

**Parents' Anxiety During Children's Hospitalization**

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Abstract

Illness and hospitalization of a child are very difficult and most often unpredictable situations in the family life cycle. The stress level of the parents of the child who is hospitalized dependson many factors, such as the psychological characteristics of children and parents, children health conditions, and support from family and medical personnel. The purpose of this study was to identify parents' anxiety in dealing with their child's hospitalization. The research design used is descriptive research. The population of this study were all parents of children aged 3-6 years who were hospitalized. The sample in this study were 43 parents of children. Sampling was carried out non-probability with a purposive sampling approach with inclusion criteria: parents were biological fathers and mothers of children who were hospitalized, preschool age 3- 6 years old who has a diagnosis of Hyperthermia, DHF, Diarrhea and Vomiting, ARI, Asthma, Traffic Accidents, parents who are willing to sign an informed consent. The results show that the anxiety of parents facing hospitalization is that the dominant child has mild anxiety (62.8%). This study hopes that parents can be involved during treatment including providing health information to families about the child's health condition and allowing families to stay with the child for 24 hours.

INTRODUCTION

Children experiencing illness and hospitalization are very difficult and most often unpredictable occurrences in the family life cycle. Treatment of children requires invasive procedures for the majority of hospitalizations. Invasive actions such as infusions, catheter insertion, blood sampling, wound care, and oxygen installation experienced by children while hospitalized can have a negative impact on their health (Karlsson, 2014).

A very stressful experience for parents is when a child experiences hospitalization. High levels of stress (anxiety, depression, insecurity) will be experienced by Parents' anxiety arises due to the hospitalization that the child undergoes (Rokach, 2016). one of the factors that triggers stress on parents, especially mothers, is accompanying children to hospitalization (Yeong Bae and Lee, 2017; Jin and Cho, 2021). This situation takes place due to the emergence of various problems, whether medical or psychological, that threaten the child they are undergoing hospitalization. research studies of parental anxiety associated with hospitalization of a child can lead to decline in the functioning of the whole family (Wray et al., 2011; Zdun-Ryżewska et al., 2021).

Based on research conducted by Yeong Bae & Lee, (2017); Yoo, (2016) anxiety were significant variables in hospitalized young children's mothers. with the subject of parents accompanying child hospitalization states that, parents' anxiety responses are common occurs when the child's health is disturbed, especially if the child is up undergo hospitalization, if there is a disturbing experience the life of their children, parents will feel anxious, things This can happen because children are an important part of his parents' life.

Data according to the Kemenkes RI (2018) the number of child hospitalizations is more than 45% of the total child population in Indonesia. Riskesdas data shows the number of children undergoing hospitalization is 9,528,402 children. According to data from BPS (2022) the number of child hospitalizations in Indonesia is 23.53%. Based on data from the Central Sulawesi Provincial Health Office in 2021 hospitalizations for children totaled 106,160 children. Inpatient services for the Anutapura General Hospital in 2021 to 2022 from January to May totaled 7,666 children. Families have a very important role in improving their children's health, being the main intermediary in direct care to children, and providing access to health services. Families have a very important role in improving the health of their children, being the main intermediary in direct care to children, and providing access to health services. Family attitudes and behaviors can affect children's physical and psychological health. Family attitudes during illness, especially during hospitalization, can affect children's compliance with treatment and the impact of the disease. The presence of the family can provide a sense of comfort to the child, provide emotional support to the child, be involved in simple actions, explain to the child about the child's condition and meet the child's needs while being treated. Therefore, this study aims to identify parents' anxiety in dealing with child hospitalization.

RESEARCH METHODS

This study employed a quantitative descriptive study design. The population of this study were all parents of children aged 3-6 years who were hospitalized. The sample in this study were 43 parents of children. Sampling was carried out non-probability with a purposive sampling approach and all samples were parents of children who were hospitalized on August 13-18 2022. Inclusion criteria: parents were biological fathers and mothers of children who were hospitalized, preschool age 3- 6 years old who has a diagnosis of Hyperthermia, DHF, Diarrhea and Vomiting, ARI, Asthma, Traffic Accidents, parents who are willing to sign an informed consent.

There were three types of questionnaires used to collect data : 1) respondent's identity (age, education, child hospitalization experience) 2) The Zung Self-Rating Anxiety Scale (SAS/SRAS) questionnaire. SAS/SRAS are standized questionnaires tested for validity and reliability. There were 20 questions, each of which was rated 1–4 (1: never, 2: sometimes, 3: most of the time, 4: almost all the time). There are 15 questions towards increasing anxiety and 5 questions towards reducing anxiety. Anxiety in this study was divided into 4 categories, namely None Anxiety if the value obtained was 1-4, Mild Anxiety if the value obtained was 5-8, Moderate Anxiety if the value obtained was 9-12, and Severe Anxiety if the value obtained was 13-16

