REVIEW ARTICLE

The Barriers of Therapeutic Play to Implement Nursing Intervention for Hospitalized Child: A Scoping Review

Natalia Ratna Yulianti[1], Elsa Naviati[2]

[1] Nursing Profession Study Program, Sekolah Tinggi Ilmu Kesehatan Elisabeth Semarang, Semarang, Indonesia
[2] Nursing Department, Medical Faculty, Universitas Diponegoro, Semarang, Indonesia

ABSTRACT

Therapeutic play is part of atraumatic care for hospitalized children. Unfortunately, this is still rarely done by pediatric nurses. This study aimed to explore the challenges that nurses encountered while doing play-based intervention nursing. This research is a Scoping Review which reviews articles that were from the following data bases PROQUEST, JSTOR, Science Direct, PubMed, EBSCO, Scopus, SpringerLink, Chocrane Library, and ClinicalKey for Nursing and published from January 2019 to October 2024. The barriers identified were lack of time, staff shortage, lack of opportunity, lack of facilities, lack of training, and therapeutic play is considered as insignificant implementation. The practical implications of this research are to increase collaboration between academics and hospitals in designing curriculum and training for therapeutic play, modifying the work environment and creating accelerated nursing school programs. Further research is needed to design inclusive play space to enhance accessibility for all children.
Malaysian Journal of Medicine and Health Sciences (2026) 22(SUPP9):307-312. doi:10.47836/mjmhs.22.s9.45

Keywords: atraumatic care, challenge, hospitalized child, nursing intervention, play therapy

Corresponding Author:
Natalia Ratna Yulianti, MAN
Email: nataliaratnay@gmail.com
Tel: +62-81904785943

INTRODUCTION

One of the principles of care for sick children is atraumatic care. Atraumatic care is providing therapeutic care to children and their families in the health care system, including measures to alleviate or reduce psychological and physical suffering. One of the atraumatic care measures is play therapy. Play can help unwell children cope with hospitalization by allowing them to express their emotions and gain control over stressful situations (1-6).

The nursing care plan is recommended to be implemented through play therapy, such as allowing the pediatric patient blow bubbles, whistles, pinwheels, or imitate blowing out the nurse's penlight that can help with deep breathing exercises; throwing foam balls, beanbags, and paper balls can help increase range of motion; and graph that indicates the quantity taken in and a reward when a specified target is accomplished can occasionally inspire a pediatric patient who needs to boost his or her fluid intake (2). Meanwhile, children experience anxiety/fear when the nurse will carry out nursing actions.

A study on the anxiety levels of preoperative school-aged patients reported that more than half of the children experienced moderate to severe anxiety, with 43.55% showing moderate anxiety and 14.52% experiencing severe anxiety (7). However, there are still few nursing actions that apply play therapy to overcome physiological nursing problem, such as increase food intake using messy play therapy, administering nebulizer using toy nebulizer and toy mask, and playing flute for increasing cardiopulmonary parameter (8–10). On the contrary, plays are carried out mostly as a play program, not a media to implement nursing intervention, such as carrying out general play activities such as drawing, putting together puzzles, snakes and ladders which (11–13). Therefore, it is necessary to investigate the obstacles experienced by nurses in carrying out play therapy to implement nursing plans. This study aims to investigate the obstacles experienced by health providers in carrying out play therapy for implementing nursing plans.

METHOD

This research is a literature review in the form of a Scoping Review which aims to discover and map significant information that fits pre-determined inclusion criteria for the topic, field, context, idea, or issue under review (14). Research was taken from the PROQUEST, JSTOR, Science Direct, PubMed, EBSCO, Scopus, SpringerLink, Chocrane Library, and ClinicalKey for Nursing data

bases with the keywords (therapeutic play) AND (hospitalized child) AND (nursing intervention) AND (nursing implementation) AND (barrier) OR (challenge) OR (difficulty) After obtaining research articles with these keywords, the articles were selected using the inclusion criteria: 1) play therapy is carried out for children aged 0-12 years; 2) all research designs. 3) articles published January 2019 – October 2024; 4) Speak English; 5) full text. Meanwhile, the exclusion criterion is play therapy which is carried out as a solution to anxiety nursing problems. These articles were analyzed using the Prisma Model (15).

