



IMPLEMENTATION OF ATRAUMATIC CARE REDUCES CHILDREN'S ANXIETY : A CROSS SECTIONAL STUDY

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ABSTRACT

Hospitalization has an impact on children, one of which is anxiety. One effort that nurses can make to reduce anxiety in children is implementing atraumatic care. X hospital in Klaten as a maternal and child hospital has a large number of pediatric patients and guarantees care for children using the principles of atraumatic care. This study aims to determine the relationship between the application of atraumatic care and children's anxiety at X Hospital. This research design was a type of quantitative research with a cross-sectional approach. The population in this study was 122 people with a sample size of 45 people. The sampling technique used was non-probability sampling using accidental sampling. Data collection used a questionnaire. Data analysis used univariate and bivariate analysis using the Fisher Exact test with an error level of $\alpha=0.05$. The characteristics of the respondents in this study are that the average age of the respondents is 108 months, 60% of the respondents are male, the average experience of children being hospitalized is 1.29 times, and the experience of children being sick is 0.69 times. Most of the implementation of atraumatic care at X Hospital was in a good category, namely 27 people (60%). All children's anxiety levels were normal (100%). There is no significant relationship between the application of atraumatic care and children's anxiety (p -value 0.662). There is no significant relationship between the application of atraumatic care and children's anxiety.

Keywords: atraumatic care; anxiety; children

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INTRODUCTION

Hospitalization is a crisis condition for children being treated in hospitals. Hospitalization has a variety of impacts on children and families. Hospitalization makes children have to adapt to difficult conditions such as care, health workers, and separation from family members, especially their parents (Handayani & Daulima, 2020). Hospitalization can cause trauma for children. Children's reactions to hospitalization include anxiety, loss of control, bodily injury, and pain (Utami, 2014). Anxiety in children who are being treated in the hospital can cause trauma to the child. Based on the research results of Sriyanah et al., the impact of hospitalization on children mostly has a negative impact (Sriyanah et al., 2021). Children can react negatively, namely becoming irritable and aggressive. If the dependency is long-term, the child will lose autonomy and will ultimately withdraw from interpersonal relationships. Padila et al.'s research results show that the level of anxiety in hospitalized children consists of a mild anxiety level of 20%, a moderate anxiety level of 73.34%, and a severe anxiety level of 6.67% (Padila et al., 2022). Vanny et al.'s research result revealed that children with a level of too fearful were 14 respondents (73.7%), and no fear was five respondents (26.3%). Fear

reactions in children were refusing hospital procedures, screaming, crying, and attacking others (Vanny et al., 2020).

Nurses have an important role in child hospitalization. The presence of parents in carrying out atraumatic care has a positive impact on children while they are being treated in the hospital (Handayani & Daulima, 2020). Based on the research results of Sarjiyah et al, it shows that the implementation of atraumatic care in hospitals is mostly good, namely 45.1% (Sarjiyah et al., 2018). Atraumatic care can reduce parental stress during baby hospitalization. Atraumatic care can be carried out through various efforts. Audiovisual distraction techniques as one of the applications of atraumatic care can effectively reduce anxiety in preschool children during the hospitalization process (Dolok Saribu et al., 2021). Hospitalization not only has an anxious impact on children, but also has an anxious impact on parents. This is similar to the results of Pardede's research which showed that 61.1% of parents whose children were hospitalized had moderate levels of anxiety and 13% experienced severe anxiety. Pardede's research results also showed that the caring behavior of nurses was mostly good (51.9%), and there was a significant relationship between caring nurses and anxiety of parents whose children were hospitalized (Pardede & Simumora, 2020). Therefore, nurses' caring behavior implemented in atraumatic care is very important to reduce anxiety in children and parents.

X Hospital as one of the hospitals in Klaten Regency that provides services to mothers and children, has a relatively large number of patients, especially pediatric patients. Implementation of atraumatic care in hospitals, especially in pediatric care units, is very important. Because of this description, it is important to research the implementation of atraumatic care for children's anxiety at X Hospital.

