

A New Chapter in Paediatric Health Care – A Research Report to Evaluate Hospital Play Services in Hong Kong

Yvonne Becher & Anton Nam-sing Wan (1997)

Abstract

A higher proportion of young children is admitted into hospitals in Hong Kong than their counterparts in other countries. Yet, elsewhere, hospital care seems more advanced in terms of formally recognizing that the psycho-social needs must not be neglected during a hospital visit or stay in order to counteract the potentially harmful effects of hospitalization. Do Hong Kong's hospitals adequately match psycho-social care to their excellent medical care?

A service which directly addresses the psycho-social aspects of hospitalization and incorporates specific age, developmental, family, medical, and psychological aspects has only very recently entered local hospitals in the form of professionally staffed hospital play services which to date are still project based funded. Being a pilot scheme, the service revealed from its early beginnings in 1994 that it offers a great deal more than "just entertainment" or toy distribution.

A formal evaluation of the service to date was carried out and is documented in this report. The study includes aspects from and about hospitalized children, family/carers and hospital staff. Various methods such as observations, interviews, and surveys were used. The findings indicate the need for and acceptance of hospital play services in Hong Kong. Patients and families have clearly benefited through professionally guided and supervised play providing the opportunity to be active and productive rather than passive, thereby adding to the healing process. Furthermore, play is used therapeutically to help some patients in paediatric wards to understand and cope better with their illness and the hospitalization process as well as perceive the entire paediatric service in a positive light. Medical, nursing, and allied health staff also identified benefits in areas of relationship building with patients and parents/ carers as well as complementary additions in the care of child patients and their families.

Recommendations call for an expansion of the service, education of other professionals to help the implementation process, professional training and planning of a career structure as well as some commitment by authorities. Some operational guidelines are also addressed.

Summary

Introduction & Objectives (Summary)

A hospital play service presents a therapeutic preventative approach in order to minimise the stresses potentially experienced by children of all ages and their families during hospitalization. It is not equivalent to play therapy and, from a holistic viewpoint, should ideally be part of any treatment process in all healthcare settings dealing with children. Overseas, personnel qualified in hospital play or child life usually provide this service which has been shown to benefit not just child patients and their families but also all staff concerned.

Some paediatric departments in Hong Kong have made a pioneering step towards integrating hospital play services as pilot projects. The increasing demand for the service in other departments and hospitals as well as growing number of case studies appear promising. In addition, the report reflects the results of an evaluation study carried out in 1995/96 to investigate the service's effects. The objectives were to:

- Evaluate the effect(s) of the hospital play service on the behaviour and psycho-social well-being of local hospitalized children and their families.
- Identify any effect(s) of the hospital play service on the medical, nursing and allied health staff, and
- Assess the awareness and need for hospital play services according to hospital staff in Hong Kong.

Methodology (Summary)

Data was collected in three hospitals in the following order:

- Hospital A – WITH a hospital play specialist
- Hospital B – WITHOUT a hospital play specialist
- Hospital C – WITH a hospital play specialist
- Hospital A – WITHOUT a hospital play specialist

Hospitals matched according to location, ward type, ward size, ward environment, general healthcare service available (except hospital play service), and toy access. Child patients matched according to mean age, number of previous admissions, mean length of hospitalization, reasons for admission, and mean number of observations per child.

A quasi-experimental, phase lag design was applied. The instruments used were as follows:

1. Observation of child patients: 202 children hospitalized in either of two wards with a hospital play

Becher, Y. & Wan, A. N. S. (1997). A New Chapter in Paediatric Health Care – A Research Report to Evaluate Hospital Play Services in Hong Kong. Hong Kong: Playright Children's Playground Ass. Ltd.

All rights reserved.

service, and 189 children hospitalized in either of two wards without a hospital play service were observed. The instruments included:

- Distress Behaviour Checklist
- Positive Behaviour Record
- Interaction Pattern Record

2. Interviews with child patients and parents/ carers: 16 questions were asked in an interview guide approach concerning views about the paediatric services in general, play habits in and out of the hospital setting, and expressions of feelings at the time of the interview. Using convenience sampling and an interview guide approach, 168 parents/ carers and 81 children were interviewed in the WITHOUT Group and 155 parents/ carers and 106 children in the WITH Group. All interviews were held in Cantonese.

3. Questionnaires for ward staff. The questionnaire (written in Chinese) dealt with the staff's impressions of children's and carers' behaviours, (dis-)advantages of having a hospital play service, effects of the hospital play service on different disciplines, and allocation of responsibility to prepare children for treatment procedures. Out of a total of 197 distributed to the medical or nursing staff in each participating ward, 90 (41 WITHOUT Group, 49 WITH Group) were returned, yielding a total return rate of 45.6%.

4. Survey of hospital staff in general: Survey questions (written in Chinese) dealt with assumptions, attitudes and knowledge about the objectives and availability of hospital play services and the professional training of hospital play specialists in Hong Kong. A questionnaire was mailed to the head of each of five departments (Paediatrics, Surgical, Accident & Emergency, Occupational Therapy, Physiotherapy) or 13 public hospitals in Hong Kong. 123 questionnaires were returned by mail throughout July/ August 1996.

