

Nurses' views regarding the use of
creative play in the nursing care of
hospitalised children in North West
Province

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Declaration

I, Evah Gokgetwang Lefifi, hereby declare that this dissertation entitled "Nurses' views regarding use of creative play in nursing care of hospitalised children in North West Province is my work and that it has been submitted to North West University for scientific and ethical verification and publication.

Evah Gokgetwang Lefifi

Date:

Dedication

This dissertation is dedicated to my son, Oloatse, who was born at 28 weeks gestational age. He was hospitalised for nine (09) weeks in the intensive care unit mechanically ventilated due to respiratory birth defects. He underwent his first surgery at six weeks (laryngoplasty). Four years later he had a spinal tumour which took him back to the theatre room for removal. He was paraplegic and had to be hospitalised for three (03) months for rehabilitation. It was not an easy road for me as a mother. However, his hospitalisation helped me develop professionally. I learned the importance of play in a hospital setup. Oloatse's rehabilitation team made him enjoy his hospitalisation. He did not experience any negative effects associated with hospitalisation, instead he became more vibrant and delighted throughout his admission. I would like to applaud the rehabilitation team of Meulmed Hospital and urge them to keep on doing such great work.

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Abstract

Background

The study recognises that healthcare institutions are perceived as extremely stressful environments in which to be admitted. Children find hospitalisation as a threatening and stressful experience, and this is worsened by the fact that they are sometimes unaware of the reasons for their hospitalisation. This could result in them developing anger, anxiety, and feelings of helplessness. These feelings impede their efficacy in coping with medical treatment, and increases their uncooperative behaviour.

Aim

The aim of this study was to explore and describe the views of professional nurses on the use of creative play in the nursing care of hospitalised children.

Method

A qualitative-exploratory-descriptive and contextual research design was utilised to arrive at the aim of the study.

Population

This study comprised professional nurses who had more than one year working experience in the paediatric unit of the selected hospital.

Sampling technique

A non-probability purposeful sampling technique was employed to select the participants.

The size of the sample was decided at the point of data saturation. Information obtained was transcribed verbatim for data analysis.

Results

The study established three main themes each with its subthemes. The following themes emerged from the study: The professional nurses' views regarding the use of creative play into the nursing care of the hospitalised children, use of structured and unstructured means of creative play activities and benefits arising from integrating creative play into the nursing care of hospitalised children.

Conclusion

The study affirms the importance of incorporation of creative play into the nursing care of hospitalised children. It further established that playful activities have a positive impact on the developmental growth of a child.

Keywords: care giver, children, creative play, hospitalisation, nurse, nursing care.

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SECTION1 : OVERVIEW OF THE STUDY

1 Introduction

Health Care Institutions (Clinics and Hospitals) are places that are visited by many people, including children, on a daily basis. As much as it is difficult for adults to adapt to a hospital environment, it is even more difficult for children to adapt to a stressful and complicated environment such as a hospital with strangers. A child is a person under the age of eighteen (18) years (Children's Act 38 of 2005:12). In this study a child is a person from one year of age until twelve years as determined by the admission policy at the selected hospital. According to Marques *et al.* (2016:2), the entire family becomes affected when a child is hospitalised as their daily routine changes. Moreover, the sick child endures countless tests and procedures for assessment, diagnosis and treatment in an unfamiliar environment, arousing feelings of fear, anxiety, helplessness and doubts leading to high stress levels (Li *et al.*, 2016:3).

Furthermore, the same authors affirm that high anxiety levels can be unfavourable to children's physiological and psychological health during hospitalisation, therefore, through the incorporation of creative play, they can express and release their emotions. Creative play means engaging children in activities for enjoyment and recreation rather than a serious or a practical purpose. The study is aimed at exploring and describing nurses' views on engaging children in recreational activities while rendering nursing care to them to allay their anxiety, to minimise trauma and to gain their trust and cooperation. The researcher therefore strove to explore and describe the nurses' views regarding incorporation of creative play in the nursing care of hospitalised children. The study is significant to both nurses and children because the incorporation of creative play into the nursing care of hospitalised children helped nurses gain cooperation and trust from children as their anxiety levels were reduced as such children were nursed in a relaxed environment.

2 Background to the study

In Brazil, de Paula *et al.* (2019:2) demonstrated that hospitalisation stress induces short- or long-term outcomes on the child which is determined by number and extent of invasive procedures endured. For example, if a child sustains third (3rd) degree burns their stay in the hospital is longer and they continuously endure pain and may present with regression, bedwetting, phobias and sleep disturbances among others resulting from hospitalisation and fear. Moreover, the same researchers argue that the therapist dispenses play materials and this may enhance a safe relationship for a child to fully express and explore their feelings, thoughts, experiences, and behaviours through play.

It was further affirmed that play serves as a possible mode of expression and communication to children where it is difficult for them to express themselves verbally (Green *et al.*, 2018:2). On the other hand,

Caleffi *et al.* (2016:4) defines creative play as a childhood venture utilised to observe the emotional, mental and social wellbeing of a child. Similarly, Paula *et al.* (2019:2) confirms that the negative effects of hospitalisation are minimised by playful activities which bring moments of cheerfulness to children, which further create a trusting bond between the child and nurses. Children can be committed into playful activities from as early as their first month of life by making the hospital environment child-friendly and stimulating using colourful paints and pictures which attract children and make them at ease. This stimulates spontaneous play from the child. The study by Santos *et al.* (2016:2) affirms that children can be relied on for gathering information about their own experiences and sentiments because they can clearly express their thoughts verbally and nonverbally. Therefore, nurses are urged to enter the child's world and allow them to express their emotions through incorporation of play during hospitalisation. Moreover, children communicate easier through play at their own level and at their own pace, without feeling cross-questioned or coerced which may be used during hospitalisation (Santos *et al.*, 2016:2). This can be achieved by giving children toys which simulate sick children, health care workers, medical equipment and books to make some drawings which help them express their feelings.

In Brazil, Marques *et al.* (2016:2) conducted a study on the use of playful activities in the care of hospitalised children and affirmed that the benefits of playful activities play a major role in creating a bond between hospitalised children and the health care providers, thus turning care into an encounter with minimal trauma. The same study further established that use of creative play in nursing care of hospitalised children is a vital and an indispensable tool for professional nurses as it reduces the negative effects of hospitalisation. Li *et al.* (2016:1) argues that nurses have seen the importance of use of creative play in the nursing care of hospitalised children, but could not implement as they were short-staffed. Different play activities are used as a distraction during nursing interventions by allowing children opportunities to play with clinical instruments like stethoscopes, syringes or gloves (Paula *et al.*, 2019:3). Playful interventions play an important role in reducing anxiety and maximising knowledge on medical interventions to both sick children and their caregivers (Li *et al.*, 2016:1).

A literature review conducted by Koukourikos (2015:1-2) affirmed that creative play was proven to be efficient for hospitalised children, thus improving their physical and emotional wellbeing and enhanced speedy recovery. The study conducted by Paula *et al.* (2019:3) confirmed that the use of playful activities in the care of hospitalised children helped to reduce anxiety secondary to invasive procedures. The study also shows that creative play has been widely used successfully to prepare children preoperatively and that it is useful to hospitalised children.

Shafiee *et al.* (2018:1) affirmed that the negative effects that are endured by children due to hospitalisation, induced anxiety and fear of the new environment have been successfully treated by storytelling as a form

of therapy. One national study conducted in Brazil by Santos *et al.* (2016:2) concurred that nurses recognised the importance of preserving the autonomy of children, by allowing expression of feelings and respecting their wishes. In the same study, children were given the opportunity to express their feelings through drawing and painting during hospitalisation. Therefore, it is suggested that creative play be incorporated into nursing care of hospitalised children as it is a right to every child as affirmed by the United States Declaration (de Paula *et al.*, 2019:1).

According to Marques *et al.* (2016:6), playful activity provides less trauma and reduces the suffering experienced throughout the children's hospitalisation. The same authors further argue that painful experiences often traumatise children as they have to endure them. This includes activities such as insertion of intravenous infusions and giving of intramuscular injections among others. Therefore, creative play assists them to familiarise themselves with those painful procedures and express their feelings as well. Brondani (2018:7) conducted a study on storytelling as a technology for childcare, and the findings verified that a creative play method was effective, although it needed more training for nurses and knowledge to be implemented effectively. Oliveira *et al.* (2020:1) confirm that playfulness and creative play provide hospitalised children with pleasure, and further creates trust between the child and the nurses.

A study by Santos *et al.* (2016:5) concluded that children perceived nursing in different ways. Children saw nurses in various ways, judging from their verbal and nonverbal expressions and their interaction with nurses when they render nursing care. The authors further proved that it is the nurse's duty to create a warm and creative environment for sick children. Through the use of playful activities like playing with stuffed toys and puppets with children while rendering care, nurses are perceived as friendly, the same way they are seen smiling and ready to play and help the sick children during provision of nursing care (Santos *et al.* 2016:5). Caleffi *et al.* (2016:7) affirm that creative play helps children to adapt and cope with reality and serves as a means to recover from illness. Borroso *et al.* (2019:4) argue that most professional nurses fail to incorporate creative play in their daily nursing care due to lack of knowledge and training. In addition, lack of resources such as well-equipped playrooms, shortage of staff and increased workload aggravate the exclusion of play during provision of nursing care. According to Marques *et al.* (2016:4) a child's condition was also seen as one of the obstacles, because when very sick, one cannot indulge them in playful activities.

Children who are very ill and admitted with conditions like respiratory distress, head injuries or sexual assault lose opportunities to play, which ultimately inhibit their developmental stages because they spend most of the time protecting themselves physically and emotionally from danger.

For example, the researcher observed that a child in a traction or with burns open to play as they are worried about increasing the extent of injury.

3 Problem statement

According to the researcher's experience as a professional nurse, every visit to the healthcare institution compounds feelings of anxiety, stress, and unpleasant feelings for both children and their caregivers. Despite the explanations about every procedure performed on the child, it is often difficult for caregivers to see their children kicking and screaming due to the pain they experience during different treatment interventions. Similarly, children experience anxiety and feelings of helplessness and anger towards nurses and other health care providers. According to Li *et al.* (2016:4), excessive anxiety and stress also impede children's ability to cope with medical treatment and generates their uncooperative behaviour as they become restless and fearful. Nonetheless Marques *et al.* (2016: 2-3) argues that nurses are often not skilled on incorporation of creative play into nursing care, even though they are aware of the importance of such play. The same study shows that the nurses acknowledge and understand that playful activities are a good strategy of care that could be used; however, they often have limited knowledge on how to incorporate this into nursing care (Marques *et al.*, 2016: 2-3).

The hospital area makes creative play very difficult because familiar objects are absent. Koukourikos *et al.* (2015:438) affirmed that children needed stimulation because they find it difficult to play spontaneously in unfamiliar environment such as a hospital. These conclusions were reached by involving children in creative activities like helping them to paint or draw pictures about hospital and equipment. In addition, the researcher's working experience in a paediatric ward at the hospital in the North West province was that play was not included as an intervention in the nursing care of hospitalised children. The researcher further observed that children have feelings of anger and anxiety during hospitalisation. There is no evidence in literature to show that studies have been conducted in the North West province regarding the incorporation of creative play into the nursing care of sick children. Therefore, the researcher found it significant to explore and describe the nurse's views regarding the incorporation of creative play into nursing care of hospitalised children and how playful activities could enhance child nursing care at a selected hospital in the North West province.

