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An investigation of the learning which nursing students derive from a play program experience.

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AN INVESTIGATION OF THE LEARNING WHICH NURSING STUDENTS DERIVE FROM A PLAY PROGRAM EXPERIENCE

By

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### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>1</td>
</tr>
<tr>
<td>Justification of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>Scope of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>Limitations of the Problem</td>
<td>3</td>
</tr>
<tr>
<td>Basis of the Hypothesis</td>
<td>3</td>
</tr>
<tr>
<td>Statement of the Hypothesis</td>
<td>3</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>3</td>
</tr>
<tr>
<td>Sequence of Presentation</td>
<td>4</td>
</tr>
<tr>
<td>II. REVIEW OF LITERATURE</td>
<td>5</td>
</tr>
<tr>
<td>III. METHODOLOGY</td>
<td>9</td>
</tr>
<tr>
<td>Selection and Description of the Sample</td>
<td>9</td>
</tr>
<tr>
<td>Tools Used to Collect the Data</td>
<td>13</td>
</tr>
<tr>
<td>Procurement of the Data</td>
<td>13</td>
</tr>
<tr>
<td>IV. FINDINGS OF THE STUDY</td>
<td>15</td>
</tr>
<tr>
<td>Presentation and Analysis of the Data</td>
<td>15</td>
</tr>
<tr>
<td>V. SUMMARY AND RECOMMENDATIONS</td>
<td>30</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>32</td>
</tr>
<tr>
<td>APPENDIX A</td>
<td>35</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION

"To accomplish anything worthwhile a vision and a program are necessary. He who has only a vision is a visionary. He who has only a program is a drudge. He who has both a vision and a program is a conqueror."¹

The modern trend in hospitals is toward an awareness of the emotional as well as the physical effects of hospitalization upon children. Because of this, schools of nursing attempt to prepare students who will be capable of comprehending the interrelationship of the physical and the psychological factors in the prognosis and recovery of the child, and who will be able to apply this understanding in providing nursing care for children. Pediatric Nursing Educators in recognizing this need, sometimes enrich the Pediatric Nursing Curriculum by providing an experience for their students in a play program. The nursing students may engage in individual and group play activities with the hospitalized children.

At X hospital, students are assigned to the play program for a one week period. The goal of this experience is to help

the student nurse to understand the child's spiritual, social, intellectual and emotional needs in the hospital setting.

During the student nurse's participation in the play program, it is assumed that they are developing an understanding of and an appreciation for children which can be applied to their nursing care. It is felt that this experience will result in better care for the child and deeper satisfaction for the nurse in her work in the area of Pediatric Nursing.

This study was developed as an investigation to learn if it is true that nursing students develop a better understanding and appreciation of children and their nursing needs through an experience in a play program which is integrated into the Pediatric nursing unit of study.

The writer feels that if a nursing student fears, misunderstands, and does not appreciate the needs and values of a sick child, that she cannot provide adequate total nursing care to such patients. Observations of young nursing students working with children found many who do not appear to either understand children's behavior or appreciate the individual differences of children.

Some students seem unaware of the social, spiritual, emotional, and intellectual needs of healthy as well as hospitalized children. Hospital practices often times do not permit care for children as members of a family unit. Many students are also unfamiliar with the vast amount of literature written in the area of child growth and development. This likewise may
be their first experience in providing care for sick children.

To determine what learning is derived by nursing students from a one-week experience in a play activities program, interviews were held with two groups of nursing students. One group consisted of ten nursing students who had had a one-week experience in the play program and one group of ten students who did not have this experience. The latter group was considered the control group. The interview data was analyzed to determine if there were any differences in actual data and verbal understanding between the two groups in relation to the nursing care of the sick child.

The limitations of this study were that the interviews were done by one nurse; the observations were made by the same nurse; and the number of students involved was not large enough to be able to generalize the findings.

For clarification the following definitions are provided:

**Play Program** - group and individual play situations where nursing students interact with pediatric patients

**Play Nurse** - nursing student who comes in actual contact with the children through the play program

**Play Material** - such items as seem fit for a particular situation i.e., water paint, puzzles, dolls blocks, doll house, crafts, and items used for self expression

**Play Setting** - usually a sunporch area which is warm and safe for the children or an area away from the sleeping cubicles.

