



E-ISSN: 2663-0435
P-ISSN: 2663-0427
www.nursingpractice.net
IJMNP 2023; 6(1): 09-17
Received: 08-10-2022
Accepted: 13-11-2022

Dr. Roshan Lal Kahar
Principal, Glocal University,
Sahanpur, Uttar Pradesh,
India

International Journal of Midwifery and Nursing Practice

The effectiveness of video assisted teaching on parent's preparedness in reducing fear and anxiety among parents of pediatric patients hospitalized in critical care units in selected hospital

Dr. Roshan Lal Kahar

DOI: <https://doi.org/10.33545/26630427.2023.v6.i1a.128>

Abstract

Introduction: Parents play a major role in identification and assessment of children's health and health problems and make primary decision how to help them. Fear and anxiety the most common problems of parents and generally thought to the admitted child in hospital for treatment.

Method: The present study aims to study to assess the effectiveness of video assisted teaching on parents preparedness in reducing fear and anxiety among parents of pediatric patients hospitalized in critical care units in selected hospital Sahanpur. The researcher design selected for the study was Quantitative interventional approach quasi experimental design is choose for the study.

Result: that from a mean score of 19.36, the score decreased to 6.7 with a mean difference of 12.66. The calculated 't' value = 21.37 was greater than the table value at 49 degree of freedom of 0.001 level of significance.

Conclusion: Thus video assisted was found effectiveness in reducing fear and anxiety among parents of pediatric patients hospitalized in critical care units in selected hospital Sahanpur U.P.

Keywords: DF: degree of freedom, NS: not significant, S: significant

Introduction

Most children enjoy healthy childhood with little need for specialized health care service. However some children experience difficulties in early childhood and require access to and utilization of considerable health care resources over time. One of every four children will be hospitalized at least once before reaching school age. The physical and psychological stress of hospitalization may be influenced by the child's development level, causing behavioral changes, somatic complaints and a prolonged hospital stays. The parents stress level also will be in high when the child is being admitted to the hospital. Stress is not necessarily a psychiatric disorder. It is a normal reaction to certain life events, a symptom of some medical conditions, and a side effect of some medical treatments. The crisis of childhood illness and hospitalization affects every member of the family and parent's reactions to illness in their child depend on a variety of influencing factors.

The importance for children's psychosocial wellbeing of parental proximity and involvement in the care of their hospitalized children has been recognized for many years, with recommendations for daily hospital visiting by mothers being made in the 1940s. However, it was not until the findings of the Platt Committee in 1959, that the issue gained significant prominence, recommending that: "parents should be allowed to visit whenever they can and to help as much as possible with the care of the child". A recent systematic review confirmed previous findings of parents' desire and expectations to participate in their child's care and showed how the nature of their participation has evolved. Other research has also confirmed the importance of parental presence from the child's viewpoint. In terms of parental adjustment, parents of very ill children, such as neonates and children in intensive care or children undergoing specific surgical procedures have high levels of stress. Factors such as parental optimism and uncertainty may moderate or mediate parental stress. Longer term follow-up of parents suggests that However, there is little research on how parental fear and anxiety during the period of hospitalization, and immediately after hospital discharge, may change over time. Furthermore, there are few data on the influence of parental characteristics, or how hospital support services such as parent accommodation influence the hospital experience of children and families.

Corresponding Author:
Dr. Roshan Lal Kahar
Principal, Glocal University,
Sahanpur, Uttar Pradesh,
India

This represents an important gap in the evidence base underpinning family-centered care.

Need for the study

Parenthood is an experience that requires changes. When a person becomes a parent it is always necessary to adjust to new way of life. Having a child who is ill or with serious disability places strain on the difficulties with adjustment and other problems. In an average, children of 1-3 year of age suffer from 7-9 episodes of illnesses per year and children of 9-10 years of age suffer four episodes per year. Due to illness, more than four million children are hospitalized per year. The parents must understand the underlying health problems and goals and objective of the medical treatment. Parents need to know about the care of the incision, interventional support, how to safely administer prescribed medications, potential complications and when to call their health care provider or seek emergency care are an important focus of health teaching. Written reference materials, a web resources list and a family discharge teaching tool provide tangible resources for the parents after discharge. A study says hospitalization is a stressful situation in which parents awareness are real and imposes imagined threats for both parents and their families. This problem may be compounded when patients are children who are dependent on their parents for assistance and support in coping. Stress represents a continuum of symptoms that affect psychosocial, biological, and vocational wellbeing. Establishing rapport, facilitating adaptive coping behaviors, individualizing teaching, encouraging active client participation and administering psychotropic's are major treatment strategies for various anxiety disorders.

