

Stress and Issues of Mental Health for Parent with Special Needs Children

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Abstract

Coping with the children has been connoted as having declining effects as the ages of the disabled grows. Thus, this is a problem that could affect the entire family environment, especially the financial state and emotional balance of the mothers. The main purpose of this paper is to investigate the symptoms, stress and issues of mental health for Parent of special need children. The researcher conducted research which focused on quantitative data in order to achieve the research objectives. This research involved a quasi-experimental research methodology, in which the researchers collected quantitative data to infer the research findings. The Mann-Witney results of CBTCF showed that Pre-experimental and Pre-control CBTCF of the pre-distribution specifically mothers of children with cerebral palsy ($U= 40.00$, $z=-5.730$, $p= 0.000$, $r= -0.576$), experimental and control of the post-distribution ($U= 28.30$, $z= -8.590$, $p= 0.000$, $r= -0.863$), and the Post-experimental and Post-control ($U= 19.50$, $z= -9.416$, $p= 0.000$, $r= -0.946$). By looking at the results of all three questionnaire distributions, it became apparent that Parents of special needs children performed much better in the experimental group than those in the control group. The results of using the Wilcoxon Signed-Rank test showed by examining the differences between groups that there was a significant difference in the experimental group before, after and after exposure to the system while the negligible difference for the control group was observed. The plan is also an effective therapy for behavioural problems in special need children. The government also suggested further training sessions, using participatory participation as an a-of-class assignment and closely monitoring the process.

Keywords: *parent with special needs children, cognitive somatic symptoms, stress*

1. Introduction

Stress is a boundless marvel rotating all people all through their life expectancy. Each individual has encountered it since their commencement and humanity's history. Stress is one of the exceptional attributes of life and its quality has been quite featured, so much that it has been tended to in expressive arts and writing everything being equal. The purpose behind the augmenting nearness and comprehensiveness of worry in human networks is the intricacy of human social, individual, and natural conditions, numerous and synchronous cooperation's of people with encompassing issues, and assorted variety in stress articulation (Patten, and Hoekstra, 2018). In Psychological science, stress is an inclination of mental weight and strain. Low degrees of stress may be wanted, helpful, and even reliable. Stress, in its positive structure, can improve bio-psychosocial wellbeing and encourage execution. Besides, positive pressure is viewed as a significant factor in inspiration, adjustment, and response to the encompassing condition (Marwick, 2018).

Regardless, high parenting stress is a pivotal ecological hazard variable. It has been related with many bothersome results, including guardian misery, conjugal clash, and less fortunate physical health, less fascinating parenting, and of most significance to the present study, expanded child conduct issues. Children with delays being developed are bound to live in family situations with elevated levels of parenting stress. Parents of children with delays commonly report more parenting stress than parents of regularly creating children. Even though there is some proof that the stress experienced by parents of children with formative deferrals can be constant, there is a stamped individual variety in its direction through a fantastic span (Galloway, Newman, Miller, and Yuill, 2019).

Coping with the children has been connoted as having declining effects as the ages of the disabled grows. Thus, this is a problem that could affect the entire family environment, especially the financial state and emotional balance of the mothers. Therefore, investigating the methods of cognitive-behavioural mentoring of these affected children in a wider perspective such as religiosity, family member tolerance, and male to female emotional concern to cater to the needs of the special need children is important.

2. Conceptual Framework

2.1. Special Needs Children and Stress

A special needs child is a youth who has been determined to require special attention and specific necessities that other children do not. The state may declare this status for the purpose of offering benefits and assistance for the child's well-being and growth. Example of special needs children, autism, down syndrome, slow learner, cerebral palsy and developmental delays.

Cerebral Palsy (CP) for example is the most common physical disabilities in children susceptible during childhood yet cause remained unknown even after many cases. The term "Cerebral Palsy" describes the disorder of movement and posture due to a defect or lesion of the immature brain (Illingworth, & Lister, 1964). Cerebral Palsy is a symptomatic complex, with various types and degrees of motor impairment. These disorders become manifested early in life and are permanent, non-progressive conditions (Illingworth, & Lister, 1964; Parker, Carriere, Hebestreit, & Bar-Or 1992; Naeye et al 1989)

