The Effectiveness of Playing in Busy Pediatric Wards for Patients with Acute Symptoms

—The two-year work of HPS in pediatric wards at the regional center hospital—

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Abstract: The attempt of this article is to introduce a two-year study to identify roles of HPS through "everyday play" with sick children and to find out optimal interaction with other healthcare professionals in busy pediatric wards where most patients suffer from acute symptoms.

Keyword：Short-term hospitalization, surgery, play, support for treatment, HPS

I. Introduction

It has been five years (7th school term) since the Hospital Play Specialist (HPS) training program in University of Shizuoka Junior College started. Even though the concept of HPS is well established in the UK , the training program was the very first attempt in Japan. With persistent efforts of HPS who graduated from the college, the significance of hospital play and roles of specialists are gradually being acknowledged within hospitals. As time has passed, it seems that more people in medical practice than before have come to learn pragmatic techniques and knowledge of HPS that can apply immediately in a medical setting. In 2009 when I just finished the HPS training program and was looking for a position as HPS in a pediatric ward, the awareness of HPS was still low and varied depending on the region. Even though I made a handout introducing and promoting the role of the HSP, I found that most hospitals, including one I came to work for, had never come across the concept before. The hospital where I have been working is the regional center hospital where types of patients largely vary: children having acute conditions, required hospitalization/operations, some were suspected of being abused, others were suffering from chronic conditions with a ventilator, and even mothers having child-rearing anxiety. During times flu is epidemic, and many rooms in the ward are occupied with affected patients.

In such a busy environment with countless complicated issues, everything seems "time-critical" and the process of spending a great deal of time in a patient and his/her family is really difficult to achieve.

This article is to report on my efforts as an HPS in a busy pediatric ward where most patients suffer from acute conditions. Through introducing HPS support including play preparation and what/how HPS have changed certain situations in a medical setting, I hope the roles and effectiveness of HPS, even in a ward of patients requiring acute attentions, are properly acknowledged.

II. Establishment of environment that can easily access to "play" (Playroom and bedside)

1. Before the intervention of HPS – how did other healthcare professionals consider "play"?

1) A daycare nurse was monitoring a playroom. The necessity of how a child actively participates in play, however, was considered unimportant and tidiness of the room seemed prioritized.

2) Play at a patient's bedside was practiced by a daycare nurse/a volunteer. It was however, considered just a time killer for a child.

2. Method

1) Playroom: Resources other than a playing board that would be used only for a short time, but also

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handicraft materials and tools, including cardboards and newspapers, that a child would be able to actively and continuously engage with were prepared.

2) Other: For bedside play, things that a child was able to actively be involved with were introduced. In addition, toys that would encourage a child to receive treatments were prepared. Through a play demonstration, the effectiveness of play was also introduced to healthcare personnel.

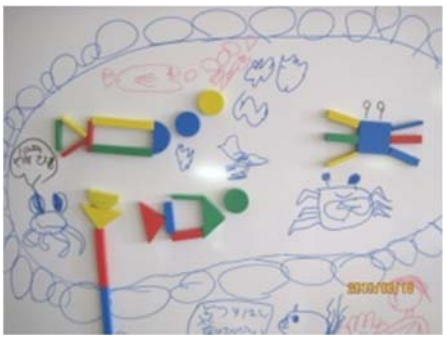
3. Result

1) Children became active in the playroom and people often heard their cheerful voice from the room. Some children even cried and said "I don't want to go home" when they were leaving hospital. It was evident that healthcare personnel gradually came to understand the fun that children had through active playing that I introduced.

(Left ; Pic 1. The playroom where children made their own territories and houses)

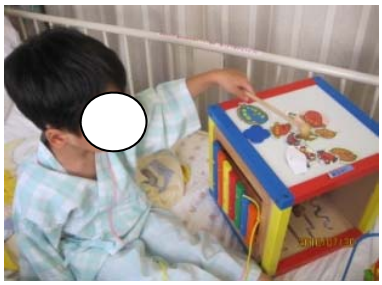
(Right ; Pic 2. A sign for an ice cream shop that children made together)

2) A girl who came to the playroom crying after she had an argument with her mother regarding a treatment made a huge drawing on a white board. She went back to the treatment in relief after talking about her drawing with the HPS (Pic 3,4).



