

**Title.** Play Within the Pre-registration Children's Nursing Curriculum Within the United Kingdom: A Content Analysis of Programme Specifications.

#### **Abstract**

Purpose: To determine the number of programme specifications which cite play within the curriculum and in what context. Play is an essential part of childhood. Therefore we might expect nurses caring for children to be trained in how to facilitate play within their clinical areas. Programme specifications provide information on course aims, the intended learning outcomes and what the learner is expected to achieve.

Design and Method: Inductive qualitative content analysis.

Results: Only 13% (seven out of 54) programme specifications published by Higher Education Institutions cite play. Where play is mentioned there is a clear link made to use play as a communication tool. Also distraction figured prominently within the same sentence as play, despite these two terms being quite distinct. The availability of the programme specifications was also noted with 49% (28 out of 57) were easily accessible from the university web sites. A further 16% (9 out of 57) provided web links when access was requested. 35% were not publicly accessible without requesting access. Three Universities declined to be involved.

Conclusion: It is clear that even if play is embedded within the child field nursing curriculum, it is not clearly stated as a priority within 87% of universities programme specifications which make no mention of it.

Practice Implications: If play is not part of programme specifications its importance could be lost to educators already delivering a full curriculum. Nurses could be

qualifying with little or no knowledge around their role in facilitating play for their patients.

**Keywords:** Content Analysis, Curriculum, Play, Pre-registration Children's Nurse Training, Programme Specification.

## **Introduction**

Programme specifications of pre-registration children's nursing programmes within the United Kingdom (UK) were examined using inductive qualitative content analysis (Stemler, 2001, Elo & Kyngas, 2008) to ascertain the frequency and use of the term play within the documentation. The importance of play for children in both their typical lives as well as patients in a clinical setting will be highlighted, before a brief discussion of the methodology used in analysing the data. Results formed two distinct parts; firstly the results from the programme specifications themselves; and secondly how the programme specifications were obtained will be discussed. The article will conclude with a discussion of the results followed by conclusions and recommendations for future practice.

## **Background**

Programme specifications are defined by the Quality Assurance Agency (QAA, 2006a, p. 2) as being "a concise description of the intended learning outcomes of an HE programme, and the means by which the outcomes are achieved and demonstrated." In discussing audit and review of programmes the QAA (2006b, p. 8) goes on to state that programme specifications are the "definitive publicly available

information on the aims, intended learning outcomes and expected learner achievements of programmes of study.”

Flick (2014) classes programme specifications as 'unsolicited' documents, in that they were not written with the research in mind. They were already produced for the purpose stated above.

Currently pre-registration undergraduate nurse education in the UK is a three year degree course consisting of 50% university based taught curriculum and 50% clinical practice based education. Students follow one of four pathways, child, adult, mental health or learning disability nursing. Entry requirements are set by each individual university, however attainment of five GCSE's plus two A level qualifications or equivalent are required. On successful completion of the course graduates are enrolled onto the professional register, regulated by the Nursing and Midwifery Council. This allows the qualified nurse to work in the UK.

Within nurse education in the UK there is a move towards a more generic form of training abandoning the four field approach of adult, child, mental health and learning disability nursing. The publication of *Raising the Bar: Shape of Caring review* (Health Education England, 2015) proposed a new 2+1+1 year model. The proposal was for the first two years to be generic, with the third year field specific and followed by a year of preceptorship in practice once qualified. Within this model the danger is that teaching could be overly adult orientated (Carter, Clarke, Crawford, & Smith, 2015) at the expense of other specialities. The teaching of issues significant to children, including play, may therefore be eroded within the curriculum.

74

75 Play is an essential part of childhood (Play England, 2009) and children's lives (Else,  
76 2012). The internationally accepted definition of play is that stated by the United  
77 Nations (2013) which describes play as being non-compulsory; driven by intrinsic  
78 motivation; undertaken for its own sake; and involves the exercise of autonomy. The  
79 key characteristics of play are identified as being challenge, uncertainty, flexibility,  
80 fun and non-productivity (United Nations, 2013).

81

82 Play is the most important activity in a child's life being "crucial to their development:  
83 motor, emotional, mental, social, linguistic and cognitive" (Tondatti and Correa, 2012,  
84 p. 365). Play "stimulates the senses and offers opportunities to develop hand-eye as  
85 well as gross and fine motor coordination" (Woolfolk and Perry, 2012, p. 280).  
86 "Children express themselves more fully and more directly through self-initiated,  
87 spontaneous play than they do verbally because they are more comfortable with  
88 play" (Landreth, 2012, p. 9). This makes play a "child centred communication tool"  
89 (Webster, 2000, p. 24).

