

The Effect of Psychoeducational Program on Coping Strategies among Parents Having Children with Epilepsy

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Abstract

Background: Parents of children with epilepsy face enormous problem of caring is an enduring stressor and causes considerable amount of burden and reduce coping abilities. **The aim of study:** to evaluate the effect of psychoeducational program on coping strategies among parents having children with epilepsy. **Research design:** Quasi experimental design (pre and post-test) was used to utilize in this study. **Setting:** The study was conducted at the neuropsychiatry outpatient clinic at El- Fayoum General Hospital **Sample:** Convenience sample would be selected available parents having children with epilepsy. **Tools:** 1sttool structured questionnaire format to assess the children and their parents characteristics as well as knowledge of parents about epilepsy 2ndtool Parents burden scale to assess parents burden 3rd tool coping pattern scale to assess parents coping strategies toward their children suffering from epilepsy. **Results:** Revealed that, there was a highly statistically significant improvement in total good knowledge score that represented as (12.9%)& (74.3%) pretest versus posttest. there was a highly statistically significant improvement in total burden items that represented as(54.3±12.97)&(38.7±6.78) pretest versus posttest. there was a highly statistically significant improvement in total coping items that represented as(97.24±19.18) &(109.87±17.35)pretest versus posttest. **Conclusion:** Application of psychoeducational program for parents having children with epilepsy can help them in improving their knowledge and coping strategies to adapt with their burden. **Recommendation:** Periodic health awareness program and psychoeducational program about epilepsy for all parents having children with epilepsy in outpatient clinic

Keywords: *Children, Coping strategies, Epilepsy, Parents, and psychoeducational program*

Introduction:

Epilepsy word is derived from the ancient Greek language which means to attack or seize. It also was described in ancient cultures as Greek, Indian, Egyptian, and Babylonian societies. The oldest description about epilepsy was recorded between 1067 and 1046 BC in Assyrian-Babylonian text. In the past, it was considered as a sacred disease which control of a person's body by supernatural influences. So, spiritual and religious approaches were used as a treatment (*Case & Blake, 2020*).

Management of a child with epilepsy is very difficult and, despite medication, some of the epileptic seizures are uncontrollable. On the other hand, children with epilepsy and other neurological disorders cannot control attacks, and this is often the responsibility of parents and, especially, the mothers. This uncertainty causes stress that reduces parents' belief in their skills and causes anxiety, depression, and eventually a function change, and affect on parent coping with their children (*Chehrzad et al., 2020*).

Parents of children with epilepsy are often faced with great challenges in the process of treatment and rehabilitation of children. Parents often experience uncertainty due to fear of seizures at any time and need to continuously monitor the child's status. In addition, parents need to cope with specific diets, activity restrictions, long-term medication and side effects, school and social challenges, and stigma. The psychological, behavioral, social, educational and cultural factors involved have a significant impact on the lives of children and their families (*Yu et al., 2022*).

Parents of children with epilepsy need to learn how to adapt to stress induced by uncertain prognosis, frequent hospitalization, and therapeutic procedures and visits. Epilepsy has unique characteristics that contribute to a prolonged adaptive difficulty of the parent. This includes unpredictable stressful events, social stigma of the child and family, extended treatment regimen subject to frequent changes, and cognitive disturbances accompanying the disease and treatment (*Chehrzad et al., 2020*).

Nurse should provide empathy and active listening, accept the child and his illness, increase his knowledge about epilepsy, encourage parents, children to express their feelings, needs, and problems, determine his reactions to illness, determinestressors and maladaptive reactions, identify and prioritize his goals and needs, assist the parents to be involved in problem solving and decision making, discuss the alternatives solutions, help the parents in selection the suitable solution, enhance problem solving skills, learn the child to be assertive (*Sorour & Mohamed, 2020*).

Significance of the problem:

Epilepsy is a chronic neurological condition characterized by recurring seizures. The maximum incidence of epilepsy, i.e., 102 per 100,000 cases annually, occurs in the first year of life, similar to the age range of 1 to 12 years. The incidence of epilepsy in children aged 11–17 is 21–24 per 100,000 cases (*Rozensztrauch & Koltuniuk, 2022*). In Egypt prevalence of childhood and adolescence epilepsy (children < 18 years), was 9.7/1000, with higher prevalence among children < 12 years (10.8/1000) than adolescents (7.2/1000). The age-specific prevalence was highest in early childhood (12.01/1000) and least at adolescence (7.2/1000). (*Farghaly et al., 2018*). From the researcher point of view, epilepsy more common in rural areas, perhaps because of higher rates of untreated epilepsy in children, infectious diseases, and low prenatal and postnatal care, lack of parent knowledge, high level of burden and long standing wide spread stigma around epilepsy remain barriers affect on parent coping strategies. So, this study is intended to shed a light on the effectiveness of psychoeducational program on coping strategies among parents having children with epilepsy.

