

*Research Article*

## The Effect of Prophet Storytelling Therapy on Anxiety Levels in Preschool Children Treated at Inche Abdoel Moeis Regional Hospital, Samarinda

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**Abstract:** Hospitalization in preschool children often causes anxiety due to unfamiliar environments, separation from parents, and invasive medical procedures. Unmanaged anxiety may interfere with the healing process and prolong hospitalization. Prophet storytelling therapy is a non-pharmacological intervention that combines distraction and spiritual values to promote comfort and emotional security in children. Methods: This study employed a quantitative pre-experimental design with a one-group pretest–posttest approach. The sample consisted of 16 hospitalized preschool children aged 4–6 years at RSUD Inche Abdoel Moeis Samarinda, selected using purposive sampling. Anxiety levels were measured using the Spence Children's Anxiety Scale (SCAS) Parent Report before and after the intervention. Data were analyzed using the Wilcoxon Signed Rank Test. Results: The findings revealed a significant reduction in anxiety levels following the implementation of prophet storytelling therapy. Prior to the intervention, most respondents experienced severe anxiety, whereas after the intervention, the majority showed mild anxiety levels. Statistical analysis Wilcoxon Signed Rank Test indicated a p-value of 0.002 ( $p < 0.05$ ), confirming a significant difference in anxiety levels before and after the intervention. Conclusion: Prophet storytelling therapy is effective in reducing anxiety levels among hospitalized preschool children. This therapy can be applied as a spiritual-based non-pharmacological nursing intervention to support atraumatic care in pediatric nursing practice.

**Keywords:** Anxiety; Child Mental Health; Hospitalization; Preschool Children; Prophet Storytelling Therapy.

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### 1. Introduction

Preschool age children are in the age range of 4 to 6 years.(Nisari, 2025)At this stage, children are actively engaging in various physical and social activities. However, this increased activity can weaken the immune system, making children more susceptible to illness. In certain circumstances, children may require intensive care in a hospital. Hospitalization is necessary when a child requires medical supervision and ongoing treatment until their condition is declared recovered.(Ayu, 2024)

Hospitalization itself refers to a situation where a child must stay in the hospital, either planned or emergency, for therapy and treatment. This condition can trigger anxiety reactions that impact the healing process. The longer a child is hospitalized, the greater the likelihood of anxiety increasing, which can ultimately prolong the hospitalization period.(Sari, 2025).

Anxiety is a common emotional condition, but it's difficult to manage because its causes aren't always specific. Many children experience anxiety while undergoing hospitalization, which, if left untreated, can negatively impact their development.(Utami, 2024).

Various studies have shown that non-pharmacological interventions can be used to reduce anxiety levels in hospitalized children, especially preschoolers. One such intervention is Quran recitation therapy, which works by stimulating the brain to produce chemicals called

neuropeptides when stimulated by the recitation of holy verses. Neuropeptides play a role in creating a sense of calm and happiness, thus significantly reducing children's anxiety levels.(Asrul, 2023).

Furthermore, puzzle play therapy has also been shown to have a positive effect on reducing anxiety. This game requires concentration and perseverance in assembling the pieces, thus distracting children from fear during hospitalization. By shifting the focus to a fun activity, children's anxiety levels can be reduced.(Khoerunnisa, 2023)

Another widely used spiritual approach is Asmaul Husna therapy. Physiologically, chanting Asmaul Husna can reduce stress hormones, increase endorphin release, lower blood pressure, slow the pulse rate, and induce feelings of relaxation. Psychologically, the positive suggestions contained within it foster a sense of hope and calm, thus helping individuals overcome anxiety (Apriyanti, 2022).

In addition to spiritual approaches and play, audiovisual therapy is also an effective distraction method. By inviting children to watch cartoons during treatment, they can divert their attention from stressful medical situations. This therapy works by triggering the release of endorphins, which reduce stress and promote a sense of well-being.(Lestari, 2024)

Based on various studies, it is shown that a pleasant, calming approach that is appropriate to the child's characteristics can have a positive effect on the child's psychological condition during treatment.

