

# Story therapy on children's anxiety that treated in hospital

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## Story therapy on children's anxiety that treated in hospital



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### ABSTRACT

Hospitalization will bring some psychological changes in the child. One effort that can be done to reduce anxiety is through play therapy. This study aims to determine the influence of story therapy on children who hospitalized in Wonosari Hospital. This study was a quasi experimental design. The observations is made twice to compare and determine the patient's anxiety children performed by picture story and without picture story therapy. Sampling was done by purposive random sampling in RSUD Wonosari. The result of this research show if the story telling treatment can reduce children's anxiety while being treated in hospital because playing is a technique to transfer stress or distraction to children while being treated in hospital.

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### INTRODUCTION

Children entering the hospital will react aggressively, verbal expressions and dependencies So for children to believe that measuring temperature, measuring blood pressure, listening to breathing sounds and other procedures will not cause injury. If this continues, then the nursing action and treatment will not work or even though it will not be overcome. This condition sometime make the children get scary and anxiety. More than 5 million children hospitalized in US and 50% of them have anxiety. (Kain, at Ade Irma, 2018). Then based on National Economic Survey (SUSENAS) report, 35% children from 72% population in Indonesia had been hospitalized and 45% had gotten an anxiety such a cry and afraid to meet with people.

Therefore the importance of age-appropriate play therapy activities for the child's growth and development can reduce anxiety due to hospitalization. Hospitalization is a process with a reason of planning or emergency that requires children to stay in the hospital to undergo therapy and treatment until their return home. Hospitalization will have some psychological changes in children (Supartini, 2004). The process of hospitalization in preschool children will have a serious impact. Hospital treatment also makes children lose control of themselves. feelings of fear about the body part being hurt and pain occur in all children, Including babies born and school age rejects loudly and can become visually and verbally aggressive. (Wong, 1995, in Potter & Perry, 2005) During the process, the child

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and his parents can experience some very traumatic and anxiety-filled experiences, this will have a negative impact on the child. The negative impact of the effects of hospitalization is very influential on the care and treatment efforts that are being undertaken in children.

The reaction shown by children will differ from one another. Children who have experienced treatment in a hospital and have experience about existing activities at the hospital, this may affect the level of anxiety experienced. While those who have first experience being hospitalized, may experience higher anxiety. In this situation, an action is needed to reduce the level of anxiety of children who are experiencing hospitalization. One effort that can be done to reduce anxiety is through play therapy activities. Play is one of the natural communication tools for children. Play is the basis of education and therapeutic applications that require the development of early childhood education. Play can be done by children who are healthy or sick. Even though the child is in a state of illness, but the need for play is as a therapy where by playing games the child will be free from the tension and stress they experience. by playing, children can divert their pain to the game (distraction) and relaxation through the pleasure of playing games. There are several types of play therapy, one of which is play therapy with storytelling techniques. According to Supartini (2004). by telling stories we can convey certain messages to children.

Type of game must be adjusted to the age of the child. games that are suitable for children of preschool age are among coloring, where children begin to like and recognize colors and recognize the shapes of objects around them. Coloring has benefits for fun activities as well as training the motor nerves, creativity, and imagination of children. Different color and shape functions in play can provide stimulus for children's development. A study shows there is a significant influence between play therapy on the stress of hospitalization. Other studies say there is a significant influence on the socialization of children while in hospital after playing therapy.

In Indonesia the number of preschool age children (3-6 years) based on the 2001 national economic survey (SUSENAS), amounted to 20.72% of the total population of Indonesia (national planning agency, 2004 in Purwandari, 2009). It is estimated that 35 per 100 children experience hospitalization (Sumaryoko, 2008 in Purwandari, 2009)

Wonosari Regional Hospital is one of the District Hospitals in a special area of Yogyakarta with a C accreditation. One of the inpatient rooms that are owned is dahlias that are used to treat sick children. There are 19 people in the dahlias room with details of 16 nurses (qualification of S1 / DIV nursing 3 people, DIII nursing 13 people). The number of administrative staff is 1 person, 1 stewardess and 1 cleaning service. There are 32 beds, with an average of 120-130 people each month. The Dahlia Room of Wonosari Regional Hospital does not yet have a play therapy room, so the activity is only carried out if there is a practice taking a play therapy case.

