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Work Hard Play Hard:

Child Life Specialists and Use of Play in the Hospital Setting

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Abstract

Play is crucial for a child's development, especially for children in restricted settings, such as hospitals. However, play in the hospital setting is frequently overlooked, often to the child's detriment. A survey was distributed to child life specialists to obtain quantitative and qualitative data regarding their perceptions of the importance of play and how they implement it in the hospital setting. Eighty-three participants answered the survey. Eighty-two out of eighty-three are child life specialists. One participant was a student and seventy-nine were Certified Child Life Specialists. Responses revealed that all of the participants believed play is important in the hospital setting. On a ten-point rating scale, with one representing "not important at all" and ten representing "extremely important", all the answers fell in the seven to ten range.

Keywords: child life specialist, play

Work Hard Play Hard: Child Life Specialists and Use of Play in the Hospital Setting

Introduction

Child life specialists play a key role in the hospital setting. According to the Association of Child Life Professionals, a Certified Child Life Specialist (CCLS) is defined as a professional “educated and clinically trained in the developmental impact of illness and injury. Their role improves patient and family care, satisfaction, and overall experience” (2018). To become a CCLS, the candidates must complete the Child Life Professional Certification Examination and a 600-hour Child Life internship. The certification lasts for five years before recertification has to occur. (Association of Child Life Professionals Student Page)

Children are vulnerable to any hospital experiences and will need ways of coping. If the patient has been admitted to the hospital before, they may have had a negative experience in the past and might affect their reactions to any future medical encounters. CCLS help patients cope in the hospital. According to Kia Beickert and Kelsey Mora (2017), “When a child is provided with pharmacological, physical, and psychological methods to relieve pain, they can develop a coping repertoire that aids, in recurring, ongoing pain, which in turn develops strong bonds between child, parent, and pediatric staff” (pg. 349).

CCLS help to prepare patients and families, based on the child’s developmental level, for the hospital experience, procedures, surgeries, or medical encounters that they may have. One goal of a CCLS is to promote play in the healthcare setting. According to Burns-Nader and Hernandez-Reif (2016), “...child life specialists use play as a tool to help children understand the medical environment, cope through fun activities and continue to develop in the hospital setting” (pg.4).

CCLS use play in a variety of ways in the hospital setting. According to Good Samaritan Hospital Medical Center, “Child Life Specialists use play to translate the hospital setting into a more familiar and soothing experience for children and families” (Good Samaritan Hospital Medical Center). Children may not know what they will experience, especially if it is their first time being in the hospital. Illnesses or conditions may be either acute or chronic and this impacts the length of their hospital stay. Whatever the case, the CCLS’ job is to make the environment as comforting to the individual and the family as possible and provide preparation for surgeries, procedures, or anything that they will encounter.

There are many different types of play in the hospital. Some of them include: medical play, therapeutic play, preparation, distraction, recreational play, developmentally supportive play, and expressive play. Medical play is used to help children become more familiar with medical equipment that they will encounter during their time in the hospital. Medical play also allows children to act out any previous medical experiences that they may have had. An example is having the patient use a medical doll to practice their procedure. According to Burns-Nader and Hernandez-Reif (2016), “Therapeutic play is a type of structured play that promotes the emotional expression of children with the aim of enhancing children’s normal development, psychosocial well-being, and coping skills” (pg. 12). An example is having a puppet show so the patient can act out their emotions. Preparation is used to prepare the children and also the parents for their medical stay and their procedure, surgery, or any medical encounter. To help the patient understand what to expect, the CCLS can prepare children through a variety of methods, such as the use of a medical doll, medical equipment, pictures, and preparation books. Distraction, according to Lendy Chapman is, “...utilizing age-appropriate items to provide an alternate focus

for the patient” (2016). Distraction can be provided in a variety of ways such as, I Spy books, bubbles, and light spinners.

Recreational play is play for the normalization of the environment. If the patient or the family isn't comfortable, the CCLS will help normalize the environment to make it more pleasant. An example would be telling the family about the playroom in the hospital and making them aware of the hours that it is open, so that they can utilize it. Developmentally supportive play is play that supports the child's developmental level. Play is impacted by the developmental level of the children, whether they are capable of understanding or, perhaps, too old to play with a medical doll. The CCLS will ask them questions along the way to see what they comprehend. Expressive play allows children to use their imagination to create. For example, a work of art to express themselves.

