POP UP TOYS AS STORY PLAY THERAPY ON THE LEVEL OF ANXIETY ON GENERAL ANESTHESIA

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POP UP TOYS AS STORY PLAY THERAPY ON THE LEVEL OF ANXIETY ON GENERAL ANESTHESIA SURGERY AMONG CHILDREN AROUND 6-12 YEARS OLD

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ABSTRACT

Background: Children who are first hospitalized may experience higher anxiety levels than children who have been hospitalized. The preliminary study in 2018 showed that when general surgery was to be done, as many as 90%school-age children were scared and nervous. It is important to provide play therapy to children who are going to undergo surgery. In addition to reading and seeing through photos, pop-up toy story books will also be offered to school-age children. This study aimed to examine the relationship between pop up toys as story play therapy on the level of anxiety on general anesthesia surgery among children around 6-12 years old.
Subjects and Method: This was an experimental study with pre-post test with control group design. This study was conducted in Yogyakarta Province hospital. Study subjects were children around 6-12 years old and will performed general anesthesia surgery. The data were collected using questioner and in-depth interview. The data were analyzed using Mann-Whitney test.
Results: There was a decrease number of children with moderate level of anxiety after the intervention group using pop up toys as story play therapy from 30 children (81.1%) to 6 children (16.2%). While in the control group, a total of 25 children had moderate level of anxiety (87.6%) before the therapy, and after therapy a total of 2 children also had moderate level of anxiety (5.4%), and they were statistically significant.
Conclusion: Playing pop up toys story therapy has an effect on the level of anxiety among children around 6-12 years old and will performed general anesthesia surgery.

Keywords: pop up toys story therapy, anxiety level, general anesthesia, school age children

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BACKGROUND

Children experience growth and development from birth to adulthood. Humans develop from one stage of each developmental period to another, they experience different behavioral changes caused by the problems or tasks that are required and appear at each development period is different. One of the developmental tasks is to form independence, discipline, and emotional sensitivity in children (Wong, 2008).

Hospitalization will bring some psychological changes in children (Supartini, 2009). The hospitalization process for school-age children will have a very serious impact. Hospital treatment also makes children lose control over themselves. Hospitalization is a process for a planned or emergency reason that requires children to stay in the hospital, undergo treatment and therapy until they return home. Study results from several sources indicate that the hospitalization process will provide a traumatic experience full of stress.

Fear about the part of the body to be operated on and anxiety will develop in school-age children. School-age children protest loudly and can become physically and verbally aggressive (Wong, 2008). During the treatment process at the hospital, the child

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and the parents can experience some very traumatic and anxiety-filled experiences, which will have a negative impact on the child. The negative impact of the hospitalization effect greatly affects the treatment efforts, the treatment that is being undertaken for the child and the surgery that he will undergo.

The reactions that appear in children will differ from one another. Children who have experienced treatment at the hospital and have been operated on will certainly show different reactions when compared to children who are hospitalized for the first time. Children who are treated for the first time may experience higher levels of anxiety. In such circumstances, an action is needed that can reduce the level of anxiety of children who are hospitalized and will perform general anesthesia surgery.

One effort that can be done to reduce anxiety levels is through play therapy activities. Playing is a natural communication tool for children. Playing is the basis of education and therapeutic applications that require development in the education of school age children. Playing activities make children able to adapt to the environment around them. Wong (2008) argues that, through universal play media, children learn what others do not teach them and children learn about their world and how to deal with the environment of objects, time, space, structures and people in it. They learn about themselves, what they can do, how to relate things and situations.

By playing children release fear, anxiety, express anger and hostility. Playing is the most effective coping way to reduce anxiety. Playing can be done by healthy or sick children. Even though the child is experiencing pain, the need to play is still there. One of the functions of play is as a therapy in which playing games for children will be released from the tension and stress they experience. This is very suitable, especially for school-age children who are easily bored and children who are being treated in hospital or hospitalization and children who are about to undergo general anesthesia surgery. With the existence of colorful pop-up toy pictures, it is hoped that school-age children can learn in a more fun and interesting way. Apart from reading and seeing through pictures, school age children will also be shown with pop up toys in the picture books to be designed.

