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"A Study To Assess The Effectiveness Of Art Therapy On Anxiety Of Children With Chronic Kidney Disease In Selected Hospital."

Ms. Nikita Scott[1], Prof. Vishakha Ganvir[2]

[1]Assistant Professor, Godavari College of nursing, Jalgaon, Maharashtra, India
[2] Principal, Godavari College of nursing, Jalgaon, Maharashtra, India

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ABSTRACT

Background: Children with CKD commonly experience anxiety during hospitalization. Art therapy helps reduce stress and improve emotional well-being.

Objective: To assess anxiety levels among children with CKD, evaluate the effectiveness of art therapy, and compare post-test anxiety scores between experimental and control groups.

Methods: A quantitative quasi-experimental pre-test and post-test study was conducted among 60 children with CKD. Anxiety levels were assessed before and after art therapy and compared with a control group.

Results: The findings showed a marked reduction in anxiety among children who received art therapy. In the experimental group, the mean anxiety score decreased from 45.06 ± 9.98 during the pre-test to 4.36 ± 7.82 during the post-test, with 70% of children showing no anxiety after the intervention. In contrast, the control group continued to have moderate to very severe anxiety, with a post-test mean score of 34.43 ± 13.43. These results indicate that art therapy was highly effective in reducing anxiety among children with chronic kidney disease.

Conclusion: Art therapy significantly reduced anxiety levels among children with chronic kidney disease and proved to be an effective non-pharmacological intervention for improving their emotional well-being during hospitalization.

Keywords: Art Therapy, Anxiety, Chronic Kidney Disease, Children, Hospitalization, Emotional Well-being

INTRODUCTION

Children with Chronic Kidney Disease (CKD) often experience anxiety due to prolonged hospitalization, frequent medical procedures, and separation from their familiar environment. Anxiety can negatively affect their emotional well-being, behaviour, and treatment outcomes. Art therapy is a creative and non-pharmacological intervention that includes activities such as drawing, painting, colouring, and sculpting. It provides children with a safe medium to express emotions, reduce stress, and communicate feelings that may be difficult to verbalize. Art therapy promotes relaxation, enhances self-esteem, improves coping skills, and helps children adapt to the challenges of chronic illness. Evidence suggests that it effectively reduces anxiety and supports psychological well-being, thereby improving the overall hospital experience and quality of life among children with CKD.

STATEMENT OF THE PROBLEM:

"A study to assess the effectiveness of art therapy on anxiety of children with chronic kidney disease in selected hospital."

OBJECTIVES:

1. To assess the existing level of anxiety among the children with chronic kidney disease in experimental group and control group.
2. To evaluate the effectiveness of art therapy on anxiety in children with chronic kidney disease in experimental group.
3. To find at the significant association between the post test score of anxiety among the children with their selected demographic variable in experimental and control group.

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4. To correlate the posttest score of anxiety among the children with chronic kidney disease in experimental group with control group.

SCOPE

- This study will help to understand the effectiveness of art-therapy on anxiety among the children with chronic kidney disease.
- This study will create awareness regarding use of art therapy to reduced anxiety among child with chronic kidney.

RESEARCH METHODOLOGY

Research Approach: Quantitative Evaluative research approach.

Research design: Quasi-experimental post-test research design.

Setting of the Study: Selected Hospitals.

Population: Children with Chronic Kidney Disease in selected Hospital.

Sample: Children with Chronic Kidney Disease in selected Hospital

Sample size: 60 Children with Chronic Kidney Disease

Sample size calculation: Sample size will be calculated by using this formula,

$n=\frac{Z1^2 S^2}{d^2}$

Sample Technique: Non-Probability Convenient Sampling Technique

Duration of the study: - Four weeks

Sampling criteria

Inclusion criteria:

The children with chronic kidney, who are-

Male and female between the age 7-12 year.

Willing to participate in the study

Admitted in hospital

Exclusive criteria:

The children with chronic kidney disease, who are-

Mentally retarded.

Having speech and hearing impairment.

Under strict isolation.

DATA INTERPRETATION AND ANALYSIS

SECTION A

This section dealt with percentage wise distribution among children with regards to their demographic characteristics, a total of 60 children with chronic kidney disease were selected using a non-probability convenient sampling technique, with 30 participants each in the experimental and control groups. Demographic data included age, gender, religion, educational status, family type, parental education and occupation, family income, duration of hospitalization, exposure to art therapy, previous experience with art therapy, and sources of information regarding art therapy. The majority of children in both groups were aged 7–10 years, with a relatively equal distribution of males and females. Most participants belonged to the Hindu religion and were studying between 3rd and 6th standards. Nuclear families constituted the largest proportion in both groups. Most parents had secondary or undergraduate education, and fathers were predominantly employed in private or government sectors, while many mothers were homemakers. Family income varied, with a considerable proportion earning above ₹20,000 per month in the experimental group and ₹15,001–20,000 in the control group. Hospitalization duration ranged from one to four days for most children. Drawing and clay therapy were the most common forms of art therapy practiced during hospitalization. A higher proportion of children in the experimental group reported anxiety related to art therapy, whereas more children in the control group had prior experience with art therapy. Information regarding art therapy was mainly obtained through mass media, family and friends, television, social media, and healthcare professionals. Overall, the demographic characteristics of participants were reasonably distributed between the experimental and control groups, ensuring comparability for evaluating the effectiveness of art therapy on anxiety among children with chronic kidney disease.