However, health-related physical fitness is a major benefit of a healthy lifestyle because of its inverse relationship to the total cardiovascular mortality. Physical activity, defined as any bodily movement produced by skeletal muscles that results in energy expenditure, is assumed to contribute towards physical fitness in a positive way. Most individuals with disabilities are, however, less physically active in comparison with able-bodied individuals. According to the model of Durstine et al, this inactivity leads to a cycle of deconditioning that results in the impairment of multiple physiological systems. The result is physical deterioration and subsequent reduction in physical activity. Adults with Cerebral Palsy (CP) are likely to exemplify the model of Durstine. CP has recently been defined as "a group of permanent movement and posture disorders causing activity limitation that are attributed to non-progressive disturbances occurred in the developing fetal or infant brain."⁸ (p9) several studies pointed at different parts of the deconditioning cycle and found physical and functional deterioration in adults with CP, occasionally occurring before they reached adulthood. This deterioration may lead to difficulties in performing daily activities, worsening of symptoms such as pain, contractures, fatigue, and consequently to an inactive lifestyle.

2.2. Prevalence of Stress in Parents of Special Needs Children

The prevalence of stress varies crosswise over investigations, yet incredible quantities of writing demonstrate that 10-15 percent were the pervasiveness rate in the past studies (Nagarkar, Sharma, Tandon, & Goutam, 2014; Terzi, & Tan, 2016). While an ongoing report found that stress influences up to 20 percent of ladies inside initial a month after conveyance, it influences up to 500,000 moms in America, for the most part, low-salary workers which happens in up to 20 percent of conveyances yearly and is the most widely recognized reasons for horribleness and mortality. Special needs stress is not one of a kind to the United States in particular or western nations, specialists have demonstrated that stress happens in an alternate culture, religion, sexual orientation and nations, for example, Brazil, Cambodia, Canada, China, Czechoslovak, France, Germany, Malaysia, India, Korea, Malta, Sweden, Mexico, Taiwan and Turkey, Pakistan, South Africa, Ghana. As indicated by Prakash, Patel, Hariohm, & Palisano, (2017), the commonness of CP worry in creating countries is about 21.7 percent. The rate among CP ladies in The Republic of Iran was 22%, in India, the rate was 23% while the commonness rate in Indonesia was 22% (Solaski, Majnemer, & Oskoui, 2014). The announced rate among Chinese moms was 32.9% (Solaski, Majnemer, & Oskoui, 2014) and the rate showed in Zimbabwe extended from 16% to 35%. While, according to Norsuhaily Abu Bakar, Mohamad and Abu Hassan (2020),

cognitive behavioural therapy was combined with problem-solving therapy and has proven its effectiveness in the treatment of depression and stress.

2.3. Causes of Stress in Mothers of Special Needs Children

Studies have tried to identify the numerous causes of stress in mothers of special needs children. A study by Terzi, & Tan, (2016) submitted the major cause of stress as the degree and severity of a child's disability. The study identified and extended previous variables to only concentrate on the child's behaviour and severity. The study found out that, there exist some strong relationship in mothers' stress management as it affects the child's temperaments, degree of deformity, and caregiver's nature towards the kids. It was noticed that a child's activity level is proportional to the caregiver's softness and stress management coming from the mother. It funnels to the child's thereby easing the overall burden of the mother (Krstić, Mihić, & Mihić, 2015). Consequently, (Garip, et al., 2017) argued and supported a hypothesis that a caregiver's attitude and management of the child's temperaments subdue the overall stress and serve as a predictor for the stress suffered by the mother. Their findings conclude that temperaments amount to the mother's stress in general.

It was also established that at the flexibility, softness and rigidity of the caregiver is proportional to the total stress faced by the mothers. Therefore, a low motivated and spirited caregiver directly influences the proportionality in the degree of stress to the maternal comfort. This has therefore been inculcated into various cognitive models as an important parameter to acquire concerned and soft minded caregiver to all special needs children. More parents have also suffered from societal dejection to their kids as a result of severity and aid in a disability. In most families, stresses are managed as a result of not having to share the responsibilities of caring for a stressed mother. Another painful stressor is the societal unacceptability of the special needs children. Some attitudes include not wanting to share sitting positions with the kids, not using the same social amenities, cups and eating utensils. This result into chronic stress to the mother and likewise the caregiver (John, & Zapata Roblyer, 2017).

