Medical and Health Journal
Volume 5, Issue 1, 2025, pp. 176-184
e-ISSN: 2807-3541
Open Access: https://jos.unsoed.ac.id/index.php/mhj

The Effect of Positive Affirmations on Children's Anxiety Levels During Hospitalization at RSUD Dr. M.M. Dunda Limboto

Dewi Carlina Parawouw[1*], Nanang Roswita Paramata[1], Mihrawaty Antu[1]

[1]Nursing Department, Faculty of Health and Sport, Universitas Negeri Gorontalo, Gorontalo, Indonesia

ARTICLE INFO

Article history:
Received January 29, 2025
Revised July 28, 2025
Accepted August 12, 2025
Available online August 14, 2025

Keywords:
Positive Affirmations, Children, Hospitalization, Anxiety

ABSTRACT

Anxiety is a response to unpleasant situations and is commonly experienced daily, particularly by children. One approach to addressing anxiety is through the use of positive affirmations. This study aims to analyze the effect of positive affirmations on children's anxiety levels during hospitalization at RSUD Dr. M.M. Dunda Limboto. This quantitative study utilized a quasi-experimental design with a non-equivalent control group approach. The sampling technique employed was incidental sampling, with a population of 177 respondents and a sample size of 38 respondents, including 19 in the intervention group and 19 in the control group. The instruments used in this research were a Standard Operating Procedure (SOP) for positive affirmations and the Visual Analog Scale for Anxiety (VAS-A) observation sheet. Non-parametric Wilcoxon testing was used for data analysis within the same group. The p-value for the intervention group was 0.000, indicating a significant change in anxiety levels before and after receiving positive affirmation intervention. In contrast, the p-value for the control group was 0.157, indicating no significant change in anxiety levels before and after the intervention. For data analysis between the two unpaired groups, an independent t-test was conducted, yielding a p-value of 0.001, indicating a significant difference in anxiety levels between the intervention group (receiving affirmations) and the control group (without affirmations) during hospitalization at RSUD Dr. M.M. Dunda Limboto. The study concludes that positive affirmations significantly affect children's anxiety levels during hospitalization at RSUD Dr. M.M. Dunda Limboto. Therefore, this study may serve as valuable information and input for RSUD Dr. M.M. Dunda Limboto to enhance the quality of hospital services and incorporate positive affirmations as an effort to reduce the impact of hospitalization on pediatric patients.

1. INTRODUCTION

Children are individuals undergoing developmental changes from infancy to adolescence. Their health status can range from well-being and optimal health to illness and chronic conditions, all of which require monitoring or nursing and health services, one of which is hospitalization. According to data from the Central Statistics Agency, approximately 19 out of every 1,000 children were hospitalized in 2022. Initial survey data conducted by the Gorontalo Provincial Health Office stated that 29 thousand children in Gorontalo Regency were targets for health services, 13.9 thousand in Boalemo Regency, and 13 thousand in Gorontalo City. A survey conducted in three hospitals in Gorontalo Province showed inpatient data for children at Aloei Saboe Hospital in May was 205, in June 211, and in July 338 pediatric patients, or an average of 215 per month. Inpatient data for children at Toto Kabila Hospital in May was 168, in June 148, and in July 185 pediatric patients, or an average of 167 patients per month. Inpatient data for children at Dr. M.M. Dunda Limboto Hospital showed 181 patients in May, 157 patients in June, and an increase to 195 pediatric patients in July, or an average of 177 per month.

During the hospitalization process, children can experience highly traumatic and anxiety-provoking events if not supported by a good support system (Barus et al., 2023). A support system and parental involvement are very important factors for children. The role of parents greatly influences reducing experiences that cause traumatic impacts on children during their treatment.

*Corresponding author
E-mail addresses: mihrawaty@ung.ac.id (Dewi Carlina Parawouw)

The roles of parents include being by the child's side, accompanying the child during procedures to keep them calm, always providing entertainment to keep the child happy during hospitalization, and parents being cooperative and working together to provide explanations so that the child feels calmer, is not afraid, and does not experience anxiety (Kumalasari et al., 2023).