SECTION-B: - ASSESSMENT OF PRE-TEST AND POST-TEST LEVEL OF ANXIETY SCORE

This section dealt with the assessment of pre-test and post-test level of anxiety regarding art therapy on anxiety of children with chronic kidney disease in selected hospital received in experimental group. The level of anxiety score is divided under following heading i.e. no anxiety, mild, moderate, severe and very severe anxiety.

Table shows that in pre-test, 0% of the subjects had no anxiety and mild level of anxiety, 16.7% had moderate level of anxiety, 23.3% had severe level of anxiety and 60% had very severe level of anxiety. Minimum anxiety score in pre-test was 27 and maximum anxiety score in pre-test was 55. Mean anxiety score in pre-test was 45.06 + 9.982

Table shows that in post-test, 70% of the subjects had no anxiety, 23.3% had mild level of anxiety, 6.7% had moderate level of anxiety and 0% had severe and very severe level of anxiety. Minimum anxiety score in pre-test was 0 and maximum anxiety score in pre-test was 28. Mean anxiety score in pre-test was 4.36 + 7.823.

Table 1: Assessment of level of pre-test and post-test anxiety among subjects from experimental group on art therapy on anxiety of children with chronic kidney disease in selected hospital.

Level of anxiety score	Score Range	Percentage score	Level of Pre-test anxiety Score		Level of Post-test anxiety Score	
			Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Anxiety Not Present	0	0 – 20%	00	00	21	70
Mild Anxiety	1 to 14	21 – 40%	00	00	07	23.3
Moderate Anxiety	15 to 28	41 – 60%	05	16.7	02	6.7
Severe Anxiety	29 to 42	61 – 80%	07	23.3	00	00
Very Severe Anxiety	43 To 56	81 – 100%	18	60	00	00
Mean ±SD anxiety score			45.06 ± 9.982		4.36 ± 7.823	
Mean % anxiety score			80.47%		7.79%	
Minimum score			27		00	
Maximum score			55		28	

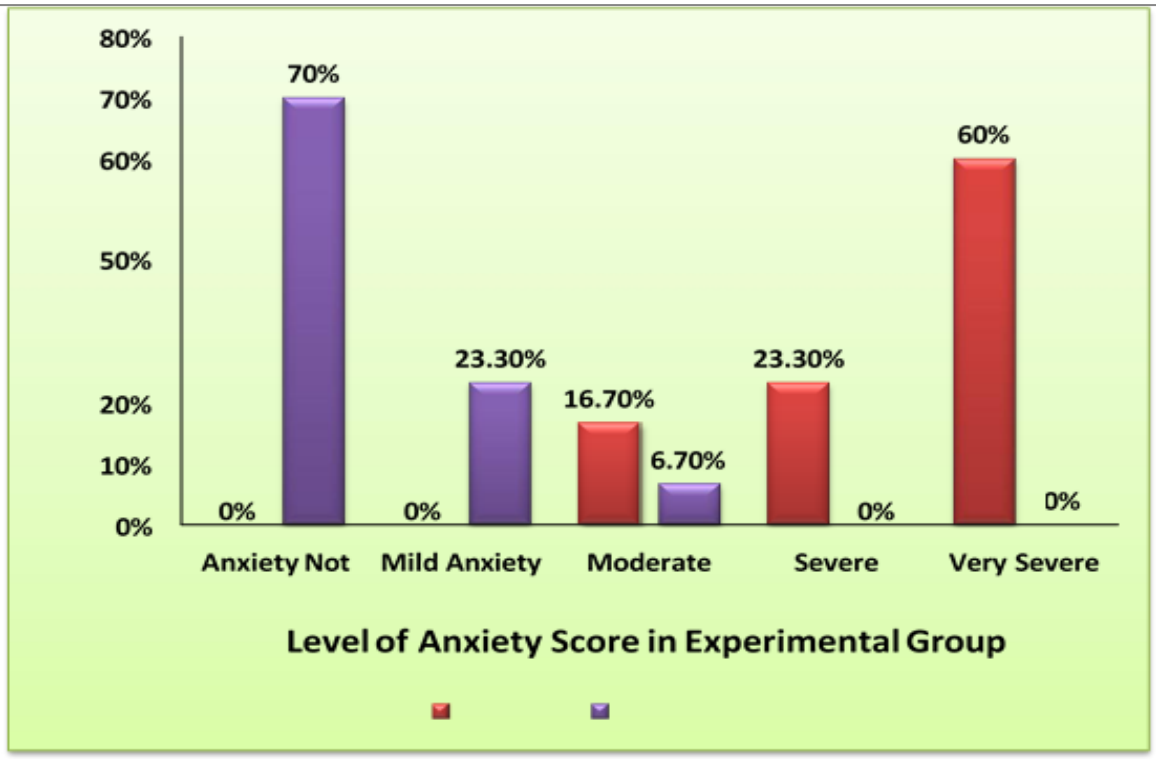


Figure No-1: Assessment of level of pre-test and post-test anxiety among subjects from experimental group on art therapy on anxiety of children with chronic kidney disease in selected hospital.

SECTION C:- This section deals with the assessment of pre-test and post-test level of anxiety regarding art therapy on anxiety of children with chronic kidney disease in selected hospital received in control group.

Table 2: Assessment of level of pre-test and post-test anxiety among subjects from control group on art therapy on anxiety of children with chronic kidney disease in selected hospital.