Aim of the Study:

Evaluate the effect of psychoeducational program on coping strategies among parents having children with epilepsy

This aim was attained through:

- (1) Assess knowledge of parents about epilepsy
- (2) Assess burden of parents having children with epilepsy pre,post psychoeducational program
- (3) Assess coping strategies of parents having children with epilepsy pre,post psychoeducational program
- (4) Design and implement psychoeducational program aimed at improving coping strategies and their related knowledge pre,post the program
- (5) Evaluate the effect of psychoeducational program on knowledge, burden and coping strategies among parents having children with epilepsy pre,post program

Research hypothesis:

Psychoeducational program will have positive effect on improving knowledge , burden and coping strategies for parents having children with epilepsy

Subjects and Methods:

1) The technical design:

A) Research design:

Aquasi – experimental design (one group pre test – post test design) to evaluate the effect of psychoeducational program on coping strategies among parents having children with epilepsy.

B) Setting:

The study was conducted at the neuropsychiatric outpatient clinic at the EL - Fayoum General Hospital.

C) Subject:

Sample types and size:

Convenience sample technique was utilized in the present study. The study was included all parents from the previous mentioned settings. The total numbers of parents were 70 been selected according to the following criteria:

Inclusion criteria:

- Age group from 3months -18 years old
- Agree to participate in the study.
- Diagnosis is made by a specialist or consultant in neurology.

-Exclusion Criteria:

Children or parents having mental illness.

D) Tools for data Collection:

Three tools were used for data collection in the present study as the following:

I. Tool I: A Structured Questionnaire Format: A structured Arabic self-administered questionnaire sheet was designed by the researcher, after reviewing the related current and previous literature, to collect data which cover the aim of the study, and it consists of two parts as follows:

Part (1): A-Socio-demographic characteristics of parents as age, sex, educational level, occupation, residence and family income.

B-Socio-demographic characteristics of children such as age, sex, and educational level of the child

Part (2): It was concerned with parent's knowledge about childhood epilepsy. It was developed by the researcher after reviewing related literature. It composed of 8 questions about epilepsy (total optimal score was 16 points). The answer for this part ranged from:

- 1- A complete correct answer and was scored (2).
- 2- An incomplete correct answer and was scored (1).
- 3- Don't know was scored (0).

It includes items regarding to:-

- Definition of epileptic attack.
- Types of epileptic attack.
- Causes of epilepsy
- Contributing factors for epileptic seizure
- proper action to prevent contributing factors

Scoring System for parents Knowledge about Childhood Epilepsy:- The total scores for the parent's knowledge regarding epilepsy divided into three levels: these levels are poor knowledge, fair knowledge and good knowledge

- Poor knowledge <50%

-Fair knowledge 50- <75%

- Good knowledge > 75%

Tool II: Burden scale developed by (Zarit et al,1980.)

It was originally developed by zarit and adopted by the researcher to assess burden of parents having children with epilepsy, measures the extent to which the parents emotional and physical health, social life and financial status are affected by caring for their child with epilepsy.

Scoring System for parent’s burden scale:- Each items was rated on four point Likert scale ranged from always to never, (3)= always ,(2)= sometimes ,(1)= rarely and(0)= never . The total score ranged from 0:87 classified as follow

Items	Scores
Mild burden	0-29
Moderate burden	29-58
Severe burden	59-87

III-The third tool: Coping Pattern Scale: that was developed by (Jalowiec and Powers, 1991) ,this scale is used to assess parents coping strategies toward their children suffering from epilepsy. It contains 60 statement coping behavior .It were classified into eight modes of adaptivebehavior Itincludingconfrontive,evasive,,optimistic,fatalistic,emotive, palliative , supportant and self reliant modes.

