

Knowledge and Attitude of Staff Nurses Towards the Implementation of Play Therapy on Children

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ABSTRACT

Play promotes healing and helps the child to cope with stressful experiences. The study aimed to assess the knowledge and attitude on the implementation of play therapy for children delivered by staff nurses in the Training Institute of the Ministry of Health Malaysia at Kubang Kerian, Kota Bharu, Kelantan. Collected data retrieved from Google survey form from the 95 respondents. There is a relationship between knowledge and attitude ($\text{sig} < 0.05$) in the implementation of play therapy for children delivered by staff nurses. Therefore it is concluded that the staff nurses should implement play therapy with the correct knowledge and proper attitude among children confined in the hospital settings.

Keywords: Knowledge; Attitude; Nursing; Play Therapy

INTRODUCTION

Therapeutic play is a form of therapy primarily geared toward children (Godino-Iáñez *et al.*, 2020). In this style of therapy, a therapist enables a child to investigate past experiences that might have an impact on the present in a way and at a pace that the child chooses, primarily via play but also through language (Senko & Bethany, 2019). Because it can aid in communication, the exploration of repressed emotions, the addressing of unresolved trauma, and the experience of personal growth, therapeutic play is widely considered as an essential, effective, and developmentally appropriate mental health treatment (Wilson & Ray, 2018).

Up to the age of six, children will play; after that, they will start school and start studying (Swank, Cheung & Williams, 2018). Children who receive play therapy are more relaxed, and so are their parents. The play activities may be suggested by the therapist or left up to the child's choice, depending on the situation and the child (Koukourikos *et al.*, 2021).

In order to get to know the child and help them cope with their issues, the therapist can use play therapy in a variety of ways. It could be as simple as asking questions while the child is drawing or painting to try to gain insights into their thought process (Allen & Barber, 2015), or play various games with the child to encourage problem-solving, cooperation, and social

skills (Cochran & Cochran, 2017).

The importance of play therapy with the objectives of assessing the level of knowledge and attitude on play therapy among hospitalized children, is sought to pave new avenues for the nursing discipline.

METHODOLOGY

This study implemented a cross sectional survey design. A total of 95 respondents were used. Statistical Analysis Software version 26 was used for a descriptive data analysis. Purposive sampling technique was used with inclusion and exclusion criteria.

Inclusion Criteria:

Samples were taken from 5 categories identified including: Nursing clinical lecturer, staff nurses, support and administrative nursing staff were included.

Exclusion Criteria:

Radicare and cleaner services working at the training Institute of Ministry of Health Malaysia Kubang Kerian Kota Bharu Kelantan were excluded.

Organization of Data Analysis

This analysis process involves 4 types of analysis according to the following stages:

Stage 1: Reliability Analysis.

Stage 2: Normality test.

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Stage 3: Descriptive analysis of the demographic data.
 Stage 4: Pearson correlation test.

Ethical Clearance

Lincoln University College approved the use of human subjects for this study and the Malaysian Research Ethics Committee with a reference number of 111200619290L/1902 on the 19th of December 2021.

RESULTS

Reliability test

This analysis was primarily done to ensure that each survey questions used were reliable and unambiguous. The value of Cronbach's alpha is 0.803. The result showed that the 27 total number of survey questions were reliable.

Normality Test

This analysis was performed to determine that the entire data of the respondents obtained were in a normal distribution. Since there are 27 survey questions the graphical histogram was plotted to show the normal distribution of data representing 95 respondents' answers obtained as shown in table 1.).

Table 1: Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Knowledge	0.092	95	0.047	0.970	95	0.029
Attitude	0.120	95	0.002	0.955	95	0.003

