



Distraction Techniques: Story Telling With Anxiety Problems In Children With Diarrhea

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Article Info

Article history:

Received Desember 2022

Revised April 2023

Accepted July 2023

Keywords:

Worry

Distraction Technique

story telling

Hospitalization

Child

ABSTRACT

Hospitalization causes anxiety in children and hinders the healing process, distraction techniques: story telling is a nursing action that is able to distract anxiety and is able to create a comfortable environment so that the level of anxiety experienced by children can decrease. Method: This type of research design uses a descriptive design in the form of a case study. The approach used is nursing care which includes assessment, nursing diagnosis, planning, implementation, evaluation and documentation. The case study subjects used were 2 pediatric patients suffering from diarrhea aged 4 years for patient 1 on March 18 2022 and aged 6 years for patient 2 on March 23 2022 who had the same nursing problem, namely anxiety. This research was conducted at Siti Fatimah Regional Hospital, Palembang in 2022. Results: The implementation of nursing in the form of distraction techniques: story telling has an effective effect on reducing the anxiety experienced by pediatric patients during treatment. The results show that the patient's anxiety score has decreased significantly and determine the patient's anxiety level before and after administering the distraction technique. Conclusion: Providing the distraction technique: story telling with anxiety problems was effective in reducing anxiety, there was a significant reduction after using the distraction technique: story telling for three days.

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1. INTRODUCTION

Diarrhea is a condition where there is a disruption in the function of absorption and secretion that occurs in the digestive tract, characterized by an abnormal elimination pattern such as an increase in the frequency of defecation which increases more than 3 times/day and amounts to 200-250 grams/day as well as watery stools (Rosyana, 2020). According to data from the World Health Organization (WHO), diarrhea is a global problem that causes death in children under 5 years of age, around 1.7 billion cases of diarrhea in children, especially toddlers, and causes the death of 760,000 toddlers throughout the world, every day approximately 1,400 children died from diarrhea [11]

Based on the results of the 2018 Riskesdas, it is known that the prevalence of diarrhea based on the diagnosis of health workers in Indonesia is 6.8%. This has increased compared to the 2013 Riskesdas results, namely only 4.5% [8]. Meanwhile, the prevalence of diarrhea based on the diagnosis of health workers for South Sumatra Province is 5.5% with the prevalence of diarrhea in children under five being 10.7% [8]. Research shows that the percentage of preschool age children (3-6 years) who are hospitalized is 52.38%, while school age children (7-11 years) are 47.62% [1].

Diarrhea cases in children must be treated immediately by being hospitalized to prevent dehydration (loss of fluids and electrolytes). The main response that most commonly occurs in children undergoing hospitalization is anxiety which will ultimately lead to maladaptive behavior. One of the causes of anxiety for children being treated is the physical environment of the hospital such as treatment rooms, hospital equipment,

distinctive smells, and the white clothes of hospital staff [10]. The level of anxiety in children can be reduced by providing nursing actions that can create a comfortable environment. So therapy is needed to not cause trauma to the child. One of these therapies is the story telling technique.

Based on previous research conducted by Santosa and Putra, it was shown that before being given story telling therapy, the majority of respondents experienced moderate anxiety, namely 12 respondents and mild anxiety as many as 7 respondents. After being given story telling therapy, it was found that the majority of respondents experienced the mild anxiety category, totaling 14 respondents, some respondents experienced the non-anxious category, totaling 5 respondents.

The results of research conducted by Larasaty and Sodikin (2020) The level of children's anxiety after playing story telling therapy using hand puppet media showed a decrease, namely the majority were in the non-anxious category, 16 children (53.3%), in the mild anxiety category, 10 children (33, 3%), the moderately anxious category was 3 children (10.0%) and the severely anxious category was 1 child (3.3%) [5].

From the results of this research, it can be proven that providing story telling has a positive influence on the adaptive behavior process of children being treated in hospital, especially on reducing anxiety. Based on the data that has been described, the researcher feels it is necessary to conduct a case study on "Nursing Implementation of Distraction Story Telling Techniques with Anxiety Problems in Children with Diarrhea at Siti Fatimah Regional Hospital, Palembang in 2022".

2. RESEARCH METHOD

The method used in this case study is descriptive in the form of a case study to explore the problem of nursing care regarding the implementation of distraction story telling technique nursing with anxiety problems in children with diarrhea. The approach used is a nursing care approach which includes assessment, nursing diagnosis, planning, implementation, evaluation and documentation. The case study subjects used were 2 pediatric patients suffering from diarrhea aged 4 years for patient 1 on March 18 2022 and aged 6 years for patient 2 on March 23 2022 who had the same nursing problem, namely anxiety. This research was conducted at Siti Fatimah Regional Hospital, Palembang in 2022. The implementation of this case study focused on the implementation of nursing for diarrhea patients with anxiety problems.

