

## Implementation of Play Therapy (Play Dough) in Pre-School Children Undergoing Hospitalization with Anxiety Nursing Problems: Case Study

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### Abstract:

Hospitalization is one of the causes of trauma and psychological trauma in children who are hospitalized. One of the impacts that often occurs in children undergoing hospitalization is anxiety. The aim of this research is to provide nursing care for children undergoing treatment in hospitals with anxiety problems using a playdough approach in the Bougenville Room at RSUD Dr. Haryoto Lumajang. Data collection used was interviews, observation, and documentation study of the anxiety experienced by patients. Research shows that play therapy using playdough is carried out for 15 to 30 minutes once a day makes children more interested and follow directions in playing so that they can divert their anxiety while they are in the hospital. This play therapy medium is effectively used to reduce anxiety in children when the child is in the hospital. Jam is a play therapy medium that is also useful for stimulating children's motor development because, in this play dough game, the way of playing uses the five senses, so it is effective as a learning medium given by parents to children.

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## INTRODUCTION

More than 1.6 million children between the ages of 2 and 6 have been hospitalized for injuries, trauma, and other illnesses. Preschool-aged children are particularly vulnerable to illness due to their underdeveloped immune systems, often requiring daily nursing care or medical procedures during their hospital stay, leading to unpleasant experiences. Over 50% of children undergoing hospital treatment experience anxiety and stress (Nurwulansari et al., 2019).

Hospital experiences for young children often involve procedures such as needles, medications, and other examinations, which can lead to various psychological problems, including anxiety and stress. According to Musviro et al. (2022), the impact of hospitalization on preschool-aged children can be divided into psychological distress, such as anger, crying, fear, and disappointment, as well as physical distress, including boredom, immobilization, insomnia, and noise exposure, leading to potential trauma and reluctance to seek further treatment. While anxiety is not a defined disease, it can manifest in withdrawal, difficulty sleeping, eating, and cooperation with healthcare providers (Pawiliyah & Marlenis, 2019).

When a child is sick, they experience stress caused by pain, injury, separation from the group, completing activities, and unfamiliar environments. Various negative consequences can occur when a child is sick and left alone in the hospital, including losing control, becoming

vengeful, becoming sick, becoming uncooperative, and experiencing a setback in the developmental stage (regression). This negative impact can be minimized or prevented by efforts to increase the facilitation of children's growth and development with play activities (Rohmah, 2018).

Based on data from UNICEF, the prevalence of children being treated in hospitals is high, at 84%. Approximately 20.72% of Indonesia's adult population have not yet sent their children to school. Out of 100 children, 35 have experienced hospitalization, and 45% have experienced anxiety (Parwata and Rantesigi, 2020). In East Java Province, 85% of the 2,485,218 preschool-age children experience pain and anxiety when undergoing treatment for their illness. A preliminary study conducted in the Bougenville ward of Dr. Haryoto Lumajang Regional Hospital in 2019 included 506 hospitalized pediatric patients, with an average of 266 patients per month in 2019 (Sari et al., 2022).

Preschool children undergoing hospitalization often experience anxiety and exhibit signs and symptoms such as anger, crying, difficulty sleeping, inactivity, restlessness, and inability to speak. Hospitalization is a factor that causes anxiety in children, with three distinguishable phases: the protest phase, the despair phase, and the release phase (Habsyalloh, 2022). The protest phase is characterized by aggressive behavior, anger, and rejection of attention. In the despair phase, children become inactive, lose interest, and withdraw from social interactions. In the release phase, children accept and get used to the environment, although they tend to show a resigned attitude. These phases can be influenced by side effects, disease, invasive procedures, trauma, or prolonged hospitalization (Saifudin et al., 2022).

The role of parents is crucial in accompanying children while they are in the hospital. The impact of hospitalization on preschool children can be seen in the form of psychological distress, such as anger, crying, fear, and disappointment, as well as physical distress, such as boredom, limited movement, difficulty sleeping, and noise. This can cause the child to experience trauma and be reluctant to receive hospital treatment in the future. Anxiety in children can disrupt their growth and development, so treatment must be done immediately (Pratami & Rizqiea, 2022).

According to SIKI DPP PPNI (2017), several actions can be taken to reduce anxiety in children, including anxiety reduction and distraction techniques. One component of the distraction technique is the act of playing. Alini (2017) suggests that distraction therapy through play can be implemented to divert children's attention in hospitals. Play therapy is considered very effective in reducing anxiety in children and can also stimulate the development of their gross and fine motor skills. Both healthy and sick children can benefit from play, as it can divert pain during treatment for sick children and help children focus on games they enjoy.

