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The purpose of this study was to survey by means of a questionnaire the pediatric staff members in the hospitals in North Carolina. Respondents were hospital administrators, staff pediatricians and pediatric nurses. The questionnaire was designed to investigate the acceptance of pediatric play activity centers and the understanding of the play activity center director's role. The null hypotheses were:

1. There is no difference in the acceptance of play activity centers among pediatric nurses, pediatricians and hospital administrators.
2. There is no difference in the perceived need for trained personnel for play activity centers among nurses, pediatricians and hospital administrators.

A pre-survey to locate the target population was made of the 70 North Carolina general hospitals with a bed complement of 100 or more. Thirty-two of these hospitals claimed to have a pediatric unit and thus comprised the target population.

Questionnaires were distributed to the hospital administrator, a pediatrician and a pediatric nurse in each of the hospitals in the target population. There was a total of 96 questionnaires distributed. Sixty-three questionnaires or 65.6% were returned to the investigator.

Reliability of the questionnaire was measured by comparison of six factual questions within the individual hospital respondent sets.

Since the survey was made of a total population rather than a random sample, percentage analysis was the technique used to analyze

the data. The results of the data were discussed on the descriptive level. There was complete agreement among the respondents on the value of existing play activity centers. There was less agreement on play activity center value among the respondent classes from hospitals not having a play activity center. The most often selected primary value of a play activity center by all classes was "Reduction of Emotional Stress." There was also agreement on "Entertainment" as the second most often selected play activity center value. "Child Development" was ranked as the most preferred and "College Degree - Any Major" was ranked as least preferred training for the play activity director by all three classes of respondents. "Nursery School" was ranked as most preferred experience by the three respondent classes. The aspect most often selected by all three respondent classes as important in the play activity director's role was "Schedule activities for the play activity center." Trends toward agreement among the classes appeared with relation to both hypotheses.

The University of Utah
in Partial Fulfillment
of the Requirements for the Degree
Master of Science in Education

December
1968

[Signature]
1968

APPROPRIATE SHEET

RESPONSES OF NURSES, PEDIATRICIANS

AND HOSPITAL ADMINISTRATORS IN

NORTH CAROLINA TO A PLAY

ACTIVITY CENTER

QUESTIONNAIRE

by

Nancy Taylor Coghill

A Thesis Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Master of Science in Home Economics

Greensboro
March, 1969

March 30, 1969
Date of Examination

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ACKNOWLEDGMENTS

As author I wish to extend sincere appreciation to the following people:

Dr. Helen Canaday, director of the thesis, for whose assistance the author is most grateful.

Dr. Faye Grant, Dr. Rebecca Smith, Dr. Eugene McDowell and Dr. Carl Cochrane whose suggestions have been very helpful.

The hospital administrators, staff pediatricians and pediatric nurses who took part in the survey.

My parents, Mr. and Mrs. E. Bruce Taylor, whose encouragement throughout my academic career has been sincerely appreciated.

My husband, Phil, whose many hours of technical assistance with data analysis and printing of the manuscript are duly acknowledged. Without his interest and encouragement this study would not have been possible.

N.T.C.

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CHAPTER I

THE PROBLEM

From the available literature and professional contacts it appears that there is an increasing awareness of the non-medical needs of hospitalized children. As a result of the realization of these special needs, play activity centers are being introduced to some large hospital pediatric units to help meet the needs of the patients. Further considerations of the play activity program beyond special stress needs are those needs consistent with the growth of all children. As Cohart (1956-57) explained, "...we must not focus attention on the disease to such an extent that we forget about the whole child [p. 20]."

The use of play has been reported in many journal articles as having value for both the well and the ill child. Three of these specific values are: self expression, emotional discharge and handling fears. Senn (1945) combines the emotional aspects of convalescence with a discussion of play in a comprehensive manner. Davidson (1948), and Richards and Wolff (1940) provide further support for the value of play and the hospitalized child. Thus, an application of these values by inclusion of play into the hospital program for short-term convalescent children appears to lessen the child's adverse reaction to the hospital experience as well as to assist in the continuation of his normal developmental pattern.

Research and pilot programs are being conducted which suggest further an increasing awareness of the value of play to the hospitalized child. Faust, Jackson, Cermak, Burt, and Winkley (1952) studied the

effects of adequate emotional preparation of the young child on his reaction to surgery. Prugh, Staub, Sands, Kirschbaum, and Lenihan (1953) reported their short-term longitudinal study of conditions of communication, staff support, parental and play programs as they related to emotional reactions of hospitalized children. Tisza and Angoff (1957) reported an experimental play program at Boston Floating Hospital and Cassell (1965) experimented with techniques of puppetry as a preparation for cardiac catheterization at Children's Memorial Hospital, Chicago.

Purpose of the Study

Within the pediatric unit an organized play center directed by personnel trained in child development or closely related disciplines would appear to allow the child maximum benefit from these play experiences. Therefore, a survey of the present provisions for such programs in North Carolina hospitals as well as the opinions concerning these programs from hospital administrators, nurses and staff pediatricians could determine if there exists a need for additional play centers and trained child development specialists.

The purpose of this study was to survey the general hospitals in North Carolina which have pediatric units. A questionnaire was used to provide information about present play facilities, proposed play activity centers, and staff qualifications and training. Comparisons of the responses of hospital administrators, pediatricians and pediatric nurses were made to determine the degree of acceptance of play activity centers among members of the pediatric staff. The understanding of the purposes and personal opinions toward a play activity center and its

director were also surveyed in order to gain a better understanding of the current acceptance and potential establishment of play activity centers in North Carolina hospitals.

Hypotheses

- (1) There will be no difference in the acceptance of play activity centers among pediatric nurses, pediatricians and hospital administrators.
- (2) There will be no difference in the perceived need for trained personnel for play activity centers among nurses, pediatricians and hospital administrators.

Definitions

- (1) Play Activity: Play activity is the extra-medical care provided for the child in an acute short or long term hospital situation. It includes group activity for children, toddler through mid-teenage, within a playroom setting as well as individual activity for patients confined to their rooms. All activity is supplemental to the care provided by the medical staff and is directed toward the needs of the developing child as an individual within the hospital setting.
- (2) Play Activity Center: A play activity center is a separate area on the pediatric floor which is staffed and equipped to provide patients with an opportunity to engage in supervised play.

- (3) Child Development Specialist: A child development specialist is a person trained in the child development curriculum at either the Bachelor's or the Master's degree level, who has had some experience with children in the hospital setting.

Basic Assumptions

- (1) Play is an important factor in the development of all children, but particularly in the therapy for hospitalized children.
- (2) The hospitalized child has a need for play activities for continuation of his normal intellectual, emotional, social and physical development.
- (3) A play activity center staffed by a child development specialist would make the hospital stay less traumatic for the child.

Data Secured

Information concerning present play facilities, proposed play activity centers, and attitudes toward play activity centers and staff qualifications were collected by means of a mailed questionnaire. Responses were in five areas:

- (1) A description of the pediatric unit.
- (2) Descriptions of present play facilities.
- (3) Projections of possible additions to play facilities.
- (4) Personal opinions of play activity centers.
- (5) Personal opinions of the play activity director's role and training.

Limitations of the Study

The target population was restricted to those general hospitals in North Carolina which claim to have pediatric units and a total bed complement of at least 100.

Organization of the Remainder of the Thesis

The problem and purpose of this study was presented in Chapter I. A review of the literature and recent research in the area of play activity centers and the hospitalized child will be presented in Chapter II. Chapter III will include a discussion of procedures used to investigate the problem. Chapter IV will contain an analysis of the data secured and a summary and recommendations for further study will be presented in Chapter V.

CHAPTER II

REVIEW OF LITERATURE

A review of the literature on the hospitalized child and closely related areas yields sufficient evidence that the ill child confined within the hospital has special extra-medical needs worthy of the consideration and professional direction of a child development specialist. Those needs center around the emotional stress under which the hospitalized child is placed. This would seem to imply a need for cooperation between medical care and extra-medical services for the treatment of the child. In an effort to meet these special needs of hospitalized children, an adequate hospital pediatric program must further consider those needs consistent with the growth of all children. Cohart (1956-57) stresses that pediatric workers must not forget about the development of the whole child in their concern for the treatment of disease.

A further emphasis of the point that the concept of needs of the ill child is based upon the same principles as those of physically well children is presented by Robertson (1958) as he stressed a team approach to the total health of the child. He stated that "If doctors and nurses are to be more effective in looking after the mental health of young patients, their training must include the psychological development of children, coupled with adequate practical experience of normal healthy young children [p. 122]."

A heightening of sensitivity to emotional stress is apparent at all age levels within the pediatric unit. Although one study (Faust,

Jackson, Cermak, Burt & Winkley, 1952) has determined that "... the emotional equipment required for dealing adequately with a hospital experience, is no different from that needed in dealing with all the other problems of life [p. 55]," the factors of physical immobility or social isolation may be hindering the hospitalized child's adjustment. Langford (1961) stated "The blocking of the normal emotional discharge channel of motor activity taxes the adaptive capacities of the child to the utmost [p. 673]."