3. RESULTS AND DISCUSSION

3.1. Result

The results and discussion explain the results of the nursing process activities carried out on clients. The nursing process is carried out with stages of assessment, diagnosis, planning, implementation and nursing evaluation

3.1.1. Nursing Assessment Results

Patient 1's assessment was carried out on March 18 2022, and patient An's biodata was obtained. R is 6 years old, female. An. R was admitted to the hospital on March 16 2022. In patient 2, an assessment was carried out on March 23 2022, patient An's biodata was obtained. A is 4 years old, female. An. A was admitted to the hospital on March 22 2022. In the history of the current illness in patient 1, the complaint was felt 4 days before entering the hospital, while in patient 2 the complaint was felt 5 days before entering the hospital. The mothers of the two patients said that their children had never been hospitalized before and said that the family had no history of hereditary diseases and that no family member had previously experienced diarrhea.

The family's experience of illness and hospitalization from both parents of the patient seemed worried about their child's condition and did not understand what was needed or taken when they were in the hospital. Meanwhile, for children's understanding of illness and hospitalization in An. R felt uncomfortable being in the hospital and often asked his mother when he could go home, to An. A often refuses to be hospitalized and refuses to undergo treatment because he feels that the doctors and nurses will hurt him, such as when installing An's IV drip. A cried and refused. It is known that patient 1 and patient 2 had changes in health patterns before and during illness. An. R experienced a decrease in appetite during illness, as did An. A who experiences a decrease in appetite during illness. In the elimination pattern before An's illness. R only defecated once/day but during illness there was a change, namely defecating 5x/day, as did An. A experienced changes in elimination during illness, namely defecating 7x/day. Meanwhile, An's good rest and sleep pattern. R and An. A experiences changes in sleep time, has difficulty falling asleep and wakes up frequently.



Patient An. R had his blood pressure checked with results of 80/50 mmHg, An's breathing. R is normal, namely 22x/minute, pulse 68x/minute and high body temperature 38°C. Then to An. A also did not have his blood pressure checked because of An's age. A is still 4 years old, breathing 24x/minute, pulse 65x/minute and body temperature is quite high, namely 37.8°C. On examination, the lip mucosa of patient 1 and patient 2 appeared dry. On examination of An's head, hair and face. R and An. A there were no complaints and no clinical symptoms were found. There is a little discharge in An's nose. R and An. A and anemic conjunctiva in both eyes. R and An. A. There is no edema in the extremities in both feet and hands, but in the right upper extremity An. R and An. A has an IVFD KA-EN 3A infusion with a drip of 12 x/minute.

3.1.2. Nursing Diagnoses

Nursing diagnosis An. R is Anxiety related to a situational crisis as evidenced by feeling confused, feeling worried about the consequences of the condition at hand, having difficulty concentrating, appearing restless, appearing tense and having difficulty sleeping as seen from the data analysis with subjective data. The patient's mother said her child felt confused because he often asked why he is here and when can he go home because this is the first time he has been hospitalized, the patient's mother said that her child was worried about the consequences of the condition he was facing, he was not comfortable being in the hospital and felt worried about his current condition, the patient's mother said that her child had difficulty concentrating, mother The patient said his child had difficulty sleeping and often woke up at night. Objective data on the patient: 1 patient looked restless, the patient looked tense, the patient seemed to have difficulty sleeping, the patient seemed to often say he wanted to go home.

Meanwhile, An. A is Anxiety related to a situational crisis as evidenced by feeling confused, feeling worried about the consequences of the condition at hand, having difficulty concentrating, appearing restless, appearing tense and having difficulty sleeping. Judging from the data analysis using subjective data, the patient's mother said that her child felt confused because he often asked why he was being treated and asked when he could go home. The patient's mother said that her child felt worried about the consequences of the condition he was facing, often refused to take treatment and that the nurse would hurt him. When treatment was carried out, such as installing an IV, the patient's mother said her child had difficulty concentrating. The patient's mother said her child had difficulty sleeping and often woke up at night. Objective Data, the patient looks restless, the patient looks tense, the patient seems to have difficulty sleeping, the patient refuses treatment, the patient looks fussy and cries when treatment is carried out.

