



# Hospital Play News

## 7300 Days Behind the numbers

Playright believes that every child needs play; hospitalized children are no exception. However, most people would regard this as unrealistic – “If you are sick, first you have to receive treatment. Then you have to take rest!” The idea for hospitalized children to play thus has been largely ignored; it has not been on anyone’s agenda and there are not enough resources to promote it either.

In order to prove that hospitalized children need play and to explain the effectiveness of hospital play services, we conducted several research studies over the past 20 years. We also adjusted our strategies in developing our service according to the results.

### A First Glance of Hospital Play

22 years ago in 1992, Playright envisaged to promote hospital play services in Hong Kong. However, it was a new concept to the Hong Kong people. Therefore, a research project “Hospital Play Services in Hong Kong – Past, Present & Future” was launched to explore this topic within the local community.

Within this one-year research study year, we sent questionnaires to local voluntary bodies, universities and the field of healthcare. We found that there was a lack of knowledge about hospital play service in general. Although there were voluntary bodies which had provided some similar service, it was not comprehensive or consistent; specialized training was also absent in Hong Kong. The study also set up different hospital play conditions. We found that after the hospitalized children had joined the play service, their time of staying in



We hope to improve step by step, so that the parents, paediatric healthcare team, community and the government can know more about hospital play service, its many benefits and its most effective way of delivery. We hope to get everyone’s understanding,

Early to recent research projects are centered on the well-being of hospitalized children (above), hoping to call for support for hospitalized children and hospital play service.

acceptance, and even support so that our hospitalized children can benefit from the service.

bed reduced greatly and number of them being actively occupied rose by 15%. Improvement was also shown in their interactions with the others, e.g. other children and hospital staff. 90% of the parents and hospitalized children supported our idea.

This research had shown the importance of hospital play service and that it was feasible. However, the service still lacked the skilled and proficient input which could be observed in other countries at that time. Playright thus decided to put effort into developing a systematic and professional hospital play service. All kinds of preparation work, including seeking financial support, were carried out immediately at several levels: (i) Some co-workers resided in the U.S. and the U.K. for training in 1994. (ii) We launched a pilot programme of hospital play in Queen Elizabeth Hospital and Queen Mary Hospital in the same year. (iii) The first local certificate course in hospital play was



Playright’s first research study established a clear direction of the future development of hospital play service.

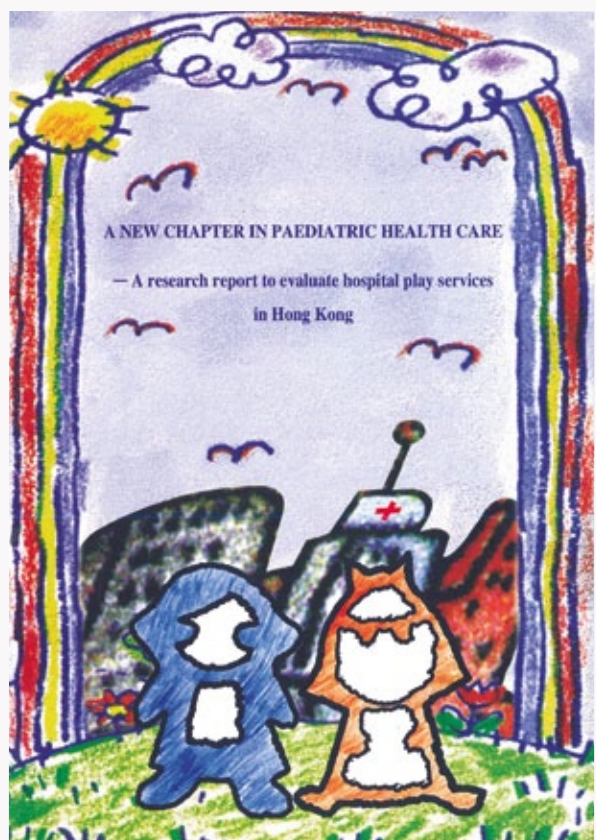
offered in collaboration with HKU SPACE in 1995.

