

Play Needs of Children with Palliative Care Needs: A Q Methodology Study



Zainab A. Jasem¹, PhD; Anne-Sophie Darlington², PhD; Danielle Lambrick², PhD; and Duncan C. Randall³, PhD

¹Kuwait University; ²University of Southampton; ³Bournemouth University

Background

- Play is an essential determinant of children's health; a strong positive relationship exists between participation in play and children's health and well-being¹.
- Play is under-researched for children living with life threatening/limiting conditions, despite the fact that these children are experiencing sustained disruption in their play².
- Environment that surrounds play may be a major factor in limiting the play participation for these children².

Objectives

 This study investigated the surrounded social and physical environmental factors related to play of children with palliative care needs at inpatient healthcare facilities in Kuwait and the UK

Methods

Design

Mixed-methods approach using Q methodology.

Participants

- 1. Children living with palliative care needs between the ages of 5 and 11.
- 2. Caregivers of children living with palliative care needs.
- Participants were recruited from hospital wards and hospices in Kuwait and the UK.

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- Ethical approval was obtained from all research settings.
- Developing Q set for the purpose of this study.
 The used Q set composed of social and physical environmental factors
 - 27 items for children's set
- 44 items for caregivers' set
- Participants were asked to rank-order a Q set according to their perceived importance.
- Participants' verbal comments were recorded using audio-recorders during the activity of sorting the Q set.

Data analysis

Procedure

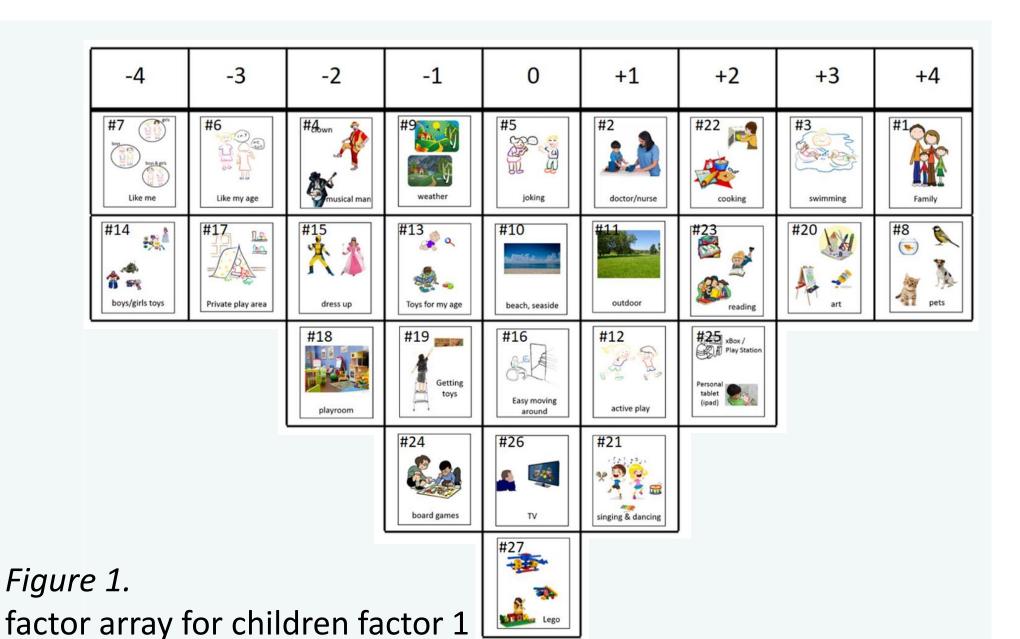
- Factor analysis using PQ method software.
- Content analysis using Nvivo software.

Results

- A total of 27 children and 39 caregivers participated in the study.
- Table 1. Demographic characteristics of the study participants