RESULTS

Study selection

The literature search identified records from several databases, including ProQuest (n = 20), JSTOR (n = 11), ScienceDirect (n = 1), PubMed (n = 6), EBSCO (n = 1), Scopus (n = 24), SpringerLink (n = 683), Cochrane Library (n = 59), and ClinicalKey for Nursing (n = 114). A total of 919 records were identified. After removing three duplicate records, 916 records remained for screening.

The screening process was conducted according to the inclusion and exclusion criteria. During title screening, 824 records were excluded because they were irrelevant to the review topic. The remaining records were screened by abstract, and three articles were excluded at this stage. Full-text assessment was then conducted, and 85 articles were excluded because they did not meet the eligibility criteria. Finally, four articles were included in the review. The article selection process is presented in Figure 1 using the PRISMA flow diagram (15).

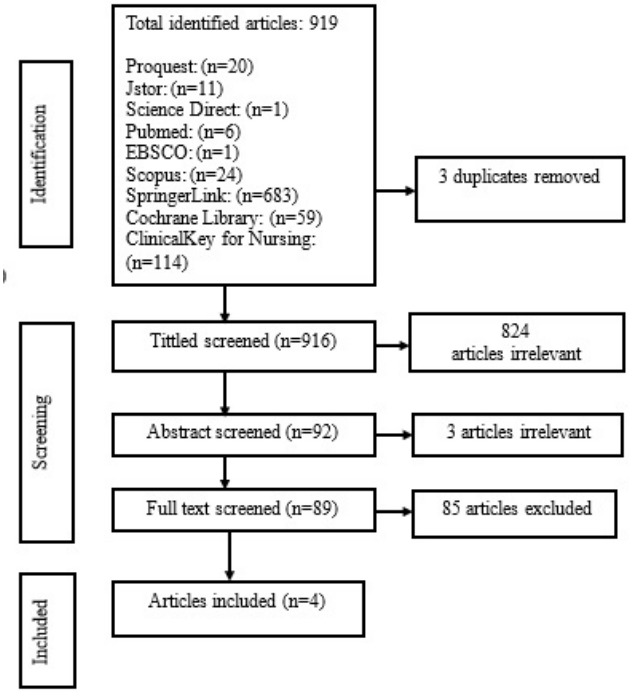

Figure I: PRISMA flow diagram for the article selection process

Identified barriers to implementing play-based nursing interventions

The review identified six main barriers to implementing play-based nursing interventions among hospitalized children. These barriers were lack of time, staff shortage, lack of opportunity, lack of facilities, lack of training, and the perception that therapeutic play is an insignificant or non-essential nursing intervention.

Lack of time was commonly reported as a barrier because pediatric nurses often experienced high workload and limited time to implement play-based interventions during child hospitalization. This barrier limited nurses' ability to incorporate therapeutic play into routine pediatric care.

Staff shortage was also identified as an important barrier. Insufficient nursing staff limited the ability of nurses to provide holistic care, including therapeutic play, particularly in busy pediatric units.

Lack of opportunity was found mainly among nursing students and clinical trainees. Although students had learned about therapeutic play in class, they often had limited opportunities to apply it during clinical practice. This restricted their ability to integrate therapeutic play into direct patient care.

Lack of facilities was another barrier. Several studies reported that pediatric healthcare settings lacked appropriate play materials, therapeutic play resources, or well-designed play spaces. This limited the practical implementation of play-based nursing interventions.

Lack of training was also identified as a barrier. Many nurses had limited formal preparation in therapeutic play, and most training on play remained theoretical rather than practical. This affected nurses' confidence and competence in using play as part of nursing care.

Finally, therapeutic play was sometimes perceived as an insignificant intervention compared with routine technical and procedural nursing tasks. As a result, play-based interventions were not systematically incorporated into nursing care plans or routine practice.

DISCUSSION

Lack of time

This review found that lack of time is an important barrier to implementing play therapy as a nursing intervention. The findings indicate that time constraints among pediatric nurses have remained a persistent problem. A study in Brazil showed that pediatric nurses experienced a high workload and did not have adequate time to implement play-based interventions during child hospitalization (16). A Delphi study reported a similar finding, showing that nurses lacked sufficient time to carry out therapeutic play for hospitalized children (17).

