

## The Effect of Islamic Storytelling Audiovisual Therapy on Anxiety Levels in Preschool-Aged Children at Inche Abdoel Moeis Regional General Hospital, Samarinda

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### ABSTRACT

**Background & Objective:** Hospitalization frequently triggers anxiety in preschool children due to unfamiliar environments, separation from parents, and exposure to medical procedures that may be perceived as frightening. Anxiety can negatively affect children's emotional responses, cooperation during care, and recovery process. Accordingly, there is a need for non-pharmacological nursing approaches that are both safe and aligned with the developmental characteristics of children. This study was conducted to examine the impact of Islamic audio-visual storytelling therapy on anxiety levels among preschool-aged children undergoing hospitalization. **Method:** This research applied a pre-experimental methodology with a one-group pretest-posttest design. The study population comprised hospitalized preschool-aged children at Inche Abdoel Moeis Regional General Hospital in Samarinda, from which 16 participants were recruited using purposive sampling techniques. Anxiety levels were measured prior to and following the intervention through a standardized anxiety assessment tool. Given that the data did not meet the assumption of normal distribution, statistical analysis was performed using the Wilcoxon Signed Rank Test. **Result:** The findings showed that the mean anxiety score decreased from 25.56 before the intervention to 21.68 after the intervention, with a significant

value of 0.002. This shows a statistically significant reduction in anxiety levels following the intervention. **Conclusion:** Islamic storytelling audio-visual therapy has a significant effect in reducing anxiety levels among preschool children during hospitalization and can be considered an effective non-pharmacological nursing intervention.

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## Introduction

Preschool children are individuals aged between 4 and 6 years, a developmental stage that significantly influences children's future growth and overall functioning (Rochayani & Verawati, 2022). At this stage, children experience rapid and significant growth in multiple developmental domains, including physical, emotional, language, social interaction, character formation, and moral values. The preschool period is often referred to as an "anxiety phase" because physical and psychological development occurs very quickly and simultaneously (Tasya et al., 2023). During this time, children begin to actively engage in social relationships beyond the family environment. Such transitions can create emotional vulnerability, particularly when children encounter unfamiliar situations. Therefore, appropriate attention and guidance are essential to ensure optimal growth and emotional well-being during this critical developmental stage (Afrinis, Indrawati, & Raudah, 2021).

The World Health Organization (WHO) emphasizes that the preschool period is a critical phase of child development encompassing physical, socio-emotional, motor, and cognitive aspects from birth to six years of age. In 2022, WHO reported that the global population of preschool-aged children reached approximately 148 million individuals (Larastati et al., 2022). In Indonesia, data from the Central Bureau of Statistics (BPS) in 2023 estimated that the early childhood population reached 30.2 million, accounting for about 10.91% of the total national population. These figures highlight the substantial number of children who may require health services, including hospitalization. Given the vulnerability of this age group, health-care environments must be adapted to support children's psychological comfort. Failure to address emotional needs during early childhood may lead to long-term psychological consequences.

Hospitalization refers to a condition in which individuals must undergo inpatient care in a health-care facility (Tamara & Hasibuan, 2023). For children, hospitalization often becomes a frightening experience and can result in psychological trauma. Common behavioral responses among hospitalized children include crying, restlessness, refusal to eat, difficulty calming down, and lack of cooperation with medical personnel (Ginanjari et al., 2022). Anxiety itself is a subjective emotional condition that arises without a clear cause or specific object. One of the most frequent forms of anxiety in children occurs during medical treatment processes. The unfamiliar hospital environment, separation from home, and invasive procedures contribute significantly to heightened anxiety levels among preschool children.

National data further show the increasing prevalence of pediatric hospitalization in Indonesia. According to BPS (2020), the proportion of children undergoing hospital care increased from 3.49% in 2018 to 3.84% in 2019, and continued to rise to 3.94% in 2020. A preliminary study conducted in the Karang Mumus Ward of Inche Abdoel Moeis Regional General Hospital, Samarinda, from June to August 2025 showed that preschool children constituted a notable proportion of hospitalized pediatric patients. Specifically, children aged four years accounted for 4.66%, five years for 4.86%, and six years for 4.25% of the total pediatric population, with preschool children representing 13.77%. These results show that preschool children form a significant group requiring targeted nursing interventions.

