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EFFECTIVENESS OF PLAY THERAPY ON ANXIETY IN CHILDREN RECEIVING NEBULIZATION IN SELECTED HOSPITAL, PANIPAT

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Abstract:

Background of the study: The hospital environment can be frightening for children, leading to a lack of cooperation during medical procedures. Play therapy is an effective method of preparing children for nebulization. It will aid in reducing young children's anxiety about nebulization and other hospital procedures. **Objective:** The purpose of this study was to determine the effectiveness of play therapy on anxiety levels in children undergoing nebulization in selected hospitals in Panipat. **Methodology:** A quasi experimental post-test only control group design was used, with 60 samples (30 in the experimental group and 30 in the control group) drawn from Rainbow and Magnus hospitals. Purposive sampling was used to select samples. The Modified Spence Children Anxiety Scale was used to assess anxiety levels in children. To test the hypothesis, the data was analysed using descriptive and inferential statistics. The independent 't' test was used to assess the effectiveness of play therapy on the level of anxiety in children undergoing nebulization, and the chi-square test was used to determine the relationship between the level of anxiety in children and their demographic variables. **Results:** The post-test mean and standard deviation anxiety score in the experimental group was 38.17 + 13.31, while the post-test mean and standard deviation anxiety score in the control group was 68.73 + 18.80. The average difference was 30.56. For the degree of freedom 58, the obtained independent 't' test score was 7.267. It was statistically significant at a 'p' value of less than 0.02. This demonstrates that play therapy was effective in reducing anxiety in children undergoing nebulization. **Conclusion:** The study's findings revealed that play therapy was highly effective in reducing anxiety levels among children undergoing nebulization in the experimental group. There was a significant relationship found between anxiety level and birth order, history of hospitalisation, and previous exposure to play therapy.

Key Words: Evaluate, Effectiveness, Play Therapy, Nebulization, Children

Introduction

Hospitalization is a stressful and threatening experience for children that can be emotionally devastating. Hospital play interventions have become increasingly popular in preparing children for invasive medical procedures and hospitalisation.[1] For children, hospitalisation can be a frightening and stressful experience. Because children are unfamiliar with the environment and medical procedures, as well as the reasons for their hospitalisation, they may experience anger, uncertainty, anxiety, and feelings of helplessness. Anxiety is the most frequently reported negative response, and it can be harmful to children's physiological and

psychological health. Excessive anxiety also reduces children's ability to cope with medical treatment, as well as increases their uncooperative behaviour and negative emotions towards healthcare professionals.[2-3]

Play has long been recognised as an important component of children's normal growth and development, and it is widely used in many Western countries to relieve the stress experienced by paediatric patients and their families during hospitalisation.4-5 Play allows children to gain mastery over themselves and their surroundings while also expanding their understanding of the world.[6]

The importance of play for hospitalised children was emphasised by Florence Nightingale, the founder of modern nursing. She also stated that healthcare professionals are responsible for creating and maintaining a therapeutic environment for paediatric patients.[7] Florence Erikson was among the first nurses to research play interventions for hospitalised children. She discovered that when children were given the opportunity to play with clinical equipment, it was easier for them to express their feelings about the hospital experience. She also demonstrated the advantages of using role-playing interviews and dolls to prepare hospitalised children for invasive medical procedures.[8-9]

Anxiety during hospitalisation harms children's cognition, disrupts their psychobiological development and cognitive evolution, and lowers their self-esteem.[10] Furthermore, permanent anxiety in children is followed by parental anxiety,20 both of which have an impact on children. Furthermore, increased anxiety reduces parents' ability to help their children.[11]

Anxiety disorders become more common as children grow older. Because anxiety disorders are cognitive in nature, they develop as our cognitive ability grows or improves. Children who do not receive anxiety treatment develop poor coping skills.[12] According to Erikson's Theory of Psychosocial Development, school-aged children have a sense of superiority versus a sense of inferiority.[13]