3.1.3. Nursing Intervention

The intervention made based on the diagnosis above is anxiety reduction and distraction techniques. The expected goal. After nursing care is carried out for 3 x 24 hours, it is hoped that the level of anxiety will decrease with the criteria of decreased verbalization of confusion, decreased verbalization of worry due to the conditions faced, decreased anxious behavior, decreased tense behavior. , concentration improves, sleep patterns improve. Nursing interventions carried out are based on the Indonesian Nursing Intervention Standards SIKI DPP PPNI Working Group Team (2018). The main intervention at the observation stage carried out is identifying the level of anxiety, the therapeutic stage carried out is creating a therapeutic atmosphere to foster trust, while supporting interventions at the therapeutic stage are carried out namely use distraction techniques (eg reading books, watching television, playing, therapy activities, reading stories, singing) and the educational stage explains the benefits and types of distraction for the five senses (eg music, counting, television, reading, video/handheld games).

3.1.4. Nursing Implementation

Researchers carried out nursing implementation for patient 1 on March 19-21. On March 19 at 12:00 WIB, researchers identified the level of anxiety using an anxiety questionnaire and an observation sheet, it was found that patient 1 was at a moderate level of anxiety before administering the distraction technique with story telling. then at 12:15 WIB the researcher created a therapeutic atmosphere to foster trust between researchers and patients. Then at 12:30 WIB the researchers provided education about the meaning of distraction techniques using story telling, provided complete education to the patient's family about distraction techniques using leaflets.

On March 20 at 12:00 WIB, researchers again identified the level of anxiety using an anxiety questionnaire and an observation sheet, it was found that patient 1 was at a moderate level of anxiety after

being given the distraction technique with story telling. then at 12:15 WIB the researcher created a therapeutic atmosphere to foster trust between researchers and patients. At 12:20 WIB the researcher used a distraction technique using story telling. carry out distraction techniques with story telling according to the SOP. Then at 12:40 WIB the researchers provided education about the meaning of distraction techniques using story telling, provided complete education to the patient's family about distraction techniques using leaflets.

On March 21 at 12:00 WIB, the researchers again identified the level of anxiety using an anxiety questionnaire and an observation sheet. It was found that the anxiety level had decreased to light after being given the distraction technique with story telling. Then at 12:15 WIB the researchers used distraction techniques using story telling. carry out distraction techniques with story telling according to the SOP. At 13:35 WIB, researchers provided education about the meaning of distraction techniques using story telling. Re-evaluate the education that was given yesterday.

Meanwhile, patient 2 researchers carried out the implementation on March 24-26 2022. On March 24 at 12:00 WIB, researchers identified the level of anxiety using an anxiety questionnaire and observation sheet, it was found that patient 2 was at a severe anxiety level before administering distraction techniques with story telling. then at 12:15 WIB the researcher created a therapeutic atmosphere to foster trust between researchers and patients. Then at 12:30 WIB the researchers provided education about the meaning of distraction techniques using story telling, provided complete education to the patient's family about distraction techniques using leaflets.

On March 25 at 12:00 WIB, researchers again identified the level of anxiety using an anxiety questionnaire and an observation sheet. It was found that patient 2 was at a moderate level of anxiety after being given the distraction technique with story telling. then at 12:15 WIB the researcher created a therapeutic atmosphere to foster trust between researchers and patients. At 12:20 WIB the researcher used a distraction technique using story telling. carry out distraction techniques with story telling according to the SOP. Then at 12:40 WIB the researchers provided education about the meaning of distraction techniques using story telling, provided complete education to the patient's family about distraction techniques using leaflets.

On March 26 at 12:00 WIB, the researchers again identified the level of anxiety using an anxiety questionnaire and an observation sheet. It was found that the anxiety level had decreased to light after being given the distraction technique with story telling. Then at 12:15 WIB the researcher carried out a distraction technique using story telling. carry out distraction techniques with story telling according to the SOP. At 13:35 WIB, researchers provided education about the meaning of distraction techniques using story telling. Re-evaluate the education that was given yesterday.

