

Hospital Play Programs in the Case of a 4-year-old Female with Neuroblastoma  
- A Case Study throughout 9 months' Hospitalization -

Mika Oyamada M.D.  
(Pediatrics Department, Akita University Hospital)

**【Introduction】**

A Hospital Play Specialist (hereinafter referred to as HPS) is a professional to support children in hospital through play programs, in order for children to undergo medical treatments smoothly. There are, however, very few medical facilities in Japan that understand the work of HPS. As it stands now, there are few places for HPS to exercise their full potential. In our hospital, we organized a developmental support group in 2010 consisting of a pediatrician (the author of this article, who later obtained a certificate to practice play programs as HPS), a clinical psychologist and children's nurses. It was concerned as a pediatric project to promote the awareness of healthcare professionals regarding the areas of shortage of physicians set by the Ministry of Education, Culture, Sports, Science and Technology. In the project, we have provided support for children through play programs based on the understanding of the importance of play in hospital. Even after the end of the three-year project, the activities have been continuously practiced in our hospital. Surprisingly enough, even this environment where playing in hospital seems well accepted, the concept of HPS is still not acknowledged enough and it seems a long way to go. With our efforts, however, it is slowly but surely that healthcare staffs who understand the work of HPS are increasing and a few request HPS to practice play programs for their patients.

In this article, a case is reported where HPS was involved with a patient from the start of her hospitalization upon request from the patient's attending doctor. This case is a good example of introducing hospital play programs, since it was a case where HPS had provided consistent support throughout one's hospitalization, including private support during chemotherapy, group playing in a playroom, distractions during treatments, and preparation for an operation and radiation therapy.

**【The case】**

A-chan, Female, 4 years and a month at admission.

Name of disease: Infantile neuroblastoma

Current medical history: In February XX (day), A-chan was hospitalized due to her left thigh pain and a fever. She was diagnosed as having purulent hip arthritis in her left thigh and underwent an incisional drainage under general anesthesia. Since her condition relapsed repeatedly under the course of antibiotics, a bone marrow puncture was performed and the result indicated that she was likely to have acute lymphatic leukemia. She was then transferred to a hospital where her condition was suspected to be Infantile neuroblastoma, and she was finally transferred to our hospital.

Current medical status: 36.7C. Swollen left superior tarsal plate associated with bleeding. Having pain in her left hip and joint pain in her right leg.

## Case Studies of Hospital Play in Japan No.1

Pathological condition: Primary tumor is seen in right adrenal gland. Tumor-masses are seen intermittently within the vertebral canal of thoracolumbar spine. Images showing accumulation considered as metastases are in her skull, thoracic spine, and lumbar spine. Stage 4. Restriction on movement (walking is not allowed at the moment).

Development: Though a precise developmental test was not given due to the restriction on movement at her admission to the hospital, she indicated development appropriate to her age. When K's developmental test was given at the age of 4 years and 9 months, the result indicated that the girl's developmental level was appropriate to her age: DQ 100 (4 years and 9 months) on cognition and adaptation, DQ 96 (4 years and 7 months) on language and social ability, DQ 98 (4 years and 8 months) on general abilities.

Family: Parents and an older sister (8 y/o). A-chan was going to a kindergarten from X (month). Both parents were working full time. During the first half of her hospitalization, parents and mother's parents visited hospital to take care of the girl in rotation. 4 months after the hospitalization, however, the girl's mother took leave and stayed primarily with A-chan. Father visited her once a week.

### 【A-chan's status in hospital and the work of HPS】

#### 1. The first day of the hospital

When a doctor informed us "A 4-year old girl with infantile neuroblastoma is going to be transferred from another hospital now", we requested to provide her our support at arrival. Our request was approved.

