Spring 1964

The Therapeutic Value Of Play Therapy In The Hospitalized Child

Carol Baertsch

Carroll College

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THE THERAPEUTIC VALUE OF PLAY THERAPY IN THE HOSPITALIZED CHILD

BY

CAROL BAERTSCH

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

Carroll College
Helena, Montana
1964
THIS THESIS FOR THE DEGREE OF BACHELOR OF SCIENCE

BY

CAROL BAERTSCH

HAS BEEN APPROVED FOR THE DEPARTMENT OF NURSING

BY

[Signed]

Santa Maria Francis R.N. W.S
This paper is lovingly dedicated to my parents, Mr. and Mrs. John Baertsch, without whose aid and encouragement my college education would not have been attained.

My thanks are sincerely expressed to Sister Mary Jerome, Director of Nursing at Carroll College, for her unfailing guidance, to Mrs. Amelia Eva, clinical instructor of pediatrics at St. James-Community Hospital School of Nursing, for her aid in choice of a subject and help in completion of this paper, and to all those nurses and nurses of the future without whose information this paper would not have been written.
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CHAPTER I

THE PROBLEM

Introduction

In routine daily care of the hospitalized child in the pediatric department, careful consideration should be given by the nurse to the emotional needs of the child and to his instruction and guidance. For a child, this experience is not routine, and the child may be very insecure and frightened by his new environment.

The child may feel frustrated and "to play it out is the most natural self-healing measure child affords." Through play, the child can work out his feelings or emotions. He may also reveal hidden problems in this way. These problems can be guided toward a solution by an observant nurse; one who is aware of the child's two basic needs, namely, those of love and placing limitations on activity to provide safety and to promote security. The child should have freedom to explore the environment within these limitations. The child may show pent-up emotions such as anger, rejection, a longing for security; or

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he may reveal his attitude toward others such as his parents or a brother or sister through active and imaginative play. In games and the use of selected toys, the child purposefully uses muscles which need exercise while he acquires manual skills and learns the joy of imaginative play.

An adult should be close by to protect the child from fear of his own instincts, from destroying property, and from hurting other children. Unacceptable behavior should be channeled to more acceptable ways. This is accomplished by ignoring this unacceptable behavior in the sense of giving no immediate comment or attention to it unless the child is infringing on the rights of the other children.

The child's play activities must be adapted to his individual needs. Not only does the stage of convalescence and the degree of activity allowed each child differ, but individual interests are almost unlimited. The attention span of the child varies according to his age and his physical condition.

Play serves many functions: developing a beginning understanding of moral values, continuance of physical development, encouraging social development through an active participation in group activities, and serving as a means of education by developing an awareness of surroundings. Play also functions psychologically by sublimating drives so they are released beneficially.

Play therapy differs from play in that it is directed toward a definite and specific change in personality. During hospitalization, play
can serve as a form of therapy or treatment. It can be a form of creative expression and communication through which every child, including the handicapped, can share his ideas with others.

**Problem**

To determine if there is therapeutic value in play therapy to the hospitalized child.

**Purpose**

To show that play has therapeutic value as well as pleasurable aspects for the hospitalized child.

**Hypothesis**

A program of therapeutic play should be an integral part of the hospital setting in a pediatric department. Play therapy is beneficial to the emotional health of a child.

**Justification**

Having worked in a Pediatric Hospital, I am interested in this field and would like to know the value of play therapy and if it is actually an asset to the treatment of the hospitalized child. I would like to know if play therapy is utilized to a great or less extent in hospitals in Montana and also determine if nurses are really aware of the importance of having the child express his emotions and master his environment.
Limitations

1. rapid turnover of patients
2. number of hospitals in which the study was carried out
3. ability to record accurately and objectively observations made
4. types of patients observed

Assumptions

1. Hospitalized children need security which can be supplemented by play therapy.
2. The professional and the student nurse are able to accept the responsibility of directing play during the child's period of hospitalization.
3. The professional and the student nurse realize the value of play.
4. Pediatric nurses and other personnel are so trained to help the child to express his feelings and emotions.