Anxiety is a reaction to an unpleasant situation experienced daily by all living beings, especially children, who cannot communicate with appropriate language and have a limited understanding of reality. In addition, an unfamiliar environment can make children feel unsafe and anxious. Children express anger indirectly, such as by destroying toys, hitting other children, or refusing to cooperate in care activities. Children hospitalized will receive treatment they have never experienced before, where the treatment involves the child's body and is performed by nurses or doctors (Rahmania et al., 2024).

Efforts to overcome anxiety can be made through pharmacological and non-pharmacological approaches. Pharmacological therapy generally involves administering medication according to a doctor's prescription, while non-pharmacological therapies include distraction techniques, relaxation, prayer/dhikr, consulting experts, and positive thinking or positive affirmations (Imelisa et al., 2021). Affirmations are sentences designed to influence the conscious and subconscious mind, thereby affecting behavior, mindset, and habits (Rahayu et al., 2021). In practice, positive thoughts and affirmations will increase energy and bring positive things into a child's life. Effective positive affirmations can change a child's negative way of thinking and perspective (Firmawati et al., 2021). The application of positive affirmations has a significant effect in reducing anxiety in children formed due to hospitalization. According to Psychoanalytic Theory, anxiety is formed due to new environments, meeting new people including healthcare workers, and parental supervision or teaching that form negative perceptions in children (Swarjana, 2022). Affirmations can be used in several ways: they can be spoken/said aloud, written in a journal/diary, or written on a card/flashcard (Rahayu et al., 2021). Flashcards are easily remembered because they have attention-grabbing images and contain simple letters that can stimulate the brain to remember messages longer (Maryanto & Wulanata, 2018).

Based on the explanation above, it is evident that positive affirmations as a non-pharmacological intervention have the potential to reduce anxiety in children during hospitalization. However, this technique has not been widely studied nationally or locally, especially at RSUD Dr. M.M. Dunda Limboto. Therefore, this study aims to analyze the effect of positive affirmations on children's anxiety levels during their hospitalization at the hospital Introduction includes background, theoretical basis, problems, problem solving plans and research objectives.

2. METHOD

This research is a quantitative study using a quasi-experimental design with a non-equivalent control group approach. The study was conducted at RSUD Dr. M.M. Dunda Limboto, from October 17 to November 17, 2024. The sample determination in this study used the Nonprobability sampling method with an incidental sampling technique. The research subjects consisted of 38 pediatric patients at RSUD Dr. M.M. Dunda Limboto. The instruments used were a positive affirmation SOP and the VAS-A (Visual Analog Scale for Anxiety) observation sheet. The media used in this study were flashcards containing images and positive affirmation words. The intervention was carried out for 3 days. On the first day of implementation, parents were given informed consent and explained the instructions for performing affirmations for their children. Then, the researcher measured the initial anxiety level of the respondents using the VAS-A observation sheet. On the second day, the positive affirmation intervention was carried out by the parents at 8 AM, 2 PM, and 7 PM. On the third day, the researcher measured the anxiety level after the positive affirmation intervention was performed. Data analysis in this study used univariate analysis to describe the gender and anxiety levels of children, and bivariate analysis to describe the effect of positive affirmations on children's anxiety levels using the non-parametric Wilcoxon test for paired groups and the independent t-test for unpaired groups. The results of the data

analysis are presented in frequency and percentage tables Articles are original articles of research results or review results from previous articles.

3. RESULT AND DISCUSSION

Result

Table 1. Respondent Characteristics

Respondent Characteristics	Frequency (n)	Percentage (%)
Gender		
Male	21	56.4
Female	17	43.6
Total	38	100

Based on Table 1, the study subjects consisted of 38 respondents showing the distribution of respondent characteristics based on gender in the pediatric ward of RSUD Dr. M.M. Dunda Limboto, with 21 male respondents and 17 female respondents.

Table 2. Children's anxiety levels before and after positive affirmation intervention in the intervention group during hospitalization at RSUD Dr. M.M. Dunda Limboto.

Anxiety Level	Before		After	
	Frequency (N)	Percentage (%)	Frequency (N)	Percentage (%)
Normal	0	0	0	0
Mild	1	5.3 %	2	10.5 %
Moderate	12	63.2 %	14	82.2 %
Severe	6	31.6 %	3	15.8 %
Total	19	100 %	19	100 %

Based on Table 2, it shows that the anxiety level of children before positive affirmation intervention in the intervention group during hospitalization at RSUD Dr. M.M. Dunda Limboto was mostly at a moderate anxiety level, with 12 respondents (63.2%).