The girl was lying on a stretcher when she arrived at the hospital. Doctors and nurses left the treatment room to gather information from the previous attending doctor, who came along with the girl. Her parents were not with her, since they were busy with administration procedures. The girl, obviously nervous at arrival, was now almost crying when paramedics moved her to a medical table. When we greeted her, however, she looked at us without starting to cry. We introduced ourselves as "play people" and asked her some questions about the rabbit doll in her arms and about her favorite play. At measurement of her body temperature and blood pressure, and while a doctor examined her, we practiced a distraction using a whirling luminous pen (Fig. 1). The girl was playing with the pen and smiled while approaching it to HPS. Her parents visited her when they finished the administrative procedures, but left again with her attending doctor. When HPS showed her a children's book "I Spy (by Walter Wick)", she said "I've done this before" and read it together with HPS. She was initially talking quietly, but her voice grew gradually stronger while playing "I Spy", and another sign of getting used to HPS was by touching her arm. We spent 50 minutes together, until her parents came back to the room.



Figure 1. A whirling luminous pen that the girl requested to use during distraction

## Case Studies of Hospital Play in Japan No.1

### 2. The beginning of hospitalization (A-chan's choice, a plan for play)

#### 1) Day 1 (A day after admission)

When we entered her room in the morning, she was about to draw a picture. We told her and her mother that we visited her for play and sat beside her with permission. We brought a Kiwanis doll that HPS made (materials were provided by Kiwanis Club of Sendai) and showed her. Since A-chan said she would like to have it herself, we brought three Kiwanis dolls and asked her to choose the one that looked most like her. She chose one with no hesitation. She completed a doll with many colors. When we visited a day after, the doll had a face on its backside as well and her name was written. She said she added those new features during the night. She smiled with satisfaction when praised by HPS (Fig.2 and 3).

#### ○Impression and characteristics of the girl

- She seemed shy around strangers, but she was an active child by nature (according to her parents)
- She was able to express clearly what she wanted. Ex. "I wasn't to do it myself"
- If there was something which she couldn't do herself, she would ask for help (ex. to HPS)
- She was having continuous pain because of her disease
- She was afraid of treatments. Her mother said that the girl was easy to scare

#### ○Goals, considering her characteristics and conditions

- To let the girl do what she can do during play, so that she can feel a sense of achievement
- To provide fun events for her
- To reduce her anxieties and distresses

#### ○Plans for play

- To play with her on a daily basis and to decide the kind of play, depending on her conditions
- When at rest, to visit her privately and to play with her beside her bed
- Once her condition stabilized, to encourage her to play in a playroom and to increase play with a group
- Upon treatments and examination, to practice preparations and distractions

#### ○Parents and support for them

- Her parents did not really show their feelings to anyone. They often treated their daughter in a matter-of-fact way
- To reduce the parents' burden of looking after their daughter for a long time, our attempt was to get close to their daughter and to act as a daycare nurse when possible
- From X (month), a clinical psychologist would practice counseling of her mother once a month

#### ○Support for a sibling

- When a sibling visited her sister, to play with the sister as well, in order to understand her feelings
- During the early phase of hospitalization, to talk about her family with the sister, especially her mother and her younger sister (A-chan)

## Case Studies of Hospital Play in Japan No.1

The girl's mother was given psychological counseling 8 times during X + 8 months. We encouraged the family to have a break (such as taking a shower or going for a grocery shopping) while HPS was playing with their daughter. The girl's sister seldom had a chance to interact with HPS since she could visit her younger sister only after their parents finished work, or during weekends. During the initial phase of the girl's hospitalization, however, HPS played with the sister privately using "Sticker Art (provided by PLAZASTYLE COMPANY)" and other toys. While playing, HPS told the sister that people were concerned about her just as much as her younger sister, and HPS were willing to support her too. HPS also told the mother about possible issues (is this within the boundaries of the HPS role ?) that could have happened during their daughter's hospitalization and discussed how to deal with such situations in a timely manner. We occasionally asked about family situations, but there seemed to be no issue or concern newly raised during their daughter's hospital stay.



Figure 2,3 Kiwanis doll that the girl made a day after admission

### 2) Following days

When shown a strap made of paper, A-chan wanted to make it by herself. Soon she learnt how to make it and enjoyed making her own handicraft. She was enjoying working with play dough and cutting it with a pallet (Fig. 4). HPS let out the play dough and the pallet for her during weekends when HPS were absent.



