

Mariusz Grzegorz Karbowski¹, Agnieszka Nowicka²,
Adam Parfienieczyk³, Tomasz Miłek⁴

Received: 09.03.2026
Accepted: 02.04.2026
Published: 09.07.2026

Determinants of resentment in mothers of children hospitalised in a paediatric ward

Uwarunkowania resentmentu u matek dzieci hospitalizowanych na oddziale pediatrycznym


¹ Department of Psychology, Faculty of Pedagogy and Psychology, Jan Kochanowski University in Kielce, Kielce, Poland

² Independent Public Health Care Centre in Kępno, Kępno, Poland

³ Clinical Department of Internal Medicine and Endocrinology, Dr Anna Gostyńska Wolski Hospital, Warsaw, Poland

⁴ Faculty of Medicine, Collegium Medicum, Cardinal Stefan Wyszyński University in Warsaw, Warsaw, Poland

Correspondence: Mariusz Grzegorz Karbowski, Department of Psychology, Faculty of Pedagogy and Psychology, Jan Kochanowski University in Kielce, Żeromskiego 5, 25-369 Kielce, Poland, e-mail: mkarbowski@ujk.edu.pl

 <https://doi.org/10.15557/PiMR.2026.0011>

ORCID iDs

1. Mariusz Grzegorz Karbowski <https://orcid.org/0000-0002-9806-6133>

2. Agnieszka Nowicka <https://orcid.org/0009-0007-5436-7480>

3. Adam Parfienieczyk <https://orcid.org/0009-0005-5163-7241>

4. Tomasz Miłek <https://orcid.org/0000-0002-1250-1174>

Abstract

Introduction and objective: Most studies focus on mothers' reactions to their child's long-term hospitalisation and the consequences of the illness. Much less attention has been paid to mothers' reactions during the initial phase of hospitalisation, particularly in cases of short hospital stays. Previous research has also overlooked emotional states such as feelings of hurt, a sense of injustice, or resentment, which may contribute to the experience of resentment. This study examines the determinants of resentment in mothers of children admitted to a paediatric ward, with particular consideration of short hospital stays. **Materials and methods:** The study involved 135 mothers of children hospitalised in a paediatric ward. Data were collected using a set of questionnaires, including the Resentment Questionnaire, the General Self-Efficacy Scale, and the Courtauld Emotional Control Scale. **Results:** The level of resentment experienced by the mother correlated with the child's age and the mother's subjective assessment of the child's health. A positive correlation was found between resentment and anger control as well as anxiety levels. A negative correlation was observed between resentment and an emotion-focused coping style. Additional associations were identified between resentment, the tendency to suppress anger, and mothers' perceived self-efficacy in dealing with difficult situations. **Conclusions:** Mothers of younger children tend to suppress sadness, feelings of hurt, and resentment, experiencing higher levels of resentment, and should therefore receive additional support. Interventions such as psychological counselling and therapeutic assistance may help reduce negative emotions, diminish anger, and prevent the intensification of depressive symptoms. Strengthening mothers' self-efficacy may contribute to lowering the level of resentment. These conclusions highlight areas for intervention and emphasise the mother's role in the child's active treatment process, which fosters a sense of agency and enhances self-efficacy.

Keywords: emotion control, hospitalised child, self-efficacy, resentment

Streszczenie

Wprowadzenie i cel: Większość badań koncentruje się na reakcjach matek w sytuacji długotrwałej hospitalizacji dziecka oraz na konsekwencjach choroby. Znacznie rzadziej analizowane są reakcje matek pojawiające się w początkowej fazie hospitalizacji dziecka w przypadku krótkiego pobytu w szpitalu. W dotychczasowych opracowaniach nie podejmowano także problemu stanów emocjonalnych, takich jak żal, poczucie niesprawiedliwości czy niechęć, które mogą współtworzyć doświadczenie resentmentu. Niniejsze opracowanie koncentruje się na analizie uwarunkowań resentmentu u matek dzieci przebywających na oddziale pediatrycznym z uwzględnieniem krótkiego pobytu w szpitalu. **Materiał i metody:** W badaniu uczestniczyło 135 matek dzieci przebywających na oddziale pediatrycznym. Do zebrania danych posłużono się zestawem ankiet. Wykorzystano Kwestionariusz Resentymentu, Skalę Uogólnionej Własnej Skuteczności i Skalę Kontroli Emocji. **Wyniki:** Poziom resentmentu odczuwanego przez matkę dziecka wykazuje związek z wiekiem dziecka oraz z subiektywną oceną jego stanu

