



ISSN: 2277- 7695

TPI 2015; 4(10): 130-132

© 2015 TPI

www.thepharmajournal.com

Received: 06-10-2015

Accepted: 08-11-2015

Namarata Mohite

Krishna Institute of Nursing
Sciences, Karad, Maharashtra,
India

Nitanjali Patil

Krishna Institute of Medical
Sciences Deemed to Be
University, Karad, Maharashtra,
India

Assessment of stress level among children hospitalized for surgery

Namarata Mohite and Nitanjali Patil

Abstract

Children below the age of 5 years are considered with the mothers as vulnerable and are at risk group. Getting admitted in the hospital is stressful event for all children of all ages. During a minor or any serious illness children have a great need of their parents and can tolerate their absence only for short periods.

Objectives: Assess the level of stress among hospitalized children. To find out the association between the stress scores and the selected socio demographic variables of the hospitalized children for surgery.

Material and methods: An observational research approach was used for the present study at Krishna Hospital, & Chaitanya Hospital Karad. 30 children who were hospitalized for surgery were selected by non probability purposive sampling technique. between the age group of 6-12 years, admitted in pediatric unit. Tools used for the study were socio demographic variables and Self structured Stress rating scale Ethical clearance was obtained from the IEC of Krishna Institute of Medical Sciences, Deemed University, Karad. Informed written Consent was obtained from the parents of the children Data analysis plan: The obtained data was analyzed in the term of objectives for the study using descriptive and inferential statistics.

Results: Maximum 13 (43%) from 6 – 7 years, 17 (57%) were male 13 (43%) were female, 24(80%) were Hindu,15(50%) children were from rural area while 15(50%) were from urban area. Majority 20 (67%) parents were having two children, Majority 19 (70%) children were second child of their parents 15 (50%) children were from joint family while 15(50%) children were from nuclear family. Maximum 23(76.67%) children are having Severe stress level, 6(20%) children are having moderate stress level and 1 (0.33%) children are having mild stress So H1 is accepted. Mean 30.066, median 38.50 and SD 6.330. There was a significant association found between stress level and age of children ($\chi^2=11.54$, $P= 0.021$) also with the stress level and type of family ($\chi^2=9.130$, $P\text{-value} = 0.010$). None of the other socio-demographic variables were found to have significant association with the level of stress. So H2 is accepted.

Conclusion: findings of the present study revealed that there was severe level of stress among children pre operatively.

Keywords: Stress, hospitalization, surgery

Introduction

Children are the assets of our nation. Health of children plays a important and major role in the future of the children to meet their personal, psychological, and social needs also to fulfills the challenges faced in their life. Children below the age of 5 years are considered with the mothers as vulnerable and are at risk group. Getting admitted in the hospital is stressful event for all children of all ages. During a minor or any serious illness children have a great need of their parents and can tolerate their absence only for short periods ^[1].

School age Children may believe that they are the cause of their own illness. It an important that the nurse has to correct their misunderstanding and she should respond to their needs to make the hospital experience a positive for them without having any stress ^[2].

The provision of pre-operative information on pre and postoperative care is the most common method of preparing children for surgery. In short-term surgical procedures, children are admitted to the hospital in the morning and will be discharged after operation and this is challenging for the professionals to perform a suitable pre and post operational program for children and parents to reduce their stress. It seems that the therapeutic play may reduce the child's stress and anxiety ^[3].

Hospitalization is a very unpleasant and traumatic experience for any child. They requires more than recreational play because, having any illness and getting admitted in hospital constitute more of crisis in their life, they need to play out their anxiety, fears and stress as a means of coping with these stresses. Play also helps to temporarily divert their mind from pain

Correspondence:

Namarata Mohite

Krishna Institute of Nursing
Sciences, Karad, Maharashtra,
India

and loneliness [4].

Objectives

1. Assess the level of stress among hospitalized children.
2. To find out the association between the stress scores and the selected socio demographic variables of the hospitalized children for surgery.

Research hypothesis

H1: There will be severe stress level among children hospitalized for surgery.

H2: There will be a significant association between stress level of children hospitalized for surgery and the selected socio demographic variables

Material and methods

An observational research approach was used for the present study to assess the level of stress among children hospitalized for surgery. Study setting used Krishna Hospital, & Chaitanya Hospital Karad. Population for study selected was hospitalized children for surgery. 30 Samples were selected by non probability purposive sampling technique. Children who were between the age group of 6-12 years, Children undergoing surgery and admitted in pediatric unit. Hospitalized children with surgical condition Available during data collection period. Willing to participate in study were included in the study. Physically handicapped children. Children in critical condition and mentally disabled children were excluded from the study. Tools selected for the study were socio demographic variables and Self structured Stress rating scale which consists of 18 items related to stress. Ethical clearance was obtained

from the institutional Ethical committee of Krishna Institute of Medical Sciences, Deemed University, Karad. Informed written Consent was obtained from the parents of the children undergoing surgery. Data analysis plan: The obtained data was analyzed in the term of objectives for the study using descriptive and inferential statistics.