Definitions

1. play therapy - the use of toys in a physical and social environment in which play is natural and easy; this allows the child to release emotions and promotes relaxation which leads to social, mental, and emotional maturation as well as physical recuperation.
2. solitary play - playing alone or playing games with strict rules.
3. parallel play - playing by but not with each other.
4. cooperative play - play imitating adults; give and take; interacting
5. dramatic play - play which explores reality and imitates adults.
6. play - one of the means through which the child learns to master his environment by the use of toys.
7. emotions - a complex of feelings which may be good or bad, pleasant or unpleasant; they result in a bodily change or physical expression; a physical expression of an inner feeling; in children, we must guide these emotions to form good habits of feeling and thinking.

8. beneficial - helpful; a good that results in the child's expected response to therapy.

9. creativity - natural form of expression the child uses to show what he feels about persons, objects, or an experience.

10. limits - to confine within certain boundaries.

Survey of Literature

What does play therapy mean to various hospital personnel and the medical staffs of hospitals? Do they feel play therapy is an important constituent of the treatment of the hospitalized child? Is play therapy of value to the child? If so, in what way is it valuable?

"Play is a serious business, a response to a child's deep emotional urges."¹ It must be remembered that any student nurse, nurse's aide, graduate nurse, registered nurse, or doctor who assumes the responsibility for the care of a child, assumes responsibility to care for the whole child. This means socially, emotionally, spiritually, and physically. Play should then be included in the care of the whole child.

When a child is admitted to the hospital, he is imposed with tensions and resentments. Many times the child is unaware of the importance of the hospitalization and doesn't comprehend what he is expected

to do or what is the purpose of various treatments such as medications or surgery. To the child, his security in the home and his family ties have been severed and he is suddenly placed in a strange bed, surrounded by strange people, and submits to treatment which is often strange as well as painful.

One would expect to find an active program aimed toward helping the child to make a better adjustment to the hospital. Such a program would lessen the possibility of permanent emotional trauma. Such a program undertaken in many hospitals to meet the child's needs is a program of play or more commonly referred to as play therapy.

Play, the normal activity of childhood, forms the basic origins of behavior and is meaningful as a way of self-expression. A child is insecure in the hospital because his assurances of love and understanding are not duplicated in the hospital. His vocabulary and method of self-expression are not fully developed and he has difficulty expressing himself through the use of words. His play life helps him in self-expression. Through play, the child learns about his environment and how to adjust to others. He learns to realize his problems and to resolve them in play.

In a statistical study by Davidson, of play experiences of twenty-nine children, the following was revealed:

1. Not all play will provide emotional release even though carefully planned.
2. The play program is dependent upon the adequacy of the nursing staff.
3. Each person caring for a child is responsible for him as a whole person and should be adequately prepared to give whatever attention he needs.

4. The nurse needs knowledge of play skills and techniques and the play director needs knowledge of the basic principles of child care.

5. The play program can provide the student nurse with a great deal of learning experiences and understanding of human beings.

6. A child should have free access to any form of play within his ability which is not prohibited by his illness.1

The author also pointed out the essential points of a hospital program of play therapy; these include a nursing staff adequate for the patient load, a flexible program, a qualified play director or a person who understands child guidance and play techniques, and recognition of the play program as an essential part of the student nurse's total pediatric experience.

At St. John's Unit in Fargo, North Dakota, the play program is arranged so that a student nurse spends one of twelve weeks on the pediatric division directing the play activities of the children. The student is given an orientation by the instructor and together they arrange a project for the children. In the afternoon, quiet play is conducted; in the early evening is story time. At the end of each day, the student records the responses of the children to the various play activities. At the end of the week, the student nurse evaluates her experience. The students feel they are accomplishing a great deal for the children.

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way of creativeness as well as expression of problems.

The "Littlest Engineers"\(^1\) are an integral part of the play therapy program of St. Luke's Hospital located at Pasadena, California. Mr. Donald Parker of Sierra Madre, California, had been active as a football and track coach as well as a biology teacher until he was stricken with a heart attack. He was instructed by his doctor to engage in some lighter form of work. Mr. Parker received aid from members of the medical staff and spent six months building a train which can be wheeled from ward to ward to entertain the children in the pediatric department. High school students now maintain and supervise the railroad as a social service program. The result has been happier as well as entertained children.