90

91 When children and young people become ill and require hospital admission, play  
92 becomes an important link to home and as a way for the child to take control of an  
93 often difficult and potentially distressing situation (Hubbuck, 2009). Play for the  
94 hospitalised child provides a wide range of important benefits, including reducing  
95 anxiety (Lansdown, 1996); aiding self-expression (Brown and Patte, 2013);  
96 expressing emotions (Belson, 1987); aiding normality (Hubbuck, 2009); lessening  
97 the impact of pain (Gill, 2010); speeding recovery (Jun-Tai, 2008); coping with  
98 phobias (Weaver, Battrick, & Glasper, 2007, Gill 2010); facilitating communication

(Belson, 1987, Webster, 2000, Healthcare Commission, 2007); and helping to prepare children for investigations and surgery (Ward, 2008).

Save the Children in 1989 published a report examining play provision in hospitals in the UK. They recommended that play provision should be provided for all children in the hospital and that all professionals who work with children should receive training in play (Save the Children, 1989). The European Association for Children in Hospital (2015) reaffirms this by stating that “all staff in contact with children should have an understanding of the needs of children for play and recreation.”

Children’s nurses are experts in providing healthcare to children and young people (Royal College of Nursing, 2014). Given the importance of play within a child’s development and as part of normal childhood (Play England, 2009), play also provides many benefits to the hospitalised child (Barry, 2008). Children’s nurses should be ideally placed to be facilitators of play and this should be recognised as a part of their role (Latimer, 1978). It is acknowledged by Hayes & Keogh (2012, p. 23) that it is important for nurses to “make time and feel comfortable initiating and supporting children’s play.”

The question to be asked then is how prominent is the teaching of play within the pre-registration child field nursing curriculum within the UK?

## **Ethics.**

Ethical approval was received from Leeds Beckett University. No ethical concerns were present as programme specifications are generally within the public domain

and therefore freely accessible, however confidentiality was maintained by not identifying individual universities or programmes of study.

## **Methods.**

Two approaches were used for content analysis, quantitative content analysis for the number of times the term play appeared within the programme specification and inductive qualitative content analysis (Elo & Kyngas, 2008) for the analysis of context and meaning of play in the programme specification documents.

Stemler (2001, p. 7) states that content analysis is a “systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding.” However, McLeod (2011, p. 79) states that content analysis is a “valuable research tool, but is not qualitative research.” What is required is not just a simple word frequency count (Stemler, 2001) but analysis of how play appears within the text and the meaning given to it. Therefore Inductive Qualitative Content Analysis was used. Once a programme specification was identified to contain reference to play, further analysis of the meaning and context was performed.

The approach taken in performing the content analysis is Inductive. Prior to the research being undertaken, there was no previous knowledge about the likely occurrences of play within the documentation. “Inductive content analysis is used in cases where there are no previous studies dealing with the phenomenon or when it is fragmented” (Elo & Kyngas, 2008, p. 107).

There are three stages to performing content analysis, preparation, organising and reporting (Elo & Kyngas, 2008). In the preparation phase the unit of analysis is identified. Graneheim and Lundman (2004, p. 106) discuss a 'meaning unit.' This being the "words, sentences or paragraphs containing aspects related to each other through their content and context." Within this research the meaning unit of analysis was the term 'play.' In the organising phase the data are coded, grouped and categorised. From this flows the final stage, reporting of the analysing process and the results (Elo & Kyngas, 2008).

### **Recruitment and Selection of Programme Specifications**

In selecting the sample, the decision was made to look at all programme specifications rather than limiting the sample size to a percentage of the total. As there were only 57 universities offering the pre-registration children's nursing courses across the UK, it was deemed appropriate to attempt to recruit all 57 into the study. This would then gain a true representation and accurate, valid results. The response rate for this study was 95% (N=54).

### **Results.**

The 54 programme specifications varied in length of pages, with a mean of 34, median of 27 and a mode of 8 and 21. Table One outlines the frequency and distribution of the pages that mention the concept of play.

