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Puzzle Play Therapy for Hospitalization-Related Anxiety In A Preschool Child With Pneumonia: A Case Report

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ABSTRACT
Background: Hospitalization in preschoolers with pneumonia can trigger anxiety due to unfamiliar environments, medical procedures, limitations in play, and changes in routine. Anxiety can manifest through fear, crying, sleep disturbances, and lack of cooperation. Puzzle play therapy has the potential to distract, reduce anxiety, and increase comfort during hospitalization.
Method: This descriptive case study involved a 6-year-old girl with pneumonia who was treated at the Child Intensive Care Unit (PICU) of the University of Muhammadiyah Malang Hospital. Data were collected through parental interviews, observations, physical examinations, and medical documentation. Anxiety was assessed using the Face Image Scale (FIS). Puzzle therapy was given for 15–20 minutes, accompanied by parents, accompanied by therapeutic communication and explanations according to the child's age. Publication consent was obtained from the patient's parents.
Results: Patient An. H experienced shortness of breath, productive cough, rhonchi, 27 times/minute breathing rate, and 96% oxygen saturation. Patients were afraid of health workers and medical procedures, cried during examinations, woke up frequently, and had limited play activities. After puzzle therapy, patients appeared calmer, cryed less often, were more interested in playing, and were more cooperative. The FIS score showed that the child's anxiety level decreased from 1 (very anxious) on April 13, 2026 to 5 (very calm) on April 18, 2026.
Conclusions: Puzzle play therapy is associated with improved anxiety responses in preschoolers with pneumonia during hospitalization. This therapy can be a complementary nonpharmacological nursing intervention in atraumatic care, with adjustments to the clinical condition and the child's psychological response.

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INTRODUCTION

Preschoolers are a group of children aged 3-6 years, that is, a period in which physical, cognitive, linguistic, social, and emotional growth and development occurs very rapidly. At this stage, children have high curiosity, actively explore the environment, and begin to develop symbolic thinking skills, but do not yet fully understand the causes of the disease and the medical procedures they are undergoing (Herman, 2025).

Hospitalization is a situation where a child has to undergo treatment in a hospital for a certain period of time to get health services (Imeilda Fiteli, Sofiana Nurchayati, 2024). For

preschool-age children, hospitalization is often considered a threatening experience because they have to adapt to an unfamiliar environment, be separated from daily activities, and face various medical measures that are not yet understood. This condition has an impact not only on the physical aspect, but also on the emotional and psychological development of the child, so it often leads to anxiety during hospital treatment (Suleiman, 2020).

Pneumonia is an inflammation of the lung tissue that can occur for several reasons. Microorganisms include fungi, viruses, bacteria, and microbacteria, in addition to that there are also inflammatory diseases in the ducts. Chronic breath can be known because there are signs such as wheezing, tightness in the chest, and cough accompanied by flu symptoms (Yopento & Coastera, 2022). Pneumonia is an inflammation of lung tissue, from the alveoli to the bronchi. Bronchioles that contain a mixture of inflammatory exudates, white blood cells, and bacteria in them (Fajriatu and Ayu 2025).

The burden of pneumonia in children is still a public health concern. Pneumonia causes about 14% of deaths in children under the age of five and more than 700,000 children under the age of five die each year from pneumonia (Putri Wandira Dwiyanti, 2024). In Indonesia, the data listed shows the highest disease distribution in 2026 for pneumonia at 19,484 cases, while based on province, West Java is recorded as the region with the highest number of cases at 4,025. This condition shows that the treatment of pneumonia in children not only needs to be directed at physical and respiratory problems, but also pay attention to psychological aspects during hospitalization (Kementerian Kesehatan Republik Indonesia, 2026; Dahlia et al., 2026).

