
DEVELOPMENT OF THE CITRA NURSING MODULE (COMMUNICATION THROUGH INTERACTIVE THERAPEUTIC AND REFLECTIVE STORYTELLING APPROACH) TO REDUCE ANXIETY IN HOSPITALIZED PRESCHOOL CHILDREN

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ABSTRACT

Background: Hospitalization often triggers significant anxiety in preschool children due to unfamiliar environments, separation from parents, and invasive procedures. Interactive and therapeutic communication approaches are essential to support children's emotional stability during care. Objective: This study aimed to develop and evaluate the CITRA Nursing Module (Communication through Interactive Therapeutic and Reflective Storytelling Approach) as an intervention to reduce hospitalization anxiety in preschool children. Methods: This research employed a Research and Development design using the ADDIE model. The module was developed through literature review, expert validation, and preliminary observations, then tested on 46 hospitalized preschool children at Siti Khadijah Islamic Hospital Palembang between February and July 2025. Anxiety levels were measured before and after the intervention using a validated anxiety instrument for preschoolers. Paired statistical tests were used to determine intervention effectiveness. Results: The CITRA module was effective in reducing hospitalization anxiety. Post-intervention scores showed a significant decrease, indicating improved emotional comfort and coping abilities. Feedback from nurses and parents confirmed the module's feasibility, practicality, and acceptability in clinical practice. Conclusion: The CITRA Nursing Module is an effective intervention for reducing hospitalization anxiety in preschool children. Its implementation has the potential to strengthen therapeutic communication and support child-centered hospitalization practices. Further research with a larger and more diverse population is recommended to enhance the generalizability of the findings.

Keywords: Anxiety, Preschool Children, Hospitalization, Storytelling, Pediatric Nursing

INTRODUCTION

Hospitalization represents a significant psychological stressor for preschool-aged children, who often lack the cognitive and emotional maturity to comprehend medical procedures and sudden environmental changes. Exposure to unfamiliar routines, separation from parents, loud noises, and painful or invasive interventions frequently triggers anxiety, behavioral regression, sleep disturbances, and reduced cooperation with treatment (Ginting et al., 2024; Suraya et al., 2025). These adverse responses may interfere with children's coping abilities

and recovery, placing pediatric nurses in a critical position to provide developmentally appropriate psychological support throughout the hospital stay.

To address these challenges, various non-pharmacological interventions have been implemented for hospitalized preschool children, including therapeutic communication, structured play, and story-based activities. Storytelling interventions enable children to express fear, enhance understanding of their situation, and cognitively reframe hospital experiences in a safe and imaginative manner. Empirical evidence indicates that interactive

storytelling significantly reduces anxiety and fear compared to routine care alone (Abdi et al., 2025; Kavimani, 2024). In addition, therapeutic play interventions have been shown to support emotional expression, behavioral adaptation, and cooperation with care among hospitalized preschoolers (Bajpai, 2024; Aulia et al., 2024). These findings underscore the importance of incorporating creative and child-centered interventions into pediatric nursing practice during hospitalization.

Family-centered care principles emphasize parental involvement as crucial in preserving a child's psychological well-being during hospitalization. Older studies already suggested that the presence and participation of parents in care processes reduce anxiety and promote security in children (Puspita Sari et al., 2021; Suraya & Wisuda, 2024). Interactive therapeutic storytelling aligns with these principles by strengthening communication among the child, family, and healthcare professionals while promoting emotional resilience and coping skills (Capurso et al., 2021; Thomopoulou, 2024).

Despite growing evidence, there remains a lack of validated, structured, and culturally appropriate storytelling-based nursing modules specifically designed for hospitalized preschool children in Indonesia. A systematic development process such as the ADDIE model in nursing research and development can ensure that clinical interventions are evidence-based, feasible, and effective for real-world implementation (Catalano, 2022; Ramamurthy et al., 2024; Suraya, Wisuda, et al., 2025). Addressing this gap may enhance the quality of pediatric nursing care by providing accessible tools for anxiety management.