Given previous findings, researchers are interested in examining storytelling therapy as a form of non-pharmacological intervention. Storytelling therapy can stimulate children's imagination, foster empathy, and build closeness between children and healthcare professionals.(Ni'mah, 2024)Storytelling is a therapeutic play technique that involves telling stories or telling stories by verbally conveying feelings, thoughts, or educational fictional stories to distract children from feelings of fear and anxiety.(Legi, 2019)

Based on data from the 2022 National Socioeconomic Survey (Susenas), approximately 1.88%, or 19 out of 1,000 children in Indonesia, were hospitalized in health facilities. Meanwhile, a 2021 WHO report stated that approximately 45% of hospitalized children experience anxiety, and according to UNICEF, of the 57 million children worldwide, approximately 75% experience trauma, fear, or anxiety during treatment.(Junita, 2025).

Based on data on pediatric inpatients for the last 3 months (June–August 2025) in the Karang Mumus Room of Inche Abdoel Moies Regional Hospital, Samarinda, in 2025, there were 68 preschool children (4–6 years old) out of a total of 494 pediatric patients. These data indicate that the preschool age group is one of the groups with a fairly large number undergoing treatment at Inche Abdoel Moies Regional Hospital, Samarinda. Based on the results of a preliminary study on September 9, 2025, conducted on five parents of preschool-aged children undergoing treatment in the Mumus Room of Inche Abdoel Moies Regional Hospital, Samarinda, it was obtained that their children often showed signs of anxiety while in the hospital. According to parents' statements, children usually cry, scream, or appear restless when they see nurses or doctors coming, especially during examinations or when nurses administer medication by injection.

Therefore, the researcher felt the need to conduct research on the effect of storytelling therapy of the Prophet's story on the anxiety levels of children hospitalized at Inche Abdoel Moies Regional Hospital, Samarinda.

## 2. Materials and Method

This study is a quantitative study with a pre-experimental design using a one group pretest–posttest design that aims to determine the effect of storytelling therapy on the level of anxiety of preschool children. The study was conducted in the Mumus Room of Inche Abdoel Moies Hospital, Samarinda, from September 8, 2025, to January 4, 2026. The study population was all preschool children (4–6 years old) undergoing treatment in the Mumus Room of Inche Abdoel Moies Hospital, Samarinda, totaling 68 children, with a minimum sample size of 16 respondents determined using the Slovin formula and non-probability sampling techniques through purposive sampling based on inclusion and exclusion criteria. The research instrument used the Spence Children's Anxiety Scale (SCAS) Parent Report questionnaire consisting of 15 questions with a Likert scale to measure the level of anxiety before and after the intervention, while the intervention was carried out through verbal storytelling therapy of the Prophet's story. The data collection method was carried out by filling out questionnaires and interviews when the children were in a calm condition and not undergoing invasive procedures. Data analysis included univariate analysis to describe the

characteristics of respondents and anxiety levels, as well as bivariate analysis using the Wilcoxon Signed Ranks Test because the pre-test and post-test data were not normally distributed, with the analysis results showing an Asymp. Sig. (2-tailed) value of 0.002 ( $p < 0.05$ ).

### 3. Results and Discussion

#### Location Overview

This research was conducted at Inche Abdoel Moeis Regional General Hospital, Samarinda, which is strategically located at Jalan HAMM Rifaddin No. 1, Harapan Baru Village, Loa Janan Ilir District, Samarinda City, East Kalimantan. This hospital is a health service institution owned by the Samarinda City Government that serves various medical needs of the community, both outpatient and inpatient services. Inche Abdoel Moeis Regional General Hospital has adequate building facilities with various specialist units, one of which is a pediatric health service unit that serves preschool-aged patients. The pediatric inpatient area at this hospital is designed as a treatment room for pediatric patients with various medical diagnoses, where each room is equipped with standard hospital facilities to support the patient's recovery process. The existence of this pediatric care unit is the main focus of the research location due to the availability of a population of preschool-aged children who are undergoing treatment in the hospital environment.

