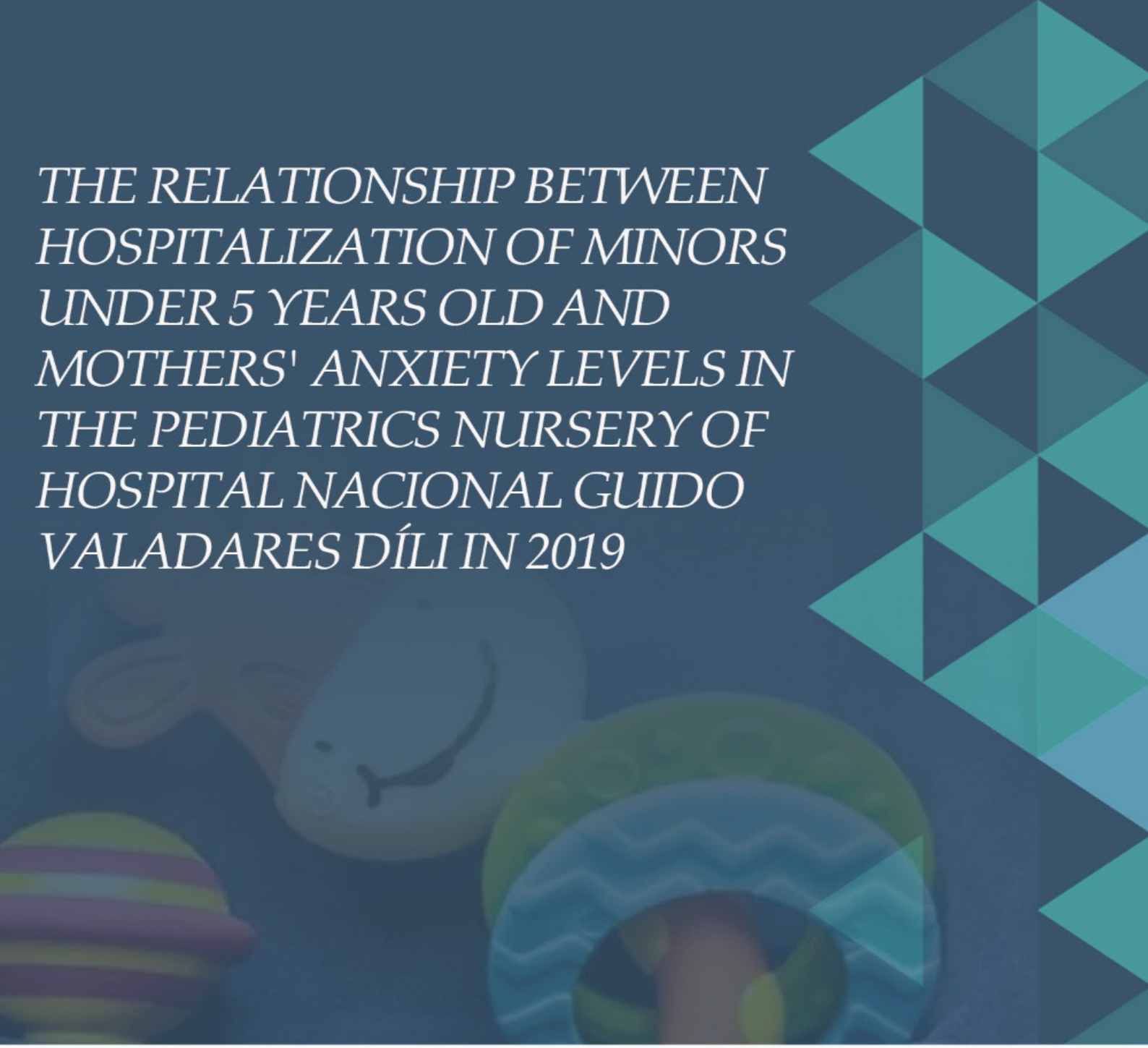
THE RELATIONSHIP BETWEEN HOSPITALIZATION OF MINORS UNDER 5 YEARS OLD AND MOTHERS' ANXIETY LEVELS IN THE PEDIATRICS NURSERY OF HOSPITAL NACIONAL GUIDO VALADARES DÍLI IN 2019



Cesário Monteiro Ruas

Pascal
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Editora Pascal
2024

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International Cataloging-in-Publication Data (CIP)

R894t

Ruas, Cesário Monteiro

The relationship between hospitalization of minors under 5 years old and mothers' anxiety levels in the Pediatrics Nursery of Hospital Nacional Guido Valadares Díli in 2019 / Cesário Monteiro Ruas — São Luís: Editora Pascal, 2024.

49.: il.

Formato PDF

Modo de Acesso: World wide web

ISBN: 978-65-6068-056-2

D.O.I.: 10.29327/5397723

1. Pediatria. 2. Hospitalização. 3. Hospital Nacional Guido Valadares Díli. 4. Pesquisa. I. Ruas, Césario Monteiro. II. Título.

CDU 616-053.2(2019):

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2024

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BOOK COVER LETTER

This book presents the results of my Monograph, in which I used the official language of Timor-Leste, Tetum. The title of my monograph is “The Relationship between Hospitalization of Children Under 5 and the Level of Anxiety of Mothers in the Pediatric Ward of the Guido Valadares National Hospital in Dili, 2019”. After a few years, I tried to publish my monograph in book form, without success. Finally, I found Editorial Pascal on an Instagram page and contacted them to publish my monograph in English. I chose English for the publication because if I published it in Tetum, access to the work would be restricted to the Timorese, limiting its use as a reference. In English, however, the target audience expands considerably, allowing more people to read it and use it as a reference. However, the content of this book is made up of five chapters:

Chapter I: Introduction: Presents the context of the study, including its justification, problem formulation, objectives, importance, and delimitation.

Chapter II: Theoretical Framework: Discusses concepts of anxiety, its levels and influencing factors, child hospitalization, types, effects, and the role of the family. In addition, it demonstrates the correlation between children’s hospitalization and their level of anxiety.

Chapter III: Research Methodology: Addresses the type of research, the population, and sample, data collection, processing and analysis techniques, as well as ethical issues.

Chapter IV: Results: Presents and discusses the results of the research.

Chapter V: Final Considerations: Presents the results and limitations of the study.

I hope that this book will contribute to a better understanding of maternal and child health in East Timor and help to create more effective methods of care for children admitted to the Hospital National Guido Valadares.

AUTHOR

Cesário Monteiro Ruas

Sou Cesário Monteiro Ruas. Tenho 31 anos e sou solteiro. Sou Timorense e natural de Viqueque. Atualmente, resido em Alkrin, Lahane Oriental, Nain-Feto, Díli, Timor-Leste.

Trabalho como docente no Curso de Enfermagem na Universidade Católica Timorense (UCT) São João Paulo II.

Além disso, estou cursando o Mestrado em Enfermagem no Programa de Pós-Graduação em Enfermagem da Universidade Federal de São João del Rei (UFSJ), localizado em Campus Centro-Oeste Dona Lindu, Divinópolis, Brasil. Em 2019, obtive a Licenciatura em Enfermagem pela Universidade Nacional Timor Lorosa'e (UNTL).

Minha formação complementar é ampla e inclui cursos de línguas (português e inglês), pedagogia, redação acadêmica e liderança. Possuo boa proficiência em tétum, português, inglês e indonésio. Também realizei pesquisas na área de enfermagem e saúde.

Desde 2019, atuo como docente, lecionando disciplinas como Fundamentos de Enfermagem, Anatomia e Fisiologia Humana e Enfermagem Médico-Cirúrgica. Além disso, atuei também como instrutor académico nos hospitais a orientar os estudantes praticantes e também desenvolvi material didático para várias disciplinas.

No período de 2022-2023, fui Coordenador do Curso de Enfermagem da UCT e, desempenhei o papel de Vice-Decano Acadêmico da Faculdade de Ciência da Saúde do Instituto Superior Cristal, Díli durante 3 meses em 2023. Participo ativamente como membro em associações profissionais, liderança estudantil e projetos institucionais.

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RESUMO

Introdução: De acordo com a Organização Mundial da Saúde (OMS), ser saudável é “uma condição que descreve um bem-estar físico, mental e social que é todo e livre de doenças” (Wong, 2009). Uma condição insalubre ocorre quando um indivíduo sente uma ruptura no sistema, experimentando preocupação e nível de ansiedade (Wilson, 2008). Resposta de ansiedade da mãe é um sentimento geral encontrado pelos pais quando há problemas de saúde enfrentados por seus filhos desde que as crianças são consideradas elementos cruciais em sua vida, portanto, quando uma experiência perturbadora surge, desencadeia o estresse e os pais ficam preocupados. A ansiedade sofrida pelas mães pode ser influenciada por vários fatores, dentre os quais a hospitalização de crianças. Assim, quando ambos, pais e filhos, não conseguem se adaptar efetivamente aos ambientes em mudança, isso leva a uma fonte de ansiedade tanto para as crianças quanto para os pais (Supartini, 2004). Objetivo da investigação: Descobrir mais a relação entre a hospitalização de crianças com idade < 5 anos com o nível de ansiedade das mães na Enfermaria Pediátrica HNGV Díli em 2019. Método de investigação: Esta pesquisa utilizou o modelo quantitativo e abordagem de proximidade transversal, incluindo o uso de amostragem não probabilística técnica com o uso de amostragem intencional com a amostra de 40. A abordagem utilizada para coletar dados nesta pesquisa é utilizando questionários. Resultados da pesquisa: com base nos dados da pesquisa de testes estatísticos que empregam a Correlação de Rank de Spearman para adquirir o valor de p = 0,001 <0,05, portanto, H0 não é aceitável. Isto significa que há uma correlação direta entre a hospitalização de crianças com idade < 5 com o nível de ansiedade das mães na Enfermaria Pediátrica HNGV Dili em 2019. Os resultados da análise também indicaram valor de correlação (r) = 0,518 significando o impacto de hospitalização das crianças tive oportunidade de 0,518 vezes com que a mãe se sinta extremamente ansiosa quando seus filhos estão hospitalizados na Enfermaria Pediátrica HNGV, mostrando uma ligação positiva e forte entre a hospitalização de crianças com idade < 5 anos com o nível ansiedade das mães na Enfermaria Pediátrica HNGV Díli em 2019 com um valor de 0,51 - 0,75 (correlação forte). Conclusão: Isto mostra que existe uma correlação direta entre a hospitalização de crianças menores de 5 anos com o nível de ansiedade das mães na Enfermaria Pediátrica Hospital Nacional Guido Valadares Díli em 2019.