Figure 4. Figures made by play dough

### 3) The Second Week

A-chan underwent surgery for central intravenous catheters (BROVIACR) and for biopsy. HPS was not allowed to accompany her during the surgery since coordination with the pediatric department was not ready yet at the time. HPS had a private playtime with her before and after the surgery. The morning after the surgery, HPS obtained permission from the mother and a pediatrician to accompany A-chan while she received a treatment in a treatment room. When HPS entered the room as her mother left, A-chan was screaming on the medical table. When HPS held her hand and told her "I'm with you", the girl looked at HPS and nodded. HPS tried to distract her attention from the treatment by using the

luminous pen that was used on the first day of admission. It was not easy for her to look away from her chest, but eventually she listened to HPS who encouraged her and said “let’s play with this pen and you will get power”. She completed the treatment. While the pediatrician was preparing for blood sampling, HPS was showing A-chan a children’s book. Penguin Race (Fig. 5) was shown to her when a syringe needle was inserted to her arm. Though she was crying, she did not refuse it. Unfortunately, the first attempt at blood sampling failed, and it was tried using her other arm. She cried again, but was able to ask to the pediatrician “Only one more time?” by herself. The luminous pen and the Penguin Race were used as distractions. The girl cried when punctured, but she soon stopped. The luminous pen had become a necessary item for her to encourage herself. After this treatment, her attending doctor had started requesting HPS to practice distractions during treatments.

At her bedside, we made little toys from a plastic bottle (Fig. 6), with play dough, slime and beads (Fig. 7). The toy using a plastic bottle was filled with polyvinyl alcohol (PVA), beads and spangles. When it was shaken, it was fun to see the particles in the bottle slowly falling to the bottom. The bottle toy was also useful for distractions.



Figure 5 Penguin Race



Figure 6. A toy made from a plastic bottle



Figure 7. The first bead craft

#### 4) The Third Week

During this period, she was having severe pain in her pelvis. Though she very much disliked a suppository as a sedative, she did it with (coped with it through) distractions, including relaxation breathing. It was sometimes seen that her father was trying to divert her attention from the treatment by using the plastic bottle toy that the girl made the previous week. The first chemotherapy was given. The pain was almost completely gone on the following day. She was able to walk X + a month later and the restriction on movement was lifted.

### 3. Periodic Chemotherapy

Chemotherapy was given once a month, 4 more times until X + 4 months. During the period, A-chan frequently had to undergo blood sampling. Adverse effects, such as nausea and vomiting, were not prominent, but she had severe myelosuppression that had forced her to stay in bed with an air purifier for nearly two weeks. Though she had to play in her bed during such times, she was encouraged to play in a playroom when possible. Though there were times when HPS could not use the playroom, the HPS played in her room since the girl requested to play with HPS at her bedside.

Though she always cried at blood sampling, A-chan tried to divert her attention by using the luminous pen. After some trial and error with HPS, A-chan decided the way to take blood sampling was as follows : 1) to have HPS, but not her parents, in the treatment room, 2) to take blood sampling while sitting and holding HPS's hand, 3) to play with distraction tools while waiting, and 4) to watch the whole procedure of blood sampling. Thereafter, A-chan was able to take blood sampling calmly, without crying. HPS also tried to have playtime with her before and after the treatment. X + 2 months later, she even smiled during blood sampling. X + 3 months later, she said to HPS " it doesn't hurt at all".

At the same time, A-chan underwent MRI and a bone marrow puncture. Since these treatments were done under general anesthesia, a distraction was not performed. A preparation was given before MRI by a question-and-answer process. Though HPS prepared figures and dolls for her, they were not used because A-chan said that she would feel scared to see them. Later, her attending doctor reported to HPS that she had gone through CT scan without anesthesia, at her request. A-chan said to HPS " I was able to do it because I knew the doctor and nurses were supporting me".

Constipation occurred from X + 3 months and she started taking powdered laxative, which she disliked very much. She made "I did it!" Cards (Fig. 8 and 9), where she would place seals (stickers) when she was able to take the medicine, and decorated it with stamps. She was encouraged well and started taking laxative after she finished the card-making. Consequently, her constipation was eased. Once the card was filled with seals (stickers), she made another card with HPS and continuously enjoyed the card.