What could be more fun and healthful than a "Playground in the Sky"?\(^2\) This is found at St. Clare's Hospital in New York. The hospital is located in mid-town Manhattan and had little play facilities. The idea was conceived to build a playground on the roof to allow children to play while they were hospitalized. A canopy was donated which is constructed over cots for those who are not ambulatory. The play equipment consists of slides, swings, a sandbox, a seesaw, a wading pool, and various toys and games. The children receive their noonday meal and afternoon snack.


on the roof. "It has been noted that children improve more rapidly, appetites have increased and a more relaxed atmosphere exists among children than previously."\(^1\)

At St. Mary's Hospital in Minneapolis, Minnesota, supervised play activities help to provide the transition from home to hospital care. The doctors felt that a play program would help children accept hospitalization and treatments. This would in turn aid in the recovery of the children. A play program was thus started to assist in caring for all aspects of the child's welfare.

Following institution of the play program, it was proved that when a child is helped to overcome his fear of hospitalization through play, he cooperates more fully in the treatments he may be receiving. It was learned that a child communicates through toys and by means of play, the child will accept the routines and treatments as an integral part of his hospital day.

St. Mary's has three aspects of play. The first is referred to as "bedside" and includes use of toys such as coloring books, stuffed toys, and puzzles which can be used by the child confined to bed. The second is "ward play" where group games are carried out in various wards when the children are not allowed to go to the playroom. The third aspect is "playroom" where the children are allowed to go to the playroom and engage in group games and creative projects. The hospital

\(^1\)Ibid.
has also instituted bibliotherapy and uses the services at the public library to obtain books for the children to read and look at.

One student nurse is assigned to the play program each week and the occupational therapy director serves as the director of the program. The director feels the program brings about greater harmony and cooperation. The child learns to share with others, to adjust to the hospital and to develop new skills. The registered nurses have discovered that they are free to give special care to children needing it and the doctors have found the patients more relaxed and amenable to treatment. Parents feel more secure knowing that play activities are available and are supervised.

At Grace Haven Community Hospital which is associated with Yale School of Nursing, a unique program was established. Under the guidance of pediatric faculty members, a music therapy program began to function. The student or person selected moved from ward to ward and from room to room playing a guitar and singing various songs. Some of the children accepted this immediately but it took others a longer period to adjust to the new situation.

This music therapy program revealed three steps in which children relate to others. The first was expression, indicated by simply smiling or drumming their fingers in time to the music. The second was acceptance. In this step, the children accepted the person playing the guitar and singing. This was shown by asking her to sing a certain song. The third
step which was participation took the form of participation in group singing.

The therapeutic effect was found to be three-fold. Music therapy served as a release of angry tension; it satisfied the human need for warmth and friendliness and lastly it lessened the feeling of loneliness. Among the personnel, interpersonal relationships showed growth.

"Music is more than fun: it is sound medicine." ¹

Another unique play program is the "Bedside Zoo" ² found in the University of Michigan's hospital in Ann Arbor. This therapeutic zoo is composed of two coatimundis (agile raccoon-like animals), baby chicks, kittens, rabbits, and a deodorized skunk. The program began as a simple project to furnish play equipment for hospitalized children and has now grown to the extent that it is composed of a staff of twenty-four professional people and includes recreational and educational equipment. The non-ambulatory children are brought to the playroom in wheel chairs, beds, and stretchers. Here the children are allowed to handle and care for the animals. The doctors say that the presence of the animals helps in distracting children from the pain of their illness.

Along with the animals, the children have sand-tables, a pool,


wagons, dollhouses, and various other toys to entertain them.

With toys and the proper environment including both physical and social elements, the child may indulge in play. Types of play include solitary play, cooperative play, parallel play and dramatic play, and these depend on the age of the child. Between the ages of eighteen months and two years, children begin to take part in parallel play and gradually between the ages of four years and six years, they progress to cooperative and finally dramatic play.

Here are a list of toys according to age:

NEONATE TO THE FIRST MONTH: Toys for reaching and grasping.

1. rattles
2. large colored beads strung on heavy cord
3. toy animals which are easily cleaned
4. bright hanging objects such as a balloon

ONE TO TWO YEARS: Children of this age enjoy push-pull toys.

1. dolls
2. balls
3. simple books
4. floating toys for the bath

TWO TO FIVE YEARS: At this age, rhythm and imaginative play are enjoyed.