Pic 3 Pic 4

3) A 6-year old boy who felt depressed after blood sampling at his bedside refused to put on an oxygen mask and an oximeter. After having played with a magnet fishing game at his request, he started talking about the game. Eventually he put on an oxygen mask by himself while playing. After that he accepted other treatments in a positive manner (pic 5).



Pic. 5

As described above, play based interventions helped to encourage a child to take treatments by reorganizing their feelings and emotions through playing. Consequently, I found other healthcare staff members were trying to bring in plays when they were applying a treatment and they often brought a child's favorite books and toys when they entered the child's room.

4. Discussion

Even children understand the importance of their treatments and although they want to get well, they sometimes refuse to cooperate for some reason. In such cases, children feel calmer when they regain the initiative through playing actively and are eventually able to reflect on own behaviors. Through play-based interventions, therefore, children seem to come out of their shells and to encourage themselves to move forward to treatments. The approach of active play has made healthcare staff aware of the great potential of play and consequently they are also now actively involved in creating a better play environment.

III. Support for treatment through playing for children having a short-term hospitalization

1. Issues on comparatively common children's diseases and support for treatment

Asthma, allergic purpura, and Kawasaki disease were most common diseases that caused hospitalization in our ward. Though all three require rather short periods of hospitalization, from 1week to 3weeks, it could be far from a pleasant experience because patients were forced to stay in bed and/or to repeatedly undergo blood sampling. It was, therefore, discussed that play based interventions relative to a patient's age could be useful for medical procedures including medication taking, blood sampling, examinations and other treatments. Some patients who suffered from diseases that had often relapsed had little awareness of the importance of treatments because treatments had become part of their life against their will. It was, therefore, necessary to apply some support and care for such patients so that they would be able to relate to the treatments actively, once again.

2. Subject and Method

1) Children (2~5 y/o) with asthma /Kawasaki disease: Children were told that playing was always available no matter when they were in a hospital or at rest. Through playing, they were informed that medication and blood sampling were necessary for them to get better. Stickers were used to indicate to other children that the child was doing well.

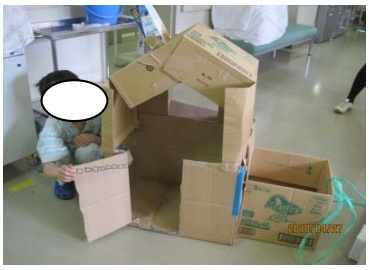
2) Children (5y/o~ primary-school children) with allergic purpura: Many were very appreciative and there was no problem in proceeding with treatments. The concern was that children were likely to feel helplessness as their treatments were often associated with pain. Through the use of plenty of active playing including handicraft, the likelihood of depression and lack of motivation was to be avoided.

3) Result

1) A child (2 y/o, female) had relapsed asthma since she was 1 year old. When she started showing her own will and refused to take medication, the message "you are now in hospital but you can go home when you get well" was shown to her by an illustration and a seal game where the child collects seals by tracing a route from start to goal (Figure 1: You did it! Card). Eventually she started looking forward to her treatments. Likewise, a child with Kawasaki disease was encouraged with collecting seals of his favorite TV character.

2) Children with allergic purpura were restricted walking. Some of them just shut their mind and others showed their irritation to adults when scolded too often. Since many were full of energy by nature and they were good at doing crafts, HPS showed handicraft materials and waited quietly until they showed their interests. Eventually a child came up to HPS when he felt better and soon became busy making a house with cardboards. Once he had completed the house, he asked HPS whether he could make the house fly. He attached balloons to a small house and make it fly. When he was satisfied with the play, the relationship with healthcare staff became normal again. After he went back home, he recalled memories in hospital positively “I did it. It was fun” (Pic 6 and 7).