3.1.5. Nursing Evaluation

In patient 1, evaluated on March 19 2022, subjective data results were obtained, namely moderate verbalization of confusion, moderate verbalization of worry due to the condition at hand, moderate concentration. The patient's mother said her child had difficulty sleeping and often woke up at night. Objective data of moderate restless behavior, moderate tense behavior, moderate sleep patterns. The assessment obtained on the first day of the problem had not been resolved, planning was carried out for the following day the intervention continued with numbers IU 1, IIU 1, IIP 1, IIIP 1. On the second day of evaluation on March 20 2022 subjective data was obtained including verbalization of confusion which had decreased quite a bit, verbalization of worry due to the condition faced has decreased quite a lot, concentration has improved quite a lot, the mother said her child's sleep pattern has improved quite a bit. Objective data shows that restless behavior has decreased quite a lot, tense behavior has decreased quite a lot and sleep patterns have quite improved. The assessment obtained on the second day of the problem was partially resolved, planning was carried out for the following day the intervention continued with numbers IU 1, IIU 1, IIP 1, IIIP 1. On the evaluation results on the third day on March 21 2022, subjective data was obtained including decreased verbalization of confusion, verbalization of worry due to the conditions experienced decreased, concentration improved, the mother said her child's sleep pattern improved. Objective data showed that restless behavior decreased, tense behavior decreased and sleep patterns improved. The assessment obtained on the third day of the anxiety problem was resolved, planning was carried out and the intervention was stopped.

In patient 2's evaluation on March 24 2022, the subjective data results showed that the verbalization of confusion was moderate, the verbalization of worry due to the conditions faced was moderate, the



concentration was moderate, the patient's mother said that her child had difficulty sleeping and often woke up at night. Objective data obtained moderate restless behavior, moderate tense behavior and moderate sleep patterns. The assessment obtained on the first day of the problem had not been resolved, planning was carried out for the following day the intervention continued with numbers IU 1, IIU 1, IIP 1, IIIP 1. On the second day of evaluation on March 25 2022, subjective data was obtained including verbalization of confusion quite decreased, verbalization of worry due to the condition faced has decreased quite a lot, concentration has improved quite a lot, the mother said her child's sleep pattern has improved quite a bit. Objective data shows that restless behavior has decreased quite a lot, tense behavior has decreased quite a lot and sleep patterns have quite improved. The assessment obtained on the second day of the problem was partially resolved, planning was carried out for the following day the intervention continued with numbers IU 1, IIU 1, IIP 1, IIIP 1. On the evaluation results on the third day on March 26 2022, subjective data was obtained including decreased verbalization of confusion, verbalization of worry due to the conditions experienced decreased, concentration improved, the mother said her child's sleep pattern improved. Objective data showed that restless behavior decreased, tense behavior decreased and sleep patterns improved. The assessment obtained on the third day of the anxiety problem was resolved, planning was carried out and the intervention was stopped.

3.2. Discussion

3.2.1. Nursing Assessment

Nursing assessment in case studies with anxiety problems found major symptoms and signs with subjective and objective data. In patient 1 (An. R), the subjective data obtained by the patient's mother said that her child felt confused because he often asked why he was here and when he could go home because it was his first time being hospitalized. The patient's mother said that her child felt worried about the consequences of the condition he was facing. because he was uncomfortable being in the hospital and felt worried about his current condition, the patient's mother said that her child had difficulty concentrating, the patient's mother said that her child had difficulty sleeping and often woke up at night and objective data showed that the patient looked restless, the patient looked tense, the patient seemed to have difficulty sleeping.

Meanwhile for patient 2 (An. A), the subjective data obtained by the patient's mother said that her child felt confused because he often asked why he was being treated and asked when he could go home. The patient's mother said that her child felt worried about the consequences of the condition he was facing because he often refused to take action. treatment and fear that doctors and nurses will hurt him when treatment measures are carried out such as installing an IV. The patient's mother said her child had difficulty concentrating. The patient's mother said her child had difficulty sleeping and often woke up and the results of objective data showed that the patient looked tense, the patient looked restless, the patient looked difficult. Sleep.

According to the DPP PPNI SDKI Working Group Team (2017), signs and symptoms of anxiety, namely subjective data and major objective data, include major subjective signs: feeling confused, feeling worried about the consequences of the condition being faced and having difficulty concentrating. Major objective data: looks restless, looks tense and has difficulty sleeping. The results of case studies, theory and research show that anxiety in pediatric patients is described by existing data. It is concluded that theory and reality have general similarities in pediatric patients who experience anxiety due to hospitalization.

3.2.2. Nursing Diagnoses

Researchers made a diagnosis based on the study and analysis of data contained in patient 1 and patient 2. The main diagnosis made in patient 1 (An. R) and patient 2 (An. A) was anxiety related to a situational crisis as evidenced by feeling confused, feeling worried. with the consequences of the conditions faced, difficulty concentrating, appearing restless, appearing tense and having difficulty sleeping, which are adjusted to the subjective and objective symptoms found in patient 1 and patient 2, namely feeling confused, feeling worried about the consequences of the conditions faced, difficulty concentrating, looked restless, looked tense and had difficulty sleeping.

