

**Play Therapy: Effects on Children's Anxiety in Hospitalized Settings**

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According to Delvecchio (2019), the act of play “is a dynamic process that enables children to express themselves in their ways to get in touch with other children or become socialized.” Through the use of play, children get to explore and further develop their imagination in how they can view everyday life. Play therapy is used in various hospital settings by professionals in attempts to reduce anxiety in children following the many fears that could arise when stepping into a healthcare facility, possibly from previous knowledge of experiencing painful interventions or because it is an unfamiliar environment away from their family. It is essentially a way for the nurse or therapist to come speak on the developmental level of the child in terms they can understand or are familiar with. Play therapy, also known as child-centered play, was originally designed as a distraction technique for children aged three to twelve. When participating in this type of therapy, children are allowed to take the lead in their sessions, without any input from adults, ultimately making it easier to express any concerns they might have, show their problem-solving abilities, and have the opportunity to have fun as well. Play therapy should have a duration that lasts for at least thirty to fifty minutes. The sessions are typically held weekly with research suggesting it takes an average of twenty sessions to fully help the child's knowledge of their illness or upcoming procedure and decrease their uneasiness (Lilly, n.d). As a result, children hospitalized for longer periods have shown decreased levels of anxiety when utilizing play therapy to cope with internal fears.

According to Godino-Iáñez (2020), play therapy can be defined as, “the set of interventions to promote children's wellbeing during the hospitalization or the play activities structured depending on the child's health condition, age, and development.” As play therapy has grown to show a greater significance over the years, many benefits come upon use in

hospitalized settings and is the treatment of choice in many similar places. When reviewing *Play Therapy as an Intervention in Hospitalized Children: A Systematic Review*, the Cumulative Index of Nursing and Allied Health Literature (CINAHL) performed a study in March 2020. This study revealed that the application of therapeutic play in hospitalized children decreases postoperative pain, improves behavior and attitude, and reduces anxiety for the duration of the hospital stay. Furthermore, in the article *An Overview of Play Therapy* (2021), many studies and surveys were done by various individuals based on the potential benefits of play therapy. One survey, in particular, was aimed at the pre and postoperative play therapy effects on children. The results showed that there were no significant differences between the control and experimental groups, however, the children who did get to play before and after surgery experienced less stress. Stress can be associated in many healthcare facilities which is why it is so important to incorporate the use of play therapy into the child's schedule.

Play therapy is on the rise in becoming a well-known intervention in assisting professionals in lowering increasing anxiety levels in children who have longer hospitalized stays. Although nurses have found that they do agree with the use of it, they are unable to make use of it in everyday practice due to a lack of time and knowledge (Koukourikos et al., 2021). Play therapy also may not be for every child that may come into the hospital. Medical and physical limitations can be present that restrict the child from being around others or playing in general. The healthcare professional or therapist needs to modify their sessions that are geared toward the child and prove to be the most effective. Play therapy is essential in facilitating the interventions performed by the healthcare staff during the hospitalization period by furthering the development of the child's individuality (Godino-Iáñez et al., 2020).

Play therapy sessions can be set up strategically by the nursing staff in an attempt to

facilitate learning with pediatric patients. With the optimal age group being three to twelve, children are in the preoperational stage of development, meaning their ability to think about things symbolically becomes apparent; this is why it is easier for nurses to communicate with them through the use of play (Godino-Iáñez et al., 2020). It is important to take the highest level stage of development the child can perform under consideration before setting up any sessions. A seven-year-old child with autism might still play with play-dough and blocks compared to a seven-year-old child at the normal developmental stage who might play a game using a deck of cards. The play therapy sessions can be set up to accomplish certain goals the healthcare staff wants to achieve in teaching the child through decreasing their anxiety. Some attempts at teaching can be made symbolically through the use of dolls. The nurse can use a directive approach and pretend they are doing the procedure on the doll to show the child what will happen to them. Letting the child see what the process is like before performing an actual one, will ultimately build rapport with them and allow for the development of a trusting relationship with the nursing staff.

