

To Assess the Effectiveness of Instructional Play Therapy in Reducing Anxiety Level among Hospitalized Children in Selected Hospital

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Abstract

Play is an integral aspect of a child's growth and development and is an important part of their daily lives. Toys are the “tools” of play that provide a child with a more “natural” atmosphere. Toys that are chosen and used properly will help to minimize the stressful impact of hospitalization and assist in the healing process of illness.¹ **Objectives:** To Assess the Anxiety Level among Hospitalized Children. To Assess the Effectiveness of Instructional Play Therapy in Reducing Anxiety Level among Hospitalized Children. To associate the findings with selected demographic variables. **Material and Methods:** Research approach used for this study was an evaluative approach with one group pretest and posttest design, Population was Hospitalized Children in age group of 3 to 6 Years. Total 60 samples (Table1) were selected by using non-probability Convenient sampling technique. **Result:** The mean Anxiety Level in Pretest was 1.58 and in posttest was 2.67. The tabulated ‘t’ value was 2 (df=59) which is less than the calculated’ i.e. 13.00 at 5% level of significance.³ Also, the calculated ‘p’=0.0001 which was much less than the acceptable level of significance i.e. ‘p’=0.05. Hence it is interpreted that there is significant difference in Anxiety Level at pre and posttest among Hospitalized Children.(Table 2) There was no association found between Age, Gender, Birth Order, Number of days of hospitalization, Type of family. **Conclusion:** The Instructional Play Therapy in Reducing Anxiety Level among Hospitalized Children was effective.

Keywords: Instructional Play Therapy; Anxiety; Hospitalized Children.

Introduction

Children of all ages find hospitalization stressful. Even older children have a strong need for their parents during a severe illness and can only bear their absence for brief periods of time. They must know that their parents will be there for them when they are in need, and that they are loved and missed.¹

Need of the study

Play is an essential part of a sick child's treatment plan. Play provides a child with an outlet for artistic speech, distraction, and successful coping. A supervised play programme in the hospital offers a warm, comfortable environment in which the child can continue to grow and develop.⁵ In larger hospitals a child life specialist may coordinate the play program. A place to play, suitable materials and other children to play with are essential. Because play is a child's way of learning; toys, materials, and equipment are learning tools. The play programme can be coordinated by a child life specialist in larger hospitals. It's crucial to have a safe place to play, as well as enough materials and other kids to play with. Toys, supplies, and equipment are all learning resources for children who learn by play.²

Via play games, the child may find suitable outlets for his or her hostility.³ The right toys can be beneficial in terms of being

positive, instructional, motivating, calming, diverting, or therapeutic. Play is an important part of the development of healthy people, and it is also an important part of the development of young children. It happens naturally in children and provides a valuable outlet for informal learning. Play isn't just a mindless activity to while away the hours of childhood; it's an important part of a child's academic, social, and emotional growth.⁴

Objectives

- To Assess the Anxiety Level among Hospitalized Children.
- To Assess the Effectiveness of Instructional Play Therapy in Reducing Anxiety Level among Hospitalized Children.
- To associate the findings with selected demographic variables.

Hypothesis

H₁: There will be a significant difference between the pretest and posttest level of anxiety among hospitalized children after play activities.

H₂: There will be a significant association in the posttest level of anxiety with the selected demographic variables.

Assumptions

The study was based on the following assumptions:

- It will highlight those areas in children's development which require genuine care and support.
- It will help the team members to understand hospitalized children as unique & whole and therefore provide them improved quality care.
- It will promote sensitive care in order to meet effectively the needs of ill and hospitalized children and thus promote more positive health outcomes.

Material and Methods

One group pre testpost test design was used. The study Population was Hospitalized Children in age group of 3 to 6 Years in A.V.B.R. Hospital, Sawangi (Meghe). 60 Samples were selected by using convenient sampling Technique. (Table1)

Variables: Dependent variable: Anxiety level of hospitalized children.

Independent variable: Instructional Play therapy.

Criteria for Sample Selection:

Inclusive criteria was: Children admitted in hospital and Children who could understand Marathi.

Exclusive criteria was: Who are critically ill children, Children with complications.

Tools of Data Collection: The tools were divided into two sections.

Section 1: Demographic variables consist of Age, Gender, Birth Order, Number of days of hospitalization, Type of family.

Section 2: Modified Anxiety scale.

Procedure of the Data Collection: The researcher personally approached the samples and also explained about the study and its purpose to the Parent and children so as to ensure better cooperation during the data collection. The samples were selected by using convenient sampling technique and keeping in mind the criteria of study. Written informed consent was obtained from parents of each participant. Pretest was conducted by the researcher with observation on structured anxiety scale to the samples. After Pretest Instructional Play therapy was administered to the hospitalized children and continued for 7 days after that posttest was conducted with the same anxiety scale.

Validity of the Tool: Content validity of the tool was done by experts from field of child health nursing and Pediatrician. The experts were requested to give their opinions and suggestions regarding the relevance of the tool for further modification to improve the clarity and content of the items.

Reliability of the Tool: In this study the reliability of tool was determined by administering it to 10% of the study samples. The reliability was determined by using Spearman Brown Split-Half method and it was found to be $r = 0.88$, which indicates that the tool was reliable.

Ethical Permission: Ethical approval was taken from Institutional Ethical committee.

Result

The analysis and interpretation of the findings are given in the following sections:

Section 1: Distribution of subjects with regards to their demographic variables.

