

Association of Child-mother (Resident doctors) Separation with psychological health of the child – Cross-Sectional and Empirical assessment in Baghdad Medical City

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Abstract

Introduction: Childhood psychiatric disorders are generally treatable; however, they often go undetected and remain untreated. As an attachment figure, a family mother is a highly significant entity in shaping the child's later emotional, societal, and behavioral outcomes.

Objectives: Maternal employment might benefit children's physical health by increasing parents' capability to live a more sophisticated or satisfied life. However, it may decrease the mother's potential to care for supervision, leading to socio-emotional difficulties, like indulging in sedentary activities.

Methods: The cross-sectional study was carried out as a quantitative approach, obtaining the resident doctors and children of them 110 respondents from Baghdad medical centers. In this line, resident doctors (female) with their irregular working schedules, work responsibilities stress, and migration of workplace at least 3 or more times in study course could affect their potential as a mother to explore child care attachment in fulfilling their child's psychiatric needs and hence approach to multiple caregivers.

Result: The study expounded that nearly 29.60% of scores acquired by the study group (children of resident doctors undergoing separation) children in the abnormal range, specifically in the peer problem dimension, with comparison outcomes of 9.30% in control-group children. Further, the behavioral and emotional difficulties of the study group, in accordance with impairment and distress, were significantly higher than the control group.

Conclusion: Psychiatry consultation and Psychological assessment could be put forwards for special children, which causes impairment and distress in their life later. Mothers should pay more attention to psychological intervention, facilitating support and attachment periodically.

Keywords: behavioral difficulties. Emotional issues, hyperactivity, resident doctors, maternal employment

1. Introduction and Background of research

The behavioral problems within children were general and loaded upon two primary dimensions: internalizing factors (fearfulness, somatic issues, sadness, and withdrawal) and externalizing attributes like defiance, aggression, and inattention (Mingebach, Kamp-Becker, Christiansen, & Weber, 2018). These problems tend to get proceeded with psychopathological issues in the later period. Symptoms from those factors might co-occur from the onset at an earlier age, and that comorbidity seems to be higher in the entire childhood and adult stages. The parental behavior, personality, and characters of parents were the foremost factor playing a significant role in molding and shaping the sensitive mind of a child. As one of two pillars in the family, a woman as a mother plays a dual vital role, as wife and mother with mental and physical characteristics impose certain responsibility burden on herself. In the case of maternal employment (Fitzsimons & Pongiglione, 2019), women carry her to

thrive in the trivial role of being prominent workers and family pillars. In this scenario, mother resident doctors face various issues in their different life aspects, like their work responsibility stress, frequent migration for work to a different hospital for training, study course period, examination, and periodical hospital stay either in the doctor's house or in hospital. In contrast, all those aspects could impact the mother's capability to cope with family needs, specifically in child-care, unable to bring out work-life balance(Waddoups, Yoshikawa, & Strouf, 2019).

Many existing researchers focussed primarily on the mother-child separation on the psychological impacts of this separation caused detachment. Studies on the effects of this separation have reported negative outcomes on children in their long-term violent behavior, literacy issues, and poor mental health(Mogoba et al., 2021). Child-care is a major and unique challenge for mothers. Few residents had the fortune to provide the bulk of responsibility to their spouse or any family members that could save money and permit scheduled flexibility. Getting things done in the house has already been cumbersome for the medical resident. This is considerably more tedious if the parents persuade to take on childcare responsibilities. Another better option to move with this is that resident doctors can schedule their work priority-wise, in the period for chores in advance.