During playtimes, she was using play dough, beads, sticker art, Origami, card, drawing, coloring, paper cutout, slime and so on. She enjoyed especially making fake food with play dough (Fig. 10 and 11) and she mentioned it in her letter to HPS when she was leaving hospital. Because she was not allowed to have raw food, due to her immunocompromised state and other strict dietary requirements, she frequently enjoyed making fake food.

She drew a picture named "Me, HPS and Anpanman holding hands together (Fig. 12)". She started losing her hair at the time. While drawing herself with a fringe, she was showing her hair loss to HPS and said "But my fringe will be gone like this when I take a treatment". " I'll be like XX (a patient who lost all his/her hair). Look at me. Look here". HPS then asked her "So you lose your hair when you take a treatment?" She replied "Yes". When HPS said " But do you know you will have it again?" she said to us "Yes, I know". Later, A-chans mother confirmed that the HPS had explained to her daughter that her hair would grow again". It was a good reminder for HPS to use similar terms and wording to the ones that family usually used when talked to A-chan.

## Case Studies of Hospital Play in Japan No.1

Though it was a rare occasion when she was not severely immunocompromised, one day (X + 3 months) we suggested playing with sand. Since the playroom was not available, we used a conference room. The conference room looked barren and we heard footsteps and construction noise outside. She seemed a little uncomfortable in the conference room and she did not request sand play until the very end of her hospital stay. It was anyway the first sand experience for her so she seemed to enjoy its texture and she poured water and moulded vigorously.



Figure 8, 9 “I did it!” Cards



Figure 10 Sushi made with play dough



Figure 11 Noodles made with play dough



Figure 12 Drawing

### 4. Tumorectomy

In X + 5 months, an abdominal operation was performed to remove the primary tumor, which had become smaller after chemotherapy. Her mother received an explanation about the operation from her attending doctor, 5 days prior to the operation. HPS had a talk with A-chan's attending doctor and her mother. Her mother said “My daughter has been given a lot of information and she understands things in her own way. My concern is that she could have misunderstood and misinterpreted certain things. She is very easy to scare and I don't think that telling her everything is always the right thing for her”. When it was explained about play preparation to the mother, she requested us to practice for her daughter. We discussed how we should practice it together. Since the mother told us “I don't think I am strong enough to tell her about the operation”, it was agreed, after discussion with her attending doctor, that HPS would be the ones to do so. The operation was to be held on Monday. A preparation was initially planned to be on Sunday, the day HPS were usually absent. Since the mother was concerned that it would be too unusual for A-chan to see HPS during a weekend, we changed the date to Thursday (4 days prior to the operation) and practiced the preparation in that

## Case Studies of Hospital Play in Japan No.1

afternoon. There was not enough time to get preparation materials ready. We then decided to modify a preparation booklet used for pediatric surgery for other patients and used the book, after receiving permission from the attending doctor. The book was about a bear doll going through a surgery. For a surgery scene, an image of a bear closing its eyes was used – instead of a bear doll with eyes open.

There was no meeting room in the pediatric ward, so we asked A-chan to meet us at the playroom, and we showed her the preparation book. We told her that we made the book for her. During this period, there were not many users of the playroom, as HPS did not use it for their activities. HPS carefully chose the time, so that no-one would enter the room during the preparation. Her parents had explained to her “You are in the hospital because you have pain in your legs”. HPS then told her about the operation “You have been given medical treatment for your legs. Now we found in the pictures (she underwent MRI in the previous week) that something in your stomach is making signals of “It hurts! It hurts!” and we can take that away by ‘an operation’. This ‘operation’ is not practiced in your room, but in the special room called ‘operation room’. We have made a book explaining about this operation room, so that you won’t be surprised when you are taken there”. After having received an agreement from A-chan, we read the preparation book together with her mother. We read slowly to make sure she understood. Though she initially said that she did not recall anything about the first operation that she had at the beginning of her hospital stay, she said to us “I think I remember this room” when she saw the picture of the operation room. HPS told her that HPS in hospital gown would come along to the operation room with her and would be waiting for her in the recovery room. When we finished reading the book, she asked us “While I’m sleeping during the operation, does my mom come in and try to wake me up? If I then become awake, I think I will get confused”. HPS replied that her mother would be waiting in her room and no one would try to wake her up until the operation finished. As for the preparation book, she said “I get scared if I read it again, so I don’t want to have it in my room”, and she only grabbed a bear doll, a main character in the story book. She also chose three children’s books that she would bring into the operation room.

