

# A STUDY TO ASSESS THE EFFECTIVENESS OF ORIGAMI ON HOSPITALIZED ANXIETY AMONG SCHOOL AGED CHILDREN ADMITTED IN SELECTED HOSPITALS AT KANYAKUMARI DISTRICT

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## ABSTRACT

Hospitalization was a stressful and painful experience for children who were sick that children might feel not only anxiety and lack of safety. Many therapies like music therapy, play therapy, art therapy can use to minimize their anxiety. Origami is one way of non pharmacological method to reduce hospitalized anxiety of the children. The present study carried out to assess the effectiveness of origami on hospitalized anxiety among school aged children admitted in hospital. A Quasi-experimental non randomized control group design. The participants were selected by purposive sampling techniques. A sample of 60 hospitalized anxiety children selected for this study, among them 30 for study group and 30 for control group. Pretest was done by using hospital anxiety assessment check list on the first day. Origami was given for 15 – 30 minutes once a day for three consecutive days. The control group did not receive any intervention. On the third day Post test was done to both study group and control group on the third day using the same tool. The data was analyzed by using paired 't' test. The results shows that the pre-test mean score on 30.63 and 28.30 in study group and control group. The post test mean score was 18.37 and 28.37 in study group and control group. It shows that there was a significant reduction in the hospitalized anxiety after origami. The finding showed that origami was effective in reducing hospitalized anxiety among school aged children.

**Key words:** Assess, Effectiveness, Origami, Hospitalized Anxiety, School aged children.

## INTRODUCTION

A child is a unique individual; he or she is not a miniature adult, not a little man or woman. The childhood process is vital because of socialization process by the transmission of attitude, customs, and behavior through the influence of the family and [1]

Hospitalization is distressing for offspring of any age during a genuine sickness. Much more established kids have an extraordinary requirement for their people and can endure their nonattendance just for brief period. They need

to realize that their persons will be there when they need them most and that are missed and cherished. When a child is brought to the hospital, they are taken out of their normal environment and routines, including their regular interactions with siblings, school, and friends' social and athletic lives [2].

During hospitalization of child as a health care worker we focus on emotional stability of the child as they expose to the new surroundings of the hospital. To stable



their mind we can provide intervention to minimize anxiety for that various therapy can provide to child to divert their mind from the stressful situation. Many therapies like music therapy, play therapy, art therapy can use to minimize their anxiety [3]

“According to ThokYenn” In Origami it is the doing, the handling - doing with the hands - that creates structure outside our skin that has structural similarities to the things that are created in our mind as we do

Approximately 4% of the world's population, or 1 in 13 children, experience anxiety, with the prevalence varying between 2.5% and 6.5% every nation. One in seven Indians suffered from anxiety problems, ranging in severity [4]

In 14 states, inpatient of hospitalized children (2020), was 8 per 1,00,000 population with the highest rate among children aged less than two years it gradually increased from 0.1 to 0.4 per 1,00,000.

### Objectives of the study

1. To assess and compare the pre test and post-test level of hospitalized anxiety among school age children in experimental group and the control group.
2. To evaluate the effectiveness of Origami on hospitalized anxiety among school age children in experimental group.
3. To find out the association between the selected demographic Variables with their pre test level of hospitalized anxiety among school age children in experimental and control group.

### Hypotheses

**H1-** There is a significant difference between the pre test and post test level of hospitalized anxiety among school age children in experimental and control group.

**H2-** There is a significant association between the pre-test level of hospitalized anxiety among school age children with their selected demographic variables.

### Research methodology

Quantitative research approach is used for this study. Quasi-experimental non randomized control group design was adopted for the present study. The study was conducted in Jeyaharan Memorial hospital and Holy cross Hospital, Nagercoil. The sample size was 60, among them

30 for study group and 30 for control group. The participants were selected by purposive sampling techniques. Pretest was done by using Modified hospital anxiety assessment check list on the first day in both experimental and control group. Before introducing Origami, the investigator explained about origami to the children of experimental group (30). And provided craft materials to the children. The investigator made the paper toys as per the child interest like butterfly, jumping frog, dove, tulip flower, boat. After that the child will be encourage to make toys of his/her preference 15-30 minutes per day for the next three consecutive days, as per the child's interest with guidance of investigator. On the third day Post test was done to both study group and control group on the third day using the same tool. The collected data was analyzed by using descriptive and inferential statistics.

