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## Research Article

# Influence of Hypnotherapy to Reduce the Anxiety of School-Age Children in the Preoperative Phase in the Guntur Room of Level II Dustira Cimahi Hospital

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### Abstract

**Aims:** Preoperative anxiety in school-age children is an important problem for children who will carry out major surgery. When not resolved the problem results in a negative postoperative response such as higher pain, impaired sleep patterns, no appetite and changes in maladaptive behavior over the next two weeks. Pharmacological therapy is not given to psychosocial problems related to anxiety in school-aged children. So, it is necessary to trace the results of research related to non-pharmacological therapy. One of the non-pharmacological therapies used is Hypnotherapy. This study aims to analyze the effect of hypnotherapy in reducing anxiety in the preoperative phase by using the Modified Yale Preoperative Anxiety Scale (mYPAS) instrument. Hypnotherapy intervention is carried out structurally in the preoperative phase.

**Methods:** This type of research is a Quasy Experiment with a time series design research design through pretest and posttest one group design. The technique used in this study was purposive sampling with 24 samples. Analysis of the data used consisted of univariate and bivariate. Univariates in this study describe the median while bivariate use Wilcoxon.

**Results:** The results of the statistical analysis showed a significant difference between the anxiety test before and after the hypnotherapy intervention was given (p-value 0,0001).

**Conclusion:** Influence of hypnotherapy to reduce the anxiety of school-age children in the preoperative phase in the Guntur room of level II Dustira Cimahi Hospital. Suggestions for nurses are expected to develop science and skills in complementary nursing and can be used as a companion intervention in overcoming preoperative anxiety in children.

### Keywords

Anxiety, Hypnotherapy, Preoperative, School-age children, Wilcoxon

## INTRODUCTION

The anxiety that occurs in children needs to be considered because if it is not prevented or dealt with it will have an impact on the future, especially in the early teens and so on. The impact that will occur is on the psychological condition of school-age children who will experience a decrease in school performance, relationship problems with friends and increase suicide rates in children (1). The explanation can be concluded that it is important to note related mental health problems, especially anxiety disorders in children.

Anxiety is unclear fear accompanied by uncertainty, helplessness, isolation, fear, and discomfort by a response that is sometimes unknown (2). Factors that affect anxiety include physical, trauma, conflict and bad environments. is a major factor that can affect individual anxiety (3). Anxiety arises in children who will undergo surgery, among others, unfamiliar habits, objects that are around the treatment room or surgery, medical experience previous and previous operating experience and premedication In addition, preoperative anxiety also arises because of fear of something unknown in the future such as disability, death and separation from parents and family (4).

According to Meletti et al (2019), child anxiety in the preoperative phase is divided into 2 namely young children and old children. The source of anxiety for young children ( $\leq 7$  years) is focused on parting with their parents while in old children ( $> 7$  years) the focus of anxiety is more on the action that will be taken. This study will be conducted on children in the preoperative phase with problems of anxiety in the face of surgery, this is in accordance with the instrument that will be used by researchers, namely the Modified Yale Preoperative Anxiety Scale (mYPAS) where the focus of anxiety is more specific to children who will carry out surgery (5,6).

The anxiety response shown by the child in the preoperative phase includes

crying, anger and pallor. These problems will cause changes in maladaptive behavior in the postoperative phase. Also, children experience sleep disturbances, as well as behavioral changes (4,5). The results of nurse interviews in the room regarding nursing interventions in dealing with preoperative anxiety in school-age children, found that they only handled the child's anxiety with verbally no special handling or other independent interventions of nurses carried out in dealing with anxiety. In addition, researchers asked about the type of surgery performed on children most are major surgery. Preoperative anxiety in children is an important major problem to note, as a child cannot express his or her anxiety about medical services (7).

Handling anxiety in school-age children is done as an effort to reduce the impact of problems experienced in the future. Methods found to overcome anxiety include pharmacological and non-pharmacological therapy. Pharmacological therapy is only used in severe anxiety problems or disorders to reduce the main symptoms, improve function, strengthen endurance, relieve symptoms, prevent recurrence (2). Whereas psychosocial problems related to anxiety are given non-pharmacological therapy, one of which is hypnotherapy (2,7).

Hypnotherapy is healing with hypnosis that studies the benefits of suggestion to overcome problems of thought, feeling, and behavior, by giving suggestions to the subconscious mind (8). This therapy is a means to reach the subconscious mind of the client. This therapy is also often used to modify the subject's behavior, the content of feelings, attitudes, even circumstances such as dysfunctional habits, pain management, and anxiety (5). Clinical studies of the effectiveness of hypnotherapy before and after surgery show that hypnotherapy helps patients significantly reduce systolic blood pressure, respiration rates, as well as changes in EEG. In addition, the level of subjective relaxation increases along with

neurophysiological anxiety reactions (vital parameters) (5). This is in line with He et al. (2015) about hypnosis and dental anesthesia in children, saying that hypnotherapy is effective in reducing child anxiety in the preoperative phase.

