



Psychosocial approach using storytelling therapy to reduce hospitalization-related anxiety in preschool children

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ABSTRACT

Background: Anxiety is one of the most common problems experienced by preschool children during hospitalization. This condition is concerning because it may negatively affect the healing process. Play therapy is recognized as an effective strategy to reduce anxiety, yet limited research has examined the use of storytelling therapy, particularly through fables, which provide strong stimulation to alleviate fear and anxiety.

Objective: This study aimed to analyze the effect of storytelling play therapy on the anxiety levels of preschool-aged children during hospitalization.

Methods: A quasi-experimental design with a one-group pre-test–post-test approach was employed. A purposive sampling technique was used, resulting in a total of 31 preschool participants. Anxiety was measured using the Hamilton Anxiety Rating Scale (HARS) observation sheet. Data were analyzed using the Wilcoxon test with IBM SPSS version 26.

Results: The mean age of participants was 3.97 years. The average pre-test anxiety score was 25.23, while the average post-test score was 14.61, with a mean reduction of 10.62 points. Hypothesis testing revealed a statistically significant difference ($p < 0.001$).

Conclusion: Storytelling play therapy effectively reduced anxiety among hospitalized preschool children. This intervention may be recommended as a non-pharmacological approach in pediatric nursing practice. Nurses are encouraged to integrate storytelling therapy into hospital services as part of holistic care that addresses both physical and psychological needs.

Keywords: hospitalization; anxiety; preschool child; storytelling; play therapy

INTRODUCTION

Hospitalization is often a major crisis for preschool-aged children, as it triggers fear and anxiety related to separation from loved ones, interactions with unfamiliar people, and concerns about pain or bodily harm. Anxiety is the most common problem during hospitalization in this age group (Atikah & Rofiqoh, 2022; Abdi et al., 2024; Demetriou et al., 2024). Defined as excessive worry, anxiety can destabilize a child's emotions and interfere with the healing process (Habibi, 2022).

Nursing and Healthcare Practices

- *Storytelling therapy is an effective non-pharmacological intervention to reduce anxiety in hospitalized preschoolers.*
- *It is simple, inexpensive, and child-friendly, making it suitable for routine nursing care.*
- *Training nurses in storytelling therapy supports holistic care, improves recovery, and enhances family satisfaction.*

According to the World Health Organization (WHO, 2015, as cited in [Ramadan, 2022](#)), the prevalence of hospitalization-related anxiety in children reaches 45% of pediatric inpatients. UNICEF reports that globally, approximately 148 million preschool-aged children require care in health facilities, and among the 57 million children hospitalized annually, 75% experience trauma in the form of fear and anxiety ([Fatmawati et al., 2019](#)). In Indonesia, the National Economic Survey (SUSENAS) revealed that 30.82% of preschool children (aged 3–6 years) constitute the total preschool population, and around 35 of every 100 hospitalized children experience anxiety ([Ekasaputri & Arniyanti, 2022](#)). A preliminary study at Sragen Hospital found that 5 out of 7 preschool patients showed anxious reactions during medication administration and vital sign assessment. Separation from a familiar and comfortable environment is the primary cause of hospitalization-related anxiety in preschoolers ([Vanny et al., 2020](#)). Anxious children may become uncooperative, resist treatment, or display behavioral disturbances such as crying, screaming, refusing to eat, or showing anger toward nurses and physicians. Prolonged or untreated anxiety can extend hospital stays, worsen the child's condition, cause post-hospitalization trauma, and, in severe cases, contribute to mortality ([Novia & Arini, 2021](#)).

To address these psychological challenges, play therapy is commonly recommended. Play allows children to express emotions, develop motor and cognitive abilities, and build confidence, thereby reducing hospitalization-

related anxiety ([Atikah & Rofiqoh, 2022](#); [Saputro et al., 2017](#); [Li et al., 2016](#)). One promising form of play therapy is storytelling, which uses language, vocal expression, gestures, and movement to communicate stories and alleviate fear ([Kapti & Setianingrum, 2017](#)). Tools such as hand puppets can enhance communication, stimulate imagination, and serve as therapeutic aids ([A'diilah & Somantri, 2016](#)). Storytelling has additional benefits, including fostering discipline, inspiring change, and strengthening children's emotional resilience ([Susanti & Safitri, 2017](#)).