On the day of the operation, A-chan was dancing when HPS entered her room. Once HPS put on a hospital gown, HPS went to the recovery room, waiting for the girl. The girl, on a stretcher with children’s books and the bear doll that she borrowed from HPS on the day of preparation, came to the recovery room with her mother and her attending nurse. As explained in the book, she gave her name to a nurse and made sure she had her name band. She said good-bye to her parents while HPS came along with her to the operation room. She said “ I think I have been here before”. She fell asleep when she was given an inhalation anesthetic, after talking and singing to the nurses around her. The operation took about 7 hours and her attending doctor called HPS to come to the operation room when she awoke. She responded by nodding when HPS spoke to her. She was already planning to play. She said to HPS “I want to make a heart-shaped figure with beads” as she was detached from the endotracheal tube. While waiting for her parents in the recovery room, we were reading the children’s books that she brought along. From the following day, play support was provided to her. She was able to get up and walk 4 days after the operation, and visited the playroom and started actively playing again.

## Case Studies of Hospital Play in Japan No.1

2 days after the operation, she said she wanted to return the books that she had borrowed from HPS. HPS suggested reading the preparation book together. Initially she refused because it would scare her, however, she agreed when HPS asked if she could tell the book and the real operation room were the same. Instead of reading sentences, we made sure what she experienced through the operation. She was smiling when she told us “It (the operation room) was a bit different from the book”. “I fell asleep in the middle of music..”. We said together “Everything is done now” while closing the book. She returned the bear doll after she played with it a little. She said “I played with it a lot. We sleep together every day and I made him dance for me”.

### 5. Radiation therapy

From X + 6months, radiation therapy started. The internal radiation therapy was performed to (given to her) her 11 times over a total. 5 days before a radiotherapy localization, her attending doctor requested HPS to practice distractions during the therapy, since the doctor was hoping to provide it without any anesthesia. After a discussion with the doctor, we decided to practice preparation as well. Her mother also asked us to provide a preparation for her daughter. Since there was not enough time to create a preparation book, we suggested having a tour of the therapy room. The tour was held 4 days before the radiotherapy localization (as the therapy room was closed for the following 3 days). Since we received a request from her mother who said to us “Please tell my daughter that she will go to take pictures. I don’t think she will understand any detail of the procedure”, HPS and other healthcare staffs ensured the request and would reply to A-chan only when she asked a question. HPS told A-chan “You will go to have photos taken every day from next week. So why don’t we have a look at the photo-taking place together?” With her mother, three of us went down to the basement floor by an elevator and went to the therapy room along a corridor that was being refurbished. She enjoyed talking to us and looking at dolls and paintings placed along the way to the room. Because a CT room and the therapy room that we were supposed to be visiting were occupied at the time, we went to another therapy room. She went close to a therapy machine and said “ I wonder if it comes this close to my face?” HPS told her and her mother that it was a good thing for A-chan to see the actual place even the doctor would go for using anesthesia during the therapy, and her attending doctor anyway would choose the best way for A-chan. Then A-chan said to HPS “It’s better to see than to be worried”. After we went back to her room, we were wondering how we could perform distractions while she was having the therapy. Finally, we decided to provide her with quizzes and riddles from outside the therapy room. Three riddle books (Fig. 13, 14, and 15) that HPS made with A-chan were given to her and she was asked to prepare the books by coloring them and practicing the riddles.

On the day of the radiotherapy localization, HPS went along to the therapy room at her request. Both an attending radiologist and her attending doctor decided to perform the examination without anesthesia. During the procedure, however, everyone except A-chan was asked to leave the room and HPS could not even talk to her through a microphone. HPS then received permission from the radiologist to accompany her during the actual radiation therapy for distractions. A-chan went back to her room with a smile on her face after she had a little tour of the therapy room that would be used for her. The actual therapy started 2 days later.