The content material of this study is provided in the following sequence. Chapter II reviews the literature and portrays
past experiences with hospitalized children and play programs. A detailed description of the sample and the tool used to collect data is given in Chapter III. Presentation and discussion of the data is given in Chapter IV. Summary and recommendations of the study are presented in Chapter V.
CHAPTER II
REVIEW OF LITERATURE

An increasing number of articles have appeared in recent years in the pediatric, surgical and psychiatric literature dealing with the reactions of children to hospitalization, illness and separation from family.

The review of literature has emphasized factors that might predetermine the reaction of a child to the stress situation of hospitalization. Separation of the child from his parents seems to be the most important factor producing undesirable emotional reactions. Jackson states that she has observed the traumatic aspects of hospitalization in terms of phantasies relating to separation from parents.\(^1\) Jessner and Kaplan, in their observations of the reactions of children, reveal that separation from home causes a child to manifest child's anxiety.\(^2\) Most people look upon hospitalization with some trepidation. How much more fearful and strange are hospitals to the child who

\(^1\) Jackson, Edith B., "Treatment of the young child in the hospital," *American Journal of Nursing*, XII, (January, 1942) p. 56.

knows very little about them or what takes place inside them.

To many younger children, sickness comes as a punishment for their misdeeds. Some children express their fear about their stay in the hospital. They ask, "Do all the lights go out here at night?" "Are the doors locked at night here?" "Where does everyone go when it gets dark?"

Some parents have very little insight into what hospitalization might mean to their children. Few people understand the worry and anxiety that children experience if they are misinformed or unprepared for what they are to meet in a new situation. The young child with his vivid imagination may have strange ideas and frightening thoughts if separation from home and hospitalization are not explained to him. It is possible to cause an unnecessary degree of apprehension for the child by giving too much factual information about hospitalization. But the young child may also have strange ideas about these related events if given too little factual information.

Some means of expression of these fears may be made available to the sick child to alleviate some of the apprehension and frightening thoughts in relation to traumatic events which


4Observations and interviews of three pediatric patients done by the writer at a large city hospital in New England.
are associated with hospitalization. One way of helping a child express himself is through the media of play because play to a child may be considered as his language as well as part of his daily life. Benz states that "Play is a child's business." Senn states that "Play is also a natural means of communication."

"The child has a need to express his dissatisfactions, his fears, and his hopes in his own natural fashion - through the media of play. Through the media of play, the pediatric child is often able to express thoughts and feelings, learn about the world around him, develop manual energy, and have fun and enjoyment."

Freud has emphasized that children repeat in their play everything that has made a great impression on them in order to become master of the situation. Because of this realization regarding play, many hospitals are seeing the value of a play program on pediatric wards.

5Benz, Gladys, Pediatric Nursing, St. Louis: C. V. Mosby Co., 1953, p. 183.
8Freud, S., Beyond the pleasure principle, New York: Liveright, 1950.
Toys used for play should suggest free expression.\(^9\) Conn has divided play into three types: A. non-specific release such as throwing things, tearing paper or spilling water; b. impersonal play, for example, a battle of soldiers in which characters are unidentifiable and therefore aggression is guiltless; c. personalized play in which the child may reverse roles and be the surgeon operating on a doll.\(^10\)

It is also important that the play environment be one of a relaxed easy atmosphere. If the nurse is constantly tidying the child's surroundings the child may feel that play is not accepted.\(^11\) It is this aspect that the nurse may help to a high degree in making the hospital play situation more pleasant for the child.

In recent years there seem to be more nursing articles written about various aspects of play. Some of the latest material yet unpublished regarding play, composed by nurses, was used in conjunction with the 1960 White House Conference.

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CHAPTER III

METHODOLOGY

The hospital selected for this study was a large city hospital located in Massachusetts. This is a general hospital which has a separate building devoted to a generalized pediatric service. The types of patients admitted to the pediatric unit represent a wide variety of clinical conditions. In general the children come from families representing the low socio-economic level. The daily average census of pediatric patients is one hundred and sixty patients on a total of eight wards. This census is broken down so that there is an average of twenty patients on each ward.

This particular situation provides pediatric nursing experience for fourteen schools of nursing. The nursing students represent various schools of nursing throughout New England.

As a portion of their pediatric unit of study, some of the nursing students spend one week with the play program. The twelve nursing students participating in the one-week play program do so two at a time. This group will be referred to in this study as the "play group". Therefore for six consecutive weeks each group of two nursing students who were at the end of their experience were interviewed by a written questionnaire about their involvement with the play program. Then, at similar intervals, twelve other nursing students who did not participate in the play program but were at the termination of their
pediatric unit of study, were given the written questionnaire regarding their pediatric experience. This latter group will be referred to as the "control group".