### **Table One: Quantitative Results.**

### **Play Within Programme Specifications.**

Results from the analysis were divided into two parts. Primarily the sole purpose was to determine the numerical extent and context and meaning of the occurrences of the unit of analysis (play) within the text. However, it soon became apparent at the data collection stage that other interesting and wholly unexpected results were being found. Namely, from the reactions of educators and faculties to the author's request for access to their documentation.

### **Numerical Extent of Play in the Programme Specifications.**

Of the 54 out of 57 universities who provided access to their programme specifications, who currently run a Pre-registration Children's Nursing course, only 13% (N=7) mention play. Of these seven, four mention play only once, and three mention play twice (however in one of those the occurrence is identical in both places). See Table Two.

### **Table 2.** Length of Programme Specification and Number of Times Play Mentioned.

Three more universities, numbers eight, nine and ten, as part of their programme specifications, included individual module templates and within these play was mentioned twice for university eight, twice for university nine and five times for university ten. If taken into account this would make the percentage increase from 13% (N=7) to 18.5% (N=10). However, as not every programme specification included module templates as part of their documentation it was felt not to be a fair evaluation of like for like. So these were excluded from the results.

### **Context and Meaning of Play in the Programme Specification.**



Six out of the seven universities all quote either part or all of the same two sentences, with four of them (universities 1, 2, 3, and 4) quoting it exactly,

*Children's nurses must understand all aspects of development from infancy to young adult and identify each child or young person's developmental stage in order to communicate effectively with them. They must use play, distraction and communication tools appropriate to the child's or young person's stage of development, including for those with sensory or cognitive impairment.*

This is a direct quote taken from the Nursing Midwifery Council's (NMC, 2010) 'Standards for pre-registration nursing education,' Domain 2: Communication and Interpersonal Skills, field standard for competence.

*2 All nurses must use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain it.*

*2.1 Children's nurses must understand all aspects of development from infancy to young adulthood, and identify each child or young person's developmental stage, in order to communicate effectively with them. They must use play, distraction and communication tools appropriate to the child's or young person's stage of development, including for those with sensory or cognitive impairment.*

224 University 3 also mentioned the possibility of a spoke placement with the play worker  
225 within their programme specification. A spoke placement is a short visit experience  
226 linked to a main, hub placement area. A playworker is a member of staff who helps  
227 facilitate child directed, freely chosen play opportunities. They are distinct from the  
228 Healthcare Play Specialist role which has more of a focus on distraction and clinical  
229 preparation.

230

231 University 4 also lists a book included as part of their recommended reading for a  
232 module entitled 'Influences on the Health and Development of Young Children.'

233 *Sheridan, M. D. (2011) Play in early childhood: from birth to six years. 3<sup>rd</sup>*  
234 *edition/Revised and updated by Howard, J. and Alderson, D. London:*  
235 *Routledge.*

236 This book was also listed by one of the three excluded programme specifications  
237 being present in a module template, mentioned further on.

238 University 5 who quotes the NMC (2010) competency does so in two places. Within  
239 the 'Field Specific Professional Nursing Skills For Children' and in the 'Programme  
240 Learning Outcomes.' However, they have chosen to re-word the domain slightly,  
241 removing the phrase 'including for those with sensory or cognitive impairment.' They  
242 state 'having successfully completed this programme within your chosen fields of  
243 practice you will be able to'

244 *Understand all aspects of development from infancy to young adult, and*  
245 *identify each child or young persons development stage, in order to*

246           *communicate effectively with them using play, distraction and communication*  
247           *tools as appropriate to the individual's stage of development.*

248

249   University 6 neglected to quote the first part of the domain, but quoted the second  
250   part stating:

251

252           *Use play, distraction and communication tools appropriate to the child or*  
253           *young person's stage of development, including those with sensory or*  
254           *cognitive impairment.*

255

256   Only one university out of the seven has chosen not to quote the NMC (2010)  
257   competency directly. University 7 states under Field Specific – Children's Nursing,  
258   that the learner will:

259

260           *Use communication strategies that are relevant to a child or young person's*  
261           *developmental stage eg: play and distraction, and where possible ensure they*  
262           *understand their healthcare needs.*

263

264   The next three universities did not have play within their main programme  
265   specification document, however within module templates that were included as part  
266   of the main document, play was found.

267   University 8 links play to education and communication within a module entitled  
268   'Public Health: Children and Families.'