To integrate family and career for physicians at all professional development stages but specifically in the residency of doctors, occurring during child-bearing years and indulging flexible, long working hours. The parental leave policies could impact the well-being of the mother doctors and gender equity(Magudia et al., 2018). With rapid urbanization and greater economic development in china, the left-behind children whose mothers migrate to other cities for work have become a high population, acquiring more attention. In coping with this line, one such study focussed on delineating the particular effects of those migrant mothers on the earlier development of children and the socio-emotional issues. There seems to be an increasing literature body that concerns those populations' mental and physical health. The left-behind children suffer a high risk of slow physical development compared to other peer groups, who are not left behind [6]. It has been well documented that those left-behind children possess more behavioral and mental difficulties than the general population. For instance, different parameters such as alcohol consumption, internet addiction, anxiety, depression, and crucial psychological distress are the protruding complications acquired by the child's separation from their mothers. However, the relationship between social-emotional issues and the left-behind condition of the child or the different caretakers was defined well during adolescence.

The socio-emotional progress is another comprehensive concept broadly utilized by preschool children. It refers to their communication capability with their social environment to deal with social-relationship and regulate emotions[10]. The delay in the development of socio-emotional attributes in the earlier childhood period was associated with behavioral and emotional problems in later childhood days and the adult stages. Hence the early detection and screening of those behavioral and emotional issues in children due to their parental-child separation are highly significant for following up treatment and the children's long-term mental health. However, only a few researchers assessed how the absence of mothers because of work migration would impact the socio-emotional development of children's mental health(Qu et al., 2020). Some researchers have propounded if there persists any variation in the inferences occurs due to the different sorts of non-maternal care(Narea, Toppelberg, Irrázaval, & Xu, 2020). The children experience non-maternal care(Kopp, Lindauer, & Garthus-Niegel, 2022) in this context of one-on-one-care conditions, such as care by their grandmothers or nannies or within group settings like hospitals, orphanages, or daycare centers. Those caregivers have fewer instances of the emotional-responsiveness within a group setting than other caregivers indulged in one-to-one care. Since some children had troubled backgrounds in the family work migration of mothers due to career, and financial situation, children having poor-quality day-care could likely gain unresponsive caregiving at day-care and home. Those children are at great risk of developing physical growth, mental health development, and psychological issues in childhood (Music, 2016).

The mother's experience in the workplace plays a prominent role in the child development circle. The working time of resident doctors, their work conditions handling different complications, different populations, their levels of job autonomy, free time allotment of a mother with child, work stress, etc., all together would leave a unique mark upon the changes in societal, emotional, behavior, resilient attributes of children in their brought up. Women in this context found it tedious to balance the working conditions and the impacts on children's personality development. Like in the case of maternal work circumstances, one such research observed that children population between the age group of 6 months – 4 years who are separated from their mothers in hospitalization were exposed to different recognizable patterns of emotional reaction and odd behaviors like detachment, despair, and protest, compared with children who are with their mothers. Following the hospital policies of some medical institutions, the mothers are allowed only to visit the children for a single hour in one

week, and this policy is applied to all resident doctors, irrespective of status discrimination(Wolchik, Tein, Sandler, & Doyle, 2002)

In a way to have a better understanding of how that mother-child separation leads to the development of emotional and psychological difficulties, internalizing problems like anxiety, depression, somatic complaints, attachment, and externalizing behavioral issues of children, including aggression, hyperactivity delinquency, the present study is delineated, to analyze the effect of mother-child separation during their work stay of mother-resident doctors. The study addressed to put forth in screening out the children population to ensure the occurrence or absence of emotional issues and behavioral troubles.

1.2. Problematicization

Childhood is recognized to be a significant and enthusiastic time of human life. The earliest period of a child's life comprises of sensitive phase. Wherein the rapid progress in external and internal habits originates. In this development phase, the children generally obtained more skills like the sharing skill with others fed by parents, good vocational skills, understanding of parents' qualities, playing with other persons, handling expressions, clearly expressing themselves, creativity, critical thinking, and nurturing good traits from mother's statement, etc(Daly, 2015). Good interaction and a healthy home environment with parents, specifically the mother, are more significant for the well-being and development of children, and this consequently impacts the children's behavioral, speaking, and emotional abilities. Childhood personality development relies majorly on the relationship bond with mothers.

