Citation:
Stonehouse, DP and Burden, S and Brown, F (2024) The importance of nurses involvement in children's play within clinical healthcare environments. International Journal of Play. pp. 1-14. ISSN 2159-4937 DOI: https://doi.org/10.1080/21594937.2024.2425533

Link to Leeds Beckett Repository record:
https://eprints.leedsbeckett.ac.uk/id/eprint/11582/

Document Version:
Article (Published Version)

Creative Commons: Attribution-Noncommercial-No Derivative Works 4.0

© 2024 The Author(s).

The aim of the Leeds Beckett Repository is to provide open access to our research, as required by funder policies and permitted by publishers and copyright law.

The Leeds Beckett repository holds a wide range of publications, each of which has been checked for copyright and the relevant embargo period has been applied by the Research Services team.

We operate on a standard take-down policy. If you are the author or publisher of an output and you would like it removed from the repository, please contact us and we will investigate on a case-by-case basis.

Each thesis in the repository has been cleared where necessary by the author for third party copyright. If you would like a thesis to be removed from the repository or believe there is an issue with copyright, please contact us on openaccess@leedsbeckett.ac.uk and we will investigate on a case-by-case basis.

International Journal of Play

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/rijp20

The importance of nurses involvement in children's play within clinical healthcare environments

David Peter Stonehouse, Sarah Burden & Fraser Brown

To cite this article: David Peter Stonehouse, Sarah Burden & Fraser Brown (01 Dec 2024): The importance of nurses involvement in children's play within clinical healthcare environments, International Journal of Play, DOI: 10.1080/21594937.2024.2425533

To link to this article: https://doi.org/10.1080/21594937.2024.2425533

© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group

Published online: 01 Dec 2024.

Submit your article to this journal

Article views: 39

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=rijp20

INTERNATIONAL JOURNAL OF PLAY
https://doi.org/10.1080/21594937.2024.2425533

The importance of nurses involvement in children's play within clinical healthcare environments

David Peter Stonehouse, Sarah Burden and Fraser Brown

School of Health, Leeds Beckett University, Leeds, UK

ABSTRACT

The purpose of this research was to identify nurses' involvement in play for children within the hospital environment in England. Longitudinal focus groups were used to gather data which was analysed using thematic analysis and a 'pencil-and-paper' strategy for coding. Themes emerged around play being part of the nurse's role, time constraints, importance of senior staff support, identifying a play need and referring on; and the concept of 'passing play.' It was concluded that play for children in hospital is important. Nursing staff have an important role in recognising this need, making a play referral when required, and participating in 'passing play.' There needs to be an increased awareness in nurses and nurse leaders to the importance of play. Nurses need to recognise when a play referral should be made as well as making the most of all opportunities to participate in play with their patients.

ARTICLE HISTORY
Received 19 January 2024
Accepted 28 August 2024

KEYWORDS
Hospitalised children; nurses; play; student nurses

Introduction

The aim of this research was to investigate the education which student nurses, undertaking a pre-registration course in children's nursing, receive in play, in both clinical and academic arenas. To achieve this three research questions were identified. What experiences of play do students have whilst on clinical placement; what are students taught in university concerning play; and what education in play would students like to receive to prepare them for their clinical role? To answer these questions student nurses were asked questions within longitudinal focus groups. Clinical placements throughout the three-year course cover a range of areas and different hospitals.

Play is an essential part of childhood (Play England, 2020) and children's lives (Else, 2012). It is the most important activity in a child's life (Tondatti & Correa, 2012), being characterised by fun, challenge, flexibility, uncertainty, and non-productivity (United Nations International Children's Emergency Fund, 2013).

Play has also been recognised as delivering many benefits for children when they become ill and require hospital admission. Hubbuck (2009) asserts that play becomes

CONTACT David Peter Stonehouse D.Stonehouse@leedsbeckett.ac.uk School of Health, Leeds Beckett University, City Campus, Leeds LS1 3HE, UK

© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (http://creativecommons.org/licenses/by-nc-nd/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

important as a link to home and as a way for the child to take control of an often difficult and potentially distressing situation. Everett and Hubbuck (2023) affirm that play is 'a powerful and effective tool for helping children to navigate their way through this new environment' (p. 273). Jennings and Holmwood (2021) identify that play is a healing behaviour and one which is therapeutic. It can also speed up recovery and rehabilitation and reduce the need for some medical interventions needing to be performed under general anaesthesia (Jun-Tai, 2008, 2009). Brown and Patte (2013) state play enables children to express their feelings and emotions, and through playful methods, improves the lived-experience of children in hospital (Mendiola, 2024).

Historical background of play

In the UK in 1959 'The Platt Report' (Ministry of Health, 1959) was published. This landmark report paved the way for changes in how children are cared for and viewed whilst in hospital. It was also the first time that the importance of play in hospital had been recognised.