Scoring of the coping pattern scale

The coping pattern scale is a four point scale according coping, the numerical values allotted to each response . rated on (0 to 3) point likert scale to indicate the degree of use (never, rarely , sometimes and always) . Whereby (3) points for always, (2) points for sometimes, (1) points for rarely and (0) points for never. The overall scale for coping strategies is 0-180 .Ahigher summed score indicates greater use of coping strategies

Items	Scores
Low coping	Less than 75%
High coping	75% or more

Tools validity

The data collection tools were reviewed by a panel of three experts in Psychiatric Mentalhealth nursing field to test the face and content validity.

Reliability:

For constructed interviewing questionnaire the reliability of tools was done to determine the extent to which items in the questionnaire were related to other by cronbachs alpha .The reliability was scaled as follows: <0-0.25 weak reliability, 0.25-0.75 moderate reliability, 0.75-<1strong reliability and 1 is optimum. The reliability for this questionnaire was 0.83.

Alpha Cronbach Reliability Analysis of the Used Tool

Items	Alpha Cronbach
knowledge	0.82
Parents Burden Scale	0.86
Coping Pattern Scale	0.81

Ethical consideration

Consents from parents were obtained to ensure willingness to engage in the study after explaining its purpose and nature, the investigator also provided strict concern to keep their privacy. It haven't any harmful effect on them, the information was confidential and they can withdraw from the study at any time.

II. Administrative design:

The researcher approval was obtained from Scientific Ethical Committee in the Faculty of Nursing at Helwan University before starting the study. The researcher clarified the objective of the study to the parents included in the study to gain their confidence and trust. The researcher obtained written consent from parents. The researcher assured maintaining anonymity and confidentiality of subjects' data. The parents were informed about allowing choose to participate or not in the study and having the right to withdraw from the study at any time .

III. Operational design:

The study, to be completed, has passed through different phases as follows: the preparatory phase, then the pilot study phase and lastly the field of work phase.

Preparatory phase:

A review of recent, current, national and international related literature in various aspects of the problem was done at this phase using textbooks, articles and magazines. This is necessary for the investigator to get acquired with the magnitude of the study, and oriented about the study problem, as well as to assist in the preparation of the data collection tools to gather all information. The content of the psychoeducational program was validated by a panel of expertise in psychiatric mental health – nursing.

Pilot study:

It was conducted on 7 parents of children with epilepsy representing 10% of the total study sample, the aim of the pilot study was to evaluate clarity, visibility, applicability and content validity as well as the time required to fulfill the developed tools. There were no major modifications found after the pilot study. The pilot showed very high levels of reliability. Parents in the pilot study were excluded from the study sample due to the availability number of calculation study sample

Field work:

Before conducting the study, permission was obtained from the directors of the hospitals. At the beginning, the researcher introduced her- self and explains the purpose of study to parents to gain their confidence and trust to convince them to participate in the study then the verbal consent was obtained from them.

The researcher collected data starting at (the end September 2021 to May 2022) through interviewing the studied parents 3 days-week (Saturday, Monday, Thursday) visiting from 8 am-12 pm, the time needed by each participant to complete the questionnaire ranged between 45-50min. The questionnaires was distributed on parents and completed by the researcher assessment. The psychoeducational program consists of 12 sessions to be covered in (4) theoretical sessions and (8) practical sessions. The studied parents classified into 6 subgroups each subgroup composed of (12) parent. Each subgroup attended 12 session ,this session were sceduled as one session per week .

- The cases were viewed while they waiting the physician for follow up and signed on the recommended drugs, all parents who meeting the inclusion criteria were included in the research already, after they are accept to participate in the study
- All studied subjects filled questionnaire sheet by themselves except illiterate's parents by researcher according their answer

IV. Statistical design:

Data was collected, coded and entered into a personal computer. It was analyzed with the program statistical package for social science (SPSS) Version 20.0. The collected data was organized, revised, analyzed and presented in numbers and percentage in tables, figures and diagram. Proper and suitable statistical tests were used to test the significance of the results obtained. The following statistical techniques were used (percentages, mean, standard deviation, chi-square(X²) test was used to compare between groups in qualitative and proportion probability (p-value).

