



Effectiveness Of Origami Therapy In Reducing Hospitalization Anxiety Among Hospitalized Children In Selected Hospitals, India.

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ABSTRACT

Introduction: Hospitalization is a stressful experience for children and often leads to anxiety due to separation from family, unfamiliar surroundings, medical procedures, and fear of pain. Anxiety during hospitalization can negatively affect a child's emotional well-being, cooperation with treatment, and recovery. Non-pharmacological interventions such as play and activity-based therapies are effective, safe, and economical methods to reduce anxiety in children. Origami therapy, an art of paper folding, helps in diversion, relaxation, and emotional expression, thereby reducing anxiety levels among hospitalized children.

Aim: The aim of the study was to evaluate the effectiveness of origami therapy on anxiety towards hospitalization among children admitted in the pediatric ward and SPICU of selected hospitals in India.

Objectives: 1) To assess the pre-test level of anxiety towards hospitalization among children admitted in the pediatric ward and SPICU. 2) To implement origami therapy among hospitalized children. 3) To assess the post-test level of anxiety towards hospitalization after origami therapy. 4) To evaluate the effectiveness of origami therapy on anxiety towards hospitalization. 5) To find the association between pre-test anxiety levels and selected socio-demographic variables.

Materials and Methods: A quantitative research approach with a pre-experimental one-group pre-test post-test design was adopted for the study. The study was conducted in the pediatric wards of selected hospitals of India. A sample of 30 children aged 3–6 years was selected using purposive sampling technique. Anxiety levels were assessed using the Hamilton Anxiety Rating Scale. Origami therapy was administered to the children for a specified duration during hospitalization. Pre-test and post-test anxiety scores were compared using descriptive and inferential statistics.

Results and Findings: The findings revealed that before the intervention, the majority of children had moderate to severe levels of anxiety towards hospitalization. After the administration of origami therapy, there was a significant reduction in anxiety levels among the children. Statistical analysis showed a marked difference between pre-test and post-test anxiety scores, indicating that origami therapy was effective in reducing hospitalization-related anxiety. No significant association was found between anxiety levels and most socio-demographic variables.

Conclusion: The study concluded that origami therapy is an effective, simple, low-cost, and non-pharmacological intervention for reducing anxiety towards hospitalization among children. Incorporating origami therapy into routine pediatric nursing care can help promote emotional well-being, improve cooperation, and enhance the overall hospital experience of children.

Keywords: Origami Therapy, Anxiety, Hospitalization, Hospitalized Children, Pediatric Ward, Non-Pharmacological Intervention, Play Therapy

INTRODUCTION

Hospitalization is a stressful and frightening experience for children, as it involves separation from family, unfamiliar surroundings, strange equipment, and painful or invasive procedures. Children often lack the emotional and cognitive maturity to understand the reason for hospitalization, which increases their fear and anxiety. Anxiety during hospitalization can negatively affect a child's psychological well-being, recovery process, cooperation with treatment, and overall hospital experience.

Anxiety is an emotional state characterized by feelings of fear, worry, tension, and nervousness. In hospitalized children, anxiety may manifest as crying, irritability, withdrawal, sleep disturbances, refusal of treatment, and physical symptoms such as increased heart rate and restlessness. If not managed effectively, hospitalization-related anxiety may lead to long-term emotional and behavioral problems.

Traditionally, anxiety in hospitalized children has been managed using pharmacological methods. However, these methods may have side effects and are not always suitable for young children. Therefore, there is an increasing emphasis on non-pharmacological interventions that are safe, cost-effective, and child-friendly. Play therapy and creative activities are widely recognized as effective approaches to help children's express emotions, reduce fear, and cope with stressful situations.

Origami, the Japanese art of paper folding, is a simple and engaging activity that promotes concentration, hand-eye coordination, and creativity. Origami therapy helps divert a child's attention away from hospital-related stressors, encourages relaxation, and provides a sense of achievement. It also allows children to express emotions in a non-verbal manner, making it especially useful in pediatric settings.