In support of this observation of the child's increased emotional stress and apparent confusion during hospitalization, Blom (1958) noted "A child cannot distinguish between suffering from the illness and the treatment done for the cure [p. 592]." Therefore, there appears to be an important interaction process between the child's concept of his medical illness and his response to that illness. Blom (1958) recognized the need for an integration of physical and emotional treatment by stating, "When the child is hospitalized his fears, anticipations, and concepts of his medical illness are important not only as psychologic concomitants but also as they may affect and prolong his illness [p. 590]."

The individual child, thus, possesses a unique combination of adaptive capabilities and adaptation hindrances. He may then have a wide variety of reactions to this hospital experience. The way a child reacts to this hospital experience may be dependent upon a number of variables. These were enumerated by Senn (1945) as:

The physical, intellectual, and psychological status of the individual at the onset of his illness.

The nature of the illness.

The meaning of the illness to the patient.

The interpersonal relationship of patient and nurse, and of patient and physician. [p. 25]

Langford (1948) suggested one specific manifestation for Senn's third variable. He stated, "We can feel sure that in most sick children there is a certain amount of anxiety because of their ideas as to the cause of their illness and in many guilty feelings as to their own responsibility [p. 244]."

Overt reactions to the combination of these variables as they affect the individual child may or may not be accurate indicators of his adjustment. Frank (1951) described one reaction which fails to indicate the child's true adjustment: "The quiet child is too frightened to be able to release his inner tension. His defense mechanism is withdrawal to a world of fantasy, a much less healthy emotional reaction than is shown by the child who fights the situation [p. 326]." She continued by adding one suggestion for coping with this tension, explaining that what the child is trying to ask for is "... assurance that it is all right to be frightened [p. 326]."

Besides withdrawal, another common reaction to hospitalization is regression. Langford (1948) described regression as a defense against anxiety. The strength of this defense is dependent upon the severity of the emotional disturbance and the length of the illness.

Fear is not an abnormal reaction to the child's entering the hospital. The reason for this is explained by McComb (1948) in an article describing a pediatrics program at the University of Michigan Hospital when he wrote:

The child enters the hospital with multiple fears of treatment, of the unknown, of family separation, and of endless other things. Shyness is an outstanding characteristic. There is

often an apathetic, negativistic attitude and a very short span of attention. Some children have missed out on whole blocks of normal experience [p. 27].

Davidson (1949) reported a survey of young children in which the children were asked what they did when something did not go the way they had wanted or expected. She commented: "The children's answers indicate their needs to express dissatisfaction in a physical manner and they all tend toward the aggressive pattern. If this is a sample of the way a child behaves at home under emotional stress, what does he substitute in the hospital where tensions are increased and physical activity is decreased? [p. 138]"

These reactions do not seem to be restricted to the period of early childhood. Little (1960) described the normal conflicts of the adolescent which seem heightened and "Because of the increased intensity of his impulses he is increasingly aware of his physical body [p. 85]." Overt behavior, as is the case in younger children, is not an accurate indicator of internal feelings or adjustment. Hollingshead (1960) attributed part of this reaction to the social factor that the adolescent, "...receives little support because our society teaches us to hide our anxieties, especially our fears, for fear is to be weak, and the weakling is not a hero [p. 134]."

Threatened also in the adolescent is his newly won independence. Little further observed that cutting down on activity and the restrictions which illness is apt to impose may tend to drive the adolescent into a further state of anxiety because of this increased sensitivity.

One study has been recorded in which the problem of psychological upset in hospitalized children was examined by a control method.

Sipowicz (1965) used sets of twins, one of which was a Hospitalized child and one a Home or control child. Judgment of the child's psychological upset was recorded by the mother after the Hospitalized child had returned home for a week. The data provided some support for the principal hypothesis that the combination of hospitalization and illness is psychologically upsetting for children in general.

Some study has been devoted to the child's reaction to more specific diseases. These, however, tend to deal less with hospital effects and more with the characteristics of the illness itself. Dubo (1950) studied 25 children having pulmonary tuberculosis. Many of these children shared common emotional disturbances such as regression, immature relationships, a preoccupation with death, a tendency to assume personal responsibility for the illness and attempts to escape reality. These symptoms were thought to be a result of the specific characteristics of the disease since there appeared to be no indication of a characteristic preillness personality pattern among the children. The lack of observable symptoms made the concept of tuberculosis abstract to the children. The investigator considered this an ego threatening experience beyond that which a child suffering from a fracture, burns, measles or some similarly observable infliction might encounter.

Rheumatic fever has been associated with emotional conflict. Observations made on these cases (Huse, 1951; Josselyn, 1949; Josselyn, Simon & Eells, 1955) attributed many of these conflicts to the necessarily extremely long convalescent period. This period may last several years during which the young child may be away from home confined to a convalescent home.

Tonsillectomy and surgery are two other main reasons for hospitalization which have been studied. Coleman (1952) recognized the concern for the emotional health of the young surgical patient. He said that neuropsychiatrists, such as himself, "... find that the thoroughly prepared child goes through the entire experience (surgery) with little if any emotional trauma [p. 42]." Pillsbury (1951) also stresses adequate emotional preparation for surgery. As a follow-up of the child's experience, she suggests "A present of a 'doctor set,' available in many toy stores, may help him to master his feelings about the experience through play [p. 124]."

These specific illnesses, although they do not provide a general projection of the hospitalized child's needs, do serve to illustrate the need for individual consideration for the individual ill child's emotional as well as physical needs. An attempt to meet these emotional needs of hospitalized children is being made through play activity programs established in pediatric units.

The value of play to the child has been equated with the achievement and expressive values of work for the adult. Wessell (1947) in a discussion of the pediatric nurse and human relationships said, "All pediatric workers, and nurses in particular, should realize that 'playing is living' [p. 216]." Kangery (1960) described the child's play as "... a response to his emotional urges and needs [p. 1749]."

This emotional release is used by all children in their normal developmental pattern. Bakwin (1951), however, perceived the hospitalized child as needing a unique program of play designed to meet his limitations. Mentioning specifically the bed-ridden child he stated:

"The child who is confined to bed suffers a great disadvantage in that he is unable to release pent-up emotions by physical activity [p. 387]."

More specifically, Senn (1945) described emotional aspects of convalescence with a section on play.

In children, play is a natural medium for communication. It permits a child to tell us things about himself as a person, his physical abilities, and his feelings. It enables him to try out physical energy, to experiment with newly discovered endowments, and at the same time to gain something psychotherapeutically as he relates his experiences and emotions to others. It brings relaxation and rest, diverts the mind from stress, and acts as a safeguard against the development of undesirable habits such as excessive thumb sucking, masturbation, and daydreaming, through providing opportunity to express tension, anger, and resentment. Opportunities for diversional and occupational play should be provided each child in keeping with his physical, intellectual, and emotional needs. [p. 28]

Communication serves as a means to the specific ends of understanding the situation in which one is and being understood in that situation. Davidson (1948) established this function of play in adjustment through understanding: "The child who is sick needs play to understand and adjust to the unfamiliar situation which illness creates [p. 172]."

Additional references support the values of play for the hospitalized child. Besides the values of communication and specific adjustment to a new situation, Richards and Wolff (1940) applied play values to the child's emotional strain: "Play becomes a safety valve for his (the child's) hidden wishes and fears and a balance for the tensions that are a part of every growing child's life. Ill or well the child needs play [p. 229]."

With an understanding of why the child needs play during his hospitalization period, more specific objectives for a play program

may be examined. Richards and Wolff (1940) suggested a comprehensive list of objectives for a hospital play program:

To give the child assurance.

To use the long hours of waiting and convalescence in healthy, creative play activities.

To help recondition the child who has learned to fear hospitals and illness.

To furnish a method of observing and evaluating a child's play in relation to the problems of his life.

To educate mothers, fathers, nurses and doctors in the importance and proper use of play. [p. 236-237]

The positive approach to play activity is made by all of the above objectives. To lessen the child's adverse reaction to the hospital experience may, in fact, be only part of the broader objective of assisting in the continuation of the child's normal developmental pattern. Tisza and Angoff (1957) perceived this developmental pattern as a determinant of the atmosphere of the total play program. Basing their theory of play activity on a program established at the Boston Floating Hospital, they stated: "The freedom and activity of the playroom places the emphasis on the healthy part of the child [p. 300]."

Research and pilot programs are being conducted at the Albany Medical College, Children's Medical Center in Boston, Boston Floating Hospital, North Carolina Memorial Hospital, and Children's Memorial Hospital, Chicago, which show an increasing awareness of the value of play to the hospitalized child. Faust, et. al. (1952) conducted a study on the child's reaction to anaesthesiology. The results placed an emphasis on preparation for the hospital experience through helping the child know what to expect. This includes a modification of the

experience which the child has the ability to endure. A further recommendation is that "The young patient should not be required to stay in bed, especially alone in a room, when he is feeling well. On the day before surgery, he will be much happier and more cooperative if he is allowed to go about the ward and play in the company of other children [p. 59]."