Significance of Results:

P> 0.05 No significant difference (NS)

P<0.05 Significant difference(S) P< 0.001 highly significant difference (HS)

Results:-

Table (1): Distribution of children under the study according to their socio-demographics characteristics (N=70)

Items	N	%
Age (years)		
<5	16	22.9
5- <10	32	45.7
10 or more	22	31.4
Mean±SD	8.03±0.365	
Gender		
Male	42	60
Female	28	40
The arrangement of the child among his siblings		
First	32	45.7
Second	20	28.6
The third	6	8.6
Last mentioned	12	17.1
The child's educational stage		
Nursery	14	20.0
Primary	38	54.2
Preparatory	2	2.9
Not attached to the study	16	22.9

Table (1): shows that, mean age of children is 8.03±0.365, while the distribution of children according to their gender shows that, (60%) of children were males and (45.7%) of children ranking as first among his brothers . As regarding the educational level of children, (54.2%) of children in primary school, while (22.9 %) of them not attached of school

Table (2) Distribution of parents under the study according to their socio-demographics characteristics (N=70)

Items	N	%
Age (years)		
<30	24	34.3
30- <40	34	48.6
40 or more	12	17.1
Mean±SD	33.14±7.5	
Educational level		
Illiteracy	7	10.0
Primary Education	9	12.9
Preparatory education	14	20.0
Secondary education	30	42.9
University education	10	14.2
Job		
Works	18	25.7
Doesn't work	52	74.3
Place of residence		
Rural	52	74.3
Urban	18	25.7
Type of housing		
Own	46	65.7
Rent	24	34.3
Monthly family income		
Enough	28	40.0
Not enough	40	57.1
enough and overflowing	2	2.9
Number of family members		
3 to 5	54	77.1
6 to 8	16	22.9
Marital Status		
Widow	8	11.4
Married	60	85.7
Divorced	2	2.9

Table (2) illustrates that, the mean age of the studied parents are (33.14±7.5). Regarding parents education (42.9%) had secondary education ,(74.3%) living in rural areas. As regarding income , (57.1%) of parents had insufficient income . Meanwhile, regarding marital status of parents, (85.7%) reported that married

Figure (1) Distribution of the study group according to their total knowledge score regarding epilepsy pre, post psychoeducational program intervention (N=70)

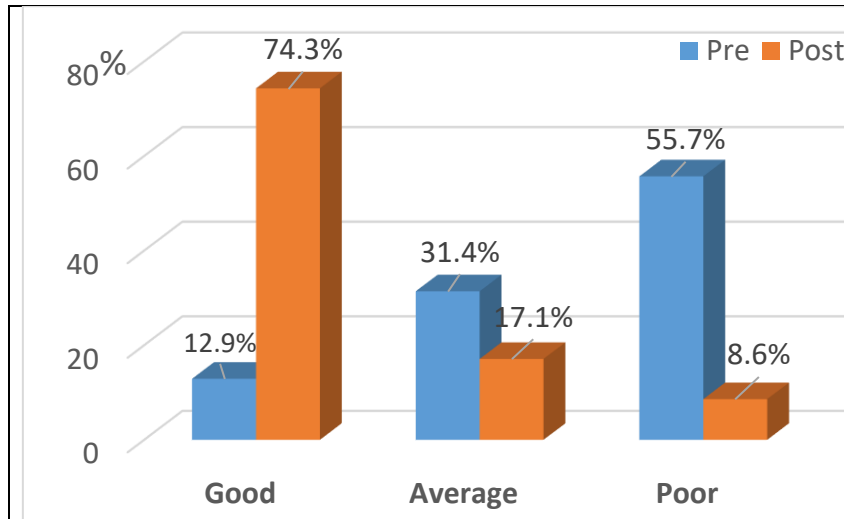


Fig (1) shows that, there was a highly statistically significant difference between parents' total satisfactory knowledge about epilepsy pre, post psychoeducational program intervention with $p < 0.001$

Table (3) Distributions of total levels of different types of burden among parents having children with epilepsy pre, post psychoeducational program intervention (N=70)

Items of parents Burden Scale	Pre						Post						Chi-square	
	Severe		Moderate		Mild		Severe		Moderate		Mild		X ²	P-value
	N	%	N	%	N	%	N	%	N	%	N	%		
Physical	45	64.2	16	22.9	9	12.9	6	8.6	42	60	22	31.4	46.930	<0.001*
Psychological	41	58.5	23	32.9	6	8.6	9	12.8	37	52.9	24	34.3	34.547	<0.001*
Social	42	60.0	21	30.0	7	10.0	7	10.0	38	54.3	25	35.7	40.023	<0.001*
Financial	50	71.4	17	24.3	3	4.3	10	14.3	36	51.4	24	34.3	49.811	<0.001*

Table (3) show that , there was highly statistical significant difference pre versus post program intervention in all items of parents total levels of different types of burden, while in pre program intervention (71.4% ,64.2%,) had severe financial ,physical burden , compare to post program intervention (51.4%,60%) had moderate financial, physical burden with ($p < 0.001$).