As an investigator my interest for this topic was and my clinical experience assess by parents admitted children's in hospitalized. Parents are fear and anxiety regarding treatment and hospital policy or procedure about treatment so I will do my study help to reduce fear and anxiety.

Problem statement

"A study to assess the effectiveness of video assisted teaching on parent's preparedness in reducing fear and anxiety among parents of pediatric patients hospitalized in critical care units in selected hospital Saharanpur U.P."

Objectives of study

1. To assess the level of fear and anxiety among parents of paediatric patients been hospitalized.
2. To assess the effectiveness of video assisted teaching on parent's preparedness in reducing fear and anxiety among parents of paediatric patients hospitalized in critical care units in selected hospital Saharanpur U.P.

Hypothesis

RH1: There will be significant effectiveness of video assisted teaching on parent's preparedness in reducing fear and anxiety during hospitalization of pediatric parents in critical care units at the level of $p \leq 0.05$.

Assumption

It is assumed that:-

- Children exhibit varied reaction of hospitalization. Video assisted teaching may be effective in reducing fear and anxiety among parents of hospitalized child.

Research methodology

Research approach

This present study was aimed in determining the effectiveness of video assisted teaching. Quantitative most often uses deductive logic.

Research design

The researcher design selected for the study was Quantitative interventional approach quasi experimental design is choose for the study.

Pre-test post-test group design.

Diagrammatic representation of the design is given below



E : Experimental group.

O₁ : pre-test.

O₂ : post-test.

X : Intervention.

