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A Program for Hospitalized Children

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A PROGRAM FOR HOSPITALIZED CHILDREN

by

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INTRODUCTION

When children are hospitalized they are exposed to an unfamiliar and frequently forboding world of an efficiently run institution. They cannot, as adults do, afford to interrupt (Plant, 1962) their normal way of living and exclude the relationships, play and learning that contribute to their overall growth.

There is a general tendency for children to be treated much in the same manner that adults are when they are confined in a hospital situation. The adult (Chapman, 1956) is prepared to make this temporary adjustment because he is aware, to some extent, of the need for hospitalization and the positive consequence of necessary painful proceedures to which he is subjected. He is an adult with adults serving him and he is aware of his power to leave or to dismiss individuals in his attendance.

The child possesses little if any of this reassuring information. The hospital for the child is frequently a terrifying (Work, 1956) situation that he is incapable of dealing with in light of generally inadequate preparation (Plank, 1962) for his hospitalization. The child is torn from the familiar and subjected to the unfamiliar and bewildering experiences and routines of a hospital. His activities are restricted and he finds himself in a strange bed offered food prepared in unfamiliar ways (Tisza, 1961). The separation from his parents is paramount and traumatic for the younger child. A feeling of desertion (Brooks, 1957) and punishment is frequently the child's

answer to a situation he seems incapable of understanding.

Hospital personnel have become increasingly aware of the incongruity that exists when children are treated as miniature adults in the hospital situation with exclusive emphasis on their physical condition and needs.

Obvious gaps exist between the physical care that a child receives and his emotional and social needs. Hospitalized children should first be considered to be individuals -- individual children with physical problems, to be treated and understood in that order.

Some hospitals are updating their pediatric situations with increasingly modern methods of admission being employed to aid the child and his parents in the transition from home to hospital. More liberal visiting hours enable the parents to maintain more satisfactory contact with the isolated member of their family. Each of these improvements is progress toward a more child-centered view in pediatric hospitals. Of primary importance in this paper is the innovation of the hospital playroom with its professionally trained child development staff that represent a concrete attempt to provide continuance of active childhood for the hospitalized child.

Playrooms staffed with individuals trained in a variety of disciplines concerned with children are striving to provide the individual attention and interest that can partially bridge the gap that exists between home and the hospital. These individuals are involved in a function (Plant, 1962) beyond that of physical healing. They move apart from the physical care that a child receives to enable him to continue the rhythm of his life in a manner as uninterrupted as possible.

Research indicates that an atmosphere of (Gould, 1955) emotional security allows the sick child to recover more rapidly. The individual attention that the recreation workers offer has the potential to enable the child to feel recognized as a person regardless of his physical situation. Activities that offer the child outlets for creativity and emotional release, in a constructive manner, pave the way for (Gould, 1955) acceptance of the hospital experience as well as improved spirits.

Children can not afford to become completely disassociated with the things that make their childhood a meaningful and growing time. Needs for education, friends, play and tender loving care are recognized in hospitalized children at Primary Children's Hospital in Salt Lake City, Utah, where an attempt is being made to meet these needs.

The program to meet the emotional and social needs of these children is under the direction of the Department of Recreation and Education at the Primary Hospital. This program will provide the descriptive material for this paper.

The adjustment that a child makes while he is in the hospital is of long term importance. The desirable or undesirable attitudes that are developed may permanently affect the child's personality and adjustment in life (Gofman, 1957).

Statement of the problem

In view of the pertinence of programs designed to aid the child and his adjustment to the hospital, a description of the recreation program as it exists at Primary Children's Hospital is deemed valuable as a contribution to greater understanding of the treatment of these

children in a hospital situation.

The problem of this study is to describe the program of the Department of Recreation and Education at the Primary Children's Hospital, in comparison with similar programs in other hospitals in different parts of the country; and to evaluate the Primary Hospital program in terms of its influence on children in the hospital.

REVIEW OF LITERATURE

> Over a million children are admitted to hospitals every year in the United States. Approximately 40 per cent of the child's day is taken up by physical and medical care. When children are involved in play, they have less time to feel sorry for themselves and are less likely to become habituated by illness. Through his play, the child's attention is directed away from himself. Play is therapeutic because it is important to the mental, emotional and social well-being of the child, and should become a part of the very fabric of the hospital. (Cleverdon, no date, 10)

The background of the need

Work emphasizes the fact that regardless of the care that hospitals employ in an effort to reduce the trauma of the hospital situation it will nevertheless be a "terrifying experience to some children" (Work, 1956, 86).

Gofman reports more specific responses of children to the hospital situation that were evidenced from a period of months to several years after confinement.

> It was found that 20 per cent of the hospitalized children showed the following significant behavior changes after hospitalization. Regressive behavior with extremely increased dependence, loss of bowel or urinary control, loss in the ability of self-help; fears -- excessive fears of hospitals, whitecoats, darkness, strangers, bodily harm; sleep disturbances -- night terrors, difficulty in going to sleep; speech disturbances -- voice changes, refusal to talk; eating disturbances; tics and mannerisms; negativistic reactions; disobedience, temper tantrums, defiance, destructive behavior. (Gofman, 1957, 157)

Anna Freud found that parents frequently date personality problems to an initial separation and period of hospitalization for the

child. This includes such problems as mood swings, and a general loss of confidence. Relationships that had been previously established were frequently disrupted and temper tantrums and other regressions were observed. Freud attributes this to a significant interruption in stages of ego development because the child has progressed to a degree in detaching himself from his mother and this independence is denied him in the hospital nursing situation. Freud theorizes that this disruption in the ego's surge to control is accompanied by a regression to more passive infant behavior on the part of the child (Freud, 1952).

