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Influences of Marital Conflict and Family Function on Fatigue in Mothers of Hospitalized Children with Acute Diseases*

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Introduction

Hospitalization of children due to acute illnesses tends to puts pressure on family members and disrupt family life, potentially causing stress, shock, and anxiety for both the children and their parents [1-3]. In South Korea, many patients admitted to pediatric hospitals have acute and rapidly progressive diseases. Acute diseases are those that develop suddenly and are accompanied by severe symptoms, mild cases of which include colds, acute bronchitis, and pneumonia [4,5]. When detected early and handled appropriately, they are easily treatable; however, in some cases, such diseases may progress into conditions that require active treatment and management [5]. Especially, At this time, not only can the cause of the child's problem not be properly known, but the child may develop an emergency at any time, making parents feel fear due to the uncertainty of the current condition and the inability to predict the future [6]. This sudden onset and rapid progression of illness in children often baffles their parents and families, triggering negative feelings such as uncertainty about the disease, guilt about their child's care, and fear of unfamiliar environments [7].

In South Korea, where family-oriented and Confucian cultural ideologies remain predominant, at least one family member stays in the hospital to care for the hospitalized child. Typically, this family member is the child's mother, as mothers normally have the closest relationship with children and are their primary caretakers [8]. This means that the mother takes care of the hospitalized child, which includes feeding and putting the child to sleep, monitoring their symptoms, and assisting with administering treatment; all this is in addition to performing her usual family duties at home [8]. As the primary caregiver, the mother plays a significant role as a bridge between the child and the pediatric nurse, ensuring that the child's wishes and needs are communicated. These multiple roles put significant pressure on the mothers [6,9].

Especially, young children, including infants, toddlers, and preschoolers, have weak immune systems; therefore, respiratory, digestive, and infectious diseases can progress even more rapidly in their case. Further, the stress and tension caused by their complaints and communication difficulties due to young children's incomplete language skills may lead to physical and mental fatigue in mothers [10]. Fatigue is a subjective, internal unpleasant feeling that affects both physical and mental aspects, and is a subjective condition that is defined in various ways. This is a phenomenon that affects an individual's physical and mental abilities for daily functions such as physical fatigue, mental fatigue, and neurosensory fatigue [6]. Fatigue is defined as an overwhelming and persistent feeling of exhaustion and decreased ability to function physically and mentally [11]. Due to hospitalization of children, various internal and external stresses

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increase physical and mental burden, reducing efficiency in all tasks and reducing energy [12].

Previous studies have reported that when mothers of hospitalized children experience stress and fatigue, their own coping abilities weaken [5]. Furthermore, the child's recovery process, as well as overall long-term growth and development may be compromised [6]; according to Palmer [13], hospitalized children respond rather sensitively to their mothers' emotional states, to the degree that a mother's negative emotions may increase her child's anxiety and delay the treatment process [6,14]. Especially, in South Korea, parental roles are regarded highly, compared with that in western cultures, and the role of the family as a whole is deemed important. This may contribute to the fatigue suffered by mothers of hospitalized pediatric patients, particularly as they have to care for their sick children and those at home simultaneously [8]. If the mother's fatigue is prolonged due to lengthy hospitalization of the child, it leads to problems such as maternal depression, which may affect the care of the child and their long-term growth and development [15].

Therefore, it seems vital to pay more attention to the fatigue of mothers of hospitalized children. Such a focus would highlight the necessity of programs aimed at abating the plight of mothers in this situation. That is, family-centered interventions for mothers caring for children with acute diseases should be considered essential.

Fatigue experienced by mothers of hospitalized children is greatly influenced by personal (child-related and maternal) factors, as well as family (including spousal) factors [7,14]. For children, parents are precious, as parents are the first people they meet and get to know after birth; thus, the relationship between their parents greatly affects their growth and development, both physically and emotionally [16]. Moreover, in a situation where a family member is hospitalized and both parents' expectations and needs are met, the couple can cope with the crisis through cooperation. However, negative emotional reactions such as distrust, confrontation of each other's needs, and lack of understanding between them could lead to marital conflict, and subsequently, stress and fatigue in the mother [17].