Nurses play a vital role in providing holistic care to hospitalized children. Incorporating origami therapy into pediatric nursing practice can help reduce anxiety, improve emotional stability, and enhance cooperation during treatment. Hence, this study was undertaken to evaluate the effectiveness of origami therapy on anxiety towards hospitalization among children admitted in pediatric wards of selected hospitals in India.

Rationale for the Study

Hospitalization is a stressful experience for children due to separation from parents, unfamiliar surroundings, medical procedures, and fear of pain, which often results in anxiety and emotional distress affecting their recovery and cooperation with treatment. Pharmacological methods used to manage anxiety may have side effects and are not always appropriate for young children, creating a need for safe and effective non-pharmacological interventions. Origami therapy, a simple and low-cost activity, helps divert attention, promote relaxation, and encourage emotional expression among children. Despite its potential benefits, origami therapy is not routinely practiced in pediatric wards, and limited scientific evidence is available regarding its effectiveness in reducing hospitalization-related anxiety among children in the Indian healthcare setting. Nurses play a vital role in providing holistic pediatric care, and establishing the effectiveness of origami therapy can support its integration into routine nursing practice. Therefore, this study was undertaken to evaluate the effectiveness of origami therapy on anxiety towards hospitalization among children admitted in pediatric wards of selected hospitals in India.

Need and significance of the study

Hospitalization often causes significant anxiety among children due to fear of unfamiliar environments, separation from family, and medical procedures, which can negatively influence their emotional well-being, recovery, and cooperation with treatment. Managing anxiety in hospitalized children is therefore an essential component of pediatric nursing care. Pharmacological methods used to reduce anxiety may lead to side effects and are not always suitable for children, highlighting the need for safe, child-friendly, and non-pharmacological interventions. Origami therapy is a simple, low-cost, and engaging activity that promotes relaxation, distraction, and emotional expression among children. The need for this study arises from the limited use of origami therapy in routine pediatric care and the lack of sufficient scientific evidence supporting its effectiveness in reducing hospitalization-related anxiety in the Indian context. The significance of this study lies in its potential to provide evidence-based support for incorporating origami therapy into pediatric nursing practice, enhancing holistic care, improving the hospital experience of

children, and contributing to nursing education and future research in non-pharmacological anxiety management strategies.

Statement of the problem

“A study to evaluate the effectiveness of origami therapy on anxiety towards hospitalization among children admitted in the pediatric ward of selected hospitals in India.”

Objectives of the study

Primary Objective

- ❖ To evaluate the effectiveness of origami therapy on anxiety towards hospitalization among children admitted in the pediatric ward of selected hospitals.

Secondary Objectives

- ❖ To assess the pre-test level of anxiety towards hospitalization among children admitted in the pediatric ward.
- ❖ To assess the post-test level of anxiety towards hospitalization among children after the administration of origami therapy.
- ❖ To compare the pre-test and post-test anxiety levels to determine the effectiveness of origami therapy.
- ❖ To find the association between the level of anxiety towards hospitalization and selected socio-demographic variables of the children.

OPERATIONAL DEFINITIONS

Evaluate

In this study, evaluation refers to the systematic process of assessing and comparing the pre-test and post-test levels of anxiety among children to determine the impact of origami therapy.

Effectiveness

Effectiveness refers to the extent to which origami therapy reduces the level of anxiety towards hospitalization among children admitted in the pediatric ward, as measured by the difference between pre-test and post-test anxiety scores.

Origami Therapy

Origami therapy refers to a structured, non-pharmacological therapeutic activity in which children are guided to create paper-folding models for a specified duration in a calm environment within the pediatric ward, with the purpose of promoting relaxation, distraction, and emotional expression.

Anxiety

Anxiety in this study refers to the emotional state of fear, worry, and nervousness experienced by children due to hospitalization, manifested through behavioral and physiological responses, and measured using a standardized anxiety assessment scale.

Hospitalization

Hospitalization refers to the admission of children into the hospital for medical or surgical care, during which they are required to stay in the hospital environment for treatment and observation.

Children

Children in this study refer to boys and girls aged 3 to 6 years who are admitted in the pediatric ward of selected hospitals and who meet the inclusion criteria.