Figure1. “You did it!” Card



← The handiwork of another child with allergic purpura

Pic 6, Pic 7

4. Discussion

For patients with allergic purpura and asthma, their distress has not received enough attention since they were rather common diseases and required rather short-term hospitalization. It has been a challenge for healthcare professionals to provide concrete advice to a mother having difficulties with medication and inhalation to her breast-fed infant. Through our observation, however, it was evident that even a 2 year-old child understood through illustrations, dolls and explanation that there was a meaningful connection between medication, inhalation and examination in order to treat her illness. Consequently, treatments proceeded more smoothly.

When children become school age, it is not difficult to proceed with treatment. Because of the repeated passive experiences however, many of them become unnecessarily passive unconsciously. In our observation, they regained their sense of control and started expressing their feelings once again through practicing enough active play. In addition, they seemed to maintain the trust relationship with their healthcare professionals.

IV. Preparation for a child who will undergo a major examination/operation

1. Subject

A girl (5 y/o): Hospitalized due to encephalopathy, but later diagnosed as Moyamoya syndrome (also called cerebrovascular). She underwent bypass surgery twice to prevent any aggravation.

Her mother indicated good understanding of the HPS role since a play-based intervention by HPS was already practiced while her daughter was recovering from the first surgery.

2. Method

An attending nurse had vigorously tried to make a good relationship with the girl including practicing preparation, and play interventions from HPS were provided to support the nurse and to fulfill the girl's psychological needs.

3. Result

1) Examinations

Though the girl had undergone CT and MRI several times, HPS carefully observed her feelings through playing with dolls imitating an angiographic procedure (Pic.8). Patients may find the procedure disturbing as their body movement is restricted after the examination. Regarding the examination, the girl was explained about its procedure by a book "Curious George" and was told that the examination was necessary for her to get well. Before a nurse came to explain to her in detail, the girl requested to play doctors and nurses with a George doll. She was happily talking about the examination procedure during her play (Pic.9).

While a nurse explained the procedure, the girl was listening to him carefully with interest (Pic. 10). After the examination, she was a little agitated about the strange feeling after anesthesia and the sense of suppression of her abdominal area that she had never experienced before. It was, however, evident that she understood the purpose of the examination as she was saying "I wonder if Dr. H could see my veins clearly" even when she was still feeling dizzy. She also understood well that she should not move her body. She completed the examination smoothly and went back to sleep after reading her favorite book.

(Pic. 8) (pic.9) (pic.10)

2) Blood Sampling

Though the first surgery went well with her cooperative behavior as shown above, there had been some problems when she was about to undergo the second surgery that was held 2 weeks after the first one. Three possible causes of her agitated behaviors would be: a) healthcare staff forcefully restricted the girl's body in ICU and she lost her trust toward staff, b) She went through a very painful procedure of removing the stiches after the first surgery. Though the treatment proceeded with distractions to ease her breathing such as singing, deep-breathing and blowing soap bubbles, the pain was enormous and she developed a great fear of the treatment room, c) Her mother was not cooperative enough toward preparing her daughter for another surgery. Her mother did not talk about another surgery to her daughter (her mother told the reason later).

Eventually she even refused to have blood sampling with which she did not have much problems before. A nurse tried to understand her feelings and took time until the girl calmed down without forcing. When asked what the problem was, she answered that she was afraid of a syringe. Hearing this, HPS played with her using a syringe and splashed water on toys at a sink for 15 minutes. After the play, she sat on the lap of a nurse who was practicing distractions and eventually the girl accepted blood sampling. After this incident, the girl frequently requested to play with a syringe to calm herself down before a blood sampling (Pic. 11).

3）Surgical Preparation

For both surgeries, her attending nurse and nurses who were using preparation vigorously searched for optimal preparation through creating books and picture-story shows. HPS and nurses consulted each other and together created these books. Areas that needed improvement at the first surgery (ex. in ICU) were well improved for the second surgery. The girl attentively listened to the procedure explanation since her favorite characters were in the book, and eventually she was able to go to the surgery room without nervousness (Figure 2: One of scenes of a story book that her attending nurse made).