In addition to the marital relationship, the family as a whole is important in building the foundation for a child's growth and development [18]. Given the transition from extended to the nuclear family type in South Korea, the center of the family is now shifting toward the children rather than the adults. Therefore, when a child suffers from a physical injury or disease, mothers become burdened with having to care for that child and other children while also attending to her duties at home. In addition, the whole family faces a crisis that causes tension and exhaustion. However, Kim and Kwon [18] reported that even in such circumstances, high family function and emotional support reduce stress, and both children and their parents are able to adapt to the hospitalization situation.

In particular, in South Korea—considering its family oriented culture—interactions and dynamics among family members could help families overcome crises and improve children and parents' adaptation processes; therefore, maintaining maximum family functioning plays an important role in supporting pediatric patients' recoveries [18]. The family unit holds substantial potential to contribute sig-nificantly to the caregiving dynamics as outlined. Indeed, the family stands as a paramount element in an individual's existence, wielding a pivotal influence in moderating the stress levels experienced by family[14,19]. Moreover, fatigue in mothers of hospitalized children, along with marital and family factors, should be explored, as they could significantly influence children's health and development.

However, extant research has focused on the role of mothers, overlooking the basic understanding of the mothers themselves; so, research on mothers' fatigue is necessary to acquire an in-depth understanding of mothers of hospitalized children. In addition, limited research has examined the role of fatigue when dealing with disease-related hospitalizations rather than acute diseases, as previous studies focused on fatigue when dealing with children's diseases. Such studies dealt mostly with the relationship between mothers' fatigue and their personal factors, with very few studies clarifying the influence of marital and family-related factors in families of children hospitalized for acute illnesses [6,20]. In other words, few studies have considered maternal and family factors to understand a mother's fatigue in the context of a hospitalized child. In addition, despite intensive studies on maternal fatigue related to chronic disease hospitalizations in western countries, no similar study has been conducted in Asian countries.

Therefore, to understand the fatigue experienced by mothers within the unique socio-cultural context of South Korea, a broad exploration of not only individual characteristics but also couples and families is required. Thus, we developed a theoretical framework of factors—with parenting and family factors—that influence maternal fatigue. Consequently, we aimed to investigate the relationship between fatigue and marital conflicts faced by

mothers, as well as their family roles when their children are hospitalized for acute diseases.

Method

Participants

We surveyed mothers of children hospitalized for more than 48 hours due to acute diseases in South Korea. The inclusion criteria were as follows: (1) mothers who understood the study's contents and could complete the questionnaire; and (2) mothers of infants, toddler, and preschool children without congenital disorders, diseases causing reduced immune function, or chronic diseases (this is because, in the case of a congenital disability or chronic disease, factors other than hospitalization may affect the mother's fatigue); and (3) mothers responsible for providing primary care during their child's hospitalization. The participants confirmed that they understood the purpose of the study and voluntarily agreed to participate.

Considering our inclusion of nine predictor variables, an effect size of 0.15, an alpha of 0.05, and a power of 0.80 for regression analysis, the minimum number of participants required for our sample was 114. We conducted power analysis using G Power 3.1.9.7 [21] and initially distributed the questionnaires to 133 mothers. Of these, 13 were excluded because they submitted incomplete responses. Thus, the final study sample included 120 participants.

Procedure

This study was approved by the bioethics committee at our institution [IRB CXXXX-XXX-HR-XX], and we obtained approval for the recruitment announcement and data collection from four pediatric hospital managers in G city across South Korea. To recruit mothers of hospitalized children, a recruitment notice was posted in the hospital's waiting room for parents. Data collection was conducted September to October, 2016.

We visited each pediatric hospital and informed the participants about the study purpose and process, as well as data anonymity and confidentiality in the family lounge room. The participants received a participation brochure containing information about the study's objective, methods, confidentiality and anonymity, voluntary nature of participation, and risks and benefits of participating in the study. We also assured the participants that the collected data would be used for research purposes only (i.e., not for any personal purpose outside of this study) and that they could withdraw from the study at any time. Further, it was clarified that there would be no negative consequence if a participant decided to withdraw. Subsequently, self-report questionnaires were distributed to and responses collected from only those participants who agreed to participate by voluntarily signed a written consent form.

