Medical and Health Journal
Volume 5, Issue 1, 2025, pp. 54-60
e-ISSN: 2807-3541
Open Access: https://jos.unsoed.ac.id/index.php/mhj

The Effect of LEGO Play Therapy on Reducing Anxiety of Hospitalized Preeschool Children

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ARTICLE INFO

Article history:
Received January 29, 2025
Revised May 29, 2025
Accepted July 5, 2025
Available online August 2, 2025

Keywords:
Anxiety, Hospitalization, LEGO play therapy

ABSTRACT

Anxiety in children during hospitalization presents a significant barrier to effective care. When hospitalized, children often exhibit a range of distress behaviors such as aggression, crying, biting, and kicking. Children are individuals with unique thought patterns and environmental understandings. The familiar routines and parental presence at home are absent in the hospital setting, which poses a stark contrast especially for preschool-aged children. This study aimed to assess the impact of LEGO play therapy on reducing anxiety in preschool children hospitalized I the pediatric ward of RSUD Toto Kabila. This quantitative research employed a quasi-experimental design with a one-group pre-post test approach involving a single group of respondents receiving LEGO play therapy. The study included 33 respondents selected through accidental sampling, utilizing questionnaires as the research instrument. Statistical analysis was cocducted using the non-parametric Wilcoxon test. The findings revealed (p-value <0.05) 0.000, meaning LEGO play therapy reduces anxiety in preschool children during hospitalization, with LEGO play therapy as a non-pharmacological intervention to alleviate anxiety in hospitalized children. It is recommended that nursing practioners incorporate this therapy into pediatric care to help reduce anxiety associated with hospitalization.

1. INTRODUCTION

Anxiety in children during hospitalization presents a significant barrier to effective care. When hospitalized, children often exhibit a range of distress behaviors such as aggression, crying, biting, and kicking. They may also express anger verbally, refuse to cooperate with healthcare providers, and become overly dependent on their parents. These experiences are commonly associated with emotional responses such as anger, sadness, fear, guilt, and anxiety. A child's anxiety often manifests as resistance to medical procedures, leading to behaviors such as crying, struggling, screaming, and demanding to go home even before recovery is complete (Arbakyah et al., 2021).

Children are individuals with unique thought patterns and environmental understandings. The familiar routines and parental presence at home are absent in the hospital setting, which poses a stark contrast especially for preschool-aged children. Illness at this developmental stage can cause emotional instability and increase the need for attention (Çelikol et al., 2019). Preschool-aged children (3–6 years old) typically have limited social skills and self-care abilities such as feeding, bathing, and dressing (Syarifah, 2022). This stage is marked by significant physical, motor, and cognitive development. However, like adults, children can fall ill and require hospitalization for diagnosis and treatment.

For preschool-aged children, illness is often perceived as a loss of the secure and loving environment of home, and hospitalization becomes a frightening experience. Anxiety is an emotional response to uncertainty, characterized by fear, worry, and unease, and is a key psychological effect of hospitalization (Yuniati et al., 2023). The number of hospitalized children has increased significantly over the past two decades, including infants born with illnesses, injured children, and those with special needs. According to WHO data (2020), 49% of

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hospitalized children amounting to approximately 67,454,453 experience anxiety. Each year, around 57,322,454 children experience trauma, fear, and anxiety during hospital stays (Setiawan et al., 2014). In the United States, approximately 5,545,224 children are hospitalized for surgical procedures, with over 50% experiencing anxiety and stress (Sumarni et al., 2018).

Hospitalization is a crisis event for children as they attempt to adapt to the unfamiliar hospital environment, creating a major stressor for both the child and their family. For preschoolers, being hospitalized is particularly distressing due to separation from familiar surroundings and loved ones, leading to fear, sadness, and anxiety. Preschool-aged children often experience separation anxiety because they are temporarily removed from the comforting and joyful environments of home, toys, and playmates (Vanny et al., 2020).

Anxiety also stems from unfamiliar settings, interactions with medical staff, the presence of other sick children, and medical treatment plans. In Indonesia, surveys show that 30.82% of children aged 4–6 (preschool age) experience anxiety during hospitalization, with about 35 in every 100 children affected (J.L. Kundre, 2022). Hospital-related anxiety in children typically progresses through three stages which are the protest stage marked by intense crying and calling for a caregiver, the despair stage in which the child appears tense, cries less, shows reduced activity and appetite, and lacks interest in play, and the detachment stage where the child begins to accept separation and engages with their surroundings and others (Fatmawati et al., 2019).