Pic.11

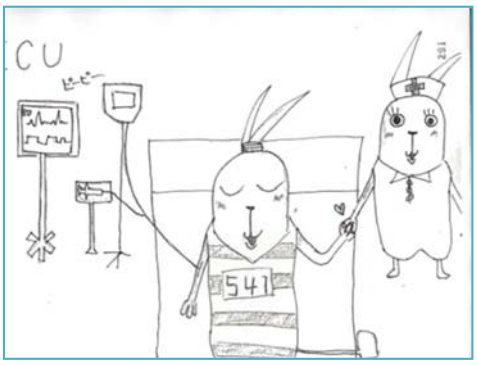


Figure 2

4. Discussion

Overall, it was the success of the coordination between HPS and nurses. HPS attended the surgery procedure explanation with the girl provided by her nurse. After the explanation, HPS asked the girl her feelings and reflected the explanatory session while playing together with her. HPS then informed nurses about the girl's psychological state and her understanding.

Since HPS were involved even before the girl's hospitalization and played together, the girl already had a strong sense of trust in the hospital. Nurses also understood well the idea of preparation/distractions which was not to reduce crying of a patient, but to build trust relationship between a patient and healthcare staff through open and honest communication. Even those times when the girl could not help crying and faced difficulties, the good relationship with healthcare staff remained until she went home and she expressed her sense of achievement "I did it, I went through it, and I got well".

Since preparation was practiced by nurses parallel to medical play practiced by HPS, it was easier to assess the effectiveness of preparation than other cases, and it had been seen that the preparation by nurses was done in a respectful manner.

V. Support for development and treatment for children with special needs

1. CASE 1 (Developmental support for children hospitalized for long periods)

1) Subject:

Two and a half year old boy with Spinal Muscular Atrophy (SMA), Type I. Hospitalized since two months old. While taking care of his two siblings (4 y/o and 0 y/o), his mother visited the hospital and stayed for a half-day. The boy had been in and out of the hospital. As time passed, he became able to vocalize and to express his feelings by the subtle movement of his face and his fingertips.

2) Method

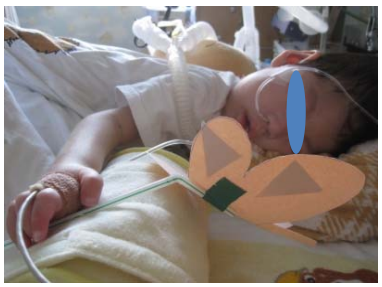
Body massage and singing had been continuously practiced with him since birth. Around a year old, when he started having his own will, his family, doctors and nurses decided to use the same sign to communicate with him. When communication became possible, play which would make him actively join in by using his body parts was introduced.

3) Result:

By collaborating with nurses and by observing him closely, a small development was found in his subtle movement. It was also evident that he expressed his happiness when praised. We encouraged him to repeat what he did in order to maintain the level of his development.

4) Discussion

Since the boy had spent almost his entire life in a hospital since birth, the level of his psychological development was also carefully observed and closely checked with nurses so that the necessary emotional development relating to attachment for his age should not be disturbed. Eventually the boy's development was well stimulated and he started responding to many of the healthcare staff who were positively involved in the communication process.



Pic. 12 : An example of active play : The paper-made butterfly moving its wings as he moves his fingertips

2. CASE 2 (Support for treatment for children with developmental impairment)

1) Subject:

There were two similar cases (a boy and a girl, both were 10 y/o). Both were initially hospitalized due to suspected vomiting disease and facial neuralgia, which was later diagnosed as Asperger's syndrome. In this article, the boy's case is reported. Each period of hospitalization was from a month to two months depending on his condition. Hospitalization continued until his condition calmed down or was calm enough to allow a normal school life. Some friction within his family had been seen as they did not know how to deal with the situation.

2) Method:

The first priority was to build a trust relationship with the boy. Some visually structured preparation for examinations that he had never had before were carefully undertaken by using dolls and making the actual sounds of an examination so that he would understand what he should expect.

Since he tended to forget things easily, including rules in the hospital, visually structured explanations were used.

3) Result:

In order not to result in any psychological damage being caused by an examination, preparation using dolls was practiced. Though he had a great fear of blood sampling, HPS encouraged him to use a syringe during his playing because he showed interest in the apparatus.

