Pediatric patients undergoing treatment for oncology diagnoses are likely to experience stress, anxiety, and social isolation. One role of a pediatric oncology nurse is to incorporate play into daily hospital routines. By using medical and normative play, nurses can decrease distress and promote normal growth and development. However, the use of play is not limited to pediatric patients. Oncology nurses who work with adults can incorporate similar strategies within their patient populations to reduce anxiety and stress and to improve quality of life.

**AT A GLANCE**
- Patients with cancer are highly likely to experience distress during treatment.
- Nurses in all oncology settings can incorporate activities like play into patients’ daily routines to alleviate stress and anxiety.
- Reducing patient stress increases treatment adherence, promotes positive coping abilities, and improves quality of life.

Children with oncology diagnoses are particularly vulnerable to distress within the hospital setting. Sources of distress include isolation from peers and family members (Christiansen et al., 2015) and anxiety related to constant procedures and treatments (Burns-Nader & Hernandez-Reif, 2015). In addition, disease symptoms, treatment side effects, and disruptive hospital routines increase children’s stress (Linder & Seitz, 2016). Unaddressed sources of discomfort increase pain and anxiety, decrease children’s compliance with medical interventions and willingness to engage in self-care, and promote ineffective coping (Flowers & Birnie, 2015; Steele, Mullins, Mullins, & Muriel, 2015).

The American Academy of Pediatrics and the Association of Pediatric Hematology/Oncology Nurses endorse guidelines on providing developmentally appropriate care geared at alleviating distress among hospitalized children and are considered a quality indicator (Committee on Hospital Care and Child Life Council, 2014; Mattie Miracle Cancer Foundation, 2015). Because play is the work of the child, every interprofessional team member should incorporate it into interventions and care (Burns-Nader & Hernandez-Reif, 2015). However, the use of play is not limited to the pediatric patient population. Adult patients with cancer may benefit from playful interventions designed to alleviate distress (Brand, Pickard, Mack, & Berry, 2016). Distress encompasses emotions such as vulnerability, anger, sadness, and anxiety, as well as physical symptoms and spiritual crises that can impede a patient’s treatment. Most adults with cancer feel distressed multiple times throughout their treatment (National Comprehensive Cancer Network [NCCN], 2018). The NCCN (2018) recommends that providers screen all patients for indicators of distress. Identifying distress and intervening are essential oncology nursing functions. Because nurses are a constant presence at the bedside, they provide most of the direct patient care and are ideally situated to initiate these interventions for pediatric and adult patients.

**Examples of Pediatric Play in the Oncology Setting**
Unstructured or normative play consists of activities children characteristically partake in outside of the hospital, including board and card games, puzzles, arts and crafts, and other toys. Unstructured play is important, particularly in the hospital setting; it is crucial for children’s normal cognitive, physical, social, and emotional development (Burns-Nader & Hernandez-Reif, 2015). In addition, hospitalized children experience enhanced unstructured play when it involves family and friends, which provides a sense of companionship, security, joy, and comfort (Christiansen et al., 2015). For example, E.M., a 4-year-old girl diagnosed with rhabdomyosarcoma, was hospitalized for extended periods of time. Often, she became bored when confined to her room and the unit. Nurses recognized E.M.’s unhappiness and found time to engage her and her family in water-gun fights, E.M.’s favorite pastime outside of the hospital, in the unit hallways. At times, these water-gun fights would last as long as...
as 30 minutes, with multiple nurses participating along with E.M. and her siblings. Nurses frequently encourage children to participate in other forms of unstructured play, including making paper airplanes, coloring, playing cards or board games, and even dancing and singing to music at the nurses’ station or in patient rooms with nurses who have time to spare (http://bit.ly/2BhQUsQ). Figure 1 provides a list of resources on the use of play in nursing practice.