## Reviewing the Pilot Programme

A year after we had begun our hospital play service, we conducted another research to collect opinions so to perfect our pilot programme.



Researchers and related parties published the findings of the research in the press conference.



In the upcoming research, the research targets are beneficiaris of hospital play service and health care professionals.



Research has shown that hospitalized children welcome hospital play service.



Hospitalized children can also enjoy bedside play by hospital play specialist.

Another one-year long research "A New Chapter in Paediatric Health Care – A research report to evaluate hospital play services in Hong Kong" was carried out. It included control experiments, observational studies, interviews, questionnaires and surveys. Study participants included hospitalized children who had received a hospital play service as well as those who had not, their parents, healthcare staff in the paediatric ward and the person-in-charge of different departments in public hospitals.

The results encouraged us a lot as they showed that the worries and fears of the hospitalized children who

had received our service reduced significantly. They also cooperated more with the healthcare staff and behaved more positively. The uneasiness of parents was also lowered; even when they had to leave their children temporarily. They showed more enjoyment when they played with their children as well, which helped to stabilize the mental condition of their children. For the healthcare staff, around 70% of the department heads acknowledged to be aware of hospital play services. Front-line staff also discovered a positive change in the hospitalized children. They agreed that play service helped to speed up the

medical procedures and improved their relationship with the hospitalized children.

All these findings encouraged Playright. Even there was a lack of funding and it was hard to sustain the service, we decided to continue to promote the service. We needed to offer our service in more hospitals; we needed to organize more workshops and symposia so to let more healthcare personnel and the public know the needs for play of hospitalized children. Since then, the seed for hospital play services was firmly planted and it still keeps on growing.



## Into the Healthcare Field

Hospital play services are carried out in a ward. Thus, healthcare staff must be involved. Therefore, the research of Playright in 2007 focused on the healthcare staff, our partner. "A Survey on Views of Hong Kong Public Hospital Staff towards the Play in Hospital" was mainly conducted by questionnaires and our target groups were the doctors and nurses in 11 local hospitals with paediatric services.

90% of the participants acknowledged the presence of hospital play service which was a very satisfying result. Most of them agreed that the service had played an important role in relieving the children's tension. More than 70% of them thought that the service had brought positive effects to the ward as a more relaxing environment was created and their relationship with the children was also improved. 95% of them even supported the idea of running the service in hospitals. However, there were some obstacles, such as the lack of administrative manpower for arrangement or coordination, the lack of resources, and the Hospital Authority (HA) not providing any cooperation or support other than verbal approval.

From the echoes, Playright added one key point to the development of play services: targeting some influential people. Therefore, we started to present the effectiveness of hospital play services to the senior officers of HA, the representatives from The Hong Kong Paediatric Society and different medical specialties, leaders of nursing profession, etc. When the Hong Kong government announced its plans to establish a children's hospital, Playright promptly put forward suggestions of how to plan for and run a play service in this new establishment.

## Consider the Needs of the Hospitalized Children

Besides seeking support, Playright has never forgotten our hospitalized children: what

problems will they face during hospitalization? This became the theme of our research in 2012. Aiming at helping the young patients, we and our research partner, School of Nursing, Li Ka Shing Faculty of Medicine, HKU narrowed down our scope of research to focus on the anxiety and negative emotions of hospitalized children. By comparing the experimental conditions, we aimed to find out the differences in emotions between the children who had received the play service (experimental group) and those who had not received the service (control group).

For children from 3 to 7 years of age, the negative emotions of the experimental group was 25% less than the control group; while for children from 8 to 12 years of age, it was 21% lower in the experimental group. Meanwhile, the anxiety of children aged 3 to 7 years who had received play service was 42% less than those who had not; and for 8 to 12-year-old children, the anxiety of the experimental group was lower by nearly 15% compared to the control group. This research again demonstrated that the hospital play service did help the hospitalized children. Besides allowing the children to understand more about the medical procedures, the service also helped to relieve their stress and soothe them, which had a positive effect on their recovery.

