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Description of the Characteristics of Parents on the Level of Anxiety of Parents whose Children are Cared for in the PICU Room of Dr. Wahidin Sudirohusodo Hospital Makassar

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ABSTRACT

Based on the research results Helena (2008) conclude from the 11 respondents who had a good knowledge gained 7 respondents experiencing mild anxiety (63.6%), 3 respondents had moderate anxiety (27.2%) and 1 respondent suffered from severe anxiety (9.1 %). The purpose of this study is to know description of characteristics of parents towards anxiety level of parents whose children were hospitalized in PICU. This was descriptive research. This study will describe association between parents; characteristics and anxiety level. The result showed that of the 40 samples studied based on the characteristics of sex, male sex as many as 7 people (17.5%) and female sex as many as 33 people (82.5%), the characteristics of age, it was shown younger age group as many as 14 people (35.0%) and older age group as many as 26 people (65%), obtained with low education as many as 10 people (25.0%) and high education as many as 30 people (75%), all respondents work (100%) or 40 respondents. The level of parental anxiety, experiencing mild anxiety level as many as 16 people (40%), anxiety levels were as many as 14 people (35%) and severe anxiety level as many as 10 people (25%). Expected in the implementation of nursing and medical measures should still pay attention to the principle of the provision of information and education of patients about the actions to be taken in order to better understand thus enhancing individual coping and reduce parental anxiety.

Keywords:

Parents, Characteristics, Anxiety

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1. INTRODUCTION

PICU (Pediatric Intensive Care Unit) is a place for child care that requires intensive monitoring and invasive procedures. Children who are treated in the intensive care unit are children who are in critical condition, such as post-cardiac surgery, neurosurgery, post-gastrointestinal surgery, respiratory failure, kidney failure, liver failure, status epilepticus, and decreased consciousness [2]

Anxiety disorder is a condition characterized by feelings of fear accompanied by somatic complaints as shown by hyperactivity of the autonomic nervous system and is a non-specific symptom that is often found and is often a normal emotion [8]

Everyone's views on the same problem can be different, so the response is different. Apart from treatment in the intensive care unit, actions or procedures that require surgery are one of the factors that can exacerbate parental anxiety. The problem of parental anxiety, especially the mother, is important, because a sick child will be able to feel the anxiety of his parents so that the child becomes anxious too which can exacerbate his illness [12].

In carrying out the role that is owned, parents are often faced with difficult conditions that can cause anxiety. Moreover, if there is a family member who is sick, while at the same time they are also required to carry out an important role elsewhere. Conflicts often arise, whether they are at home or waiting for their children who are being treated in the hospital or hospitalized [5]

Illness crisis and hospitalization in children also affect the nuclear family. Parents' reactions to their child's illness depend on a variety of influencing factors, both internal and external [15]. One of the internal factors that influence anxiety is the characteristics of the parents themselves. Characteristics of parents include gender, age, occupation, education and income [3]

Parents consist of fathers and mothers, each of whom has a role and function. Mother is a woman who most of the family has a role as a health leader and caregiver. Mothers act as the main source of comfort and assistance during illness. The role of parents is good because there is support to provide care to children in terms of caring for, educating, encouraging and supervising parents as a whole to make children better, where when children are hospitalized the role of parents increases. [11]

Previous research by [7] suggested that the anxiety level of mothers whose children were treated in the PICU was higher than mothers whose children were treated in the ward. The same thing was stated by [13], that the level of maternal anxiety is higher in mothers whose children are treated in the PICU than mothers whose children are treated in the ward.

Based on the results of the study [4] conclusions were drawn of the 11 respondents who had good knowledge, 7 respondents experienced mild anxiety (63.6%), 3 respondents experienced moderate anxiety (27.2%) and 1 respondent experienced severe anxiety (9.1%). Many studies have shown that caring for children in a hospital causes stress for parents. Various kinds of feelings appear in parents, namely fear, guilt, stress and anxiety. Fear of parents during child care in hospital, especially in terminal children because of fear of losing their child and feelings of grief. Other stressors that cause parents to be very anxious are receiving bad information about their child's medical diagnosis, unplanned care and treatment experience. in the hospital previously felt traumatized.