1. wagon or wheelbarrow
2. simple trains, boats, dump trucks
3. blocks for building
4. tools, fire engines, garage
5. sand pile, shovel and pail
6. balls, spoons, dishes, large crayons and paper
7. drums, simple band instruments, toy telephone, blunt scissors
8. picture cards, simple picture puzzles, finger paints
FIVE TO SEVEN YEARS: Children of this age imitate adults and indulge in free motor activity.

1. clay, pictures to cut out and paste, scissors
2. engines and trains
3. paper dolls
4. furniture, brooms, stove, dishes, dollhouse
5. picture books to paint and color
6. slide, blocks, beads to string
7. hammer and nails

SEVEN TO TEN YEARS: During this period, creative imagination is active and fingers are more dext.

1. puzzles, riddles, printing set
2. puppets and marionettes
3. ring toss, garden and playhouse equipment
4. small autos, dolls, doll dishes and dollhouse
5. bean bag games, tops to spin, blackboard and crayons
6. paper to cut stars and snowflakes
7. soap bubble sets
8. scrapbooks

TEN TO TWELVE YEARS: At this age hobbies become interesting.

1. crayons, paints, scissors, paper
2. checkers, anagrams, jackstraws
3. weaving looms
4. live pets
5. aquarium
6. boxes and boards for building
7. equipment with which to furnish a dollhouse
8. sewing for dolls

THIRTEEN TO FIFTEEN YEARS: During the teens, children have an active imagination and an interest in competitive and cooperative games. They are also interested in organization of groups and clubs.

1. magic tricks
2. magnifying glass, microscope, compass
3. nature study
4. modeling clay
5. scrapbooks on specific topics
6. sewing, knitting, and weaving
7. motion picture machine
8. games such as cards, riddles, dominoes, checkers, chess, and guessing games as well as anagrams
9. workshop equipment for special activity interests

Play thus involves many aspects but it is important to remember to accept the child as he is, that he has varied interests, and play can lead to better growth and development.

CHAPTER II

METHOD

A descriptive survey was used for evaluation of this problem. A descriptive survey involves fact finding with interpretation of these facts. These facts are collected through observing, interviewing, and questionnaires. The facts are then classified and a conclusion is drawn. These facts can be used to help further knowledge.

Questionnaires were sent to students currently enrolled in three diploma schools in Montana. These students have completed their pediatric experience. A letter was enclosed with the questionnaire to explain that the information was to be used in a survey. The purpose of the questionnaire was to be short but inclusive. (see appendix I and II)

Questionnaires were sent to fifteen graduate nurses, ten of whom are presently attending college to obtain their Bachelor of Science Degree in Nursing. The purpose of this was to compare the various types of play programs they had participated in here in Montana and in other states. (see appendix III and IV)

A period of two weeks was spent in a children's hospital in Helena, Montana, observing hospitalized children who were supervised in their
play activities and those who weren't and comparing their reactions.

A private interview was obtained with the clinical instructor of pediatrics in one of the diploma schools of nursing here in Montana on December 10, 1963. (see appendix V) Following the interview, two hours were spent observing the student nurse assigned to play therapy in the pediatric department of that hospital.
Analysis of Student Questionnaires

Questionnaires were sent to student nurses enrolled in the three diploma schools of nursing in Montana. Of nine questionnaires sent to school number one, nine were marked and returned; a percentage of one hundred. From school number two, all three questionnaires sent were returned for a percentage of one hundred. From school number three, one out of six was returned for a percentage of sixteen. Thus a total of eighteen questionnaires were sent to the three schools and thirteen were returned, a percentage of seventy-two.

An analysis of the questionnaires from school number one revealed that play therapy is an integral part of the students' rotation in pediatrics and this period is one week. Seven of the students believed that this one week period was a sufficient length of time and two believed the period of time should be at least two weeks to allow the student to spend more time with each child.

Five students indicated that play therapy brings out a child's problems, and of these five, one student stated these problems were not
readily interpreted; another student stated that if the period allowed for play therapy was longer, more problems would be revealed, and yet another remarked that the child's problem is brought out to the point where it is possible for the nurse to determine something is amiss. Four students felt that play therapy did not bring out a child's problems.