The program of the "play group" includes orientation by the instructor including the instructor's explanation of the purpose of this aspect of her experience. The aim of the program is to help the nursing student develop an understanding of and an appreciation for children which will carry over to her regular nursing program, and which will result in better care for the child and more satisfaction for the nurse in her work in pediatrics.¹

The nursing student is introduced to various play materials and their uses with the children of different ages and is given an opportunity to work with the materials and to discuss her own reactions to them.

A typical day for a student nurse in the play program consists of many experiences. At the beginning of a day the nursing student plans, with the instructor, for morning play activities. This is based on the previous day's experience and the various children's interests and needs. Plans are made to meet new children and their parents upon arrival on the ward. After the planning period is completed, working in assigned

Play groups developed according to age levels and physical conditions of the children takes place. These age levels are divided so that the teenagers are together and the younger children are grouped together to play with materials that are of particular interest to them. Plans are also made for the bed rest children who could not take an active physical part in a game but could do puzzles or cutouts which did not involve much physical exertion.

The time spent in actual play is usually two hours. Students remain with the children during mealtime so that they may observe and begin to understand their eating habits, and can establish a pleasant atmosphere during mealtime. They attempt to encourage good eating habits and try to talk with the children about how they eat at home. Notes are taken periodically by the students regarding their intake and their attitudes toward food in general for discussion in class later in the day. After lunch comes rest hour. One play nurse is assigned to each ward depending on the census. Her aim is to assist the children to rest. She does this by talking softly, reading or just sitting with the children. Often times children express their homesickness during this time and have a so-called friend present who assists in helping the children overcome this feeling.

During the early afternoon, the students participate in active discussion of play materials, play activities, mealtime, rest hour and general behavior of the children. After this class, the students return to the wards for informal contacts.
with parents and children so as to share with the parents the child's life in the hospital. This aspect of the student's experience teaches her to recognize the help parents can give in the child's recovery. She meets newly admitted patients and helps the children and parents get acquainted with the physical setup of the ward, personnel and other patients. This helps make the children and the parents feel more comfortable and eases the separation between them.

Through this experience, it is hoped that nursing students may begin to understand the behavior of the sick children who do not have normal outlets for their needs.

The students may also see how play, and how nurses can aid the progress of hospitalized children through better understanding and the wise use of play.

Through the play program it is hoped nursing students will begin to acquire a desire to know more about children. They may begin to discover that "Tommy is in the play group for the first time, that Johnny is still quite demanding and Molly is more responsive."²

They may become more interested and alert to the children's social and emotional needs, and this lively interest often

²Ibid
³Observations done by the writer
becomes the basis for further classroom learning.

Some of the students do not like to play with the children. An effort is made to enable them to express openly their dislikes, fears and ignorances of the children's behavior. In addition to their lack of familiarity with children, many students are not aware of some of the psychiatric theories of child development and the value and meaning of children's play. Some student nurses regard the children's parents as hindrances; they fail to see the value of working with parents to make the children's hospital experience helpful. These negative factors are powerful, and they are probably typical of many who are not specially trained in the field of child study. Unless a student feels free to express negative as well as positive feelings about theories and experiences which are new to them, very little real learning can take place.  

There are two tools used in this study to collect data - observations made by the writer, and interviews centered around a questionnaire developed to elicit information discussed. The questionnaire for the interview was prepared around three major areas: factual material regarding the student herself - age, year of study as a nursing student; information about her attitudes toward children, and nursing in general; and data pertaining directly to what actual learning experiences the student felt she derived from her pediatric unit of study.

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General observations of the students working with the pediatric patients to determine if what is given as factual data through the questionnaire is put into practical application by the student when she is working in actual contact with the patient.
CHAPTER IV
FINDINGS OF THE STUDY

The data of this study will be presented in two parts, the interview and the observations. The interview data will be presented in the following manner - the questions and the students' answers followed by the analysis.

For the purpose of clarification the responses from the questionnaire have been presented in the order in which the questions appear on the questionnaire in sequence from one to sixteen. The analysis will be presented from the material obtained from the questionnaire. (see appendix A)

"Do you feel that you were given a satisfactory orientation before going into pediatric nursing?"