Hospital Medical Record Data Dr. Wahidin Sudirohusodo Makassar regarding the number of pediatric patients treated in 2013 as many as 671 pediatric patients, in 2014 there were 682 pediatric patients and in 2015 there were 664 pediatric patients.

The description above made researchers interested in conducting research on "Description of Parental Characteristics of the Anxiety Level of Parents whose Children are Cared for in the PICU Room of RSUP Dr. Wahidin Sudirohusodo Makassar.

2. METHOD

This research is a Descriptive Analytic Research where the results of the research are to describe the relationship between parental characteristics and the level of anxiety experienced. By way of observation, and direct interviews.

A. Location and Time of Research

1. Research sites

This research was conducted in the PICU room of RSUP Dr. Wahidin Sudirohusodo Makassar.

2. Research time

Study done on 22 February - March 22, 2016.

B. Population And Sample

1. Population

The population in this study were all patients' parents who were treated in the room PICU RSU P Dr. Wahidin Sudirohusodo Makassar with the number of new patients in 2015 from January to December as many as 664 people with an average of 55 patients per month.

2. Sample

The sample in this study used the *accidental sampling technique*, the sample was all parents patients whose children were treated in the PICU room who met the inclusion criteria, with the number of samples according to the number of patients treated in February - March 2016.

a. Inclusion Criteria:

All parents of patients whose children were treated in the PICU room at RSU P. Dr. Wahidin Sudirohusodo Makassar.

- b. Exclusion Criteria:
 - 1) The patient's parents are over 60 years old.
 - 2) The family as temporary patient caretakers.

C. Data collection

1. Data Collection Procedures

After obtaining research permits, researchers collected data in the PICU using standardized observation sheets in accordance with existing standards, which consisted of observation sheets. The research instrument consists of respondent identity data and observation sheets. Measuring the level of anxiety by using: Hamilton Anxiety Rating Scale (HARS).

2. Data collection technique

The method of collecting data in this study is as follows:

a. Primary data

Primary data were obtained by observing and direct interviews with each respondent by providing an explanation to the respondent if there were things that were not understood.

b. Secondary Data

Secondary data was obtained from sections related to the object of research such as *medical records*, care records (patient status), report books and other related sections.

3. RESULTS AND DISCUSSION

Results

This research was conducted in the PICU Room of RSUP DR. Wahidin Sudirohusodo Makassar in 23 February - 23 March 201 6. This study used a research design to find out the description, by means of observation and anxiety questionnaires using the HARS scale, each respondent was interviewed or given a questionnaire and measurements were made on the character status or subject variables at the time of examination.

1. Univariate analysis

a. Patient Characteristics

The characteristics of the patients identified in this study are as follows:

1) Patient gender

From the results of the study, it was obtained that the sample gender distribution is listed in the table below:

Table 1
Distribution Based on Gender of Pediatric Patients In the PICU Room of RSUP Dr. Wahidin
Sudirohusodo Makassar

Gender	n	%
Man	22	55.0
Woman	18	45.0
Amount	40	100.0

Source: Primary Data, 2016

Table 1 shows that of the 40 pediatric patients, 22 were male - male and 18 were female (45.0%).

2) Patient age

age distribution pediatric patients listed in the following table:

Table 2
Frequency Distribution Based on U sia Pediatric Patients
In the PICU Room of Dr. Wahidin Sudirohusodo Hospital
Makassar

	Makassai			
Age (Years)	n		%	
< 1	10		25.0	
1 - 5	15		37.5	
> 5		15	37.5	
Amount	40		100.0	

Source: Primary Data, 2016

Table 2 shows that of the 40 samples belonging to the 1–5 year age group, there were 15 people (37.5%), 15 people >5 years old (37.5%) and 10 people <1 year old group (25,0%).