Reducing anxiety in hospitalized preschool children can be achieved through play therapy and active parental cooperation. Play therapy plays a critical role in pediatric nursing care by minimizing the negative impacts of hospitalization on a child's growth and development (Ariani et al., 2022). Appropriate types of play for preschool children include associative play, dramatic play, and skill play. According to Frost et al. (2001), skill play involves the use of motor, manipulative, and constructive skills that support cognitive and fine motor development as well as problem-solving abilities. Among preschoolers, motor-skill-based activities such as building with LEGO, puzzles, and large blocks are popular.

LEGO play has the potential to reduce anxiety in children by offering opportunities to build various forms. LEGO is a creative tool consisting of colorful, interlocking plastic bricks that can be assembled into structures such as cars, houses, airplanes, and robots depending on a child's imagination. Originating from Denmark, LEGO has been around for over half a century and serves not only as a toy but also as a medium for stimulating children's creativity (Mujiyanti et al., 2019). Compared to other forms of play therapy such as origami, clay modeling, bubble play, or puzzles, LEGO stands out due to its ability to actively stimulate creativity through flexible and imaginative construction. While activities like origami and puzzles have fixed outcomes, LEGO provides children with full freedom to create anything they imagine. Thus, LEGO serves not only as a distraction and relaxation tool but also as a means of self-expression and a coping mechanism during hospitalization stress (Kristina et al., 2021).

The primary aim of LEGO play therapy is to shift the child's attention from anxiety and fear toward engaging in play. The desire to complete a LEGO creation helps redirect the child's focus (Azam, 2020). Additionally, LEGO serves as a psychological intervention that stimulates focus and creativity while providing relaxation and distraction. Through structured and enjoyable construction activities, children experience reduced emotional tension and are more cooperative during treatment (Tisnawati, 2020). Furthermore, LEGO is a convenient form of play therapy that does not require additional media, can be done anywhere including hospital beds and does not require a large space. Thus, LEGO is a practical therapeutic tool for preschool-aged children undergoing hospitalization.

This study employed a pre-experimental design using a one-group pretest-posttest method and found that LEGO play therapy significantly reduced anxiety in hospitalized preschool children (Mansur, 2019). Preliminary data over the past three months show that in May, 29 children were admitted; in June, 27; and in July, 36 all of whom were preschool-aged. Initial interviews with five children revealed symptoms of anxiety during hospitalization. The children reported feeling scared and anxious, becoming uncooperative during medical procedures. Their anxiety was managed intermittently by nurses during treatment mainly through efforts to calm the children. At RSUD Toto Kabila, there has been no prior study or implementation of LEGO play

therapy to address anxiety in preschool patients. Parents were the primary source of support in managing their children's anxiety, but systematic interventions such as play therapy specifically with LEGO have not been used. This indicates a significant gap in pediatric nursing practice. Moreover, the reliance on parents without structured professional intervention highlights the need for innovative strategies in addressing child anxiety. Therefore, innovative approaches are needed to manage anxiety in hospitalized preschool children, one of which is through LEGO play therapy. This study aims to investigate the effect of LEGO play therapy on reducing anxiety in preschool-aged children undergoing hospitalization, offering a practical and child-centered nursing intervention.

2. METHOD

This study was conducted from October 17 to November 17, 2024 in the pediatric ward of Toto Kabila Regional General Hospital. The research employed a quantitative approach using a quasi-experimental method with a one-group pretest–posttest design. In this design, the research process began with an initial measurement or pretest of the children's anxiety levels before the intervention. This was followed by the administration of LEGO play therapy as the intervention over a two-day period. After the intervention, a posttest was conducted using the same instrument to assess changes in anxiety levels. The instrument used in this study was a questionnaire.

The sampling technique applied was accidental sampling, selected due to the dynamic and unpredictable nature of the preschool patients' conditions during hospitalization. From a total population of 36 eligible children, 33 were included as study participants while 3 were excluded due to factors such as clinical condition or unavailability to participate in the intervention. However, as accidental sampling is a non-probability sampling technique, the findings of this study have limited generalizability to a broader population. Therefore, the results are more contextual in nature and may serve as a foundational reference for future research employing more representative designs and sampling methods

3. RESULT AND DISCUSSION

Table 1. Characteristics of Children Based on Gender

No	Gender	Frequency	Percentage
1	Male	15	45%
2	Female	18	55%
	Total	**33**	**100**

Based on Table 1, it shows that the majority of respondents were female, with a total of 18 out of 33 children being girls.

