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Title: Play Within the Pre-registration Children's Nursing Curriculum: A Content Analysis of Programme Specifications.

SUMMARY

Background: Play is an essential part of childhood. Therefore we might expect children's nurses to be trained in how to facilitate play within their clinical areas. Programme Specifications provide information on course aims, the intended learning outcomes and what the learner is expected to achieve.

Objective: To determine the number of Programme Specifications which cite play within the curriculum and in what context.

Method: Inductive qualitative content analysis.

Results: Only 17% (nine out of 54) Programme Specifications published by Higher Education Institutions cite play. Where play is mentioned there is a clear link made to use play as a communication tool. Also distraction figured prominently within the same sentence as play, despite these two terms being quite distinct. The availability of the Programme Specifications was also noted. 49% (28 out of 57) were easily accessible from the university web sites. A further 16% (9 out of 57) provided web links when access was requested. 35% were not publicly accessible without requesting access. Three Universities declined to be involved.

Conclusion: It is clear that even if play is embedded within the child field nursing curriculum, it is not clearly stated as a priority within 83% of universities Programme Specifications which make no mention of it.

Keywords: Content Analysis, Curriculum, Play, Pre-registration Children's Nurse Training, Programme Specification.

Introduction

This paper presents the findings from a research project undertaken as part of the author's doctoral studies. Programme Specifications were examined using inductive qualitative content analysis (Stemler, 2001, Elo & Kyngas, 2008) to ascertain the frequency and use of the term play within the documentation. The importance of play for children in both their normal lives as well as patients in a clinical setting will be highlighted, before a brief discussion of the methodology used in analysing the data. Results formed two distinct parts; firstly the results from the Programme Specifications themselves; and secondly how the Programme Specifications were obtained will be discussed. The article will conclude with a discussion of the results followed by conclusions and recommendations for future practice.

Background

Programme Specifications are defined by the Quality Assurance Agency (QAA, 2006a, p.2) as being "a concise description of the intended learning outcomes of an HE programme, and the means by which the outcomes are achieved and demonstrated." In discussing audit and review of programmes the QAA (2006b, p.8) goes on to state that Programme Specifications are the "definitive publicly available information on the aims, intended learning outcomes and expected learner achievements of programmes of study."

Flick (2014) classes the Programme Specifications as 'unsolicited' documents, in that they were not written with the research in mind. They were already produced for the purpose stated above.

Within nurse education there is a move towards a more generic form of training abandoning the four field approach of adult, child, mental health and learning disability. The publication of 'Raising the Bar: Shape of Caring' review (Health Education England, 2015) proposed a new 2+1+1 year model. The proposal was for the first two years are generic, with the third year is field specific and followed by a year of preceptorship in practice once qualified. Within this model the danger is that teaching could be overly adult orientated (Carter et al. 2015) at the expense of other specialities. The teaching of issues significant to children, including play, may therefore be eroded within the curriculum.

Play is an essential part of childhood (Play England, 2009) and children's lives (Else, 2012). The internationally accepted description of what play is, is that stated by the United Nations (2013) which describes play as being non-compulsory; driven by intrinsic motivation; undertaken for its own sake; and involves the exercise of autonomy. They go on to state that the key characteristics of play are challenge, uncertainty, flexibility, fun and non-productivity (United Nations, 2013).

Play is the most important activity in a child's life being "crucial to their development: motor, emotional, mental, social, linguistic and cognitive" (Tondatti and Correa, 2012, p. 365). Play "stimulates the senses and offers opportunities to develop hand-eye as well as gross and fine motor coordination" (Woolfolk and Perry, 2012, p.280). "Children express themselves more fully and more directly through self-initiated, spontaneous play than they do verbally because they are more comfortable with play" (Landreth, 2012, p.9). This makes play what Webster (2000, p.24) states a "child centred communication tool."

When children and young people become ill and require hospital admission, play becomes important as a link to home and as a way for the child to take control of often a difficult and potentially distressing situation (Hubbuck, 2009). Play for the hospitalised child provides a wide range of important benefits, including reducing anxiety (Lansdown, 1996); aiding self-expression (Brown and Patte, 2013); expressing emotions (Belson, 1987); aiding normality (Hubbuck, 2009); lessening the impact of pain (Gill, 2010); speeding recovery (Jun-Tai, 2008); coping with phobias (Weaver et al. 2007, Gill 2010); facilitating communication (Belson, 1987, Webster, 2000, Healthcare Commission, 2007); and helping to prepare children for investigations and surgery (Ward, 2008).