Similar barriers have also been reported in a scoping review on the implementation of evidence-based practice into routine care (18), in a study of pediatric nurses in hospitals in Poland (19), and in an empirical study on family-centered care implementation in South Korea (20).

Lack of time may contribute to missed nursing care. Bagnasco et al. reported that nurses often left several nursing actions undone (21), while an integrative review found that nursing activities commonly missed in pediatric and neonatal care settings included oral care, feeding, bathing, and meal preparation (22). Missed nursing care can also affect nurses, as previous reviews have reported associations with moral distress, role conflict, role strain, turnover, and intention to leave (23). To address this problem, improving the hospital work environment and staffing conditions has been suggested as a strategy to reduce missed nursing care (24).

Staff shortage

Staff shortage was also identified as a barrier to the implementation of therapeutic play. This barrier emerged in two Delphi studies (17,25). A shortage of nursing staff was also reported as a barrier to implementing family-centered pediatric nursing care in South Korea (20). Previous studies have shown that nursing staff shortages may contribute to stress, burnout, psychosomatic disorders such as back and shoulder pain, anger and worry due to overwork, disruption of family and social relationships, nurse retention problems, insufficient patient care, and low patient satisfaction (26-28).

Several strategies have been used in countries experiencing nursing staff shortages, including increasing salaries, providing housing, adding other healthcare workers, offering scholarships for further studies, supporting the education of nurses' children, and implementing service-bond programs that encourage citizens to study nursing and then enter the workforce (27). In Iran, accelerated nursing programs have also been developed to increase the nursing workforce. These programs are intensive and full-time, with no long breaks between courses, and students complete clinical internship hours comparable to those in standard nursing programs. Graduates of accelerated nursing programs have been perceived as mature, clinically capable, and able to adapt quickly to workplace demands (29).

Lack of opportunity

Therapeutic play can be implemented not only by nurses but also by nursing students during clinical practice. However, nursing students may also encounter barriers. A study in Brazil found that students had limited opportunities to apply therapeutic play that had been taught in class. Despite this limitation, some students attempted to use simple available tools, such as a stethoscope, to apply play therapy. Students reported that therapeutic play could strengthen relationships between students and patients, healthcare teams and patients, families and patients, students and families, and students and healthcare teams. They also stated that therapeutic play could save time during nursing implementation because children may become more familiar with procedures when these are demonstrated using toys, making them more cooperative (30).

A similar problem has been reported among nursing and midwifery students during clinical learning, where students had limited opportunities to practice the theories learned in class and experienced lack of motivation, fear, lack of belongingness, and discrimination (31). To overcome this challenge, stronger collaboration between academic and clinical institutions is needed, particularly in policy development and in bridging gaps between theory and clinical practice (31). Another possible solution is to provide opportunities for nurses to understand their professional roles through direct practice and constructive appraisal, as demonstrated in an ethnographic case study involving licensed vocational-trained nurses and Bachelor of Science-trained nurses (32).

Lack of facilities

Lack of facilities was another barrier to the implementation of therapeutic play. Research data indicate that insufficient play facilities are not limited to low-resource settings but also exist in developed countries, including Australia, Canada, the United States, and several European countries such as Denmark, Germany, Ireland, Italy, the Netherlands, Norway, Spain, and the United Kingdom (25). Although the benefits of play therapy are well documented, differences in resource allocation and implementation across healthcare settings raise concerns about equitable access to play-based interventions for pediatric patients.

High-income countries generally have better access to specialized staff and resources for play therapy, while low-income settings may face financial constraints and limited training resources (33). In addition, the lack of a systematic implementation model for therapeutic play can complicate its integration into pediatric care (34). Effective play spaces are crucial for hospitalized children, yet many healthcare environments do not have well-designed or inclusive play areas. Therefore, further research is needed on inclusive play-space design to improve accessibility for all children in healthcare settings (35).