Table 2. Characteristics of Children Based on Age

No	Age Range	Frequency	Percentage
1	3 years – 3 years 11 months	11	33%
2	4 years – 4 years 11 months	11	33%
3	5 years – 5 years 11 months	6	18%
4	6 years – 6 years 11 months	5	15%
	Total	**33**	**100**

Based on Table 2, it can be seen that the majority of respondents were children aged 3 years to 3 years and 11 months, and 4 years to 4 years and 11 months, with 11 respondents (33%) in each age group.

Table 3. Anxiety Levels of Preschool Children Before and After LEGO Play Therapy

No	Category	Before Intervention		After Intervention	
		Frequency	**Percentage**	**Frequency**	**Percentage**
1	Mild Anxiety	1	3%	9	27%
2	Moderate Anxiety	26	79%	20	61%
3	Severe Anxiety	6	18%	4	12%
	Total	**33**	**100%**	**33**	**100%**

Based on Table 3, before the intervention, most respondents experienced moderate anxiety with a total of 26 children (79%). Severe anxiety was experienced by 6 children (18%), and only 1 child (3%) experienced mild anxiety. After the intervention using LEGO play therapy, the majority of respondents still experienced moderate anxiety (20 children or 61%), but there was an increase in mild anxiety cases to 9 children (27%) and a decrease in severe anxiety to 4 children (12%). This indicates a shift in anxiety levels toward the lower categories following the intervention.

Table 4. The Effect of LEGO Play Therapy on Reducing Anxiety in Hospitalized Preschool Children at RSUD Toto Kabila

No	Anxiety Level	N	Mean	*p- Value*
1	Pre-test	33	10.90	0.000
2	Post-test	33	7.87	

Based on Table 4, the mean anxiety score before the intervention was 10.90, and after the intervention, it decreased to 7.87. The Wilcoxon test showed a p-value of 0.000 ($p < 0.05$), indicating a significant difference between the pre-test and post-test scores. This means that LEGO play therapy had a significant effect in reducing anxiety levels in hospitalized preschool children.

Based on the results of the study, it was found that prior to the LEGO play therapy intervention, most of the children experienced moderate anxiety, totaling 26 respondents (79%), followed by 6 respondents (18%) with severe anxiety, and only 1 respondent (3%) with mild anxiety. The high percentage of moderate anxiety was attributed to responses from the 24-item questionnaire, in which most children reported feeling afraid and anxious in front of others, uncomfortable in unfamiliar environments, fearful of hospital equipment, and frequently experiencing sleep disturbances. These findings align with the theory proposed by Ariani et al. (2022), which states that anxiety is a common emotional response in hospitalized preschool-aged children (3–6 years). Anxiety can affect children physiologically, cognitively, psychologically, and emotionally, often resulting in crying, irritability, facial tension, teeth clenching, or aggressive behaviors such as biting or hitting. This is consistent with findings by Khairani (2018), who found that most hospitalized preschoolers experienced moderate anxiety, often due to separation from their familiar environments and routines. Observable behaviors included irritability, loss of appetite, sleep disturbances, and social withdrawal (Kundre, 2024).

Among those with severe anxiety (6 respondents or 18%), children appeared to have more difficulty regulating their emotions, often clinging to parents, fearing medical staff or equipment, avoiding eye contact, crying easily, or exhibiting angry outbursts. These findings are in line with Arbakyah et al. (2021), who described anxiety as a feeling of unease and distress that, if left unaddressed, may result in treatment refusal and health deterioration. Anxiety can arise from fear of unfamiliar hospital environments, medical personnel, or medical procedures. Supporting theories from Azam (2020) list symptoms of anxiety in children such as restlessness, muscle tension, attention-seeking behavior, and irritability, which may stem from unfamiliar settings, separation from loved ones, or illness.

Halimah et al. (2024) also found a high percentage 62.5% of hospitalized preschool children experiencing severe anxiety prior to LEGO therapy. These children showed withdrawal, crying when approached by healthcare workers, refusing to separate from parents, or being

unresponsive to questions. In some cases, children avoided social interaction and experienced reduced sleep.

Only 1 respondent (3%) experienced mild anxiety. This child was male and exhibited only mild fear in the presence of strangers, hesitancy to engage in activities independently, or reluctance to interact with hospital staff. Saputro et al. (2017) stated that preschool boys tend to show lower anxiety responses to hospitalization compared to girls due to faster developmental progress and a more exploratory nature. Girls are more emotionally sensitive, while boys tend to be more realistic and inquisitive. This is supported by Maya Sari (2018), who stated that mild anxiety is a normal emotional reaction in hospitalized children, often influenced by individual characteristics such as gender. Vanny et al. (2020) similarly observed that boys tended to show milder anxiety responses due to their operational thinking, while girls were more sensitive and emotionally expressive.

