

# The working life of a play specialist

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## Abstract

Imagine that you are feeling ill or in pain, worse than you have ever felt before but you do not know why. You are taken urgently in an ambulance to an alien environment hosting different smells and sounds. You are bombarded with questions but all you can think about is why you are in pain and what is going to happen to you? Now imagine if you were a child going through this with less life experience and a lower level of understanding. In this situation a play specialist can help by supporting the social and emotional needs of the child and their family during a time when they are feeling at their most vulnerable. It is not always possible to achieve the perfect illness outcome for every patient but remembering that their emotional state is just as important as their medical condition means that at least the whole team is able to offer all that can be done to care for their specific needs. This holistic approach means caring for the person, not just their symptoms. Conditions, personalities, past experiences, pain thresholds and levels of understanding vary in each individual, so there is no predicting how each patient will react; but there are numerous ways that the play team can support a child and ensure that care for the child's emotional needs is offered, to complement the medical care. This article aims to aid your understanding of how play can be used in hospitals allowing children to feel safe, welcomed – and even entertained. I will discuss specific techniques that play specialists can use to help children and young people feel better prepared and equipped to cope with different aspects of being hospitalised and I will touch on how play specialists can be of direct assistance to various medical staff within the work place, with some examples. I shall highlight some challenges and many successes, as well as identifying play service improvements throughout our trust.

**Keywords** assisting medical staff; challenges and successes; child friendly environment; coping strategies; emotional support; play service improvements; preparation and distraction; types of play

## Introduction

I have worked on the Child and Adolescent Unit at Leighton Hospital, a semi-rural district general hospital in Cheshire, since 2007, initially as a Hospital Play Specialist (I am now a Health Play Specialist). My team of four play specialists and play assistants provide care to children aged between 0 and 16 years in paediatric inpatient (open twenty-four hours, seven days a

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week), assessment (day time only), outpatients (Monday–Friday day time hours), pre-operative assessment (POAC clinic, Tuesday and Wednesday, day time hours) and day case surgery areas (Friday). No day is ever the same and understandably some can be considerably busier than others.

I graduated with a BA Hons in Childhood Studies whilst working with children in both nursery and educational settings. This allowed me to gain a real sense of how children learn and grow; identifying particular milestones that highlighted the significant role that play has in every child's physical, intellectual, emotional and social development. Learning that, to a child, play is the most natural process which they use to make sense of the world, I became increasingly interested in how play can be incorporated within the hospital setting. This led to further study for a Diploma in Specialised Play for Sick Children and Young People. I then translated my previous skills into providing care for children and young people in hospital.

However, it was not until working in hospital that my real learning started. Over the years, I have witnessed real fear and vulnerability, as well as great bravery and inspiration amongst the children with whom I have worked. I have seen the different reactions that individual patients and their families can have to hospitalisation and medical interventions and therefore I have been continuously learning, developing and adapting my own skills in order to best meet the specific and individual needs of each child and young person. My personal understanding and appreciation of play initially made it easier to work with younger patients but it was more difficult to know how to interact and offer support to older patients, especially those being treated with eating disorders, self-harm injuries and/or overdoses. My job title did not make acceptance any easier with this age group – many adolescents have looked at me as if to say 'how old do you think I am, I don't think I need play!' So, with the support from my manager, and team, I enrolled into a night course in counselling. I gained a wealth of knowledge on this short course and grew immensely from it so I decided to continue and gained my Certificate in Person Centred Counselling which has proved invaluable in many ways to the work that I am now able to do with all ages.

## A play specialist's day to day work

Each day varies greatly depending on circumstances and the rest of the team, but a typical week goes a little like this...

**Monday** – Ward/Assessment unit.

**Tuesday** – Pre-Operative Assessment Clinic.

**Wednesday** – Paediatric Outpatients/GP Bloods.

**Friday** – Paediatric Day Case Theatre.

## Making children feel welcomed and entertained

Making sure that patients feel as comfortable as possible when they first arrive in this new environment is extremely important. Creating a sense of normality is crucial. Designing bright wall displays incorporating health promotion or popular murals and hanging up decorations, especially during specific times of the

year – such as the seasons – can play a big part in helping children feeling settled on the ward. It injects more colour onto the ward and makes it feel more homely, incorporating a bit of normality from the ‘outside world’. It can make people smile and boosts their spirits and those of their patients. Possibly what is even more appealing to our child patients is the large playroom we provide. Everyday we tidy and set up the area with a variety of age-appropriate toys/activities that include creative, constructive, and imaginative play. The same applies to outpatient clinics with setting up the treatment rooms and their sensory equipment.