3) Attached invasive device

Table 3
Frequency Distribution Based on Attached Invasive Devices
In the PICU Room of Dr. Wahidin Sudirohusodo Hospital
Makassar

Invasive Tool	n	%
> Attached invasive device	20	50,0
1-2 Invasive Devices installed	20	50,0
Amount	40	100.0

Source: Primary Data, 2016

Table 3 shows that of the 40 pediatric patients treated who used > 2 invasive devices attached, 20 people (50.0%) and who used 1-2 invasive devices attached were 20 people (50.0%)

b. Characteristics of Parents

The characteristics of the sample, in this case the parents of pediatric patients, identified in this study are as follows:

1) Sample gender

From the results of the study, it was obtained that the sample gender distribution is listed in the table below: Table 4.

Frequency Distribution Based on Sample Gender In the PICU Room of RSUP Dr. Wahidin Sudirohusodo Makassar

Gender	n	%
Man	7	17,5
Woman	33	82,5
Amount	40	100.0

Source: Primary Data, 2016

Table 4 shows that of the 40 samples of parents of children , 7 were male (17.5 %) and 33 were female (82.5 %) .

2) Age

From the research results, it was obtained that the distribution of the sample age groups is listed in the table below:

Table 5 .
Frequency Based Distribution Sample Age
In the PICU Room of RSUP Dr. Wahidin Sudirohusodo
Makassar

Age Group	n	%
Young Age (30 Years)	21	52,5
Old Age (30 – 60 Years)	19	47,5
Amount	40	100.0

Source: Primary Data, 2016

Table 5 shows that of the 40 samples of parents of children, there were 14 young people (35.0%) in the young age group and 26 people (65.0%) in the old age group.

3) Education

From the research results, it was obtained that the distribution of sample education is listed in the table below:

Table 6 . Frequency Based Distribution Sample Education In the PICU Room of RSUP Dr. Wahidin Sudirohusodo Makassar

Education	n	%
Low education	10	25,0
higher education	30	75,0
Amount	40	100.0

Source: Primary Data, 2016

Table 6 shows that out of 40 samples of parents of children, 10 people (25.0%) had low education and 30 people (75.0%) had high education.

4) Profession

From the research results, it was obtained that the distribution of sample jobs is listed in the table below:

Table 7 .
Frequency Based Distribution Sample Work
In the PICU Room of RSUP Dr. Wahidin Sudirohusodo Makassar

Profession	n	%
Working	40	100,0
Doesn't work	0	0,0
Amount	40	100.0

Source: Primary Data, 2016

Table 7 shows that of the 40 samples of parents of children, the entire sample was found to be working, namely 40 samples (100.0%).

c. Worry

From the research results, it was obtained that the distribution of sample anxiety levels is listed in the table below:

Table 8 .
Frequency Based Distribution Sample Anxiety Level In the PICU Room of RSUP Dr. Wahidin Sudirohusodo Makassar

Worry	n	%
Light	16	40,0
Currently	14	35,0
Heavy	10	25,0
Amount	40	100.0

Source: Primary Data, 2016

Table 8 shows that of the 40 samples of parents of children , 16 people (40.0%) experienced mild anxiety levels, 14 people (35.0%) moderate anxiety levels and 10 people (25.0%) severe anxiety levels .

2. Bivariate Analysis

a. Age cross table with anxiety level

From the results of the study, it was obtained crosstab frequency distribution based on age with the distribution of sample anxiety levels listed in the table below:

 $\label{eq:theory} Table~9~.$ Frequency Distribution Crosstab Based on Age with Frequency Distribution Based on the Anxiety Level of the Sample in the Room PICU RSUP Dr. Wahidin Sudirohusodo Makassar

Age	Mild Anxiety		Moderate Anxiety		Severe Anxiety		Amount	
	n	%	n	%	n	%	n	%
Young age	9	42,8	6	28,6	6	28,6	21	100,0
Old Age	7	36,6	8	42,1	4	21,1	19	100,0
Amount	16	40,0	14	35,0	10	25,0	40	100,0

Source: Primary Data, 2016

Table 9 shows that a sample of 21 young people with mild anxiety levels were 9 people (42.8%), moderate anxiety levels were 6 people (28.6%) and severe anxiety levels were 6 people (28.6%) while There were 19 elderly people with mild anxiety level of 7 people (36.6%), moderate anxiety level of 8 people (42.1%) and severe anxiety level of 4 people (21.1%).

b. Gender Cross Table With Anxiety Levels

From the results of the study, it was obtained crosstab frequency distribution based on type with the distribution of sample anxiety levels listed in the table below:

Table 10 .