Pediatric Ward

Pediatric ward refers to the hospital unit specifically designed for the care, treatment, and management of infants and children, where the present study was conducted.

NULL HYPOTHESIS

H₀₁: There will be no significant difference between the pre-test and post-test levels of anxiety towards hospitalization among children admitted in the pediatric ward after the administration of origami therapy.

H₀₂: There will be no significant association between the pre-test level of anxiety towards hospitalization among children and their selected socio-demographic variables.

RESEARCH HYPOTHESIS

RH1: There will be a significant difference between the pre-test and post-test levels of anxiety towards hospitalization among children admitted in the pediatric ward after the administration of origami therapy.

RH2: There will be a significant association between the pre-test level of anxiety towards hospitalization among children and their selected socio-demographic variables.

ASSUMPTIONS

- Children admitted in the pediatric ward may experience anxiety towards hospitalization.
- Origami therapy may help reduce anxiety by diverting the child's attention and promoting relaxation.
- Children will be able to participate in origami therapy according to their age and developmental level.

- The responses obtained from the children during anxiety assessment will reflect their true level of anxiety.
- Non-pharmacological interventions such as origami therapy can contribute to emotional comfort and well-being of hospitalized children.

DELIMITATIONS

- ❖ The study is limited to children admitted in the pediatric ward of selected hospitals in India.
- ❖ The study includes only children aged 3 to 6 years.
- ❖ The study is confined to children who are willing to participate and whose parents/guardians give consent.
- ❖ The study is limited to the use of origami therapy as the only intervention to reduce anxiety.
- ❖ The period of data collection is limited to a short duration as per the study schedule.

RESEARCH METHODOLOGY

Research Approach

A quantitative research approach was adopted for the present study to evaluate the effectiveness of origami therapy on anxiety towards hospitalization among children.

Research Design

A pre-experimental one-group pre-test and post-test research design was used to assess the level of anxiety before and after the administration of origami therapy.

Variables of the Study

Independent Variable:

Origami therapy

Dependent Variable:

Anxiety towards hospitalization among children

Extraneous Variables:

Age, gender, duration of hospitalization, previous hospital experience, and socio-demographic factors.

Setting of the Study

The study was conducted in the pediatric ward of selected hospitals in India.

Population

The population of the study consisted of children admitted in the pediatric ward of selected hospitals.

Sample

The sample included 30 children aged 3–6 years admitted in the pediatric ward who fulfilled the inclusion criteria.

Sampling Technique

Purposive sampling technique was used to select the sample for the study.

Criteria for Sample Selection

Inclusion Criteria

- ✓ Children aged 3–6 years.
- ✓ Children admitted in the pediatric ward.
- ✓ Children who were available during the period of data collection.
- ✓ Children whose parents/guardians were willing to give consent.

Exclusion Criteria

- ✓ Children who were critically ill.
- ✓ Children with cognitive or developmental impairments.
- ✓ Children receiving pharmacological treatment for anxiety.
- ✓ Children unwilling to participate in the study.

Data Collection Tools

Section A: Socio-demographic profile

Section B: Standardized Anxiety Assessment Scale (used to assess anxiety towards hospitalization)

Development and Validation of the Tools

The tools were developed after extensive review of literature and consultation with subject experts. Content validity of the tools was established by experts from pediatric nursing, medical, and research fields. Necessary modifications were incorporated based on expert suggestions.

Reliability of the Tools

The reliability of the anxiety assessment scale was established using appropriate reliability testing methods. The tool was found to be reliable and suitable for the study.

Scoring Interpretation

Mild Anxiety: Lower score range

Moderate Anxiety: Mid score range

Severe Anxiety: Higher score range

Origami Therapy (Intervention)

Origami therapy involved a structured paper-folding activity conducted in a calm and comfortable environment within the pediatric ward. Children were guided to fold paper into simple shapes such as boats, flowers, or animals for a fixed duration each day. The activity aimed to promote relaxation, distraction, and emotional expression.