Level of anxiety score	Score Range	Percentage score	Level of Pre-test anxiety Score		Level of Post-test anxiety Score	
			Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Anxiety Not Present	0	0 – 20%	00	00	00	00
Mild Anxiety	1 to 14	21 – 40%	00	00	00	00
Moderate Anxiety	15 to 28	41 – 60%	07	23.3	15	50
Severe Anxiety	29 to 42	61 – 80%	09	30	08	26.7

Very Severe Anxiety	43 To 56	81 – 100%	14	46.7	07	23.3
Mean ±SD anxiety score			42.56 ± 10.30		34.43 ± 13.43	
Mean % anxiety score			76.01%		61.48%	
Minimum score			27		15	
Maximum score			55		55	

SECTION D: - This section dealt with the assessment of post-test anxiety score of experimental group verses control group on art therapy on anxiety of children with chronic kidney disease in selected hospital in selected hospital.

Table 3: Comparison of post-test anxiety score of subjects received experimental group and control group on art therapy on anxiety of children with chronic kidney disease in selected hospital.

Level of anxiety score	Score Range	Percentage score	Experimental Group		Control Group	
			Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Anxiety Not Present	0	0 – 20%	21	70	00	00
Mild Anxiety	1 to 14	21 – 40%	07	23.3	00	00
Moderate Anxiety	15 to 28	41 – 60%	02	6.7	15	50
Severe Anxiety	29 to 42	61 – 80%	00	00	08	26.7
Very Severe Anxiety	43 To 56	81 – 100%	00	00	07	23.3

Table 4: Effectiveness of experimental group versus control group on art therapy on anxiety of children with chronic kidney disease in selected hospital.

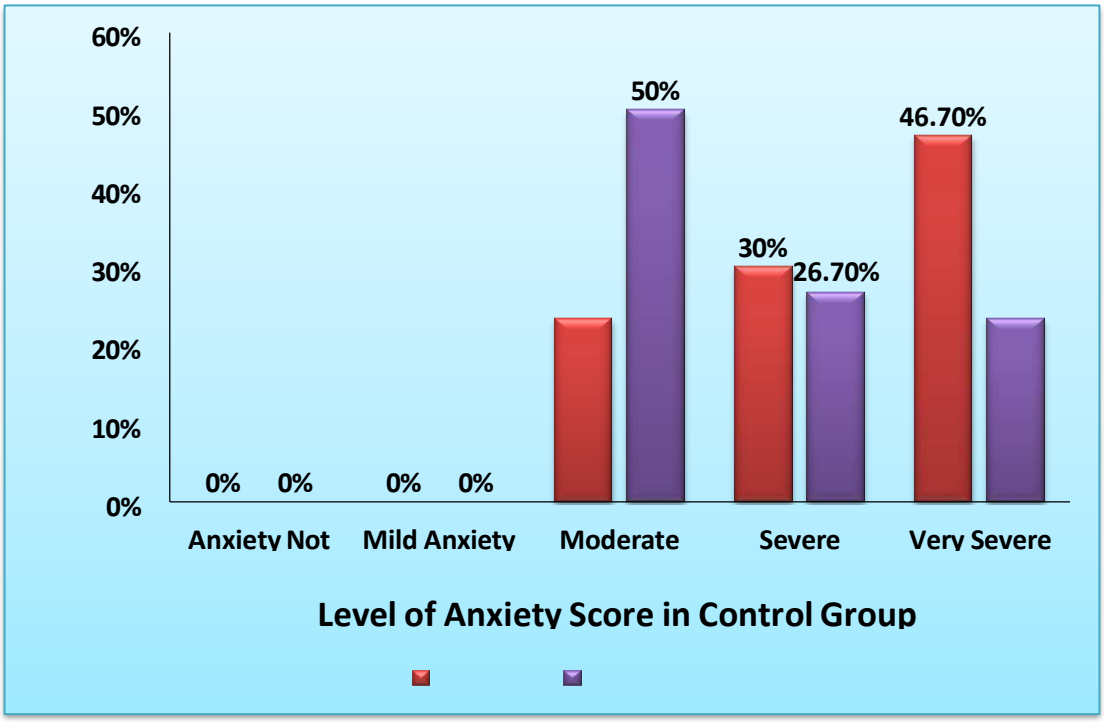
Overall	Post-test Mean	SD	Mean Difference	T value	p-value
Experimental Group	4.36	7.823	30.06 ± 18.521	8.892	0.0001