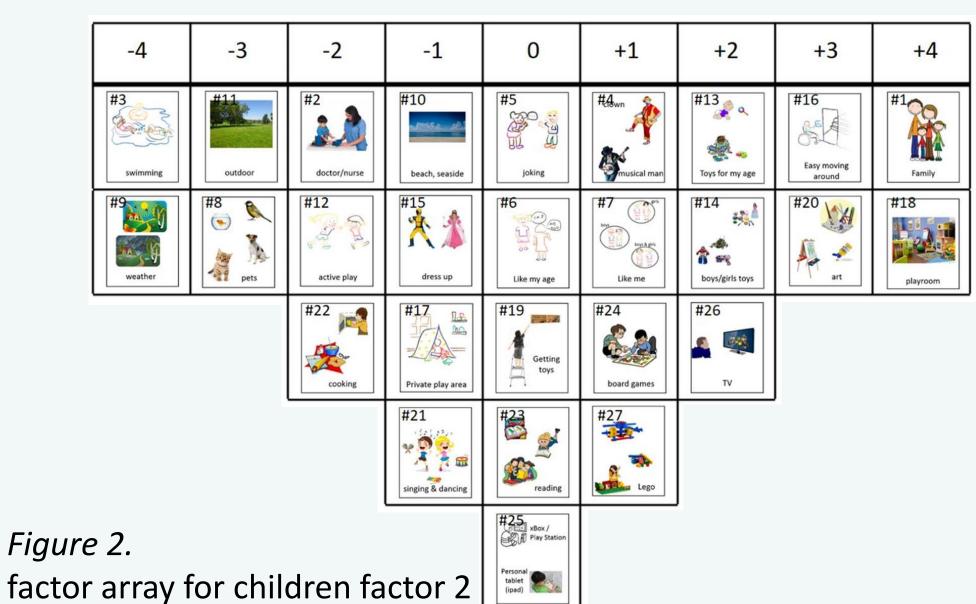
Children	n(%)
Age, mean (SD)	8.15 (2.03)
Gender	
Male	12 (44.4%)
Female	15 (55.6%)
Research setting	
Kuwait	14 (51.8%)
UK	13 (48.1%)
Caregivers	n(%)
Caregivers' age, mean (SD)	37.6 (10.6)
Gender	
Male	8 (20.5%)
Female	31 (79.5%)
Research setting	
Kuwait	19 (48.7%)
UK	20 (51.2%)
Educational level	
Primary	5 (12.8%)
Secondary	6 (15.3%)
Higher education	28 (71.9%)

- Two factors extracted for each group
 - Children factor 1: the social experience
 - Children perceived the social environment to be of high importance (e.g. playing with others and pets) compared to other factors.
 - Different play types that they performed with others were also highly ranked (e.g. arts and crafts and water play).



• Children factor 2: conditions of play

 Children prioritised the conditions of their play in terms of some of the play equipment, spaces and playmate.



Caregivers factor 1: being with other but concerned about

- child's condition
 Children needs to be with others and sharing good play time
- Child's low immunity negatively impact their social interactions and group activities.
- Preferred sedentary type of play activities.



Figure 3. factor array for caregivers factor 1

- Caregivers factor 2: conditions of play according to the child's abilities
 - Emphasised on the importance of grown-ups and assistance their children's need to be able to play.
- Importance of having play equipment appropriate to child's ability rather than age- or gender-appropriateness.



Figure 4. factor array for caregivers factor 2

Discussion

- Regardless of the differences in children's cultural backgrounds, age, gender and the condition's severity, children have very similar play needs and play choices.
- Being with others is one of the children's needs for companionship when hospitalised³.
- The physical play resources (e.g., availability of play space and equipment) were only valued when they were related to increase children's opportunities for playing with others⁴.
- Despite the children's needs for social interaction, the current services are not designed for the degree of social connectivity that they should facilitate.
- Most of children's play, during hospitalisation, is with adults due to of the mismatch between the children's capabilities and the environmental demands (e.g., inappropriate play equipment or space to use); however, assistance received led to the grown-ups taking control over the children's play.
- Lower importance given to play with electronic devices can be explained by the prioritisation of the social play experience.

Implications

- For children to play while hospitalised, creating social opportunities for all is a requirement utilising the physical factors in supporting social interaction.
- Creating environments that account for variations in children's preferences and abilities is crucial while providing choices with easy access.
- Future studies can investigate how universal designs can be incorporated within healthcare settings in order to support children's play.

Conclusion

- Understanding children's play needs is important when setting their goals and building environments that meet their needs for the purpose of enhancing their health and well-being.
- Children preferred being with others to play; though, due to their conditions' precautions, this was very limited often.
- Children had relatively little concern for outdoor, videogames and the type of play to engage in.
- Suggestions are made to create opportunities for social play and opportunities that match children's play preferences.

Acknowledgment

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References

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Contact information

Dr Zainab Jasem, zainab.jasem@ku.edu.kw