From the observations made by researchers in the preliminary study activities in Dahlia Room of Wonosari Regional Hospital on 10 patients on December 10, 2015, data were obtained that as many as 8 patients were afraid when an invasive action would be taken. Parents complain their children always cry when the nurse enters the patient's room. Based on this phenomenon, the researchers are interested in conducting research on "the effect of pictorial story therapy on anxiety in pediatric patients who carried out invasive measures in the dahlia room of Wonosari Regional Hospital

## **METHOD**

The researcher used research design methodology with Quasi Experiment pre-test post test design with control group. The researcher was observed in the Dahlia Room of Wonosari Regional Hospital in July to August 2016 (intervention duration was 2 months). The population in this study were pediatric patients aged 2-11 years who were hospitalized in the Dahlia Room who received treatment procedures through invasive measures. The number of patients drawn in this study are using purposive random sampling. Data collection is done by structured observation of anxiety experienced by patients using a

standardized questionnaire that is anxiety that can be measured by measuring anxiety levels according to measuring latency anxiety called HARS (Hamilton Anxiety Rating Scale). The HARS scale is a measure of anxiety based on the appearance of symptoms in anxious individuals. Each item that appears to be given 5 levels of scores (Likert scale) between 0 (zero present) to 4 (reverse). Taking samples in accordance with the criteria set out in Dahlia Hospital Wonosari Hospital and willing to be used as a respondent. Determine the treatment group is given a pretest, then given a picture story sweep then used a post test. To determine the control group by giving a pre test, then they were given toy therapy, after that a post test was carried out using the same HRSA observation sheet as the pre test anxiety in the treatment group with the control group compared to the pre test and post test. Examination data will be analyzed descriptively and analytically with the help of SPSS for windows version 16.0 using t-test, with a significant level of 0.05

## RESULTS

### Respondents' characteristics

Table 1 below describe about respondent characteristic. There are 68 respondents were divided into 34 respondents in the treatment group (experimental) and 34 respondents in the control group. Distribution of respondent characteristics based on age and sex in children in Dahlia Hospital Wonosari can be seen in this table:

Table 1. Characteristics of child respondents based on age and sex in the Dahlia Room of Wonosari Regional Hospital

Responden characteristic	Experimental Group		Control Group	
	F	%	F	%
<b>Age</b>				
Toddler	9	26,5	13	38,2
-	15	44,1	5	14,7
Prechool	10	29,4	16	47,1
<b>Sex</b>				
Male	22	64,7	17	50,0
Female	12	35,3	17	50,0
Total	34	100	34	100

### Univariat analysis

Anxiety of pediatric patients who carried out invasive measures in the dahlias room of Wonosari Regional Hospital before and were given picture story therapy can be seen in table 2 below:

Table 2. Anxiety before and after picture therapy is given to pediatric patients who are carried out invasive measures in the dahlias of Wonosari Regional Hospital

Anxiety category	Treatment group				Control group			
	Pretest		Post test		pretest		Post test	
	f	%	F	%	f	%	f	%
Mild	11	32,4	33	97,1	19	55,9	24	70,6
Medium	22	64,7	1	2,9	15	44,1	10	29,4

Advance	1	2,9	0	0	0	0	0	0
Total	34	100	43	100	34	100	43	100

In table 2 above it can be seen that the anxiety of pediatric patients who carried out invasive actions in the dahlias room of Wonosari Regional Hospital in the treatment group before being given the pictorial story therapy was mostly in the moderate anxiety category by 22 respondents (64.7%) and after the picture story therapy was given, most of the mild anxiety categories were 33 respondents (97.1%). in the control group before being given toy therapy most of the mild anxiety categories were 19 respondents (55.9%) and after being given toy therapy most of the mild anxiety categories were 24 respondents (70.6%).

