Original Article

An Analysis of the Burden on Parents and Children with Hospitalization: A Descriptive Review

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Abstract
Hospitalization of a child in a hospital setting represents a highly emotionally charged event, with multidimensional impacts on both the child and their parents. The aim of this descriptive review is to synthesize and critically present the contemporary international literature (2010–2024) concerning the concept and dimensions of burden experienced by parents and children during pediatric hospitalization. Particular emphasis is placed on the relationship between parental burden and the child's psychosocial adjustment, as well as the role of family-centered care as a protective mechanism.
The concept of burden is distinguished into objective burden, referring to measurable changes in daily life, and subjective burden, which reflects the experiential psychological stress. Theoretical models of stress and adaptation, such as Pearlin's Stress Process Model, highlight the significance of the interaction between stressors, available resources, and coping strategies in assessing burden. The psychosocioemotional dimension includes elevated levels of anxiety, depression, and secondary traumatic stress in parents, influenced by individual, social, and economic factors. Financial, physical, and occupational burdens interact and reinforce one another, creating a complex framework of challenges that affects parents' daily life and psychological resilience.
Children experience hospitalization as an event characterized by separation, pain, and loss of control, with manifestations varying according to developmental stage. Toddlers exhibit pronounced separation anxiety, sleep disturbances, and dependence; school-aged children experience fear, anger, and a sense of injustice; adolescents are concerned with autonomy and social image. Across all developmental stages, parental presence and support serve a protective role, mitigating stress and promoting psychological adjustment in the child. Family-centered care emerges as a fundamental strategy to alleviate burden, fostering collaboration between parents and healthcare professionals, active parental involvement in care, and individualized interventions based on developmental needs. The review emphasizes the necessity of comprehensive approaches that consider the dynamics of the family system and the multidimensional consequences of hospitalization.

Key Words: Pediatric hospitalization, Parental burden, Child psychosocial adjustment, Family-centered care, Developmental outcomes

Introduction

Hospitalization of a child in a hospital setting constitutes a highly emotionally charged event, which disrupts family functioning and significantly affects the psychological well-being of both the parents and the child (Franck et al., 2015; Shields et al., 2012). In contrast to adult hospitalization, pediatric hospitalization necessitates the active and continuous involvement of the family in the therapeutic process, as parents do not merely act as visitors but serve as key contributors to the child's care and psychological support (Claridge & Powell, 2023).

International literature has demonstrated that a child's illness and hospitalization represent potent life stressors, capable of causing substantial psychological, social, and economic disruptions within the family system (Koch et al., 2021, Claridge, & Powell, 2023; Domingues, et al., 2026). Parents are required to respond to increased caregiving demands, manage the uncertainty associated with the course and prognosis of the illness, and adapt to an unfamiliar, demanding, and often impersonal hospital environment (Aftyka et al., 2021).

Simultaneously, the child experiences hospitalization as an event characterized by separation from the familiar environment, exposure to painful or invasive procedures, and loss of control—factors that may negatively influence psychosocial and emotional development both in the short and long term (Stremler et al., 2017; Salley et al., 2023). From this perspective, the burden experienced by children and their parents should not be regarded as one-dimensional but rather as a multifactorial and interrelated phenomenon.

The aim of the present descriptive review is to systematically present and synthesize the principal dimensions of burden experienced by parents and children during pediatric hospitalization, based on contemporary empirical evidence, as well as to highlight the significance of family-centered care as a fundamental framework for support and mitigation of the negative consequences of hospitalization.

Methodology

The present study constitutes a descriptive review of the literature concerning the burden experienced by parents and children during pediatric hospitalization, aiming at the systematic documentation and synthesis of existing evidence. The review was conducted in accordance with guidelines for systematic descriptive synthesis (Grant & Booth, 2009).

Sources and Search Strategy: The literature search was conducted in the PubMed, Scopus, PsycINFO, and CINAHL databases using combinations of the following terms: "pediatric hospitalization," "parental burden," "child distress," "family-centered care," and "psychological impact." The search covered the period 2000–2025. The final search strategy combined keywords and controlled vocabulary (MeSH terms) where available, employing Boolean operators (AND, OR) to optimize the relevance of results.

