

Relationship of Family Support with Anxiety Levels in Preschool Children Hospitalized in Pediatric Ward Syech Yusuf Hospital Gowa Regency, Indonesia

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Abstract

The family is a collection of two or more people, with each other tied to each other emotionally, and living in the same area in an adjacent area. Family support is the attitude, actions, and acceptance of the family of its members. Anxiety is an individual's response to an unpleasant situation experienced by all living things in everyday life. The purpose of this study was to determine the relationship of family support with anxiety levels in pre-school age children in the children's care room at Syech Yusuf Hospital Gowa Regency. This research method was analytic descriptive with a cross-sectional study design. The research sample of 31 people using Purposive Sampling techniques. Place of research in the Children's Care Room Syech Yusuf Hospital Gowa Regency. The study was conducted from July to October 2019. The data collection used questionnaire sheets. Data analysis using the chi-square test. The results showed that family support of 31 respondents, the highest frequency of respondent family support was good as many as 16 respondents (51.6%) and the lowest frequency was enough as many as 15 respondents (48.4%). Data on children's anxiety level were obtained from 31 respondents, the highest frequency of respondents' anxiety level was 19 respondents (61.3%) and the lowest frequency was weight, which was 12 respondents (38.7%). Based on the results of the Chi-Square statistical tests that have been done, it was obtained that the value of $\chi^2 = 14,685$ with a significant level of $p = 0,000$ with $\alpha = 0.05$. The conclusion of the study showed that there was a relationship between family support and anxiety levels in preschool children.

Keywords: *Family Support, child anxiety level.*

Introduction

Family support is the attitude, actions, and acceptance of the family of its members. Family members see that supportive people are always ready to provide help and assistance if needed.¹

Family social support is a process that occurs throughout life, the nature and type of social support vary in various stages of the life cycle. However, at all stages of the life cycle, family social support makes the family able to function with a variety of intelligence and reason. As a result, this improves health and family adaptation.¹

Family social support refers to social support that is seen by the family as something that can be accessed or held for the family (social support can or is not used, but family members view that supportive people are always ready to provide help and assistance if needed). Family social support can be in the form of internal family social support, such as support from husband or wife and support from siblings or external family social support.¹

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The family is expected to be able to function to realize the process of developing mutual love and affection between family members, between relatives, and between generations which are the basis of a harmonious family. ² Family relationships are a happy home. In a life characterized by compassion, all parties are required to have a responsibility, sacrifice, mutual help, honesty, mutual trust, mutual understanding, and peace in the home.²

Both buffering effects (social support withhold the negative effects of stress on health) and major effects (social support directly influencing health effects) were found. Indeed the buffering and main effects of social support on health and well-being may function together. More specifically, the existence of adequate social support is associated with decreased mortality, easier recovery from illness and among older people, cognitive function, physical and emotional health.¹

The family is an important element in care, especially care for children. by because children are part of the family, the nurse must be able to recognize the family as a place to stay or remain constant in the child's life.³The child's stature at the hospital is a stressful experience, both for children and parents. The hospital environment itself is a cause of stress and anxiety in children. In children who are hospitalized, challenges will have to be faced such as overcoming a separation, adjusting to an unfamiliar environment, adjusting with many people to take care of it, and often having to relate and interact with sick children and experience following the painful therapy.⁴

Preschoolers experience the greatest anxiety when they first enter the hospital due to the illness conditions experienced by children. If the child experiences high anxiety during hospitalization, the child will likely experience developmental dysfunction. Children will experience disorders, such as somatic, emotional, and psychomotor disorders.⁵

Reaction to illness or self-problems experienced by preschoolers such as separation, not knowing the environment or unfamiliar environment, loss of affection, body image will react like a regression that is a loss of control, displacement, aggression (denying), withdrawing protest behavior, and more sensitive and passive such as refusing to eat and others.⁶

Nearly four million children in one year were hospitalized. The average child gets treatment for six

days.⁷ In addition to requiring special care compared to other patients, sick children also have special features and characteristics because children are not miniatures of adults or small adults. And the time needed to treat patients with children 20-45% more than the time to care for adults.⁷

The estimated 35 per 100 children undergo hospitalization. The Effects of Play Therapy in Reducing Anxiety in Preschool Children (2.5-5 years) who experienced Hospitalization at the Tugurejo Regional General Hospital, the data obtained in 2006 preschool children who experienced hospitalization were 122 children, in 2007 there were 642 children, in 2008 there were 977 children, in 2009 there were 929 children, in 2010 there were 223 children, in 2011 there were 181 children.⁸As many as 45.2 % of families provide strong support and 41.9% of families provide strong support and only 12.9% of families provide very strong support, both from the nuclear family and extended family.⁹