Langford supports the assumption that hospitalization may be a stressful event in the child's life and he offers some factors that may influence, to some degree, the child's reaction to the hospital experience. He states that the child's adjustment is related to his age and the level of his personality development at the time of hospitalization, as well as the manner in which he has handled previous new and unfamiliar situations emanating stress, tension, or anxiety. The child's particular ailment, his fantasies about it, and the reaction of those most intimately associated with him are of concern in his adjustment. Also a factor of importance is the kind and amount of preparation which the child has received. The medical or surgical procedures necessary for the child's care and the pain and discomfort that may be involved are of considerable importance. Emphasis is also placed on the relationships that the child develops with those associating with him in the hospital and their attitudes toward children and childhood. The nature of the hospital, its orientation and flexibility -- especially concerning parental visiting -- are related to the child's reaction to the experience (Langford, 1962).

The literature cited supports the view that hospitalization is a threatening situation for the child, and that the typical response to this is behavior regression and possibly more enduring personality handicaps. Illingworth takes exception to this view and states that it is exceptional for a child to show behavior patterns that may be attributed to his confinement in the hospital. This is not to say that some emotional distress is not apparent, but Illingworth feels that this is of a singularly temporary nature (Illingworth, 1958).

Still a more positive perspective may be found in the writings of Anna Freud in the Psychoanalytic Study of the Child. She says that some children return home from their hospital experiences, "curiously ripened and matured" (Freud, 1952, 70). Bloom also suggests that a child may actually grow from the hospital experience. Learning to master a new environment and especially his anxiety feelings about it, allows the child potential areas for growth (Bloom, 1958). "Is there a possibility that (he) will even gain something from learning to cope with strangeness and pain in an atmosphere of friendly understanding?" (The Family and the Sick Child, 1956-57, 2)

Implementation of the need

This hope for positive effects, seasoned with an appreciation of the child and his play, has provided an impetus toward programs for recreation of the hospitalized child. Although still not typical, play for the hospitalized child is becoming an object of concern for an ever increasing number of institutions (Brooks, 1957).

Play is seen

> as revealing the process of personality development whereby the child learns and repeatedly rehearses those varied transformations by exploring, manipulating, utilizing objects, animals, people, events as occasions for creating his own life space while increasingly capable of living in the consensual world. (Frank, 1958, 336)

Thus through play and interaction with others, the child is offered opportunities for understanding his world and the fellow human beings with whom he shares it -- and what they can contribute to each other (Stone, 1954). It is a process that children engage in with great seriousness -- as if aware of its consequence in their pattern of maturation.

The greatest asset of the developing recreation programs is the recreation teacher. This professional person brings life from outside of the hospital and offers the child that to which he is accustomed (Tisza, 1961). This person has the knowledge and skill to give the child something with which those intimately involved with his physical care are not concerned. She has the opportunity to recognize the child as a person and to create opportunities for experiences that may serve to bridge the gap that exists between emotional and social needs and physical care in the hospital situation. Non-directive activities are planned and are not just for fun but primarily for the experiences that participation provides. The tension release that may be derived from these experiences enables a more relaxed child (Gould, 1955) to find even greater meaning in the association he has found with those who are trained to "play" with him.

> It is obvious that play considered merely as diversion, "busy" work or entertainment cannot meet the needs of children who are facing an experience which is potentially so

> disturbing to them. . . . (an hospital program) is planned to help the child find ways of expressing his feelings through play, to gain emotional support from other children in the play group, to realize that even though unpleasant and painful procedures are often necessary, there is something else to look forward to, that he can return to play again with the materials that he enjoys using. To achieve these aims it has been found that the so-called "messy media", such as clay, muddling dough, poster paints, water play and finger paints are very successful, partly because they can be used in different ways by children of varying ages and abilities, and partly because they allow so much freedom of expression. (Brooks, 1957, 9)

Hurlock defines play as, "any activity engaged in for the enjoyment it gives without consideration of the end result. It is entered into voluntarily and is lacking in external force or compulsion." (Hurlock, 1964, 442) This activity has a therapeutic result in that it acts as a catharsis and provides a socially acceptable sublimation for frustration and tension for the child.

Wann (1962) feels that children test new learning through play, and that play experiences offer the child opportunities to incorporate new concepts and feelings into a meaningful part of his life.

At each level of a child's development, the child exhibits appropriate patterns of play. Therefore, play facilities, equipment, and programs for children of different ages must necessarily be planned to accommodate this range of development (Gesell, 1958).

Thus, opportunities for play with people and experiences, are an integral part of a child's life -- a portion that is too frequently interrupted when hospitalization occurs.

The play program serves the needs of the children who are within the confines of the hospital. This indicates that it must necessarily go beyond the functions of play and its meanings to nonhospitalized children to help bring about relaxation and a feeling of security in

the child. The release of tension that it offers should help the children relax and develop favorable attitudes toward each other as well as toward those who work with them in the hospital. These are the illusive benefits of a program that offers outlets for constructive ideas and experiences for children (Cleverdon, no date).

METHODS AND PROCEDURES

To enable the gathering of the necessary data and background information for this thesis the author was a participant and observer in the Recreation and Education Department at the Primary Children's Hospital in Salt Lake City, Utah, for a ten week period during winter quarter of 1966. The student program is co-operatively operated by the Family and Child Development Department at Utah State University and the Primary Children's Hospital. Students receive twelve hours of university graduate credit for an internship in the Department of Recreation and Education. Participation in this program during the course of graduate study allowed the author to spend a period to time actively participating in the hospital situation. It was at this time that case material to be described in this thesis was collected.