Inclusion Criteria:

- Studies published in peer-reviewed journals between 2000 and 2025
- Language: English or Greek
- Focus on the psychosocial, physical, social, and economic burden of parents, as well as the impact of hospitalization on children
- Quantitative, qualitative, and systematic or descriptive review studies

Exclusion Criteria:

- Studies exclusively concerning adult hospitalization without reference to children
- Non-scientific publications (e.g., news articles, blogs, editorials)
- Studies lacking adequate methodological documentation

Study Selection Process: The initial search yielded 1,254 titles, of which 342 duplicates were removed. The titles and abstracts of the remaining 912 articles were independently screened by two researchers according to the inclusion and exclusion criteria. Following screening, 134 articles were selected for full-text review, and ultimately, 78 studies were deemed relevant and included in the analysis. The study selection process is illustrated in the PRISMA flow diagram (Figure 1).

The Concept of Burden

The concept of burden is extensively used in the international literature to describe the totality of negative consequences experienced by an individual as a result of assuming the role of caregiver for a dependent person. These consequences span multiple domains of the caregiver's life, including psychosocial, physical, social, occupational, and financial dimensions (Bakas et al., 2006; Liu et al., 2020). Burden is not a static phenomenon, but rather a dynamic and evolving process, which varies according to the duration, severity, and uncertainty of the caregiving situation.

The literature distinguishes between objective and subjective burden. Objective burden

refers to measurable and tangible changes in the caregiver's daily life, such as reduced available time, disruptions to professional activities, financial strain, and physical fatigue (Downing et al., 2025). In contrast, subjective burden refers to the experiential perception of psychological and emotional strain, encompassing feelings of anxiety, sadness, fear, guilt, and emotional exhaustion (Bakas et al., 2006; Liu et al., 2020). This distinction is considered critical, as individuals facing similar levels of objective demands may experience differing levels of subjective burden.

Theoretical models of stress and adaptation play a central role in the interpretation and understanding of burden. Pearlin's Stress Process Model conceptualizes burden as the result of the dynamic interaction between primary stressors, such as disease severity and caregiving complexity, and secondary stressors, such as financial difficulties, changes in family roles, and interpersonal tensions. Furthermore, the availability of individual and social resources, as well as the coping strategies adopted by the caregiver, are considered decisive factors (Ismail et al., 2022; Maggio et al., 2024). According to the model, burden does not arise solely from the caregiving situation itself, but from the way it is perceived and managed.

Results and Discussion

Parental Psychosocial and Emotional Burden

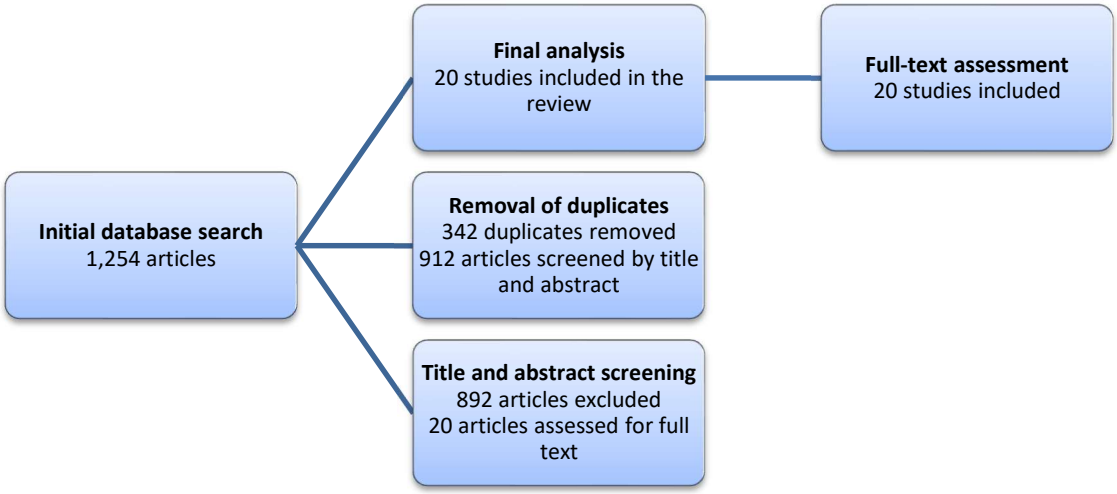
Psychosocial and emotional burden constitutes the most frequently studied and most visible dimension of the parental experience during a child's hospitalization. A substantial body of research has documented elevated levels of anxiety, fear, sadness, and emotional exhaustion among parents, particularly when hospitalization is prolonged, unpredictable, or associated with life-threatening conditions (Franck et al., 2015; Stremler et al., 2017). This emotional burden is exacerbated by parents' sense of responsibility for their child's well-being and the need for continuous vigilance.

