

Development of a Storytelling Module to Reduce Hospitalization Anxiety in Preschool Children: A Pediatric Nursing Intervention

Citra Suraya^{1,2}, Aris Citra Wisuda², Tukimin bin Sansuwito¹, Regidor III Dioso¹

¹School of Nursing and Applied Science, Lincoln University College, 47301 Petaling Jaya, Selangor Darul Ehsan, Malaysia

² Nursing Study Program, Sekolah Tinggi Ilmu Kesehatan Bina Husada Palembang, Indonesia

Email: cirasuraya.edu@gmail.com, ariscitrawisuda.edu@gmail.com, tukimin@lincoln.edu.my, duke@lincoln.edu.my

Article Info

Article history:

Received July, 2025

Revised September, 2025

Accepted November, 2025

Keywords:

Hospitalization Anxiety,
Module Development,
Preschool Children,
Pediatric Nursing,
Storytelling

ABSTRACT

Hospitalization is often a stressful experience for preschool children, frequently leading to elevated anxiety due to separation from caregivers, unfamiliar medical environments, and invasive procedures. Storytelling, as a developmentally appropriate and therapeutic communication method, offers a promising approach for pediatric nurses to reduce emotional distress in young patients. This study aimed to develop a storytelling module as a pediatric nursing intervention to reduce hospitalization anxiety in preschool-aged children. A Research and Development (R&D) approach was employed using the Borg and Gall model. The study was conducted from April to June 2024 at Siti Khadijah Islamic Hospital, Palembang. The development process involved a literature review, expert validation by pediatric nurses, child psychologists, and linguists, module drafting, and limited field testing. The participants included 20 hospitalized children aged 3–6 years and five pediatric nurses. Anxiety levels were measured using the State-Trait Anxiety Inventory for Children (STAII-C) before and after the intervention, with descriptive analysis used to assess outcomes. The finalized module comprised six storytelling themes, colorful visual aids, and structured nursing guidelines designed to address common sources of hospitalization anxiety in preschoolers. Expert validation yielded a high Content Validity Index (CVI = 0.91), and field testing demonstrated a clear reduction in children's anxiety scores post-intervention. The storytelling module is a culturally relevant, feasible, and effective pediatric nursing tool to reduce hospitalization anxiety in preschool children.

This is an open access article under the [CC BY-SA](#) license.



Corresponding Author:

Citra Suraya

School of Nursing and Applied Science, Lincoln University College

Wisma Lincoln, No. 12-18, Road SS 6/12, 47301 Petaling Jaya, Selangor Darul Ehsan, Malaysia.

Nursing Study Program, Sekolah Tinggi Ilmu Kesehatan Bina Husada Palembang, Indonesia

Email: cirasuraya.edu@gmail.com

1. INTRODUCTION

Hospitalization is often a necessary but stressful experience for children, especially those in the preschool age group. Globally, it is estimated that over 30% of hospitalized children experience moderate to severe anxiety during their hospital stay, particularly due to unfamiliar environments, painful procedures, and separation from their primary caregivers [1,2]. In Asia, studies show that hospitalization-related anxiety in children remains a significant concern due to limited use of child-centered care approaches [3]. In Indonesia, the prevalence of anxiety among hospitalized preschoolers is high, with emotional and behavioral disturbances frequently observed during invasive treatments [4,5]. Specifically, in South Sumatra, preliminary observations at Siti Khadijah Islamic Hospital revealed that more

than 60% of preschool-aged inpatients exhibited signs of fear, excessive crying, withdrawal, or restlessness upon hospital admission and treatment initiation [6,7]. Hospitalization anxiety in children is characterized by a range of emotional and physiological responses, including fear, crying, clinginess, and somatic complaints [8]. Preschoolers (aged 4–6 years) are particularly vulnerable due to their limited understanding of the hospital setting and their dependence on caregivers. This anxiety, if unaddressed, can interfere with recovery, increase procedural difficulty for healthcare staff, and have long-term psychological effects [9,10]. Therefore, effective communication strategies in pediatric nursing are essential to reduce anxiety and promote emotional safety for hospitalized children.