Rules and events were visually indicated in his daily schedule (Pic. 13) and HPS drew a line at a place where he should not enter. He insisted on carrying on doing his favorite play, imaginary stories using handicrafts, and HPS let him play as much as he wanted to (Pic. 14).

Frequent communication between HPS and his school continued so that he was informed of his current status at school in a timely manner.

Pic.13

Pic.14

4) Discussion:

Information to the boy was delivered in a concrete manner rather than an abstract one. Since his family also learnt how to communicate with him, the friction between the boy and his family was reduced. Compared to before, he became calmer and his symptoms became better as he became emotionally more stable through plenty of playing.

For many cases such as adolescent eating disorders, great stresses tend to build up inside patients because of the discrepancy between their mental age and expectations of their families and surroundings. They become calmer and often start pouring out their feelings through play based strategies. It was effective to understand their psychology and how playing worked for them.

VI. "Worldwide" support and encouragement for preparation and distraction practice

1. Preparation

1) Previous issues

There had been a number of attempts where HPS practiced preparation directly with a child. However, very little preparation was addressed directly to a child by HPS since HPS were occupied with other everyday duties. At such times, nurses were mainly in charge of preparation practice. Consequently, an explanation was given just to parents and enough explanation toward small children was often not done. Moreover, nurses with little experience of working with children did not know how to deal with children, and eventually a treatment was forcefully given.

Further, there was no opportunity for nurses to learn about preparation from, HPS and CLS.

2) Method:

A study session for nurses of the pediatric ward was held where the author of this article was a lecturer. The session was about not only the general procedure of preparation / distractions but also human rights for children in hospital, the true purpose of preparation which was not just an explanation/agreement but an opportunity to build trust with a child. It was also taught that the concept of preparation originally started from making a good relationship with a child. Playing with a child before and after a treatment is equally important as providing a distraction during a treatment and this point was emphasized.

3) Result:

The session received a great response especially from young nurses who had difficulties with doing blood sampling with small children. They poured out their feelings of their deep distress when they had had to separate children from their mothers and to forcefully treat them in a supine position. Nurses were willing to try blood sampling by asking for the cooperation of the child's mother to hold their child during the treatment. As a result, more nurses were gradually asking mothers to participate in blood sampling for their children that led to the following cooperative effort.

2. Distractions at blood sampling

1) Previous issues

Since a great number of blood sampling was to be done in the morning, readiness was prioritized: children were separated from their mothers and the treatment was often forcefully done on a medical

table. Some children who repeatedly underwent such treatment developed negative feelings toward the treatment room and some could not overcome their traumatized feelings until they grew up (ex. they could not help but start crying at blood sampling). The common belief among nurses was “it shall not be that bad because they can go home once they get better.”.

2) Method

In the study session mentioned above, children’s rights that they shall have their parents available at all times were discussed. Moreover, the fact that the threshold value of pain was lower in children who stayed with their parents than those who did not. Some nurses wondered whether this new practice, blood sampling with the child’s mother, could be applied to their wards even though they found it effective. Some wondered how to teach the practice to other healthcare staff. In the end, it was decided by all participants that they would run some trials in their wards and see the result.

(1) Subject: Children aged between 3 and 5 years, Trial period: One month

(2) In the previous day of blood sampling, an explanation to a mother and preparation to a child were given (about the procedure of blood sampling and toys they would use) by HPS and nurses. The day of the treatment, HPS performed distractions with toys to a child who was held by his/her mother while two nurses practiced blood sampling.

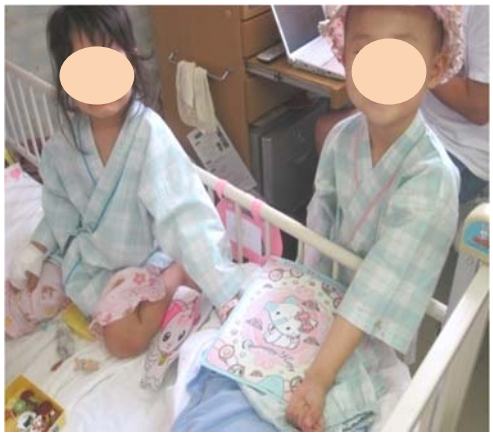
3) Result:

The total number of children was three. Since their mothers were with them, all managed well during the treatment without being forced to stay still, even though some were just about crying. Another common result was that all children had a good relationship with healthcare staff after the treatment.