METHOD

This research was an analytical observational study with a cross-sectional approach. The population of this study was 122 pediatric patients treated in the Children's Ward at X Hospital in Klaten and their parents during September 2023. The sample for this study was pediatric patients. The sampling technique used was accidental sampling with the inclusion criteria being preschool, school, and adolescent age and having full awareness. The exclusion criteria for this research are not being willing to be a respondent. The number of samples in this study was 45 people. Data were collected using a questionnaire regarding demographic data, an anxiety questionnaire, and a questionnaire regarding the application of atraumatic care. The demographic data questionnaire contains the child's age, gender, hospitalization and accompanying family members. The anxiety questionnaire was carried out by asking respondents using The Revised Children's Manifest Anxiety Scale (RCMAS) which consists of 28 questions consisting of 2 answer choices Yes and No with a tick mark. The lowest score is 0 and the highest score is 28, then classified as normal if the score is 0-19 and clinical anxiety if the score is 20-28.

The atraumatic care application questionnaire consists of 21 questions and is filled in by the child's parents. This questionnaire was taken from previous researchers (Febriani, 2017). The atraumatic care application questionnaire uses a Likert scale with closed questions and uses 5 answer choices, where the answer choice "never" (TP) is given a score of 1, the answer "rarely" (J) is given a score of 2, the answer "sometimes" (KK) given a score of 3, the answer "often" (S) was given a score of 4, and the answer "very often" (SS) was given a score of 4. So the lowest score was 1, the highest score was 84. The classification of the application of atraumatic care was divided into (1) Good if the value is greater than or equal to the median (64) and (2) Bad if the value is less than the median (64). After carrying out the CVI (Content

Validity Index) test, the atraumatic care application questionnaire was declared valid with a result of 0.88. This research has passed the ethical test at the Health Research Ethics Commission (KEPK) FK UMS with Letter Number 4980/B.2/KEPK-FKUMS/VIII/2023. Research ethics in this study used informed consent given to the respondents' parents. Data analysis used a computer program with univariate analysis (frequency distribution) and bivariate analysis using the Fisher exact test where the degree of significance was $p < 0.05$.

RESULTS

Table 1.
Average Age of Children, Experience of Children in Hospital and Experience of Sick Children (n=45)

Variabel	Minimum	Maksimal	Mean	Standar Deviasi
Umur anak	43	192	108,76	33,231
Pengalaman anak di Rumah Sakit	0	3	1,29	0,661
Pengalaman anak sakit	0	2	0,69	0,668

Table 1, shows that the average age of respondents is 108.76 months (± 33.231), the average experience of children being hospitalized is 1.29 times (± 0.661), and the experience of children being sick is 0.69 times (± 0.668).

Table 2.
Frequency Distribution of Respondent Characteristics Based on Gender, Application of Atraumatic Care and Anxiety in Children (n=45)

Variabel	f	%
Jenis Kelamin		
a. Laki-laki	27	60
b. Perempuan	18	40
Penerapan <i>atraumatic care</i>		
a. Baik	27	60
b. Kurang baik	18	40
Kecemasan		
a. Normal	45	100
b. Kecemasan klinis	0	0

Table 2, it shows that the majority of respondents were male, namely 27 people (60%). Most of the implementation of atraumatic care in hospitals is in the Good category, namely 27 people (60%). All children's anxiety levels were normal (100%).

Table 3.
The relationship between the application of atraumatic care and anxiety in children at X Hospital (n=45)

		atraumatic score	Anxiety score
atraumatic score	Correlation Coefficient	1.000	-.048
	Sig. (2-tailed)		.662
	N	45	45
Anxiety score	Correlation Coefficient	-.048	1.000
	Sig. (2-tailed)	.662	

Table 3, it can be seen that there is no significant relationship between the application of atraumatic care and children's anxiety scores (p-value 0.662). However, there is a correlation with a value of -0.048, this means that the implementation of atraumatic care reduces children's anxiety.

DISCUSSION

Based on the research results, it was found that the average age of respondents was 108.76 months (9 years). According to Suriadi & Yuliana (2006), at the age of 9-10 years children can hide and express their emotions and can respond to other people's emotions. Children can also control their negative emotions. Children know what makes them feel sad, afraid, and angry so that children can adapt to their emotions. Apart from that, this research also shows that the average child has been hospitalized 1-2 times. Previous experience of being hospitalized can influence a child's perception. Based on the research results, it was also found that parents, either mother or father accompanied all children treated at this hospital. The results of previous research on 11 children showed that nurses supported the presence of parents while the child was being treated in hospital, the presence of parents was the main source for dealing with children while being treated in hospital and parents played a role in meeting the child's psychological needs while being treated in hospital (Handayani & Daulima, 2020). Based on the results of previous research that has been done at the Subang District Hospital it can be concluded that as many as 56% of respondents hurt hospitalization, 74.0% of respondents have a good role in dealing with the impact of hospitalization on pre-school children. What influences the role of parents in overcoming the effects of hospitalization is the involvement of parents in care during hospitalization, providing psychological support for children, social support and stress, and facilitating children (Suparto et al., 2020).