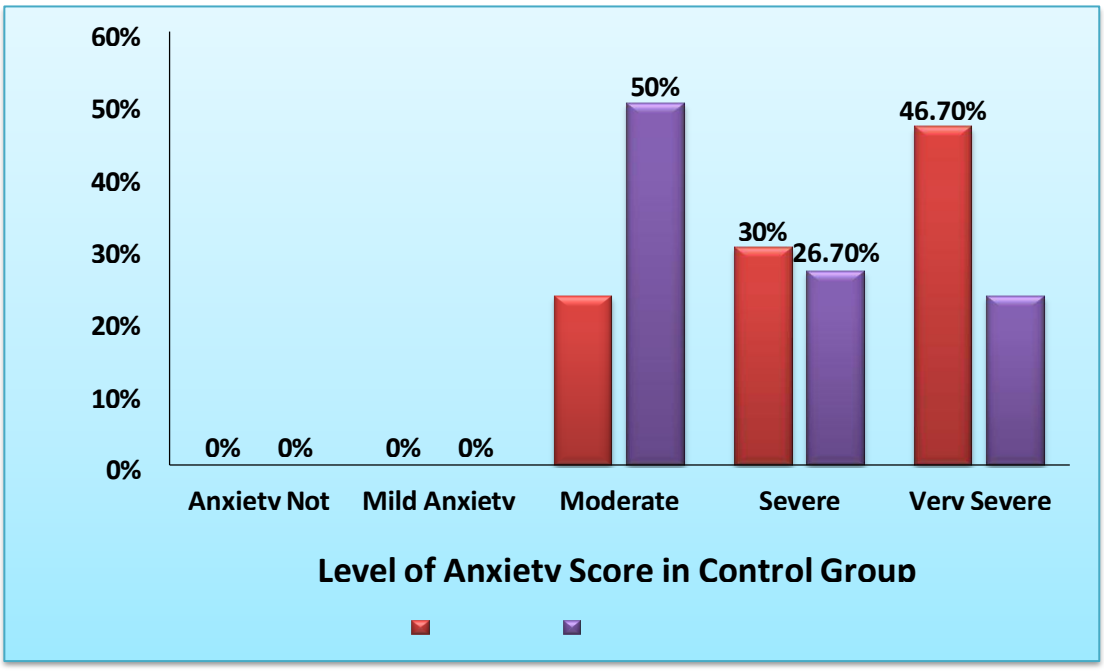
Control Group	34.43	13.431			S, p<0.05
S- Significant NS- Non-Significant df-degree of freedom= 29					

Figure 2: Difference between post-test anxiety score of subjects received experimental group and control group on art therapy on anxiety of children with chronic kidney disease in selected hospital.

SECTION E: - ASSOCIATION BETWEEN POST-TEST ANXIETY SCORE REGARDING ART THERAPY ON ANXIETY OF CHILDREN WITH CHRONIC KIDNEY DISEASE IN SELECTED HOSPITAL WITH THEIR SELECTED DEMOGRAPHIC VARIABLE IN EXPERIMENTAL GROUP

This section dealt with the association of anxiety score of subjects with selected demographic variables.





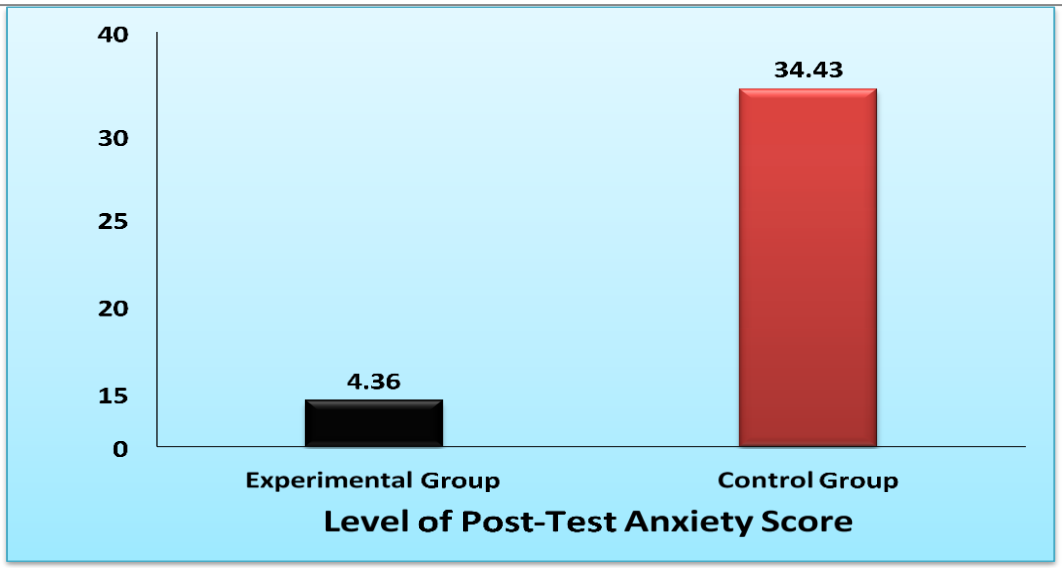


Table 5: Association of anxiety score of subjects with their selected demographic variables

Age in Years	No. of subjects	Mean anxiety score	Chi square	p-value
7 – 8 Years	15	5.53 ± 8.184	10.561	0.567 NS, P>0.05
9 – 10 Years	08	4.75 ± 9.779		
11 – 12 Years	07	1.42 ± 3.779		
Degree of Freedom (df) = 12				
Gender	No. of subjects	Mean anxiety score	T Value	p-value
Male	16	6.43 ± 7.745	10.102	0.120 NS, P>0.05
Female	14	2.00 ± 7.483		
Degree of Freedom (df) = 6				
Religion	No. of subjects	Mean anxiety score	Chi square	p-value
Hindu	18	7.27 ± 9.054	8.571	0.969 NS, P>0.05
Muslim	04	1.02 ± 0.198		
Christian	05	1.06 ± 1.248		
Other	03	1.01 ± 0.189		

Degree of Freedom (df) = 18				
Age in Years	No. of subjects	Mean anxiety score	Chi square	p-value
7 – 8 Years	15	5.53 ± 8.184	10.561	0.567 NS, P>0.05
9 – 10 Years	08	4.75 ± 9.779		
11 – 12 Years	07	1.42 ± 3.779		
Degree of Freedom (df) = 12				
Gender	No. of subjects	Mean anxiety score	T Value	p-value
Male	16	6.43 ± 7.745	10.102	0.120 NS, P>0.05
Female	14	2.00 ± 7.483		
Degree of Freedom (df) = 6				
Religion	No. of subjects	Mean anxiety score	Chi square	p-value
Hindu	18	7.27 ± 9.054	8.571	0.969 NS, P>0.05
Muslim	04	1.02 ± 0.198		
Christian	05	1.06 ± 1.248		
Other	03	1.01 ± 0.189		
Degree of Freedom (df) = 18				
Under Graduate	06	00		
Post Graduate and above	01	00		
Degree of Freedom (df) = 24				
Fathers Occupation	No. of subjects	Mean anxiety score	Chi square	p-value
Government Employee	10	00		0.0001
Private Employee	12	0.833 ± 2.886		