Save the Children (1989) recommends that play provision should be provided for all children in hospital and that all professionals who work with children should receive training in play. The European Association for Children in Hospital (2015) reaffirms this by stating that "all staff in contact with children should have an understanding of the needs of children for play and recreation."

Children's nurses are experts in providing healthcare to children and young people (Royal College of Nursing, 2014). Given the importance of play within a child's development and as part of normal childhood (Play England, 2009), and together

with the many benefits play can provide to the hospitalised child (Barry, 2008), children's nurses should be ideally placed to be facilitators of play and this should be recognised as a part of their role (Latimer, 1978). It is acknowledged by Hayes & Keogh (2012, p.23) that it is important for nurses to "make time and feel comfortable initiating and supporting children's play."

The question to be asked then is how prominent is the teaching of play within the pre-registration child field nursing curriculum?

Ethics

This study forms part of a larger piece of research which the author is undertaking for their PhD. Ethical approval has been received from Leeds Beckett University. For this part of the research no ethical concerns were present as Programme Specifications are generally within the public domain and therefore freely accessible.

Methods

Two approaches were used for content analysis, quantitative content analysis for the number of times the term play appeared within the Programme Specification and inductive qualitative content analysis (Elo & Kyngas, 2008) for the analysis of the context and meaning of play in the Programme Specification documents.

Stemler (2001, p.7) states that content analysis is a "systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding." However, McLeod (2011, p.79) states that content analysis is a "valuable research tool, but is not qualitative research." What is required is not just a simple word frequency count (Stemler, 2001) but analysis of how play appears within the text and the meaning given to it. Therefore Inductive Qualitative Content Analysis was used. So once a Programme Specification was identified to contain reference to play, further analysis of the meaning and context was performed.

The approach taken in performing the content analysis is Inductive. Prior to the research being undertaken, there was no previous knowledge about the likely occurrences of play within the documentation. "Inductive content analysis is used in cases where there are no previous studies dealing with the phenomenon or when it is fragmented" (Elo & Kyngas, 2008, p.107).

There are three stages to performing content analysis, preparation, organising and reporting (Elo & Kyngas, 2008). In the preparation phase the unit of analysis is identified. Graneheim and Lundman (2004, p.106) discuss a 'meaning unit.' This being the "words, sentences or paragraphs containing aspects related to each other through their content and context." Within this research the meaning unit of analysis was the term 'play.' In the organising phase the data is coded, grouped and categorised. From this flows the final stage, reporting of the analysing process and the results (Elo & Kyngas, 2008).

In selecting the sample, the decision was made to look at all Programme Specifications rather than limiting the sample size to a percentage of the total. As there were only fifty seven universities offering this course it was deemed

appropriate, thereby gaining a true representation and accurate, valid results, albeit three universities did not take part.

Results

Of the fifty four Programme Specifications analysed the range of the documents was from 1 to 171 pages in length. The mean number of pages was 34. The median was 27 pages. Four Programme Specifications were of 8 pages in length and four had 21 pages. This made the mode result multimodal being 8 and 21.

There were five Programme Specifications which were 100 pages or more and all five mentioned play. However there were six Programme Specifications with between 50 to 99 pages, with only one mentioning play. Three Programme Specifications with 20, 21 and 26 pages respectively mention play.

Table One: Quantitative Results

P.S. out of 57	Range of Pages	Mean Page No.	Median Page No.	P.S. 1–49 Pages	P.S. 50–99 Pages	P.S. 100–171 Pages	P.S. Which Cite Play
54 95%	1 - 171	34	27	43 80%	6 11%	5 9%	9 17%
				Cite Play 3	Cite Play 1	Cite Play 5	

Play With Programme Specification

Results from the analysis were divided into two parts. Primarily the sole purpose was to determine the numerical extent and context and meaning of the occurrences of the unit of analysis (play) within the text. However, it soon became apparent at the data collection stage that other interesting and wholly unexpected results were being found. Namely, from the reactions of academics and universities to the author's request for access to their documentation.

Numerical Extent of Play in the Programme Specifications

Of the fifty four out of fifty seven universities who provided access to their Programme Specifications, who currently run a Pre-registration Children's Nursing course, only nine (17%) mention play within their Programme Specifications. Of these nine, four mention play only once, and five mention play twice (however in one of those the occurrence is identical in both places). A tenth university, as part of their Programme Specification, included individual module templates and within these play was mentioned five times. If taken into account this would make the percentage increase from 17% to 18.5%

Context and Meaning of Play in the Programme Specification

Four of the universities all quote the exact same two sentences:

Children's nurses must understand all aspects of development from infancy to young adult and identify each child or young person's developmental stage in order to communicate effectively with them. They must use play, distraction and communication tools appropriate to the child's or young person's stage of development, including for those with sensory or cognitive impairment.