## Children-oriented

The 20-year service and the 4 researches affected each other. Sometimes, it was the research findings which gave us the direction of our development. However, new research topics would also be aroused from the paediatric wards. The statistics we obtained, besides showing the effectiveness of our service, also represent some little smiling faces, which are equally if not more important. Comfort, recognition and a sense of security are what a hospital play service has given to many children over these past 20 years.



Chairman of Central Coordinating Committee (Paediatrics), Dr Li Chi-kong stated his support to the implementation of hospital play service in the Hong Kong Children's Hospital.



Healthcare professionals attended the press conference to show support to hospital play service.



Enjoying hospital play service is the wish of many hospitalized children.

## We express our sincere gratitude to all generous donors and charities for the research projects

Year	Research Project	Charity
1992	Hospital Play Services in Hong Kong— Past, Present & Future	Mr. John Marden & Duty Free Shoppers Hong Kong
1995	A New Chapter in Paediatric Health Care – A research report to evaluate hospital play services in Hong Kong	Hong Kong Jockey Club Charities Trust
2007	A Survey on Views of Hong Kong Public Hospital Staff towards the Play in Hospital	---
2014	Effectiveness of Therapeutic Play in Minimizing Anxiety and Negative Emotions of Hong Kong Chinese Hospitalized Children	Hong Kong Disneyland Resort

## A Roller-coaster-like Experience



Hospitalized children are still playful and enjoy playing.

Sum-yuet was diagnosed with end-stage renal failure in October 2012. Since then, she has had to perform peritoneal dialysis at home every day. In May 2013, she had a

chance to have a renal transplantation but she was disappointed at that time; she finally underwent kidney transplantation in June 2013. All of this happened within 9 months.

### From Healthy to End-stage

1st October, 2012 was the most unforgettable day for Mrs. Chan. Sum-yuet was sent to the emergency room due to shortness of breath. She was soon diagnosed with end-stage renal failure. She used to be a healthy and energetic girl and suddenly the hospital was occupying some major proportion of her life.

People with end-stage renal failure are suggested to have renal replacement treatment peritoneal dialysis, as was arranged for Sum-yuet. At first, a peritoneal dialysis catheter had to be inserted into her abdomen. After this surgery, she was living in the hospital for three weeks. Sum-yuet is a young girl and of course would feel very bored during this period. Thus, the Hospital Play Specialist brought different play activities while visiting her. She was free to choose and Sum-yuet liked art and crafts the most.

After rapport building, the Hospital Play



Sum-yuet's favorite play is craft work.

Specialist grabbed the chance to explain the procedures of catheterization, the operation of the peritoneal dialysis machine, and the reasons of performing

### For Your Information Marvelous Kidneys

Kidneys are very important organs to us. Usually, people have two kidneys, one on the left and another one on the right. They are located at the rear of our abdominal cavity and close to our back.

Kidneys are like filters. They remove all the metabolic waste from our body. Our blood will pass through and be filtered at the glomeruli and kidney tubules, and then will flow back to the heart via veins. Any excess fluid and metabolic waste will be excreted through the ureter into the bladder and eventually out of our body.

Even adults may not tolerate such an experience easily and it was absolutely terrifying for an 8-year-old girl. However, when she was asked about her feelings, the quiet girl said, "Suffering from hunger [before the operation] was what I hated most." "She forgot everything when she could play in the hospital," her mother, Mrs. Chan, explained.

peritoneal dialysis to Sum-yuet. Sum-yuet easily understood all these through procedure play. Besides, the Hospital Play Specialist provided other play activities like medical play and expressive play to her.

After the catheterization, Sum-yuet performed peritoneal dialysis at home every night. She also had to adhere to a controlled diet which could help to slow down the process of renal failure.