Prugh, Staub, Sands, Kirschbaum and Lenihan (1953) in a short-term longitudinal project studied the emotional reactions of children and families to hospitalization at the Children's Medical Center, Boston. They reported positive effects on the children's reactions under the experimental conditions of communication, staff support, parental involvement, and a play program.

Tisza and Angoff (1957) have reported a play program for children aged two months to eighteen years at the Boston Floating Hospital. As well as suggesting supervised freedom, results of this program stress a developmental approach to care and techniques. Cooperation between hospital staff, volunteers and parents appears to provide the most workable situation.

A pediatric playroom at the North Carolina Memorial Hospital, Chapel Hill, has provided an opportunity for medical students to become aware of the concept of play activity. After his pediatric residency at this hospital Dr. Griggs C. Dickson reported upon examining another pediatric department without such facilities (Waddell, 1952): "I found the lack of playroom facilities disturbing and many children who were hospitalized for prolonged periods (and even shorter terms) returned home with many and often serious emotional disturbances [p. 67]."

While later observing another hospital with the same lack of play facilities, Dr. Dickson noted, "... that the total hospitalization tended to be somewhat of a negative experience. A play program, he felt, was a needed 'plus factor' [p. 68]."

Cassell (1965) experimented with the technique of puppetry as a preparation for cardiac catheterization at Children's Memorial Hospital, Chicago. This form of social play activity appeared to have helped the children "... discriminate the catheterization as a single distressing experience and therefore feel relatively little anxiety about it after its completion [p. 7]." The hypothesis that children given the puppet therapy would show less emotional disturbance during the cardiac catheterization was supported.

An examination of the literature reveals the special problems and needs of the hospitalized child. The value of play to the hospitalized child is also recognized. Use of play techniques in the pediatric unit appears to be meeting many of these special needs in experimental projects and pilot programs of play activity centers.

CHAPTER III

PROCEDURES

The concept of play activity centers is recorded in the literature as a contributing factor to the hospitalized child's development and emotional well being. This study is concerned with the application of this concept within the pediatric units of North Carolina hospitals. To achieve the purpose of this study four steps were followed: (1) the development of a questionnaire; (2) the determination of the general hospital population; (3) the determination of the target population of hospitals with pediatric units; and, (4) distribution of the questionnaire to the pediatric unit target population.

Development of the Questionnaire

There was no available instrument by which a survey of play activity centers could be made. A twenty-item questionnaire was developed by the investigator. (See Appendix D) The information to be collected by this questionnaire concerned present play facilities, proposed play activity centers, and play activity staff qualifications and responsibilities.

Questions involved responses in five areas:

A description of the pediatric unit.

Descriptions of present play facilities.

Projections of possible additions to play facilities.

Personal opinions of play activity centers.

Personal opinions of the play activity director's role and training.

Determination of the General Hospital Population

The target population was to include all general hospitals in North Carolina claiming to have a pediatric ward, unit or separate area for pediatric beds. There was no available listing of North Carolina hospitals with pediatric units. A complete listing of non-federal North Carolina hospitals as of March 1, 1968 compiled by the North Carolina Medical Care Commission was used as a locating source for the target population. From this list, all general hospitals with a bed complement of 100 or more were selected as possibly meeting the criterion of having a pediatric unit. There was a total of 70 general hospitals having a bed complement of 100 or more.

Determination of the Target Population

A letter was sent by the investigator to the administrator of each of the 70 hospitals having a bed complement of 100 or more. (See Appendix B) The administrators were asked to check on a return postal card whether or not their hospital had a pediatric unit.

Thirty-two administrators indicated that their hospital did have a pediatric unit. These 32 hospitals comprised the target population. (See Appendix A)

Distribution of the Questionnaire

The respondents in the survey were divided into three categories: (1) hospital administrators; (2) staff pediatricians; and (3) pediatric nurses. Three questionnaires and three self-addressed, stamped envelopes were mailed to the administrators of each of the 32 hospitals in the target population. Each administrator was then asked to complete one of the questionnaires and to distribute a questionnaire to both a staff pediatrician and a pediatric nurse. All respondents were asked to complete the questionnaires independently and return them directly to the investigator. The total number of questionnaires distributed was 96.

Treatment of the data from the questionnaires will be discussed in Chapter IV.

Data Collection

Three questionnaires with stamped envelopes for return mailing were sent to the administrators of those 32 hospitals which claimed to have a pediatric unit. The administrators were then asked to keep one questionnaire and distribute one copy to a staff pediatrician and one to a pediatric nurse. The three respondents from each hospital were then asked to complete the questionnaires independently and return

CHAPTER IV

ANALYSIS OF THE DATA

The purpose of this study was to survey by means of a mailed questionnaire the North Carolina hospitals claiming to have a pediatric unit. Responses to the questionnaire provided information about present play facilities, proposed play activity centers, and staff qualifications and training. Comparisons of the responses of hospital administrators, pediatricians and pediatric nurses were made to test the two hypotheses:

- I. There will be no difference in the acceptance of play activity centers among pediatric nurses, pediatricians and hospital administrators.
- II. There will be no difference in the perceived need for trained personnel for play activity centers among nurses, pediatricians and hospital administrators.

Data Collection

Three questionnaires with stamped envelopes for return mailing were sent to the administrators of those 32 hospitals which claimed to have a pediatric unit. The administrators were then asked to keep one questionnaire and distribute one copy to a staff pediatrician and one to a pediatric nurse. The three respondents from each hospital were then asked to complete the questionnaires independently and return

them directly to the investigator. The total number of questionnaires distributed was 96.

A total of 63 questionnaires was returned to the investigator. This represented a 65.6% return. Twenty-five of the 32 hospitals in the target population or 78.1% were represented in the collected data. Those 17 hospitals returning a completed set of three questionnaires represented 53.1% of the total 32 hospital target population. A compilation of the percentage return is presented in Table 1.

Table 1
Percentage Distribution of Returned Questionnaires

	Distributed	Returned	Per Cent Returned
Total	96	63	65.6
Hospitals Represented	32	25	78.1
Hospitals with a set of 3 returned	32	17	53.1
Administrators	32	22	68.8
Pediatricians	32	19	59.4
Pediatric Nurses	32	22	68.8

Reliability of the Questionnaire

To determine the reliability of the questionnaire a comparison of certain factual questions asked of the respondents was made. These comparisons were made between respondents from the same hospital

and were also intended to assess the degree of awareness of the pediatric unit by the three classes of respondents. Questions selected were: (See Appendix D)

- (2) Size of the pediatric unit.
- (5) Usual number of ambulatory pediatric patients who might be able to participate in a play situation.
- (6) Parent visitation hours in the pediatric unit.
- (7) or (8) Response to (7) indicating a playroom. Response to (8) indicating no playroom facility in that hospital.
- (10) School or teaching service available for the school-aged children.
- (11) Whether the pediatric unit does or does not have access to a volunteer program.

A survey of the questionnaire within the individual hospital sets revealed very little variance in responses of administrators, pediatricians and nurses. Percentages of agreement were: (1) question 2: 85%; (2) question 5: 60%; (3) question 6: 60%; (4) question 7 or 8: 100%; (5) question 10: 60%; and (6) question 11: 85%. A possible reason for lower agreement on the number of ambulatory patients able to participate in a play activity center was the opinion nature of the question. The respondent classes were asked to make an estimate of the usual number of possible participants. Questions concerning visitation hours and teaching services having an agreement of 60% among the three respondent classes each had an 85% and 100% agreement respectively between two of the three respondents in each hospital set. The questionnaire was then assumed to be sufficiently reliable without more formal reliability

testing. The respondents in the three classes were also assumed to be sufficiently aware of conditions within their respective pediatric units to permit meaningful comparisons of their responses.

Analysis of the Data

Because the total target population was used instead of a random sample of pediatric units, percentage of response was the technique used to analyze the data. As a result of the finite population studied, additional statistics could not be used to test the hypotheses. The results of the percentage analysis will be discussed on the descriptive level, pointing out trends toward agreement among respondent classes.

Responses could not be matched within hospital sets because the 25 hospitals represented did not return completed sets of questionnaires. Therefore, questions concerning the actual organization of individual pediatric units were not of value in the testing of the two hypotheses of this study. Opinion questions were selected to test the hypotheses and a discussion of them follows in the next two sections.

Hypothesis I

Hypothesis I states that: There will be no difference in the acceptance of play activity centers among pediatric nurses, pediatricians and hospital administrators.

Questions which were designed to indicate the acceptance of play activity centers were 7(a); 7(b); 8(a); 8(c); 8(f); and 9. (See Tables 2,3,4,5,6 and 7)

Questions 7(a), "In your opinion, is this play activity center of

value to the pediatric unit in your hospital?", and 7(b) concerning needs for a director of the existing play activity center were answered only by those staff members whose hospital does have a separate playroom for children. Responses are shown in Tables 2 and 3.

Table 2

Analysis of Responses to the Question:
 "In your opinion, is this play
 activity center of value
 to the pediatric unit
 in your hospital?"

