

Original Research/Systematic Review

Storytelling Dolls Reduce Children's Anxiety During Hospitalization

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ABSTRACT

Background: Typhoid fever or typhus abdominalis is an acute infectious disease caused by the bacteria Salmonella typhi. Typhoid fever in children can cause death in Indonesia. Typhoid disease has become an endemic public health threat because the spread of this disease increases the number of people infected and increases drug resistance, making prevention and treatment efforts more difficult. Often children who are treated in hospital experience hospitalization. One way to deal with hospitalization in children is by using distraction techniques.

Objective: The aim of the case study is that researchers are able to carry out nursing implementation of distraction techniques: dolls to reduce anxiety in children with typhoid

Method: This research design uses a descriptive research design in the form of a case study. Data collection techniques include interviews, observation and using the SLKI checklist. Two respondents took cases, namely typhoid fever patients with anxiety at the Siti Fatimah Regional Hospital, Palembang. Results: Nursing Implementation of Distraction Technique: The doll showed a decrease in the level of anxiety in patients 1 and 2 with the results of decreased verbalization of confusion, decreased verbalization of worry about the condition at hand, decreased restless behavior, decreased tense behavior, improved concentration, improved sleep patterns, improved

Conclusion: The nursing implementation provided is in the form of distraction techniques: dolls are effective in reducing anxiety in children.

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INTRODUCTION

Typhoid fever is a significant health issue with high prevalence worldwide. According to the World Health Organization (WHO) in 2020, there are approximately 11–20 million cases of typhoid fever annually. In Indonesia, the incidence of typhoid fever ranges from 350-810 cases per 100,000 population. The prevalence of typhoid fever in Indonesia is 1.6%, ranking it as the 5th most common infectious disease across all age groups at 6.0% and the 15th leading cause of death across all age groups at 1.6% (Riskesdas, 2018). Data from the Palembang City Health Office in 2017 revealed that the highest number of cases occurred in the 5-14 age group, with 78 cases out of a total of 2,019 cases (South Sumatra Provincial Health Office, 2017).

According to Ramaningrum (2017), the highest prevalence of typhoid fever is found in individuals aged 3-19 years. Children in this age group tend to have higher physical activity levels, often neglecting healthy eating habits, leading them to prefer eating outside the home, where food hygiene is often compromised. The incidence of typhoid fever is particularly high among school-aged children. A significant contributing factor is the frequent consumption of unhygienic street food. Salmonella typhi bacteria thrive in food that is poorly handled or lacks proper hygiene, facilitating the transmission of typhoid fever.

Typhoid fever in children can lead to death in Indonesia. This disease has become an endemic public health threat due to its widespread transmission, which increases the number of infected individuals and escalates drug resistance, making prevention and treatment efforts more challenging. In Indonesia, many people still neglect health and hygiene, particularly in their environment and behaviors, which heightens the risk factors for typhoid fever. Typhoid fever often necessitates hospitalization for children (Verliani et al., 2022).

Hospitalization is a crucial nursing intervention for children with typhoid fever. According to Rianti and Sukmawati (2023), hospitalization in children often increases anxiety due to its physical and psychological effects. This anxiety arises from unfamiliarity with the new environment, interaction with unknown people, lifestyle changes, and the need to undergo unpleasant medical procedures and painful treatments. Anxiety can lead to a loss of control over their lives, emotions, and behaviors, resulting in feelings of anger, guilt, regression, and irritability.

Anxiety frequently occurs in children undergoing treatment in hospitals. Children's emotional responses to medical procedures and anxiety can cause distress and potentially impact their recovery. It is essential to reduce children's anxiety through effective therapies tailored to their developmental stage. One such therapy is distraction. Distraction can be implemented through various methods, including visual and audiovisual distraction, auditory distraction such as listening to music, rhythmic breathing auditory distraction, intellectual distraction, and guided imagery (Mertajaya, 2018). One effective way to alleviate anxiety in children is by using dolls.