3. Methodology

3.1. Research Design

Research design is one of the compulsory features in conducting research respective of the field of study. The present study was in a form of quantitative in nature. In other words, this study employs a quantitative approach, which implies the collection of both quantitative data sets, including series of analyses and mixing of data at different phases to answer the research questions (Peacock, et al., 2019). A structured questionnaire adapted and modified from the past research (Jackson, Presanis, Conti, & De Angelis, 2019) on the appropriation of adoption of organizations used as the fundamental data-gathering instrument. The research instrument used well-established measurement scales known from earlier studies. Changes were made in the selected items to make sure they would fit into the context of the study.

3.2. Data Collection Instruments and Process

The instrument that was used to collect data in the present study was a Pre/post/delay distribution of the questionnaire (quasi experimental study) mainly for parents with cerebral palsy children. According to Merriam, and Grenier, (2019), information gathered by figures are quantitative. However, in another view by Whitmore, (2019) quantitative research method refers to a method used to analyse numeric information in the form of the statistical method. This study was conducted in Jordan, and the data was collected through a self-administered questionnaire where the participants were asked to complete the survey on their own.

3.3. Method of Data Analysis

The data were sampled from a Gaussian distribution, i.e. not normally distributed data, the non-parametric test of Man Whitney and Wilcoxon were used to analyse the data collected through

questionnaire. To ensure effective data representation, the researcher conducted data mining procedure before performing actual data analysis. The frequency distribution used to tabulate the number of responses for each question, and the descriptive analysis for each variable produced.

4. Results and Discussion

4.1. Between the Group

The Mann-Whitney (U) results from the response of CBTCF in Table 1, has revealed that there is a significant difference in the experimental and control group of the pre-distribution explicitly explained through the mothers of children with Cerebral Palsy reflected in the current study. The $U = 40.00$, $z = -5.730$, $p = 0.000$, $r = -0.576$. By comparing the two mean ranks of the experimental and control groups, it was evident that the mean rank value of the experimental group (mean rank = 41.85) was greater than the mean rank value of the control group (mean rank=30.70). This clearly showed a significant difference between the two groups. The effect size of $r = -0.576$ signified a medium to large effect, thus representing that the effect of the programme was substantive among the experimental and control groups of CBTCF.

Table 1: Between-Group among Pre-Experimental and Pre-Control CBTCF

Program	N	Mean Rank	U Value	z Value	p Value	r Value
Pre-Experimental	50	41.85	40.00	-5.730	0.000	0.576**
Pre-Control	50	30.70				

Keywords: U value (Mann-Whitney), p value (positive value), r value (rate value) and z value ()
 Note: Significant at ** $p < 0.05$

In addition, Table 2 showed the results of CBTCF. The Mann-Whitney (U) result from the response has revealed that there is a significant difference in the experimental and control groups of the post-distribution explicitly explained through the mothers of children with Cerebral Palsy reflected in the current study. The $U = 28.30$, $z = -8.590$, $p = 0.000$, $r = -0.863$. By comparing the two mean ranks of the experimental and control groups, it was evident that the mean rank value of the experimental group (mean rank = 66.98) was greater than the mean rank value of the control group (mean rank = 42.16). This clearly showed a significant difference between the two groups. The effect size of $r = -0.863$ signified a large effect, thus, representing that the effect of the programme was substantive among the experimental and control groups of CBTCF

Table 2: Between-Group among Post-Experimental and Post-Control CBTCF

Program	N	Mean Rank	U Value	z Value	p Value	r Value
Post-Experimental	50	66.98	28.30	-8.590	0.000	0.863**
Post-Control	50	42.16				

Keywords: U value (Mann-Whitney), p value (positive value) r value (rate value) and z value ()
 Note: Significant at ** $p < 0.05$

Similarly, Table 3 showed the results of CBTCF. The Mann-Whitney (U) result from the response has revealed that there is a significant difference in the experimental and control groups of the post-distribution explicitly explained through the mothers of children with Cerebral Palsy reflected in the current study. The $U = 19.50$, $z = -9.416$, $p = 0.000$, $r = -0.946$. By comparing the two mean ranks of the experimental and control groups, it was evident also that the mean rank value of the experimental group (mean rank = 79.22) was greater than the mean rank value of the control group (mean rank = 59.03). This clearly showed a significant difference between the two groups. The effect size of $r = -0.946$ signified a very large effect, thus, representing that the effect of the programme was substantive among the experimental and control groups of CBTCF.