For instance, Mother resident Doctors in their medical field services, like most professions, also possess irregular schedules of work, work stress responsibilities(Ogboghodo & Edema, 2020), workload, 24 hours duty, location change of the work, and examination preparation may impact the capability of mothers to fulfilling the needs of the family, especially their child. The work-life balance gets distracted in this place(Chambliss, 2019). In this line, Those children may generally be placed in multiple caregivers or group child care like within relatives or daycare organizations, leading to acquiring one-to-one instruction and attention. This aspect affects childhood personally. The number of employed mothers worldwide has raised an important question about the impacts on the child's development in different aspects such as cognitive(Paulus, Licata, Gniewosz, & Sodian, 2018), social, and emotional development. The separation of mother-child during their study course or work location, and the workload for a longer period, specifically in earlier childhood, might have other psychological and physical conditions. In this scenario, analyzing the consequences of the childhood impacting attributes due to mother-child separation is essential to aid with the sort of year-round support by the mothers that are paved attention at the first level

1.3. Paper organization

The content of the paper was structured as follows. Section I states the introductory concepts of the occupation of women and how it changed the psychological health of the children and the study's problem statement. Section II enumerated entire review analysis studies, employing different inferences of analysis of effects considerations due to Parent-child separations. Section III elucidates the study's research methodology, Sampling technique, data collection method, and conceptual framework. Section IV discusses the results analysis of the study, enunciating with various statistical tests for stating the research objective, with study significance. Section V propounds the conclusive part of the study

2. Review of Literature

The below section enumerated the review analysis of different researchers, listing out the effects and factor considerations of a child's psychological health due to mother-child separation

2.1. Effects and factor considerations in child's psychological health due to Mother-child separations

Children experiencing separation from parents were likely to be exposed to parental conflicts, like a reported risk factor for adults offending even in family change absence. In addition, the child-parent separation increased negative parenting behaviors, minimized monitoring of parents, insecure child-parent attachment, minimized economic resources, and increased the likelihood of some disrupted family routines. All these parameters were associated with the heightened risk of developing maladaptive or problematic psychopathology behaviors in the childhood stages(Mok et al., 2018).

One of the researchers, Palmtag, explicated how various conflicts occurring in childhood and parental separation interactively and additively estimated the (SRH)Self-rated health parameters in adulthood. Further, an analysis of the subsamples examined how the distinct conflicts in the family predicted adulthood SRH in the separate family groups and controlled for those post-separation circumstances. Finally, to conclude the statement, the researcher states that parental conflicts and parental separation from the child influence the SRH rate of the Child in adulthood. Even though those separations might resolve the parental conflicts, the conflicts could permanently damage the mother-child bond and hence proceed to impinge upon the child's health (Palmtag, 2022).

The child experiencing a consistent separation from their mother in their earlier life stages due to the work environment condition of mothers or situational stay outside of the home like in the resident doctors, might experience chaos and instability of different aspects in the home environment and within their own mental and physical health aspects as well. Disorderliness in accordance to the home physical dimensions(like the crowding, noise, and clutter) and family routines of the child and mother were related to the progress of low cognitive functioning and low emotional distress among those separated young children, while they are unable to gain the care and attention of their mothers. On the other hand, children residing in highly regulated (predictable) environments seemed better capable of self-regulation, which had positive implications for academic and socio-emotional competencies. In this context, the earlier mother-child separation might get better experienced to be unexpected normal family routine disruption(Tor, 2021).