The children and professional staff were observed while actively engaged in the program in various parts of the hospital. The author collected relevant information at the end of each day in the form of anecdotal records.

Questionnaire procedures

In an effort to obtain, for the purpose of comparison, some additional information concerning hospital recreation programs, a questionnaire was sent to the administrators of twenty-three children's hospitals throughout the United States. This sample was considered to be fairly representative as it included the participants in a convention held concerning children's hospitals in 1965.

The questionnaire (Appendix) was designed to derive a general overview of the programs for the recreation and education for hospitalized children within the sample.

The evaluation of the results of the questionnaire will comprise a portion of this thesis. The results are not statistically compiled and all results will be stated simply in terms of numbers. This method is necessitated by the wide diversity of programs described in the returns.

HOSPITAL PROGRAMS

Primary Children's Hospital

The Primary Children's Hospital is situated on a rise above the east portion of the main business district of Salt Lake City. A majority of older residential homes comprise the area adjacent to the hospital.

The hospital is owned by the Church of Jesus Christ of Latter-Day Saints. The auxiliary Primary organization of that church assumes financial responsibility for nearly one third of the children in the hospital, or twenty-five out of the average eighty-three children served daily. The hospital offers its facilities to all children, from infancy to fourteen years, irrespective of race or religion. It served patients from a side area that included twenty-one of the United States and three foreign countries in 1965.

Many of the children who enter the hospital have had the opportunity to visit at a previous time in conjunction with the tours that are led by the adult volunteers of the hospital. This exposure combined with an interest in the hospital and its patients that has been precipitated by participation in the Primary organization alleviates many children's fears by making Primary Children's Hospital "their hospital" and a familiar and meaningful place.

At present the hospital is a one-wing structure consisting of three major floors. Two of the floors are divided into eight bed wards and the third floor is composed of private and semi-private

rooms for children requiring intensive care. Facilities for isolation are also available on the second floor.

During 1965 the hospital accommodated an average of eighty-three patients per day. These children exhibited a wide range of illnesses and handicaps and spent an average of six days in the hospital.

During recent years the Primary Children's Hospital has made strides toward making the institution more child-oriented. The importance of parents in childhood is recognized, and each day parents are allowed to visit from 10 a.m. until 7 p.m., and be involved in the care of their children whenever it is possible.

Children in the hospital are dressed each day and put in pajamas at night. Apparel for the day generally consists of bright colored wrap-around dresses for the girls and tee shirts and jeans for the boys, rather than the usual hospital gowns. This effort is taken to enable the children to feel more "normal" in the situation. Also to facilitate this aim, meals are served family style to as many children as are able to come to the dining rooms at the end of each corridor.

Whenever physically possible the children are allowed out of their beds and rooms to eat and play. Some children can walk by themselves but others move about in carts or wheelchairs. The general activity and normal appearance of these hospitalized children offer one a more cheerful view of what has, in the past, been considered to be an unalterably distressful situation.

The Department of Recreation and Education at Primary Children's Hospital represents the desire of the present administration to consider the whole child. It was organized in an attempt to meet the

emotional and social needs of children.

In the past the Primary Children's Hospital was an institution directed primarily to the convalescent care of polio patients. At this time occupational therapists were employed to work with the children. During the period of transition to the present general pediatric nature of the hospital, various "Play Ladies" organized activities for the children. In 1962 the first child development specialist was employed to conduct a recreation program geared to the needs of the children and the hospital. Fluctuations of the staff and a growing insight into the needs of children, reflects a continual philosophic change in the Department of Recreation and Education that affects the implementation of the program.

The recreation program is supervised by three professionally trained child development specialists. To facilitate the actual functioning of the playrooms in the hospital the services of many volunteers are required. Each week forty to forty-five women offer their time to the department and twenty-four teenaged "candy stripers" assist them after school hours. In the summer months the "candy stripers" carry a greater portion of the load.

There are two playrooms in the program. One is located on the second floor and is equipped for the preschool occupants of that floor. The other is on first floor, where the emphasis is for the school-aged child. Both of these rooms contain a multitude of play things. Each floor is stocked with such equipment as a doll play area with dolls, doll beds, play stove, table, dishes, etc. A piano, record player and records and stacks of large blocks are also to be found on both floors. In the playroom oriented to the younger children there

is a large selection of musical and manipulative toys that are suitable for this age group. Soft stuffed animals and toys and squeezable toys are also available for them. Downstairs on first floor, large mechanical games are available. Box games(as Monopoly), suitable for group play as well as material for sewing, bean bags, an easel and a diversity of building materials more suited to the older children are also found there. Both floors have access to a trough that can be filled with water or other materials, and large cars that are suitable for riding. Also a number of books are selected from the library for use in the playroom.

The playrooms are opened from 9:30 until 11:45 a.m., and from 2:00 to 4:45 p.m., five days a week. On Saturday afternoon a movie is shown and on weekdays the child development staff is responsible for the planning of one major activity in the morning and one in the afternoon on each floor. These activities are principally of a non-directive nature and allow the flexibility that the variety of ages on each floor necessitates. It is the job of the volunteers to supervise these activities and maintain some coherence in the playroom. This enables the professional members of the staff to spend most of their time with individual children. These children may be in traction and confined to their beds, or in isolation. At other times individual attention is necessary in the playroom itself where the child has an opportunity to relax and needs the support of someone who is consistently present in his new hospital world.