Pilot Study

A pilot study was conducted on a small number of children to assess the feasibility and clarity of the tools and intervention. The findings of the pilot study indicated that the tools and procedures were feasible, and hence the pilot study samples were excluded from the main study.

Data Collection Procedure

Formal permission was obtained from the hospital authorities. Written informed consent was obtained from parents/guardians. Pre-test anxiety assessment was conducted using the anxiety scale. Origami therapy was then administered to the children. After completion of the intervention, post-test anxiety assessment was carried out using the same tool.

Plan for Data Analysis

- Data were analyzed using descriptive and inferential statistics:
- Frequency and percentage for demographic variables
- Mean and standard deviation for anxiety scores
- Paired t-test to evaluate the effectiveness of origami therapy
- Chi-square test to find association between anxiety levels and demographic variables

Ethical Considerations

- Ethical approval was obtained from the institutional authority
- Written informed consent was obtained from parents/guardians
- Confidentiality and anonymity of the participants were maintained
- Participants were assured that they could withdraw from the study at any time
- No harm was caused to the children during the study

DATA ANALYSIS AND INTERPRETATION

Table 1: Frequency and Percentage Distribution of Children According to Socio-Demographic Variables

N = 30

Sr. No.	Socio-Demographic Variables	Category	Frequency (f)	Percentage (%)
1	Age (years)	2–5 years	13	43.33
		5–8 years	16	53.33
		8–12 years	1	3.33
2	Gender	Male	16	53.33
		Female	14	46.67
3	Education of Child	LKG	8	26.66
		UKG	16	53.33
		Class 1–5	6	20.00
4	Parents' Education	Primary education	7	23.33
		Secondary education	18	60.00
		Graduate & above	5	16.67
5	Family Monthly Income (₹)	< 5000	4	13.33
		5001–10,000	13	43.33
		10,001–15,000	10	33.33
		> 15,000	3	10.00
6	Social Class	Lower	1	3.33
		Middle	26	86.67
		Upper	3	10.00
7	Type of Family	Nuclear	10	33.33
		Joint	19	63.33
		Extended	1	3.33
8	Residential Area	Urban	10	33.33
		Rural	20	66.67
9	Religion	Hindu	26	86.67

Sr. No.	Socio-Demographic Variables	Category	Frequency (f)	Percentage (%)
		Muslim	2	6.66
		Others	2	6.66
10	Birth Order	First	12	40.00
		Second	12	40.00
		Third	4	13.33
		Above third	2	6.67
11	Number of Siblings	One	8	26.66
		Two	13	43.33
		Three	7	23.33
		> Three	2	6.66
12	Living Situation	Crowded	9	30.00
		Peaceful	21	70.00
13	Parenting Style	Authoritative	17	56.66
		Authoritarian	7	23.33
		Permissive	6	20.00
14	Occupation of Parents	Farmer	13	43.33
		Private employee	12	40.00
		Government employee	5	16.67

Table 2: Distribution of Children According to Pre-Test Level of Anxiety Towards Hospitalization

(N = 30)

S. No.	Level of Anxiety	Frequency (f)	Percentage (%)
1	Mild anxiety	6	20.00
2	Moderate anxiety	16	53.33
3	Severe anxiety	8	26.67
	Total	30	100

Fig: 1 Distribution of Children According to Pre-Test Level of Anxiety Towards Hospitalization (N = 30)

