A Study To Assess The Effectiveness Of Play Therapy In Reducing Anxiety Level Among Hospitalized Children Aged 6-12 Years In Selected Hospitals At Moga District, Punjab, India

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Abstract: The pre-experimental study was conducted to evaluate the effectiveness of play therapy in reducing anxiety level among hospitalized children aged 6 – 12 years in selected hospitals at Moga district, Punjab. The modified anxiety rating scale was prepared to evaluate the effectiveness of play therapy in reducing anxiety level among hospitalized children aged 6-12 years. The conceptual framework of the study was based on Roy's Adaptation model. The sample size was 30 hospitalized children aged 6 – 12 years and non-probability purposive sampling technique was used. Data was analyzed by descriptive and inferential statistics and presented through tables and figures. The study findings revealed that in pre-test maximum (50%) hospitalized children aged 6-12 years had moderate and severe anxiety respectively and none of the children had mild and no anxiety during hospitalization. In post test maximum (76.6%) hospitalized children aged 6-12 years had moderate anxiety and none of the children had no anxiety during hospitalization. Maximum mean anxiety score was 38.70. Hence play therapy was effective.

Keywords: Anxiety; Play therapy; Hospitalized children; Aged 6-12 years.

I. INTRODUCTION

Play is the main business of children's lives. It is not a peripheral fun activity, but the key to development in many areas. Deprived of play the child is a prisoner, shut off from all that makes life real and meaningful. Play is one of the ways in which a child develops capacities to deal with the stresses and strains of life as they press upon them. It acts as a safety valve, allowing them to relieve, and often come to terms with fears and anxieties which have become overwhelming. Ireland hospital (2013)

Play is pleasurable; play is intrinsically complete; play is person-dominated rather than object dominated; play is variable across situations; play is non-instrumental; play does not occur in novel or frightening situations; and play has flow,". When children are faced with stressful situations and trauma, they use play as a way to comfort themselves, to bring meaning to their experiences, and to make sense of and bring control to nonsensical situations. Schafer and O'Connor (1983)

Play is an essential part of a child's life and is an important aspect in fostering growth and development. Toys are the "tools" of play and provide a more "natural" environment for a child. The proper selection and use of toys can reduce the traumatic effects of a hospitalization experiences and aid in the recovery phase of illness. Ingalls (1999)

Children in the hospital need play provision not only because they have natural needs for play but also for other reasons such as to prevent developmental regression , to reduce parental and child stress and anxiety, to facilitate communication between staff and children and to encourage the child cooperation in hospital procedures. Catharine (2001)

An experimental comparative study was conducted in the effectiveness of play activities in gaining the cooperation of the children during painful procedures like blood sampling, IV infusions etc among the hospitalized children. The result

revealed that there was an effectiveness of play activities in gaining the cooperation of children during painful procedures. Gillis (1999)

A study conducted on therapeutic use of play in hospital children can suffer much anxiety and stress on entering the hospital environment. Play activities, in all its forms, can help to alleviate such stress and facilitate a smoother adjustment to the new and potentially freighting surroundings. Doverty N (1992)

Play appears to be a natural and effortless activity for children. However, it does not occur unless there is a combination of internal and external homeostasis. Children that are less threatened by external and internal demands and events tend to engage in play more rapidly than the child who is threatened. Children who are under threat of external events (hospitalization, procedures, etc.) are less likely to engage in play unless they are presented with a sense of safety and objects to engage in play with Bolig (1990)

Play is an important part of children's growth. It contributes to the development of physically healthy and emotionally stable children. When a child's health is compromised and needs to hospitalized children, play is used as a both a distraction and recreational tool. It helps the child understand, accept and deal with hospitalization. Rouba Taha (2008)

OBJECTIVES

✓ To assess the pre-test anxiety level among hospitalized children aged 6-12 years.
✓ To assess the post-test anxiety level among hospitalized children aged 6-12 years.
✓ To evaluate the effectiveness of play therapy among hospitalized Children aged 6-12 years.
✓ To find out the association between post-test mean of anxiety level among hospitalized children aged 6-12 years with selected demographic variables

II. METHODOLOGY

RESEARCH APPROACH: A quantitative research approach was used.

RESEARCH DESIGN: Pre-experimental design was used.

VARIABLES UNDER STUDY: In present study, the independent variable is the "play therapy" and

Dependent variable is anxiety of the school aged hospitalized children.

