

Original Research Article

EDUCATIONAL TOY AND HOSPITALITY RESPONSE TOOLS FOR TODDLERS

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Abstract

Background: Playing is a good medium for learning because by playing children will talk (communicate), learn to adjust to the environment, do what they can and recognize time, distance and sound. The sick condition of playing activities still needs to be carried out. Play needs at the toddler can trigger a response to hospitalization for children.

Objectives: This study was conducted to see how the influence of educational games on the response of hospitalization to toddler age children.

Methods: Static-Group Comparison research design with purposive sampling method (judgment sampling), the number of samples is 14 children. Data is taken using an observation sheet. After tabulation the data is analyzed by using the Wilcoxon Range Test with a significance level of 0.05. The purpose of this study was to analyze the effect of educational game tools on hospitalization responses to toddler age children.

Results: The results of the study, children who were given the play treatment experienced an adaptive response of 6 people (85.7%), while the adaptive mal response was 1 person (14.3%). The frequency of hospitalization responses was more often experienced in the control group without treatment, with adaptive mal responses of 6 (85.7%) and adaptive responses experienced only by 1 person (14.7%) respondents. The results of the statistical test showed that there was the influence of educational games on the response of hospitalization to toddler age children with a significant level of 0.025 ($P < 0.05$).

Conclusion: Fulfillment of playing with educational games can minimize the frequency of adaptive mal response to hospitalization of children when hospitalized.

Keywords: Educational Toy, Hospitalization, Toddler

INTRODUCTION

Playing is an activity carried out voluntarily to obtain pleasure or satisfaction. Playing is a mirror of physical, intellectual, emotional and social abilities. Playing is a good medium for learning because to play children

will talk (communicate), learn to adjust to the environment, do what they can and recognize time, distance and sound (Wong, 2000).

Playing is the same as working in adults and is an effective way to reduce stress on children and is important for children's mental

and emotional well-being (Champbell and Glaser, 1995 quoted from Supartini, 2004). In conditions of illness or when children in the hospital play activities still need to be carried out, but must be adjusted to the condition of the child, most parents who forbid their children to do playing activities when sick because of ignorance of parents about the child's playing needs. It appears that during hospitalization children cry when approached by other people and do not want to part with their mother. This happens if the hospital has not equipped the playground to add stress to toddler-age children.

From population statistics, which were stated in 2002, 42% of children from 237,556,363 million were obtained in Indonesia, and 11.5% were toddlers in hospital care (Ministry of Health, 2002). Based on preliminary studies that have been done, in October 2010 at the Dr. Hospital Wahidin Sudiro Husodo Mojokerto was given a family of 15 people aged 1 - 3 years. Of the 15 people found, 40% of parents who played games in hospitals and parents did not bring their children to hospital games 60%. As for 40% of the parents who brought the game according to toddler age, only 15%, such as puzzles, picture books, dolls, drawing tools and 25% of parents brought a game that was not in accordance with their current age. The response to hospitalization for children who are not brought toys is that children often cry when approached by other people and do not want to part with their mothers, while the response to children brought by toys is that the child is calm enough, not crying when approached by the nurse.

Children aged 1-3 years desperately need attention from parents, especially in sick children. Parents who are busy working will pay less attention to children's growth and development. Though the growth and development of children is also a fundamental thing to understand parents. The growth and development must be maintained in an effort to stimulate that can be done, even if the child is in hospital care.

Playing is an activity that can be done by children as an effort to stimulate growth and development, and playing in a hospital becomes a medium for children to express feelings,

relaxation, and uncomfortable distractions (Yupi Supartini, 2004). Children who have enough opportunities to play will become adults who are easy to be friends, creative and intelligent (Soetjningsih, 2000). Whereas prohibiting children from playing especially those in the hospital will experience hospitalization and will hinder children's development such as motoric, language, intelligence and others (Yupi Supartini, 2004).