Sum-yuet understood the procedure of peritoneal dialysis through playing with the medical play.



## From Hope to Disappointment

Every patient with end-stage renal failure is waiting for a kidney transplantation. Sum-yuet stepped into the hospital happily after she had received a call in May 2013. She was very excited and told the Hospital Play Specialist, “I can eat Sushi, hamburger and ice-cream after the operation!”

Sum-yuet fasted for 16 hours before the surgery. There was, however, another patient who was found to be more suitable than her to undergo the transplantation. This changed her hope to disappointment. She was very puzzled. “Why not me? I want to have a renal transplantation too!” She collapsed and burst into tears. The



Hospital Play Specialist who was familiar with Sum-yuet immediately comforted her and stayed by her side. She brought her favorite art and crafts and made her feel more relaxed through expressive play. Then she cheered her up, saying, “We still have hope and let’s wait for the next opportunity.”

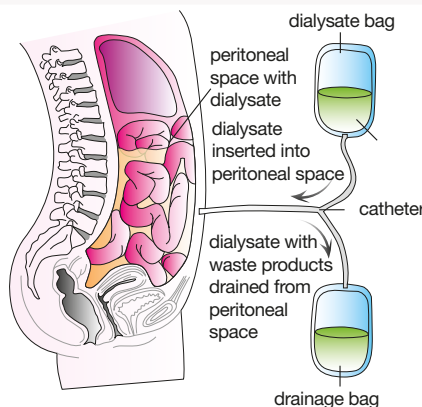
Similar to other long-term hospitalized children, Sum-yuet expressed her playfulness and voiced out her need to play.

## For Your Information Kidneys can be Sick

The most common kidney diseases are glomerulonephritis and nephrotic syndrome. Normally patients can be treated with medications and diet control. However, if the situation keeps getting worse, patients may be diagnosed with end-stage renal failure, when there is only 10% to 15% of renal function left. Renal replacement treatment or transplantation is suggested for patients to survive. Otherwise, it may lead to death.

There are two kinds of renal replacement treatments - peritoneal dialysis or haemodialysis.

A peritoneal dialysis catheter is first inserted into the patient's abdomen as a channel for the dialysis fluid to pass in and out. The dialysis fluid allows excess water and waste products to diffuse out from the body into the fluid, and then through the catheter out of the body. The duration for peritoneal dialysis is around 8 to 10 hours. Patients usually perform it at home every night.



Peritoneal dialysis is one of the treatments for renal failure patients.

During the process of haemodialysis, the patients' blood will be filtered by a dialyzer (artificial kidney) via a catheter in order to clear waste products, toxic molecules, excess water and electrolytes. Afterwards, the blood flows back into the patient's veins via another catheter. This treatment has to be carried out two to three times a week in a hospital or dialysis center. The process of haemodialysis is about 4 to 5 hours each time.

Renal transplantation is a medical treatment for end stage renal failure. There are two kinds of donor kidneys: from a deceased person or from a living person. After the successful transplantation, patients can resume their normal life. However, they have to take anti-rejection medicines and need regular medical follow-up in order to monitor the renal function.



Automated peritoneal dialysis (APD) machine.

## Having a renal transplantation

Another chance came within a month! Based on the experience last time, Sum-yuet was less excited and was a bit tense. A renal transplantation is a big operation to a young patient. The Hospital Play Specialist could understand her worries. Therefore, she tried to explain the medical procedures to Sum-yuet by applying procedure play. For example, the Kidney Doll and the Operation Room toys allowed Sum-yuet to know about the location of the kidneys, the renal function and the procedures of the surgery. This prepared her for the 8-hour long operation which required general anesthesia and effectively lowered the fear based on her imagination.