Two students felt that play therapy did not serve as a release of a child's pent-up emotions while seven students felt it definitely did. All nine students felt that toys help put a child at ease when he is admitted to the hospital. All nine stated they thought play therapy is beneficial to the hospitalized child. Some of the reasons stated were: play therapy makes hospital life more like home life; it takes the child's mind off his illness; and it serves as an outlet for emotions; play therapy gives a feeling of achievement, teaches socially acceptable behavior and enhances relations with others; play therapy helps the child express himself and make decisions even if they are minor ones; play therapy allows for creativity and gives the child a chance to exhibit talents; it gives the child something to do as well as giving the nurse insight to the child's problems through such things as colors, attitudes, and various toys; play therapy gives the child a feeling of accomplishment as well as something to look forward to.

The form of play therapy in the hospital associated with school number one is a supervised play program of one week. A different student is assigned each week and carries out a project with the children.
The student may also read to the children, play games with them, or just sit and visit with the seriously ill. A playroom is available with toys, books, a toy chest, a phonograph, and a playhouse.

From school number two, the questionnaires revealed that there is no specific play therapy program. In the hospital associated with school number two, there is a small playroom, toys, and reading material. The students may take individual patients or a group of patients to the playroom to read, play games, or just sit and talk to the patients.

In school number two, play therapy is an individual nurse-patient activity carried on during the nine weeks spent in pediatrics.

All three students who returned the questionnaires stated that play therapy brings out a child's problems, serves as a release of a child's pent-up emotions, and they also believe that toys can help put a child at ease upon admission to the hospital. All three believed play therapy is beneficial because: play therapy helps the child release his emotions and it teaches him to get along with others; play therapy helps the child identify his needs and himself as a person; and play therapy gives the child a chance to relax.

The questionnaire from school number three revealed the school has no special play therapy program. During the students' pediatric experience, they learn the importance of play therapy every day on duty for a period of an hour. The student who returned the questionnaire believed this to be a sufficient length of time. The student stated
toys help put a child at ease upon admission and play therapy brings out a child's pent-up emotions as well as serving as a release of his problems. The student stated that play therapy is beneficial to a child because it keeps the child happier in his strange environment.

Analysis of Graduate Nurse Questionnaires

Of fifteen questionnaires sent to graduate nurses, ten were marked and returned for a percentage of sixty-six. Of the ten questionnaires returned, five nurses had attended a school where play therapy was an integral part of their rotation during their nursing education with the time spent on play therapy being one week. These five agreed that one week was a sufficient length of time.

All ten nurses who returned the questionnaires believe that play therapy brings out a child's problems and that toys can help put a child at ease when he is admitted to the hospital. Nine nurses believe that play serves as a release of a child's pent-up emotions while one stated that it did not.

The nurses agreed one hundred percent that play therapy is beneficial to a child. Some of the reasons they gave are: play therapy is a way to express his inner fears and anxieties and it satisfies his creative needs; play therapy serves as a diversion of the child's attention from the hospital setting and from his illness; play therapy channels energy, yet offers opportunity for creativity and release of emotion; play therapy helps the child act out problems, develop new skills and
it helps him learn to work with others; play therapy gives a sense of belonging and security; it makes a child feel loved and gives him the attention he needs as well as diverting his imagination to constructive channels; play therapy helps the child adjust to the hospital situation and personnel, thus hastening and assisting his recovery; and lastly one nurse stated that play therapy would be beneficial to the child if the nurse or aide was observant and understood the meaning of such therapy.

Only one nurse stated that there is a program of play therapy in the hospital in which she is currently employed. One nurse is not presently employed in her profession and one other nurse stated there is no formal play therapy program, however, there is a playroom which has a television set, phonograph, books and toys which the children can play with. Five nurses stated that very few children were admitted to the hospital in which they are presently employed. For those children that were admitted, toys were brought from home or the mothers sometimes stayed with the children. There is no formal program of play therapy. The remaining two did not answer the question concerning the play program in the hospital in which they are currently employed.

Analysis of Interview

In a personal interview with the clinical instructor of pediatrics at a diploma school of nursing here in Montana which is referred to as school number one, the author learned that this school of nursing has a definite program of play therapy. A total of one week is spent by each
The student on this program during their pediatric rotation. During this week, the nurse assigned, often referred to as the play nurse by the children, decides on a project and gathers materials for the completion of this project. The choice of a project is cleared with the instructor. Projects which are dangerous such as the use of balloons or pins are limited. Samples are offered from which the student may choose a project which she likes.