Anxiety in children during hospitalization is influenced by a variety of factors, such as age, previous hospitalization experience, length of treatment, hospital environment, invasive medical procedures, pain, sound of medical devices, separation from the home environment, and family support (Wulansari, Desy Olivia, Donna Dwi Yudhawati, 2025). Preschoolers who cannot understand the reasons for medical actions may perceive health workers and procedures as something scary. Persistent anxiety can cause the child to become uncooperative in medical procedures and potentially interfere with the healing process. Therefore, atraumatic and family care approaches through therapeutic communication, parent mentoring, and the provision of activities that are appropriate to the child's development are necessary to help reduce negative responses during hospitalization infiren

One of the non-pharmacological interventions that can be used to help reduce children's anxiety is play therapy. Play is a basic need of children that still needs to be facilitated even if the child is undergoing treatment in the hospital (Nuzulullail et al., 2026). Play therapy can help children express emotions, reduce stress, improve coping skills, and maintain emotional, social, cognitive, and motor development. Puzzles are one of the educational games that are suitable for preschoolers because they can stimulate concentration, logical thinking skills, eye and hand coordination, problem-solving skills, and confidence. Puzzle-building activities also serve as a distraction that distracts children from fear of medical actions and the hospital environment (Suleiman, 2020; Mulhayati, 2022).

Several studies show that puzzle play therapy is effective in helping to reduce hospitalization anxiety in preschoolers. Research (Nazarius, Ocean, and Batari 2025) suggests that puzzle play therapy may lower inpatient anxiety and is recommended as a nonpharmacological intervention in pediatric nursing practice. Research Pratama et al. (2025) Children aged 3–6 years also showed a decrease in average anxiety scores from 25.28 before the intervention to 19.19 after the intervention with a statistical test result of $P < 0.001$. Based on the high incidence of pneumonia and the psychological impact of hospitalization on children, the application of puzzle play therapy as part of an atraumatic treatment approach is important to help reduce anxiety in preschoolers with pneumonia during treatment in the PICU room (Hardiyantika & Yuniartika, 2026).

METHODS

This study uses a case study method with a descriptive approach that focuses on the application of nursing care processes (Ilhami et al., 2024). This case study is conducted comprehensively through the stages of the nursing process which includes assessment, nursing

diagnosis, intervention planning, implementation, and evaluation of nursing. The main focus of this case study is the application of puzzle play therapy as a non-pharmacological nursing intervention to reduce anxiety levels in preschoolers who experience pneumonia during hospitalization (Hendrik, 2024).

The subject in this case study is a preschooler (3-6) years old with a diagnosis of pneumonia media who underwent treatment in the PICU room of the University of Muhammadiyah Malang Hospital and experienced inpatient anxiety (Aziz et al., 2023). This case was selected based on its suitability for the purpose of the study, which is to describe the application of puzzle play therapy as a non-pharmacological nursing intervention to help reduce anxiety in preschoolers during hospitalization. Case feasibility is considered based on the patient's clinical condition. The presence of signs of anxiety and the patient's ability to participate in play interventions. Case feasibility considerations are determined based on the following inclusion and exclusion criteria (Nugraha, 2022).

Inclusion criteria include (Malik et al., 2025):

1. Children aged 3–6 years (preschool age).
2. Get a medical diagnosis of pneumonia based on the results of a doctor's examination.
3. Experiencing anxiety during hospitalization as indicated through nursing assessment results or emergency assessment instruments.
4. The general condition of the patient is stable so that it is possible to follow puzzle play therapy.
5. The parents or legal guardians have received an explanation regarding the child's participation in the case study and the purpose of publishing the case report, including the use of clinical information and materials that could potentially identify the patient. Consent has been provided by the parents or legal guardians following the delivery and understanding of this explanation.

Meanwhile, the exclusion criteria include:

1. Children with impaired consciousness or critical conditions that do not allow participation in play therapy.
2. Children who have severe neurological disorders or developmental disorders that hinder the implementation of puzzle play therapy.
3. Parents or guardians do not provide consent for participation in the case study.