Hospitalization-related anxiety commonly observed at Inche Abdoel Moeis Regional General Hospital, particularly in the Karang Mumus Ward, is primarily associated with children's fear of medical procedures, especially invasive interventions such as blood sampling, intravenous catheter insertion, and injectable medication administration. Repetitive medical procedures often lead to boredom, frustration, and emotional fatigue, causing many children to express a strong desire to return home as soon as possible. Prolonged hospitalization without adequate psychological support may further intensify anxiety and negatively affect children's recovery outcomes. To reduce anxiety, the hospital has implemented several supportive measures, including the use of child-friendly medical equipment with attractive colors and images, as well as encouraging health-care providers to wear cheerful clothing or accessories. In addition, hospital rooms are designed with soft and calming colors to enhance children's comfort.

Atraumatic care in pediatric nursing can be implemented through non-pharmacological therapeutic activities that aim to minimize physical and psychological distress (Purba & Tambunan, 2025). One effective intervention involves engaging children in audiovisual therapy, such as watching animated videos that combine images, colors, and storytelling. Audiovisual therapy provides multisensory stimulation that helps distract children from anxiety-provoking stimuli (Mustami et al., 2024). Previous research by Aqilah (2025) showed that watching animated cartoons during invasive procedures significantly reduced anxiety levels among children at Arifin Ahmad Regional General Hospital, Riau. Connecting audiovisual therapy with Islamic storytelling introduces spiritual and moral values while maintaining therapeutic effectiveness. This approach is particularly relevant in regions such as Samarinda, where Islamic cultural values are deeply rooted.

## **Objective**

This research seeks to examine the influence of Islamic audio-visual storytelling therapy on anxiety levels among preschool children treated at Inche Abdoel Moeis Regional General Hospital in Samarinda. The study also focuses on describing respondent characteristics, including age, sex, birth order, duration of hospitalization, and prior hospitalization experience. Additionally, anxiety levels are measured before the intervention is introduced and reassessed following the provision of the therapy. By comparing pre-intervention and post-intervention anxiety scores, this study aims to determine the effectiveness of Islamic audio-visual storytelling therapy in alleviating hospitalization-related anxiety in preschool-aged children.

## Method

This study used a quantitative pre-experimental design with a one-group pretest-posttest approach to evaluate the effect of Islamic storytelling audiovisual therapy on anxiety levels among preschool children hospitalized at Inche Abdoel Moeis Regional General Hospital, Samarinda. The independent variable was Islamic storytelling audiovisual therapy, while the dependent variable was anxiety level among children aged 4–6 years.

The population consisted of 68 hospitalized preschool children during June–August 2025. A total of 16 respondents were selected using purposive sampling based on inclusion criteria: preschool children aged 4–6 years, experiencing anxiety, able to communicate verbally or nonverbally, Muslim, and obtaining parental consent. Children with severe mental disorders, critical conditions, or infectious diseases were excluded.

Data collection was conducted in the Karang Mumus Ward from September 7, 2025, to January 12, 2026. Anxiety levels were measured before and after the intervention using the Spence Children's Anxiety Scale (SCAS) Parent Report consisting of 15 items with a four-point Likert scale. Anxiety scores were categorized into mild, moderate, severe, and panic levels.

TABLE 1. Shapiro-Wilk Normality Test Results

Variable	Statistic	df	Sig.
Pre-test	0.898	16	0.075
Post-test	0.814	16	0.004

Data were analyzed using univariate and bivariate analysis. Normality testing was performed using the Shapiro–Wilk test because the sample size was fewer than 50 respondents. Since the posttest data were not normally distributed ( $p < 0.05$ ), hypothesis testing was conducted using the Wilcoxon Signed Rank Test with a significance level of 0.05.

## Results

### Respondent Characteristics

The distribution of respondents based on age, sex, birth order, length of hospitalization, and hospitalization history is presented in Table 2.