4. Conceptual definition

Keywords: care giver, children, creative play, hospitalisation, nurse, nursing care

Caregiver: is any person, other than the parents or guardian, who cares for the child (Children's Act 38 of 2005:11). In this study a caregiver is anybody who accompanies a child during hospitalisation.

Children: are persons under the age of 18 years (Children's Act 38 of 2005:12). In this study children are persons from one (1) year of age until 12 years as determined by the admission policy at the selected hospital.

Creative Play: Caleffi *et al.* (2016:1) define play as a childhood activity used to monitor the emotional, mental and social wellbeing of a child. In this study creative play means engaging children in recreational activity while rendering nursing care to them to allay their anxiety, minimise trauma and to gain their trust and cooperation.

Hospitalisation: hospitalisation is defined as admission to hospital for medical treatment (Hockenberry & Wilson 2018). In this study hospitalisation means admission of children in a hospital for nursing care and medical treatment.

Nurse: a nurse means a person registered in a category under section 31 (1) to practice nursing or midwifery (Nursing act 33 of 2005:6). In this study a nurse is someone who is registered with the South African Nursing Council (SANC) and has one year or more working experience rendering nursing care to hospitalised children at a selected hospital.

Nursing care: means rendered by a person registered under section 31, which supports, cares for and treats a health care user to achieve or maintain health. Where optimum health cannot be reached palliative care is rendered to a health care user so that he or she lives in comfort and dignity until death (Children's Act 38 of 2005:12). In this study nursing care means all activities and interventions rendered to the hospitalised child by a nurse.

5. Significance of the study

This study contributes to the nursing practice by recognising the importance of incorporating creative play into nursing care of hospitalised children to gain their cooperation when rendering nursing care. Incorporation of creative play into nursing care of hospitalised children enabled nurses to understand the children's perceptions of sickness, hospitalisation, and effect of nursing care because children communicate better during play. The study contributes significantly to the nursing education institutions in incorporating use of creative play in the nursing care of hospitalised children's modules of nursing students, thereby extending the body of nursing knowledge on how beneficial the incorporation of creative play into the nursing care is and to reduce the anxiety levels of hospitalised children.

6. Study context

The research took place at a public hospital in the North West province, South Africa. It was conducted in the general paediatric ward at a selected public hospital where children are admitted. The selected health institution is a level two hospital which is a referral for district hospitals and clinics in the Ngaka Modiri Molema district. This hospital was selected as this was the first study conducted about incorporation of creative play in the nursing care in the district. It is a three hundred and ninety-three (393) bed hospital where 65 beds are allocated to the general paediatric ward which admits children with medical, orthopaedic and surgical conditions. The total number of nursing staff in the paediatric ward is twenty-seven (27), with eleven (11) professional nurses (PNs), six (6) enrolled nurses (ENs) and ten (10) enrolled nursing assistant (ENAs).

7. Research questions

Based on the problem statement, the researcher asks the following questions:

- What are the nurses' views regarding incorporation of creative play into the nursing care of hospitalised children at the selected public hospital in the North West Province?
- How can creative play be incorporated into the nursing care of hospitalised children?
- How can incorporation of creative play benefit nursing care of hospitalised children?

8. Research aims and objectives

The research aims and objectives are discussed in this section.

8.1 Research aim

The aim of the study was to generate an in-depth understanding of the nurses' views regarding the incorporation of creative play into the nursing care of hospitalised children at a selected public hospital in the North West province.

8.2 Research objectives

The objectives of the research study were designed to:

- Explore and describe the nurses' views regarding the incorporation of creative play into nursing care of hospitalised children at a selected public hospital in the North West province.

- To explore and describe how creative play can be incorporated into the nursing care of hospitalised children
- To explore and describe how incorporation of creative play could benefit the nursing care of children

9. Research methodology

The study methods are discussed as follows:

9.1 Research design

Study design refers to the strategies followed by the researcher to answer a particular research question (Polit & Beck, 2018: 138). The authors further indicate that a study design spells out the basic strategies that researchers adopt to develop evidence that is accurate and interpretable. An exploratory, descriptive and contextual design was used in this study. Polit and Beck (2018:138) define descriptive design as the characteristics and interactions in the study and exploratory research as examining the dimensions of a phenomenon. This design was chosen because it enables the researcher to explore and describe the views of nurses on the incorporation of creative play into the nursing care of hospitalised children at the selected public hospital in North West province (Creswell & Creswell, 2018:183).

9.2 Research method

The qualitative research method was used in this study. Qualitative research method refers to a broad range of strategies used to study the phenomena of social action where there is no understanding or much information about the study (Brink *et al.*, 2018: 104). In this study, qualitative method was used because there was little known about nurses' views with regard to incorporation of creative play into the nursing care of hospitalised children at a selected public hospital in the North West province. The researcher explored and described the nurse's views with regard to incorporation of creative play in the care of hospitalised children which could lead to a nuanced understanding of it. The research method used in this study is discussed under the following main domains:

- population and sampling,
- data collection,
- data analysis,

9.2.1 Population and sampling

Population in nursing research should be aimed at the nursing staff and patients, in this case, nurses working in a children's ward. Nurses working at the paediatric unit of a selected hospital were selected using a non probability sampling method and adhering to the inclusion criteria which is described in details below.

9.2.2 Study Population

Grove *et al.* (2016:324) defines population as a particular group of elements which forms a focus of the study include people, objects or events. De Vos *et al.* (2011:199) defines population as individuals who possess the attributes in which the researcher is interested.

The population of this study was all the fulltime employed nursing categories, both males and females working in the general paediatric ward of the selected hospital in the Northwest Province.

Nurses were selected as the population of the study because they interact with hospitalised children on daily basis for a long time.

9.2.3 Sampling

Sampling is the process of selecting a subset of individuals from a population to obtain information about the phenomenon in a way that represents the entire population (Brink *et al.*, 2018:115). In the context of this study, sampling meant the individuals selected to participate in the study and to represent the entire population. A non-probability sampling approach was used to select the participants in this study.

This method enabled the researcher to access participants who provided extensive information about their views on incorporation of play in the care of hospitalised children. this approach enabled the researcher to gather rich data as the selected participnats were willing to participate and were knowledgeable (Brink *et al.*, 2018:115).

9.2.3.1 Sampling technique

Sampling technique means the method used to select the actual participants (Brink *et al.*, 2018:126). Purposive sampling technique was used in the study. This technique enabled the researcher to select the participants who have experience in nursing care of hospitalised children as they had one or more years working experience in the paediatric ward and were willing to share their views about incorporation of creative play in nursing care of hospitalised children. The nurses were purposively selected based on their

knowledge acquired during their working experience in the paediatric ward regarding their views on incorporation of creative play in the nursing care of hospitalised children.

9.2.3.2 Sampling size

Sample size is the total number of participants which comprises of a subset of population (Polit & Beck, 2018:162). The envisaged sample size was 12 to 15 participants which was considered large enough for the elicitation of rich data though the exact size of the sample was determined by the quality of information obtained and data saturation. Data saturation occurred when there was no new information provided by participants and when themes that emerge were repeated (Brink et al., 2018:143). The sample size was reached on the eleventh(11th) participant.

9.3 Inclusion criteria

Inclusion criteria is defined by Grove *et al.* (2016:331) as the characteristics that an individual must possess to be included in a specific study.

The following criteria was used to select participants:

- Nurses who are registered with the SANC to practice as registered nurses, enrolled nurses or enrolled nursing assistants
- Both male and female nurses working in the paediatric ward were included
- Those who volunteered and agreed to sign the informed consent and willing to participate in the study were included
- Those who agreed to be audio recorded during data collection
- Those who have one (1) or more years working experience in a paediatric ward were included as they are knowledgeable about providing nursing care to hospitalised children.

9.4 Exclusion criteria

The exclusion criteria are characteristics that may cause a person to be excluded from the target group (Grove *et al.*, 2016:331).

- Nurses who have less than one (1) year working experience in the paediatric ward were not included in the study as they did not have enough information about children.
- Nurses who were not interested in participating in the study were not included
- Nurses employed outside the public service were also excluded

9.5 Recruitment of participants

The recruitment of the participants commenced after obtaining permission from Health Research Ethics Committee of the North West University (HREC of the NWU) (**See Annexure C**) and from the North West Department of Health (NWDoH) (**See annexure E**). The researcher wrote the letter to the Chief Executive Officer (CEO) (**see annexure F**) of a selected hospital, who was considered to be the gatekeeper of the research site requesting permission to conduct the study and access the participants. The gatekeeper is regarded as someone who has authority to give approval about conducting the study in the institution (Devos *et al.*, 2011:325). All information about the research study was sent to the unit manager through the Deputy Director of Nursing by the gatekeeper. Recruitment is a systemic process hence it is imperative to set the date, time and location of the meetings before meeting the participants (Devos *et al.*, 2011:311).

The researcher set up an appointment with the unit manager of the adult medical ward to request them to act as the mediator worked together with independent person in explaining the study to the nurses for this proposed research and will help in recruitment process. The independent person helped in explaining the study to the participants and in obtaining of the consent.

The mediator was chosen from the different unit to avoid intimidation and encourage voluntary participation. The independent person was someone with expertise in research and not working in the selected hospital. Recruitment materials were posted on the hospital and paediatric ward notice boards to be accessible to everyone.

The researcher asked the mediator to announce at the managers meeting about the study so that all the managers knew about the study. The researcher delivered recruitment materials (**Annexure I**), demographic forms together with consent forms to the mediator in a closed box.

The mediator was asked to open the box after three (3) days of delivery and distribute to the participants. Nurses who volunteered to participate and met the inclusion criteria, were requested to complete the demographic forms and state their preferred means of communication.

Participants were given seven (7) days to read and understand the contents of the study. Interested individuals were then contacted telephonically by the researcher to set up the appropriate date and time for signing of consent forms and setting up the appointments for data collection. The participants were encouraged to ask questions for clarity where they did not understand. Participants were informed that there would be no reimbursement because the researcher would cover the transport costs as they would need to come to the selected hospital for signing of the consent forms and data was purchased for each participants for video calls during online data collection.

9.6 Process of informed consent

Burns and Groove (2016:176) affirm the importance of obtaining consent from participants before conducting a study and the researcher identified it as a standard rule from HREC.

Informed consent (see **Annexure J**) is further defined as the transmission of essential ideas and content from the researcher to the participants. Informing is transmission of imperative content about the study to the participants by the researcher. Individual nurses who met the criteria for participation were contacted telephonically on the agreed date and time to set up the appointments for the signing of the consent form. The consent forms and the hand sanitisers were delivered to the mediator in a sealed box (7) days before the stipulated date to distribute to the individual nurses who were interested in participating in the study, to read and understand the contents before the date of signing.

The consent forms were identified with codes to maintain participants' confidentiality. The mediator was advised to open the box after three (3) days on the agreed date. A well ventilated and conducive training room convenient for participants was organised by the researcher.

The room was free from noise and distractions and a NO-DISTURBANCE note was posted outside the interview room. The mediator was requested to witness for the researcher and the participants were requested to ask their colleagues to witness for them. The researcher asked the participants to put the individual consent forms identified with the code in the A4 plastic sleeves, sealed them and put them in box. The researcher sanitised and opened the box of the consent forms after three (3) days. the handling process adhered to covid-19 regulations.