Data collection in this case study was carried out comprehensively to obtain information about the patient's condition before, during, and after the application of puzzle play therapy. The data collection techniques used include (Luh et al., 2026):

1. Interview

   Interviews are conducted with the patient's parents or guardians to obtain information about the patient's identity, medical history, current disease history, previous disease history, immunization history, growth and developmental history, and the child's psychological response during hospitalization.
2. Observations

   Observations were made directly on the patient's condition during treatment. The observed data included general condition, level of consciousness, breathing pattern, breathing frequency, use of breathing support muscles, chest wall retraction, oxygen saturation, facial expressions, children's behavior, and anxiety levels before and after undergoing puzzle play therapy using the Face Image Scale (FIS).
3. Physical examination

   The physical examination is carried out with a head-to-toe approach and focuses on the respiratory system. The examination includes inspection, palpation, percussion, and auscultation to determine the patient's respiratory condition, the presence of additional breathing sounds, and the development of clinical conditions during nursing care.

4. Documentation Studies

The documentation study was carried out by examining the patient's medical records to obtain information about the medical diagnosis, the results of supporting examinations, medical therapy, and the development of clinical conditions during treatment. In this case, the patient was diagnosed with pneumonia with complaints of shortness of breath and productive cough. The results of the study showed a respiratory rate of 27 times/minute, oxygen saturation of 96%, and additional breathing sound in the form of ronki. Thoracic photo examination has also been carried out as part of the supporting examination. In addition to clinical data, documentation was used to support the evaluation of nursing interventions in the form of puzzle play therapy. Pratama et al. (2025) reported a decrease in anxiety scores in preschool-aged children after being given puzzle play therapy, so that it became a supporting reference in the discussion of this intervention.

RESULTS

Overview of Patient Conditions

The examination was carried out on a 6-year-old preschooler who was a pediatric patient with a medical diagnosis of pneumonia who experienced respiratory system problems and psychological responses to sick conditions and the hospital environment. The patient came with the main complaint of shortness of breath accompanied by coughing. Based on the results of the study, the patient had a respiratory rate of 27 times/minute and oxygen saturation of 96%. On the respiratory examination, a productive cough and additional breathing sounds were found in the form of ronki. The patient has also undergone a thoracic photo examination as part of the supporting examination.

In addition to physical problems, psychological problems were found during hospitalization. Patients showed fear of healthcare workers and medical procedures, cried during examinations, and experienced sleep disturbances in the form of frequent wakefulness. The patient's play activities were also limited during treatment. Based on this data, one of the nursing problems that focused on was Anxiety (D.0080).

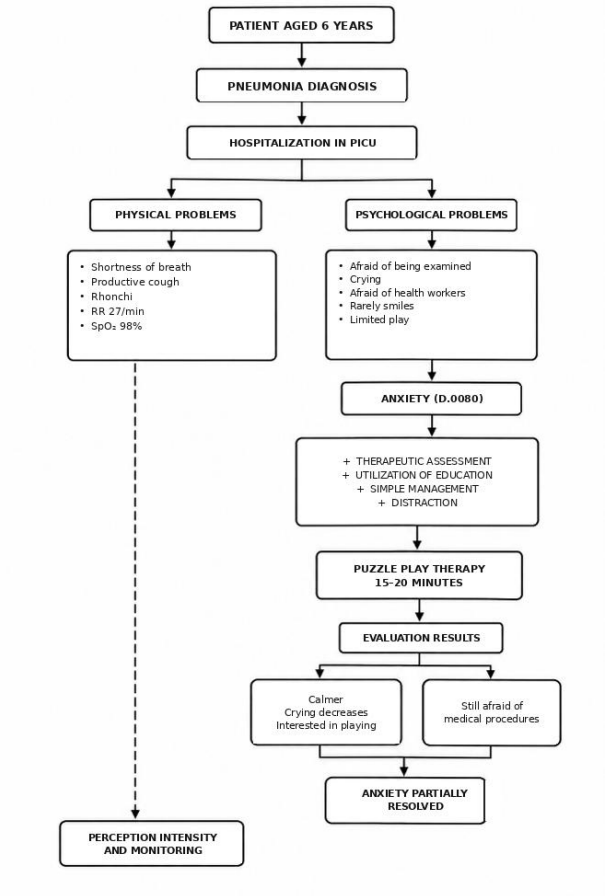
Table 1. Summary of Patien Assessment Result