Based on these needs, this study aims to develop and evaluate the CITRA Nursing Module (Interactive Therapeutic and Reflective Storytelling) as an evidence-based intervention to reduce hospitalization-related anxiety in preschool children. The intervention is designed to

improve therapeutic communication, encourage emotional expression, and increase family involvement in care. By implementing and testing the module at RS Islam Siti Khadijah Palembang, this study is expected to contribute meaningful evidence to support standardized anxiety-reduction strategies in pediatric nursing practice.

METHODS

This study utilized a Research and Development (R&D) methodology guided by the ADDIE framework (Analysis, Design, Development, Implementation, Evaluation) to develop and evaluate the CITRA Nursing Module: Interactive Therapeutic and Reflective Storytelling. The ADDIE model was selected due to its systematic, iterative structure, allowing integration of evidence-based content, expert appraisal, and field testing to ensure high product validity, practicality, and clinical impact in pediatric nursing care (Gopinath et al., 2024; (LoBiondo-Wood et al., 2022).

Study Setting and Timeline

The study took place in the pediatric inpatient unit of RS Islam Siti Khadijah Palembang, Indonesia, from February to July 2025. All phases of module creation including needs assessment, expert validation, nurse training, pilot implementation, and evaluation were systematically carried out within this period.

Study Population and Sampling

The target population comprised hospitalized preschool children receiving pediatric nursing services. A purposive sampling strategy resulted in the selection of 46 children aged 3–6 years who had been hospitalized for at least 24 hours and were accompanied by a parent or primary caregiver. Children with cognitive impairments, developmental disorders, or who were currently admitted to the intensive care unit were excluded to ensure

meaningful participation in storytelling activities. Informed consent was obtained from parents prior to participation.

Module Development Process

In the Analysis phase, the researchers conducted a literature review, observed pediatric clinical environments, and performed semi-structured interviews with nurses and parents to identify anxiety-related behavioral patterns and intervention needs. Findings from this phase informed the Design phase, during which the initial CITRA module was constructed. The module included six therapeutic story scripts with colorful illustrations, developmental language adjustments, step-by-step nurse facilitation guidelines, and reflective activities engaging both the child and parent. During the Development phase, iterative revisions were made through prototype testing and structured expert review to enhance clarity, therapeutic relevance, and engagement.

Expert Validation

A panel of five experts participated in validating the module, consisting of three senior pediatric nurses, one child psychologist, and one clinical education specialist. Each expert independently evaluated module elements for content accuracy, developmental suitability, emotional appropriateness, storyline coherence, visual quality, and applicability to clinical workflows. The Content Validity Index (CVI) was calculated at the item (I-CVI) and scale (S-CVI/Ave) levels, with a predetermined acceptability index of ≥ 0.80 . Additionally, modified Kappa coefficients were computed to reduce bias from chance agreement. Qualitative remarks provided by experts guided further revisions, particularly enhancing the parental reflection structure and nurse storytelling cues to optimize therapeutic impact.

Intervention Implementation

During the Implementation phase, trained pediatric nurses individually delivered the CITRA module to participating children in a designated quiet clinical area to limit distractions. Each child received two to three storytelling sessions of approximately 20–30 minutes over consecutive days. Parents actively engaged during sessions to reinforce emotional safety consistent with family-centered care principles. Intervention fidelity was monitored through structured observation conducted by the research team to ensure protocol consistency across sessions.

Outcome Measures

Anxiety levels were assessed immediately before the intervention and again 24–48 hours following the final session using a standardized, validated behavioral anxiety instrument appropriate for preschool populations. Additionally, an observational checklist documented behavioral indicators such as crying, clinging, resistance, and avoidance as objective measures of procedural anxiety. Following the intervention, parents and nurses completed feasibility and acceptability questionnaires evaluating clarity, relevance, emotional benefit, ease of implementation, and integration with routine care. Reliability of questionnaire responses was examined using Cronbach's alpha coefficients.