Asthma kills 1.2 million children annually, most of them avoidable. Infants and young children are more susceptible to respiratory illnesses worldwide. RSV causes over 50% of acute bronchiolitis.[14] RSV hospitalises 100,000-126,000 US children annually. Developing countries had more than 10-fold higher pneumonia rates and 2,000-fold more pneumonia-related children mortality. Three-fourths of paediatric pneumonia deaths occur in 15 nations.[15] According to the CDC, 30–50% of Indians consulted a doctor and 20–40% were hospitalised. Pneumonia kills 13%-16% of paediatric hospital admissions in India. Acute respiratory infections increased 50% from 2001 to 2009, resulting in 3,404 deaths in 2010. Two-thirds of urban kid ailments are acute respiratory infections.[16]

Hospitalized children's anxiety and its long-term effects must be addressed. Play therapy's effects on children's anxiety were examined in Panipat.

Objectives:

1. To assess the post-test level of anxiety among children undergoing nebulization in experimental group and control group.
2. To evaluate the effectiveness of play therapy on level of anxiety among children undergoing nebulization in experimental group and control group.
3. To associate the level of anxiety among children undergoing nebulization with their
4. selected demographic variables in experimental and control group.

Hypotheses:

H_1: There will be a significant difference in level of anxiety among children undergoing nebulization in experimental and control group after implementation of play therapy at $P \leq 0.001$ level.

H_2: There will be significant association between the level of anxiety among children undergoing nebulization in experimental and control group with their selected demographic variables at $P \leq 0.05$ level.

Materials and Methods:

Research Design – Quasi-experimental research design

Settings - The researcher chose Magnus and Rainbow Hospitals for this study. These Panipat centres are 10 km from Ved Nursing College. These 2 hospitals were chosen based on subject availability and management cooperation.

Samples and Sampling Technique - The study includes nebulized 6- to 12-year-olds in selected hospitals. It used purposive sampling. This study had 60 children, 30 in each group. Feasibility and availability determine sample size.

Inclusion Criteria - Participants in the study were children who were between the ages of 6 and 12 years old and were receiving their first nebulization at the time of the study. In addition to that, it included patients who planned to come in for nebulization at least thrice daily.

Research Tool - The tool made for this study was made up of the following parts.

Section I: Baseline Data

Section – II: Modified Spence Children Anxiety Scale

- ***Baseline Data:*** This section has information about the child's age, gender, birth order, place of residence, type of family, family income per month, religion, history of hospitalisation in the past year, play therapy experience, and reasons for nebulization.
- ***Modified Spence children's anxiety scale:*** The Modified Spence Children's Anxiety Scale–Child is a self-report scale with 47 questions that is used to measure how bad anxiety symptoms are in kids ages 8 to 15. The SCAS-Child measures anxiety in six areas, which are made up of six subscales:

Separation Anxiety	(Items 5, 8, 12, 15, 16, 44)
Social Phobia	(Items 6, 7, 9, 10, 29, 35)
Obsessive Compulsive Problems	(Items 14, 19, 27, 40, 41, 42)
Panic/Agoraphobia	(Items 13, 21, 28, 30, 32, 34, 36, 37, 39)
Generalised Anxiety/Overanxious Symptoms	(Items 2, 18, 23, 25, 33)
Fears of Physical Injury	(Items 1, 3, 4, 20, 22, 24)

This scale can be used in clinical and non-clinical settings to measure the long-term effects of treatments for anxiety.

Data Collection Methods - The authority of the nominated hospitals granted authorization in writing. The parents of the children who were willing to participate in the study provided verbal consent. From 09/05/2022 to 09/06/2022, data was collected over a span of four weeks. The data was gathered over the course of four weeks. After getting authorization from the relevant authority to perform the research at Magnus Hospital and Rainbow Hospital - Panipat, the data was collected. Prior to data collection, verbal informed consent was obtained from sample parents. From the outpatient departments of chosen hospitals, 60 children undergoing nebulization were recruited. The Experimental group (30 children) was drawn from Rainbow Hospital in Panipat, whereas the Control group (30 children) was drawn from Magnus Hospital in Panipat. Through purposeful sampling, the sample that meets the inclusion criteria was selected for the study. With youngsters and their parents, a solid rapport was forged. Each day, the investigator chose two to three samples based on the inclusion criteria. An audio-visual play model of a nebulizer together with sound-producing toys, building blocks, a doctor's kit, and colouring were supplied to experimental group children 10 minutes before to the start of nebulization and lasted until the completion of nebulization. The control group was given no intervention. After play therapy, the post-test anxiety level was determined. Both groups' anxiety levels were measured using the Modified Spence Children Anxiety Scale.