Respondent	N	Raw Data		Per Cent	
Administrator	15	$\frac{15}{\text{yes}}$	$\frac{0}{\text{no}}$	$\frac{100}{\text{yes}}$	$\frac{0}{\text{no}}$
Pediatrician	13	$\frac{13}{\text{yes}}$	$\frac{0}{\text{no}}$	$\frac{100}{\text{yes}}$	$\frac{0}{\text{no}}$
Nurse	13	$\frac{13}{\text{yes}}$	$\frac{0}{\text{no}}$	$\frac{100}{\text{yes}}$	$\frac{0}{\text{no}}$

This question of play activity value to the pediatric unit supports Hypothesis I and indicates no difference in the acceptance of existing play activity centers. There was complete agreement among the three classes of respondents.

Table 3

Analysis of the Responses to the Question
of Requirements For a Play Activity
Director in Existing Play
Activity Centers

Response	Adminis- trator N=15	Pedia- trician N=13	Nurse N=13
No director and a part time program.	60.0%	46.2%	30.8%
A part time director and a part time program.	6.7%	38.5%	15.4%
A part time director and a full time program.	0.0%	0.0%	0.0%
A full time director and a full time program.	20.0%	7.7%	23.1%
Other	13.2%	7.7%	30.8%

The question of need for a play activity director has been answered partially as a factual question indicating existing facilities and partially as an opinion of the needs for a director and program. Differences are indicated in every case except the agreement by all respondent classes that there was no need for a part time director and a full time program.

Answered by respondents in hospitals not having playroom facilities were: 8(a) "In your opinion, would a play activity center be of value to the pediatric unit of your hospital?"; 8(c) "Would you consider converting this space into a playroom?"; and, 8(f) concerning play activity director requirements to fit the needs of the pediatric unit. Responses are shown in Tables 4,5 and 6.

Table 4

Analysis of the Responses to the Question:
 "In your opinion, would a play activity
 center be of value to the pediatric
 unit of your hospital?"

Respondent	N	Raw Data		Per Cent	
Administrator	7	$\frac{5}{\text{yes}}$	$\frac{2}{\text{no}}$	$\frac{71.4}{\text{yes}}$	$\frac{28.6}{\text{no}}$
Pediatrician	6	$\frac{2}{\text{yes}}$	$\frac{4}{\text{no}}$	$\frac{33.3}{\text{yes}}$	$\frac{66.7}{\text{no}}$
Nurse	9	$\frac{8}{\text{yes}}$	$\frac{1}{\text{no}}$	$\frac{88.9}{\text{yes}}$	$\frac{11.1}{\text{no}}$

This question of play activity center value fails to support Hypothesis I although both nurses and administrators show a majority of acceptances to the establishment of a play activity center.

Table 5

Analysis of the Responses to the Question:
 "Would you consider converting this
 space into a playroom?"

Respondent	N	Raw Data		Per Cent	
Administrator	6	$\frac{2}{\text{yes}}$	$\frac{4}{\text{no}}$	$\frac{33.3}{\text{yes}}$	$\frac{66.7}{\text{no}}$
Pediatrician	5	$\frac{1}{\text{yes}}$	$\frac{4}{\text{no}}$	$\frac{20.0}{\text{yes}}$	$\frac{80.0}{\text{no}}$
Nurse	4	$\frac{2}{\text{yes}}$	$\frac{2}{\text{no}}$	$\frac{50.0}{\text{yes}}$	$\frac{50.0}{\text{no}}$

The question of conversion of space to a playroom shows no support for Hypothesis I and little trend of agreement among the three classes of respondents.

Table 6

Analysis of the Responses to the Question
of Requirements For a Play Activity
Director to Fit Pediatric
Unit Needs

Response	Adminis- trator N=6	Pedia- trician N=3	Nurse N=5
No director and a part time program.	33.3%	0.0%	20.0%
A part time director and a part time program.	50.0%	100.0%	60.0%
A part time director and a full time program.	16.7%	0.0%	20.0%
A full time director and a full time program.	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%

Response to the question of need for a play activity director indicates agreement on the lack of need for a full time director and a full time program in a play activity center. There is also agreement upon no alternative program, or the "Other" response. There is also agreement between nurses and administrators on a need for a part time director and a full time program.

Question 9, "What, in your opinion, is the most important value of a play activity center?", indicated the acceptance of play activity

centers by presenting a list of values suggested in the literature as applying to hospital playroom programs. The responses are indicated in Table 7.

Table 7

Analysis of the Responses to the Question:
 "What, in your opinion, is the most
 important value of a play
 activity center?"

Value	Adminis- trator N=20	Pedia- trician N=16	Nurse N=17
None	0.0%	6.3%	0.0%
Entertainment	40.0%	25.0%	11.8%
Supervised Play	5.0%	18.8%	11.8%
Education	0.0%	0.0%	0.0%
Motor Coordination and Development	5.0%	0.0%	5.9%
Social Interaction	0.0%	6.3%	0.0%
Reduction of Emotional Stress	50.0%	43.8%	70.6%

Responses to the question of the most important value indicate support for Hypothesis I with regard to an agreement in the value of "Education" in the play activity center. Agreement between the administrators and nurses with regard to values "None" and "Social Interaction" is indicated. All three classes of respondents indicate the most often selected value is "Reduction of Emotional Stress."

Hypothesis II

Hypothesis II states that: There will be no difference in the perceived need for trained personnel for play activity centers among nurses, pediatricians and hospital administrators.

Questions included on the questionnaire which were designed to test Hypothesis II were 18, 19, and 20. Tables 8,9, 10, 11, 12, 13, 14 and 15 indicate an analysis of the data.

Question 18 asked the respondents to "Rank in 1,2,3 etc. order the following training backgrounds for a play activity center director from the most desired (1) to the least desired (6)." Because of the ranking nature of the question, two techniques were used to examine responses to this question. The first of these methods was to assign each rank from one to six with a rank value. Integers from one to six were assigned consecutively to the ranks from six to one as rank values. Thus, a rank of one, or the most desired training for a play activity director was assigned a rank value of six. The least desired training was assigned a rank value of one. Appendix E shows the raw data obtained from question 18, ranking of desired training, responses. The number of responses multiplied by rank value was added to the remaining responses multiplied by their rank value in each individual training type. The sum of these responses multiplied by rank values equals a total value for each training type. Table 8 shows the rank for each training type when the sums are arranged sequentially from greatest to least value.

Table 8

Rank of Preferred Training For
Play Activity Directors

Rank	Administrators	Pediatricians	Nurses
1	Child Development	Child Development	Child Development
2	Psychology	Teacher	Psychology
3	Teacher	Psychology	Teacher
4	Nursing	Social Work	Nursing
5	Social Work	Nursing	Social Work
6	Any Major	Any Major	Any Major

The ranking assigned by administrators and nurses was identical when responses were considered in this collective manner. Pediatricians, however, assigned a different rank order except in the cases of the most preferred training, "Child Development," and the least preferred training, "College Degree - Any Major."

A percentage analysis was made of each training type. The breakdown of responses to ranking as applied to each training type is shown in Appendix F. The basic trend of ranking "Child Development" as the most preferred and "College Degree - Any Major" as least preferred is indicated. (See Tables 9 and 10)

Table 9

Percentage Analysis of the Most Preferred
Play Activity Director Training Type-
Child Development

Rank	Administrator N=19	Pediatrician N=11	Nurse N=15
1	68.4%	81.8%	66.7%
2	26.3%	9.1%	26.7%
3	5.3%	9.1%	6.7%
4	0.0%	0.0%	0.0%
5	0.0%	0.0%	0.0%
6	0.0%	0.0%	0.0%

Trends toward ranking "Child Development" as first by all respondent classes are indicated by the figures in Table 9. No responses less than a rank of three are reported. Closest agreement is between administrators and nurses. Pediatricians, however, show an even greater tendency than the other two classes to rank "Child Development" as most preferred.

The responses of an intermediate rank for preferred training are shown in Appendix F.

Question 19 asked: "Rank in 1, 2, 3 order the following types of experience which you feel are most desirable (1) to least desirable (3) for a play activity director." Since experience is often considered a vital part of formal or informal training, questions of this nature are included to investigate opinions of desired experience for play activity directors.

Table 10

Percentage Analysis of the Least Preferred
Play Activity Director Training Type-
College Degree - Any Major

Rank	Administrators N=19	Pediatricians N=11	Nurses N=15
1	0.0%	0.0%	0.0%
2	0.0%	0.0%	0.0%
3	0.0%	9.1%	0.0%
4	5.3%	45.5%	6.7%
5	21.1%	9.1%	40.0%
6	73.7%	36.4%	53.3%

Figures in Table 10 indicate the trend to rank "College Degree-Any Major" as the least preferred play activity director training. Pediatricians were the only class to rank "Any Major" above the rank of four. The table indicates that 9.1% of the pediatricians ranked "Any Major" as third and the largest per cent ranked it as fourth while the largest per cent of administrators' and nurses' responses were a rank of six.

The responses of an intermediate rank for preferred training are shown in Appendix F.