Each participant required approximately 15 minutes to respond to the questionnaire. A small gift was provided to the participants as a token of appreciation for their participation.

Measures

● Fatigue

We used the Subjective Symptoms of Fatigue tool developed by the Japan Industrial Fatigue Research Society [22] and translated by Yang and Han [23] to measure the mothers' fatigue levels. This tool comprises 30 questions that measure physical fatigue (10 items), mental fatigue (10 items), and neurosensory fatigue (10 items). Each question is scored on a Likert-type scale where items are measured from 1 (never) to 4 (very often); a higher score represents a higher degree of fatigue. In the study by Japan Industrial Fatigue Research Society [22], Cronbach's α coefficient was 0.82; in this study, Cronbach's α coefficient of total fatigue was 0.95; physical fatigue was 0.88, mental fatigue: 0.90; and nerve sensory fatigue: 0.89.

● Marital conflict

To measure marital conflict, we used the Korean version of the O'Leary-Porter Scale developed by Porter and O'Leary [24] and translated by Eo and Chung [25], which consists of 10 questions. Each question is scored on a 4-point scale where the higher the sum of the scores, the higher the level of marital conflict. In the study by Eo and Chung [25], Cronbach's α coefficient was 0.86; in this study, it was 0.85.

● Family function

To measure family function, we used the family APGAR tool developed by Smilkstein [26] and translated by Sim [27]. This tool measures five items—adaptability, partnership, growth, affection, and resolve among family members—on a total 10-point scale (each item is 0-2 points), where 0–3 points represent severe family dysfunction, 4–6 points, moderate family dysfunction, and

7–10 points, healthy family. In the study by Sim [27], Cronbach's α coefficient was 0.80; in this study, it was 0.85.

Data Analysis

The collected data were analyzed using SPSS Statistics 27.0 (IBM Corp., Armonk, NY). First, we examined the participants' general characteristics, degrees of fatigue, levels of marital conflict, and family functions using descriptive statistics. Second, we analyzed the differences in fatigue based on the participants' general characteristics using an independent t-test and one-way ANOVA. Third, we calculated Pearson's correlation coefficients to determine the correlation between fatigue and related factors. Finally, we performed multiple regression analysis to identify the factors influencing participant fatigue.

Results

General Characteristics

Table 1 presents the participants' general characteristics. The majority of the participants (81.7%) were aged between 30 and 39, and the average participant age was 34.2±4.4 years. Most of the participants worked as housewives (70; 58.4%). Regarding the spouses' ages, the majority of the participants (89; 74.8%) had spouses who were 39 years or younger, and the average age of the spouses was 36.7±4.5 years. Most of the participants (94; 78.3%) and spouses (103; 86.6%) had college education or higher. Further, the majority of the marriages (76; 63.4%) were less than or equal to 5 years old (overall average marriage period was 5.4±3.2 years), and nuclear family accounted for 90.0% of the family type.

〈Table 1〉 Participants' General Characteristics (N=120)

		n (%)	M±SD
Age(year)	20–29	10 (8.3)	34.18±4.38
	30–39	98 (81.7)	
	≥40	12 (10.0)	
Level of education	High school graduate or less	26 (21.7)	
	College graduate or higher	94 (78.3)	
Occupation	No	70 (58.4)	
	Yes	50 (41.7)	
Spouse's age(year)	≤39	89 (74.8)	36.65±4.45
	≥40	31 (25.2)	
Spouse's level of education	Less than high school	16 (13.4)	
	More than college	104 (86.6)	
Marriage Period(year)	1–5	76 (63.4)	5.36±3.17
	6–10	34 (28.3)	
	≥11	10 (8.3)	
Type of family	Nuclear family	108 (90.0)	
	Extended family	12 (10.0)	
Gender of hospitalized child	Male	66 (55.0)	
	Female	54 (45.0)	
Age of hospitalized child(month)	< 12	30 (25.0)	28.31±17.41
	12-36	53 (44.2)	
	37-72	37 (30.8)	
Child's hospitalization disease	Respiratory	51 (42.4)	
	Infectious	29 (24.2)	
	Digestive system	17 (14.2)	
	Other	23 (19.2)	
Hospitalized room	Single room	76 (63.3)	
	Multi person room	44 (36.7)	