Observation results for respondents with moderate anxiety levels identified tense and fearful facial expressions. When approached, the respondents' body language appeared avoidant with an increased breathing pattern. Further assessment revealed that parents stated their child was sweating more and had a decreased appetite, unlike usual. This is supported by Videbeck's theory in (Anipah et al., 2024), which states that moderate anxiety is characterized by increased pressure, rapid pulse, increased respiration, tense facial expression, increased/decreased eating patterns, difficulty initiating sleep, increased frequency of urination/defecation, sweating skin, cold and pale extremities. According to Freska (2023), signs and symptoms of anxiety in children are that anxious children often try to avoid situations that trigger their anxiety. They may avoid certain places or activities deemed threatening.

Respondents with severe anxiety levels could be observed through expressions of fear, crying, screaming, wringing their parents' hands, and showing tantrum emotions. This is in line with Videbeck's theory in (Anipah et al., 2024), which mentions that behavioral changes in clients with severe anxiety levels are characterized by agitation, rapid speech, high voice tone, purposeless and reckless actions, screaming, wringing hands, and poor social interaction. According to Freska's theory (2023), behavioral changes in children are characterized by children possibly experiencing sharper emotional surges, where they are easily carried away by strong emotions or excessive emotional expressions or tantrums.

In accordance with the anxiety level observation results, respondents with mild anxiety levels showed a flat expression tending towards alertness. This is consistent with Swarjana's

theory (2022) which states that at this level, clients show increased alertness to inner feelings or the surrounding environment, and they may experience acute mild anxiety until their work is completed. Clients with a history of chronic anxiety may often feel restless, experience tremors in motor activity, rigid posture, and difficulty relaxing.

After receiving positive affirmations, the respondents' anxiety levels were measured again, and the results showed that, according to the frequency analysis of anxiety levels, 3 respondents had normal anxiety levels (15.8%), 7 respondents had mild anxiety (36.8%), 9 respondents had moderate anxiety (47.4%), and no respondents experienced severe anxiety. Based on these results, it can be concluded that after receiving positive affirmations, most respondents were at a moderate anxiety level. The research results show that after receiving positive affirmation intervention, the average patient experienced a decrease in anxiety levels. This is indicated by the VAS-A observation sheet scores showing that respondents experienced a decrease of 2 to 3 anxiety score ranges, and even three respondents returned to normal anxiety levels.

Interview results with parents stated that after continuous positive affirmations were given to their children, the children were calmer and more relaxed. Parents also frequently repeated positive sentences about the hospital, nurses, doctors, and the actions given to the child during treatment, so the child's response began to become more friendly with the approaching staff. This is in line with Zainiyah's theory in (Afanin et al., 2023) that positive affirmations can affect the parasympathetic and sympathetic nervous systems, which then stimulate endorphin hormone secretion. This can provide positive energy to the body, lower blood pressure, and reduce body tension. Positive affirmation therapy can provide both physical and psychological benefits, such as creating calmness, peace, and a positive mindset due to the presence of anti-stress hormones. This helps create a relaxed feeling and forms positive emotional responses.

Relevant research describing anxiety levels in preschool children hospitalized was studied by Faidah & Marchelina (2022) with the title "Anxiety Levels of Preschool Children Hospitalized at Mardi Rahayu Kudus Hospital," which reported that the results showed that anxiety in hospitalized preschool children was mostly in the moderate category with 20 respondents (42.6%), mild anxiety with 18 respondents (38.3%), severe anxiety with 8 respondents (17%), and very severe anxiety with 1 respondent (2.1%). According to the researcher's assumption, the anxiety experienced by clients can produce varied expressions and emotions depending on which anxiety level the patient is at. The emotional surge experienced by pediatric patients is very specific and can be distinguished because children tend not to hide their expressions of what they feel and experience, especially in preschool children. Anxiety in children can be easily overcome by changing the child's perception of hospital staff and the actions given to the child during the treatment period.

Table 3. Children's anxiety levels before and after positive affirmation intervention in the control group during hospitalization at RSUD Dr. M.M. Dunda Limboto.