The participants were informed that the conversations will be recorded using a call recording application on the cell phone which will be saved on the researcher's device and will be password protected. Information that was given to the participants about the study included the research topic, aim and objectives of the study, the duration, the benefits, data collection method and analysis. The participants were informed about their role in the study, and that they were allowed to voluntarily participate or withdraw from the study without any penalties when they no longer wanted to be part of the study. The participants were also given assurance that confidentiality, privacy and anonymity will be maintained in the study. They were allowed to sign the consent forms as proof of agreement to participate in the study. Covid-19 regulations were observed during this session. The Covid-19 screening was conducted as per facility protocol by a dedicated facility official at the facility entrance. The room was sanitised as per facility protocol before it can be used for any event. Sanitisers were available in the room, and the room was well ventilated. All participants were Covid 19 symptoms-free when interviewed and they were required to wear masks covering their nose and mouth.

Participants and the mediator seated at least 1.5 metre apart during the interview session. The researcher contacted the mediator via video call for signing of consent forms to ensure that the researcher is included in the procedure.

The participants were given a brief lesson about creative play to ensure same understanding. The lesson included definition of creative play, how is it implemented and its benefit. This included the following information: Creative play include self-expression and the mastery of physical, social and cognitive skills. It helps to bring sense into the child's world and helps them cope and understand their treatment. Creative play can be implemented by allowing children to play with medical kits and equipment which would lessen their anxiety and develop trust towards healthcare providers.

Children may also be taken to the play room to see and play with different play materials. Participants were given the chance to ask questions if they had any. After presentation when all the questions were answered, the participants were requested to sign the consent forms. Each participant was given a chance to appear on screen when it was their turn to sign the consent. Participants' witnesses were also asked to appear on screen when signing the consent forms, lastly the mediator signed as the researcher's witness. All surfaces were cleaned according to Covid-19 protocols after meeting. Refreshments were served outdoors after the meeting.

9.7 Data collection

Polit and Deck (2018:203) define data collection as the gathering of information to address and answer the research questions. Data collection commenced after the ethics clearance was obtained from the HREC of the NWU, as well as permission from NWDoH. In this study, data was collected through individual semi structured interviews using open ended questions. The participants were interviewed via video calls where they were advised to choose the most comfortable and convenient venue for themselves.

Participants were informed that all the conversations would be recorded and notes will be taken during interviews. Sample of questions were prepared in an interview guide before the actual day. This method enabled the researcher not to concentrate on specific questions but also to ask clarity seeking questions which helped them to gather more data using different sources for example audio tapes and written notes (Creswell & Creswell, 2017:193). A semi structured interview session with each participants lasted for thirty to forty five (30-45) minutes was conducted depending on the conversations between the researcher and the participants. The participants were informed that the audio taped conversations would be downloaded and saved in a google drive in the researcher's password protected device and would be deleted immediately after analysis. Data was then sent to the research director for storage which will be kept for five years for reference.

9.7.1 Data collection tool

Data was collected online using a semi structured interview tool guide (**see annexure I**), the questions were arranged before the sessions and the other questions were directed by the participants' answers. The researcher used questions on the interview guide to clarify, paraphrase and summarise in order to have a deeper understanding of views regarding incorporation of play into nursing care of hospitalised children in the North West province. The researcher ensured that all the questions were phrased in a non-threatening nor non offensive manner to ensure that they were not emotionally challenged.

All participants were asked the following questions and other questions were directed by the participants' responses.

- What are your views regarding use of creative play while rendering care to the hospitalised children?
- How can creative play be incorporated in the nursing care of hospitalised children?
- How can incorporation of creative play benefit nursing care of hospitalised children?

10. Data analysis

Data analysis was done after data collection was completed by the researcher and the independent coder who is experienced in qualitative research.

The researcher and the independent coder prepared data by listening to the audio taped data, transcribed data verbatim and organised it. An open coding method was used during data analysis. Open coding captured what is happening with the data and may be the actual words participants used (Polit and Beck 2018:289). Open coding involves the process of breaking down data into separate parts, examining data and comparing it for any similarities and differences views (De Vos *et al.*, 2011:415).

A consensus meeting was held between the researcher and the co-coder. All the field notes collected were given to the independent coder. The researcher and co-coder read and arranged all different notes of different participants to find the common understandings and views, generated themes then both analysed data.

Data analysis was done manually and electronically as some information was written and the other recorded. The recorded data was transferred to the password protected computer of the researcher. **ATLAS.ti software 22.2.4** was used for analysis of transcripts. ATLAS.ti is an online qualitative research tool that can be used for coding and analysing transcripts and field notes.

Tesch's eight steps of data analysis were used for data analysis as described by (Creswell & Creswell, 2018:196).

Step 1: The experienced researcher (the cocoder) listened to the tapes and read through all the notes several times to get the accurate information and jot down ideas as they come to mind in order to understanding.

Step 2: The most interesting or the shortest interview were identified form the pile, and the researcher went through it and then wrote down the thoughts in the margin.

Step 3: After reading the notes of several participants, a list of topics was made. Similar tasks were clustered together, formed into columns and arranged into unique left overs.

Step 4: The experienced researcher then took a list and went back to data. Topics were abbreviated as codes and codes written next to appropriate segments of the text to see if new categories and codes emerges.

Step 5: The researcher found the most descriptive words and categorised them. The total list of categories were reduced by grouping topics that relate to each other. Lines were drawn between categories to show intrarelationship.

Step 6: The researcher made a final decision about abbreviations for each category and alphabetised the codes.

Step 7: The data material belonging to each category were assembled and the researcher did a preliminary analysis.

Step 8: The existing data was read again to ensure that no information was missed.

11. Trustworthiness

Trustworthiness means the degree of confidence a qualitative researcher has in their data and analyses. It is assessed using the criteria of credibility, transferability, dependability and confirmability and authenticity (Polit and Beck, 2018:261). The researcher ensured trustworthiness by adhering to the following criteria: credibility, dependability, confirmability and transferability by (Brink *et al.*, 2018:159).

11.1 Credibility

Polit and Beck (2018:264) define credibility as the confidence in the truth of the data and interpretation thereof.

Credibility was maintained by prolonged engagement with participants, this was attained through enough telephonic contact with the participants which made them more relaxed and able to give more valuable and relevant information to the study and enabled the researcher to attain in-depth understanding.

11.2 Dependability

Dependability is defined by Polit and Beck (2018:401) as the the criterion for evaluating intergrity, reliability or stability of data over time. It is attained by proper documentation and safe keeping of the notes. In this research, dependability was ensured by inquiry audit and stepwise replication.. The electronic voice recorder and transcripts were kept safe for verification by an external auditor. Stepwise replication involved replication of all steps by two or more teams who dealt with data independently and compared the findings (Brink *et al.*, 2018:159). Stepwise replication was ensured by describing the research method fully so that other researchers can replicate the study by following the same steps.

11.3 Confirmability

Confirmability refers to the potential for congruency of data in terms of accuracy, relevance or meaning. The researcher ensured confirmability by allowing the collected data to reflect the participants' views and not the researcher's perception study. Data was correctly recorded using audio recorder and taking notes during interviews to ensure accuracy. Enquiry audits were done by the independent coder who is experienced in research by checking the recorded data against the written notes to ensure confirmability (Brink *et al.*, 2018:159).

11.4 Transferability

Transferability refers to the ability to apply findings in other context or to other participants, the researcher attained this by stating rich and clear data about the study context to enable proper understanding about the study (Polit & Beck, 2018:296).

12. Ethical considerations

The researcher of this study sought approval from the following bodies: (Quality in Nursing and Midwifery) NuMiQ Scientific Committee within the Nursing School, NWU Ethics Committee, NWU Faculty of Health Research Committee (HREC) **NWU-00300-21-S1**, the provincial DoH and the management of the selected hospital in North West Province to conduct the study. The researcher emailed all the information to the management of the hospital where the study was conducted. Written consent was obtained from

the participants. The ethical considerations that were maintained throughout the study included respect for participants, right to privacy and confidentiality, right to self-determination and right to fair treatment.

12.1 Respect for persons

Respect for persons include self-determination which Grove *et al.*, (2016:162) described as the capability of human beings to make their own decision and should be treated as autonomous agents who have freedom to control their lives as they choose without external control. This was met by ensuring that no participants were coerced to participate in the study and were not treated as research participants without their knowledge. Participants were given the chance to decide whether or not to participate in the study without the risk of penalty. They were given the right to withdraw from the study at any time or withdraw any information that was previously given (Brink *et al.*, 2018:29).

12.2 Principle of beneficence

The participants have the right to be protection from harm be it physical, emotional, or psychological (Brink *et al.*, 2018: 29). The researcher ensured protection of participants by guaranteeing that their dignity was protected, and all activities involved in the study were harmless. The researcher ensured that activities that may affect the emotional state of the participants are minimal, hence the researcher ensured that the interview questions were not intimidating and non-threatening. The questions were about the study only nothing personal and the researcher was non-judgmental.

12.3 Principle of justice

This principle means every person should be treated fairly and should receive what is due to them according to Grove *et al.* (2016: 172) and this was achieved by ensuring that participants were given equal opportunity to participate in the study (Brink *et al.*, 2018: 30). No favouritism was applied in the method of selection. The researcher fulfilled the promises she made to the participants.

The researcher did justice to the participants by honouring the appointment dates, times and never made changes on what was agreed upon without involving the participants (Grove *et al.*, 2016: 172).

12.4 Measures to ensure privacy/anonymity

Grove *et al.*, (2016:168) defined privacy as an individual's right to determine the time, the extent, and general circumstances under which personal information is shared or withheld from others. This information includes opinions and records.

The names of the participants and collected data were known by the research team to ensure participants' privacy. Pseudonyms were used during data interviews to maintain privacy. The results of the study were only shared with the relevant authorities (North West University Research Committee and the Hospital Management). Anonymity means not being able to link the given information to the source, while confidentiality is defined as the researcher's responsibility to manage the participants' information that is not supposed to be shared with others without the participants' permission (Grove *et al.*, 2016: 170).

The participants' anonymity was ensured by allocating codes using codes instead of names. Their particulars and all the gathered data was kept separately in a locked place and on a flash drive in the password protected researcher's computer. The participants were informed that the collected data would only be shared with the relevant authorities (the research team) during publication of the study results the participants names would not be divulged (Brink *et al.*, 2018:30). Privacy was also maintained by asking only research related questions to avoid personal harm. The psychologist was pre-arranged in case any one of the participants became emotionally affected.

13. Structure of the study

The complete study will be shared in an article format and will be study submitted to the *International Journal of African Nursing Science (IJANS)*.

14. Conclusion

The study aimed at exploring and describing the views of nurses with regard to incorporation of creative play into the nursing care of hospitalised children. Literature shows that creative play has a vital role in the holistic development of every child. Children become relaxed and express themselves easily through creative play.

Section 2 – Manuscript

The views of professional nurses on the use of creative play in the nursing care of hospitalised children

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Abstract

Background

The study recognises that healthcare institutions are perceived as extremely stressful environments in which to be admitted. Children find hospitalisation as a threatening and stressful experience, and this is worsened by the fact that they are sometimes unaware of the reasons for their hospitalisation. This could result in them developing anger, anxiety, and feelings of helplessness. These feelings impede their efficacy in coping with medical treatment, and increases their uncooperative behaviour.

Aim

The aim of this study was to explore and describe the views of professional nurses on the use of creative play in the nursing care of hospitalised children.

Method

A qualitative-exploratory-descriptive and contextual research design was utilised to arrive at the aim of the study.

Population

This study comprised professional nurses who had more than one year working experience in the paediatric unit of the selected hospital.