Palavras-chaves: Nível ansiedade das mães, hospitalização de crianças.

ABSTRACT

Introduction: According to the World Health Organization (WHO), health is “a condition that describes good physical, mental, and social wellness that is whole and free of diseases” (Wong, 2009). An unhealthy situation develops when an individual has a system disruption, such as concern and excessive anxiety (Wilson, 2008). Anxiety response from mothers is a general feeling experienced by parents when their children have health concerns. Because children are regarded as critical aspects in their lives, when a troubling event occurs, it causes stress and parents get concerned. A variety of things can contribute to mothers’ worry, one of which is the hospitalization of their children. Thus, if both parents and children are unable to properly adapt to changing environments, both children and parents will experience anxiety (Supartini, 2004). Research goal: To find out more about the relationship between the hospitalization of minor children aged <5 with the level of anxiety of mothers at the Pediatrics Nursery HNGV Díli in 2019. Research method: This study used the quantitative research model and a cross-sectional proximity technique, as well as technical non-probability sampling and purposive sampling with a sample size of 40. This study’s data was collected via questionnaires. Results from the research: Statistical testing using Spearman Rank Correlation yielded a p-value of 0.001 < 0.05, indicating that H0 is not acceptable. In 2019, there was a direct association between hospitalization of minor children under the age of 5 and maternal worry at the Pediatrics Nursery HNGV Dili. The study found a strong correlation (r = 0.518) between the hospitalization of children under 5 and mothers’ anxiety levels at the Pediatrics Nursery HNGV Díli in 2019. Conclusion: This shows that there is a direct correlation between hospitalization of minor children aged < 5 with the level of anxiety of mothers at the Pediatrics Nursery Hospital National Guido Valadares Dili in 2019.

Key Words: Anxiety level of mothers, hospitalization of children.

ACRONYM ABBREVIATION

<: Less than or smaller than
>: Greater than or larger than
ETTA : East Timor Transition Administration
GABA : Gamma-aminobutyric acid neuroregulatory
HARS: Hamilton Anxiety Rating Scale
HNGV : Hospital Nacional Guido Valadares
ICRC : International Committee for Red Cross
No.: Number
WHO : World Health Organization
RDTL : República Democrática de Timor-Leste
RSUPD: Rumah Sakit Umum Pusat Dili
SPSS: Statistical Package for Social Sciences
UMR: Medical Record Unit

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CHAPTER 1

INTRODUCTION

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1. BACKGROUND

The World Health Organization (WHO) defines health as “having a good condition physically, mentally, and socially, which is complete and not only free from illness or disease” (Wong, 2009). It is deemed unhealthy when an individual suffers any disturbance or unease and is concerned about something that they cannot pinpoint the cause of or clearly define, such as anxiety disorders (Wilson, 2008), as quoted by Wong (2009). Anxiety is a common response to new events. Anxiety is a state of anxiety whose origin is unknown or unidentified and is not supported by the current situation (Lestari, 2015).

Anxiety is a disorder that anyone might have when they are under pressure from internal feelings that can cause issues and develop over time (Lestari, 2015). Individuals generally encounter anxiety disorders, which are more prevalent in females (30.5%) than males (19.2). Anxiety is classified into two types: healthy and dangerous, with levels ranging from normal to neurotic, severe, and panic (Videbeck, 2015).

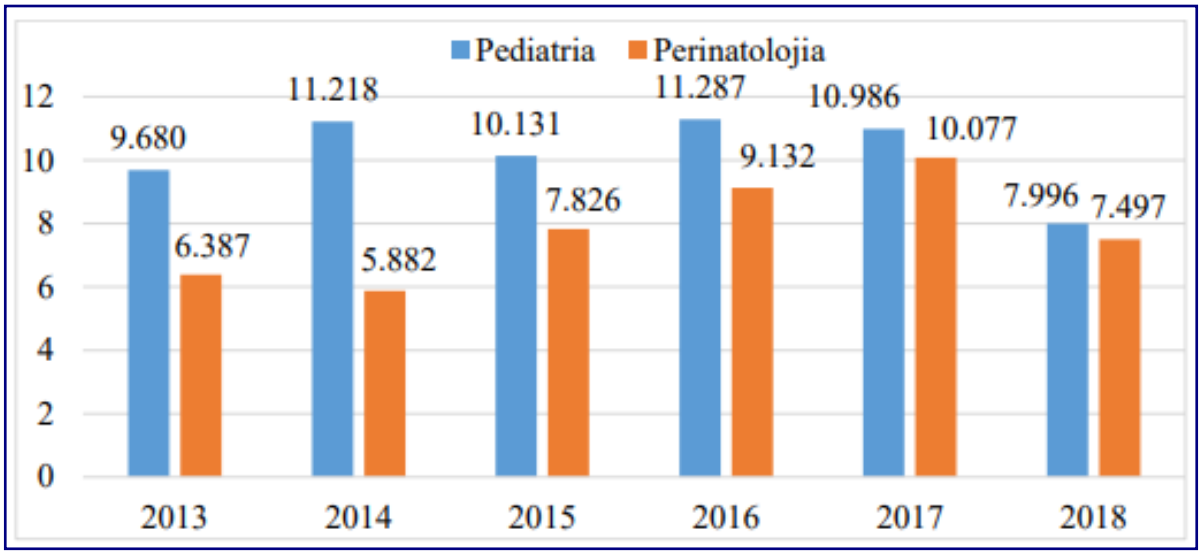
Anxiety can interfere with a person’s daily activities (Lestari, 2015). Hospitalization of a kid is one of the stressors of anxiety disorders because the mother’s response to the child’s health condition, which can result in hospitalization, influences the mother’s anxiety level. The mother’s anxiety level is influenced by predisposing variables such as biological, psychological, and sociocultural theories, as well as precipitating causes such as challenges to an individual’s integrity and risks to the human system.

Anxiety is a common response among parents when their child’s health is in question, as they are a vital part of their lives. When an encounter disrupts the child’s health, parents may get concerned or agitated.

According to World Health Organization data from 2017, anxiety disorders affect 3.6% of the global population. Geraw (2013) and Kumayah (2014) did research in North America and discovered that 30% of 50,000 mothers whose children were hospitalized in New York suffered from acute anxiety. In 2017, the National Guido Valadares Hospital (HNGV) in Dili registered a total of 1,139 patients with anxiety disorders and other conditions.

A mother’s response to worry can be influenced by a variety of variables, one of which being her child’s hospitalization. Hospitalization is a scheduled or emergency procedure that necessitates the child to remain in the hospital for rehabilitation and care. Hospitalization can generate worry and anxiety not only for the child, but also for the mother and other family members. This influence is produced by a number of variables, including the medical diagnostic and treatment procedure, the length of the child’s hospital stay, a lack of knowledge, and hospital regulations that are in place. (Suppartini, 2004).

According to information from the medical records unit of HNGV Dili, received by the researcher on October 29th, 2018, it is as follows:



Graph 1: Total patient distribution in pediatrics and perinatology wards from 2013 to 2018 (Source: UMR HNGV).

The data supports the fact that the total number of children hospitalized or in the Perinatology and Pediatrics Ward at the National Hospital Guido Valadares (HNGV) in Dili is increasing year after year, which has a significant impact on the mother's or female parent's anxiety levels. The present hospitalization rate among children is a critical and complex issue. According to Mc Cherty and Kozak, approximately a thousand youngsters become ill and are hospitalized each year. This information was obtained from Yudhita (2010).

As a result, according to Government Decree-Law No. 5/2003, HNGV Dili is the sole national hospital in Timor-Leste that accepts patient referrals from regional hospitals, community health centers, and health posts. HNGV also offers other departments and wards, including pediatric and perinatology wards, where child patients can be treated while accompanied by their mother, female parent, or family.

2. STUDY JUSTIFICATION

Based on the previous research conducted, it was found that no researcher had conducted a study on this topic. Therefore, the researcher has a keen interest in researching the "Relationship between Hospitalization of Children under the age of 5 and the level of Anxiety of the mother in the Pediatric Ward of the National Hospital Guido Valadares, Dili, 2019".

3. PROBLEM FORMULATION

Based on the aforementioned, the researcher has formulated the problem as follows: "How is the Relationship between Hospitalization of Children under the age of 5 and the level of Anxiety of the mother in the Pediatric Ward of the National Hospital Guido Valadares, Dili, 2019?"

4. RESEARCH OBJECTIVE

4.1 General Objective

To understand the "relationship between hospitalization of children under 5 years of age and maternal anxiety levels in the Pediatric Ward of the National Guido Valadares Hospital in Dili, 2019".