RESEARCH SETTING: Selected hospitals at Moga district, Punjab

TARGET POPULATION: Hospitalized children aged 6-12 years

SAMPLE AND SAMPLING TECHNIQUE: Sample size was 30 school aged children who were Hospitalized.

SAMPLING TECHNIQUE: The non-probability purposive sampling technique was used for the study.

DEVELOPMENT AND DESCRIPTION OF TOOL

Section A: Demographic data
Section B: Modified anxiety rating scale
Section A: Demographic data consist of 10 items for obtaining personal information about children i.e. Age, Gender, Birth order, Place of residence, Type of family, Monthly income, Religion, No of hospitalization, Unpleasant experiences and Diagnosis.

Section B: Modified Anxiety rating scale consists of 20 items to evaluate the effectiveness of play therapy to reduce anxiety level among hospitalized children aged 6-12 years.

CRITERION MEASURES

Each correct response by responded carries never (0), sometimes (1), often (2) and always (3) score. (Maximum anxiety score: 60 and Minimum anxiety Score: 0)

Knowledge score categorized into 4 levels: No Anxiety, Mild Anxiety, Moderate Anxiety and Severe Anxiety.

SECTION 1

Frequency and Percentage distribution of demographic variables

N=30

Demographic variables	n	%
Age (in years)		
6-8	10	33.3
8-10	15	50
10-12	5	16.6
Gender		
Male	17	56.6
Female	13	43.3
Birth Order		
First	7	23.3
Second	18	60
Third	5	16.6
More than Third	0	0
Place of Residence		
Rural	14	46.6
Urban	16	53.3
Type of family		
Nuclear	11	36.6
Family Income (in rupees)		
≤5000	2	6.6
5001-10000	4	13.3
10001-15000	13	43.3
>15000	11	36.6
Religion		
Hindu	11	36.6
Muslim	0	0
Sikh	18	60
Christian	1	3.3
Number of hospitalization		
Nil	17	56.6
One	12	40
Two	1	3.3

More Than Two	0	0
Unpleasant Experiences		
Yes	12	40
No	18	60
Diagnosis		
Medical	30	100
Surgical		

Table 1: Demographic variables

SECTION II

OBJECTIVE I: To assess the pre test anxiety level among hospitalized children aged 6-12 years

N=30

	Pretest Anxiety Level		
Level of Anxiety	Score	n	%
No Anxiety	0-15	0	0
Mild Anxiety	16-30	0	0
Moderate Anxiety	31-45	15	50
Sever Anxiety	46-60	15	50

Table 2: Frequency and Percentage distribution of pre test anxiety level among hospitalized children aged 6-12

OBJECTIVE 2: To assess the post test anxiety level among hospitalized children aged 6-12 years

N=30

	Post-test Anxiety Level		
Level Of Anxiety	Score	n	%
No Anxiety	0-15	0	0
Mild Anxiety	16-30	4	13.3
Moderate Anxiety	31-45	23	76.6
Sever Anxiety	46-60	3	10

Table 3: Frequency and Percentage distribution of post test anxiety level among hospitalized children aged 6-12

OBJECTIVE III: To evaluate the effectiveness of play therapy among hospitalized children aged 6-12 years

N=30

Level Of Anxiety	N	Mean Anxiety level Score			
		Mean	SD	df	T
Pre-test	30	45.27	5.003	29	10.54
Post-test	30	38.70	5.338		

Maximum Score = 60
Minimum Score = 0

Table 4: Comparison of pre test and post-test anxiety level among hospitalized children aged 6-12 years

OBJECTIVE IV: To find out the association between post-test anxiety level among hospitalized children aged 6-12 years with selected demographic variables

N=30

Age (in years)	n	Mean Anxiety level Score			
		Mean	SD	df	F
6-8	10	37.10	5.23	2	.659
8-10	15	39.53	4.59	27	
10-12	5	39.40	7.8		

Maximum Score = 60
Minimum Score = 0

Table 5: Association between post-test mean of anxiety level and age

OBJECTIVE IV: To find out the association between post-test anxiety level among hospitalized children aged 6-12 years with selected demographic variables

For Demographic variables i.e. Age, Gender, Birth order, Place of residence, Type of family, Monthly income, Religion, No of hospitalization, Unpleasant experiences and Diagnosis shows post-test anxiety level had no influence on the anxiety level.