Table 3: Between-Group among Delay-Experimental and Delay-Control CBTCF

Program	N	Mean Rank	U Value	z Value	p Value	r Value
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Pre-Experimental	50	79.22	19.50	-9.416	0.000	0.946**
post-Control	50	59.03				

Keywords: U value (Mann-Whitney), p value (positive value) r value (rate value) and z value ()
 Note: Significant at **p < 0.05

4.2. Within the Group

Based on, Table 4, the Wilcoxon Signed-Rank test showed that there was a significant difference between the experimental group of the Pre and Post distribution of the questionnaires in the CBTCF (T = 0.000, z = -4.079, p = 0.000, r = -0.583). The result clearly showed that exposure to CBTCF had a significant impact on mothers of Children with Cerebral Palsy in the related task. The effect size of r = -0.583 represents a large effect, thus demonstrating that the effect of the CBTCF approach in increasing the mothers of Children with Cerebral Palsy knowledge of the CBTCF was substantive.

Table 4: Within-Group of the Experimental Group of CBTCF

Program	N	T Value	z Value	p Value	r Value
Before	50	0.000	-4.079	0.000	0.583**
After					

Keywords: U value (Mann-Whitney), p value (positive value) r value (rate value) and z value ()
 Note: Significant at **p < 0.05

Similarly, in Table 5, the Wilcoxon Signed-Rank test showed that there was a significant difference within the experimental group of Pre and delay distribution of the questionnaires (T = 0.000, z = -5.318, p = 0.000, r = -0.760). The result revealed that exposure to CBTCF had a significant impact on mothers of Children with Cerebral Palsy in the related task. The effect size of r = -0.760 represents a very large effect, therefore signifying that the effect of the CBTCF approach in growing the mothers of Children with Cerebral Palsy knowledge of the CBTCF was substantive.

Table 5: Within-Group of the Experimental Group of CBTCF

Program	N	T Value	z Value	p Value	r Value
Before	50	0.000	-5.318	0.000	0.760**
Delay					

Keywords: U value (Mann-Whitney), p value (positive value) r value (rate value) and z value ()
 Note: Significant at **p < 0.05

Likewise, Table 6 revealed that the Wilcoxon Signed-Rank test has a significant difference in the post and delay distribution of the questionnaires (T = 0.000, z = -5.911, p = 0.000, r = -0.844). The result indicated that exposure to CBTCF had a significant impact on mothers of Children with Cerebral Palsy in the related task. The effect size of r = -0.844 represents a very large effect, thus indicating that the effect of the CBTCF approach in increasing the mothers of Children with Cerebral Palsy knowledge of the CBTCF was substantive.

Table 6: Within-Group of the Experimental Group of CBTCF

Program	N	T Value	z Value	p Value	r Value
After	50	0.000	-5.911	0.000	0.844**
Delay					

Keywords: U value (Mann-Whitney), p value (positive value) r value (rate value) and z value ()
 Note: Significant at **p < 0.05

5. Conclusion

The basic concerns identified with supporting youths with special needs under the prosperity section revealed issues related to prosperity progression and affliction evasion, therapeutic thought,

recuperation organizations and the use of assistive contraptions. The noteworthy concern was the nonappearance of care. This stress is immense for the parental figures and for the social protection specialists who give helpful and recuperation organizations. The investigation disclosures revealed a shortage and nonappearance of dependable information available for parental figures in natural locales and among people from nation organizes about the transcendence and explanation behind special needs, the clinical presentation, and the officials of the condition among the all-inclusive community and proposed a nonattendance of dominance among some prosperity specialists.

As such, there is a prerequisite for prosperity specialists, explicitly, the middle recuperation specialists, to reinforce the openness of accessible state-financed guidance programs focused on pediatric neurological conditions. The age extent of these adolescents was 2 years 9 months to 14 years. Early investigation is seen as huge as it instructs early and fitting mediation. As showed by Dieleman, Van Vlaenderen, Prinzie, and De Pauw, (2019) early intervention for youngsters with a physical insufficiency can redesign kid developmental outcomes, improve parental figures' ability to consider their kids concerning their own needs and addition the individual family fulfilment.

