that she is not able to fulfill her maternal duties well.	5,120	1,511	0,379	3,390	0,001	1,142
The mother, thinking of becoming unstable, good mothering failed to fulfill its duties	3,315	1,133	0,330	2,925	0,005	1,165
R= 0,528 R²=0,279 R² (adjusted) = 0,246 F=8,502 p=0, 000 Durbin-Watson= 2,325						
Model 4-The HSAS-Social Acceptance	B	SE	β	t	P	VIF
Costant	6,065	0,335		18,123	0,000	
The mother thinks that she is not able to fulfill her maternal duties well.	1,935	0,654	0,347	2,960	0,004	1,142
The mother, thinking of becoming unstable, good mothering failed to fulfill its duties	1,721	0,486	0,416	3,543	0,001	1,142
R= 0,438 R²=0,192 R² (adjusted) =0,168 F=7,949 p=0,001 Durbin-Watson=1,548						
Model 5-The HSAS-Belief in Counselling	B	SE	β	t	P	VIF
Costant	22,500	1,682		13,377	0,000	
The mother receives information about the care of the baby during pregnancy	-0,141	1,759	-0,010	-0,080	0,937	1000
R=0,010 R²=0,001 R² (adjusted) =-0,015 F= 0,006 p= 0,937 Durbin-Watson= 2,382						



Tablo 5: Regression of BPNS and Sociodemographic Characteristics

Model 6- The BPNS -Competence Need	B	SE	β	t	P	VIF
Costant	16,250	1,277		12,721	0,000	
Planned pregnancy	1,437	1,047	0,185	1,373	0,174	1,557
Father wanting the baby	1,168	1,613	0,121	0,910	0,366	1,503
The mother thinks that her baby is being treated in the hospital because of her	3,045	1,259	0,278	2,419	0,018	1,127
The mother does not think that her baby is being treated in the hospital because of her	1,488	0,672	0,264	2,216	0,030	1,209
R=0,489 R²=0,239 R² (adjusted) = 0,193 F=5,113 p=0,001 Durbin-Watson=1,344						
Model 7- The BPNS - Autonomy Need	B	SE	β	t	P	VIF
Costant	19,750	1,6801		11,756	0,000	
Mother's secondary school graduate	-1,539	1,181	-0,140	-1,303	0,197	1,059
Mother's university degree	1,905	1,080	0,193	1,763	0,083	1,094
Planned Pregnancy	4,799	1,365	0,455	3,516	0,001	1,529
Father wanting the baby	-0,530	2,113	-0,032	-0,251	0,803	1,491
R=0,536 R²=0,287 R² (adjusted) = 0,243 F=6,539 p=0,000 Durbin-Watson= 1,809						
Model 8- The BPNS - Belonging/relationship need	B	SE	β	t	P	VIF
Costant	25,000	2,185		11,443	0,000	
Mother is working	2,265	1,165	0,229	1,945	0,056	1,044
Planned Pregnancy	1,311	1,762	0,105	0,744	0,459	1,507
Father wanting the baby	2,819	2,744	0,145	01,028	0,308	1,487
R=0,349 R²= 0,122 R² (adjusted) = 0,082 F=3,060 p=0,034 Durbin-Watson=1,383						

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