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Perceived impacts of a therapeutic recreation based hospital outreach programme (HOP) for children with chronic or severe illness: Qualitative analysis

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ABSTRACT

Background: While Therapeutic Recreation (TR) camp programmes have been extensively analysed, less is known about hospital outreach programmes (HOPs). This study examined parent, volunteer and health care provider (HCP) perceived core features and outcomes of a hospital-based TR programme for children with serious illness.
Methods: Participants were either 1) a HCP within a hospital setting, 2) a volunteer with HOP, or 3) the parent of a child with serious illness. Semi-structured interviews were completed remotely and analysed using a reflexive thematic approach.
Results: Nineteen participants (5 parents, 5 HCPs, 9 volunteers) were interviewed. Core features of the HOP included the importance of *play as an anchor to the present moment* and as *a vehicle to challenge and grow*, *creation of a safe space* allowing child and family needs to be met, and *meeting families where they are*. Perceived outcomes of attending the HOP included *changing the focus* from being sick to being a child, and developing a sense of *solidarity amongst peers* for both children and parents.
Conclusions: These results highlight the important contribution of the HOP in supporting children regain a sense of self that is greater than illness, allowing them to reconnect with their values and express themselves, while supporting growth and self-esteem.

1. Introduction

There is growing recognition of the need to support children coping with chronic and serious illness [1]. In addition to impacting physical health, illness can bring missed social and educational opportunities [2], increasing the risk of anxiety, low self-esteem, and depression [3]. Therapeutic recreation (TR) offers one way to support children with illness [4]. By facilitating safe participation in recreational activities, TR aims to improve social, physical and psychological well-being [5,6]. Recreational activities are structured to create a sense of engagement and freedom [7], often through specialised camp programs [8], which positively impact child confidence, self-esteem and decision-making [9,10]. However, for some, TR camp attendance may be restricted by medical needs [11], with those who are very ill unable to attend. Further, illness may impact the types of activities children may be able to participate in, notably exercise [12]. Therefore, there is a need to identify more accessible locations for therapeutic landscapes for children with illness, along with value-based activities matching individual need [13].

To support those unable to attend typical camp settings, there have been efforts to apply TR strategies within hospitals. One such example, the Hospital Outreach Programme (HOP) provides short-term TR-based activities to children with serious illness, both on-ward and in waiting rooms across Ireland and the United Kingdom. This HOP seeks to bring the fun of camp to hospitals by providing structured activities (such as art and boardgames), facilitated by staff and volunteers. This semi-structured play programme employs a challenge by choice approach in which children are supported to undertake small surmountable

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challenges with the aim of supporting self-esteem and positive self-perceptions. While analysis of TR in these settings are limited, research has explored the impact of hospital-based play interventions more generally, with decreased stress [14], increased pain management [15], and mixed impacts on anxiety [16,17] found. However, overall efficacy is uncertain [18,19], with significant methodological concerns [20], including high heterogeneity of interventions and participant groups, and poor experimental rigour [21] preventing conclusions on efficacy being determined. Further, a recent meta-analysis posited that one or two studies may have inflated the positive effects found in past analyses [22]. For non-directive play therapy, to which the HOP is related, mixed impacts on anxiety were found [23], with two thirds of included studies showing no effect. While nurse-led therapeutic play has been found to have positive effects on pain, behaviour and anxiety for children in hospital [24], nurse-led interventions may not be practicable in all circumstances. This suggests a need for further analysis of the impacts of such programmes.

While few hospital play-based interventions have analysed the impacts of TR, one exception is Gillard [25], who examined outcomes for children of a short-term hospital-based TR play program. Here, short-term improvements in positive affect and sadness were found, along with increased tolerance of medical procedures, communication, and activity levels, illustrating how such programmes can positively impact child-reported outcomes. However, few studies have considered the perspectives of those close to the child, such as parents and healthcare providers (HCP's) [25]. As these stakeholders have different objectives in supporting children with illness, they may offer differing viewpoints to enable a more comprehensive picture of the HOP's impacts for children and families. Qualitative analysis may be particularly suited to exploring this area as it allows for a more fulsome picture and may aid the identification of barriers impacting programme efficacy [26].

While research supports TR camps for children with chronic illness, minimal examination of short-term hospital-based TR interventions has occurred. This study aims to examine parent, HCP and volunteer perceived core features and outcomes of the HOP for families impacted by serious illness, and to explore perceptions of the role of TR strategies on these outcomes.