Limitations (Summary)

This study did not include:

- Interviews with children in isolation rooms, being seriously ill, or of pre-school and younger age groups;
- Data collection in the evening or on weekends;
- Measures of any effect(s) on recovery rate due to technical limitations;
- Measures of anxiety levels in child patients and parents/ carers using formal, well established scales, as these were found to be too intrusive at the time;
- Measures of opinion on the career structure, appropriateness of current professional training, or how the hospital play service would fit into the current structure of healthcare services in Hong Kong.

Other limitations includes:

- Disruption of interview flow due to necessary

medical or nursing procedures;

- Possible bias by the interviewers;
- Lack of control over who filled in the two types of questionnaires;
- Lack of direct measures regarding the second objective of hospital play services, namely to encourage ongoing development in hospitalized children.

Results (Summary)

The result of this study revealed a number of effects of a hospital play service. To summarise:

For Children

- Reduced psychological distress. Both overt (crying) and covert (feeling unhappy, sad, worried); indicating positive signs of better psychological coping. For some children, however, this kind of support appeared to be necessary at an earlier stage of hospital admission, i.e. in the Outpatient or Accident & Emergency Departments.
- More positive and co-operative behaviour towards hospital staff in general, especially during hospital routines, medical procedures and treatments.
- More engagement in active rather than passive behaviour; with greater choices of activities available, resulting in co-operative behaviour, including eating, taking medication, etc..
- Closer resemblance of usual behaviour patterns, relationships, and general development.

For Parents/ Carers

- Feel more supported during various stages of child's hospitalization, and therefore less anxious, worried or sad about the hospitalization of their child. This effect is passed on to the child.
- Feel less anxious to temporarily leave the ward to take a rest or look after chores at home.
- Feel encouraged and supported to interact 'naturally', play, and provide support to their child rather than be a passive onlooker or being over-protective.
- Receive knowledge about the importance of their (parents') presence and of play provision as well as child development; this educational benefit is applicable in hospital as well as after discharge.
- Tend to view whole paediatric/ hospital service (no specific discipline) as positive; signs of better psychological coping and adjustment.

For Staff

- Engage more likely in comforting behaviour while carrying out necessary procedures.
- Enjoy more co-operation from children and parents during treatment and routine tasks.
- Administer procedures faster and easier, resulting in less traumatic experiences for hospitalized children.
- Find: - improved inter-personal relationships with

Becher, Y. & Wan, A. N. S. (1997). A New Chapter in Paediatric Health Care – A Research Report to Evaluate Hospital Play Services in Hong Kong. Hong Kong: Playright Children’s Playground Ass. Ltd.

All rights reserved.

children

-- improved relationships with parents and colleagues for nursing staff

-- improved social support systems amongst children and parents

- Encounter some ease of workload through corresponding preparation or follow-up of child patient and family by hospital play specialist.

In addition, since 1993, the awareness and support for a hospital play service overall seems to have grown amongst professionals within hospital settings in Hong Kong. However, there is a need for further education amongst these disciplines in relation to the full scope of hospital play services, while existing and future hospital play services should consider ward staff's ideas on expected contributions from hospital play services. Furthermore, the need for support from hospital administrative bodies and the overseeing authorities in terms of financial resources and policy commitment was expressed.

Conclusion (Summary)

In summary, the results of this study show positive feedback and support regarding the hospital play service from children, parents/ carers, and other professionals alike. Particularly for children, such positive coping mechanism are highly likely to have adverse effects on often emotionally traumatic outcomes of hospitalization. The findings largely agree with others, local ones as well as conducted overseas. One can therefore conclude that the principles of hospital play services accepted elsewhere can also be applied to hospitalized children in Hong Kong. This includes the rationale, objectives, aims and implementation issues as discussed in Part 1 of the report.

Some details and materials still need to be locally developed. However, a start has been made in piloting this service and the results encourage to pursue for the benefit of hospitalized children in Hong Kong and the community at large.

Recommendations (Summary)

- Expansion of hospital play services to other ward, departments and hospitals in Hong Kong according to the existing service model. Implementation in stages may be considered.

- Education of other professionals, especially healthcare based, and the public at large about the job nature and scope of hospital play services.

- Operation of service:

-- Relevant professional training, although co-operation and awareness from other healthcare staff and volunteers is important. Future planning for a carer structure to fit

into the existing healthcare structure of Hong Kong.

-- Full-time ward placement of the hospital play specialist at the recommended ratio.

-- From overseas and local experience, a ratio of 1:20 is recommended for general paediatric units; however, ratios for specialized units (e.g. intensive care, oncology) should be somewhat lower.

-- All children in a ward/ department are to receive the service, i.e. short-term, long-term, inpatients, outpatients, chronically ill, with acute illness, in isolation, intensive care, or terminally ill. Families are always to be included.

- Commitment by relevant government bodies/ authorities through financial resources and policies (e.g. Children's Charter).

Correspondence shall be made to:
Playright Children’s Playground Association Limited
info@playright.org.hk