

STUDY ON THE DEVELOPMENT OF STRESS MANAGEMENT HOSPITALIZATION IN CHILDREN'S PRESCHOOL INTERVENTION TOUR HOSPITALIZATION

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ABSTRACT

Hospitalization in children can be a traumatic experience both in children and the elderly, causing certain reactions that will adversely impact upon the cooperation of children and parents in child care, while in hospital. Stress hospitalization in children should be avoided or eliminated as much as possible, because the presence of such stress will affect the healing of children, where the stress suppress immunological child labor in the healing process of children. This research aims to develop stress management hospitalization in child's preschool intervention tour hospitalization. The research design was a quasi experiment using two groups of research that intervention and control groups. Sampling technique was purposive sampling. The number of samples is 40 people. Analysis of the data that has been used which is *a dependent t test, independent t-test*. Based on the test dependent t test in the intervention group obtained by value $p = 0.001$, it can be concluded that there is an influence of hospitalization tour. In the control group p value = 0.008, it can be concluded that there are significant differences between the first and second response observation. Based on independent test t test obtained by value $p = 0.001$, it can be concluded that there are significant differences in anxiety responses of children in the intervention and control. This study proves that the tour of hospitalization in pediatric patients can reduce anxiety because of hospitalization. Therefore, this intervention should be done by nurses to avoid something that is worrying and frightening for child patients and their parents.

KEYWORDS: Management, Stress, Tour Hospitalization, Pre-School

INTRODUCTION

Hospitalization in pediatric patients may cause anxiety and stress at all age levels. The cause of this anxiety is influenced by many factors, both factors of personnel (nurses, doctors and other health professionals), a new environment and family who accompanied him during the treatment. Families often feel anxious with the development of children, treatment, and state regulations in the hospital, as well as maintenance costs. Although this impact did not take place on the child, psychologically the child will feel the change in the behavior of the parents who accompanied him during the treatment. Kids will be more stress and it affects the healing process, namely the decline in immune response. It has been demonstrated that patients with mental shock would be susceptible to disease as it is under stress suppression of the immune system. Understanding children's injury an early hospital experience is crucial to inform the development of early interventions during the peritrauma period, which speak to these concerns. Stressors were classified into 5 domains: procedural concerns, uncertainty, sleep on nutrition challenges, being confined to the hospital and home preparation. (Ramsdell. et al. 2016).

According to Hockenberry (2007) hospitalization of children can be a traumatic experience both in children and the elderly, causing certain reactions that will adversely impact upon the cooperation of children and parents in child care

while in hospital. Therefore, it is important to understand the concept of hospitalization nurses and its impact on children and the elderly as a basis for the provision of nursing care. Research has been done Sitohang (2011) on the effectiveness of the orientation of the hospital against the anxiety of children and parents the result that there is the influence of the tour hospitalization of anxiety in the elderly ($P = 0.000$) and in children also concluded tour of hospitalization effect on anxiety in children before and after the intervention ($P = 0.000$). Based on observations, researchers did, for guiding students who carry out the profession and interviews with parents who have children who are hospitalized in Medan RSUD. Dr. Pirngadi, has been hospitalized more than one week with a different disease, 7 out of 10 people said anxiously. It is caused by the hospital costs, treatment procedure and the new environment. As long as children are hospitalized, they have never gotten the tour hospitalization. Nurse room has also been learned that the tour hospitalization is necessary so that parents and children feel comfortable staying in the hospital. But this intervention has not been done and nor has a Standard Operating Procedure. Therefore, it is important to investigate.

METHODOLOGY

The research design was a quasi experiment using two groups of research that intervention and control groups. Sampling technique was purposive sampling. The number of samples is 40 people. Analysis of the data that has been used which is *a dependent t test, independent t-test*.

RESULTS

The Univariate Analysis

Characteristics of Respondents

Table 1: Characteristics of Respondents Intervention Group and the Control Group RSUD. Dr. Pirngadi Medan in 2016 (N=40)

Variable	Intervention Group		Control Group	
	f	%	f	%
Parents				
Father	3	15	4	20
Mother	17	85	16	80
Age				
20-30 years	10	50	7	35
31-40 years	7	35	10	50
41-50 years	3	15	3	15
Occupational				
Government Employees	2	10	6	30
Employees	7	35	5	25
Housewife	11	55	9	45
Education of Parents				
Primary School	0	0	1	5
Junior High School	2	10	5	10
Senior High School	15	75	7	75
College	3	15	7	15
Religion				
Islam	11	55	14	70
Christian	9	45	6	30
Sex of the Child				
Girls	10	50	9	45
Boys	10	50	11	55

The Behaviour of Children before Admission in RSUD Dr.Pirngadi Medan

Table 2: Distribution the Behaviour of Children before Admission in RSUD Dr.Pirngadi Medan 2016 (N=40)

Variabel	Intervention Group		Control Group	
	f	%	f	%
Do Children While Tired or Angry				
Sleep	5	25	10	50
Silent / Sulky	8	40	6	30
Cry	5	25	3	15
Nag	2	10	1	5
If Angry, Parent or Child Wants A Particular Object				
Yes	12	60	15	75
No	8	40	5	25
Does Your Child Show Tempertantrum? If Yes, What was Done to Overcome them				
Yes, Persuaded	12	60	10	50
No	8	40	10	50
How Children Cope with Disappointments or Problems				
Cry				
Talking Alone	13	65	11	55
Silent / Sulky	1	5	1	5
Talk To Your Parents	6	30	5	25
The Carrying of Children in General				
Cheerful	0	0	1	5
Moody	15	75	14	70
Friends of Talk when Children are Concerned				
Parents	15	75	14	70
Grandmother/ Grandfather	5	25	6	30
Sister				
Sleep Problems Experienced by Children and If so, What was Done to Overcome them				
There is No	15	75	17	85
No, to Talk why Could Not Sleep and Give Dolls	5	25	3	15
Problems Urinating That Night And If There Is What To Do To Cope				
There is No	19	95	20	100
Yes, Escorted to the Bathroom Let Me Not Wetting	1	5	0	
Problems Experienced By Children Eat And What To Do To Overcome them				
There ss No	17	85	17	85
Yes, Give Food Favorite	3	15	3	15
Difficulty Taking Medications and What to do to Cope				
Yes, Persuaded	12	60	9	45
There Is No	8	40	11	55