Regarding the hospitalized children, males (66; 55.0%) accounted for more than half of the pediatric patients, most of the children were in their early childhood: 12-36months (53; 44.2%), followed by those in their preschool years: 36-72months (37; 30.8%). The average age was 28.31 months. Among the reasons for hospitalization, respiratory disease was the highest at 42.4% (51 cases), followed by infectious disease at 24.2% (29 cases), and digestive system disease at 14.2% (17 cases). Most (76; 63.3%) of these patients were hospitalized in a single room.

Participants' Fatigue, Marital Conflict, and Family Function

Data regarding participants' degree of fatigue, marital conflict, and family function are presented in Table 2. The overall average fatigue score was 69.91 (out of 120 points). By its subcategories, physical fatigue was the highest with an average of 25.02 points (out of 40 points), followed by mental fatigue with 24.33 points (out of 40 points), and neurosensory fatigue with 20.56 points (out of 40 points).

The average marital conflict score was 20.89±4.76 (out of 40 points), and family function score was 7.18±2.49 (out of 10 points). Of the total participants, 78 (65%) were the healthy family group, 31 (25.8%), were moderate family group, and the remaining 11 (9.2%), were severe family dysfunction group (Table 2).

● Differences in fatigue according to general characteristics.

Based on the general characteristics of the mothers and their children, there was no significant difference in fatigue. Significant differences were found only in the spouses' academic achievements (t=2.04, p=.044) (Table 3).

● Relationships between participant fatigue, marital conflict, and family function.

The relationship between fatigue and related factors are presented in Table 4. We observed that maternal fatigue including physical, mental, and nerve sensory fatigue were positively correlated with each other. We found a positive relationship between fatigue and marital conflict (r=.56, p<.001), and a negative correlation between maternal fatigue and family function (r=-.34, p<.001). Further, we observed a negative correlation between marital conflict and family cohesion (r=-.35, p<.001).

● Factors influencing participants' fatigue.

To identify the factors influencing the fatigue of mothers of hospitalized children, we conducted multiple regression analysis using variables that showed a significant relationship with fatigue at a significance level of < 5%, through single variance analysis as independent variables. We tested for multicollinearity and the independence of the residuals in the regression model. We determined the independence of factors (none of the correlation coefficients between variables that influenced maternal fatigue was above 0.70). The tolerance range of Model was 0.91–0.98, and the VIF was less than 10; thus, there was no multicollinearity and the normality and equal variance of the residuals were satisfied. After verifying the basic assumptions of the error term, the Durbin-Watson test statistic showed no autocorrelation with a value of 2.315. Moreover, the conditions for the error terms normality and homoscedasticity were satisfied.

Regression model showed that the strongest influencing factors of the fatigue of mothers was marital conflict (β=.50, p<.001), the model's explanatory power was 33.0% (F=20.16, Δadj.R^2= .33, p<.001), as shown in Table 5.

〈Table 2〉 Degree of Fatigue, Marital Conflict, and Family Function (N=120)

		Minimum	Maximum	Mean	Standard deviation
Total fatigue points		30	102	69.91	14.78
Physical fatigue		10	40	25.02	5.57
Mental fatigue		10	40	24.33	5.86
Nerve sensory fatigue		10	32	20.56	5.18
Marital conflict		10	36	20.89	4.76
			n (%)		
Family function	Healthy family function		78 (65.0)		
	Moderate family function		31 (25.83)	7.18	2.49
	Severe family dysfunction		11 (9.17)		

Discussion

The repercussions of fatigue in mothers of hospitalized children can be quite serious, particularly for their children's recovery [6] . In an attempt to provide basic data for planning and providing effective family-centered care, this study identified the effects of marital conflict and family function on the fatigue of mothers of children hospitalized for acute diseases in South Korea.