The members of the staff wear street clothes or blue smocks and generally radiate something of the atmosphere found outside of the hospital.

The library serves as the school room during half of the day and the rest of the day the teacher visits children who are unable to come to her. She attempts to help them maintain the scholastic growth that they are accustomed to and also frequently finds herself teaching foreign children basic things about living in America. She handles the school work for all of the children in the hospital -- from first grade through high school. She runs a flexible program and assists the recreation personnel with special parties and programs that occur.

The recreation staff decorates the hospital for special holidays and always maintains attractive bulletin boards in the playrooms. Special programs are always supervised by the department and all birthday children receive special recognition and some presents from the hospital. This is always handled personally by a member of the recreation staff.

At Primary Children's Hospital the services of all the personnel are oriented toward having happier hospitalized children.

Other hospital programs

Questionnaires were mailed to hospital administrators of twenty-three children's hospitals. Responses were received from nineteen of these hospitals and eighteen included the questionnaire in their return. Those received represented a sample from fifteen states of the United States.

Fifteen hospitals indicated that they were of a general pediatric nature and three specialized in orthopedic handicaps. A general pediatric hospital is concerned with all ailments and handicaps of

children, such as minor surgery and physical therapy. An orthopedic hospital is especially concerned with correction or prevention of deformities in children. This division is of interest when considering the rest of the data collected because it frequently necessitates emphasis on different areas within the hospital situation.

The hospitals studied had a wide variation in the average number of children served daily. In the pediatric hospitals it was as low as 50 and as high as 241 with the majority serving about one hundred children daily. The three orthopedic hospitals had 56, 85, and 170 children. There was some age restriction in all of the hospitals with sixteen or twenty-one being the most commonly reported limit.

The pediatric hospital generally reported a program of short term services with the average length of stay varying only from 3.2 to 7 days. In contrast the orthopedic hospitals report average stays of 65, 48, and 15 days. This distinction appears to reflect the obvious differences in orientation that appear between these two types of institutions.

Generally, visiting hours were reported to be extremely liberal for the parents and thirteen of the hospitals indicated that friends were also welcome above the age of fourteen or sixteen. Apparently parents are generally allowed to be with their children most of the day; 10 a.m. until 7 p.m. were typical of the responses. Friends are more likely to be restricted to specific visiting hours. Only one hospital indicated that visiting was acceptable only on weekends and holidays for two hours per day. It is interesting to note that this was an orthopedic hospital with an average stay of sixty-five days.

In the survey, fourteen hospitals indicated that they have some facilities that they would describe as a "playroom." Only nine of these hospitals employ personnel to supervise these rooms. Seven of these were pediatric and two orthopedic. According to the information received a total of nineteen individuals are employed by these nine institutions and of these only eight hold a college degree. Two listed master of science degrees and six indicated bachelor of science. Where the discipline of study was indicated it was always occupational therapy.

Of the fourteen hospitals with playrooms it was indicated that eleven of these had some specific hours and they were generally opened six or seven days per week. The orthopedic hospitals fit this general description.

Although only fourteen hospitals indicated that they had a play area, sixteen claimed that they had facilities for doll play, individual games, puzzles, stuffed animals, record players and records, manipulative toys and a wide range of otherwise specified items. The orthopedic hospitals indicated a wider variety of toys than did the pediatric hospitals.

Only six hospitals reported they ever had non-directed art experiences. Three of these indicated that non-directed art experience was on a daily basis and one specified one per week. None of the orthopedic hospitals indicated programs for this type of activity, although they were among the twelve hospitals that said that they had crafts available for the children. They were also among the eleven that indicated that movies were shown in their hospital at least once per month.

All three of the orthopedic hospitals had some facilities for outside play and eight of the general pediatric hospitals indicated similar facilities.

Volunteers were involved in the orthopedic hospitals and in most of the other programs that were studied. Thirteen hospitals enlisted the aid of adult women and eleven used the services of teen-aged girls. One pediatric hospital indicated that the nursing staff is responsible for the supervision of the play areas in the hospital.

The questionnaire also asked for an indication of the scope of the school system as it existed in the hospital. Five hospitals employ teachers to instruct the children in their institutions and three use the facilities that are offered by the school system in their area. A total of twenty teachers were reported and seventeen of this total were employed by the three orthopedic hospitals in the study. This indicates the emphasis placed upon education in the long-term institutions.

It is interesting to note that of the five hospitals that indicated professional personnel in their own school, three of these also employed individuals in their recreation program and four had facilities for a play room. This would appear to indicate that if a hospital is progressive in one area, such as recreation or education, it is inclined to be progressive in other areas also.

FINDINGS

The findings of this study seem to indicate that:

1. The Primary Children's Hospital is in the process of establishing ways of meeting needs of individual children in a hospital situation, through the programs established by the Department of Recreation and Education.

2. Professionally trained child development individuals appear to be more successful at meeting the children's emotional and social needs than are other members of the hospital staff.

3. Volunteers make a vital contribution to the recreation program at Primary Children's Hospital, but are limited by their lack of training and the length of time they spend with the children.

4. Weaknesses are present in the program at Primary Children's Hospital that are primarily a result of inadequate communication between recreation personnel and other members of the hospital staff.

5. Many of the hospitals surveyed in this study do not appear to be providing the kind of programs described in the literature as being essential for children.

6. Programs in hospitals vary with the function of the hospital. Orthopedic and pediatric hospitals differ from each other in significant ways.

