Research Paper MEDICAL SCIENCE

Effectiveness of Help, Understanding & Guidance (Hug) Strategies as an Approach to Pediatric Nursing Care, in Reduction of Anxiety Among Parents of Hospitalized Children in Selected Hospitals, Mangalore.

MS FEBY. P VARGHESE | Nursing Supervisor, Lisie Hospital, Ernakulum

MRS MALARVIZHI M | ASSOCIATE PROFESSOR CUM HOD DEPARTMENT OF PEDIATRIC NURSING, FATHER MULLER COLLEGE OF NURSING MANGALORE -1

ABSTRACT

Background: HUG means Help, Understanding and Guidance, provided to parents of hospitalized children to reduce anxiety. H-stands for Help,U-stands forUnderstanding, G -stands for Guidance. Materials and Methods: Evaluative approach was used. The research design used in this study was quasi experimental one group pre-test post -test design. Thirty parents of hospitalized children were selected as samples through random sampling technique.Results: Thepre-test and post – test anxiety of mean and standard deviation with 77.9± 8.71 and 47.6± 3.21.The mean post test score (47.6) was lesser than pretest score (77.9). It indicates that HUG strategies were effective in reduction of anxiety of parents. Conclusion:The study concluded that appropriate strategies to reduce anxiety of parents need to be constantly reassessed.

KEYWORDS HUGstrategies and anxiety

INTRODUCTION:

Hospitalization is a very stressful situation in everyone's life. It causes a distraction from the normal life patterns. Illness and hospitalization are the major crises children face, especially during the early years. Parents tend to search for reasons to blame themselves for the child's became illness or project anger at others for some wrong doing. Even in the mildest of illnesses, parents question their adequacy as caregivers and review any actions or omissions that could have prevented or caused the illness[1].

Illness and hospitalization are the first crises children must face. Especially during the early years ,children are particularly vulnerable to the crises of illness and hospitalization because (1)stress represents a change from the usual state of health and environmental routine and (2)children have a limited number of coping mechanisms to resolve stressors(those events that produce stress).Major stressors of hospitalization include separation from parents and loved ones; fear of the unknown, loss of control and autonomy; bodily injury resulting in discomfort, pain, and mutilation; and the fear of death. Children's reactions to these crisis are influenced by their developmental age; their previous experience with illness, separation, or hospitalization; their innate and acquired coping skills; the seriousness of the diagnosis; and the support system available[1].

The children identified a range of fears and concerns, which included: separation from parents and family; unfamiliar environment; investigations and treatments; and loss of self–determination. The children's loss of self–determination over personal needs exacerbated their fears and concerns. It needs to be recognized that compliance with hospital routines is a variable, which influences children's reaction to hospitalization. The findings clearly indicate that children need adequate information tailored to their needs, that their views are sought in the planning and delivery of their care and that hospital environments need to be made more child–centered. Interventions designed to reduce children's stress during hospitalization are not only likely to decrease their stress at the time, but also likely to influence how future experiences are appraised and managed[1].

The HUG (Help, Understanding, and Guidance for young families) is an innovative approach to pediatric nursing care developed by the researchers and designed to support parents in optimizing the health and well-being of their children. Research evidence suggests that there is a gap between what the pediatric world promises and what it delivers and between what parent want from this providers and what they actual get. Three HUG strategies are Start Here, Not There; See Then Share; and Gaze, Then Engage. Nurses' use of the HUG is aimed at helping nurses enhance their relationships with parents, helping parents feel heard and attended to, encouraging parents to share what worries them most, and increasing nurses' job satisfaction[2].Almost every parents experience stress, anxiety, depression and frustration during the hospitalization of their child[3].

Objectives:

- To assess the level of anxiety among parents of hospitalized children as measured by anxiety rating scale.
- To assess the effectiveness of HUG strategies in reducing anxiety among parents of hospitalized children in terms of post- test anxiety score.
- To find the association between pre- test score of anxiety level of the parents and the selected demographic variables.

Materials and Method:

1. **Setting:** The study was conducted in pediatric general ward in Father Muller Medical College Hospital, Mangalore.
2. **Research approach:** The research approach used for this study was evaluative approach.
3. **Research design:**Pre experimental one group pre-test post-test design
4. **Sample:** Thirty parents of hospitalized children
5. **Sampling technique:** Random sampling technique was used.
6. **Inclusion criteria:**
7. Parents of hospitalized children aged between 3– 7 years.
8. The minimum number of hospitalization of child is for 3 days.
9. Exclusion criteria:
10. Parents of mentally and physically handicapped children

11. Data collection instruments:
- Baseline Proforma.
- Anxiety Rating Scale

DESCRIPTION OF THE TOOL
The tool consisted of 2 sections.

- **Section. I:** It is comprised of Baseline Proforma with ten items like age of the child, gender of the child, diagnosis, religion, birth order of the child, type of family, income of the family, primary caregiver with the child, education of caregiver and history of previous hospitalization
- **Section II:** The structured anxiety rating scale has 30 items with a maximum score of 114.