zdrowia. Wykazano dodatnią korelację pomiędzy poziomem resentymentu a kontrolą gniewu oraz poziomem lęku. Stwierdzono ujemną zależność pomiędzy nasileniem resentymentu a stylem radzenia sobie skoncentrowanym na emocjach. Odnotowano powiązanie pomiędzy poziomem resentymentu a tendencją do tłumienia gniewu, a także poczuciem własnej skuteczności w radzeniu sobie z trudnymi sytuacjami. **Wnioski:** Matki młodszych dzieci wykazują tendencję do tłumienia smutku, żalu, niechęci i doświadczają wyższego poziomu resentymentu. Powinny więc zostać objęte dodatkową opieką. Interwencje takie jak poradnictwo psychologiczne i wsparcie terapeutyczne mogą się przyczynić do obniżenia poziomu negatywnych emocji, redukcji gniewu oraz minimalizowania nasilenia objawów depresyjnych. Praca nad poczuciem własnej skuteczności u matek dzieci powinna się przyczynić do obniżenia odczuwanego resentymentu. Wskazywane wnioski ukazują obszary działania i podkreślają rolę matki w aktywnym procesie leczenia dziecka, co sprzyja wzmocnieniu poczucia sprawstwa i zwiększeniu przekonania o własnej skuteczności.

Słowa kluczowe: kontrola emocji, dziecko hospitalizowane, poczucie własnej skuteczności, resentyment

INTRODUCTION

A child's illness is a highly challenging event within the functioning of the family system. It affects not only the health of the young patient but also the psychological well-being of their immediate environment⁽¹⁾. This situation can trigger intense emotional reactions among family members – such as anxiety, anger, uncertainty, and psychological tension – which, over the long term, may foster the development of negative emotional attitudes⁽²⁾, including those rooted in resentment. These experiences can lead to an accumulation of difficult emotions and the formation of more permanent patterns of interpreting reality⁽³⁾, which are conceptualised in the literature in terms of resentment. In psychology, resentment is most often defined as a complex of negative emotions, an enduring emotional-cognitive attitude arising from a distorted and generalised perception of reality. Within this framework, suppressed emotions – such as resentment, jealousy, envy, or hatred – are directed towards other people, situations, or oneself⁽⁴⁾.

In the relevant literature, numerous studies focus on the reactions of mothers during a child's prolonged hospitalisation^(5,6). By contrast, short-term hospital stays are analysed far less frequently. Consequently, the literature still offers relatively little guidance on forms of support and methods of assistance for mothers facing this specific and often emotionally demanding situation. Recent research indicates that a child's hospitalisation can be a significant source of psychological burden for parents, leading to emotional responses such as stress, anxiety, helplessness, and mental tension⁽⁷⁾. Many studies primarily emphasise so-called objective indicators of stress, which relate to the situational and clinical factors of the hospitalisation⁽⁸⁾. Mothers' subjective evaluations of the negative emotions they experience are rarely analysed, even though these assessments may differ significantly from objective indicators. The subjective experience of a child's illness can give rise to complex emotional-cognitive reactions rooted in feelings of powerlessness, injustice, or frustration, which from a psychological perspective may manifest as expressions of resentment.

A child's illness undoubtedly exerts a significant impact on the functioning of the entire family system. At the same time, the attitudes, emotional reactions, and behaviours of the parents significantly influence how well the child adapts to the illness and the treatment process. Research findings indicate that mothers of children hospitalised in neonatal intensive care units, in particular, experience high levels of psychological stress, which can negatively affect sleep quality and general well-being⁽⁹⁾. Rising levels of parental anxiety during hospitalisation can also indirectly impact the child's development and functioning⁽¹⁰⁾. The presented studies and correlational analyses suggest that strengthening family support and the quality of partner relationships may contribute to improving the psychological well-being and quality of life of mothers.

In clinical practice, psychologists often employ the metaphor of a mirror, pointing out that young children can reflect the emotions of their parents. This phenomenon is supported by research into emotional co-regulation and emotional transmission within the family⁽¹¹⁾ and through the role of the motor system in early childhood⁽¹²⁾. By observing adults' behaviours and their emotional reactions, children assign meaning to the situations they find themselves in, and learn from those closest to them ways of responding to difficult experiences. In this process, they acquire strategies for coping with emotions and methods of regulating them. In a hospital setting, the emotional reactions of caregivers are particularly significant, as they can serve as an important point of reference for the child when interpreting the situation. Consequently, children learn how to respond to emotions such as anxiety, feelings of hurt, anger, or frustration that may emerge in parents faced with a child's illness and hospitalisation.