## Case Studies of Hospital Play in Japan No.1

After she was lying safely on the medical table, she was left alone for 5-6 minutes, the HPS was allowed to enter the control room and talk to her through a microphone. Since she was not allowed to speak during the therapy, she was to give HPS the answers to riddles after the therapy. It was, however, a little too long a time for her to remember her answers. From the second therapy to the eleventh therapy (the last one), therefore, it was decided that HPS would sing her favourite songs during the first half of the therapy and HPS would give her riddles during the second half.

On the day after the last radiation therapy, a seasonal event was held in the ward and A-chan also attended. She did not want to leave HPS even after the event and kept on tagging along after HPS. She requested HPS to read a children's book called "WAGAMAMA IMOTO (a story of a brother who scrambles ? for pleasing his sick sister) written by Shoichi Nejime. When HPS started reading, she abruptly asked HPS "Why did I get sick?" HPS replied "Why do you think you did?" She shook her head. HPS said to her "No one knows why, but the only thing we know is that it was not because you did something wrong". Then the girl said "Oh I thought I ate something bad". HPS replied "No. It wasn't because you did something wrong or you did something good. We just don't know why it happened". She then wanted to go back to reading, saying "Never mind. Let's read the book now" so we continued reading the book. She was looking into HPS's face and smiling while listening to the story. HPS reported the conversation to her mother and her attending doctor where the girl was not present. We decided to see if she would ask the same question later. Her mother subsequently reported that her daughter asked the same question when she had a sleep-over at home right before leaving the hospital.

Around this period, the playroom became available for HPS. Since the girl's health status was stabilized, HPS and she mostly used the playroom instead of her room. After HPS started using the playroom, the number of playroom users was increased. Though there was not a patient around her age, A-chan started interacting with small children and their mothers who visited the room. In the playroom, we were also using beads, slime, sticker art, play dough, and coloring play-dough figures (Fig. 16).

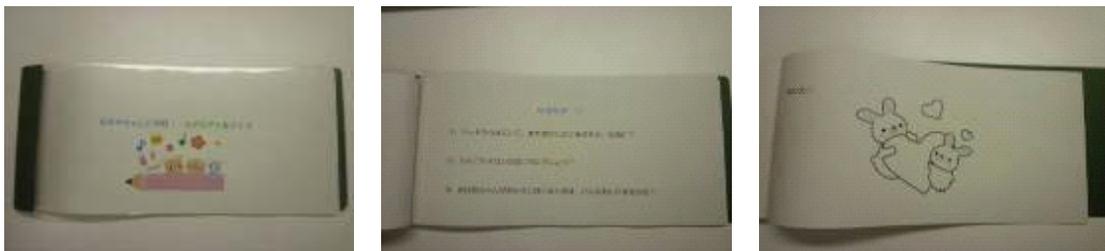


Figure 13 · 14 · 15 Riddle books



Figure 16 Colored handcraft

## 6. Oral medication

From X + 7 months, the differentiation-inducing therapy started by taking 13-cis retinoic acid orally. Though she disliked taking medication, she was doing well when she took laxative by using an “I did it!” card beforehand. HPS then suggested making another card for this new medication. The medicine was in tablet form and she said “The shape of this medicine is different from the previous ones, so I’ll make a different type of card for this. I’ll make it by drawing, not with stamps”. Then she drew a picture of her parents, her sister and herself, holding hands together with a rainbow in the card (Fig. 17).

In the playroom, she was fond of physical activities, such as bandying? (tapping) a balloon, playing a little soccer game, and playing a battle game. Sometimes mothers of other children joined her sport festival and HPS was looking after infants while calling out “ready, go!” and “goal!” for them. After the sport festival, HPS honored them for their good work. Around that time, a girl who was the same age as A-chan was hospitalized and by and by they were playing together. A-chan played vigorously in imaginative ways, including making a house with newspaper (Fig. 18), playing tag in a ball pit (Fig. 19), and making imaginary popcorn with balls (Fig. 20).