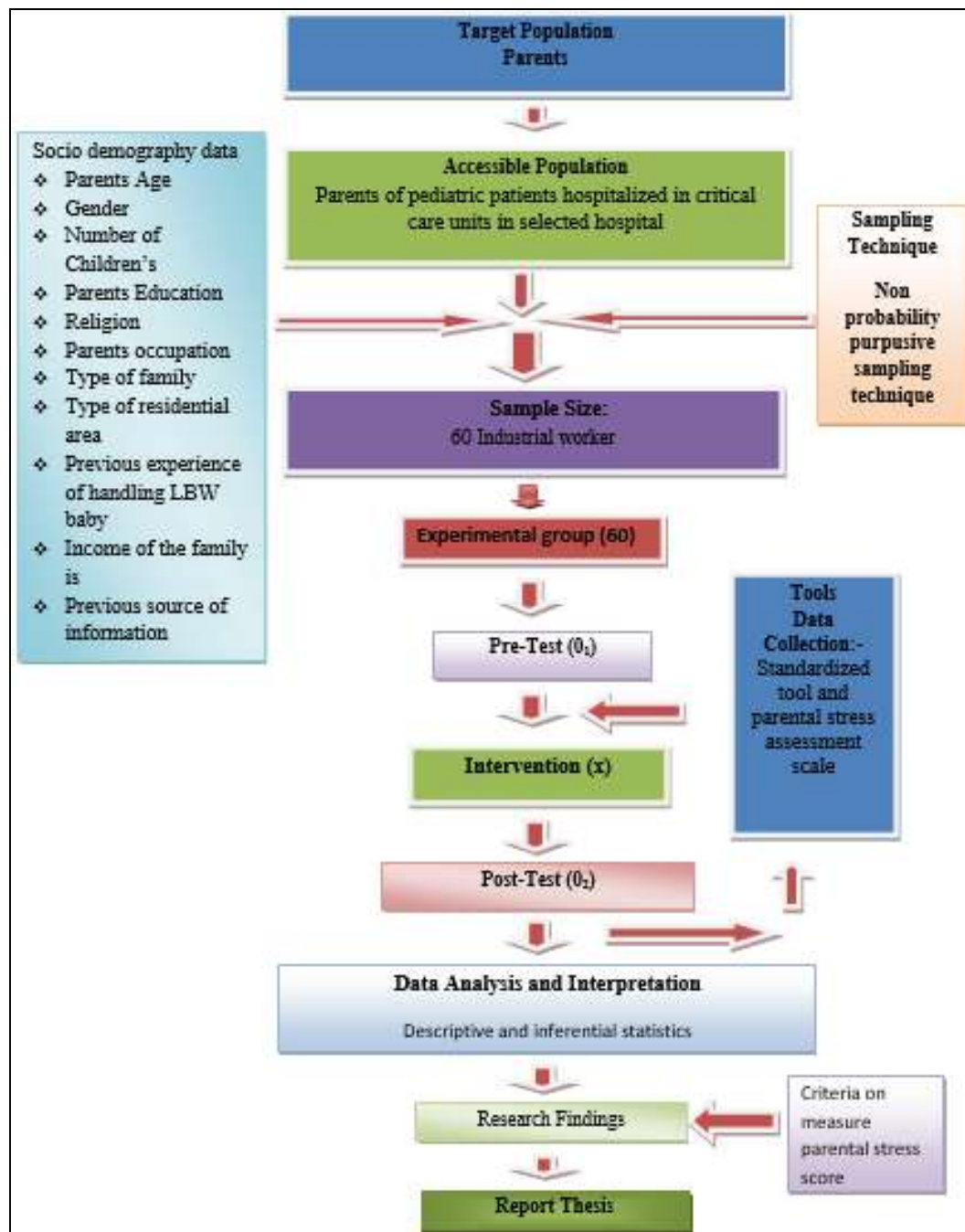


Fig 1: Schematic Presentation of Research Design used for the Present

Research setting

The present study was conducted in Glocal University & Hospital U.P.

Population

In the present study population refers to the parents whose child admits in pediatrics unit in selected hospital.

Target population

The target population in this study comprised of parents whose having fear and anxiety during child hospitalization.

Accessible population

The accessible population in the study was parents in selected index hospital areas of Sahanpur.

Sample and Sample Size

In this study sample comprised of 60 parents between in

selected industrial areas of Indore, who met the sampling criteria.

Sampling technique

In the present study non probability purposive sampling technique was taken.

Criteria for selection of sample

Inclusion criteria

- Children admitted in paediatric critical care unit in PICU and NICU.
- Children admitted within 1 or 2 days.

Exclusion criteria

- Child and parents who are not willing to participate in the study.
- Child who are admitted in paediatric critical care unit.

Organization of finding**There are four section of analysis ad interpretation**

Section I: Frequency and Percentage Distribution of Socio Demographic Variables of Parents.

Section II: Assessment of Pre Test and Post Test Stress Score in Parents.

Section III: Effectiveness of Video Assisted Teaching

among Parents.

Section IV: Association between Pre Interventional Level of Stress with Selected Demographic Variables.

Section I: Frequency and Percentage Distribution of Socio Demographic Variables of Parents.

Table 1: Distribution of parents according to demographic variables (N=60)

S. No.	Demographic Variables	Numbers	Percentage
1.	Parents Age (In years)		
	a) < 20	09	15.0
	b) 21-30	10	16.6
	c) 31-40	28	46.7
	d) >41	13	21.7
2.	Gender		
	a) Male	32	53.3
	b) Female	28	46.7
3.	Number of Children's		
	a) 1	42	70
	b) 2	12	20
	c) 3	06	10
	d) 4 or more	00	00
4.	Parents Education		
	a) Illiterate	11	18.4
	b) Primary School	24	40.0
	c) Secondary School	18	30.0
	d) Graduate and post graduate	07	11.6
5.	Religion		
	a) Hindu	40	66.3
	b) Muslim	18	30.0
	c) Christian	02	03.7
	d) Others	00	00
6.	Parents occupation		
	a) Unemployed	22	36.7
	b) Self employed	14	23.3
	c) Private jobs	12	20.0
	d) Government jobs	12	20.0
7.	Type of family		
	a) Joint Family	30	50.0
	b) Nuclear family	30	50.0
8.	Type of residential area		
	a) Rural	20	33.7
	b) Urban	40	66.3
9.	Previous experience of handling LBW baby		
	a) Yes	20	33.7
	b) No	40	66.3
10.	Income of the family is		
	a) ≤ 5000	19	31.66
	b) 5001-10,000	20	33.34.
	c) 10,001-15,000	15	25
	d) ≥ 15,001	6	10
11.	Previous source of information		
	a) Literature	21	35.0
	b) Mass media	27	45.0
	c) Relatives and friends	12	20.0
	d) If any others	00	00.0