Self Employed	05	11.20 ± 1.303	45.815	S, P<0.05
Unemployed	03	21.66 ± 10.115		
Degree of Freedom (df) = 18				
Mothers Occupation	No. of subjects	Mean anxiety score	Chi square	p-value
Home Maker	10	00	20.567	0.302 NS, P>0.05
Government Employee	04	00		
Private Employee	09	6.22 ± 5.974		
Self Employed	07	10.71 ± 12.311		
Degree of Freedom (df) = 18				
Family Income	No. of subjects	Mean anxiety score	Chi square	p-value
5000 – 10000	06	00	19.286	0.374 NS, P>0.05
10001 – 15000	04	00		
15001 – 20000	08	00		
Above 20001	12	10.91 ± 9.129		
Degree of Freedom (df) = 18				
Duration of Hospitalization	No. of subjects	Mean anxiety score	Chi square	p-value
One day	10	00	43.776	0.008
Under Graduate	06	00		
Post Graduate and above	01	00		
Degree of Freedom (df) = 24				
Fathers Occupation	No. of subjects	Mean anxiety score	Chi square	p-value
Government Employee	10	00		0.0001
Private Employee	12	0.833 ± 2.886		

Self Employed	05	11.20 ± 1.303	45.815	S, P<0.05
Unemployed	03	21.66 ± 10.115		
Degree of Freedom (df) = 18				
Mothers Occupation	No. of subjects	Mean anxiety score	Chi square	p-value
Home Maker	10	00	20.567	0.302 NS, P>0.05
Government Employee	04	00		
Private Employee	09	6.22 ± 5.974		
Self Employed	07	10.71 ± 12.311		
Degree of Freedom (df) = 18				
Family Income	No. of subjects	Mean anxiety score	Chi square	p-value
5000 – 10000	06	00	19.286	0.374 NS, P>0.05
10001 – 15000	04	00		
15001 – 20000	08	00		
Above 20001	12	10.91 ± 9.129		
Degree of Freedom (df) = 18				
Duration of Hospitalization	No. of subjects	Mean anxiety score	Chi square	p-value
One day	10	00	43.776	0.008
Under Graduate	06	00		
Post Graduate and above	01	00		
Degree of Freedom (df) = 24				
Fathers Occupation	No. of subjects	Mean anxiety score	Chi square	p-value
Government Employee	10	00		0.0001
Private Employee	12	0.833 ± 2.886		

Self Employed	05	11.20 ± 1.303	45.815	S, P<0.05
Unemployed	03	21.66 ± 10.115		
Degree of Freedom (df) = 18				
Mothers Occupation	No. of subjects	Mean anxiety score	Chi square	p-value
Home Maker	10	00	20.567	0.302 NS, P>0.05
Government Employee	04	00		
Private Employee	09	6.22 ± 5.974		
Self Employed	07	10.71 ± 12.311		
Degree of Freedom (df) = 18				
Family Income	No. of subjects	Mean anxiety score	Chi square	p-value
5000 – 10000	06	00	19.286	0.374 NS, P>0.05
10001 – 15000	04	00		
15001 – 20000	08	00		
Above 20001	12	10.91 ± 9.129		
Degree of Freedom (df) = 18				
Duration of Hospitalization	No. of subjects	Mean anxiety score	Chi square	p-value
One day	10	00	43.776	0.008
Two days	05	00		S, P<0.05
Three days	05	00		
Fourth days	07	9.42 ± 4.314		
Above four days	03	21.66 ± 10.115		
Degree of Freedom (df) = 24				
Art therapy of the child during hospitalization	No. subjects of	Mean score anxiety	T Value	p-value
Drawing	09	00		

Clay	05	00	47.304	0.023 S, P<0.05
Thread art	04	00		
Any other	04	2.50 ± 5.00		
None	05	11.20 ± 1.303		
All a, b, c	03	21.66 ± 10.115		
Degree of Freedom (df) = 30				
Previousanxiety regarding art therapy	No. subjects of	Mean score anxiety	Chi square	p-value
Yes	06	00	3.214	0.782 NS, P>0.05
No	24	5.45 ± 8.423		
Degree of Freedom (df) = 6				
Source of art Therapy	No. of subjects	Mean anxiety score	Chi square	p-value
Media	10	00		0.0001
Television	06	00		
Social Media	05	00		
Family and friends	07	10.85 + 1.214	60.000	S, P<0.05
Health Team Members	02	27.50 ± 0.707		
Degree of Freedom (df) = 24				

SECTION F: - ASSOCIATION BETWEEN POST-TEST ANXIETY SCORE REGARDING ART THERAPY ON ANXIETY OF CHILDREN WITH CHRONIC KIDNEY DISEASE IN SELECTED HOSPITAL WITH THEIR SELECTED DEMOGRAPHIC VARIABLE IN CONTROL GROUP

This section dealt with the association of anxiety score of subjects with selected demographic variables.