To deal with these problems parents and nurses must pay more attention to children's play needs, such as parents must be selective in providing playground equipment, according to the age of the child, and must stimulate the imagination and creativity of children, besides that it must contain educational elements (Supartini, 2004). In addition, children's play needs must be sought as much as possible to minimize hospitalization and cooperation from the child in hospital care. From the above phenomena, researchers were interested in examining the effect of playing methods on hospitalization in children aged 1 - 3 years at Dr. Wahidin Sudiro Husodo Mojokerto.

METHODS

Study Design

The study was used Analytical Quantitative study with experimental approaches (Quasy Experiment).

Setting

This study was conducted at Wahidin General Hospital Sudiro Husodo.

Research Subject

The population of this study were all toddler-age children who underwent treatment. The population in this study used 14 respondents.

Aim to determine the effect of an action on a group of subjects who received treatment, then compared with a group of subjects who did not get treatment.

RESULTS

Table 1. Frequency distribution of respondents based on age in the Children's Room of RSU Dr. Wahidin Sudiro Husodo Mojokerto

Child's Age	Total	%
1 year	5	35.70
2 years	3	21.40
3 years	6	42.80
Total	14	100.00

Source: Observation Sheet

Based on the table above shows that almost all respondents aged 3 years amounted to 6 people (42.80%).

Table 2. Frequency distribution of respondents based on hospital experience in the Children's Room of Dr. RSU Wahidin Sudiro Husodo Mojokerto

Hospital Experience	Total	%
Ever	11	78.50
Never	3	21.40
Total	14	100.00

Source: Observation Sheet

Based on table 2 shows that the majority (78.50%) of respondents have had MRS before. A small percentage (21.40%) of respondents were the first time they were admitted to hospital.

Table 3. Frequency distribution of respondents based on health problems in the Children's Room of Dr. RSU Wahidin Sudiro Husodo Mojokerto

Health Problem	Total	%
Same	7	50.00
Different	7	50.00
Total	14	100.00

Source: Observation Sheet

Based on Table 3 shows that half of the respondents (50.00%) had the same disease problem when they were admitted to the hospital at the previous time. And the remaining 50.00% is the first time they have been hospitalized.

Table 4. Frequency distribution of respondents based on observations with no fulfillment of Educational Game Tools in the Children's Room of Dr. RSU Wahidin Sudiro Husodo Mojokerto

Description	Total	%
Adaptive	1	14.30
Mal adaptive	6	85.70
Total	7	100.00

Source: Observation Sheet

Based on Table 4 shows that more than half (85.70%) of respondents experienced a high adaptive mall with no fulfillment of Educational Game Tools while in the Hospital. And only a small percentage (14.30%) of respondents experienced an adaptive response.

Table 5. Frequency distribution of respondents based on observation with the fulfillment of Educational Game Tools in the Children's Room of Dr. RSU Wahidin Sudiro Husodo Mojokerto

Description	Total	%
Adaptive	6	85.70
Mal adaptive	1	14.30
Total	7	100.00

Source: Observation Sheet

Based on Table 5 shows that 6 (85.70%) respondents experienced an adaptive process in which respondents could minimize the hospitalization process during the treatment by giving them Educational Game Tools. While only 1 (14.30%) respondents experienced adaptive malls. Hospitalization Response Data is based on the influence of educational game tools on hospitalization responses to toddler age children in Table 6.

Table 6. Results of the Analysis of the Effect of Educational Game Tools on Hospitality Responses in Toddler Children in Dr. Wahidin Sudiro Husodo Mojokerto

Test Statistics ^b	
	Respon Post – treatment group - Respon Pre – treatment group
Z	-2.236 ^a
Asymp. Sig. (2-tailed)	.025

a. Based on positive ranks.

b. Wilcoxon Signed Ranks Test

Based on Table 6 above, it can be seen that the Wilcoxon Test value of $0.025 < \alpha = 0.05$ means that H1 is accepted that there is the influence of educational games on the response

to hospitalization at toddler age children at RSU Dr. Wahidin Sudiro Husodo Mojokerto.