#### Research result

##### Univariate Analysis

##### Respondent Characteristics

Table 1. Respondent Characteristics.

Respondent characteristics	f	Percentage (%)
Age		
4 years	4	25.0%
5 years	8	50.0%
6 Years	4	25.0%
<b>Total</b>	<b>16</b>	<b>100.0%</b>
Gender		
Man	9	56.3%
Woman	7	43.8%
<b>Total</b>	<b>16</b>	<b>100.0%</b>
Child Order		
1st Child	8	50.0%
2nd Child	4	25.0%
3rd Child	3	18.8%
More Than 3	1	6.3%
<b>Total</b>	<b>16</b>	<b>100.0%</b>
Hospitalization History		
First	10	62.5%
Repeatedly	6	37.5%
<b>Total</b>	<b>16</b>	<b>100.0%</b>
Treatment Duration		
Day 1	4	25.0%
Day 2	2	12.5%
Day 3	8	50.0%
Day 4	1	6.3%
Day 6	1	6.3%
<b>Total</b>	<b>16</b>	<b>100.0%</b>

Based on the data presented in Table 1, Based on the data in the respondent characteristics table, it is known that of the total 16 respondents, the majority are 5 years old, namely 8 children (50.0%), while the ages of 4 years and 6 years each numbered 4 children (25.0%). Viewed from gender, most respondents were male with a total of 9 people (56.3%) and female as many as 7 people (43.8%). For the order of children in the family, as many as 8 respondents (50.0%) were the first child, 4 respondents (25.0%) were the second child, 3 respondents (18.8%) were the third child, and only 1 respondent (6.3%) was more than the third child. Regarding hospitalization history, most respondents were hospitalized for the first

time, namely 10 children (62.5%), while 6 other children (37.5%) had a history of repeated treatment. Finally, if viewed from the length of treatment, the highest distribution was on the third day of treatment with a total of 8 respondents (50.0%), followed by the first day with 4 respondents (25.0%), the second day with 2 respondents (12.5%), and the fourth and sixth days each with 1 respondent (6.3%).

#### Anxiety Level Before Intervention

**Table 2.** Anxiety Level Before Intervention.

Anxiety Level	f	Percentage (%)
Light	2	12.5%
Currently	5	31.3%
Heavy	6	37.5%
panic	3	18.8%
<b>Total</b>	<b>16</b>	<b>100.0%</b>

Based on the data in Table 2 regarding Anxiety Levels Before the Intervention, it can be described that of the total of 16 respondents, the majority experienced severe anxiety, namely 6 people (37.5%). Furthermore, there were 5 respondents (31.3%) who were at a moderate level of anxiety, 3 respondents (18.8%) at the panic level, and the smallest group, namely 2 respondents (12.5%) experienced mild anxiety.

#### Anxiety Level After Intervention

**Table 3.** Anxiety Level After Intervention.

Anxiety Level	f	Percentage (%)
Light	<b>14</b>	<b>87.5%</b>
Currently	<b>2</b>	<b>12.5%</b>
<b>Total</b>	<b>16</b>	<b>100.0%</b>

Based on the data in Table 3 regarding anxiety levels before the intervention, it can be described that of the total of 16 respondents, the majority were at a severe level of anxiety, namely 6 people (37.5%). In addition, there were 5 respondents (31.3%) who experienced moderate anxiety, 3 respondents (18.8%) at the panic level, and the smallest group, namely 2 respondents (12.5%) who experienced mild anxiety.

This condition shows significant changes after the intervention, as seen in Table 3.3. The majority of respondents, 14 (87.5%), now have mild anxiety. Meanwhile, only two respondents (12.5%) remain at moderate levels of anxiety, and no respondents are experiencing severe anxiety or panic after the intervention.