This is a direct quote taken from the Nursing Midwifery Council's (NMC, 2010) 'Standards for pre-registration nursing education,' Domain 2: Communication and Interpersonal skills, field standard for competence.

One university neglected to quote the first part of the domain, but quoted the second one stating:

Use play, distraction and communication tools appropriate to the child or young person's stage of development, including those with sensory or cognitive impairment.

While a further university chose to re-word the domain slightly into its own language stating:

Understand all aspects of development from infancy to young adult, and identify each child or young person's development stage, in order to communicate effectively with them using play, distraction and communication tools as appropriate to the individual's stage of development.

The six universities above, together with one more all link play closely with communication and distraction. One university not to quote the NMC (2010) directly states under skills, that the learner will:

Use communication strategies that are relevant to a child or young person's developmental stage eg: play and distraction, and where possible ensure they understand their healthcare needs.

However, one university links play to education and communication.

Apply their knowledge of play, education and communication in the care of ill children (including those with sensory or cognitive impairment) appropriate to the age of the child from infancy to young adulthood.

Only one university mentions play twice, but this was the following identical sentence in two different places, being within the 'Children's field specific professional nursing skills' section and the Programme Learning Outcomes.

Understand all aspects of development from infancy to young adult, and identify each child or young person's development stage, in order to communicate effectively with them using play, distraction and communication tools as appropriate to the individual's stage of development.

The ninth university makes no mention of play, either on its own, or linked to distraction and communication, but as therapeutic play:

They (Children's nursing field students) will explore the effects of hospitalisation on children, young people and families and will begin to understand the value of therapeutic play.

The tenth university whose Programme Specifications included individual module templates play occurred five times. These were:

Age related behavioural interpretation, play, sleep;

Evaluate how play and the specialist recognise the child and young person's uniqueness and make an impact on the child's ability to engage;

Play and the play specialist;

Analyse and implement strategies for promoting play in the care setting and evaluate their effectiveness;

Play therapy and interventions of alternative and complimentary therapies.

Within two other Programme Specifications where module specifications were included, within the bibliography a book on play was listed as a resource:

Sheridan, M., Howard, J. Alderson, D., 2010. Play in early childhood, 3rd revised ed. Routledge: London.

Availability of Programme Specifications

The second part of the results highlights how publicly available these documents truly are.

Of the fifty seven universities who run Pre-registration Children's nursing courses within the UK, twenty eight universities (49%) had their Programme Specifications clearly accessible to the public and were easily downloaded from their web sites.

Requests were then sent via email to all the remaining twenty nine universities. This was either to a member of the Child Nursing team, or where one could not be identified, to a member of Academic Registry or Quality Department. At this stage a further nine universities (16%) provided web links directly to their Programme Specifications which were present on their web sites, but not as easily found.

Of the remaining twenty, fifteen replied attaching copies of their Programme Specifications. Two more attached theirs after stating that they were being provided under the Freedom of Information Act 2000. An application for access under this Act had not been made.

This was a 95% response rate which was deemed to be excellent.

Three universities declined to be involved in the research. One university on enquiring as to the nature of the research confirmed that play was not present within their Programme Specification. One other university also declined stating that they did not have a specific Programme Specification for Children's nursing as all the three nursing fields delivered shared the one generic document and 'hence there are no mentions of play.' The third university that declined to provide their Programme Specification, cited the high work load of the child nursing team preventing them from discussing the request. A representative from the governance team for the faculty then stated that unless multi centre ethical approval (including their own) was received, the Programme Specification would not be made available.

Discussion

Within those Programme Specifications which mention play there is a clear link between play as a communication strategy. This is supported by the set phrase which six of the nine Programme Specifications have taken from the NMC (2010) competencies in Domain Two, Communication and interpersonal skills. This is an important concept in that children communicate through the medium of play as previously stated by Webster (2000) and Landreth (2012). As Hayes and Keogh (2012, p.24) state "through thoughtful and respectful use of communication and the appropriate use of play as a means of communication" the experience of children and their families of healthcare can be improved. The key therefore between the child and nurse is that play needs to be self-initiated and spontaneous, and from this will flow good communication.

