



“A Quasi-Experimental Study To Assess The Effectiveness Of Play Therapy On Anxiety Among Hospitalized Children (6-12 Years) In Selected Hospitals Of Hisar.”

Pinki

Lecturer, National College of Nursing, Dhani Garan Road, Barwala (Hisar)

Abstract

Play facilitates the child's ability to manage distressing experiences and promotes healing. Children who have won fear treatments are assisted in expressing their emotions through the use of objects and falls. The attitudes and emotions that children exhibit in their play are profound. Play activities provide the child with acceptable avenues for their hostilities. The objective of the study was to evaluate the anxiety levels of hospitalised children in specific hospitals in Hisar before and after the test. To assess the efficacy of play therapy in alleviating anxiety in hospitalised children at specific institutions in Hisar, To ascertain the correlation between the anxiety level of hospitalised children in specific hospitals in Hisar and the post-test anxiety level. The sample for the research was selected using the convenient sampling technique. Hospital anxiety is mitigated through play therapy. Play therapy is employed by children to assist them in managing the stressors of life. It also aids in the distraction of the mind from pain and loneliness in hospitalised children. There are numerous intellectual and motor developments, creativity, and the development of higher functions that are enhanced by play. It has been observed that the play can serve as an effective distraction for children. Toys are the "tools" of play and create a more "natural" environment for a child. It has been noted that the subject possesses an average level of understanding regarding the significance of play therapy during hospitalisation. The pre-knowledge score had a mean of 10.40, a median of 10, a standard deviation of 2.550, a range of 12, a maximum of 17, a minimum of 5, and a mean percentage of 41.60. The subject possesses an ordinary level of understanding regarding the significance of play therapy during hospitalisation. The pre-knowledge score had a mean of 10.40, a median of 10, a standard deviation of 2.550, a range of 12, a maximum of 17, a minimum of 5, and a mean percentage of 41.60. 22 children (55%) possess sufficient knowledge regarding the significance of play therapy, 18 children (45%) possess moderate knowledge, and none possess sufficient knowledge. The pre-test knowledge score was 41.60, while the post-test knowledge mean percentage was 79.40

Keywords: Anxiety, Emotional reaction, fear, Gaze behavior, Growth and Development, Hospitalization, Misconception, Play activities, Therapeutic value.

Introduction

Children's health and well-being depend on a healthy start in life. Children are the most crucial age group in any society. Every child has fundamental rights to his or her whole health, and we have a commitment to provide happy and healthy lives for children, which is a demanding task that necessitates a properly planned, coordinated, and implemented strategy by experienced individuals. Childhood is a complex domain in which many elements interact to influence children's health and development. Children in care face unique challenges throughout their development.

Today, hospitalisation of youngsters is extremely common. Hospitalisation of a child involves a disruption in the child's normal environment as well as the family's togetherness. The emotional reactions of each family member must be examined in order to assist children cope with stress caused by hospitalisation and illness. Hospitalisation is a stressful process, particularly for youngsters. Parental separation has been a significant source of distress for young hospitalised children.

Play therapy lowers hospital anxiety. Children use play therapy to help them cope with the stresses of life. It also helps hospitalised youngsters focus their attention away from pain and loneliness. Play promotes intellectual and motor growth, creativity, and the development of higher functions. The play has been known to distract children's minds. Toys are the "tools" of play, creating a more "natural" environment for a youngster.

Play serves as a common medium for all youngsters. It is a delightful and enjoyable component of childhood, as well as an important factor in promoting growth and development. Play is a transaction between a kid and their surroundings that is intrinsically motivated, internally regulated, and unconstrained by objective reality. Various styles of play at different ages allow children to learn about themselves, the world, and how to connect with others. Above all, play helps children preserve their sense of equilibrium. The use of play is crucial in lowering anxiety and preparing children for processes, which is another approach for the therapist to assess the child's developmental level. The play increases familiarity, reduces imaginations, and gives motor activity to children. It can help youngsters cope with a distressing circumstance, making it more bearable.