<table>
<thead>
<tr>
<th>Satisfactory Orientation</th>
<th>1 2 3 4 5 6 7 8 9 10 11 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory Orientation</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

key: play group———
control group—

Nine students in the "play group" and two students in the "control group" stated that they had had an adequate orientation. Three students from the "play group" and ten students from the "control group" replied that their orientation was not satisfactory.

The students that responded "No" were asked the following question: "How do you feel that the orientation could be
improved?" In the "play group" the three responses were as follows:

"if I had known what to do"
"should be explained what was expected of us to feel a closer relationship"
"given more details of what our duties were to be"

The "control group" responded negatively and gave the following reasons:

"I wish someone had told me what to expect and how kids act about medicines, needles, bedtime and group activity"

"I needed help in correct handling and feeding technique as well as hospital routines and procedures found in caring for newborn or any young child"

"If they had only taken more time, a couple of days if need be, so new students could get to know the ward itself"

"Better supervision needed for first few days"

"by explaining more in detail the routines of the day and night shift and the procedures often used"

"by telling us the routines, showing us where the materials are kept, showing us the various techniques"

"just to have an entire day touring the ward to familiarize everyone with the work, etc."

"I think they could have explained in more detail about how to take care of the babies, such as holding, feeding, etc."

"by not going to the wards so soon"

"better explanation on feeding and handling babies"

"Do you feel that you would like to have had more guidance from the personnel during your pediatric experience?" In reply to
this question six in the "play group" replied "Yes" and six replied "No". In the "control group" seven responded "Yes" and five responded "No". Combining both groups together, it was found that thirteen out of twenty-four felt that the guidance help from the personnel was sufficient.

Those who had responded "Yes" in question three were asked, "What kind of guidance would you like?" The six in the "play group" who responded positively felt that there should be more discussion and guidance in planning the day's activities. The individual responses were as follows:

"ward personnel could be a little more helpful"
"more discussion to bring out individual problems"
"help in how to go about approaching patients"
"needed help in planning day's project"
"nurses telling me what is preferred rather than screaming at me when it is wrong"
"couldn't talk to head nurses and graduate nurses"

In the "control group" the students wanted help with the children and in understanding their responses and behavior. The five students responded as follows:

"when asking a question they should be given an answer, not 'don't you know that yet?' by the graduates"
"as to procedures, nursing care, and general routines"
"more background on the patients"
"acceptance of you as a person, not 'the student', by the graduate nurses"
"how to talk with the 'kids' and get your point across"
Many times past experiences have helped to give an individual a feeling of security upon entering a new situation. Students having had no previous experience with children are often fearful and more insecure when they first encounter their pediatric experience.

"What experience have you had in working with children prior to your pediatric experience?" It was found that two members of the "play group" have had no experience with children while ten have had a variety of experiences with children of varying ages. The following is a list of the type of experiences the members of the "play group" have had:

- Baby sitting: 10
- Sunday school: 6
- Camp: 8
- Younger relatives: 10

The "control group" was found to have one member who had had no experience with children and eleven who had a varied experience with children prior to their pediatric experience. The following is a list of their experiences:

- Baby sitting: 11
- Sunday school: 8
- Camp: 7
- Younger relatives: 11
- Playground worker: 3

"Which age level group of patients do you prefer working with?" In response to this question four from the "play group" and five from the "control group" stated that they preferred working with infants. Four students from each group replied that they preferred working with pre-school children. Four
students from the "play group" and one from the "control group" preferred working with school age children while none from the "play group" and one from the "control group" preferred adolescents and the same was seen in their preference to adults. The results of this data show that there was a preference in both groups for working with infants and pre-school age children.

"Do you think your experience in pediatrics was of great, moderate or no value?" In the "play group" six of the students felt that the experience was of great value, four felt it was of moderate value and two felt the experience was of no value at all. In the "control group" six of the students felt that the pediatric experience was of great value and six felt the experience was of moderate value. No one in the "control group" considered the experience as being of no value.