## METHOD

The data collection occurred from April 8 to April 10, 2023, in the Bougenville Room at RSUD dr. Haryoto Lumajang. The interview method was used to collect subjective data from parents and patients. This included observing signs and symptoms of anxiety in children and documenting the findings. All parents involved in the study signed informed consent forms. This research has received ethical approval from the Faculty of Nursing Universitas Jember Health Research Ethics Committee No. 119/UN25.1.14/KEPK/2023.

## RESULT AND DISCUSSION

Participants taken by researchers in compiling this case report with the criteria for children being treated in the Bougainvillea ward at RSUD dr. Haryoto Lumajang; children aged 4-6 years; children with good general condition and compos mentis; have nursing problems with minimal characteristics including restlessness, appearing tense, and crying frequently; children who do not have infectious diseases and/or congenital abnormalities; parents agree and sign informed consent; do not have allergies to plasticine materials. At the time of the assessment, the patient was 4 years old. According to Tumiwa (2021), the theory suggests that a child's age can influence the impact of hospitalization. Preschool children are more vulnerable to the effects of hospitalization due to their sensitive developmental stage and lack of knowledge about medical procedures and hospital care. They may experience anxiety, fear, and separation from their parents, leading to increased stress during hospitalization.

The author believes that children are more susceptible to contracting diseases and requiring hospitalization, leading to anxiety about the new environment, pain, separation from home and parents, and medical procedures. The patient has not attended school or preschool, according to educational level information. Colin et al. (2020) discusses the relationship between preschool children, medical care, and anxiety. They note that preschool-age children have a natural curiosity and enjoy being in groups with their peers. They also tend to explore new things and enjoy storytelling and conversation. The author suggests that there is a relationship between fact and theory, as preschool children have a high level of curiosity and development that can be stimulated even when they are sick and receiving treatment in the hospital.

The recent complaint revealed that the child's mother frequently cried and exhibited restlessness and tension due to her fear of receiving an injection while in the hospital. According to Anggryni (2022), hospitalization involves a child staying in the hospital to receive comprehensive care and therapy, which can be a highly distressing experience for children. The child's hospital stay had a significant impact on both their physical and psychological well-being. Children who are hospitalized often experience trauma and exhibit symptoms such as regression, separation anxiety, apathy, fear, sleep disturbances, crying, fussiness, rebellion, longing to go home, refusal of medical treatment, screaming, and a strong desire to be comforted by their parents. The author argues that the facts and theory are interconnected, as children experience changes while in the hospital due to being in a new environment, interacting with new people, and undergoing invasive procedures.

The patient has a history of being admitted to the hospital four times. According to Bruce et al. (2018), children who have had traumatic hospital experiences are at a higher risk of experiencing significant anxiety symptoms when faced with similar medical situations in the future. Unpleasant or traumatic hospitalizations can increase a child's anxiety about being admitted to the hospital again. Hospitals can be unfamiliar and intimidating environments for children, with intensive medical care, unfamiliar smells and sounds, and separation from parents or peers, causing anxiety and discomfort. Additionally, uncomfortable or painful medical procedures, such as drawing blood or inserting an IV, can further increase anxiety in children. The author suggests that children who have had previous hospitalizations and medical treatments are at a higher risk of experiencing anxiety due to their familiarity with the pain and discomfort associated with medical procedures. In terms of pregnancy and childbirth history, Khayati and Sundari (2019) state that birth history can reveal risk factors that may affect a child's health and development. Information about premature birth, low birth weight, or complications during pregnancy and delivery can provide insight into potential health problems the child may face. Some medical conditions or

developmental disorders in children may be linked to events during or after birth, such as brain injuries at birth or maternal infections during pregnancy. Birth weight and length can also provide information about a child's early growth and development, serving as a baseline for monitoring growth over time. The author suggests that children born with low birth weight are more likely to experience developmental disorders.

Changes in sleep patterns before and after illness have been observed in children. At home, the child's sleep frequency has changed, and since being admitted to the hospital, the child's sleep pattern has been characterized by frequent waking. According to Mariani (2019), hospitalization is a process where a child must stay in the hospital for planned or emergency reasons to receive therapy and care until returning home. During the treatment period in the hospital, children often face various problems, one of which is difficulty sleeping. This is caused by different environmental influences, such as temperature, sound, and light, which are very different from the conditions at home. Sounds and noise from machines or activities around them, as well as constant light, can disrupt a child's sleep. In addition, ongoing medical care, such as temperature measurements, blood tests, or medication, can also affect a child's sleep patterns. The author suggests that the new environment makes it difficult for children to rest, leading to difficulty sleeping or frequent waking due to medical actions and procedures that may disturb the child's rest.