Play promotes healing and helps the youngster cope with stressful situations. Children who are afraid of treatments will be able to relieve their feelings via the use of dolls and other toys. The attitudes and sentiments that children express via play are deeply meaningful. Play activities allow the child to express his or her hostility in an acceptable way. Child psychologists frequently employ play as a therapeutic method. Therapeutic play is a component of play therapy. As a result, the importance of play in children's development is becoming more widely recognised. Play is vital for a child's overall health and development. Play may reduce anxiety levels, and as a result, therapeutic play has become a vital tool for helping children cope with their hospital experience. Therapeutic play enables children to express their thoughts and feelings, comprehend reality, resolve internal conflicts, gain mastery, and cope effectively. It allows children to express themselves and communicate with adults.

Hospitalisation puts all children at increased risk of terror due to their unfamiliarity with people, surroundings, and occurrences. Even older children require their parents' care during a major sickness and can only endure their absence for short periods of time. Play activities allow the child to express his or her hostility in an acceptable way. Toys chosen correctly can be productive, educational, exciting, soothing, diversional, or therapeutic in nature. Children have a higher level of anxiety than adults when admitted to the hospital. It has been extensively documented for over three decades that many hospitalised children experience mental discomfort. To help a child in the hospital, it is necessary to understand the youngster's potential hospital-related worries. Some factors contribute significantly to preschool children's worry and stress during hospitalisation. Long

separation and abandonment are well-known variables, as are medical treatments that can be interpreted as punishment, dread of castration, mutilation of body parts, loss of control and newly learnt skills, death, lack of proper sensory and motor stimulation, fear of blood, and unknown events.

In the diagnostic process, a nurse can utilise children's play to gauge a hospitalised child's level of psychological functioning, pain threshold, cooperation with medical treatments, and ability to acclimatise to the hospital setting. Children who are hospitalised deal with a variety of pressures and become quite anxious. "A subjective feeling of tension, apprehension, nervousness, worry about the upcoming anaesthesia and surgical procedure" is the definition of anxiety. "Just as morning shows the way, childhood shows the man." A nation's level of prosperity is significantly influenced by the health of its children. Play is a vital activity for children and is used as a gauge to determine whether they are well or ill, developed or underdeveloped. It's not a waste of time, nor is it merely a means of keeping young kids occupied or out of trouble while their parents are attending to their own obligations, employment, or leisure activities.

In the world, anxiety affects 10% of youngsters, according to the WHO. In Qatar, 7.5% of children aged 6 to 18 were found in a national cohort study. Separation anxiety was found to affect 15% of the 13,241 Danish children between the ages of 0 and 19 in a different nationwide research. According to a different Iranian survey, 17% of kids between the ages of 6 and 12 suffer from anxiety.

Many studies have found that due of their developmental stage, younger children are more afraid of hospitals than older children (Gazall & Mactie 2017). Parents report that 83% of their children have various anxiety symptoms associated with hospital anxieties (Hus 2014). Physical manifestations of anxiety include sweaty palms, rapid heartbeat, breathing difficulties, restlessness, and trembling. Most people will likely suffer some degree of anxiety at some point in their lives. Nonetheless, some people could go through intermittent or ongoing phases of anxiousness. Depending on the child's age and gender, natural anxiety manifests itself in different ways. In particular, research indicates that girls are more likely than boys to experience anxiety symptoms, and that symptoms are more common in younger children than in older children.

Even after several hospital stays, being admitted is upsetting and confusing. Youngsters frequently talk about feeling uneasy and anxious when they enter this new and terrifying world. When a child is brought to the hospital, they are taken out of their normal environment and routines, including their regular interactions with siblings, school, and friends' social and athletic lives.

Objectives:

1. To assess the anxiety level before the intervention of play therapy among hospitalize children at selected hospital among experimental and control group.
2. To assess the effectiveness of play therapy on level of anxiety among hospitalize children (6-12 years) at selected hospital among experimental and control group.
3. To determine the association between post-test anxiety level among hospitalize Children with their selected demographic variables.

Hypothesis:

H₁ - The mean post test level of anxiety will be significantly lower than the mean pre-test level of anxiety among hospitalized children at the age group of 6 -12 years in the experimental group.