The student is free to engage in reading or games or quiet conversation with any child. She studies the reactions of the neonate, preschool and school child to these various activities.

During this one week, the student nurse on play therapy considers two children whom she feels have problems and affirms this choice with the instructor. The play nurse records the kind of guidance she offers these children and also the positive and negative reactions the child has. The nurse then attempts to guide the negative reactions toward positive channels.

The instructor gives the play nurse a special report each morning before the play session concerning each child and they discuss what would be beneficial for each child. For example, a child with a heart ailment would benefit more from quiet play or conversation.

The instructor spot checks as the student works and, before leaving the ward, the instructor inspects each project. At the end of the week, the student writes an evaluation of her experience and discusses
it with the instructor.

The instructor stated she felt that one week was adequate for a basic experience in play therapy. She also stated that she believed the patients were aided in their recovery through play therapy and that as a result of this learning experience, the student nurse is aided in her ability to give nursing care as well as getting to know the child better.

Various qualities are needed to be a good play therapy leader. The instructor believes the student should possess some creative ability in order to foster it in the ill child. She must be tolerant of the mistakes of the children and use firm but kind guidance to enhance the child's sense of achievement. The student must be willing to accept the guidance offered by the instructor and she must be willing to prepare for the week of play therapy experience by reading literature available on the subject.

The instructor stated that she, as a teacher, was attempting to develop these qualities in student education by self preparation through reading, by applying for booklets designed to foster creative ability in children, and by including play therapy as an integral part of the pediatric experience to aid in attaining the maximum growth and development in children.

To the question, "Do you think play therapy should be an integral part of a hospital setting?", the clinical instructor responded, "Most certainly!"
Analysis of Play Therapy in a Diploma School of Nursing

On December 10, 1963, I made a trip to diploma school number one to observe the students, patients, the play therapy program, and to obtain an interview with the instructor.

Upon arriving at the hospital, the clinical instructor in the pediatric department gave me a report on the twenty-one patients ranging from the age of seven months to twelve years. We then made rounds of all the patients and the instructor introduced me to each patient. I then read the charts to gain an understanding of each child and his or her illness varying from upper respiratory infections to pneumonia to surgical cases. Next, the instructor introduced me to the student nurse assigned to play therapy for that week. The clinical instructor "briefed" the play nurse concerning each child's illness as well as his limitations due to the illness. Thus, the play nurse would be able to engage each child in an activity of which he was capable.

The project the play nurse had selected for her week on play therapy consisted of a bunny made of cardboard with a cotton ball tail and pipe cleaner whiskers. (see appendix VI) Some of the patterns were blank and some had the features drawn in. The reason for this was to allow the older children to draw in the features if they were able and the younger children could apply the tail and whiskers to the patterns which were already drawn.

I went with the play nurse as she visited each of nine children...
who were to make the bunnies. The most noticeable change in a patient was observed in an eight-year-old boy scheduled to have a hernia repair that morning. When we approached the bedside, he was lying quietly tapping his fingers up and down on the bed. The student showed him the bunny and explained what to do. He promptly began to draw in the facial features and to apply the tail and whiskers. When he completed the bunny, he promptly stated that he was going to have an operation that morning. With encouragement from the nurse he expressed his feelings of fear and anticipation. When we left his bedside, he was smiling and telling his bunny about his surgery.

Of the nine children who worked on the project, each one appeared to enjoy doing it. One little girl wanted to hold her bunny so the bunny could watch television with her. Another wanted to know if she could take the bunny home with her. Another little boy asked if he could make one for his friend. As the student worked with each child, she talked to them and this seemed to put them at ease as they in turn responded to her with comments and questions.

After the play nurse had helped these nine older children with the project, she visited the younger ones and read to them or played games with them.

I stood outside various rooms and observed some of the patients. One little boy was crying for his father. Shortly, however, he settled down and began to look at a book. Two other little girls were in the same
ward and they included him in their conversation. Shortly, all three were laughing and apparently enjoying themselves.

Another boy of fourteen months was crying and turning restlessly from side to side. A nurse's aide placed a stuffed animal in his bed. He stopped crying and cuddled the little brown bear.

A twelve-year-old boy was following one nurse from room to room. She walked to the playroom with him and showed him a typewriter. He began to pound the keys; tiring of this, he began to ride a play horse and appeared to be more relaxed.