The delayed consequence of this study conveyed stresses over the nonappearance of care they got during pregnancy and work as this could have prevented their youths from making developmental delayed or energized early end. The critical stresses that individuals raised were related to poor sustenance and postponed work. Finally, prosperity concerns were raised about the nonappearance of getting ready and advice about the physical pieces of considering their youths, that is, moving, arranging, and sending, similarly as stresses over the kids' and their security. In like manner, none of the mothers met moved toward assistive devices that could reinforce them in the physical pieces of mind and energize the kids' motor progression. Concerning the system part of guidance, none of the youths with special needs went to class and the vast majority of the parental figures were uneducated.

With respect to, the greater part of the individuals was experiencing budgetary difficulties and expected to rely upon sketchy and clashing financing sources. The social section of the individuals' experiences revolved around the weight they felt from family and system people to consent to endorsed significant mediations. Countless them delineated experiencing defamation and partition from framework people inside their overall population. This study showed that Parent to Parent is an energizing kind of personal development for the parent of youngsters with handicaps. This finding therefore gave the fundamental verification to the sufficiency of these ventures. They recommended that parent who use Parent to Parent for non-emergency help benefit by contacts with various parent by feeling progressively prepared to adjust to their kid and family situation, feeling dynamically prepared to see their family and individual conditions in an undeniably positive light, and helping diverse parent make progress on targets that are basic to them. This finding discredited the reports of Parent to Parent pioneers who had various records of people who ended up being progressively certain and convincing in influencing conditions enveloping their kids. Starting in the no so distant past Parent to Parent programs has, all things considered, addressed an improvement of the middle and upper salaried class. In the past barely any years, in any case, colossal quantities of these affiliations have begun to develop their support to consolidate lower-compensation parent and parent from ethnic minority social affairs. In addition, a parent from ethnic minority bundles have begun to outline their personal development affiliations.

Thus, this result prescribed that Parent is presumably going to in like manner be useful to guardians with low profit. The individual portion of this investigation reveals why Parent programs are valuable or are not helpful. These revelations may be particularly important in helping specialists to see a segment of the complexities between master help and personal development. This finding was solid with the speculation in that resemblance of lived understanding and social relationship were represented as huge pieces of the Parent understanding. Directly off the bat, an unprecedented kind of intersubjectivity subject to the common quality of experience is a unique responsibility of Parent personal growth. Disregarding the way that specialists can, and do, offer various huge organizations, their language, point of view, and ordinary experience is simply through and through unique in relation to that of family members. Specialists can offer records of various families they have known.

Nonetheless, the social investigation is likely going to be logically serious when the connection occurs through up close and personal contact with others.