Anxiety emerges as the predominant emotional response, often manifesting as an immediate reaction to the uncertainty surrounding the disease trajectory and prognosis, the complexity and ambiguity of medical information, and the perceived loss of control within the hospital environment (Cousino & Hazen, 2013). Prolonged exposure to these conditions may lead to chronic anxiety symptoms, adversely affecting parental functioning and psychological resilience.

Depression is also a frequent and clinically significant phenomenon, with studies reporting increased rates of depressive symptomatology among parents of children with chronic, severe, or relapsing illnesses (Salley et al., 2023; Tsironi & Koulierakis, 2017). Depressive symptoms often co-occur with feelings of guilt, helplessness, and emotional isolation, which can negatively impact both parenting functioning and the parent–child relationship.

The psychosocial and emotional experience of parents has additionally been described as a form of secondary traumatic stress, as parents witness their child's physical pain, vulnerability, and the distressing medical interventions they undergo (Masa'deh & Jarrah, 2017). The intensity of psychosocialand emotional burden is not uniform but is influenced by individual and social factors, including gender, socioeconomic status, educational background, and, importantly, the availability and quality of social support (Koch et al., 2021).

Figure 1. Flow diagram of the literature review process



To enhance clarity and provide a structured overview of the included studies, Table 1 presents a representative selection of 20 key studies, including authors, year, country, study design, population, and key findings.

Table 1. Summary of Selected Studies Included in the Review

No.	Authors	Year	Country	Study Design	Population	Key Findings
1	Franck et al.	2015	UK	Prospective cohort study	Parents	High prevalence of post-traumatic stress symptoms
2	Cousino & Hazen	2013	USA	Systematic review	Parents	Elevated parenting stress in chronic illness
3	Stremler et al.	2017	Canada	Quantitative study	Parents	Significant psychological distress during hospitalization

4	Salley et al.	2023	USA	Mixed-methods study	Parents	Need for improved caregiver mental health support
5	Shields et al.	2012	International	Systematic review	Parents & Children	Family-centered care improves psychosocial outcomes
6	Aftyka et al.	2021	Poland	Cross-sectional study	Mothers	High levels of peritraumatic distress
7	Tsironi & Koulierakis	2018	Greece	Quantitative study	Parents	Multiple factors influence parental stress
8	Pinquart	2018	Germany	Meta-analysis	Parents	High levels of parenting stress
9	Pinquart	2019	Germany	Meta-analysis	Parents	Increased PTSD symptoms in parents
10	Liu et al.	2020	China	Concept analysis	Caregivers	Multidimensional nature of caregiver burden
11	Ismail et al.	2022	International	Quantitative study	Parents	Interaction between financial and psychosocial burden
12	Aldas et al.	2025	Turkey	Quantitative study	Parents	Caregiver burden associated with burnout
13	Zdun-Ryżewska et al.	2021	Poland	Cross-sectional study	Parents	Parental stress influenced by multiple psychosocial and situational factors
14	Masa'deh & Jarrah	2017	Jordan	Quantitative study	Parents	Secondary traumatic stress observed
15	Haverman et al.	2013	Netherlands	Validation study	Parents	Development of distress assessment tool
16	Thomson et al.	2016	UK	Quantitative study	Parents	Economic burden and financial stress
17	Coscini et al.	2025	Australia	Systematic review	Parents	Importance of parental mental health screening

18	Shattnawi et al.	2023	Internatio nal	Intgrative review	Caregivers	Occupational and social burden identified
19	Coyne I.	2006	Internatio nal	Review study	Children	Developmental and emotional impact of hospitalization
20	Maddocks & Chetty	2020	South Africa	Quantitativ e study	Parents	Burden associated with pediatric chronic illness

Understanding these factors is critical, as parental psychosocial and emotional burden has been shown to directly affect the child's psychological adjustment and the overall effectiveness of care, highlighting the need for timely recognition and support of parental needs in the context of pediatric hospitalization.

Despite the intensity of psychosocial and emotional burden, the literature identifies specific protective factors that can mitigate its adverse effects. Parental resilience, the use of adaptive coping strategies—such as information-seeking and active problem-solving—and adequate social and emotional support from family and professional networks have been associated with lower levels of anxiety and depressive symptoms (Cousino & Hazen, 2013; Pinquart, 2018). Moreover, high-quality communication with healthcare professionals and active parental involvement in the child's care enhance the sense of control and contribute to improved psychological adjustment during hospitalization (Shields et al., 2012).