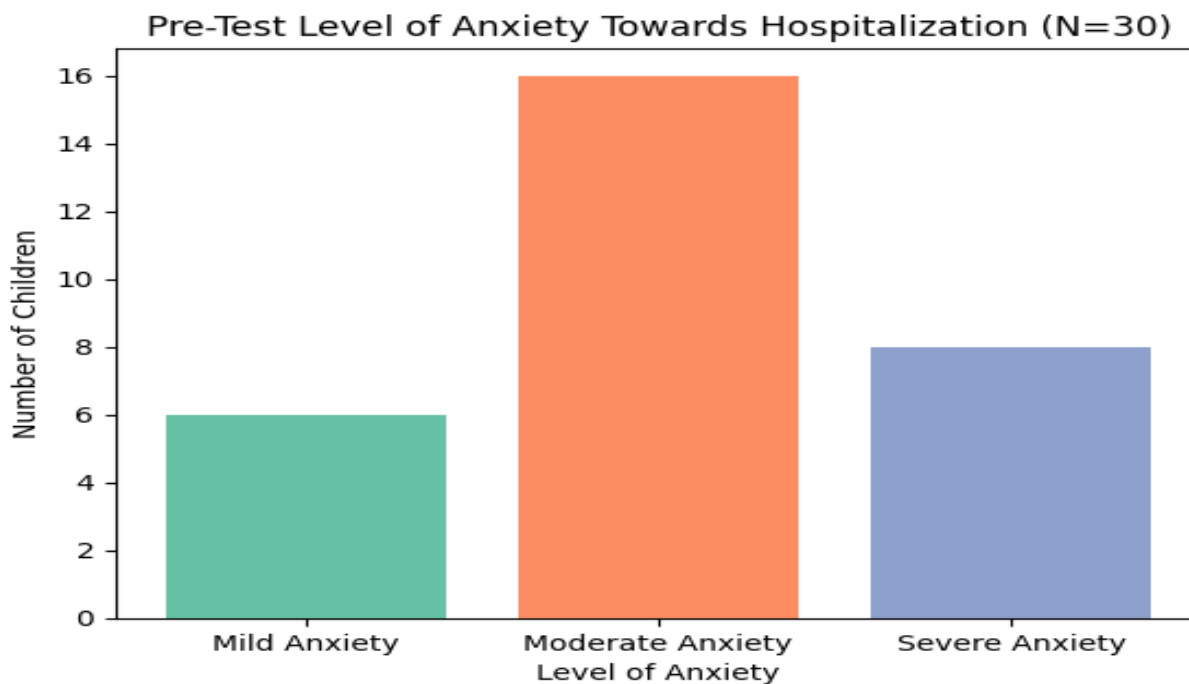


Table 3: Distribution of Children According to Post-Test Level of Anxiety Towards Hospitalization (N = 30)

S. No.	Level of Anxiety	Frequency (f)	Percentage (%)
1	Mild anxiety	20	66.67
2	Moderate anxiety	8	26.67
3	Severe anxiety	2	6.66
	Total	30	100

Fig. No: 2 Distribution of Children According to Post-Test Level of Anxiety Towards Hospitalization (N = 30)