Pop up toys can also arouse children's imagination and curiosity. Especially since pop up toys hold a lot of surprises because they can be opened, folded, opened, closed, pulled and so on to create something new. So that the surprise and uniqueness of pop-up toys can be more attached to the memory of school age children than just ordinary picture books.

Based on the results of the researcher interview with the nurse on duty in September 2018, there were cases of general anesthesia surgery on school-age children in Sleman Hospital, Wonosari Hospital, Wates Hospital, Panembahan Senopati Bantul Hospital, and Jogja Hospital with an average population per month of around 13 children. The nurse said that the play therapy program had not yet been applied to children who would undergo surgery in the children's ward at the DIY Provincial Hospital.

From the results of observations made by researchers during the preliminary study in the children's room of the Sleman Hospital, Wonosari Hospital, Wates Hospital, Panembahan Senopati Bantul Hospital and Yogyakarta Hospital on 20 school-age children in September 2018, it was found that as many as 18 school-aged children (90%) school-age children are afraid and anxious when general anesthesia surgery will be performed. Parents complained that their children were always crying and scared when the nurse entered the room. Based on the

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description above, it is necessary to conduct this study.

SUBJECTS AND METHOD

1. Study Design

This was a quasi-experimental study with pre-test-post-test control group design. This study was conducted in the Children's Room and Operation Room of the Yogyakarta Provincial Hospital (Sleman Hospital, Wonosari Hospital, Wates Hospital, Panembahan Senopati Bantul Hospital, and Jogja Hospital). The study was conducted in July and October 2019 (duration of intervention for 4 months).

2. Population and Sample

The population was all school-age children (6-12 years) who undergo general anesthesia surgery in Yogyakarta Provincial Hospital.

A total of 74 children were selected as the study subject, which were taken using a purposive sampling technique. The study subjects were divided into 2 experimental groups and control 74 divided by 2 equals 37 per group.

3. Study Variables

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4. Study Instruments

The data collection instrument was an observation sheet on the level of anxiety of school age children using the Chinese Version State Anxiety Scale for Children (CSAS-C).

5. Data Analysis

Data were analyzed descriptively and analytically using SPSS for windows version 16.0. Data analysis test performed univariate and bivariate tests

RESULTS

1. Characteristics of Respondents

Table 1 Location of study and number of respondents in five hospitals in Yogyakarta Province

Location	Number of Respondents			
	Experiment Group		Control Group	
	n	%	n	%
Yogyakarta City Hospital	6	16.22	5	13.51
Sleman Hospital	10	27.03	10	27.03
Bantul Hospital	9	24.32	9	24.32
Wates Hospital	5	13.51	6	16.22
Wonosari Hospital	7	18.92	7	18.92
Total	**37**	**100**	**37**	100

From the Table 1 it can be seen that in the experimental and control groups the highest number of respondents was from the Sleman Hospital as many as 10 children (27.03%).

Table 2. Characteristics of respondents in the experimental group and in the control group in five hospitals in Yogyakarta Province

Characteristics of Respondents in	the Experiment		Group Control Group	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Child age				
6-8 years	16	43.24	18	48.65
9-10 years	8	21.62	8	21.62
11-12 years	13	35.14	11	29.73

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Gender				
Boys	25	67.57	19	51.35
Female	12	32.43	18	48.65
Order of child				
1st	17	45.95	24	64.86
2nd	15	40.54	9	24.33
3rd	4	10.81	4	10.81
4th	1	2.70	0	0
Caring experience				
1st	25	67.57	28	75.68
2nd	11	29.73	8	21.62
3rd	1	2.70	1	2.70
Operating experience				
1st	34	91.89	34	91.89
2nd	3	8.11	2	5.41
3rd	0	0	1	2.70
Medical Diagnostics				
Fracture	25	67.57	24	64.86
Multiple	0	0	1	2.70
Appendicitis	7	18.92	5	13.52
Palatoschisis	0	0	1	2.70
Abscess mandible	2	5.41	1	2.70
Infection	3	8.11	5	13.52
Operating measures				
ORIF	25	67.57	26	70.27
CALDWELL-LUC	4	10.81	4	10.81
Appendectomy	7	18.92	4	10.81
Cordectomy + urethroplasty	1	2.70	0	0
Palatoplasty	0	0	2	5.41
Expectations	0	0	1	2.70