Lack of training

The lack of training in therapeutic play among nurses caring for hospitalized children may affect the quality of care provided. Although play therapy is recognized as a beneficial intervention for improving children's physical, emotional, and social well-being, many nurses lack formal training and practical resources to implement these techniques effectively in clinical settings.

Educational institutions are expected to incorporate therapeutic play more comprehensively into nursing curricula, including both theoretical and practical components. Previous research indicates that therapeutic play is not always prioritized in training programs, and when it is included, it often remains theoretical, limiting students' opportunities to experience its benefits in clinical practice (36). Health institutions also need to recognize play as a fundamental right of children and integrate it into their philosophy of care. Play should become part of multidisciplinary care practice and help create a playful environment that connects care and play (37).

Despite the recognized benefits of play interventions during hospitalization, many healthcare settings, particularly in low- and middle-income countries, face financial constraints and lack trained personnel to implement these programs effectively (33,38). Formal training programs that include practical activities are therefore needed to equip nurses with the necessary skills to implement play therapy effectively (16).

Therapeutic play considered as an insignificant implementation

This review also found that therapeutic play is sometimes considered an insignificant or secondary intervention. The identified barriers suggest that play is not always systematically incorporated into the nursing process. Nurses have reported that routine work processes are generally focused on technical and procedural aspects of care, while play is viewed as a separate aspect of care that is not clearly connected to nursing implementation (16).

The integration of play therapy into nursing care for hospitalized children is frequently neglected because nurses tend to prioritize routine care tasks. Although the positive effects of play on children's emotional and physical health are well documented, its use in clinical practice remains limited. Many nurses express positive attitudes toward play therapy but report that it is not systematically integrated into routine care (34). Despite its benefits, play therapy is often overlooked in nursing care plans, resulting in missed opportunities for holistic care. Limited empirical evidence and funding challenges may also hinder the consistent delivery of play services in hospitals (39). Nevertheless, therapeutic play has been shown to increase engagement and satisfaction among children and families (34).

The implementation of systematic models for therapeutic play may support its integration into pediatric units (36). In addition, increased advocacy and awareness of children's right to play, as outlined in international child-rights frameworks, can help improve hospital play services (39). Clear institutional policies are needed to recognize play as an essential part of pediatric nursing care and to ensure its consistent implementation in clinical practice.

CONCLUSION

The result of this scoping review revealed that the barriers in implementing play-based nursing intervention were lack of time, staff shortage, lack of opportunity, lack of facilities, lack of training, and therapeutic play is considered as insignificant implementation. The practical implications of this research are to increase collaboration between academics and hospitals in designing curriculum and training for therapeutic play, modifying the work environment and creating accelerated nursing school programs. Further research is needed to design inclusive play space to enhance accessibility for all children.

REFERENCES

1. Hockenberry MJ, Wilson D, Rodgers C. Wong's essentials of pediatric nursing. 10th ed. Missouri: Elsevier; 2017. 2190 p.
2. McKinney ES, James SR, Murray SS, Nelson KA, Ashwill JW. Maternal-child nursing. 5th ed. Missouri: Elsevier; 2017. 1384 p.
3. Ilmiasih R, Ningsih NS. Application of atraumatic care philosophy to children in hospitals: a literature review. medRxiv. 2022. doi:10.1101/2022.07.12.22277517
4. Dalei SR, Nayak GR, Pradhan R. Effect of art therapy and play therapy on anxiety among hospitalized preschool children. J Biomed Sci. 2020;7(2):71-76. doi:10.3126/jbs.v7i2.34006
5. Liana Y, Ersita E, Putri KS. Pengaruh atraumatic care dengan medical play terhadap kecemasan hospitalisasi pada anak usia prasekolah. J Penelit Inov. 2024;4(3):1619-1630. doi: 10.54082/jupin.642
6. Irawan D, Khodijah K, Setyaningrum I, Ni'mah IK. Pengaruh implementasi atraumatic care: kinetic sand play therapy terhadap kecemasan anak usia prasekolah. Midwifery Nurs J. 2024;1(2):53-59.
7. Widodo W, Yulianti NR, Gayatina AK. Children preoperative anxiety levels at operating room of Brayat Minulya Hospital, Surakarta. Inf dan Promosi Kesehat. 2024;3(1):1-10. doi:10.58439/ipk.v3i1.206
8. Chiatto F, Coletta R, Aversano A, Warburton T, Forsythe L, Morabito A. Messy play therapy in the treatment of food aversion in a patient with intestinal failure: our experience. J Parenter Enter Nutr. 2019;43(3):412-418. doi: 10.1002/jpen.1433
9. Kırkan Ç, Kahraman A. Effect of therapeutic play using a toy nebulizer and toy mask on a child's fear and anxiety levels. J Pediatr Nurs. 2023;73:e556-e562. doi:10.1016/j.pedn.2023.10.033
10. Shally S, Kumar Y, Kaur P. Effectiveness of breathing exercises as therapeutic play on respiratory status among children undergoing nebulization therapy

