

Play in the Hospital: The Role of Psychologist

Maria Cristina Gugliandolo*

Section of Psychology, University of Messina, Italy

***Corresponding Author:** Maria Cristina Gugliandolo, Section of Psychology, University of Messina, Italy.

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The illness in general and, above all, the hospitalization generate anxiety in the child, because he perceives these events as an uncontrollable threat to his integrity, the cause of the loss of autonomy, of the sense of time and of the continuity of experience, fundamental elements for healthy growth [1]. In order to reduce or prevent the trauma and discomfort of hospitalization in the child, in 1988 the European Parliament drafted the so-called "Leiden Charter" (later called the EACH Charter: European Association for Children in Hospital) [2], in which four fundamental elements were identified: the presence of parents, psychological preparation for hospitalization, the play and the environment. Among these, the play certainly offers to the sick child the opportunity to alleviate the tensions and anxieties related to the disease; it can be distraction, evasion, but it can also be an important opportunity for growth.

It is well known, in fact, that play is indispensable for mental health and for the cognitive and emotional development of children. It is imagination and at the same time reality: through play the child expresses his feelings, his fantasies and his fears and learns to manage them [3]. A child in a hospital experiences a particular stress condition, feels the lack of his usual environment and of his routines, he doesn't fully understand the reasons for the change and he doesn't even know what is happening to him [4]. The closeness of the parents is not always sufficient to appease the discomfort that the child feels and his fears; indeed the child, even if very small, succeeds in capturing their ill-concealed anxiety and mirroring it, hindering the normal diagnostic and therapeutic process, with behavior inappropriate to the context and in any case certainly not functional to favor compliance with the treatments [5]. For this reason it seems fundamental not to delegate only to parents the task of regulating the emotions of children connected to hospitalization, but to allow the child to have a personal space in which to be able to self-regulate through play.

The therapeutic use of play can have both a preventive effect (for example, the preparation for medical procedures) against possible negative developments of the hospital experience and a remedy effect to reduce anxiety [6]. The possibility of playing helps the child to eliminate the distinction between an external environment, familiar and comfortable like his own home and the strange and threatening hospital environment. Free play, in particular, offers the child the opportunity to "treat" their concerns and alter any unpleasant outcome, thus experiencing an ever increasing sense of control. The medical play, through the use and manipulation of the technical instruments of the doctor, allows instead to approach threatening situations with a better understanding and develop a certain control over them [7,8].

However, various studies have shown that simply having toys available can be useful for passing the time, but not for reducing anxiety. Play in the hospital is really helpful for the child only if an adult plays with him, a family member or specialized staff, who can listen to him and reassure him, reinforce his self-esteem and help him out of apathy [9,10]. For these reasons and given the difficulty of parents sometimes to be good emotional regulators in such a stressful condition, as hospitalization, it seems necessary to resort to another figure that can carry out this very important function, such as the psychologist. Recent studies have shown that the psychologist in the hospital and especially in pediatric wards, is essential [11,12]. For example, it has been found that the psychologist is fundamental in the child's psychological preparation for surgery, guiding him first in a therapeutic and preparatory play (through the dramatization of a story that

traces the doctor's procedure and the manipulation of the anesthetist's and surgeon's tools) and then reminding him in the preoperative room and during the induction of anesthesia everything he had learned [13]. Furthermore, the psychologist cooperates with the medical staff so that the induction is as least stressful as possible and can give some information to parents, supporting them during the operation and intervening on reducing their anxiety, which indirectly turns out to be a benefit for children [14,15]. Other studies found that especially in pediatric oncology wards, the psychologist, who appropriately uses therapeutic play, has a positive impact on physical symptoms and well-being, including a reduction in procedural pain and symptom distress [16].

In summary, in the light of an increasingly humanized idea of the hospital, it is essential not to neglect the psychological well-being of children, that certainly has a greater chance of occurring within not a stranger but a familiar space, in which the child can play freely but also under the guidance of a psychologist who helps him to make hospitalization an opportunity for growth. On the other hand, the possibility of improving communication between children, families and medical staff, resulting from the introduction of a psychologist in the ward, appears to be an essential benefit, which further emphasizes the urgency of this figure in all hospital wards.

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