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# Parental Mediation to Reduce Device Addiction in Children with Emotional Disorders: A Case Study

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### ABSTRACT

**Objective**: This case study aims to provide direct nursing care to children experiencing emotional disturbances due to gadget addiction through parental mediation in the city of Banjar.

**Method**: The research methodology employed in this study is descriptive analysis utilizing a case study approach to provide an objective assessment of the client's condition. The study focused solely on one subject, Patient An. R, who experienced emotional issues stemming from gadget addiction in Banjar City. The initial day involved conducting an assessment to determine the extent of gadget addiction and the client's emotional disturbances, educating the family on parental mediation techniques, and conducting a physical examination, which revealed no issues. Subsequent days involved monitoring changes in the client's device use intensity and emotional state. The final day assessed the effectiveness of the parental mediation intervention implemented by the family through data collection methods including interviews, observation, physical examinations, and documentation reviews.

**Results**: The findings from the case study review phase indicated that the client exhibited emotional disturbances due to gadget addiction. The intervention utilized to reduce gadget addiction involved parental mediation employing parental strategies to monitor device usage. Over a 3-day period, the child was encouraged to reduce daily device use duration, resulting in a successful reduction from 3-5 hours per day to 1-2 hours per day.

**Conclusion**: Following the 3-day parental mediation intervention from June 18-20, 2023, the client's device use intensity aligned with the desired outcomes. Positive changes observed included decreased behavior of ignoring family members, enhanced communication among family members, and a reduction in aggressive behavior. Evaluation results indicated the resolution of one nursing diagnosis as planned. Despite the client's emotional disorder due to gadget addiction, the intervention had a positive impact, significantly reducing device usage from 3-5 hours to 1-2 hours per day.

Keywords: emotional disorders, gadget addiction, parental mediation

#### Introduction

Due to the demands of modern times and technological advancements, the mindset of today's children is evolving more rapidly compared to children from the past (Makarau and Suyadi, 2022). According to data from the Ministry of Communication and Informatics in 2018, Indonesia ranks as the fourth-largest country globally in terms of gadget users, following China, India, and the US. The introduction of gadgets presents numerous benefits for children, fostering technological familiarity and expanding their vocabulary. Research conducted by the Joan Ganz Center in the United States revealed that children utilizing educational iPad applications at the age of five saw a 27% boost in vocabulary, with a 17% increase observed in three-year-olds. Gadget usage can also enhance young children's sensory learning capabilities (Wulandari, Asiah, and Santoso, 2021).

The term "gadget", originating from English, denotes a small electronic device designed for receiving up-to-date information. These devices are equipped with diverse technologies and innovative features aimed at simplifying human life. Gadgets encompass a range of items such as tablet PCs, computers, laptops, smartphones, and telephones (Setianingsih, 2018). Continuous gadget usage among children may lead to adverse effects on their daily behavior, as children may prefer gadget interaction over engaging with the outside world. Parents often rely on gadgets to keep children occupied, leading to decreased outdoor activity. Many parents perceive gadgets as safe and easily monitored playmates, potentially substituting parental roles (Chaidirman, Indriastuti, and Narmi, 2019).

Improper gadget use among children can result in reduced social interaction and health concerns. Children acclimatized to excessive gadget exposure may inadvertently access ageinappropriate content, hindering their development and potentially causing psychological disturbances (Primayana and Dewi, 2020). Device usage is classified as high intensity if exceeding 120 minutes per day or 75 minutes at once. Repetitive gadget use multiple times per day for 30 to 75 minutes can result in addiction, while moderate intensity usage falls within 40 to 60 minutes per day (Ati et al., 2020).

Children's emotional well-being can be influenced by their interaction with gadgets if left unsupervised (Suhanda, Putri, & Setiawan, 2023). Unmonitored gadget usage may affect children's social skills and emotional stability, leading to challenges in socialization and learning. Positive emotions arise from mindful gadget usage, aiding in active learning through games and educational content, while negative emotions result from excessive, unregulated usage (Jufrida, Basuki, and Kurniawan, 2021). To address these challenges, parental mediation strategies play a vital role in supervising and regulating children's media consumption to mitigate negative impacts (Pristinella and Desiyanthi, 2021). Research by Nurmala and Mashuri (2021) highlights the effectiveness of parental mediation in reducing screen time among children with emotional disorders, leading to observable behavioral changes. Implementing such interventions resulted in reduced gadget use and decreased emotional outbursts, indicating the importance of parental involvement in managing gadget addiction.