Data Analysis - Categorizing data with descriptive statistics like percentage, mean, and standard deviation. Inferential statistics like unpaired "t" test and chi-square were employed to determine play therapy's efficacy and link anxiety with demographic variables in experimental and control group children undergoing nebulization.

Results and Interpretation:

Table – I: Frequency and Percentage Distribution of Subjects Based on Socio-Demographic Variables in Experimental and Control Group

(N = 60)

S. No	Demographic Variables		Experimental Group		Control Group	
			Frequency	Percentage	Frequency	Percentage
1	Age (Years)	6 - 8	9	30.0	8	26.7
		8 - 10	12	40.0	9	30.0
		11 - 12	9	30.0	13	43.3
2	Gender	Male	11	36.7	21	70.0
		Female	19	63.3	9	30.0
3	Birth Order	First	7	23.3	8	26.7
		Second	19	63.3	18	60.0
		Third	4	13.3	4	13.3
4	Place of Domicile	Rural	21	70.0	15	50.0
		Urban	9	30.0	15	50.0
5	Type of Family	Nuclear	11	36.7	14	46.7
		Joint	19	63.3	16	53.3
6	Family Monthly Income (Rs)	5001 - 10000	1	3.3	2	6.7
		10001 - 15000	8	26.7	5	16.7
		more than 15001	21	70.0	23	76.7
7	Religion	Hindu	22	73.3	23	76.7
		Muslims	3	10.0	1	3.3
		Christian	3	10.0	1	3.3
		Sikh	2	6.7	5	16.7
8	History of Admission in Hospital	Yes	3	10.0	3	10.0
		No	27	90.0	27	90.0
9	Previous Exposure to Play Therapy	Yes	4	13.3	2	6.7
		No	26	86.7	28	93.3
10	Indication for Nebulization	Bronchospasms	2	6.7	1	3.3
		Chest tightness	1	3.3	4	13.3
		Respiratory Congestion	13	43.3	4	13.3
		Pneumonia	6	20.0	5	16.7
		Asthma	8	26.7	8	26.7

The above table shows the number and percentage of people in each group based on their socio-demographic characteristics.

In terms of age, most of the people in experimental group 12 (40%) were between 8 and 10 years old. Nine (30%) of the subjects were between the ages of 6 and 8 years old, and the same number were between 11 and 12 years old. Most of the subjects in the control group, 13, were between 11 and 12 years old. The number of people who were between 9 and 10 years old is 9 (30%). In the experimental group, most of the people were women: 19 (63.3%), 11 (36.7%), and the rest were men. In the control group, most of the people were men: 21 (70%), and the rest were women: 9 (30%). The birth order of the people in the experimental group shows that most of them (19, or 63.3%) were born second. There were 7 (23.3%) people who were first by birth order. In the case of the control group, most of the 18 people (60%) were in second place. There were 8 (26.7%) people who were first by birth order. When it comes to where the people in the experimental group live, 21 (or 70%) of them are from rural areas, while 9 (30%) are from cities. In the control group, there are 15 people from both the country and the city. The types of families of the people in the experimental group