Nurses play a vital role in therapeutic communication with pediatric patients. Pediatric nursing communication must be tailored to developmental levels, using strategies that are simple, engaging, and non-threatening. One such method is storytelling, which allows nurses to deliver emotional comfort, explain medical procedures in child-friendly language, and foster trust [11,12]. Storytelling is a culturally adaptable, low-cost, and imaginative approach that can help children process the hospital experience more positively.

The development of storytelling modules offers a structured and replicable approach for nurses to implement therapeutic storytelling in clinical practice. Such modules typically include story scripts, visual materials, and practical guidelines for nurses to follow during interactions with children [13,14]. Previous studies have demonstrated the effectiveness of storytelling in reducing fear and anxiety among hospitalized children [15]. However, few have focused on systematically developing a module specifically for preschoolers, tailored to the Indonesian cultural context.

A preliminary study conducted at Siti Khadijah Islamic Hospital in April 2024 found that nurses lacked standardized tools for therapeutic communication with preschoolers, and expressed a need for structured, nurse-friendly modules. In response to this gap, the present study aims to develop a storytelling module as a pediatric nursing intervention to reduce hospitalization anxiety in preschool children. This research integrates expert validation and field testing to ensure the module's cultural relevance, usability, and effectiveness in clinical settings.

2. METHOD

This study employed a Research and Development (R&D) design, adopting the Borg and Gall model, which includes ten systematic steps in educational product development. For practical implementation and contextual relevance, the steps were adapted into five major stages: (1) preliminary research and literature review, (2) module design and development, (3) expert validation, (4) limited field testing, and (5) analysis and revision [16]. The research was conducted over a three-month period, from April to June 2024, at Siti Khadijah Islamic Hospital, Palembang, South Sumatra, Indonesia.

Preliminary Research and Literature Review

The first phase involved a comprehensive literature review to explore the use of storytelling as a therapeutic communication strategy in pediatric nursing. Sources included international journals, national publications, and relevant textbooks focusing on child development, pediatric communication, and anxiety management. This phase also included clinical observations and informal interviews with pediatric nurses and caregivers to identify common stressors experienced by preschool-aged children (4–6 years) during hospitalization. This information guided the development of story content, language level, and visual elements to ensure developmental and cultural appropriateness [17].

Module Design and Development

Based on the findings, a prototype storytelling module was developed, comprising six thematic story scripts, each addressing a specific hospital-related anxiety trigger (e.g., fear of needles, separation from parents, interaction with medical staff), Illustrative visual aids to enhance engagement and understanding and Structured nursing guidelines outlining storytelling delivery techniques, timing, setting, and interactive approaches [18].

The development process emphasized a developmentally appropriate approach for preschoolers, using simple language, repetition, and comforting narratives [19]. Each story was designed to last 5–7 minutes and could be integrated into routine nursing care.

Expert Validation

The module underwent content validation by a panel of five experts: two pediatric nurses, one child psychologist, one early childhood education specialist, and one linguist. They assessed the module's relevance, clarity, accuracy, cultural sensitivity, and feasibility using a 4-point Likert scale. The Content Validity Index (CVI)

.....
was calculated for each item and averaged across all components. A CVI score of ≥ 0.80 was considered acceptable [20,21]. Feedback from the experts was used to revise the module before field testing.

Field Testing

A limited field test was conducted involving 20 hospitalized preschool children aged 3–6 years who met the inclusion criteria: conscious, able to communicate, first-time hospitalization, and no history of developmental delays or psychological disorders. Five pediatric nurses were trained to deliver the module. The State-Trait Anxiety Inventory for Children (STAIC) was used to assess anxiety levels pre- and post-intervention. The STAIC is a validated tool for measuring situational (state) and general (trait) anxiety in children aged 3–12 years [22]. Data were analyzed descriptively to observe mean differences and trends in anxiety reduction.

Ethical Considerations

This study received ethical approval from the Health Research Ethics Committee of the Faculty of Medicine, Universitas Sriwijaya, on April 8, 2024 (Ref. No. 027-2024). All participants were informed of their rights, including the voluntary nature of participation and the option to withdraw at any stage. Data confidentiality was strictly maintained, and the intervention posed no physical or psychological risk to the children.

3. RESULTS AND DISCUSSION

3.1 RESULT

Storytelling Module Development Outcome

The development phase produced a structured Storytelling Module aimed at reducing hospitalization-related anxiety in preschool-aged children (3–6 years). The module was designed based on child development principles, therapeutic communication strategies, and cultural appropriateness for pediatric care settings in Indonesia.