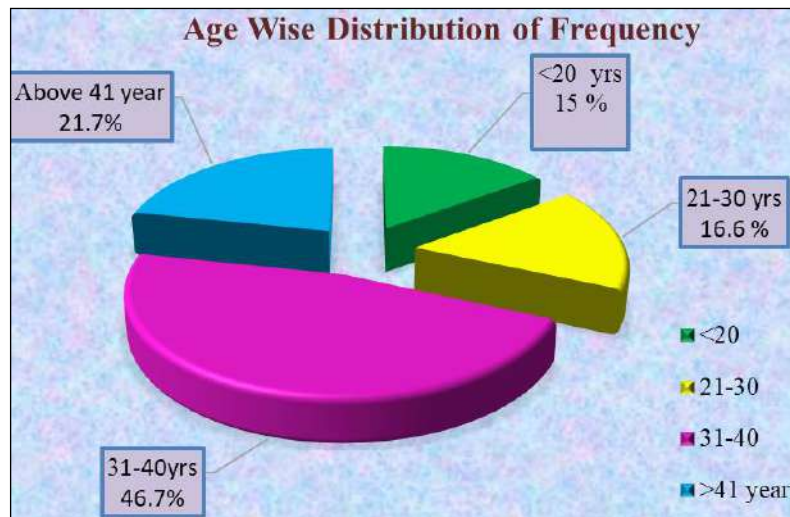


Fig 2: Pie diagram showing age wise distribution of parents

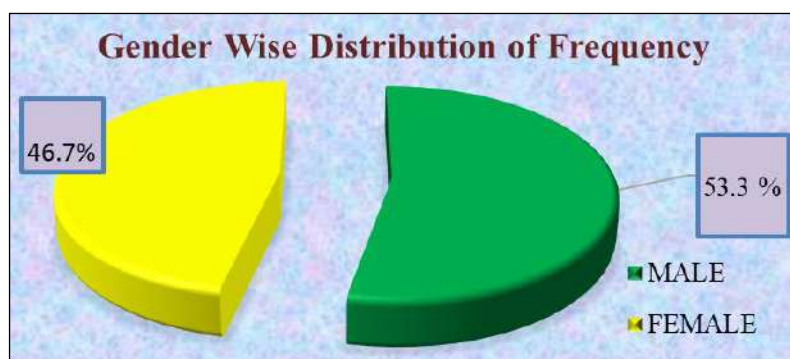


Fig 3: Pie diagram showing gender wise distribution of parents

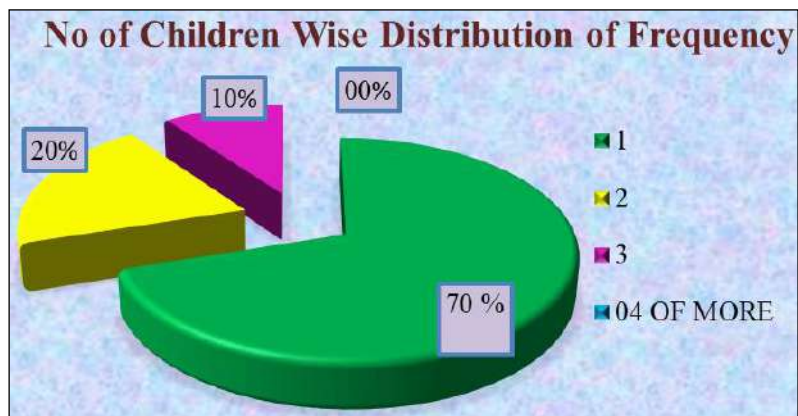


Fig 4: Pie diagram showing number of children wise distribution of parents

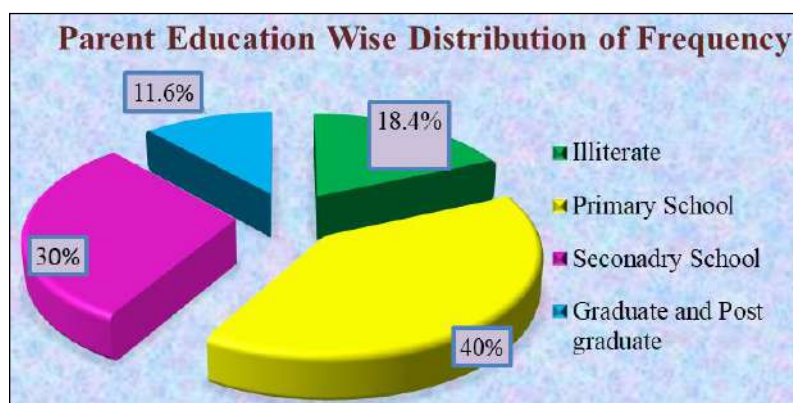


Fig 5: Pie diagram showing Parent education wise distribution of parents

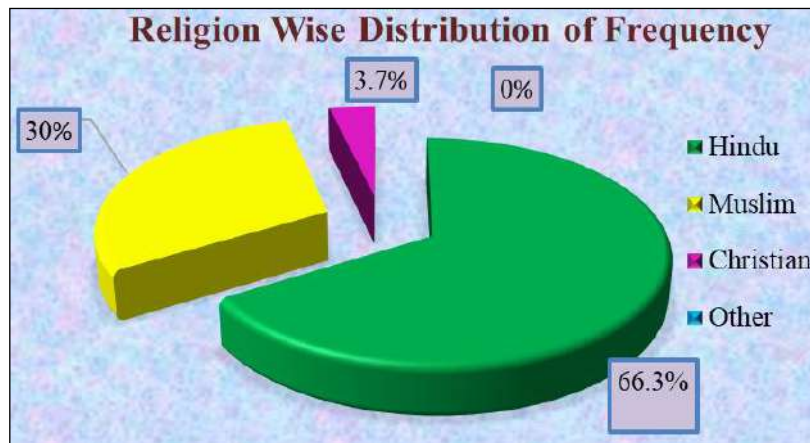


Fig 6: Pie diagram showing religion wise distribution of parents

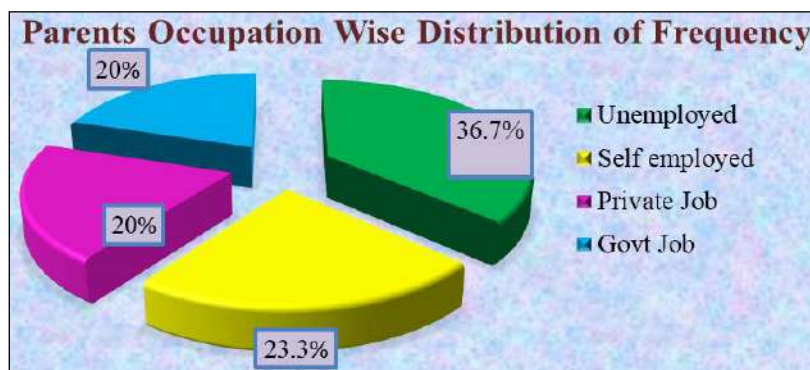


Fig 7: Pie diagram showing parents occupation wise distribution of parents

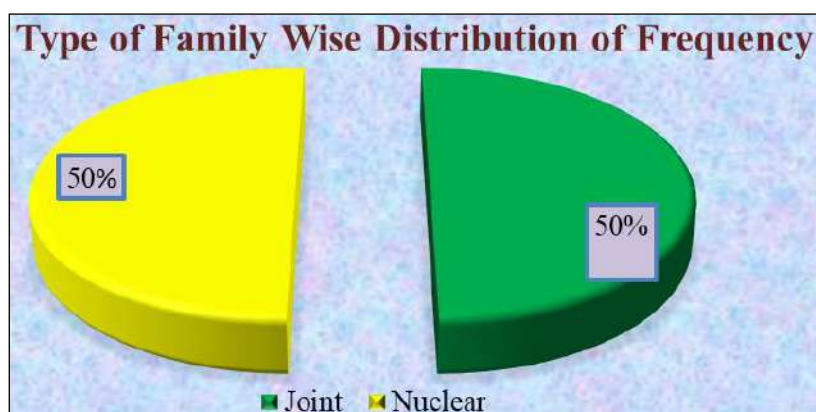


Fig 8: Pie diagram showing type of family wise distribution of parents

