NURSES’ PERCEPTIONS OF THE IMPORTANCE OF PLAY IN HOSPITALISED CHILDREN WITH CANCER IN INDONESIA

Abstract

According to National Cancer Institute, cancer is a disease in which abnormal cells divide without control and can invade nearby tissues\(^1\). Despite the sophisticated technologies in diagnosis and treatment, cancer is still a frightening term especially to children. Having cancer and underdoing treatment is exhausting and distressing for adults and children alike. To be able to better cope with their long-term illness and hospitalisation, one of the options is through play.

Play is an important part in the life of hospitalised children with cancer. It helped them cope with their conditions. However, the use of play in Indonesian hospitals is minimal. This study aimed to explore the perception of Indonesian nurses on the importance of the provision of play, specifically the knowledge, beliefs and experiences in hospitalised children with cancer. A qualitative research approach using interpretive phenomenology was used to explore the nurses’ perception in the provision of play in hospitalised children with cancer in Indonesia. The data was collected via one on one semi-structured interviews and coded using a pre-determined code frame.

The findings reflected the knowledge, belief and experience of the participants that play is important in the hospital setting especially for children with cancer. However,
the provision of play such as play time and tools was not implemented well. Their knowledge about play was mainly derived from the culture that perceived play as normal for children to do. Furthermore, play was perceived in relation to children’s well-being as a method to improve their experiences of hospitalisation. Participants believed that play can promote child development, help with coping, provide distraction from treatments and nursing activities, and enhance nursing care.

This study concludes that Indonesian nurses need training in play management to develop practical knowledge and understanding about play. This will encourage nurses to deliver a high quality nursing care to hospitalised children with cancer and other diseases requiring long inpatient treatment of paediatric patients. Recommendations for hospital such as availability of playroom and toys are necessary to increase the awareness of health care practitioners on the importance of play. Moreover, play specialist can be employed to provide a better play environment for the children.
Introduction

Burden of disease from Cancer

Cancer is one of the leading causes of death worldwide. There were 8.2 million of deaths caused by cancer in 2012. Furthermore, 14 million people will be exposed to cancer every year and 165,000 of these, are children. In addition, more than 80% of cancer cases were found in low- and middle-income countries. Indonesia, as a developing country, faces the same problem as other developing countries in terms of cancer incidence. Out of a total of approximately 350,000 Indonesian individuals with cancer, 0.1% of the affected population are children, with 11,000 new cases per year.

Leukaemia and retinoblastoma (a central nervous system tumour) are the most common types of cancer that affect Indonesian children. It has been estimated that there will be 2,000 to 3,200 new cases of childhood leukaemia each year.

Cancer is a life-threatening disease which can affect every aspect and dimension of a child’s life. Children with cancer have to cope with very stressful treatment regimes, such as chemotherapy or radiotherapy, for which they have minimal coping strategies. Moreover, the side-effects of these treatments can affect the quality of life of the children and prolonged treatment and hospitalisation can also create further psychological trauma.

In Indonesia, children with Acute Lymphoblastic Leukaemia (ALL) are treated with the Indonesia-ALL protocol, which takes 2 years of treatment. This treatment consists of 6 weeks of induction, 5 weeks of consolidation, 96 weeks of continuing therapy and

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an additional 6 weeks for re-induction therapy for high-risk patients. The usual length of stay in hospital for children with cancer in Indonesia is 1 to 2 months, due to the type of treatment and the distance to the hospital. Most patients come from areas outside of the region in which the hospital is located. This requires the patient to stay in the hospital to complete the first stage of treatment. This time-frame is longer in comparison to other countries. For example, in the USA, the average length of hospital stay is between 10 and 12 days and the remainder of the treatment is undertaken on an outpatient basis.

**Play as a means of therapy**

Play can be used as a way of helping to manage traumatic or unpleasant events. It is used as a communication tool and as a medium to gain trust in order to care for children. Regardless of disease status, play has a fundamental role in the development of children because through it, they can learn social skills and to manage interpersonal relationships.