"What do you feel you learned from your pediatric experience?" The following are the responses made by the "play group":

"Children have emotional outlets that must be satisfied and can not be coped with mainly by service measures"

"The importance of treating the children's emotional and psychological disturbances in conjunction with their physical manifestations"

"The realization that children need to socialize, play together, be in society, learn to share and bring to the surface one's problems"

"Nothing - no value received from this experience"

"The importance of patience, and better understanding of children's play habits in relation to their illness and emotional state"

"Different children react in a variety of ways to the same situation"

"Actually very little can be seen in observing a child who has some problem therefore I feel
the learning experience is wasted" "Learning the insights into children's behavior by different activities they participate in" "Learning what to expect of children of different ages and see how a child can express himself through play" "Learning that children don't just need a diversion they must be interested in it" "Became aware of how you can get to know a child better by observing his activities" "Learned to deal with children of different age groups and become aware of psychological not just physical symptoms"

The "control group" gave the following responses about what they felt they learned from this experience:

"I gained more confidence in dealing with children and being able to run a ward by myself" "I began to better understand the children's behavior and better orientated to Obstetrics which I still have to go through" "How to care for small children, talk to them and not be afraid to pick them up" "Theory in class - care of the emotional needs of a child" "More awareness of the variety of physical and emotional needs of a child" "Became more aware of problems pertaining to a child and various methods of solving them" "A better understanding of myself" "Learned to be more patient and understanding" "Have acquired a better tolerance of children's behavior" "Keener awareness of a child as an individual with a variety of needs" "Realized that children have likes and dislikes just like adults"

"What did you like best about the experience? Least?"

The responses from both groups were quite similar. The "play group" replied:

"Watching children play" "Working with children 6-12....they were very imaginative" "Caring for infants 0-1"
"Caring for smaller children"
"Liked talking with children"
"Playing with children and see their pleasure"
"Caring for really ill children"
"Entertaining children and seeing that they were fine"
"Working with babies"
"Like talking with children who are older"
"Caring for toddlers"
"Working with other students and personnel"

The "control group" responded in the following manner:

"Caring for infants who weren't very sick"
"Working with older children 8-12"
"Watching the children at play"
"Working on a ward where the head nurse didn't make you feel like a dunce"
"Caring for children up to three"
"Holding the little babies and letting them cuddle"
"Seeing how much can be done for a child through play"
"Being able to see the sheer pleasure on a child's face when he knew you were going to play with him"
"Seeing all the types of toys they have for children and being able to use them with the children"
"Playing with the children when I didn't have to approach them with an injection"
"Holding and talking with younger children"
"Seeing how children responded to their parents' visits"

In the second part of question eight the students were asked what it was that they liked least. The following are the responses of the "play group":

"Impersonal attitude of personnel"
"Not enough responsibility"
"Methods of giving medicine"
"Being treated like a dunce"
"Uncooperative personnel"
"Caring for misbehaving children"
"Caring for children 5-13"
"Caring for children that are always crying"
"Feeding and working with little kids"
"I disliked the attitude of graduate nurses"
"I like least giving shots to kids"
"Caring for older children who are almost my age"

"What was the most difficult adjustment you had to make while in pediatric nursing?" The responses of the "play group" were as follows:

"Being in charge when routines were vague"
"Working with kids in the older age groups (9-12)"
"Changing back to young age talk"
"Getting used to routine and giving comprehensive care"
"Getting accustomed to different procedures"
"Coping with uncooperative head nurses"
"Medications given in smaller doses"
"Approaching patients of different races"
"Giving injections to the children"
"Observing a child who can't speak and tell you where it hurts"
"Not having a head nurse that you can ask a question to if you are in doubt"
"Listening to babies continually crying"

The "control group" responded in a similar manner. Their replies are as follows:

"Working on a ward where I did not know where things were kept"
"Approaching patients of different races"
"Getting accustomed to routines"
"Giving I M shots to little kids"
"Beginning on a ward with very little orientation"
"Working with really sick children"
"Being with kids that are in casts or braces"
"Working with personnel who have very little understanding of what a student goes through"
"Giving medications to screaming children"
"Being with children who do not have visitors when everyone else's parent come"
"Getting accustomed to various procedures"
"Working with little kids who reminds me of a brother who died"
"Do you see your nursing care as being different as a result of your pediatric experience? How?" In reply to this question eight from the "play group" and seven from the "control group" said "YES". Four from the "play group" and five from the "control group" replied "NO". The eight in the "play group" who replied "YES" gave the following reasons why:

"yes, somewhat, as far as understanding the child's needs"

"I never realized children had so many emotional problems, makes me more patient with children, when they misbehave for no apparent reason"

"I stop and try to figure out why a child is acting indifferently"

"I am more considerate of picking up children when they cry or are unhappy"

"Somewhat more concern for the whole child, understand why they act as they do"

"As I gained a little better understanding of the child and their way of expressing themselves, therefore, are now more conscious of their needs"