DISCUSSION

From the 14 respondents who were obtained by researchers at the hospital where they were treated, everything was divided into 2 groups. Control and treatment groups, with game tools that have been provided by researchers. Where the control group was not treated and the results of 7 respondents there were 1 respondent experiencing an adaptive response and 6 responses experienced an adaptive mall response. And in the treatment group given educational game tools with the results of 6 respondents experienced an adaptive response and 1 respondent experienced an adaptive mall.

Because by playing a game the child will be separated from the tension and stress they experience because of (distraction) and relaxation through the fun of doing children's games so that they can divert the pain in the game (Supartini, 2004).

According to Nursalam (2005) what is meant by APE is a game tool that can optimize the development of children according to their age and level of development and which is useful for the development of physical, language, cognitive and social aspects of children.

Toys that are recommended for toddlers are physical development: toys that can be pulled and pushed, horse that can sway, toys that can be driven and others. Social development: music, toys - household toys, toy phones etc. Mental development and creativity: wooden puzzles, books with clothes, wooden shoes, beams and others.

This is done because not all parents prepare their children's needs well when they need to be treated at the hospital. Because even in older people there will be stress when children are sick, where they are anxious, scared and frustrated. This is what makes children unable to fulfill their playing needs at the hospital.

Based on the data obtained, regarding the hospitalization response showed that of the 14 respondents with 1 control group consisting of

7 respondents had an adaptive mal hospitalization response (85.00%) compared to respondents who were able to adaptive (14.30%). But from the results of the treatment group consisting of 7 respondents there was a different response to hospitalization. In the pre-test results there were 6 adaptive mal responses (85.70%) respondents and 1 adaptive response (14.30%) respondents. In the post test results there were 6 adaptive responses (85.70%) of respondents and adaptive mall responses 1 (14.30%) respondents. With the change in response, it can be concluded that children are able to minimize the response to hospitalization, where in 1 respondent still experience adaptability because the child is the first time to be admitted to the hospital.

From the results of the research in the hospital that when children in care experienced hospitalization. Where children scream, cry, do not want to be approached by others, are not active and do not want to eat or drink. This will make it difficult for the nursing process that the child should receive to restore his health.

Hospitalization is a process that for some reason plans or emergencies, requires children to stay in the hospital, undergo therapy and care until their return home (Supartini, 2004).

There are 3 responses, namely the stage of protest, despair, and denial. At the stage of protest, the response that occurs is strong crying, screaming for parents, or rejecting the attention given by others. At the stage of despair, the response that occurs is reduced crying, inactive children, lack of interest in playing and eating, sadness, and apathy. At the denial stage, responses that occur vaguely begin to accept separation, supervise relationships superficially, and children begin to look like their environment (Supartini, 2004).

The factors that influence hospitalization are the impact of separation, feeling of loss of control, the presence of fear, past experience, pain in body injury (Supartini, 2004).

When treated in a hospital, children will experience various very unpleasant feelings, such as anger, fear, anxiety, sadness, and pain. These feelings are the impact of hospitalization experienced by children because they face several stressors in the hospital environment. For that, by playing the child will be separated

from the tension and stress they experience because by playing the child will be able to divert the pain in the game (distraction) and relaxation through the fun of playing the game.

Thus, hospitalization requires special attention, because it can disrupt the child care process in the hospital. Hospitalation can also make children uncooperative so that it interferes with nursing actions that children need to maximize their recovery.

Based on table 4.6 above, it can be seen that the coefficient value is 0.025 with a significant level $\alpha = 0.05$ means that H1 is accepted that there is an influence of educational games on the response to hospitalization at toddler age children at RSU Dr. Wahidin Sudiro Husodo Mojokerto. The difference in response that occurs in the control and treatment groups shows that there is an influence of educational games on the response to hospitalization in children.