One important area acknowledged by the Platt report was recreation. 'Where play can be organised under skilled supervision it is particularly useful, but student nurses, cadets and voluntary workers can all help to entertain the children' (Ministry of Health, 1959, p. 25).

In 1972, the Department of Health and Social Security (DHSS) investigating play for children in hospital made recommendations to hospital authorities. In relation to play and nursing, they state that 'the nature of the work involved and the existing workload on nursing staff make it unrealistic to expect nurses employed as such to take total responsibility for developing play in hospital' (DHSS, 1976). This position was clarified four years later with the DHSS (1976) stating 'although they cannot take total responsibility for it, nurses must be involved in play whenever possible.'

Latimer (1978) clearly builds upon this by stating that concerning the hospital environment 'every person working there should be conscious of, and involved in, the child's total situation; play is everybody's business' (p. 21). They go on to state that nurses need to 'recognise the play needs of the children and how to cater for them' and 'should know enough about play and child development to see that good standards are met' (p. 23). Latimer (1978) further states that nurses 'should be encouraged to join in the play and share the social side of the child's life' (p. 21).

Just over 10 years later, Walker (1989) stated that nurses' clinical practice should include therapeutic play and that 'therapeutic play can be used in all steps of the nursing process (assessment, diagnosis, intervention, and evaluation) in responding to patient's psychological concerns' (p. 126). In the same year, Save the Children (1989) recommended that all professionals who work with children should receive education in play and that all children in hospital should receive play provision. This supports the view that pre-registration children's nurses should receive education and support in how to facilitate play for children in hospital.

In a study of play activities and staff involvement on a children's ward, Cross and Swift (1990) found that on weekdays most children appeared to be contented, happy, stimulated, engrossed, and involved. However, at weekends when there were no play or teaching staff on duty, children appeared bored, aimless, unhappy, and sometimes placed in

dangerous situations. They found that children spent most of their time with 'nursing auxiliaries, student nurses and the two qualified nursery nurses' (p. 360). Cross and Swift (1990) state that student nurses 'find it difficult to play constructively. More instruction and support for junior nurses is required to give them confidence in this role' (p. 360).

Hall and Reet (2000) affirm the view that children's nurses should be trained in how to deliver both normative and therapeutic play. In facilitating normative play the nurse allows the child to become familiar with the hospital environment and even to 'escape into a domain of their own creation' (p. 50). The Department of Health (2003) acknowledges that all members of the multidisciplinary team that cares for children in hospital should be encouraged to use play techniques. Haiat et al. (2003) state further that 'all members of the team, and nurses especially, must take an interest, initiate, renew, know, and use the components of play and its many characteristics when working with children in the hospital' (p. 213). Importantly the European Association for Children in Hospital (2022) reaffirms this by stating that 'all staff in contact with children should have an understanding of the needs of children for play and recreation.' All this clearly states the important role nurses have in promoting and facilitating play.

Barry (2008) when discussing the importance of play for children with chronic illnesses stresses that 'paediatric nurses do not lose sight of the importance of play for children: it contributes to a holistic approach to care' (p. 27). Li and Lopez (2008) agree with this, stating the 'importance of integrating age-appropriate therapeutic play as an essential component of holistic and quality nursing care' (p. 72). Whereas Jun-Tai and Barbour (2014) simply state that play should be a part of all care plans for children.

Within the wider community, Play England (2008) also states that health professionals need to have knowledge and understanding of the role play has in children's healthy development, so they can advocate for its inclusion in their local community's health strategies.

In a study by Francischinelli et al. (2012), the perception of Brazilian nurses to the use of therapeutic play in the care of hospitalised children was examined. The nurses clearly recognised the benefits of therapeutic play, however, it was not something they routinely used in their day-to-day practice. The authors of the study concluded that hospital management needs to work together with nurses to provide the time so that play can be incorporated within paediatric nursing care. Francischinelli et al. (2012) stated that 'lack of time should not be an obstacle' (p. 22). Hayes and Keogh (2012) echo this finding by stating, it is therefore important for nurses to 'make time and feel comfortable initiating and supporting children's play' (p. 23).

Koukourikos et al. (2015) in conducting a literature review on the role of play during hospitalisation stated that 'the use of play in hospital may become a tool in the hands of healthcare professionals, in order to provide substantial assistance to hospitalised children, as long as they have appropriate training, patience, and will to apply it during hospitalisation' (p. 438).

It is interesting that they highlight the need for appropriate training and the will to apply it. As Stebbings (2010) states 'once a child's trust has been attained, the ability to play becomes one of the greatest assets of a children's nurse' (p. 121). Children's nurses need therefore to embrace this truth.

Al-Yateem and Rossiter (2017) affirm that unstructured play is something which should be implemented by nurses and other healthcare professionals within the clinical setting. They recommend that 'healthcare service planners and policymakers consider providing play facilities and education for healthcare professionals to incorporate the use of play during a child's hospitalization' (p. 5).