Aspects learned	Study results
Patient's initials	An. H
Age	6 years
Gender	Women
Medical diagnosis	pneumonia
Treatment room	Pediatric Intensive Care Unit (PICU), University of Muhammadiyah Malang Hospital
Main complaints	Shortness of Breath
Accompanying complaints	Productive cough
Respiratory frequency	27 times/min
Oxygen saturation	96%
Breath sound	ronki
Response to the inspection	Crying and showing fear
Response to healthcare workers/medical procedures	Showing Fear
Sleep patterns	Frequent awakening during hospitalization
Play activities	Limited during hospitalization
Nursing diagnosis 1	Breathway Clearance is ineffective (D.0001)
Nursing Diagonosis 2	Ineffective breathing patterns (D.0005)
Nursing Diagnosis 3	Ansietas (D.0080)

The results of the assessment on An. H, a 6-year-old girl with a medical diagnosis of pneumonia who was treated in the Children's PACU room of UMM Hospital, showed physical and psychological problems during hospitalization. The patient's main complaint was shortness of breath accompanied by a productive cough, with the results of the examination showing a

respiratory rate of 27 times/minute, SpO_2 96%, and it was found that the sound of the ronic breath and the patient had undergone a thoracic photographic examination. In addition to physical problems, psychological responses were found in the form of fear of health workers and medical procedures, crying during the examination, frequent waking sleep, and limited play activities during treatment. These conditions became the basis for determining nursing diagnoses such as Ineffective Airway Clearance (D.0001), Ineffective Breathing Patterns (D.0005), and Anxiety (D.0080), with anxiety related to situational crises due to medical procedures and hospital environment.

Diagram 1. Implementasi of Interventions



The intervention application diagram depicts the flow of treatment in An. H, which began with pneumonia and hospitalization in the NICU room, and psychological problems were later found in the form of fear of examinations, crying, fear of health workers and medical procedures, frequent waking sleep, and limited play activities. This response supported the determination of the diagnosis of Anxiety (D.0080) so that a therapeutic approach was provided through gentle and age-appropriate communication, maternal assistance, simple explanations before acting, and distractions using puzzle play therapy. Puzzle play therapy was conducted for 15–20 minutes with the help of parents/caregivers in an effort to distract the patient from the situation that caused the fear. After the intervention, the patient appeared calmer, cried less, and began to be interested in playing, although the patient still showed fear so that the results of the anxiety evaluation were declared partially complete.

Facial Image Scale Measurement Result

The study was conducted on An. H, a 6-year-old girl with a medical diagnosis of pneumonia who was treated in the PICU room of the University of Muhammadiyah Malang Hospital. The patient experienced shortness of breath and productive cough. The results of the examination showed a respiratory rate of 27 times/minute, oxygen saturation of 96%, and an additional

breathing sound in the form of ronki. Thoracic photo examination has been carried out as a supporting examination, but detailed diagnostic results need to be included based on the patient's medical documentation. In the psychological aspect, patients showed fear of health workers and medical procedures, cried during the examination, often woke up when sleeping, and had limited play activities. These findings became the basis for focusing nursing interventions on anxiety problems (D.0080), without neglecting the management of pneumonia according to the patient's clinical condition.

During the observation period of 13–18 April 2026, puzzle-based play therapy was applied as a non-pharmacological nursing intervention. Each session lasted 15–20 minutes with the assistance of parents or caregivers. The implementation of the intervention was accompanied by therapeutic communication and simple explanations adjusted to the child's age. Evaluation was carried out through observations of facial expressions, crying behavior, calmness, interest in play, and the ability to interact with health workers. Anxiety levels were also assessed using the Face Image Scale (FIS), a pictorial assessment tool for children's anxiety that uses facial expressions to represent different anxiety levels (Barry et al., 2025).

On April 13, 2026, patients showed fear of health workers, cried when examined, appeared restless, and often woke up in sleep. On April 14, 2026, patients began to show interest in participating in play activities and did not cry constantly. The mother's presence during treatment also provided emotional support. On April 15, 2026, patients began to concentrate on games, follow simple instructions, and appear calmer. The frequency of crying when approached by nurses was also reported to be reduced compared to the initial condition.