were as follows: 19 (63.3% of the group) were in a "joint family," while 11 (36.7% of the group) were in a "nuclear family." Most of the people in control group 16 (53.3% of them) live in a joint family, while only 14 (46.7% of them) live in a nuclear family. In the experimental group, most of the people who had a family income of more than Rs 1,500 a month are 21 (70%). Subjects whose families' monthly income is between Rs. 100,001 and Rs. 15,000. Most of the people in the control group (76.7%) had a family income of more than $1,501 per month. Subjects whose families' monthly income is between Rs. 100,001 and Rs. 15,000. This is how the religions of the people in the experimental group were split up. Most of the 22 were Hindus (73.3%). Both Christians and Muslims make up 10% of the subjects, which is the same number. Sikhs were 2 (6.7%). In the control group, the subjects' religions were spread out in the following ways. Majority 23 (76.7 %) were Hindus. Sikhs were 5 (16.7%). With regard to the history of hospital admissions, it turns out that most of the people in the experimental group—27 of them, or 90%—had never been admitted to a hospital before, while only three of them, or 10%, had been admitted before. When it comes to the history of hospital admissions, it turns out that most of the people in the control group—27 of them, or 90%—never went to the hospital, while only three of them, or 10%, did. Subjects in the experimental group who had played therapy before show that most (26, 86.7%) had never played therapy before. Others (4, or 13.3%) had been to play therapy before. Subjects in the control group who had played therapy before show that most of them (28, or 93.3%) had never done it before. Two of the others (6.7%) had been to play therapy before. The distribution of experimental group subjects according to the reason for nebulization shows that most of them (13, or 43.3%) had stuffy noses and 8 (or 26.7%) had asthma. and Asthma was the main reason for nebulization for 8 of the control subjects (26.7%), while pneumonia was the reason for 5 of the control subjects (16.7%).

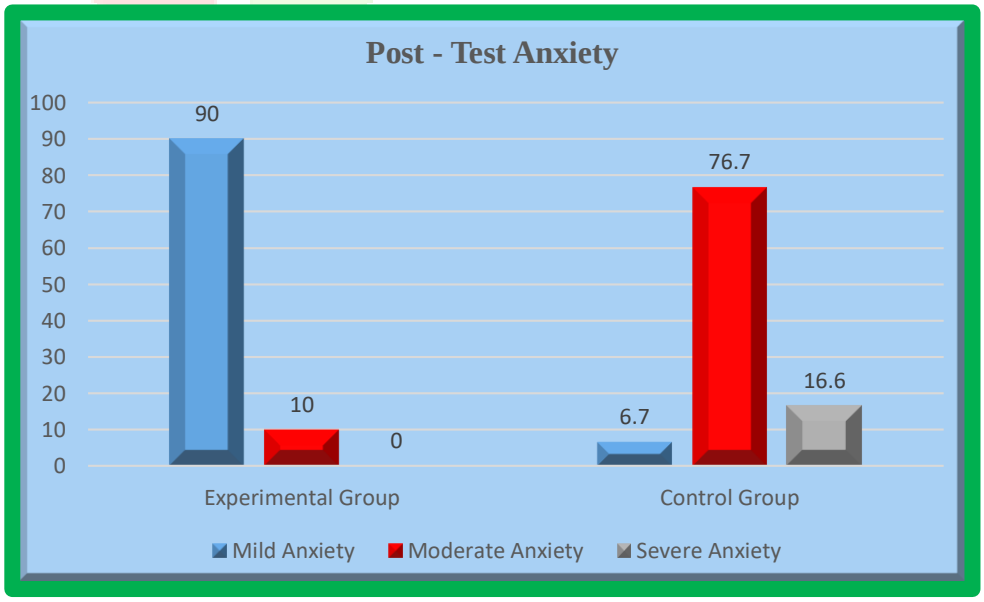

Figure – 1: Percentage Distribution of Subjects in Experimental and Control Group According to Post – test level of Anxiety

Figure - I: illustrates the percentage distribution of experimental and control subjects based on post-test anxiety levels.

During the post-test, 90% of the 27 people in the experimental group had mild anxiety. Three people (10%) had moderate anxiety. None of the subjects were with severe anxiety.

Most of the people in the control group, 23 (76.7%), had moderate anxiety. Five (16.6%) of the people in the study had very bad anxiety. Two people (6.7%) had mild anxiety.