Sampling technique

A non-probability purposeful sampling technique was employed to select the participants.

The size of the sample was decided at the point of data saturation. Information obtained was transcribed verbatim for data analysis.

Results

The study established three main themes each with its subthemes.

The following themes emerged from the study: The professional nurses' views regarding to use of creative play into the nursing care of the hospitalised, use of both structured and unstructured means in creative play activities and benefits arising from implementing creative play into the nursing care of hospitalised children.

Conclusion

The study affirms the importance of incorporation of creative play into the nursing care of hospitalised children. It further established that playful activities have a positive impact on the developmental growth of a child.

Key words: care giver, children, creative play, hospitalisation, nurse, nursing care

1. Introduction and Background

Hospitalisation is perceived as an extremely stressful experience as it includes leaving the comfort of one's home and facing the fear of medical and nursing interventions, pain, uncertainty and loss of control environments. A study conducted by Dalei *et al.* (2020) in India cited that hospitalisation affects a child as he/she is compelled to leave home, family members, and alter their settings and comfort zone. Moreover, hospitalisation causes anxiety, fear, and pain; loss of control, safety, and emotional problems in a child. Failure to address hospital induced anxiety and stress could lead to the child rejecting nursing care, which may lengthen their hospital stay. A study conducted by Lerwick (2016) confirmed that the negative emotional responses delay medical treatment and concurred that creative play effectively reduces the identified emotional responses. In addition to creative play in hospitals, it is imperative and may be mandatory to include it in the effective utilisation of current trends and practice in child nursing care. Furthermore, the authors regard creative play as an atraumatic care and that the strategies used may reduce the discomfort faced by the patients during a hospital stay. Moreover, a study by White, (2020) declared creative play as basic right of every child that ought to be respected even in hospitals. This basic children's right might be attained by incorporating creative play into the nursing care of hospitalised children.

Creative play is considered as one of the measures that eases the psychological impact of hospitalisation stress. It is spontaneous and voluntary and serves as a connection between the physical, intellectual, emotional behaviour of a child. It is a platform to communicate and an easier way to adapt to the unfamiliar environment. According to Padila *et al.* (2022), hospitalisation causes anxiety in children. Creative play as a non-pharmaceutical strategy may be used to overcome this effect of hospitalisation. Creative play is further defined as a structured method of activity designed according to age to develop and improve the overall health of the child's condition. Creative play is any activity carried out by children to grow and develop. For hospitalised children, it can be a medium to express feelings, for relaxation, comfort and helps in communicating social relations and understanding.

Moreover, creative play assists in the assessment and diagnosis of hospitalised children. Children perceive hospital wards as staying in a "cold and medical" setting wherein they may also experience fear of medical assessments, pain, uncertainty and anxiety (Delvecchio *et al.* 2019). The same author suggests that children express anxiety through regression in behaviours, aggression, lack of cooperation, withdrawal and difficulty in recovering from procedures. This same author also indicates that children involved in playful activities are more able to contain anxiety, showing lower levels of stress assessed pre and post

operatively. This affirms that creative play serves a vital role when incorporated into the nursing care of hospitalised children. Play facilitates representation of the world and helps children to express their feelings, make choices, transform stories, use imagination, focus on stressful or unfamiliar themes, and develop skills (Delvecchio et al., 2019). Li *et al.* (2022) confirms that play has been regarded as a key element in the normal growth and development of children and was traditionally used in western countries to alleviate the stress experienced by paediatric patients and their families during hospitalisation. Through play, the hospitalised children can develop ability to understand themselves and the world around them.

Ulfa *et al.* (2019), concluded that children encounter unpleasant experiences during hospitalisation which lead to a variety of responses such as emotional, cognitive, and social dissonance including fear, anger, pain, and anxiety. Children presenting with these problems may refuse to eat, have difficulty in falling asleep or crying. They may withdraw from others, and refuse to cooperate with nursing personnel when they are given treatment measures. The identified problems may be reduced by introducing nursing intervention along with playful activities such as relaxed music, physical activity or role playing. Additionally children involvement in the playful activities promotes physical development as they improve their fine motor skills, hands and eye coordination and they gain pleasure and satisfaction through play which assist to forget about the stressful environment they are exposed to. Gjørde *et al.* (2021) asserts that creative play was long viewed as a means for children to cope with the challenges of hospitalisation, to reduce and prevent stress and anxiety in children.

It was also recognised as safe means to communicate complex information in an age appropriate manner. Ibrahim *et al.* (2020), identified that hospitalised children have negative effects including separation from family and friends, undergoing painful treatment, being in an unfamiliar environment, and missing out on playing opportunities because during hospitalisation children are encouraged to rest and are not involved in recreational activities. A search of the literature identified only a few studies which were performed to explore the professional nurses' views with regard to incorporation of creative play into the nursing care of hospitalised children in the North West Province. Therefore this study strove to explore the views of professional nurses on the use of creative play in the nursing care of hospitalised children in North West Province using a qualitative research method.

2. Methods

2.1 Study methods and design a qualitative-exploratory-descriptive and contextual research design was employed with the aim of exploring and describing the professional nurses' views regarding use of creative play in nursing care of hospitalised children in North West Province. The research design was deemed

appropriate as it enabled the researcher to explore and describe the professional nurses' views regarding use of use of creative play in the nursing care of hospitalised children.

2.2 Study setting

The research study took place in a general paediatric ward at one of the public hospitals in the NW province, South Africa. The selected health institution is a level two hospital which is a referral for district hospitals and clinics in the Ngaka Modiri Molema district. This is a three hundred and ninety-three (393) bed hospital where 65 beds are allocated to the general paediatric ward which admits children with medical, orthopaedic and surgical conditions. The total number of nursing staff in the paediatric ward is twenty-seven (27), with eleven (11) professional nurses, six (6) enrolled nurses and ten (10) enrolled auxiliary nurses.

2.3 Sampling/participants

Population of the study was professional nurses with more than one year of working experience in the general paediatric ward of the selected hospital in the Northwest Province. These participants are knowledgeable, experienced in nursing care of hospitalised children and were willing to share their views about incorporation of creative play in nursing care of hospitalised children.

2.4 Participant's demographics

The study population comprised eleven female professional nurses with age varying from 36 to 62 years. They had different years of experience. Table 1.1 illustrates the different years of experience.

Table 2.4.1

Participants	Years of experience	Gender	Sudy Name
Participant A	08	Female	PA
Participant B	12	Female	PB
Participant C	02	Female	PC
Participant D	08	Female	PD
Participant E	05	Female	PE
Participant F	04	Female	PF

Participant G	03	Female	PG
Participant H	06	Female	PH
Participant I	11	Female	PI
Participant J	07	Female	PJ
Participant K	02	Female	PK

2.5 Data collection

Data was collected through semi-structured individual interviews via video calls. The following communication skills were used: questioning, probing, clarifying and observing audio recording as well as taking of fields notes. The interview tool was prepared with three (03) interview questions before the schedules. The interview questions were as follows:

What is your view regarding incorporation of creative play into the nursing care of hospitalised children?
How can creative play be incorporated?

How is incorporation of creative play in nursing care beneficial to you as a nurse and to a child?

2.6 Data analysis

Data was analysed by the researcher and an independent coder using an open coding method. ATLAS.ti software 22.2.4 was used for analysis of transcripts and Tesch's eight steps of data analysis were used for data analysis as described by (Creswell & Creswell, 2018:196). The researcher and the co-coder listened to the tapes and read through all the notes several times to get accurate information and jot down ideas. The most interesting views were identified from the pile, and the researcher went through it and then wrote down the thoughts on a separate page. After reading the notes of several participants, a list of topics were discerned. Similar tasks were clustered together, formed into columns and arranged into unique left overs. The experienced researcher then took this list and went back to data. Topics were abbreviated as codes and codes written next to appropriate segments of the text to see if new categories and codes emerges. The researcher found the most descriptive words and categorised them.

The total list of categories was reduced by grouping topics that relate to each other. The researcher made a final decision about abbreviations for each category and alphabetised the codes. The data material

belonging to each category were assembled and the researcher did a preliminary analysis. The existing data was read again to ensure that no information was missed. A consensus meeting was held between the researcher and the independent coder on identified similarities. Similar ideas were jotted down and three themes emerged from the analysis.

2.7 Trustworthiness

The researcher ensured trustworthiness by adhering to the following criteria: credibility, dependability, confirmability and transferability (Brink et al., 2012:172).

Credibility was maintained by prolonged engagement with participants. This was attained through sufficient telephonic contact with the participants which made them more relaxed and able to give more valuable and relevant information to the study and enabled the researcher to attain in-depth understanding.

Dependability was ensured by enquiry audit which involved an experienced reviewer who was an independent co-coder to scrutinise data and supporting documents (Polit & Beck, 2017:568). The electronic voice recorder and transcripts were kept safe for verification by an external auditor.

The researcher ensured confirmability by allowing the collected data to reflect the participants' views and not the researcher's perception study. Data was correctly recorded using an audio recorder and taking notes during interviews to ensure accuracy. Enquiry audits were done by the independent coder who is experienced in research by checking the recorded data against the written notes to ensure confirmability (Brink *et al.*, 2018:159).

Transferability was attained by stating rich and clear data about the study context to enable proper understanding of the study (Polit & Beck, 2017:164).

2.8 Ethical considerations

The study was approved by the institutional scientific committee of quality in nursing and midwifery (NuMIQ) and North-West University Faculty of Health Sciences Research Ethics Committee (HREC) ethics number: **NWU-00300-21-S1**. Permission was also obtained from Department of Health Research Ethics Committee and the Hospital Manager of the selected hospital where the study was conducted. Informed Consent was obtained from the participants after giving them full information about the study and possible publications.

2. Results

The results were analysed and the following themes and subthemes emerged from the study as depicted in Table 3.1 below.

Table 3.1

Themes	Subthemes
1. Professional nurses' views regarding use of creative play into the nursing care of hospitalised	1.1 Creative play facilitates nurse-child relationship. 1.2 Builds trust among professional nurses and children. 1.3 Improves professional nurses' assessment skills.
2. Professional nurses use both structured and unstructured means in creative play activities.	2.1 Structured creative play activities 2.2 Unstructured creative play activities
3. Benefits of using creative play into the nursing care of hospitalised children.	3.1 Sick children are able to socialise and express themselves. 3.2 Reduces stress on hospitalised children

Theme1: Professional nurses' views regarding use of creative play into the nursing care of hospitalised children.

Subtheme 1.1 Creative play facilitates nurse-child relationship.

The professional nurses concurred on the use of creative play into the nursing care of hospitalised children. The findings were guided by the fact that creative play makes it possible for professional nurses to generate good relationships with hospitalised children. This was confirmed by participants stating:

"Creative play may reduce the adverse effect of the hospitalisation on the child. This also improves the nurse|child improves the relationship and their nursing care. Play interventions are nursing intervention which has a strong potential to be effective on child patient and attendants satisfaction." (PJ)

Another participant said:

"Also play since it's a verbal and nonverbal communication it also improves the relationship between you and the child. The child will gain more confidence, the child will even with the other admissions the child will smile and know that the professional nurses in this unit I know them and they understand me.

