

HOSPITAL PLAY FOR PAEDIATRIC PALLIATIVE CARE

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SIGNIFICANT POTENTIAL BENEFIT FOR CHILD AND FAMILY HEALTH

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Original research

BMJ Open Play interventions for paediatric patients in hospital: a scoping review

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ABSTRACT

Objective Play is a non-invasive, safe and inexpensive intervention that can help paediatric patients and their families manage difficult aspects of being ill or hospitalised. Although play has existed in hospitals for decades, research on hospital play interventions is scarce. This review aimed to categorise and synthesise the last 20 years of research on hospital play interventions.

Design Scoping review.

Data sources PubMed, CINAHL, CENTRAL, ERIC and PsycINFO (1 January 2000–9 September 2020).

Study selection and data extraction We systematically searched for original peer-reviewed articles, written in English, on hospital play interventions in paediatric patients (0–18 years) in non-psychiatric settings. Two reviewers independently screened titles and abstracts, reviewed full text of relevant articles and extracted data. We thematically synthesised the data from the included studies, and a descriptive analysis, based on a developed framework, is presented.

Results Of the 297 included articles, 78% came from high-income countries and 56% were published within the last 5 years. Play interventions were carried out across all ages by various healthcare professionals. Play interventions served different roles within four clinical contexts: A) procedures and diagnostic tests, B) patient education, C) treatment and recovery and D) adaptation. Across these contexts, play interventions were generally facilitated and purpose-oriented and had positive reported effects on pain, stress, and anxiety.

Conclusions Play in hospitals is an emerging interdisciplinary research area with a significant potential benefit for child and family health. Future research should further describe principles for play in hospitals. High-quality studies investigating short-term and long-term effects are needed to guide when and how to best integrate play in hospitals.

INTRODUCTION

Play, long viewed as a means for children to cope with the challenges of hospitalisation,¹ is a way to reduce and prevent stress and anxiety in children.^{2–4} Play is recognisable, safe and can be used to communicate complex information in an age-appropriate manner.⁵ Furthermore, play is essential for healthy development, and adopting play

Strengths and limitations of this study

- This review provides a comprehensive overview of 297 systematically collected original articles on play interventions in hospitals.
- The scoping review methodology allowed for assessing a wide variety of articles and identifying significant gaps in the literature.
- Drawing conclusions about implementation of play interventions remains difficult, as the existing literature is heterogeneous with great variation in participants, comparator groups, study designs and outcomes.
- Gray literature, articles not written in English and unpublished studies were excluded.

interventions into the treatment and care of paediatric patients may reduce developmental regression.²

The WHO's standards of children's rights in hospital include the right to play. Recently, the WHO recommended that *all* doctors and nurses utilise play within treatment and care and that hospitals promote research on using play.³

Rapid turnover of hospitalised children, with few staying for longer periods, limits opportunities for playful relationships and comfortable familiarity with hospital playrooms.⁶ Consequently, hospital play interventions are often individualised and treatment-oriented. In some countries play facilitated by specially trained staff for selected patients, rather than a normal, everyday activity.^{6,7} Moreover, hospital resources, children's health status and treatment needs, expectations about illness and health behaviour influence the implementation of play interventions.^{2,6,8} Attitudes towards children's integrity and adult participation in the child's play and the acceptance of playing with particular toys also affect the practices of play in hospitals.⁴

While many different traditions and practices exist in hospitals, most countries lack

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BMC Pediatrics

RESEARCH ARTICLE

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Play interventions to reduce anxiety and negative emotions in hospitalized children

William H. C. Li^{1*}, Joyce Oi Kwan Chung¹, Ka Yan Ho¹ and Blondi Ming Chau Kwok²

Abstract

Background: Hospitalization is a stressful and threatening experience, which can be emotionally devastating to children. Hospital play interventions have been widely used to prepare children for invasive medical procedures and hospitalization. Nevertheless, there is an imperative need for rigorous empirical scrutiny of the effectiveness of hospital play interventions, in particular, using play activities to ease the psychological burden of hospitalized children. This study tested the effectiveness of play interventions to reduce anxiety and negative emotions in hospitalized children.