Question 19 asked: "Rank in 1,2,3 etc. order the following types of experience which you feel are most desirable (1) to least desirable (5) for a play activity director." Since experience is often considered a vital part of formal or informal training, question 19 was included to investigate opinions of desired experience for play activity directors.

The same two treatments which were applied to question 18 were used to analyze the data from question 19.

The figures in Appendix G indicate the sum totals of rank multiplied by rank value, assigned one through five, for each type of experience by each class of respondents. Table 11 represents a sequential assignment of total values obtained for each experience type by the three respondent classes.

Table 11

Rank of Preferred Experience of
Play Activity Center Directors

Rank	Administrators	Pediatricians	Nurses
1	Nursery School	Nursery School	Nursery School
2	Hospital	Hospital	School or Clinic for Exceptional Children
3	School or Clinic for Exceptional Children	Public School	Hospital
4	Public School	School or Clinic for Exceptional Children	Public School
5	None	None	None

A percentage analysis of the preferred experience is shown in Appendix H. Each sub-chart includes data for the separate experience type. Table 12 is a compilation of the first ranked or most preferred play activity director experience.

Table 12

Percentage Analysis of the Most Often Preferred Play Activity Director Experience

Experience	Adminis- trator	Pedia- trician	Nurse
None	0.0%	7.1%	0.0%
Public School	5.0%	14.3%	17.6%
Nursery School	35.0%	35.7%	52.9%
School or Clinic for Exceptional Children	30.0%	0.0%	11.8%
Hospital	30.0%	42.9%	17.6%

From Table 12 the trend is toward ranking "Nursery School" experience by administrators and nurses, although the administrators also ranked "Hospital" and "School or Clinic for Exceptional Children" as preferred choices of experience. Pediatricians ranked "Hospital" experience as most preferred, but a large per cent agreed with the "Nursery School" experience preference.

Question 20: "Place a check (✓) to the left of the three things you consider the most important aspects of a play activity center director's role. Draw a line through any you feel should not be the responsibility of the play activity center director," is a more indirect approach to the testing of Hypothesis II. The role or responsibilities assigned to a play activity director are assumed to indicate the need for a particular type of training desired by the respondent. The figures in Appendix I indicate the frequency with which a particular type of

responsibility was selected as one of the three most important aspects of a play activity director's role.

An examination of Appendix I shows a difference among opinions of the three classes of respondents in every case except that of "Attend designated pediatric staff meetings." Five other cases indicate similarities of the responses of two of the three classes. A trend of the classes of respondents toward responsibilities is presented in Tables 13, 14 and 15.

Table 13

The Three Most Often Selected Role
Aspects By Administrators

Rank	Per Cent	Aspect of the Director's Role
1	100.0	Schedule activities for the play activity center.
2	72.2	Make policies and set regulations for play activity with the cooperation of the medical staff.
3	38.9	Direct volunteer aid (train and schedule).

The above three tables indicate a trend toward similar ideas of the play activity director's role. These role expectations should, in turn, indicate the areas of training needed in developing competent play activity directors. Support for Hypothesis II was not indicated by analysis of the first part of question 20 concerning role expectations.

In Appendix J there is a compilation of the data from the second

Table 14

The Three Most Often Selected Role
Aspects By Pediatricians

Rank	Per Cent	Aspect of the Director's Role
1	93.8	Schedule activities for the play activity center.
2	87.5	Make policies and set regulations for play activity center with the cooperation of the medical staff.
3	50.0	Direct volunteer aid (train and schedule).

Table 15

The Three Most Often Selected
Role Aspects By Nurses

Rank	Per Cent	Aspect of the Director's Role
1	83.3	Schedule activities for the play activity center.
2	50.0	Make policies and set regulations for play activity center with the cooperation of the medical staff.
3	44.4	Select Equipment.

The above three tables indicate a trend toward similar ideas of the play activity director's role. These role expectations should, in turn, indicate the areas of training needed in developing competent play activity directors. Support for Hypothesis II was not indicated by analysis of the first part of question 20 concerning role expectations.

In Appendix J there is a compilation of the data from the second

part of question 20: Draw a line through any you feel should not be the responsibility of the play activity center director." Total agreement on three of the responsibilities was indicated. These three were all a result of no negative response to: (1) Make policies and set regulations for play activity center with the cooperation of the medical staff; (2) Select equipment; and, (3) Schedule activities for the play activity center. Trends toward agreement were again indicated for Hypothesis II, but no conclusive support was evident.

In this chapter an analysis of questionnaire data has been presented. The only conclusive support for Hypothesis I was shown by responses to question 7(a) which indicated an agreement of the value of existing play activity centers by administrators, pediatricians and nurses. Trends were shown toward agreement among the three classes of respondents with regard to both hypotheses.

The final chapter will include a summary of the study, conclusions drawn from the data and recommendations for further study.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to compare the responses of three classes of respondents, hospital administrators, staff pediatricians and pediatric nurses. A survey was made of existing play activity centers in North Carolina general hospitals. In addition to examining present play facilities in pediatric units, members of hospital staffs were surveyed to investigate their opinions of hospital play facilities and their understanding of the play program concept. This comparison was designed to examine the uniformity of understanding of the play activity concept among members of the total pediatric staff.

Assumptions of the value of play for both the well and the ill child were made. A number of reports from the literature and recent research articles supported the need for an understanding of the specific needs of the ill child and consideration for the normal developmental process during illness and hospitalization.

Blom (1958) recognized the need for an integration of physical and emotional treatment by stating, "When the child is hospitalized his fears, anticipations, and concepts of his medical illness are important not only as psychologic concomitants but also as they may affect and prolong his illness [p. 590]." Adding to the emotional stress of illness is the restriction of a means of discharging the hospitalized child's anxiety. Langford (1961) stated: "The blocking of the normal emotional discharge channel of motor activity taxes the adaptive

capacities of the child to the utmost [p. 673]." The literature contains reference to the concept of play activity as emotionally and physically therapeutic. Wessell (1947) in a discussion of the pediatric nurse and human relations said, "All pediatric workers, and nurses in particular, should realize that 'playing is living' [p, 216]." Kangery (1960) described the child's play as "... a response to his emotional urges and needs [p. 17493]." Richards and Wolff (1940) applied play values to the child's emotional strain and said, "Ill or well the child needs play [p. 229]." Research studying the idea of play activities for the hospitalized child such as that by Faust, et. al. (1952) at the Albany Medical College and Cassell (1965) at Children's Memorial Hospital, Chicago, supports the value of play and the special and developmental needs of the hospitalized child.

A 20-item questionnaire was developed by the investigator to use as a tool for surveying hospital administrators, pediatricians and pediatric nurses. The questionnaire was distributed to 32 general hospitals in North Carolina which claimed on a pre-survey to have a pediatric unit. Three questionnaires were completed independently by: (1) the hospital administrator; (2) a staff pediatrician; and, (3) a pediatric nurse, and were returned directly to the investigator.

The number of questionnaires returned was 63, which is 65.6%. This return represented 78.1% of the hospitals with 53.1% of the hospitals returning a complete set of three questionnaires.

Data collected on the questionnaires were analyzed using percentage of the responses. Questions concerning opinions were selected to test the two hypotheses:

H_I: There will be no difference in the acceptance of play activity centers among pediatric nurses, pediatricians and hospital administrators.

H_{II}: There will be no difference in the perceived need for trained personnel for play activity centers among nurses, pediatricians and hospital administrators.

Hypothesis I was supported by responses to one question: 7(a) "In your opinion, is this play activity center of value to the pediatric unit in your hospital?" Yes responses from all three classes of respondents totaled 100%. Trends toward similar acceptance of play activity centers by administrators, pediatricians and nurses were noted in the data analysis. The data, however, did not conclusively support the null hypothesis.

There was no conclusive support for Hypothesis II in the data analyzed. There were, however, trends developing toward similar conceptions of the need for trained personnel in play activity centers. This was reflected in the type of training desired and responsibilities designated to a play activity director. Similar trends also formed in the types of experience preferred by the three classes of respondents.

Conclusions

Although the null hypotheses were not conclusively supported, the data does point to some of those areas in which pediatric staff members are in partial agreement. Of those hospitals which reported an existing play activity center there is a 100% agreement of the value of this center. Agreement of the value of a play activity center is very slight among the respondent classes in those hospitals not having play

facilities. This could be a result of a lack of understanding on the part of the respondents with regard to the functioning and purpose of play activity centers in those hospitals not actually having one. Differentiated opinion could be a result of the amount of time actually spent interacting with the patients and parents involved. A third possibility could be positive or negative previous experience with a more or less adequately staffed and directed play activity center. A further possibility could be that those hospitals not having a play activity center could have space too limited to consider any value in a play-room addition at this time, or that there are too few pediatric beds to permit inclusion of a pediatric play activity center.

The largest percentage of respondents in all classes selected "Reduction of Emotional Stress" as the most important value of a play activity center. This closely correlates with values reported in the literature. The least often selected play activity center value was "Education."