With the treatment of children provided educational games can help reduce tension and stress in their nature. Because when treated in a hospital, children will experience various feelings that are very unpleasant, such as anger, fear, anxiety, sadness and pain.

This is in accordance with the opinion of Muscary (2005), by playing a game the child will be able to divert the pain in the game (distraction) and relaxation through the fun of playing the game.

Playing is a good medium for children to express their feelings and thoughts. By playing children can hone skills and intelligence and help children in socializing with playmates. This must also be obtained by the child even though they are in hospital care, of course according to the condition of the illness. So that children are not hampered by psychological growth because their playing needs can be fulfilled. With the fulfillment of children's playing needs, the response to hospitalization can be minimized, especially in the children's room at Dr. RSU. Wahidin Sudiro Husodo Mojokerto.

The response that occurs in children when done treatment or not, is greatly influenced by other factors such as past experience, the impact of separation, feeling of loss of control, the presence of fear and pain to the injury of the

body. So, it needs to be considered again other important factors that might affect the child's psychological condition while in the hospital.

CONCLUSION

From the results of the research obtained there is the influence of educational games on the response to hospitalization on toddler-age children with the Wilcoxon Range Test test obtained a significance value of 0.025 ($P < 0.05$).

SUGGESTIONS

The results of this study are expected to add insight and knowledge for respondents especially regarding self-concept and anticipate the occurrence of anxiety in the face of menopause. Add information about yourself with anxiety in the face of menopause.

The results of this study can be used as additional references in improving knowledge about the self-concept of pre-menopausal women in the face of menopause. And it is hoped that it can be used as additional reference material in improving health services for the community.

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AUTHOR CONTRIBUTION

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REFERENCES

- Bruner & Sudart, 2001. Textbook for Medical Surgical Nursing. Jakarta: EGC
- Hull, David. 2008. Pediatric Basics. Jakarta: EGC
- Meadow, Sir Roy. 2005. Pediatrica Lecture Notes. Jakarta: Erlangga
- Muscari, Mary E. 2005. Learning Guide: Pediatric Nursing. Jakarta: EGC
- Muscari, Mary E. 2005. Learning Guide: Pediatric Nursing. Jakarta: EGC
- Nazir, Moh. 2005. Sixth edition of Research Methodology. Bogor: Ghalia Indonesia
- Notoatmojo, Soekidjo. 2003. Health Research Methodology. Jakarta: Rhineka Cipta
- Nursalam. 2003. Concept and Application of Methodology (Research in Nursing; Thesis Guidelines, Thesis and Nursing Instruments. Jakarta: Salemba Medika
- Nursalam. 2005. Baby and Child Nursing Care. Jakarta: Salemba Medika
- Perry & Potter. 2005. Fundamental of Nursing. Jakarta: EGC
- Pillitteri, Adele. 2002. Maternal and Child Health Care. Jakarta: EGC
- Ryan, 2009. Effect of Games in Child Growth.
- Shelov, Steven P. 2004. Complete Guide: Care for Babies and Toddlers. Jakarta: Arcan
- Soedjiningsih. 1998. Child Growth. Jakarta: EGC
- Suherman. 2000. Children's Development Handbook. Jakarta: EGC
- Supartini, Yupi. 2004. Basic Concepts of Child Nursing. Jakarta: EGC
- Wong, Donna L. 2004. Pediatric Nursing Clinical Guidelines 4th Edition. Jakarta: EGC
- www.google.id.http: //forbetterhealth.wordpress.com/2009/01/19/bermain-bagi-pasien-anak-di-rumah-sakit/.Di take January 5, 2011 at 10:40 a.m.
- www.google.id.http: //unpad.ac.id/nilih_rkz/ January 25, 2011, at 09.00 WIB
- www.google.id.petra.ac.id/.../jiunkpe-ns-s1-2002-22498021-9619-rs_balita-chapter1.pdf. Taken hours: 16.15 WIB Monday 20 December 2010
- www.yahoo.id. diakses December 20, 2011

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