### Bivariat test

Table 3. Test results of data analysis of the differences between the treatment group and the control group before and after the treatment of pictorial story treatment in pediatric patients who were carried out invasive measures in the dahlias room of Wonosari Hospital

Variable	Group		p (sig)
Anxiety of Pediatric	Pre test	Treatment	0,141
		Control	
	Post test	Treatment	0,033
		Control	

Test results of data analysis of the differences between the treatment group and the control group before and after the treatment of pictorial story treatment in pediatric patients who were carried out invasive measures in the dahlias room of Wonosari Hospital can be seen in Table 3 below. in table 3 above it can be seen that the pre-test in the treatment group and the control group with a p value (sig) 0,141 > 0,05 then is rejected and accepted means there is no difference in the pre test between the treatment group and the control group. while the post test in the treatment group and the control group with a value of p (sig) 0.033 < 0.05 then is accepted and is rejected means there is a difference between the post test in the treatment group and the control group in pediatric patients who are carried out invasive actions in the Dahlia room of Wonosari Regional Hospital

### DISCUSSION

#### Anxiety in pediatric patients who carried out invasive measures in the Dahlias room of Wonosari Hospital before being given picture story therapy.

During the hospitalization process both children and parents can experience some very traumatic and anxiety-filled experiences. fear of bodily injury and pain leads to fear of mutilation and painful invasive procedures. anxiety that occurs in children undergoing hospitalization is actually normal, as expressed by Miller (2012) that anxiety is a normal reaction to stressful situations and be in new situations.

In table 2 above it can be seen that the anxiety of pediatric patients who carried out invasive actions in the Dahlia Room of Wonosari Regional Hospital in the treatment group before being given picture story therapy was mostly moderate anxiety category by 22 respondents (64.7%). in the control group before being given toy therapy most of the mild anxiety categories were 19 respondents (55.9%). The same thing was also found in Solikhak's research (2011), namely the anxiety level of children before being given a therapeutic intervention to experience anxiety with a moderate anxiety level category.

Factors that cause child anxiety due to several things, including: the child is traumatized by nursing actions such as inserting an IV needle, administering drugs by

injection and taking a blood sample. Invasive nursing actions that are actions that cause treatment in children, causing pain and pain in children. This is in accordance with the statement of Supartini (2009) anxiety increases when children lose control due to physical weakness, pain and feelings of fear of death. While the reaction due to injury to the body and pain, children usually express verbally what they feel because children are able to communicate the pain they experience and are able to indicate its location.

Children who are treated for the first time in hospital. Children experience anxiety that tends to be higher or more severe compared to children who have previously undergone treatment in hospital. The anxiety experienced is also caused by the fact that the child was not oriented in advance with an environment that they considered foreign or hospital and was not introduced to people in the hospital so that this can increase anxiety in children. In accordance with the statement of Supartini (2009) that prior experience and foreign environment are causes of anxiety among children both the physical environment of hospitals such as buildings or treatment rooms, hospital equipment, distinctive odors, white clothing, health workers and social environments such as fellow pediatric patients as well as the interactions and attitudes of health workers themselves.

Activity restrictions affect the child's anxiety level when the child is undergoing hospitalization. Most children spend time on their activities in bed so that their anxiety also increases. According to Wong's (2005) statement that physical limitations and hospitalization are major stressors for children. If the child is hospitalized, the child will be prone to crisis because the child is stressed due to changes in both his health status, and his environment in daily habits and the child has a number of limitations in coping mechanisms to deal with problems or events that are stressful.

The active role of the family which is still lacking in efforts to reduce children's anxiety during hospitalization. This is due to limited family time waiting for children in the hospital, because they have to alternate with other family members, so that it will cause a sense of protest in children because the attention they get is still lacking. Besides that parents tend to work more closely with nurses in terms of implementing nursing action procedures and meeting the needs of children. Supartini (2009) argues that the support system that is available, for example, the active role of parents will help children in releasing the pressure due to illness.

The results of observations made by researchers and nurses when nurses enter the room and approach the child, the reaction that always arises from the child is the child's facial expressions are tense, holding or approaching parents or siblings even there are also some children who scream and cry asking back home. Whereas when the nurse performs an examination, performs painful actions (injecting, draws blood, puts an IV) the most common reactions occur in children that are tense and pale facial expressions, the child cries, holds tightly or calls out if there are parents or families who waiting for him and thrashing and trembling. Meanwhile, when nurses feed, give medicine and invite to talk the reaction that arises is that children tend to be quiet and uncooperative, in addition some children also appear to hide with muscles and facial expressions that look tense.