In a recent study, Clarke (2023) explored the voice of both children and children's nurses in hospital. A sub-theme that was identified was that children considered play important, but that it was not always provided or was inadequate. The study highlighted that there was a need for age-appropriate toys and a fully equipped playroom, together with regular time spent with a play specialist.

More recently, guidelines produced by the National Institute for Health and Care Excellence (2021) states that hospitals in the United Kingdom must provide healthcare environments which support age-appropriate recreation and play that is easily accessible for children and young people. Also, that there should be separate areas set aside for play and recreation, separate from clinical areas.

Where nurses are concerned, the literature supports the view that it is an important part of their role, and that appropriate education needs to be delivered.

Ethics

Ethical approval was received from a Higher Education Institution in the United Kingdom. The two universities where the participants attended accepted this ethical approval. Two key ethical areas were identified as being important at the outset of the research firstly, gaining and maintaining valid ongoing consent of the participants throughout the longitudinal focus groups; secondly, protecting individual participant's confidentiality and anonymity.

Methods

Focus groups were chosen as the main method of gathering data, as Moule and Goodman (2014) state they are a time-efficient means of gathering rich data and have the potential for stimulating rich dialogue between a group of participants. They are a widely used and popular method within qualitative research (Wilkinson, 2015), and a popular research method in health and the social sciences (Liamputtong, 2011). Focus groups also deliver data which is rich and detailed concerning participant's thoughts, feelings, and perceptions in their own words as well as their impressions of other group members (Stewart et al., 2014).

Focus groups are generally made up of individuals who are brought together because they share certain characteristics that relate to a chosen topic. Their perceptions and views are sought within a focused discussion, which provides qualitative data (Krueger & Casey, 2009). As Hennink (2014) states, the method 'involves a focus on specific issues, with a predetermined group of people, participating in an interactive discussion' (p. 1). The participants in this study all shared the characteristic of being student children's nurses, undertaking the same course of study at the same time and at the same Higher Educational Institutions.

Sharts-Hopko (2001) states that focus groups 'are intended to promote self-disclosure among participants,' and that 'this is most likely to happen when the participants perceive that they are alike in some important way' (p. 90). As the participants in this study were all student nurses undergoing their nurse education together, this could be expected to promote self-disclosure.

A series of three longitudinal focus groups were chosen over one single focus group, to discover if opinions regarding play changed as participants progressed through both the educational setting and clinical practice components of their course. A one-off focus group would be unlikely to capture as much depth and quality data as longitudinal focus groups would if spaced out and repeated throughout the course of study. They are conducted to analyse an event or phenomenon from more than one point in time (Moule & Goodman, 2014). They 'can offer fresh perspectives into established arenas of social enquiry, drawing attention to the psychological and biographical processes ("lived through experience") through which social outcomes are generated and mediated' (Holland et al., 2006, p. 2).

Twenty-nine participants participated in the focus groups. These were placed into four groups, two for each university, respectively. Round one therefore consisted of four focus groups. However, due to participant attrition, at round two, university two's group were merged, and by the third round, university one's group was merged. The gap between each longitudinal focus group was one year. The average length of time for each focus group was 45 min to 1 h.

Open-ended questions were asked to encourage debate and discussion. The first three questions remained the same for all three rounds. See Table 1 below.

Thematic analysis was chosen to be the preferred method of analysing the data from the focus groups. Harvey and Land (2021) state that thematic analysis 'is the most commonly used method to analyse qualitative data' (p. 337). Braun and Clarke (2006) state that thematic analysis is an 'accessible and theoretically flexible approach to analysing qualitative data' (p. 77) and should be 'considered a method in its own right' (p. 78). It 'is a method for identifying, analysing and reporting patterns (themes) within data' (p. 79).

The six stages in performing thematic analysis as identified by Braun and Clarke (2006) were used. These are familiarising yourself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and then producing the report. From stages two to five of Braun and Clarke's (2006) six stages, a 'pencil-and-paper' strategy for coding was adopted as proposed by Bazeley (2020). Bazeley (2020) states that 'coding provides a means of purposefully managing, locating, identifying, sifting, sorting, and querying data' (p. 156). In 'pencil-and-paper' strategy, keywords within the data are identified. This involved physically writing on the actual transcripts. The keywords are the initial codes.

Table 1. Focus group rounds one, two and three.

1	What do you understand play to be?
2	Do you see play as part of the nursing role?
3	What do you think you will need to know, be taught, to be able to play with children in hospital?