3.2.3. Nursing Intervention

The intervention made based on the diagnosis above is anxiety reduction and distraction techniques. The expected goal. After nursing care is carried out for 3 x 24 hours, it is hoped that the level of anxiety will decrease with the criteria of decreased verbalization of confusion, decreased verbalization of worry due to the conditions faced, decreased anxious behavior, decreased tense behavior. , concentration improves, sleep patterns improve. Nursing interventions carried out are based on the Indonesian Nursing Intervention Standards SIKI DPP PPNI Working Group Team (2018). The main intervention at the observation stage carried out is identifying the level of anxiety, the therapeutic stage carried out is creating a therapeutic atmosphere to foster trust, while supporting interventions at the therapeutic stage are carried out namely use distraction techniques (eg reading books, watching television, playing, therapy activities, reading stories, singing) and the educational stage explains the benefits and types of distraction for the five senses (eg music, counting, television, reading, video/handheld games) .

3.2.4. Nursing Implementation

3.2.4.1. Identifying Anxiety Levels

The first implementation carried out was to assess the patient's anxiety level using the Spence Children's Anxiety Scale Pre School (Parent Report) anxiety scale questionnaire and an observation sheet. The questionnaire was filled out by parents with the direction of the researcher. The results of implementing the action to identify the level of anxiety in patient 1 aged 4 years, data was obtained, the child felt confused because he was in hospital and when he could go home because it was the first time he was being treated, the child feel worried about the consequences of the condition they are facing because they are uncomfortable being in the hospital, the child has difficulty concentrating, the child seems restless, tense, has difficulty sleeping and the child often seems to say he wants to go home. In patient 2, aged 6 years, the data identified the level of anxiety, the child felt confused because he often asked why he was being treated and asked when he could go home, the child felt worried about the consequences of the condition he was facing, often refused treatment, had difficulty concentrating, the child looked restless, tense, difficult to sleep, the child seems to resist treatment and appears fussy and cries when treatment is carried out.

The results of identifying anxiety in children are in accordance with the theory according to Nuraila, Utami and Cahyani (2018) in the Child Nursing Textbook that the stress reaction to hospitalization in pre-school aged children includes refusing to eat, difficulty sleeping, crying often, if separated from the child's parents. will often ask when parents will visit, reject and withdraw from others [7]. When adding up the anxiety scores obtained, there is a difference in the level of anxiety in patient 1 and patient 2 related to the difference in patient age, patient 1 is 6 years old while patient 2 is 4 years old. The results of this study are in line with research conducted by Shrestha et al (2009) at the Teaching Hospital in Manglore, which found that anxiety was more visible at a younger age.

3.2.4.2. Creating a Therapeutic Atmosphere to Foster Trust

The researcher approached patient 1 and patient 2 by establishing communication and closeness between the researcher and the patient so that the patient could be close and more comfortable being around the researcher. The response given by patient 1 when he first met the patient seemed to be silent and not paying attention and was not interested in the researcher's arrival. The researchers approached him by introducing themselves to each other and inviting the patient to talk about the hobbies he liked. On the following day, patient 1's response when the researcher came back was that he started paying attention and was interested in the researcher. Patient 1 also talked and asked more questions than the previous day. On the third day, patient 1 was very enthusiastic about the researcher's arrival and seemed comfortable around the researcher.

Meanwhile, patient 2's response on the first day of meeting the patient was crying and did not want to see the researcher and could not be approached, when the researcher asked patient 2 did not want to answer, he just nodded his head. On the second day, patient 2 was able to be approached, the patient began to pay attention and respond to the questions given by the researcher. On the third day, when the researcher came back, patient 2 looked happy and started talking more than the previous day. The researcher saw the reaction between Patient 1 and Patient 2 when the approach process was related to the age of the patient who was in the pre-school period which Wong (2009) expressed in the Pediatric Nursing Textbook theory that preschool-age children are not yet able to accept and perceive illness and new experiences with the environment. foreign. Hockenberry and Wilson (2009), also stated that



preschool children will express their feelings by crying, attacking angrily and refusing to cooperate with others [4].