Anxiety Level	Before		After	
	Frequency (N)	Percentage (%)	Frequency (N)	Percentage (%)
Normal	0	0	0	0
Mild	1	5.3 %	2	10.5 %
Moderate	12	63.2 %	14	82.2 %
Severe	6	31.6 %	3	15.8 %
Total	19	100 %	19	100 %

Based on Table 3, it shows that the anxiety level of children before positive affirmation intervention in the control group during hospitalization at RSUD Dr. M.M. Dunda Limboto was mostly at a moderate anxiety level, with 12 respondents (63.2%).

According to observation results in the control group, respondents showed tense and fearful facial expressions. When approached, the respondents' body language appeared avoidant

with an increased breathing pattern. Further assessment revealed that parents stated their child was sweating more and had a decreased appetite, unlike usual. This is supported by Videbeck's theory in (Anipah et al., 2024) which states that moderate anxiety is characterized by increased pressure, rapid pulse, increased respiration, tense facial expression, increased/decreased eating patterns, difficulty initiating sleep, increased frequency of urination/defecation, sweating skin, cold and pale extremities. According to Freska (2023), signs and symptoms of anxiety in children are that anxious children often try to avoid situations that trigger their anxiety. They may avoid certain places or activities deemed threatening.

The anxiety level in the control group was re-identified after the positive affirmation intervention, and it was found that 2 respondents (10.5%) had mild anxiety, 14 respondents (82.2%) had moderate anxiety, and 3 respondents (15.8%) had severe anxiety. Based on these results, it can be seen that most respondents were at a moderate anxiety level, namely 14 respondents (82.2%). The researcher's observation showed that respondents in the control group did not experience much decrease in anxiety levels; some even increased one level higher.

The frequency distribution results also showed no respondents decreased to a normal anxiety level. Respondents in the control group showed anxious and fearful behavior due to the intervention that caused the child pain, leading to trauma, and continuous interaction with unfamiliar people, making the child very afraid to be separated from their parents. Even when the child cried, some parents persuaded them by scaring the child with healthcare workers, whether doctors or nurses. This increased the child's anxiety, because the environment was not well-oriented to the child, especially for children who were first-time hospitalized patients. This is consistent with the theory of Lufianti et al. (2022) which states that children will feel anxious and worried during the hospitalization process. This situation occurs because the child has to adjust to a new environment that disrupts comfort and causes stress. This condition is caused by the child's lackof knowledge about the reasons for their treatment, anxiety due to environmental changes, health conditions, daily habits, and limited coping mechanisms. According to Sigmund Freud in Swarjana (2022), the emergence of anxiety is due to unresolved and unconscious conflicts between aggressive or libidinal impulses. Even in a newer psychodynamic theory, anxiety is stated to be an interaction between temperament and environmental factors, such as parental teaching, excessive or inappropriate parental supervisory behavior.

This is in line with research results by Fiteli (2024) titled "Description of Hospitalization Response in Preschool Children First Time Hospitalized." The research results showed that children's responses to hospitalization were separation anxiety (76.7%), loss of control (70%), and fear of injury and pain (83.3%). Conclusion: Hospitalization in preschool children includes separation anxiety, loss of control, and fear of bodily injury and pain. The researcher's assumption is that anxiety in hospitalized children can be triggered by many factors, one of which is an unfamiliar environment not well-oriented by parents. This can trigger the child to become uncomfortable or even have tantrums when meeting nurses or doctors who treat them. Addressing anxiety and tantrums in children by parents is crucial to reduce the impact of hospitalization on the child. Therefore, appropriate handling and interventions that include transitional elements are very helpful in reducing the child's anxiety, so that the child can get used to the hospital environment and adapt, and hopefully not interfere with their treatment process.

Table 4. The effect of positive affirmations on anxiety levels in the intervention group during hospitalization at RSUD Dr. M.M. Dunda Limboto.

		N	***Mean Rank***	***Sum of Rank***	***Sig (2 tailed)***
Before	*Negatif Ranks*	14	7.50	105.00	0.000
After	*Positive Ranks*	0	.00	.00	
	Ties	5			
	Total	19			

Based on Table 4, the sig (2-tailed) value is 0.000 < 0.005, so it can be concluded that H0 is rejected and Ha is accepted, meaning there is a change in anxiety levels before and after receiving positive affirmation intervention.