Methods: A non-equivalent control group pre-test and post-test, between subjects design was conducted in the two largest acute-care public hospitals in Hong Kong. A total of 304 Chinese children (ages 3–12) admitted for treatments in these two hospitals were invited to participate in the study. Of the 304 paediatric patients, 154 received hospital play interventions and 150 received usual care.

Results: Children who received the hospital play interventions exhibited fewer negative emotions and experienced lower levels of anxiety than those children who received usual care.

Conclusion: This study addressed a gap in the literature by providing empirical evidence to support the effectiveness of play interventions in reducing anxiety and negative emotions in hospitalized children. Findings from this study emphasize the significance of incorporating hospital play interventions to provide holistic and quality care to ease the psychological burden of hospitalized children.

Trial registration: ClinicalTrials.gov NCT022665403. Registered 22 January 2016.

Keywords: Anxiety, Children, Emotions, Hospitalization, Paediatrics, Play interventions

NEEDS OF SIBLING



Psycho-Oncology
Journal of the Psychological, Social and Behavioral Dimensions of Cancer

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Paper

Siblings' experiences of their brother's or sister's cancer death: a nationwide follow-up 2–9 years later

Malin Lövgren ✉, Li Jalmsell, Alexandra Eilegård Wallin, Gunnar Steineck, Ulrika Kreicbergs

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PMID: [24880001](https://pubmed.ncbi.nlm.nih.gov/24880001/)

Long-term psychosocial outcomes among bereaved siblings of children with cancer

[Abby R. Rosenberg](#), MD, MS,^{1,2,3,4} [Andrea Postier](#), MPH,⁵ [Kaci Osenga](#), MD,⁵ [Ulrika Kreicbergs](#), RN, PhD,^{6,7} [Bridget Neville](#), PhD,⁸ [Veronica Dussel](#), MD, MPH,^{9,10} and [Joanne Wolfe](#), MD, MPH^{8,9,11}

World Psychiatry

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[World Psychiatry](#). 2016 Feb; 15(1): 59–66.

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PMCID: PMC4780295

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Bereavement after sibling death: a population-based longitudinal case-control study

[James M. Bolton](#),^{1,2,3,4} [Wendy Au](#),⁴ [Dan Chateau](#),^{3,4} [Randy Wald](#),⁴ [William D. Leslie](#),^{5,6} [Jessica Enns](#),⁷ [Patricia J. Martens](#),^{3,4} [Laurence Y. Katz](#),^{1,2,4} [Sarvesh Logsetty](#),⁸ and [Jitender Sareen](#)^{1,2,3}



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[J Palliat Med](#). 2018 Feb 1; 21(2): 156–162.

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PMCID: PMC6909687

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Care at End of Life Influences Grief: A Nationwide Long-Term Follow-Up among Young Adults Who Lost a Brother or Sister to Childhood Cancer

[Malin Lövgren](#), PhD,^{1,2} [Josefin Sveen](#), PhD,^{3,4} [Tommy Nyberg](#), MSc statistician,^{3,4} [Alexandra Eilegård Wallin](#), PhD,⁵ [Holly G. Prigerson](#), PhD,⁶ [Gunnar Steineck](#), PhD,^{3,7} and [Ulrika Kreicbergs](#), PhD^{1,2}

PLAY AND PALLIATIVE CARE IN PAEDIATRICS

When a child faces a life threatening and life limiting disease, both the child and their families also experienced a great change in life.

Emotions can be very confusing and complicated e.g., anxiety, fear, anger, sadness and loss.

Difficulties in discussing treatment options, life and death issue with children.

With play, children can process their feelings without confronting the emotions directly. It provides children with safety which allows them to express and explore their innermost feelings and vulnerabilities at their own pace and own unique way.