In this study, South Korean mothers reported higher fatigue levels than those in previous studies [14, 28]. Nonetheless, our results support those of previous studies in that mothers of hospitalized children experience tension, anxiety, and substantial levels of physical and mental fatigue due to their multiple responsibilities during this time [5]. However, as this study

〈Table 3〉 Differences in Participants' Fatigue According to General Characteristics (N=120)

		Fatigue	
		M±SD	t or F(*p*)
Age(year)	20–29	71.40±17.33	0.28 (.755)
	30–39	69.44±14.95	
	≥40	72.50±11.60	
Level of education	High school graduate or less	69.54±19.15	-0.12 (.907)
	College graduate or higher	70.01±13.45	
Occupation	No	68.50±14.68	-1.24 (.218)
	Yes	71.88±14.83	
Spouse's age(year)	≤39	69.72±14.96	-0.11 (.912)
	≥40	70.07±14.55	
Spouse's level of education	Less than high school	77.06±10.89	2.04 (.044)
	More than college	68.73±15.04	
Marriage Period(year)	1–5	70.47±14.94	1.51 (.226)
	6–10	70.91±13.93	
	≥11	62.20±15.64	
Type of family	Nuclear family	70.22±14.76	0.70 (.488)
	Extended family	67.08±15.32	
Gender of hospitalized child	Male	70.36±15.41	0.37 (.711)
	Female	69.35±14.10	
Age of hospitalized child(month)	< 12	70.17±15.18	0.48 (.620)
	12-36	71.09±14.61	
	37-72	68.00±14.91	
Child's hospitalization disease	Respiratory	72.18±12.40	0.99 (.401)
	Infectious	70.03±16.48	
	Digestive system	65.94±16.24	
	Other	67.65±16.23	
Hospitalized room	Single room	69.82±15.27	-0.90 (.929)
	Multi-person room	70.07±14.06	

〈Table 4〉 Relationships between Participant Fatigue and Related Factors

Variables	Fatigue	Marital conflict	Family function
	r (*p*)		
Marital conflict	.56 (<.001)	-	-
Family function	.34 (<.001)	-.35 (<.001)	-

included only mothers of children under preschool age, unlike Park et al.'s [5] study, which included mothers of children aged 1–14 years, variables such as age, child rearing period, and the position of the child in the birth order could have exerted different effects on the mothers' fatigue levels. This suggests the need for further research to identify the factors of parental fatigue according to the various developmental stages of children.

In addition, among the sub-categories of fatigue, physical fatigue score was the highest, coinciding with the findings of previous studies [5,6], which also supports Park's et al (2004)'s study [5] that subjective symptoms of fatigue could begin with physical fatigue. Therefore, it is necessary to identify the factors contributing to parental physical fatigue during the child's hospitalization period and make arrangements to alleviate the effects of those factors (e.g., providing family lounges or resting areas in hospitals). Furthermore, nurse managers should improve the quality of care (in addition to treatment) by understanding mothers' physical difficulties during this time. When encouraging parental participation in the care of an ailing child, it is necessary to consider the mother's level of physical fatigue.

Regarding the correlational analysis, we observed strong correlations between maternal fatigue, marital conflict, and family function. In particular, a strong correlation was observed between marital conflict and maternal fatigue. Although direct comparisons to extant research are difficult, as there are limited previous studies on marital conflict and fatigue in mothers of hospitalized children, it should not be surprising that when a child falls seriously ill, the parents experience substantial stress levels, and when the onset of such illness is sudden, tension between the couple may increase due to psychological anxiety and feelings of guilt. Accordingly, these effects can contribute to the psychological burden on mothers [29].