269

270           *Apply their knowledge of play, education and communication in the care of ill*  
271           *children (including those with sensory or cognitive impairment) appropriate to*  
272           *the age of the child from infancy to young adulthood.*

273

274   Also listed within the reading list for a module entitled 'Principles of Children's  
275   Nursing,'

276           *Sheridan, M. D. (2011) Play in early childhood: from birth to six years. 3<sup>rd</sup>*  
277           *edition/Revised and updated by Howard, J. and Alderson, D. London:*  
278           *Routledge.*

279   This book was also listed by university 4, of the first seven universities who quoted  
280   the NMC (2010) competency statement. They included this resource as part of their  
281   recommended reading for a module entitled 'Influences on the Health and  
282   Development of Young Children.'

283

284   University 9 makes no mention of play, either on its own, or linked to distraction and  
285   communication, but as therapeutic play. Within the module template under  
286   'Children's Field Specific' it states:

287

288           *They (Children's nursing field students) will explore the effects of*  
289           *hospitalisation on children, young people and families and will begin to*  
290           *understand the value of therapeutic play.*

291

292   Under Children's Field Specific content it lists

293

294           *Therapeutic use of play.*

295

296 University 10 whose programme specifications also included individual module  
297 templates, play occurred five times. These were:

298

299 *Age related behavioural interpretation, play, sleep;*

300

301 *Evaluate how play and the specialist recognise the child and young person's*  
302 *uniqueness and make an impact on the child's ability to engage;*

303

304 *Play and the play specialist;*

305

306 *Analyse and implement strategies for promoting play in the care setting and*  
307 *evaluate their effectiveness;*

308

309 *Play therapy and interventions of alternative and complimentary therapies.*

310

311 **Availability of Programme Specifications.**

312 The second part of the results highlights how publicly available these documents  
313 truly are.

314

315 Of the 57 universities who run Pre-registration Children's nursing courses within the  
316 UK, 28 universities (49%) had their programme specifications clearly accessible to  
317 the public and were easily downloaded from their web sites.

318

319 Requests were then sent via email to all the remaining 29 universities. This was  
320 either to a member of the Child Nursing team, or where one could not be identified,  
321 to a member of Academic Registry or Quality Department. At this stage a further  
322 nine universities (16%) provided web links directly to their programme specifications  
323 which were present on their web sites, but not as easily found.

324

325 Of the remaining 20, 15 replied attaching copies of their programme specifications.  
326 Two more attached theirs after stating that they were being provided under the  
327 Freedom of Information Act 2000. An application for access under this Act had not  
328 been made.

329

330 Three universities declined to be involved in the research. One university on  
331 enquiring as to the nature of the research confirmed that play was not present within  
332 their programme specification. One other university also declined stating that they  
333 did not have a specific programme specification for Children's nursing as all the three  
334 nursing fields delivered shared the one generic document and 'hence there are no  
335 mentions of play.' The third university that declined to provide their programme  
336 specification, cited the high work load of the child nursing team preventing them from  
337 discussing the request. A representative from the governance team for the faculty  
338 then stated that unless multi centre ethical approval (including their own) was  
339 received, the programme specification would not be made available.

340

## 341 **Discussion**

342 Within those programme specifications which mention play there is a clear  
343 association between play as a communication strategy. This is supported by the set

phrase which six of the nine programme specifications have taken from the NMC (2010) competencies in Domain Two, Communication and Interpersonal Skills. This is an important concept in that children communicate through the medium of play as previously stated by Webster (2000) and Landreth (2012). As Hayes and Keogh (2012, p. 24) state “through thoughtful and respectful use of communication and the appropriate use of play as a means of communication” the experience of children and their families of healthcare can be improved. The key therefore between the child and nurse is that play needs to be self-initiated and spontaneous, and from this will flow good communication.

The programme specifications make an association between play and distraction with the two very different terms appearing within the same sentence and immediately after each other. However these are two very distinct and different activities. Weldon and Peck (2014) while discussing the importance of the multidisciplinary team state that nurses will utilise and provide play opportunities, but may also use distraction equipment. The Healthcare Play Specialist Education Trust (2015) who validate the training of Healthcare Play Specialists within the UK and maintain a register of qualified practitioners also suggest that one of the roles of the Healthcare Play Specialist is to “lead distraction and alternative focus activities for children during procedures.” Accepting the United Nations (2013) definition of play as being non-compulsory; driven by intrinsic motivation; undertaken for its own sake; and involving the exercise of autonomy then these alternative focus activities and distraction equipment should not be considered as play. Linking play and distraction so closely within the programme specifications may lead to confusion on this point.