友晴
同路



智樂 **playright**

看重孩子 看得起遊戲

VALUE CHILDREN VALUE PLAY

- ◆ Case 1: Discussion on End-of-Life Care
- ◆ Case 2: Sibling Preparation

CASE SHARING

CASE 1 (DISCUSSION ON EOLC)

- ◆ M/8yr Restrictive Cardiomyopathy on list of heart transplant
- ◆ Noted disease downhill course
- ◆ Good disease understanding and acceptance.
- ◆ Discussed on life and death issue directly by mother and story telling by Buddhist chaplain > emotions!!!



CASE 1 (DISCUSSION ON EOLC – WITH PLAY)

Understand child's own self-image, value and believe.

Understand meaning of life and life cycle.



Disney · PIXAR
**TOY
STORY
4**



CASE 1 (DISCUSSION ON EOLC)

- ◆ Willing to discuss his choice and preference on EOLC:
- ◆ Cherish home stay
- ◆ Not reluctant for hospital stay
- ◆ Refuse PICU admission
- ◆ Not for heart transplant > NO REGRET!



CASE 2 (SIBLING PREPARATION)

- ◆ F/10yr with complex cyanotic heart disease
- ◆ 15 surgeries done from Jan 2013 to Aug 2022
- ◆ Planned elective cardiac surgery > PICU> deteriorating condition.

Family condition:



- Tearful father, seldom expressed emotions with family



- Guilty mother with self-blaming, betrayed the child



- Unhappy and bored younger brother



- Non-stop crying grandparents

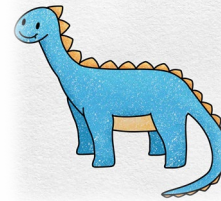
CASE 2 (SIBLING PREPARATION)

- ◆ Clinical Psychologist and Play Therapist
- ◆ Through play:
 - Bonding with sister reflected.
 - Address own emotions.
 - Understand family's emotions.



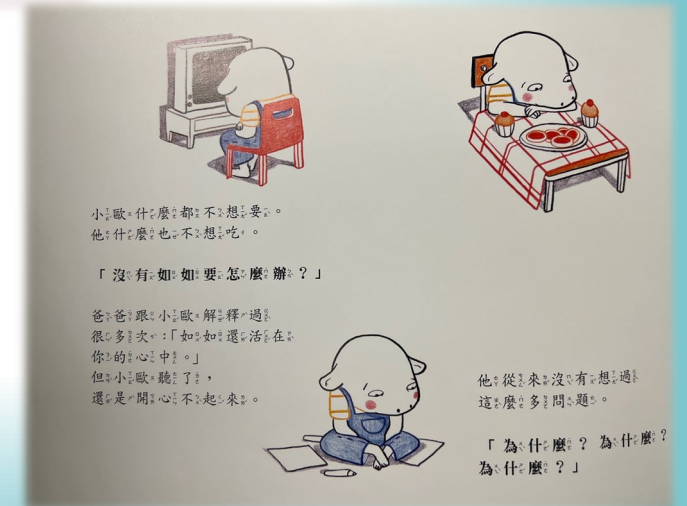
CASE 2 (SIBLING PREPARATION)

- ◆ Further discussion on recovery Vs. downhill condition of sister
- ◆ Advised family not to mention “discharge home”
- ◆ Change content of conversation in video call “get well soon> I love you, sing hymns, pray for lord’s support to heaven”
- ◆ Drawing to represent relationship
- ◆ Pink dinosaur to accompany sister.



PREPARATION ON FUNERAL

- ◆ Clarify understanding on sibling's death.
- ◆ Preparation on funeral with story telling.
- ◆ Facilitation on memorial craft making (cremation) as a continuing bond.



IMPLICATIONS ON PARENTS

- ◆ Understands the child and sibling's emotions.
- ◆ Able to prepare the sibling even parents' emotionally not ready for discussion.
- ◆ Understands PLAY as an essential element of child.
- ◆ Adjust from “aiming treatment and recovery only” to “treatment with family time”.
- ◆ Ready for wish fulfilment activity, legacy making, enhanced quality family time.
- ◆ Reported positive feelings on bereavement.

-END-
THANK YOU!