A twelve-year-old girl, who was confined to bed, informed me that she was able to read and this helped pass the time as well as entertain her.

On this pediatric ward, there is a large playroom for the children as well as a toy chest, a cupboard, a phonograph, a typewriter, books and various toys such as a small table and chair set, balls, dolls, cars and dishes. Each child had toys or books at his bedside to entertain him.

Analysis of Observations in a Children's Hospital

Due to a rapid turnover of patients, I was able to observe only three children who were hospitalized for a period of two or more weeks. During this period, one week was spent observing each child every day for a period of one half hour, and the second week was spent engaging them in some activity. I then observed their reactions to the hospital
environment.

Arthur, an eleven-year-old boy with a diagnosis of rheumatic fever, was confined to bed. During the first week I observed him, Arthur sat and looked out the window or read. His appetite was not good and he displayed lack of interest in activities going on about him. The second week, I went in to Arthur's room each day and played quiet games with him or just sat and visited. As a result he began to do more quiet activities by himself and the nurses also commented that Arthur's appetite had improved.

Mike was a twelve-year-old boy with a severe mouth infection. The first week of his hospitalization, he was very ill and apparently wanted to do nothing but sleep or look at classic comic books. Due to the condition of his mouth, Mike was not able to eat or drink much and consequently had to have intravenous feedings. Mike found this very unpleasant for he stated he "was scared of needles".

The second week, Mike was moved to a larger room and I went in each day to visit him. For the first few days, we just sat and talked about school and his family. Then he received a model tank and became interested in constructing it. Finally the day came when he suggested we play checkers, and, of course, he won. He expressed elation over this fact and informed the rest of the staff of his accomplishment. His appetite improved and he asked questions about the various treatments he was receiving.
Sally was a seventeen-year-old girl who had rheumatic fever. Due to her illness, she was not allowed very many activities. The first week, she read and wrote letters. The second week, I talked with her for the first two days. She informed me that she was a senior and was worried about "missing so much school work" for this might prevent her from graduating with her class. I also learned that she enjoyed art and was taking three art courses in school. On the third day, her art teacher brought her materials to carry on her class work. She asked to be placed on a diet to lose weight and appeared to be happy and relaxed with no further worries about her school work. She stated she wanted to paint a picture and this she did which turned out to be a beautiful portrait.

While carrying out these observations, I also observed the aides and nurses at the hospital. When the morning care was completed, the various staff members could be found in various rooms playing with the children or just talking to them.
CHAPTER IV

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary and Conclusion

In our diploma schools of nursing in Montana, our student nurses are lacking a definite program of play therapy in their pediatric experience. Only one of the three schools has such a program. A play program can provide a means whereby nurses can better understand people as well as providing a learning experience for them. This in turn aids a hospitalized child in recovery and promotes his growth and development.

Some of the hospitals in which recent graduates are currently employed do not have adequate play facilities or a separate pediatric department for the ill child. Many times a child may be placed in a ward with an elderly patient which can be disadvantageous to both. An older person may become irritated by the noise the child is making and reprimand him; the result will be an upset older person and a frightened child. The ill child needs companions of his own age group; he needs toys and books to carry out his need for play.

Also in a situation where few children are admitted to a hospital, the nursing staff has feelings of inadequacy. They are not capable of
fully meeting the child's need for play because they do not have the equipment and the experience of caring for the sick child. Just as a carpenter is inefficient without his tools, so is the nursing staff without full knowledge of principles of child care and experience, so is the child without toys.

A child's business is play and when he is hospitalized, he should be provided with the necessary tools for this business. When a child is separated from his home environment, he may be very frightened and insecure for his way of life is not duplicated in the hospital. An effort should be made to help him adjust to this new situation.

We as nurses must not forget the parent. A child's hospitalization can be traumatic for parents as well as the child. They may be worried or show concern about such things as when will he get his meals, will he be able to keep his favorite blanket with him, and when can they visit him. A member of the nursing staff can supply this information to the parents. This knowledge will help put the parents' minds at ease as well as supply them with answers to the many questions the children may ask. An efficient nurse will meet Johnny or Mary upon admission with a toy and attempt to answer his or her questions as well as those of the parents. A child finds comfort in playing just as an adult does in reading his favorite magazine. The nurse should find out from the parents just what games and toys Johnny or Mary like best and provide the child with them if they are available.
The student nurses and graduate nurses seem to be aware of the vast importance of play therapy and the principles involved but it is the author's conclusion that they are not in a situation to actually practice these rules and principles they have learned. Schools of nursing and general hospitals are not adequately meeting this important need of the hospitalized child—namely that of play therapy.
Recommendations

1. That a definite play therapy program be included in the pediatric experience of student nurses in diploma schools of nursing in Montana.