Figure (2) Distribution of total burden levels among parents having children with epilepsy pre, post psychoeducational program intervention (N=70)

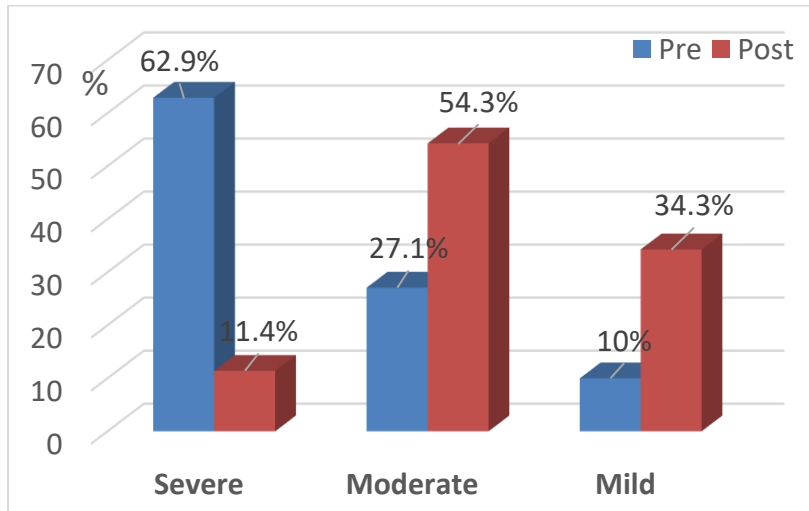


Fig (2) show that , there was highly statistical significant difference between parents total burden levels pre , post program intervention with (p<0.001).

Table (4) Distribution of total levels of different types of coping pattern among parents having children with epilepsy pre, post psychoeducational program intervention (N=70)

Items of Coping Pattern Scale	Pre				Post				Chi-square	
	High		Low		High		Low		X ²	P-value
	N	%	N	%	N	%	N	%		
Confrontive	24	34.3	46	65.7	60	85.7	10	14.3	38.571	<0.001*
Evasive and avoidant	22	31.4	48	68.6	62	88.6	8	11.4	47.619	<0.001*
Optimistic	17	24.3	53	75.7	54	77.1	16	22.9	39.122	<0.001*
Fatalistic	20	28.6	50	71.4	58	82.9	12	17.1	41.803	<0.001*
Emotive	25	35.7	45	64.3	52	74.3	18	25.7	21.039	<0.001*
Palliative	18	25.7	52	74.3	59	84.3	11	15.7	48.514	<0.001*
Supportant	23	32.9	47	67.1	57	81.4	13	18.6	33.717	<0.001*
Self-reliant	19	27.1	51	72.9	63	90.0	7	10.0	56.989	<0.001*

Table (4) show that , there was highly statistical significant difference between pre ,post psychoeducational program intervention regarding all levels of different types of coping pattern among parents having children with epilepsy with p-value <0.001.

Figure (3) Distribution of total level of coping pattern among parents having children with epilepsy pre, post psychoeducational program intervention (N=70)

