



ORIGINAL RESEARCH

THE INFLUENCE OF THERAPY PLAYING CUT AND STICK PAPER ON AN ANXIETY IN PRE-SCHOOL CHILDREN HOSPITALIZATION

Indra Yulianti*

Stikes Bina Sehat PPNI Mojokerto

Email : indray85@gmail.com

ABSTRACT

Keywords

Hospitalization is a new experience that can make the child afraid; it can take effect for his real and psychology because of a new environment and the officer. Afraid feels and uncertain feeling is a danger warning that can make the children take action for the threat. As a result, the child is not cooperative. Then the nurse can give the child distraction therapy with playing therapy. Playing therapy is to change the children problematic are playing with a situation. This research is to prove the influence of therapy playing cut and stick paper on anxiety in preschool children hospitalization. The population is all of the preschool children, with design pre-experiment with one group pretest-posttest approach. The Sample 15 children are taken with consecutive sampling. 15 child is given playing therapy playing cut and stick paper. Collection of data taking with Spence Children's Anxiety Scale. Then data is processed and tested by modus analysis. The anxiety score of the child before is given playing therapy is 9 (60%) normal anxiety, 5 (33,3%) slight anxiety, 1 (6,7%) medium anxiety. The anxiety score of the child after given playing therapy is 15 (100%) decreased anxiety. There was a change from before and after therapy to play cutting and sticking paper. Decreased anxiety from this stressors is delivered on the hypothalamus that will stimulate the adrenal glands to perform vasodilatation of blood vessels, so that blood pressure decreases.

KEYWORDS:
Anxiety,
Hospitalization,
Preschoolers,
Therapy playing

INTRODUCTION

Hospitalization or hospitalization is to enter the patient to the hospital for treatment. Hospitalization experiences that threaten every child. Children who are hospitalized affect their physical and psychological condition (Maratning, 2016). In hospitals, children will face an unfamiliar environment, unknown officers (doctors and nurses), and disruptions to their lifestyles (Asmadi, 2008). They sometimes have to undergo unpleasant procedures and cause pain (injected, infused and so on). Children often become uncooperative in hospital care and treatment; children become difficult / refusing to be approached by officers let alone interact. They will show anger, refuse to eat, cry, shout, and even rebel when they see a nurse or doctor coming to him (Nasution, 2012). They assume that the arrival of officers will only hurt them. This situation will be able to inhibit and can complicate the process of treatment and care for sick children (Ngastiyah, 2012).

Starting from the fears felt by children while undergoing hospitalization, then the role of the next nurse is how the nurse can eliminate or at least minimize changes and anxiety that occurs in children who are in hospitalization. Nurses should be able to support the child to be cooperative and willing to interact with us so that we can provide a more optimal treatment (Asmadi, 2008).

Based on the 2010 National Health Survey (Susenas) cited by (Kaluas, 2015), the rate of morbidity in Indonesia in urban areas differentiated by age is 0-4 years age of 25.8%, age 5-12 years is 14.91 %, age 13-15 years about 9,1%, age 16-21 year equal to 8,13%. If the morbidity rate of children aged 0-21 years if calculated from the total

population is 14.44%. Based on the preliminary study of RSUD Prof Dr. Soekandar Mojosari Mojokerto, during the year 2016, the number of children who experience the highest hospitalization is when in February and April that as many as 148 children. While the lowest number was in June with 81 children. With an average number of preschoolers a total of 30 children each month who are hospitalized. In the room the child showed uncooperative and anxious over the treatment acts marked by crying, kicking, and hiding from the health worker. The main stressors children experience can be family separation, loss of control, bodily injury, and pain (Nasution, 2012). In children who are rather large if the hospitalized will cause fear to both doctors and nurses because they assume that the nurse and doctor will only hurt him by injecting it (Ngastiyah, 2012). To reduce the impact arising from external and internal stimulation reactions, then using play therapy that will greatly help to reduce the stress caused by hospitalization. Playing is very important for mental health, emotional and social. Play activity is a fun activity for children, although it does not produce certain commodities, such as financial benefits. Children are free to express feelings of fear, anxiety, joy, or other feelings, so by giving the freedom to play parents know the mood of the child (Nasution, 2012). Playing for children who experience hospitalization itself has a goal to be able to help adapt, reduce stress, provide distraction and relaxation (Ngastiyah, 2012). Playing alone requires a variety of considerations such as the energy needed, time, type of game equipment, the room used, how to play, a friend to play and also rewards to be given (Adriana, 2011). One of the toys that are recommended for the use of therapy during

hospitalization is cutting and sticking paper (Ngastiyah,2012).