On April 16, 2026, patients showed greater interest in games, were able to maintain attention, and showed more positive facial expressions. Fear responses to health workers also appeared to decrease. On April 17, 2026, patients began to exhibit more cooperative behavior, easier interaction, and less easily crying when approached by nurses. By April 18, 2026, patients appeared calmer, were able to participate in play activities, and showed better cooperation when interacting with healthcare workers. These changes were the result of behavioral observations during treatment and needed to be read together with the results of verified FIS measurements.

To complete the chronology according to CARE guidelines, information regarding the main medical therapy for pneumonia, the results of the supporting examination, the date of hospital discharge or follow-up, and the patient's condition at the end of treatment need to be added based on the medical record. Thus, the patient's clinical journey and response to the intervention can be described in its entirety without concluding that the observed changes were caused only by the puzzle play therapy.

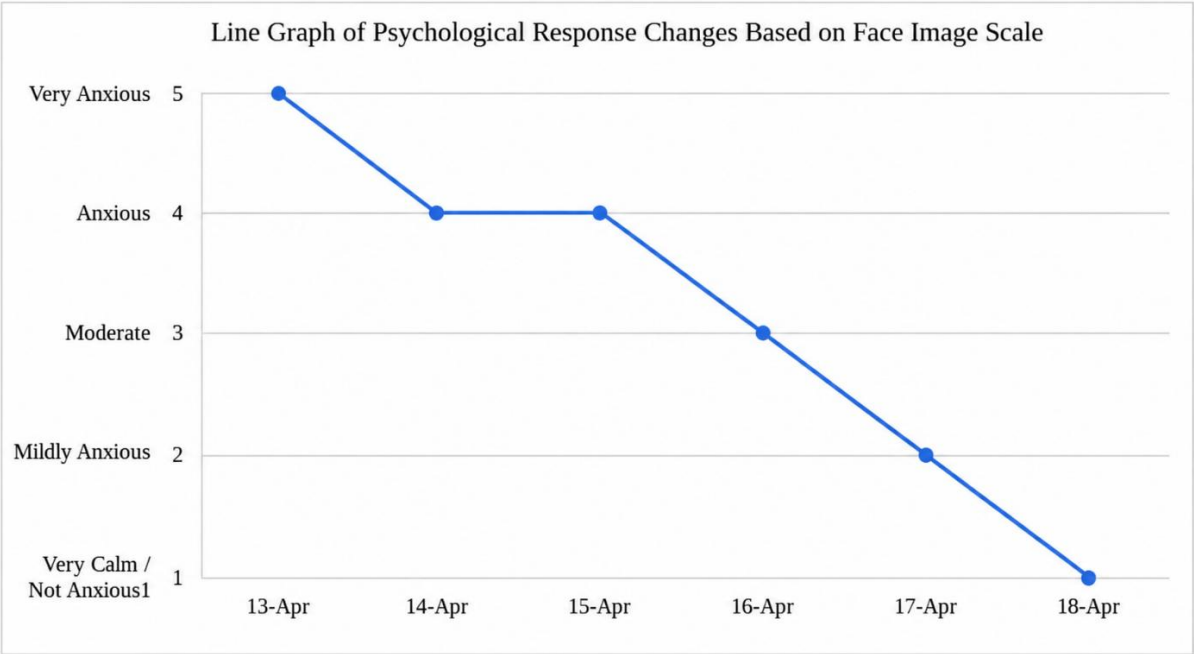
Table 2. Implementation of puzzle play therapy and patient response

Date	FIS Score	Interpretation
April 13, 2026	5	Very anx
April 13, 2026	4	Anxious
April 13, 2026	4	Anxious
April 13, 2026	3	Moderate Anxiety
April 13, 2026	2	Low anxiety
April 13, 2026	1	Very calm or not anxious

Source: Sabbagh, 2025.