After obtaining permission from the STIK Indonesia Jaya campus agency then delivering a research permit application letter to the administration section of Anutapura Hospital in Palu, then applying for a research permit at the Kesbangpol and Tadulako University Faculty of Medicine Code of Ethics and after obtaining permission, the researcher went to the Nuri Research Room to conduct research by asking permission from the head of the room before meeting with the respondent. When meeting with respondents, the researcher asked for time to introduce their names, explain the purpose of the research, then if the

respondent agreed to be involved in the research, the respondent signed an informed consent. Respondents need about 20-30 minutes to finish all questionnaire. Researchers continued collect data until the number of samples is met. After that the data obtained were analyzed using SPSS. Data were analysed using deskriptive analysis of frequency distribution. This study has received ethical approval from the Research Ethics Committee of the Faculty of Medicine, University of Tadulako with number: 6194/ UN 28.1.30 / KL / 2022.

RESULT

Table 1

Characteristic of respondents based on age and gender (n=43)

Characteristics	Frequency distribution	
	n	Percentage (%)
Age		
Early adulthood (26-35 years)	28	65.1
Late adulthood (36-45 years)	15	34.9
Parents		
Father	8	18.6
Mother	35	81.3
Education		
Elementary	10	23.3
Junior high school	5	11.6
Senior High School	14	32.6
Bachelor	14	32.6
Child Hospitalization Experience		
Once	24	55.8
Never	19	44.2
Diagnose		
Hyperthermia	26	60.4
DHF	3	6.9
Diarrhea and Vomiting	6	14.6
Asthma	9	19.5

Table 1 shows that of the 43 parents of children who were respondents in the study, most were aged 26-35 years (early adulthood), namely 65.1%, most of the respondents were mothers, 80.5%, with the level of education of respondents at high school and bachelor's level, each totaling 14 people, namely 32.6%, most of them had never had experience in caring for children, as many as 55.8%, and most of the children were treated with a diagnosis of hyperthermia, 58.6%.

Table 2

Frequency Distribution of Parental Anxiety Facing Hospitalization of Children

Anxiety	Frequency distribution	
	n	Percentage (%)
None anxiety	27	62.7
Mild anxiety	10	23.3
Moderate anxiety	6	14.0
Severe anxiety	0	0.00

Table 2 shows that of the 43 respondents in this study, 62.7% had non anxiety, 23.3% had mild anxiety and 14.0% had moderate anxiety.

DISCUSSION

The results of this study indicate that parents feel anxious in facing their child's hospitalization with a range of anxiety between mild (23.3%) to moderate (14%). Anxiety response is the most common feeling experienced by parents when their child has a health problem. From the results of the study, the researcher concluded that parental anxiety when their child is hospitalized can be caused by several factors such as a doctor's diagnosis, the child is hospitalized for the first time, the child has experience of being hospitalized before. Parents experience significant stress and anxiety when their children are hospitalized (Ryzewska et al., 2021). Parents experience quite high levels of stress and anxiety when their children are hospitalized (Ryzewska et al., 2021).

In line with the opinion of Pawiliyah & Marlenis (2019), the experience of hospitalization can influence a child's response when hospitalized, because previous care experiences can provide an overview of what the child is experiencing, which will influence the child's response, such as painful (invasive) experiences and experiences that can overcome fear and anxiety.

According to Wong (2019), childhood illness and hospitalization crises affect family members. Parents' attitudes toward their child's illness depend on the factors that influence it. Almost all parents respond to their child's illness and hospitalization. Initially, parents may be in disbelief, angry or guilty, afraid and anxious.

The results of the study also showed that most respondents experienced mild anxiety in facing child hospitalization. According to the researcher's assumption, the level of parental anxiety tends to be mild because most parents already have experience caring for their children not only when they are sick in the hospital, but parents also often care for their children when they are sick at home, so their level of anxiety is mild. In line with the research of Idris & Hartati (2016), it was found that the level of anxiety of parents in the mild anxiety category was 57.5%, while the level of anxiety of parents in the severe anxiety category was 42.5%, thus the level of anxiety of parents in general was almost the same/balanced.

Hospitalization can have a psychological impact on children, children will feel lonely because they are in a new environment separated from their parents or siblings (Rokach, 2016). When children experience anxiety during treatment, it causes anxiety in parents and when parents are worried, children will be even more anxious. To achieve the target of prevention and care for children undergoing hospitalization, two concepts, namely child care through parental involvement in care and improving family skills in caring for children (Melo et al., 2014; Terp, Weis and Lundqvist, 2021) need to be applied. Throughout the treatment, there is a learning process for parents that aims to increase knowledge and skills related to their child's illness, so that parents have experience in caring for sick children (Nurlalia, Utami and Cahyani, 2018).

CONCLUSION

Based on the results of the research discussion, it can be concluded that parents feel anxious in facing their child's hospitalization with a range of anxiety between mild (23.3%) and moderate (14%). Mothers are the dominant parents who accompany their children who are hospitalized (81.3%). Suggestions for the hospital to involve parents in the child care process.

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