#### **Anxiety in pediatric patient who carried out invasive measures in the Dahlia Hospital of Wonosari Hospital after being given picture story therapy**

Play therapy according to Wong (2019) is a therapy using games that are given and used by children to deal with fear and anxiety, getting to know a foreign environment, learning to know nurses and procedures for taking care of the hospital staff. At Table 4.2 above it can be seen that the anxiety of pediatric patients who carried out invasive measures in the dahlias of Wonosari Regional Hospital in the treatment group was provided with pictorial story therapy, most of the cema sringan categories were 33 respondents (97.1%). In the control group after being given toy therapy most of the mild anxiety categories were 24 respondents (70.6).

Seeing these results, it can be concluded that after pictorial story therapy, the child's anxiety level has decreased both in number and category. Image story therapy conducted by researchers is a fun activity for children to create a friendly atmosphere and a happy feeling. This is consistent with research by Solikhah (2011) which proves that moderate anxiety levels are mild.

Given picture story therapy will be able to reduce the level of anxiety in children because the child's fear is reduced, children become more familiar with nurses and more familiar with the hospital environment and children will not feel bored because their time is filled with picture story activities. This supports the statement of Wong (2009) that playing is indeed very effective and serves to make familiar with the hospital environment. Picture stories are very effective given to children for three times can be seen what is being felt by the child whether it is feelings of anxiety, joy or sadness. The story is an expression of everything that appears in the child's consciousness at the time.

The role of parents in the implementation of picture story therapy is very large. In accordance with the statement of Supartini (2009) that the support system that is available, for example the active role of parents will help children in releasing the pressure they suffer. In a study previously explained by Widodo (2012), the role of family and environment is very influential in accelerating the healing process of pediatric patients and action therapy. After pictorial therapy is given to the child, when the nurse enters the room approaching the child, there are no more responses such as tense facial expressions, holding or approaching parents or siblings. Whereas when nurses perform examinations, perform invasive actions (inject blood draw, put an IV) facial expressions are tense, the child grimaces and even cries, holding his parents tightly becomes rare in children. Meanwhile, when nurses give medicine invites to talk longer. With the picture story therapy anxiety reactions that appear to children can be reduced and minimize the effects of hospitalization. This supports the research conducted by Almeida Children's Kiche (2007) on "therapeutic toy strategies for pain management and relief during dressing in children change".

Based on these results most of the children experience a decrease in anxiety from moderate anxiety to mild anxiety and moderate anxiety to moderate anxiety. This is because after the child gets picture story therapy so that the child experiences the diversion of the hospital environment and hospitalization. This is in accordance with Adriana's theory (2011) that play therapy is an attempt to change problem behavior by placing children in play situations.

According to Thonas (2008), growth hormone or growth hormone so that it affects the stress reduction process of children due to being treated at hospital. Other studies have been investigated by Clathwhory (1981) with pre-test and post-test design models in 114 children that play therapy decreases children's anxiety in the control group while in other groups anxiety increases in the control group whereas in other groups anxiety increases in children who are not given therapy played. Decreased anxiety in the child can be seen from the child's reaction when observing again after doing the second play therapy, the child begins to experience changes in behavior. The cooperative level of the child has increased and it is possible that the child's hospital stay will be shorter so that the effects of hospitalization on children can be overcome.

#### **Differences in anxiety before being given picture story therapy and after being given picture story therapy**

From the table above, the age of the treatment group is mostly at the age of 4-6 years (pre-school) by 15 respondents (44.1%) and the control group is mostly at the age of 7-12 years (school) by 16 respondents (47, 1% 0. This is in accordance with the statement of Jovan (2007) that in pre-school children's reaction to hospitalization is crying slowly, fearing, aggressive reaction, angry rebellion, do not want to cooperate with nurses. Santrock (2011) said that as children enter the wider social world, they are more likely to face challenges than when they are babies and begin learning to find new experiences

actively in carrying out activities aimed at dealing with environmental challenges. This occurs because preschoolers are a time of for children to explore the environment and tend to spend more time outside the home to socialize so that children will adapt to the new environment.