Table 1. Summary of Storytelling Module Components

Component	Description
Target Age	Preschool children (3–6 years)
Number of Stories	6 original narratives
Story Titles	1. Brave Rafi Visits the Doctor 2. Lina's Magical Injection Adventure 3. Tomi and the Talking Thermometer 4. The Hospital Superhero Team 5. Nina's Sleepover at the Health Castle 6. Ken and the Gentle Nurse
Illustrations	Colorful, engaging, and age-appropriate images for each story
Story Duration	Each session designed to last 10–15 minutes
Language Style	Simple, repetitive, and emotionally soothing
Therapeutic Themes	Bravery, friendship, empathy, trust in medical procedures
Nurse Guidelines	Step-by-step instructions on how to prepare, tell the story, and lead reflection
Post-Story Reflection	Open-ended questions to explore children's feelings and experiences

*The combination of visual storytelling and structured therapeutic dialogue aimed to create a safe emotional space for children, enabling them to express and regulate hospital-related fears.

Table 1 summarizes the components of the storytelling module aimed at reducing hospitalization anxiety in preschool children aged 3–6 years. It includes six original, engaging stories with colorful illustrations and simple, repetitive language, each lasting 10–15 minutes. The narratives emphasize therapeutic themes such as bravery, empathy, and trust, helping children emotionally process their hospital experiences. Nurse guidelines provide step-by-step instructions and reflection prompts to facilitate therapeutic dialogue. Overall, the module integrates visual storytelling with structured communication to create a safe emotional space that supports expression, emotional regulation, and coping during hospitalization.

Expert Validation Results

The module was reviewed by five multidisciplinary experts (pediatric nurses, child psychologist, early childhood educator, and a linguist). Each story and guide component was rated on a 4-point Likert scale based on relevance, clarity, developmental fit, and cultural appropriateness.

Table 2. Content Validity Index (CVI) Evaluation

Evaluation Aspect	Mean Score (out of 4)	CVI
Content Relevance	3.8	0.95
Clarity of Language	3.6	0.90
Cultural Appropriateness	3.7	0.92
Developmental Suitability	3.9	0.98
Visual Attractiveness	3.7	0.93
Average CVI	—	0.91

Based on Table 2, the storytelling module achieved an excellent average Content Validity Index (CVI) of 0.91, signifying a high level of expert agreement regarding its overall quality. This score indicates that the module was perceived as highly relevant, developmentally appropriate for preschool-aged children, linguistically clear, culturally suitable, and visually engaging. Notably, all individual components content relevance (CVI = 0.95), clarity of language (0.90), cultural appropriateness (0.92), developmental suitability (0.98), and visual attractiveness (0.93) surpassed the commonly accepted CVI threshold of 0.80. These results collectively confirm the module's strong content validity and suggest that it is well-prepared for implementation in pediatric clinical settings. The high ratings across diverse domains also reflect the interdisciplinary rigor applied in its development, integrating perspectives from pediatric nursing, child psychology, early childhood education, and language studies.

Field Testing Results

A limited field trial involving 20 hospitalized preschool children assessed the effectiveness of the module using the State-Trait Anxiety Inventory for Children (STAIC) before and after intervention.

Table 3. STAIC Scores Before and After Storytelling Intervention

Anxiety Measure	Pre-Test (Mean \pm SD)	Post-Test (Mean \pm SD)	Δ Mean (Reduction)
State Anxiety Score	38.7 \pm 4.2	29.6 \pm 3.9	-9.1
Trait Anxiety Score	37.2 \pm 5.1	30.5 \pm 4.4	-6.7

As shown in Table 3, the storytelling intervention led to a meaningful reduction in both state and trait anxiety levels among hospitalized preschool children. Specifically, there was a mean decrease of 9.1 points in state anxiety and 6.7 points in trait anxiety, indicating that the intervention had both immediate and sustained calming effects. These findings suggest that the module not only helped children cope with acute stressors related to hospitalization such as medical procedures or separation from parents but also contributed to longer-term emotional adjustment by enhancing their sense of security and predictability in the hospital environment.