Despite the fact that professionals can have an indirective approach that encourages the child to take control in their sessions, many choose to use the directive approach due to its success in facilitating sessions that tend to have more control by the therapist or nursing staff. Through this approach, the professional will provide more structure to elicit specific play themes or opportunities (Fehr et al., 2023). According to Koukourikos (2021), Alder's therapy can be used interchangeably with the directive approach term. This type of therapy can be based upon people's need for a sense of belonging that creates the goals to be specific for the child. By following the same guidelines as directive therapy, the therapist is also more active and directional in helping the child understand and re-educate them. This type of method seems to be

the most beneficial in children who have learning disabilities, autism, and attention-deficit/hyperactivity disorder (Koukourikos et al., 2021). In using the indirective approach, or child-centered play therapy, each child is the leader of their play therapy session, which allows for self-expression that can eventually turn into the development of formal coping strategies to help them further deal with their anxiety if they have to undergo a similar experience in the future. The child is given the choice of various toys or games to play with and has free range to use them however they decide. Adult input is contraindicated at this point due to the necessary task of letting the child feel like they are in control (Godino-Iáñez et al., 2021). Using play therapy in a hospitalized setting gives the child an environment and objects that are safe for them to use in branching out on their own and expressing their emotions through playing with the toys or games they picked. The toys and games that can be associated with their play may include Lego blocks, puzzles, or toys with various buttons, sounds, or lights. Within the different types of play therapy, there are multiple phases the child may go through as they attend their sessions. Some phases may be harder than others, so it is key that the child gets support from the professional, as well as the parents; the parents can be important in allowing for justification of the new environmental change.

Play therapy consists of phases that range from when the child meets their therapist for the first time to when their behavioral and emotional functioning has stabilized. The first few sessions are known as the introduction phase in which the child will be getting used to the therapist, play room, and sessions. The child might appear anxious or shy as they adapt to the new environment. Next, is the tentative acceptance phase when the child starts to look forward to their play therapy sessions. They are usually eager to be in the playroom and interact with the therapist at this point. The negative reaction phase is when the child starts to experience change.

This phase can sometimes make the anxiety worse since children are not as accepting of change as adults, or they can pass through it with ease. This phase requires support from the parents to boost their confidence levels in saying that the play therapy sessions have been successful so far. Once the child reaches the growing phase, they can better understand their difficulties and how to resolve them to continue and live a playful life. Finally, the termination phase is when the play therapy will stop due to the successful completion. Many children will view this as a punishment rather than a reward so it is crucial for the parents to have faith that their child can maintain a cheerful and playful lifestyle for the remainder of their hospitalized stay and at home (O'Connor, n.d).

In the nursing profession, it is essential that the patients are satisfied with the care being provided to them. As they are satisfied, they will remain happy for the duration of their stay in a hospitalized setting. This can be true, especially when caring for pediatric patients. As the child works with the therapist during the play therapy sessions, the nurse can work simultaneously to better understand the positive outcomes occurring in the child. With a more generalized idea of what play therapy is and how to initiate it, the nurse will be able to use similar techniques in their care and gain more insight about the patient through the use of communication that is more adaptable to fit their developmental level.

In conclusion, play therapy can be very beneficial in reducing anxiety in children experiencing new environmental changes relating to an illness or procedural situation. It is important to understand that in helping facilitate the healing process and aiding in the development of new coping mechanisms, the child can move through the various phases, as well as build a trusting relationship with the healthcare team. While play therapy does work best for children three to twelve years old, it can also be beneficial for other ages outside of that range in

attempts to better understand their condition and treatment options, especially in children with developmental challenges. Play therapy is not for every child that may come into the hospital, however, it is proven to have many benefits that include improving fear, anxiety, and insecurity.

This type of therapy allows children to better grasp and understand the specific concepts that come with being in a healthcare setting; and what needs to be done for them to get better.

Children can have many different forms of communication with the outside world, as they have not learned how to properly express themselves. Play in children is an effortless learning process that encourages the child to release their emotions and is also essential to allow communication that lets them discover the world and begin to recognize their limitations.

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