There are many different units in a hospital. Depending on the patient population that a CCLS works with, play may be used more by some than others. According to the information from the website of Arkansas Children's Hospital, units that CCLS may work with include the: Neonatal Intensive Care Unit (NICU), which are for at-risk and critically ill infants; Pediatric Intensive Care Unit (PICU), which is for children suffering from respiratory issues and failure, and pediatric trauma, septic shock and diabetic ketoacidosis; Burn Unit, which is for treating adult and pediatric burn injuries; Hematology, which is for pediatric cancers and blood disorders, and Cardiovascular Intensive Care Unit (CVICU), which is to provide care to neonates, children and adolescents with congenital or acquired heart disease. Play may be used in different ways depending on the patient and the patient population that a CCLS works with.

As stated previously, play is crucial for development in children, whether they are normally developing children, or they have a disability or have a medical condition (Pathway,

n.d.) Play is important even in the hospital setting. There are many different types of play. Some of the different types of play are medical play, expressive play, pretend play, or preparation (Jones, 2018, Burns-Nader and Hernandez-Reif, 2016). Medical play is when a child uses a doll and medical equipment so they can act out any future medical procedures or surgeries or act out what they have experienced after a medical procedure or surgery. Expressive play may involve creating arts and crafts, for example using a medical syringe to paint something. Pretend play, according to Julie Fiorelli and Sandra Russ (2012) is, "... the ability to engage in play, to transform objects, and to use make-believe action" (pg. 82). Preparation is when a CCLS, using a medical doll, prepares them for a medical procedure, surgery, or anything else that they will encounter during their time in the hospital. Maile Jones talked about how children who are in the hospital have less access to play because play is different in the hospital than at home or at school but that play is more important in the hospital because the children/patients have to deal with a different environment, might have to go through painful procedures, or any stressful experiences (2018).

Play interventions are used when a patient is having difficulty adjusting to the hospital setting. CCLS will assess the developmental level of the child and their age. They will build rapport with the patient and also the families. Stefanie Witt, Gabriele Escherich, Stefan Rutkowski, Gerhard Kappelhoff, Sara Frygner-Holm, Sandra Russ, Monika Bullinger, and Julia Quitmann said (2018), "pretend play was used as an intervention with children who had been diagnosed with Leukemia, within four years of when they were doing their study" (pg. 99). Their findings were divided into four themes, which are: Ability to Play in the Context of Leukemia, Ways of Coping with Leukemia, Difficulty in Transitioning to Normality, and Parental Quality of Life and Parents' Needs. In the first theme, the parents mentioned that their wasn't a lot of

opportunities to play and that pain appeared to be the limiting aspect of cancer on being able to play. In the second theme, the parents reported several coping strategies, some of them are: avoidance, withdrawal, and aggression. The third theme talked about how transitioning into normality was difficult. The parents were feeling overwhelmed because it was hard for them to go back to normality. The fourth theme focused more on the parents. The demands and burdens was hard on the family. Their life was changed abruptly and they felt helpless. In another article, Teaching Children with Autism to Play a Video Game Using Activity Schedules and Game-Embedded Simultaneous Video Modeling, the authors explored using a play intervention to teach children with autism to play a video game. Alyssa Blum-Dimaya, Sharon Reeve, and Kenneth Reeve said (2010), “Children with autism or other disabilities who can play games with their peers have increased opportunities to learn social skills from their peer interactions and may also improve their motor skills” (pg. 351).

According to Burns-Nader and Hernandez-Reif (2016), “Distraction is a commonly used behavioral intervention by child life specialists that entails teaching and assisting children to focus their attention from the source of fear, pain, or anxiety” (pg. 3). There was an eight-year-old involved in a case study, who had an athletic injury and didn’t know much about the hospital experience. The nurse was the first person that he saw, and she explained to him what they were going to do. Then the sedation provider came to get medical history. Finally, the CCLS came in and found out his interests and asked him some questions to get to know him better and to build rapport. The CCLS learned that the eight-year-old’s greatest fear was being put to sleep, because he didn’t like the feeling of being out of control. The procedure was to be completed without sedation, but sedation was available in case it was needed. While the CCLS was talking about

what the procedure would be like without sedation, she brought the child Legos to play with. The CCLS prepared the eight-year old and the parents regarding what would happen during the procedure, the IV placement, and the arthrogram. Some of the procedure would be longer than others, so the parents developed a coping plan. The child life specialist gave the 8-year-old Legos to distract him while the IV was being put in (Metzger, Mignogna, Reilly, 2013).