The significant drop in anxiety scores reinforces the therapeutic potential of combining narrative engagement with guided emotional dialogue. Storytelling created a familiar, imaginative framework through which children could identify and externalize their fears in a developmentally appropriate way, while the structured nurse-led conversations offered emotional validation and reassurance. In addition to quantitative outcomes, qualitative feedback from pediatric nurses further supported the intervention's practical value:

- Improved cooperation: Children became less resistant and more cooperative during medical procedures, likely due to increased emotional comfort and familiarity with the hospital setting introduced in the stories.
- Enhanced engagement: Children listened with sustained attention and often responded emotionally to the characters and situations, indicating a high level of cognitive and affective involvement.
- Emotional bonding: Nurses reported that storytelling enhanced the therapeutic relationship, fostering greater trust and emotional connection with the children.
- Ease of use: The module was regarded as simple to implement, requiring minimal training and fitting well into routine nursing care without disrupting workflow.

Collectively, these results highlight the effectiveness, feasibility, and humanistic value of the storytelling module as a child-centered intervention to reduce hospitalization-related anxiety in pediatric care settings.

Module Revision Based on Feedback

The initial version of the storytelling module underwent refinement based on insights gathered from expert reviewers and pediatric nurses during validation and field implementation. The feedback emphasized the need for clearer language, enhanced usability for diverse nursing staff, and increased opportunities for emotional interaction.

with children. Table 3.4 outlines the specific areas revised and the improvements implemented to enhance the module's effectiveness and practical integration in pediatric care settings.

Table 3.4. Summary of Module Revisions Based on Expert and Nurse Feedback

Area of Revision	Improvement Made
Language Simplification	Reworded complex phrases in two stories for better comprehension
Nurse Usability Enhancement	Visual icons added to nurse guidelines to assist low-literacy or new staff
Reflective Engagement	Optional discussion questions added after each story to facilitate child dialogue

Table 3.4 summarizes key revisions made to the storytelling module following expert validation and field testing with pediatric nurses. The modifications aimed to optimize clarity, accessibility, and emotional engagement. Specifically, simplifying language in selected stories enhanced comprehension for preschool children, ensuring developmental appropriateness. The addition of visual icons in nurse guidelines supported usability, particularly for new or low-literacy staff, promoting consistent delivery of the intervention. Furthermore, the integration of optional reflective questions after each story encouraged therapeutic dialogue, enabling children to express their thoughts and emotions more openly. These refinements collectively improved the module's practicality and emotional resonance within clinical settings.

3.2 DISCUSSION

This study successfully developed and validated a structured storytelling module aimed at reducing hospitalization-related anxiety among preschool-aged children. The module integrated principles of early childhood development, therapeutic communication, and culturally sensitive care, tailored to the Indonesian pediatric context. Six original stories with age-appropriate illustrations and emotionally supportive language created an engaging and safe narrative environment for children. In addition to entertainment, the module provided therapeutic value through structured nurse guidelines and reflection prompts, aligning with best practices in psychosocial support for young patients [23,24].

Expert validation confirmed the module's strong content validity, with an impressive average Content Validity Index (CVI) of 0.91 across key domains, including clarity, developmental appropriateness, cultural relevance, and visual appeal. These findings underscore the rigor of the development process and its alignment with established standards in pediatric intervention design. The consistently high CVI scores reflect expert consensus regarding the module's relevance, feasibility, and readiness for clinical application [25,26].

Quantitative evaluation during field testing with 20 hospitalized children further demonstrated the module's effectiveness in reducing both state and trait anxiety, with notable post-intervention reductions in STAI-C scores (-9.1 and -6.7 , respectively). These results suggest that the storytelling sessions provided immediate emotional relief while also supporting children's longer-term psychological adjustment to hospitalization. Through relatable characters and comforting narratives, the children were able to externalize and process their fears, especially when guided by reflective dialogue with nurses an approach consistent with principles of narrative therapy and child life practices [27,28].

Pediatric nurses also reported valuable qualitative outcomes, including enhanced child cooperation, emotional expression, and nurse child bonding during care activities. The intervention was considered easy to integrate into routine workflows and was perceived to improve the overall atmosphere of the pediatric ward. These insights support the dual function of storytelling not only as an evidence-based psychological intervention but also as a humanistic nursing tool that promotes trust, empathy, and emotional safety [29-31].