From Table 2 it can be seen in the experimental group that the most age characteristics are at the age of 6-8 years as many as 16 respondents (43.24%) and the control group with the most age characteristics is at the age of 6-8 years as many 18 respondents (48.65%). In the experimental group, the most sex was 25 respondents (67.57%) and the control group, the most gender was 19 respondents (51.35%). 17 respondents (45.95%) and the control group with the highest order of children 1 were 24 respondents (64.86%). In the experimental group, the highest number of caring experiences was 25 respondents (67.57%) and the control group with the highest number of treatment experience was 28 respondents (75.68%). In the experimental group and the control group, the highest number of operations experiences was 34 respondents (91.89%). In the experimental group, the most medical diagnoses were fractures as many as 25 respondents (67.57%) and the control group medical diagnoses with the most fractures were 24 respondents (64.86%). In the experimental group, the most ORIF was 25 respondents (67.57%). and the control group with the most ORIF was 26 respondents (70.27%).

2. Univariate Analysis

Table 3 shows that the anxiety preoperative in the experimental group before being given play therapy story toys pop-up in most categories anxious being as much as 30 children (81.1%) and after most categories of mild anxiety was 31 children (83.8%). While anxiety preoperative control group before being given a story play therapy in most categories

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Medium anxious as many as 25 respondents (87.6%) and after being given most of the categories of mild anxiety were 35 children (94.6%).

Table 3. Anxiety in the experimental and control groups before and after being given therapy to play pop up toys in Yogyakarta Provincial Hospitals

Anxiety	Experiment				Control			
	Pre-Test		Post Test		Pre-Test		Post Test	
	n	%	n	%	n	%	n	%
Mild	3	81.1	31	83.8	8	21.6	35	94.6
Moderate	30	81.1	6	16.2	25	87.6	2	5.4
Heavy	4	10.8	0	0	4	10.8	0	0
Panic	0	0	0	0	0	0	0	0
Total	37	100	37	100	37	100	37	100

Source: primary Data Analysis (2019)

3. The bivariate analysis

Table 4 shows that anxiety pre-operation between pre-test and post-test on experimental dan control group with a value of p<0.001 then H_a received and H_o rejected means that there is a difference between pre-test and posttest anxiety preoperative in the experimental group and the control group. The results of the data analysis test using Wilcoxon the effect of playing story therapy pop up toys on the level of anxiety of general anesthesia surgery in school-age children in Yogyakarta Provincial Hospital with p<0.001 then H_a was accepted and H_o was rejected means that there is an effect of story playing therapy pop up toys Against the anxiety level of general anesthesia surgery in school age children in Yogyakarta Provincial Hospitals.

Table 4. Anxiety difference in the experimental and control group among school-age children in Yogyakarta hospitals

Variable	Group		p
Anxiety Operations Pre	Experiment	Pre test	p<0.001
		Post test	
	Control	Pre test	p<0.001
		Post test	

source: Analysis of primary data (2019)

DISCUSSION

1. The level of anxiety preoperative general anesthesia before and after being given play therapy story pop up toys to school-age children in the experimental group Yogyakarta Provincial Hospital

Based on Table 3 from the study, anxiety levels preoperative before therapy is given to play stories toys pop up on school-age children in hospitals DIY experimental group mostly in the category of anxiety were as many as 30 respondents (81.1%), while the level of anxiety Pre surgery after being given play story therapy pop up toys was in the mild anxiety category as many as 31 respondents (83.8%).