4.2 Specific Objectives

- To know the distribution of anxiety levels (Normal, Mild, Moderate, Severe, and Panic) of mothers whose children aged <5 is hospitalized in the Pediatric Ward of NGVH Dili, 2019.
- To know the distribution of the impact of hospitalization of children aged <5 years in the Pediatric Ward of NGVH Dili, 2019.
- To understand the relationship between the impact of hospitalization of children under 5 years of age and maternal anxiety levels in the Pediatric Ward of the National Guido Valadares Hospital in Dili, 2019.

5. IMPORTANCE OF STUDY

5.1 For Guido Valadares National Hospital in Dili

It can become an input for Guido Valadares National Hospital to form a political approach to enhance nursing skills in nursing practices to minimize the anxiety level of mothers during nursing actions.

5.2 For Nursing Higher Education

It can become a reference in the School of Nursing so that students can access it to enhance their knowledge in the field of nursing.

5.3 For Researchers

It can provide direct experience and knowledge to researchers to better understand the problem of hospitalization of children under 5 years old with anxiety levels of mothers in the Pediatric Ward of Guido Valadares National Hospital in Dili in 2019.

6. TERMINOLOGY SELECTION

1. **Level of anxiety:** there are four levels of anxiety that individuals often face, which are: Mild Anxiety; National Anxiety; Severe Anxiety; and Panic Anxiety, (Suliswati, 2005).
2. **Children's Hospitalization:** is an experience with an effect that continues for children who were hospitalized before becoming adults, (Supartini, 2004).

3. **Pediatric Ward:** is a place for child patients to recover from illnesses, and receive disease prevention, diagnosis, and treatment, from childhood to adulthood, (Wong, 2009).
4. **National Hospital Guido Valadares:** defined according to Session 18 of Government Decree No. 5/2003. Services available at the National Hospital Guido Valadares serve as a reference base for other health centers located in Dili and all health facilities in the municipalities, as well as all regional hospitals throughout the country of Timor-Leste.

CHAPTER 2

THEORETICAL FRAMEWORK

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1. CONCEPT OF MATERNAL ANXIETY

1.1 Definition of Anxiety

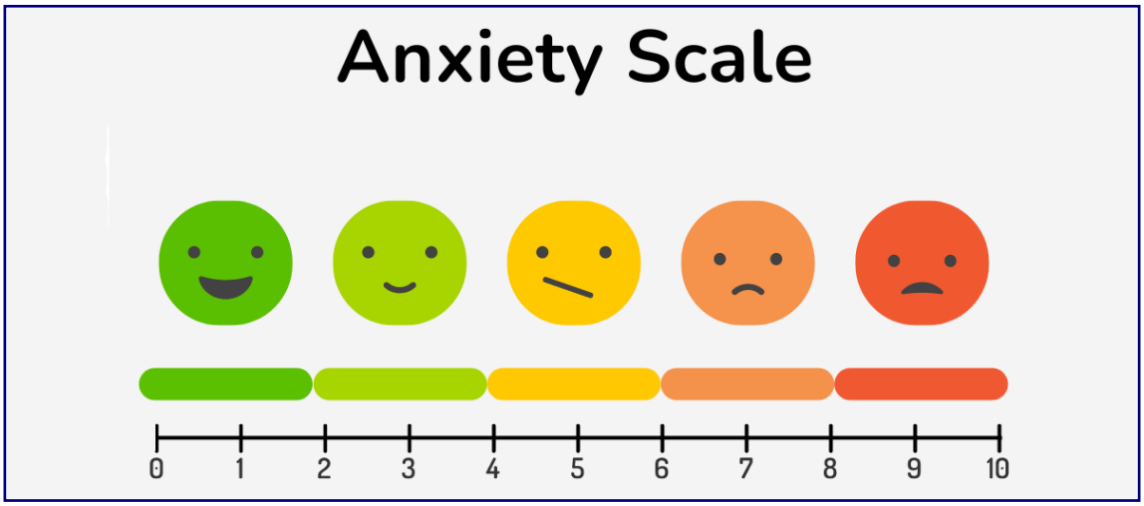
Anxiety is an emotional response and subjective evaluation of an individual that is influenced by the nature of being conscious and not yet identified with a specific causative factor (Lestari, 2015). Anxiety is an uncomfortable feeling of fear and stress. Stress causes anxiety (Neeb, 2010). Anxiety is an uneasy feeling that arises from discomfort or fear that accompanies some unknown or not yet-identified cause (Yuditha, 2010).

1.2 Level of Anxiety

According to scholar Lestari (2015), there are different levels of anxiety, namely:

1. **Low Anxiety:** is related to pressure in everyday life, due to low cause for the individual, who has proper care and attention, elevating the perception area. Low anxiety leads to motivation, productivity, and creativity. Manifestations include restlessness, irritability, heightened perception, consciousness, ability, motivation, and behavior following the situation.
2. **Anxiety Mild:** enables individuals to centralize on important problems and disregard unimportant ones and thus focus their attention selectively, but they can still carry out directed tasks. Manifestations include elevated pulse rate, increased blood pressure and respiratory rate, increased muscle tension, speaking fast and with low volume, narrowed perception area, ability to perform sub optimally, decreased concentration capacity and selective attention focused on stimuli that do not increase anxiety, increased sensitivity, impatience, forgetfulness, anger, and irritability.
3. **Moderate Anxiety:** individuals with this level of anxiety have a narrowed perception field. They concentrate their thoughts on specific details and cannot think about anything else. Everyone's behavior shows signs of reducing pressure. They require much counseling/ motivation to be able to focus on other areas as well. Manifestations include avoidance, headache, nausea, insomnia, twitching, diarrhea, palpitations, narrowed perception area, difficulty in effective learning, concentration on own concerns and interest in reducing high anxiety, feeling tired, confusion, and disorientation.
4. **Panic Anxiety:** Panic is related to a threat, fear, and terror that comes from a loss of control. Individuals in a panic situation cannot act even with motivation/counseling. Manifestations include chest pain, dilated pupils, palpitations, sweating, incoherent speech, inability to follow easy instructions or commands, shouting, hallucinations, and delusions.

1.3 Anxiety level response range



(Source: Lestari, 2015)

1.4 Factors that influence anxiety

According to a study by Lestari (2015), the predisposing and precipitating factors that cause anxiety in individuals are as follows:

1.4.1 Predisposing Factors

1. **Biological Theory:** this theory states that the brain contains specific receptors that can cause elevation of the neuroregulatory inhibition (gamma-aminobutyric acid/ GABA) which has an important function in the biological mechanisms related to anxiety. Benzodiazepine receptors found in the brain can help regulate anxiety.
2. **Psychological Theory:** this can be viewed from a psychoanalytic, interpersonal or behavioral perspective.
3. **Sociocultural Theory:** Anxiety disorders are also linked to family and economic growth as well as education level.

1.4.2 Precipitating Factors

According to the study by Lestari (2015), precipitating factors can be identified as follows:

1. **Threats to an individual's integrity:** this includes physical or physiological limitations to carrying out daily activities.
2. **Threats to an individual's system:** this can endanger an individual's identity, dignity, and social function.

1.5 Hamilton Anxiety Rating Scale (HARS)

Anxiety can be measured with an anxiety-measuring instrument called the Hamilton Anxiety Rating Scale (HARS). The HARS scale is an anxiety measuring instrument that is based on symptoms that arise in individuals who experience anxiety. According to the HARS scale, there are a total of fourteen (14) symptoms that can be observed in individuals who experience anxiety. Each component observed is given a value of between 0 and 4 on a scale of five (5). The HARS scale was first used in 1959 and was presented by Max Hamilton, but was subsequently developed and is still used today by Stuart (2012) to evaluate the level of anxiety experienced by individuals. The HARS consists of 14 components (Lestari, 2015) which are:

- Anxiety: feelings such as negative thoughts, being overly sensitive, and extreme worry.
- Feeling tense/pressured, nervous, jumpy, startled/shocked, unable to rest or relax.
- Fear: fear of a child dying, serious illness of a child, fear of medical procedures by nurses/doctors, condition of the child that has not improved, lack of family support, and no money to afford anything.
- Sleep disturbances: difficulty sleeping, day and night reversal, bad dreams, nightmares, and not sleeping well enough.
- Intelligence disorders: feeling confused, having difficulty concentrating, and excessive worry.
- Feeling of depression: lack of interest in activities, rising early in the morning, experiencing changes throughout the day, feeling sad, and having less enjoyment in recreational activities.
- Muscular symptoms: muscle pain, muscle tension, chest tightness, stiffness, and making sounds.
- Sensory symptom: ringing ears, red or brown face, blurred vision, feeling in the stomach and nervous, and the desire to urinate.
- Cardiovascular symptoms: weak pulse, chest pain, difficulty breathing, nervous stomach, high blood pressure, and sudden loss of sweating.
- Respiratory symptoms: feeling very sleepy, shortness of breath, breathing quickly, occasional shortness of breath, and chest tightness.
- Digestive symptoms: difficulty swallowing, stomach bloating, diarrhea or constipation, feeling hot in the stomach, sweating, and difficulty defecating.
- Urogenital symptoms: frequent urination, decreased sexual desire, irregular menstruation, and inability to completely prevent urination.
- Autonomic symptoms: dry mouth, dizziness or headache, dry eyes, excessive sweating, and body hair loss.
- Behavior: restless, stern-faced, elevated muscle tension, restlessness, reddish face, frowning, bad breath, and sweating.

How to assess anxiety is by giving a value with categories:

0 = No symptoms

1 = Mild/one of the existing symptoms.

2 = Moderate/half of the existing symptoms.

3 = Severe/more than half of the existing symptoms.

4 = Panic/all symptoms are present.

The level of anxiety determination is based on the sum of values and components 1-14, and the results are as follows:

a) Value < 14: No anxiety

b) Value 14-20: Mild anxiety

c) Value 21-27: Moderate anxiety

d) Value 28-41: Severe anxiety

e) Value 42-56: Panic anxiety.