Frequency Distribution Crosstab Based on Gender With Frequency Distribution Based on Sample Anxiety Level In the PICU Room of RSUP Dr. Wahidin Sudirohusodo Macassar

Gender	Mild .	Mild Anxiety		Mild Anxiety Moderate Anxie		e Anxiety	Severe Anxiety		Amount	
	n	%	n	%	n	%	n	%		
Man	6	85,7	1	14,3	0	0,0	7	100,0		
Woman	10	30,3	13	39,4	10	30,3	33	100,0		
Amount	16	40,0	14	35,0	10	25,0	40	100,0		

Source: Primary Data, 2016

Table 10 shows that a sample of 7 male sex with a mild level of anxiety of 6 people (85.7%), moderate anxiety level of 1 person (14.3%) and no one experienced a severe level of anxiety while those who 33 people were female with 10 people (30.3%) mild anxiety level, 13 people (39.4%) moderate anxiety level and 10 people (30.3%) severe anxiety level.

c. Cross Table of Education with Anxiety Levels

From the results of the study, it was obtained that the crosstab of the frequency distribution based on education with the distribution of sample anxiety levels is listed in the table below:

Table 11 .

Frequency Distribution Crosstab Based on Education with Frequency Distribution Based on Sample Anxiety Level In the PICU Room of RSUP Dr. Wahidin Sudirohusodo Macassar

Anxiety Level								
Education	Mild Anxiety		Mild Anxiety Moderate Anxiety		Severe Anxiety		Amount	
•	n	%	n	%	n	%	n	%
Low education	4	40,0	3	30,0	3	30,0	10	100,0
higher education	12	40,0	11	36,7	7	23,3	30	100,0
Amount	16	40,0	14	35,0	10	25,0	40	100,0

Source: Primary Data, 201 6

Table 11 shows that a sample of 10 people with low education has a mild level of anxiety of 4 people (40.0%), moderate anxiety level of 3 people (30.0%) and severe anxiety level of 3 people (30.0%) while those with higher education were 30 people with mild anxiety levels of 12 people (40.0%), moderate anxiety levels of 11 people (36.7%) and severe anxiety levels of 7 people (23.3%).

d. Cross Table of Jobs with Anxiety Levels

From the results of the study, it was obtained that the crosstab of the frequency distribution based on work with the distribution of sample anxiety levels is listed in the table below:

Table 12 . Frequency Distribution Crosstab Based on Occupation with Frequency Distribution Based on Sample Anxiety Level In the PICU Room of RSUP Dr. Wahidin Sudirohusodo Macassar

	Anxiety Level								
Profession	Mild .	fild Anxiety M		Mild Anxiety Moderate Anxiety		Severe Anxiety		Amount	
	n	%	n	%	n	%	n	%	
Working	16	40,0	14	35,0	10	25,0	40	100,0	
Doesn't work	0	0,0	0	0,0	0	0,0	0	0,0	
Amount	16	40,0	14	35,0	10	25,0	40	100,0	

Source: Primary Data, 201 6

Table 12 shows that of the 40 samples, it was found that all samples had jobs with a mild anxiety level of 16 people (40.0%), moderate anxiety levels of 14 people (35.0%) and severe anxiety levels of 10 people (25.0%)).

e. Cross Table Attached Invasive Devices With Anxiety Levels

From the results of the study, it was obtained crosstab frequency distribution based on the invasive device installed with the distribution of the sample anxiety levels listed in the table below:

Table 13.
Frequency Distribution Crosstab Based on Invasive Devices Installed with Frequency Distribution Based on Sample Anxiety Levels in the PICU Room of RSUP Dr. Wahidin Sudirohusodo Macassar