This child will be free to open up with to professional nurses, will be able to diagnose and come up with some issues that were hidden you know, issues that you could not even pick up on admission."
(PA)

Subtheme 1.2 Builds trust among professional nurses and hospitalised children

Most participants expressed how creative play consolidates trust between them and the hospitalised children. Participants conveyed this by saying:

"Play is very important because it eee... harmonious environment depending on how you interact with children. Meaning the more you take part and the children take part trust is built and you are able to notice any developmental problems, there is a delay or children are acting according to their ages. And you get to build trust. Sense of trust that is developing between you and the children so that in a new environment they become comfortable to be with you." (PD)

Participant E emphasized the point by saying:

"It will make work very easy because they will be able to cooperate and trust me. I will be able to have access and provide nursing care, I will be able to identify their problems children will be able to engage with the medication and able to build trust between professional nurses and children."
(PE)

Another participant said:

"It helps a lot actually because that's where they are going to gain trust with child first, after gaining trust that's where now the child is going to be freer and talking, expressing themselves, their feelings unlike when they are with their parents, I think they do not try to express more, the mothers will be their advocates that explains. When they play they will show more of what you heard or seen what they with their parents." (PA)

Subtheme 1.3 Improves professional nurses' assessment skills

The results indicated that children are free and relaxed during play which enables professional nurses to assess and diagnose them accurately. This was expressed as follows:

"They will gain knowledge and will cooperate with us. They will know us very well because we used to help them, we will be able to assess them properly. To identify the hidden problems. We will be able to see if this patient is isolating themselves, we will be able to see that something is wrong with patient. They will be free with us and able to talk to us everything that they want to talk."
(PB)

One participant supported the same perception on integrating play into nursing care:

"Some children are abused, by talking to them to children we will be able to identify the problems at home, if the child is abused, like I said it is going to help you to observe whether the child is abused at home. For example when I ask them to jump they will not jump if it's painful underneath". By playing with children, I will ask them to jump and run, to jump and run, to jump and run, to check whether there is a problem. I will call the child to undress. It is then that I see if there is a problem. You are able to observe if they are injured." (PF)

Another one said:

"Through play for example you can give a child a paper and pen or crayon, he/she will start drawing. You will be able to assess how this child is feeling. You will be able to assess how the child is feeling about.

If child plays with other kids you will be able to assess if the child has anger or emotional issues, it does benefit a child a lot." (PG)

Another interviewee affirmed by saying:

"I will be able to assess the child fully and be able to treat the child appropriately and also it will enhance communication and as a child will be attentive and cooperative there will be a good interpersonal relationship between the child and a nurse, and it will be easier to gain control over a child and be able to help a child appropriately isn't it that her cooperation will be gained." (PH)

Theme 2: Professional nurses use both structured and unstructured nursing interventions

Subtheme 2.1 The structured creative play activities

Professional nurses mentioned the use of different means of creative play which include playing with toys like puzzles or allowing children to colour or paint the sketches.

Participants acceded on this and stated the following:

"The rooms must be colourful, the environment must be hazard free. By colourful I mean there must be a play room or paintings on the wall. Nice pictures of the animated figures that the children like to see. And then also even face wise (nonverbal communication) , if you are working with children, you must not have a sour face at all the time, you come to a child and you smile you move your head, you hold your ears and they will know that this person at least is trying to tell me something. So maybe if the child is too quiet or something the next time you come the child will do this and this (holding her ears) and start laughing, showing you that at least your presence is making the child happy." (PD)

This was supported by another interviewee who said:

"I think we should have a time maybe one hour to play with kids. We can play with them during procedures like administration of medication or taking of bloods. Yes, there is a play room with toys and is a safe environment where we keep our children and also a television to keep their attention and being focused." (PE)

Another participant continued to say:

"We have limited equipment, we have few dolls, we use gloves as balloons, and the unit is colourful and has drawings so it is very welcoming for the child, it can make a child to be relaxed. No proper equipment like in private hospitals, they will be having beautiful playrooms with toys, toys that stimulate the child to think you know; playing blocks, puzzles; things that help the child to think. We do not have such things in our institution. So as a nurse you need to be creative, you can give a child crayons and a paper to write on. You can make a balloon, sweet-talk the child, just to make the child relaxed." (PG)

Subtheme 2.1 The unstructured creative play activities

In instances where there were not enough play resources like toys, professional nurses continued to spread their skills further and came up with other interesting activities like singing, dancing or role playing. This was expressed as follows:

"Giving the baby nice pictures, multi-coloured pictures, talking to the baby, playing with the baby, singing nice songs with the baby to gain cooperation while the baby is walking with the mother, the mother is walking with her, on her hand. Then try to talk with the mother, try to play with the mother while playing with child, and try to see the expression of the feelings of the baby. The baby must not feel isolated."(PB)

Another participant supported this perception by saying:

"In our institution we have a special room that we are doing for them, all those type of play. The toys and everything. They just go according to time they just don't go there. They go there after routine. Also during their breakfast, lunch and supper they sit there also and be amongst other children also, the same children that are sick in our unit. We take them there also under supervision then and see how they are interacting with others and also trying to get some information while they are playing and interacting with each other." (PA)

The other participant's perception is captured in the following vignette:

"As you know with resources, there is less resources which can be used, except us we can, we become creative. In doing just ordinary play without any toys institution, play the toys are some of the things that we can use, but if they are not there we can improvise and look for something even playing with child wena (you) personally. Or making a group of children so that they can enjoy playing together."(PH)

Theme 3: The third theme that emerged from the study related to benefits of using creative play into the nursing care of hospitalised children.

Subtheme 3.1 Sick children are able to socialise and express themselves. This study generated positive evidence which shows that hospitalised children benefit grossly from use of creative play. Children can socialise easily through play as they socialise and understand their health care providers better.

This perception was consolidated and affirmed by participants saying:

"On creative play they will be able to socialise with us because is knowing us, and will be creative because of gaining some skills intellectually, while the child is playing they will be stress free, no more, no more a fear of unknown they will be free with us because they know us better now(PB).

The other participant concurred by saying:

"Yes, they will be able to communicate because they will know that professional nurses and doctors are not monsters, they are there to help them. So if you they are sick and is for the second time of admission they will know that mhmm, I know that I am going to see that one who makes me laugh and there won't be a problem for them to come."(PC)

The other one said:

"It will benefit the child as they will be able to express the emotions and feelings. Through play for example you can give a child a paper and pen or crayon, he/she will start drawing. You will be able to assess how this child is feeling. You will be able to assess how the child is feeling about. If child plays with other kids you will be able to assess if the child has anger or emotional issues, it does benefit a child a lot." (PG)

Another participant said:

"The child will understand the different environment, they will be able to express their feelings through play and get help when needed. They will be able to communicate with other kids." (PE)

Yet another participant stated the following verbatim statement:

"And then communication skills it enhances child's communication skills by developing good listen skills, by so doing the child can express his/her feelings in a positive manner and be able to develop language. And this also helps the child to be logic by analysing what he is doing and be able to solve problems on his own during child's play." (PH)

Sutheme 3.2 Relieves the stress on hospitalised children

Participants divulged that use of creative play helped in reducing stress levels on the hospitalised children.

This was supported as follows:

"On creative play they will be able to socialise with us because is knowing us, and will be creative because of gaining some skills intellectually, while the child is playing they will be stress free, no more, a fear of unknown they will be free with us because they know us better now." (PB)

Another interviewee echoed:

"The child will be happy, less stressed, enjoy the treatment not refuse to take orders because you will have assured the child that if you do this Nana, you will get better and you go home and see Mommy and your sisters. So by playing you show that you'll care and they will be much better after that." (PD)

Another participant expressed as follows:

"We do this to allay anxiety to make them feel at home and, they must relax, some children are abused, by talking to them to children we will be able to identify the problems at home, if the child is abused, like I said it is going to help you to observe whether the child is abused at home. For example, when I ask them to jump they will not jump if it's painful underneath. By playing with children, I will ask them to jump and run, to jump and run, to jump and run, to check whether there is a problem. I will call the child to undress. It is then that I see if there is a problem. You are able to observe if they are injured." (PF)

Another participant said:

"Yes and we can also incorporate creative play in nursing by reducing anxiety of a child whereby it will help a child not to regress or maybe by seeking parental care most of the time, and it will also help a child to do away with behaviours that are like disorders like crying continuously and reducing outbursts of a child." (PH)

4. Discussion

In this paper, we explored and describe the views of professional nurses' on the use of creative play in the nursing care of hospitalised children. We further learnt that professional nurses saw the importance of using creative play; and they integrated creative play into their daily nursing interventions. Use of

creative play benefited professional nurses as it enhanced good relationship between them and children. Creative play works as an invitation for children to interact with nursing care, and the professional nurses deemed it effective in inviting them into the care. Maia *et al.*, (2022) asserts that the execution of creative play guides the interaction between professional nurses and child who is hospitalised. Woods (2021) reached the conclusion that children learn and develop relationships through play. Furthermore, the participants cited that use of creative play significantly strengthens the relationship between professional nurses and children which is ultimately a great tool to use when delivering care to frightened and hospitalised children.

The paper established that children cooperated and became free around professional nurses as they saw them as friendly beings who are there to help them. Professional nurses in this study cited that through creative play they were able to win the children's trust. Winning the hospitalised children's trust was supported by Godino-Iáñez *et al.*, (2020) in a study which raised awareness of the developing trust between the professional nurses and children through play.

Further analysis of data confirmed that creative play generated confidence between children and professional nurses. Children saw professional nurses as friends where they expressed their feelings, fears, and concerns. The interaction between professional nurses made it easier for professional nurses to assess and diagnose children accurately. They could even identify what was not divulged during history taking. Pietrangelo (2019) states that observation and assessment of children are easily attained through creative play. Another important finding is that the professional nurses concurred that creative play is something natural and spontaneous. There were different means that they used to involve children in playful activities such as the structured and unstructured activities. They used dolls, coloured books or paintings to gain the hospitalised children's attention and to help them relax. Lack of resources like toys did not restrict professional nurses from playing with hospitalised children as they essentially became innovative and creative. They sang, danced and used other nonverbal cues to interact with hospitalised children.

Maia *et al.*, (2022) explains different strategies such as professional nurses wearing fun caps with children's motifs, or wearing super hero costumes which attracted children to them and helped professional nurses to gain their cooperation these strategies were further described by Da Silva *et al.* (2022) who mentioned a few structured toys that are helpful in clinical institutions such as cloth or plastic dolls, puppets, animals or symbolic materials representing hospital activities. The findings, in accord with previous studies, confirm that there is relevant scientific evidence which confirms that creative play is essential for hospitalised children. The paper illustrated that keeping hospitalised children out of bed and indulging them in playful activities reduced their stress levels and they adapted easily to the strange

hospital set up. The study conducted by Helen-Louis in 2019 stated that integration of creative play in nursing care of hospitalised children benefited hospitalised children in various ways, including alleviating anxiety levels. The professional nurses were happy about use of creative play as it helped children to relax and cooperate with them. It was evident that use of creative play provided effective distraction to the child, and helped to ensure that they were relaxed during medical procedures. These results are in accord with those of a study conducted by Beickert et al., (2017) indicating that use of creative play in a hospital promotes adaptation to new environment and decreases stress levels.

Results established that creative play made communication between professional nurses and children easier because children express themselves clearly through creative play. Another participant stated that creative play teaches children socialisation, children interact with others and professional nurses through playing games and role plays. Perasso et al., (2021) stated that it is easier to communicate and assess the child when they are relaxed and calm.

As mentioned in the literature, creative play is a useful platform which allows children to communicate, express themselves and deal with the challenges they are facing (Messmer, 2019). The interviewees echoed that creative play enables them to communicate with hospitalised children as creative play is a trusted mode of expression for children. They further confirmed that without creative play it is difficult have a conversation with children since they have not developed to the point of understanding or describing what is happening.