The results of this study are consistent with the results of herliana research (2011) the majority of children will undergo treatment aged 3-4 years. In a new environment the child will be exposed to a variety of new things as well, so in that environment it allows the child to fall ill. Children aged 3 years will be far more active than children aged 4 or 5 years. Children aged 3 years have the highest level of activity in the age range of human life (Santrock, 2011). hile the immune system of children aged 3 years tends to be weaker compared to children aged 4 or 5 years. In accordance with the paradigm of child nursing that children's physical endurance tends to be more vulnerable and psychological processes are not yet mature. In this case the child tends to be active in a new environment with a weaker immune system will cause the child to be more exposed to the environment and eventually the child can fall ill if the immune system is not immune (Hidayat, 2006).

Gender in the treatment group were mostly male as s many as 22 respondents (64.7%). Whereas the control group was male and the same sex by 17 respondents (50%). Boys have a higher risk of stress, because the regulation of stress hormones is different from girls. Boys show their protest against the pain they experience, such as rebellious, uncooperative behavior when they act and cry. Unlike girls, girls tend to be quiet and cry. Hormone levels are influenced by many things such as disease, age and genetic background, but external factors must also be considered other factors because boys are more active playing compared to women so when boys feel the effects of being hospitalized and cause conditions stress on boys increases.

According to Santrock (2003), female hormones also signal to the liver to produce more good cholesterol which will make women's blood vessels more elastic than male blood vessels. The testosterone hormone triggers low density lipoproteins, which can clog arteries. High levels of stress hormones cause rapid blood clots in men.

This is consistent with the statement of Perry and Potter (2007) that the difference between men and women is that men can be more active and exploratory in their behavior while women are more sensitive and use a lot of feelings. In addition, women are more influenced by pressures from the stimuli environment that initiate or trigger changes called stressors. It could be physiological, psychological, social, environmental, developmental, spiritual, or cultural needs.

In table number 2 above it can be seen that the anxiety of pediatric patients who carried out invasive actions in the dahlias of Wonosari Regional Hospital before grouping was given a picture story therapy for a simple anxiety category by 22 respondents (64.7%) and after being given a picture story therapy for the majority of mild anxiety categories by 33 respondents (97.1%). In the group before being given toy therapy most of the mild anxiety categories were 19 respondents (55.9%) and after being given toy therapy most of the mild anxiety categories were 24 respondents (70.6%).

In Table 3 above it can be seen that the pretest in the treatment group and means there is no control with a value of  $p$  (sig)  $0.141 > 0.05$  then  $h_a$  is rejected and  $h_0$  is accepted meaning there is no difference in the pretest between the treatment group and the control group with the value of  $p$  (sig)  $0.033 < 0.05$ , then  $h_a$  is accepted and  $h_0$  is rejected, meaning there is a difference between the posttest in the treatment group and the patient control group in pediatric patients who are carried out invasive measures in the dahlias of Wonosari Regional Hospital.

Supartini 2009 said that important interventions were done by nurses on children and were principled to minimize stressors, prevent feelings of loss, minimize feelings of fear and pain towards treatment, as well as maximize hospital care through play therapy. In this study, researchers tried to use play therapy with coloring to reduce anxiety levels in hospitalized preschoolers.



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After being given a picture story therapy the child becomes more open and wants to communicate with the health worker, meaning that the child wants to be invited to talk to the nurse after being given a picture story therapy. The behavior is shown when the nurse invites to talk with the child, the child responds to the nurse and is no longer silent. This happens because through pictorial stories children will become more familiar with health workers because of a decrease in the child's anxiety level. The results of this study also support the findings of Listyorini (2006) that play therapy turns out to have an influence on children's socialization abilities, which will have an influence on children's socialization abilities, which will increase after being given play therapy.