1.6 Coping Mechanisms to Address Anxiety

According to Lestari (2015), when individuals experience stress-induced anxiety, they automatically use various coping mechanisms to eliminate this feeling. An effective coping mechanism is used when an individual receives support from others and is confident that the coping mechanism, they use will be effective in eliminating their anxiety. The mechanism they use must be able to control their anxiety, both physiologically and psychologically. When individuals are unable to attain a constructive state, this becomes the primary cause of maladaptive behavior.

1. **Adaptive coping mechanisms:** These are mechanisms that an individual can use to attain an effective state. Individuals who adapt well are likely to have positive responses to cognitive, emotional, and behavioral processes. Adaptive coping mechanisms are used by individuals to achieve a functional balance between emotional and physical states.
2. **Maladaptive Coping Mechanisms:** These mechanisms are not effective and often result in negative reactions from the body. This is usually seen as verbal responses that are not effective in protecting the body's defense mechanism. Maladaptive coping mechanisms result in aggressive behavior towards others or isolation from others due to negative psychological responses.

2. CHILD HOSPITALIZATION

2.1 Definition of Child Hospitalization

Child hospitalization is a crisis condition for children, when they are sick and receive care in a hospital. In this condition, the child needs to adapt to a new environment (hospital environment), which becomes a stress factor for the child and may also affect the parents (O. Anisa et al, 2017). Child hospitalization is a necessary process due to planned or urgent reasons that require the child to receive treatment and care in the hospital. However, this can also become a problem that causes anxiety for the child, as well as for the parents or the family (Supartini, 2004). Child hospitalization can also cause various psychological changes that can lead to the child being hospitalized (Setiawan, 2014).

Based on these definitions, it can be concluded that child hospitalization is a necessary process due to planned or urgent reasons that require the child to receive care and treatment in the hospital and can cause various psychological changes in the child and their family.

2.2 Types of Child Hospitalization

According to author Supartini (2004) cited by Anisa et al (2017), the types of child hospitalization are as follows:

1. **Informal Child Hospitalization:** Treatment and discharge are done orally and the patient can stay in a small place, but they may also go against medical advice.
2. **Voluntary Child Hospitalization:** Voluntary hospitalization requires a written request for treatment and discharge to return home.
3. **Involuntary child hospitalization:** This restricts the patient's autonomy rights entirely. This condition does not require the patient's agreement and can be used for patients who are a serious threat to themselves or others. Involuntary hospitalization requires certification from two doctors, and the certification is valid for up to 60 days, after which it can be renewed if necessary.
4. **Emergency child hospitalization:** This model is almost the same as involuntary commitment, but requires certification from only one doctor, which is valid for 15 days. The patient may be examined by two doctors within 48 hours to receive urgent treatment. After 15 days, the patient must return home and can either be voluntarily or involuntarily committed.

2.3 Factors that influence children's reaction to illness and hospitalization

According to author Supartini (2004), cited from Anisa et al (2017), the factors that influence children's reaction to illness and hospitalization are as follows:

1. **Age Development:** Children's reactions to illnesses are not the same according to their developmental stage. School-age children's reactions are often manifested as anxiety due to separation from their parents and social group.
2. **Family Care Standard:** The family's care standard, which is more protective and always considers the child's well-being, can also influence the child's response to the separation and anxiety experienced during hospitalization. On the other hand, families that allow children to be autonomous and to continue with their daily activities can help the child cope better while in the hospital.

3. **Experience staying in the hospital in the past:** If the child has had a bad experience in the past that did not give them happiness, this can cause the child to have anxiety and trauma. On the other hand, if the child has had good care in the hospital in the past that gave them happiness, they will cooperate well with the nurses and doctors.
4. **Family support system:** The child looks for support from someone else to relieve the pressure caused by their illness. The child usually asks for support from their parents or siblings. This behavior is usually a sign that the child wants someone to wait for them during their stay in the hospital, accompany them during treatment, comfort them during their moments of anxiety and pain, and also when they feel sick.
5. **Coping skills for dealing with stressors:** When the child copes well, they understand that it is mandatory to stay in the hospital and that they need to cooperate with the health workers in taking care of themselves while at the hospital.

2.4 Children's Reactions to Hospitalization

According to Age According to Supartini (2004) cited by Anisa et al (2017), children who are hospitalized for a long time in the hospital will show different reactions according to their age phase, such as:

1. **Infant phase (0 - 1 year old):** The main problem that occurs is the impact of separation from mother and father to the disturbance of the formation of self-confidence and domination. For children over six months old, stranger anxiety occurs when they meet someone they do not know. The reactions that occur for children at this age are crying, anger, and many more movements as an attitude of stranger anxiety. On the other hand, when the mother leaves the baby, the baby will cry loudly, bother the body, and show a sad expression.
2. **Toddler Phase (Ages 1 to 3):** Toddlers commonly exhibit reactions to hospitalization with sources of stress, primarily anxiety due to separation from loved ones. Their behavior in response follows certain patterns, such as crying excessively, refusing attention from others, or rejecting food when going through the process. In the desperate phase, children may become quieter, display disinterest in playing, and appear sad or apathetic. In the denial phase, children may try to distance themselves from their illness, superficially engage with others, and begin to enjoy their environment. Toddlers may also experience limited movement and control over their surroundings. After being discharged, there is a possibility for regression due to the traumatic events they experienced while hospitalized, such as experiencing invasive procedures like injections, tubes, etc. Despite this, children can express their pain and emotions through communication.
3. **Preschooler Phase (Ages 3 to 6):** Treatment for children in a hospital setting often separates them from a familiar environment where they feel safe, loved, and comfortable. This may cause children to lose their appetite, become irritable, and resist cooperation with healthcare personnel and treatment. Children may also lose their self-control in the hospital setting, being restricted to a limited range of activities, which can lead to feelings of restlessness. Hospital care may even feel like punishment, making children feel tired, grumpy, and uncomfortable in the unfamiliar environment.

2.5 The effect of hospitalization on children

Children may react to the stress of hospitalization before, during, and after their stay in the hospital. The type of illness that children have is more important than their age and intellectual maturity in predicting the level of anxiety before hospitalization (Anisa et al, 2017).

1. **Individual Risk Factors:** Many risk factors can make some children more vulnerable to the stress of hospitalization than others. Among them is the importance of addressing important problems related to the hospitalization of small/young children, and children who are active in strong interests and good behavior during hospitalization, compared to passive children. The consequence is that nurses must be alert to and pay attention to children who passively receive all changes and requests and who may need more support than active children.
2. **Changes in the Pediatric Population:** Nowadays, the pediatric population in hospitals is undergoing drastic changes, while the trend is towards shortening hospitalization time. The nature and conditions of children tend to have invasive and traumatic procedures during their hospitalization. This can have a significant emotional impact that creates different needs. Attention should be paid to the current situation of children who are born in hospitals (Britton & Johnton, 1993) to plan for complicated medical care and nursing discharge.

2.6 Impact of hospitalization

The impact of hospitalization on children is a condition in which they need to undergo treatment in the hospital, causing feelings of insecurity or stress for the children and their families, which can lead to anxiety. The total and specific effects of stress depend on the perception of the child and family towards the illness and treatment. The etiology of stress or anxiety in children is composed of psychosocial factors (such as separation from parents, other family members, friends and changes of routines), physiological factors (lack of sleep, pain, immobilization and the inability to control), and environmental factors (changes in daily habits) (Anisa *et al*., 2017).

The impact of hospitalization that causes stress and burden for mothers or parents in the process of hospitalizing children can be attributed to the child's medical diagnosis, the length of hospital stays, medical procedures and treatments, lack of information, and hospital regulations that are implemented (Supartini, 2004).

According to Supartini (2004), the impact of hospitalization that causes stress and burden for mothers or parents includes:

1. **Medical diagnosis of the child:** The medical diagnosis received by the child can cause stress and anxiety for the child and the mother or parent. The medical diagnosis can be specific (such as fever, cough, pneumonia) or complicated by the child's medical condition.
2. **Length of hospitalization:** The length of hospitalization for a child can cause anxiety for the child himself as well as for the parents or mother. Parents can feel stressed or anxious due to the long duration of hospitalization which can also cause them to feel financially burdened and unhappy. The length of hospitalization can be due to the child's medical condition or due to nosocomial infection. The duration of hospitalization is categorized into three groups: 1-3 days is considered

a short hospitalization, 4-6 days is considered a medium-term hospitalization, and when a child stays in the hospital beyond 7 days it is considered a long-term hospitalization.

3. **Lack of Information:** During a child's hospitalization, parents do not receive accurate information regarding the child's treatment and procedures from health personnel who are responsible for the child's condition. The information given may be vague or incomplete because the level of education of the parents may be low. This lack of information can also cause anxiety for the parents themselves.

2.7 Hospitalization benefits

Besides causing stress or anxiety for children, hospitalization also has its benefits. The main benefit is that it can facilitate children's recovery from diseases. Furthermore, it can provide opportunities for children to reduce stress and feel more competent in their abilities (Anisa et al, 2017).

2.8 Mother's response to hospitalization process

A family's response is a reaction to their child's needs. The child's care in the hospital not only causes stress for the mother but also causes feelings of loss in the family. This feeling is also an indication that the child's care during treatment in the hospital causes more stress for the mother, and this has been studied before. From this, the mother's response to the child's care in the hospital has resulted in a stress reaction, which is:

Anxiety, which includes emotions such as distrust, anger, worry, shock, confusion, and feeling threatened. To reduce anxiety, a response of diversion is required. But with this, the person's life is very limited after experiencing various types of illnesses.

Anger, which includes emotions such as anger, tension, laziness, irritation, feeling obliged, etc. The inability to manage and recognize their anger is a component of self-adaptation, and this is a source of anxiety itself.