Recruitment of participants

Two universities were approached, and permission was received to recruit pre-registration children's nursing students to participate in a series of three longitudinal focus groups. One university was based within a city in the South of England while the second was based in a city in the North of England. Twenty-nine participants volunteered. Students at both universities undertook placements across a wide range of clinical areas, both in major and more regional hospitals. It could be argued that a convenience sampling technique was employed in recruiting the participants. Lune and Berg (2016) state that this is where potential participants are easily accessible or close at hand. It was true that once the two participating universities had been recruited, the students were then easily accessible. However, they were not close at hand geographically to the researcher. Students already known to the researcher would have been more accessible and geographically closer. However, this option was dismissed being deemed ethically wrong (Clark & McCann, 2005) as students could have felt pressure to participate or may not feel able to be honest in their discussion and reflection on practice.

As the decision was to recruit participants undergoing a pre-registration children's nursing course this fits more with purposive sampling. Bloom et al. (2020) state that this is where the participants are 'typical of the phenomenon of interest or because they are knowledgeable about the issue under investigation' (p. 230).

A visit was made to both participating universities and introduction to the research was presented to each cohort of students. Questions were answered and any students, who then articulated an interest in being involved, were given an information leaflet and consent form. These were signed on the day before the participants left.

Results

From the results, one main theme was identified with two sub-themes (see Table 2).

Theme 1: nurses and play

Participants from both universities identified that the nurses facilitated play for their patients when the play staff were not there. One stated that 'the nurse did play on a weekend.' A second one elaborated on this further by saying:

> the play specialist worked Monday to Friday 9-5. So once the kids had had their dinner they maybe wanted to play for a few hours before bed, and the play specialist was not there. On a weekend there are no doctors around to a certain extent like all the physios and the therapies and stuff, so they have got lots of free time, schools shut, but then obviously there was no play specialist about. The nurses tried to step in and organise stuff.

Table 2. Themes from the data.

Theme 1	Nurses & Play
Sub-theme 1	Refer on and/or Signpost/Direct
Sub-theme 2	Ward Leadership

Several participants stated it depended on the area and specialism if the nurses became involved in play. One participant stated that 'I got told about the burn's unit as well, that often it is not that busy. So, they have got a lot more time.' While another said 'Sometimes the kids are a lot more serious. We had a little boy with meningitis, and he needed more intense play, and you have got the time to do that, which was nice.'

Participants had also witnessed nurses choosing not to play and interact with their patients, preferring to sit talking at the nurse's station instead. One participant commented that 'sometimes the ward I was at, they did sit at their desks quite a lot. Those nurses could have then gone and sat with a patient and chatted and talked to them.' While another stated that the nurses 'want to talk to their friends, or shopping online.'

Two participants also interestingly stated that male nurses seemed to play more with the patients than female nurses did. The first stated

> male nurses played with the kids more. Maybe just specifically on the ward I was on, but there was a couple of male nurses. All the kids loved them, like they were less serious I think and that came across and the kids sort of saw that.

The second participant stated:

> I noticed on my ward that there was only one male nurse, but it was like he was a magnet. All the children wanted him to go and play, or because I think he was a bit of a joker as well, they wanted him to play tricks, or they just thought it was quite funny. I do not know whether it is like the male influence or whether he was just a bit more laid back.

In defence of nurses being involved in play, two participants interestingly stated that play can be a coping mechanism for the nurse in how to manage the stresses of the job and can act as therapy for themselves. The first stated that 'it is like your escape from the stresses of the ward,' while the second 'I think it is important to remember as well that play can be a therapy for us as nurses.'

Interestingly, several participants identified that due to time constraints, nurses take part in what they called 'passing play.'

> I think a big issue for nurses is having time to actually play, it doesn't happen, there is too much to do like you said earlier it is like passing play sort of going in to do something, you will play for five minutes and move on, and I think that those little bits are really important, but I think there probably should be more of it.

This was echoed by another participant who said that 'passing play' was what they would sometimes do.

> It is not like; ok let's go and sit down and play now it is sort of like passing play, if you have got a bit of time, you are like; oh, hey baby, or like; are you playing with your Lego sort of thing.

A third participant described the same play without calling it passing play:

> It is just a natural thing isn't it, when you go into the room to do something with a child, observations for an example it is just a natural thing to play while doing it. Maybe not at the time it is not necessarily seen as play but you are playing.

One participant stated that play should enhance a nurse's role:

> I think it is very much part of the role. Obviously to a certain degree but I think you need to be able to make the children trust you to let you do the things to make them better and with children that is very much like play is a massive part of that.

The same participant also stated that and if the nurse is unable to play with their patient's, then they are maybe in the wrong profession. 'If a nurse cannot play with children, then why are they a children's nurse. If you are not able to build those sorts of relationships with children, then maybe you should be an adult nurse.' Another participant added to this stating that facilitating play 'should be a natural thing for children's nurses. I think it is part of their role.'