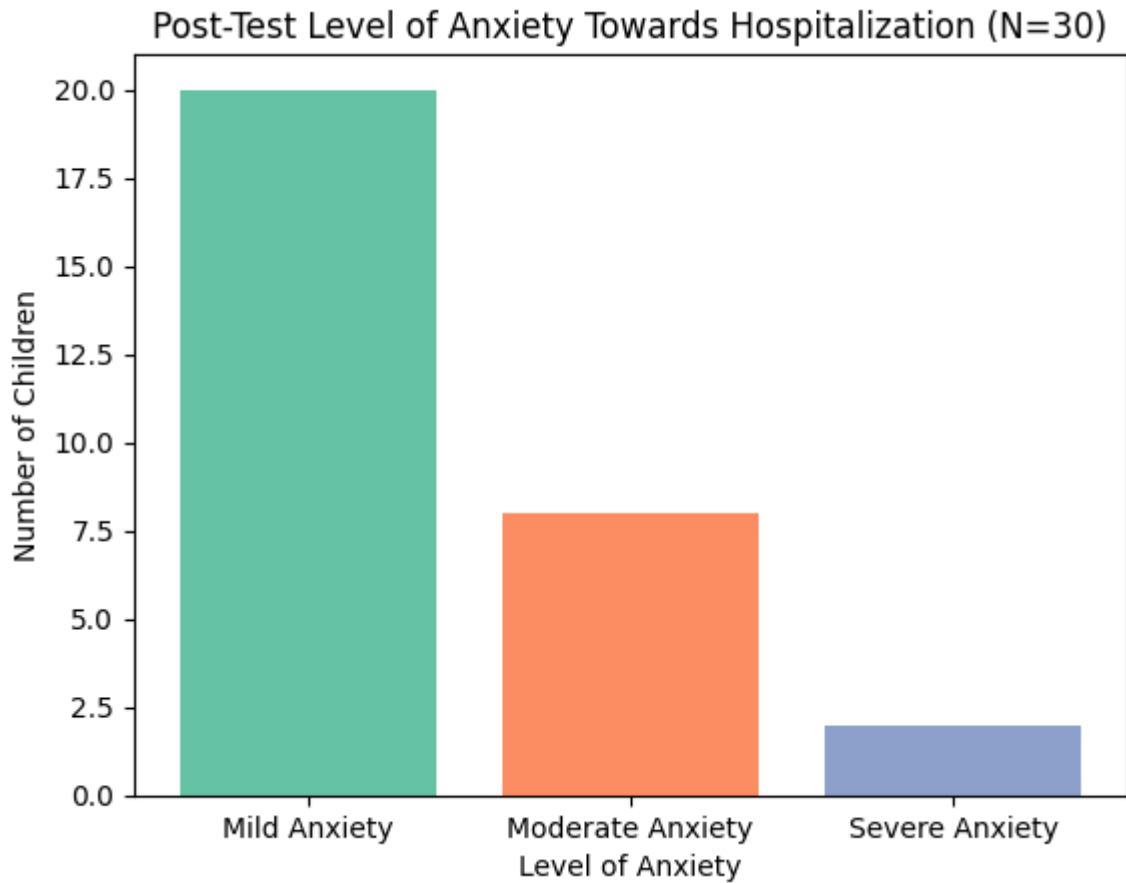


Table 4: Comparison of Mean and Standard Deviation of Pre-Test and Post-Test Anxiety Scores (N = 30)

Test	Mean Score	Standard Deviation (SD)
Pre-Test Anxiety Score	24.60	4.82
Post-Test Anxiety Score	14.30	3.96

Table 5: Effectiveness of Origami Therapy on Anxiety Towards Hospitalization Using Paired t-Test

(N = 30)

Test	Mean	Mean Difference	Standard Deviation (SD)	t value	p value	Result
Pre-Test Anxiety Score	24.60	10.30	4.21	12.45	< 0.001	Significant
Post-Test Anxiety Score	14.30					

Table 5 reveals the effectiveness of origami therapy on anxiety towards hospitalization among children using the paired t-test. The mean pre-test anxiety score was 24.60, which reduced to 14.30 in the post-test, with a mean difference of 10.30. The calculated t value (12.45) was found to be statistically significant at $p < 0.001$, indicating a significant reduction in anxiety levels after the administration of origami therapy. Hence, the research hypothesis was accepted and the null hypothesis was rejected, proving that origami therapy is effective in reducing anxiety towards hospitalization among children admitted in the pediatric ward.

Table 6: Association Between Pre-Test Anxiety Levels and Selected Socio-Demographic Variables (N = 30)

Sr. No.	Socio-Demographic Variables	df	Calculated χ^2 Value	Table χ^2 Value	Level of Significance	Result
1	Age (years)	2	1.82	5.99	$p > 0.05$	Not Significant
2	Gender	1	0.64	3.84	$p > 0.05$	Not Significant
3	Education of Child	2	2.11	5.99	$p > 0.05$	Not Significant
4	Parents' Education	2	3.05	5.99	$p > 0.05$	Not Significant
5	Family Monthly Income	3	4.12	7.82	$p > 0.05$	Not Significant
6	Social Class	2	1.48	5.99	$p > 0.05$	Not Significant
7	Type of Family	2	1.36	5.99	$p > 0.05$	Not Significant
8	Residential Area	1	0.89	3.84	$p > 0.05$	Not Significant
9	Religion	2	2.27	5.99	$p > 0.05$	Not Significant
10	Birth Order	3	3.94	7.82	$p > 0.05$	Not Significant
11	Number of Siblings	3	4.01	7.82	$p > 0.05$	Not Significant
12	Living Situation	1	0.76	3.84	$p > 0.05$	Not Significant
13	Parenting Style	2	2.63	5.99	$p > 0.05$	Not Significant
14	Occupation of Parents	2	2.89	5.99	$p > 0.05$	Not Significant

