



A STUDY TO ASSESS THE EFFECTIVENESS OF CARD SYSTEM [C- COMFORT, A-ASK, R-RELAX, D-DISTRACT] ON LEVELS OF ANXIETY AMONG HOSPITALIZED CHILDREN AT SRI NARAYANI HOSPITAL AND RESEARCH CENTRE, VELLORE

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Abstract

In spite of best preventive and promotive health care some children become sick and need hospitalization. Within safe environment, the sick child needs expert physical care, emotional support, expression of feelings through diversional activities to promote continued growth, both in acute and chronic illness. School aged express fear and anxiety, worries, mutilation, modesty, privacy, regression, separation anxiety, negativism, depression, phobia, unrealistic fear and suppression these all are caused by strange environment, unknown events and outcomes in hospital. Nurses can adapt a strategy to improve their cooperation and to reduce their anxiety due to hospitalization. STATEMENT: A study to assess the effectiveness of CARD system [C-comfort, A-ask, R-relax, D-distract] on levels of anxiety among hospitalized children at Sri Narayani Hospital and Research Centre, Vellore. OBJECTIVES: 1. To determine the pretest levels of anxiety among hospitalized children. 2. To assess the effectiveness of CARD system on levels of anxiety among hospitalized children. 3. To find an association between post-test levels of anxiety score and selected demographic variables. METHOD: For this study, a quantitative pre-experimental one group pre- test post- test research design was selected. After obtaining formal permission from Sri Narayani Hospital and Research Centre, 50 samples who are in first day of hospitalization were selected by using Non probability convenient sampling technique. Pretest was conducted for selected hospitalized children to determine the anxiety levels by using Modified Mc Grath Five Face Facial Affective Scale, followed by application of CARD system interventions for the same samples. Immediately after the intervention, post test was conducted for the same sample by using the same tool to evaluate the levels of anxiety among hospitalized children. Data were recorded and coded. The data analysis was done by using Descriptive and Inferential statistics. RESULTS: The results of pretest and post- test levels of anxiety among hospitalized 50 children was assessed using modified mc grath five face facial anxiety scale, in pretest 0(0%) had no anxiety score, 0(0%) had little anxiety score, 22(44%) had some anxiety score, 2(4%) had high anxiety score, 26(52%) had very high anxiety and in post-test 24(48%) had no anxiety, 24(48%) had little anxiety, 2(4%) had some anxiety, 0(0%) had very high anxiety score. The effectiveness of CARD system, on levels of anxiety among hospitalized children pretest mean score was 4.08+-0.92, after the intervention the post-test mean score was 1.56+-0.57. The mean difference was 2.52 and the calculated paired 't' test value 33.15 was greater than the table value 2.01. Which is statistically highly significant at $p < 0.001$ level. It is interpreted that there was significant difference between pre and post-test levels of anxiety which shows the effectiveness of CARD system. Hence H1 was accepted and H01 was rejected. The association between levels of anxiety and demographic variables like age, gender, class in which child is studying, religion, area of residency, type of family, education of father, education of mother, father occupation, mother occupation, family monthly income, previous hospitalization are not statistically significant at $p < 0.05$



level. Hence hypotheses 2(H2) was rejected and null hypothesis 2 (H02) is accepted because the table value is greater than the calculated value. **CONCLUSION:** This study highlighted the effectiveness of CARD system interventions in reducing anxiety among hospitalized children, and thereby helps in decreasing the anxiety during hospital stay. Study findings showed that after the administration of CARD system interventions among hospitalized children there was a significant reduction in the levels of anxiety and thus promoted the cooperation of children with nurses.

Keywords: Effectiveness, CARD system, levels of knowledge, school aged children.

INTRODUCTION

“A child makes love stronger, the day shorter, the night longer, savings smaller, and a home happier”

Hospitalization anxiety refers to the anxious response and unusual preoccupation about noxious consequences that can result from visiting hospital or from undergoing medical procedures in hospital.

In spite of best preventive and promotive health care some children become sick and need hospitalization. The sick child is different from sick adult in level of maturity. Preparation for hospitalization is important to prevent psychological or emotional trauma of hospitalization. Sick children should be prepared by parents, health care team, nurses, to promote coping with the traumatic events. Admission to the hospital can be a positive psychological experience for children, if prepared properly. It helps to develop confidence in dealing with stressful situation in future. Within safe environment, the sick child needs expert physical care, emotional support, expression of feelings (through diversional activities) and continuation of school education to promote continued growth, both in acute and chronic illness.