"It help me to realize their problems they are faced with and if possible to approach the individual to see if she or he can express the way he feels"

"It gives us a better understanding of children, their needs, their social relations at different age levels, in general a better understanding of their growth and development"

The "control group" gave the following responses:

"I am more aware of the total picture of a child"

"I realize now the importance of knowing past history of a patient"

"Realizing that children have likes and dislikes similar to adults"

"Being aware that the quiet child is not always quiet because he is adjusted to the hospital"
"Being more considerate of people's feelings"
"It helped me to see more than just the physical side of the picture"
"I now know that people need diversion and should not just sit and think about themselves"

The next two questions, twelve and thirteen, asked the students, "What age are you at this time?" and "What year of nursing are you in now?" In the "play group" two were nineteen, six were twenty and four were twenty-one years old. In the "control group" five were nineteen and seven were twenty-one years old. This shows that the majority of students were twenty-one years old and the next largest group was the seven nineteen year olds.

All the students used in this study were in the third year of a three year school of nursing.

"How soon after high school did you enter nursing?" In the "play group" nine entered the following September and three entered immediately in June after high school graduation. In the "control group" all twelve students entered nursing the following September.

"Why did you choose nursing?" The "play group" gave the following replies:

"inner desire to help people"
"I really don't know"
"I wanted to be a member of a profession that is respected"
"to care for and be with children and people"
"I wanted to work with people not machinery"
"help tend the sick"
"to receive satisfaction in helping others"
"always like to help people who are in need"
"like to do things for other people"
"like the idea of a white uniform"
"thought I'd find a man"
"stronger possibility of getting married"

The "control group" responded in the following manner:

"because working in an office part time while
in high school proved to be boring"
"enjoy taking care of people and getting to
know lots of people"
"I thought it was a rewarding profession in
most instances"
"because I enjoy being with people and I
wanted to help them the best way I know how"
"to help tend the sick"
"I like people and I want to make them feel
better"
"always sure of a job even in hard times"
"I like the glamor of being a nurse"
"I feel great satisfaction in helping people"
"I enjoy meeting people and feeling I can
help them"
"I like being with people"
"I really don't know but I always wanted to
be a nurse and here I am"

Question number sixteen was divided into two sections.
Section (a) was directed to the "play group" and section (b)
was directed to the "control group". The question was as
follows: (a) "What value to you was your experience with
the play program?" The "play group" responded to section (a)
in the following manner:

"of value emotionally and diversionally, the
child and I myself was not at all time a tar-
get for only medical basis but at play could
unwind and spurt out energy he contains"
"of value through sheer enjoyment on everyones
part"
"taught group play and constructive play"
"chance to express myself"
"Chance to play and work with equipment I
had never seen before"
"Chance to see what can be done for children with a play program in a hospital"
"Awareness of the importance of play for children"
"learned what toys were good for various age groups"
"saw how the same toy can be used to express a wide variety of things"
"getting a good picture of growth and development in children"
"seeing how children responded to play and fun even when away from all their friends and familiar things"
"I was better able to relax with children when I was giving them nursing care"

The "control group" replied to section (b) of question sixteen in the following manner: "How do you feel about not having the experience in the play program?"

"I don't feel that I gained enough knowledge about the play program from my classmates"
"I would liked to have had it as I enjoy playing with children"
"I saw some of the good results of the play program and wished I had been a part of it"
"I don't think the play program makes any difference"
"Everyone should get the chance because you see the children in a different atmosphere"
"I think the play program is important because you can better see growth and development in the children"
"I think the play program is a waste of time because the time the students were in it was too short"
"I really feel I missed an important aspect of pediatrics by not participating in the program"
"Can't see that the play program was so important to students"
"Think the play project would have given me a different picture of the children"
"Haven't heard anything about the play program so don't really know what I missed" 
"Would have enjoyed playing with the kids I'm sure"
The second part of the findings of this study was done through observation. This observation was done in an attempt to determine whether the factual data regarding what the students felt they learned was put into actual practice when engaged in an activity with a child or group of children. These observations showed quite clearly that the students from the "play group" were more at ease and sincere in their contact with children. These students seemed more eager to be with the children and appeared more interested in each individual child and his individual needs. There were occasions when students in the "play group" returned to the wards on their days off so as to play with the child.