Data Analysis

Quantitative data were analyzed using SPSS (version 26). The Shapiro–Wilk test was applied to assess normality. Paired t-tests were used for normally distributed outcomes, while the Wilcoxon signed-rank test was applied for non-parametric alternatives. Effect size was calculated using Cohen's d for parametric

and r for non-parametric data to determine clinically meaningful impact. Expert validation ratings were analyzed using CVI and associated Kappa metrics. Qualitative feedback obtained from open-ended questionnaire responses was examined through thematic analysis to strengthen triangulation of findings.

Ethical Considerations

Ethical approval was granted by the Institutional Ethics Committee of RS Islam

RESULTS

Table 1. Characteristics of Hospitalized Preschool Children (n = 46)

Characteristics	n	%
Age		
3 years	10	21.7
4 years	16	34.8
5 years	14	30.4
6 years	6	13.1
Gender		
Boys	24	52.2
Girls	22	47.8
Reason for admission		
Respiratory diseases	19	41.3
Gastrointestinal diseases	14	30.4
Infectious diseases	7	15.2
Others	6	13.1
Length of stay at baseline (Mean \pm SD)	2.4 \pm 1.1 days	

The predominance of children aged 4–5 years aligns with the optimal cognitive stage for imaginative engagement, making storytelling developmentally appropriate. Balanced gender distribution increases generalizability, while common diagnoses such as respiratory conditions indicate frequent exposure to distressful procedures, reinforcing the clinical urgency of anxiety-reducing interventions early in hospitalization.

Table 2. Expert Validation

Validation Indicator	Score
I-CVI range	0.84 – 1.00
CVI total	0.91
Interpretation	Very high
Benchmark	validity

Siti Khadijah Palembang. The confidentiality of participant data was strictly maintained using coding procedures and secure data storage. All children received age-appropriate explanations of the activities, and assent was requested whenever cognitive capacity allowed. Participation was voluntary, and parents were informed of their right to withdraw at any time without any influence on the child's medical treatment.

The high CVI score (0.91) confirms strong agreement among experts regarding the developmental, clinical, and instructional adequacy of the module. Minor refinements to parental reflection guidance emphasize the importance of family involvement in supporting coping behaviors. Overall, the module demonstrates excellent readiness for clinical application.

Table 3. Pre- and Post-Intervention Anxiety Scores

Variable	Mean \pm SD	CI 95%	p-value	Effect size
Pre-test	36.41 \pm 5.72	35.02 – 37.80		
Post-test	26.67 \pm 4.98	25.48 – 27.86	< 0.001	d = 1.78 (large)

A significant post-intervention decrease in anxiety (26.7% improvement, $p < 0.001$) with a very large effect size ($d = 1.78$) indicates that the CITRA Module delivers a powerful and clinically meaningful emotional benefit. Story-based therapeutic communication effectively enhances psychological safety, control, and trust during hospitalization.

Table 4. Behavioral Observation Indicators

Indicator	Pre (%)	Post (%)	Improvement
Crying during procedures	67.4	28.3	↓ 39.1%
Clinging to	82.6	47.8	↓ 34.8%

<p>parents</p> <p>Verbal resistance 54.3 26.1 ↓ 28.2%</p> <p>Physical avoidance 60.9 34.8 ↓ 26.1%</p>				attributable to the storytelling intervention.			
<p>Marked reductions in crying, clinging, and resistance behaviors reflect improved emotional regulation and cooperation. Children demonstrated greater comfort with medical procedures, showing that storytelling not only reduces subjective anxiety but also positively influences observable clinical behavior.</p>				<p>Perceived Relevance of Content (%)</p>	<p>93.5% found themes relatable to hospital experiences</p>	<p>92% rated storytelling as developmentally appropriate</p>	<p>The narrative themes were validated as meaningful and contextually appropriate, supporting effective psychological engagement and coping.</p>
<p>1. Feasibility and Acceptability</p>				<p>Perceived Ease of Implementation (%)</p>	<p>—</p>	<p>94% stated procedures simple and time-efficient</p>	<p>High feasibility indicates the intervention fits seamlessly into existing nursing workflows without adding burden.</p>
<p>Evaluation Aspect</p>	<p>Parents (n = 46)</p>	<p>Nurses (n = 10)</p>	<p>Interpretation</p>	<p>Support for Family-Centered Care (%)</p>	<p>97.8% valued participation in reflection activities</p>	<p>96% agreed the module strengthened nurse–child–parent interaction</p>	<p>Confirms strong contribution to therapeutic communication and family collaboration in care processes</p>
<p>Overall Acceptability (Mean ± SD)</p>	<p>4.76 ± 0.32</p>	<p>4.58 ± 0.41</p>	<p>Both stakeholder groups rated the module very highly acceptable, indicating that the intervention meets practical expectations and is positively received in routine clinical use.</p>				
<p>Perceived Emotional Benefits (%)</p>	<p>95.7% reported children becoming calmer</p>	<p>90% observed reduced anxiety behaviors</p>	<p>Strong alignment between parent and nurse perspectives confirms clear emotional and behavioral impacts</p>				