Before and during illness, the child's condition involves light activities such as playing. According to Saputro and Fazrin (2017), play serves several functions, one of which is related to therapy. During the hospital treatment period, children often experience unpleasant feelings such as anger, fear, anxiety, sadness, and pain. In such situations, games can be an effective means of helping children distract themselves from the tension and stress they feel. By playing, children can channel the pain they experience into play activities (distraction). The author suggests that children who are sick are advised to fill their time by playing, and playing in the hospital must also pay attention to several things, such as not using a lot of energy, using toys that are relatively safe and protected from damage and cross-infection, being appropriate to the age group, not conflicting with therapy, and involving parents and family.

During the physical examination, the patient was found to have a good general condition and was *compos mentis*, as reported by Gulyurtlu et al. (2020). It is important for children to be in a state that allows them to participate in play according to their abilities. This means they must be aware enough to understand instructions or game rules and interact with their surroundings. The author believes there is no gap between fact and theory. In a hospital setting, it is necessary for a child to be conscious and in good general condition in order to play. Additionally, patients should have free range of motion and muscle strength of 5, as stated by Demers et al. (2020). Suboptimal muscle strength and range of motion can increase the risk of injury and complications in children. By focusing on these factors through play therapy, the risk can be reduced, and a child's physical health and fitness can be promoted. The author also emphasizes the importance of considering a child's range of motion and muscle strength when playing. Research shows that children are active, cheerful, and interact well with others. According to Maivy Hastuty et al. (2021), social development in children is influenced by the environment and occurs as they adopt behavior in line with surrounding norms and rules. At the age of 4-5 years, children begin to show interest in interacting with people outside their immediate environment. This period, known as the group period, is when children enjoy playing and interacting with their peers, sharing information and stories. This aligns with the theory that preschool children have a high curiosity and enjoy playing and storytelling with their peers.

The issue with anxiety nursing was that the objective data indicated the child's pulse was 145x/minute, the child appeared tense and restless, and the FIS assessment confirmed an anxiety

score of 3. Subjective data from the mother also indicated that the child often cried. According to (PPNI DPP SDKI Working Group Team, 2017) and (Pangesti et al., 2022), anxiety is diagnosed when several signs and symptoms are present, including at least 1 major symptom supported by minor signs and symptoms.

The author believes there is no discrepancy between the facts and the theory. The signs and symptoms in the data above include three major signs: feeling worried about the consequences of the condition, appearing anxious and tense, and an increased pulse frequency, which ultimately indicates signs and symptoms of anxiety. The major signs that appeared included four subjective signs and three objective signs, while the data obtained from the patient included 1 and 2 objective signs. Furthermore, in the minor signs, the subjective data included four signs, and the objective data included nine. At the same time, in the patient, there were no minor signs in the subjective data but two signs in the objective data.



Figure 1. Facial Image Scale (Lubis et al., 2021)

The author has planned two interventions, with the first being anxiety reduction. This intervention involves observation actions, such as identifying when anxiety levels change (e.g. conditions, time, stressors) and monitoring signs of anxiety. Therapeutic actions include creating a therapeutic atmosphere to build trust, understanding situations that cause anxiety, listening attentively, motivating, identifying anxiety triggers, and educational actions such as encouraging family involvement and non-competitive activities, as well as providing relaxation techniques training.

In supporting the anxiety reduction interventions, observation and identification of desired distraction techniques are used, along with therapeutic use of distraction techniques (e.g. play therapy using natural play dough) and educational recommendations based on energy level, ability, age, and level of development. The aim is to determine the level of anxiety experienced by the child and the signs and symptoms that arise when the child feels anxious. The researchers did not use anti-anxiety drugs because the child was in the mild anxiety category.