There was a trend toward agreement in the training preferred by the largest percentage of respondents for a play activity center director, "Child Development." All classes agreed with this preferred training. "College Degree - Any Major" was least preferred as training for a play activity director. Agreement was noted in the preferred rank order by administrators and nurses. A percentage analysis of the data did not, however, show this preference for training as identical.

"Nursery School" was the preferred type of experience by all classes of respondents. Least preferred by all classes was "None." Further agreement in ranking was only slight when comparing the three

respondent classes.

A trend toward agreement of the play activity director's role was indicated. Similar combinations of most important role aspects were indicated by the responses from all three respondent classes.

In summary, there was no conclusive support for the null hypotheses. The degree of agreement between hospital administrators, pediatricians and nurses did indicate a trend in acceptance of play activity centers, and in the understanding of the values of play for the hospitalized child and in the role of the director of a play activity center. The value of the survey, thus, may lie in the trends toward preferred training experience, preferred values and role expectations and the similarities of the responses from members of the pediatric staff rather than in the percentage analysis of the data. The hypotheses then become guides to the description of the accepted play activity center concept and its potential development instead of points of statistical difference.

Recommendations For Further Study

The investigator recommended that further study be conducted after a program of education concerning the purposes and values of play activity centers. This program could be carried out by articles in the professional journals of hospital administrators, pediatricians and nurses. Newsletters from an established play activity center could also be used for educational purposes.

A study of the economic feasibility of play activity centers in small or medium sized hospitals would be of interest. This would include design of room space and utilization of available personnel as directors.

Increased child development training for student nurses and use of the play activity center as an experience laboratory or development of a training program for volunteers are two suggestions for providing adequately trained personnel.

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HOSPITAL	LOCATION	REPRESENTATION IN RESPONSE
1. Cape Fear Valley Hospital Unit	Fayetteville, N.C.	***
2. Charlotte Memorial Unit	Charlotte, N.C.	***
3. Cleveland Memorial Hospital	Shelby, N.C.	*
APPENDIX A		
4. Duke University Medical Center	Durham, N.C.	***
General Hospitals in North Carolina		
5. Forsyth Memorial Hospital	With a Bed Complement of 100 or Greater and Claiming To Have A Pediatric Unit	*
6. Grace Hospital		***
7. Hauler Hospital		***
8. Haywood County Hospital	Waynesville, N.C.	***
9. Johnston Memorial Hospital	Smithfield, N.C.	***
10. Kate Bitting Reynolds Memorial Hospital	Winston-Salem, N.C.	***
11. Lenoir Memorial Hospital	Kinston, N.C.	*
12. Margaret R. Fardee Memorial Hospital	Hendersonville, N.C.	***
13. Memorial Mission Hospital of Western North Carolina	Asheville, N.C.	*
14. Moore Memorial Hospital	Pinhurst, N.C.	*
15. Moses H. Cone Memorial Hospital	Greensboro, N.C.	***
16. New Hanover Memorial Hospital	Wilmington, N.C.	*

HOSPITAL	LOCATION	REPRESENTATION IN RESPONSES
1. Cape Fear Valley Hospital Unit	Fayetteville, N.C.	* * *
2. Charlotte Memorial Unit	Charlotte, N.C.	* * *
3. Cleveland Memorial Hospital	Shelby, N.C.	*
4. Duke University Medical Center	Durham, N.C.	* * *
5. Forsyth Memorial Hospital	Winston-Salem, N.C.	
6. Grace Hospital	Morganton, N.C.	* * *
7. Hamlet Hospital	Hamlet, N.C.	
8. Haywood County Hospital	Waynesville, N.C.	* * *
9. Johnston Memorial Hospital	Smithfield, N.C.	* * *
10. Kate Bitting Reynolds Memorial Hospital	Winston-Salem, N.C.	* * *
11. Lenoir Memorial Hospital	Kinston, N.C.	
12. Margaret R. Pardee Memorial Hospital	Hendersonville, N.C.	* * *
13. Memorial Mission Hospital of Western North Carolina	Asheville, N.C.	*
14. Moore Memorial Hospital	Pinehurst, N.C.	
15. Moses H. Cone Memorial Hospital	Greensboro, N.C.	* * *
16. New Hanover Memorial Hospital	Wilmington, N.C.	

HOSPITAL	LOCATION	REPRESENTATION IN RESPONSES
17. North Carolina Baptist Hospital	Winston-Salem, N.C.	* * *
18. North Carolina Memorial Hospital	Chapel Hill, N.C.	* *
19. Park View Hospital	Rocky Mount, N.C.	
20. Pitt County Memorial Hospital	Greenville, N.C.	* * *
21. Presbyterian Hospital	Charlotte, N.C.	* * *
22. Randolph Hospital	Asheboro, N.C.	*
23. Rex Hospital	Raleigh, N.C.	* * *
24. Rowan Memorial Hospital	Salisbury, N.C.	* * *
25. Rutherford Hospital	Rutherfordton, N.C.	* *
26. Scotland Memorial Hospital	Laurinburg, N.C.	* * *
27. Wake Memorial Hospital	Raleigh, N.C.	
28. Watts Hospital	Durham, N.C.	* * *
29. Wayne County Memorial Hospital	Goldsboro, N.C.	* *
30. Wesley Long Community Hospital	Greensboro, N.C.	*
31. Wilkes General Hospital	North Wilkesboro, N.C.	* *
32. Wilson Memorial Hospital	Wilson, N.C.	* * *

January 7, 1969

Dear Director:

APPENDIX B

Letter and Postal Card to the
 Administrators of All North
 Carolina General Hospitals
 With a Bed Complement
 of 100 or More

If your hospital does have some kind of separate pediatric area, would you please indicate your willingness to cooperate with the survey and to distribute the sets of materials by completing and returning the enclosed postal card. When I receive your card, I will send three questionnaires to the name and address indicated.

Results of the study will be available to all respondents at the close of the study which should be in the summer of 1969.

Thank you very much for your cooperation and assistance.

Yours truly,

Nancy Coghill
 Graduate Student

Helen Canaday, Advisor
 Associate Professor
 Home Economics

January 7, 1969

Dear Director:

I am a graduate student in the School of Home Economics at the University of North Carolina at Greensboro. As a part of my Master's thesis I am conducting a survey of hospitals in North Carolina which have pediatric wards or a unit in some way separated from other ward areas. Each hospital is being sent three copies of a questionnaire developed for this survey. The three copies are to be completed independently by (1) the hospital administrator; (2) a staff pediatrician; and, (3) the head pediatric nurse. Questions concern play activities for children within the pediatric unit. No more than fifteen minutes of each's time will be needed to respond and materials may be returned in a provided stamped envelope.

If your hospital does have some kind of separate pediatric area, would you please indicate your willingness to cooperate with the survey and to distribute the sets of materials by completing and returning the enclosed postal card. When I receive your card, I will send three questionnaires to the name and address indicated.

Results of the study will be available to all respondents at the close of the study which should be in the summer of 1969.

Thank you very much for your cooperation and assistance.

Yours truly,

Nancy Coghill
Graduate Student

Helen Canaday, Advisor
Associate Professor
Home Economics

APPENDIX C

Name _____

Address _____

(City) (Zip Code)

_____ Please send me 3 sets of materials.

_____ We will not be able to assist you with your
survey because we do not have a separate
pediatric ward or unit.

To the Administrators:

Thank you for your cooperation in providing play activity centers. Enclosed are the materials requested. Your help in completing the questionnaire by contributing two sets to (1) a staff pediatric ward and head pediatric nurse

APPENDIX C

Letters to the Administrators

I look forward to All Hospitals in the with you and your pediatric staff.

Target Population

Enclosures

To the Administrator:

Thank you for your cooperation in my study of pediatric play activity centers. Enclosed are the sets of materials you requested. Your help in completing one questionnaire and distributing two sets to (1) a staff pediatrician, and (2) the head pediatric nurse is certainly appreciated.

I look forward to sharing the results of this study with you and your pediatric staff.

Yours truly,

Nancy Coghill
Graduate Student

Enclosures

1. This form should be filled out and returned to the following address:

2. If the answer is "no", please do not return the questionnaire.

On the following five pages is a questionnaire which is being distributed to North Carolina hospitals with pediatric units. The questionnaire has been prepared as part of a graduate thesis at the University of North Carolina at Greensboro. The thesis will investigate the value and availability of play activity in pediatric units. All information will be treated confidentially.

Answer all questions by placing a check (✓) by the answer which most nearly matches your opinion or most accurately defines the pediatric unit in your hospital. I would appreciate your completing the questionnaire independently. **APPENDIX D**

Using the prepared envelope, please return this questionnaire as soon as possible. **Questionnaire**

1. Begin by completing the following necessary information.

a. Person completing the questionnaire

____ Administrator
 ____ Doctor
 ____ Nurse

b. Name of Hospital _____

c. I would be interested in receiving a copy of the completed project. Yes No

Enclosures

1. Does your hospital have a pediatric ward, or a separate division for pediatric beds?

2. If the answer is yes, check the size of the pediatric unit.

On the following five pages is a questionnaire which is being distributed to North Carolina hospitals with pediatric units. The questionnaire has been prepared as part of a graduate thesis at the University of North Carolina at Greensboro. The thesis will investigate the value and availability of play activity in pediatric units. All information will be treated confidentially.