A study was done on the effect of medical play used for pain and distress for burn wound care. Wound care can be traumatic for some children and an intervention, such as play, can be beneficial when used by a CCLS. Elizabeth Moore, Katherine Bennet, Mary Dietrich, and Nancy Wells (2015) said, “The discomfort and distress associated with painful medical procedures has demonstrated long-term negative effects for patients and their caregivers, including eating and sleeping disturbances, decreased cooperative behavior, increased fears, and posttraumatic stress (pg. 265).

Each child life specialist may view play differently. This study investigates child life specialist’s perception of the importance of play and how their perception impacts implementation of play in the unit(s) which they work. Since child life specialists have to interact and prepare their patients in the hospital, the way they answer certain questions is likely influenced by their daily interactions with patients.

This study asks the question: How does a child life specialist’s perception of the importance of play influence the way he or she implements play in the hospital setting? The hypothesis is that a child life specialist’s perception of the essential benefit of play in medical intervention has a direct affect on their actual implementation of play in the hospital setting.

This is filling a gap in knowledge because CCLS might view play differently and they could learn from each other. There is not a lot of research done in child life and play, it is more about what child life specialists do. According to Teri Metzger, Kelly Mignogna, and Lorie Reilley (2013), “The working relationship between nursing and CCLS’ continues through the intraprocedure phase... CCLS’ also play a vital role in modeling therapeutic communication during stressful procedures or situation” (pg. 158). Another example from Kia Beickert and Kelsey Mora (2017), “A common misconception among pediatric staff is that CCLS are the same of psychologists or social workers... the difference is the CCLS primary focus within health care is acute coping with hospitalization or medical procedures. The Child Life program encourages your child to continue playing while in the hospital in order to promote recovery, normal development, and independence (Arkansas Children’s, n.d.).

Methodology

Participants

Eight-two of the eighty-three participants are child life specialists. 1 participant was a child life student and seventy-nine participants were CCLS. An eight-question survey was created on Survey Monkey and was posted on the Association of Child Life Professionals’ Forum Board. This forum is only available to paid members of the Association of Child Life Professionals. An email with the survey attached was also sent to a child life specialist at Arkansas Children’s Hospital to send to the Child Life Department in an effort to get more responses. The questions are attached as Appendix A.

Results

Eighty-three respondents answered the survey. All of the respondents, all of the respondents viewed play as being important. On a ten-point rating scale, with one representing “not important at all” and ten representing “extremely important”, all the answers fell in the seven to ten range. Each respondent was asked to provide a written explanation of why they, as a CCLS, thought play is important in the hospital setting. Some of the responses included:

“Play allows children to process difficult emotions in a safe environment. Through play they are able to achieve a sense of mastery over the situation and normalize the environment.”

[(Respondent 76)]

“Play serves as a way for kids to express themselves when they may not have the words or understanding of the hospital setting to do so. It also helps them forget about feeling sick or hopeless in the hospital setting.” [(Respondent 65)]

“Play promotes healing and is a way to understand fears and misconceptions in the medical environment. Play is a great for distraction and often pain management when appropriate.” [(Respondent 61)]

“I believe normalization play is extremely important to help children feel safe and comfortable in the hospital environment, especially since it can be a place of pain and fear. Medical play is extremely important because it provides a sense of mastery and healing during what can feel helpless at times.” [(Respondent 58)]

“Play helps remind kids that they are kids. It also assists in decreasing any anxiety that a patient might feel coming into a hospital. (i.e. in an outpatient setting a kiddo comes in worrying about getting shots and scary things the doctor might do. I do my best to be the first person in the room to give the kiddo something to do so they can think of something other than shots.”