Table 5. The effect of positive affirmations on anxiety levels in the control group during hospitalization at RSUD Dr. M.M. Dunda Limboto.

		N	*Mean Rank*	*Sum of Rank*	*Sig (2 tailed)*
Before After	*Negatif Ranks*	6	4.50	27.00	0.157
	Positive Ranks	2	4.50	9.00	
	Ties	11			
	Total	19			

Based on Table 5, the Asymp. Sig. (2-tailed) value is 0.157 > 0.005, so it can be concluded that H0 is accepted and Ha is rejected, meaning there is no change in anxiety levels before and after in the control group.

Table 6. Anxiety of children in the intervention group and control group during hospitalization at RSUD Dr. M.M. Dunda Limboto.

	N	*Mean*	*Std. Deviation*	*Std. Error Mean*	*Sig (2 tailed)*
Intervention Group	19	2.95	1.615	0.371	0.001
Control Group	19	4.84	1.537	0.353	
Total	38				

Based on Table 6, the results of the non-parametric test for 2 unpaired groups show an Asymp. Sig. (2-tailed) value of 0.002 < 0.005, so it can be concluded that there is a significant difference between the intervention group using affirmations and the control group without using affirmations for children during hospitalization at RSUD Dr. M.M. Dunda Limboto.

The change in anxiety levels before and after receiving positive affirmation intervention, based on the test results, shows that giving positive affirmations to children can influence the reduction of children's anxiety levels during hospitalization. This, of course, must be accompanied by parental supervision, and how nurses and doctors interact with children so that children are no longer afraid of nurses and doctors, and the actions given do not cause traumatic experiences for the children.

Based on the researcher's observations, patients who were given positive affirmations showed interest in the flashcard media read by their parents. Children paid attention and reacted happily to the colorful media containing pictures. This is in line with Damaiyanti's theory in (Rahmawati, 2021) regarding child development, which states that characteristics during the preschool period (2-5 years) are very egocentric, and children also have a fear of the unknown, so children need to be told what will happen to them. Therefore, when explaining, use simple, concise words and familiar terms, and communicate with children through transitional objects.

A similar study conducted by Kusumaningtyas, et al. (2021) found a Z-value of -6.169 and a p-value of 0.000, which means > 0.05, so H0 is accepted and Ha is rejected, indicating an effect of positive affirmation therapy on academic stress in MTA Karanganyar Junior High School students. This research concluded that affirmation relaxation techniques can have an impact on the physical and psychological condition of students, causing students to be more relaxed and reduce the tension they experience. Stress decreases if the stressor decreases, but students' academic stress remains or even increases if no actions are taken to reduce that stress.

According to the researcher's analysis, anxiety in hospitalized children can be caused, among other things, by an unfamiliar environment for pediatric patients that is not well-socialized by parents, where when children meet nurses or doctors or receive care actions, children tend to think they will be hurt. Managing children's anxiety and tantrums by parents is the most important thing to reduce the impact of hospitalization on the child. Therefore, appropriate management and interventions that include transitional elements are very helpful in reducing the anxiety the child feels, so that the child can get used to the hospital environment and adapt, and hopefully not interfere with their treatment process.

Changes in anxiety levels before and after in the control group were also observed through scoring assessed using the observation sheet. The observation results for the control group showed little change, and some patients even experienced an increase in anxiety from the previous level. The anxiety levels of respondents in the control group tended to increase due to the lack of intervention to address this anxiety. The research found that patients in the control group were first-time hospitalized patients, leading to anxiety about the new environment and the procedures given to them, which traumatized them and caused them to be anxious and cry when approached by staff. This is supported by the theory of Lufianti et al. (2022) which states that a child's previous hospitalization experience affects the child's reaction. If a child has been hospitalized before and had an unpleasant experience during hospitalization, this will cause the child to be afraid and traumatized. Conversely, if the child received good and pleasant care during previous hospitalizations, the child will be more cooperative with nurses and other health workers.