According to Kuttner (2012) said that hypnotherapy was included in the recommendations of childcare in America, this was recognized by the American Medical Association and the American Psychiatric Association in 1958. In these countries, it has been explained that this therapy is often used in various types of medical operations and is now developing in western countries. This therapy supports additional treatment for child nursing in the surgical process to reduce the problem in terms of the psychological. Therefore, this study aims to reduce the anxiety of school-age children in the Preoperative phase so that they do not experience fear and are more cooperative when undergoing surgery and can work well together. The purpose of this study was to evaluate the effect of hypnotherapy in reducing anxiety in school-age children in the Preoperative phase.

## METHODS

### Design and Sample:

This study uses a quasi-experimental type of research. The research design used is time-series design. The design of this study only used one group, so it did not use a control group. Before being given treatment, repeated pretests are carried out with a view to knowing the stability and clarity of the situation of the group before being given treatment. Researchers pretest and posttest twice based on modified Yale Preoperative Anxiety Scale (mYPAS) instruments used by researchers twice (6,11,12).

The method used in sampling is purposive sampling which is done by taking subjects that fit the criteria of inclusion and exclusion from researchers. The sample size in the study was 22 children plus a drop out of 10% to 24 children. The inclusion criteria

of this study are children aged 8-12 years, the level of consciousness compos mentis, the child awaited by the parent or guardian, parents approve of the child to be a respondent, the operating time between 12.00 - 21.00 WIB, as well as the type of surgery of the child Major.

### Ethical Considerations :

The study was conducted in the Guntur Room of Dustira Cimahi II Hospital from May 17, 2019, to June 17, 2019. The researcher explained the purpose, benefits and research procedures of the families of patients whose children had preoperative anxiety who were willing to become research respondents and asked to fill out informed consent sheets. Respecting the privacy and confidentiality of patient data provides treatment following the Standard Operating Procedure (SOP) intervention for 15-20 minutes, where the therapist has a licensed training certificate. Calculate the benefits and losses that occur to be considered in each respondent. This research was reviewed and approved by the Health Research Ethics Commission of the Faculty of Medicine, Padjadjaran University with number 564 / UN6.KEP / EC / 2019.

### Research Instruments :

Modified Yale Preoperative Anxiety Scale (mYPAS) is a tool for measuring anxiety in children who use assessment based on observation. The Yale Preoperative Anxiety Scale scale modification aims to assess the anxiety of children in the 2-12 year age range in the 5 domains of behavior consisting of activity, emotional expression, level of consciousness, vocalization and the importance of the role of parents and measurement results divided into 2 categories. the first  $\leq 30$  did not experience anxiety and  $> 30$  experienced anxiety (11,12). The mYPAS instrument was not validated in Indonesia because there were already results of validity tests conducted in Indonesia. The research conducted by Pudjningsih (2014) tested the validity and reliability of the mYPAS instrument. The mYPAS instrument has been translated into Indonesian by a sworn translator from the

University of Indonesia's Language Development Institute. Furthermore, content validation was carried out by a panel of experts from the Department of Anestology and Intensive Therapy with the Child and Adolescent Psychiatry Sub-Department, Department of Psychiatry,

FKUI / RSCM. To see the comparison of anxiety values before and after the intervention was given in the form of hypnotherapy. Tests carried out using a nonparametric alternative test namely Wilcoxon in the dependent group with a significance of <0.05.

## RESULTS

**Table 1.**

**Anxiety in School Age Children in the Preoperative Phase Before Hypnotherapy is given.**

Variable	Median	Min-Max
Anxiety Pretest	44,30	32-62

Based on table 1, the results of pretest child anxiety in the preoperative phase with a median of 44.30 and a minimum score of 32 and a maximum of 62

**Table 2.**

**Anxiety of School-Age Children After Given Hypnotherapy Interventions**

Variable	Median	Min-Max
Anxiety Posttest	23,00	22-27

Based on table 2, posttest results of child anxiety in the preoperative phase with a median of 23.00 and a minimum score of 22 and a maximum of 27

**Table 3.**

**Effect of Hypnotherapy To Reduce Anxiety in School Age Children in the Preoperative Phase**

Variable	Mean Rank	Sum of Ranks	Z	P value
Anxiety Before - After intervention	Negative Rank 12,50	300,00	-4,288	0,0001
	Positive Rank 0,00			

Based on table 3 it can be concluded that there is an effect of hypnotherapy to reduce child anxiety in the preoperative phase with P value of 0.0001.