This is in accordance with the opinion of Wong (2008) that hospital treatment experienced by a child can lead to various experiences that are very traumatic and full

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of anxiety. The anxiety that arises is caused by many factors, such as the physical environment of the hospital, including buildings/ wards, equipment, distinctive smells, white clothes of health workers and the social environment, such as fellow child patients, or the interactions and attitudes of health workers themselves.

Based on Table 2, the data obtained, the level of preoperative anxiety before being given therapy to play pop up toys story books for school-age children at Yogyakarta Provincial Hospital in the experimental group based on gender, the highest percentage of anxiety was experienced by men as many as 25 respondents (67.57 %). The level of anxiety after being given therapy to play pop up toys, most of the male gender had decreased anxiety, namely mild anxiety, 59.5%. Boys are able to produce more adrenaline and are able to control its release than girls, so boys are more able to control stress and fear situations than girls (Monks et al., 2006). Even though gender is not a dominant factor in the emergence of anxiety, but there are studies that say that a higher level of anxiety occurs in women compared to men, namely 2: 1 (Suryanti, 2011). Genetic factors are related to heredity and gender. Generally, stress and anxiety are more experienced by women due to hormonal factors. According to Mahat and Slocoveno (2003), school-age girls who undergo hospitalization have a higher level of anxiety than boys. Meanwhile, male aggression, activity, domination, impulsivity, spatial observation skills and quantitative skills are more common in men.

The anxiety experienced by children during nursing actions is influenced by hospitalization anxiety, which consists of three phases. The first is the protest phase, shown by children's reactions such as crying, anger, screaming, frustration, looking for and holding tight to parents, refusing to meet and attacking strangers. The second is a phase of despair which is characterized by the child being inactive, withdrawing from others, sad, disinterested in the environment, uncommunicative, and refusing to eat or drink. In the third phase, the acceptance phase, children begin to show interest in the environment and have superficial interactions with other people or nurses (Alfiyanti et al., 2007).

As they get older, children begin to understand their surrounding environment, children begin to have the ability to distinguish what is seen by the eye with real reality, one of which is the anxiety that accompanies hospitalization. Children's reactions to illness vary according to the child's level of development (Supartini, 2004). In school-aged children, the separation reaction is anxiety because they are separated from their parents and social groups. School-age children are generally afraid of doctors and nurses (Ngastiyah, 2005). Pediatric patients being treated or hospitalized can cause anxiety and stress at all ages. The cause of this anxiety is influenced by many factors, including factors from the staff (nurses, doctors and other health workers), the new environment and the family that accompanies them during treatment.

Characteristics of respondents according to the sequence of children, namely the first child mostly experienced anxiety as many as 17 children (45.9%) with a moderate level of anxiety 37.8%. This is in accordance with the study of Sa'diah et al. (2014) which states that first children and only children experience anxiety more easily because parents often do not give children the opportunity to learn to adapt to the environment. However, it is different from study conducted by Sukmawati (2015) which states that the first child will be more independent, then the second child and youngest child. Children who are easy to adapt will find it easier to

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deal with stressors during hospitalization (Santrock, 2007).

The first treatment experience was 67.6% and the first operation experience was 91.9%, which greatly influenced the child's anxiety. The experience of being treated for the first time there was a decrease from moderate anxiety to mild anxiety 56.8%. The experience of having surgery for the first time also showed a decrease from moderate anxiety to mild anxiety as much as 78.4%. For children who have previous experiences in health facilities, perhaps having unpleasant memories from previous hospital experiences such as visits to the pediatrician, visits to the dentist can leave a bad impression until adolescence.

Families often feel anxious about their child's development, medication, hospital regulations and conditions, and the cost of care. Although this impact does not last for the child, psychologically the child will feel a change in the behavior of the parents who accompany him during treatment. According to Perry and Potter (2005), the hospital environment is a new environment for children, so children often feel afraid and threatened and hurt. by the actions that will be done to him.