Hospitalization is the break in the unity of the family, so the emotional effects should be considered first, because it is often mistakenly accorded less importance than the physical care given to the sick child. Toddlers show protest, despair, denial and regression. Preschooler exhibit protest, despair, denial, anger, tears, regression, projection, displacement, aggression, regression, denial, withdrawal and fantasy. School aged express fear and anxiety, worries mutilation modesty and privacy, regression, separation anxiety, negativism, depression, phobia, unrealistic fear and suppression these all are caused by strange environment, unknown events and outcomes in hospital.

CARD (C - Comfort, A - Ask, R - Relax, D - Distract) is an evidence-based frameworks developed by Immunize Canada, it is a national coalition of non-governmental, professional, health, government and private sector organizations. The CARD System for Coping with fears and anxiety Everyone feels anxious or afraid sometimes, but there are things you can do to reduce your fear and anxiety. The CARD System (Comfort, Ask, Relax, Distract) provides groups of strategies that you can play to cope with stressful situations. Originally used to help reduce fear and pain from medical

procedures, CARD can also be used in situations that cause fear or anxiety. Playing your CARDS will give you strategies to help you with fear and anxiety.

OBJECTIVES

1. To determine the pretest levels of anxiety among hospitalized children.
2. To assess the effectiveness of CARD system on levels of anxiety among hospitalized children.
3. To find an association between post- test levels of anxiety score and selected demographic variables.

MATERIALS AND METHODS

RESEARCHDESIGN

The research design used for the study was pre- experimental one group pre and post-test design. The research design is represented as follows.

pretest	Intervention	Post test
01	X	02

01: Pre-test to assess the levels of anxiety among hospitalized children using Modified mc grath five face facial affective scale.

X: Application of CARD system interventions for the selected samples

02: Post test was conducted by using the same tool to assess the levels of anxiety among hospitalized children immediately after intervention.

SETTING OF THE STUDY

The study is conducted among hospitalized children of Sri Narayani Hospital and Research Centre, Vellore. The setting was selected based on the feasibility and availability of the samples. It is located within 5KM from Sri Narayani College of Nursing in Vellore district.

POPULATION:

All the children admitted in the paediatric ward between the age group of 6-12 years were considered as the population of the study.

Target population:

The target population of the study was children admitted in hospital with age group of 6-12 years.



Accessible population:

The children admitted to hospital with age group of 6-12 years were the accessible population of the study, who fulfilled the inclusion and exclusion criteria.

SAMPLE:

The sample of the study includes hospitalized, School age children's boys and girls 6 to 12 years of age who are admitted in the pediatric ward of Sri Narayani Hospital and Research Centre, and who satisfied the inclusion criteria.

SAMPLETECHNIQUE:

Non probability convenient sampling technique was used for sample selection procedure.

SAMPLE SIZE:

The sample size for this study was 50 hospitalized, School age children's boys and girls 6 to 12 years of age who are admitted in the pediatric ward of Sri Narayani Hospital and Research Centre, and who fulfil the inclusion criteria.

CRITERIA FOR SAMPLE SELECTION:**Inclusion criteria:**

The children who are

- In the first day of admission.
- Admitted in hospital pertaining to 6 to 12 years age group.
- Willing to participate in the study.
- Able to understand Tamil and English.

Exclusion criteria:

The children who are

- In serious condition.
- With severe pain.
- Mentally retarded.
- Physically or sexually abused.

VARIABLES:**Independent variable:**

In this study the independent variable was CARD system

Dependent variable:

In this study the dependent variable was levels of anxiety among hospitalized children.

EXTRANEOUSVARIABLES:

In this study the extraneous variables were age, gender, religion, class in which the child is studying, religion, area of residency, type of family, education of father, education of mother, occupation of mother, occupation of father, family income, previous hospitalization of the child.

DESCRIPTION OF INSTRUMENT

On the basis of the literature review and expert guidance, Modified mc grath five face facial affective scale is used to evaluate the levels of anxiety among hospitalized children both in pretest and post-test.

The tool consists of two sections:

Section -A, demographic data.

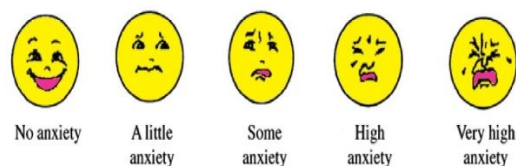
Section -B, Modified mc grath five face facial affective scale.