DISCUSSION

Children must tell the story of the Primary Children's Hospital -- relaxed happy children moving about in hospital corridors and frightened unhappy children facing surgery. These children cannot be recorded and classified as statistics in order to evaluate the effects of a program upon them. They simply radiate the benefit or damage that they have derived from their hospital stay, and there is no objective manner to categorize positive or ill effects. They can only be observed and emphathized with on a human to human basis. These measures are obviously laden with emotion and necessitate some bias of the recorder. Contact with these children results in bias -- a supposedly universally negative trait, but it also breeds understanding and compassion that one isolated from the heart of the situation would be unable to achieve.

The author's comments are strictly the derivative of experience with the children at Primary Children's Hospital and insight gained from the returns of the questionnaire.

Observations and discussion

Babies in strollers, toddlers on go-carts, and preschoolers dabbing paste on their artistic creations radiate a relaxed, if slightly hectic, atmosphere in the playroom on the second floor.

At Primary Children's Hospital those children under six years of age are generally hospitalized on the second floor. Having the younger children segregated from the older children in this manner

affects them in several ways.

Four year old Johnny responded favorably to being among the oldest children in the situation. He frequently busied himself finding toys for the babies and became solicitously concerned if one of his young charges became distressed. He appeared to enjoy being a "big boy" but he was fast to move toward an adult for comfort if his aims were blocked.

Joannie was almost six when she entered the hospital. Her response to the second floor was immediately negative. She cried almost constantly when her mother was not present and could only be persuaded to participate passively in any activities that were presented for her. She warmed up to individuals on the recreation staff for short periods of time but these open periods were immediately followed by more tears. She did not interact with the other children on the floor and unfortunately, due to the situation at the time, she was in a room with mostly very young children. Her mother was the first to become aware of a solution to this problem and after consultation with her doctor Joannie was moved to the first floor to a room with girls two and three years older than she. They immediately took a protective attitude toward her and she began to come out of her shell. She came to the playroom with her friends and joyfully participated in the activities that were there. She remained a shy, retiring child but her favorable adjustment to the hospital appeared to be a result of this move. Examples such as this bring an awareness of the impact of the child's situation in the hospital upon his over-all adjustment. The Department of Recreation and Education can only take over where other departments leave off, and many things influence what

type of a child is received into the playroom. Much of how the child feels about himself and his relationship with the hospital situation has been established before a real contact is made with the volunteers or professionals in recreation.

Joannie also is an example of just how much physical condition predetermines how the child will react to a situation. She was scheduled to be in the hospital for a period of five weeks for radium treatments for a cancerous condition. The daily trips to the general LDS Hospital in town were a terrifying experience for her and these, combined with the obvious concern of her parents and attendants, with what at the time appeared to be a terminal diagnosis, made Joannie a very anxious child. Working with a child such as this in the recreation situation is made more difficult, because of this background. She might have been more effectively dealt with if more communication were present between the medical and recreation staffs in the hospital. She is just one case where a knowledge of her exact physical situation might have simplified the problem of helping her.

At present, recreation staff members are welcome to read the medical charts of all children in the hospital and a list of all admissions is placed in the hands of the department but it is not on an individual basis and frequently it takes a very long time before names are connected with bits of information that are offered by the nursing staff. The recreation individuals minimal understanding of medical terminology could be circumvented if they received a report on each child in "layman's language".

One ten year old boy was allowed to sit in a wheel chair and simply observe the children in the playroom because word had indicated

that he was hopelessly retarded -- and he did indeed present a very typical picture of such a handicap. After the child was discharged it was found that he was a severely emotionally disturbed child and not retarded at all. An emotionally disturbed child would be treated in a manner somewhat different than a retarded child. Obviously communication was lacking in this situation.

Children are affected by the attitudes the hospital staff show toward them and carry this influence with them into the playroom. With as broad a knowledge of the child's background as possible the recreation staff is in a position to offer warm adult companionship and to help the child work with any problems he might have, through constructive activity. In the playroom the child is away from the overwhelming emphasis on his physical state and he is accepted by the adults and children around him for what he is capable of doing. Some children are severely disfigured when they enter the hospital and they offer a particular challenge to the adults to pave the way for acceptance. Carlos was a particularly striking example of this. He was severely burned in his home country and he was sent to Primary Children's Hospital for plastic surgery. He had a record of deliberately frightening the children in the hospital near his home, and his appearance made the outward reason for this obvious. His face was seriously contracted to the extent that he was incapable of closing his eyes or his mouth and they remained taunt in a very unattractive state. Carlos seemed to be fitting into the program very satisfactorily at Primary when a little boy five years old was admitted. He observed Carlos in the playroom and became considerably upset. Carlos had no obvious reaction to the situation. He simply maintained his

usual method of escape and claimed not to understand what was said to him in English. It was interesting to observe Carlos throwing bean bags with one of the volunteers about half an hour later. He was throwing them with all of his might from one end of the room to another. He maintained this at a steady pace for nearly thirty minutes. Although this is not an activity that would be generally sanctioned in the playroom it was one that was obviously necessary for Carlos -- he needed an opportunity to sublimate some negative and hostile feelings that he possessed.

Carlos appeared to be a more relaxed child until about three weeks later when another child was admitted who was also fearful of him. Carlos handled this situation in a very different way. He immediately began chasing the little five year old and lunging toward him whenever it was possible. This became so obvious that the little boy refused to leave his bed and always responded with, "Carlos will get me," if he were encouraged to join the others in the playroom. Carlos' behavior, if understandable, was obviously unacceptable, and finally he was informed that he would have to leave the playroom for the day because he had frightened another child. The nurses on third floor where he was living were informed and the ultimatum was universally enforced in the hospital. The next time that Carlos entered the playroom he acted in a socially acceptable manner and no one on the staff reminded him of the previous day's happenings. He was accepted and appeared to understand that although the adults around him were not sanctioning his behavior they were at least emphathizing with it and still appreciated him as a person.