H₂ - The mean post-test level of anxiety in the experimental group will be significantly lower than the mean post-test level of anxiety in the control group among hospitalized children in the age group of 6 -12 years.

H₃ - There will be a significant association between the level of anxiety among hospitalized children at the age group of 6 -12 years and their selected demographic variables in the control and experimental group.

Methodology

This research study utilized a quantitative research approach and adopted a quasi-experimental research design. Convenient sampling was used to select hospitals in Hisar, specifically Sharda and Jindal hospital, to draw a sample. The study involved 60 hospitalized children aged 6 to 12 years. The independent variable was Play and Play materials, including indoor and outdoor games, while the dependent variable was the level of anxiety among the hospitalized children. A pilot study was conducted in the same hospitals prior to the main study, from which 10% of the sample was drawn using convenient sampling. During data collection, the samples were divided into two groups. Play therapy was administered for 12 sessions with a frequency of 2 weekly meetings, each lasting for 1 hour per session. Notably, the number of sessions for both play therapy and role-playing was kept consistent. The play therapy treatment involved providing toys that could help depict the child's aggressive behavior, such as plastic toy knives, plastic swords, handcuffs, and keys (Ray, Stulmaker, Lee, & Silverman, 2013). The control group did not receive play therapy; instead, they received routine nursing care. Following the intervention, a post-test was conducted to evaluate the impact of play therapy on anxiety levels within both groups.

Results

The chapter discusses the analysis and interpretation of data collected from 60 sample children to compare the effectiveness of play therapy during hospitalization. The data was organized, tabulated, and analyzed using descriptive and inferential statistics based on a knowledge questionnaire.

Table – I: Frequency and Distribution of Demographic Variables of Children

(n = 40)

Section-1 socio-demographic proforma		Percentage (%)	Frequency(f)
Children Age	6-8 years	17.5%	7
	8-10 years	35.0%	14
	10-12 years	32.5%	13
	Above 12 years	15.0%	6
Type of Family	Nuclear Family	15.0%	6
	Joint Family	37.5%	15
	Extended Family	37.5%	15
	Single Parents	10.0%	4
Mother Education	Primary	37.5%	15
	Secondary	37.5%	15
	Graduate	20.0%	8
	Post Graduate	5.0%	2
No. of Children	One	22.5%	9
	Two	42.5%	17
	Three	27.5%	11
	Above Three	7.5%	3
Religion	Hindu	100.0%	40
	Muslim	0.0%	0
	Sikh	0.0%	0
	Others	0.0%	0
Family Income	Below 5000/	45.0%	18
	5000-10,000	50.0%	20

	10,000-20,000	5.0%	2
Source of Information	T.V.	32.5%	13
	Radio	45.0%	18
	Newspaper	22.5%	9
	Internet	0.0%	0
Residence Area	Urban Area	70.0%	28
	Rural Area	30.0%	12

In the provided data, it is observed that 35% of the subjects are in the 8-10 years age group, while 32.5% are in the 10-12 years age group. Furthermore, 70% of the children belong to urban areas, while 30% belong to rural areas. In terms of family structure, 37.5% of children belong to joint families, 37.5% to extended families, 15% to nuclear families, and 10% to single-parent families. Education-wise, 37.5% of the subjects have primary school qualifications, 37.5% have secondary school qualifications, 20% are graduates, and 5% are postgraduates. When it comes to family income, 50% have a monthly income of Rs. 5,000-10,000, 45% have a monthly income below Rs. 5,000, and 5% have a monthly income of Rs. 10,000-20,000. Prior information regarding the importance of play therapy during hospitalization was mainly obtained from the radio (45%) and TV (32.5%), with 22.5% from newspapers and 0% from the internet. Finally, in terms of religion, the majority of the children (100%) belong to the Hindu faith.