The result's research from Delvecchio et al., (2019) shows that there is no significant differences were found regarding behavioral anxiety between hospitalized versus non-hospitalized children. Instead, as expected, state anxiety was significantly higher in hospitalized children than non-hospitalized children. Hospitalized children reported higher scores than non-hospitalized children on support-seeking measures. In terms of cognitive impairment, hospitalized children showed significantly higher cognitive scores than non-hospitalized children. However, hospitalized children seem to be more limited in their tactile exposure. No significant differences were found in play and anxiety scores between children admitted to the hospital for the first time and children admitted more than once. However, children in the first admission scored higher on the organization of positive coping and coping strategies than children in the repeated admission. The first analysis of the interaction of important variables such as anxiety, depression and reward can inform health professionals by acting as a guideline to determine the child's risk of poor psychological outcomes due to hospitalization, to plan appropriate interventions and to provide great support to the hospital. children in the future.

In this study, the implementation of atraumatic care at X Hospital was mostly good. This is in accordance with research of Mahato et al., (2022) which shows that around two-thirds of respondents had adequate knowledge on the implementation of atraumatic care among hospitalized children while only around half of the surveyed nurses had a favorable attitude towards its application. This can be improved by inclusion of courses related to atraumatic care in undergraduate curriculum of nursing in Nepal, increasing hands-on experience and organizing training sessions for both new and experienced nurses. The implementation of atraumatic care can be influenced by several aspects. Research of Mohamed et al., (2023) shows that there were direct positive correlation between knowledge, attitude and skills of the studied nurses after atraumatic care program implementation. There were statistical significant differences in the level of knowledge, skills, and attitude among the studied nurses in pre and post program conduction. Half of the children who received care by the studied nurses had hiegher comfort level.

Previous research results showed that from 18 journals interventions to prevent physical and psychological stress, including using Virtual Reality (VR) and using buzzy and interactive games. Interventions impact separation with parental presence and involvement in caregiving. Interventions related to the impact of unfamiliar environments are modifying nurse uniforms and the orientation of care environment cars. Intervention to increase treatment control with PRISM-P and Progressive Muscle Relaxation (PMR) with Guided Imagery (GI) (Ilmiasih & Ningsih, 2022). Based on the results of this research, it was found that the activity items that nurses most rarely carried out were nurses allowing parents to bring their children's favorite items while undergoing treatment at the hospital, using xylocain jelly before installing an IV, to reduce pain, and inviting children to play before giving medication. Using lidocaine (EMLA) can reduce pain in children for 1 to 2 hours after 60 minutes of use. Nurses also use analgesic spray which has an immediate pain reducing effect (Trottier et al., 2019). Apart from that, there are several nursing interventions that nurses can carry out to reduce anxiety in children. The mapped Nursing interventions that promote adaptation to hospitalization intend to decrease the child/family's anxiety and stress, increasing the ability to receive information and participate in care and decisions. Interventions such as therapeutic play, anticipatory information, relaxation techniques, distraction, humor, music therapy, adaptation kits, therapeutic groups, and hope-promoting strategies are emphasized (Barros et al., 2021). This is also supported by other research that the parents perceived that the hospitalized children often encounter physical anxiety, yet sometimes encounter social and emotional anxiety. They also perceived that play therapy sometimes has its effect on the physical and emotional aspects of the hospitalized children but always has its effect on their social aspect. A plan of action was proposed to enhance the effect of play therapy on hospitalized children (Cruzat et al., 2018).