The researcher conducted a comparison test of two unpaired groups, namely between the intervention group and the control group, and it can be concluded that there is a significant difference between the intervention group using affirmations and the control group without using affirmations for children during hospitalization at RSUD Dr. M.M. Dunda Limboto. The anxiety levels of respondents in this study were identified, and interventions were applied according to what was needed and suitable for pediatric patients experiencing anxiety. According to (Swarjana, 2022), anxiety is a feeling of uncertainty, restlessness, fear, or tension experienced by a person in response to a known object or situation. The "fight or flight" decision is made by the person in an attempt to overcome conflict, stress, trauma, or frustration. In this study, the researcher focused on providing positive affirmation intervention, which, according to the researcher, can overcome anxiety in pediatric patients who, on average, find it difficult to adapt to the hospital environment and the staff providing services and actions. Positive affirmations given through flashcards, three times a day, can relax pediatric patients whose primary need is to play. The words on the flashcards, which represent the hospital, the professions of nurses and doctors, and the procedures that will be performed during the child's stay in the hospital, can be well-imagined by parents through colorful pictures.

Positive affirmation or self-affirmation is a psychological therapy that involves repeating simple positive sentences. An affirmation is a positive statement put into writing or the subconscious mind, used to state a goal. Affirmations must be positive and not contradict existing beliefs within oneself (Islamarida et al., 2022). According to the researcher's assumption, anxiety levels in children during hospitalization must be addressed so that the child can go through the hospitalization experience safely and calmly. This must also be supported by parental support, how parents accompany the child, orient the ward, and how the child can get to know nurses, doctors, and other healthcare workers in a good way, so that the child forms positive perceptions or thoughts that can create a pleasant hospitalization experience for the child.

4. CONCLUSION

The anxiety level of respondents in the intervention group before affirmation was mostly at a moderate anxiety level, with 11 respondents (57.9%). The anxiety level of respondents in the intervention group after affirmation was mostly at a moderate anxiety level, namely 9 respondents (47.4%). The anxiety level in the control group before affirmation intervention was mostly at a moderate anxiety level, namely 12 respondents (63.2%). The anxiety level in the control group after affirmation intervention was mostly at a moderate anxiety level, namely 14 respondents (82.2%). The results of the non-parametric Wilcoxon test in the intervention group showed an Asymp. Sig. (2-tailed) value of 0.000 < 0.005, so it can be concluded that H0 is rejected and there is a change in anxiety levels before and after receiving positive affirmation intervention. The results of the non-parametric Wilcoxon test in the control group showed an Asymp. Sig. (2-tailed) value of 0.157 > 0.005, so it can be concluded that H0 is accepted and there is no change in anxiety levels before and after in the control group. The results of the independent t-test yielded an Asymp. Sig. (2-tailed) value of 0.001 < 0.005, so it can be concluded that there is a significant

difference between the intervention group using affirmations and the control group without using affirmations for children during hospitalization at RSUD Dr. M.M. Dunda Limboto

5. REFERENCES

Afanin, S., Khairani, W., Ermawan, B., & Sutejo. (2023). The Effect of Positive Affirmation Therapy on Self-Esteem in Elderly at Upt Rpslt Budhi Dharma Yogyakarta. RAMA, 37–41.

Anipah, Azhari, N. K., Anggarawati, T., Febrianti, D., Kusumawati, H., Sukamti, N., Suratmiti, N. N., Tatisina, C. M., Widodo, Y. P., Wibowo, N. Y., Tubalawony, Yudhawati, F., & Suardini, N. L. P. (2024). Textbook of Mental Health Nursing Care (Efitra & S. K. Sari (eds.)). PT. Sonpedia Publishing Indonesia. Jambi City.

Barus, M., Novitarum, L., & Simangunsong, D. (2023). The Relationship between Parental Role and Anxiety Levels in Preschool Children (3-6 Years Old) Experiencing Hospitalization in Santa Theresia Ward of Santa Elisabeth Hospital Medan in 2023. Jurnal Sahabat Keperawatan, 5(02), 66–80.

Faidah, N., & Marchelina, T. (2022). Anxiety Levels of Preschool Children Hospitalized at Mardi Rahayu Kudus Hospital. Jurnal Keperawatan Dan Kesehatan Masyarakat Cendekia Utama, 11(3), 218.