*Significant at $p < 0.05$

Table 6 depicts the association between pre-test anxiety levels towards hospitalization and selected socio-demographic variables of children. The calculated Chi-square values for all variables were found to be less than the respective table values at the 0.05 level of significance. Hence, there was no statistically significant association between pre-test anxiety levels and socio-demographic variables such as age, gender, education, parents' education, family income, type of family, residential area, religion, birth order, number of siblings, living situation, parenting style, and occupation of parents. This indicates that anxiety towards hospitalization was commonly experienced by children irrespective of their socio-demographic background.

DISCUSSION

The present study was undertaken to evaluate the effectiveness of origami therapy on anxiety towards hospitalization among children admitted in the pediatric ward of selected hospitals. The discussion is organized based on the objectives of the study and supported by findings from previous research.

In the present study, the pre-test findings revealed that the majority of children experienced moderate to severe anxiety towards hospitalization. This may be attributed to factors such as unfamiliar hospital environment, separation from parents, fear of medical procedures, pain, and lack of understanding about illness. Similar findings were reported by Coyne (2006), who stated that hospitalization is a major source of stress and anxiety in children, particularly during the initial days of admission. Studies by Prugh et al. also highlighted that children often exhibit fear, crying, and withdrawal behaviors during hospitalization.

The post-test findings of the present study demonstrated a significant reduction in anxiety levels after the administration of origami therapy. Most children shifted from moderate and severe anxiety to mild anxiety. The comparison of pre-test and post-test mean anxiety scores showed a marked decrease in anxiety, indicating that origami therapy was effective. These findings are supported by a study conducted by Hemangi Kishor Lanjekar et al. (2022), which reported a significant reduction in hospitalization-related anxiety among children who received origami therapy compared to those who received routine care. Similarly, Rafia Islam et al. (2021) found that origami activities helped hospitalized children adapt better to stressful situations and significantly reduced their anxiety levels.

The paired t-test results in the present study showed a statistically significant difference between pre-test and post-test anxiety scores, confirming the effectiveness of origami therapy. This finding is consistent with the study conducted by Priyanka et al. (2024), which demonstrated that origami therapy significantly reduced anxiety scores among hospitalized school-age children. Other supportive studies on play therapy and art therapy have also reported similar outcomes, indicating that creative and play-based interventions are effective in reducing anxiety and promoting emotional well-being in hospitalized children.

The analysis of association between pre-test anxiety levels and selected socio-demographic variables showed no statistically significant association. This suggests that anxiety towards hospitalization was experienced by children irrespective of age, gender, family type, parental education, or income. Similar findings were reported by earlier studies, which emphasized that hospitalization anxiety is a common experience among children and is not significantly influenced by demographic factors.

Overall, the findings of the present study are consistent with existing literature and strongly support the use of origami therapy as a simple, safe, cost-effective, and non-pharmacological intervention for reducing anxiety among hospitalized children. Incorporating origami therapy into routine pediatric nursing practice can help nurses provide holistic care, improve emotional comfort, and enhance the overall hospital experience for children. The study adds to the growing body of evidence supporting play-based therapeutic interventions in pediatric settings.

CONCLUSION

The present study was conducted to evaluate the effectiveness of origami therapy on anxiety towards hospitalization among children admitted in the pediatric ward of selected hospitals. The findings of the study clearly demonstrated that hospitalization caused moderate to severe levels of anxiety among the majority of children prior to the intervention. After the administration of origami therapy, a significant reduction in anxiety levels was observed, with most children showing mild anxiety in the post-test.

The comparison of pre-test and post-test anxiety scores revealed a statistically significant difference, indicating that origami therapy was effective in reducing anxiety towards hospitalization. The results also showed that there was no significant association between pre-test anxiety levels and selected socio-demographic variables, suggesting that anxiety was commonly experienced by children irrespective of their background characteristics.