Attached Invasive Devices	Anxiety Level							
	Mild Anxiety		Moderate Anxiety		Severe Anxiety		Amount	
	n	%	n	%	n	%	n	%
> 2 Attached Invasive Devices	4	20,0	7	35,0	9	45,0	20	100,0
1-2 Attached Invasive Devices	12	60,0	7	35,0	1	5,0	20	100,0
Amount	16	40,0	14	35,0	10	25,0	40	100,0

Source: Primary Data, 201 6

Table 13 shows that the child treated with >2 invasive devices installed, 20 pediatric patients with the anxiety levels of the parents of children as follows: 4 people (20.0%) mild anxiety level, 7 people (35.0%) moderate anxiety level and 4 people (20.0%) severe anxiety level 9 people (45.0%) while 1-2 invasive devices were installed as many as 20 children with the anxiety levels of the child's parents as follows: mild anxiety level of 12 people (60.0%), moderate anxiety level of 7 people (35, 0%) and the level of severe anxiety is 1 person (5.0 %).

Discussion

The results of this study indicate that of the 40 samples studied, 7 were male (17.5%) and 33 were female (82.5%). This illustrates that more pediatric patients treated in the PICU room of Dr. Wahidin Sudirohusodo Hospital Makassar are accompanied or cared for by the mothers of these patients. Of the 33 samples that were female, 10 people (30.3%) had severe levels of anxiety, 13 people (39.4%) had moderate anxiety and 10 people (30.3%) had mild anxiety. From the description of this research, it supports the theory put forward by [8], if a child has to be treated in an intensive care unit, this is a frightening event for the child's parents. The anxiety experienced by fathers is not the same as that experienced by mothers. Fathers are worried because they cannot see, visit their children and feel unable to do anything, while mothers are worried because they are separated from their children and feel afraid something bad will happen. Which means that this study shows more pictures of the level of anxiety than mothers as parents of children who always accompany them when they are being treated. This also supports the statement put forward by [12], that everyone's views in dealing with the same problem can be different., so the response was different. Apart from treatment in the intensive care unit, actions or procedures that require surgery are one of the factors that can exacerbate parental anxiety. The problem of parental anxiety, especially mothers, is important, because a sick child will be able to feel the anxiety of his parents so that the child becomes anxious too which can worsen his illness.

The age characteristics of the sample in this study illustrated that out of 40 samples of parents of children, 21 people (52.5%) were young and 19 people (47.5%) in the old age group. Of the 19 samples of parents aged 30-60 years, 4 people (21.0%) had high levels of severe anxiety, 8 people (42.1%) moderate anxiety and 7 people (36.9%) mild anxiety. And from 21 people in the group of young parents, there were 6 people (28.5%) with severe anxiety levels, 6 people (28.5%) moderate anxiety levels, and 9 people (43.0%) mild anxiety levels. From the description of the age group it also illustrates that the level of severe anxiety is experienced more by the younger age group which supports the theory put forward by [9] which says that age or age is the age of an individual that is counted from the time of birth to the birthday. What is considered optimal for making decisions is age over 30 years because age less than 30 years tends to encourage indecision in making decisions or choosing and lack of experience. Age shows the time of growth and development of an individual. Age correlates with experience, experience correlates with knowledge, understanding and views of a disease or event will form a perception and attitude. Maturity in thought processes in older individuals allows them to use good coping mechanisms compared to younger age groups.

The characteristics of education in this study illustrate that of the 40 samples studied, it was shown that out of 40 samples of parents of children, 10 people (25.0%) had low education and 30 people (75.0%) had high education. In the low-educated sample, there were 3 people (30.0%) with severe anxiety levels, 3 people (30.0%) moderate anxiety levels, and 4 (40.0%) mild anxiety levels. And at the higher education level, there were 7 people (23.4%) with severe anxiety levels, 11 people (36.6%) moderate anxiety levels and 12 people (40.0%) mild anxiety levels. From the description of the results of the research based on the educational characteristics of parents, it was found that higher education levels experience more severe anxiety than low education levels, which is inconsistent with the theory put forward by [1] that someone with higher education is more able to use their understanding in respond to an incident or problem compared to those with low education, this is because in this study the samples studied were more highly educated and in this study only described according to the number of samples studied while the characteristics of the work in this study illustrates that of the 40 (100.0%) samples studied, all samples have jobs, but this study does not describe in detail the work of the samples.