The population of children being treated in the hospital has experienced a very dramatic increase.¹⁰ The percentage of children being treated at the hospital is now experiencing more serious and complex problems than the incidence of hospitalization in previous years. Nearly 4,000,000 children were hospitalized in one year, the average child being treated for six days.⁷

The results of the initial survey conducted in the nursery were obtained as follows: in the nursery in January to December 2017 the number of preschool children (3-6 years old) treated by 219 patients in Syech Yusuf Gowa Regional Hospital with an average child was suffering from a high level of anxiety which was around 98%.

Materials and Method

The type of research used was descriptive-analytic with a Cross-Sectional approach, data concerning independent variables or risk and dependent or effect variables, collected at the same time.¹¹ In this study, researchers conducted data collection on the Relationship of Family Support and Anxiety Level. The population is a group area consisting of objects and subjects which become certain quantities and characteristics expected by researchers to be studied and then drawn conclusions.¹² The population in this study were all children ages preschool children admitted to Syech Yusuf hospitals and Hospitalized in the Pediatric ward with the average number of patients preschoolers January to April

2018 at 57 preschoolers. The instrument used for data collection in this study was to use an observation sheet. The family support observation sheet, has 20 questions, and the family support measurement scale used can be measured with a Likert scale) with the highest scale 4 and the lowest scale 1. The resulting score is between 20-80 where family support is good: 61-80, adequate family support: 41-60, family support lacking: 20-40. Data processing procedures were performed through the stages of editing, coding, data entry, and cleaning, and data analysis through the analysis procedure univariate and bivariate analysis using the chi-square test.

Results

Family Characteristic of Respondents of this study described as part of research subject. Respondent (Children’s family) in this study based on gender, consisted of the male was 4 respondents (12,9% and female was 27 respondents (87.1%).

Table 1: The Age Group of Respondent (Children’s Family)

Age (years old)	Amount	
	Frequency	%
< 25	13	41.9
25 – 34	8	25.8
35 – 44	8	25.8
> 45	2	6.5
Total	31	100

Table 1 showed data from the 31 respondents, the highest frequency in the age group <25 years was 14 respondents(41.9%) and the lowest frequency in the age group>45 years was as much as 2 respondents (6.5%).

Table 2: The Occupation of the Respondent (Children’s Family)

Pekerja and fcsddd Occupation	Amount	
	Frequency	%
Civil Servants	3	9.7
Traders/Entrepreneurs	3	9.7
Farmers	8	25.8
Private employees	2	6.5
Unemployed	15	48.4
Total	31	100

Table 2 showed data from the 31 respondents, the

highest frequency of respondent’s occupation was as a civil servant as many as 10 respondents (32.3%) and the lowest frequency was Private Employees as many as 3 respondents (9.7%).

Table 3: Education Level of Respondents (Children’s Family)

Education Level	Amount	
	Frequency	%
Elementary school	3	9.7
Junior High School	10	32.3
Senior High School	13	41.9
University	5	16.1
Total	31	100

Table 3 showed data from the 31 respondents, the highest frequency of education of respondents was Senior High School (13 respondents (32.3%) and the lowest frequency was elementary school, which was 3 respondents (9.7%).Number of Respondent Children (Children’s Family) in this study showed data from the 31 respondents, the highest frequency of 1-2 respondent children was 19 respondents (61.3%) and the lowest frequency was 3-4 children, which was 12 respondents (38.7%).

Table 4: Age of Respondent Observed (Children hospitalized)

Age of Children (years old)	Amount	
	Frequency	%
3	12	38.7
4	12	38.7
5	3	9.7
6	4	12.9
Total	31	100

Table 4 showed data from the 31 respondents, the highest frequency of the children was 3 years and 4 years old, each with 12 respondents (38.7%), and the lowest frequency was 5 years of age with 3 respondents (9.7%). Respondent observed (Children hospitalized) in this study based on gender, consisted of the male was 11 respondents (35.5% and female was 20 respondents (65.5%).