The impacts of that negative attitudes upon lonely mothers or parents' confidence levels were likely to get exacerbated through present maximized attention on parenting behavior in the scenario. The involvement of the parents, specifically in the earlier years of a child's life, is viewed to be increasingly instrumental in children's cognitive and social outputs. Confidence in parenting had emerged as a central concept that could be represented as a group of beliefs and skills that do not naturally acquire by parents. However, it has to be possessed with the aid of parenting experts or counsel(Daly, 2015). This path may result in anxiety as to assess how well the mothers excel as parents. The integration of those social-environmental impacts might affect the confidence level of mothers in their parenting skills negatively work-balance maintenance skills after the separation due to career, studies, or conflicts in the family(Haux & Platt, 2020). At the same time, the other sides' shared-care arrangements of multiple-care givers were turning increasingly general between the most conflicted and most cooperative couples(Smyth, 2017). This would mean that enhancement within self-concepts that arise from higher parental involvement was undermined. Upon balance, the greater involvement of parents, especially the mother, ought to be observed in the rapidly moving working environment, which had positive knock-on impacts on confidence level, physical condition, focus on study, work, and psychological conditions of separated mothers. However, such a positive relationship could be assumed until it is maintained or put forth by parents(Humphreys, 2019).

Another inference of evidence in other research highlighted that this mother-child separation seems general in peri-urban Southern African settings in the first 4 years of the postpartum period. Even though the mechanism was not clear, the separation of mother-child might be associated with poor maternal outcomes in ART(anti-retroviral therapy) (Mogoba et al., 2021).

For different physician mothers, the satisfaction in the career seems to get intertwined with work-life challenges, partially due to the competing domestic responsibilities burden. In the hospital industry, female surgeons were more likely to have a dual-career relationship than the male population and were more likely to have children in earlier career phases. Those aspects might greatly inhibit domestic responsibilities, hindering prior academic advancement and productivity toward leadership positions. Similarly, the female physicals in this academic family medicine cite major challenges to balance the responsibilities between child care and work-home. Overall, the physician mothers had reported being sole-responsibly for many domestic tasks compared to a partner or spouse. The domestic tasks include routine child-care plans, emergency child-care plans, shopping for groceries, cooking, aiding children with homework, cooking tasks, children's personality maintenance like cloth purchasing, accessories, child-care planning of vacation, laundry work, etc., Hence due to the work hours and migration of female physicians, there may be a consistent breakdown of their domestic tasks. The most significant is the lacking of full-fledged child care and attachment towards their children due to the constant career migration of mothers. The comprehensive child-care services beyond and during working hours and increased work schedule flexibility would support the female physician in maintaining a more sustainable and healthy work-life combination. To increase the household's dual income, parental leave must be emphasized apart from maternity leave(Lyu, Davids, Scully, & Melnitchouk, 2019).

Other work deals with comparing the problem-behavior and emotional status of preschool children, in accordance with the mother's occupation, in two different groups, before the pandemic period and then during the pandemic period. Mothers are informed to complete a survey of socio-demographic attributes, including (the ERC) Emotional Regulation checklist and (the SDQ) Strengths and difficulties-Questionnaire. The mother's occupational status in this pandemic and pre-pandemic periods differs significantly in ERC values, scores of peer relationship issues, and pro-social behavior (Çiçek & Yalçın, 2022) [22]. Internalization seems lower during the pandemic and is related to the mother's occupation. In the group setting, caregivers ought to pay attention to the child's requirements. The inferences imply that in a group setting, the caregivers were often unable to satisfy the contribution of the mother or primary caregiver. Within a group setting, the caregivers cannot aid the infants in managing their distress.

3. Research Methodology

The study is an empirical and cross-sectional study in Baghdad Medical-city, representing many specialized hospitals for various medical branches. The medical centers and hospitals are mainly teaching institutes, making a resident for many resident doctors all over regions of Iraq. Nearly 500 resident doctors work in the large medical city, where most are resident female doctors who are all almost of reproductive age. Some doctors may be married having one or more children in pre-school and school age. The research design was chosen to learn about the behavioral and emotional difficulties of children between 4 years to 7 years caused due to maternal separation while the mother has a long stay in the resident doctor's house.

3.1. Research Design

The research persuades with empirical study to explore the variables, assessing children's emotional, conduct, peer, and inattention issues due to their mother's separation in the workplace (hospital stay). The questionnaire is framed to get accurate results for the objectives of the present study. The next process of research design consists of collecting data from the respondents. The respondents must be selected in a suitable way that gains perception from children and the resident doctors (mothers of the children). The collected data is analyzed using the support of the technique SPSS analysis tool, which is a statistical tool that is generally used for quantitative analysis of complex data. At first, the distribution of respondents with several children and their hospital stay parameters are enumerated. After analyzing the frequency of descriptive measures, the system tests the framed hypothesis. After evaluating the hypothesis, the conclusion and the future direction were also deliberated.