Evidence from previous studies ([Jumasing et al., 2021](#); [A'diilah & Somantri, 2016](#); [Perwitosari, 2019](#); [Larasaty & Sodikin, 2020](#); [Ku et al., 2025](#); [Yunita et al., 2023](#)) confirms that storytelling therapy significantly reduces anxiety in hospitalized children. However, limited research has evaluated the use of fables—particularly the dove fable—as a tool to deliver motivational messages that reduce fear and anxiety. Earlier studies typically employed short interventions, such as 3-minute puppet storytelling or 5-minute audiovisual sessions. In contrast, the present study applied a 20-minute storytelling session using a fable tailored to preschool developmental stages. The dove story was selected to provide motivational strength, enabling children to better manage fear and anxiety. Therefore, the purpose of this study was to analyze the effect of storytelling play therapy on reducing anxiety among hospitalized preschool children.

METHODS

Design

This study employed a quasi-experimental design with a one-group pre-test and post-test approach. The design involved a single group because the intervention was conducted individually, with one child at a time, until a total of 31 preschool children were enrolled. Recruitment was not simultaneous, as patient characteristics varied according to the admission criteria

Sample and Setting

A purposive sampling technique was used with the following inclusion criteria: (1) hospitalized children aged 3–6 years, (2) admitted between the first and third day of hospitalization, and (3) not prescribed bed rest. Exclusion criteria included refusal by the child or family,

emergency conditions, developmental disorders (e.g., Down syndrome, autism), or incomplete participation in the study. A total of 31 children were recruited over one month. The sample size was based on Gay, Mills, and Airasian (2009), who recommend a minimum of 30 participants for experimental studies.

Variable

The independent variable was storytelling therapy, and the dependent variable was hospitalization-related anxiety.

Instruments

Anxiety was measured using the Hamilton Anxiety Rating Scale (HARS), which has demonstrated acceptable psychometric properties. Hayuningtyas and Nadia (2022) reported a validity coefficient of 0.444 and a Cronbach's alpha of 0.941 for the scale. The instrument consists of 14 items rated on a Likert scale (0 = never, 1 = mild, 2 = moderate, 3 = severe, 4 = very severe). Total scores are interpreted as follows: <14 = no anxiety, 14–20 = mild anxiety, 21–27 = moderate anxiety, 28–41 = severe anxiety, and 42–56 = very severe anxiety.

Intervention

The intervention in this study was storytelling therapy, delivered as a structured form of therapeutic play. After participants were identified based on inclusion and exclusion criteria, parents or guardians received an explanation of the study and provided written informed consent. The intervention was conducted individually with each preschool child on the second day of hospitalization and lasted for approximately 30 minutes, consisting of orientation, work, and termination stages. During the orientation stage, which lasted about five minutes, the researcher built rapport with the child, introduced the activity, and familiarized the child with the puppet media, with parents present to provide reassurance. In the 20-minute work stage, the researcher narrated a fable about a dove using hand puppets, emphasizing motivational messages of courage and resilience. Expressive narration through voice modulation, gestures, and facial expressions was applied to engage the child's attention, while parents were encouraged to provide supportive responses. The termination stage lasted about five minutes and involved a short discussion that allowed the child to

share feelings, ask questions, and receive positive reinforcement. The intervention was conducted in a quiet hospital room during daytime hours before nursing procedures to avoid interruptions. Each child received only one session, designed to provide immediate psychosocial support during the early days of hospitalization. This structured storytelling therapy was tailored to the developmental level of preschool children, aiming to reduce fear, encourage emotional expression, and decrease hospitalization-related anxiety.

Data Analysis

Normality was tested using the Shapiro–Wilk test, given the sample size (<50). Results indicated that the data were not normally distributed; therefore, the Wilcoxon signed-rank test was used for hypothesis testing. Analyses were performed using IBM SPSS version 26.