3.2.4.2. Using Distraction Techniques with Story Telling

The researcher implemented the distraction technique after knowing the level of anxiety in patient 1 and patient 2, this action was carried out for 15 minutes using a story book entitled "Kibo and the Honey Bear". After implementing the distraction technique: story telling in patient 1 and patient 2, a response was obtained. The patient is cooperative, the patient looks focused on the story being told. The patient can also understand the content of the story, when the researcher asks questions regarding the content of the story the patient can answer correctly, such as mentioning the characters who play in the story. On the following day, the researcher implemented the distraction technique: story telling again with the same story but after reading the story, the researcher invited the patient to play using the games provided in the story book and provided knowledge about Sun Bears. The responses obtained from patient 1 and patient 2 seemed cooperative and happy with the researcher's presence, the patient seemed enthusiastic about listening to the story being told, the patient seemed focused on listening to the story, and the patient was able to follow the game well and understand the explanation about the Sun Bear.

After implementing the distraction technique: storytelling in patient 1, it was found that the anxiety score on the first day decreased from 40 (moderate anxiety) to 28 (moderate anxiety) on the second day and 18 (mild anxiety) on the third day. Patient 2 on the first day was 58 (severe anxiety) to 40 (moderate anxiety) on the second day and 28 (mild anxiety) on the third day. The results of the research above are in line with research conducted by Yati et al (2017) where there was a significant influence of storytelling on the anxiety level of preschool-age children during hospitalization. The results of this research are also in line with research conducted by Padila [9] which shows that treatment using story telling more significantly reduces anxiety in pre-school children [6]. Providing distraction techniques: story telling to children who experience anxiety in accordance with the theory according to Nuraila, Utami and Cahyani (2018) in the Child Nursing Textbook states that distraction therapy can minimize stress, provide diversion and relaxation, help children feel more comfortable in unfamiliar environments, reduce stress due to separation and feelings of wanting to go home, as a place to channel creative ideas, encourage positive interactions with other people, a means to achieve therapeutic goals and as a place for children to play an active role and minimize loss of control [7].

3.2.4.3. Providing Education About Distraction Techniques Using Story Telling

Researchers provided education on the first day, the media used was leaflets. In the implementation of education about distraction techniques with story telling, the parents of patient 1 and patient 2 were given the same material, namely explaining the meaning of distraction techniques, the purpose of distraction techniques, the benefits of distraction techniques and conveying about efforts to reduce anxiety with story telling and explain the meaning of story telling, types, stages and supporting factors for story telling. The results obtained during the researchers provided education, the parents of patient 1 and patient 2 listened to the explanation given, the response given by the parents of patient 1 was able to mention again the material that had been presented, as well as the parents of patient 2 who were very good at mentioning the material that had been given.

Based on research results that support the influence of education on increasing knowledge, namely research conducted by Riyantini (2010) which states that health education has a great influence on knowledge and practice. Therefore, education is very important to give to parents. Other research conducted by Salafiah (2014) also explains that there is an influence of health education on knowledge [jalan belaknagn] Based on research by Elbilgahy and Abd El Aziz (2017), they evaluated the effect of providing education on mothers' knowledge and attitudes in handling children [3]. Health education has a positive effect on maternal knowledge, attitudes and child management.

3.2.5. Evaluation

Evaluation is the process of assessing goal achievement and reviewing nursing plans. Evaluation assesses the patient's response which includes subject, object, assessment and planning [2]. The evaluation results obtained after carrying out nursing implementation actions for 3 x 24 hours are expected to reduce.

the level of anxiety with the criteria of decreased verbalization of confusion, decreased verbalization of worry due to the conditions faced, decreased restless behavior, decreased tense behavior, improved concentration and improved sleep patterns.

Based on the results of a three-day evaluation for both patients 1 and 2, subjective data was obtained including decreased verbalization of confusion, decreased verbalization of worry due to the condition they were facing, improved concentration, the mother said her child's sleep pattern had improved. Objective data showed that restless behavior decreased, tense behavior decreased and sleep patterns improved. On the third day, there was a decrease in the level of anxiety, the score obtained by patient 1 was 18 with an indication of mild anxiety and the observation result was a score of 2 mild anxiety. In patient 2, a score of 28 was obtained indicating mild anxiety and the observation result was a score of 4 mild anxiety.

4. CONCLUSION

- a. Providing distraction techniques: story telling on the results of identifying anxiety for three days, it was found that on the first day the two patients were at moderate and severe levels. The second day is at moderate level, then on the third day it is at light level.
- b. Providing the distraction technique: story telling with anxiety problems was effective in reducing anxiety, there was a significant decrease after using the distraction technique: story telling for three days.

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