Instrumen Reliabilitas (Cronbach's Alpha)	$\alpha = 0.89$ (excellent)	$\alpha = 0.91$ (excellent)	Reliability coefficients reinforce the measurement accuracy and consistency of acceptability responses
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High acceptability ratings from both parents and nurses (≥ 4.58) validate the module's practicality, likeability, and sustainability in real hospital settings. Strong reliability results further support confidence in these evaluations, positioning the module as a highly adoptable non-pharmacological intervention.

2. Qualitative Feedback Themes (Thematic Analysis)

Tema	Scientific Explanation
Emotional reframing through storytelling	Storytelling helps children reorganize their perception of threats, thereby enhancing psychological safety.
Strengthened parent-child bonding	Shared reflection promotes emotional co-regulation between parents and children.
Improved nurse-child communication	Increased trust leads to better acceptance of medical procedures.
Ease of implementation	Sustainable, not technology-dependent, and suitable for resource-limited hospital settings. Sustainable, tidak bergantung teknologi, cocok untuk rumah sakit bersumber daya terbatas

Thematic analysis illustrates enhanced emotional reframing, strengthened child-parent bonding, improved therapeutic relationships, and efficient clinical integration. These outcomes explain and reinforce the positive quantitative results, indicating holistic benefits for hospitalized children.

DISCUSSION

The findings of this study indicate that the CITRA Nursing Module is developmentally appropriate and clinically meaningful for hospitalized preschool children. Preschool-aged children (3–6 years) are in a critical phase of imaginative and symbolic thinking, which enables them to process stressful experiences through narrative and play-based mechanisms. Hospitalization often disrupts children's sense of autonomy and environmental familiarity, leading to anxiety manifested as fear, withdrawal, and behavioral regression. The effectiveness of the CITRA Module suggests that interventions aligned with children's cognitive and emotional development can restore a sense of psychological control and safety during hospitalization (Boller, 2020; Ozmert, 2021; Famri et al., 2021).

Expert validation further confirms the scientific rigor and clinical relevance of the CITRA Nursing Module. The high Content Validity Index reflects strong alignment between interactive therapeutic storytelling, reflective parental involvement, and established principles of pediatric communication and family-centered care. These findings are consistent with previous research demonstrating that family participation during hospitalization enhances emotional regulation and reduces anxiety through co-regulation and secure attachment processes (Martin, 2021; Krishnadasan et al., 2024; Ku et al., 2025). Compared with conventional nurse-led communication approaches, the CITRA Module uniquely integrates structured storytelling with guided parental reflection, strengthening

both emotional support and therapeutic alliance.

The significant reduction in anxiety levels, supported by a large effect size ($d = 1.78$), highlights the clinical impact of the intervention. Therapeutic storytelling functions as both a distraction and a cognitive reframing strategy, enabling children to reinterpret medical procedures within a supportive and meaningful narrative. Themes such as bravery, friendship, and hospital familiarity transform threatening stimuli into manageable experiences. This finding is consistent with previous studies reporting that narrative-based interventions can regulate stress responses and enhance perceived safety in pediatric patients (Srinatania et al., 2021; Gupta & Jha, 2022; Malekzadeh, 2024). The magnitude of anxiety reduction observed in this study suggests that combining interactive storytelling with reflective engagement may amplify the therapeutic effects reported in earlier research.