SECTION-A: DEMOGRAPHIC**VARIABLES:**

It consists of age, gender, class in which child is studying, religion, area of residency, type of family, education of father, education of mother, occupation of mother, occupation of father, family income, previous hospitalization of the child.

SECTION-B: MODIFIED MC GRATH FIVE FACE FACIAL AFFECTIVE SCALE.

The investigator used, Modified Mc Grath Five Face Facial Affective Scale.

**SCORE INTERPRETATION**

The fulfilled criteria of equidistance regression in the expressive elements of eyebrows, eyelids, tears & smile. (It represents the degree of emotional intensity)

- **No anxiety** = smiling face (**score 0**)
- **A little anxiety** = Frowning face (**score 1**)
- **Some anxiety** = Frowning and wailing (**score 2**)
- **High anxiety** = Wailing with eyes closed and tears (**score 3**)
- **Very High anxiety** = Frowning with eyes closed with tears wailing and mouth turned down (**score 4**)

VALIDITY:

Validity is the most critical criterion and indicates the degree to which an instrument measures what it is supposed to measure.

-Polit & Beck 2013

The content validity of the tool was obtained from experts in the field of Child Health Nursing and Bio-statistics. Both Section A: 12 demographic variables and section B: Modified mc grath five face facial affective scale, were analyzed by the experts, all experts gave their consensus and the tool was finalized.



RELIABILITY:

Reliability is defined as the extent to which an instrument consistently produces the same results when measurements are repeated under similar conditions. It reflects the consistency, accuracy, stability, and homogeneity of the instrument, indicating its ability to provide dependable and reproducible measurements over time.

Test and re-test method was employed to obtain the reliability of the tool for assessing levels of anxiety. Modified mc grath five face facial affective scale and Co-relation co-efficient is 0.9, the tool was found to be reliable.

Data Collection Procedure:

Data collection was done for 6 weeks from September 8th to October 19th at Sri Narayani Hospital and Research centre. A formal permission was obtained from the ethical committee of Sri Narayani College of Nursing, and the Medical Superintendent of Sri Narayani Hospital and Research Centre.

Those who fulfil the inclusion criteria were selected and the data collection was done in the following sequential phases,

Phase -I

The investigator developed a rapport with the parents and children then explained the purpose of the study. After getting verbal and written consent the hospitalized school age children were selected as samples.

Phase –II

After collecting demographic data from samples the pretest levels of anxiety was assessed by the investigator, using Modified mc grath five face facial affective scale, followed that CARD system interventions are provided to the children for 60 minutes like comforting them, asking questions, relaxation by balloon blowing exercise and belly breathing exercise, and distraction by age based play activity such as Picture book, Drawing, Colouring, Comic story book, Puzzles, Building set.

Phase- III

Followed by the intervention post test was conducted using investigator followed Modified mc grath five face facial affective scale to assess the levels of anxiety after intervention.

Data Analysis

Descriptive statistics are used for summarizing empirical information. The collected data was analyzed using descriptive and inferential statistics using the following steps:

- Frequency and percentage of data is calculated to describe demographic variables.

- Effectiveness of CARD system on levels of anxiety among School aged hospitalized children is analysed using Paired 't' test
- "Chi" square test is used to assess the association between post -test levels and selected demographical variables

Table 1 shows the frequency and percentage distribution of hospitalized children,

- Regarding age, 23(46%) of them belong to 6-8 years, 10(20%) belongs to 9-10 years and 17(34%) belongs to 11-12 years.
- With respect to gender, 35 (70%) are males and 15(30%) were females.
- In relation to education, 24(48%) are studying in 1 -3 standard, 11(22%) were studying in 15(30%) are studying > 7th standard.
- Regarding religion, 42(84%) belongs to Hinduism, 3(6%) belongs to Christianity, and 5(10%) belongs to Muslimism.
- With respect to area of residency 19(38%) belongs to urban area and 31(62%) belongs to rural area.
- In relation to type of family 29(58%) are from nuclear family and 21(42%) were from joint family.
- Regarding education of father 19(38%) completed secondary education, 22(44%) were under graduates and 9(18%) were post graduates and above.
- Regarding education of mother 5(10%) completed primary education, 28(56%) completed secondary education, 12(24%) were under graduates and 5(10%) were post graduates and above.
- With respect occupation of mother 1(2%) government employee, 11(22%) were private employees, 11(22%) were self-employed, and 27(54%) were home makers.
- With respect occupation of father 9(18%) were government employees, 20(40%) were private employees, and 21(42%) were self-employed.
- In relation to family income 9(18%) earn Rs.10,000-15000/month, 11(22%) earn Rs.15001-20,000/month and 30(60%) earn above 20,000/month.
- Regarding previous hospitalization, 17(34%) were previously hospitalized, and 33(66%) were not previously hospitalized.