Figure 17 “I did it!” card for tablet



Figure 18 Making a house



Figure 19 Playing tag



Figure20 making popcorns

## 7. A month prior to discharge

The oral medication got on track and it was decided that A-chan would be treated on an outpatient basis. She was informed at the end of X + 7 months that she would be leaving hospital soon. A-chan told HPS “I’ll go back home soon”. “If MRI shows that I’m better now, I really can go home” and “I’m happy”. She showed her interest in a toy MRI when HPS asked if she wanted to see it on the day when she was scheduled to take MRI. Since she was scared of the toy in X + 2 months, HPS carefully asked the same question again in a different way. She again said she was interested in seeing the toy, so HPS brought “PREPARA WOODS (produced by HORIUCHI WOODCRAFT)”, woodcrafts modeling medical apparatus and devices including an operation room, MRI, and CT scan. A-chan started playing with the woodcrafts with another two children, who were also in the playroom at the time. When HPS brought more models and Playmobil such as a hospital room, an ambulance, a living room and a children’s room, A-chan became deeply absorbed in the play. She was just playing by herself

and did not interact with other children, who went to other toys to play (Fig. 21). In the middle of her play, HPS handed her a toy doctor set, as she wanted to have a syringe. She played repeatedly with a doll that was going through CT, MRI, blood sampling, IV, and operations. She made up a story that the doll had pain in its leg and she said “just like me”. In every single setting that she played, she had a doll of HPS and asked the HPS doll to be with the patient doll. She also clearly said to the HPS doll “Hold her (doll’s) hand”, “Read a book” and “Sing a song for the patient”. She played with the same woodcrafts and toys a day after MRI. The story of the toy, however, was changed, so that the doll was going home after MRI. She kept on playing the same thing in later days as well.

When A-chan went to have a developmental assessment from a psychologist in a counseling room in X + 7 months, A-chan saw many toys and sand for sandplay therapy in the room. That was when she wished to take a play therapy (“I want to play with sand”). She had taken play therapy three times before she left the hospital and it was planned that she would continuously take the therapy after discharge. When there was a two-week interval in the play therapy, A-chan requested HPS to play with sand. For administrative reasons, the counseling room was not available for HPS to use. When HPS told A-chan that she could play with sand only in the conference room just like she did in X + 3 months, she said that she would like to play anyway, even in the conference room. We decided to decorate the conference room and put our drawings on the white board. She started playing with sand in a box by pouring water in it and cutting out a shape. Gradually she poured more and more water and played wildly (excitedly). In the end of her play she turned over a bucket filled with sand, hid a doll in sand and made fake mixed rice by mixing it with a shovel (Fig. 22). She insisted on cleaning up by herself after playing and told HPS “It was fun. I want to do it again”.



Figure 21 PREPARA WOODS & Playmobil



Figure 22 Playing sand

#### 8. Right before discharge

The last concern that A-chan had was the removal of central intravenous catheters. The operation was scheduled for 4 days before discharge. HPS responded to every single concern and question that she poured out while playing. The operation was performed under general anesthesia, but HPS was staying with her at her request. After she awakened, she was given a suppository for pain relief while practicing relaxation breathing with HPS. She stated to her mother, who was waiting at her bedside, “I did both (the operation and the suppository)”.

The day before she left the hospital was the last day for HPS and A-chan to play together, because HPS was scheduled to be absent on the following day. A-chan was devoted to play all day, except when she had to attend an event held in the ward in the afternoon. She wanted to play with Playmobil in the morning. She said “I always play doctors and nurses, but I think I want to make a house today” and did not wish to use “PUREPARA WOODS” and the hospital

set that she had always played with. She made a living room and children's rooms and played day-to-day life with dolls; father, mother, her sister, her cousin, and herself, repeatedly. She was called for the removal of her IV while playing and went through it smoothly with the very last distraction that HPS practiced for her. Though there was only an hour to play in the afternoon, she made a beads ring and played with three kinds of slime. (Fig. 23 and 24). We played together even after the open-hour of the playroom for a little while. When she was about to leave the playroom, she smiled at HPS and said "It's good-bye tomorrow". She left the hospital the following day.