Sadness, which includes emotions such as difficulty and despair, feeling powerless, and other related emotions. When sadness lasts longer, it indicates depression, which may lead to thoughts of suicide.

2.9 Family function in the hospitalization process

Concerning the care of children in hospitals, the involvement of families in the care of their children in hospitals significantly influences the achievement of the objectives of pediatric nurses (Anisa et al, 2017). The following are the services that are provided:

1. **Assess the child's condition:** This service can be done by looking for the meaning of the child's illness condition and developing constructive coping mechanisms. This practice helps to perform religion and prayer and benefits the constructive coping mechanism.
2. **Managing/caring for the child's condition:** The positive thing to do is to establish a positive relationship with healthcare personnel to utilize the human resources available and to understand the child's condition well. Parents need to learn the

healthcare system's socialization.

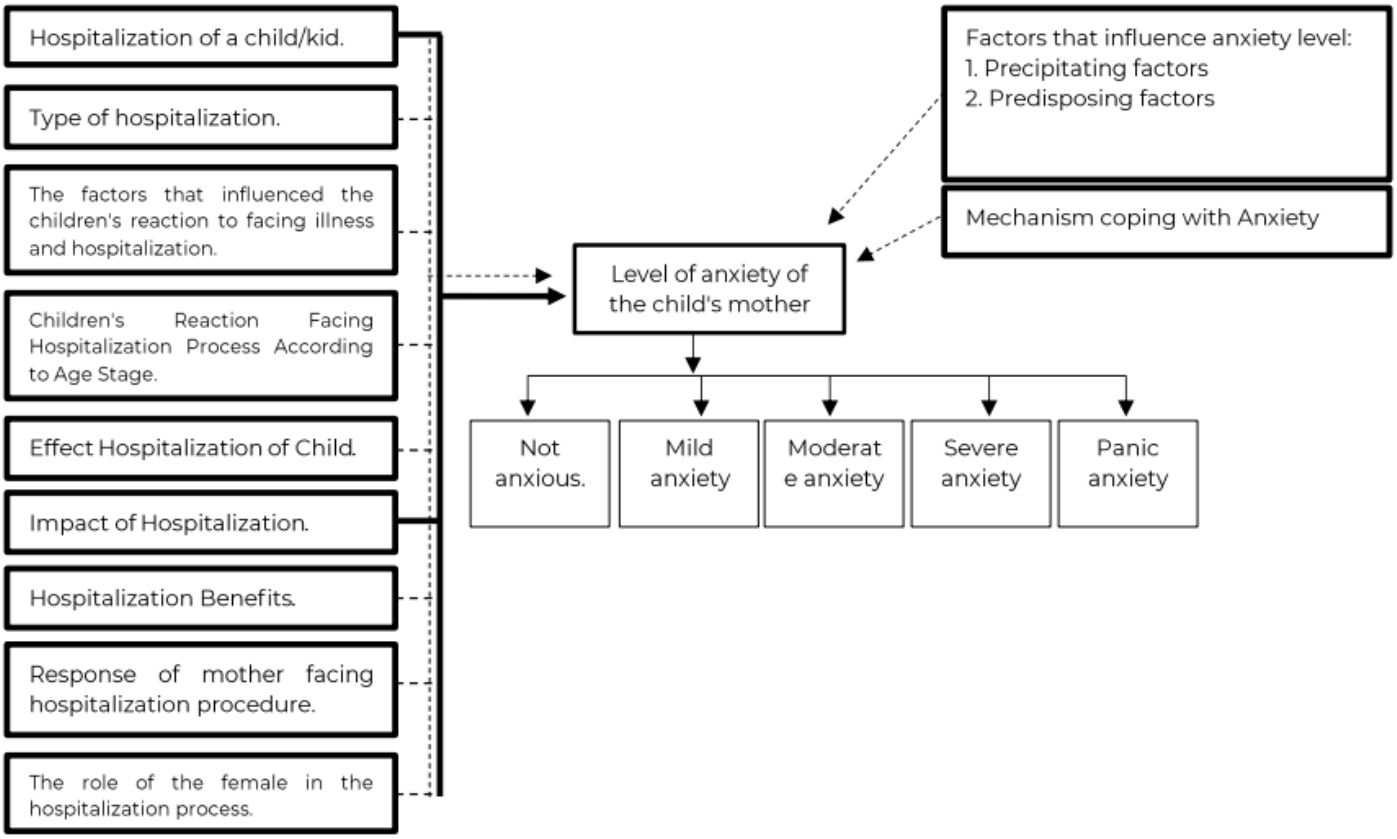
3. **Meeting the child's developmental needs:** Families can minimize the negative impact of the child's illness condition by providing care to the child at home and seeing the child as another child.
4. **Maintaining relationships between home and hospital:** This can be accomplished by maintaining relationships between the hospital and the home to develop the child's condition. Even though the child is in the hospital, the hospital must be the main priority.
5. **Coping with stressors in a positive manner:** The family can prevent stress from building up and develop positive coping mechanisms to solve problems. This can be done by clarifying problems and seeking assistance in addressing emotional reactions. Families need to have spiritual faith that creates hope and belief in positive problem-solving.
6. **Help the family to manage their emotions:** Parents must learn to manage the emotions of family members. This can be done by identifying emotions, looking for positive support. When a group of parents has a child with a common problem, it can help to find a place to share emotions and experiences.
7. **Educate other family members about the condition of a sick child:** Parents must have a clear understanding of the child's illness so that they can give meaning to other family members about the sick child's condition and provide positive coping strategies. Children will understand more if they are honest and have discussions with the family about any relationship problems.
8. **Develop a social support system:** This service can be done by linking up with other family members, friends, or neighbors. Utilizing these links is a source for solving any problems.

3. RELATIONSHIP BETWEEN HOSPITALIZATION OF CHILDREN UNDER AGE 5 AND MATERNAL ANXIETY LEVELS IN THE PEDIATRIC WARD OF THE NATIONAL GUIDO VALADARES HOSPITAL, DILI, 2019

Mothers are the ones who take responsibility first and are closest to their children in providing direct care for their children's health conditions when they experience any health problems. Mothers are also human beings with solid and unique bio-psychosocial-cultural and spiritual aspects, who have various basic needs according to their developmental level. Therefore, when any problem occurs with their child or during the hospitalization of their child, it can impact the mother's anxiety levels as the emotional response from the mother to the hospitalization may not be well adapted.

4. THEORETICAL FRAMEWORK

The theoretical framework of the research is like a relationship or a link between one framework and another framework (Notoatmodjo, 2010).



Note:

: That which will be researched.

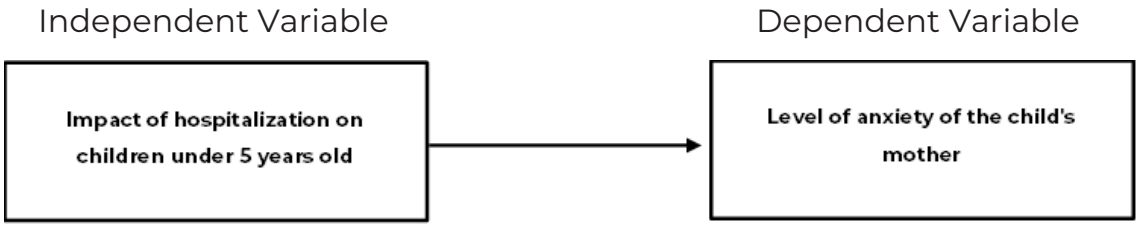
: That which will not be researched.

: Variable connection that is being researched.

: Variable connection that is not being researched.

5. CONCEPTUAL FRAMEWORK

The conceptual framework of research is the relationship or connection between one concept and another concept that the researcher wants to conduct research on (Sugiyono, 2016).



6. HYPOTHESIS

A hypothesis is a prediction, assumption, idea, or confidence about a phenomenon, relationship or situation, or about a reality that has not yet been properly identified (Asra, 2015). Therefore, according to the problem that the researchers write, they formulate their hypothesis as an answer to it, such as:

There is a significant relationship between child hospitalization impact under the age of 5 with mothers' anxiety level in the Pediatric Ward of HNGV Dili, 2019.

CHAPTER 3

METHODOLOGY FOR RESEARCH

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1. METHODOLOGICAL NATURE OF THE STUDY

This research is a quantitative study with a cross-sectional approach to understand the relationship between the impact of hospitalization on children under five years old (independent) and the level of maternal anxiety (dependent) in the Pediatric Ward of the National Hospital Guido Valadares in Dili, 2019, which was conducted simultaneously at the same moment.

2. POPULATION AND SAMPLE

2.1 Population

Population refers to the generalization area composed of objects/subjects that have their own quality and characteristics, which researchers maintain to study and then draw conclusions (A. Abuzar *et al*., 2015). The population in this research refers to all mothers whose children under five years old are hospitalized in the Pediatric Ward of the National Hospital Guido Valadares in Dili, 2019.

2.2 Sample

Sample refers to a part of the population and its characteristics (A. Abuzar *et al*., 2015). The sample in this research refers to all mothers whose children under five years old are hospitalized in the Pediatric Ward of the National Hospital Guido Valadares in Dili, 2019. The researcher will use the Non-Probability Sampling technique, specifically Purposive Sampling.

2.3 Criteria for Sampling

2.3.1 Inclusion Criteria

Inclusion criteria are the criteria or characteristics that need to be present in a population member to be eligible as a sample (A. Abuzar *et al*., 2015). These include:

- Mothers of children under 5 years old who are present in the Pediatric Ward waiting for their child.
- Mothers of children under 5 years old who are present in the Pediatric Ward and available to become a respondent in the research.

