

## HANDICRAFTS ON SELECTED MANIFESTED BEHAVIOUR AMONG HOSPITALIZED CHILDREN.

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### Abstract

Play is not a purposeless activity which serves only to pass the childhood hours, but is a vital factor in shaping intellectual, social and emotional development of a child. The objectives of the study were to assess the pre and post test level of selected manifested behaviour among hospitalized children in and effectiveness of handicraft (origami) among hospitalized children in experimental and control group. In this study true experimental design was used. Sixty samples were selected by simple random sampling technique of hospitalized children between the age group of 6-10 year. The study concludes that both the groups had difference in exhibiting the manifested behavior, however the experimental group children could adapt faster than the control group children. The study findings reveal that origami helps children to adapt better to unpleasant situations, especially during hospitalization. This healthy adaptation promotes quick recovery from their illness.

**Keywords:** Handicrafts, selected manifested behavior, hospitalized children.

### Introduction

As nurses, when we create a stimulating environment, the children automatically move on to a higher level of functioning and thinking and improve their intellectual skill. Making handicrafts/origami provides the child an opportunity to creative expression, diversion, and effective coping. In a hospital environment, a supervised and guided divisional program provides warmth, friendly and happy atmosphere which will help the child continue to grow and develop. Play is a very important component of child's life. It has a special importance in the hospital to help sick children to continue to grow and develop, to preserve their sense of

wholeness, to understand hospital procedures and for emotions. For hospitalized children, the hospital is a new environment with a new routine. Moreover, sick children with pain in hospital feel more frustrated (Dorothy M. R., 2005).

### Statement of the problem

A study to assess the effectiveness of handicrafts (origami) on selected manifested behaviour among hospitalized children in paediatric ward of KKTCH at Chennai

### Objectives

- To assess the pre test level of selected manifested behaviour among hospitalized children in experimental and control group.
- To assess the post test level of selected manifested behaviour among hospitalized children in experimental and control group.
- To determine the effectiveness of handicraft (origami) among hospitalized children in experimental and control group.
- To associate the post test level of selected manifested behaviour among hospitalized children with their demographic variables.

### Hypothesis

- H1:** There is a significant difference between the pre and post test level of selected manifested behaviour among hospitalized children in experimental and control group
- H2:** There is a significant association between post test level of selected manifested behaviour among hospitalized children with their selected demographic variables.

## Methodology

The research approach used in the study was quantitative research approach in accordance to the nature of the problem and to accomplish the objectives of the study. True experimental design was used for this study.

The setting of the study was from the paediatric wards of KKCTH [Kanchi Kamakodi Child Trust Hospital] at Chennai. Simple random sampling technique was selected for this study with the total sample size= 60 [30 experimental and 30 control]

### Development and Description of the Tool

**Section A:** Demographic variable [age in year, gender, birth order of child, place of residence, types of family monthly income of the family, religion, previous history of hospitalization to the child, number of hospitalization within the last one year, past reason for hospitalization].

**Section B:** A behaviour observational check list to assess the hospital acquired behaviour in children. It was prepared by the researcher, consisting of 20 behavioural responses on different aspect. The behaviours were given a score of three, if it is absent, score of two, if it is present at times and if it is present, a score of one is given. It has got three aspects namely gaze behaviour, vocalization and co-operation

### Data Collection Procedure

A prior permission will be taken from the head of the hospital authorities before collecting data. The data collection was done from 14.11.2016 to 26.11.2016. The investigator self-introduced to the child and the family, and also explained the purpose of conducting the study. A good rapport was created with the child and the family, and then got their consent.

The demographic variables were collected with the help of interview questionnaire and the responses were documented. After that, the investigator has done the pre-test assessment of manifested behaviour using the behaviour observational checklist for both the experimental group and the control group.

Before introducing origami, the investigator had explained about origami to the children of the

experimental group [30]. Then the investigator made the child to sit comfortably on the bed and ensured that the child is free from pain, hunger and sleep. The child was encouraged to make toys of his/ her preference for the next three consecutive days, as per the child's interest. On the first, second, and third post test was conducted at the end of the day using behaviour observational checklist to identify the change in behaviour.

For the control group children [30], the post test was conducted on the first, second and third day, after the routine play in the ward like watching television, children playing with their own toys. Using the same checklist the behaviour changer were identified during the post- test. All the post- test observations were at the end of the day and the investigator saw that the child is free from pain, hunger and sleep during the time of observation. After completing everything, the investigator extended her thanks towards the participants and the care- giver for their co-operation. For each child it takes about 15- 30 minutes for making a toy. There were no drop-outs of children from the pre-test group and the post- test.

### Results and Discussion

The demographic variables of the study are statistically homogenous. The first objective of the study is to assess the pre test level of selected manifested behaviour among hospitalized children in the experimental and the control group.

The study result showed that, during the pre-test there was 22 (73.3%) children in the experimental group and 24 (80%) children in the control group who always exhibited the manifested behaviour and 8 (26.6%) children in the experimental group and 6 (20%) children in the control group who had sometimes exhibited the manifested behaviour and there was no children who have never exhibited the manifested behaviour.

The second objective of the study is to assess the post test level of selected manifested behaviour among hospitalized children in the experimental and control group

The study result showed that, during the post-test, none of the children in experimental group and 2 (6.6%) children in the control group always exhibited the manifested behaviour, 5(16.6%) children in the experimental group and 10(33.3%) children in the control group had sometimes exhibited the manifested behaviour and 25(83.3%) children in the experimental group and 18(60%) children in the control group had never exhibited the manifested behaviour.

The third objective of the study is to determine the effectiveness of handicraft (origami) among hospitalized children in the experimental and control group.