Intensifies the sense of responsibility, concern regarding the child's health outcomes, and emotional involvement in the child's care (Masa'deh & Jarrah, 2017). Additionally, parents' inability to "distance themselves" from the caregiving situation, combined with the child's increased dependence, often renders the burden more intense and prolonged compared to other forms of caregiving (Haverman et al., 2013).

Understanding burden as a multidimensional and dynamic phenomenon is crucial for the development of targeted interventions in pediatric care. This theoretical approach emphasizes the need for a holistic response to family needs and provides the conceptual foundation for analyzing the specific dimensions of burden addressed in the following sections.

Broader Burden across multiple domains of parental life

Beyond the psychosocial and emotional dimension, a child's hospitalization exerts extensive effects across multiple areas of parents' daily lives, which interact and collectively amplify the caregiving burden. This burden manifests primarily at economic, physical, social, and occupational levels, creating a complex network of pressures that affect family functioning and quality of life.

At the economic level, parents frequently face both direct expenses associated with the child's hospitalization—such as transportation, medications, and supplementary medical services—and indirect income losses due to work absences or reduced working hours (Aldas et al., 2025; Ismail et al., 2022;Thomson et al., 2016). Prolonged or recurrent hospitalizations disproportionately impact families with limited financial resources, exacerbating social inequalities and restricting access to supportive services. Financial strain has been directly associated with increased psychological distress and reduced parental resilience, creating a vicious cycle of burden

that affects both mental and physical health (Coscini et al., 2025; Pinquart, 2018).

Simultaneously, continuous hospital presence, disruption of daily routines, and prolonged exposure to stressful conditions contribute to parents' physical exhaustion. Physical burden often manifests as chronic fatigue, sleep disturbances, musculoskeletal pain, and a generalized sense of depletion (Morrison et al., 2004; Koch et al., 2021). Neglect of self-care, irregular nutrition, and insufficient rest may further increase the risk of physical illness, further impairing parents' capacity to fulfill their caregiving role.

Parents' social life is also significantly affected, as caregiving responsibilities and increased hospital obligations often lead to social withdrawal and weakened interpersonal relationships. Reduced social contact and limited participation in social activities can exacerbate feelings of isolation and loneliness, particularly in the absence of adequate support networks (Liu et al., 2020). At the occupational level, parents must manage conflicting roles, which can result in professional instability, insecurity, or even job loss (Shattnawi et al., 2023). The inability to balance work and family responsibilities contributes to occupational burnout and further compromises parents' mental health.

Overall, the broader burden experienced by parents during pediatric hospitalization cannot be isolated to specific domains, as economic, physical, social, and occupational pressures are mutually reinforcing, creating a unified framework of increased demands. Recognizing this multidimensional burden highlights the need for comprehensive, family-centered interventions that address parents' needs holistically and provide support across multiple domains (Pinquart, 2019).

Burden Experienced by Children During Hospitalization

The burden experienced by parents during pediatric hospitalization extends beyond the individual and directly affects the child's experience. Parental emotional availability, psychological resilience, and ability to provide a sense of security are key determinants of how a child perceives and processes the hospitalization experience. Within this context, children often experience hospitalization as a situation of separation, pain, and loss of control, with significant implications for emotional security and developmental outcomes (Franck et al., 2015; Coyne,2006). The child's age and developmental stage critically influence the intensity and form of these reactions, with younger children being more vulnerable to separation and older children demonstrating increased awareness and concern regarding the illness and therapeutic procedures.

This bidirectional relationship between parental and child adjustment highlights the importance of interventions that focus not solely on the child or caregiver, but on the family system as a whole. Family-centered care recognizes the crucial role of parents in both caregiving and the child's psychological adjustment, promoting their active involvement in the therapeutic process and decision-making (Shields et al., 2012). Effective communication between parents and healthcare professionals, provision of adequate information, and fostering collaboration serve protective functions, reducing anxiety and enhancing the sense of security for both the child and the family.

Psychosocial and Emotional Experience of Children: A Developmental Perspective

Children's perception and psychological processing of hospitalization vary significantly according to developmental stage, as cognitive, emotional, and social skills shape how they interpret pain, separation, and changes in routine (Franck et al., 2015;Coyne ., 2006). A developmental perspective enables understanding of the specific needs of each age group and the design of appropriate interventions.

Infants and Toddlers (1–3 years):

Toddlers experience hospitalization primarily through emotional responses rather than verbal expression. Separation from parents is a major source of stress, often manifested as crying, noncompliance, sleep disturbances, and increased dependency upon returning home (Stremler et al., 2017). Limited cognitive control and inability to understand the hospitalization process heighten the sense of loss of control and insecurity. Sensory experiences, including pain, medical

equipment sounds, and unfamiliar personnel, further exacerbate stress. Parental presence and reassuring behavior are protective, mitigating the intensity of negative emotions.