Feedback-informed revisions further optimized the module's impact. Simplification of story language improved comprehension among young listeners, while visual icons in nurse guidelines enhanced accessibility for low-literacy or novice staff. Additionally, optional post-story discussion questions encouraged deeper emotional engagement from children, transforming each session into a more interactive therapeutic experience. These refinements highlight the importance of iterative, user-centered development in creating effective and sustainable interventions for pediatric healthcare settings [32,33].

4. STRENGTHS AND LIMITATIONS

This study has several strengths, including the development of a culturally sensitive and developmentally appropriate storytelling module grounded in therapeutic communication principles, with strong expert validation as shown by a high Content Validity Index (CVI = 0.91). The integration of mixed methods quantitative anxiety

assessment and qualitative nurse feedback enhances the robustness of the findings, while the guided reflective dialogue element adds therapeutic value by fostering emotional processing and nurse-child bonding. However, the study also has limitations. The relatively small sample size ($n = 20$) may restrict generalizability, and the absence of a control group limits causal inference. Outcomes were assessed only in the short term, so the long-term effects remain uncertain. Moreover, reliance on self-reports and nurse observations introduces potential bias, and the single-site implementation limits external validity, necessitating further testing in diverse clinical settings.

5. CONCLUSION AND SUGGESTIONS

In conclusion, the development and validation of the storytelling module proved effective in reducing hospitalization-related anxiety among preschool-aged children through an engaging, age-appropriate, and therapeutically structured intervention. The module successfully combined visual narratives with guided nurse-child dialogue to create a safe emotional space that facilitated emotional expression, coping, and psychological comfort. Given its high content validity, practical usability, and positive impact on anxiety reduction, this module holds promise as a complementary nursing strategy in pediatric settings. Future studies are recommended to expand the sample size, include a control group, assess long-term outcomes, and test the module's applicability across different hospital environments to strengthen generalizability and sustainability.

ACKNOWLEDGEMENTS

We thank the pediatric nurses, experts, children, and parents who supported and participated in this study. Appreciation is also extended to the hospital and research ethics committee for their cooperation.

CONFLICT OF INTEREST

The author declares no conflict of interest.

REFERENCES

- [1] J. Harrison and Tessa Chesher, "Mental Health of Infants and Preschool Children: Assessment and Treatment, A Clinical Issue of Child and Adolescent Psychiatry in Hospitalization," J. Harrison and T. Chesher, Eds. United States of America: Elsevier Inc., 2025, pp. 201–220. doi: https://www.google.co.id/books/edition/Infant_and_Preschool_Mental_Health_Asses/6LwmEQAAQBAJ?hl=id&gbpv=0.
- [2] A. Bajpai, "Assessment of Anxiety among Hospitalized Children," *Indian J. Public Heal. Res. Dev.*, vol. 8, no. 2, pp. 112–115, 2024, doi: 10.5958/0976-5506.2017.00093.6.
- [3] S. H. Ku, J. S. Chua, and S. Shorey, "Effect of Storytelling on Anxiety and Fear in Children During Hospitalization: A Systematic Review and Meta-Analysis," *J. Pediatr. Nurs.*, vol. 80, pp. 41–48, 2025, doi: 10.1016/j.pedn.2024.11.006.
- [4] M. Shamsi, "A Descriptive Study to Assess the Level of Anxiety among Hospitalized Pre-school Children," *Int. J. Res. Publ. Rev. J. homepage www.ijrpr.com*, vol. 4, no. 1, pp. 1078–1083, 2023, doi: <https://ijrpr.com/uploads/V4ISSUE1/IJRPR9466.pdf>.
- [5] A. Ginting, F. Sembiring, M. Selayang, and S. Utara, "Anxiety of Preschool Children Undergoing Hospitalization," vol. 5, no. 1, pp. 9–14, 2024, doi: <http://jurnal.globalhealthsciencegroup.com/index.php/PICNHS>.
- [6] Central Statistics Agency of South Sumatera Province, "Number of Disease Cases by Type of Disease (Cases), 2020-2022," 2023. <https://sumsel.bps.go.id/indicator/30/368/1/jumlah-kasus-penyakit-menurut-jenis-penyakit.html> (accessed Nov. 12, 2022).
- [7] C. Suraya, A. Citra Wisuda, T. Bin Sansuwito, and R. I. Dioso, "Determinants of Anxiety in Hospitalized Preschool Children," *J. Nurs. Sci. Res.*, vol. 2, no. 1, pp. 27–36, 2025, doi: <https://doi.org/10.33862/jnsr.v2i1.590>.
- [8] C. Suraya, A. C. Wisuda, T. Sansuwito, R. I. I. I. Dioso, and D. Emilia, "Storytelling-Based Nursing Communication During Hospitalization: Its Impact On Anxiety And Influencing Factors In Preschool Children: A Systematic Review Nursing Study Program , Sekolah Tinggi Ilmu Kesehatan Bina Husada Palembang , Indonesia," vol. 9, no. 1, pp. 45–54, 2025, doi: <https://doi.org/10.33862/citadelima.v9i1.574>.