3.2. Research Hypothesis

H₁1: There exists a significant impact of mother-child separation on the behavioral and emotional issues of children of resident doctors in Baghdad medical centers

H₁2: There are statistically significant differences in median scores of child difficulties, such as emotional issues, inattention, and conduct behavior issues, in the study group and control group respondents.

3.3. Research Objectives

- To screen the children population for the possibility of the prevalence of emotional issues and the behavioral difficulties
- To analyze the influence of child-mother separation due to the occupation of mothers, while they have stayed in the working hospitals or if they are staying in a doctor's house for more days per month.

3.4. Data collection and Instruments

Data collection is the tool used to gather information from the respondents based on a specific research subject. In the present study, the primary data is collected from a group of respondents residing as doctors in teaching centers in Baghdad medical centers. Two data collection methods are available for the research analysis: primary and secondary source data. Data was collected through an SGD questionnaire from children between the age limit of four-seven years, who are all between the preschool and school continuation periods. The data

collection is pursued directly from mothers in the workplace through the Arabic version of extended SDQ. For every child, the mother has been asked to complete on questionnaire copy.

The medical departments are visited, and female doctors are contacted during their visiting time. The data is collected by dividing the population into married and unmarried doctors. In the married population, the collection is done for mothers having children between 4 to 7 years of age. Hence in this scenario, the purposive sampling technique is utilized. Since the sample was limited for several reasons, specific respondents with specific and limited age groups were selected. This is because it some difficulties to contact all the female doctors in entire medical branches. The primary data is referred to the new data collected from the respondents directly. They are free to answer their views for the framed questions. As the primary data is acquired in actual time, it is more accurate and real. The main advantage of using primary data collection is that the data gathered is more credible because it does not collect from any second-hand sources like printed notes or books. The major ways of gathering data are observing, asking, and investigating a target group. Primary data is more like a raw substance, regarded as a long process, but it is worth enough.

3.5. Population and Sampling

The study follows a non-probability sampling method that does not necessitate the entire survey frame, deliberated as a non-random sample collection method. In this study, the purposive sampling technique is utilized, which refers to a set of non-probability sampling approaches, wherein the units were chosen because they possess characteristics based on the requirements of the research demands in the sample. The units were chosen "on Purpose" in this sampling method. The purposive sampling method is also defined as a subjective or selective judgment sampling method, in which the researcher depends on her or his judgment while picking out population members for participating in the study.

The data was collected from children with a low limit age of 4-7 years since this population has more dependency on mothers than between preschool and school-age children. So each child having 4-7 years is accepted as the primary respondent whose mother is employed as a resident doctor in the medical city of Baghdad. Therefore, data were collected between November 25th, 2021 to January 15th, 2022, to nearly 110 children of eighty-two mothers who were categorized into the following groups.

Study group: fifty-four children of thirty-seven female resident doctors whose mothers stay more days in the hospital every month.

Control group: Fifty-four children of forty-three female resident doctors whose mothers do not have to stay in any hospital daily.

The remaining two questionnaires have been excluded since the questionnaire was filled.