In view of these considerations, it seems appropriate to conduct an in-depth investigation into the factors that may influence the level of psychological resentment in mothers of children hospitalised in paediatric wards. Identifying these determinants may be of considerable importance for understanding parents' emotional functioning when a child is ill, as well as for designing appropriate forms of psychological support. In this context, self-efficacy may play

a particularly significant role, as it facilitates the anticipation of intentions and the undertaking of adaptive actions, while also supporting the family in coping with the child's challenging health situation⁽¹³⁾. Strengthening parents' belief in their own capabilities may therefore help families navigate even a short-term hospitalisation and encourage constructive health-related behaviours.

In light of these considerations, and to demonstrate the value of examining this issue, the following section presents the materials and research methods used for the empirical verification of the relationships described above.

MATERIAL

The study group comprised 135 mothers (aged 20–39 years) of children hospitalised in the Paediatric Ward of the Independent Public Health Care Centre in Kępno (Poland). Participants were selected using purposive sampling, and data were collected between June and November 2025. All mothers provided informed consent prior to participation. The research protocol received approval from the Ethics Committee of the Jan Kochanowski University in Kielce (Approval No. 5/2025) and was conducted in accordance with universal ethical principles for scientific research (Project No. SUPB.RN.25.002). The inclusion criteria required that the mother remained with the child during hospitalisation and consented to take part in the study. Measurements were conducted between the first and third day of the child's hospital stay. The average duration of hospitalisation among children in the study group was 2.8 days.

METHODS

All study participants completed a set of questionnaires comprising standardised psychological instruments. The first instrument used was the Psychological Resentment Questionnaire (KRe-Psy) developed by Mariusz G. Karbowski. It consists of 36 diagnostic items and 4 informational items constituting the demographic section of the questionnaire⁽¹⁴⁾. The questionnaire is used to measure the level of psychological resentment as a complex emotional-cognitive attitude.

The second instrument was the General Self-Efficacy Scale (GSES) by Ralf Schwarzer and Michael Jerusalem, in the Polish adaptation by Zygryd Juczyński⁽¹⁵⁾. This is a brief instrument containing 10 items. The scale measures the strength of an individual's general belief in their own efficacy to cope with difficult situations and obstacles. In the analysis of the self-efficacy construct, several related functional components were identified, including: belief in one's ability to cope with difficulties (CD), sense of agency (SA), persistence in goal attainment (PG), effectiveness of functioning in stressful situations (ES), and belief in control over one's own actions (CA). Self-efficacy enables the prediction of intentions and actions undertaken across various areas of human activity, including health behaviours.

The third instrument used was the Courtauld Emotional Control Scale (CECS) developed by Maggie Watson and Steven Greer, in the Polish adaptation by Zygryd Juczyński⁽¹⁶⁾. The instrument measures the subjective control of emotions, including anger (A), anxiety (Anx), and depression (D), in difficult situations, and is designed to assess both healthy and ill adults.

Statistical analyses were conducted using IBM SPSS Statistics 26. Descriptive statistics (demographic, clinical, and psychometric data) were expressed as means, medians (*Me*), standard deviations (*SD*), and frequencies (%). Statistical inference was performed using non-parametric tests. To explore the interrelationships between the analysed variables, Spearman's rank correlation was employed ($p < 0.05$).

RESULTS

Among the 135 mothers, 48% ($n = 65$) had tertiary education, 37% ($n = 50$) secondary education, 12% ($n = 16$) basic vocational education, while 3% ($n = 4$) had primary education. Regarding residence, 3% of the respondents ($n = 4$) lived in cities with a population over 500,000, 7% ($n = 9$) in cities with 150,000 to 500,000 inhabitants, 12% ($n = 16$) in cities with 50,000 to 150,000 inhabitants, 63% ($n = 86$) in towns with up to 50,000 inhabitants, while 15% of those surveyed ($n = 20$) resided in rural areas. In the study group, 39% of the mothers ($n = 53$) were married, 22% ($n = 30$) were single, 15% ($n = 20$) declared being in an informal partnership, 14% ($n = 19$) were single mothers, while 5% of the completed questionnaires ($n = 7$) did not provide this information.

Correlation analysis revealed a weak positive correlation between the level of resentment, manifested as feelings of hurt, and the child's age ($r = 0.25$). This indicates that the younger the child, the more strongly the mother experiences feelings of hurt, and consequently the more pronounced the manifestations of resentment. Furthermore, a positive correlation was observed between the level of resentment and the parent's subjective assessment of the child's general health status ($r = 0.27$). This result indicates that as the perception of the child's health status worsens, the mother's level of resentment increases, which may manifest, among other things, as intensified feelings of resentment.