Medical diagnosis and type of surgery were mostly fracturing and ORIF surgery with moderate anxiety category as much as 56.8%. The medical diagnosis and type of surgery were mostly fracturing and ORIF surgery after being given the therapy of playing pop up toys, there was a decrease from moderate anxiety to mild anxiety by 59.5%. The development of cognitive skills complements children's own decisions and helps assist them in avoiding various types of injuries. Parents must continue to provide guidance to children in new situations and threaten safety (Muscari, 2011). Motor development in school-age children (6-12 years) shows that school-age children are still vulnerable to accidents, especially due to increased motor skills and independence. (Muscari, 2005). So that with a lot of activities that children do with their playmates there is a risk of accidents, one of which is fracture.

When hospitalized, children will experience various very unpleasant feelings, such as anger, fear, anxiety, sadness, and pain. This feeling is the impact of hospitalization experienced by children because they face several stressors in the hospital environment. For this reason, by playing games children will be released from the tension and stress they experience because by playing games, children will be able to transfer their pain to their play (distraction) and relaxation through their fun playing games (Supartini, 2004).

2. The level of anxiety preoperative given general anesthesia before the story play therapy on children of school age in Yogyakarta hospitals in the control group

Based on Table 3 the results of the study, the level of anxiety preoperative general anesthesia before being given story play therapy in school-age children at the Yogyakarta Provincial Hospital, the control group is mostly in the moderate anxiety category as many as 25 respondents (87.6%), while the anxiety level after most is in the mild anxiety category as many as 35 respondents (94.6%). There was a decrease in the majority of anxiety categories from moderate anxiety to mild anxiety. From the data obtained, the level of anxiety preoperative general anesthesia before being given story play therapy in school-age children at the Yogyakarta Provincial Hospital in the control group based on medical diagnosis, the highest percentage was in the moderate anxiety category among respondents with a fracture medical diagnosis as many as 15 respondents (40,5 %). The highest age of children at the

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age of 6-8 years was 18 children (48.6%) with the highest level of moderate anxiety as many as 13 children (35.1%). Meanwhile, after the highest level of anxiety mild anxiety was 17 children (45.9%) and there has been a decrease.

Children's reactions to illness vary according to the child's level of development (Supartini, 2004). In school-aged children, the separation reaction is anxiety because they are separated from their parents and social groups. School-age children are generally afraid of doctors and nurses (Ngastiyah, 2012). The hospitalization process which has an impact on anxiety in school-age children will have a very serious impact. Hospital treatment also makes the child lose control of himself. Fear about the part of the body that will be operated on and anxiety will occur in school-age children. School-age children protest loudly and can become physically and verbally aggressive (Wong, 2008). Child patients who are being treated or hospitalized can cause anxiety and stress at all age levels. The cause of this anxiety is influenced by many factors, including factors from the staff (nurses, doctors and other health workers), the new environment and the family that accompanies them during treatment.

The first treatment experience was 75.7% and the first operating experience was 91.9%. It greatly influenced the child's anxiety. The experience of being treated after most of the anxiety is mild and there has been a decrease, greatly affects the child's anxiety. Families often feel anxious about their child's development, medication, hospital regulations and conditions, and the cost of care. The medical diagnosis and type of surgery were mostly fracturing and ORIF surgery in the category of mild anxiety and decreased anxiety. Motor development in school-age children (6-12 years) shows that school-age children are still prone to accidents, especially due to increased motor skills and independence (Muscari, 2005).

This is in line with study conducted by Pratiwi (2012) on the effect of play therapy on the anxiety response of pre-school age children in the children's care room at Syekh Yusuf Hospital, Gowa Regency, with the results of children being treated in hospital experiencing an anxiety response, but after being given play therapy the response the anxiety decreases. Anxiety and pain in fracture patients are musculoskeletal pain which is considered as acute pain. Patients with acute pain have high anxiety due to helplessness in carrying out daily activities, so that it makes patients feel stressed, their blood pressure will increase and their heart rate works faster and the pain they feel can lower the immune system which has a negative impact on the body (Febrianty, 2014).

3. The difference in the level of anxiety level of general anesthesia surgery before and after being given story play therapy pop up toys in school-age children in Yogyakarta Hospitals

In Table 4 that anxiety pre-operation between pre-test and post-teston a group experiment and control groups with $p<0.001$ then H_a received and H_o rejected means that there is a difference between pre-test and post-test anxiety pre-surgery in the experimental group and control group.