Through the comprehensive case study conducted on the client, it was observed that the child exhibited heightened emotions during gadget use, engaging in negative behaviors when confronted with challenges. Additionally, the child's reliance on gadgets for entertainment led to emotional outbursts when deprived of device access. Despite parental warnings, the child's behavior persisted due to limited monitoring time arising from parental work commitments. In consideration of the above observations, the authors aim to present their research findings in a scientific paper titled "Case Study of Parental Mediation to Reduce Gadget Addiction in Children with Emotional Disorders."

## Objective

The objective of this study is to deliver nursing care to children experiencing emotional disorders stemming from gadget addiction through the implementation of parental mediation.

## Method

The study was designed to utilize a descriptive analysis and a case study approach, aiming to present an objective assessment of the situation (Fadli, 2021; Firmansyah, Mulyati & Setiawan, 2023; ). Within this case study, researchers examined the provision of nursing care to children experiencing emotional issues due to gadget addiction, as well as the execution of non-pharmacological interventions by parents to mitigate gadget addiction in Banjar City. The nursing care process encompassed assessment, diagnosis, planning, implementation, and evaluation (Koerniawan, Daeli, and Srimiyati, 2020). Participants were volunteers who willingly engaged in the activity without any form of coercion from external parties, with identities concealed for confidentiality purposes (Nurhasanah, 2020). The study focused on a single subject, Patient An. R, who faced emotional challenges attributed to gadget addiction in Banjar City.

The research took place in Balokang Village, Kec. Banjar City of Banjar, from June 18 to 20, 2023. On the first day, an assessment was conducted to gauge the level of gadget addiction and the client's emotional disturbances. The family received education on parental mediation techniques, alongside a physical examination that revealed no issues. Subsequent days involved monitoring changes in device use intensity and the client's emotional state, culminating in an evaluation of the parental mediation intervention implemented by the family on the third day.

## Result

The study results indicate that on June 18, 2023, at 13:00 WIB, the client was observed playing with their device. When questioned, the client did not respond promptly, and when he did, his responses were delivered in an elevated tone. Additionally, the client exhibited minimal interaction with others. The client's family mentioned that the client had a history of gadget addiction, although the severity seemed to have escalated. Upon physical examination, the client displayed normal condition with intact sensorium and a Glasgow Coma Scale (GCS) score of E4V6M5. Vital signs recorded were blood pressure at 100/80 mmHg, temperature of 36.6 degrees Celsius, pulse rate of 90 beats per minute, and respiration rate of 22 breaths per minute.

In the real-case assessment of An.R, who experienced emotional disturbances due to gadget addiction, researchers identified a diagnostic formulation of decreased family coping related to shifts in family roles. This diagnosis was evidenced by the family's practice of allowing the client unlimited device usage and the client's expressed preference for gadget play over interaction with peers, averaging 3–5 hours of device engagement daily.

| SLKI   | SIKI                                      |  |
|--|---|--|
| After nursing care is carried out, it is hoped | Anger control management (I.09290) p. 203 |  |
| that the family's coping status (L.09088) will | Observation                               |  |
| be resolved with the following outcome         | 1. Identify the causes/triggers of anger  |  |
| criteria:                                      | 2. Identify behavioral expectations for   |  |
| The neglect of family members is decreasing    | expressions of anger                      |  |
| (5)  | Therapeutic                               |  |
| Communication between family members           | 1. Use a calm or reassuring approach      |  |
| improves (1)                                   | (with parental mediation).                |  |
| Decreased aggressive behavior (5)              | 2. Prevent physical damage from angry     |  |
|  | expressions (eg using weapons).           |  |
|  | 3. Support implementing anger control     |  |
|  | strategies and adaptive anger             |  |
|  | expressions.                              |  |
|  | 4. Provide reinforcement for the          |  |
|  | successful implementation of anger        |  |
|  | control strategies.                       |  |
|  | Education                                 |  |
|  | 1. Explain the meaning, function of       |  |
|  | anger, frustration and anger              |  |
|  | response.                                 |  |
|  | 2. Teach strategies to prevent            |  |
|  | maladaptive expressions of anger.         |  |
|  | 3. Teach methods to modulate the          |  |
|  | reinforcement of strong emotions          |  |
|  | (eg assertive exercises, relaxation       |  |
|  | techniques, journaling, energizing        |  |
|  | activities).                              |  |