References

- [1] Dieleman, L. M., Van Vlaenderen, R., Prinzie, P., & De Pauw, S. S. (2019). Parents' Need-Related Experiences When Raising an Adolescent with Cerebral Palsy. *Advances in Neurodevelopmental Disorders*, 3(2), 204-219.
- [2] Ellery, S. J., Kelleher, M., Grigsby, P., Burd, I., Derks, J. B., Hirst, J., ... & Walker, D. W. (2018). Antenatal prevention of cerebral palsy and childhood disability: Is the impossible possible? *Journal of Physiology*, 596(23), 5593-5609.
- [3] Galloway, H., Newman, E., Miller, N., & Yuill, C. (2019). Does parent stress predict the quality of life of children with a diagnosis of ADHD? A comparison of parent and child perspectives. *Journal of Attention Disorders*, 23(5), 435-450.
- [4] Garip, Y., Ozel, S., Tuncer, O. B., Kilinc, G., Seckin, F., & Arasil, T. (2017). Fatigue in the mothers of children with cerebral palsy. *Disability and Rehabilitation*, 39(8), 757-762
- [5] Hashem, S. F., & El Aziz, M. A. A. (2018). The Effect of Nursing Intervention on Stress and Coping Strategies among Mothers of Children with Cerebral Palsy. *International Journal of Nursing Didactics*, 8(10), 1-17.
- [6] Illingworth, R. S., & Lister, J. (1964). The critical or sensitive period, with special reference to certain feeding problems in infants and children. *Journal of Pediatrics*, 65(6), 839-848.
- [7] Jackson, C., Presanis, A., Conti, S., & De Angelis, D. (2019). Value of information: Sensitivity analysis and research design in Bayesian evidence synthesis. *Journal of the American Statistical Association*, 2019, 1-22.
- [8] John, A., & Zapata Roblyer, M. (2017). Mothers parenting a child with intellectual disability in urban India: An application of the stress and resilience framework. *Intellectual and Developmental Disabilities*, 55(5), 325-337.
- [9] Krstić, T., Mihić, L., & Mihić, I. (2015). Stress and resolution in mothers of children with cerebral palsy. *Research in Developmental Disabilities*, 47, 135-143.
- [10] Kuschmann, A., & Lowit, A. (2019). Sentence stress in children with dysarthria and cerebral palsy. *International Journal of Speech-Language Pathology*, 21(4), 336-346.
- [11] Marwick, T. H. (2018). Stress echocardiography. In *Echocardiography*. Nihoyannopoulos P., Kisslo J. (Eds.), Springer, Cham, pp. 491-519.
- [12] Merriam, S. B., & Grenier, R. S. (2019). *Qualitative research in practice: Examples for discussion and analysis*. New Jersey: John Wiley & Sons.
- [13] Naeem, F., Arif, S., Asghar, A., & Mahmood, Z. (2018). Psychosocial Stressors, Burnout and Mental Health Problems in Caregivers of Children with Cerebral Palsy. *Journal of Postgraduate Medical Institute*, 32(4), 372-377.
- [14] Naeye, R. L., Peters, E. C., Bartholomew, M., & Landis, J. R. (1989). Origins of cerebral palsy. *American Journal of Diseases of Children*, 143(10), 1154-1161.
- [15] Nagarkar, A., Sharma, J. P., Tandon, S. K., & Goutam, P. (2014). The clinical profile of mentally retarded children in India and prevalence of depression in mothers of the mentally retarded. *Indian Journal of Psychiatry*, 56(2), 165.
- [16] Norsuhaily, A. B., Mohamad Shaban, A. S., & Abu Hassan, M. S. N. (2020). The Effectiveness of Behavioral Cognitive Mentoring: A Model in Reducing Psychological Stress between Mothers of Kids with Cerebral Palsy. *International Journal of Psychosocial Rehabilitation*, 24(6), 2550-2559.
- [17] Parker, D. F., Carriere, L., Hebestreit, H., & Bar-Or, O. (1992). Anaerobic endurance and peak muscle power in children with spastic cerebral palsy. *American Journal of Diseases of Children*, 146(9), 1069-1073.
- [18] Patten, D. T., & Hoekstra, T. H. (2018). U.S. Patent No. 10,117,028. Washington DC: U.S. Patent and Trademark Office.

- [19] Peacock, A., Larance, B., Bruno, R., Pearson, S. A., Buckley, N. A., Farrell, M., & Degenhardt, L. (2019). Post- marketing studies of pharmaceutical opioid abuse- deterrent formulations: A framework for research design and reporting. *Addiction*, 114(3), 389-399.
- [20] Prakash, V., Patel, A. M., Hariohm, K., & Palisano, R. J. (2017). Higher levels of caregiver strain perceived by Indian mothers of children and young adults with cerebral palsy who have limited self-mobility. *Physical & Occupational Therapy in Pediatrics*, 37(1), 64-73.
- [21] Sharan, D., & Rajkumar, J. S. (2018). The Burden of Caregiving: Musculoskeletal Disorders in Caregivers of Children with Cerebral Palsy. *Congress of the International Ergonomics Association*, pp. 717-718.
- [22] Silva, J. M. D., & de Araujo, T. C. C. (2019). Pediatric rehabilitation: Social support and stress in cases of cerebral palsy. *Psicologia: Teoria e Prática*, 21(1), 137-153.
- [23] Solaski, M., Majnemer, A., & Oskoui, M. (2014). Contribution of socio- economic status on the prevalence of cerebral palsy: A systematic search and review. *Developmental Medicine & Child Neurology*, 56(11), 1043-1051.
- [24] Terzi, R., & Tan, G. (2016). Musculoskeletal system pain and related factors in mothers of children with cerebral palsy. *Agri J. Turk. Soc. Algol.*, 28, 18-24.
- [25] Whitmore, J. (2019). The Hidden Curriculum and Associate Degree Nursing Instructors: A Basic Qualitative Study. PhD thesis, Minnesota: Capella University.