

Overview Of Meeting Sleep Needs In Children In The Pediatric Ward Of The Empu Tantular Room Of Harapan Pematangsiantar Hospital.

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ABSTRACT

This study aims to describe the fulfillment of sleep needs in children treated in the Children's Ward of the Tantular Master Room of Harapan Pematangsiantar Hospital. Sleep needs in children are very important for optimal growth and development. This study used a descriptive approach involving a number of children as research subjects. The data collection method involves direct observation of the child's sleep behavior, interviews with parents or caregivers, and examination of sleep-related medical records. The collected data will be analyzed qualitatively to provide a comprehensive picture of the fulfillment of sleep needs in children. The results of the study are expected to provide useful information to the hospital, health workers, and parents in improving the fulfillment of children's sleep needs during the hospital treatment period. The implications of this research are expected to support the improvement of child care policies and practices in the hospital environment, especially in the aspect of meeting the needs of adequate sleep.

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INTRODUCTION

Being sick and hospitalized is far from pleasant for children, it is a stressor because they do not understand why they are being treated (Lewer, 1993). New environments, separation from family, friends and unfamiliar situations where nurses and doctors are in control, painful medical procedures, dealing with other sick children and other things that cause hospital treatment to be painful, are unpleasant emotional sensory experiences (Smert, 1997).

Based on data obtained from Irna Empu Tantular RS. Pematang Siantar hopes that the number of children aged 1 - 12 years who are treated in the room averages 34 children / month. Based on the results of a preliminary study conducted by researchers on April 4-16, 2005 on 18 children treated in the Children's Ward of the Hospital. Harapan Pematang Siantar, it is known that there are 16 children (88.9%) receiving infusion therapy. As many as 75% of the 16 children who received infusion therapy, parents said their children were often fussy and had difficulty sleeping, often woke up and cried during sleep. This can happen because the infusion causes pain, it can also affect stress and discomfort. From these data, it can be seen that children experience sleep disorders in quality and quantity.

The author once found a fact, namely when the nephew was hospitalized with an IV installed. At every time he goes to sleep he has difficulty and sometimes wakes up often, the author has also encountered children with excessive intravenous fluids often experience enurises. This can interfere with the child's sleep needs. Therefore, nurses are expected to perform the installation procedure correctly, so that children do not experience disturbances during sleep.

A hospital is a place where children can undergo painful procedures such as intravenous insertion. Children who undergo procedures that cause pain, tend to show negative behavioral reactions including children becoming more aggressive and uncooperative or hostile and if this condition continues, it will cause growth and development disorders also complicate the implementation of medical procedures including intravenous installation (Smert, 1997).

In addition to negative behavioral reactions, an aspect that has received less attention is the impact of these invasive and painful actions on meeting children's rest/sleep needs. Sleep is one of the basic human needs that has a repair and homeostatic function, and is also important in regulating temperature and normal energy reserves (Solusisehat.net, 2004).

Children who undergo invasive procedures in the form of infusion installation, in addition to causing physical disorders such as pain, can also affect psychologically in the form of stress, aggression and feelings of restraint due to immobilization of the infusion installation area, which in children are usually given spalk and fixation (Weinstein, 2001: 145). These physical and psychological disorders can cause sleep disorders commonly called insomnia (Lanywati, 2001: 14). Insomnia is difficulty falling asleep or a sleep disorder that makes sufferers feel they have not slept enough when they wake up (Medicastore, 2003).

Sleep needs that are disturbed or less met will affect daily activities. Children are a sensitive age to the effects of sleep deprivation. Nearly a quarter of 1- to 4-year-olds experience sleep disturbances including deliriousness, nightmares, bedwetting, and night terrors. Sleep disorders in childhood tend to continue if left untreated. Children who experience sleep disorders in the first year often experience various sleep problems in later years (Williams, 1999: 11). Sleep deprivation may make the child more susceptible to physical illness, and will reduce the relationship and interaction between parents and children later in life and may also affect the child's self-esteem. Relatively large children who experience sleep disorders, compared to children of normal age, usually show more negative emotions, such as reaching during the day, rising tension, less arousal and depressed. Children who sleep inadequately or disturbed are often irritable, inattentive, resistant and appear hyperactive (Williams, 1999: 12).