In this study, the decrease in anxiety level makes children become cooperative after being given play therapy, this is evidenced by those who want to eat and take medication. The behavior is seen through an observation sheet. nurse. This supports research conducted by Herliana (2011) with the title effect of play therapy on cooperative levels during treatment in preschool children in Irna II (child care ward) Dr. Sardjito Hospital Yogyakarta, which shows a significant influence of the provision of play therapy to an increase cooperative behavior of preschool children at IRNA Dr.Sardjito Yogyakarta.

After therapy, a picture story of a child is more accepting of nursing actions given by nurses shown from the reaction of children who are no longer thrashing, crying and no longer hurting nurses during nursing actions. This supports the research conducted by Widayarsi (2014) which concluded that there is an effect of play therapy on the acceptance of invasive actions in pre-school children in IRNA Ngudi Waluyo Hospital, Wlingi, Blitar.

According to Wong (2009) said that direct family involvement in children is part of the role of the family as an open system that functions as a protective child. The same thing was stated by Friedman (2010), that the family would take preventative measures and care independently of how one of his family members was ill. The family can analyze personal health behaviors, estimate diversion activities such as preventive health measures, predict diversion activities such as preventive health measures, use of medical services to delay seeking help and adherence to treatment programs. The results of this study are also supported by previous research, namely yuniarti et al (2012), suryanti et al (2011), Haryani S, et al (2012) with the result that there is an effect of play therapy on children's anxiety during being capitalized in a hospital with a p value <0.05 .

According to researchers, play therapy in this case pictorial story therapy can reduce children's anxiety while being treated in hospital because playing is a technique to transfer stress or distraction to children while being treated in hospital. Children playing with family and therapist puts the child in a different situation than usual, daily care and invasive actions. The child will fully focus on the game he is playing. This is consistent with the theory of Wong (2009) playing is one of the important aspects of children's lives and one of the most effective tools for stress management, because illness and hospitalization cause crises in children's lives and because these situations are often accompanied by excessive stress, children need to play to get out the fear and anxiety they experience as a coping tool in dealing with such stress. The results of other studies also show that play therapy can reduce anxiety of children who are hospitalized. Research conducted by alfiyanti (2006) concluded that the anxiety of children who were hospitalized. Research conducted by alfiyanti (2006) concluded that children's anxiety is reduced from moderate to mild anxiety due to play therapy.

## **CONCLUSION**

Anxiety in pediatric patients treated with invasive measures, before being given picture story therapy in the treatment group, most of them have picture story therapy in the treatment group, most of them have a moderate anxiety category and in the control group, most are mild anxiety categories. Anxiety in pediatric patients who were invasive after being given picture story therapy in the treatment group mostly had mild anxiety categories and in the control group most anxiety categories with an increase from 55.9% to 70.6%.

