



Play or hard work: Unpacking well-being at preschool



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ABSTRACT

Well-being or quality of life is thought to give a more accurate picture of the impact a condition has on day-to-day functioning than traditional outcome measures. This study sought to examine the relationship between engagement in play and well-being for preschool children with and without developmental coordination disorder (DCD). A quasi-experimental design was used with two independent groups of preschool children aged 4–6 years with ($n = 32$) and without ($n = 31$) probable DCD. Play skills were assessed using the Play Observation Scale based on 30 min of videotape of free-play at preschool. Well-being was assessed using a parent-proxy version of the Revised Children Quality of Life Questionnaire (KINDL^R). Spearman rho correlations were performed to examine the relationship between play and well-being. Well-being at preschool was significantly lower for the children in the DCD group however overall well-being was not significantly different. Engagement in type of social play (solitary, parallel or group) was found to predict well-being for the typically developing children. For the children with DCD, engagement in group play was not associated with well-being. An explanation for this difference may be that children with DCD may not experience free-play at preschool as “play” but rather as hard work. Further research is needed to determine why children with DCD experience lower well-being at preschool than their peers and to investigate children’s perceptions of free-play. This may enable teachers and therapists to better support children with DCD in the preschool environment.

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1. Introduction

Well-being, defined as “the ability to successfully, resiliently, and innovatively participate in the routines and activities deemed significant by a cultural community” (Weisner, 1998, pp. 75–76), is recognized as an important goal and outcome measure of intervention with children with long-term conditions (Pollard & Rosenberg, 2003; Rosenbaum

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& Gorter, 2012; Waters, Davis, Nicolas, Wake, & Lo, 2008; World Health Organisation, 2007). Well-being is a broad term which covers various domains including social, emotional, physical, and can include economic and political domains although the latter two are rarely measured in health care settings (Guerin, 2012). Often used interchangeably with quality of life (QOL) (Davis et al., 2006; Waters et al., 2008) well-being is a subjective measure: while functional measures capture what a child can or cannot do, well-being captures how the child or their proxy feels about it (Davis et al., 2006). Subjective measures, such as well-being, can provide the basis of strength-based, collaborative approaches and are congruent with family centered practice which is recommended across healthcare disciplines (Bamm & Rosenbaum, 2008; Dunst, Trivette, & Hamby, 2007; Hanna & Rodger, 2002; Tsang, Wong, & Lo, 2012).

Well-being or QOL is thought to be affected by participation in life roles. An important life role for young children particularly before they start school is that of player (Rigby & Rodger, 2006). Engagement in play provides children with opportunities to develop a broad range of skills which in turn have been linked with physical, social and emotional well-being (Ginsburg, 2007; Pellegrini, Dupuis, & Smith, 2007; Rigby & Rodger, 2006), and may also provide an indication of children's well-being. Engagement in play is intuitively associated with well-being for young children. Rosenbaum and Gorter (2012) list "fun" as one of the six important ideas that health care providers should address in their work with children and fun is arguably one of the key motivating factors for engaging in play.

Numerous play studies have established that engaging in particular types of play such as cognitive or social play, contribute to a child's social and emotional well-being (e.g. Cole & LaVoie, 1985; Rubin, 1982; Rubin, Maioni, & Hornung, 1976; Stagnitti, Unsworth, & Rodger, 2000). As preschool children typically engage primarily in play (Larson & Verma, 1999) which is a key childhood occupation, participation in play is hypothesized to be important in promoting children's well-being.

Developmental coordination disorder (DCD) is one example of a long-term condition which potentially negatively impacts on children's well-being. To date, much of the research on DCD has focused on motor skill limitations and only indirectly considered the impact of these limitations on well-being and quality of life. Zwicker, Harris, and Klassen (2013) in a systematic review of the DCD research published up until 2008, found that few studies had explicitly addressed this area and only one study used a QOL measure as an outcome.

Wuang, Wang, and Huang (2012) compared the health-related quality of life (HRQOL) of school-aged children with ($n = 369$) and without DCD ($n = 360$) and found that according to parent report, the children with DCD experienced a significantly lower level of HRQOL. As with QOL, HRQOL is a subjective measure that captures how the child or proxy views their health and well-being (Wuang et al., 2012). The HRQOL of the children with DCD was lower on all psychosocial domains and was significantly correlated with motor proficiency. The researchers also compared the HRQOL of the parents of the participating children and found that parents of children with DCD reported significantly lower HRQOL compared to the parents of typically developing children. This was attributed in part to the stress associated with supporting their children in mainstream schooling.

Poulsen, Ziviani, and Cuskelly (2006, 2007, 2008) conducted a series of studies examining the relationship between engagement in leisure activities and life satisfaction of adolescent boys both with and without DCD. Life-satisfaction is conceptually similar to QOL and well-being (Guerin, 2012). Poulsen et al. (2006, p. 855) found that participation was an important factor in the boys' life satisfaction: "... the boys in this study who participated in team sports, irrespective of their level of physical ability, had higher life satisfaction than those who did not". This is in contrast to Wuang et al. (2012), who found that motor proficiency was identified as a significant factor. Poulsen et al.'s findings suggests that participation rather than the presence of a health condition influences life-satisfaction or well-being and therefore factors which facilitate or hinder participation should be explored.

In two studies which investigated DCD as a co-morbidity, Flapper and Schoemaker (2008), Flapper and Schoemaker (2013) found that the QOL was negatively impacted for children with specific language impairment and DCD as well as attention-deficit-hyperactivity-disorder and DCD. However given that both of these studies investigated co-morbidities, it is difficult to ascertain what influence DCD specifically had on the QOL of these children (Zwicker et al., 2013).

All of the aforementioned studies were conducted with school-aged children. To our knowledge, the well-being or QOL of preschool children with DCD has not been examined to date. The aim of this study was to investigate whether there was a relationship between engagement in play at preschool and well-being for young children with and without DCD.

2. Method

2.1. Participants and procedures

Preschool children aged between 4 years 0 months and 6 years 11 months, and their parents, were recruited from mainstream preschools in and around Munich, Germany. Thirty-two children with probable DCD (pDCD) were matched with 31 typically developing children (TD) for age and gender. One child with pDCD was not able to be matched but was still included in the study. This paper reports on the well-being/QoL findings that were part of a larger study which has been described in detail elsewhere (Kennedy-Behr, Rodger, & Mickan, 2013b).

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