Ethical Consideration

Ethical approval was obtained from the Health Research Ethics Committee (approval number: 212/I/HREC/2024), issued on January 30, 2024. Informed consent was obtained from parents prior to participation. Participants retained the right to withdraw at any stage without consequence. Anonymity and confidentiality were ensured by coding data with initials.

RESULTS

Respondent Characteristics

The study included 31 preschool children as respondents. More than half were boys (54.8%), while girls accounted for 45.2%. In terms of age distribution, most children were 3 years old (38.7%), followed by those aged 4 years (29.0%) and 5 years (29.0%), with only one child (3.2%) aged 6 years. Regarding hospitalization history, the majority of respondents (71.0%) had never been hospitalized before, while 29.0% had a prior history of hospitalization. The length of hospital stay varied, with the largest proportion staying for two days (29.0%), followed by three days (25.8%), one day (16.1%), and four days (16.1%). A smaller proportion (12.9%) had a hospital stay of five days (Table 1).

Before the intervention, the majority of male respondents (41.2%) experienced severe anxiety. Following storytelling therapy, anxiety levels among male respondents decreased, with most shifting to the mild anxiety category (47.1%). In terms of age, children aged three

Table 1. Characteristics of the Respondents

Category	n	%
Gender		
Boy	17	54.8
Girl	14	45.2
Age		
3 year	12	38.7
4 year	9	29
5 year	9	29
6 year	1	3.2
Hospitalization History		
Ever	9	29
Never	22	71
Length of Stay		
1 Day	5	16.1
2 Day	9	29
3 Day	8	25.8
4 Day	5	16.1
5 Day	4	12.9

years exhibited the highest proportion of severe anxiety prior to treatment (58.3%). After treatment, anxiety in this age group decreased, with 58.3% categorized as mild anxiety. When analyzed by hospitalization history, the majority of children without prior hospitalization (45.5%) experienced moderate anxiety before the intervention. After treatment, anxiety in this group significantly decreased, with 63.6% classified as mild anxiety. Regarding length of stay, the highest anxiety levels before treatment were observed on the second day of hospitalization, where 9 children were identified, of whom 44.4% were in the mild and 44.4% in the moderate anxiety categories. Following treatment, the highest proportion of anxiety was recorded on the third day, with 6 respondents (75.0%) experiencing only mild anxiety.

Anxiety Levels Before and After

Treatment

Table 3 shows that prior to the intervention, the majority of respondents (38.7%) were categorized as experiencing moderate anxiety. Following the storytelling therapy intervention, the majority of respondents (48.4%) shifted to the mild anxiety category, indicating a clear reduction in anxiety levels after treatment.

The Effect of Storytelling Play

Therapy on Reducing Anxiety Among Hospitalized Preschool Children

The Wilcoxon signed-rank test showed a mean reduction in anxiety scores of 10.62 following the intervention. The test yielded a p-value of <0.001, which was below the alpha level of 0.05, indicating statistical significance. These findings confirm that storytelling play therapy had a significant effect in reducing anxiety among preschool-aged children hospitalized.

DISCUSSION

Respondent Characteristics

The majority of respondents in this study were boys (54.8%). Boys tend to be more prone to hospitalization-related anxiety than girls, partly due to differences in stress hormone regulation and dependence on parental presence during illness. Rahman et al. (2023) explained that girls are generally more independent in fulfilling daily needs, while boys show greater dependence, making them more anxious when hospitalized and separated from parents. Biological factors also play a role; testosterone has been associated with the production of low-density lipoproteins and rapid blood

Tabel 2. Frequency Distribution of Respondent Anxiety Levels Before and After Storytelling Therapy