**REFERENCES**

1. Adriana, D. (2011). *Tumbuh Kembang dan Terapi Bermain Pada Anak*. Jakarta: Salemba Medika.
2. Aritonang.I. (2014). *Desian dan Analisis Edukasi Gizi Ibu Hamil*. Yogyakarta: Leutikabooks.
3. Asfandiyar, (2007). *Buku 1 Pengantar Ilmu Keperawatan Anak 1, Cetakan 1, Jakarta, Salemba Medika*.
4. Chan, L. (2002). *Complimentary/Alternative Therapies in Nursing*. In M. Snyder & R. Lindquist (Eds.) (5 ed.). New York: Springer Publishing Company
5. Desmita.(2005). *Psikologi Perkembangan*. Bandung: PT Remaja Rosdakarya.
6. Djiwando, (2005). *Pendidikan anak prasekolah*, Jakarta: Rineka Cipta
7. Dorland, W.A.N. (2007). *Kamus Kedokteran Dorland*. Editor Huriawati Hartanto. Edisi 29. Jakarta: EGC.
8. Frost, Jo. (2009). *Tanyakan Pada Supernanny : Solusi Sang Supernanny terhadap 1001 Persoalan mendidik Anak Kandung:Kaifa*
9. Guyton & Hall, (2008). *Buku Ajar Fisiologi Kedokteran*. Edisi 11, Jakarta: EGC.
10. Haryani S, dkk (2012) *Pengaruh Terapi Bermain dalam menurunkan Kecemasan Pada Anak Usia Prasekolah (3-5 tahun) yang Mengalami Hospitalisasi Di RSUD Tugurejo Semarang"*.
11. Hawari, D. (2010). *Manajemen Stres dan Depresi*. Jakarta: FKUL.
12. Hidayat, A.A.A. (2007). *Metode Penelitian Keperawatan Dan Teknik Analisa Data*. Jakarta: Salemba Medika
13. Hikmawati, U.(2011). *Pengaruh Terapi Bermain terhadap Kecemasan Anak Usia Pra Sekolah Selama Perawatan pada Anak Usia Pra Sekolah di IRNA II Bangsal Perawatan Anak RSUP Dr. Sardjito Yogyakarta*. FK UGM Yogyakarta: Tidak Dipublikasikan.
14. Imam, (2008). *Jelaskan Prosedur Medis Agar Anak Tidak lagi Menangis*.
15. Khairani, Ade Irma and Nina Olivia. (2018). "The Effect of Hospitalization on the Level of Anxiety of Preschool Children in Putri Hijau Hospital Kesdam I/BB Medan". *Jurnal Riset Hesti Medan, Vol. 3, No. 2, Desember 2018*
16. Kaplan, dkk. (2007). *Keperawatan anak & tumbuh kembang*. Yogyakarta: Nuha Medika.
17. Laili, I. E. (2012). *Faktor-faktor yang Mempengaruhi Kecemasan Pasa Anak Sekolah Yang di Rawat di Instalasi Kesehatan Anak (INSKA) RSUP Dr. Sardjito Yogyakarta*. FK UGM Yogyakarta: Tidak Dipublikasikan.
18. Landreth, (2011). *Metode pengajaran di taman kanak-kanak*, Jakarta: Rineka Cipta
19. Lisyorini, D. (2006). *Pengaruh Terapi Bermain Terhadap Kemampuan Sosialisasi Anak Selama Menjalani Perawatan IRNA RSUP Dr. Sardjito Yogyakarta*. Perpustakaan FK UGM Yogyakarta. *Jurnal Ilmu Keperawatan, Volume 02, 111-115*.
20. Martin (2008). *Psikologi Perkembangan*. Jakarta: PT Gramedia Pustaka.
21. Moeslichatoen, (2009). *Perawatan Anak Sakit*, Jakarta : EGC
22. Muscari, M.(2011). *Pediatric Nursing*. Edisi 3. USA: Lippincott William And William Inc.
23. Ngastiyah, (2005). *Buku Ajar 1 tumbuh kembang anak dan remaja, Cet. Ketiga, CV Sagung Seto, Jakarta*.
24. Niven (2006). *Psikologi Perkembangan*. Alih bahasa oleh istiwidayanti dansoedjarwo). Jakarta : PT Gramedia pustaka.
25. Notoatmodjo, S. (2002). *Metodologi penelitian kesehatan*. Edisi revisi Rineka Cipta. *Perawat dan Bidan*. Jakarta : Salemba Medika.