Children in the hospital setting respond to each other in a

manner that appears to be generally more tolerant than those in other environments. Some children find acceptance and love in the hospital when it is difficult for them to be accepted and operate in the outside world. Although the hospital cannot protect them from the world it can give them something on which to base a feeling of self that will allow them to operate more effectively in every-day life.

Children with cerebral palsy are a typical sight at the hospital and because they are there frequently there is no special reason to stare, or to treat them differently. The playroom offers children like this an opportunity to do something on their own -- no matter how limited it may appear to be from an outsider's point of view.

Shane was four when he was hospitalized for physical therapy to improve his motor abilities. He had a sweet countenance that is unusual in any group, and he immediately became a favorite of those working with him. During the first part of the three-month stay he was very retiring and would only speak if he were coaxed into it. He slowly warmed up to the members of the recreation staff and would communicate with them even when the volunteers were too fearsome. One day when he was just beginning to radiate his acceptance, a well meaning volunteer asked him if he wanted to make a valentine. When he responded positively she noticed his rather shriveled hands and proceeded to make one herself and give it to him. The author was observing this incident and was motivated to move in when tears formed in Shane's eyes. Again he was asked if he wanted to make one and when he responded he was allowed to choose the materials with which he desired to make his valentine, and then with scissors placed in his hands he was able to cut out a large red heart with the author pushing

it into the cutting edge of the scissors. Although his movements were tremulous he did succeed and was able to paste several smaller hearts, that he cut, on to the large one. He was delighted when this was taken into his room and attached to his bed where he could see it. Situations of this nature appear to be more difficult for the adult than the child. It was obviously easier and less devastating to the volunteer to make the object herself rather than to watch Shane struggle. But he gained something from the faith that the recreation people held in him.

One day he was required to walk on crutches from the elevator to the playroom as part of the morning's physical therapy and he repeatedly stopped and looked up at the author standing in the doorway and then tried again. He was aware that his efforts to try were positively reinforced.

Learning to walk, or being confined in a cast, can be a deeply frustrating experience for a child. It has been observed that water play is an excellent media for the release of such frustrations and tensions. Six year old Jerry who was recovering from a leg amputation spent hours playing in the water, for days at a time. Shane talked more and associated more directly with the other children when he was playing in the water than at any other time. The buoyancy of the water and the unstructured nature of the media appeared to make him feel on a more equal basis with children whose co-ordination was superior.

Carlos also spent considerable time playing in the trough. He was fascinated with the snow that fell and it frequently was brought in and put into the trough so the children could play with it. This

brought a little more of the outside world into the hospital and illustrates the flexibility of the program.

Water play also served as an excellent outlet for five year old Glen, hospitalized for an extended period of time for correction of a club foot. As a result of his home situation Glen came to the hospital with obvious emotional problems. They were of such a nature that play therapy was begun in the neuropsychiatric unit of the hospital. Glen did not respond to affection for a considerable length of time following his admission. His disturbance made him difficult to handle in his room and the nurses and nurses aides were constantly having difficulty managing him. Before long it was obvious that he was using the playroom as an escape from the rest of the hospital environment. His comments, "Me don't like you," were accepted in the playroom and he was assured that although those were his present feelings he certainly was liked. After a period of time Glen only said this to individuals with whom he felt secure.

A combination of time, therapy, and newly found adult acceptance began to impress Glen. He frequently would lean on one of the recreation staff members and was delighted whenever undivided attention was offered. He began to respond in a more normal manner. Still there was always so much regression and as soon as Glen returned to the stressful situation of his ward things became confused for him again. The playroom, and those he found in it, became a type of haven to Glen but it was only slowly that he was able to carry something of this into the outside world. He was tremendously proud of anything that he created in the playroom, and the area directly surrounding his bed resembled a modern art gallery. He derived great satisfaction

from having someone take his pictures and put them up in his ward. This may have been his way of taking the playroom with him.

Effective communication between the neuropsychiatric clinic and the recreation staff might have helped Glen and speeded up the progress that he was able to make. Both agencies were operating without the understanding and approval of the other. The results of a situation like this could be much less positive than they were in Glen's case.

The individuals on the recreation staff have a general knowledge of psychologic principles as a result of their university experience, and an evaluation of children admitted to the hospital with previously diagnosed emotional problems would enable the recreation personnel to meet the needs of these children in a less haphazard manner. The individuals involved in the neuropsychiatric clinic might also glean some interesting information and understanding from the insight that the people in recreation derive from day to day association with the children.

Glen's enthusiasm for the art activities provided by the department was not unusual. Many of the children were eager each morning and afternoon to find what had been prepared for them.

For a period of nearly three weeks each morning and afternoon the author was confronted by a little boy positioned directly in front of the elevator as it opened on second floor. John was four and hospitalized for an appendix attack with complications. At the appearance of a recreation worker his eyes widened and he motioned as if to tell a favorite secret. This ran, "I want to tell you this thing, I sure am glad to see you." Once this little ritual had

passed John enjoyed setting up the playroom for the other children.

One afternoon butcher paper was placed on the wall for him and another little girl, as they were the only preschoolers on the floor that day. John always loved paint experiences and his enjoyment of this media typified a purely joyful pursuit as he painted and mixed for hours.