Following the intervention, the majority of children experienced moderate anxiety (20 respondents or 61%), with an increase in those with mild anxiety to 9 respondents (27%), and a reduction in severe anxiety to 4 respondents (12%). The decrease in anxiety levels demonstrates a positive effect of LEGO play therapy, as children began to engage more actively, showed reduced fear in social interactions, and performed activities more independently. Yanti et al. (2023) emphasized that play has therapeutic value, making children feel happier and more comfortable, which helps reduce stress and tension. LEGO, as a constructive play activity, enhances cognitive skills, creativity, memory, and emotional regulation. It also helps distract children during medical procedures, making them more cooperative and relaxed. Some children even expressed a desire to continue playing or take the LEGO blocks home after discharge.

This result aligns with the study by Arbakyah et al. (2021), which found that LEGO therapy was effective in reducing anxiety in preschool children by capturing their interest and creating a joyful distraction. The presence of family, hospital activities, and supportive staff further contributed to reduced anxiety. In the mild anxiety category, 9 children (27%) were recorded after the intervention compared to only 1 child (3%) before, indicating that 8 children transitioned from moderate to mild anxiety, while 1 remained in the same category. Observations showed that children became more comfortable interacting with healthcare workers and were less prone to crying during the two-day therapy.

LEGO play can be an effective tool to help children with mild anxiety by providing structured, creative, and engaging activities. It not only supports motor and cognitive development but also fosters a sense of control, achievement, and positive social interaction. According to Helena (2014), this approach also allows medical staff to build rapport with children, helping reduce their fear and worry during procedures. For children with severe anxiety (4 respondents or 12%) after the therapy, the number decreased from 6 respondents (18%) pre-intervention. However, some children remained in this category, which may be attributed to the severity of their illness or diagnosis, as noted in Yanti et al. (2023).

Anxiety is an emotional response characterized by worry, fear, and physical symptoms such as stomach discomfort, rapid heartbeat, shortness of breath, and excessive sweating. It often arises when individuals are unable to cope with psychosocial stressors. In hospitalized children, anxiety may be triggered by unfamiliar environments, interactions with healthcare providers, or lack of family presence. The consequences may include delayed recovery, reduced motivation to heal, and uncooperative behavior (Supartini et al., 2024). Wilcoxon test results showed a p-value of 0.000 ($p < 0.05$), with a pre-intervention mean score of 10.90 and post-intervention score of 7.87. This indicates that the LEGO play therapy had a statistically significant effect in reducing anxiety among hospitalized preschool children.

Preschoolers often perceive illness as a loss of their familiar, safe, and loving environment, and hospitalization may intensify these feelings. Several factors influence a child's anxiety, including age, gender, perception of illness, prior experiences, and the hospital setting (Fatmawati et al., 2019). Play is an effective medium for adaptation, as it has been shown to reduce anxiety, fear, pain, and anger. Children aged 1–6 learn problem-solving through play by facing various challenges and situations. LEGO as a constructive toy supports intelligence and creativity. During hospitalization, play therapy is essential to help children cope with anxiety and

fear, while also supporting their growth and development. Preschool play therapy focuses on language development, distinguishing skills, fine motor development, and emotional regulation. LEGO is a suitable therapeutic tool due to its cognitive and fine motor stimulation. It also helps nurses perform medical procedures such as IV insertions and medication administration more easily by keeping the child engaged and cooperative (Suryadi, 2017).

In-hospital play provides distraction, relaxation, reduces separation stress, enhances comfort, and serves as a medium for therapeutic goals and self-expression. The appropriateness of the play materials to the child's developmental stage determines the success of anxiety reduction. When children enjoy the activity, it generates happiness, which distracts them from fear, tension, pain, and sadness. Play also triggers endorphin release, helping lower anxiety and improve mood, resulting in muscle relaxation (Dayani & Budiarti, 2015).

4. CONCLUSION

Before receiving LEGO play therapy, the majority of hospitalized preschool children at RSUD Toto Kabila experienced moderate anxiety, with 26 children (79%), followed by 6 children (18%) with severe anxiety, and only 1 child (3%) with mild anxiety. After the intervention, anxiety levels decreased, with 20 children (61%) categorized as having moderate anxiety, 9 children (27%) with mild anxiety, and only 4 children (12%) still experiencing severe anxiety. Based on the Wilcoxon test, the p-value was 0.000 ($p < 0.05$), indicating a significant difference between anxiety levels before and after the intervention. Thus, LEGO play therapy has a significant effect in reducing anxiety among hospitalized preschool children. These findings suggest that LEGO play therapy can be used as an effective and practical non-pharmacological nursing intervention in pediatric hospital care.

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