a. Lilliefors Significance Correction

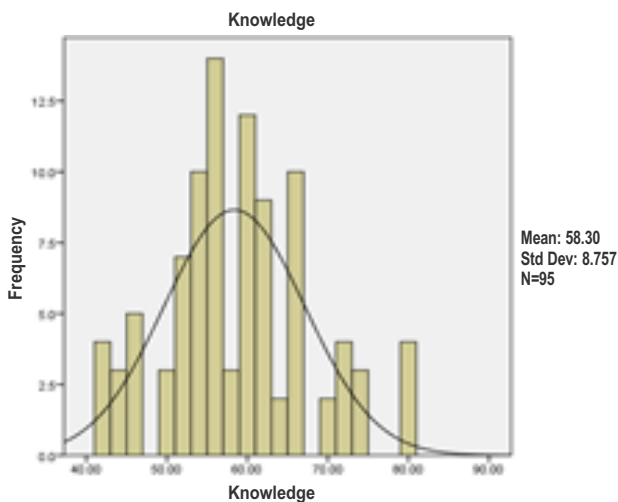


Figure 1: Knowledge of Staff on Play Therap

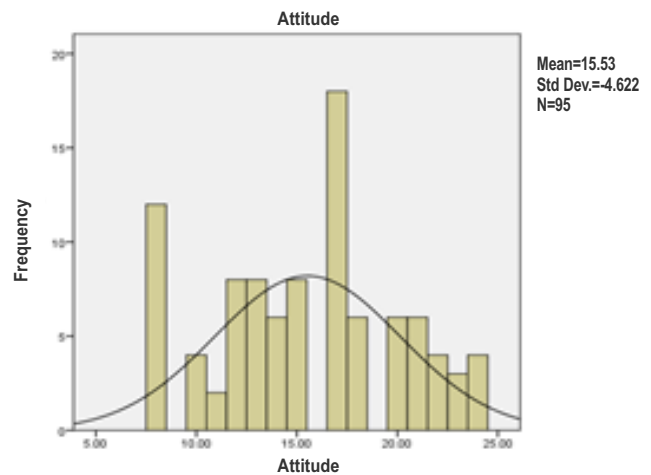


Figure 2: Attitude of Staff on Play Therapy

Based on figures 1 and 2, the respondent was not normally distributed. This was evidenced by the uneven bells curve shown on both histogram figures. The significant value on table 1 was <0.05 that agreed with the histograms. While in the survey for attitudes, this also showed that most respondents agreed with all the items in the survey questions.

The scale was between 4 (Agree) and 5 (Strongly agree). The value of Kolomogorov-Smirnov and Shapiro-Wilk for the knowledge and attitude were 0.092, 0.12, 0.97, and 0.955 respectively.

In addition to the histogram graph in the plot, "Skewness" and "Kurtosis" were done to support the normality test (refer to table 2). If the value of skewness and kurtosis is near to zero, the distribution of measurement scores is considered normal.

The skewness and kurtosis ranged from -1.96 to +1.96. Although the maximum values were not greater than one, this was still considered normal. Because data are normal, parametric testing was possible.

Table 2: Skewness and Kurotosis

	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Knowledge	58.3895	8.75712	0.313	0.247	-0.006	0.490
Attitude	15.5263	4.62151	-0.004	0.247	-0.867	0.490

Demographic data

Table 3 shows the demographic data.

Table 3: Demographic Data

Variables		Number n	Percentage %
Age	21-25 years	38	40.0
	26-30 years	39	41.1
	31-35 years	14	14.7
	36-40 years	4	4.2
	Total	95	100.0
Gender	Male	33	34.7
	Female	62	65.3
	Total	95	100.0
Religion	Muslim	91	95.8
	Buddhist	2	2.1
	Christian	2	2.1
	Total	95	100.0

Of the 95 respondents, 38 (40%) were 21-25 years old, while 39 (41.1%) were 26-30 years old, and 14 (14.7%) were 31-35 years old, and the rest were 4 (4.2%) 36-40 years old.

Regarding distribution of gender predominantly 62 (65.3%) were female and rest 33 (34.7%) were male. In related to the religion dominantly 91 (95.8%) were Muslim, 2 (2.1%) were Buddhist and 2 (2.1%) were Christian.

Correlation test

Table 4 showed that there was a relationship between knowledge and attitude among staff nurses on the implementation of play therapy.

Table 4: Correlation Test

Variable		Knowledge	Attitude
Knowledge	Correlation Coefficient	1.000	0.461**
	Sig. (2-tailed)	-	0.000
	N	95	95
Attitude	Correlation Coefficient	0.461**	1.000
	Sig. (2-tailed)	0.000	-
	N	95	95

**Correlation is Significant at The 0.01 Level (2-Tailed).

DISCUSSION

Data obtained from the questionnaire analyzed and presented were limited in the pediatric setting with different diseases of children at a government hospital. Staff nurses' religious affiliations were also limited to Islam, Bhuddist, and Christians. Therefore, if the study findings should be used in other settings with multiple demographic data, it should be taken with caution.

From the questionnaires distributed via google form through the WhatsApp web application, a total of 95 among staff in the Training Institute of Ministry of Health Malaysia Kubang Kerian Kota Bharu Kelantan provided feedback was required. Therefore, the respondents of this study who represent several categories of services, namely professional, administrative, service support and non -graduate nurse trainees were also the limitations of this study. These professional backgrounds could have affected the results that knowledge was significantly related to the attitude of staff nurses in implementing play therapy.

The respondents consisted of 33 males (34.7%), while a total of 62 respondents (65.3%) were female. This indicated that the total distribution of the respondents selected was unbalanced between the two genders that may also had affected the results. Females were more affectionate in terms of taking care of children with disorders that needed play therapy –“(Bacus *et al.*, 2022; Davidson & Stagnitti, 2021; Wedge *et al.* 2021).

In terms of age, more than half of the respondents, (n39, 41.1%) were between 26 - 30 years, while n38 (40%) between 21 - 25 years, n14 (14.7%) less than 31-35 years and 36 - 40 years had n4 (4.2%). The older the staff the

more dedicated they are in implementing play therapy especially to children with neurologic disorders (McCoy *et al.*, 2020).

In terms of religion, more than half of the respondents, (n91, 95.8%) were Muslim, n2 (2.1%) were Buddhist, and n2 (2.1%) were Christian. This shows that many staff were Muslims in the Training Institute of Ministry of Health Malaysia at Kubang Kerian Kota Bharu Kelantan that showed religious staff affected the implementation of play therapy (Godino-Iáñez *et al.* 2020).

CONCLUSION

There are significant knowledge and attitude on

the importance of play therapy on children delivered by staff nurses in the Training Institute of Ministry of Health Malaysia Kubang Kerian Kota Bharu Kelantan.

Conflict of Interests

The authors declare that they have no conflict of interests.

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