

## The Effect Of Play Therapy on Drug-taking Behavior In Toddlers In Pediatric Care Room

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### ABSTRACT

**Background:** A hospitalization is an event that often causes traumatic experiences, especially in pediatric patients, namely anxiety, fear and tension or hospitalization stress. **Objective:** This study aims to study the effect of play therapy on drug-taking behavior in “toddler” children in the pediatric care room. **Method:** This study used a pre-experimental pre-test-post test one group design approach. The population of this study were toddlers (2-3 years old) taken by accidental sampling and 30 samples were obtained. Data collection uses secondary and primary data. Data analysis used univariate and bivariate analysis. **Result:** The results of the study were: (1) The average behavior of taking medication before playing therapy was done was 16.77; (2) The average cooperative level after playing snake and ladder therapy is 22.67 and (3) the results of the Wilcoxon Sign Rank test obtained a value of  $Z = -3.827$  with  $p\text{-value} = 0.000 < 0.5$  meaning that there is an effect of play therapy on behavior taking medicine while carrying out treatment for toddlers in the Asoka Room at Polewali Mandar Hospital. **Conclusion:** There is an effect of playing on the acceptance of toddler age children in the act of giving oral drugs. Hospitals as health service institutions that provide services to all levels of society, especially pediatric health services, should design and facilitate rooms that are familiar to children and prepare play facilities according to the growth and development and health conditions of children. Nurses who focus on pediatric care should pay attention to aspects of child growth and development, where toddler age children should apply aspects of play to achieve therapeutic goals.

**Keywords:** Play Therapy, Drug-Taking Behavior, Toddler Age Children, Hospitalization

## Introduction

Toddler is the period of children between the ages of 1-3 years and is part of the early childhood period with the child's intellectual development being at the sensorimotor stage where the child is egocentric and at the preoperational cognitive stage. (Rezki Ramadhani, 2018). Children who are hospitalized will feel insecure and uncomfortable. Do not understand why to be cared for, separated from the closest people and worried about the new environment. Toddler-aged children's reactions to illness and hospitalization can be; anxiety, loss of control, and fear of pain and injury (Amalia et al., 2018). Children's knowledge and experience about hospitalization is new and foreign. Children may perceive hospitalization as a frightening experience, so that children feel threatened. So that certain ways are needed in the form of play that can improve children's concepts about medical procedures, as well as equipment and their intended use (Pernomo & Prawesti, 2017).

Therefore, the hospital serves to provide an environment where sick children can be helped to overcome or alleviate their illness. The goal is to develop or improve physical, mental status, so that it can develop within its limitations. The hospital environment should be modified so that it resembles the home environment, provides opportunities for sick children to get acceptable control, helps to plan service and care schedules, and can interact with families and other sick children. Play therapy has a therapeutic function, namely; provides a release of stress and tension, allows the expression of unacceptable emotions and impulses in a socially acceptable form, encourages experimentation and testing of fearful situations in a safe manner, and facilitates indirect verbal and nonverbal communication about needs, fears, and wishes (Amalia et al., 2018)

Play therapy during the hospitalization process helps in facilitating the acquisition of unfamiliar environments in children. The child is separated from the family environment and entered in a hospital environment, which is a foreign environment for him (Studi et al., 2016) So that play can be used as a way to make children familiar with this new environment. Play can also be used to reduce the stress children experience with separation. (Pernomo & Prawesti, 2017). In the hospital sometimes children face procedures that cause pain, loss of independence, and various unknowns. Their interpretation of events, their response to experiences, and the significance they place on these experiences are directly related to their level of development (Wong DL, 2005).

Currently, not many hospitals have prepared facilities and play activities in order to provide a therapeutic process for children. Children are allowed to receive medical and nursing actions as adults. So the child refuses to take action against him. Not even a few health workers directly provide restraint without explaining the purpose and purpose of restraining children. The action that is most often done in the hospital is the administration of drugs orally. Therefore, the researcher was interested in researching "Is there any effect of playing on the behavior of toddler age children in the act of giving oral medication in the Pediatrics Room at Polewali Mandar Hospital".