One of the three children had taken a long time before he/she made up his/her mind to take the treatment. It was because the preparation to the child was not sufficient. Some nurses pointed out the above situation as a reason that they were concerned whether it was the right time to introduce this new practice in their ward. It was decided however, that overall the trial received positive responses from children and parents; “ It was good to do it together”, “ I appreciate the staff who waited for my child to be ready”, and the common agreement among nurses was to apply the new practice to the real setting.

A 5-year old girl who had an angioma was filled with a sense of uncertainty toward healthcare staff. She eventually underwent blood sampling four times and HPS were involved each time. Eventually, she put up her arm by herself and instructed a nurse where to puncture with confidence. It indicated that when preparation/distraction was practiced properly, children were greatly encouraged and motivated to overcome the situation.

Pic.15. Example of a distraction



Pic16. Look at me. This is how it goes

4) Discussion

Although how and what the HPS can do during preparation and during medical treatment such as blood sampling is still not yet fully applied in the real settings, to have had an opportunity to introduce the concept and work of HPS in the study session was a major turning point for the long practiced common belief in the ward. Through the trial in the real setting during blood sampling, the practical work of HPS was conveyed in a concrete manner that led to the common acceptance and the understanding among nurses regarding respectful treatments to children.

VII. Conclusion

In this report, a two-year overview of practice of HPS was divided into 5 sections. Time course of the events was from 2009 to 2011. Sections 2, 3, and 5 were events that chronologically occurred from August 2009, the time when the author started working for the ward. Sections 4 and Section 6 were events from April 2011, a year and half after the first attempt.

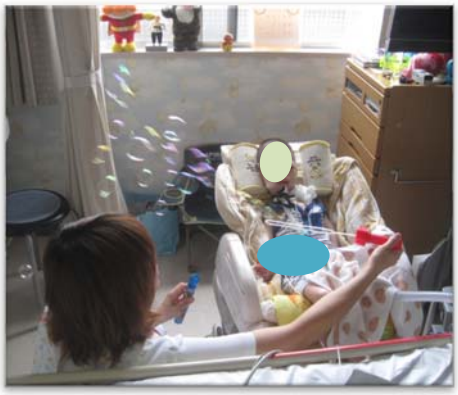
Why was there a year and half interval between the two reports? It was because, as mentioned in the beginning of this report, no one had any idea what HPS would do. It is undeniable that there should have been a better way of disseminating information about HPS, having shown the effectiveness of making a good relationship and having good communication with children in the early phase of my attempt, and having demonstrated some positive consequences.

Currently, the term "preparation" is almost over-used among pediatric healthcare professionals as if it were some sort of boom. It could be the case that some would consider preparation as "informed consent for children" and practice preparation without knowing its true purpose – to be with children. On the other hand, nurses in the ward where I am working vigorously play with children and try to understand the families' perspectives (Pic. 17: When I opened the door, a nurse and a patient were laughing cheerfully as the nurse was making soap bubbles with a patient's respirator!).

Healthcare professionals who understand how to communicate with children by using play as a tool have a great advantage. In my ward, every single healthcare professional takes advantage of play as a communication tool on a daily basis. It is closely related to what Matsudaira states (2010) "What makes HPS distinct from other healthcare professionals? That is, they introduce "play" in the medical environment in order to support pediatric treatment, and they improve the medical environment from children's perspectives".

Though this report may not enable an immediate change to the pediatric environment, it at least clearly indicates specific roles of HPS, introducing "everyday play" into the medical field.

Overall, I am grateful for having had the opportunity to summarize my past two years of experiences as an HPS in the medical field, which was an unknown world for me initially. Eventually, I have established a warm relationship with staff through playing with children. I hope this report encourages our HPS colleagues across the country who are also making steady efforts to build up our activities.



Pic. 17

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