Based on Face Image Scale (FIS) measurements taken between April 13 and April 18, 2026, a gradual change was observed in the child's (An. H) anxiety level. At the initial assessment on April 13, the anxiety score was 5 (very anxious); it then decreased to 4 (anxious) on April 14 and remained at that same level on April 15. Subsequently, the score dropped to 3 (moderate) on April 16, to 2 (slightly anxious) on April 17, and finally reached 1 (very calm/not anxious) on April 18. These changes indicate that the child's anxiety level progressively decreased and their psychological state became increasingly calm throughout the observation period.

Diagram 1. Implementasi of Interventions



Based on the graph of changes in psychological response—measured using the Face Image Scale (FIS)—the score shifted from 1 on April 13 to 5 on April 18, 2026; this indicates a decrease in the child's anxiety level and a shift toward a calmer psychological state throughout the observation period.

Table 3. Changes in Patients' Psychological Responses Before and After Puzzle Play Therapy Interventions

Nope.	Aspects of Psychological Response	Before Intervention	After the Intervention	Changes
1	Anxiety levels	The child shows anxiety about the condition of the hospitalization, examination, and medical procedures.	The child appears calmer after being disturbed through puzzle play therapy.	Anxiety tends to decrease
2	Fear of health workers	Children feel afraid when approached or examined by health workers.	Children still show fear, but can participate in play activities and are more accepting of the presence of nurses.	Reduces fear
3	Crying response	Children cry when examined or face medical procedures.	The frequency of crying is reduced and the child appears calmer during the activity.	Decreased crying response
4	Concentration/attention	Children's attention is more focused on the hospital environment and medical measures that cause fear.	Attention can be diverted to puzzles and children show interest in the game.	Concentration on positive activity increases
5	Expression and calmness	Children show emotional responses in the form of fear and anxiety.	His expression is more positive and his condition seems calmer while playing.	Improved emotional state

Nope.	Aspects of Psychological Response	Before Intervention	After the Intervention	Changes
6	Cooperation	Children need help when dealing with breastfeeding examinations and actions.	Children are more able to participate in play activities and are more cooperative.	Increased cooperation
7	Sleep/comfort	Sleep is often awakened while hospitalized.	After the intervention, the child shows a more comfortable psychological state, although the fear has not completely disappeared.	Increased comfort
8	Response to puzzle therapy	I've never been given play therapy as a distraction.	Children show interest in puzzles and become calmer during activities.	Positive response to intervention

Based on Table 3, there were changes in psychological responses An. H during the implementation of the nursing intervention which included puzzle play therapy, therapeutic communication, parental assistance, and age-appropriate explanations. Before the intervention, patients showed fear of health workers and medical procedures, cried during examinations, and often woke up while sleeping. During the intervention period, patients appeared calmer, showed increased interest in play activities, were able to focus on games, and became more cooperative when interacting with health workers. Nevertheless, patients still showed fear of certain situations. These changes described improvements in psychological responses observed during the treatment process. However, because several nursing approaches were administered simultaneously, these changes could not be specifically attributed to puzzle play therapy alone. Parents' perspectives on changes in children's comfort during hospitalization should also be considered if the information was available in the interview results.

Facial Image Scale Measurement Result

Nursing interventions for anxiety problems are carried out with a therapeutic approach using age-appropriate communication, maternal assistance, simple explanations before actions, and distractions through puzzle play activities. Puzzle therapy is given for 15–20 minutes with the help of parents. Interventions are carried out taking into account the child's condition and do not replace medical therapy given for pneumonia problems

Puzzle play therapy is used as a medium to distract the patient from the hospital environment and medical procedures that can cause fear. During play activities, patients are directed to focus on putting together puzzles so that their attention is not completely focused on the medical procedure. Maternal assistance is also provided to create a sense of security and help the patient follow the play activities.