### RESULTS AND DISCUSSION

On the analysis of Frequency and percentage distribution of hospitalized anxiety among school aged children with their demographic variables among school age children in experimental group and the control group. According to the age, experimental group 15(50%) and control group 12(40%), majority of the samples were between the age group of 6-8 years, with majority of the sample were female 19(63.3%). The majority of samples 15(50%) were second order. Regarding the Type of family the majority of samples 17(56.7%) was Nuclear family, both experimental group 15(50%) and control group 17(56.6%), majority of the sample subjects were living in Semi urban area. The experimental group, majority of samples father educational status 12(40%) were Diploma, with regard to Mother's educational status, both experimental group and control group 13(43.3%), majority of the sample subjects were School education. The higher percentage 17(56.7%) of the samples were earning above ₹15001. In experimental group 26(86.7%) majority of the samples were not had Previous exposure of hospitalization. Care taker of the child during hospitalization, both experimental group and control group 11(36.7%), majority of the sample subjects were Mother. Activities during hospitalization, in experimental group majority of samples 15(50%) were Mobile phone.

**Table 1: The first objective was to assess and compare the pre-test and post-test level of hospitalized anxiety among school age children in experimental group and the control group. N=60**

Level of Anxiety	Experimental Group (n=30)				Control Group(n=30)			
	Pretest		Posttest		Pretest		Posttest	
	f	%	F	%	f	%	f	%
Normal	0	0	14	46.7	0	0	0	0
Mild Anxiety	14	46.7	16	53.3	17	56.7	18	60



<b>Moderate Anxiety</b>	16	53.3	0	0	13	43.3	12	40
<b>Severe Anxiety</b>	0	0	0	0	0	0	0	0
<b>Total</b>	30	100.00	30	100.00	30	100.00	30	100.00

During pretest experimental group majority of sample 16(53.3%) had Moderate Anxiety followed by 14(46.7%) had Mild Anxiety and none of them had not normal and Severe Anxiety and in post-test majority of sample 16(53.3%) had Mild Anxiety followed by 14(46.7%) had Normal and none of them had not Moderate and Severe Anxiety. In control group pretest, majority of

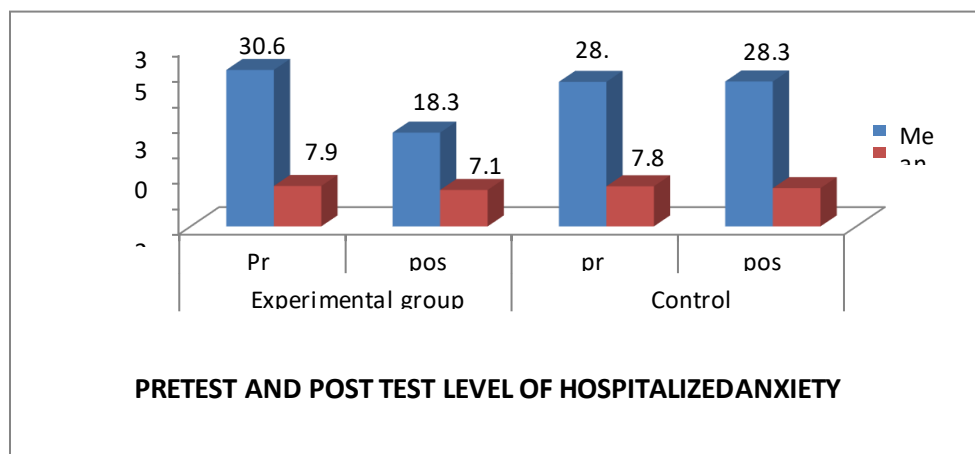
the sample (56.7%) had Mild Anxiety, followed by 13(43.3%) had Moderate Anxiety and none of them had not Normal and Severe Anxiety and in post -test majority of the sample subjects 18 (60%) had Mild Anxiety, followed by 12(40%) had Moderate Anxiety and none of them had not Normal and Severe Anxiety respectively.