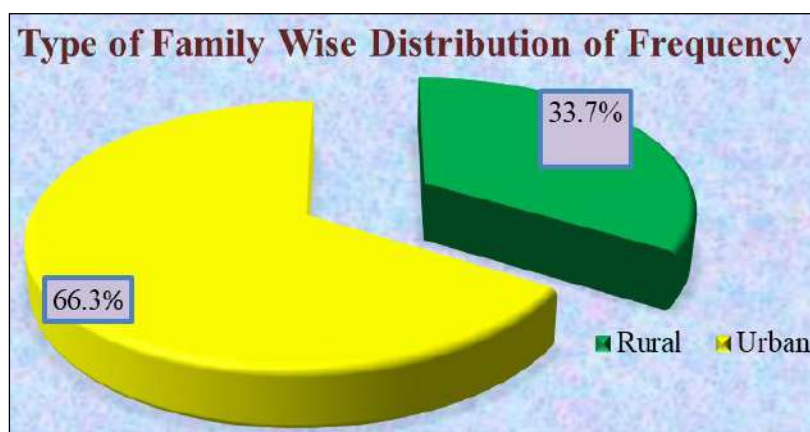


Fig 9: Pie diagram showing type of family wise distribution of parents

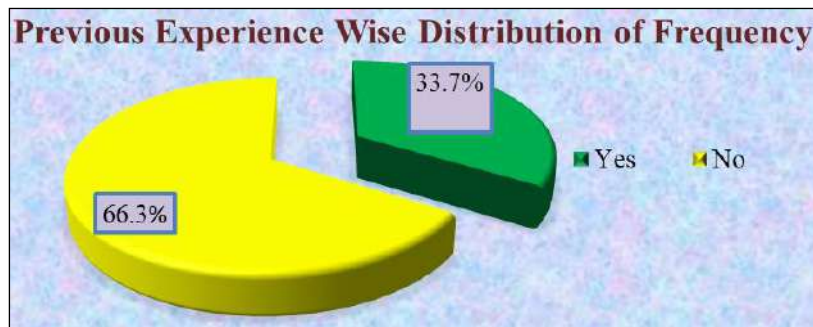


Fig 10: Pie diagram showing previous experience wise distribution of parents

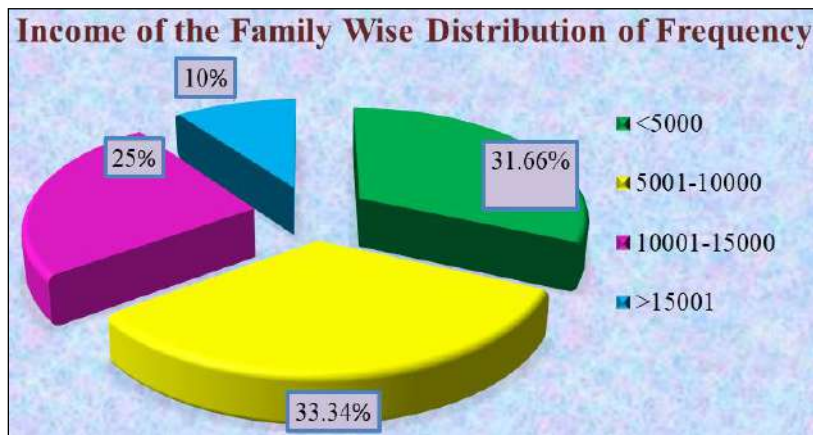


Fig 11: Pie diagram showing income of the family wise distribution of parents

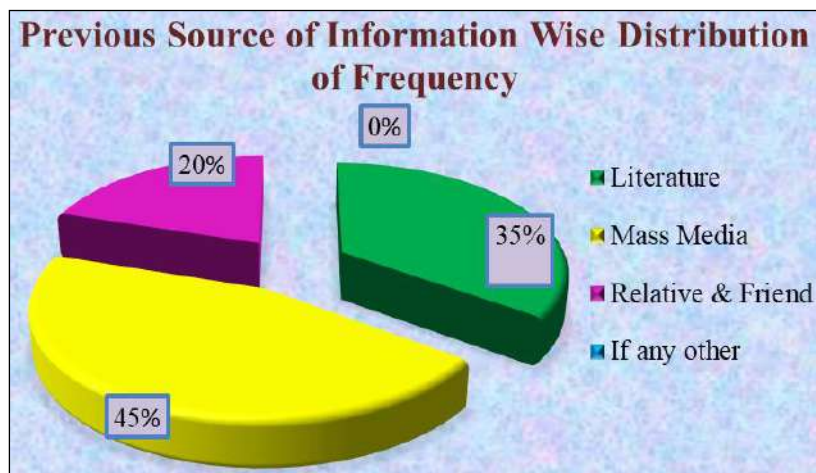


Fig 12: Pie diagram showing previous source of information wise distribution of parents

Section II: Assessment of Pre Test and Post Test Stress Score in Parents.

Table 2: Pre Test and Post Test Stress Score in Parents (N=60)

Level of Rating Scale Score	Before intervention		After intervention	
	No. of Participants	Percentage (%)	No. of Participants	Percentage (%)
Mild stress			60	100