[(Respondent 47)]

Question eight of the survey asks “what barriers do you face using play with your patient population?”. Child life specialists may face barriers in the hospital setting to implementing play. One common misconception is that staff might not understand the importance of play. Some of the other responses included:

“I am in a portion of the hospital without access to a playroom, so we are often playing in waiting rooms or patient rooms. On one side, play in an environment so immersed in the situation can be helpful for the sake of normalizing. However, it can be difficult for some children to allow themselves freedom to process and master difficult emotions they are feeling regarding their terminally ill loved one when there is not much privacy.” [(Respondent 75)]

“Electronics are the WORST! Parents shove a tablet in front of their child and let the toys on the bed just sit there. It is easier to stick a kid in front of the tablet rather than to actually interact and play. Parents are largely lazier than when there were only toys and we needed actively entertain our kids.” [(Respondent 57)]

“Time constraints. Being that I am the only Child Life Specialist during the day, my priority is procedure based interventions vs therapeutic play.” [(Respondent 21)]

“None. Play can be simple as singing a song and engaging in silly faces...that can be done with everyone. If you have a playful approach, play can be infused into every interaction. I don’t like to keep “play” in a defined box- when we do that, we limit the possibilities of the ways we can impact patients and families.” [(Respondent 33)]

“Play lady”, medical team and/or parents not understanding and looking down on utilizing play with children.” [(Respondent 22)]

“Some parents think their child is too sick to play. With census numbers I don’t often have time to engage with the patients much. Some kids are only used to electronics so are resistant or uninterested in other play. [(Respondent 42)]

The aim of the study was to determine if a CCLS’ perception of the importance of the essential benefit of play in medical intervention has a direct effect on their actual implementation of play in the hospital setting.

These findings of the survey suggest that play is important in the hospital setting. All CCLS’ thought that play was important in the hospital yet there was a range from 7 to 10 on the rating scale of how important play was to them. The main findings on why they thought play was important was for the normalization of the environment, for learning, to master or have control of their environment, to build trust and rapport with the patient and family, and to process their emotions. Patients and families may not be comfortable with the environment. The CCLS will use play and other interventions to make the environment more pleasant. The environment needs to be pleasant so that the patient will have a positive hospital experience. The patient and families are learning in the hospital setting, such as learning about their condition and the procedure. When the patient spends more time in the hospital, they begin to control what happens because they become aware of what is happening. Building rapport and trust with the patient and family is very important. The CCLS will get to know the patient better by asking questions about their likes and dislikes, any fears or misconceptions that they may have. The CCLS will clear up the fears and misconceptions by preparing them for what they will encounter during their hospital experience. Once trust has been established with the patient and families and the CCLS, then the patient and family will trust that the CCLS will be an advocate if they have any questions or concerns and that their needs will be met. Mastery and control over the

environment goes hand-in-hand with normalization. Once the patient feels more comfortable with the environment, they will be able to control how they react to certain experiences and will feel more in control. Sometimes medical experiences can be stressful to patients and families. Through play, emotions can be expressed when words can't. There were several barriers to using play in the hospital setting, some of them include: time, the overall health of the patient, and the parent and staff perceptions of play. Time can be a barrier because some child life specialists didn't have enough time to engage with all of their patients or they were the only CCLS on their unit. The overall health of the patient can act as a barrier due to isolation status and critically ill patients. Patients who are in isolation can't leave their rooms so it can be hard to interact and play with them one-on-one. The perceptions of the parents and staff can act as a barrier. Some parents might think that their child is too sick to play. Staff might not understand the impact of using play in the hospital setting. It can be an inconvenience when they have a procedure to get done, they would probably want to get it over with. Even if the patient needs an intervention to learn what to expect and/or a distraction during the procedure.

Discussion

One of the limitations was that the survey was anonymous and follow up questions could not be asked. Since time was one of the top barriers when using play in the hospital setting, it is important to prioritize their day so they can get the most accomplished out of their day. Assessment is very important to be able to prioritize and balance time. The CCLS will need to assess the needs of the patient and families. They CCLS will also need to provide resources and teaching for the patient and family.

After completing the study, play appears to be important to implement in the hospital setting. Child life specialists use play in multiple ways, such as, preparation, intervention,

distraction, or to make the transition to the hospital setting easier and more welcoming. Play intervention can aid in helping children cope with any pain that they are experiencing and can also help the family cope when a diagnosis affects the whole family and not just the child.

It is also important to stress the importance of play to the staff and parents. Parents and staff could benefit from education on the importance of play. They need to be educated so that their child could get the adequate time to play and to heal and to express their emotions.