#### Bivariate Analysis

Based on the results of the prerequisite test, namely the normality test using Shapiro-Wilk (because the sample  $n = 16$ ), it is known that the significance value ( $p$ -value) for the pre-test and post-test data is  $<.001$ . Because the significance value is smaller than  $\alpha = 0.05$ , it can be concluded that the data distribution in this study is not normal. Because the data is not normally distributed, the hypothesis test that was initially planned using a parametric test (Paired T-Test) cannot be carried out because it does not meet the normality assumption. As an alternative, the researcher used a non-parametric statistical test, namely the Wilcoxon Signed Rank Test.

**Table 4.** Effect of Storytelling Therapy on Anxiety Levels  
In Pre-School Age Children at Inche Abdoel Moeis Regional Hospital, Samarinda.

		N	Mean Rank	Sum of Ranks
Post-test – Pre-test	Negative Ranks	12	6.50	78.00
	Positive Ranks	0	.00	.00
	Ties	4		
	<b>Total</b>	<b>16</b>		
<b>Post-test – Pre-test</b>				
Z			-3.111b	
Asymp. Sig. (2-tailed)			.002	

Based on Table 4, the results of the Wilcoxon Signed Rank Test between pre-test and post-test scores, it is known that there were 12 respondents with negative ranks, meaning that the anxiety score after the intervention was lower than before the intervention, with a mean rank of 6.50 and a sum of ranks of 78.00. Meanwhile, there were no positive ranks (0 respondents), indicating that no respondents experienced an increase in anxiety levels after the intervention. In addition, there were 4 respondents with the same scores (ties) between the pre-test and post-test.

The results of the Wilcoxon statistical test showed a Z value of -3.111 with an Asymp. Sig. (2-tailed) value of 0.002. The p-value is smaller than  $\alpha = 0.05$ , so it can be concluded that there is a significant difference between the anxiety levels of preschool children before and after being given storytelling therapy of the Prophet's story. Thus, storytelling therapy of the Prophet's story has been proven to have a significant effect in reducing the anxiety levels of preschool children who are hospitalized at Inche Abdoel Moies Regional General Hospital, Samarinda.

## Discussion

### Univariate Analysis

#### Age

The results showed that the majority of respondents were 5 years old, with 8 children (50.0%), while 4 and 6 years old each had 4 children (25.0%). During preschool, increased physical activity makes children easily tired and susceptible to illness, thus triggering hospitalization, which can cause psychological changes and traumatic experiences (Hatuwe, 2025). The hospital environment is perceived as a threatening place due to separation from parents and fear of medical procedures, thus triggering feelings of insecurity and resistance to treatment (Widiyanti, 2023). These findings indicate that the developmental characteristics of preschool children contribute to high psychological responses during hospitalization.

#### Gender

Respondents were 56.3% male and 43.8% female. Theoretically, women are more susceptible to anxiety and it tends to last longer, influenced by internal factors such as hormonal fluctuations and personality stability (Sa'diyah, 2024). Findings indicate that gender differences influence children's emotional responses during hospitalization, with girls being more sensitive to environmental changes, while boys express anxiety through active behavior or resistance to treatment.

#### Order of children

The majority of respondents, 8 children (50.0%), were first-borns. Birth order influences a child's personality and behavioral development because it relates to roles and experiences within the family (Untariana, 2022). Findings indicate that first-borns tend to be more sensitive to environmental changes and separation from their parents, making them more likely to exhibit anxiety during hospitalization than children later in the birth order.

#### History of hospitalization

Most respondents, 10 (62.5%), experienced first-time hospitalization. Hospitalization triggers anxiety, sadness, and fear, which, if not intervened, can lead to refusal of treatment and prolong hospitalization (Putri, 2024). Previous research has shown that severe anxiety can occur during both first and repeated hospitalizations (Muliani, 2019 in Atawatun, 2022; Widiyanti, 2022 in Atawatun, 2021). The findings of this study indicate that before intervention, the majority of children experienced severe and moderate levels of anxiety, indicating that preschoolers' psychological readiness is still low.