According to research by Nur Oktavia Hidayati et al. (2021), puppet therapy involves playing with hand puppets or even using fingers as puppets. The stories told during the activity are designed to include elements of suggestion or introduce children to hospital procedures. This helps stimulate the child's imagination and creativity while alleviating anxiety. Children typically enjoy visual elements, particularly those with cute appearances like puppets. Therefore, the distraction technique using hand puppets has been proven effective in reducing anxiety in children. Research conducted by Anggi Nur Hidayati and Arnika Dwi Asti (2019) demonstrated that playing therapy with hand puppets could reduce anxiety symptoms in children from 95.2% to 42.9%. The effectiveness of puppet therapy is notable with a duration of 10–15 minutes. This method helps stimulate parts of the brain that were previously inhibited or inactive and significantly aids in reducing the anxiety experienced by children.

MATERIALS AND METHOD

The design of this study employs a descriptive research design with a case study method. This type of research is an observational case study in which the researcher participates by implementing distraction techniques using dolls as part of nursing care for two patients. The focus of this case study is on two pediatric patients with typhoid fever,

aged between >3 years and <7 years, who are cooperative during play with dolls and exhibit signs and symptoms of anxiety. The case study was conducted at Siti Fatimah Regional Hospital, South Sumatra Province, in the pediatric ward.

Data collection techniques included interviews with the patients' families and observations. The instruments used were nursing assessment formats for children, the Standard Operating Procedure (SOP) for distraction techniques, and SLKI (Standardized Checklist for Child Anxiety) forms. The collected data is interpreted and described to illustrate the level of anxiety in preschool-aged children hospitalized with typhoid fever. The processed data will be presented in a narrative format. This case study involves the collection of both subjective and objective data based on the components of pediatric nursing care. These components include assessment derived from interviews, observations, head-to-toe physical examinations, diagnoses related to interventions, implementation, and nursing evaluations.

RESULTS

Nursing care was provided to Patient 1 (4.8 years old) and Patient 2 (6 years old) with typhoid fever. The process included assessment, identification of nursing diagnoses, interventions, implementation, and evaluation. The assessment was conducted through a history review, interviews, and a head-to-toe physical examination, resulting in the following nursing data:

Patient 1: Upon admission, the patient's mother stated that the child had been experiencing fever for five days before hospitalization. The fever fluctuated, and the child felt weak with a decreased appetite. Based on the medical diagnosis, the patient was diagnosed with typhoid fever. Patient 2: Upon admission, the patient's mother reported that the child had been experiencing fever for six days before hospitalization. Despite being given fever-reducing medication, the fever persisted with fluctuations, and the child felt weak. Based on the medical diagnosis, the patient was diagnosed with typhoid fever. The primary nursing diagnosis for both Patient 1 and Patient 2 is Anxiety related to a situational crisis, as evidenced by the child appearing restless, tense, having difficulty sleeping, feeling confused, worrying about the consequences of their condition, and struggling to concentrate.

According to the SIKI Task Force Team of DPP PPNI (2017), nursing interventions for typhoid fever patients with anxiety include anxiety reduction strategies, which encompass observation, therapeutic approaches, education, and collaboration. Observation the intervention involves identifying the level of anxiety using the SLKI checklist. Therapeutic establishing trust and encouraging the family to remain with the patient. Education conducting diversion activities using hand puppets. These nursing interventions are implemented based on the patient's needs and aligned with the expected outcomes.

The researcher assessed the level of anxiety using the SLKI checklist. On the first day, both Patient 1 and Patient 2 were found to have moderate anxiety levels. On the second day, after implementing the intervention, the anxiety levels were reassessed. Both patients showed a significant reduction in anxiety. On the third day, another assessment was conducted, and both Patient 1 and Patient 2 exhibited further decreases in their anxiety levels.

After three days of nursing implementation, the patients' anxiety was effectively managed. For Patient 1, prior to the hand puppet distraction technique, a moderate level of anxiety was observed. Following three sessions of implementation, the anxiety level decreased significantly. For Patient 2, a moderate level of anxiety was also noted before the hand puppet distraction technique. After three sessions of implementation, the anxiety level decreased noticeably.