Regarding the relationship between family function and fatigue, in South Korea—where nuclear families are common—mothers often stay with their children in hospital rooms to care for them, which tends to affect their role and function in the family. In particular, it becomes strenuous for mothers to fulfill all their family responsibilities toward both the hospitalized child and the rest of the family at home, leading to fatigue[30]. However, in a family with normal family function, even if one of the family members has a disability, role replacement occurs easily among members, helping the family overcome the crisis [31]. Thus, because family function can have a positive effect on maternal fatigue as family members rely on each other [32], it plays a significant role in managing problems when troubles befall the family. As Epstein et al. [33] stated, family function includes the problem solving, communication, role, emotional response, and behavior control functions, among others. In particular, in the case of parents of young children, the mother's prior experience of raising children or dealing with a sick child is usually limited, which could cause the whole family to perceive the situation as a great crisis, in turn negatively affecting the child's recovery due to insufficient coping. Thus, there is a need for a family-centered program to promote family cohesion, especially for families with young children, and improve family function when caring for a sick child [34]. Beyond this, positive correlation was observed between marital conflict and family function, which is consistent with Yoo, Hwang, and Cho's [35] findings that marital intimacy is related to family function and a negative correlation exists between family function and fatigue.

Furthermore, when examining the regression results, marital conflict was confirmed to have a strong effect on maternal

〈Table 5〉 Factors Influencing Fatigue in Mothers of the Hospitalized Children (N=120)

Variables	B	SE	Beta	t	*p*
(constant)	1.36	.26		5.25	<.001
Spouse's level of education	0.11	.11	.09	1.00	.32
Martial conflict	0.55	.09	.50	6.09	<.001
Family function	-0.17	.08	-.15	-1.79	.08
adj.R^2			.33		
ΔR^2			.35		
F(*p*)			F=20.16 (<.001)		

Durbin-Watson = 2.08

†Dummy variable reference group: Spouse's level of education (less than high shool)

fatigue, implying that strategies aimed at alleviating mothers' fatigue levels should focus on strengthening marital factors [6]. Conflict refers to a state in which two or more contradictory impulses or desires exist at the same time, making it difficult to decide on an action. It can be the result of a phenomenon that causes great discomfort between the parties [36]. Marital conflicts are typically caused by communication, personality, and child problems, especially if there are differences in temperament. Here, such conflicts are considered the result of tension between the mother and her spouse due to their child's hospitalization, and can have an exacerbating effect on the mother's fatigue [35].

Gau et al. [36] who studied families of children with chronic health problems and those of normal children, reported that marital relationships in families of children with disabilities were worse. Thus, it can be concluded that parental psychological and socioeconomic stress due to child hospitalization has a negative effect on the marital relationship of such parents, compared with those of other couples. This may suggest the importance of maintaining a positive spousal relationship for the sake of young children who are prone to falling ill frequently. Therefore, it is necessary to strengthen the couple's relationship during this time; if difficulties are inevitable, education and counseling on how to solve and respond to those difficulties become important. Moreover, as continued marital conflict may affect the child's recovery and long term development, it is necessary to identify and understand the marital conflict factors present during the hospitalization and improve the marital relationship by varying the therapeutic interventions according to the degree of the marital conflict.

While there was a correlation between fatigue and family functioning, family functioning was not a factor that significantly affected fatigue. Many studies have found that family function is an important factor in caring for inpatient children by helping parents cope with the stress and crisis of having their child hospitalized [37]. These results are not consistent with those of Sim (2004) [27], Song (2006) [6], who reported parents' physical fatigue due to the child's hospitalization has an effect on the child's recovery and maintaining family function. In general, family function during a child's hospitalization may vary dynamically depending on how mothers cope or adapt to their roles as caregivers. In addition, changes in the family function resulting from a child's diagnosis can be outlined and changes in family function may be different in the situation of a child's hospitalization than in other situations. Additionally it can vary depending on the length of hospitalization and the severity of the child's disease. Thus, due to conflicting results, it appears that family functioning in families with hospitalized children with acute disease is an area that must be investigated further. Future research is needed to determine whether fatigue affects family function and the mediating factors that affect it will be needed. Moreover, to understand the detailed pathways in which family function influences fatigue, we suggest the need to look at antecedent variables and influencing factors of family function in the structural model.