In comparison, the students in the "control group" appeared to look upon contact with the children as a chore in some instances. In one instance it was observed that a student was reluctant to join the play activities with the children. When it was evident that no one was watching she abruptly left the group and went back to the nurse's desk and sat down, totally ignoring the children calling out to her with their questions.

The result of the writer's observations shows that the "play group" was found to be consistent in talking about what they had learned and using what they said they had learned. The "control group" was quite inconsistent in carrying out what they stated in the responses to the questionnaire.
On the basis of the data given and the observations made, the following conclusions were drawn. The majority of the students in the "play group" felt well oriented to various aspects of pediatric nursing while the majority of the "control group" felt the orientation was not sufficient. They felt there should be a more detailed explanation of routines and procedures; how to meet patients and where everything is located on the ward. Both groups felt more guidance was needed particularly more supervision the first few days of actual contact with the children. The idea that it is difficult to ask questions of the graduate nurses was also mentioned by various students at this time. In the "play group" the students' past experience with the children had been primarily through baby sitting or caring for younger brothers and sisters. Two in this group had had no past experience with younger children. In the "control group" the results were the same except for one student in this group who had had no past experience with children. Both groups showed a preference for working with infants and pre-school age children rather than the older children or adults. The majority of students in the "play group" felt that the experience in the play program was of great value and that they had learned much from it regarding behavior patterns, growth and development, and the necessity of being aware of the emotional as well as the physical aspect of a child. The majority of students in the "play group" and the "control group" felt that
what they liked best in their experience was participating with the children in play. What was liked the least was the impersonal attitude of the hospital personnel. The majority of the students entered nursing because of a desire to help people in need were twenty and twenty-one years of age and were in the third year of their program. Most of the responses from both groups were very similar in regard to the questionnaire. When compared with the observations those in the "play group" were consistent in doing what they had stated they believed in the questionnaire, while those in the "control group" stated one thing in the questionnaire and did another when it came to actual contact with the children.
CHAPTER V
SUMMARY AND RECOMMENDATIONS

This study was developed to find out what learning experiences for nursing students may be derived from a guided play experience.

Interviews were conducted with twenty-four nursing students at a large city hospital located in Massachusetts at the end of their twelve week pediatric nursing experience. The twenty-four students were divided into two groups of twelve students each. One group was called the "play group". This group was involved in a play program experience as part of their pediatric unit of study. The second group was called the "control group". This group was not involved in a play program experience during their pediatric unit of study.

The questions in the interview were guided into three areas: general background of the student herself, her general feelings about the experience in pediatric nursing and what learning they had received from the experience.

Observations of the same students were done while they were working with children on the ward. This was done to determine if the material obtained through the interview method in the questionnaire was applied when these students are providing care for the children.
From the data collected it was found that responses from the "play group" and the "control group" were quite similar. There was some indication that the emotional aspect of nursing care was more pronounced in responses from the "play group" while the "control group" seemed to be more aware of the physical aspect of nursing care.

In view of the data collected in this study the following recommendations are made:

1. That a study be done to determine the specific beneficial effects of a hospital play program for sick children.

2. That a study be done to determine why nursing students prefer to work with infants and pre-school age children rather than older children and adults.

3. That a study be done to determine the difficulties encountered by student nurses giving injections to children.

4. That a study be done to determine how play is provided for children in a hospital where there is no play program involved.

5. That a study be done to determine what nursing students find to be difficult to cope with in their pediatric experience.
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APPENDIX A

QUESTIONNAIRE

1. Do you feel that you were given a satisfactory orientation before going into pediatric nursing?

2. If the answer is "no", now do you feel that the orientation could be improved?

3. Do you feel that you would like to have had more guidance from the personnel during your pediatric experience?

4. If the answer is "yes", what type of guidance would you like?

5. What experience have you had in working with children prior to your pediatric experience?

6. Which group of patients do you prefer to work with?
   - infants
   - pre-school
   - school age
   - adolescents
   - adults

7. Do you feel that your experience was of:
   - great value
   - moderate value
   - no value

8. What do you feel you learned from your pediatric experience?

9. What did you like best about the experience? Least?

10. What was the most difficult adjustment you had to make while in pediatric nursing?

11. Do you see your nursing care as being different as a result of your pediatric experience? How?

12. Your age at this time?

13. What year of nursing are you in now?

14. How soon after high school did you enter nursing?

15. Why did you choose nursing?
16. Group A - What value to you was your experience with the play program?

Group B - How do you feel about not having the experience in the play program?