DISCUSSION

Rating

The assessment on An. H was carried out on April 13, 2026 in the Children's PICU room of UMM Hospital. An. H is a 6-year-old girl with a medical diagnosis of pneumonia. The results of the study showed that there were problems with the respiratory system in the form of a productive cough, additional breathing sound of ronchi, a respiratory rate of 27 times/minute, and oxygen saturation of 96%. The patient has also undergone a thoracic photo examination as one of the supporting examinations. The findings are in accordance with the condition of pneumonia in children which can be accompanied by coughing, breathing difficulties, increased breathing frequency, and changes in breathing sound. Assessment of respiratory outcomes, breathing effort, oxygenation, and auscultation are important parts in determining the condition of children with pneumonia.

In addition to respiratory problems, studies show psychological responses to hospitalization. An. H shows fear of health workers and medical procedures, cries when examined, and wakes up frequently. This condition describes the presence of an anxiety response during

hospitalization. This response corresponds to the characteristics of preschoolers who still have limited coping skills and have not fully understood the medical procedures performed. Unfamiliar hospital environments, examinations, and hospitalization experiences can reinforce children's fear of health workers and treatment measures (Herman, 2025; Ginting et al., 2024).

Nursing Diagnosis

Based on the results of the study, three nursing diagnoses were determined in An. H, namely Ineffective Airway Clearance (D.0001) which is associated with retained secretions characterized by ronchi and cough, Ineffective Breathing Pattern (D.0005) which is associated with obstruction of breathing efforts characterized by tahypnea with a respiratory rate of 27 times/minute, and Anxiety (D.0080) related to situational crises due to medical procedures and hospital environment which is characterized by patients crying when examined and often staying asleep. All three diagnoses were determined based on actual data found in An. H and adjusted to the patient's clinical condition.

The diagnosis of Ineffective Airway Clearance is supported by the presence of a productive cough and additional breathing sounds in the form of ronchi. In pneumonia, inflammatory processes in the respiratory tract can lead to increased production of secretions so the child's ability to clear the airways needs to be considered. The diagnosis of Ineffective Breathing Pattern is supported by a 27 times/minute breath rate so monitoring of frequency and breathing patterns is essential. Meanwhile, the diagnosis of Anxiety is supported by the psychological response of An. H in the form of crying when examined, frequent waking sleep, and fear of health workers. Thus, the three diagnoses describe real problems found based on the results of patient assessments.

Nursing Intervention

Nursing interventions in An. H are organized based on the three diagnoses found. In Ineffective Airway Cleaning, additional monitoring of breath sounds, warm drinking, chest physiotherapy in the form of percussion and vibration, and effective cough exercises are performed. Interventions are tailored to the condition of patients experiencing coughing and productive coughing. Monitoring of breath sounds and coughing abilities aims to determine the development of secretions, while chest physiotherapy and effective cough exercises are directed to assist in the mobilization and removal of respiratory secretions (Pasaribu et al., 2026).

In the diagnosis of Ineffective Breathing Patterns, interventions were given in the form of monitoring of respiratory frequency and effort, regulation of semi-Fowler position, and monitoring of oxygen saturation. Interventions were selected based on initial findings in the form of a 27 times/minute breathing rate. A semi-Fowler position of approximately 30–45° was used to increase comfort and help support lung expansion, while respiratory monitoring was performed to determine changes in the patient's respiratory status. This intervention corresponds to the needs of respiratory monitoring and airway management in children with respiratory disorders.

In the diagnosis of anxiety, interventions are directed to reduce anxiety through therapeutic approaches with a gentle and unhurried tone, maternal assistance, simple explanations before action, as well as the use of distractions through puzzle play therapy. The application of play therapy is carried out in a comfortable setting and involves parents and caregivers. Puzzles are chosen as activities that suit the child's abilities and are used to distract from fear of examinations, health workers, and the hospital environment. This approach is in accordance with the principles of atraumatic care and family-centered care that places the comfort and emotional support of the child as an important part of the nursing process (Nazarius, Ocean, & Batari, 2025; Pratama, 2025).

Nursing Intervention

The implementation of treatment in An. H was carried out in accordance with the planned intervention and adjusted to the patient's condition. In the diagnosis of ineffective airway cleaning, breathing sounds, warm drinking, applause and vibrations, as well as effective coughing exercises were performed. After the action, the patient's mother said that the child could expel

phlegm even though it was still small. Objectively, it was found that there was a productive cough and rhode. This condition showed the development of the patient's ability to expel fluids, but the process of clearing the airways was not optimal so the intervention still needed to be continued.