School-Age Children (6–12 years):

School-age children have a greater understanding of illness and the need for treatment, but limited ability to fully process risk and uncertainty can provoke significant anxiety and fear (Salley et al., 2023). Hospitalization often disrupts school attendance and social interactions, while restrictions on routine activities and play with peers can increase feelings of isolation. These children may also express anger, worry, and a sense of unfairness due to disrupted routines. Interventions that promote participation in decisions, explain procedures in age-appropriate language, and encourage emotional expression serve protective functions.

Adolescents (13–18 years):

Adolescents approach hospitalization with heightened awareness and concern regarding autonomy, body image, and social relationships. Restrictions and dependence on parents may lead to conflict and a sense of lost autonomy (Masa'deh & Jarrah, 2017). Information regarding illness and procedures can intensify anxiety about prognosis and future implications. Participation in decision-making, fostering autonomy, and maintaining social connections with peers and school environments function as protective factors, reducing psychological burden.

Across all developmental stages, parental presence and emotional support are crucial for the child's psychological adjustment. Developmentally appropriate communication, involvement in decisions affecting them, and maintaining routines within the hospital environment serve protective roles, reducing stress and enhancing the child's sense of control and security (Shields et al., 2012). Understanding these developmental differences allows healthcare professionals to design individualized interventions responsive to both the child's developmental needs and the dynamics of the family system.

This descriptive review highlights pediatric hospitalization as a highly emotionally, socially, and economically burdensome event that affects the entire family system. Evidence from the international literature supports that parents experience a multidimensional burden encompassing psychosocial stress, physical fatigue, social and occupational disruption, and financial difficulties (Cousino & Hazen, 2013; Pinquart, 2018; Liu et al., 2020). The intensity and duration of this burden are influenced by factors such as the severity and prognosis of the illness, length of hospitalization, the child's developmental stage, parental age, socioeconomic context, and the availability of social and familial resources (Franck et al., 2015; Salley et al., 2023; Zdun-Ryżewska et al., 2021).

These findings are consistent with previous research demonstrating the significant psychosocial burden experienced by parents and the critical role of parental support in children's psychological adjustment during hospitalization (Cousino & Hazen, 2013; Franck et al., 2015; Shields et al., 2012).

The present findings reinforce the need to conceptualize pediatric hospitalization not as an isolated clinical event, but as a complex family experience shaped by dynamic interactions between parental burden and child adjustment. The novel contribution of this review lies in its integrative approach, bringing together parental burden, child psychosocial adjustment, and family-centered care within a unified conceptual framework. By synthesizing these interconnected dimensions, the review provides a more comprehensive understanding of pediatric hospitalization as a family-centered phenomenon, addressing a gap in the existing literature.

The psychosocial and emotional dimension constitutes the core of parental burden, with high levels of anxiety, fear, and depressive symptoms often accompanied by secondary traumatic stress. Concurrently, physical, social, and occupational strains amplify overall parental distress, creating a vicious cycle that may negatively affect the child's adjustment. Nevertheless, the presence of protective factors—such as parental resilience, social and family support, adaptive coping strategies, and high-quality communication with healthcare staff—can substantially mitigate these adverse effects.

The developmental perspective revealed that children experience hospitalization differently depending on their stage of development. Infants and toddlers primarily experience separation anxiety and emotional insecurity; school-age children face worry and disruptions in social and school functioning; and adolescents encounter challenges related to autonomy, body image, and social relationships. Across all stages, active parental presence, emotional availability, and support function as protective factors, enhancing children's sense of security and facilitating psychological adjustment.

Family-centered care emerges as a key framework for support, recognizing the dynamic parent–child interaction and promoting parents' active participation in caregiving, communication with staff, and decision-making. Implementation of family-centered care principles reduces parental anxiety and depressive symptoms, improves psychological adjustment for both parents and children, and enhances the overall quality of care.

Overall, these findings underscore that pediatric hospitalization requires a holistic, multi-level approach that addresses the needs of the entire family rather than focusing solely on the child or the individual parent. Recognition and assessment of burden across all domains—psychosocial, physical, social, occupational, and financial—are prerequisites for designing effective interventions and support strategies. Such interventions enhance emotional resilience, reduce stress, and promote overall family well-being, while simultaneously improving children's experience and adjustment during hospitalization.

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