DATA COLLECTION PROCEDURE
The investigator was obtained permission to conduct the study from the concerned authority of the hospital and informed consent will be taken from the subjects. Random sampling techniques were used. Data collection was done by a structured anxiety rating scale for assessing the level of anxiety. Parents who had meet the level of anxiety 62 and above, measured by anxiety rating scale are considered as sample; After the pre- test, HUG strategies was implemented to help the parents to understand the needs and support the child, for a period of 3 days among parents . Post test was conducted after 3 days, and assessed the level of anxiety by using anxiety rating scale after giving HUG strategies.

Major findings of the study:
The data is analyzed and presented under the following headings.

Section I: Sample characteristics

Section II: Effectiveness of HUG strategies in terms of reduction of anxiety scores in post- test.

Section III: Association between the pretest knowledge scores and selected demographic variables.

Section I: Sample characteristics

Data shows that, 33% (10) of children were under the age group of 6-7years, 30% (9) of them were the age group of 3-4years; 20% (6) of them were the age group of 5-6years and remaining 17% (5) of them were the age group of 4-5 years.

Data shows that, 44% (13) of them were belongs to Muslim, 33% (10) of them were belongs to Christian and remaining 23% (7) of the parents were belongs to Hindu religion.

Majority 67% (20) of male children are admitted in the hospital and remaining were 33% (10) of them were females.

Data shows that the birth order of the child, 37% (11) of the families has only one child; 50% (15) of the families had second child and 13% (4) of the families had third child.

Data shows that 53% (16)of them came from nuclear family, 27% (8) of them came from joint family and rest of 20% (6) from extended family

Majority 53% (16) of the families had an income less than <5000,30% (9) of the families had an income of 5001-10000, 17% (5) of the families had an income of 10,001-15,000.

Majorities 90% (27) of the caregivers accompanying the child were mothers and remaining 10% (3) of them were fathers.

Data shows that 17% (5) of them had primary education 37% (11) of them had high school education, 26% (8) of them had higher secondary education and remaining 20% (6) of them were graduates.

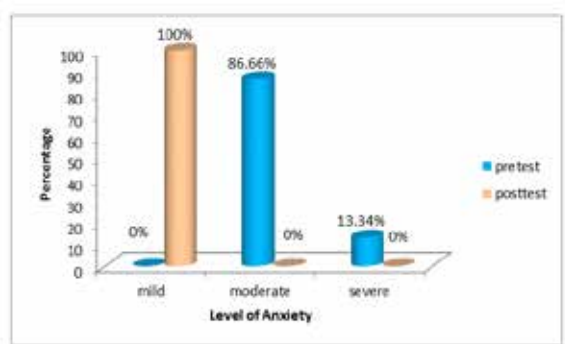
Section II: Effectiveness of HUG strategies in reduction of parental anxiety

Part 1: Table 1: Frequency and percentage of pre- test and post -test anxiety scores.
N=30

Anxiety level scores	Pretest		Post test	
	f	%	f	%
36-45	-	-	5	17
46-55	-	-	25	83
56-65	-	-	-	-
66-75	13	43	-	-
76-85	11	37	-	-
86-95	4	13	-	-
96-105	2	7	-	-
106-114	-		-	-

Data shows that 43% (13) out of 30 had an anxiety score of 65-75, 37% (110 had a score of 75-85; 13% (4) had a score of 85-95 and 7% (2) had a score of 95-105 in pretest. In post- test 83% (25) had a score of 45-55 and remaining 17% (5) had a score 35-45.

Part 2: Grading of pre-test and post- test anxiety score
Figure1: Grading Of Pretest and Post Test Anxiety Score



Data shows that, the parents 100% (30) had mild anxiety level in post -test, where as in pre- test 26 out of 30 parents (86.66%) had moderate level of anxiety and 4 parents (13.34%) had severe level of anxiety.

Part 3:'t' test showing differences in anxiety level between pre-test and post -test.
Table 2:'t' test showing differences in anxiety level between pre-test and post -test.

Anxiety level	Range	Mean	Standard Deviation	't' value	P value
Pretest	65-97	77.9	8.71		
				19.149	0.0001*
Post test	42-54	47.6	3.21		

Maximum Score =114 (t_{29}=2.05, P<0.001) * Significant

Data shows that pre-test anxiety of mean and standard deviation with 77.9± 8.71, the post-test anxiety of mean and standard deviation with 47.6± 3.21. The mean post test score (47.6) was lesser than pretest score (77.9). It indicates that HUG strategies were effective in reduction of anxiety.

The statistical significance in level was calculated using paired 't' test

The calculated 't' value (19.149) was greater than table value (2.05) at 0.05 level of significance. So research hypothesis was accepted. Therefore it concluded that HUG strategies made a difference in reduction of anxiety among parents of hospitalized children.

Section III: Association of pre-test anxiety level of subjects and selected demographic variables
There was association of pretest anxiety level and selected demographic variables such as age of the child, gender of the child, birth order of the child, type of family and education of the primary caregiver.

Conclusion:
The studies show that the HUG strategies were effective to reduce the parental anxiety, even though in cost effective.[9] hence the researcher has undertaken the present study to develop HUG strategies and evaluate effectiveness of it on pediatric nursing care. HUG strategies would help the parents to have an understanding of the child and provide supportive and family centered care to the child.

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