In the diagnosis of Ineffective Breathing Patterns, monitoring of breathing frequency and effort, setting of semi-Fowler position around 30–45°, and monitoring of oxygen saturation. After action, the respiratory rate of An. H became 25 times/minute and oxygen saturation reached 95%. The patient also appeared more comfortable and was able to play with his sibling. These changes showed a positive response to nursing measures, although respiratory status still required periodic monitoring. Thus, the problem of Ineffective Breathing Pattern was considered partially resolved because all outcome criteria had not been optimally achieved.

In the diagnosis of anxiety, the implementation is carried out through a therapeutic approach using a soft and unhurried tone of voice, involving the mother accompanying the patient, providing a simple explanation before the action, and providing distraction through puzzle play therapy. Puzzle therapy is given according to the child's ability with assistance during the activity. The purpose of giving the puzzle is to distract An. H from fear of examinations, health workers, and the hospital environment. During the activity, An. H shows interest in play and appears calmer. This condition suggests that play activities can be a distraction medium that helps children control emotional responses during hospitalization.

CONCLUSION

The application of puzzle play therapy in An. H, a 6-year-old child with pneumonia which was the application of puzzle play therapy in An. H, a 6-year-old girl with pneumonia who was treated in the PIKU ROOM OF UMM HOSPITAL, showed positive changes in anxiety responses during the treatment process. In the initial condition, the patient showed signs of anxiety in the form of fear of health workers and medical procedures, crying during examinations, frequent waking up while sleeping, and limited play activities. These conditions supported the determination of a nursing diagnosis of Anxiety (D.0080) associated with situational crises due to medical procedures and the hospital environment.

Puzzle-based play therapy—administered for 15–20 minutes with the support of parents and caregivers, and incorporating therapeutic communication and simple explanations before the procedure—helped distract patients from anxiety-triggering stimuli. During the observation period of April 13–18, 2026, patients' psychological responses showed gradual improvement, characterized by reduced crying and fear, increased interest in games, improved focus ability, more positive attitudes, and better cooperation with healthcare workers. Face Image Scale (FIS) measurements also showed an improvement in scores, increasing from 1 on April 13 to 5 on April 18, 2026. Thus, FIS observations during this period showed a decrease in anxiety, accompanied by increased comfort and adaptability in children during hospitalization.

The final evaluation showed a positive change in the psychological response of An. H, a 6-year-old child with pneumonia, during hospitalization. Patients appeared calmer, the frequency of crying decreased, interest in play activities increased, and cooperation during examinations and nursing actions improved. These changes were observed during the application of puzzle play therapy accompanied by therapeutic communication, parental mentoring, and age-appropriate explanations. However, because multiple nursing approaches were administered simultaneously, the specific contribution of puzzle play therapy to these changes could not be ascertained, nor could the relationship between changes in anxiety and patients' respiratory conditions. This case study provides a clinical overview of the use of puzzle play therapy as part of an atraumatic nursing approach, but controlled studies with a larger number of participants are needed to evaluate the effectiveness of the intervention.

Author's Contribution Statement: Della Fernanda Puspita Putri, study conceptualization, methodology preparation, data collection, implementation of nursing care and puzzle play therapy, data analysis, interpretation of results, preparation of initial manuscripts, as well as revision and completion of article manuscripts. The author is responsible for the overall content of the article and ensures that the data and information presented are in accordance with the results of the case study.

Conflict of Interest: The author declares that there is no conflict of interest in the conduct of the case study, preparation, or publication of this article.

Ethical Approval: Consent has been obtained from the patient's parents or legal guardians, serving as authorization for the conduct of this case study.

Use of Artificial Intelligence: OpenAI's ChatGPT is used as an aid in the process of language editing, improving sentence structure, and improving the clarity of academic writing. The tool is not used to generate patient clinical data. The author is responsible for checking the accuracy of the information, interpreting the results, and the final content of the article.

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