Further, we observed significant differences in fatigue levels according to the educational backgrounds of the mothers' spouses. Although spouses' educational background variable does not directly affect mothers' fatigue, we considered this result important because it suggests the influence of the household's general socioeconomic standing. Direct comparisons are difficult because previous studies have limited direct research on the relationship between a spouse's educational background and fatigue. However, more than half of the mothers in this study did not have a job, and as a result, we could judge that there were significant differences in fatigue depending on the spouse's educational level, occupation, and main source of income. Since this study did not investigate the spouse's occupational group and the main source of monthly family income, it is necessary to identify in future research whether the spouse's educational background, occupation, and main source of income, including the spouse's educational background, occupation, and main source of income, affect fatigue.

Notwithstanding, the strength of the present study is that it integrated individual, marital, and family related factors while investigating the factors influencing fatigue in mothers of hospitalized children, thereby comprehensively identifying marital and family-related factors for alleviating the fatigue of mothers of hospitalized children and providing basic data for preparing detailed interventions for this purpose.

However, these findings should be interpreted with caution given the following limitations. First, because this study was limited to participants in one city in South Korea, it is necessary to conduct research in different cultural contexts with different social systems and perceptions about childcare. This will provide an appropriate basis for comparison. Second, as this study did not target both the parents, it is necessary to identify differences between mothers and fathers regarding fatigue, even within the same family. Third, it is necessary to compare the fatigue of

parents and that of other family members. Fourth, since this was a cross-sectional study, it is necessary to conduct a longitudinal study by developing programs that can reduce fatigue and marital conflict among mothers of hospitalized children, thus providing a way to determine whether these factors affect them. Moreover, given that studies on fatigue in mothers of hospitalized children in South Korea are limited, additional follow-up studies are needed to examine different aspects of maternal fatigue for different hospital wards, including ICU.

Practical Implication

Our results are meaningful in that they not only identified the relationship between fatigue in mothers of hospitalized children, family function, and marital conflict, but also found that improvements in marital relationships should be considered in strategies designed to reduce maternal fatigue. Thus, to assess and alleviate maternal fatigue, it is necessary to include interventions based on a thorough assessment of the degree of parental family function according to the length of hospitalization and disease severity. Specifically, for highly stressed mothers, stress relief and moderation programs (i.e., programs targeting the individual factor), as well as family education programs and group counseling programs (targeting marital and family-related factors), may be necessary to encourage coping and alleviate fatigue by reinforcing family connection. Furthermore, considering that health behavior is a continuous process for a child's long-term growth and development, educating pediatric nurses is needed to improve parents' attitudes and competence to shape their children's health attitudes in a positive direction.

Conclusion

This study was conducted to identify the influence of marital conflict and family function on fatigue in mothers of hospitalized children. We found that marital conflict was major influencing factor, implying that strategies aimed at improving maternal fatigue should focus on strengthening both parental and family factors. These results provide a basis for mediation, suggesting the necessity of developing and implementing an active intervention and management plan, to help mothers cope with their fatigue during the hospitalization of their children.

Conflict of Interest

The authors declared no conflict of interest.

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Influences of Marital Conflict and Family Function on Fatigue in Mothers of Hospitalized Children with Acute Diseases*

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Purpose: This study aimed to identify the influence of marital conflict and family function on fatigue in mothers of young children hospitalized for acute diseases. **Method:** Via a cross-sectional design utilizing structured questionnaires, fatigue, marital conflict, and family function data of 120 South Korea mothers of such hospitalized children were collected and surveyed. The data were analyzed via t-test, ANOVA, Pearson's correlation coefficients, and multiple regression using SPSS Statistics. **Results:** Fatigue level was found to positively correlate with marital conflict and negatively correlate with family function. Overall, marital conflict, was significant predictor of maternal fatigue, explaining 33.0% of the model, with physical fatigue level being the highest type of fatigue. **Conclusion:** Therefore, a family-centered care program for families of hospitalized children needs to be developed. Comprehensive family nursing interventions that reduce fatigue levels and help reinforce marital relationships in families of hospitalized children are essential.

Key words : Children, Conflict, Family, Fatigue, Mothers

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