The analysis showed no statistically significant relationship between the level of resentment experienced by the mother and her age, place of residence, education level, or marital status. Moreover, no association was found between the level of resentment and the number of the child's previous hospitalisations, the child's location during hospitalisation, or the child's sex.

Tab. 1 presents the correlation between the level of psychological resentment and its contributing factors among mothers of short-term hospitalised children.

A strong negative correlation was observed between the intensity of resentment experienced by the mother and the

	Courtauld Emotional Control Scale CECS			Generalised Self-Efficacy Scale GSES				
	Anger	Depression	Anxiety	CD	SA	PG	ES	CA
Level of resentment	0.61	0.23	0.19	0.37	0.41	0.36	-0.5	-0.63

Tab. 1. Correlation matrix – the relationship between the level of resentment and psychological variables ($p < 0.05$)

belief in the ability to influence the outcomes of one's own actions – CA ($r = -0.63$). This indicates that as the level of resentment increases (manifested, in particular, by feelings of hurt or resentment) the mother's belief in her capacity to cope effectively with difficult situations decreases, and action control is reduced. This may be associated with difficulties in regulating emotions such as anxiety, tension, or anger, as well as a reduced ability to remain relatively calm when receiving bad news regarding the child's health status. Mothers with higher levels of resentment may also experience greater difficulty in recovering emotional equilibrium after receiving distressing medical information.

The analysis of the relationship between resentment intensity and coping strategies revealed a moderate positive correlation between the level of resentment and the belief in the ability to take action in problem situations – SA ($r = 0.41$). This means that an increase in resentment intensity is accompanied by a higher declared belief in the possibility of undertaking actions aimed at coping with difficulties. In practice, this may manifest as mothers with higher levels of self-efficacy more frequently engaging in active caregiving for the child, attempting to better understand the course of treatment, asking the medical staff questions, and seeking additional information regarding the child's health status and treatment options.

Analysis of the results also showed a weak positive correlation between the level of resentment and perseverance in pursuing goals – PG ($r = 0.36$). This indicates that as the intensity of resentment increases, there is a concurrent tendency to exert effort despite facing difficulties and obstacles. In the context of a child's hospitalisation, this may manifest in the mother maintaining an active caregiving attitude and taking steps to organise support from family members or relatives. A persevering attitude may also help the child adapt more effectively to hospital conditions, reduce their anxiety, and strengthen their sense of security during illness and treatment.

Regarding the link between resentment intensity and effectiveness in stressful situations – ES ($r = -0.5$), the analysis revealed a moderate negative correlation. As resentment increases, the belief in one's capacity to cope with tension and pressure declines. This represents one of the more significant findings of the study. It may indicate that mothers with higher levels of resentment face greater difficulties in maintaining composure and emotional balance in stressful situations. A weak positive correlation was noted between the level of resentment and coping with difficulties – CD ($r = 0.37$), which may mean that despite experiencing difficult emotions, the mother mobilises herself to act and declares a readiness to confront problems.

Analysis of the results indicates a strong positive correlation between resentment intensity and the level of anger control measured by the CECS ($r = 0.61$). This implies that as the level of resentment increases, the tendency to control or suppress anger also rises. In other words, mothers characterised by higher levels of resentment show a greater propensity for inhibiting experienced anger and controlling it internally, rather than expressing the emotion openly. No statistically significant relationship was found between the level of resentment and the suppression of depressive emotions measured by the CECS ($r = 0.23$) or with the suppression of anxiety ($r = 0.19$). Similarly, no significant correlation was recorded between the level of resentment and the sense of agency, which constitutes one of the components of the GSES ($r = 0.12$).

CONCLUSIONS

1. The level of resentment in mothers of hospitalised children is related to the child's age and the subjective evaluation of their health status, meaning that the mother's perception of the illness influences the intensity of the emotions experienced.

Example: A mother of an infant hospitalised due to pneumonia experiences a stronger sense of anxiety and feelings of hurt than a mother of a teenager with a similar diagnosis, as the younger child is perceived as more vulnerable.

2. A positive correlation was found between the level of resentment and anger control, indicating that mothers with a higher level of resentment more frequently suppress or internally control the anger they feel.

Example: A mother of a child awaiting diagnostic test results feels frustration or anger but does not express it towards the medical staff or the child, attempting instead to maintain composure.