The study by Robertson *et al.*,(2022) verified that involving hospitalised children in activities such as playing cards helps them to open up and express themselves.

The insight found from this paper was that professional nurses used creative play into the nursing care of hospitalised children and were happy about the results thereof.

5. Funding

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6. Acknowledgements

The authors thank everybody who participated in the study and all the healthcare professional who ensured that children's hospitalisation is atraumatic.

7. Limitations

The study results were elicited from professional nurses of one institution in the North West province but more views might have been obtained from other healthcare providers.

8. Conclusion

The professional nurses in the study disclosed that the daily integration of creative play into the nursing care of hospitalised children is efficient and effective as children become cooperative and they begin to relate with the hospitalised children harmoniously.

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SECTION 3: INTRODUCTION, CONCLUSION, LIMITATIONS RECOMENDATIONS

1. Introduction

The study explored and described nurses' views regarding the incorporation of creative play into the nursing care of hospitalised children at a selected public hospital in the North West province. This included the view to explore how can creative play be incorporated into the nursing care and how incorporation of creative play benefit the nursing care of hospitalised children. Children perceive creative play as entitlement. Their lives becomes incomplete when they are not indulged in creative activities. One of the instances that deprives children to play is hospitalisation. There are various methods that may be employed in hospital setup to ensure that children continue to exercise their right to play. This study outlines the importance of use of play into the nursing care of hospitalised children and the different activities that can be utilised.

2. Conclusion

The study focused on exploring and describing professional nurses' view on use of play into the nursing care of hospitalised children. The study affirmed the importance of use of creative play in the nursing care of hospitalised children. The participants cited that creative play assisted in building trusting relationships between them and hospitalised children. The professional nurses further cited that use of creative play made it easier for them to attain their goals which is execution of nursing care to the hospitalised children. They concurred that creative play change the mind set of children as they begin to see them as friendly beings who they can associate with.

They gained cooperation from the sick children which enabled them to render nursing care with ease. Creative play forms and an integral part of every child's day to day activities. The paper established that through assorted types of creative play, children are able to adjust to the unfamiliar hospital environment. Children who were involved in creative activities were found to be calm with reduced stress levels. Therefore every child's right to play must be met irrespective of their current environment. Healthcare institutions should ensure that all children's wards are child friendly and provided with sufficient resources to facilitate play.

3. Limitations

The major limitation of this qualitative study was that it represented professional nurses from one healthcare institution in the North West province of South Africa .

The sample size of eleven (11) female professional nurses limited the study further. The results therefore need to be considered with caution as they are not largely generalisable to other context. It is therefore important to recommend further studies with larger sample sizes.

Other nurses categories could not participate as they reported that they did not know how to incorporate play in the nursing care of children.

4. Recommendations

From the literature reviews and study findings the following recommendations were made for nursing education, nursing practice and nursing research.

4.1 Nursing education

The other nurses categories could not participate as they reported that they did not know how to incorporate play in the nursing care of hospitalised children. Therefore we recommend that use of play in the nursing care of hospitalised children should be introduced in the curricula of all nursing students to ensure knowledge and insight in all nursing categories. Nurses who are already practising should be further developed through workshops and trainings to ensure that they are all knowledgeable and skilled about use of creative play.

4.2 Nursing care

The participants highlighted the importance of use creative play into the nursing care of hospitalised children. Every child's has a right to play, this should be honoured irrespective of the environment they find themselves confined to. The use of creative play in the nursing care of hospitalised children should be a set standard in healthcare institutions and should be included in the nursing process of hospitalised children.

The study also revealed lack of resources as one of the constraints in using creative play though nurses came up with innovative and creative measures of creative play. A request is directed to the department of health to supply the paediatric units with enough resources to facilitate creative play. The play areas in the childrens' wards should be fully furnished and functional as other participants uttered that they do have a play room which is not without a limited number of toys. Every hospital should have play specialist to assist in implementation.

4.3 Nursing research:

The research findings could not be generalised as only one nursing category's views were explored hence we recommend that more qualitative studies should be conducted on this topic to explore more views

from other health care workers in different healthcare institutions in the NWP to generalise the research findings.



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Submission of a revised article implies that all authors are confirming that they have been involved with, and have agreed to, any revisions made. At revision stage the following documentation is required: a separate "Response to Reviewers" file - Responses to the reviewers' and editors' comments in a table format that shows the original comments and the responses made. a revised blinded manuscript with changes clearly highlighted in yellow/or using alternative coloured text to the rest of the article a "clean", blinded version of the revised manuscript without any highlights or comments. Revised submissions should be accompanied by the table file which responds, point by point, to the reviewers' and editors' comments, and changes to the revised paper should be highlighted so they can be spotted easily by the editors and reviewers during further review. A "clean" copy of the manuscript without any identifying information or highlights should also be submitted. Any revisions missing any of the above elements/files may be returned to authors.

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This journal operates a double anonymized review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. Editors are not involved in decisions about papers which they have written themselves or have been written by family members or colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups. [More information on types of peer review](#).

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Blinded manuscript (no author details): The main body of the paper (including the references, figures, tables and any Acknowledgements) should not include any identifying information, such as the authors' names or affiliations. Authors should also ensure that the place of origin of the work or study, and/or the organization(s) that have been involved in the study/development are not revealed in the manuscript - "X" can be used in the manuscript and details can be completed if the manuscript is processed further through the publication process.

Full length original research articles and reviews:

Headings

Headings in the article should be appropriate to the nature of the paper. Research papers should follow the standard structure of: Introduction (including review of the literature), Methods, Findings and Discussion.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results

Results should be clear and concise.

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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Please note that the Title Page should be provided as a separate file.

Essential title page information

- Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- Author names and affiliations. Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
- Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.
- Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes. Authors are also encouraged to include their personal Twitter handles on the Title Page if they wish for these to be published.

Highlights

Highlights are optional yet highly encouraged for this journal, as they increase the discoverability of your article via search engines. They consist of a short collection of bullet points that capture the novel results of your research as well as new methods that were used during the study (if any). Please have a look at the examples here: [example Highlights](#).

Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).

Abstract

A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Keywords

Immediately after the abstract, provide a maximum of 6 keywords.

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General points

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.
- Ensure that color images are accessible to all, including those with impaired color vision.

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Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

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TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.

TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.

TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:

- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
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Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

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References

Citation in text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full.

Web references

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

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This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Preprint references

Where a preprint has subsequently become available as a peer-reviewed publication, the formal publication should be used as the reference. If there are preprints that are central to your work or that cover crucial developments in the topic, but are not yet formally published, these may be referenced. Preprints should be clearly marked as such, for example by including the word preprint, or the name of the preprint server, as part of the reference. The preprint DOI should also be provided.

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Text: Citations in the text should follow the referencing style used by the American Psychological Association. You are referred to the Publication Manual of the American Psychological Association, Sixth Edition, ISBN 978-1-4338-0561-5, copies of which may be ordered from <http://books.apa.org/books.cfm?id=4200067> or APA Order Dept., P.O.B. 2710, Hyattsville, MD 20784, USA or APA, 3 Henrietta Street, London, WC3E 8LU, UK.

In-text citations: In-text citations consist of the surname(s) of the author(s) and the year of publication. For citations of two or more works by different authors, order alphabetically in the same order they appear in the reference list eg. Several studies (Miller, 1999; Shafranske & Mahoney, 1998)

Arrange two or more works by the same author by year of publication. Place In Press citations last eg. Past research (Gogel, 1990, 2006, in press)

Identify works by the same author (or by the same two or more authors in the same order) with the same publication date by the suffixes a, b, c, and so forth, after the year; repeat the year, eg. Several studies (Derryberry & Reed, 2005a, 2005b, in press-a; Rothbart, 2003a, 2003b)

Reference List: references should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.

Examples: Reference to a journal publication: Van der Geer, J., Hanraads, J. A. J., & Lupton, R. A. (2010). The art of writing a scientific article. *Journal of Scientific Communications*, 163, 51-59.

Data references

For reference style 5 APA:[dataset] Oguro, M., Imahiro, S., Saito, S., Nakashizuka, T. (2015). Mortality data for Japanese oak wilt disease and surrounding forest compositions. Mendeley Data, v1. <http://dx.doi.org/10.17632/xwj98nb39r.1>.

Reference to a book: Strunk, W., Jr., & White, E. B. (2000). *The elements of style*. (4th ed.). New York: Longman, (Chapter 4).

Reference to a chapter in an edited book: Mettam, G. R., & Adams, L. B. (2009). How to prepare an electronic version of your article. In B. S. Jones, & R. Z. Smith (Eds.), *Introduction to the electronic age* (pp. 281-304). New York: E-Publishing Inc.

Journal abbreviations source

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Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the [research data](#) page.

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In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

Data statement

To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the [Data Statement page](#).

AFTER ACCEPTANCE

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Appendix B: Request to North West University to conduct the research

3646 Amalia Crescent
Unit 12
Mmabatho
2790
05 September 2021

Northwest University Mahikeng Campus
Ethics Committee

Sir /Madam

Request for approval to conduct a research study.

I Evali Lefifi am a post graduate student in the Northwest University-Mahikeng doing Master's degree. I hereby request for approval to conduct a research study at one of the Provincial hospital in the Northwest province. The Research study will be: Nurses' views regarding incorporation of creative play into the nursing care of hospitalised children.

The aim of the study is to explore the nurses' views with regard to play because play is important in the children's development and children use it as the way of expressing themselves. The study is qualitative and individual interviews will be conducted.

Hope my request will be put into consideration.

Yours sincerely

Mrs EG Lefifi

0827354722

Appendix C: Approval from the North West University to conduct research



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

Health Sciences Ethics Office for Research,
Training and Support

North-West University Health Research Ethics
Committee (NWU-HREC)
Tel: 018 299-1206
Email: Ethics-HRECAppl@nwu.ac.za

7 March 2022

To whom it may concern

APPROVAL OF THE RESEARCH STUDY FROM THE NORTH-WEST UNIVERSITY HEALTH RESEARCH ETHICS COMMITTEE (NWU-HREC) OF THE FACULTY OF HEALTH SCIENCES

Ethics number: NWU-00300-21-S1

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the North-West University Health Research Ethics Committee (NWU-HREC).

Study title: Nurses' views regarding use of creative play in nursing care of hospitalised children in North-West province

Study leader: Ms RMJ Machailo

Student: EG Lefifi - 25586548

Application type: Single study

Risk level: Minimal

You are kindly informed that this application was reviewed at the meeting of the North-West University Health Research Ethics Committee (NWU-HREC), Faculty of Health Sciences, North-West University, held on 15/10/2021. Following review of the application, it has been decided that the study is approved. Approval in this letter means that **final ethics approval** was indeed granted for the **research methodology and the ethical aspects** of this study and that the NWU-HREC has **no further ethical concerns** relating to the research ethics process, except for the outstanding documentation indicated below, which must be provided to the NWU-HREC by the researcher. It is important to mention that this letter indicates that there are no further ethical concerns that exist, regarding the execution of the research. A final ethics letter will be issued upon the receipt of the following documentation:

- a. A copy of the permission letter from you as a representative of the provincial Department of Health, indicating that the study can proceed.

The mentioned document, as indicated above, should be submitted to Ethics-HRECProcess@nwu.ac.za by the researcher, for review before the ethics approval certificate can be provided. This approval is provided for a year, after which continuation of the study is dependent on receipt of an annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation for another year.