TABLE 2. Distribution of Respondent Characteristics (n = 16)

Respondent Characteristics	Frequency (n)	Percentage (%)
<b>Age</b>		
4 years	8	50.0
5 years	6	37.5
6 years	2	12.5
<b>Total</b>	<b>16</b>	<b>100</b>
<b>Sex</b>		
Male	10	62.5
Female	6	37.5
<b>Total</b>	<b>16</b>	<b>100</b>
<b>Birth Order</b>		
First child	8	50.0
Second child	5	31.2
Third child	3	18.8
<b>Total</b>	<b>16</b>	<b>100</b>
<b>Length of</b>		

<b>Hospitalization (days)</b>		
1	3	18.8
2	4	25.0
3	7	43.8
> 3	2	12.5
<b>Total</b>	<b>16</b>	<b>100</b>
Hospitalization History		
First-time hospitalization	8	50.0
Recurrent hospitalization	8	50.0
<b>Total</b>	<b>16</b>	<b>100</b>

Based on Table 2, most respondents were 4 years old (50.0%), followed by children aged 5 years (37.5%) and 6 years (12.5%). The majority of respondents were male (62.5%). In terms of birth order, half of the children were first-born (50.0%). Most children were hospitalized for three days (43.8%). Hospitalization history showed an equal distribution between children experiencing hospitalization for the first time and those with recurrent hospitalization (50.0% each).

### Univariate Analysis

Univariate analysis was conducted to describe anxiety levels among preschool children before (pretest) and after (posttest) the Islamic storytelling audiovisual therapy. The distribution of pretest and posttest anxiety scores show in Table 3.

**TABLE 3.** Anxiety Score Distribution of Preschool Children

Measurement	Mean	Median	Standard Deviation	Minimum	Maximum
Pretest	25.56	18	8.671	15	42
Posttest	21.68	22	7.436	15	36

Table 3, shows that the mean anxiety score decreased from 25.56 before intervention to 21.68 after intervention. Similarly, the standard deviation decreased from 8.671 to 7.436, showing reduced variability in anxiety scores following the intervention. The distribution of anxiety level categories show in Table 4.

**TABLE 4.** Anxiety Level Categories (Pretest)

Anxiety Level	Frequency (n)	Percentage (%)
Mild	10	62.5
Moderate	4	25.0
Severe	2	12.5
Panic	0	0
<b>Total</b>	<b>16</b>	<b>100</b>

Prior to the intervention, the majority of participants were categorized as experiencing mild anxiety (62.5%), while a smaller proportion demonstrated moderate anxiety (25.0%) and severe anxiety (12.5%). Notably, none of the children were identified as having anxiety at the panic level.

**TABLE 5.** Anxiety Level Categories (Posttest)

Anxiety Level	Frequency (n)	Percentage (%)
Mild	12	75.0
Moderate	3	18.8
Severe	1	6.2
Panic	0	0
<b>Total</b>	<b>16</b>	<b>100</b>

Then, after the intervention, the proportion of children experiencing mild anxiety increased to 75.0%, while those experiencing moderate and severe anxiety decreased to 18.8% and 6.2%, respectively. No respondents experienced panic-level anxiety.

### Bivariate Analysis

Bivariate analysis aimed at examining the impact of Islamic audio-visual storytelling therapy on anxiety levels in preschool-aged children was performed using the Wilcoxon Signed Rank Test, with the results presented in Table 6.

**TABLE 6.** Wilcoxon Signed Rank Test Results

Comparison	Category	N	Mean Rank	Sum of Ranks
Pretest - Posttest	Negative Ranks	12	6.50	78.00
	Positive Ranks	0	0.00	0.00
	Ties	4		
	Total	16		
Z				-3.063
Sig. (2-tailed)				0.002

The results in Table 6, there are 12 negative ranks, meaning that 12 respondents experienced a decrease in anxiety scores from pretest to posttest, with a mean rank reduction of 6.50 points. No respondents showed an increase in anxiety scores, while 4 respondents had unchanged scores. Results from the Wilcoxon Signed Rank Test indicated a p-value of 0.002, which is lower than the 0.05 significance level, demonstrating a meaningful difference in anxiety scores between measurements taken before and after the intervention. Consequently, the null hypothesis ( $H_0$ ) was not supported, while the alternative hypothesis ( $H_a$ ) was confirmed, indicating that Islamic audio-visual storytelling therapy effectively decreased anxiety levels in preschool-aged children.