The Programme Specifications make a link between play and distraction with the two very different terms appearing within the same sentence and immediately after each other. However these are two very distinct and different activities. Weldon and Peck (2014) while discussing the importance of the multidisciplinary team state that nurses will utilise and provide play opportunities, but may also use distraction equipment. Healthcare Play Specialist Education Trust (2015) also suggest that one of the roles of the Healthcare Play Specialist is to "lead distraction and alternative focus activities for children during procedures." Accepting the United Nations (2013) definition of play as being non-compulsory; driven by intrinsic motivation; undertaken for its own sake; and involving the exercise of autonomy then these alternative focus activities and distraction equipment should not be considered as play. Linking play and distraction so closely within the Programme Specifications may lead to confusion on this point.

Process for accessing the Programme Specifications

A standard email was sent to all universities requesting access. It is interesting that two universities felt the need to respond quoting the Freedom of Information Act 2000 as justification for allowing access, despite the fact that Programme Specifications are usually available via open access on university websites. The author had not and did not feel it necessary to apply under this Act of Parliament.

In regards to the three universities who declined to be a part of this research, their decision would seem to go against the ethos of what the QAA (2006b, p.8) define Programme Specifications to be, namely the "definitive publicly available information"

of their programme of study. One university was helpful in confirming that play was not present within their document, but would still not allow the authors to perform the search personally. One of the other two universities stated that as the Programme Specification was not solely focused on the child field therefore play would not be referenced within it. However of the nine Programme Specifications that do mention play, five of the nine are not specific solely to the child field of nursing but cover all programmes delivered.

It could be argued that play is something which is embedded throughout the curriculum and incorporated in most areas of teaching. However, if this is true then the expectation would be that it would appear more prominently within Programme Specifications as an integral part of the curriculum?

If none of the Programme Specifications had mentioned play, then the argument could be made that this is not the appropriate place for such specific curriculum detail to be recorded. An alternative possibility might be that the indicative content would be more appropriately included at the module level. However, the fact that nine universities, 17%, include play within their Programme Specifications tends to dispel this argument.

To provide a comparison with the relatively low frequency with which play was mentioned other key terms, reflecting desirable nursing attributes, were also searched for within the Programme Specifications. Respect was found in 80%, whereas Dignity was in just 63%, these are terms which are often linked together. Therapeutic was found in 67% whereas Professionalism was in just under half at 46%. Consent was in 41%, Confidentiality in 35% and Advocacy 31%. All appear to have been given more prominence than play

Limitations

Programme Specifications can only inform on the intended learning outcomes and expected learner achievements for each programme of study. However they do go some way to highlighting the emphasis placed on play within the curriculum. An analysis of the indicative content for individual modules might have elicited more information, but was outside the scope for this research. Gaining access to these may prove to be more problematical given academics potential reluctance to share their module planning and teaching strategies with an outside academic.

Within the findings there are clear links between play and distraction. Again this is something which requires further examination which falls outside of the original remit of this research.

Conclusion/Recommendations

The author has through numerical and inductive qualitative content analysis examined the frequency, and the context and meaning whenever play appears within Programme Specifications.

It is clear that even if play is embedded within the child field nursing curriculum, it is not clearly stated as a priority within 83% of universities' Programme Specifications which make no mention of it. Where play is acknowledged by nine universities, 17%,

there is a clear link between play and utilising it as a communication strategy in line with the developmental stage of the child or young person. Focusing on this one aspect of play ignores the many other benefits which play can bring to children and young people whilst in hospital. There is also a clear link made within the identified Programme Specifications between play and distraction, and closely linking them could lead to academics incorrectly teaching play as a distraction tool. The authors believe these should be two very distinct and different activities and that linking them goes against the United Nations (2013) definition of play.

Nowhere within any of the Programme Specifications is mention made of play as stated in the definition by the United Nations (2013) that play should be

“non-compulsory, driven by intrinsic motivation and undertaken for its own sake, rather than as a means to an end.”

The teaching of play within the nursing curriculum may seem less of a priority when compared to the teaching of other techniques or clinical nursing skills. However, if nursing academics recognise the importance of play, both as an essential part of childhood and for the many benefits it brings to the hospitalised child then its prominence within the curriculum must be strengthened. The teaching of play should not be an added extra if spare time within the curriculum allows. Embedding play within the curriculum is even more important today with the emphasis towards a more generic form of training which will further decrease the amount of specialist children's nurse training taking place. Highlighting play within Programme Specifications will emphasise its importance to both academics delivering the programmes and to students commencing on all programmes of study.

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