3. A strong negative relationship was observed between the level of resentment and the belief in the ability to influence the outcomes of one's own actions, meaning that as resentment increases, the sense of agency and belief in one's own self-efficacy in difficult situations decreases.

Example: A mother of a child undergoing long-term therapy often feels that, despite her best efforts, very little depends on her, which intensifies her sense of helplessness.

4. As resentment increases, the mother's belief in her ability to cope with tension and pressure diminishes, making it more difficult to maintain emotional balance in stressful situations related to the child's illness.

Example: Upon receiving information about the need for additional tests or a medical procedure, the mother responds with marked emotional tension and struggles to remain calm.

Conflict of interest

The authors do not declare any financial or personal links with other persons or organisations that might adversely affect the content of the publication or claim any right to the publication.

Author contribution

Original concept of study; analysis and interpretation of data; writing of manuscript; final approval of manuscript: MGK. Collection, recording and/or compilation of data: MGK, AN. Critical review of manuscript: AP, TM.

References

1. Pacut A, Duplaga M, Więcek S et al.: The relationship between stress, anxiety, and health literacy in parents of children with chronic gastroenterological diseases: a multi-center cross-sectional study. *BMC Public Health* 2025; 25: 3357.
2. Murray L, Doherty N, Adair P: Exploring the impact of child hospitalisation on the family system: a qualitative study using framework analysis. *Children (Basel)* 2025; 12: 1159.
3. Boettcher J, Hohmann S, Daubmann A et al.: The Family Stress Model in families of children with rare diseases: a cross-sectional multilevel path analysis for understanding family dynamics. *Front Public Health* 2025; 13: 1713613.
4. Karbowski MG: Resentment as a silent destroyer of romantic relationships: the importance of attachment styles and life satisfaction in the context of relationship duration. *Kwartalnik Naukowy Fides et Ratio* 2026; 65: 39–54.
5. Boateng EA, Bisiw MB, Agyapomah R et al.: A qualitative study on the experiences of family caregivers of children with End Stage Kidney Disease (ESKD). *Biopsychosoc Med* 2024; 18: 17.
6. Guha C, Khalid R, Mallitt KA et al.; NAVKIDS2 trial steering committee; NAVKIDS trial steering committee: Perspectives of caregivers on access to health care for children with CKD. *Kidney Int Rep* 2024; 9: 3177–3189.
7. Lestari AW, Lee CK, Hayati H: The impact of parental psychological distress on child behavior issues in hospitalized children. *Pediatr Med Chir* 2023; 45.
8. Franck LS, Mehra R, Hodgson CR et al.: Prevalence of depression and anxiety symptoms among parents of hospitalized children in 14 countries. *Children (Basel)* 2025; 12: 1001.
9. Jha P, Tripathi S, Kar SK: Parental stress, psychological well-being and sleep quality of mothers of neonates hospitalized in the Neonatal Intensive Care Unit of a tertiary care hospital in North India: a cross-sectional study. *Clin Epidemiol Glob Health* 2025; 35: 102139.
10. Abdi F, Pakzad R, Shaterian N et al.: Exploring and comparing the relationship between maternal anxiety and children's anxiety during admission, hospitalization, and discharge in pediatric wards of Iranian hospitals. *BMC Psychol* 2024; 12: 657.
11. Cuevas K, Paulus M: Development of action mirroring. *Br J Dev Psychol* 2016; 34: 1–5.
12. Meyer M, Braukmann R, Stapel JC et al.: Monitoring others' errors: the role of the motor system in early childhood and adulthood. *Br J Dev Psychol* 2016; 34: 66–85.
13. Wu M, Zhou W, Hu S et al.: Parenting self-efficacy and parenting stress mediates the effects of the association of perceived social support and readiness for discharge among parents of children with primary nephrotic syndrome. *J Pediatr Nurs* 2024; 75: e93–e101.
14. Karbowski MG: Odsłanianie resentmentu: analiza psychologiczna w wymiarze indywidualnym i społecznym. 1st ed., ELIPSA Dom Wydawniczy, Warszawa 2025: 444.
15. Sęk H: Zdrowie behawioralne. In: Strelau J (ed): *Psychologia: podręcznik akademicki. Tom 3: Jednostka w społeczeństwie i elementy psychologii stosowanej*. Gdańskie Wydawnictwo Psychologiczne, Gdańsk 2000: 546–549.
16. Juczyński Z: *Narzędzia pomiaru w promocji i psychologii zdrowia. Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego, Warszawa 2001.*