Please note: Due to the nature of the study i.e. (telephonic collection of qualitative data via semi-structured interviews, from nurses in a public hospital in the North-West province), this study will be able to proceed during the current alert level, following receipt of the approval letter. No additional COVID-19 restrictions have been placed on the study except that the researcher must ensure that before proceeding with the study that all research team members have reviewed the North-West University COVID-19 Occupational Health and Safety Standard Operating Procedure.

If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECAppl@nwu.ac.za.

Yours sincerely

Chairperson: NWU-HREC

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.3 Letters Templates\9.1.5.3.6_Catekeepers_Letter_HREC.docm
30 April 2019
File reference: 9.1.5.3.6

Appendix D: Request to North West provincial department of health to conduct the research

The Department of Health
North West Province
South Africa

Dear Sir/ Madam

REQUEST TO THE DEPARTMENT OF HEALTH FOR PERMISSION TO CONDUCT RESEARCH

I am currently studying for the Master of Nursing Science with Community Nursing Science at the North West University, Mafikeng Campus.

I hereby request permission to conduct research on: **Nurses' views regarding use of creative play in nursing care of hospitalised children in Northwest province**

The study has been approved by the School of Nursing Sciences and the ethics committee of the North West University.

The aim of the research is: to have an in-depth understanding of the nurses' views regarding the incorporation of creative play into the nursing care of hospitalised children at a selected public hospital in the North West province.

The study will follow a qualitative research approach, whereby a semi-structured individual interviews through video calls will be used to collect data from nurses working in the paediatric ward of the selected hospital.

The common questions that will be asked the participants will be:

1. What are the nurses' views regarding incorporation of creative play into the nursing care of hospitalised children at the selected public hospital in the North West Province?
2. How can creative play be incorporated into the nursing care of hospitalised children?

3. How can incorporation of creative play benefit nursing care of hospitalised children?

The selection criteria of nurses are:

1. Nurses who are registered with south African Nursing Council in order to practice as registered nurses, enrolled nurses or enrolled nursing assistants
2. Both male and female nurses working in the paediatric ward
3. Those who agree to sign the informed consent and willing to participate in the study
4. Those who agree to be audio recorded during data collection
5. Those who have one (1) or more years working experience in a paediatric ward of a selected hospital in North West Province will as they are knowledgeable about providing nursing care to hospitalised children.

The interview for those who voluntarily consent in participating in the study will be conducted from April 2022 until May 2022.

Hope my request on the above matter will be taken into consideration and a response at your earliest convenience will be appreciated.

Yours faithfully



Mrs EG Lefifi


Date: 09 March 2022



Supervisor: Mrs RMJ Machailo

Date: 09 March 2022


Appendix E: Permission from the Department of health North West



health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

Cnr Sekame & First Street
New Office Park
Mafikeng, 2745
Private Bag X2068
MMABATHO, 2735

Enq: Mr Mbulelo Tapa
Tel: 018 391 4501
MbuleloT@nwpg.gov.za
www.nwhealth.gov.za



RESEARCH, MONITORING AND EVALUATION DIRECTORATE

Name of researcher: Mrs E.G. Lefifi
North West University

**Physical Address
(Work/ Institution)** NORTH WEST COLLEGE OF NURSING
DR ALBERT LUTHUNU DRIVE
PRIVATE BAG 2745 MAFIKENG
2745

Subject: Research Approval Letter – Nurses’ views regarding use of
creative play in nursing care of hospitalised children in North
West province.

HEAD OF DEPARTMENT
2022-03-24
NORTH WEST DEPARTMENT OF HEALTH <small>PRIVATE BAG X 2068, MMABATHO, 2735</small>

This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher must arrange in advance a meeting with the District Chief Director and District Director to introduce their research team/members on the proposed research to be undertaken. Further to the above the researcher must produce this letter to the District and chosen facilities as proof that the research was approved by the NWDoH.


This letter of permission should be signed and a copy returned to the Department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with electronic summary highlighting recommendations that will assist the Department in its planning to improve some of its services where possible. Through this the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.

Below are the contact details of Office of the Chief Director and District Director of Ngaka Modiri Molema district.

Ngaka Mdori Molema District


Office of the Chief Director	Office of the District Director
Ms. Mosela Kaudi	Ms. Nomvula Legobye
Ms. Boitumelo Sethaiso (PA)	Kealeboga Lobega (PA)
MKaudi@nwpg.gov.za	NLegobye@nwpg.gov.za
BSethaiso@nwpg.gov.za	LobegaK@nwpg.gov.za
018 384 0240	018 384 0240

Kindest regards.



Ms T.P. Tshihwanambi
Acting Director: RM&E

24/03/2022
Date



Researcher

25/03/2022
Date

Appendix F: Request letter to the selected hospital in the North West

Mafikeng Provincial Hospital
Chr Lichtenburg & Mareetsane Road
Mafikeng
2745

Dear Sir/ Madam

REQUEST TO THE MAHIKENG PROVINCIAL HOSPITAL TO CONDUCT RESEARCH.

I am currently studying for the Master of Nursing Science with Community Nursing Science at the North West University, Mafikeng Campus.

I hereby request permission to conduct research on: **NURSES' VIEWS REGARDING USE OF CREATIVE PLAY IN THE NURSING CARE OF HOSPITALISED CHILDREN IN THE NORTH WEST PROVINCE.** The study has been approved by the School of Nursing Sciences and the ethics committee of the North West University.

The purpose of the research is: To explore and describe nurses' views regarding use of creative play in the nursing care of hospitalised children in the North West province. The study will follow a qualitative research approach, whereby a semi-structured individual interviews through Microsoft team's office will be used to collect data from nurses working in the paediatric ward.

The central questions that will be asked the participants will be:

1. What are the nurses' views regarding incorporation of creative play into the nursing care of hospitalised children at the selected public hospital in the North West Province?
2. How can creative play be incorporated into the nursing care of hospitalised children?

Appendix G: Permission from the selected hospital in the North West



To: Eva Lefifi

From: MJ Moromane
Deputy Director Nursing

Date: 25 April 2022

Re: Permission to conduct research in our MPH.

This letter serves to inform you that your request to conduct research has been granted.

Hope you find this in order.

MAFIKENG PROVINCIAL HOSPITAL REVENUE SECTION
25 APR 2022
PRIVATE BAG X2031, MAFIKENG, 2745
SIGNATURE:.....

Appendix H: Code of conduct for the researcher

CODE OF CONDUCT FOR RESEARCHERS

This code of conduct is applicable to all NWU researchers.

As a researcher of the North-West University (NWU), I subscribe to the rules of the NWU Institutional Research Ethics Regulatory Committee (IRERC), all applicable policies of the NWU as well as all national and international laws and regulations applicable to my field of study. Furthermore, I commit myself to abide by the ethical principles and responsibilities as set out in the Singapore statement on Research Integrity (22 September 2010), in any and all research endeavours that I undertake as a researcher of the NWU.

The four major principles of research integrity to which I will adhere and that will guide my research are:

- Honesty in all aspects of research
- Accountability in the conduct of research
- Professional courtesy and fairness in working with others
- Good stewardship of research on behalf of others

Consequently I will also adhere to the following ethical responsibilities:

1. I will take responsibility for the originality and trustworthiness of my research.
2. I will stay abreast of and adhere to all institutional, national, and international laws, regulations, and policies applicable and related to my research.
3. I will at all times employ appropriate research methods, base my conclusions on critical analysis of the evidence and report my findings and interpretations fully and objectively.
4. I will keep clear and accurate records of all research that I have conducted in a manner that will allow verification and replication of my work by others, if applicable.
5. I will, where applicable, share my data and findings openly and promptly, in line with external funding rules. This will be done as soon as possible after I have had an opportunity to establish priority and ownership claims.
6. I will take responsibility for my own contributions to publications, funding applications, reports and other representations of my research. I will also and only include authors who meet valid authorship criteria.
7. I will acknowledge the names and roles of those who made significant contributions to my research in publications, including writers, funders, sponsors, and others, but do not meet authorship criteria.
8. In my peer reviews, I will provide fair, prompt and rigorous evaluations and I will respect confidentiality when I review others' work.
9. I will disclose all conflicts of interest (financial and other) that could compromise the trustworthiness of my work in research proposals, publications, public communications, and in review activities.
10. When I publically address a community in the spirit of academic freedom, I will in all stages base my professional comments on research findings (if applicable) and my expertise. I will distinguish between professional comments and opinions based on personal views.
11. Should any irresponsible research practices and/or research misconduct become known to me or brought under my attention, I will report such irresponsible research activities to the appropriate authorities.
12. I will respond to irresponsible research practices or conduct, by taking prompt actions as set out in the procedures of the university. I will also protect those who report misconduct in good faith, to the best of my abilities.
13. I will endeavour to create and sustain an environment that encourage research integrity through education of students, research teams and peers, as well as abide by policies, and reasonable standards for advancement.
14. I will at all times weigh societal benefits against the risks inherent in my work.

Name: Evelyn Lepp

Signature: 

Date: 7/9/20

Appendix I: Recruitment material



Invitation

- You are cordially invited to participate in the above mentioned study. The study will be conducted in a telephonic semi structured interview.

Why is the study needed?

- The study is aimed at exploring the views of nurses with regard to incorporating creative play in the nursing care of hospitalised children.

Why are you fit for the study?

You are fit to participate in the study because:

- You are licensed to practice as a nursing by SANC
- You are interested in the study
- You are permanently employed in the selected public hospital
- You have one year and more working experience in the paediatric ward of the selected hospital

**Invitation to participate in research study:
Nurses' views regarding incorporation of creative play into nursing care of hospitalised children at a selected public hospital in the northwest province**

Benefits of the study

You as a nurse will benefit from the study as you will because the body of knowledge for the profession will be increased from the outcome of the study.

Nurses will gain children's corporation when they incorporate creative play in nursing care of hospitalised children

Children will be more relaxed when hospitalised because play makes the children feel at ease and able them to express themselves easier.

Consent /privacy

You are allowed to decide whether or not to participate in the study, or to terminate your participation at any time without any penalty.

Your privacy will be protected by not disclosing your personal details to anyone who is not part of the study.

The Researcher

Mrs Lefifi EG is the primary investigator for this research project. She is the post graduate student at the school of nursing in Northwest University.

Contacts

evalefifi@gmail.com:
0827354722

Costs

All the costs will be covered by the researcher.



Appendix J: interview tool



ANNEXURE A: DATA COLLECTION TOOL/INTERVIEW SCHEDULE

The researcher introduce herself and welcome the participant.

The participant attention will be drawn to the researcher.

Confidentiality and privacy will be emphasised.

The participants will be allowed asked question if they had some before the main interview continues.

The participants will be re-informed about the topic of the study.

They will also be made aware that they have the right withdraw from the study at any time without penalty.

They will also be reminded that notes and audio recording will be done during the interview.

All participants will be asked the following questions and other questions will be directed by the participants' response.


1. What is your view regarding incorporation of creative play into the nursing care of hospitalised children?
2. How can creative play be incorporated?
3. How is incorporation of creative play in nursing care beneficial to you as a nurse and to a child?

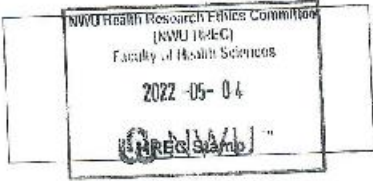
After all questions have been asked and no more questions from the both the researcher and the participants, the researcher will thank the participants and emphasise maintenance of privacy.