MATERIALS AND METHODS

The design of this research was Experimental Experimental with One Group Pretest and Posttest design approach. The population of this research is all patients in the room of Blambangan RSUD Prof Dr. Soekandar hospital, Mojosari. Sampling technique in this research was Consecutive Sampling with the number of samples of 15 children.

Data gathering method consisted of administrative procedures. The research was conducted from March 20 - April 20, 2017. Data collection was a questionnaire for measuring anxiety levels before the intervention. After that was given the treatment of playing therapy (sticking and cutting) and measured the level of anxiety after being given intervention. Data analysis process through editing, coding, scoring for anxiety level: 0 - 30 = No anxiety / Normal, 30 - 40 = Light anxiety, 40 - 50 = Medium anxiety, > 50 = Anxious Weight / Panic. Data analysis in this research used Modus the analysis is used to know comparison before and after play therapy cutting and attaching the paper to preschool children's anxiety.

RESULTS

The characteristics of those respondents are presented in a chart of frequency distribution and percentage as the followings:

Table 1. Distribution of respondents by age, the gender of the child, long treatment, companion of treatment at Room Blambangan RSUD Prof. Dr. Soekandar Hospital.

| No. | Variable | Frequency | Percentage |
|-----|------------------------|-----------|------------|
| 1. | Age | | |
| | 3 years | 6 | 40% |
| | 4 years | 6 | 40% |
| | 5 years | 3 | 20% |
| | TOTAL | 15 | 100% |
| 2. | Gender of child | | |
| | Male | 6 | 60% |
| | Female | 9 | 40% |
| | TOTAL | 15 | 100% |
| 3. | Long Treatment | | |
| | 1 day | 5 | 33% |
| | 2 day | 6 | 40% |
| | 3 day | 4 | 27% |
| | TOTAL | 15 | 100% |
| 4. | Companion of Treatment | | |
| | Parent | 15 | 100% |
| | Caregiver | 0 | 0 |
| | Another family | 0 | 0 |
| | TOTAL | 15 | 100% |

The result of this research suggested that the average of respondent's age is 3-4 years old and most respondents were a man (60%). Based theory of Asmadi (2008), the inclusion of children to the hospital for treatment is a threatening experience. If the child is at an early age of their development and growth, it made the child more to stress and disease crisis due to changes in circumstances and environmental changes. While the child has only a limited stressor to complete the stressor of any event that can make it stress (Wong, 2009).

Based on the table it was suggested that the majority as long treatment in hospital at two days (40%) and all of it children companion of treatment is the parent (100%). Parental support is one of the factors that can help

children coping with stressors faced during hospitalization. With the ability coping, the child's anxiety at hospitalization can be minimized.

Table 2. Changes in the value of anxiety before and after play therapy cutting and sticking in space Blambangan RSUD Prof. Dr. Soekandar Mojokerto District.

| No | VAL UE OF ANXIETY | Before Play Therapy | | After Play Therapy | |
|-------|-------------------|---------------------|------------|--------------------|------------|
| | | Frekuensi | Persentase | Frekuensi | Persentase |
| 1. | Mild | 5 | 33.3% | 0 | 0 |
| 2. | Normal | 9 | 60% | 15 | 100% |
| 3. | Moderate | 1 | 6.7% | 0 | 0 |
| TOTAL | | 15 | 100% | 15 | 100% |

Based on the table it was suggested that 15 respondents overall experienced decreased anxiety, previously there were nine respondents with normal anxiety, five respondents with mild anxiety, and one respondent with moderate anxiety so that there is the influence of therapy to play cutting and sticking the paper to the anxiety of preschool children who have hospitalization.

DISCUSSION

Anxiety is a vague feeling of relaxation due to inconvenience or fear accompanied by a response. Anxiety can be caused by the body's response to external and internal stimulation that can cause emotional, cognitive, physical, and behavioral symptoms. Anxiety can lead to a decrease in the functioning of the digestive system, increase the pulmonary and pulmonary function that will pulsate stronger and faster (Maratning, 2016). The results indicate that experience, age, and also family

support affect how children's reactions to the new environment and stressors are encountered. Sometimes respondents may cry, pause, or even hide when they see the presence of a nurse or doctor because they assume that the nurse and the doctor will only hurt her by injecting them. Experience will teach children to deal with similar stressors before and have ways to deal with them. As the age increases the child's support request will be reduced, and the child will only ask for help if there is a need for comfort, reassurance, and advice. Whereas with the support of the family, especially if the parents and siblings will make the child feel accepted his presence. So the response of each child will vary in expressing their anxiety.