3.6. Research Instruments and Data Analysis

This SDQ is a brief behavioral questionnaire available in nearly forty languages. The questionnaire consisted of twenty-five items related to queries about the behavioral attributes of children and was integrated into five sub-scales. The emotional symptoms, in its sub-scale, comprise items involving fears, nerve symptoms, somatic symptoms, worries, and fears. The conduct issues consist of sub-sales of fidgeting concentration, impulsivity, distractibility, and cover restlessness. The sub-scale of peer-relationship consists of queries related to victimization, friendship, popularity, capability in relating to children compared to adults, and isolation. The sub-scale of pro-social queries related to considering others, the potential to share, young children's kindness, helping attitude if children are distressed, and willingness for involvement in voluntariness. The higher score values imply difficulties for the entire sub-scale, excluding the pro-social sub-scale. The impact sub-scale measures the difficulties impacts upon the caregivers, and the burden felt, distress, social impairment, and chronicity of children themselves. Additionally, resident mothers were asked to fill out the social and demographic questionnaire, consisting of the child's age, count of days stayed in the hospital by their mother, house type residing by doctors, separate house or with family, previous consultation of children from any psychiatrist before.

Even though SDQ scores could be utilized as continuous variables, it would be convenient for categorizing scores. The presented categories for this SDQ score were 'normal,' 'borderline,' and then abnormal. The

comparison between the study and control groups was studied through statistical method analysis. At first, every child's score is calculated through the SDQ-score table in a manual approach. Then, the emotional difficulties, hyperactivity, pro-social, and conduct behavior scores are computed from 0 to 10 individually. Next, the total score of difficulties was generated by summing up the four sub-scales discussed above, such as emotional issues, conduct-behavior, inattention/hyperactivity, and peer issues ranging from 0 value to 40 value. The impact score is finally computed from 0 to 10. Finally, the results of the children's scores are compared between the study group and the control group through different tests such Mann-Whitney test and Fisher exact test.

4. Results

Table 1. The distribution of our sample according to the number of nights that the mother spends in the hospital and doctor's house per month is classified into categories

| Number of nights | 0 days | 1-5 days | 6-10 days | 11-15 days | 16-20 days | 21-30 days |
|--------------------|--------|----------|-----------|------------|------------|------------|
| Number of children | 54 | 13 | 13 | 8 | 11 | 9 |

Table 1 deliberated the distribution of the respondents (children – samples) by the number of nights spent in the hospital by their respective mothers, ranging from 0 days (Control group) to thirty days. The table implies that the study group respondents are distributed across the range. The distribution count shows that nine children have their mothers staying from 21 to 30 days. 13 children have their mothers as resident doctors staying from 1 to 10 days in the hospital.

Mann Whitney Test

Table 2. Comparison between study and control groups in different SDQ scales.

| Parameter | Control N=54 Median (Range) | Study N=54 Median (Range) | P value* |
|---|--------------------------------------|------------------------------------|--------------|
| Total difficulties score | 9 (1-23) | 11 (3-19) | 0.086 |
| Emotional score | 2 (0-9) | 3 (0-9) | 0.606 |
| Conduct score | 2 (0-6) | 2 (0-6) | 0.982 |
| Hyperactivity/ inattention score | 2 (0-9) | 3 (0-8) | 0.191 |
| Peer problem score | 2 (0-6) | 2 (0-7) | 0.015 |
| Prosocial score | 7.5 (3-10) | 7 (2-10) | 0.210 |
| Total Impact score | 0 (0-3) | 0 (0-8) | 0.016 |

In table 2, it is clearly illustrated that the study group tends to have a score higher than the control group in total difficulties score, as tested above. However, the difference does not offer any statistically significant values. However, the p-value in children's peer problems is 0.01, lesser than the significance value, which demonstrated that higher scores mean increased issues in this attribute. The inference depicted that study group children had fewer social skills in peer communication than other children in the control group. These skills normally commence from earlier childhood life from communicating with their family members (relatives as well) and then friends, specifically the mothers who encourage the child's social development and play a major part in

teaching environmental communication to children. Therefore, this lack of peer communication skills may be due to a lack of maternal care.

Table 3. Comparison of total difficulties score and total impact score instudy group between males and females

| Parameter | Male N=23 Median (Range) | Female N=31 Median (Range) | P value* |
|---------------------|-----------------------------------|-------------------------------------|----------|
| Total score | 12 (4-19) | 9 (3-19) | 0.288 |
| Impact score | 0 (0-5) | 0 (0-8) | 0.744 |

In table 3, there are no statistical differences between the male respondents and the female respondents.