2.3.2 Exclusion Criteria

Exclusion criteria are the characteristics of a population member that are not considered to be a sample (A. Abuzar *et al*., 2015). These include:

- Mothers of children under 5 years old who are not present at the Pediatric Ward waiting for their child.
- Mothers of children under 5 years old who are waiting in the Pediatric Ward but

are unable to become a respondent in the research due to illness or concern.

3. PLACE AND TIME OF RESEARCH

This research was conducted at the Pediatric Ward of the National Hospital Guido Valadares Dili, starting from January 24 to January 27, 2019.

4. RESEARCH VARIABLES

4.1 Independent Variable (X)

An independent variable is a variable that can be changed or have an influence on the dependent variable, causing a relationship or connection to other variables (A. Abuzar *et al.*, 2015). Therefore, the independent variable in this research is the Impact of Child Hospitalization.

4.2 Dependent Variable (Y)

A dependent variable is a variable that undergoes change due to the influence of the independent variable (A. Abuzar *et al.*, 2015). Therefore, the dependent variable in this research is the Level of Maternal Anxiety.

5. OPERATIONAL DEFINITION

Operational definition is a definition that refers to variables that have been formulated based on several characteristic features of the variable that can be observed (Sugiyono, 2016).

Variable	Operational Definition	Measuring Instrument	Measured Results	Scale
Independent: Impact of Child Hospitalization.	One experience that children or mothers face when a child is hospitalized for illness is the impact of hospitalization on both the child and the mother.	Questionnaire with a total of 10 questions, with the following types of questions: Strongly Agree (SA) = 5 Agree (A) = 4 Agree partial (N) = 3 Disagree (D) = 2 Strongly Disagree (SD) = 1	No Impact: <10 Low Impact: 10-20 Moderate Impact: 21-30 Severe Impact: 31-40 Panic Impact: 41-50.	Ordinal
Dependent: Mother's Anxiety Level.	The emotional response felt by the mother when her child is hospitalized can result in different levels of anxiety (light, moderate, severe, panic), which can be observed in both psychological and physical symptoms composed of 14 components: 1. Feeling of anxiety, 2. Feeling of pressure, 3. Fear, 4. Sleeping disturbance, 5. Intelligence disturbance, 6. Feeling of depression, 7. Muscle symptom, 8. Sensorial symptom, 9. Cardiovascular symptom, 10. Breathing symptom, 11. Digestive symptom, 12. Urogenital symptom, 13. Autonomic symptom, 14. Changes in behavior.	Questionnaire with a total of fourteen (14) questions, with the types: 0= No Symptoms 1= Mild 2= Moderate 3= Severe 4= Panic.	Not Present Anxiety: <14 Mild Anxiety: 14-20 Moderate Anxiety: 21-27 Severe Anxiety: 28-41 Panic Anxiety: 42-56	Ordinal

Table 1. Operational Definition for Each Variable

6. TECHNIQUE FOR DATA COLLECTION

6.1 Technique for Data

Collection The technique for data collection used in this research is where the researcher uses a questionnaire instrument that will be given to the respondent to answer according to their understanding. Before the respondent answers the questionnaire, the researcher will explain the purpose and way to fill in the questionnaire. The questionnaire is an efficient data collection technique where the researcher knows the variables that will be measured and can expect a response from the respondent (Sugiyono, 2016).

6.2 Research Instrument

The research instrument is the instrument used in collecting data which is the questionnaire instrument that will be given directly to the respondent and not their representative (Sugiyono, 2016). The method of data collection in this research is through the questionnaire which is: the questionnaire for the dependent variable (Mother's Anxiety Level) which has a total of 14 questions according to the HARS (Hamilton anxiety rating scale) scale (Lestari, 2015). In evaluating anxiety, values, and categories are assigned: 0 = No symptoms; 1 = Mild/some symptoms present; 2 = Moderate/experience some symptoms; 3 = Severe/experience more than half of the symptoms; 4 = Extremely severe/symptoms present all the time. The determination of anxiety level is by adding up the score and the results are categorized into: Value <14 = No Anxiety; Value 14-20 = Mild Anxiety; Value 21-27 = Moderate Anxiety; Value 28-41 = Severe Anxiety; and Value 42-56 = Extreme/panic Anxiety.

The independent variable (Child Hospitalization Impact) is not ordinal and has a total of ten (10) question components. The value is given according to the composite criterion of Full Agreement (KL) = 5; Agreement (K) = 4; Partial Agreement (LDK) = 3; Disagreement (LK) = 2; and Full Disagreement (LKL) = 1. The determination of the category for hospitalization impact is based on the sum of values from the ten question components, with the following results: No Impact = < 10; Light Impact = 10-20; Moderate Impact = 21-30; Severe Impact = 31-40; and Panic Impact = 41-50.

7. DATA PROCESSING TECHNIQUES AND DATA ANALYSIS TECHNIQUES

7.1 Data Processing Techniques

According to Sugiyono (2016) on data processing techniques, they are as follows:

Data Editing

The data collected from the questionnaire is reviewed and corrected, and any inaccuracies or confusion are corrected to improve data quality. Important things that are checked for during editing include completeness, clarity, consistency, uniformity, and data compatibility.

Data Coding

Coding involves assigning codes to each data value. Then, the researcher assigns a value to the response received from the respondent.

Scoring

Scoring involves assigning values to each response provided by the respondent for each variable in the question.

Tabulating

The tabulating stage involves training and counting the data that has already been coded, and then inputting it into distribution tables and cross-sectional tables.

Entry Data

At this stage, the data is inputted into a computer program using the Statistical Package for Social Sciences (SPSS) version 23.0.

7.2 Data Analysis Techniques

After entering the data into tables, tabulating and counting the high and low values to determine the frequency distribution with analysis, (Sugiyono, 2016) as follows:

7.2.1 Univariate analysis

In a research study, before conducting inferential statistical analysis, various statistics are first used to describe the different variables which are measured in the research study. (A. Abuzar *et al*., 2015). A description is made along with a frequency distribution based on percentage for each variable in the research study. The percentage formula is as follows:

$$\rho_i = \frac{fi}{N} X\ 100,\ i = 1, 2, \ldots, k$$

Note:

ρi = Percentage;

fi = Frequency;

N = Total number of samples;

i = Category (i) for each variable;

k = Total categories for each variable.

7.2.2 Bivariate analysis

Bivariate analysis is a data analysis technique used to examine the relationship between two variables (Sugiyono, 2016). In this research, the researcher wanted to examine the relationship between an independent variable (Child Hospitalization Impact) and a dependent variable (Mother's Anxiety Level). The analysis used the computer program Statistical Package for Social Sciences (SPSS) version 23.0. The researcher used Rank Spearman Correlation Test with a confidence level of 95% (æ ≤ 0.05). There is no correlation between the independent variable (Child Hospitalization Impact) and the dependent variable (Mother's Anxiety Level), which means that when the statistical test results in a P-Value > 0.05

there is no significance. However, there is a correlation between the independent variable (Child Hospitalization Impact) and the dependent variable (Mother's Anxiety Level), which means that when the statistical test results in a P-value < 0.05 there is significance. The formula for the correlation coefficient is:

$$\rho = 1 - \frac{6.\sum_{i=1}^{n} d_i^2}{N(N^2 - 1)}$$

Note:

ρ = Spearman Rank Correlation Coefficient;

N = Total Sample;

di = Difference between each pair for classification (i).

Statistical test Spearman Rank correlation is used to measure the level and relationship between variables that have an ordinal scale. In the analysis of Spearman Rank correlation, there are positive and negative correlations, as follows:

- Positive correlation occurs when the value of X increases and the value of Y also increases.
- Negative correlation occurs when the value of X increases, but the value of Y decreases.

The value of Spearman Rank correlation exists between -1 < 0 < 1. When the value of correlation = 0, it means there is no relationship between the independent and dependent variables. When the value of correlation = +1, it means there is a positive relationship between the independent and dependent variables. When the value of correlation = -1, it means there is a negative relationship between the independent and dependent variables (Sugiyono, 2016). The strength or correlation index between variables can be seen from the correlation coefficient value, which is as follows:

No.	Value of Correlation Coefficient	Significant
1	0,00 - 0,25	Debilitated / very weak
2	0,26 – 0,50	Somewhat strong
3	0,51 – 0,75	Strong
4	0,76 – 0,99	Very strong
5	1,00	Perfect relationship

Table 3.2. Variable Correlation Index

8. ETHICS IN SAFEGUARDING INVESTIGATION

When conducting research in the field of health, it must be approved by the faculty and submitted to the National Institute of Health (INS) for legalization of the project, as INS will provide authorization for researchers to carry out their research in other institutions. The researcher conducting the research must also fully understand the basic rights of individuals. Individuals have the freedom to make decisions about their own health, thus the research conducted by the researcher must respect the individual's freedom to provide information (Sugiyono, 2016). Ethics in safeguarding investigation are as follows:

1. **Informed consent form**, as an agreement between the researcher and the respondent that is written in the informed consent form. The informed consent form will be submitted to the respondent before starting the research.
2. **Anonymity**, to protect the secrecy of the respondent, anonymity is given priority and the questionnaire will not include the respondent's name.
3. **Confidentiality**, the information obtained from the respondent will be guaranteed by the researcher.

CHAPTER 4

PRESENTATION AND DISCUSSION OF RESEARCH RESULTS

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1. PRESENTATION OF RESEARCH RESULTS

1.1 Study Location

The Hospital National Guido Valadares in Dili is the largest hospital in the República Democrática de Timor-Leste (RDTL), which was established during Portuguese colonialism in 1975 under the name of the Central Hospital Dr. António de Carvalho. During the Indonesian occupation in 1976, the Central Hospital Dr. António de Carvalho was renamed Rumah Sakit Wirahusada Dili and relocated to Lahane Oriental Dili until 1983. In 1982-1983, the Indonesian Government began constructing a new building in Bidau village, and on April 11th, 1983, the Lahane Hospital in Dili was relocated to the new building, renamed the Central General Hospital or *Rumah Sakit Umum Pusat* Dili (RSUPD), until September 1999.