The findings revealed that in the experimental groups in the pre test, mean is + SD of 31.53+ 5.98 and post test mean is + SD of 51.8+ 2.34 in the experimental group with  $t = 18.631^*$   $p = 0.001$  value statistically significant at the level of ( $p < 0.05$ ).

**Table 1: Mean and standard deviation of Handicrafts (Origami) on selected manifested behaviour among hospitalized children in both experimental and control group.**

(N = 60)

Groups	Pre test		Post test		“t” statistic
	Mean	SD	Mean	SD	
Experimental group	1.53	5.98	51.8	2.34	t = 18.631 p < 0.001*
Control group	30.56	2.85	29.7	1.62	t = 1.506 p < 3.401

\*statistically significant ( $p < 0.05$ )

Table 1 shows the Mean and standard deviation of handicrafts (Origami) on selected manifested behaviour among hospitalized children in both experimental and control group. The findings revealed that in the experimental groups in pre test mean is + SD of 31.53+ 5.98 and post test mean is + SD of 51.8+ 2.34 in the experimental group  $t = 18.631^*$   $p = 0.001$  value statistically significant at the level of ( $p < 0.05$ ).

The fourth objective of the study is to associate the post test level of selected manifested behaviour among hospitalized children with their demographic variables. Chi-square test or Fisher's Exact test is used to find out the association between the post-test levels of selected manifested behaviour with the demographic variables. The result showed that there is significant association between post-test levels of manifested behaviour with selected demographic variables of the hospitalized children among experimental group. So H2 is supported.

### Conclusion

The study findings revealed that origami helps children to adapt better to unpleasant situations, especially during hospitalization. This healthy adaptation promotes quick recovery from their

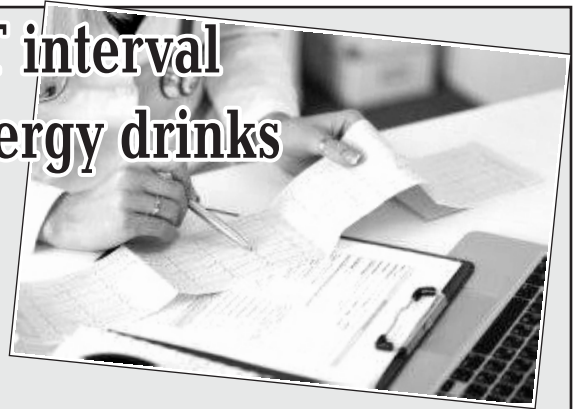
illness. Children are free from anxiety and other hospital related stress and also they learn colours, numbers, sizes and shapes through play by making handicrafts/origami like paper, boat, airplanes, etc., and it helps the child in enhancing their creative skills and gets diverted from their illness and parental separation. Divisional activity of making paper toys/ origami is a range of voluntary and motivated activities which creates pleasure and enjoyments in children. This is also associated with cognitive development and socialization and always promotes learning and also incorporates several behavioural changes in children.

### References

- Airplane, H. (2014). How to Make a Paper Airplane. [online] Retrieved from: <http://www.wikihow.com/Make>

- Ciatworthy, S. (2000) Therapeutic play: Effects on hospitalized children. *Journal of Association for care of children's health*. 99(4):108-113.
- Compton, D. (2010) The effectiveness of play therapy among young children. Retrieved from <http://www.springerlink.com/content/k774tg5410r5227h>
- Doverty N. Reaction of hospitalization, *British Journal of Nursing* 2005: May 1(2):14-20.
- Farre, M.R., Varela C., et.al. (2013) Pertussis epidemic despite high levels of vaccination coverage with acellular pertussis vaccine. *Enferm Infecc Microbiol Clin*. Nov 8. pii:S0213-005X(13)00298-X.

## People with borderline high QT interval in ECG should not consume energy drinks



A new clinical trial published in the *Journal of the American Heart Association* reports that energy drinks can prolong QTc interval in ECG and raise blood pressure in volunteers.

Packed with caffeine and ingredients like guarana, taurine, ginseng, and B vitamins, these drinks promise to boost concentration, improve physical performance and reduce fatigue.

In the largest randomized, controlled clinical trial on the subject to date, researchers from the University of the Pacific in Stockton, California, along with collaborators from other institutions and led by Sachin A. Shah, a professor of pharmacy practice at the University of the Pacific identified how energy drink consumption affects the heart.

For the study, 34 adults aged 18 to 40 were enrolled. After an overnight fast, the volunteers consumed two 16-ounce bottles of either one of two energy drinks or a placebo, which contained carbonated water, lime juice and cherry flavoring. The study was double-blinded.

ECG and blood pressure readings were measured every 30 minutes for a total of 4 hours; a significant change in the QTc interval was observed.

A QTc interval of 450 milliseconds (ms) in men and 460 ms in women is considered the maximum for a healthy heart rhythm. Prolonged QT interval increases the risk of experiencing life-threatening arrhythmia and sudden cardiac death increases.

While consumption of the placebo drink caused a maximum change in QTc interval of an average of 11.9 ms, the two energy drinks resulted in average maximum changes of 17.9 ms and 19.6 ms. The researchers saw significant changes in the QTc interval length up to 4 hours after the volunteers had consumed the energy drinks. According to the FDA, QTc interval prolongation of over 10 ms prompts further investigations.

The researchers also found an average maximum change of 3.5 mmHg in diastolic BP and 4.6 to 6.1 mmHg in systolic BP when the study participants had consumed the energy drinks.

Caffeine in the energy drinks may have contributed to the change in blood pressure, but only to some extent. Other ingredients, particularly taurine, could also play a role.

None of the participants experienced QTc intervals over 500 ms. Clinically, a QT/QTc interval over 500 ms or a change over 30 ms warrants careful monitoring.

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