#### Length of treatment

The largest number of respondents was on the third day of treatment, with 8 respondents (50.0%). Duration of hospitalization correlates with increased psychological stress in children, as evidenced by fussy behavior and emotional instability (Sari, 2024). Findings indicate that the longer the hospital stay, the greater the tendency for anxiety to increase due to fatigue, boredom, and discomfort with the hospital environment.

### Anxiety level before intervention

Before the intervention, all respondents (100%) experienced anxiety, with the highest category being severe anxiety at 6 (37.5%). Anxiety arises in response to the threat perceived by the child during hospitalization (Sari, 2025). This finding aligns with previous research that age, gender, and hospitalization experience influence children's anxiety (Refita, 2020), indicating that hospitalization is a stressful experience for preschool children.

### Anxiety levels after intervention

After receiving storytelling therapy, the majority of respondents (14 people) were in the mild anxiety category. The Wilcoxon test showed a  $p$  value of 0.002 ( $p < 0.05$ ), with 12 respondents experiencing a decrease in anxiety scores and no increase in anxiety. This finding aligns with previous research that suggests storytelling is effective for preschoolers because it aligns with their cognitive and emotional characteristics (Lameky, 2025) and can provide a psychologically calming effect.

### Bivariate Analysis

#### The effect of Prophet's Story storytelling therapy on anxiety levels.

The Wilcoxon Signed Ranks Test results showed a  $p$ -value of 0.002 ( $p < 0.05$ ), indicating a significant effect of storytelling therapy on reducing children's anxiety levels. Before the intervention, the majority of respondents were in the severe anxiety category (37.5%), while after the intervention, 87.5% were in the mild anxiety category. During the study, data were collected when the children were calm and not undergoing invasive procedures, so changes in anxiety reflect the general impact of hospitalization. This finding is in line with previous studies stating that storytelling functions as an effective distraction technique in reducing children's anxiety during hospitalization (Sa'diyah, 2024; Iqbal, 2024). The significant decrease in anxiety indicates that the alternative hypothesis ( $H_a$ ) is accepted, so that storytelling therapy has a significant effect in reducing anxiety in preschool children.

## 5. Conclusion

Based on the results of research and discussion regarding the influence of storytelling therapy on the anxiety levels of preschool children undergoing hospitalization at Inche Abdoel Moies Regional Hospital, Samarinda, the following conclusions can be drawn:

- a. Characteristics The majority of respondents in this study were in the 5-year-old age group, amounting to 8 children (50.0%), and male gender, amounting to 9 children (56.3%). Most of them were their first child (50.0%) who had undergone a history of hospitalization for the first time, amounting to 10 children (62.5%), with the majority being on the third day of treatment (50.0%).
- b. Anxiety level measurement results: Before receiving the Prophet's Story storytelling therapy, all respondents (100%) experienced anxiety with a diverse distribution of categories. The majority of respondents were at the severe anxiety level, with 6 children (37.5%), and moderate anxiety with 5 children (31.3%). In addition, there were also respondents in the panic category (3 children (18.8%) and mild anxiety with 2 children (12.5%). These data indicate that the majority of preschool children experienced significant psychological distress in the early phase of hospitalization.
- c. After being given storytelling therapy, there was a very significant decrease in anxiety levels after the therapy was given, where the majority of respondents were in the mild anxiety category, namely 14 children (87.5%) and the moderate category as many as 2 children (12.5%). No more respondents were found with severe anxiety or panic categories. The results of the Wilcoxon Signed Rank Test showed an Asymp. Sig. (2-tailed) value of 0.002 ( $p < 0.05$ ) with 12 respondents experiencing a decrease in anxiety scores (negative ranks).
- d. Overall, the results of this study demonstrate that storytelling therapy is an effective non-pharmacological intervention in reducing anxiety levels in hospitalized preschool children. This therapy is expected to help children adapt to the hospital environment, increase their sense of security, and support the success of nursing care that focuses on their psychological needs.

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