26. Nursalam, Susilaningrum & Utami, (2005). *Asuhan Keperawatan Bayi dan Anak Untuk Perawatan dan Bidan*, Jakarta: Salemba Medika.
27. Nursalam, (2008). *Asuhan Keperawatan Bayi dan Anak (Untuk Perawatan dan Bidan)*, Jakarta: Salemba Medika.
28. Owens, et al, 2002. The Children's Sleep Habits Questionnaire (CSHQ): Psychometric Properties of A Survey Instrument for School-Aged Children. *American Academy of Sleep Medicine*, 23 (8): 1043-1051.
29. Potter, P. A, and Perry, G. P. (2005). *Buku Ajar Fundamental Keperawatan, Konsep, Proses dan Praktik, Volume 2*. Alih Bahasa Indonesia, Jakarta: EGC.
30. Rahmawati, A. dan Mumiasih, E. (2007). Hubungan Dukungan Keluarga Dengan Tingkat Kecemasan Akibat Hospitalisasi Pada Anak Usia Pra Sekolah Dibangsal L Perawatan Anak RSUP DR. Soeradji Tirtonegoro Klaten. *Jrnal Kesehatan Surya Medika Yogyakarta*, hal, 1-13.
31. Safaria, T.(2005). *Autisme Pemahaman Baru Untuk Hidup Bermakna Bagi Orang Tua*. Jakarta: Penerbit Graha Ilmu.
32. Santrock, J. W. (2011). *Masa Perkembangan Anak (Children)*. Jilid 2. Edisi 11. Jakarta: Salemba Humanika.
33. Rudolp, A.M. (2005). *Rudolp Pedriatic*. Edisi 21. New York: McGraw-Hill.
34. Saryono,(2011). *Metodologi Penelitian Keperawatan*. Purwekerto: UPT Percetakan dan Penerbitan UNSOED. Medika Yogyakarta, hal. 1-13.
35. Solikhah,(2010). *Therapuetic peer play sebagai cara menurunkan kecemasan anak usia sekolah selama hospitalisasi*. Fakultas Ilmu Keperawatan Universitas Indonesia. <http://lontar.ui.ac.id> (diakses 10 juni 2016).
36. Suherman (2010). *Pedoman Diagnosa dan Terapi Ilmu Kesehatan Anak* ,Ed 2. Jakarta: Bagian/SMF ilmu Kesehatan Anak FKUHP/RSHS.
37. Supartini, Y. (2009). *Buku Ajar Konsep Dasar Keperawatan Anak*. Jakarta: EGC.
38. Suparto, H. (2003). *Mewarnai Gambar Sebagai Metode Penyuluhan Untuk Anak ; Study Pendahuluan Pada Program Pemulihan Anak Sakit Irna Rsup DR. Soetomo Surabaya*, at [http://pediatric.com/Indonesia-jawa timur Surabaya](http://pediatric.com/Indonesia-jawa%20timur%20surabaya). Diakses 25 april 2015.
39. Suwarsih, (2009). *Faktor-Faktor Yang Mempengaruhi Kecemasan Pda Anak Usia Pra Sekolah 3-5 Tahun Terhadap Tindakan Keperawatan Dibangsal Anak Anggrek RSUD Panembahan Senopati Bantul*. Stikes A. Yani Yogyakarta: Tidak Dipublikasikan.
40. Stuart, G. & Sundeen. (2005). *Principles and Practise of Psyhltic Nursing*. 5th Edition. Missiouri: Mosby Years Book.
41. Stuart, (2006). *Keperwatan Jiwa*. Alih Bahasa Indonesia, Jakarta: EGC.
42. Tedjasahputra, (2008). *Buku Ajar 1 Tumbuh Kembang Anak dan Remaja*. Cet. Ketiga, CV Sagung Seto, Jakarta: EGC.
43. Townsend, M.C. (2009). *Buku Saku Diahnosis Keperawatan Psikiatri: Rencana Asuhan dan Medikasi Psicotropik (Nursing Diagnoses in Psychiatric Nursing: Care Plans and Psychotropic Medications)*, Jakarta: EGC.
44. Whaley & wong's. (2002). *Nursing Care Of Infant and Children*. Inc. St. Louis Missoun: Mosby year Book.
45. Whaley and Wong.(2008). *Perawatan Bayi dan Anak* Edisi 6. Jakarta: EGC.
46. Widyasari, C. (2014). *Pengaruh terapi Bermain Terhadap Penerimaan Tindakan Invasif pada Anak Pra Sekolah di IRNA RSUD Ngudi Waluya, Wlingi, Blitar*. *Jumal Prodi Keperawatan Lawang Poltekes Depkes Malang*.Hal.1-7.
47. Widyastuti, U. (2008). *Mengoptimalkan 9 Zona Kecerdasan Majemuk Anak*. Sleman: Luna Publisher.

48. Wong, Donna L. (2008). Buku Ajar Keperawatan Pediatrik Volume 1. Edisi Keenam, Jakarta: EGC.
49. Wong, D. L. (2009). Buku Ajar Keperawatan Pedatrik. Alih Bahasa Indonesia. Jakarta: EGC.
50. Yusuf, (2007). Perkembangan Psikologi Anak. Jakarta: Erlangga.

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