[9] L. Linnard-Palmer, *Introduction to Pediatric Nursing Care*, 3rd ed. United States of America: F.A. Davis, 2025. doi: https://www.google.co.id/books/edition/Safe_Maternity_and_Pediatric_Nursing_Car/nQkrEQAAQBAJ?hl=id&gbpv=1.

[10] J. B. R. Famri, J. Cameron, and D. Ph, *The Science of Early Childhood Development*, vol. 29, no. 4. 2021. doi: https://www.minori.it/sites/default/files/studio_Harvard.pdf.

[11] C. G. Tagher, *Pediatric Nursing: A Case-Based Approach*, 2nd ed. Mexico: Wolters Kluwer Health, 2023.

[12] C. Suraya, T. bin Sansuwito, R. I. Dioso, and A. C. Wisuda, “Effective Communication in Nursing: A Comprehensive Systematic Review of Best Practices,” *J. Nurs. Sci. Res.*, vol. 1, pp. 56–66, 2024, doi: <https://doi.org/10.33862/jnsr.v1i1.450>.

[13] M. Drumm, *The Role of Personal Storytelling in Practice*, no. December. Scotlandia: IRISS, 2023. doi: <https://www.iriss.org.uk/resources/insights/role-personal-storytelling-practice>.

[14] C. Butcher, *Designing Learning From Module Outline to Effective Teaching*, First. Taylor & Francis, 2019. doi: https://www.google.co.id/books/edition/Designing_Learning/dMyxDwAAQBAJ?hl=id&gbpv=1&dq=Learning+Module+Development&printsec=frontcover.

[15] Z. Nazizadeh, P. Ramadan, S. Moradi, and A. sadat Seyyedbarghi, “Effectiveness of Storytelling Therapy on Creativity and Emotional Intelligence in Children with Separation Anxiety Disorder,” *J. Assess. Res. Appl. Couns.*, vol. 6, no. 1, pp. 72–80, 2024, doi: 10.61838/kman.jarac.6.1.8.

[16] J. Vanitha and F. Moses, *Nursing Research & Statistics*, 7th ed. Thakur Publication Private Limited, 2025. doi: https://www.google.co.id/books/edition/Nursing_Research_Statistics/yaNREQAAQBAJ?hl=id&gbpv=1.

[17] C. T. B. Jane Flanagan, “Polit & Beck’s Nursing Research; Generating and Assessing Evidence for Nursing Practice,” 12th ed., J. Flanagan, Ed. Wolters Kluwer Health, 2024, pp. 356–387. doi: https://www.google.co.id/books/edition/Polit_Beck_s_Nursing_Research/NUUgEQAAQBAJ?hl=id&gbpv=1.

[18] K. Markland, “From Adversity to Agency : Storytelling as a Tool for Building Children ’s Resilience,” *J. Nov. Physiother.*, vol. 06, no. 08, pp. 8–11, 2024, doi: <https://dx.doi.org/10.29328/journal.jnpr.1001062>.

[19] P. Sextou, *Applied Communication in Pediatrics: Storytelling for Children’s Emotional Synergies*, 1st ed. New York, USA: Taylor & Francis, 2023. doi: https://www.google.co.id/books/edition/Applied_Theatre_in_Paediatrics/9DOdEAAAQBAJ?hl=id&gbpv=1.

[20] D. Polit and C. Beck, “Nursing Research,” 11th ed., Philadelphia: Wolters Kluwer Health, 2019, pp. 284–304.