Results

Maximum 13 (43%) were from age group 6 - 7 years, maximum 17 (57%) were male while 13 (43%) were female, Majority of mothers 12(40%) educational status was secondary, about mothers educational status maximum 12(40%) mother educated up to Secondary, only 1(3.33%) was Graduate. about fathers education majority 11(36.6%) was educated up to secondary, 8(26.67%) and only 2(6.67%) was Graduate. Majority 12(40%) mothers doing their job at private sector, 9(30%) were house wife, 4 (13.33%) were daily wage worker, 3 (10.00%) were Govt. Employee and 2(6.67%) were farmer. Majority 16(53.33%) of fathers doing their job at private sector, 10(33.33%) were Government employee & 2(6.67%) were daily wage worker, 2(6.67%) were farmer. Maximum 24(80%) were Hindu,15(50%) children were from rural area while 15(50%) were from urban area. Majority 20 (67%) parents were having two children, 4 (13%) were having one child while 6 (20%) parents were having three or more children. Majority 19 (70%) children were second child of their parents followed by 6 (20%) children which were third or later child of their parents while 4 (13.33%) children were first child of their parents.15 (50%) children were from joint family while 15(50%) children were from nuclear family.

Table 1: Distribution of children according to stress level as per stress rating scale.

N=30		
Stress score	Frequency	Percentage
Mild	1	0.33
Moderate	6	20
Severe	23	76.67

Table No 1 showing maximum 23(76.67%) children are having Severe stress level, 6 (20%) children are having moderate stress level and 1 (0.33%) children are having mild stress So H1 is accepted.

Mean, median and sd of stress level of children: Stress level of children shows mean 30.066, median 38.50 and SD 6.330 There was a significant association found between stress level and age of children ($\chi^2=11.54$, $P= 0.021$) also with the stress level and type of family ($\chi^2=9.130$, $P\text{-value} = 0.010$). None of the other socio-demographic variables were found to have significant association with the level of stress. So H2 is accepted.

Discussion

In the present study maximum 23(76.67%) children are having Severe stress level, 6(20%) children are having moderate stress level and 1 (0.33%) children are having mild stress study findings supported by Patel A, Schieble 5 revealed in their study children experience more anxiety in the preoperative period. There is need to be prepared children both physically and psychologically. Similar study was conducted, lomba linda the study shows that the severe level of stress in chronically ill children is 79% acutely ill children identified 61.89% of severe stress but the

gender did not have a significant influence on stress. In the present study Mean, Median and SD of stress level of children shows mean 30.066, median 38.50 and SD 6.330, study findings supported by Nazanin Vaezzadeh *et al.* [6] showed mean and standard deviation of the state stress scores of children in experimental 35.52±6.99.

There was a significant association found between stress level and age of children ($\chi^2=11.54$, $P= 0.021$) also with the stress level and type of family ($\chi^2=9.130$, $P\text{-value} = 0.010$). None of the other socio-demographic variables were found to have significant association with the level of stress. Similar finding by The above findings is supported by Similar study was conducted by Fernanda Seganfredo Weber [7] There was significant association found between findings and demographic variable. Age of children $\chi^2= 0.019$.

Conclusion

The present study was done to assess the level of stress among children hospitalized for surgery in selected hospitals. Results showed that there was severe level of stress among children so to reduce stress in the children the preoperative area should be equipped with recreational material s as well as staff should be trained for play therapy.

References

1. Ingalls, salerroom. Maternal and child health nursing. 9th edition. Network: Mosby, 1999.
2. Bastin T. Children are illness psychological aspect of children archivers of Pediatric, 2007, 8-10.
3. Ellerton ML, Caty S, Ritchie JA. Helping young children master intensive procedures through play, Children's Health Care, 1985, 2000, 265-277.
4. Neeraja KP. Text Book of Growth and Development, New Delhi. 2006; (1):1-4.
5. Patel A, Schieble T, Davidson M *et al.* Distraction with a hand-held video game reduces pediatric preoperative anxiety. *Pediatr Anesth.* 2006; 16(10):1019-27.
6. Nazanin Vaezzadeh *et al.* *Iran J Pediatr.* 2011; 21(4):461-466.
7. Fernanda Seganfredo Weber. The influence of playful activities on children's anxiety during the preoperative period, *Journal of pediatrics.* 2010; 86(3):209-214.
8. Cassell S. Effect of brief puppet therapy upon the emotional responses of children undergoing cardiac catheterization, *Journal of Consulting Psychology,* 2003, 1-8
9. Sue CB, Dee R, Tammy R. The Efficacy of Play Therapy with Children: Meta-Analytic Review of Treatment Outcomes. University of North Texas [Internet]. 2008 [cited 2010 Nov 18]. Available from: URL: pages.uoregon.edu/cfc/classes/CPSY_64 -156
10. Bohnie N. the effectiveness of play therapy on development achievement level go to abused children *IPJ Journal,* 2003, 5-20.