Children's Anxiety Prior to the Tour to Hospitalization in the Intervention Group

Table 3: Distribution of Child Anxiety Responses before the Tour Hospitalization in RSUD.Dr.Pirngadi Medan 2016 (N=20)

Variable	Mean	SD	95% CI	Min-Max
Child Anxiety Responses	14.10	4.436	12.02-16.18	5-21

Children's Anxiety after the Tour of Hospitalization in the Intervention Group

Table 4: Distribution of Child Anxiety Responses Because of Hospitalization after Tour Hospitalization in RSUD.Dr.Pirngadi Medan 2016 (N=20)

Variable	Mean	SD	95% CI	Min-max
Child Anxiety Responses	22.05	3.531	22.40 -23.70	16-27

Children's Anxiety at First Observation in the Control Group

Table 5: Distribution of Child Anxiety Responses in the First Observation in RSUD.Dr.Pirngadi Medan 2016 (N=20)

Variable	Mean	SD	95% CI	Min-Max
Child Anxiety Responses	13.25	3.945	11.40 -15.10	9 -20

Children's Anxiety at the Second Observation in the Control Group

Table 6: Distribution of Anxiety Responses in the Second Observation in RSUD.Dr.Pirngadi Medan 2016 (N=20)

Variabele	Mean	SD	95% CI	Min-max
Child Anxiety Responses	15.10	4.436	13.02-17.18	9 - 23

THE BIVARIATE ANALYSIS

The Influence of Hospitalization Tour of the Children's Anxiety Because of Hospitalization

Tabel 7: The influence of tour hospitalization of the children's Anxiety Response in RSUD.dr.Pirngadi Medan 2016 (n=20)

Variable	Mean	SD	Mean Diffrent	P Value
Child's Anxiety Response				
Measurement I	14.10	4.436	7.950	0.001
Measurement Ii	22.05	3.351		

Differences in Children's Anxiety Response to the Observation of the First and Second Due to Hospitalization in the Control Group

Table 8: Differences in Children's Anxiety Response to the Observation of the First and Second in the Control Group in RSUD.Dr.Pirngadi Medan 2016 (N=20)

Variable	Mean	SD	Mean diffrent	P value
Child's Anxiety Response				
Measurement I	13.25	3.945	1.850	0.008
Measurement Ii	15.10	4.436		

Differences Anxiety Responses of Children in the Intervention Group and the Control Group

Table 9: Differences Anxiety Responses of Children in the Intervention and Control Because the Child has Hospitalized in RSUD.Dr.Pirngadi Medan 2016 (N=20)

Variabel	Mean	SD		Nilai P
Child's Anxiety Response:				
The Intervention Group	22.05	3.351	6.950	0.001
The Control Group	15.10	4.436		

DISCUSSIONS

Based on the research that has been conducted, it was found that the tour of hospitalization (hospital orientation) effect on anxiety responses of children because children experience hospitalization. The results are consistent with the opinion of Nursalam (2005) which states that the orientation of the room for the child must be done by nurses to avoid something that is worrying and frightening for patients with children and families.

This is in line with research Krime et al (2012), based on the result of the present study, pre operative anxiety in child candidates for elective surgery was sigbifacntly lower in the intervention group than the control group after the intervention (additional orientation tour).

According to Hockenberry (2008), providing information about the normal behavioral response to parents and children can reduce anxiety during the initial hospitalization. Reasons prepare children for the experience of hospitals and related procedures and are based on the principle that the fear of ignorance (fantasy) is greater than the fear of the unknown. Therefore, reducing the element of ignorance can reduce these fears. Although preparations for hospitalization is common practice, there is no standard or universal program is recommended for all places. The preparation process can be done with the tour, puppet shows, and play time with a miniature hospital equipment; The preparation can involve the use of books, videos or movies; or limited to a brief description of the main aspects to be hospitalized. There is no firm agreement about the preparation time.

Giving information about the response of normal and predictable behavior to the parents can reduce parental anxiety during the initial hospitalization. Families who do not know about hospital regulations are often more confused and anxious. Therefore, families need a detailed explanation of what they expect and what is expected of them (Hockenberry, 2007).

Tour hospitalization for pediatric patients and the parents should be done by nurses to avoid something that is worrying and frightening for patients with children and families. Tour hospitalization must be done by nurses includes an introduction to the nurse or attendant that case, the introduction of the treatment rooms and equipment in the room, introduced with roommates, explain the rules and regulations, the implementation of a routine examination, and the role of parents in care (Nursalam, 2005).

CONCLUSIONS AND RECOMMENDATIONS

This study proves that the orientation of the room to the pediatric patients can reduce anxiety. Therefore, this intervention should be done by nurses to avoid something that is worrying and frightening for child patients and their parents. The orientation of the room should be done by nurses and this includes an introduction to the nurse or attendant, introduction of the treatment rooms and equipment in the room, roommates, explanation on the rules and regulations, the implementation of a routine examination, and the role of parents.

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