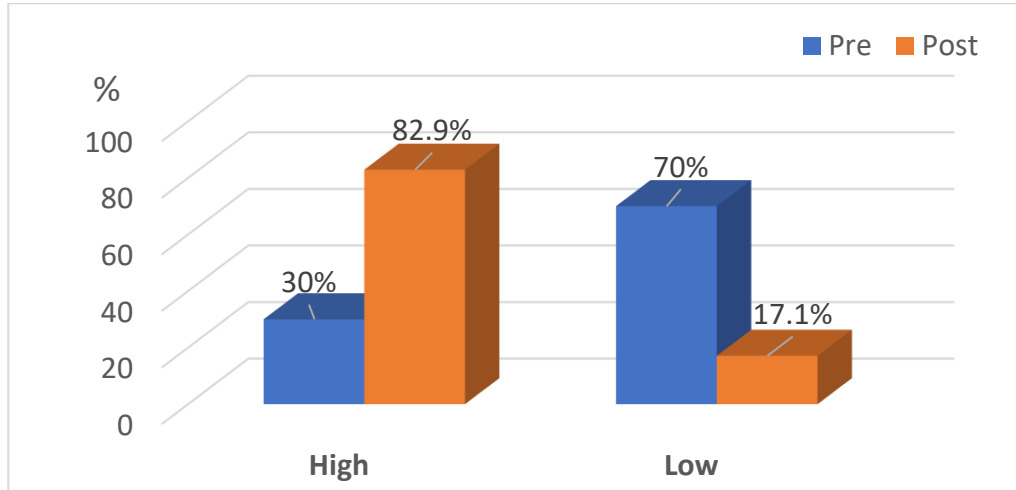


Fig (3) show that, there was highly statistical significant difference between total level of coping pattern among parents having children with epilepsy pre, post psychoeducational program intervention with p-value <0.001.

Table (5) Correlation between studied parents knowledge, their burden and coping pattern

		Total Knowledge		Total Coping Pattern	
		r	P-value	r	P-value
Total Coping Pattern	Pre	0.427	<0.001*		
	Post	0.384	<0.001*		
Total parents Burden	Pre	-0.375	0.005*	-0.519	<0.001*
	Post	-0.482	<0.001*	-0.755	<0.001*

Table (5) shows that, there was **negative statistical correlations** between parents knowledge about the disease and their burden, **there was highly positive statistical correlations** between parents knowledge related to epileptic disease and their coping pattern and there was negative correlation between parents burden and their coping pre,post psychoeducational program intervention.

Discussion

Epilepsy is a common problem in child-hood with high burden on parents given the unpredictable seizures, and associated comorbid conditions. psychoeducational program could increase self-efficacy, while it reduced anxiety, worry, fear, and stigma by increasing awareness and self-confidence in parents. As a result, epilepsy seizures are better controlled, coping abilities improved, and care-giver burden is decreased **Balouchi, Pahlavanzadeh, and Alimohammadi, (2021)**.

The current study showed that, more than two fifth of children age 5- <10 with mean age (8.03±0.365). This finding agreement with the finding of **Kinkar et al., (2020)**, who carried out study entitled, Parental knowledge, attitudes, and behaviors toward their epileptic children at King Abdulaziz University Hospital and illustrated that, mean age of children was 9.0 years.

Regarding the characteristics of children, the current study showed that, more than half of children were males. This finding was in accordance with the finding of **Ghaith & Mohammed, (2020)**, who carried out the study entitled, Depression and coping patterns in mothers caring for children with epilepsy and illustrated that, 62% were males.

As regarding the educational stage of children, the current study reported that, slightly more than half of children in primary school and as regarding arrangement of the child among the siblings, more than two fifth of children ranking as first among his brothers,. This finding was in accordance with the finding of **Khalaf & Elaasar (2020)**, who carried out the study entitled, Effect of Training Program on Mothers' Self Competence Regarding Caring for Their Epileptic Children and reported that, 70% of children at primary school level. 42% arranged first among siblings.

Regarding to the characteristics of parents, the present study revealed that, slightly less than half of studied parents 30- <40 years, the mean age are (33.14±7.5). This finding was in agreement with **Abd El-Mouty & Salem (2019)**, who carried out study entitled, Burden and quality of life among caregivers to children with epilepsy and illustrated that, mean age of caregivers similar to these results is 35.7±10.9.

Regarding to the characteristics of parents, the present study revealed that, more than two fifth had secondary education. This finding was in accordance with **Salisu et al., (2022)**, who carried out study entitled, Parent's Knowledge, Attitude and Pattern of Care for Children with Epilepsy in Lagos, Nigeria. and illustrated that, Most (98.2%) of the parents had at least a secondary level of education

Concerning parents income, the present study revealed that, more than half of parents had insufficient income. This finding supported by **Shahin & Hussien (2021)**, Who carried out a study entitled, Knowledge, attitude, practice, and self-efficacy of caregivers of children with epilepsy: impact of a structured educational intervention program and reported that, 66.7% of parents had insufficient income.

As regarding total levels of knowledge among studied parents. The current study show that, more than half of studied subjects had poor knowledge pre applying program and this finding was in agreement with **Girma et al., (2022)**, who conducted published study in Ethiopia under title " Public knowledge toward Epilepsy and its determinants in Ethiopia: A systematic review and meta-analysis and reported that, The pooled magnitude of poor knowledge toward epilepsy was 48.54%.