The Association for Play Therapy defines play therapy as “the systematic use of theoretical models to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development”. Additionally, Garvey (1997) defines play more broadly as pleasurable, with no extrinsic goals, spontaneous and voluntary, and involving active engagement on the part of the player.
Based on the author’s experiences in the hospital setting, play is used as a medium to improve children’s quality of life, especially those with cancer. During hospitalisation, different aspects of children’s lives were affected. Play helped them to cope with their emotional, developmental, physiological and psychological needs. The facilitation of play in Indonesian hospital settings is the responsibility of parents, family and health care professionals. Parents and family are responsible for engaging children in play because of the close relationship with the children. On the other hand, health care professionals, especially nurses, are also responsible for providing play as part of nursing care. However, in Indonesia, parents or family are primarily responsible for the provision of play.

**Nursing profession**

Nurses as health professionals who deliver nursing care can identify ways of managing situations and supporting children in developing effective coping behaviours. According to the Ministry of Health Republic of Indonesia Act No. 94/Kep/M.PAN/II/2001, Chapter II point 4, the main duty of nurses is to provide services such as a nursing care plan or health care to individuals, families and groups, in order to prevent disease and help patients to recover, as well as to promote community participation in health care programs.

However, the use of play as therapy in Indonesian hospitals is still minimal. One of the main reasons observed is that nurses, in general, have an insufficient knowledge of the value of play. Their knowledge of play therapy is limited. Furthermore, once they apply for employment, the hospital management decides on their placement based on
the department that needs more staff nurses. Nurses therefore may be allocated to work in a paediatric setting with no particular interest in working with children, and no specialist knowledge or skills in the area. Additionally, staff development programs focusing on paediatric nursing are minimal in Indonesian hospitals.

This study explored Indonesian nurses’ experience, knowledge and beliefs regarding the importance of play in hospitalised children with cancer. It will provide insights into Indonesian nurses’ perceptions of the importance of play. The findings of this study will contribute to improving nursing practice in Indonesia through nursing education. It will also improve the experiences of hospitalised children with cancer in Indonesia.
Methods

A qualitative interpretive phenomenology approach was chosen to explore nurses’ everyday perceptions, experiences, knowledge and beliefs about play in hospitalised children with cancer. This method of research enabled discovery of the structures of human lived experiences, to shed light on their meaning, and to give a comprehensive description of the phenomenon.\(^1\)

Following ethical approvals the study was conducted in Dr Sardjito Hospital in Yogyakarta, Indonesia, which is the biggest hospital in Yogyakarta. There are between 30 and 50 children diagnosed with cancer, particularly Acute Lymphoblastic Leukaemia (ALL), in this city every year.\(^8\) The participants for this study comprised 10 Indonesian nurses who work in the paediatric department, specifically in the cancer ward. They were identified using convenience sampling with the inclusion criteria of being a registered nurse (RN) in Indonesia, who has worked in the paediatric department for at least 1 year and who has cared for children with cancer.

I used semi-structured interview with open-ended questions. It included questions about the participants’ perceptions, experiences, knowledge and beliefs about the importance of play in hospitalised children with cancer. The interviews took approximately 45 minutes and were conducted in the private meeting room inside the ward after the participants’ shifts had ended. An audio-tape recorder was used to record the interviews and interviews were conducted using language that can be understood by the all participants, Bahasa Indonesia.
Results

Play is important

It was evident that nurses understood play as an activity that has many advantages as indicated in the following quotes:

For me play therapy is ... (pause) what is it? It is an activity ... to make children happy ... with play therapy, children will feel happy (R1)

It is important to play with them. The reason is ... he is more relaxed (R3)

Playing with children is very important ... first, through play children will not feel bored (R9)

Participants believed that play improved the quality of hospitalised children with cancer. They identified that through play children can feel happy, more relaxed and that it can prevent boredom during hospitalisation.

They also identified that play can be used to improve nursing care in hospitalised children with cancer. Most of the participants used play as a method to reduce the child’s fear of health care practitioners through integration into nursing interventions as demonstrated in the following examples:

It is okay to play sometimes ... patients can be closer to their nurses. So they are not afraid anymore with nurses (R10)

We do not gather the children and play with them together. It is not like that, but in doing daily nursing interventions, we always do play therapy, even though the toys were not from the playroom (R9)

The participants believed that play made treatment more comfortable for children, decreased their burden of illness, gave them hope, and improved the recovery process.
In addition, children were thought to be more cooperative and receptive to treatment when play was involved. R1 for example states:

... one time, I give IV infusion to a patient. When I put the needle, he cried. I played with him for a while, “demek” (Javanese for squeeze) his toy to make noise. After that he stopped crying. The point is to give diversion (R1)

In terms of child’s development, play was viewed as a way to ensure continued development during hospitalisation. Participant nurses noted that the type of play should correspond with the child’s developmental level.