Hospitalized experiences of respondents (hospitalized children) data from the 31 respondents showed that the highest frequency of respondent’s

hospitalized experience was 29 respondents (93.5%) never been hospitalized and the lowest frequency was ever been hospitalized as many as 2 respondents (6.5%). The care length of respondents (hospitalized children) showed data that most of the children had been hospitalizing for 1 day as much as 28 respondents (90.3%), and 3 respondents (9.7%) had been hospitalizing for 2-3 days when this study was conducted.

In this study, we found data from the 31 respondents, the highest frequency of respondent family support was in good category as many as 16 respondents (51.6%) and the lowest frequency was in enough category as many as 15 respondents (48.4%). The Anxiety Levels of Preschool children hospitalized found data from the 31 respondents, the highest frequency of respondents' anxiety level was 19 respondents (61.3%) in mild-moderate level and the lowest frequency was severe anxiety, which was 12 respondents (38.7%)

Table 5: Family Support Relationship With Anxiety Levels in Preschool Children Hospitalised in Pediatric Ward Syech Yusuf Hospital Gowa, Indonesia 2019

Family Support	Anxiety Level				Amount	
	Mild-Moderate		Severe			
	n	%	n	%	n	%
Good	15	48.8	1	3.2	16	51.6
Enough	4	12.9	11	35.5	15	48.4
Total	19	61.3	12	38.7	31	100

$X^2 = 14.685, p\text{-value} = 0.000$

From table 5 above showed data from the 31 respondents, it was found good family support that was as much as 16 respondents (51.62%) and enough family support that was as much as 15 respondents (48.4%), whose level of anxiety was 19 respondents (61.3%) in mild-moderate level and had severe anxiety level experienced by 12 respondents (38.7%).Based on the Chi-Square statistical test results that have been obtained, the results obtained a value of $X^2=14.685$ with a significant level of $p=0.000$ with $\alpha=0.05$.

Discussion

This study showed the results from the analysis were $p=0,000 < \alpha=0.05$ so that according to the basis of the hypothesis research decision making¹¹ Ho was rejected and Ha was accepted. This means that there was a relationship between family support with the level of anxiety in children ages preschool.

Family support is one factor that can help children in coping with stressors. Family support can have a buffering effect that is family support holding back the negative effects of stress on health and the main effect that is family support directly influences health improvement.¹ High parental support will also increase self-esteem, coping abilities of children in dealing with various stressors faced during hospitalization. With this coping ability, the level of anxiety experienced by children when hospitalization can be minimized.

Parents are encouraged to stay with young children as long as possible so that the separation behavior is minimized. The willingness of parents to stay depends on their involvement with children at home, their work situation, and their level of comfort with the hospital, as well as the amount of support they receive from other family members and friends in meeting the needs of other family members.¹³

The factors that influence anxiety responses in sick children who are hospitalized are not only due to family support but there are other factors including the foreign environment, the presence of strangers, medical equipment, inability to do activities, pain due to medical action/injury to the body. Here family support only exerts a few percent influences.¹⁴

For children, illness is a difficult time, where the child must leave a familiar environment, move to a hospital that is still unfamiliar to him, in a state of illness and loneliness, and must undergo a variety of frightening treatment procedures.¹⁵ Foreigners who are around (in the hospital) for children ages preschool considered the person who threatened her. Moreover, health workers (nurses or doctors) who always carry out medical actions that are considered painful so that children easily arise anxiety when interacting with strangers to him.

Children aged 3 to 6 years are at the stage of psychosocial development initiative vs guilt. The psychosocial development stage (Erikson) of children aged 3 to 6 years is characterized by intrusive and energetic behavior, the courage to strive, and strong imagination. The explanation of pre-school age children's fantasy toward strange or excessive environments.¹⁶ Children aged 3 years experience the highest increase in attention span when compared to ages 4.5 and 6 years¹⁷ so this is a compelling reason to explain why 3-year-olds experience the most moderate anxiety.

Conclusion

The family support for children was hospitalized in the pediatric ward of Syech Yusuf Hospital Gowa, Indonesia available for all children treated during this study. Nevertheless, the support received by every child varied from one another. There were 51.6% of children had a good category of family support while 48.4 children got enough category of family support from their family during hospitalization. The highest anxiety level of 31 respondents, the frequency of mild to moderate anxiety level of respondents were 19 respondents (61.3%) and the lowest frequency was severe, as many as 12 respondents (38.7%) in preschool-aged children who were hospitalized in the pediatric ward of Syech Yusuf Hospital Gowa. There was a relationship between family support with the level of anxiety in preschool children hospitalized in the pediatric ward of Syech Yusuf Hospital Gowa, Indonesia.

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