Frequently it is not possible to provide such a "messy" activity as this on the second floor because of the number of toddlers present. When three and four year old children are on the second floor on a long term basis it broadens the scope of their experiences if they spend some time in the playroom on the first floor. Three year old Betty continually "latched on to" a member of the recreation department when they entered the elevator because she assumed that they were going downstairs. She enjoyed painting at the easel and doing collage work that was considered to be too complicated for the children on second floor.

Betty was in the hospital for several months for surgery on her hands to repair a birth defect that had left her without fingers on one hand and only portions of them on the other. During this period she was a continual source of joy or sorrow in the department. Her warmth and eagerness for affection verbalized by, "I want you," were responsible for building a very close relationship between her and several members of the recreation staff. Apparently as a natural outcome of being such a spunky and attractive child Betty learned to manipulate those who worked with her in the hospital. Word came from the nurses' station that she was a spoiled child in need of "strict discipline," and the recreation staff frequently found the same child

wanting to be rocked and held for long periods of time. This was a regression in terms of Betty's adjustment to the hospital because she had previously exhibited a sunny nature -- if combined with a strong will and a desire to do things by herself. This situation continued for several weeks. Different individuals were concerned with the problem, and the recreation staff as a whole devoted considerable thought as to how Betty might be helped. Everyone tried different methods and finally what should have been obvious became apparent. Betty was a normal, healthy, three year old child cooped up in a hospital for an extended period of time. Her only restriction was a cast and bandage on the lower part of one arm and this appeared to bother her little. She obviously needed to get out and, if possible, be with other children out of the hospital where she could be challenged, and not continually rule as she did in the ward of the hospital. This ability to rule the other children appears to be the unsought reward of being in the hospital the longest. After much talk it was finally decided with her doctor's permission that Betty should be allowed outside daily to have more opportunities to familiarize herself with her world and have experiences that noninstitutionalized children have every day. At least once a day for an hour or forty-five minutes a member of the staff took Betty for walks around the hospital. She was a delightful companion on these excursions and her behavior generally seemed to improve. The most obvious result was that she was happily tired after her exercise and cheerfully wanted the nap that she had been refusing. At a later date arrangements were made for her to attend the hospital nursery school for half a day. This was the answer for which everyone had been looking.

In the opinion of the author it would be difficult to find a more loved child than Betty, anywhere in a hospital. Nearly everyone who came in contact with her attempted to form a close relationship with her, but she clung to the members of the recreation staff and would not associate with anyone else when they were around. So although in one sense of the word loved, Betty suffered from the many incongruities that surrounded her. The author realizes that it is not possible to have every individual on the staff obtain a degree in child development but it does seem plausible that proper communication between nursing and the recreation personnel would improve the understanding, by those in nursing, of what recreation is trying to accomplish. Betty should not have been subjected to as many inconsistencies as was the case. Word of mouth indicated that Betty was simply a spoiled youngster concerned only with obtaining her own way. If the members of the recreation staff -- or even one member -- could have established communication with the nurses and aides to try to help them understand that Betty's behavior represented the result of something more than a simple manifestation of power for its own worth, she might have had a more successful adjustment without developing such a complete attachment to the recreation staff. This is the feeling that repeatedly returns to a position of prominence -- that more effective communication needs to be established. If individuals in a hospital are concerned about the children in their care they must be conscious of the need for consistency with them. The recreation staff should offer much to increase the insight of the nurses and in return the nursing staff is in a position to give vital information needed by the recreation workers. Certainly an ultimate amount of this

communication is an Utopian ideal but the author feels that the increased communication should result from the interest that should be a prerequisite for working with children.

Some of the most important contributions that a playroom and a recreation staff add to a hospital's care of children are not very concrete items and are not discovered by reading a program description. These are the more subtle meanings and experiences that children derive when they are met and treated as individuals. This understanding of their needs builds a closeness with the recreation staff and its volunteers that is sometimes missing in the other areas of hospital treatment. A sensitivity to the child inside of the cast is something that recreation personnel can offer.

Lori Ann was confined in a cast from her arm pits to the tips of her toes and although she was a beautiful little one year old child she received comparatively little attention from the volunteers because they could not imagine what to do with her cast. When the recreation worker set the example and picked up Lori and held her everyone began to see her more as a little girl than as a cast. She began to respond to the environment rather than staring aimlessly, and as soon as she was physically able she was with the group on the floor who are also in casts and because of their confinement resemble fish or worms as they use their arms to wiggle and pull themselves where they want to go.

Shon was one of these children and he spent hours amusing himself with his head in the large doll house that was set up on the floor. He was difficult and irritable when he was set on a cart but the independence of his activity in the doll house kept him happy and

actively engaged in play. He was also confined from the arm pits down in a split cast.

Although the children who are allowed to be on the floor are always placed on a blanket they do not always stay on it and it seems to be a natural consequence for them to get dirty. Once again communication with the nurses aides could certainly have improved this situation. Many a volunteer has returned a slightly ruffled child to his room to an aide upset with the increased duties necessitated by helping the child clean up. If more aides were aware of the importance of children moving, and feeling, and playing, even when in casts, they might be more amicable to the situation. The author feels that this education is primarily the responsibility of the recreation staff because they are accepted in the hospital situation with the understanding that they are meeting the social and emotional needs of the children.