Table 4. Comparison of total difficulties score and total impact score instudy group between preschool and school-age children

| Parameter | Preschool N=28 Median (Range) | School N=26 Median (Range) | P value* |
|---------------------|--|-------------------------------------|----------|
| Total score | 11 (3-19) | 10.5 (4-18) | 0.958 |
| Impact score | 0 (0-5) | 0 (0-8) | 0.645 |

In line with this, table 4 compares the median ranges of difficulty scores and the total impact score in the study-group child between preschool and school-age children. From the table inferences, it is clearly defined that the p-value is greater than 0.05, implying that there is no significant statistical variation of male children population and female children between pre-school age and school-age children.

Table 5: Comparison of total difficulties score and total impact score instudy group between children who live in separated and not separated houses

| Parameter | Separated N=27 Median (Range) | Not separated N=27 Median (Range) | P value* |
|---------------------|--|--|----------|
| Total score | 10 (3-19) | 11 (4-19) | 0.466 |
| Impact score | 0 (0-5) | 0 (0-8) | 0.977 |

Similarly, tables 3,4 and 5 explored the test to compare the control-group child outcomes and study-group outcomes. In table 5 above, the p values again define no statistically significant differences in total score and total impact score between the children living in detached houses and children-population living with extended family members inside the same house. Hence these outcomes revealed that separation impacts depend on various factors, not on any of discussed factors particularly. For example, it may differ in children's attributes, parents, and multiple caregivers, depending on the environment.

Table 6. Comparison of the number of (abnormal) scores in both study andcontrol groups

| Parameter | Control N=54 No. (%) | Study N=54 No. (%) | P value* |
|---|----------------------------|--------------------------|----------|
| Abnormal Total difficultiesscore | 4 (7.4) | 8 (14.8) | 0.359 |

| (17-40) | | | |
|---|-----------|-----------|--------------|
| Abnormal Emotional score(5-10) | 5 (9.3) | 9 (16.7) | 0.391 |
| Abnormal Conduct score(4-10) | 14 (25.9) | 11 (20.4) | 0.649 |
| Abnormal Hyperactivity/ inattention score (7-10) | 5 (9.3) | 6 (11.1) | 1.000 |
| Abnormal Peer problem score (4-10) | 5 (9.3) | 16 (29.6) | 0.014 |
| Abnormal Prosocial score(0-4) | 3 (5.6) | 3 (5.6) | 1.000 |
| Abnormal Total Impact score(2-10) | 7 (13.0) | 10 (18.5) | 0.598 |

Table 6 shows the count of children with abnormal scoring in different sub-scales in the control-group respondents and then study-group respondents. From the table above, the first observation that is viewed as odd is the highest score in abnormal peer problems of the study group than the control group. The significance value of this factor Abnormal Peer problem score (4-10), with lesser than 0.05, states that there are significant statistical differences in peer problems of the 54 control group children and 54 study respondents. The results indicated that 30 percent of the study group children had scored abnormally in sub-scale peer issues compared to the control group, showing only 9.30 %. The impact score was also computed from 0 value to 10. the total impact score possesses p-value of 0.598, nearly equal to 0. This inference again confirmed that the separation impacts of mother-child have been relying on more factors, apart from peer-problem sub-scale like the external and internal children factors.

5. Discussion

One of the most significant outcomes of the study is that the total impact score seems to be significantly high in study-group children compared with control-group children. The output reveals the burden acquired by the child's problem behavior, like its severity. In table 2, the study group children tend to acquire higher scores in total difficulties score however, those scores do not provide the inference about the significant differences in the median values in sub-scale attributes of the emotional score, conduct score, hyperactivity, pro-social score, and total difficulties-score. These outcomes seem consistent with study outcomes arranged by Amir Salimiha (Salimiha, Perales, & Baxter, 2018), which states with no evidence of detrimental impacts on child-socio emotional-behavior of children due to maternal employment in earlier childhood years. Moreover, only a few studies compared working mothers and non-working mothers and represented the significant relation between non-standard work schedules and leading to adverse child development outcomes(Jacob & Kühhirt, 2021). However, a different study evolved different outcomes, showing the considerable impact on socio-emotional child's development(Parkes, Chambers, & Buston, 2021)