When children are placed on isolation due to their condition, they don't always have access to a play room. During this time, parents can also think their child is too sick to play. It is crucial for them to have opportunities for play. More research needs to be done with play with specific units and specific conditions to really understand the benefits of play with different patient populations. Moore et al (2015) said, "Therefore, strategies designed to reduce the pain and distress associated with burn wound care procedures should be considered as a means of improving the overall experience for children and their caregivers." (pg. 265) Burn wound care can be traumatic for the patient, which is where the CCLS will come in and provide preparation and distraction if necessary. Blum-Dimaya et al. (2010) said, "Children with autism or other disabilities who can play games with their peers have increased opportunities to learn social skills from their peer interactions and may also improve their motor skills." (pg. 351) Overall, this study concluded that play should be important in the hospital setting. Staff and parents should be educated in the importance of play in the hospital setting through the guidance of a CCLS.

- (n.d.). Retrieved from <https://www.archildrens.org/programs-services/hospital-units-and-clinics/hospital-units/hospital-units>
- (n.d.). Retrieved from <https://www.childlife.org/the-child-life-profession>
- (n.d.). Retrieved from <https://www.archildrens.org/a-to-z-services-list/child-life-and-education/child-life-programs-services/importance-of-play>
- Beickert, K., & Mora, K. (2017). Transforming the Pediatric Experience: The Story of Child Life. *Pediatric Annals*, 46(9). doi:10.3928/19382359-20170810-01
- Blum-Dimaya, A., Reeve, S. A., Reeve, K. F., & Hoch, H. (2010). Teaching Children with Autism to Play a Video Game Using Activity Schedules and Game-Embedded Simultaneous Video Modeling. *Education and Treatment of Children*, 33(3), 351-370. doi:10.1353/etc.0.0103
- Burns-Nader, S., & Hernandez-Reif, M. (2014). Facilitating play for hospitalized children through child life services. *Childrens Health Care*, 45(1), 1-21. doi:10.1080/02739615.2014.948161
- Distraction can be a useful tool in helping your child cope with a difficult situation. (n.d.). Retrieved from <https://www.arnoldpalmerhospital.com/content-hub/distraction-can-be-a-useful-tool-in-helping-your-child-cope-with-a-difficult-situation>
- Fiorelli, J. A., & Russ, S. W. (2011). Pretend Play, Coping, and Subjective Well-Being in Children: A Follow-Up Study. *PsycEXTRA Dataset*. doi:10.1037/e700772011-001
- Jones, M. (2018, March 23). The importance of Play and Child Development | Stonebridge Colleges. Retrieved from <https://www.stonebridge.uk.com/blog/early-years-and-child-care/let-the-children-be-children-play-and-child-development>
- Metzger, T., Mignogna, K., & Reilly, L. (2013, November 28). Child Life Specialists: Key Members of the Team in Pediatric Radiology. Retrieved from <https://www.sciencedirect.com/science/article/pii/S1546084313001442>
- Moore, E. R., Bennett, K. L., Dietrich, M. S., & Wells, N. (2015). The Effect of Directed Medical Play on Young Children's Pain and Distress During Burn Wound Care. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4409483/>
- Staff, P. T. (2011, September 10). It's More Than Just Fun! Child Development & Play Are Related. Retrieved from <https://childdevelopmentinfo.com/child-development/play-work-of-children/#.XOHZkS-ZNQI>
- Students. (n.d.). Retrieved from <https://www.childlife.org/certification/students>

What does a Child Life Specialist do? (n.d.). Retrieved from
<https://goodsamaritan.chsli.org/what-does-child-life-specialist-do>