Faizal, A., Zainuddin, Z., & Wahyudin, W. (2021). Faktor-Faktor Yang Berhubungan Denganterjadinya Stunting Pada Balita Umur 1-3 Tahun Di Puskesmas Ulugalung Kabupaten Bantaeng. Medical And Health Journal, 1(1), 58-66. doi:10.20884/1.mhj.2021.1.1.4680

Fiteli, J. (2024). Description of Hospitalization Response in First-Time Hospitalized Preschool Children. Jurnal Keperawatan Profesional, 12(1), 84–110. Freska, W. (2023). Animal-Assisted Therapy for Childhood Anxiety Disorders (F. M. S. Putri (ed.)). CV. Mitra Edukasi Negeri. Bantul.

Imelisa, R., Roswendi, A. S., Wisnusakti, K., & Ayu, A. R. (2021). Psychosocial Mental Health Nursing (N. Restiana (ed.)). EDU PUBLISHER. West Java.

Inggas, Made Agus M., et al. Dasar-Dasar Kimia Untuk Ilmu Biomedis. Mafy Media Literasi Indonesia Publisher, 2025, doi:10.1112/kakinaan1144.

Islamarida, R., Dewi, E. U., Widuri, & Widagdo, A. H. (2022). Mental Health Nursing Practicum Module 1. Lembaga Chakra Brahmana Lentera.

Kumalasari, D. N., Devi, N. L. P. S., Rasmita, D., Hatala, T. N., Widiyastuti, N. R., Torano, F. M., Ernawati, D., Purwaningsih, E., Lestari, M. P. L., Deswani, D., Saidah, Q. A., Kelrey, F., Kapti, R. E., & Tambunan, D. M. (2023). Pediatric Nursing: A Practical Guide for Nurses and Parents (E. Efitra & P. A. Daryaswanti (eds.)). PT. Sonpedia Publishing Indonesia. Jambi City.

Lufianti, A., Anggraeni, L. D., Saputra, M. K. F., Zulaicha, E., Susilaningsih, Elvira, M., Fatsena, R. A., Dewi, D. S., Sensussiana, T., & Novariza, R. (2022). Basic Science of Pediatric Nursing. Pradina Pustaka. Sukoharjo.

Maryanto, R. A. P., & Wulanata, A. (2018). The Use of Flashcard Media to Improve Letter Shape Recognition in Class Students in Indonesian Language Subject at Abc Manado School. Pedagogia, 16(3), 305.

Mutfii, H., Wahyudin, W., Burkon, L., Wibowo, Y., & Sylviningrum, T. (2022). Pengaruh Penggunaan Aplikasi Visiting Patient Terhadap Tingkat Stres Pasien Rawat Inap Di Rumah Sakit Margono Soekarjo. Medical And Health Journal, 2(1), 77-93. doi:10.20884/1.mhj.2022.2.1.8020

Rahayu, E. P., Handayani, N., & Rizki, L. K. (2021). The Effect of Positive Affirmation on Eating Problems in Children. Medika Respati: Jurnal Ilmiah Kesehatan, 16(4), 257–262.

Rahmania, D. R., Apriliyani, R., & Kurniawan, W. E. (2024). Description of Anxiety Levels Due to Hospitalization in Children with Invasive Procedures. Jurnal Penelitian Perawat Profesional, 6(2), 625–634.

Rahmawati, D. F. (2021). Nursing Care for Children with Thalassemia with Nursing Problem Knowledge Deficit at RSUD Pringsewu in 2021. 1–16.

Swarjana, I. K. (2022). Concepts of Knowledge, Attitudes, Behavior, Perception, Stress, Anxiety, Pain, Social Support, Compliance, Motivation, Satisfaction, Covid-19 Pandemic, Access to

Health Services – Complete with Theoretical Concepts, Ways to Measure Variables, and Questionnaire Examples (R. Indra (ed.)). Penerbit Andi. Yogyakarta.

Wahyudin, Lantip Rujito, Alfi Muntafiah, & Arfi Nurul Hidayah. (2023). Islamic Spiritual Education Through Visiting Patient App For Brain Tumor Patients. Comprehensive Health Care, 7(1), 60 - 68. Retrieved from https://www.ojs.stikespanritahusada.ac.id/index.php/chc/article/view/53