Sub-theme 1: refer on and/or signpost/direct

Several participants felt that, given the time constraints and other tasks taking priority, the role of the nurse in play may be more to recognise when a patient needs play input and to refer on to the Health Play Specialist, Child Life Specialist or volunteer, rather than facilitating the play themselves. It was recognising that there was an unmet play need:

> Once you have identified it then you can say to the play specialist … . maybe that is what we start to identify; say if there was some physio problem you would refer to the physiotherapist. I think we would just refer to play specialists.

One participant talked about the nurse 'signposting' or directing someone to the play need. It is about the nurse recognising their patient has a play need which is not being met: They stated:

> No matter how busy you are you still have patient interactions you still going to do their observations every four hours minimum so there is still a point for you to see and just to recognise that the patient is not engaged in play that day and then you can signpost them to the right areas, you might not specifically do it yourself but you are responsible for the care of that patient. If the nurse was unable to meet that need themselves then to sign post it and refer on to either the Health Play Specialist or other available staff.

One participant clearly stated however that the nurse needs to utilise the expertise of staff who are trained in providing play opportunities. They said, 'there are normally other members of staff that are more qualified or that their only job is to basically play or distract a child.'

Sub-theme 2: ward leadership

One participant stated that it depended on the support received from more senior colleagues. If they saw it as a part of the nurse's role or not. They stated, 'it depends on the manager I guess, and how the manager sees it as an important thing.'

It is clear from the participant's discussion that nurses do play with their patients. This is often dependent on whether there is a Health Play Specialist available, if time constraints allow, the area or specialism, and whether the ward manager is supportive of nurses facilitating play. However, 'passing play' has been witnessed taking place, where nurses will initiate play whilst they are performing other duties with a patient. Participants also witnessed nurses choosing not to play with their patients. There was amongst the participants consensus that play was and should be a part of the nurse's

role. The possible implications are that there is not uniformity across clinical areas as to whether nurses are facilitating play. Therefore, patients are not receiving the same care when it comes to play dependent on their nurse, clinical area, or support from the ward manager.

Discussion

The first theme which came out of the focus groups was nurses and play. Participants discussed how they had witnessed nurses facilitating and playing with their patients. This was often out of hours when the Health Play Specialists were not on duty. Participants identified a number of factors which have an influence on whether the nurse plays – firstly, the actual environment or clinical specialism. In a more intensive environment (for example, intensive care or burns unit), the nurse may have fewer patients to focus on. The nurse can devote more one to one time and care, therefore having more opportunities to play. Participants also witnessed what they termed 'passing play' where play was incorporated into clinical procedures such as observation taking. The nurse taking the time to make their interaction with the child playful in some way. This is supported by Graber et al. (2024) who in their study also witnessed nurses incorporating play into their interactions with children. However, participants also discussed witnessing nurses choosing to do nothing. Two participants highlighted how sometimes they had observed nurses just sitting at their desks, or talking to their friends, rather than going to sit and interact with their patients.

A sub-theme was nurses' inclination to refer on and/or signpost/direct to existing resources for play. This was supported by the participants themselves who on the one hand identified that play was part of the nurse's role. However, due to time constraints some of them suggested it might be more realistic to identify the child's need for play and then to refer on. If nurses are being prevented from facilitating play for their patients, then referring on and signposting may be the answer. However, research by Clarke (2023) identified that time constraints on nurses were preventing them from playing and a 'lack of play specialists appeared to negatively affect the children and nurses' (p. 26). This lack could impact upon referrals being actioned in a timely manner.

For this to be prevented there first needs to be the recognition that the patient is in need of play. Once a need has been identified a referral can then be made to the Health Play Specialist, Child Life Specialist, or playworker/volunteer. A key author and Health Play Specialist, Jun-Tai (2008) highlights the importance of a 'collaboration between play specialists and multidisciplinary colleagues that supports an integrated and coordinated service that promotes the best interests of the child and family' (p. 236). Hollard (2020) also highlighted the importance of the play specialist being an integral part of the multidisciplinary team. Only then will children be better supported, but also the skills of the wider team can be developed.

To be able to refer on requires the nurse to understand the different roles, skills, and knowledge of other professionals. Latimer (1978) play co-ordinator at Great Ormond Street Children's Hospital, recognised over 40 years ago that nurses 'need to know how to use other people's skills' (p. 23). She went on to state that nurses need to 'recognise the play needs of the children and how to cater for them.' However, the nurse 'should know enough about play and child development to see that good standards are

maintained' (p. 23). These good standards would be maintained if nurses were supported through raised awareness and education in how to assess the child's play needs, identifying any deficit in play and making a speedy referral followed by the implementation of play interventions. The findings from the focus groups suggest that the required education and awareness raising is not currently taking place. Therefore, the need for play interventions is not being recognised and speedy referrals are potentially not being made. This potentially has the result of children experiencing a deficit in play, whereby their health and well-being is negatively affected (Brown & Wragg, 2023) and also being denied the many benefits that play can bring to the hospitalised child (O'Donnell, 2023).