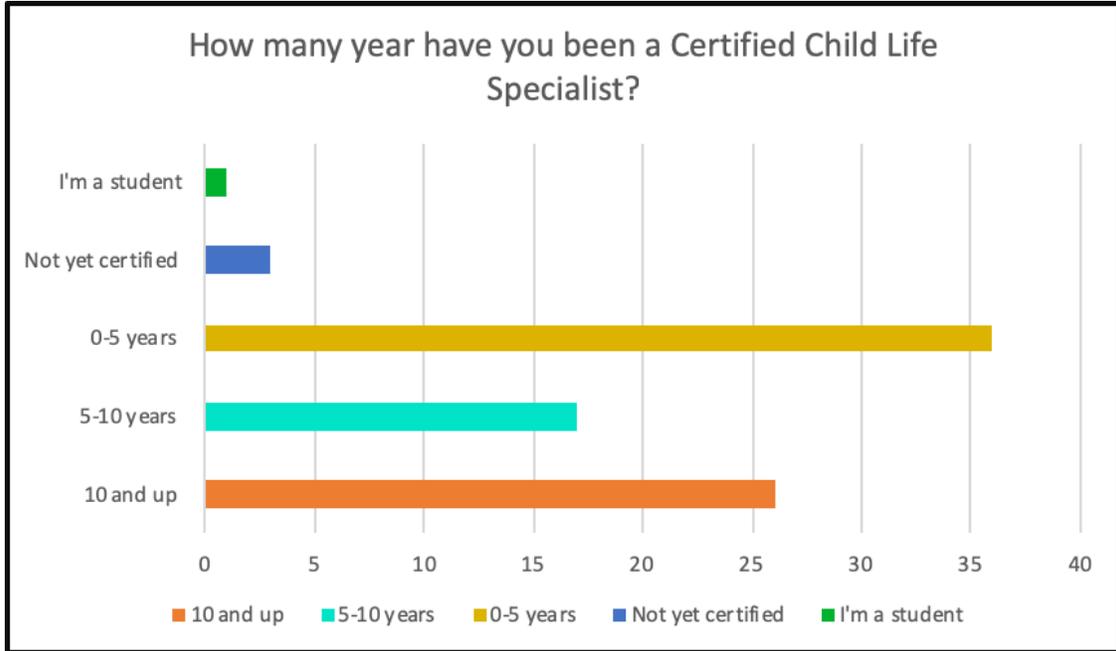
Why Play is Important for Your Child's Development. (n.d.). Retrieved from
<https://pathways.org/blog/why-is-play-important/>

Witt, S., Escherich, G., Rutkowski, S., Kappelhoff, G., Frygner-Holm, S., Russ, S., . . .
Quitmann, J. (2019). Exploring the Potential of a Pretend Play Intervention in Young
Patients With Leukemia. *Journal of Pediatric Nursing*,44.
doi:10.1016/j.pedn.2018.11.010

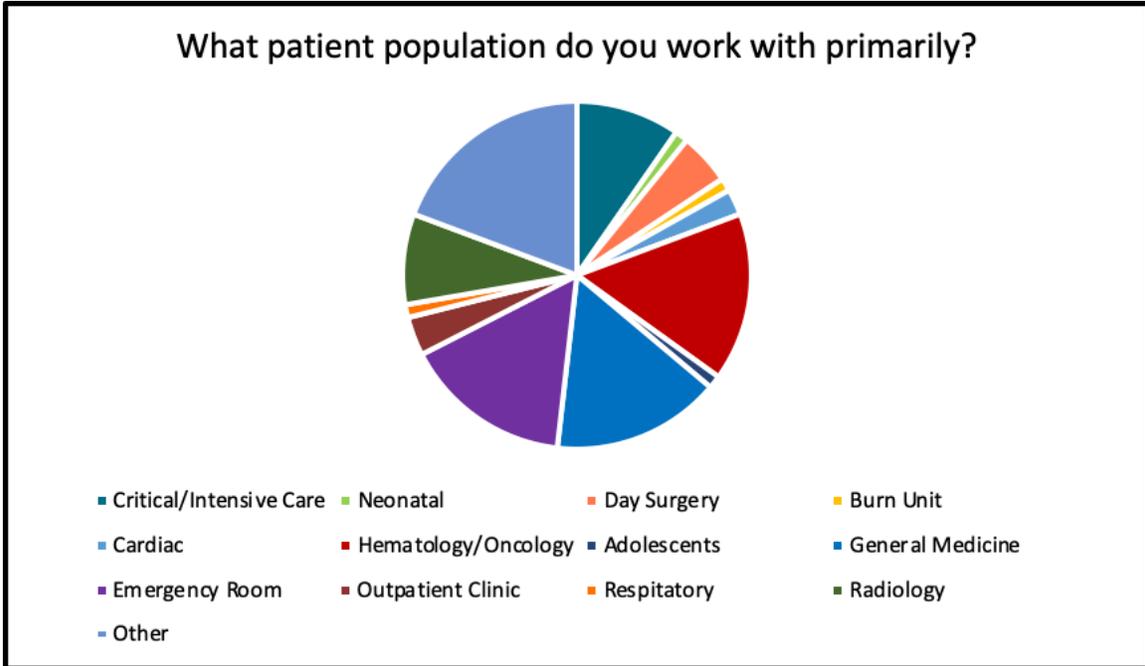
Appendix A

1. How many years have you been a Certified Child Life Specialist?
2. What patient population do you work with primarily?
3. Do you feel that play is important in the healthcare setting?
4. On a scale of 1 to 10, how important is play in the healthcare setting?
5. Why is play important to you as a child life specialist in the healthcare setting?
6. What type(s) of play do you utilize with your patient population?
7. How often do you utilize play with your patient population?
8. What barriers do you face using play with your patient population?