SECTION B: PRE AND POST TEST LEVELS OF ANXIETY AMONG HOSPITALIZED CHILDREN.

Table.2 and figure.1 shows the results of pretest and post-test levels of anxiety among hospitalized 50 children using modified mc grath five face facial anxiety scale, in pretest 0(0%) had no anxiety score, 0(0%) had little anxiety score,



22(44%) had some anxiety score, 2(4%) had high anxiety score, 26(52%) had very high anxiety and in post-test 24(48%) had no anxiety, 24(48%) had little anxiety, 2(4%) had some anxiety, 0(0%) had high anxiety score, 0(0%) had very high anxiety score.

SECTION-C: PRE TEST AND POST TEST MEAN, MEAN DIFFERENCE AND STANDARD DEVIATION.

The data presented in the above table 4.3. shows that the effectiveness of CARD system, on levels of anxiety among hospitalized children pretest mean score was 4.08 ± 0.92 , after the intervention the post-test mean score was 1.56 ± 0.57 . The mean difference was 2.52 and the calculated paired 't' test value 33.15 was greater than the table value 2.01. Which is statistically highly significant at $p < 0.001$ level. It is interpreted that there was significant difference between levels of anxiety which shows

the effectiveness of CARD system. Hence H1 was accepted and H01 was rejected.

SECTION D: ASSOCIATION BETWEEN THE POST TEST LEVELS OF ANXIETY SCORES AND SELECTED DEMOGRAPHIC VARIABLES.

The above table represents the statistical outcome of 'chi'-square analysis, it is used to find the association between levels of anxiety and demographic variables like age, gender, class in which child is studying, religion, area of residency, type of family, education of father, education of mother, father occupation, mother occupation, family monthly income, previous hospitalization are not statistically significant at $p < 0.05$ level. Hence hypotheses 2(H2) was rejected and null hypothesis 2 (H02) is accepted because the table value is greater than the calculated value.

TABLE 1: Frequency and percentage distribution of the hospitalized children according to their demographic variables. N=50

Demographic variables	Frequency f	Percentage %
1.Age in years		
6-8 years	23	46
9-10years	10	20
11-12years	17	34
2. Gender		
Male	35	70
Female	15	30
others	0	0
3.Class in which child studying		
1-3 std	24	48
4-6 std	11	22
>7 std	15	30
4.Religion		
Hindu	42	84
Christian	3	6
Muslim	5	10
others	0	0
5.Area of residency		
Urban	19	38
Rural	31	62
6.Type of family		
Nuclear	29	58
Joint	21	42
Extended	0	0
Single parent	0	0
7.Education of father		
Illiterate	0	0
Primary level	19	38
Secondary level	22	44
Under graduate	9	18
Post graduate& above		
8.Education of mother		
Illiterate	0	0
Primary level	5	10
Secondary level	28	56



Under graduate	12	24
Post graduate& above	5	10
9.Occupation of mother		
Govt employee		
Private employee	1	2
Self employed	11	22
Home maker	11	22
	27	54
10.Occupation of father		
Govt employee	9	18
Private employee	20	40
Self employed	21	42
Unemployed	0	0
11.Family income		
Rs.10000-15000/m	9	18
Rs.15001-20000/m	11	22
> Rs. 20000/m	30	60
12.Previous hospitalization		
Yes	17	34
No	33	66

Table 2: frequency and percentage distribution of pre and post-test levels of anxiety among hospitalized children.

Levels of anxiety	Pre test		Post test	
	f	%	f	%
No anxiety	0	0	24	48
A little anxiety	0	0	24	48
Some anxiety	22	44	2	4
High anxiety	2	4	0	0
Very high anxiety	26	52	0	0
Total	50	100	50	100

Table 3: comparisons of pretest and post-test mean score on levels of anxiety among hospitalized children. N=50

Anxiety	Mean	SD	Mean difference	Paired 't' value
Pre test	4.08	0.92	2.52	33.15
Post test	1.56	0.57		

Note: ***P<0.001, H.S- Highly significant.