**Lack of play implementation in the hospital setting**

Despite recognition of its importance, the implementation of play therapy by nurses in the hospital environment involved many challenges. There were three main factors highlighted as barriers to play. These were time, personnel factors, and the amount of nursing activities requiring completion in a shift. Time was the first barrier, as indicated by R8 when she said, ‘... sometimes I do not have time to play. So I play with them if I can’. R9 gives an example of the challenges of not having enough staff in the following quote:

> Honestly, the amount of nurses assigned to this ward is only 12 ... it divided into 3 shifts ... afternoon and night shift only got 2 nurses per shift with 13 bed capacities (R9)

R4 provides an example of the barriers created due to the large number of nursing activities on the ward during each shift contributed to the limited amount of time they could spend in providing play:

> ... I cannot play because of the workload. In Indonesia, there are many overlapped interventions between doctor and nurse.
Furthermore, the administrative work that we need to do... I talked with an overseas nurse and she said that they do not do administrative work, so they have more time to do play therapy (R4)

Inadequate facilities and services to support play implementation were also acknowledged. The participants recognised the playroom, play equipment, and playroom staff as barriers in play implementation. They stated that there is a playroom in the cancer ward located on the second floor, but with limited access.

... the playroom is in Kartika II. It addresses for class III patients, because they do not have their own toys. However, patient in the first floor can play and borrow the toys ... but it is very rare. I think there should be a playroom in the first floor (R5)

It was also pointed out that the playroom was too small to contain many toys which limited the possibility for children to play in the room. Furthermore, there was a lack of equipment which was a major barrier to play, especially for older children.

... those children who are above 10 years old do not have enough tools. There are not enough books, games and other play tools (R7)

Finally, half of the participants explained the need for specific staff in the playroom to play with the children such as psychologist to accommodate the child’s psychological needs. Additionally, the presence of a teacher in the playroom was suggested to assist in continuing the child’s education.

There is a specific staff in the playroom; but, it is not nurse. I forget her name... there is a staff in the playroom, but she does not know much about children. So, we need a psychologist to provide counsel (R3)

... sometimes they bring English or Math teacher to teach the students who skip school due to their cancer ... I hope in the future there will be more teachers, so the children’s education keep on going even though they are sick (R1)
To address these challenges a partnership was established between the Dr. Sardjito Hospital and the Family Support Group (FSG) Tunas Bangsa. It provides activities to help hospitalised children with cancer, to cope with their illness. Whilst limited to Sundays, it does provide specific activities through play, such as drawing, colouring, singing, dancing, story-telling and playing together.

... every Sunday, the FSG will have an activity for those cancer patients. There will be clown; they will play together, drawing and colouring (R2)

Every Sunday, there is a story telling session, a drawing session or movie session from the cancer foundation for the patients ... they also distributed snacks and food parcel for the children (R5)
Discussion

Play improves the experience of hospitalisation

This study indicates that play is understood by the nurses as important because it can improve the child’s experience of hospitalisation. They believed that it is important to make children comfortable during hospitalisation. Play therapy was described as an activity to make children feel happy. It was also mentioned that through play, children can be more relaxed when receiving their treatment. Furthermore, they agreed that play can prevent boredom for hospitalised children with cancer.

Participants believed that children should be happy and this is valuable since this emotion stimulates the body to release cortisol, which is a protection against stress\textsuperscript{18}. This premise is supported by Tugade, Fredrickson & Barret, who reviewed previous research on the benefits of positive emotions on coping and health and found that positive emotional perceptions were important in assisting patient’s coping\textsuperscript{19}. A similar view was shown by Gariepy and Howe in their study, that play is an important way to improve children’s quality of life and there was a relationship between play and children’s moods\textsuperscript{20}. Madden et al. also identified that through play, they were able to express their feelings and emotions which provided them with an opportunity to control these feelings and feel more relaxed\textsuperscript{21}.