### Discussion

The characteristics of respondents in this study show that most preschool children who experienced hospitalization-related anxiety were aged 4 years, followed by those aged 5 and 6 years. This result shows that early preschool age represents a highly vulnerable developmental stage, as children at this age are still in the process of forming emotional regulation and cognitive understanding of unfamiliar situations. Preschool age is widely recognized as a critical or "golden period" for individual development, during which external stressors may have a profound psychological impact (Siyami et al., 2023). Hospitalization at this stage is often perceived as a threatening and traumatic event, as children are exposed to unfamiliar environments, separation from routine, and invasive medical procedures (Yustriari et al., 2023). Prasetya and Ma'rifah (2022) further emphasize that preschool children are among the most susceptible groups to psychological disturbances during medical treatment.

Gender distribution in this study showed a higher proportion of male respondents compared to female respondents. This result shows that boys may be more frequently hospitalized or more visibly expressive of distress during hospital care. Theoretically, male children tend to exhibit anxiety through active behavioral responses, such as resistance, aggression, or non-cooperative behavior toward healthcare providers. According to Fiteli et al. (2024), gender is an internal factor that influences how children perceive threats and respond emotionally to stressful situations, including hospitalization. Observations during the study revealed that

male children more often demonstrated refusal behaviors, which can be interpreted as a coping mechanism to maintain a sense of control in an unfamiliar environment. Such behaviors show a higher need for intensive distraction strategies to manage anxiety effectively. Birth order shows that first-born children constituted the largest proportion of respondents. This result is noteworthy because birth order has a psychological relationship with parental behavior, which indirectly affects children's emotional responses. First-born children often receive heightened parental attention and protection, but they may also be more exposed to parental anxiety, especially when parents lack prior experience in managing a hospitalized child. Widayanti and Daro (2024) emphasize that parental emotional stability and involvement are crucial in minimizing the psychological impact of hospitalization on children. Athariq et al. (2023) further explain that heightened parental anxiety can be transmitted to children, exacerbating anxiety levels during invasive procedures. This phenomenon supports the concept of anxiety transmission from parents to children, particularly in families experiencing hospitalization for the first time.

The length of hospitalization also played a role in shaping children's anxiety levels. Most respondents were assessed on the third day of hospitalization, showing that anxiety may persist beyond the initial admission phase. Clinically, the early days of hospitalization are often the most stressful due to abrupt changes in environment and routine. However, prolonged hospitalization without adequate psychological support may lead to boredom, frustration, and accumulated stress (Susanti et al., 2024). The third day of care often represents a transitional phase, during which children begin to feel fatigued by repeated medical procedures. This condition makes audiovisual intervention particularly relevant, as it serves to redirect children's attention from negative experiences to calming stimuli.

Regarding hospitalization history, this study found an equal distribution between children hospitalized for the first time and those with recurrent hospitalization experiences. This balance shows that hospitalization can be a stressful experience regardless of prior exposure. Children hospitalized for the first time often experience anxiety due to unfamiliarity with medical procedures and the hospital environment (Fiteli et al., 2024). Conversely, children with repeated hospitalization histories may exhibit heightened anxiety if previous experiences were painful or traumatic. Hatuwe et al. (2025) explain that unpleasant past medical experiences can create traumatic memories that intensify fear responses upon re-hospitalization.

Univariate analysis before the intervention showed that most children experienced mild to moderate anxiety, with a mean pretest score showing a considerable level of psychological distress. This condition reflects the traumatic nature of hospitalization for preschool children, who are particularly sensitive to environmental changes and invasive procedures. Lestari and Suminar (2024) identify unfamiliar hospital settings, separation from home routines, and exposure to medical equipment as major stressors contributing to anxiety in children. Observations during data collection showed that many children expressed fear toward healthcare providers, particularly during invasive procedures such as injections and intravenous catheter insertion. Latifah et al. (2025) support this results by stating that invasive medical actions are a primary source of fear, worry, and anxiety among pediatric patients.