A second sub-theme identified by participants was regarding the actual ward leadership. The views of the ward manager being very important. One participant stated that if the nurse in charge did not see play as being a part of the nurse's role, then they will not promote or support it being facilitated. One participant did relate the experience of being frowned upon by the nurse in charge when they were seen playing with a patient. If nursing leaders do not recognise the benefits of play for children in hospital, then nurses may not receive the support and encouragement to facilitate and implement play as part of the holistic care they deliver and as an important part of their nursing role. This therefore could cause a barrier to play occurring. To overcome this barrier, Francischinelli et al. (2012) identified that recognition by hospital management that play needs to be incorporated into a nurse's clinical practice would be a key component.

Within the longitudinal focus group data, participants' discussion across the three rounds stayed constant in relation to the nurse's role in play. Overall participants believed that it was part of the nurse's role. A very small number believed that perhaps it was not the best use of resources. However, this was a minority view. Even after experiencing first hand on clinical placement and the realities of the nurse's workload, participants overall still believed in the final focus group that play is a part of the nurse's role. This is supported by Drape and Greenshields (2020) who state that facilitating play is a key role for nurses and further backed up by Claus et al. (2021) who found in their study that nurses identified the need to expand their knowledge and skills on play through continuing education. However, they questioned a lack of subject matter in both undergraduate and in-service training to achieve this.

Limitations and future studies

One limitation of the research is that only participants from two universities were recruited for the focus groups. Ideally more universities would have given more findings across a much wider area of the UK. As it stands, the results are what was experienced by two groups of pre-registration children's nursing students at two universities only. The two universities chosen were in two separate geographic locations, one in the South of England and one in the North. Choosing cohorts that started at different times of the academic year, March and September, also helped to give wider representation. It is believed that the students' voices are broadly representative of children's nursing students within the South and North of England, and that this is representative across the wider UK. However, this cannot possibly be verified.

Areas for future study could include speaking to children who are patients on children's wards to gain their voice and opinion on the role of the nurse in play. Another area for future study could also be to ascertain the opinions and experiences of qualified staff within the children's ward, for example children's nurses, Health Play Specialists, Child Life Specialists, Nursing Associates and Support Workers.

Recommendations

There are three key recommendations. Firstly, nurse's awareness of the importance of play and taking part in 'passing play' should be raised. Nurses need to recognise the importance of and to facilitate play for their patients. Even if they do not have time themselves to sit and engage in play with their patients, they do need to recognise every opportunity to engage in what one participant has termed 'passing play.' Taking just a couple of minutes to make their interactions and interventions playful will bring play into the lives of their child patients. For nurses, this raised awareness could be provided by the provision of educational updates or a teaching package to upskill nurses in how to facilitate play opportunities. These could be provided by the Health Play Specialists or Child Life Specialist resident in the clinical area, or a suitably qualified academic, with experience and knowledge of children's play in hospital, from their local training provider. This awareness raising should not be limited to just nurses but should also extend to ward managers and nurse leaders so that they too understand the importance of play for children in hospital. They would then hopefully have the knowledge and awareness to support their nurses in facilitating play opportunities.

Secondly, nurses need to recognise when there is a need to make a play referral. Nurses need to recognise when a patient requires a referral for play input. Through having an increased awareness of the importance and necessity of play for children in the hospital, nurses will be able to recognise when a referral is required to the Health Play Specialist, Child Life Specialist, playworker, volunteer, student, or another member of staff. This increased awareness needs to be fostered through education in play, both at the pre-registration level and continued once qualified.

Thirdly, the nursing curriculum needs to incorporate more content and teaching around play where it is appropriate. This could be within modules focusing on communication, child development, pain management, as well as care delivery modules. This needs to be facilitated by staff with knowledge and experience of play.

Acknowledgments

The authors would like to thank the participants who willingly gave up their time to attend longitudinal focus groups for this research.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Notes on contributors

Dr David Peter Stonehouse is a Registered Nurse (Child), Senior Lecturer at Leeds Beckett University, Associate Lecturer at The Open University, HE Senior Fellow, and Tutor with the charity Pop-Up Adventure Play. He regularly publishes articles in a range of subjects from play, professional issues, management and leadership aimed at students and professionals within the clinical field.

Dr Sarah Burden is a Registered Nurse (Adult), Reader in Nursing Education at Leeds Beckett University (LBU), and Advance HE Senior Fellow. Sarah is experienced in delivering nursing education in Higher Education settings and in partnership with a diverse range of health and social care providers. Her specific interests focus on research methods, doctoral supervision, staff development, practice education, end of life care and dementia. She also contributes to the Advance HE PSF Fellowship programme at LBU. She has been the Chair of the RCN Education Forum (2020–2023) and contributed to publications, strategy development and conference organisation in this role.