On September 19, 1999, after East Timor's independence, the International Committee for Red Cross (ICRC) decided to turn Hospital Sai into Hospital Central until June 29, 2001. The East Timor Transition Administration (ETTA) then took over the hospital and renamed it Hospital Nacional Dili. In 2003, on June 29, Hospital Nacional Dili was replaced by a new hospital named Hospital Nacional Guido Valadares, which is located in Bidau Santa-Ana suku of Cristo Rei Administrative Post, Dili Municipality, covering an area of 28,459 square meters. Hospital Nacional Guido Valadares is bordered by Kamea suku of Cristo Rei Administrative Post in the east, Kulu-Hun de Báixo suku of Nain-Feto Administrative Post in the west, Praia de Bídau Santa Ana Dili in the south, and Lahane Oriental suku of Nain-Feto Administrative Post in the north. Hospital Nacional Guido Valadares consists of several departments, including Emergency Service, Surgery, Pediatrics, Medicine, Obstetrics and Gynecology, Anesthesia and Intensive Care, Operation Block, External Consultation, Laboratory, Maintenance, Pharmacy, Nutrition and Dietetics, Physiotherapy and Acupuncture, Quality Control and Social Communication, Radiology, Blood Bank, Information and Statistics, and Forensic.

1.2 Data description

The result of this research is regarding the relationship between the impact of child hospitalization under the age of 5 and the level of maternal anxiety in the Pediatric Ward of the National Hospital Guido Valadares in Dili, 2109. The total respondents in this research consisted of mothers with children under the age of 5, and a total of 40 people waiting for their children in the Pediatric Ward of NHGV in Dili. Primary data was obtained from a questionnaire answered by the respondents. Secondary data was obtained from the archive of the human resource department, quality control department, and social and medical communication records of NHGV in Dili. The data collection process for this research started from January 24-27, 2019. After collecting the data, the researcher analyzed the data using univariate and bivariate analysis with SPSS version 23.0.

Univariate analysis was used to determine frequency distribution for age, religion, level of education, and profession of respondents. Bivariate analysis combined with the use of Spearman Rank Correlation statistical test was used to determine the relationship between the independent variable (impact of child hospitalization) and the dependent variable (maternal anxiety level).

1.3 Description of subject characteristics

1.3.1 Distribution of subject characteristics based on age in the Pediatric Ward of HNGV Dili, 2019.

Table 1. Frequency distribution based on age group of subjects in the Pediatric Ward of HNGV Dili, 2019.

No.	Age	Frequency	Percentage (%)
1	(18-27)	24	60 %
2	(28-36)	16	40 %
Total		40	100 %

Sources: Research results at HNGV, 2019

Based on Table 1, the data results above indicate that subjects under the age of 5 who were hospitalized in the Pediatrics Ward of HNGV in 2019 were mostly those aged between 18-27 years, with a total of 24 (60%), while the minority were subjects aged between 28-36 years, with a total of 16 (40%).

1.3.2 The distribution characteristics based on religion subject in the Pediatric Ward of HNGV Hospital in Dili, 2019.

Table 2. Frequency distribution based on religion subject in the Pediatric Ward of HNGV Hospital in Dili, 2019.

No	Religion	Frequency	Percentage (%)
1	Catholic	39	97.5 %
2	Muslim	1	2.5 %
3	Protestant	0	0%
4	Buddhist	0	0%
Total		40	100%

Sources: research results at HNGV, 2019

Based on table 2, the data results above identify that the subjects hospitalized in the Pediatric Ward of HNGV Dili in 2019 who were children under 5 years old were mostly of the Catholic religion, with a total of 39 (97.5%), and a minority were Muslim, with a total of 1 (2.5%).

1.3.3 Characteristics of distribution based on education level subjects in the Pediatric Ward of HNGV Dili, 2019.

Table 3. Frequency distribution based on education level subjects in the Pediatric Ward of HNGV Dili, 2019.

No	Education Level	Frequency	Percentage (%)
1	Illiterate	0	0 %
2	Primary	1	2.5 %
3	Pre-secondary	7	17.5 %
4	Secondary	26	65 %
5	University	6	15 %
Total		40	100 %

Sources: research results at HNGV, 2019.

Based on table 3, the data in the above-mentioned identifies that the subjects who were children under 5 years old and were hospitalized in the HNGV Pediatrics ward in Dili 2019, the majority had a Secondary level of education, with a total of 26 (65%), and the minority had a Primary level of education, with a total of 1 (2.5%).

1.3.4 Characteristics distribution based on the subject profession in the Pediatric Ward of HNGV Hospital in Dili, 2019.

Table 4. Frequency distribution based on the subject profession in the Pediatric Ward of HNGV Hospital in Dili, 2019.

No	Profession	Frequency	Percentage (%)
1	Public Servant	2	5 %
2	Private Employee	6	15 %
3	Housewife	31	77,5 %
4	Salesperson	1	2,5 %
Total		40	100 %

Sources: research results at HNGV, 2019

Based on table 4 the data results shown above identify that the subjects hospitalized in the Pediatric Ward of HNGV Dili, 2019 were mostly children under the age of 5, with a total of 31 (77.5%) being homemakers as their profession and a minority of only 1 (2.5%) being vendors as their profession.

1.4 Description of research results

1.4.1 Univariate analysis

Univariate analysis means statistical analysis that is conducted on the frequency and percentage distribution for each variable of the research, (Notoatmodjo, 2010). The variable for which univariate analysis is conducted in this research is as follows: Impact of Children Hospitalization (Independent) and Level of Maternal Anxiety (Dependent).

1.4.1.1 Frequency distribution based on the variable of Impact of Children Hospitalization with age < 5 (Independent) in HNGV Pediatric Ward, Dili 2019

Table 5. Frequency distribution based on the variable of impact of children hospitalization with age < 5 in HNGV Pediatric Ward, Dili 2019.

No	Impact of Child Hospitalization	Frequency	Percentage (%)
1	Not Present/No Impact	0	0%
2	Minor impact	0	0%
3	Moderate impact	14	35 %
4	Severe impact	19	47,5 %
5	Panic impact	7	17,5 %
Total		40	100 %

Sources: Research results at HNGV, 2019.

Based on table 5, the data results indicated that the majority of mothers of children under the age of 5 who were hospitalized in the HNGV Pediatric Ward in Dili, 2019, experienced a severe hospitalization impact with a total of 19 (47.5%), while a minority experienced a panic hospitalization impact with a total of 7 (17.5%).

1.4.1.2 Frequency distribution based on the variable of anxiety level in females (dependent) present in the Pediatric Ward of the National Hospital Guido Valadares in Dili, 2019

Table 6. Frequency distribution based on the variable of anxiety level in females in the Pediatric Ward of the National Hospital Guido Valadares in Dili, 2019.

No	Anxiety Level of mother's	Frequency	Percentage (%)
1	No anxiety	0	0 %
2	Mild anxiety	1	2,5 %
3	Moderate anxiety	17	42,5 %
4	Severe anxiety	17	42,5 %
5	Panic anxiety	5	12,5 %
Total		40	100 %

Sources: Research results at HNGV, 2019.

Based on table 6, the data results above indicate that most of the mothers of children under the age of 5 who are hospitalized in the Pediatric Ward at HNGV Dili, 2019 experience serious anxiety with a total of 17 (42.5%), while others experience mild anxiety with a total of 17 (42.5%), and a minority experience light anxiety with a total of 1 (2.5%).

1.4.2 Bivariate analysis

Bivariate analysis is an analysis carried out to understand the relationship between two variables (Notoatmodjo, 2010). The variables in this research are the independent va-

riable which is the Impact of Child Hospitalization (Independent) and the dependent variable which is the Level of Maternal Anxiety.

Table 7. Analysis of the relationship between the impact of child hospitalization and age <5 years with the level of maternal anxiety in the Pediatrics Ward of HNGV Dili, 2019.

No.	**Impact of child hospitalization**	**Level of anxiety for mother**								**Total**		Correlation Spearman Rank	
		Mild anxiety		Moderate anxiety		*Spearman Rank*		Panic anxiety				Coefficient	p-Value
		F	**%**	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**		
1	Moderate impact	0	0%	9	22,5%	5	12,5%	0	0%	**14**	**355**	**0,518 ****	**0,001**
2	Severe impact	1	2,5%	8	20%	9	22,5%	1	2,5%	**19**	**47,5%**		
3	Panic impact	0	0%	0	0%	3	7,5%	4	10%	**7**	**17,5%**		
Total		**1**		**17**		**17**		**5**		**40**	**100%**		
			2,5%		**42,5%**		**42,5%**		**12,5%**	**100%**			

Sources: Output results from SPSS version 23.0, 2019.

Based on table 7, the data in the table above shows that out of 19 mothers, the majority (22.5%) experience severe anxiety with a total of 9 mothers indicating an impact on the hospitalization of gravely ill children. Additionally, 7 mothers reported experiencing panic due to the hospitalization of their child, with the majority (10%) experiencing panic anxiety, and a total of 4 mothers indicating an impact on the hospitalization of their child. Furthermore, based on the analyzed data in the table, the Spearman Rank Correlation test yielded a p-value of 0.001, indicating that the null hypothesis (H0) is not accepted. This suggests that there is a relationship between Pediatric Ward Hospitalization with Age <5 and Maternal Anxiety Level at HNGV Dili in 2019. From the analysis, a correlation value (r) of 0.518 was found, indicating that the high impact of child hospitalization at the opportunity of 0.518 leads to mothers experiencing severe anxiety when their child is hospitalized at HNGV, especially in the Pediatric Ward. Therefore, there is a strong relationship between the impact of hospitalization of children aged <5 and maternal anxiety level in the Pediatric Ward at HNGV Dili, 2019, and this relationship is positively located between 0.51-0.75 (strong correlation).