## Objective

This study aims to study the effect of play therapy on drug-taking behavior in “toddler” children in the pediatric ward

## Method

This research was conducted in the Asoka Room of Polewali Mandar Hospital in March 2019. The research design used was pre-experimental with a One-group pre-post test design approach. The population of this study were all children who were hospitalized in a hospital with a total of 30 children. The sample in this study were children undergoing treatment at the hospital aged 1-3 years in the Asoka room at Polewali Mandar Hospital. Sampling using purposive sampling technique that is taking samples with criteria that have been determined by the researcher. This technique is done by taking a population that meets the criteria determined by the researcher (Notoadmodjo, 2012). The instrument used to measure play therapy is to use the Standard Operating Procedure (SOP) that has been made by the researcher, while for drug-taking behavior using direct observation or observation of toddler age children who are hospitalized. Data processing and analysis was carried out with the Wilcoxon Match Pairs Test statistical test.

## Results

Frequency distribution of respondent data in the Ashoka room of Polewali Mandar Hospital

Table 1 Frequency distribution of respondent data

No	General data	%
1	Age	
1 year	5	16.7
2 years	13	43.3
2 years	12	40
2	Gender	
Male	19	63.3
Female	11	36.7
3	Experience of being treated	
Ever	17	80.1
Never	3	19.9

Table 1 shows an average age of 2-3 years (43.3%) of respondents aged 2 years and (40%) aged 3 years of respondents and the sex of most respondents (63.3%) being male as many as 19 respondents. Almost all (80.1%) of respondents had never been treated as many as 17 people. As for the frequency distribution of drug-taking behavior data in children aged 1-3 years before and after play therapy as followst :

Table 2 Frequency distribution of drug-taking behavior data in children aged 1-3 years before and after play therapy

No	General data	%
1	Before intervention (pre)	
Receiving drugs	11	36.7

Refuse medicine	19	63.3
2	After intervention (post)	
Receiving drugs	27	90
Refuse medicine	3	10

Table 2 shows that the majority (63.3%) of respondents refused to give drugs before playing therapy treatment as many as 19 respondents. And almost all (90%) of respondents received drugs after playing therapy treatment. To find out the effect of play therapy on drug-taking behavior for toddlers in the following table:

Tabel 3

The effect of play therapy on drug-taking behavior in toddlers in the Ashoka room of Polewali Mandar Hospital

Pretest behavior – post test behavior	
Z	-3.827 <sup>b</sup>
Asymp.Sig.(2-tailed)	.000

Table 3 shows the results of statistical analysis using the Wilcoxon signed rank test in the study with a significant between  $a = 0.000$  which means  $p < a$ . This shows that  $H_a$  is accepted and  $H_o$  is rejected, thus play therapy has an effect on drug-taking behavior in toddlers in the Ashoka room of Polewali Mandar Hospital.

## Discussion

Based on the results of the study before being given play therapy, most of the respondents (63.3%) had negative cooperative levels. This situation may be influenced by factors of age, gender, experience in care and anxiety. The results of this study are in line with the theory proposed by Frankl et al, 1962 in (A'diilah & Somantri, 2016) that the majority of children who are hospitalized in hospitals show behavior that tends to refuse the administration of drugs given by health workers. The behavior of children undergoing treatment at the time their medication was given showed a reaction of crying and fear and did not want to accept the treatment given (Sumarni et al., 2018).

This is a reaction that is often caused when a child is hospitalized in a hospital. Researchers assume this happens because children who are sick and hospitalized feel anxious about the existing environment, and refuse to part with those closest to them. The child feels that his activities for playing will be limited to the hospital environment, so the child tries to refuse the procedure to be carried out on him. This is reinforced by this study in line with the results of the study (Bayuti, 2018) which states that toddler-age children's reactions to illness and hospitalization can be; anxiety, loss of control, and fear of pain and injury. So that the play activities provided will make children adaptive.