with lower respiratory tract disorders. Int J Appl Res. 2017;3(11):101-107.
11. Da Silva GF, Yulianti NR, Ina AA. Terapi bermain origami untuk menurunkan kecemasan anak usia prasekolah selama hospitalisasi. J Kesehat. 2020;9(1):13.
12. Wahyuni D, Herliawati, Purnamasari N. Pengaruh terapi bermain puzzle terhadap perilaku kooperatif anak yang menjalani hospitalisasi di Ruang Madinah RSI Siti Khadijah Palembang. Semin Work Nas. 2014;2012:218-222.
13. Padila P, Andri J, Andrianto MB, Sartika A, Oktaviyani Y. Bermain edukatif ular tangga mampu mengatasi kecemasan pada anak hospitalisasi. J Kesmas Asclepius. 2022;4(1):1-7. doi: 10.31539/jka.v4i1.3748
14. Peters MDJ, Marnie C, Colquhoun H, Garritty CM, Hempel S, Horsley T, et al. Scoping reviews: reinforcing and advancing the methodology and application. Syst Rev. 2021;10:1-6. doi:10.1186/s13643-021-01821-3
15. Haddaway NR, Page MJ, Pritchard CC, McGuinness LA. PRISMA2020: an R package and Shiny app for producing PRISMA 2020-compliant flow diagrams, with interactivity for optimised digital transparency and open synthesis. Campbell Syst Rev. 2022;18(2):e1230. doi:10.1002/cl2.1230
16. Maia EBS, La Banca RO, Pontes ED, Sulino MC, Lima RAG. The power of play in pediatric nursing: the perspectives of nurses participating in focal groups. Texto Contexto Enferm. 2022;31:1-15. doi:10.1590/1980-265X-TCE-2021-0170
17. Loureiro FM, Charepe ZB. Strategies for increase satisfaction with nursing care in hospitalized children: a Delphi study. Enferm Glob. 2021;20(2):161-176. doi:10.6018/eglobal.429701
18. Clarke V, Quality P, Healthcare S, Diploma P. Nurse practitioners' implementation of evidence-based practice into routine care: a scoping review. Worldviews Evid Based Nurs. 2021;18(3):180-189. doi:10.1111/wvn.12510
19. Smoleń E, Ksykiewicz-Dorota A. Working time structure of pediatric nurses in hospital wards representing different referential levels. Med Pr. 2017;68(1):95-103. doi: 10.13075/mp.5893.00451
20. Lim SJ, Bang KS. The perceptions and performance of family-centered care among pediatric nurses at a children's hospital in South Korea: a descriptive study. Child Health Nurs Res. 2023;29(3):207-217. doi:10.4094/chnr.2023.29.3.207
21. Bagnasco A, Rossi S, Dasso N, Catania G, Zanini M, Aleo G, et al. Exploring care left undone in pediatric nursing. J Patient Saf. 2022;18(6):e903-e911. doi:10.1097/PTS.0000000000001044
22. Ogboenyiya A, Tubbs-Cooley HL, Miller E, Johnson K, Bakas T. Missed nursing care in pediatric and neonatal care settings: an integrative review. MCN Am J Matern Child Nurs. 2020;45(5):254-264. doi:10.1097/NMC.0000000000000642
23. Chaboyer W, Harbeck E, Lee B, Grealish L. Missed nursing care: an overview of reviews. Kaohsiung J Med Sci. 2021;37:82-91. doi:10.1002/kjm2.12308
24. Lake ET, Roberts KE, Agosto PD, Sloane DM. Improved work environments and staffing lead to less missed nursing care: a panel study. J Nurs Manag. 2020;28:1-9. doi:10.1111/jonm.12970
25. Thestrup J, Sorensen JL, Hybschmann J, Topperzer MK, Graber K, O'Farrelly C, et al. Establishing consensus on principles and competencies for the use of play in clinical practice in hospitals: an international Delphi study. Eur J Pediatr. 2024;183:1595-1605. doi:10.1007/s00431-023-05411-4