MAJOR FINDING

Maximum percentage of hospitalized children 50% age group 8 -10 years and 16.6 % children belong to 10-12 years of age. 17(56.6%) were males and 13 (43.3%) were females. Maximum number of children had 60% second birth order and none of them had more than third birth order. Majority of children 53.3 % were lives in urban area and 46.6% children lives in rural area. Majority of children 63.3% belongs to nuclear family and none of them had single parent family. Maximum of children 43.3% belongs to family having 10001 – 15000 monthly income and 6.6% children belongs to family having Rs <5000 monthly income. Most of the children 60% belong to Sikh religion and none of them belong to Muslim religion. Majority of children 56.6% were not hospitalized in last one year and none of them were hospitalized more than two times in last one year. Maximum percentage of children 60% had no unpleasant experience of hospitalization and 40% children had unpleasant experience of hospitalization. All the children had medical diagnosis and none of them had surgical diagnosis.

- ✓ 15 (50%) pre-test of children aged 6-12 years had moderate anxiety and none of them had mild and no anxiety.
- ✓ 23 (76.6%) post-test of children aged 6-12 years had moderate anxiety and none of them had any anxiety.
- ✓ Mean pre-test anxiety level score of children were 45.27 and post-test anxiety level score of children were 38.70. Mean score difference was 6.57. The 't' test value for the degree of freedom 29 is 10.54 at 0.05 level of significance and shows the effectiveness of play therapy among hospitalized children aged 6-12years.
- ✓ Highest post-test mean of anxiety level score 39.53 in children was found in 8-10 years of age and lowest mean score 37.10 was found in the age 6-8 years.
- ✓ Highest post-test mean of anxiety level score 40.29 was found in male children and lowest mean score 36.62 was found in females.
- ✓ Highest post-test mean of anxiety level score 39.50 was found in children who were having second birth order and lowest mean score 35.60 was found who were having third birth order.
- ✓ Highest post-test mean of anxiety level score 38.71 was found in children who lives in rural area and lowest mean score 38.69 was found who lives in urban area.
- ✓ Highest post-test mean of anxiety level score 39.36 was obtained by children belongs to joint family and lowest mean score 38.32 was obtained by children belongs to nuclear family.
- ✓ Highest post-test mean of anxiety level score 40.55 was found in children belonging to families having Rs >

15001 monthly income and lowest mean score 34 was found in children belonging to families having <5000 monthly income.

✓ Highest post-test mean of anxiety level score 41 was found in children belongs to Christian religion and lowest mean score 38.22 was found in children belongs to Sikh family.

✓ Highest post-test mean of anxiety level score 39.42 was obtained by children who were hospitalized one time in last one year and lowest mean score 28 was obtained by children who were hospitalized two times in last one year.

✓ Highest post-test mean of anxiety level score 38.94 was found in children who were having no unpleasant experience and lowest mean score 38.33 was found in children who were having unpleasant experiences of hospitalization.

✓ Highest post-test mean of anxiety level score 38.36 was found in children who were belongs to medical diagnosis and lowest mean score zero was found in children belongs to surgical diagnosis.

III. DISCUSSION

Post-test mean of anxiety level score was 38.70. Mean score difference was 6.57. The 't' test value for the degree of freedom 29 is 10.54 at 0.05 level of significance and shows effectiveness of play therapy among hospitalized children aged 6-12 year. The findings of the study were similar with the study conducted by Nisha K, Umarani J (2013) provided that play therapy among hospitalized children aged 6-12 year was found significant t = 4.225 at 0.05 level of significant. Among the demographic variables all were not significant with the post test mean of anxiety level score. The findings of the study were similar with the study conducted by Nisha K, Umarani J (2013) shows that post test anxiety score was independent of all the demographic variables such as age, gender, religion, type of family, care giver present during hospital stay, past child reactions to any procedures among hospitalized children aged 6-12 years.

RECOMMENDATIONS

✓ Study can be conducted on large sample to validate and to make generalization of the findings.

✓ A case study may be conducted on quality of life among hospitalized children.

✓ Similar study can be conducted with using control group.

✓ Similar study can be conducted with all the age groups of the children.

CONFLICT OF INTEREST

There is no conflict of interest as researcher had not received any financial support from institute or individual. Project was self financed.

IV. CONCLUSIONS

From the findings of study following conclusions were drawn that the play therapy reduces the anxiety level among hospitalized children.

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