Based the theory of Adriana (2011), play therapy is an attempt made to change the behavior of problems, by placing children in play situations. The purpose of this play therapy is to provide stimulation to the child so that the child's mind will be aroused to utilize the emotional, social and physical aspects, play also can improve the physical ability, experience and knowledge to develop the mental balance of children. Each experience is something of value and learning from experience can increase the skill of coping with anxiety. According to the theory of Nasution (2012), with the playroom provided for children will help to please and secure at once in the child. In addition to distraction technique work mechanism given with this play, therapy can lower the level of anxiety. Decrease in child's anxiety level because when the stressor can interfere with the child can be diverted with distraction therapy that with play therapy can provide stimulation to the brain which will then be delivered to the adrenal gland and norepinephrine that can affect vasodilatation of blood vessels that cause blood pressure to

be more decreased from when the child is anxious. So after given play therapy, it will show the difference in anxiety levels of children with before being given play therapy to them.

The results of the research above indicated the difference of anxiety before the therapy of playing cutting and sticking to the paper after the therapy of playing cutting and sticking paper. After therapy was observed the anxiety value of 9 respondents who experienced normal anxiety, five respondents who experienced mild anxiety and one respondent who experienced moderate anxiety, became changed with the anxiety value of 15 respondents became normal anxiety. This shows a significant result after the play therapy of the preschool children who are hospitalized. According to the theory of Maratning (2016), stress stimulates the body to send messages from the hypothalamus to the adrenal glands that will affect vasodilation and vasoconstriction of blood vessels that will determine the increase or decrease in blood pressure that becomes one of the physiological characteristics of the body when experiencing anxiety. While the theory of Nasution (2012), the game can be a very appropriate stimulation for children. Coupled with the effort to provide variations of the game and the participation of parents in the game. The game itself can help children to stimulate the child's mind in the emotional, social and physical aspects. Also, the child's physical abilities will develop, and also the experience, knowledge and mental balance of the child will increase. In addition to playing in the hospital for children can help children to continue to grow normally with the child so as not to be hampered due to the condition of the child, the child can also express the mind and also the fantasy, the creativity of children can also develop, and the adaptability of the

child to his vulnerable condition stress will be better so that children get their calm. Based on the results of this study indicate a change in anxiety values from before and after therapy is given to play cutting and sticking paper on preschool children who are hospitalized. This is because distraction techniques performed with this play therapy can divert the child from the stressor he faces so that the brain stimulates the adrenal glands and norepinephrine to perform vasodilation of blood vessels that cause a drop in blood pressure to be one indicator that the anxiety is reduced.

CONCLUSIONS

Play therapy cutting and sticking paper on the patient is effective on the increasing anxiety of preschool children in hospitalization.

REFERENCES

- Adriana, D. 2011. *Tumbuh Kembang dan Terapi Bermain pada Anak*. Jakarta: Salemba Medika.
- Asmadi, S. 2008. *Konsep Dasar Keperawatan*. Jakarta : EGC.
- Kaluas, Inggrith. 2015. *Perbedaan terapi bermain puzzle dan bercerita terhadap kecemasan anak usia prasekolah (3-5 tahun) selama hospitalisasi di ruang anak RS TK III R.W Mungisidi Manado*. Retrieved Mei 2, 2015.
- Kasjono, Heru Subaris. 2009. *Teknik Sampling Untuk Penelitian Kesehatan*. Yogyakarta: Graha Ilmu
- Maratning, M. B. 2016. *Seri Asuhan Keperawatan Kesehatan Mental Psikiatri*. Jakarta: EGC.
- Nasution, F. R. 2012. *Buku Pintar Asuhan Keperawatan Bayi & Balita*. Yogyakarta: Cakrawala Ilmu.
- Ngastiyah. 2012. *Perawatan Anak Sakit Ed. 2*. Jakarta: EGC.
- Wong, D. L. 2009. *Buku Ajar Keperawatan Pediatrik Wong*. Jakarta: EGC