Then, after the implementation of Islamic storytelling audiovisual therapy, univariate analysis showed a notable decrease in anxiety levels, by lower mean scores

and reduced standard deviation. Most respondents shifted into the mild anxiety category, showing a positive psychological response to the intervention. Jesika et al. (2025) explain that audiovisual distraction effectively diverts children's attention by simultaneously engaging visual and auditory senses, thereby reducing focus on stressors. During the intervention, many children appeared attentive, relaxed, and communicative, expressing enjoyment after watching the audiovisual content. However, some children remained unresponsive or distressed, suggesting individual differences in receptivity to the therapy.

Further observations showed that children with mild anxiety were more cooperative and able to engage fully with the audiovisual therapy. These children showed better adaptation and responsiveness to distraction stimuli, consistent with results by Lestari and Suminar (2024), who state that children with lower anxiety levels adapt more easily to therapeutic interventions. Children with moderate anxiety initially showed signs of tension but gradually became calmer as the session progressed. Triana and Kusumaningrum (2025) explain that children with moderate anxiety require a longer adjustment period before achieving emotional stability. In contrast, children with severe anxiety often continued to cry or resist, showing that emotional distress outweighed their ability to benefit from distraction. Jesika et al. (2025) suggest that high anxiety levels can limit the effectiveness of passive distraction strategies.

Bivariate testing with the Wilcoxon Signed Rank Test demonstrated a significant decline in anxiety levels following the intervention. The dominance of negative ranks, along with the lack of positive ranks, indicates that the majority of participating children showed a reduction in their anxiety scores. This result aligns with Adriani et al. (2025), who explain that audiovisual distraction stimulates endorphin release, which helps reduce stress hormones biologically. The inclusion of Islamic storytelling content provided additional psychological comfort, as it aligned with the children's cultural and religious background, fostering a sense of security. Putri et al. (2024) emphasize that sound and music enhance focus and motivation, while visual elements sustain attention and reinforce calming effects.

The effectiveness of audiovisual therapy is also supported by the cognitive characteristics of preschool children, who are highly imaginative and responsive to visual narratives. Triana and Kusumaningrum (2025) describe audiovisual distraction as a highly adaptive non-pharmacological strategy for this age group. Moreover, Islamic storytelling conveys moral and spiritual values, such as patience and gratitude, through relatable narratives and animation. Makhmudah (2024) explains that visual storytelling facilitates emotional and conceptual learning by enabling children to learn through observation and imitation. Thus, the intervention not only reduced anxiety but also contributed to emotional and spiritual development. However, individual differences in interest, emotional readiness, and environmental comfort influenced the degree of effectiveness.

Despite its benefits, the intervention did not produce drastic anxiety reduction in all respondents, likely due to limited duration and frequency of therapy sessions. Adriani et al. (2025) note that anxiety reduction through non-pharmacological interventions is typically gradual and requires repeated exposure to achieve consistent relaxation effects. Jesika et al. (2025) and Lestari and Suminar (2024) further emphasize that audiovisual therapy is more effective when administered repeatedly and integrated into routine care, particularly before and during medical procedures.

Additionally, some children may respond better to active play therapy involving motor engagement, such as constructive or creative play (Triana & Kusumaningrum, 2025; Pratiwi et al., 2024). Therefore, while Islamic storytelling audiovisual therapy is a valuable tool for reducing anxiety among preschool children, it may need to be combined with other therapeutic approaches to address individual needs comprehensively.

## Conclusion

Based on the results of this study, the majority of respondents were preschool children aged four years (50%). Before the intervention, most children experienced mild anxiety, accounting for 62.5% of the total sample. After the implementation of Islamic storytelling audiovisual therapy, the proportion of children with mild anxiety increased to 75%, showing an improvement in anxiety levels. The average anxiety score recorded before the intervention was 25.56 and subsequently declined to 21.68 following the implementation of the therapy. Statistical analysis using the Wilcoxon Signed Rank Test confirmed that this reduction was significant, as indicated by a p-value of 0.002 ( $< 0.05$ ). These findings show that Islamic storytelling audiovisual therapy has a significant effect in reducing anxiety levels among preschool-aged children hospitalized at Inche Abdoel Moeis Regional General Hospital, Samarinda.

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