Medical play is the explanation and use of medical devices and equipment through play to address concerns, fears, and misconceptions about procedures, treatments, medical devices, and hospital routines (Burns-Nader & Hernandez-Reif, 2015). It has been proven to reduce anxiety, decrease stress, and promote positive coping among hospitalized children (Burns-Nader & Hernandez-Reif, 2015). In addition, using developmentally appropriate methods to explain procedures or treatments increases compliance and decreases discomfort for current and subsequent interventions (Flowers & Birnie, 2015). Often, medical play relies on the use of dolls or stuffed animals and allows the child to take an active role by recreating medical procedures (Burns-Nader & Hernandez-Reif, 2015). For example, G.F., a 9-year-old girl diagnosed with acute myeloid leukemia, spent weeks in the hospital and initially expressed concerns regarding her central venous line. To better explain to G.F. how her central line was managed and how medications were administered, a nurse inserted a pretend central line into G.F.’s doll. In addition to providing a pretend central line, the nurse provided her with pretend medications, both oral and IV. G.F. was then able to administer pretend medications and perform routine line maintenance on her doll, mimicking what she experienced daily (see Figure 2). If she were to receive an IV antibiotic, her doll would receive one first. By enabling G.F. to play with medical supplies on her doll, nurses could lessen her anxiety.

Play can be used to promote health and well-being and provide comfort and education to children. After he had five stickers on his chart, he would earn a prize. This dramatically improved his willingness to care for himself and decreased the time, tension, and frustration previously experienced by M.J., his parents, and nursing staff.

In addition to providing children with ample opportunities for medical and normative play, it is essential to provide children with activities that promote normalization of the hospital environment (Christiansen et al., 2015). Often, pediatric patients with cancer are hospitalized for extended periods of time (Burns-Nader & Hernandez-Reif, 2015). However, at times, children may need extra incentives to complete various important tasks, such as bathing, taking medications, and completing oral care. M.J., a 9-year-old boy with acute myeloid leukemia, often refused to perform such duties. Nurses created a sticker chart that documented each time he completed a necessary task.

"Play can be used to promote health and well-being and provide comfort and education to children."
desperately required a crime-fighting partner (see Figure 3).

Play in Adults With Cancer
As in the pediatric population, interventions geared at alleviating stress in adults can incorporate leisure activities and psychosocial support (Brand et al., 2016). In addition, addressing adult patients’ concerns and misconceptions related to procedures is important. Specific interventions may vary because pediatric and adult patients play and communicate differently. However, both populations can benefit from medical play (Burns-Nader & Hernandez-Reif, 2015; Chen, 2017). Adults may not play with medical devices on stuffed animals or dolls, but they may hold and inspect medical devices to address misconceptions and alleviate anxiety (Chen, 2017).

In addition to medical play, oncology nurses who provide care to adult patients can creatively adapt other practices used in pediatric oncology practice. Adult patients may enjoy board and card games, pet therapy, music therapy, and art therapy, or just singing a song on a whim with the staff. Some may even enjoy kicking or throwing a ball around the hospital unit (Brand et al., 2016). Unstructured conversations or activities with nursing staff can establish valuable trust between patients and the medical team. These activities can be easily incorporated into patients’ and nurses’ daily routines. Similar to pediatric patients, adult patients may miss monumental life events (e.g., graduation ceremonies, weddings, birthday parties) because of disease side effects or treatment requirements. However, nurses can adapt these celebrations and incorporate them into the hospital setting.

Clinical Nursing Implications
The lessons learned from playing with pediatric patients are beneficial and can be incorporated into adult oncology nursing practice. Patients are more likely to adhere to treatment and medication requirements, better communicate with medical team members, have fewer unexpected admissions and clinic visits, and experience decreased incidences of psychological disorders if their distress is promptly and adequately managed (NCCN, 2018). However, additional education and awareness is needed to increase bedside nurses’ knowledge and comfort level with implementing these interventions so that the same benefits experienced by pediatric patients can be experienced in adult patients with cancer (Brand et al., 2016). Additional research is also needed to examine to what extent play can alleviate pain, anxiety, and other indicators of distress in adult and pediatric patients (Brand et al., 2016).

Conclusion
Creative play in the pediatric setting serves as a reminder and an example that all oncology nurses can laugh and play with patients despite serious circumstances. It also makes a big difference for patients and their families. G.F.’s mom stated, “You nurses did so much! It happened in the way you cared for her. You all allowed her to act like a kid. For us, that meant everything.” Caring for the whole person and not just the disease benefits patients and reminds nurses of why they chose the profession and allows them to experience greater job satisfaction.

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REFERENCES


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