The implementation of nursing care involves a sequence of interventions conducted by nurses to assist clients in transitioning from health problems to an improved state of wellbeing, as per the expected outcomes (Zebua, 2020). A focal implementation strategy emphasized by the authors to address gadget addiction and emotional disorders is the utilization of parental mediation techniques. This approach facilitates direct engagement between parents and children, enabling parents to actively participate in discussions with their children, establish guidelines on permissible content consumption, and promote constructive dialogues about appropriate viewing habits.

| Decreased S     | -                               | -  | Day 3           |
|-----------------|---------------------------------|--|-----------------|
|                 | S : The client said he was      | S : The client said he was                       | S: The client   |
| family coping a | angry and annoyed               | able to control his anger                        | says he is no   |
| related to b    | because the device he           | even a little                                    | longer angry or |
| changes in v    | was holding was taken by        | O : The client is not too                        | annoyed when    |
| family roles h  | his parents                     | angry with his parents                           | the use of his  |
| C               | 0:                              | A : Nursing problems                             | device is       |
|                 | 1. The client looks             | partially resolved                               | restricted      |
|                 | frowning                        | P : Continue Intervention                        | O: The client   |
|                 | 2. The client appears           | 1. Identify the                                  | accepts if his  |
|                 | to swear at his                 | causes/triggers of                               | parents ask for |
|                 | parents                         | anger  | his device with |
|                 | 3. The client has not           | 2. Use a calm and                                | an intensity of |
|                 | been able to                    | reassuring                                       | use of only 1-2 |
|                 | control anger                   | approach   | hours/day       |
| Þ               | A : The problem of              | 4. Supports                                      | A : The nursing |
| r               | nursing emotional               | establishing anger                               | problem is      |
|                 | disorders is partially          | control strategies                               | resolved        |
|                 | resolved                        | I : (08.15) identify the                         | P:The           |
| F               | P : Continue intervention       | causes/triggers of anger                         | intervention    |
|                 | 1. Identify the                 | Response: the client still                       | was stopped     |
|                 | causes/triggers of              | does not fully accept that                       |                 |
|                 | anger                           | the use of the device is                         |                 |
|                 | 2. Use a calm and               | limited, but there is a                          |                 |
|                 | reassuring                      | decrease in the intensity                        |                 |
|                 | approach                        | of using the device to 2-4                       |                 |
|                 | 4. Support                      | hours/day  |                 |
|                 | establishing anger              | (08.30) Using a calm and                         |                 |
|                 | control strategie               | reassuring approach                              |                 |
|                 | 5. Provide<br>reinforcement for | Response: the client<br>understands little about |                 |
|                 | the successful                  |  |                 |
|                 | implementation                  | using a good device by<br>way of parental        |                 |
|                 | of anger control                | mediation  |                 |
|                 | strategies                      | (08.40)supports                                  |                 |
|                 | 6. Teach strategies             | establishing anger control                       |                 |
|                 | to prevent                      | strategies                                       |                 |
|                 | maladaptive                     | Response: the client still                       |                 |
|                 | expressions of                  | cannot determine the                             |                 |
|                 | anger                           | anger control strategy                           |                 |
|                 | - 0-                            | given by his family.                             |                 |
| I               | : (13.10) identification of     | E : The problem of                               |                 |
|                 | causes/triggers of anger        | emotional disturbance is                         |                 |
|                 |                                 | partially resolved                               |                 |

Table 2. Nursing Evaluation

| Response: the client still R : Continue Intervention<br>seems annoyed with the<br>use of the device 3-5<br>hours/day<br>(13.20) Using a calm and<br>reassuring approach<br>Response: the client does<br>not understand the use of<br>a good device by way of<br>parental mediation<br>(13.30) support<br>establishing anger control<br>strategies<br>Response: the client is<br>still trying to be able to<br>control anger<br>(13.40) provide<br>reinforcement for the<br>successful<br>implementation of anger<br>management strategies<br>Response: The client has<br>not been successful in<br>implementing anger<br>control strategies<br>(13.35) Teach strategies<br>to prevent maladaptive<br>expressions of anger<br>Response: the client has<br>not been able to prevent<br>angry expressions<br>E : The problem of<br>emotional disturbance is<br>partially resolved<br>R : Continue Intervention<br>1,2,4,5,6 |  |  |
|--|--|--|
|  | seems annoyed with the<br>use of the device 3-5<br>hours/day<br>(13.20) Using a calm and<br>reassuring approach<br>Response: the client does<br>not understand the use of<br>a good device by way of<br>parental mediation<br>(13.30) support<br>establishing anger control<br>strategies<br>Response: the client is<br>still trying to be able to<br>control anger<br>(13.40) provide<br>reinforcement for the<br>successful<br>implementation of anger<br>management strategies<br>Response: The client has<br>not been successful in<br>implementing anger<br>control strategies<br>(13.35) Teach strategies<br>to prevent maladaptive<br>expressions of anger<br>Response: the client has<br>not been able to prevent<br>angry expressions<br>E : The problem of<br>emotional disturbance is<br>partially resolved |  |
|  | partially resolved<br>R : Continue Intervention  |  |