Figure 23 · 24 Plays before leaving hospital (beads and slime)

### 【Result】

During her hospitalization (the actual length of hospital stay: 263 days), the amount of support for everyday play was 130 times, preparations: 5 times, distractions: 60 times, pre/post-playing at operations: 4 times, support for mother: 16 times, and support for a sibling: twice. The provision of play materials and interactions was 30 times. Considering the fact that HPS was absent during weekends and holidays, the statistics indicate that HPS provided their support almost every single day during A-chan's hospitalization.

During times when she suffered from severe pain caused by her primary disease and nausea /vomiting induced by chemotherapy, we, as HPS, continued offering our support through play. Consequently, a trusting relationship was built between us. She started expressing her feelings freely and enjoyed every single play with us. A-chan faced any treatment bravely and started feeling a sense of achievement once she went through a new treatment with support of HPS. By seeing their daughter's efforts, her family gradually came to express their feelings to HPS too and tried to support their daughter together with HPS.

It was seen that the way of A-chan's play often represented her own experiences in the hospital and about treatments. In every single scene of her play, there was HPS helping out a patient doll. She no longer played doctors and nurses on the day prior to her discharge. She was just playing house on that day. A-chan enjoyed playing until the very end of her hospital stay.

### 【Discussion】

To treat a disease is, of course, the first priority when you are in hospital. It is, however, that one's hospitalization shall not disturb his/her development nor become a traumatic experience. Considering children who are likely to be passive during their hospital stay, HPS shall provide children as many opportunities to choose things themselves and to feel the sense of self-control as possible. Children shall not be treated with our typical preconception, considering they are too small to understand, that would discourage children to face their

## Case Studies of Hospital Play in Japan No.1

hospital experiences. Children shall be given appropriate explanation in the similar manner to that of informed consent (explanation and agreement) given to adult patients. To let children receive better medical treatments, it is important for children to face the reality and to gain the sense of achievement when they overcome the experience by themselves. The play support that HPS offer is definitely helpful. HPS is a professional who offers support for children in hospital through playing and it is evident that HPS is one of imperative members of a medical team in order to provide better medical care to children.

A-chan recreated her own experiences by playing dolls. During such doll play, she always put the HPS in a story. She understood the work of the HPS precisely and it indicated that the HPS was imperative for her to imagine a place called "hospital". HPS's are not just a provider of distractions and preparations because the work of HPS is based on everyday play with a patient. Because we had built a trusting relationship with A-chan, distractions and preparations worked effectively, so that her constructive manner toward situations was induced even though she was severely ill. For A-chan and her family, playing in the hospital and receiving distractions and preparations seemed to become a very natural thing. Appropriate play interventions that we had provided made her hospital experiences positive ones. It was a valuable example that indicated the importance of hospital play through a longitudinal study of A-chan whose anxieties and even pain had been alleviated in relation to HPS.

A proper environment where HPS provides sufficient support for children is still on its way. Our challenge is to provide the same quality of support to every single child who stays in the hospital. To achieve the goal, a playroom shall be the center of HPS's activities. The reason that no HPS initially was able to use the playroom is beyond the objective of this report. During the first phase of A-chan's hospital stay therefore, HPS's support was provided mainly at her bedside. After the playroom became available for HPS, the number of playroom users was significantly increased and opportunities for HPS to support for other children were also expanded. Though the number of private support provided by HPS was decreased, daycare nurses working in the hospital provided support for children when HPS were not available. It may be an issue of our ward in particular, but to obtain the understanding from daycare nurses and clinical psychologists regarding the collaborative work is essential to make things work. A developmental support group, including HPS, shall be developed and recognized as a part of medical team.

### **【Conclusion】**

This report was about the work of HPS from the very start to the end of hospitalization of a 4-year old female who suffered from infantile neuroblastoma. This is a valuable example of hospital play consistently practiced throughout hospitalization, including support for everyday play, distractions during treatments, preparations for surgeries/radiotherapy, and post-surgery play.

The importance of play in hospital and the role of HPS in alleviating children's anxieties - and even pain - were evident in this report.