From the researcher point of view regarding poor level of knowledge among studied parents, may related to the majority of the studied parents were from rural area and this affect their level of education. Also, outpatient clinic site doesn't provide parents with adequate information about the disease.

Concerning parents knowledge about epilepsy pre and post applying psychoeducational program, the present study revealed statistical significant difference between pre and post implementation program in all knowledge items and total knowledge scores. This finding supported by **Shasha et al., (2022)**. Who carried out a study entitled, Effect of Simulation Training on Seizure Management and Anxiety level among Mothers of Children with Epilepsy and reported that, statistical

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significant difference between pre and post implementation program in all knowledge items, mothers had higher level of knowledge (21.3 ± 1.8 post intervention) Vs (4.5 ± 1.2 pre intervention).

The researcher believed that this improvement may be related to that all parents in the sample share in the program and become more equipped by the important information about epilepsy and the psychoeducational program included the needed information about epilepsy in simple, concise and clear language as well as the written booklet

Concerning parents total burden of different types of burdens among studied parents pre and post applying psychoeducational program, the present study reveals statistical significant difference between pre and post implementation program in all burden items and total burden scores with 51.5% improvement.

This finding was similar with *Balouchi, Pahlavanzadeh and Alimohammadi(2021)* who conducted published study under title, Efficacy of Psycho-educational Program on Burden of Caregivers of Children with Epilepsy and found that, the caregiver burden was reduced in the experimental group and the average score of caregiver burden was 37.46 and 41.37, and 58.29 in intervals before, immediately later, and one month after implementing the psycho-educational training, respectively ($P = 0.001^*$; $f = 489$).

This improvement related to psychoeducational program increase parents knowledge and skills to control and deal with the physical, psychological, social and economic pressures caused by the role of parents, and increase sense of control, and support for their families ,feel their child's condition under control ,can deal with it.

Concerning parents total coping of different types of coping pattern among studied parents pre and post applying psychoeducational program, the present study revealed that statistical significant difference between pre and post implementation program in all coping items and total coping scores. This finding was similar with *Hagemann et al., (2016)* and who conducted published study under title " The efficacy of an educational program for parents of children with epilepsy (FAMOSEs): Results of a controlled multicenter evaluation study and reported that reported that the FAMOSEs parents' program was successful in improving parental coping and in reducing epilepsy-related fears . Emphasizes the importance of understanding the child's situation so that parents can help their child to cope with its disorder.

Regarding to Correlation between parents knowledge and their coping the current study revealed that, there were highly statistical positive correlations between parents knowledge and their coping pattern. This finding was disagreement with *Raman et al., (2020)* who conducted published study under title ,impact of an epilepsy educational programme on coping mechanism, attitude, knowledge and awareness: a rural sabah experience. and found that, Knowledge was negatively correlated with Active Coping while being positively correlated with emotional support, instrumental support, humour and acceptance.

As regarding correlations between parent's burden and their coping pattern, the current study revealed that, there were statistical negative correlations between parent's burden and their coping pattern. This finding was in accordance with *Abd El-Mouty & Salem (2019)*. Who carried out a study entitled, Burden and quality of life among caregivers to children with epilepsy and found that, when the caregivers level of burden increases, the coping level decreases.

As regarding to Correlation between parents knowledge and their burden, the current study revealed that, there were highly statistical negative correlations between parents knowledge related to epileptic disease and their burden .This finding supported by *El Malky , Mohsen, and Amer (2016)* , Who carried out a study entitled,the effectiveness of the nursing intervention program on feeling of burden among caregivers of children with epilepsy. and reported that , there was a negative correlation between caregiver's knowledge, practice and feeling of burden .

Conclusion:

The results of this study concluded that the implementation of psychoeducational program had statistically significant positive effects on improving knowledge and coping strategies among parents of children with epilepsy to adapt with their burden

Recommendations:

- Apply further research in large sample and other setting for generalization.
- Periodic educational program about epilepsy for all parents having children with epilepsy in outpatient clinic are required to keep the positive effect of the educational program that can be attained through a well-organized follow-up.
- Emphasize the importance of availability and distributions of pamphlets and booklet containing the basic knowledge for parents about epilepsy.
- Health awareness program for all people in the community personnel to identify epilepsy risk factors, decrease the incidence of epilepsy complication by adopting a healthy lifestyle and adherence to therapeutic regimen.

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