26. Tamata AT, Mohammadnezhad M. A systematic review study on the factors affecting shortage of nursing workforce in the hospitals. Nurs Open. 2023;10(3):1247-1257. doi:10.1002/nop2.1434
27. Marc M, Bartosiewicz A, Burzyńska J, Chmiel Z, Januszewicz P. A nursing shortage: a prospect of global and local policies. Int Nurs Rev. 2019;66(1):1-8. doi:10.1111/inr.12473
28. Winter V, Schreyugg J, Thiel A. Hospital staff shortages: environmental and organizational determinants and implications for patient satisfaction. Health Policy. 2020;124(4):380-388. doi: 10.1016/j.healthpol.2020.01.001
29. Hoseini-Esfidarjani SS, Negarandeh R. A new view towards resolving the nursing shortage challenge. J Hayat. 2017;23(3):196-200.
30. Baroso MC da CS, Machado MED, Cursino EG, Silva LR da, Depianti JRB, Silva LF da. The therapeutic play in nursing graduation: from theory to practice. Rev Fun Care Online. 2019;11(4):1043-1047. doi:10.9789/2175-5361.2019.v11i4.1043-1047
31. Panda S, Dash M, John J, Rath K, Debata A, Swain D, et al. Challenges faced by student nurses and midwives in clinical learning environment: a systematic review and meta-synthesis. Nurse Educ Today. 2021;101:1-14. doi: 10.1016/j.nedt.2021.104875
32. van Schothorst-van Roekel J, Weggelaar-Jansen AMJWM, Hilders CCGJM, de Bont AA, Wallenburg I. Nurses in the lead: a qualitative study on the development of distinct nursing roles in daily nursing practice. BMC Nurs. 2021;20(1):1-11. doi:10.1186/s12912-021-00613-3
33. Rasheed MA, Bharuchi V, Mughis W, Hussain A. Development and feasibility testing of a play-based psychosocial intervention for reduced patient stress in a pediatric care setting: experiences from Pakistan. Pilot Feasibility Stud. 2021;7(1):1-13. doi:10.1186/s40814-021-00781-8
34. Miranda CB, Maia EBS, Almeida FA de. Model for the systematic implementation of therapeutic play in pediatric hospital units. Esc Anna Nery. 2022;1-9. doi:10.1590/2177-9465-EAN-2022-0136en
35. Yu C, Weaver S, Walker M, Hess J, Mac A, Ross

T. Opportunities for play in paediatric healthcare environments: a scoping review. Front Rehabil Sci. 2024;5:1-10. doi:10.3389/fresc.2024.1415609
36. Maia EBS, Ohara CVS, Ribeiro CA. Teaching of therapeutic play at the undergraduate level in nursing: didactic actions and strategies used by professors. Texto Contexto Enferm. 2019;28:1-17. doi:10.1590/1980-265X-TCE-2017-0364
37. World Health Organization Regional Office for Europe. Children's rights in hospital. Copenhagen: World Health Organization Regional Office for Europe; 2017. p. 15.
38. Gjærde LK, Hybschmann J, Dybdal D, Topperzer MK, Schrшder MA, Gibson JL, et al. Play interventions for paediatric patients in hospital: a scoping review. BMJ Open. 2021;11(7). doi:10.1136/bmjopen-2021-051957
39. Tonkin A, Matsudaira C, Golebicka J, Hubbuck C. Fulfilling children's right to play in the hospital setting: a scoping review of the literature. Soc Sci. 2023;12(1):34-46. doi:10.11648/j.ss.20231201.15