Table – II: Comparison of post – test anxiety score of subjects in experimental and control group using independent 't' test

(N = 60)

Post – Test Anxiety	Mean	Mean Difference	Standard Deviation	Independent 't' test	'p' value
Experimental Group	38.17	30.56	13.31	7.267 (df = 58)	0.02* Significant
Control Group	68.73		18.80		

Table – II depicts the comparison of post – test anxiety score of subjects in experimental and control group independent 't' test

The average post-test anxiety score for the experimental group was 38.17 $\pm$ 13.31, and the average post-test anxiety score for the control group samples was 68.73 $\pm$ 18.80. The average score difference was 30.56 The degree of freedom was 58, and the independent t-test score was 7.267. At a p value of less than 0.02, it was statistically significant.

This shows that play therapy helped the children who were getting nebulized feel less anxious.

Table – III: Level of association between post – test anxiety and socio-demographic variables of the subjects in experimental group

(n = 30)

S. No	Socio – Demographic Variables		Post-Test Anxiety		χ2 value	'p' value
			Mild	Moderate		
1	Age (Years)	6 - 8	9	0	5.000 (df = 2)	0.08 Not significant
		8 - 10	9	3		
		11 - 12	9	0		
2	Gender	Male	9	2	1.292 (df = 1)	0.298 Not significant
		Female	18	1		
3	Birth Order	First	5	2	5.794 (df = 2)	0.05* Significant
		Second	19	0		
		Third	3	1		
4	Place of Domicile	Rural	19	2	0.018 (df = 1)	0.894 Not Significant
		Urban	8	1		
5	Type of Family	Nuclear	10	1	0.016 (df = 1)	0.900 Not Significant
		Joint	17	2		
6	Family Monthly Income (Rs)	5001 - 10000	1	0	0.172 (df = 2)	0.918 Not Significant
		10001 - 15000	7	1		
		more than 15001	19	2		
7	Religion	Hindu	19	3	1.212 (df = 3)	0.750 Not Significant
		Muslims	3	0		
		Christian	3	0		
		Sikh	2	0		
8	History of Admission in Hospital	Yes	3	0	0.370 (df = 1)	0.543 Not Significant
		No	24	3		
9	Previous Exposure to Play Therapy	Yes	4	0	0.513 (df = 1)	0.474 Not Significant
		No	23	3		
10	Indication for Nebulization	Bronchospasms	2	0	1.937 (df = 4)	0.747 Not Significant
		Chest tightness	1	0		
		Respiratory Congestion	11	2		
		Pneumonia	5	1		
		Asthma	8	0		

Table III shows the level of association between the subjects' level of anxiety after the test and their socio-demographic variables.

From table III, we can see that birth order ($\chi 2 = 5.794$, df = 2, P value 0.05) and the level of anxiety after the test were linked in a statistically significant way. So, in these situations, we can rule out the null hypothesis and accept the alternative hypothesis.

Table – VI: Level of association between post – test anxiety and socio-demographic variables of the subjects in control group

(n = 30)

S. No	Socio – Demographic Variables		Post-Test Anxiety			$\chi 2$ value	'p' value
			Mild	Moderate	Severe		
1	**Age (Years)**	6 - 8	1	6	1	2.0 (df = 4)	0.73 Not significant
		8 - 10	1	6	2		
		11 - 12	0	11	2		
2	**Gender**	Male	1	17	3	0.7 (df = 2)	0.675 Not significant
		Female	1	6	2		
3	**Birth Order**	First	1	5	2	14.5 (df = 4)	0.04* Significant
		Second	1	17	0		
		Third	0	1	3		
4	**Place of Domicile**	Rural	0	13	2	2.5 (df = 2)	0.274 Not Significant
		Urban	2	10	3		
5	**Type of Family**	Nuclear	2	10	2	2.4 (df = 2)	0.291 Not Significant
		Joint	0	13	3		
6	**Family Monthly Income (Rs)**	5001 - 10000	0	1	1	2.357 (df = 4)	0.670 Not Significant
		10001 - 15000	0	4	1		
		more than 15001	2	18	3		
7	**Religion**	Hindu				2.7 (df = 6)	0.836 Not Significant
		Muslims	0	1	0		
		Christian	0	1	0		
		Sikh	0	5	0		
8	**History of Admission in Hospital**	Yes	2	1	0	19.3 (df = 2)	0.001* Significant
		No	0	22	5		
9	**Previous Exposure to Play Therapy**	Yes	2	0	0	30.0 (df = 2)	0.001* Significant
		No	0	23	5		
10	**Indication for Nebulization**	Bronchospasms	0	1	0	10.5 (df = 8)	2.227 Not Significant
		Chest tightness	0	4	0		
		Respiratory Congestion	0	4	0		
		Pneumonia	0	2	3		
		Asthma	2	12	2		