Origami therapy proved to be a simple, safe, cost-effective, and non-pharmacological intervention that can be easily implemented in pediatric wards. It helps children divert their attention from stressful hospital experiences, promotes relaxation, and enhances emotional comfort. Therefore, origami therapy can be effectively incorporated into routine pediatric nursing care to reduce anxiety and improve the overall hospital experience of children.

In conclusion, the study confirms that origami therapy is an effective therapeutic intervention for managing anxiety towards hospitalization among children and supports its use as part of holistic and child-centered nursing care.

LIMITATIONS

- ❖ The study was limited to a small sample size, which may restrict the generalization of the findings.
- ❖ The study was conducted only in the pediatric ward of selected hospitals, limiting the applicability of the results to other settings.
- ❖ The study adopted a pre-experimental one-group pre-test and post-test design without a control group, which may affect the internal validity of the study.
- ❖ The duration of the intervention and data collection period was short.
- ❖ Anxiety levels were assessed using a standardized scale, which may not fully capture the emotional responses of children.

NURSING IMPLICATIONS

The findings of the present study have important implications for nursing practice, nursing education, nursing administration, and nursing research.

Nursing Practice

Nurses play a vital role in providing holistic care to hospitalized children. The study highlights that origami therapy is an effective, simple, and non-pharmacological intervention for reducing anxiety towards hospitalization. Pediatric nurses can incorporate origami therapy into routine nursing care to help children cope with fear, stress, and anxiety. This intervention can improve children's cooperation with treatment, enhance emotional comfort, and promote a positive hospital experience.

Nursing Education

The findings emphasize the need to include play therapy and creative therapeutic interventions such as origami therapy in the nursing curriculum. Nursing students should be trained to use non-pharmacological methods to manage anxiety in children. Educational programs and workshops can help nursing students and staff nurses develop skills in implementing origami therapy effectively in pediatric settings.

Nursing Administration

Nursing administrators can use the findings of this study to develop policies and guidelines that support the use of non-pharmacological interventions in pediatric wards. Providing necessary materials and allocating time for therapeutic play activities like origami therapy can improve the quality of pediatric care. Administrators can also encourage continuing education programs for nurses on child-centered anxiety management strategies.

Nursing Research

The present study contributes to the existing body of knowledge on non-pharmacological anxiety management in children. It highlights the need for further research with larger sample sizes, control groups, and different settings to strengthen the evidence. Future studies can explore the long-term effects of origami therapy and compare its effectiveness with other play and art therapies.

RECOMMENDATIONS

Based on the findings of the present study, the following recommendations are suggested:

- ❖ Origami therapy may be incorporated as a routine non-pharmacological intervention in pediatric wards to reduce anxiety towards hospitalization among children.
- ❖ Pediatric nurses should be trained and encouraged to use origami therapy as part of holistic and child-centered nursing care.
- ❖ Similar studies can be conducted with a larger sample size to enhance the generalizability of the findings.
- ❖ Future research may use a true experimental or quasi-experimental design with a control group to strengthen the validity of results.
- ❖ Comparative studies can be conducted to evaluate the effectiveness of origami therapy in comparison with other play or art therapies.
- ❖ Longitudinal studies may be undertaken to assess the long-term effects of origami therapy on children's emotional well-being.
- ❖ Educational programs and workshops can be organized to create awareness among healthcare professionals about the benefits of non-pharmacological interventions for anxiety management in children.

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Finally, I would like to thank my family and friends for their continuous encouragement, motivation, and emotional support throughout the completion of this research work.

Conflict of Interest Statement

The author declares that there is no conflict of interest regarding the publication of this research study. No financial, personal, or professional relationships influenced the design, data collection, analysis, or interpretation of the findings.

Ethical Statement

The study was conducted after obtaining ethical approval from the Institutional Ethics Committee/Research and Development Committee of Shri Jagdish Prasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan, India. Written informed consent was obtained from all participants prior to data collection. Confidentiality and anonymity of the participants were strictly maintained, and participation was entirely voluntary. Participants were informed of their right to withdraw from the study at any stage without any penalty.

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