After the operation, Sum-yuet needed to stay in the ICU for close monitoring. Her emotion was affected by the unfamiliar environment, the pain and discomfort left by the surgery. Luckily,

the Hospital Play Specialist visited her and brought her different kinds of art and crafts that she could play with even whilst staying in bed. Sum-yuet's focus shifted. After adapting to the new environment, her emotion and her condition became better. She stayed in an isolation room for 3 weeks and made good progress of recovery. During her hospitalization, she waited for the Hospital Play Specialist to come every day until the day she was discharged.

In order to monitor her health condition and the renal function after transplantation, Sum-yuet needed regular followups. Every time when she entered the hospital, she wore a smile on her face and never showed resistance to any treatment. Every

time when she met the Hospital Play Specialist, she was eager for activities and asked, "What will we play?"

When Sum-yuet was asked about the time during hospitalization, she would not conceal the pain experienced during blood taking or heparin block setting. However, she happily accepted the procedures. The most frightened experience for her was not the operation but the hunger before surgery; the most unforgettable thing was not the 7-inch long scar on her abdomen but the happy moments when playing in the ward. Although suffering from illness was hard, she managed to face it optimistically.



Hospital Play Specialists paid home visit to show care and bring play to patient who had just undergone kidney transplant.



With the support of other hospitalized playmates, Sum-yuet's days of hospitalization was filled with love and laughter.



## Professional Team

Hospital play service is people-oriented; young patients benefit from the service which is offered by the professional team of Playright. The team consists of 14 people, including the Service Managers, Senior Hospital Play Specialists, Hospital Play Specialists and Play Assistants. All of them perform their duties with great care and effort to deliver a professional service. Their cooperation helps in achieving high results of the service.

Division of labor is practiced in the team. The Service Managers are in

charge of the development planning and the promotion of the service, as well as some professional training programmes; Senior Hospital Play Specialists supervise their junior colleagues, assist in the development of service projects and work in the frontline. Hospital Play Specialists cooperate with the frontline medical staff in the paediatric ward or department of their designated hospitals to provide appropriate play for children, helping them to overcome the emotional challenges during hospitalization. Last but not least, Play Assistants help Hospital Play Specialists in carrying out the

service projects; they coordinate the volunteer project as well.

The team members are from different professional backgrounds: nursing, preschool education, social work, psychology and music therapy. In addition to this, all members took specialized courses and received clinical training of hospital play service, which help them to be familiar with the growth and development of children, the psychological needs of young patients, medical knowledge and the concepts and skills of play service provision in healthcare settings.



Hospital Play Service manager is responsible for training and advocacy work to enhance the understanding of hospital play service in the community.



Hospital Play Specialist will assess the play needs of hospitalized children and will arrange suitable play programme for them.



Some members of the hospital play service team station at the head office and some are assigned to different hospitals. They have different positions, but all aim at one goal. Serving hospitalized children with play.



Senior Hospital Play Specialist communicates with hospital staff to facilitate and strengthen cooperation.



Hospital Play Specialists are the front-line team who get in touch with hospitalized children directly.

# Heartfelt Gratitude

- Bring Me A Book™ Hong Kong has donated story books as well as bookcases to the paediatric departments of Pamela Youde Nethersole Eastern Hospital and Caritas Medical Centre so that young patients can also enjoy reading.



- The generous support of The Walt Disney Company is ongoing. Disney Children's Fund donated HK\$394,350 to us so our service for the young patients who suffer from kidney diseases and their families can continue until December 2015.

- The Time Limited Project of The Community Chest donated HK\$2,352,535 to support the three-year project carried out in the Department of Paediatrics and Adolescent Medicine of Tseung Kwan O Hospital, starting from October 2014. The project is named "Hospital Play Service at Tseung Kwan O Hospital".



- Thanks for the HK\$5,000 donation from Hong Kong Disneyland Resort which funded the Celebration of 20th Anniversary of Hospital Play Service cum Press Conference on "Children Need Full Opportunity for Play in Hospital" on 23 November 2014.



- The Spanish toy brand Itsmagical raised HK\$1,400 in October 2014 for our hospital play service. They also donated high-quality toys to the hospitalized children.

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