Table 4.7: Description Of Descriptive Statistics Of Pre And Post Test Knowledge Score Regarding Importance Of Play Therapy On The Level Of Anxiety During Hospitalization

(n = 40)

Paired T test	Mean	S.D.	Mean %	Mean difference	Paired T test	P value	Table value at 0.05	Result
Pre test	10.40	2.550	41.60	9.450	27.984	0.0000	2.02	significant
Post test	19.85	1.861	79.40					

Maximum=100 Minimum= 20

In the table above, it is evident that the post-test scores are higher than the pre-test scores. The t-value in the table exceeded the critical value at the 0.05 significance level. The pre-test knowledge score had a mean of 10.40, standard deviation of 2.550, mean percentage of 41.60, while the post-test knowledge score mean was 19.85, with a standard deviation of 1.861 and a mean percentage of 79.40. The mean difference was 9.450, with a paired t-test value of 27.984. The critical value at the 0.05 significance level was 2.02, and the results were found to be statistically significant.

Discussion

The study's objectives provide a framework for interpreting the findings. Out of the total subjects, 35% are aged 8-10, 32.5% are aged 10-12, 17.5% are aged 6-8, and 15% are over 12 years old. 37.5% of the children belong to joint families, 37.5% to extended families, 15% to nuclear families, and 10% to single-parent households. When it comes to education, 37.5% are in elementary school, 37.5% in secondary school, 20% are graduates, and 5% have postgraduate qualifications.

Regarding residence, 70% of the children are from urban areas, and 30% from rural areas. The monthly family income distribution is as follows: 20% earn between Rs. 5,000-10,000, 45% earn less than Rs. 5,000, and 5% earn more than Rs. 20,000. Information about play therapy during hospitalization was primarily obtained from the radio (45%), TV (32.5%), and newspapers (22.5%). No data was sourced from the internet.

The study also revealed that 42.5% of the participants were accompanied by two children, 27.5% by three children, 22.5% by one child, and 7.5% by more than three children. At least 40% of the children are Hindu. The study found that 45% of the children had inadequate knowledge of the value of play therapy, 55% had intermediate knowledge, and none had adequate knowledge.

The post-test results indicate that the mean knowledge score was 19.85, with a median of 20, a standard deviation of 1.861, and a range between 15 and 23. The mean post-knowledge percentage was 79.40%. The study also observed a significant increase in post-test knowledge scores compared to pre-test scores. The t-test value was 27.984, indicating a statistically significant result.

Conclusion

In the current study, it was observed that there is a lack of awareness about play therapy, particularly among parents of children experiencing anxiety. Furthermore, the attitude of these parents toward kangaroo play therapy was found to be insufficient. The study's findings underscore the necessity to improve awareness about the efficacy of play therapy, highlighting the enlightening nature of the study experience.

References:

1. Boucher S, Downing J, Shemilt R (2014). "The role of play in children's palliative care & Children", Elsevier's publications, p-302-317.
2. Dell Clark C. (2013), "In sickness and in play: children coping with chronic illness" New Brunswick, New Jersey, London: Rutgers University Press, p-1024-1026.
3. Mac Lellan K. (2006), "Management of Anxiety", United Kingdom, Nelson Publishers, London, p - 451-458.
4. Manfred Stommel and Celia .E. Wills, (2004), "Clinical Research", 1st Edition, Lippincott Williams and Wilkins, USA, p-243-250.
5. Alkoma et al, (2011), "Prevalence of Anxiety in children", Indian Journal of child health medicine, vol.5, P.No.50-52.
6. Jones S M, Fiser H.D, Living stone R. L, Behaviour changes in paediatrics intensive care units. American Journal of disease children. 1992; 146 ; 375-379.
7. Rimple, S. (2013). "Essentials of pediatrics nursing" New Delhi: Jaypee Medical Publishers.
8. Sangeev, B. (2006). "Fundamentals of Biostatistics" New Delhi AITBS Publishers.
9. Sarah-Anne Munoz. (2009). "Children in the outdoors a literature review". Kolkatta: Heinemann Medical Books Ltd.
10. Sundar Rao, P. S. (1996). "An Introduction to Biostatistics" New Delhi: 3rd edition, Jessica Kingsley publishers.
11. Suresh, K. Sharma. (2014). "Nursing research and statistics" New Delhi: Elsevier publishers.