Moderate stress	20	33.7	-	-
Severe stress	40	66.3	-	-

The above table shows that 00 samples were found to have mild stress and 20 samples were found to have moderate stress and 40 samples were found to have severe stress.

After video assisted teaching, the samples that were having moderate and severe were reduced to mild level of stress and all the 60 samples were in the mild stress.

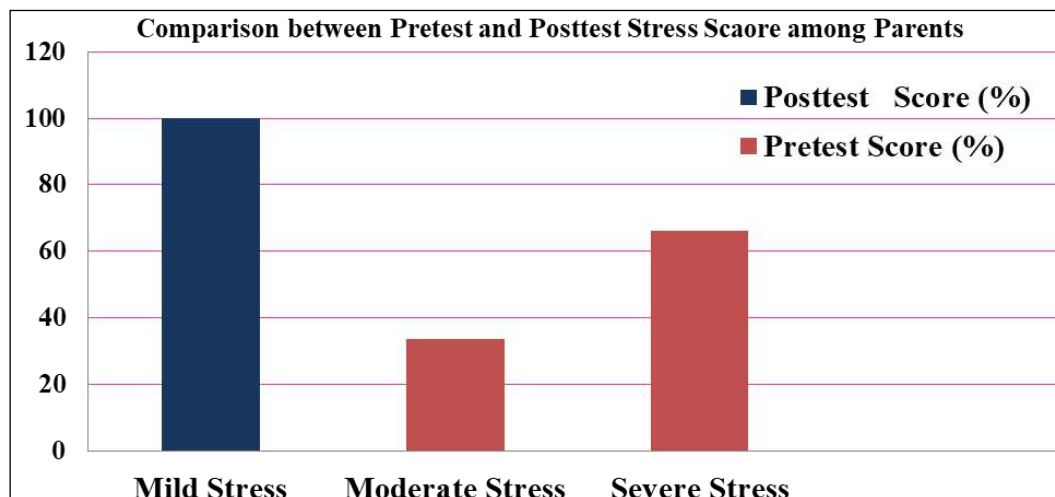


Fig 13: Bar Diagram Showing Pretest and Post Test Stress Score of Parents

Section III: Effectiveness of Video Assisted Teaching among Parents

Table 3: Stress Score before and after Video Assisted Teaching Technique (N=60)

Group	Mean	SD	Mean difference	't'
Before	19.36	7.64	12.66	21.37 **
After	6.7	3.8		

**Significant at 0.001 level

The above table shows that the computed mean and standard deviation of stress score obtained before and after applying video assisted teaching technique to the parents. The data

shows that from a mean score of 19.36, the score decreased to 6.7 with a mean difference of 12.66. The calculated 't' value = 21.37 was greater than the table value at 49 degree of freedom of 0.001 level of significance. So, the research hypothesis H_{H1} : "There is significant effect of video assisted teaching technique to the parents". Is accepted. This shows that a significant difference exist between the mean score before and after the teaching. Thus, the difference is statistically significant and it confirms that video assisted teaching technique was effective in reducing stress among parents.