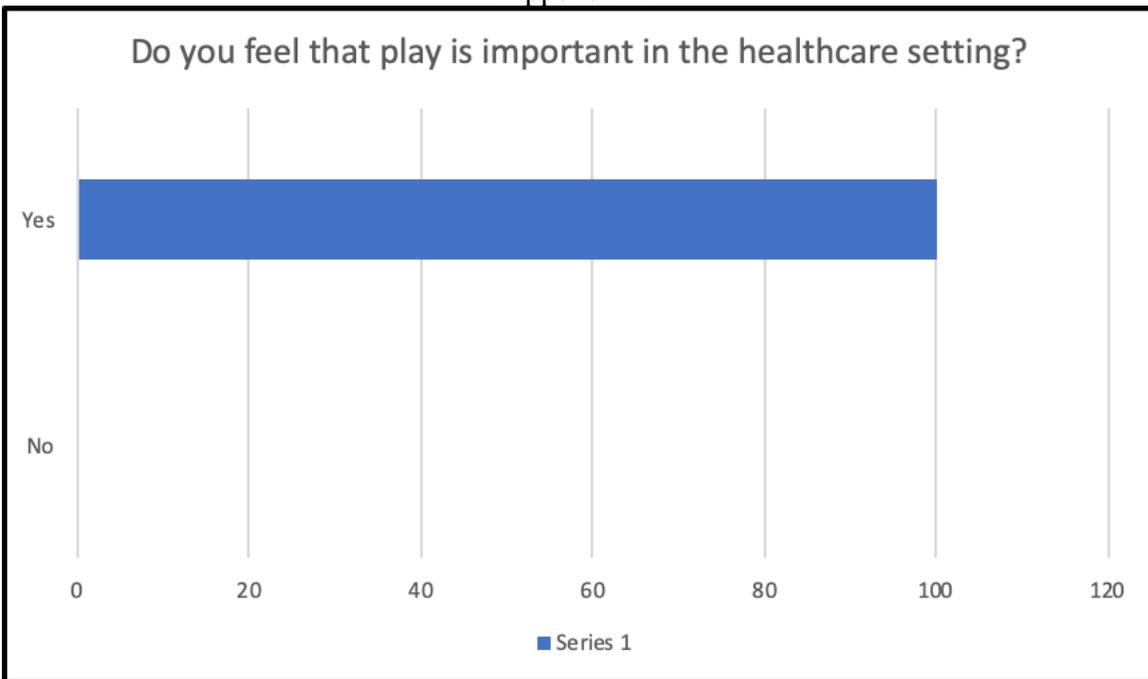
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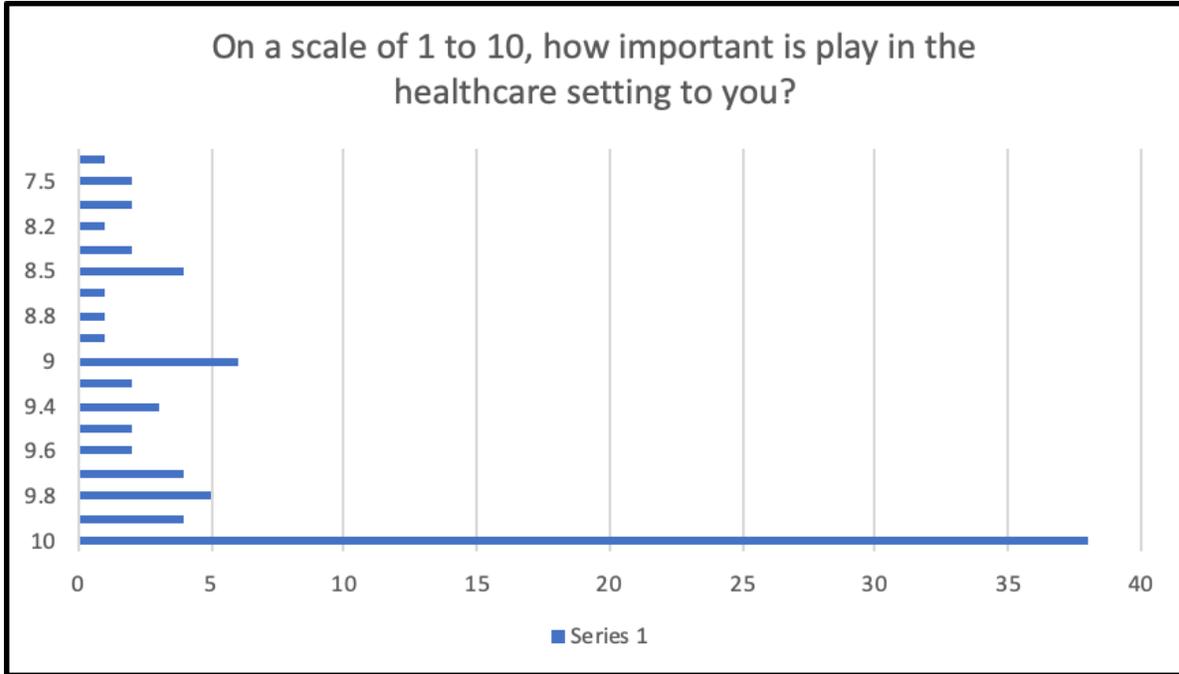
Appendix C