Play helps children to relax, lessening pain and nausea. Relaxation was perceived as a contributing factor to the healing process of the children, thus improving the quality of life for children who were hospitalised with cancer. This was shown in a study by
Aldiss et al. in the UK, who found that play was referred by the children as fun activities, which help them to stave off boredom during hospitalisation, thus enabling them to cope better with their condition\textsuperscript{22}.

This study showed that this group of Indonesian nurses believed in the importance of play for improving the experience of hospitalisation in children with cancer. In comparison to other studies, this inquiry explored the nurses’ knowledge and experiences in performing play with the children. Many of the previous studies explored the benefit of play in hospitalised children from the perspective of parents and children, but only a few studies (Sam 2007; Jessee 1992) researched nurses’ knowledge and experiences, specifically in relation to children with cancer. Their responses showed the importance of play in maintaining the normality of children’s lives during hospitalisation. It suggests that play is important in the hospital setting, especially for children with cancer, because they can express their feelings and emotions, which is part of their coping process\textsuperscript{23,24}.

**Play improves coping**

Play was recognised as being associated with the child’s ability to cope with hospital procedures, nursing interventions, anxiety, pain and recovery. There are several strategies to promote the coping skills of hospitalised children. One of the strategies is through play, because it helps the children to cope with the stressors of hospitalisation\textsuperscript{25}. It was identified different advantages of play for the child’s coping processes. The participants believed that play could be used as a diversion from the illness, procedures or nursing interventions. Given that, it suggests that play was
viewed as an important aspect of helping children to cope with their illness, medical procedures, and pain. This is supported by studies conducted by Aldiss et al. in UK, Tanaka in Japan and Kortesluoma, Nikkonen and Serlo in Finland which showed that play in the hospital setting provides a distraction by enabling the children to cope more effectively through an expression of their feelings and tensions during hospitalisation and medical procedures\textsuperscript{22,26,27}.

**Play continues a child’s development**

Hospitalised children with cancer expressed the need to play since it was recognised as an activity that helps children to cope, adapt, change and grow throughout their childhood\textsuperscript{28}. Similar to the findings in several studies (Bjork et al. 2006; Melo & Valle 2010; Christakis et al. 2007; Hall & Reet 2000) it was observed that, despite the illness the children had, they showed a willingness to play. This means that children will innately play in order to make sense of their world. In the hospital setting, play served as one of the child’s needs in promoting their developmental process\textsuperscript{28,29,30,31}. Furthermore, play continues the child’s motor, social, emotional, mental and skill development through different play activities. Additionally, in order to continue the child’s development, the type of play should be appropriate to their age and developmental level (Jessee 1992; Bjork et al. 2006; Mages 2010; Mathiasen & Butterworth 2001)\textsuperscript{24,28,32,33}.

**Play improves nursing care**

Play was also identified as a way of improving nursing care for hospitalised children with cancer. It was used as a method to reduce the child’s fear towards health care
practitioners, and to reduce apprehension of nursing procedures. The experience of hospitalisation, and the constant meeting with many new people created fearful experiences for the children. The participants believed that play can reduce the child’s fears and anxieties, particularly towards nurses, which can help children to feel closer to, and to become more familiar with the nurses. Reducing the child’s fears and anxieties in the hospital setting will help to improve the children’s experience of hospitalisation. The participants’ responses demonstrated that they understood the importance of play in gaining trust from the children.

In a study undertaken by Maia (2011), play was used to establish bonding and trusting relationships between the nurse and the child. It was reported that having a trusting relationship with the children was important since it helped to lessen their fears and other negative emotional reactions to their hospitalisation. By having a good relationship with the children, the nurses were able to improve their quality of care. A similar result was expressed by Bjork et al. (2006) and Haiat et al. (2003) which found in their studies that it was important for children to have a good relationship with the staff. Play created a connection between the children and the nurses which lead to a close and trusting relationship, therefore minimising the children’s negative experiences and fear of health personnel generally.