The higher score in the peer-problem sub-scale delineated that there are statistically significant differences, of peer- social skills in terms of the children's communication difficulties of study group children and control-group students. Since social skills, like communication with society or the surrounding environment, will be nurtured from their childhood days only by mothers, the differences between the study and control groups illustrated this inference. Hence the children's social development and their interaction in different social circumstances rely on them together with their mothers. Moreover, even though there involve multiple caregivers for children, they aid in the management of the child's necessities like cleanliness, dressing, and feeding however, the primary focus to develop a child's social skills can achieve only through their mothers. Hence this implies that the resident doctors spending more time in the hospital itself might interfere with the activity development of children.

The other tables, with a score of other sub-scales like an emotional issue, conduct-behavior, inattention/hyperactivity, and peer issues, bring out the implication that there are no significant statistical differences- between study-group and control group respondents in their emotional and behavioral attributes.

This indirectly means that specific psychological development areas might be encouraged in children by substituting multiple-care givers like fathers and relatives, who care for those children very well without mothers (resident doctors).

The impact score seems higher in the study group than in the control group. The significance of the total impact score originates from the fact wherein mental disorders were usually associated with prominent social disability or distress, activities, or occupational actions. The impact score generally represents the extent or boundary towards problem-behavior caused functional impairment and distress in different life aspects of children (like personal relations, daily life, and leisure activities). If those life aspects were not impacted or affected to the mild range, then this score would be 0, defining that problem behavior as not a manifestation of the child's mental disorder. The mental disorder probability increases parallel with the increase in the total impact score of children. This level depends on the interaction level of the child's environment. If a child had certain behavioral and emotional issues, then this child-mother separation might increase this severity-condition and suffering condition. Hence the child with those psychological issues already needs to live in a more supportive environment. Therefore her/his condition would be better adapted by environmental support and a good family. Therefore, those children, separated from their mothers, should focus more on not affecting their psychological condition. After the consecutive comparison of control-group child scores and study-group child scores, it is determined that no statistical differences between the male, and female population, preschool group, school-age children, nor children having families living in detached houses and children having families residing in the same house with extended family based on the p-value. The findings explicated that separation impacts rely on more factors, maybe to explore more, including children by themselves analyzing, parents, characteristics of caregivers, nurturing style, environmental factor, and so on, hence one cannot has a dependency on any specific construct.

6. Conclusion

The children who are the future makers of the nation, whose well-being significantly impacts the health of society, the present research examined the effects of maternal employment of resident doctors of medical centers in Baghdad city on the mental health of children ranging from 4 years to 7 years. The study delineated screening children with prolonged or frequent mother separation due to hospital stay for the possibility of behavioral and emotional difficulties. The study with an empirical assessment of the children of resident doctors and the mothers through the SDQ instrument. The difficulties range from mother separation, assessed in different sub-scales such as emotional symptoms, hyperactivity, conduct issues, and pro-social and peer problems among the study group and control group child. The quantitative analysis explored to deliberate higher scores in study group children in peer problems, revealing increased difficulties to develop social skills, like peer communication with mother, society, and other family members that ought to get nurtured from mother's bought up. From the study inferences, it is propounded that child separation from mothers, during the resident doctor's hospital stage in the doctor's house or on night shift, might impact the children with a certain degree of psychological issues already. This separation might maximize the suffering and severity however it shall not interfere with the psychological development of a group of children who do not have that sort of complication. Psychiatry consultation and Psychological assessment could be put forwards for special children, which causes impairment and distress in their life later. Mothers should pay more attention to psychological intervention, facilitating support and attachment periodically.

7. Declaration

- **Conflict of Interest:** The author reports that there is no conflict of Interest.
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