Component	Anxiety levels	Frequency	
		Pre-test n (%)	Post-test n (%)
Gender			
Boy	Not Anxious	0 (0.0)	7 (41.2)
	Mild	4 (23.5)	8 (47.1)
	Moderate	6 (35.3)	2 (11.8)
	Heavy	7 (41.2)	0 (0.0)
Girl	Not Anxious	0 (0.0)	6 (42.9)
	Mild	4 (28.6)	7 (50.0)
	Moderate	6 (42.9)	0 (0.0)
	Heavy	4 (28.6)	1 (7.1)
Age			
3 Year	Not Anxious	0 (0.0)	2 (16.7)
	Mild	2 (16.7)	7 (58.3)
	Moderate	3 (25.3)	2 (16.7)
	Heavy	7 (58.3)	1 (8.3)
4 Year	Not Anxious	0 (0.0)	5 (55.6)
	Mild	4 (44.4)	4 (44.4)
	Moderate	2 (22.2)	0 (0.0)
	Heavy	3 (33.3)	0 (0.0)
5 Year	Not Anxious	0 (0.0)	5 (55.6)
	Mild	2 (22.2)	4 (44.4)
	Moderate	6 (66.7)	0 (0.0)
	Heavy	1 (11.1)	0 (0.0)
6 Year	Not Anxious	0 (0.0)	1 (100)
	Moderate	1 (100)	0 (0.0)
Hospitalization History			
Ever	Not Anxious	0 (0.0)	6 (66.7)
	Mild	4 (44.4)	1 (11.1)
	Moderate	2 (22.2)	2 (22.2)
	Heavy	3 (33.3)	0 (0.0)
Never	Not Anxious	0 (0.0)	7 (31.8)
	Mild	4 (18.2)	14 (63.6)
	Moderate	10 (45.5)	0 (0.0)
	Heavy	8 (36.4)	1 (4.5)
Length of Stay			
1 Day	Not Anxious	0 (0.0)	1 (20.0)
	Mild	1 (20.0)	2 (40.0)
	Moderate	0 (0.0)	1 (20.0)
	Heavy	4 (80.0)	1 (20.0)

2 Day	Not Anxious	0 (0.0)	5 (55.6)
	Mild	4 (44.4)	4 (44.4)
	Moderate	4 (44.4)	0 (0.0)
	Heavy	1 (11.1)	0 (0.0)
3 Day	Not Anxious	0 (0.0)	2 (25.0)
	Mild	1 (12.5)	6 (75.0)
	Moderate	4 (50.0)	0 (0.0)
	Heavy	3 (37.5)	0 (0.0)
4 Day	Not Anxious	0 (0.0)	3 (60.0)
	Mild	1 (20.0)	2 (40.0)
	Moderate	3 (60.0)	0 (0.0)
	Heavy	1 (20.0)	0 (0.0)
5 Day	Not Anxious	0 (0.0)	2(50.0)
	Mild	1 (25.0)	1 (25.0)
	Moderate	1 (25.0)	1 (25.0)
	Heavy	2 (50.0)	0 (0.0)

Table 3. Frequency Distribution of Anxiety Levels Before and After Treatment

Anxiety Level	Before n (%)	After n (%)
Not Anxious	0 (0.0)	13 (41.9)
Mild	8 (25.8)	15 (48.4)
Moderate	12 (38.7)	2 (6.5)
Heavy	11 (35.5)	1 (3.2)

Table 4. The Effect of Storytelling Play Therapy on Decline Preschoolers' Anxiety Due to Hospitalization

Component	N	Mean	Mode	Median	Std. Dev	Min-Max	P-value
Anxiety							
Pre-test	31	25.23	26	26.00	7.107	14-40	<0.001
Post-test	31	14.61	14	14.00	5.155	5-29	
Difference		10.62					

clotting under stress, which may increase stress reactivity in boys (Waarastuti, 2016, as cited in Rahmania et al., 2023). Furthermore, boys often engage in more physical activity and have less regular eating and sleeping patterns, which may predispose them to illness and hospitalization compared to girls (Padila et al., 2019).

This study also found that most anxiety was reported among children aged three years (38.7%). Preschool-aged children generally exhibit higher levels of anxiety during hospitalization because they have not

yet developed the cognitive and emotional readiness to cope with illness and unfamiliar environments. Younger children are especially vulnerable to separation anxiety due to limited coping skills and an inability to fully understand the reasons for hospitalization. Dewi et al. (2018) confirmed that the younger the child, the greater the likelihood of experiencing hospitalization anxiety. Similarly, Faidah and Marchelina (2022) emphasized that preschoolers require supportive communication and a pleasant environment to adapt, while Harahap (2019) noted that children often view

hospitalization as frightening, which can disrupt their psychological well-being and sense of security.