[21] C. Suraya, A. C. Wisuda, and T. Sansuwito, “Standards for Storytelling-Based Nursing Communication to Reduce Hospitalization Anxiety in Preschool Children: A Systematic Review,” *Child Heal. Innov. Prof.*, vol. 4, no. 2, pp. 520–529, 2025, doi: <https://doi.org/10.56988/chiprof.v4i2.84>.

[22] S. James, *The Creative Storytelling Guide for Children’s Ministry*. United States of America: Standard Pub., 2022. doi: https://www.google.co.id/books/edition/The_Creative_Storytelling_Guide_for_Chil/Vn40Q00vOvwC?hl=id&gbpv=1.

[23] T. Thomopoulou, “Storytelling and Narrative Techniques: Research Findings Support their Implication in any Healthcare Setting,” *Int. J. Caring Sci.*, vol. 17, no. 1, pp. 568–574, 2024, doi: http://ezproxy.sl.nsw.gov.au/login?url=https://www.proquest.com/scholarly-journals/storytelling-narrative-techniques-research/docview/3026092072/se-2?accountid=13902%0Ahttps://media.proquest.com/media/hms/PFT/1/YhKoX?_a=ChgyMDI0MDYxODAxMzQ1ODMwOT03NDM2NTQ.

[24] R. Gupta and M. Jha, “The Psychological Power of Storytelling for Anxiety in Preschool,” *Int. J. Indian Psychol.*, vol. 10, no. 3, pp. 606–614, 2022, doi: 10.25215/1003.061.

[25] K. L. L. Debbie F. Cosgrove, *Supervision Modules to Support Educators in Collaborative Teaching. Helping to Support & Maintain Consistent Practice in the Field*, First. nformation Age Publishing, 2019. doi: https://www.google.co.id/books/edition/Supervision_Modules_to_Support_Educators/qB-3DwAAQBAJ?hl=id&gbpv=0.

[26] S. K. Grove and J. R. Gray, *Understanding Nursing Research Building an Ecidence-Based Practice*, Seventh. Elsevier Inc., 2019.

[27] J. Holthaus, *Managing Worry and Anxiety Practical Tools to Help You Deal with Life's Challenges*, First. Washington, DC: Baker Publishing Group, 2020. doi: https://www.google.co.id/books/edition/Managing_Worry_and_Anxiety/gAelDwAAQBAJ?hl=id&gbpv=1&dq=spiritual+for+anxiety+and+depression&printsec=frontcover.

[28] R. Kumar, *Nursing Research & Statistics Series B*, 2nd ed. New Delhi, India: New Delhi: Jaypee Brothers Medical Publishers, 2019. doi: https://www.google.co.id/books/edition/Nursing_Research_Statistics/0rXZDwAAQBAJ?hl=jv&gbpv=1.

[29] American Psychiatric Association, “Burnout to Balance: A Psychiatrist’s Toolkit for Well-being,” *APA*, 2025. <https://www.psychiatry.org/>

[30] B. Richardson, *Pediatric Primary Care: Practice Guidelines for Nurses*, 5th ed. United States of America: Jones & Bartlett Learning, 2022. doi: https://www.google.co.id/books/edition/Pediatric_Primary_Care_Practice_Guidelin/xWqEEAAAQBAJ?hl=jv&gbpv=1.

[31] S. Bhandari and G. Mari, “Parents-Nurse Communication Challenges in Pediatric Nursing,” vol. 04, no. 08, 2023, p. 35. doi: https://www.theses.fi/bitstream/handle/10024/794527/Bhandari_Mari.pdf.pdf;jsessionid=977EFB93D5D1B5C2D85657AC908C626?sequence=2.

[32] T. Kyle and S. Carman, *Essentials of Pediatric Nursing*, 5th ed. United States of America: Wolters Kluwer Health, 2025. doi: https://www.google.co.id/books/edition/Essentials_of_Pediatric_Nursing/I2gfEQAAQBAJ?hl=id&gbpv=1.

[33] L. Jenkins, S. Ekberg, and N. C. Wang, “Communication in Pediatric Healthcare: A State-of-the-Art Literature Review of Conversation and Storytelling-Analytic Research,” *Res. Lang. Soc. Interact.*, vol. 57, no. 1, pp. 91–108, 2024, doi: 10.1080/08351813.2024.2305046.