Table – IV: shows the level of association between Post – Test level of anxiety and Socio - Demographic Variables of the subjects in control.

From table IV, we can find information about birth order ($\chi 2$ = 14.533, df = 4, P value 0.04) and other demographic factors. History of hospitalisation ($\chi 2$ = 19.372, df = 2, 'P' value 0.001) and previous play therapy ($\chi 2$ = 30.000, df = 2, 'P' value 0.001) were statistically linked to the level of anxiety after the test. So, in these situations, we can rule out the null hypothesis and accept the alternative hypothesis.

Discussion:

Following Studies were supporting the findings of the current study results. They were listed below.

Kinjal Patel, Suresh V, and Ravindra H.N (2014) examined the effects of play therapy on anxiety in hospitalised children in Vadodara. Child Demographics 66.7 % of experimental group children are 3–4 years old, gender-wise. 50% of children were male and 50% female. 50% of experimental children are first and 43.3% are second. 56.7 percent of control children are second-born. 53.3% of experimental children are rural. The control group is 70% rural. The control group included 53.3 % joint families and 56.7 % nuclear families. Most kids In experimental group, 6.7 % of children are under 5000, 16.7% are 5001–10,000, 56.7% are 10,001–15,000, and only 20% are over 15,000; in control group, 20 % are over 15,000 0% of children are under 5000 rupees, 3.3% are 5001–10,000, 43.3% are 10,001–15,000, and 53.3% are over 15,000 rupees. 76.7 % of youngsters are Hindu, while 83.3 % in the control group are. 50% of children were hospitalised and 50% were not. Majority rules 26.7% of kids were hospitalised. Most kids Last year, 83.3 % of children were not hospitalised, compared to 80 % in the control group. 60% of youngsters are experimental, 36.7 % medical. Control group has 56.7% medical diagnosis and 43.3 surgical diagnosis.[17]

Rashmi More (2018) examines how play therapy reduces anxiety in sick children in Jalagon hospitals. The study measured children's anxiety in a specified hospital. Findings demonstrate that 11 (55%) of children in the experimental group experienced mild to moderate anxiety before the test and 12 (60%) had it afterward, while 14 (70%) of children in the control group had it before and after the exam.[18]

Present study results were consistent with those of **Sheuli Sen's (2017)** investigation; the resulting "f" value was 3.873 and the "p" value was 0.045. Given that it was statistically significant, there may have been a link between child anxiety and birth order. Furthermore, the calculated "f" value was 18.052 and the "p" value was 0.001. This suggests that anxiety and prior exposure to hospital stays are related.[19]

According to **Ninu Poulose's (2014)** study, there is no statistically significant correlation between the level of anxiety and the demographic factors, contradicting the conclusions of the current study. The research hypothesis H2 is thus rejected in the experimental group ($p > 0.05$ threshold). The education of the carer who stays with the kid during nebulization and prior hospital exposure are related to the level of anxiety in the control group.[20]

Conclusion:

The results of the research project showed that play therapy was very beneficial in lowering the levels of anxiety experienced by children who were participating in the experimental group and going through the process of nebulization. The amount of anxiety was found to have a strong association with the order in which a person was born, a history of hospitalisation, and a history of participation in play therapy.

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