Given that invasive procedures such as intravenous insertion can cause sleep disorders in children, and sleep disorders can negatively affect children's health both physically and psychologically, it is necessary to pay further attention to this situation. Special considerations for the installation of infusions in children must be done so that children do not experience excessive pain and trauma and the child's sleep needs are maintained. Parents are also expected to maintain the tranquility of the environment when the child is resting/sleeping.

METHOD

The research design used is a purely descriptive method because it aims to describe the state or status of the phenomenon. In this study, researchers wanted to know how the picture of meeting sleep needs in children who were installed with IVs at the Pematangsiantar Level IV Army Hospital.

The population in this study was all children treated in the Melati room of the Pematangsiantar Level IV Army Hospital with an average per month + 34 children and a study sample of 31 children. The technique used in sampling is purposive sampling, which is a sampling technique based on a certain consideration made by the researcher himself based on the characteristics or characteristics of the population that have been known before (Notoatmodjo, 1997).

The data collection process was carried out by interviews using questionnaires. Respondents (parents/guardians of children) were asked to fill out questionnaires given according to the child's condition, for those who could not read, questionnaires were read by researchers.

Researchers provide explanations about things that have not been understood from the contents of the questionnaire. To do this questionnaire, each respondent took about 30 minutes for 3 days. Data analysis is carried out through several steps as follows: Editing, Tabulation (Coding, Scoring), Classification and Presentation of Data.

RESULTS AND DISCUSSION

Characteristics Responden

Table 1. Distribution of respondents' frequency based on the age of children treated

Children's Age	Frequency	Percentage (%)
0 - 1 year	15	48,4
More than 1 - 6 years	15	48,4
More than 6 years	1	3,2
Total	31	100

From the data in table 1 above, it is known that the highest percentage is aged between 0 - 1 year and aged more than 1 - 6 years with a percentage of 48.4%.

Table 2. Distribution of respondents' frequency based on the length of time children are treated in the jasmine room

Length of treatment	Frequency	Percentage (%)
2 - 6 days	29	93,5
7 - 13 days	2	6,5
More than 13 days	0	0
Total	31	100

From table 2 above, it is known that the highest percentage is 93.5% with a length of hospitalization of 2-6 days.

Table 3. Frequency distribution of respondents based on the disease of the child treated

Disease	Frequency	Percentage (%)
Gastroenteritis	14	45,2
Respiratory tract infections	4	12,9
DHF	3	9,7
Febris Convulsion	3	9,7
OF	5	16,1
Meningitis	1	3,2
Bronkiolitis	1	3,2
Total	31	100

Source: Primary Data of Research Questionnaire, October 2016

From table 4 above, it is known that the majority of respondents suffering from gastroenteritis (some accompanied by other symptoms such as vomiting, moderate diarrhea) have the highest percentage of 45.2%.

Quantitative fulfillment of sleep needs in children who are installed with infusions in hospitals is classified into 2 categories, namely:

Table 4. Distribution of respondents' frequency based on quantitative fulfillment of sleep needs in children

Sleep quantity	Frequency	Percentage (%)
Fulfilled	13	41,9
Not fulfilled	18	58,1
Total	31	100

Based on the results of the study as listed in table 4 above, it is known that the sleep needs of children with the highest percentage of 58.1% with the quantity of sleep are not met.

Qualitative fulfillment of sleep needs in children who are installed with infusions in hospitals is classified into 2 categories, namely:

Table 5. Distribution of Responde Frequency Based on Qualitative Meeting of Sleep Needs in Children

Sleep quantity	Frequency	Percentage (%)
Normal	3	9,7
Abnormal	28	90,3
Total	31	100

Based on the results of research as listed in table 5 above, it is known that qualitative fulfillment of sleep needs with the highest percentage of 90.3% with abnormal sleep quality.

Discussion

Quantitative fulfillment of sleep needs in children who are installed with IVs in the hospital

The data showed that children's sleep needs were met quantitatively by 41.9% while those that were not met by 58.1%. This data shows that in quantity (length of sleep) children's mayoity is not met. This can be influenced by various factors including the new situation of children undergoing treatment / hospitalization in the hospital. This condition is supported by data that almost all children (93.5%) undergo treatment periods of less than one week. The results of this study are in accordance with the opinion of Carpenito (2012) that sleep disorders can occur due to situational factors such as environmental changes, such as hospital care, noise, or fear (Carpenito, 2001: 382).