Section IV: Association between Pre Interventional Level of Stress with Selected Demographic Variables

Table 4: Association between Pre Interventional Level of Stress with Selected Demographic Variables

Demographic Profile	Level of Stress			t value	df	P value
	Mild	Moderate	Severe			
Parent age (in years)						
<20	0	3	6	4.437	3	.01 NS
21-30	0	6	4			
31-40	0	17	11			
>41	0	3	10			
Gender						
Male	0	20	12	.321	1	.05 NS
Female	0	20	08			
Number of children						
01	0	28	14	1.431	2	.025 NS
02	0	5	7			
03	0	2	04			
04 or More	0	0	0			
Parent Education						
Illiterate	0	06	05	5.094	2	.05 NS
Primary School	0	12	12			
Secondary School	0	10	08			
Graduate & post graduate	0	05	02			
Religion						
Hindu	0	40	0	.170	2	.01 NS
Muslim	0	6	12			
Christian	0	00	02			
other	0	00	00			
Parents Occupation						
Unemployed	0	11	11	2.22	3	.025 NS
Self employed	0	13	01			
Private job	0	07	05			
Government Job	0	07	05			
Type of Family						

Nuclear	0	12	18	3.85	1	.05 SIG
Joint	0	30	00			
Type of residential area						
Rural	0	09	11	1.87	4	.05 NS
Urban	0	30	10			
Previous Experience						
Yes	0	15	05	3.09	02	7.8477 SIG
No	0	18	22			
Income of the family is						
≤5000	0	15	04	1.431	2	.025 NS
5001-10000	0	10	10			
10001-15000	0	05	10			
≥15001	0	03	03			
Previous Source of information						
Literature	0	11	10	5.094	2	.05 NS
Mass media	0	15	12			
Relative & Friend	0	12	00			
If any other	0	00	00			

Summary

This has brought out various implication of the study and also has provided suggestion for future studies. The researcher felt a deep sense of satisfaction and fulfilment for having under taken the study. On the whole the study is providing greater experience for the investigator in the field of research.

Conclusion

Parents are fear and anxiety regarding treatment and hospital policy or procedure about treatment so I will do my study help to reduce fear and anxiety.

References

- Hanan Al-Juaid Aljwharah Al-Juaid, Walaa Abuharba, Ayman abouhamda. Effect of honey on nocturnal cough among children in Taif city.
- International journal of community Medicine and public Health. 2018 March;5(3):922-928.
- Majajurca, Alban Rameette, *et al.* prevalence of cough throughout childhood: A cohort study. Journals. Plos. Org, articles, Jou; c2017.
- Journals. Plos. One [DOI: 1371 pone. 0177485. s001 read only January 19; c2017.
- International journal of community medicines and public health. 2018 March;(5)3:922-928.
- Iranian journal of otorhinolaryngology, spring. 2011;23(63):2.
- The prevalence of acute respiratory systems and role of protective measure among Malaysian Hajj pilgrim, journal travel medicine; c2010 March-April.
- Mahesh, *et al.* Indian journal of medical research. prevalence of chronic cough chronic phlegm and associated factors in my sore, Karnataka, India; c2011 Jul. p. 91-100.
- Anand Krishnan, Ritwik Amarchand Krishnan, *et al.*, BMC infection diseases. 2015;15:462. DOI 10-1186/812879-015-1188.
- Prevalence of cough throughout childhood. A cohort study plos one general pone, 12(5).
- Journal of global infectious diseases Puducherry, India
- Journal of alternative and complementary medicines, 16.
- Sarah J. Barker MD. B.Sc. pharm FRCP pediatric child health, 2016 May-Nov, 21.
- Kapil Goel, Sartaj Ahmal J. Community med. Health educator ISSN No. 216, open access journals, 2, 9.
- International journal of community medicine public health med. Public health. 2018 March;5(3):922.
- Ayuan international quarterly journal of research in Ayurveda; c2018.
- Irifune K, Hamada H, Katayama H, Antitussive. Effect of bakumondoto a fixed kampo medicine for treatment of post-infectious prolonged cough. Phytomedicine: 2011 June;18(8-9):630-633.