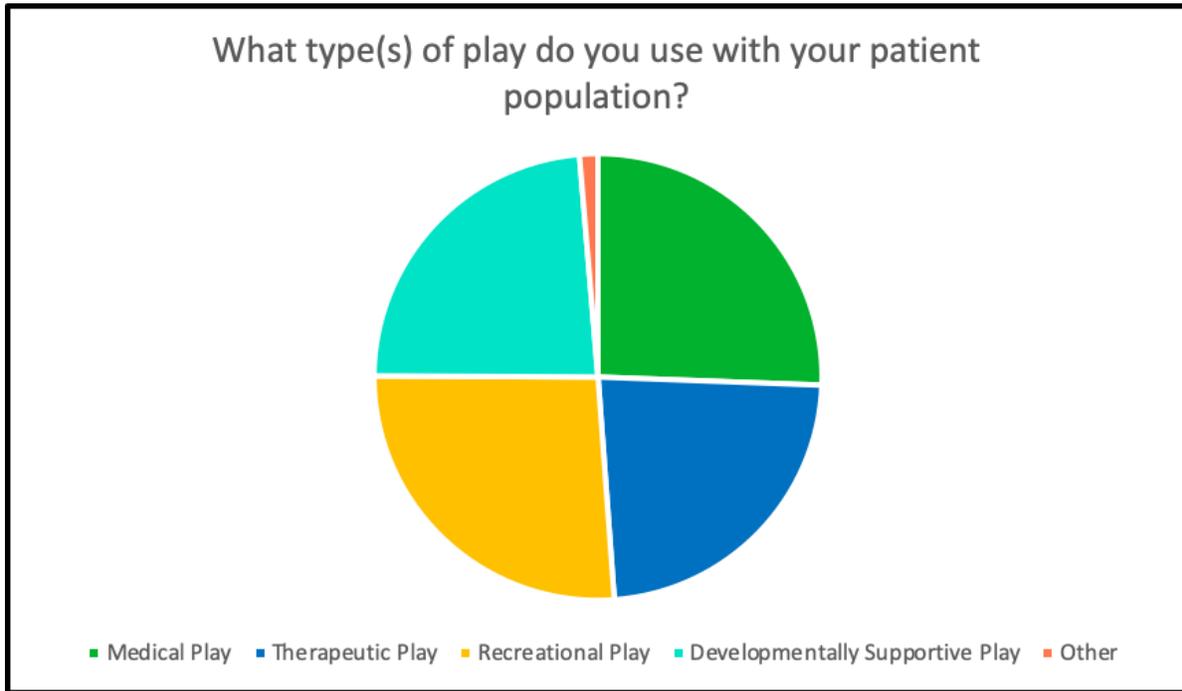
Appendix D



Appendix E



Appendix F



Appendix G