**Lack of play implementation by nurses**

However, play implementation was lacking in the Indonesian context. The roles of nurses in Indonesia are highly diverse. Indonesian nurses must develop clinical skills, be sensitive to the cultural needs of the patient and family, and also work in a range of
varying conditions. They are required to perform more nursing activities than they are trained for. This history has contributed to nurses exceeding their boundaries of competence and their tasks in delivering care. Based on the above explanation, various barriers were recognised in implementing play for hospitalised children with cancer, which include: time factor, personnel factors and the amount of nursing activities.

Limited time was recognised as a barrier to playing with children. In a study conducted by Kortesluoma, Nikkonen and Serlo (2008), time was highlighted as a mitigating factor in preventing play opportunities. The children in their study mentioned that the nurses were busy and did not have adequate time to help them to manage their pain and only helped them relieving their pain in cases of emergency. However, the study only explored the lack of time in managing pain, rather than in relation to providing play. Moreover, there were overlapping tasks between nurses and other health care providers that added to the high workload, which caused a further loss of time and opportunity to integrate play. Hennessy et al. (2006) showed in their study that Indonesian nurses are required to perform all of these nursing activities as a result of the shortage of nursing personnel and resources. However, Hockenberry (2005) stated that play can be easily included into nursing practice and does not require many tools or much nursing time, rather education and imagination.

Additionally, the physical structure of the facility was identified as one of the barriers. The playroom should be accessible and available for all hospitalised children with cancer in order to provide comfort for the children (Ji, Ramirez & Kranz, 2008). However, the current playroom was built specifically for certain type of patients which
left a number of children without access to this type of facility. Furthermore, the small size of the playroom and the lack of play equipment were described by the participants as further barriers to providing opportunities for relevant play.

Another barrier that was recognised was the need for specific staff in the playroom. According to the Australian Psychological Society, psychologist was needed in the playroom to assist and help the children and it was considered to be important in the situation where the psychological well-being of the children was affected due to their illness. However, there is no play-related skill specified by the APS in relation to the role of health psychologists. It was also indicated that there was a group volunteering (FSG) in the hospital to facilitate play, such as drawing and storytelling. In Western Australia, the Association for the Welfare of Children in Hospital (AWCH), a voluntary organisation, developed a program called the Hospital Familiarisation Programme (HFP). This program aims to teach the children about common medical procedures and equipment through free play. There were similarities between the two programs (HFP and FSG), but in Indonesia the volunteers do not teach the children about medical procedures and equipment.

The provision of play for hospitalised children with cancer was perceived by this group of Indonesian nurses as being very important. From their perspective, play was described as a tool to improve the child’s quality of life. Despite of the barriers identified, they believed play helped the children to feel happy and relaxed, and prevented boredom during hospitalisation. Through play, they could enhance their nursing care by integrating play into daily nursing activities, such as IV insertion or
injection, thereby reducing trauma for the child. Moreover, play provided an avenue to develop trusting relationships between the nurses and the children, subsequently reducing the child’s fear towards health care practitioners.
**Conclusion and Recommendations**

The knowledge, beliefs and experiences of the participants on the importance of play in hospitalised children with cancer in Indonesia were reflected in this study. The knowledge they had about the advantages of play in the hospital was adequate. Moreover, they believed in the importance of play in the life of hospitalised children with cancer to improve the experience of hospitalisation, improve the child’s coping skills, and to continue the child’s development. They also believed that play can enhance the nursing role by integrating it into nursing activities to improve nursing care. However, the implementation of play was still minimal. There were challenges faced by the nurses in terms of the amount of time, nursing personnel, and the lack of service facilities that hinder the incorporation of play.

Being qualitative, it cannot be generalised to the wider population of Indonesian paediatric nurses. It does however provide an insight into the perceptions of a group of Indonesian nurses about the importance of play in hospitalised children with cancer. Further studies are needed to increase the awareness of nursing leaders and health administrators about the importance of play in the hospital setting, as well as in the community and home settings. Nurses are ideally placed as health care professionals to be agents of change for the provision of play throughout Indonesia. Thus, developmental health education and training could be given to nurses to improve their knowledge about play as well as to strengthen the competencies and skills. In addition, hospital’s services and facilities should also be improved in terms of sufficient
playrooms and play equipment, so that every child has the opportunity to play during hospitalisation.
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