Sometimes working in the recreation department is a particularly fulfilling experience. Such was the case whenever the author approached fifteen month old Nathan's bed and saw his big black eyes widen and his half grin start. He immediately responded to anyone wearing a blue smock and it took only a few seconds for him to be practically ready to jump out of his crib into open arms. He was an exceptionally large boy for his age and the heavy cast on his club foot made him a heavy burden to carry. However, the responsiveness of his nature was ample reward for a tired back. The rapport that the members of the recreation staff were able to achieve with Nathan was of special importance to him when he began teething in the hospital. It seemed slightly ironical that anything as natural as teething would upset a child so

much when so many other uncomfortable things had taken place. Nathan, however, was not concerned with the nature of his discomfort but simply with the shoulder that he had to bang against. The author was particularly glad that she had been present at this time when she spoke to the mother about it later. She was distressed because he was teething but when she observed him responding to us she verbalized her appreciation that there had been someone to care. This someone to care is what an individual working with children in hospitals should be prepared to be. This cannot be a situation of group emphasis because "caring" for a group is rather ambiguous and lacking in definition. Caring implies and necessitates giving of oneself. Somewhere the individual must determine what he can give and still have enough of himself to continue a healthy existence out of the hospital. Children gain something and return much to the individual but the adult must make the initial investment. In the author's opinion some emotional involvement must exist if an individual is to radiate the kind of warmth that will attract children.

Lack of staff is the most frequent method of evading this question. Lack of an adequate staff implies that time cannot be found for the individual and that the individual is to be sacrificed for the good of the group. This is an unsubstantiated statement in the hosppital situation where fixed groups are unlikely to be established in a short term situation. How can one serve the group without serving the individual when the group is simply an unorganized aggregate of individuals? Babies and very young children present particularly striking examples of the importance of individual care. They need reassurance of themselves as individuals and they want just a little

undivided attention during the day. Somehow, to them, rocking with another child and an adult is not quite the same thing as rocking alone with an adult. With the services that the volunteers offer in the hospital it is not expecting too much to allow each child some moments of his own each day. Generally this would be more beneficial coming from a member of the recreation staff who is a constant person in the child's life while he is hospitalized but sometimes the children react very favorably to the volunteers and especially to the teenage candy striper. Thirteen year old Cris found little that appealed to him in the playroom and obviously considered himself to be somewhat above such activity. He always received considerable attention from the candy stripers and this was the high point of his day. Although this sometimes became a problem because it got out of hand, it was accepted because it was generally understood that Cris needed this type of companionship. Teenagers like Cris will find a place for themselves at Primary Children's Hospital when the new wing opens in June and a floor will be devoted to teenagers and a room will be equipped for their needs. This, along with an increase in recreational personnel, is an answer to a real need that exists at the present time in the hospital.

CONCLUSIONS

Children in the hospital have essentially the same needs as all children, but their needs are often more intense as a result of the stress of the hospital situation.

Hospitals in general have not recognized the need for personnel trained in understanding children's needs and behavior. Primary Children's Hospital is among those which are developing programs built upon this kind of understanding.

The kind of program that a hospital offers has a bearing on the adjustment a child makes to the hospital setting, as well as influencing his own self concept while in the hospital situation.

SUGGESTIONS FOR FURTHER STUDY

1. It would be helpful to investigate children's reactions to the availability of equipment to enable them to play doctor, and act out some of their anxieties and feelings. The role of the nurse or recreational personnel in helping the child to verbalize his feelings might be investigated.

2. A beneficial study could be done on the influence of the age of the volunteer, or other personnel, on the nature of the relationship between adults and children in the hospital situation. More information is needed regarding the ages at which children of either sex respond most favorably to adult workers of various ages.

3. A study of the comparative adjustment of children of different ages to having their parents and family members be accessible for visiting or inaccessible because of distance or other problems might provide needed insights on the influence of family members on the child's adjustment in the hospital.

4. A study needs to be made to determine the relative effectiveness of various methods of improving communication between the several disciplines represented on the hospital staff.

5. More information is needed regarding the influence of the child's injury or illness upon his reaction to the stresses imposed by hospitalization. What are the various reactions of children who are admitted for massive bodily injury as compared to those admitted for intensive and long-term care, etc.

6. It would be helpful to compare the reactions of children admitted for emergency reasons who are not familiar with the hospital situation with those children who have been well prepared and are familiar with what hospitalization will mean.

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APPENDIX

PROGRAMS FOR HOSPITALIZED CHILDREN

Please complete the following items as they pertain to your hospital's program for recreation with hospitalized children.

GENERAL INFORMATION

Type of hospital:
- general pediatric: _____
- orthopedic: _____
- other: _____

Average number of children: _____
Ages served: _____
Average length of stay: _____
Child's distance from home: _____
- majority from city: _____
- majority from out-of-town: _____

Physical set up:
- wards with (number) _____ beds: _____
- single rooms: _____
- double rooms: _____
- isolation rooms: _____

Visiting privileges:
- who: _____
- days: _____
- hours: _____

RECREATION PERSONNEL AND FACILITIES

Number of individuals employed in recreation: _____
- Degree held by each: _____, _____, _____, _____

Is a playroom available? _____
- Days: _____
- Hours: _____

Types of equipment available:
- doll area: _____
- individual games: _____
- puzzles: _____
- stuffed animals and toys: _____
- record player and records: _____
- manipulative toys: _____
- large cars: _____
- other: _____

Activities provided:
nondirected art experiences: (how frequently) _____
crafts: _____
movies: _____
programs: _____
Is an outside play area available? _____
Is nursing involved in the program? _____ How? _____
_____
Do volunteers assist in the program? _____
number of teenagers: _____
number of adults: _____
School:
schedule: _____
location: _____
number of teachers: _____
degrees held: _____, _____, _____, _____, _____
Library facilities:
number of books: _____
separate room: _____
librarian: _____