Table 6: Association of anxiety score of subjects with their selected demographic variables

Age in Years	No. of subjects	Mean anxiety score	Chi square	p-value
7 – 8 Years	11	30.63 ± 10.346	25.370	0.608 NS, P>0.05
9 – 10 Years	13	34.61 ± 15.025		
11 – 12 Years	06	41.00 ± 14.380		

Degree of Freedom (df) = 28				
Gender	No. of subjects	Mean anxiety score	T Value	p-value
Male	13	41.07 ± 13.689	16.425	0.288 NS, P>0.05
Female	17	29.35 ± 11.095		
Degree of Freedom (df) = 14				
Religion	No. of subjects	Mean anxiety score	Chi square	p-value
Hindu	18	29.05 ± 11.694	58.444	0.047 S, P<0.05
Muslim	02	20.50 ± 0.707		
Christian	05	53.40 ± 1.816		
Other	05	40.40 ± 1.341		
Degree of Freedom (df) = 42				
Education of the child	No. of subjects	Mean anxiety score	Chi square	p-value
1st – 2nd Std	05	22.00 ± 1.581	52.875	0.121 NS, P>0.05
3rd – 4th Std	09	50.77 ± 5.472		
5th – 6th Std	12	30.58 ± 10.629		
7th Std	04	24.75 ± 1.707		
Degree of Freedom (df) = 42				
Type of Family	No. of subjects	Mean anxiety score	Chi square	p-value
Nuclear Family	13	40.38 ± 15.569	52.885	0.121 NS, P>0.05
Joint Family	06	41.00 ± 1.095		
Extended Family	08	23.75 ± 7.126		
Single Parent Family	03	24.00 ± 1.000		
Degree of Freedom (df) = 42				

Fathers Education	No. of subjects	Mean anxiety score	Chi square	p-value
Illiterate	07	29.14 ± 12.601	54.274	0.097 NS, P>0.05
Primary Education	07	51.85 ± 5.047		
Secondary Education	10	32.00 ± 11.145		
Under Graduate	06	24.33 ± 1.751		
Post Graduate and above	00	00		
Degree of Freedom (df) = 42				
Mothers Education	No. of subjects	Mean anxiety score	T Value	p-value
Illiterate	05	22.00 ± 1.581	50.768	0.166 NS, P>0.05
Primary Education	11	48.81 ± 6.569		
Secondary Education	09	23.11 ± 2.368		
Under Graduate	05	35.60 + 11.567		
Post Graduate and above	00	00		
Degree of Freedom (df) = 42				
Fathers Occupation	No. of subjects	Mean anxiety score	Chi square	p-value
Government Employee	05	22.00 ± 1.581	51.833	0.142 NS, P>0.05
Private Employee	16	48.81 ± 6.569		
Self Employed	06	23.11 ± 2.368		
Unemployed	03	35.60 ± 11.567		
Degree of Freedom (df) = 42				
Mothers Occupation	No. of subjects	Mean anxiety score	Chi square	p-value

Home Maker	15	40.53 ± 14.421	46.083	0.307 NS, P>0.05
Government Employee	04	40.75 ± 1.258		
Private Employee	07	23.28 ± 7.565		
Self Employed	04	24.75 ± 1.707		
Degree of Freedom (df) = 42				
Family Income	No. of subjects	Mean anxiety score	Chi square	p-value
5000 – 10000	09	35.44 ± 16.00	61.677	0.025 S, P<0.05
10001 – 15000	05	49.60 ± 7.402		
15001 – 20000	11	31.09 ± 10.995		
Above 20001	05	24.80 ± 1.483		
Degree of Freedom (df) = 42				
Duration of Hospitalization	No. of subjects	Mean anxiety score	Chi square	p-value
One day	08	33.12 ± 15.403	54.687	0.091
Two days	08	25.50 + 9.396		NS, P>0.05
Three days	04	24.75 + 1.707		
Fourth days	10	48.50 + 7.153		
Above four days	00	00		
Degree of Freedom (df) = 56				
Art therapy of the child during hospitalization	No. subjects of	Mean anxiety score	T Value	p-value
Drawing	06	27.00 ± 12.328	89.405	0.059 NS, P>0.05
Clay	07	51.85 ± 5.047		
Thread art	01	24.00		
Any other	02	24.00 ± 1.414		
None	07	40.71 ± 1.253		
All a, b, c	07	21.57 ± 3.866		

Degree of Freedom (df) = 70				
Previousanxiety regarding art therapy	No. subjects of	Mean anxiety score	Chi square	p-value
Yes	18	40.55 ± 13.097	15.069	0.373 NS, P>0.05
No	12	25.25 ± 7.557		
Degree of Freedom (df) = 14				
Source of art Therapy	No. of subjects	Mean anxiety score	Chi square	p-value
Media	06	27.00 ± 12.328	60.289	0.323 NS, P>0.05
Television	04	53.00 ± 1.825		
Social Media	07	44.85 ± 6.986		
Family and friends	08	28.25 ± 10.687		
Health Team Members	05	23.80 ± 2.588		
Degree of Freedom (df) = 56				

MAJOR FINDINGS OF THE STUDY

SECTION –A: - DEMOGRAPHIC VARIABLES

Most children in the experimental group (50%) were aged 7–8 years, while the majority in the control group (43.3%) were aged 9–10 years. Few participants belonged to the 11–12 years age group.

Male children constituted the majority in the experimental group (53.3%). Female children were slightly higher in the control group (56.7%).