The objective of the intervention is to decrease gadget addiction in children with emotional disorders by implementing parental mediation measures, involving parental supervision or regulation of their child's device usage for three continuous days. The outcomes of these interventions revealed the resolution of the nursing issue, with the client successfully gaining control over their device usage.

### Discussion

The study results indicate that the client is dealing with emotional disturbances attributed to severe gadget addiction, stemming from parental negligence in supervision. Children with emotional disorders may struggle to adapt to their surroundings, hindering their learning process and overall well-being. In such cases, parents play a critical role in addressing their children's basic and psychological needs. Emotional disturbances in children can manifest as conflicts with family members or peers, leading to outbursts, irritability, and disruptions in sleep and eating patterns (Prihatiningsih and Wijayanti, 2019).

In the case of An. R, emotional disturbances arise primarily from uncontrolled gadget usage rather than conflicts with family members or peers. The client's inability to self-regulate device usage is a result of parental neglect in setting limits and monitoring usage, leading to volatile reactions when device access is restricted. Observations from the study highlight a decrease in family coping skills associated with changes in family dynamics, with the family inadvertently enabling excessive gadget use without time constraints (Setiawati and Fithriyah, 2020).

Gadget addiction can provoke a range of negative emotions in clients, including anxiety, anger, guilt, and sadness. However, in this instance, anger appears to be the predominant emotion stemming from the client's attachment to the device and the ensuing disruptions when access is curtailed. Post-intervention assessments revealed that emotional disturbances result directly from uncontrolled gadget use without adequate parental oversight (Puspita, 2019).

In response, the author employs evidence-based interventions and strategies derived from theory and literature to address emotional disturbances linked to gadget addiction within defined parameters. These interventions involve identifying triggers of anger, establishing behavioral expectations for expressing anger, employing calming techniques, preventing physical harm during outbursts, promoting anger management strategies, providing support for implementing control mechanisms, explaining the nature of anger and its responses, and teaching techniques to manage and regulate anger (PPNI, 2018).

The interventions provided by the author align with the client's main complaints, signs, symptoms, and problems. These interventions include: identifying the causes of anger to understand the client's triggers, using a calm and reassuring approach to keep the client composed and trusting in the actions being taken, preventing physical harm from angry expressions (e.g., using weapons) to ensure the client's safety, supporting the establishment of anger control strategies for emotional regulation, providing reinforcement for successful implementation of anger control strategies to validate the client's efforts, and teaching strategies to prevent maladaptive anger for better emotional management (Martini, Endriyani, and Febriani, 2021).

Parental mediation techniques, utilizing a parent-child approach, enable parents to engage directly in dialogues with their children, establish guidelines on permissible content consumption, and communicate kindly about content restrictions (Melinda and Pandia, 2020). Planned actions by the author include: identifying the causes or triggers of anger to comprehend the client's emotional triggers, using a calm and reassuring demeanor to maintain the client's composure, preventing physical harm resulting from expressions of anger, supporting the development of effective anger management strategies for emotional control, according to Sinaga (2020). This research suggests that the impact of gadget usage should not be underestimated. The parental role in guiding children's media consumption is crucial due to children's vulnerability to the adverse effects of media. Inadequate parental supervision necessitates parental mediation to monitor children's device usage effectively, which proves to be an effective method in managing children's emotional addiction to devices.

## Conclusion

Following the parental mediation intervention conducted over three consecutive days from June 18-20, 2023, positive outcomes were observed, aligning with the author's objectives. These outcomes included a decrease in the client's tendency to ignore family members, an increase in communication among family members, and a reduction in aggressive behaviors. The evaluation results indicated the successful resolution of one nursing diagnosis as planned. Within the constraints of addressing the issue of emotional disorders resulting from gadget addiction, the intervention had a beneficial effect on the client, with a notable decline in device usage from 3-5 hours per day to 1-2 hours per day.

## Conflict of interest

There is no conflict of interest.

## Authors' contribution

Each author contributed equally in all the parts of the research. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

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