Annexure K: Participants consent form

1

ANNEXURE B: INFORMED CONSENT

 NWU®
INTEGRITY • PASSION • EXCELLENCE


NWU Health Research Ethics Committee
(NWU HREC)
Faculty of Health Sciences
2022-05-04
NWU

INFORMED CONSENT DOCUMENTATION FOR NURSES WORKING IN THE
PAEDIATRIC WARD AT THE SELECTED HOSPITAL

TITLE OF THE RESEARCH STUDY: Nurses' views regarding Incorporation of play into the nursing care of hospitalised children in North-West province.

ETHICS REFERENCE NUMBERS: NWU-00300-21-A1

PRINCIPAL INVESTIGATOR: Ms. Machello R.

POST GRADUATE STUDENT: Ms. Letliff EG

ADDRESS: 3646 Amalia crescent unit 12 Mmabatho

CONTACT NUMBER: 0827354722

You are being invited to take part in a **research study** about nurses' views regarding incorporation of **play** in the nursing care of hospitalised children in the North-West province.

Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very

important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is entirely voluntary and you are free to say no to participate.

If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now. The

researcher will seek approval for this study from the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWUHREC) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

1 *What is this research study all about?*

- The study is about Nurses' views regarding use of creative play in nursing care of hospitalised children in North West province
- This study will involve researchers with experience in health and qualitative research trained in ethics and participants will be included in this study.

2 *Why have you been invited to participate?*

- You have been invited to be part of this research because you are registered with South African Nursing Council to practice as a nurse.
- You also fit the research because you have more than one year working experience in the paediatric ward.

3 *What will be expected of you?*

- You will be expected to share your views regarding the use of creative play in nursing care of children through individual interviews lasting not more than 60min.
- You will also be expected to sign a consent form before participation

4 *Will you gain anything from taking part in this research?*

There are no direct gains for your participation in the study. However, if you take part in this study, you will share the knowledge on how to incorporate play in the nursing care of children. The study findings may also increase the body of nursing knowledge with the incorporation of play into the nursing care.

5 *Are there risks involved in you taking part in this research and what will be done to prevent them?*

There are no risks involved in the study, however you may experience emotional and psychological discomfort during interviews, and this may generate negative emotions but will be limited by careful structuring of questions in a sensible and non-threatening manner. If you experience an emotional or psychological discomfort, you will be referred to a professional for counselling.

6 *How will we protect your confidentiality and who will see your findings?*

Anonymity of your findings will be protected by allocating pseudo names to you and using pseudo names instead of your names. All data collected will be kept confidential in the researchers' password protected computer. Only the research team will be able to look at your findings. All research documents and information will be kept safe by locking hard copies in locked cupboards in the research director's office and for electronic data it will be password protected. As soon as data has been transcribed it will be deleted from the recorders. All data will be stored for five years.

What will happen with the findings or samples?

You will be informed about the findings of this research study. The findings of this study will be published in a form of a manuscript in a journal, and copies will be available to the university; the local hospital and the outcome of the research will be made available to you. The findings will also be presented through workshops, conferences and seminars.

Will you be paid to take part in this study and are there any costs for you?

No, you will not be paid to take part in the study. There will thus be no costs involved for you if you do take part in this study. Travel expenses will be paid for those participants who have to travel to the site and the refreshments/a meal will be arranged by the researcher.

Is there anything else that you should know or do?

- You can contact Ms E Lefifi at 0827354722 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.

You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to take part in the research study titled:.....

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (place) on (date) 20.....

Signature of participant

Signature of witness

Declaration by person obtaining consent

I (name) declare that:

- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.

- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (place) on (date)20....

Signature of person obtaining consent Signature of witness

Declaration by researcher

I (name) declare that:

- I explained the information in this document to
or I had it explained by who I trained for this purpose.
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them
or I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (place) on (date)20....

Signature of researcher Signature of witness

Appendix L: Research interview

Nurses views regarding use of creative play in nursing care of hospitalised children in North West province

Research Interview: Sister A

1. The researcher greets, introduces herself and welcome the participant and thank them for attendance.
2. My research topic is nurses' view with regard to incorporation of creative play in the nursing care of the hospitalised children.
3. Your participation in the study is voluntary and you have a right to withdraw from the study at any time without any risk of penalty.
4. In this study we are not going to use your real name for confidentiality and privacy.
5. You will be given a pseudo name: Sister A
6. Our interview session will be recorded for research purposes, can we continue
7. It consists of three (3) questions.
8. Expected duration is 30-45 minutes.
9. Do you have any question before we start with our interview?

Researcher: what is your views with regard to incorporation of creative play into the nursing care hospitalised children?

Sister A: It helps in promoting the healthcare, it is therapeutic for the child to be in the play, like being on the hospital and doing play at the same time. It also gonna relief their stress not for them to concentrate on their sickness most of the time so with playing it will promote their health also it will shorten their stay in hospital with that also it helps them to express their emotions and feelings when they play with others. You pick some of the things most important to hear actually what is the most common problem that brought them to the hospital. Soo it will allow the child to express themselves. To feel friendly and will also help them to cope with anxiety, that's why I think creative play will do into the hospitalised children.

Researcher: If I try to understand you well, you see, you say it is important to incorporate creative play into the nursing care of the hospitalised child.

Sister A: yes that's my view it really helps.

Researcher: I will take it, you are using creative play and how are you incorporating it?

Sister A: like I said, I think it is more or less the same. It will help reduce anxiety, mind you they are new in the new environment, they do not know the hospital, and this is like a new thing to them. It actually helps them not to think too much about the environment that they are in, the surroundings seeing different people like nurses, doctors it actually makes them also like anxiety, the stress, in that way the child automotive be healing quicker unlike sitting in bed like stressing, crying all those things. The child will also feel stressed even also to the healthcare workers, you know open up while you are incorporating play while you are helping them, giving their medication. They will feel free close to you as the healthcare worker also with their physical growth, psychological and psychosocial development also.

Researcher: How are you using it, how are you incorporating it in your institution?

Sister A: in our institution we have a special room that we are doing for them, all those type of play. The toys and everything. They just go according to time they just don't go there. They go there after routine. Also during their breakfast, lunch and supper they sit there also and be amongst other children also, the same children that are sick in our unit. We take them there also under supervision then and see how they are interacting with others and also trying to get some information while they are playing and interacting with each other.

Researcher: now I understand you say you have different types of toys that will stimulate or that will be used to allay the anxiety in the hospitalised children, so it means you are incorporating creative play. How do you think playing with a child will be beneficial to the nursing care as whole?

sister A: It helps a lot actually because that's where they are going to gain trust with child first, after gaining trust that's where now the child is going to be more free and talking, expressing themselves, their feelings unlike when they are with their parents,

I think they do not try to express more, the mothers will be their advocates that explains. When they play they will show more of what you heard or seen what they with their parents. It also helps properly so in assessing the child and it also helps in communicating with them, and also promotes their self-esteem and confidence while you are playing with them you see.

Basically they became freer and you even get more information of the parents that was not given on admission. Now you know more what is the core problem of why did the child come to the hospital and you take it further to the other health care professionals. More relaxed, assess child better observe further.

Researcher: If I try to understand you better you saying the nursing care will benefit because as much as you will be playing with this child the child will be more relaxed and will also be able to assess the child better that what you are saying?

Sister A: yes

Researcher: Ok thank you sister how do you think playing with a child will be beneficial to child?

Sister A: mmm I also think it will help the child into the growth and development of the child also helps in growth and development. It will help the child to be independent or being confident of what they are doing do you understand? Being there while you see the child playing, praising them telling them wow, this is good, I like what are doing. They gain more confidence and they gain also trust in you. And it will also help in their development physically so and also intellectually so. With the minor ones, with the toys and with the play whatever they are using to work with, it will also help them actually in the hands and eye coordination in terms of some other children who are maybe disabled or are having delayed milestones it will also help them in the hands and eye coordination, Neh and it will also help in the concentration and also the attention. Giving them the task while there while they are in the group and telling them on what they do, you give them the chance for them to work out on to that problem and having that attention and coming up with the solution to that thing hence I say it will help them with intellectual growth.

And also like I said individual confidence and it also help them to cope with the outcome of whatever the outcome of play might be, maybe it's a play whereby there are two groups where the other one wins, the other one loose, it also helps them cope with whatever situation will come up with, either bad or good.

Researcher: Mhm, ok sister you are saying a lot of interesting information, here if I understand you, you say this play helps the child to develop holistically, to develop psychologically, physically, mentally as you have just said that they will be able to accept the different situations they find themselves in and it will still help them develop as you stated hand and eye coordination it will also help them develop physically. Ok sister how will this play benefit you as a nurse as an individual as a nurse?

Sister A: as a nurse, ok also the same as I said it will also help me as nurse to assess the child thoroughly, like I said while the child is there first day they come with their parents, being the advocate of the child, talking and telling us what is the problem, but you there assessing the child during play you will get more information the child. That's where you get a proper diagnosis and that's where you will be able to help the child and also refer the child furtherly and properly or relevantly you understand to the other multidisciplinary team.

And it will also shorten the length of stay of the child in the hospital. Child coming in, in a day, 2 or 3 three the child will be discharged. That will also benefit us as nurses because where we nurse kids for a short period of time at least for a short time. Also play since it's a verbal and nonverbal communication it improves also the relationship between you and the child. The child will gain more confidence, the child will even with the other admissions the child will smile and know that the nurses in this unit I know them and they understand me. This child will be free to open up with to nurses, will be able to diagnose and come up with some issues that were hidden you know, issues that you could not even pick up on admission.

Researcher: thank you very much sister for your time.

Appendix M: Certificate of language editing



Office: 0183892451

FACULTY OF EDUCATION

Cell: 0729116600

Date: 18th February, 2023

TO WHOM IT MAY CONCERN

CERTIFICATE OF EDITING

I, Muchativugwa Liberty Hove, confirm and certify that I read and edited the entire dissertation, **The views of professional nurses on the use of creative play in the nursing care of hospitalised children** submitted by Evah G LEFIFI, student number 25586548, orcid.org/0000-0002-7834-0449, in *partial* fulfillment of the requirements for the degree **Magister of Nursing Science**, North-West University, Faculty of Health Sciences, NuMIQ Research Focus Area.

Evah G Lefifi was supervised by **Ms. R. Machailo**, with Co-supervisor Professor **S.S. Moloko Phiri**

I hold a PhD in English Language and Literature in English and am qualified to edit such a segment of a thesis for cohesion and coherence. The views expressed herein, however, remain those of the researcher/s.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Liberty Hove', is written below the text 'Yours sincerely'.

Appendix N: Proof of submission to the journal



This is an automated message.

The views of professional nurses' on the use of creative play in the nursing care of hospitalised children

Dear Ms lefifi,

We have received the above referenced manuscript you submitted to International Journal of Africa Nursing Sciences. It has been assigned the following manuscript number: IJANS-D-22-00360.

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Thank you for submitting your work to this journal.

Kind regards,
International Journal of Africa Nursing Sciences

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Appendix O: Participants' demographic form

Participants	Years of experience	Gender	Sudy Name
Participant A	08	Female	PA
Participant B	12	Female	PB
Participant C	02	Female	PC
Participant D	08	Female	PD
Participant E	05	Female	PE
Participant F	04	Female	PF
Participant G	03	Female	PG
Participant H	06	Female	PH
Participant I	11	Female	PI
Participant J	07	Female	PJ
Participant K	02	Female	PK