Dr Fraser Brown, was the UK's first Professor of Playwork. Prior to retirement he was Director of Studies for all postgraduate playwork research at Leeds Beckett University. He has written or co-edited 11 books and over 60 academic papers, chapters, etc. His most recent publication is *Play in Hospitals*.

ORCID

David Peter Stonehouse http://orcid.org/0000-0002-8195-0723
Sarah Burden http://orcid.org/0000-0002-6081-2567
Fraser Brown http://orcid.org/0000-0003-0692-3060

References

Al-Yateem, N., & Rossiter, R. C. (2017). Unstructured play for anxiety in pediatric inpatient care. *Journal for Specialists in Pediatric Nursing*, *22*(1), 1–7. https://doi.org/10.1111/jspn.12166

Barry, E. (2008). The role of the hospital play specialist in paediatric diabetes management. *Journal of Diabetes Nursing*, *12*(1), 26–27.

Bazeley, P. (2020). *Qualitative data analysis: Practical strategies* (2nd ed.). Sage.

Bloom, K. C., Baker-Townsend, J. A., & Trice, L. B. (2020). Population management. In C. Boswell & S. Cannon (Eds.), *Introduction to nursing research: Incorporating evidence-based practice* (5th ed., pp. 223–241). Jones & Bartlett Learning.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brown, F., & Patte, M. (2013). *Rethinking children's play*. Bloomsbury.

Brown, F., & Wragg, M. (2023). Introduction. In N. Everett, C. Hubbuck, & F. Brown (Eds.), *Play in hospitals: Real life perspectives* (pp. 1–7). Routledge.

Clark, E., & McCann, T. V. (2005). Researching students: An ethical dilemma. *Nurse Researcher*, *12*(3), 42–51. https://doi.org/10.7748/nr2005.01.12.3.42.c5947

Clarke, S. (2023). Exploring the voices of children and children's nurses in hospital: Implications for nursing practice. *Nursing Children and Young People*, *35*(5), 22–27. https://doi.org/10.7748/ncyp.2023.e1447

Claus, M. I. S., Maia, E. B. S., Basso de Oliveira, A. I., Ramon, A. L., Dias, P. L. M., & Wernet, M. (2021). A inserção do brincar e brinquedo nas práticas de enfermagem pediátrica: pesquisa convergente assistencial. *Escola Anna Nery*, *25*(3), 1–9. https://doi.org/10.1590/2177-9465-ean-2020-0383

Cross, C. A., & Swift, P. G. F. (1990). Observation and measurements of play activities on a paediatric ward. *Maternal and Child Health*, 354–361.

Department of Health. (2003). *Getting the right start: National service framework for children: Standard for hospital services*. DH Publications.
Department of Health and Social Security. (1976). Summary report of the expert group on play for children in hospital. *Journal of Advanced Nursing*, *1*(5), 425–428. https://doi.org/10.1111/j.1365-2648.1976.tb00927.x
Drape, K., & Greenshields, S. (2020). Using play as a distraction technique for children undergoing medical procedures. *British Journal of Nursing*, *29*(3), 142–143. https://doi.org/10.12968/bjon.2020.29.3.142
Else, P. (2012). *The value of play*. Continuum.
European Association for Children in Hospital. (2022). *EACH charter & annotations*. Retrieved July 21, 2024, from https://www.each-for-sick-children.org
Everett, N., & Hubbuck, C. (2023). Concluding thoughts. In N. Everett, C. Hubbuck, & F. Brown (Eds.), *Play in hospitals: Real life perspectives* (pp. 273–275). Routledge.
Francischinelli, A. G. B., Almeida, F. D. A., & Fernandes, D. M. S. O. (2012). Uso rotineiro do brinquedo terapêutico na assistência a crianças hospitalizadas: percepção de enfermeiros. *Acta Paulista de Enfermagem*, *25*(1), 18–23. https://doi.org/10.1590/S0103-21002012000100004
Graber, K., O'Farrelly, C., & Ramchandani, P. (2024). Centring children's lived experiences in understanding the importance of play in hospitals. *Child: Care, Health and Development*, *50*(4), 1–12. https://doi.org/10.1111/cch.13287
Haiat, H., Bar-Mor, G., & Shochat, M. (2003). The world of the child: A world of play even in the hospital. *Journal of Pediatric Nursing*, *18*(3), 209–214. https://doi.org/10.1053/jpdn.2003.28
Hall, C., & Reet, M. (2000). Review : Enhancing the state of play in children's nursing. *Journal of Child Health Care*, *4*(2), 49–54. https://doi.org/10.1177/136749350000400201
Harvey, M., & Land, L. (2021). *Research methods for nurses and midwives: Theory and practice* (2nd ed.). Sage.
Hayes, N., & Keogh, P. (2012). Communicating with children in early and middle childhood. In V; Lambert, T. Long, & D. Kelleher (Eds.), *Communication skills for children's nurses* (pp. 19–33). Open University Press.
Hennink, M. M. (2014). *Focus group discussions: Understanding qualitative research*. Oxford University Press.
Holland, J., Thomson, R., & Henderson, S. (2006). *Qualitative longitudinal research: A discussion paper*. London South Bank University.
Hollard, C. (2020). Play specialist practice and the values of play. *The Dissector*, *48*(1), 16–17.
Hubbuck, C. (2009). *Play for sick children: Play specialists in hospital and beyond*. Jssica Kingsley Publishers.
Jennings, S., & Holmwood, C. (2021). *Routledge international handbook of play: Therapeutic play and play therapy*. Routledge.
Jun-Tai, N. (2008). Play in hospital. *Paediatrics and Child Health*, *18*(5), 233–237. https://doi.org/10.1016/j.paed.2008.02.002
Jun-Tai, N. (2009). *Factsheet No. 6 play in hospital*. Children's Play Information Service. Retrieved January 19, 2024, from https://docplayer.net/20755599-No-6-play-in-hospital.html
Jun-Tai, N., & Barbour, F. (2014). Enhancing resilience in children and young people. In A. Tonkin (Ed.), *Play in healthcare: Using play to promote child development and wellbeing* (pp. 93–109). Routledge.
Koukourikos, K., Tzeha, L., Pantelidou, P., & Tsaloglidou, A. (2015). The importance of play during hospitalization of children. *Materia Socio Medica*, *27*(6), 438–441. https://doi.org/10.5455/msm.2015.27.438-441
Krueger, R. A., & Casey, M. A. (2009). *Focus groups: A practical guide for applied research* (4th ed.). Sage.
Latimer, E. (1978, September 14). Play is everybody's business in the children's ward. *Nursing Mirror*, pp. 21–24.