369 Having play so closely linked to communication and distraction ignores the many  
370 other naturally occurring benefits that children in healthcare gain from participating in  
371 play. Nursing educators need to be aware of the role nurses can take in assisting  
372 their child patients to facilitate play and build this into their curriculum.

373

374 It could be argued that play is something which is embedded throughout the  
375 curriculum and incorporated in most areas of teaching. However, if this is true then  
376 the expectation would be that it would appear more prominently within programme  
377 specifications as an integral part of the curriculum.

378

#### 379 **Process for accessing the Programme Specifications.**

380 A standard email was sent to all universities requesting access. It is interesting that  
381 two universities responded quoting the Freedom of Information Act 2000 as  
382 justification for allowing access, despite the fact that programme specifications are  
383 usually available via open access on university websites.

384

385 In regards to the three universities who declined to be a part of this research, their  
386 decision would seem to go against the ethos of what the QAA (2006b, p. 8) define  
387 programme specifications to be, namely the “definitive publicly available information”  
388 of their programme of study. One university was helpful in confirming that play was  
389 not present within their document, but would still not allow the authors to perform the  
390 search personally. One of the other two universities stated that as the programme  
391 specification was not solely focused on the child field therefore play would not be  
392 referenced within it. However of the nine programme specifications that do mention



play, five of the nine are not specific solely to the child field of nursing but cover all programmes delivered.

If none of the programme specifications had mentioned play, then the argument could be made that this is not the appropriate place for such specific curriculum detail to be recorded. The indicative content might be a more appropriate place for play to be included at the module level. However, the fact that nine universities, 17%, include play within their programme specifications tends to dispel this argument.

To provide a comparison with the relatively low frequency with which play was mentioned other key terms, reflecting desirable nursing attributes, were also searched for within programme specifications. Respect was found in 80%, whereas Dignity occurred in just 63%, terms which are often linked together. Therapeutic was found in 67% whereas Professionalism was in just under half at 46%. Consent was in 41%, Confidentiality in 35% and Advocacy 31%. All appear to have been given more prominence than play.

## **Limitations and Future Studies**

Programme specifications can only inform on the intended learning outcomes and expected learner achievements for each programme of study. They do however highlight the emphasis placed on play within the curriculum. Programme specifications are the definitive information on aims, intended learning outcomes and learner achievements of programmes of study (QAA, 2006b). An analysis of the indicative content for individual modules might have elicited more information, but was outside the scope for this research. Indicative content at the module level states

418 individual topics and subjects of study. However, gaining access to these may prove  
419 to be more problematical given educators potential reluctance to share their module  
420 planning and teaching strategies with an outside educator.

421

422 Within the findings there are clear links between play and distraction. Again this is  
423 something which requires further examination which falls outside of the original remit  
424 of this research.

425

426 This research was focused on nursing curriculums in the UK. Further research is  
427 required to examine if these results are replicated in nursing programmes in other  
428 countries.

429

## 430 **Conclusion/Recommendations**

431 The author has through numerical and inductive qualitative content analysis  
432 examined the frequency, and the context and meaning whenever play appears within  
433 programme specifications.

434

435 It is clear that even if play is embedded within the child field nursing curriculum, it is  
436 not clearly stated as a priority within 87% of universities' programme specifications  
437 which make no mention of it. Where play is acknowledged by seven universities,  
438 13%, there is a clear link between play and utilising it as a communication strategy in  
439 line with the developmental stage of the child or young person. Focusing on this one  
440 aspect of play ignores the many other benefits which play can bring to children and  
441 young people whilst in hospital. There is also a clear link made within the identified  
442 programme specifications between play and distraction, and closely linking them

443 could lead to nursing educators incorrectly teaching play as a distraction tool. The  
444 authors believe these should be two very distinct and different activities and that  
445 linking them goes against the United Nations (2013) definition of play.

446

447 Nowhere within any of the programme specifications is mention made of play as  
448 stated in the definition by the United Nations (2013) that play should be

449

450 “non-compulsory, driven by intrinsic motivation and undertaken for its own  
451 sake, rather than as a means to an end.”