In this study the researchers also described invasive devices that were attached to pediatric patients and then crossed them with the anxiety level of the parents so that it was obtained an illustration that 40 pediatric patients were treated whose parents were sampled, there were patients who had > 2 installed invasive devices as many as 20 pediatric patients with the anxiety level of the child's parents as following: 4 people (20.0%) mild anxiety level, 7 people (35.0%) moderate anxiety level and 9 people (45.0%) severe anxiety level while 20 invasive devices installed 1-2 children with the anxiety levels of parents of children as follows: 12 people (60.0%) mild anxiety level, 7 people (35.0%) moderate anxiety level and 1 person (5.0%) severe anxiety level. From this description it can be concluded that parents whose children have invasive devices > 2 tend to experience severe anxiety because the child's condition is critical so that they require several additional tools to maintain the child's condition to make it more stable and reduce the crisis [12] of the disease, this is in accordance with the theory which was put forward by those who argued that everyone's views in dealing with the same problem could be different, so that the response was also different. In addition to treatment in the intensive care unit, invasive procedures or procedures that require surgery are factors that can exacerbate parental anxiety. And also what was stated by [7] that the crisis of illness and hospitalization in children also affects the nuclear family. The reaction of parents to their child's illness depends on a variety of factors that influence it, both internal and external factors.

4. CONCLUSION

Based on the results of research on the description of the characteristics of parents on the level of anxiety of parents whose children are treated in the PICU Room of Dr. Wahidin Sudirohusodo Hospital Makassar, it can be concluded as follows:

- 1. From age characteristics describe There were 21 young people with mild anxiety levels of 9 people (42.8%), moderate anxiety levels of 6 people (28.6%) and severe anxiety levels of 6 people (28.6%) while those who were old were 19 people with mild anxiety level were 7 people (36.6%), moderate anxiety level were 8 people (42.1%) and severe anxiety level were 4 people (21.1%).
- 2. From the characteristics of the sexes describe 7 people were male with 6 people (85.7%) mild anxiety level, 1 person (14.3%) moderate anxiety level and no one experienced severe anxiety level, while 33 women 10 people (30.3%) with mild anxiety level, 13 people (39.4%) with moderate anxiety level and 10 people (30.3%) with severe anxiety level.
- 3. From the educational characteristics describe 10 people with low education level with mild anxiety level are 4 people (40.0%), moderate anxiety level are 3 people (30.0%) and severe anxiety level are 3 people (30.0%) while those with high education are 12 people (40.0%) had mild anxiety levels, 11 people (36.7%) moderate anxiety levels and 7 people (23.3%) had severe anxiety levels.
- 4. From the characteristics of the job describe All samples have jobs with a mild anxiety level of 16 people (40.0%), moderate anxiety level of 14 people (35.0%) and severe anxiety level of 10 people (25.0%)

Suggestion

Based on the research results and conclusions, the researchers provide the following suggestions:

- 1. In giving *informed consent* or educating patients, parents, and the patient's family regarding the disease, actions or condition of the patient in the PICU room, it is necessary to first assess the characteristics of the parents so that the information provided can improve individual parental coping thereby reducing the anxiety experienced.
- 2. Institutions, it is hoped that they will conduct further research to assess the factors that influence or are related to the anxiety level of parents whose children are treated in the PICU room. As for the hospital, methods and facilities are needed for parents to get clear and complete information.
- 3. In providing information and/or education to parents or families of child patients, nurses need knowledge and understanding of the health and conditions of pediatric patients in the PICU room so as to minimize errors in providing information. communicate and provide information. So that the patient's parents and family can understand and know in detail the condition of their child and be cooperative about the actions that will be and have been taken.

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