The majority of participants in both groups belonged to the Hindu religion (60%). Smaller proportions belonged to Muslim, Christian, and other religions.

Most children were studying between 3rd–6th standards in both groups. A smaller proportion of children were studying in 1st–2nd or 7th standard.

Nuclear families were predominant in both groups (50% experimental; 43.3% control). Joint, extended, and single-parent families constituted the remaining participants.

Most fathers had undergraduate education in the experimental group (36.7%) and secondary education in the control group (33.4%). Few fathers had postgraduate education.

The majority of mothers had secondary education in both groups. A small percentage of mothers had undergraduate or postgraduate qualifications.

Most fathers were employed in the private sector (40% experimental; 53.3% control). Smaller proportions were government employees, self-employed, or unemployed.

Most mothers were homemakers, especially in the control group (50%). Others were employed in government, private, or self-employed occupations.

The highest proportion of families in the experimental group had a monthly income above ₹20,001 (40%). In the control group, most families earned between ₹15,001–₹20,000 (36.6%).

Most children stayed in the hospital for 1–4 days. A small proportion of children in the experimental group stayed for more than four days.

Drawing was the most common art therapy activity in the experimental group (30%), while clay therapy and combined art activities were common in the control group (23.3% each).

A higher proportion of children in the experimental group (80%) reported anxiety related to art therapy. In contrast, 60% of the control group had previous experience with art therapy.

Mass media was the major source of information in the experimental group (33.3%). Family and friends were the most common source in the control group (26.7%).

SECTION-B: ASSESSMENT OF PRE-TEST AND POST-TEST LEVEL OF ANXIETY SCORE REGARDING ART THERAPY ON ANXIETY OF CHILDREN WITH CHRONIC KIDNEY DISEASE IN SELECTED HOSPITAL ON EXPERIMENTAL GROUP

Pre Test:

0% of the subjects had no anxiety and mild level of anxiety, 16.7% had moderate level of anxiety, 23.3% had severe level of anxiety and 60% had very severe level of anxiety. Minimum anxiety score in pre-test was 27 and maximum anxiety score in pre-test was 55. Mean anxiety score in pre-test was 45.06 + 9.982.

Post Test:

At the time of posttest, 70% of the subjects had no anxiety, 23.3% had mild level of anxiety, 6.7% had moderate level of anxiety and 0% had severe and very severe level of anxiety. Minimum anxiety score in pre-test was 0 and maximum anxiety score in pre-test was 28. Mean anxiety score in pre-test was 4.36 + 7.823.

SECTION-C: ASSESSMENT OF PRE-TEST AND POST-TEST LEVEL OF ANXIETY SCORE REGARDING ART THERAPY ON ANXIETY OF CHILDREN WITH CHRONIC KIDNEY DISEASE IN SELECTED HOSPITAL ON CONTROL GROUP

Pre Test:

0% of the subjects had no anxiety and mild level of anxiety, 23.3% had moderate level of anxiety, 30% had severe level of anxiety and 46.7% had very severe level of anxiety. Minimum anxiety score in pre-test was 27 and maximum anxiety score in pre-test was 55. Mean anxiety score in pre-test was 42.56 + 10.30.

Post Test:

0% of the subjects had no anxiety and mild level of anxiety, 50% had moderate level of anxiety, 26.7% had severe level of anxiety and 23.3% had very severe level of anxiety. Minimum anxiety score in pre-test was 15 and maximum anxiety score in pre-test was 55. Mean anxiety score in pre-test was 34.43 + 13.43.

SECTION D:- ASSESSMENT OF POST-TEST ANXIETY SCORE REGARDING ART THERAPY ON ANXIETY OF CHILDREN WITH CHRONIC KIDNEY DISEASE IN SELECTED HOSPITAL AMONG EXPERIMENTAL AND CONTROL GROUP.

In experimental group 70% and control group 0% of the subjects had not present any anxiety. Mild score is obtained only in 23.3% of subjects in experimental group where as these 0% of subjects in control group. 6.7% of subjects in experimental group and 50% of subjects in control group had moderate level of anxiety score. 0% of subjects in experimental group and 26.7% of subjects in control group had severe level of anxiety. 0% of subjects in experimental group and 23.3% of subjects in control group had very severe level of anxiety

The post-test means anxiety score of experimental groups was 4.36 with SD 7.823 compared with post-test mean anxiety score of control group which was 34.43 with SD. The tabulated value for t test for 5% level of significance was 2.045. The calculated “t” value i.e. 8.892 are higher than the tabulated value at 5% level of significance for overall anxiety score of subjects which is statistically acceptable level of significance.

SECTION E

ASSOCIATION BETWEEN POST-TEST ANXIETY SCORE REGARDING ART THERAPY ON ANXIETY OF CHILDREN WITH CHRONIC KIDNEY DISEASE IN SELECTED HOSPITAL WITH THEIR SELECTED DEMOGRAPHIC VARIABLE IN EXPERIMENTAL GROUP

The majority of participants were aged 7–10 years in both groups. Age showed no significant association with post-test anxiety scores.

Males predominated in the experimental group, while females were more common in the control group. Gender was not significantly associated with post-test anxiety.

Most participants belonged to the Hindu religion in both groups. Religion had no significant association with post-test anxiety levels.

Most children were studying between 3rd and 6th standards. Child's education showed a significant association with post-test anxiety scores.

Nuclear families constituted the majority in both groups. Type of family was not significantly associated with post-test anxiety.

Most fathers had secondary or undergraduate education. Father's education showed a significant association with post-test anxiety levels.