Table 4: Shows the association between the post-test levels of anxiety selected demographic variables. N=50.

Demographic variables	No anxiety		A little anxiety		Some anxiety		High anxiety		Very high anxiety		Chi -square χ^2
	f	%	f	%	f	%	f	%	f	%	
Age in years											CV=15.507 DF= 8 NS
6-8 years	11	22	10	20	2	4	-	-	-	-	
9-10years	4	8	6	12	0	0	-	-	-	-	
11-12years	9	18	8	16	0	0	-	-	-	-	CV=15.507 DF=8 NS
Gender											
Male	15	30	18	36	2	4	-	-	-	-	
Female	9	18	6	12	0	0	-	-	-	-	CV=15.507 DF=8 NS
others	0	0	0	0	0	0	-	-	-	-	
Class in which child is studying											CV=15.507 DF=8 NS
1-3 std	12	24	10	20	2	4	-	-	-	-	
4-6 std	4	8	7	14	0	0	-	-	-	-	
>7 std	8	16	7	14	0	0	-	-	-	-	CV=21.026
Religion											
Hindu	19	38	22	44	1	2	-	-	-	-	



Christian	2	4	1	2	0	0	-	-	-	-	DF=12
Muslim	3	6	1	2	1	2	-	-	-	-	NS
Others	0	0	0	0	0	0	-	-	-	-	
Area of residency											CV=9.488
Urban	11	22	6	12	2	4	-	-	-	-	DF=4
Rural	13	26	18	36	0	0	-	-	-	-	NS
Type of family											CV=21.026
Nuclear	13	26	15	30	1	2	-	-	-	-	DF=12
Joint	11	22	9	18	1	2	-	-	-	-	NS
Extended	0	0	0	0	0	0	-	-	-	-	
Single parent	0	0	0	0	0	0	-	-	-	-	
Education of father											CV=26.296
Illiterate	0	0	0	0	0	0	-	-	-	-	DF=16
Primary level	0	0	0	0	0	0	-	-	-	-	NS
Secondary level	7	14	12	24	0	0	-	-	-	-	
Under graduate	13	26	7	14	2	4	-	-	-	-	
Post graduate& above	4	8	5	10	0	0	-	-	-	-	
Education of mother											CV=26.296
Illiterate	0	0	0	0	0	0	-	-	-	-	DF=16
Primary level	2	4	3	6	0	0	-	-	-	-	NS
Secondary level	11	22	16	32	1	2	-	-	-	-	
Under graduate	8	16	1	2	1	2	-	-	-	-	
Post graduate& above	3	6	2	4	0	0	-	-	-	-	
Occupation of mother											CV=21.026
Govt employee											DF=12
Private employee	0	0	1	2	0	0	-	-	-	-	NS
Self employed	8	16	2	4	1	2	-	-	-	-	
Home maker	5	10	6	12	0	0	-	-	-	-	
	11	22	15	30	1	2	-	-	-	-	
Occupation of father											CV=21.026
Govt employee	5	10	4	8	0	0	-	-	-	-	DF=12
Private employee	10	20	9	18	1	2	-	-	-	-	NS
Self employed	9	18	11	22	1	2	-	-	-	-	
Unemployed	0	0	0	0	0	0	-	-	-	-	
Family income											CV=15.507
Rs.10000-15000/m	5	10	4	8	0	0	-	-	-	-	DF=8
Rs.15001-20000/m	3	6	8	16	0	0	-	-	-	-	NS
> Rs. 20000/m	16	32	12	24	2	4	-	-	-	-	
previous hospitalization											CV=9.488
Yes	7	14	10	20	0	0	-	-	-	-	DF=4
No	14	28	17	34	2	4	-	-	-	-	NS

