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## Play Within the Pre-registration Children's Nursing Curriculum Within the United Kingdom: A Content Analysis of Programme Specifications

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## ABSTRACT

**Purpose:** To determine the number of programme specifications which cite play within the curriculum and in what context. Play is an essential part of childhood. Therefore we might expect nurses caring for children 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.

**Design and Method:** Inductive qualitative content analysis.

**Results:** Only 13% (seven 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 with 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 87% of universities programme specifications which make no mention of it.

**Practice Implications:** If play is not part of programme specifications its importance could be lost to educators already delivering a full curriculum. Nurses could be qualifying with little or no knowledge around their role in facilitating play for their patients.

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## Introduction

Programme specifications of pre-registration children's nursing programmes within the United Kingdom (UK) were examined using inductive qualitative content analysis (Elo & Kyngas, 2008; Stemler, 2001) to ascertain the frequency and use of the term play within the documentation. The importance of play for children in both their typical 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 (Quality Assurance Agency, 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 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.

Currently pre-registration undergraduate nurse education in the UK is a three year degree course consisting of 50% university based taught curriculum and 50% clinical practice based education. Students follow one of four pathways, child, adult, mental health or learning disability nursing. Entry requirements are set by each individual university, however attainment of five GCSE's plus two A level qualifications or equivalent are required. On successful completion of the course graduates are

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enrolled onto the professional register, regulated by the Nursing and Midwifery Council. This allows the qualified nurse to work in the UK.

Within nurse education in the UK there is a move towards a more generic form of training abandoning the four field approach of adult, child, mental health and learning disability nursing. 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 to be generic, with the third year 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, Clarke, Crawford, & Smith, 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 definition of play 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. The key characteristics of play are identified as being 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 & Correa, 2012, p. 365). Play "stimulates the senses and offers opportunities to develop hand-eye as well as gross and fine motor coordination" (Woolfolk & 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 a "child centred communication tool" (Webster, 2000, p. 24).

When children and young people become ill and require hospital admission, play becomes an important link to home and as a way for the child to take control of an often 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 & 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 (Gill, 2010; Weaver, Battrick, & Gasper, 2007); facilitating communication (Belson, 1987; Healthcare Commission, 2007; Webster, 2000); and helping to prepare children for investigations and surgery (Ward, 2008).

Save the Children in 1989 published a report examining play provision in hospitals in the UK. They recommended that play provision should be provided for all children in the hospital and that all professionals who work with children should receive training in play (Save the Children, 1989). 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), play also provides many benefits 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 within the UK?

## Ethics

Ethical approval was received from Leeds Beckett University. No ethical concerns were present as programme specifications are generally

within the public domain and therefore freely accessible, however confidentiality was maintained by not identifying individual universities or programmes of study.

## 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 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. 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 are coded, grouped and categorised. From this flows the final stage, reporting of the analysing process and the results (Elo & Kyngas, 2008).

## Recruitment and Selection of Programme Specifications

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 57 universities offering the pre-registration children's nursing courses across the UK, it was deemed appropriate to attempt to recruit all 57 into the study. This would then gain a true representation and accurate, valid results. The response rate for this study was 95% ( $N = 54$ ).

## Results

The 54 programme specifications varied in length of pages, with a mean of 34, median of 27 and a mode of 8 and 21. Table 1 outlines the frequency and distribution of the pages that mention the concept of play.

## Play Within Programme Specifications

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 educators and faculties to the author's request for access to their documentation.

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