2.DISCUSSION OF RESEARCH RESULTS

2.1 The impact of hospitalization on children aged <5 years

From the research results presented in table 4.5, it was found that the majority of mothers of children aged <5 years who were hospitalized in the Pediatric Ward of HNGV Dili in 2019 experienced a serious impact of hospitalization, with a total of 19 (47.5%) cases, while a minority experienced a panic impact, with a total of 7 (17.5%) cases.

The research results show that mothers perceived both serious and panic impacts of hospitalization due to certain factors that lead to its occurrence such as: medical diagnoses related to the child's serious and complicated condition; children being hospitalized in the pediatric ward for a long period of time, which can cause mothers to feel financially burdened and unable to do anything else; feeling frustrated with medical procedures carried out by the hospital staff; lack of information on medical treatment and the child's con-

dition; dissatisfaction with hospital regulations that are implemented; disturbances in the perception of the mother regarding the child's illness and treatment; and also with the adjustment to a new environment that is not effective, thus causing anxiety for the parents.

Comparing with some thoughts expressed by some medical professionals such as Supartini (2004) who state that hospitalization of children caused by stress and separation from their parents is a diagnostic process (simple or complicated) that can cause stress to the child and affect not only the child's health but also that of the parents. The duration of hospitalization, depending on various categories, can cause anxiety for the child and the parents, especially if there is a nosocomial infection. The duration of hospitalization is categorized as a short hospitalization if it lasts 1-3 days, medium-term hospitalization if it lasts 4-6 days, and long-term hospitalization if it lasts more than 7 days. Information: during a child's hospitalization, there is often not enough information provided by health personnel related to the treatment and procedures that the child will undergo, and sometimes it is not clear due to the level of education of the parents, which can also be a cause of anxiety for themselves.

2.2 Mother's anxiety level

Based on the results of the research shown in table 4.6., it was found that mothers of children under the age of 5 who were hospitalized in the Pediatric Ward at HNGV Dili in 2019, the majority experienced severe anxiety with a total of 17 (42.5%), followed by those who experienced moderate anxiety with a total of 17 (42.5%), and a minority who experienced mild anxiety with a total of 1 (2.5%).

According to the results, mothers experienced severe anxiety due to symptoms such as running away, headache, nausea, insomnia, palpitations, narrow perception of space, difficulty adapting to the situation, lack of concentration on themselves, and interest in eliminating high anxiety. They also experienced confusion and disorientation during their child's hospitalization because of a lack of effective coping mechanisms. As some experts suggest, severe anxiety is a type of anxiety level that can make an individual's perception of space more confined. Individuals tend to focus on specific details and cannot think of other things.

Mothers also feel anxious because they feel high pressure, bad smell, occasional difficulty breathing, physical pain, irritable behavior, and speaking with an angry tone, have racing thoughts, decreased concentration, increased sensitivity to things they encounter and hear, forgetfulness due to being hospitalized for their child's illness, feel impatient, and need counseling when dealing with various issues. The theory on natural anxiety explains that it is like having high blood pressure and elevated respiration, increased muscle tension, quick thinking with low volume perception, less optimal study skills, reduced ability to concentrate, selective attention, and focus on stimuli that do not reduce anxiety, increased sensitivity, impatience, forgetfulness, anger and crying, which makes it a possibility for individuals to centralize on important issues and ignore less important ones. Thus, individuals are able to focus selectively but may still carry out actions that are directed inappropriately (Lestari, 2015).

In another aspect, mothers feel anxious due to having high pressure, irritability, and may engage in other activities while waiting for their child to be discharged from the pediatric ward. Therefore, the theory suggests that moderate anxiety is related to the continual pressure in everyday life, which leads individuals to take care and pay attention to things, elevating the perception area. Moderate anxiety can have positive effects on moti-

vation and productivity, and also on creativity. The signs of moderate anxiety include high blood pressure, increased muscle tension, high awareness, high consciousness, better study skills, increased motivation, and responsive behavior to the situation (Lestari, 2015).

There are other factors that also influence maternal anxiety, such as predisposing factors related to biology theory which states that the brain contains specific receptor neurons that can elevate the neurotransmitter GABA, which has an important function in the mechanisms of anxiety. Benzodiazepine receptors in the brain can help regulate anxiety. GABA inhibitors also play an important role in the biological mechanisms related to anxiety, as does endorphins. Anxiety can also be associated with physical disturbances and can lower an individual's ability to prevent/eliminate stress. From a psychological perspective, anxiety disorders can be viewed through psychodynamic, interpersonal, or behavioral perspectives. According to sociocultural theory, anxiety disorders can be a common occurrence within families and can be related to an individual's growth and family-related work connections. Economic factors and education also influence the occurrence of anxiety disorders. The second factor that precipitates anxiety is the threat to an individual's integrity, including threats to their physiological capabilities or their ability to maintain their daily activities. The third factor is the threat to a person's social identity, dignity, and role in society which can be integrated into the individual's perception of themselves. (Lestari, 2015).

Therefore, compared to theories from the knowledge of Lestari (2015), anxiety is a normal condition that occurs in various situations such as in experiencing new experiences. Anxiety is a feeling that is difficult to understand and is not supported by existing conditions. Anxiety is a condition which can be experienced by everyone when under pressure and feeling internally distressed, causing various problems which can develop over time. Anxiety disorders are a psychiatric disorder which are commonly underestimated. Anxiety disorders are also more commonly found in pregnant women with a percentage of 30.5 compared to men with a percentage of 19.2. Anxiety has two aspects, namely healthy and threatening aspects which depend on the level of anxiety (Anxiety, Normal anxiety, Chronic anxiety, and Panic anxiety), (Videbeck, 2015).

2.3 The relationship between hospitalization of minor ages < 5 with the level of anxiety of mothers at the Pediatrics Nursery of Hospital Nacional Guido Valadares Díli, 2019

Based on the data results shown in table 4.7 and using the statistical test of Spearman Rank Correlation, the value of $p = 0.001 < 0.05$ was obtained, and the analysis resulted in a correlation value of $(r) = 0.518$ between the impact of hospitalization of children under 5 years old and the level of maternal anxiety in the Pediatric Ward of HNGV Hospital in Dili, 2019. Therefore, this study shows a significant positive relationship between the impact of hospitalization of children under 5 years old and the level of maternal anxiety. Anxiety is an emotional response and subjective evaluation of an individual influenced by factors that are not yet identified specifically (Lestari, 2015). Maternal anxiety can be influenced by various factors, including hospitalization of children, which is a process done for planned or urgent reasons which forces the child to stay in the hospital for therapy and care. Although the child receives medical care in the hospital, hospitalization can still have an impact on the child and the mother, causing feelings of fear and anxiety (Supartini, 2004). Factors that can cause stress and anxiety for mothers during their child's hospitalization include medical diagnosis of the child, length of hospitalization, medical procedures, medical treatment, lack of information, and hospital regulations (Supartini, 2004).

3. LIMITATIONS OF THE STUDY

This study was conducted only on mothers who were waiting for their child under 5 years old hospitalized in the Pediatric Ward of HNGV Hospital in Dili, 2019.

CHAPTER 5

DISCHARGE/CLOSURE

Pascal
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1. CONCLUSION

Based on the research objective which aimed to analyze the relationship between Child Hospitalization with age < 5 years and maternal anxiety levels in the Pediatric Ward of HNGV Dili, 2019, the researcher drew conclusions based on the scientific research results as follows: The research results showed that out of a total of 40 mothers who waited for their child with age < 5 years who were hospitalized in the Pediatric Ward of HNGV Dili in 2019, 19 mothers experienced a severe impact of child hospitalization, and the majority experienced severe anxiety with a total of 9 (22.5%) mothers, while 7 mothers experienced a panic impact of child hospitalization, and the majority experienced panic anxiety with a total of 4 (10%) mothers.

Based on the statistical test results using Spearman Rank Correlation, the value of p-value was found to be 0.001 < 0.05 and the analysis result found a correlation value (r) of 0.518 between the impact of child hospitalization with age < 5 years and maternal anxiety levels in the Pediatric Ward of HNGV Dili, 2019, thus indicating a positive and significant relationship between Child Hospitalization with Age < 5 Years and Maternal Anxiety Levels in the Pediatric Ward of HNGV Dili, 2019. This is because maternal anxiety has an impact on many things, one of which is child hospitalization. Hospitalization is a process due to planned or urgent reasons that require the child to stay in the hospital to receive therapy and care, and it has an impact that causes fear and anxiety for the child, as well as for the parents or mother.

2. SUGGESTIONS

2.1 Hospital Nacional Guido Valadares

To reduce the impact of hospitalization on mothers with children in the Pediatric Ward, it is recommended to provide counseling and relevant information about the patient's condition to the family, use therapeutic communication to communicate with the family, improve medical diagnosis explanations, medical procedures, treatments, and familiarize the family with regulations to ensure the quality of care is maintained.

2.2 School of Nursing

As a guide in the learning process, it is recommended that institutions use it to elevate and guarantee the student's knowledge, who will become future nurses.

2.3 Researcher

To improve the experience and knowledge of researchers on the hospitalization of children under 5 years old with maternal anxiety levels at the Pediatric Ward of HNGV Díli in 2019.

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ISBN: 978-65-6068-056-2