452

453 The teaching of play within the nursing curriculum may seem less of a priority when  
454 compared to the teaching of other techniques or clinical nursing skills. However, if  
455 nursing educators recognise the importance of play, both as an essential part of  
456 childhood and for the many benefits it brings to the hospitalised child then its  
457 prominence within the curriculum must be strengthened. The teaching of play should  
458 not be an added extra if spare time within the curriculum allows. Embedding play  
459 within the curriculum is even more important today with the emphasis towards a  
460 more generic form of training which will further decrease the amount of specialist  
461 children's nurse training taking place. Highlighting play within programme  
462 specifications will emphasise its importance to both educators delivering the  
463 programmes and to students commencing on all programmes of study.

464

#### 465 **Implications for Nursing Programs Worldwide.**

466 Nursing educators involved in the delivery of nursing programmes need to examine  
467 their key course documentation to ascertain if play is present. Examination of course

content needs to be performed to discover if play is being taught to student nurses, or if like the UK, it is at risk of disappearing from courses of study. If the teaching of play does disappear from the nursing curriculum then a whole generation of nurses will not see it as part of their role and the care of children in hospital will ultimately suffer.

Gleave and Cole-Hamilton (2012, p. 22) state that “a world that understands and supports children’s play is a world that is likely to be healthier, more vital, more alive and happier than a world without play.” How much more important is this statement when applied to the environment of healthcare and children’s play?

#### **Conflict of Interest**

None.

#### **Funding**

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

#### **Acknowledgements**

The authors would like to thank the universities who willingly gave access to their programme specifications for this research.

#### **References**

Barry, E. (2008). The role of the hospital play specialist in paediatric diabetes

493 management. *Journal of Diabetes Nursing*. 12 (1), 26-27.

494 Belson, P. (1987). A plea for play. *Nursing Times*. 83 (26), 16-18.

495 Brown, F., & Patte, M. (2013). *Rethinking children's play*. London: Bloomsbury.

496 Carter, B., Clarke, D., Crawford, D., & Smith, F. (2015). Generic training will not  
 497 prepare nurses of right calibre to care for children and families. *Nursing*  
 498 *Children and Young People*. 27 (6), 8-9.  
 499 <https://doi.org/10.7748/ncyp.27.6.8.s8>

500 Elo, S., & Kyngas, H. (2008). The qualitative content analysis process. *Journal of*  
 501 *Advanced Nursing*. 62 (1), 107-115. [https://doi.org/10.1111/j.1365-](https://doi.org/10.1111/j.1365-2648.2007.04569.x)  
 502 [2648.2007.04569.x](https://doi.org/10.1111/j.1365-2648.2007.04569.x)

503 Else, P. (2012). *The Value of Play*. London: Continuum.

504 European Association for Children in Hospital. EACH charter & annotations. (2015).  
 505 [https://www.each-for-sick-children.org/each-charter/each-charter-](https://www.each-for-sick-children.org/each-charter/each-charter-annotations.html)  
 506 [annotations.html](https://www.each-for-sick-children.org/each-charter/each-charter-annotations.html) Accessed 27.07.2017.

507 Flick, U. (2014). *An Introduction to Qualitative Research*. (5th ed.). London: Sage.

508 Gill, C. (2010). Helping children cope with renal disease: the role of the play  
 509 specialist. *Journal of Renal Nursing*. 2 (5), 244-247.  
 510 <https://doi.org/10.12968/jorn.2010.2.5.78490>

511 Gleave, J. & Cole-Hamilton, I. (2012) A world without play: a literature review.

512 [Online]. Play England. Available from:  
 513 [http://www.playengland.org.uk/media/371031/a-world-without-play-literature-](http://www.playengland.org.uk/media/371031/a-world-without-play-literature-review-2012.pdf)  
 514 [review-2012.pdf](http://www.playengland.org.uk/media/371031/a-world-without-play-literature-review-2012.pdf) Accessed 15.01.2018.

515 Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing  
 516 research: concepts, procedures and measures to achieve trustworthiness.  
 517 *Nurse Education Today*. 24, 105-112.  
 518 <https://doi.org/10.1016/j.nedt.2003.10.001>

519 Hayes, N., & Keogh, P. (2012). Communicating with children in early and middle  
 520 childhood. In: V. Lambert, T. Long, & D. Kelleher (Eds.), *Communication skills*  
 521 *for children's nurses*. (pp. 19-33). Maidenhead: Open University Press.