The results of this study are also strengthened by research conducted by research conducted by Colin at al, (2018) From the results of the study, it is known that before being

given snake and ladder play therapy in preschool age children, all of them have a negative cooperative level. According to the researchers, the reaction of children who showed negative attitudes was caused because the child had not been able to adapt to the new environment when the child was sick and had to be hospitalized. Based on the results of the study showed that before being given treatment half (63.3%) of the respondents did not receive medication with an uncooperative attitude towards the officers at the age of 2-3 years. The results of the study found that of the 30 toddler age children at the time of the pre-test, most of them showed a negative attitude by refusing to give medication. The post test results showed that of the 19 toddler age children, most of them received medication administration. Based on the results of the Wilcoxon test, it was concluded that there was a significant effect of play therapy on the drug-taking behavior of toddlers at Polewali Mandar Hospital. According to Rahayu, (2018)

Play is the main right of children that can affect children's emotions, mental and intellectual. The games that are played in the treatment room, namely puzzle games and snakes and ladders (skill play) are simple media that are played by disassembling pairs. Playing activities for children can be fun. Emotional disorders in children can be resolved with pleasure during play therapy, if the child's emotions are stable then the treatment therapy process will also be successful.

At toddler age, children tend to have limited coping skills to solve stressors (Utami et al., 2014). Toddler is a period where children have an age range of 12-36 months (Hastuti, 2017). This period is a period of intensive environmental exploration as children try to find out how things happen and how to control others through temper tantrums, negativism, and stubbornness. (Sumarni et al., 2018). Toddler-aged children who are hospitalized often experience pain and anxiety, which can dramatically affect their well-being and hinder their recovery (Pernomo & Prawesti, 2017). This can lead to long-term effects such as post-traumatic-stress-disorder and cause a decrease in intellectual and social capacity, as well as a decrease in body function. (A'diilah & Somantri, 2016)

According to the researcher, respondents aged 1-3 years still have a great dependence on their parents so that when undergoing hospitalization they tend to refuse to be in a new environment. Based on the results of the study that before being given treatment, almost half (63.3%) of male respondents with the behavior of refusing to take medicine in the treatment room. According to the researcher's assumption that boys tend to be easier to express dislike when they are in a new environment. Boys behave hyperactively and aggressively in anticipating the condition during treatment. The results of this study are in accordance with research conducted by Jafri, (2015) explained that in preschool children cooperative behavior was higher in female children. This shows that each child has a different coping strategy. Nurses and parents should support the child's coping strategies.

According to the opinion of Pernomo & Prawesti, (2017) that preschool-aged children need information and guidance to orient themselves in unfamiliar situations so that they are able to participate in their daily lives. They need opportunities to play and

experience enjoyment. Children can also be taught coping strategies that provide a positive active role. Based on the results of the study showed that before being given treatment, most of the respondents (80.1%) refused to be given medication. According to Pelander & Leino-Kilpi, (2010) the more often a child is in contact with the hospital, the less anxiety will form or vice versa. Several factors that can cause stress when children undergo hospitalization are behavioral factors or interactions with hospital staff; especially nurses; considering that children still have limitations in cognitive development, language and communication. Nurses also feel the same way when communicating, interacting with pediatric patients which is a challenge, and requires high sensitivity and is more complex than adult patients. In addition, communicating with children is also strongly influenced by the child's age, cognitive abilities, behavior, physical and psychological conditions, stages of the disease and response to treatment (Pena & Juan, 2011).

Researchers assume that toddlers who are treated experience anxiety due to hospitalization, so that the provision of nursing actions is often considered a physical threat and causes unpleasant feelings, especially with a history (experience) of previous trauma. So that the rejection reaction is a natural reaction to be expressed by children. In addition, the child's reaction to hospitalization is individual depending on the child's developmental stage, previous experience in hospitalization, the support system that is owned, and the child's coping mechanisms. (Amalia et al., 2018).

## Conclusion

There is an effect of playing on the acceptance of toddler age children in the act of giving oral drugs. Hospitals as health service institutions that provide services to all levels of society, especially pediatric health services, should design and facilitate rooms that are familiar to children and prepare play facilities according to the growth and development and health conditions of children. Nurses who focus on pediatric care should pay attention to aspects of child growth and development, where toddler age children should apply aspects of play to achieve therapeutic goals. It is hoped that Polewali Mandar Hospital can conduct play therapy training for nurses, especially nurses in the Children's care room so that they can improve individual skills in performing play therapy on children being treated.

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