



Anxiety Levels of Preschool Children on the Effect of Play Therapy Due to Hospitalization at Makassar City Hospital

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Abstract

Hospitalization is often the first thing children have to face, especially during the early years, especially vulnerable to illness and hospitalization crises due to stress due to changes in health conditions, as well as children have a limited number of coping mechanisms to resolve stressors. The intervention This can be done, one way is by playing activities or play therapy. In sick condition or the child is hospitalized, this play activity is still carried out but must be appropriate with the child's condition. With games, children will be released from tension and stress experienced, because by playing children will be able to divert the pain on the game and relaxation through the pleasure of playing the game. The aim of this research is to determine the effect of play therapy on levels worry child on age preschool consequence hospitalization in Makassar Hospital. This research uses quantitative research methods with design study quasy experiment. Population in study This is all over child preschool in the Makassar Hospital Treatment Room with a sample of 20 pre-school children. From the results of the *Wilcoxon test* which was carried out with a value of $p = 0.008$, means mark p more small from $\alpha (0.05)$ Which show There is change response worry child before given therapy play And after given play therapy. Researchers hope for hospitals to implement play therapy to reduce anxiety levels in children and this research can be useful for respondents, especially parents, that play therapy very helpful for child in reduce level worry.

Keywords: Anxiety Level, Preschool Children, Play Therapy, Makassar City Hospital





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1. Introduction

Hospitalization is often the first thing a child has to face. Children, especially during the early years, are highly vulnerable to illness crises and hospitalization due to stress resulting from changes in normal health and environmental routines, and children have a limited number of coping mechanisms to resolve these stressors. The main stressors of hospitalization include separation, loss of control, bodily injury and pain. The child's reaction to these crises is influenced by developmental age, previous experience with illness, separation or hospitalization.

Preschoolers may display separation anxiety by refusing to eat, having trouble sleeping, crying silently because their parents are gone, constantly asking when their parents will come, or withdrawing from others. They may express anger indirectly by breaking toys, hitting other children, or refusing to cooperate during normal self-care activities.

Interventions that can be carried out include play activities or play therapy. If the child is sick or is being treated in hospital, this play activity can still be carried out but must be appropriate to the child's condition. By playing, children will be released from the tension and stress they experience, because by playing, children will be able to divert their pain from playing and relax through the fun of playing. In principle, the aim of playing in the hospital is to be able to continue the growth and development phase optimally, develop children's creativity, and be able to adapt more effectively to stress. Playing is very important for children's mental, emotional and well-being, such as developmental needs and the need for play not to stop when the child is sick or in hospital.

The game tools used here, namely for the development of fine motor skills, using coloring tools such as crayons and colored pencils will help children to use their hands actively. Because play activities are very important for children's growth and development





and to reduce anxiety due to hospitalization, play therapy will be carried out for preschool children by coloring pictures. By playing, children release fear, anxiety, express anger and hostility, playing is the most effective way of coping to reduce anxiety.

2. Research Methods

This research uses quantitative research methods with a quasi-experiment research design. Research approach with pre-test and post-test design in the experimental group. Observations on anxiety were carried out twice, namely before the intervention and after the intervention. The total sample was 20 pre-school age children.

The questionnaire is used to see the anxiety level of preschool children with the Faces Anxiety Scale (FAS). Data collection is carried out by means of observing children's anxiety responses to the same two types of nursing actions. The first observation (pre test) was carried out before giving play therapy while the second observation (post test) was carried out after giving play therapy. Data analysis in this study used statistical tests with a significance level of 0.05 using the Wilcoxon Test.

3. Results and Discussion

a. Results

1. Analysis Univariate

Characteristics of preschool children.

Table 1.
Distribution Frequency Respondent based on Age

Age Child	Frequency	Percent (%)
3-4 year	16	80
5-6 year	4	20
Amount	20	100

Table 2
Distribution Frequency Respondent based on Level Worry Before and After in Do it Therapy Play

Level Worry	Before		After	
	N	%	n	%
Light	12	60	15	75





Currently	6	30	5	25
Heavy	2	10	0	0
Amount	20	100	20	100

2. Analysis Bivariate

Table 3
Distribution of the Effects of Play Therapy to Anxiety Responses Before and After

Before Action	After Action						Total	Percent (%)
	Worried Light		Worried Currently		Worried Heavy			
	N	%	N	%	N	%		
Worried Light	12	60	0	0	0	0	12	60 %
Worried Currently	3	15	3	15	0	0	6	30 %
Worried Heavy	0	0	2	10	0	0	2	10 %
	15	75	5	25	0	0	20	100 %

b. Discussion

Anxiety is an individual's response to an unpleasant situation and is experienced by all living creatures in everyday life. According to Wong (2008), playing is a good medium for learning because by playing children will speak (communicate), learn to adapt to the environment, do what they can, and recognize time, distance and sound.