The overall level of anxiety among respondents was normal. This is possible because most of the respondents are school-age and teenagers, where children have more mature social-emotional skills compared to children of previous ages. Apart from that, children also have good cognitive development to think abstractly. Based on this research, it was found that the anxiety question items most frequently experienced by children include children feeling afraid of their wounds, children being afraid of having injections, and children being afraid that it will take a long time to recover. Anxiety can be influenced by several factors. The other research's results show that the incidence of anxiety in children aged 9–12 was 2.88 times the anxiety of those aged 12–18, 0.65 times that of children with siblings, and in patients with a history of hospitalization, the incidence was 1.85 times the stress in children without hospitalization history, the incidence of anxiety in children of higher socioeconomic status was lower compared with those of lower socioeconomic status. Having close friend or family in the healthcare staff decreased the prevalence (OR = 0.64 (0.23,1.79) and severity of anxiety (47.02 ± 5.48 vs. 54.18 ± 7.18) (P-value = 0.001). There was no relationship between gender and the incidence of anxiety (OR = 1). Incidence of preoperative anxiety in foriner was 1.72 times of person patients (OR=1.72) (0.99,4.25). The severity of anxiety was lower in boys (46.22 ± 6.68) compared with girls (52.55 ± 7.52) (P-value = 0.002) and lower in patients of medium-to-high socioeconomic status (43.64 ± 5.45) compared with those with lower socioeconomic status (49.66 ± 6.49) (P-value = 0.003). There was no relationship between being an only child and severity of anxiety (P-value = 0.54) (48.31 ± 5.05 vs. 48.12 ± 6.81). However, anxiety was more severe in patients with a history of hospitalization (50.55 ± 4.64) (49.2 ± 6.23) (P-value = 0.09). Severity of anxiety was not dependent to nationality of patients (P-value = 0.6) (Ahmadipour et al., 2022).

Some intervention is needed to reduce anxiety in children. The use of distractions via medical clowns and soap bubbles was an effective nonpharmacological method of reducing anxiety and perceived pain in children undergoing invasive medical procedures. Therefore, proceduralists could use such techniques as powerful, noninvasive, and cost-effective complementary and alternative medicine tools in pediatric treatment settings in Pakistan (Javed et al., 2021). Distraction techniques such as medical clowns also can optimize sleep duration in children. According to Shimshi-Barash et al., (2024), an encounter with a medical clown before bedtime in hospitalized children positively affects sleep parameters, which may be of great importance for healing in general. The clown intervention was also shown to shorten the hospital stay. The results of the study showed that there was no significant relationship between the application of atraumatic care and children's anxiety scores. This is different from previous research where there was a significant relationship between atraumatic care and children's anxiety (Dolok Saribu et al., 2021). This is possible because the respondents in this study were of school age and teenagers.

However, this research shows that there is a negative correlation, namely that the application of atraumatic care reduces children's anxiety. This can be done through various efforts, one of which is therapeutic communication with children by previous research which shows that therapeutic communication is influential and effective in significantly reducing the anxiety level of hospitalized school-age children (Aniharyanti & Ahmad, 2019). The limitations of this study are the relatively small sample size and the age range that is too wide (preschool to teenagers). Cognitive behavioral therapy can also be done on children aged 6-12 years, including overcoming fear of thermometers, relaxation skills, thinking traps and dealing with fear. To overcome a fear of thermometers, children can be shown examples of how to use them, and children can be asked to state their concerns. Relaxation techniques taught to children can include deep breathing, progressive muscle relaxation, and guided imagery (Lee & Sinclair-McBride, 2021). The results of the literature review show that audio visual therapy (cartoon films) is effective in reducing anxiety levels in children aged 3-6 years. This can be proven from the results of the comparison between anxiety levels before and after receiving audio-visual therapy (cartoon films) from the three literature reviewed. Apart from that, this therapy is also easy to apply and relatively cheap (Ekasaputri & Arniyanti, 2022). The implementation of atraumatic care by pediatric nurses can have several obstacles. These obstacles include a lack of collaboration between the health team and also collaboration with patients and families, exposure to a high risk of infection and inadequate children's toy facilities in hospitals (Usman, 2020). This needs to be a concern for hospital agencies to pay attention to infrastructure to improve the implementation of atraumatic care.

CONCLUSION

This study concludes that there is no significant relationship between the application of atraumatic care and children's anxiety. It is hoped that recommendations for hospitals will continue to improve atraumatic care efforts in treating children both physically and psychologically. Recommendations for nurses are expected to continue to increase knowledge and skills to reduce anxiety in children who are treated using the principles of atraumatic care. Recommendations for future researchers are that they can conduct research with a larger number of respondents and use a smaller age group, as well as further research on interventions to reduce children's anxiety.

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