**Table 2: The second objective was to evaluate the effectiveness of origami on hospitalized anxiety among school aged children in study group and control group.**

Group	Test	Mean	SD	Paired 't' test
<b>Experimental group (30)</b>	Pre	30.63	7.92	22.7*** p<0.001
	Post	18.37	7.13	
<b>Control group (30)</b>	Pre	28.30	7.86	0.14
	Post	28.37	7.49	

The comparison of mean, standard deviation and paired 't' value on pre and posttest score on hospitalized anxiety among school aged children in study group and control group. The mean score on hospitalized anxiety among school aged children in study group is 30.63 in pretest and 18.37 in posttest. The paired 't' value for hospitalized anxiety is 22.7\*\*\* which is significant at p<0.05 and highly significant at p<0.01, p<0.001. In

control group, the mean score on hospitalized anxiety was 28.30 in pretest and 28.37 in posttest. The estimated paired 't' value for digital device eye symptoms was 0.14 which was not significant at p<0.05, p<0.01, p<0.001. Comparing both values, it shows that origami was more effective in reducing hospitalized anxiety among school aged children. Hence the research hypothesis H1 is accepted.



**Table 3: Comparison of Mean, Standard deviation and unpaired 't' test value on pretest and posttest level of hospitalized anxiety among school aged children in study group and control group. (N=60)**

Test	Group	Variable	Mean	Standard Deviaton	Unpaired -t test
<b>Posttest</b>	<b>Experimental group</b>	Hospitalized Anxiety	18.37	7.13	5.29
	<b>Control group</b>		28.37	7.49	

\*\*p<0.001HS- highly significant, NS-Non Significant.

It represents the comparison of mean, standard deviation, and unpaired 't' test value on posttest score on

hospitalized anxiety among school age children in study group and control group. In study group, the posttest mean



score was 18.37 with the standard deviation 7.13. In control group, the post test mean score was 28.37 with the standard deviation 7.49. The estimated unpaired 't' value is 5.29\*\*\* which was significant at  $p \leq 0.05$  and was highly significant at  $p \leq 0.01$ ,  $p \leq 0.001$ . Hence the origami was effective in reducing hospitalized anxiety among school age children. Hence the research hypothesis H1 is accepted.

**The third objective was to find out the association between the selected demographic Variables with their pretest level of hospitalized anxiety among school age children in experimental and control group.**

The study shows that Age in years and Mother's education are greater than the table value which indicates that there is a significant association at  $p \leq 0.05$   $p \leq 0.01$ ,  $p \leq 0.001$  with their pretest score on hospitalized anxiety among school aged children with their demographic variables. However other variables like gender, birth order, Type of family, Area of residence, father's education, occupation of the father, occupation of the mother and family income per month, Previous exposure of hospitalization, Care taker of the child during hospitalization, Activities during hospitalization showed no significant association.

**Nursing implication**

The investigator has concluded the following implications from the study for nursing practice, nursing education, nursing administration and nursing research.

- Nurses should develop skill in implementing origami.
- To help hospitalized children feel less anxious, nurses should raise awareness of this strategy and encourage other members of the team to adopt it as well.
- Nurses can apply other technique as a diversion therapy to relax the child like play therapy, Art therapy.

**Recommendations**

Based on findings of the study the investigator proposed the following recommendations

- A case study on the quality of life for kids in hospitals might be carried out.
- Similar research can be done without a control group.
- A comparative analysis can be conducted to evaluate the efficacy of the intervention.
- Comparative study can be done to assess the effectiveness of Mozart music with other non-pharmacological interventions for pain management.

**CONCLUSION**

The present study assessed the effectiveness of origami among school aged children with hospitalized anxiety among school aged children. The result of the study concluded that origami was more effective in reducing hospitalized anxiety among school aged children. Therefore the investigator suggested that the origami is more effective in reducing hospitalized anxiety.

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