In terms of hospitalization history, the majority of respondents (71.0%) had never been hospitalized before. Children with no prior experience often show higher anxiety levels because they lack a frame of reference for the hospital environment, leading to negative perceptions (Patantan et al., 2022; Demetriou et al., 2024). Conversely, some studies suggest that children with prior negative experiences may also experience heightened anxiety during subsequent hospitalizations. Siwahyudati and Zulaicha (2017) reported that 52.4% of children with previous hospitalization experiences displayed moderate anxiety, indicating that both absence of prior experience and traumatic prior experience can influence anxiety outcomes.

Anxiety Levels Before and After Treatment

Before the intervention, most respondents experienced moderate anxiety (38.7%), with a mean score of 25.23. This finding reflects the stress of adapting to separation from family, exposure to unfamiliar environments, and undergoing medical procedures. Vanny et al. (2020) highlighted that such anxiety represents a child's natural response to hospitalization and medical interventions. Similar findings were reported by Rianthi et al. (2022) and Susanti & Safitri (2017), who also identified moderate anxiety among hospitalized preschoolers prior to therapeutic interventions. Legi et al. (2019) further showed that children undergoing invasive procedures such as IV insertion often displayed moderate to severe anxiety.

After storytelling therapy was administered, the majority of respondents shifted to mild anxiety (48.4%), with a mean score of 14.61. This improvement suggests that storytelling therapy facilitated children's adaptation by reducing fear and fostering acceptance of their circumstances. The therapy appeared to enhance cooperation, as children became more willing to interact with nurses and participate in treatment. These results align with the findings of Larasaty and Sodikin (2020), who reported reductions in anxiety following storytelling interventions using puppet media, and Legi et al. (2019), who found decreased anxiety after children were engaged in storytelling during medical procedures.

Effect of Anxiety Levels Before and After Treatment

Statistical analysis revealed a mean reduction of 10.62 in anxiety scores after the intervention, with a p-value of <0.001, confirming that storytelling therapy had a significant effect. In addition to quantitative findings, observational data showed that children appeared more relaxed, cried less, and were more approachable after therapy. Storytelling, as a form of play therapy, promotes coping mechanisms by allowing children to engage with imaginative scenarios, thereby reducing stress (A'diilah & Somantri, 2016). Previous studies also support its effectiveness in reducing hospitalization-related anxiety in preschoolers (Atikah & Rofiqoh, 2022; Rianthi et al., 2022; Pawiliyah & Marlenis, 2019).

Storytelling has unique advantages compared to other therapeutic modalities. It naturally appeals to preschoolers, who enjoy listening to stories, and is particularly effective for children with limited energy to engage in active play. Storytelling creates a familiar and supportive atmosphere between the child and the storyteller, which helps reduce anxiety and facilitates emotional expression. Tools such as hand puppets or replicas of hospital equipment can enhance the experience by stimulating imagination and engagement (A'diilah & Somantri, 2016; Thomopoulou et al., 2024). Moreover, storytelling conveys positive messages that foster courage, enthusiasm, and emotional resilience, while supporting psychological well-being (Pulimeno et al., 2020).

CONCLUSION

This study demonstrated that storytelling therapy was effective in reducing anxiety among preschool-aged children during hospitalization. Anxiety levels decreased from the moderate to the mild category after the intervention. Storytelling therapy should be considered by nurses, particularly in pediatric settings, as a holistic, low-cost, and non-pharmacological approach that addresses both the physical and psychological needs of children. To minimize the negative impact of hospitalization, storytelling therapy offers an accessible and safe method with few side effects. Future research is recommended to explore variations of storytelling therapy—such as using dolls, picture storybooks, or interactive

digital media—and to examine its long-term benefits for children's psychological adaptation during and after hospitalization.

Declaration of Interest

In this study, there is no conflict of interest.

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Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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