I begin my day by using the handover sheet to identify which patients need care in their side room, at their bedside or are mobile enough to come down to the playroom. I am also able to identify any child protection or mental health issues as well as medical procedures or particular limitations, fears, difficulties or treatments that certain patients may be struggling to deal with. If I require further information I either read through the patient’s notes or speak to their designated nurse to see how I can offer my expertise in a more specific way. I encourage those who are able, to use the playroom, but for those unable to leave their bedside I offer play activities, at this stage mainly to relieve boredom or offer stimulation. Once I have assessed everyone that I can I then focus on the patients who need specialised play input.

Around 16:00 I start cleaning the playroom and storing the day’s games and activities for the night. To minimise spread of infection we regularly clean all the toys in the playroom. Those given out to patients’ bedsides are cleaned after each use before they are returned to the playroom. Keeping on top of this can be challenging, especially when low on staff or if there are a few patients that occupy much of our time. Volunteers help us to juggle all these tasks.

### Children’s assessment unit (CAU)

Children may arrive in the CAU after GP referral, from the Accident and Emergency Department or for review after a previous attendance or admission. The inevitable unpredictability of this workload means that there are often waits to be seen and apprehension of children and families may escalate. Play activities can alleviate boredom and worry. My input here depends on the number of patients, their age and their needs. There is always a variety of toys readily available for the younger patients and I keep checking whether I can be of any assistance. This can be demanding, especially if I am on my own as this unit is currently separate from the ward due to refurbishment. However, nursing staff can contact me specifically by bleep if they feel a child might benefit from my input.

### How are play activities offered in the hospital?

Need for play staff input varies considerably from child to child. Some parents have childcare or other responsibilities at home; other parents may need a break after nursing their child at home for an extended period before admission or for other personal reasons. Some children spend the majority of their stay on their

own. In all these instances play staff input can help mitigate the loneliness and emotional responses which can result. Group or one-to-one play sessions can assist: not only do these sessions offer company and relieve boredom, they also offer stimulation, encouragement to mix with peers, and can help to build confidence and trust in the hospital staff. Play can also aid the patient’s development and speed recovery due to the positive and fun distractions that it can offer.

### Sensory play

The bubble tube, fibre optic lights and projector are very popular with a number of our patients due to the interesting yet calming environment that they can promote. Tactile play with food or different textured toys and objects can also work with great effect. Not only can this form of play aid the development of fine motor skills and weaning but also creates much fun, mess and laughter. Other patients prefer audio-based activity such as listening to music and playing along with musical instruments.

Whatever the form of sensory play, the responses generated can help us greatly, especially with patients who have multiple needs and/or have little to no verbal communication. Good or bad reactions provide evidence that the patient is feeling and experiencing the play session and is developing their own means of communicating their likes and dislikes. We are also able to assess their development. This means that further play sessions can be devised in keeping with their preferences and so encourage progression and stimulation. Our input here can also assist all staff caring for the child as they will then know how best to comfort their patient if distressed.

### Creative play

Creative play on the ward involves mainly arts and crafts, either in groups or one to one sessions, dependant on staffing levels and the demands of the ward as a whole. Most of my time spent in one-to-one sessions is with slightly older patients, or those who are inpatients for a while – whether they have cystic fibrosis, cancer, presenting social concerns or a mental illness, such as an eating disorder.

Getting creative and spending time with the play team, away from families or medical staff, provides the patient with the opportunity to feel supported and safe as well as being encouraged to express themselves.

There are no set rules in art which is why it is so easy for children to ‘get lost’ in what they are doing, producing pieces of work that can often reflect their state of mind. This can be very therapeutic for a patient as it offers an alternative outlet of expression in a safe and supportive environment and is especially useful for children who may not possess the verbal skills to express themselves. Relief can be engendered by self-expression, as well as confidence and a sense of achievement. It can also be of considerable help to the clinical team: gaining a better understanding of each patient’s state of mind means one can more easily and confidently offer them the specific care which they need and deserve. It can also help reveal factors contributing to the hospitalisation of the patient, especially in cases regarding social concerns and/or mental illness (See [Box 1](#)).

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