Answer all questions by placing a check (✓) by the answer which most nearly matches your opinion or most accurately defines the pediatric unit in your hospital. I would appreciate your completing the questionnaire independently.

Using the prepared envelope, please return this entire questionnaire as soon as possible.

4. Begin by completing the following necessary information.

a. Person completing the questionnaire:

Administrator
 Doctor
 Nurse

b. Name of Hospital _____

c. I would be interested in receiving a summary of the completed project. yes no

3. Check number of ambulatory pediatric patients who might be able to participate in a play activity.

0-10
 11-20
 21-30
 31-40

1. Does your hospital have a pediatric ward, or a separate division for pediatric beds? _____ _____
yes no

2. If the answer is yes, check the size of the pediatric unit.

_____ 0-10 Beds

_____ 11-20 Beds

_____ 21-30 Beds

_____ 31-40 Beds

_____ 41-50 Beds

_____ 51-60 Beds

_____ 61 or over beds

3. Are the hospitalized children separated by ages? _____ _____
yes no

4. If the answer to #3 is yes, check the divisions.

_____ Crib Babies

_____ Toddlers (up to age 3 years)

_____ Preschool and Kindergarten (3-5 years)

_____ School-age children under 13 years

_____ Teenage children

_____ Other. Describe:

5. Usual number of ambulatory pediatric patients who might be able to participate in a play situation. (Estimate)

_____ 0-10

_____ 11-20

_____ 21-30

_____ 31-40

_____ 41-50

_____ 51-60

_____ 61 or over

6. What are your parent visitation hours in the pediatric unit?

- 1 Hour/day
 2-4 Hours/day
 4-6 Hours/day
 8-12 Hours/day
 12-16 Hours/day
 16-20 Hours/day
 Rooming-in

7. If you have a separate playroom for the children, please answer the following questions:

- (a) In your opinion, is this play activity center of value to the pediatric unit in your hospital? yes no
- (b) To fit your pediatric unit needs for a director* of this center, does your set-up require:

*Note: Play Activity Center Director refers to a teacher-director whose responsibility it is to plan and carry out the play program.

- No director and a part-time program.
 A part-time director and a part-time program.
 A part-time director and a full time program.
 A full- time director and a full-time program.
 Other. Describe:

8. If you do not have a separate playroom for the children, please answer the following questions:

- (a) In your opinion, would a play activity center be of value to the pediatric unit of your hospital? yes no
- (b) Could space be provided or made available for a play program or playroom in your pediatric unit? yes no

- (c) Would you consider converting this space into a playroom?
yes no
- (d) Would a playroom in your pediatric unit warrant a change
in your parent visitation hours?
yes no
- (e) If the answer to question (d) is yes, would you establish
 , visiting hours? and Why?
more fewer
- (f) If a play activity center were established on your pediatric
unit, to fit the needs for a director* of this center would
your set-up require:

*Note: Play Activity Center Director refers to
a teacher-director whose responsibility it
is to plan and carry out the play program.

- No director and a part-time program.
- A part-time director and a part-time program.
- A part-time director and a full-time program.
- A full-time director and a full-time program.
- Other. Describe:

9. What, in your opinion, is the most important value of a play activity
center?

- None
- (a) Entertainment
- Supervised
- Education
- (d) Motor coordination and development
- Social Interaction
- Reduction of emotional stress

10. Is there a school or teaching service available for the school-age
children?
yes no

11. Does your pediatric unit have access to a volunteer program? yes no
12. If the answer to #11 is yes, describe the program briefly:
13. Do you provide room television for all children? yes no
14. Are televisions available to rent? yes no
15. Do you have a children's book shelf or lending library? yes no
- Do you have access to a collection of children's books? yes no
16. If your hospital has a playroom, are meals served to the children there? yes no
17. Do you have any of the following people readily available to assist on the pediatric unit?
- _____ Social Worker
- _____ Recreation Leader
- _____ Child Development Specialist
- _____ Consultant Psychologist
- _____ Consultant Psychiatrist
18. Rank in 1,2,3 etc. order the following training backgrounds for a play activity center director from the most desired (1) to the least desired (6).
- _____ Medical (nursing)
- _____ College degree (any major)
- _____ Education degree (teacher)
- _____ College degree (Social worker)
- _____ College degree (Psychology)
- _____ College degree (Child Development)

19. Rank in 1,2,3 etc. order the following types of experience which you feel are most desirable (1) to least desirable (5) for a play activity center director.

_____ None
 _____ Public School
 _____ Nursery School
 _____ School or clinic for exceptional children
 _____ Hospital

20. Place a check (✓) to the left of the three things you consider the most important aspects of a play activity center director's role. Draw a line through any you feel should not be the responsibility of the play activity center director.

_____ Direct volunteer aid (train and schedule).
 _____ Transport children from individual rooms.
 _____ Attend designated pediatric staff meetings.
 _____ Parent education (interpretation of the program).
 _____ Record appropriate information on the child's medical record.
 _____ Make policies and set regulations for play activity center with the cooperation of the medical staff.
 _____ Prepare play materials for the children in isolation.
 _____ Supply and supervise a mobile cart.
 _____ Select equipment.
 _____ Keep daily record of children while in the play activity center.
 _____ Supervise lunch for those children able to eat in the play activity center.
 _____ Schedule activities for the play activity center.

Training	Rank						Total
	1	2	3	4	5	6	
Nursing	0	0	0	0	0	0	0
Any Major	0	0	0	1	4	14	25
Teacher	1	4	5	7	2	0	75
Social Worker	0	0	4	4	5	0	34
Psychology	1	0	0	1	5	0	77
Child Development	13	5	1	0	0	0	107

APPENDIX E

Results of Rank Order of
Preferred Training of
Play Activity
Directors

Training	Rank						Total
	1	2	3	4	5	6	
Nursing	0	0	0	0	0	0	0
Any Major	0	0	1	5	1	4	25
Teacher	1	2	1	2	7	0	64
Social Worker	0	3	1	0	1	5	34
Psychology	1	0	2	1	5	1	77
Child Development	13	5	1	0	0	0	107

Training	Rank						Total
	1 x6	2 x5	3 x4	4 x3	5 x2	6 x1	
Nursing	2x6	4x5	2x4	2x3	4x2	5x1	59
Any Major	0	0	0	1	4	14	25
Teacher	3	4	3	7	2	0	75
Social Worker	0	0	6	8	5	0	58
Psychology	1	6	8	1	3	0	77
Child Development	13	5	1	0	0	0	107

Responses From Administrators

N=19

Training	Rank						Total
	1 x6	2 x5	3 x4	4 x3	5 x2	6 x1	
Nursing	0x6	2x5	1x4	2x3	4x2	5x1	29
Any Major	0	0	1	5	1	4	25
Teacher	1	2	3	3	2	0	41
Social Worker	0	3	3	0	2	3	34
Psychology	1	3	2	1	3	1	39
Child Development	9	1	1	0	0	0	63

Responses From Pediatricians

N=11

Training	Rank						Total
	1 x6	2 x5	3 x4	4 x3	5 x2	6 x1	
Nursing	1x6	2x5	3x4	3x3	3x2	3x1	46
Any Major	0	0	0	1	6	8	23
Teacher	2	1	6	3	3	0	56
Social Worker	0	1	2	8	3	1	44
Psychology	2	7	3	0	1	2	63
Child Development	10	4	1	0	0	0	84

Responses From Nurses

N=15

A: Medical - Nursing

Rank	Administrator N=19	Pediatrician N=11	Nurse N=15
1	10.5%	0.0%	6.7%
2	21.1%	18.2%	13.3%
3	15.8%	9.1%	20.0%
4	10.5%	18.2%	20.0%
5	21.1%		20.0%
6	15.8%	27.3%	20.0%

APPENDIX F

Results of Percentage Analysis

of Preferred Training of Play

Activity Directors

B: College Degree - Any Major

Rank	Administrator N=19	Pediatrician N=11	Nurse N=15
1	0.0%	0.0%	0.0%
2	0.0%	0.0%	0.0%
3	0.0%	0.0%	0.0%
4	5.3%	18.2%	0.0%
5	21.1%	0.0%	0.0%
6	15.8%	27.3%	0.0%

A: Medical - Nursing

Rank	Administrator N=19	Pediatrician N=11	Nurse N=15
1	10.5%	0.0%	6.7%
2	21.1%	18.2%	13.3%
3	10.5%	9.1%	20.0%
4	10.5%	18.2%	20.0%
5	21.1%	27.3%	20.0%
6	26.3%	27.3%	20.0%

B: College Degree - Any Major

Rank	Administrator N=19	Pediatrician N=11	Nurse N=15
1	0.0%	0.0%	0.0%
2	0.0%	0.0%	0.0%
3	0.0%	9.1%	0.0%
4	5.3%	45.5%	6.7%
5	21.1%	9.1%	40.0%
6	73.7%	36.4%	53.3%