Li, H. C. W., & Lopez, V. (2008). Effectiveness and appropriateness of therapeutic play intervention in preparing children for surgery: A randomized controlled trial study. *Journal for Specialists in Pediatric Nursing*, *13*(2), 63–73. https://doi.org/10.1111/j.1744-6155.2008.00138.x

Liamputtong, P. (2011). *Focus group methodology: Principles and practice*. Sage.

Lune, H., & Berg, B. L. (2016). *Qualitative research methods for the social sciences*. Pearson Education.

Mendiola, P. P. (2024). How to communicate with children, according to health play specialists in the United Kingdom: A qualitative study. *Journal of Child Health Care*, *28*(1), 166–180. https://doi.org/10.1177/13674935221109113

Ministry of Health. (1959). *The welfare of children in hospital*. Her Majesty's Stationary Office.

Moule, P., & Goodman, M. (2014). *Nursing research: An introduction* (2nd ed.). Sage.

National Institute for Health and Care Excellence. (2021). *Babies, children and young people's experience of healthcare*. Retrieved July 22, 2024, from https://www.nice.org.uk/guidance/ng204

O'Donnell, I. (2023). Playing beyond the boundaries. In N; Everett, C. Hubbuck, & F. Brown (Eds.), *Play in hospitals: Real life perspectives* (pp. 245–252). Routledge.

Play England. (2008). *Play and health: Making the links*. Retrieved January 21, 2021, from http://www.playengland.net

Play England. (2020). *Charter for play*. Retrieved July 21, 2024, from http://www.playengland.org.uk

Save the Children. (1989). *Hospital: A deprived environment for children? The case for hospital playschemes*.

Sharts-Hopko, N. C. (2001). Focus group methodology: When and why? *Journal of the Association of Nurses in AIDS Care*, *12*(4), 89–91. https://doi.org/10.1016/S1055-3290(06)60220-3

Stebbings, J. (2010). Play. In E. Trigg & T. A. Mohammed (Eds.), *Practices in children's nursing: Guidelines for hospital and community* (3rd ed., pp. 120–130). Churchill Livingstone Elsevier.

Stewart, D. W., Shamdasani, P. N., & Rook, D. W. (2014). *Focus groups: Theory and practice* (3rd ed.). Sage.

Tondatti, P. C., & Correa, I. (2012). Use of music and play in pediatric nursing care in the hospital context. *Investigacion Y Educacion En Enfermeria*, *30*(3), 362–370. http://ref.scielo.org/w5jcgg

United Nations International Children's Emergency Fund. (2013). *General comments of the committee on the rights of the child: A compendium for child rights advocates, scholars and policy makers*. Retrieved July 21, 2024, from https://www.unicef.org

Walker, C. (1989). Use of art and play therapy in pediatric oncology. *Journal of Pediatric Oncology Nursing*, *6*(4), 121–126. https://doi.org/10.1177/104345428900600403

Wilkinson, S. (2015). Focus groups. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (3rd ed., pp. 199–221). Sage.