2. That space and play equipment be provided in our general hospitals to aid in the child's recovery and promote his growth and development.

3. That the nursing staff have knowledge of the basic principles of the care of the whole child, mentally, physically, socially, and spiritually as well as knowledge of play techniques and skills.

4. That small booklets be printed concerning rules of admission, visiting hours, rest period, surgery, play activities, and discharge to be given to parents to promote understanding and clarify questions they may have.
Dear Student:

I am a graduate nurse presently attending Carroll College. As part of the requirements to obtain a Bachelor of Science Degree in Nursing, I am conducting a survey on the value of play therapy in the hospitalized child.

I would appreciate it if you would fill out the following questions and return the questionnaire to me in the self-addressed envelope at your earliest convenience. I would also appreciate any additional comments you may have.

No names will be used in the study.

Thank you for your time and cooperation.

Sincerely,

Miss Carol Faertsch
APPENDIX II

STUDENT QUESTIONNAIRE

1. Is play therapy an integral part of your rotation spent in Pediatrics?  yes  no

2. How much time do you spend on play therapy rotation?  

3. Do you think this is a sufficient length of time?  yes  no
   a. If your answer is no—how much longer do you think it should be?  
   b. If your answer is yes—do you think it should be shortened?  

4. Do you think play therapy brings out a child’s problems?  yes  no

5. Do you think play therapy serves as a release of a child’s pent-up emotions?  yes  no

6. Do you think play therapy is beneficial to a child?  yes  no
   a. If yes—how is it beneficial?  
   b. If no—why is it not beneficial?  

7. Do you find that toys can help put a child at ease when he is admitted to the hospital?  yes  no

8. What form does play therapy (as practiced in your hospital) take?  


Dear Nurse:

I am a graduate nurse presently attending Carroll College. As part of the requirements to obtain a Bachelor of Science Degree in Nursing, I am conducting a survey on the value of play therapy in the hospitalized child.

I would appreciate it if you would fill out the following questions and return the questionnaire to me in the self-addressed envelope at your earliest convenience. I would also appreciate any additional comments you may have.

No names will be used in the study.

Thank you for your time and cooperation.

Sincerely,

(Miss) Carol Baartsch
APPENDIX IV

QUESTIONNAIRE FOR NURSES

1. Was play therapy an integral part of your rotation during your nursing education? yes no

2. How much time did you spend on play therapy rotation? __________________________

3. Do you think this was a sufficient length of time? yes no
   a. If your answer is no - how much longer do you think it should have been? __________________________
   b. If your answer is yes - do you think it should be shortened? __________________________

4. Do you think play therapy brings out a child's problems? yes no

5. Do you think play therapy serves as a release of a child's pent-up emotions? yes no

6. Do you think play therapy is beneficial to a child? yes no
   a. If yes - in what way is it beneficial? __________________________
   b. If no - why is it not beneficial? __________________________

7. Do you find that toys can help put a child at ease when he is admitted to the hospital? yes no

8. In the hospital in which you are currently employed, what form does play therapy take? __________________________
APPENDIX V

INTERVIEW GUIDE

1. What facilities are available for play therapy in the pediatric department?
2. What is the content of the material covered during the experience?
3. Do you feel the students receive enough experience in the period of time allotted?
4. What qualities should a student possess to be a good play therapy leader?
5. How are you as a teacher (supervisor, head nurse, graduate nurse) developing these qualities in student education?
6. What goals or objectives does the student attempt to meet?
7. How much actual supervision does a student receive?
8. To what extent is a student allowed to use her own initiative?
9. Do you feel the patients are aided in their recovery through play therapy?
10. As a result of this learning experience, do you feel the student nurse is aided in her ability to give nursing care to the sick child?
11. Do you think play therapy should be an integral part of a hospital setting?
BIBLIOGRAPHY

**Books:**


**Articles and Periodicals:**