Psychological responses to anxiety include restlessness, nervousness, tension, worry, alertness, feeling guilty or embarrassed. In children undergoing hospitalization, often the need to express hostility, anger or other negative feelings arises in other ways such as irritability and aggression towards parents, withdrawal from health workers, inability to relate to peers, rejection of siblings or school behavior problems.





Anxiety that occurs in children while undergoing hospitalization can slow down the healing process, reduce enthusiasm for recovery and be uncooperative with the actions given by health workers, which will accelerate the occurrence of complications during treatment. It is carried out therapeutically and the child has gone through adaptation to his environment. Therapeutic games can increase a child's ability to have positive behavior. Apart from that, therapeutic games according to the child's development can improve emotional disorders and overcome the child's physical condition. Children's fear of injury arises because children consider their actions and procedures to threaten the integrity of their body. This causes aggressive reactions with anger, rebellion, verbal expressions by saying angry words, not wanting to cooperate with nurses and dependence on parents. The emotional response of children to stress can be caused by separation, unfamiliar environments and painful procedures (Li & Lopez, 2006).

The stress and anxiety of children undergoing hospitalization are influenced by the child's personal characteristics, which include age, gender, culture, hospitalization experience, and previous medical experience. Children undergoing hospitalization may react to separation by showing loneliness, boredom, isolation and depression.

Child care in hospital forces children to be separated from the environment they love, namely their family and especially their social group and causes anxiety. Hospital treatment also makes children lose control of themselves. Hospital treatment requires limiting the child's activities so that the child feels like he has lost his strength. Hospital treatment is often perceived by children as punishment so that children feel ashamed, guilty or afraid.

According to Stuart and Sundeen (1998) anxiety is related to feelings of uncertainty and helplessness, in a state of anxiety and a person tends to focus on other things or put something aside. According to Landreth (2001) play therapy is one of the suggestions used to help children overcome their problems because for children play is a symbol of verbalization. The child's physiological response to anxiety due to





separation will show stomach ache, headache, nausea, vomiting, restlessness, difficulty concentrating and irritability.

Children who were hospitalized experienced anxiety, but after being given play therapy the anxiety response decreased from severe anxiety to moderate and mild anxiety. This situation shows that there is an effect of reducing anxiety in children after being given play therapy (coloring). This is reinforced by the opinion of Supartini (2004) that play therapy can reduce the impact of hospitalization on children. Therapeutic play is based on the view that play for children is a healthy activity, necessary for the continuity of children's growth and development and allows them to be able to explore, express feelings or thoughts. children, diverting feelings of pain, and relaxation.

Play activities must be an integral part of child health services in hospitals. Play therapy is given in an effort to reduce the anxiety faced by children due to hospitalization. With play therapy, the growth and development of sick children can continue to develop (Alimul, 2007). Play activities carried out by children in the hospital can provide benefits in improving relationships between clients (children and families) and nurses because by carrying out play activities nurses have the opportunity to build good and enjoyable relationships with both children and their families. Play is an effective communication tool between nurses and clients. After being given play therapy, children feel more-calm and willing to interact or communicate with health workers.

Based on the Wilcoxon test, results were obtained ($p= 0.008$) where there was an influence on the child's level of anxiety before and after play therapy. This is supported by research by Subardiah (2009) which shows that therapeutic games can reduce anxiety. Through play activities, children can gain pleasure (Hurlock, 1991; Foster, 1998; Whaley & Wong, 1991). The pleasure that children receive has been proven to reduce anxiety in children and can influence children's readiness when nursing procedures are carried out and provide healing for children who experience emotional disorders (Mahon, 2009).





If the child understands about illness, separation and bodily injury while the child is being cared for, it is hoped that providing play therapy can reduce threats to the integrity and anxiety experienced by the child. By reducing the threat to physical integrity, autonomic nerve stimulation will reduce the release of adrenaline so that the physical and psychological response to anxiety will decrease. To provide calm and enjoyment to children, nurses can provide therapeutic games when carrying out nursing procedures or within time contracts. Play therapy (coloring) is an alternative for hospitals because it is tailored to the child's needs and development. Playing games for children in the hospital will not only give the child a sense of pleasure, but will also help the child express feelings and thoughts of anxiety, fear, sadness, tension, pain which will make the child more cooperative with the nursing actions given, so the child will be more comfortable. so that it can reduce the length of stay in hospital and can speed up the healing process.

4. Conclusion

- 1) Preschool children who were hospitalized experienced an anxiety response before being given play therapy.
- 2) Preschool children who were hospitalized experienced a decrease in anxiety after being given play therapy.
- 3) The influence of play therapy on the anxiety level of pre-school children.

5. Compliance with ethical standards

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent





Every action we take as authors is a mutual agreement or consent.

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