B: College Degree - Psychology

C: Education Degree - Teacher

Rank	Administrator N=19	Pediatrician N=11	Nurse N=15
1	15.8%	9.1%	13.3%
2	21.1%	18.2%	6.7%
3	15.8%	27.3%	40.0%
4	36.8%	27.3%	20.0%
5	10.5%	18.2%	20.0%
6	0.0%	0.0%	0.0%

B: College Degree - Child Development

D: College Degree - Social Worker

Rank	Administrator N=19	Pediatrician N=11	Nurse N=15
1	0.0%	0.0%	0.0%
2	0.0%	27.3%	6.7%
3	31.6%	27.3%	13.3%
4	42.1%	0.0%	53.3%
5	26.3%	18.2%	20.0%
6	0.0%	27.3%	6.7%

E: College Degree - Psychology

Rank	Administrator N=19	Pediatrician N=11	Nurse N=15
1	5.3%	9.1%	13.3%
2	31.6%	27.3%	46.7%
3	42.1%	18.2%	20.0%
4	5.3%	9.1%	0.0%
5	15.8%	27.3%	6.7%
6	0.0%	9.1%	13.3%

F: College Degree - Child Development

Rank	Administrator N=19	Pediatrician N=11	Nurse N=15
1	68.4%	81.8%	66.7%
2	26.3%	9.1%	26.7%
3	5.3%	9.1%	6.7%
4	0.0%	0.0%	0.0%
5	0.0%	0.0%	0.0%
6	0.0%	0.0%	0.0%

Experience	Rank					Total
	1	2	3	4	5	
None	0x5	0x4	0x3	2x2	20x1	20
Public School	1	5	6	8	0	59
Nursery School	7	11	2	0	0	85
School or clinic for exceptional children	6	1	6	7	0	66
Hospital	6	3	6	5	0	70

APPENDIX G

Responses From Administrators

Results of Rank Order of Preferred Experience of Play Activity Directors

Experience	Rank					Total
	1	2	3	4	5	
None	1x5	0x4	0x3	1x2	12x1	19
Public School	2	5	2	5	0	64
Nursery School	5	7	1	1	0	74
School or clinic for exceptional children	0	2	3	3	7	75
Hospital	6	0	4	4	0	50

Responses From Pediatricians

No. 14

Experience	Rank					Total
	1 x5	2 x4	3 x3	4 x2	5 x1	
None	0x5	0x4	0x3	0x2	20x1	20
Public School	1	5	6	8	0	59
Nursery School	7	11	2	0	0	85
School or clinic for exceptional children	6	1	6	7	0	66
Hospital	6	3	6	5	0	70

Responses From Administrators

N=20

Experience	Rank					Total
	1 x5	2 x4	3 x3	4 x2	5 x1	
None	1x5	0x4	0x3	1x2	12x1	19
Public School	2	5	2	5	0	46
Nursery School	5	7	1	1	0	58
School or clinic for exceptional children	0	2	7	3	2	37
Hospital	6	0	4	4	0	50

Responses From Pediatricians

N=14

Experience	Rank					Total
	1 x5	2 x4	3 x3	4 x2	5 x1	
None	0x5	0x4	0x3	0x2	17x1	17
Public School	3	4	3	7	0	54
Nursery School	9	4	3	1	0	72
School or clinic for exceptional children	2	6	4	5	0	56
Hospital	3	3	6	5	0	55

APPENDIX B
Responses From Nurses

N=17

Results of Postage Analysis

of Preferred Experiences of

Play Activity Directors

Rank	Administrators No. 20	Pediatricians No. 14	Nurses No. 17
1	0.0%	7.1%	0.0%
2	0.0%	0.0%	0.0%
3	0.0%	0.0%	0.0%
4	0.0%	7.1%	0.0%
5	100.0%	85.7%	100.0%

APPENDIX H

A. Experience - None

Results of Percentage Analysis
of Preferred Experience of
Play Activity Directors

Rank	Administrators No. 20	Pediatricians No. 14	Nurses No. 17
1	5.0%	14.3%	17.6%
2	25.0%	35.7%	23.5%
3	30.0%	14.3%	17.6%
4	40.0%	35.7%	41.2%
5	0.0%	0.0%	0.0%

B. Experience - Public School

Rank	Administrators N=20	Pediatricians N=14	Nurses N=17
1	0.0%	7.1%	0.0%
2	0.0%	0.0%	0.0%
3	0.0%	0.0%	0.0%
4	0.0%	7.1%	0.0%
5	100.0%	85.7%	100.0%

A. Experience - None

Rank	Administrators N=20	Pediatricians N=14	Nurses N=17
1	5.0%	14.3%	17.6%
2	25.0%	35.7%	23.6%
3	30.0%	14.3%	17.6%
4	40.0%	35.7%	41.2%
5	0.0%	0.0%	0.0%

B. Experience - Public School

Rank	Administrators N=20	Pediatricians N=14	Nurses N=17
1	35.0%	35.7%	52.9%
2	55.0%	50.0%	23.5%
3	10.0%	7.1%	17.6%
4	0.0%	7.1%	5.9%
5	0.0%	0.0%	0.0%

C. Experience - Nursery School

Rank	Administrators N=20	Pediatricians N=14	Nurses N=17
1	30.0%	0.0%	11.8%
2	5.0%	14.3%	35.3%
3	30.0%	50.0%	23.5%
4	35.0%	21.4%	29.4%
5	0.0%	14.3%	0.0%

D. Experience - School or clinic for
exceptional children

Rank	Administrators N=20	Pediatricians N=14	Nurses N=17
1	30.0%	42.9%	17.6%
2	16.7%	0.0%	17.6%
3	27.8%	28.6%	35.3%
4	22.2%	28.6%	29.4%
5	0.0%	0.0%	0.0%

APPENDIX I

E. Experience - Hospital

of the Most Important Aspects

of the Play Activity

Director's Role

APPENDIX I
Results of Percentage Analysis
of the Most Important Aspects
of the Play Activity
Director's Role

Adminis- trator N=20	Parti- cipation N=16	Survey N=16	Role Aspect of the Play Activity Director
36.0%	50.0%	33.0%	Direct volunteer aid (train and schedule).
5.0%	0.0%	0.0%	Transport children from individual rooms.
11.1%	6.3%	11.1%	Attend designated pediatric staff meetings.
27.8%	12.5%	16.7%	Parent education (participation of the program).
5.0%	0.0%	11.1%	Record appropriate information in the child's medical record.
72.2%	67.5%	50.0%	Make policies and suggestions for play activity center with participation of the medical staff.
4.0%	12.5%	27.8%	Prepare and supervise play for children in isolation.
13.3%	6.3%	27.8%	Supply and maintain child's play cart.
11.1%	15.0%	44.0%	Select equipment.
5.0%	6.3%	0.0%	Keep daily record of children while in the play activity center.
15.0%	6.3%	0.0%	Supervise lunch for those children able to eat in the play activity center.
100.0%	95.0%	60.0%	Schedule activities for the play activity center.

Adminis- trator N=20	Pedia- trician N=16	Nurse N=18	Role Aspect of the Play Activity Director
38.9%	50.0%	33.3%	Direct volunteer aid (train and schedule).
5.6%	0.0%	0.0%	Transport children from individual rooms.
11.1%	6.3%	11.1%	Attend designated pediatric staff meetings.
27.8%	12.5%	16.7%	Parent education (interpretation of the program).
5.6%	0.0%	11.1%	Record appropriate information in the child's medical record.
72.2%	87.5%	50.0%	Make policies and set regulations for play activity center with the cooperation of the medical staff.
5.6%	12.5%	27.8%	Prepare play materials for the children in isolation.
11.1%	6.3%	27.8%	Supply and supervise a mobile play cart.
11.1%	25.0%	44.4%	Select equipment.
5.6%	6.3%	0.0%	Keep daily record of children while in the play activity center.
5.6%	0.0%	0.0%	Supervise lunch for those children able to eat in the play activity center.
100.0%	93.8%	83.3%	Schedule activities for the play activity center.

Adminis- trator N=20	Pedia- trician N=16	Nurse N=18	Role Aspect of the Play Activity Director
0.0%	6.3%	0.0%	Direct volunteer aid (train and schedule).
27.8%	43.8%	44.4%	Transport children from individual rooms.
11.1%	12.5%	22.2%	Attend designated pediatric staff meetings.
0.0%	0.0%	5.6%	Parent education (interpretation of the program).
50.0%	43.8%	33.3%	Record appropriate information in the child's medical record.
0.0%	0.0%	0.0%	Make policies and set regulations for play activity center with the cooperation of the medical staff.
5.6%	0.0%	5.6%	Prepare play materials for the children in isolation.
0.0%	6.3%	0.0%	Supply and supervise a mobile play cart.
0.0%	0.0%	0.0%	Select equipment.
11.1%	18.8%	16.7%	Keep daily record of children while in the play activity center.
16.7%	43.8%	22.2%	Supervise lunch for those children able to eat in the play activity center.
0.0%	0.0%	0.0%	Schedule activities for the play activity center.