522 Health Education England. Raising the bar. Shape of caring: A review of the future of  
 523 education and training of registered nurses and care assistants. (2015).  
 524 <https://hee.nhs.uk/2015/03/12/the-shape-of-caring-review-report-published/>  
 525 Accessed 15.01.2018.

526 Healthcare Commission. (2007). Improving services for children in hospital. London:  
 527 Healthcare Commission.

528 Healthcare Play Specialist Education Trust. Play in healthcare and the role of the  
 529 healthcare play specialist. (2015).  
 530 <http://www.effectivewebdesign.org/hpset/role.html> Accessed 27.07.2017.

531 Hubbuck, C. (2009). Play for sick children: play specialists in hospital and beyond.  
 532 London: Jessica Kingsley Publishers.

533 Jun-Tai, N. (2008). Play in hospital. *Paediatrics and Child Health*. 18 (5), 233-  
 534 237. <http://dx.doi.org/10.1016/j.paed.2008.02.002>

535 Landreth, G. L. (2012). Play therapy: the art of the relationship. (3rd ed.). London:  
 536 Routledge.

537 Lansdown, R. (1996). Children in hospital: a guide for family and carers. Oxford  
 538 University Press.

539 Latimer, E. (1978). Play is everybody's business in the children's ward. *Nursing*  
 540 *Mirror*. Sept 14. 21-24.

541 McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. (2nd ed.).  
 542 London: Sage.

543 Nursing Midwifery Council. (2010). Standards for pre-registration nursing education.  
 544 London: NMC.

545 Play England. Charter for children's play. (2009).  
 546 <http://www.playengland.org.uk/media/71062/charter-for-childrens-play.pdf>  
 547 Accessed 15.01.2018.

548 Quality Assurance Agency. (2006a). Guidelines for preparing programme  
 549 specifications. Gloucester: QAA.  
 550

551 Quality Assurance Agency. (2006b). Handbook for institutional audit: England and  
 552 Northern Ireland. Gloucester: QAA.

553

554 Royal College of Nursing. (2014). The Role of children and young people's nurses in  
555 commissioning and planning services: RCN guidance for nurses who manage  
556 and lead children's services. London: RCN.

557

558 Save the Children. (1989). Hospital: a deprived environment for children? the case  
559 for hospital play-schemes. London: Save The Children.

560

561 Stemler, S. (2001). An overview of content analysis. practical assessment, research  
562 & evaluation. 7 (17), 1-9. [Online]. Available:;  
563 <http://pareonline.net/getvn.asp?v=7&n=17> Accessed 15.01.2018.

564

565 Tondatti, P. C., & Correa, I. (2012). Use of music and play in pediatric nursing care in  
566 the hospital context. *Invest Educ Enferm*. 30 (3), pp. 362-370.

567

568 United Nations. General comment No.17 on the right of the child to rest, leisure,  
569 play, recreational activities, cultural life and the arts. (2013).

570 [http://unicef.bg/assets/CRC\\_Materials/GC\\_EN/GC\\_17\\_EN.pdf](http://unicef.bg/assets/CRC_Materials/GC_EN/GC_17_EN.pdf) Accessed

571 15.01.2018.

572

573 Ward, K. (2008). Play in hospital. In: F. Brown, & C. Taylor (Eds), *Foundation of*  
574 *playwork* (pp. 104-107). Berkshire: Open University.

575

576 Weaver, K., Battrick, C., & Glasper, E. A. (2007). Developing a hospital play



577 guideline and protocol for sick children with debilitating fears. *Journal of*  
 578 *Children's and Young People's Nursing*. 1(3), 143-149.  
 579 <https://doi.org/10.12968/jcyn.2007.1.3.24115>  
 580  
 581 Webster, A. (2000). The facilitating role of the play specialist. *Paediatric Nursing*. 12  
 582 (7), 24-27. <https://doi.org/10.7748/paed2000.09.12.7.24.c698>  
 583  
 584 Weldon, C., & Peck, H. (2014). Play and recreation. In: A. Tonkin (Ed.), *Play in*  
 585 *healthcare: using play to promote child development and wellbeing* (pp. 77-  
 586 92). New York: Routledge.  
 587  
 588 Woolfolk, A., & Perry, N. E. (2012). *Child and Adolescent Development*. Boston:  
 589 Pearson.