In addition to situational factors, the pathological condition of the child also affects the fulfillment of children's sleep needs. This is supported by data that many children experience gastroenteritis (45.2%), febrile convulsion and febrile observation (25.8%), and respiratory tract infections (12.9%). The results of this study are in accordance with the opinion of Carpenito (2012) that disruption of meeting sleep needs can occur due to pathophysiological factors such as angina, peripheral arteriosclerosis, diarrhea, respiratory disorders, circulatory disorders, and others (Carpenito, 2001: 382).

The results of this study are also in accordance with the opinion of Endang Lanywati (2012) who said that sleep disorders in the form of short-term insomnia, are sleeplessness disorders that occur in people with physical pain (eg cough, rheumatism) or situational stress (eg loss / death of the closest person, changing jobs). This disorder can usually heal some time after adaptation, treatment or improvement of sleep atmosphere (Lanywati, 2012: 15).

Various pathophysiological conditions such as diseases suffered by clients can affect sleep fulfillment disorders in the form of difficulty starting sleep and waking up too early. Difficulty initiating sleep (initial insomnia) is usually caused by emotional disturbances / tension or physical disorders. Waking up too early (early awakening) is able to start sleeping normally, but sleep is easily interrupted and or wake up earlier than the usual bedtime, and then can not sleep again. These symptoms often appear along with a person's age or due to depression and various other causes (Lanywati, 2012: 13).

From the results of this study, it can be concluded that changes in the situation, for example due to hospitalization in children, as well as the presence of pathological conditions or diseases suffered by children can cause disruption of meeting sleep needs in quantity in children. This is natural, for example in children who have diarrhea, they will find it difficult to start sleeping or even wake up early because they are disturbed by the urge to defecate. Similarly, with changes in

situations such as hospitalized children, they can experience anxiety and fear making it difficult to start sleeping. This can cause the child's sleep quantity to decrease.

Qualitative fulfillment of sleep needs in children who are installed with IVs in the hospital

The data showed that the qualitative fulfillment of sleep needs in children who were categorized as normal as much as 9.7%, while the quality of sleep in children who were categorized as abnormal as much as 90.3%. This data shows that almost all children have disturbed sleep quality.

Various factors can cause the quality of a child's sleep to be disrupted. This condition is supported by data that many children often wake up while sleeping (90.3%), children experience pain and crying (58.1%) and bedwetting during sleep experienced by as many as 67.7% of respondents. The results of this study are in accordance with the opinion of Carpenito (2001) who said that sleep disorders in children are often associated with fear, enuresis or inconsistent responses from parents to requests for children to change rules in sleep such as requests to sleep late. Data that support the existence of sleep disorders are children reluctant to rest, often wake up at night, desire to sleep with parents (Carpenito, 2012: 382).

Certain invasive actions performed on children also make children's sleep needs disrupted. All children in the study received intravenous therapy, and almost all children (90.3%) had impaired sleep quality. Children who are attached to an IV can have difficulty positioning to sleep. The results of this study are in accordance with the opinion of Carpenito (2012) who said that sleep disorders in children can occur due to related action factors, which cause difficulty in carrying out ordinary positions such as infusion installation, splints, traction and actions that cause pain (Carpenito, 2012: 381).

The condition of frequent awakening, enuresis, fear, crying because of pain or pain when the child should have gone to sleep can indeed make sleep not sound. Especially if the child is hospitalized and receives infusion therapy. This can occur because pain during infusion causes trauma and fear in children, in addition to pathological symptoms due to diseases suffered by children. These various conditions cause the quality of children's sleep to be disturbed.

CONCLUSION

As many as 58.1% of children who were installed with IVs at Harapan Pematang Siantar Hospital experienced quantitative sleep fulfillment disorders, which occurred due to hospitalization factors and pathophysiological conditions in children. As many as 90.3% of children who were installed with IVs at Harapan Pematang Siantar Hospital experienced qualitative sleep fulfillment problems, which occurred because children often woke up, pain, and enuresis, and difficulty undergoing positions.

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