Section 2:

- (I) Assessment of pretest level of anxiety among Hospitalized Children. (Fig. 1)

- (II) Assessment of posttest level of anxiety among Hospitalized Children. (Fig. 2)

Section 3: Evaluate Effectiveness of Instructional Play Therapy in Reducing Anxiety Level among Hospitalized Children. (Table 2)

Sections 4: Association of the findings with selected demographic variables.

Table 1: Percentage wise distribution of hospitalized children according to their demographic variables.

Demographic Variables	No. Samples	Percentage
n- 60		
Age		
3-4 years	26	43.34 %
4.1-5 years	14	23.33 %
5.1-6 years	20	33.33 %
Gender		
Male	25	41.66 %
Female	35	58.34 %
Birth Order		
First born	40	66.66 %
Second & above	20	33.34 %
Number of days of hospitalization		
1-2	10	16.66 %
3-4	20	33.34 %
5-7	30	50 %
Type of family		
Nuclear	38	63.34 %
Joint	22	36.66 %

Section 2: (I) Assessment of pretest level of anxiety among Hospitalized Children.

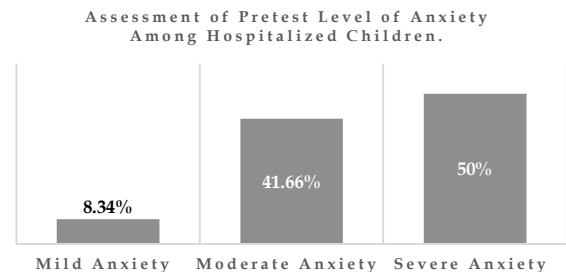


Fig. 1: Assessment of pretest level of anxiety among Hospitalized Children.

Figure 1 shows, percentage distribution of pretest level of anxiety among hospitalized children between 3-6 years. It indicates that majority 30 (50%) children had severe level of anxiety, 25 (41.66 %) had moderate level of anxiety and 5 (8.34%) of the children had mild anxiety.

(II) Assessment of posttest level of anxiety among Hospitalized Children.

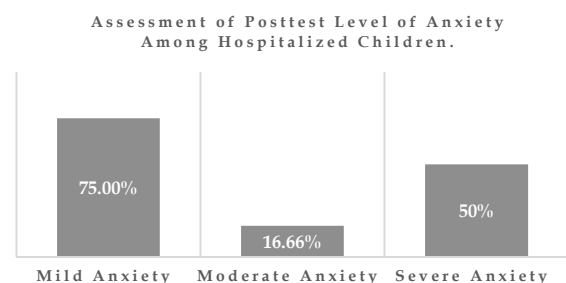


Fig. 2: Assessment of posttest level of anxiety among Hospitalized Children.

The above figure2 represents the percentage distribution of posttest level of anxiety among hospitalized children. In the post test majority 45 (75 %) of the children had mild anxiety, 10 (16.66

(%) of the children had moderate anxiety and 5 (8.34 %) of the children had severe anxiety.

Table 2: Evaluate Effectiveness of Instructional Play Therapy in Reducing Anxiety Level among Hospitalized Children.

Overall	Mean	Std. Deviation	t-value	p-value
Pretest	1.58	0.65	13.00	0.0001 S,p<0.05
Posttest	2.67	0.63		

The above table 2 shows the comparison of Anxiety Level in pre and posttest among Hospitalized Children. The mean Anxiety Level in Pretest was 1.58 and in posttest was 2.67. The tabulated 't' value was 2 (df=59) which is less than the calculated' i.e. 13.00 at 5% level of significance. Also, the calculated 'p'=0.0001 which was much less than the acceptable level of significance i.e. 'p'=0.05.

As a result, it's assumed that there's a major difference in Anxiety Levels between pre- and post-test among hospitalized children. As a result, the effectiveness of Instructional Play Therapy in Reducing Anxiety Levels among Hospitalized Children has been statistically determined. As a result, the H₁ is approved.

Sections 4: Association of the findings with selected demographic variables.

There was no association found between Age, Gender, Birth Order, Number of days of hospitalization, Type of family.

Discussion

The present study shows the comparison of Anxiety Level in pre and posttest among Hospitalized Children. The mean Anxiety Level in Pretest was 1.58 and in posttest was 2.67. The tabulated 't' value was 2 (Df=59) which is less than the calculated' i.e. 13.00 at 5% level of significance. Also, the calculated 'p'=0.0001 which was much less than the acceptable level of significance i.e. 'p'=0.05(Table 2).

Hence it is interpreted that there is significant difference in Anxiety Level at pre and posttest among Hospitalized Children.

Hence it is statistically interpreted that the Instructional Play Therapy in Reducing Anxiety Level among Hospitalized Children was effective. Thus, the H₁ is accepted.

The study supported by a study was conducted to assess the effectiveness of play therapy on anxiety among hospitalized children. The result of the study was in experimental post test mean score, 37.87 and SD was 14.708 respectively. The obtained "t" value 14.015 statistically was significant at 0.000 level. So research hypothesis was accepted, in Comparison of mean score of experimental post - test and control post - test that the obtained "t" value is 8.165 statistically value was .000 so it is significant (< 0.05) therefore research hypothesis was accepted so it clearly shows that the level of anxiety was reduce in experimental group in post test The study concluded that children's was anxious in the pre-test and were as in the post-test shows that children's was not anxious or reduced so, it indicates that play activities was effective.³

Conclusion

Instructional Play Therapy was shown to be successful in reducing anxiety levels in hospitalized children.

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