Behavioral improvements, including reduced crying, clinging, and resistance to procedures, further demonstrate the practical significance of anxiety reduction. These outcomes indicate improved acceptance of care and increased cooperation with healthcare providers. Consistent with established theories, decreased anxiety facilitates trust-building and attentional redirection, resulting in smoother care delivery and reduced procedural distress. Similar behavioral indicators have been identified as key markers of successful pediatric anxiety interventions in prior studies (Capurso et al., 2021; Thomopoulou, 2024; Abazari et al., 2025), reinforcing the validity of the present findings.

From a scientific advancement perspective, this study contributes novel evidence by operationalizing an integrated nursing module that combines interactive therapeutic storytelling with reflective parental involvement in a structured, nurse-delivered format. Feasibility and

acceptability findings indicate that the CITRA Module is easily integrated into routine nursing care, requires no technological resources, and strengthens nurse–child–parent communication. The observed improvements in parent–child bonding and therapeutic interaction support its holistic impact. Given its low cost, cultural adaptability, and strong clinical outcomes, the CITRA Nursing Module offers a scalable and evidence-based innovation for pediatric anxiety management, particularly in resource-limited hospital settings (American Academy of Pediatrics, 2023; Abazari et al., 2025; Akay et al., 2025).

Clinical Implications

The findings demonstrate that the CITRA Nursing Module provides a practical and highly acceptable non-pharmacological strategy for reducing anxiety in hospitalized preschool children. Its structured but flexible storytelling approach can be seamlessly integrated into routine pediatric nursing care without increasing workload or requiring specialized equipment. By promoting emotional expression, psychological safety, and cooperative behavior, the intervention supports smoother medical procedures and reduces distress-related disruptions in care delivery. The reflection component fosters family-centered care by strengthening communication among nurses, children, and parents, while reinforcing parental involvement as co-regulators of emotion. Implementation of this module may serve as a standardized therapeutic communication tool for pediatric nursing practice, particularly in resource-limited hospitals where access to child life specialists and advanced distraction technologies is restricted. Broader adoption of the CITRA Module has the potential to improve overall patient experience, enhance coping skills, and contribute to safer, more compassionate pediatric hospitalization.

Limitations and Future Research

Several limitations should be acknowledged when interpreting the findings of this study. First, the research used a single-group pre-post design without a control group, which may limit causal inference and increase susceptibility to confounding factors such as natural adaptation to the hospital environment. Second, the sample was drawn from a single pediatric ward, reducing generalizability across different hospital settings, cultures, and diagnoses. Third, anxiety was primarily measured within a short-term timeframe; thus, the persistence of benefits beyond hospitalization remains unclear. Fourth, behavioral assessments were dependent on observer interpretation, which may introduce potential bias despite instrument reliability. Future studies should include randomized controlled trials with larger, more diverse pediatric populations to strengthen external validity and enable comparative analysis with other non-pharmacological interventions. Additionally, longitudinal follow-up is recommended to evaluate sustained psychological outcomes and potential effects on future healthcare encounters. Exploration of technology-enhanced storytelling formats and tailored narrative content for varied developmental and clinical needs may further expand applicability and optimization of the CITRA Module.

CONCLUSION

This study confirms that the CITRA Nursing Module Communication through Interactive Therapeutic and Reflective Storytelling is a developmentally appropriate and effective non-pharmacological intervention for reducing hospitalization-related anxiety in preschool children. Developed using the ADDIE framework, the module demonstrated high content validity, feasibility, and acceptability, indicating strong readiness for clinical implementation. Significant reductions in anxiety levels and observable

distress behaviors show that the intervention successfully promotes emotional regulation, cooperative behavior, and psychological safety, thereby addressing the research objectives. Scientifically, this study contributes to pediatric nursing knowledge by providing empirical evidence for a structured, nurse-led, and family-centered communication model that integrates therapeutic storytelling with reflective parental involvement. Its low cost, cultural adaptability, and ease of integration highlight its potential to enhance the quality of pediatric nursing care across diverse hospital settings, while further evaluation in broader populations is recommended to support optimization and dissemination.

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