NOTE: NS=Not Significant (p<0.05) statistically significant



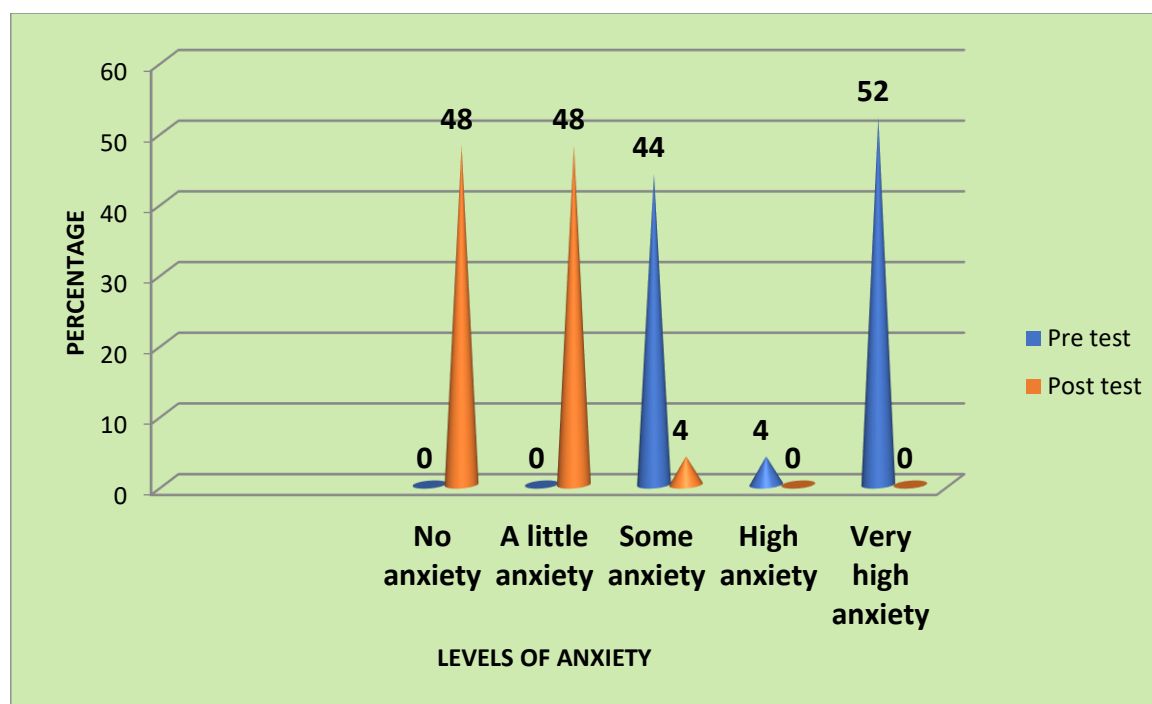


Figure 1: Bar Chart Pre Test and Post Test Levels of Anxiety Among Hospitalized Children.

DISCUSSION

This chapter deals with the discussion of statistical analysis and its pertinence to the objectives and hypothesis of the study. The aim of the study was to assess the effectiveness of CARD system on levels of anxiety among hospitalized children at Sri Narayani Hospital and Research Centre, Vellore.

The findings of the study are discussed based on the following objectives.

LIMITATIONS

- The investigator found difficulty in getting adequate literature related to the study in Indian setting.
- Due to time constraints, the investigator was unable to take large samples for the study.
- Due to various procedures in hospital, it is difficult to provide intervention for children, but with the staff nurse help the researcher was able to do so.
- It is an individual intervention which can be given to one child at a time so the researcher wants to spent minimum time duration 60 minutes for each child for assessing the child.

CONCLUSION

Anxiety is one of the most common experiences of every hospitalized child. It adversely affects the course of hospital stay and affects the quality of nursing care as well. CARD system interventions reduce the anxiety in the hospitalized child. This study highlighted the effectiveness of CARD system interventions in reducing anxiety among hospitalized children, and thereby improves

the adaptation during hospital stay. Study findings showed that after the administration of CARD system interventions among hospitalized children there was a significant reduction in the levels of anxiety and thus promoted the cooperation of children with nurses.

Compliance with Ethical Standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of ethical approval

Ethics is the system of moral values that is concerned with the degree to which the research procedures adhere to the professional, legal and social obligations to the study participants.

The study was carried out after obtaining an ethical clearance from the ethical committee of Sri Narayani College of Nursing. The approval was obtained from research approval committee. Formal permission was obtained from the principal, Sri Narayani college of nursing at Vellore district. The details and purpose of study was explained to the higher authority and clients. Written and informed consent was taken from the clients to process the study. Assurance was given to the clients that confidentiality, privacy would be maintained and no harm will be inflicted on them and they can drop-out of the study any time on their wish.

Statement of informed consent

Informed consent was obtained from all individual participants parents included in the study.

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