The second intervention involves distraction techniques, particularly play therapy using play dough, as an alternative action to reduce anxiety in children while in the hospital. According to Jawiah et al. (2022), the researchers used these two interventions and obtained results. The initial score of 60 on the first day indicated severe anxiety, which dropped to 48 on the second day, indicating moderate anxiety. After implementation, the score fell to 38 on the third day, still showing moderate anxiety. The researchers used observation sheets given before and after implementation, with pre-implementation scores of 22 and 20 (severe anxiety) on the first and second days, respectively. After implementation, the scores decreased to 17 (moderate anxiety) on the second day and 12 (moderate anxiety) on the third day. This research suggests the effectiveness of implementation in reducing anxiety levels, demonstrating a significant reduction from severe to moderate levels and indicating potential benefits of implementation in managing anxiety. These findings provide valuable insights for future research and interventions aimed at managing anxiety in similar contexts.



The author believes that providing distraction techniques with play therapy has proven effective in reducing anxiety in children being treated in the hospital. According to Bandelow et al. (2022), anxiety disorders (such as generalized anxiety disorder, panic disorder/agoraphobia, social anxiety disorder, etc.) are the most common psychiatric disorders and are associated with a high disease burden. Anxiety disorders are often not recognized and treated in primary care. Treatment is indicated when a patient displays marked distress or suffers complications from the disorder. The treatment recommendations provided in this article are based on guidelines, meta-analyses, and systematic reviews of randomized controlled studies. Anxiety disorders should be treated with psychological therapy, pharmacotherapy, or a combination of both. Cognitive behavioral therapy can be considered the psychotherapy with the highest level of evidence. First-line drugs are selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors. Benzodiazepines are not recommended for routine use. Other treatment options include pregabalin, tricyclic antidepressants, buspirone, moclobemide, and others. After remission, treatment should be continued for 6 to 12 months. When developing a treatment plan, efficacy, side effects, interactions, costs, and patient preferences must be considered. The author believes that anti-anxiety treatment should be given to patients who have severe or chronic anxiety disorders and panic attacks that interfere with daily activities. In this case, researchers did not collaborate in administering anti-anxiety medication and only provided non-pharmacological treatment, one of which was distraction techniques.

The implementation of actions in accordance with the intervention on the first day of carrying out anxiety reduction actions aims to determine the level of anxiety and any signs of symptoms that arise in children, as well as adding additional data checks such as questionnaires to support the data. Next, play therapy is carried out for 15-30 minutes. On the second day, evaluate the results of play therapy actions on the first day and continue the intervention to determine the improvement of the intervention, on the third day there is a follow-up evaluation of the first and second days. According to Jawiah et al. (2022), this implementation is able to enable researchers and patients to communicate and interact with each other, the result of which is that children will have a sense of trust in health workers and be able to create a therapeutic atmosphere. The author believes that building a relationship of mutual trust is the first thing to do with the patient, after that changing the comfortable atmosphere will make the child more comfortable while in the hospital.

In this summative evaluation, researchers analyzed the effectiveness of a three-day play therapy intervention in reducing anxiety levels in children. The results of the measurements showed a positive change in anxiety levels before and after the intervention. Additionally, behavioral observations indicated that children exhibited more adaptive responses and higher engagement in play activities (SLKI DPP PPNI Working Group Team, 2019). The outcome criteria included verbalization of concerns about consequences, decreased restless and tension behavior, improved respiratory and pulse frequency, as well as subjective evaluations from children, parents, and caregivers describing a more positive perception of the changes that occurred. Functional assessments also showed progress in the child's ability to deal with specific anxiety situations, according to Jawiah et al. (2022). The author suggested that the success of the intervention in reducing anxiety in children was evident from subjective data from the mother, who reported that the child cried less often due to worry, exhibited no anxious or tense behavior, and had a respiratory frequency of 20x/minute and a pulse of 130x/minute on the third day. Nursing evaluation also indicated a level of success with decreased anxiety levels.

If anxiety in children is not addressed immediately, it can negatively impact the child's development. Play therapy can be an effective way to minimize anxiety in children. Learning and

playing activities at a preschool age are crucial for improving children's gross and fine motor skills, especially in the hospital. By considering the child's condition and abilities, the choice of games can also influence the stimuli the child receives. Additionally, the role of parents in a child's development during illness is crucial to ensure that children do not miss out on important learning and playing opportunities. The application of play therapy using Play Dough, for example, can stimulate children's fine motor skills through squeezing and help them identify colors.

## CONCLUSION

While the child is admitted to the hospital, the child experiences restlessness and anxiety and often cries. The intervention given is distraction techniques, one of which is play therapy using play dough. The evaluation of the provision of play therapy was carried out for three days, with the results of the child showing a willingness to participate in the game as directed and diverting anxiety during hospital treatment. Parents also need to do this play therapy after leaving the hospital in order to stimulate fine motor skills in children.

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