The majority of mothers had primary or secondary education. Mother's education had no significant association with post-test anxiety.

Most fathers were employed in private or government sectors. Father's occupation was significantly associated with post-test anxiety scores.

Most mothers were homemakers in both groups. Mother's occupation was not significantly associated with post-test anxiety.

Most families belonged to middle-income categories. Family income showed no significant association with post-test anxiety.

Most children were hospitalized for 1–4 days. Duration of hospitalization had a significant association with post-test anxiety levels.

Drawing and clay therapy were the most commonly practiced activities. Type of art therapy showed a significant association with post-test anxiety.

Many children reported previous anxiety regarding art therapy. Previous anxiety had no significant association with post-test anxiety scores.

Mass media and family/friends were the major sources of information. Source of art therapy information was significantly associated with post-test anxiety.

Before intervention, 60% had very severe anxiety, whereas after art therapy, 70% had no anxiety. Mean anxiety score reduced from 45.06 ± 9.98 to 4.36 ± 7.82.

Before intervention, 46.7% had very severe anxiety, and after intervention, most continued to have moderate to very severe anxiety. Mean anxiety score reduced only from 42.56 ± 10.30 to 34.43 ± 13.43.

Post-test results showed 70% of the experimental group had no anxiety compared to 0% in the control group. Art therapy was highly effective in reducing anxiety among children with CKD.

Child's education, father's education, father's occupation, duration of hospitalization, type of art therapy, and source of art therapy information showed significant association with post-test anxiety ($p < 0.05$).

Age, gender, religion, type of family, mother's education, mother's occupation, family income, and previous anxiety regarding art therapy showed no significant association with post-test anxiety ($p > 0.05$).

DISCUSSION

The comparison of post-test anxiety score of experimental group and control group on art therapy on anxiety of children with chronic kidney disease in selected hospital in selected hospital. In experimental group 70% and control group 0% of the subjects had not present any anxiety. Mild score is obtained only in 23.3% of subjects in experimental group where as these 0% of subjects in control group. 6.7% of subjects in

experimental group and 50% of subjects in control group had moderate level of anxiety score. 0% of subjects in experimental group and 26.7% of subjects in control group had severe level of anxiety. 0% of subjects in experimental group and 23.3% of subjects in control group had very severe level of anxiety. Thus, it can be deduced that the experimental group was effective in decreasing the anxiety of subjects regarding art therapy on anxiety of children with chronic kidney disease in selected hospital in selected hospital.

LIMITATIONS

Male and female between the ages 7-12year.

Willing to participate in the study

Admitted in hospital

IMPLICATIONS OF THE STUDY

Nursing Practice

Nurses can incorporate art therapy as a non-pharmacological intervention to reduce anxiety in children with Chronic Kidney Disease (CKD).

Art therapy can help children express their feelings, fears, and emotions related to hospitalization and long-term treatment.

Pediatric nurses can use drawing, painting, coloring, and creative activities during hospitalization to improve emotional well-being.

It promotes a child-friendly environment and enhances nurse-child therapeutic relationships.

Reduction in anxiety may improve treatment compliance and overall quality of care.

Nursing Education

Nursing curricula should include information about complementary and alternative therapies such as art therapy.

Nursing students should be trained in the principles, techniques, and benefits of art therapy for pediatric patients.

Workshops, seminars, and continuing nursing education programs can be conducted to improve nurses' skills in using art therapy.

Educational programs can increase awareness regarding psychological care along with physical care in children with chronic illnesses.

Nursing Administration

Nurse administrators can develop policies and protocols for integrating art therapy into pediatric care settings.

Hospitals can allocate resources such as art materials, activity rooms, and trained personnel for implementing art therapy programs.

Administrators can organize training programs for nursing staff on therapeutic play and art-based interventions.

Incorporating art therapy may improve patient satisfaction and the overall quality of pediatric healthcare services.

Nursing Research

The study provides evidence for the effectiveness of art therapy in reducing anxiety among children with CKD.

Further research can be conducted on larger samples and in different clinical settings to validate findings.

Comparative studies can be undertaken to evaluate art therapy against other anxiety-reduction techniques.

Future research may explore the long-term effects of art therapy on psychological adjustment, coping, and quality of life in chronically ill children.

Findings can contribute to the development of evidence-based nursing practices in pediatric care.

CONCLUSION

After conducting a rigorous research study, it can be conducted that it can be concluded that art therapy has a positive and statistically significant impact on reducing anxiety level in children's with Chronic Kidney Disease. This finding suggests that art therapy can be considered as an effective complementary intervention in the holistic care of pediatric patients with chronic kidney disease.

RECOMMENDATIONS

Experimental studies can be conducted with intervention to improve their knowledge Similar study can be replicated on larger samples there by findings can be generalized to a large population setting.

A comparative study can be conducted in urban and rural areas or urban area

On the basis of the study that had been conducted, certain suggestions are given for future studies.

A similar study can be done on larger sample to validate and generalize the findings.

A similar study can be conducted and evaluated using alternative teaching strategies like video assisted teaching, self-instruction module etc.

A comparative study can be done among rural and urban area knowledge regarding the knowledge and attitude towards dementia among care giver of older adult residing at selected urban area.

An experimental study can be done to assess the public perception about art therapy

A study can be conducted to evaluate the effectiveness of flash cards versus others methods of audio-visual aids.

A study can be done with association between various demographic, which were significant, on large samples.

A study can be conducted on different settings like rural area, Cities...

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