## DISCUSSION

The effect of Hypnotherapy to reduce the anxiety of school-age children in the preoperative phase was measured using the Modified Yale Preoperative Anxiety Scale (mYPAS). According to the Wilcoxon test results with a confidence level of 95% ( $\alpha = 0.05$ ), the p-value is 0,0001, then  $H_a$  is accepted. Based on the results of the analysis it can be concluded that there is the effect of hypnotherapy to reduce the anxiety of school-age children in the preoperative phase.

Preoperative anxiety has negative effects on the child, such as increased postoperative pain and uncooperative behavior (13). Children who experience preoperative anxiety will experience changes in postoperative negative behaviors, one of which is excessive crying, fussy to rage. In addition, physiological changes in children's increased pulse rate and blood pressure are also anticipated during the process leading up to surgery so that there is no anxiety in the preoperative phase (10).

Anxiety management in school-age children in reducing preoperative anxiety includes trials of parental presence, clown doctors, interactive cartoon apps, video games, music therapy and hypnotherapy. Results obtained in children can reduce anxiety and increase cooperation with children (14). Hypnotherapy is therapy performed on subjects in an unconscious state. This therapy is often used to modify various problems such as the behavior of the subject, the content of feelings, attitudes, habits, stress, pain management, personal development and anxiety. Strategies in this therapy focus on emotional problems, one of which is anxiety, so that the root of the problem can be explored in a relaxed state in the subconscious (10,15).

There are several studies on the impact of hypnotherapy on anxiety, namely the study by Talebiazar et al., (2022) with

the aim of determining the effectiveness of hypnotherapy on the anxiety of pediatric cancer patients. The sample in this study were 3 girls with a range of 9-12 years. The results showed that hypnotherapy had a significant effect on anxiety and had a positive impact on the stage of treatment and medical follow-up in cancer patients. In line with research conducted by Fadhli, Yusuf, & Utara (2021) regarding the effectiveness of hypnotherapy in reducing public speaking anxiety among adolescents. The results showed positive changes when they spoke in public, the changes that occurred were that they could control biological symptoms such as normal heart rate, regular breathing, warm feet and hands, more positive thoughts, more adaptive behavior and better mood.

Another study from Ds (n.d.) regarding the effect of hypnotherapy on reducing anxiety levels in patients undergoing chemotherapy at Telogorejo Hospital Semarang with an average respondent age of 45-54 years, the results showed that there was an effect of hypnotherapy on reducing anxiety while undergoing chemotherapy. Some of the research above can be concluded that hypnotherapy shows significant results in reducing anxiety, it's just that the differences between the previous researchers were found in the respondents and also the problems experienced by the respondents. In the implementation of hypnotherapy, there are differences in approaches and techniques used between children and adolescents, adults or the elderly.

Hypnotherapy used in children aims to teach children how to change thought processes related to certain behaviors and habits, and succeed when involving their imagination (19). This therapy is specifically targeted at the management of emotional symptoms, where this component includes several related aspects such as relaxation, demonstration, self-healing, mind power over the body, ego

strengthening, awareness expansion, symptom modulation and regulation, self-hypnosis and post hypnosis advice (15).

The researcher said that anxiety in preoperative children after being given intervention in the form of hypnotherapy can reduce anxiety. This is evidenced by the decrease in median values before and after the intervention because when children are in trance they are more receptive to suggestions than when they wake up. This is because when the trance of a child's brain wave is between alpha and theta, wherein the wave is easier for researchers to give suggestions and sentences received by the child directly into the mindset and embedded in him.

In line with Zinbarg et al. (2016) said, the results of studies using MRI (Magnetic Resonance Imaging) showed excess activity in certain areas of the brain limbic regions such as the amygdala and insula that cause a person to experience anxiety. A person who is in a trance state stimulates the brain to release neurotransmitters including enkephalin and endorphin that serve to increase comfort. When a person is in a state of comfort then the function of the amygdala becomes inactive and the nervous system automatically becomes stable which gives a sense of calm back to a person. Limitations in this study are the absence of control groups where to compare the results of the interventions provided and researchers did not conduct homogeneity related to demographic data of respondents.

## CONCLUSION

Based on discussions and research on the effects of hypnotherapy to reduce school-age anxiety in the preoperative phase in the Guntur Room of Dustira level II hospital Cimahi, It can be concluded that most school-age children show the anxiety category in the preoperative phase with the mYPAS (Modified Yale Preoperative Anxiety Scale) instrument. In addition, school-age children in the preoperative phase after

being given hypnotherapy showed a median decrease in previous grades, which fall into the category of not anxious and in the results of data analysis showed there was a significant effect of hypnotherapy to reduce school-age anxiety in the preoperative phase.

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