Table 1. Evaluation of Anxiety Levels After Three Sessions of Implementation

	Patient 1			Patient 2	
Day 1	Day 2	Day 3	Day 1	Day 2	Day 3
Anxiety	Anxiety Level	Anxiety Level	Anxiety Level	Anxiety Level	Anxiety
Condition:	Significantly	Decreased	Moderate	Significantly	Level
Moderate	Reduced			Reduced	Decreased

DISCUSSION

According to the SDKI Task Force Team of DPP PPNI (2018) The signs and symptoms of anxiety consist of subjective and major objective data major subjective symptoms feeling confused, worrying about the consequences of their condition, and difficulty concentrating. Major objective symptoms appearing restless, tense, and having difficulty sleeping. According to research by Sutarmi et al. (2023), during hospitalization, preschool-aged children often experience anxiety, primarily related to fears of injury to their bodies. Nursing procedures that may cause pain or provoke anxiety in preschoolaged children can lead to specific reactions such as crying quietly when left by their parents, difficulty sleeping, refusing to eat, being uncooperative with healthcare workers during treatments, frequently asking questions about their condition. In conclusion, theoretical concepts and real-life observations align, showing general similarities in the anxiety experienced by pediatric patients due to hospitalization.

For Patient 1, during the first session, the anxiety level was measured using the Indonesian Nursing Outcome Standards (SLKI). Before the implementation, the anxiety level was moderate, and after the first day's implementation, it remained moderate. In the second session, the anxiety level was measured as moderate before the implementation. Following the intervention, the anxiety level significantly decreased. In the third session, the anxiety level was measured as significantly decreased before the implementation, and after the intervention, the anxiety level decreased further. For Patient 2, during the first session, the anxiety level was also measured using the SLKI. Before the implementation, the anxiety level was moderate. In the second session, the anxiety level remained moderate before the intervention but significantly decreased after implementation. In the third session, the anxiety level was significantly decreased before the implementation and further decreased after the intervention.

The difference in anxiety levels during the first session before implementing the distraction technique using puppets showed that both Patient 1 and Patient 2 had moderate anxiety levels. After observing the anxiety levels over three sessions, it was concluded that both patients experienced a decrease in anxiety. This outcome aligns with the predetermined objectives.

This is supported by research conducted by Hidayat & Asti (2021), which measured communication skills. Before the therapy, the patient's communication skills were at 14.2%, and after hand puppet therapy, their skills increased to 50%. This shows a 35.8% improvement in communication skills. The results of this study align with previous research conducted at RSUD Dr. R. Koesma, Tuban Regency, by Rinik and Tina (2016). The study involved children who were very prone to crying when entering the hospital and rejected attention from anyone other than their parents. The findings indicated that after the hand puppet therapy, the average anxiety level decreased from 60.96% to 48.94%.

The researcher also recommends that parents always accompany their children to prevent them from feeling lonely during their hospitalization. During the therapy sessions with Patient 1 and Patient 2, both parents consistently stayed with their children while they played. As a result, the anxiety levels of both patients were effectively managed.

According to research by Saifudin et al. (2022), parents play a crucial role in helping children accept the reality of hospitalization. Parents assist their children in coping with their feelings, collaborate with nurses, offer praise, and engage in play with their children. Several studies have shown that children feel more at ease when they are always accompanied and cared for by their parents. Therefore, the researcher believes that parental involvement is essential in supporting hospitalized children, helping them feel comfortable during their hospitalization.

CONCLUSION

Anxiety can arise in certain situations, such as when a child is taken to the hospital or when medical procedures that may cause pain, like an infusion, are required. Therefore, the researcher implemented puppet play therapy to reduce the anxiety levels in the patients. Observations made over three sessions with Patient 1 and Patient 2 showed that their anxiety levels decreased from moderate to lower levels. Both patients were in good condition, and the mothers reported that their children were no longer restless, worried, or fussy. The patients were cooperative, enjoyed and felt comfortable with the researcher, and there was eye contact.

Based on the results of the nursing implementation for pediatric patients with typhoid fever and anxiety issues, the author offers the following recommendations: for the development of nursing knowledge the results of this study are expected to continually expand and deepen knowledge in the field of nursing, especially in the implementation of pediatric nursing care for children with typhoid fever. It is also hoped that healthcare workers will continue to provide health education to families with children suffering from typhoid fever. For hospitals this study is expected to provide information on implementing the Distraction Technique: Puppets to reduce anxiety caused by hospitalization. For clients and families It is hoped that families will apply the nursing implementation of the distraction technique: puppet hypnosis to reduce anxiety issues in children.

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