Anxiety in children is very influential on the healing process, which can cause a decreased immune response. Based on the concept of psychoneuroimmunology, namely the hypothalamic pituitary adrenal process, it is said that psychological anxiety will affect the hypothalamus, then the hypothalamus will affect the pituitary, so that the pituitary will express ACTH (Adrenocorticotropic hormone) which in turn can affect the adrenal glands which produce cortisol. If the patient's anxiety is very severe, the adrenal glands will produce large amounts of cortisol so that it

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can suppress the immune system (Clanci, 1998). In school-aged children, the separation reaction is anxiety because they are separated from their parents and social groups. School age children are generally afraid of doctors and nurses. In the psychosocial development of school age children, the relationship with those closest to the child extends. School-age children learn rules, competencies, and cooperation to achieve goals.

The hospital environment is a new environment for children, so that children often feel afraid and threatened and hurt by the actions that will be taken against them. When hospitalized, children will experience various very unpleasant feelings, such as anger, fear, anxiety and sad. For that, playing children's games will be released from the tension and stress they experience.

4. The effect of playing story therapy on pop up toys the anxiety level of general anesthesia surgery in school-age children in Yogyakarta Hospitals

Based on the study data, the $p<0.001$ then H_a is accepted and H_o is rejected, which means that there is an effect of playing story therapy on the pop-up toys level of anxiety and pain of general anesthesia surgery in school-age children at the DIY Provincial Hospital. in the hospital experienced an anxiety response, but after being given play therapy the anxiety response decreased from severe anxiety to moderate anxiety and from moderate anxiety to mild anxiety then to mild anxiety where initially there were three or two symptoms decreased to two or one symptom.

This shows a very significant reduction in anxiety. It is proven that games can reduce anxiety, as Subardiah's (2009) study shows that games can reduce anxiety. According to Stuart and Sundeen (1998), moderate anxiety levels allow a person to focus on one important thing and put other things aside and mild anxiety is associated with ordinary tension in everyday life that causes a person to remain alert. The child being treated was initially focused on his illness and the unfamiliar environment, but after the intervention the child started to get used to his environment and wanted to play with his peers. His understanding of his current state became easier to master. Unlike the case with respondents who are still experiencing anxiety, this is due to many factors, including factors from the officers (nurses, doctors and other health workers), the new environment, and the family who accompany them during treatment. Families also often feel anxious about the development of their child's condition, medication and treatment costs.

Children need media that can express feelings and be able to work together with health workers during treatment. The most effective media is by playing. Therapeutic play is based on the view that playing for children is a healthy activity and is necessary for the continuity of children's development and allows them to explore and express their feelings and thoughts. So that playing activities must be an integral part of children's health services in hospitals (Brennan, 1994 cit Supartini, 2004).

By playing, children let go of fear, anxiety, express anger and hostility. Playing is the most effective coping way to reduce anxiety (Wong, 2004). In her research, Herliana (2001) cited by Alfiyanti et al. (2007), concluded that giving play therapy to children increases their cooperative attitude during hospitalization. Because when playing children express some of their feelings such as frustration, hostility and aggression without fear of being scolded by the nursing staff. Nursing children in the hospital is an experience full of anxiety, both for children and parents. The hospital environment itself is a cause of anxiety in children. In children who are hospitalized, there will be challenges that they must face such as overcoming a

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separation, adjusting to an unfamiliar environment, adjusting to many people and often having to relate and hang out with sick children and experiences following painful therapy (Supartini, 2009).

Play at school age is the most important aspect of a child's life and is an effective way to reduce anxiety and improve social relationships. Gorofoli (2006) states that the benefits of play therapy include reducing anxiety over trauma during life, means of expressing feelings, promoting self-confidence, being able to relate to other people and being creative.

Study limitations

The location of the study is far apart so that there is some difficulty in coordinating the sample collection of school age children who will be undergoing general anesthesia surgery.

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