2. Materials and methods

2.1. Study context and design

This study was conducted in collaboration with a charitable TR-based specialised camp provider for children with serious illness in Ireland. This HOP provides short-term TR-based activities, both on-ward, at bedside, and in waiting rooms across hospitals in Ireland and the United Kingdom. HOP activities are inspired by a residential camp, and adapted to the hospital setting. Activities typically include arts and crafts, card games or boardgames and can be completed individually or in small groups. The goal is to provide fun within a challenge by choice model. Within this model children are presented with small, attainable challenges through play to build success and support self-esteem. The HOP is led by multi-disciplinary staff and supported by volunteers, with children and families free to drop-in to the HOP while on-ward or waiting for an appointment.

The study was designed and led by a steering committee including charity staff, researchers and a parent representative to ensure stakeholder inclusion in the development of the research question, methods and conclusions. A phenomenological qualitative approach underlined the present study, within a paradigmatic framework of constructivism and interpretivism. Reflexive thematic analysis was selected [27], as it was perceived to be most congruent with the studies aim of exploring the HOP from the perspectives of parents, volunteers and HCPs, while acknowledging the reflexive influence of the researcher. In line with a thematic analytic approach, bottom-up inductive analysis was primarily conducted, though deductive analysis was applied somewhat to support theme relevance to the research question. The researcher holds the world view of a 'behaviour analyst and researcher, with limited experience in TR, and no experience as a HCP, parent or with childhood illness'.

2.2. Ethical considerations

Ethical approval was obtained from the academic institution supporting the research and from the host organisations Child Advisory Committee. Full informed consent was obtained from participants using a consent form and information sheet.

2.3. Participants

Nineteen individuals participated, including nine volunteers, five HCPs (two nurses, one doctor, one social worker, one physiotherapist) and five parents. Participants were recruited through circulation of invitations to professional groups and organisations in the paediatric illness space and via social media. Criteria included either 1)being qualified as a nurse, doctor or allied health professional with 2 years' experience working with children, 2)being a HOP volunteer for at least 1 year, 3)having a child (aged 0–18) with serious illness who attended the HOP between October 2019–March 2020. Sample size was determined based on richness of data gathered, rather than saturation, in line with the reflexive thematic approach to analysis [28]. Volunteers (four male, five female) had a mean age of 31.25 (range = 21–63) and had volunteered with the HOP for on average 3.39 years (range = 1.7–9 years). Parents (one male, four female) had a mean age of 39.5 years (range = 33–43). While one parent had experienced the HOP on-ward only, all other parents had attended both on-ward and in the waiting room. HCPs (one male, four female) had on average 15.5 years of experience in paediatrics (range = 2.5–30 years). Parents were primarily married (n = 3) and lived in small towns (n = 4). Children had a mean age of 8.4 (range = 4–12), and four had siblings. All children had a diagnosis of paediatric cancer, with most finished active treatment (n = 3).

2.4. Data collection

In-depth semi-structured interviews were conducted between December 2020–April 2021, with Demographic information such as age, gender, rural/urban habitation were sought. For parents, information on their child's age, gender diagnosis and treatment stage were asked. In relation to HOP, questions were asked about the perceived impacts and experiences of families (See Table 1). While an interview guide was developed, specific wording was not firmly adhered to, to allow exploration of participant raised topics. The interview guide was developed using a recursive approach, with reflection on biases raised through open discussion. The first interview with each participant served as a pilot, with feedback gathered and applied to subsequent interviews. All interviews were online using Microsoft Teams, and were recorded for transcription purposes. Interviews lasted an average 29 min for HCPs (range: 16–35 min), 28.29 min for volunteers (range: 19.46–44.36 min)

Table 1
Sample interview guide.

What do you feel was your child's experience of the camp programme?
What do you feel are the core features of the HOP?
How could HOP be improved in future?
What impact do feel the following had on your childs experience of the HOP?
a) Social Support
b) Therapeutic landscapes
c) Opportunity to have a break
d) Opportunity to engage in leisure activities
How do you feel about the use of technology in HOP to date?
What impact do you feel HOP had on your children's self-esteem?

and 36.42 for parents (range: 23.36–55.03 min).

2.5. Data analysis

Interviews were transcribed, then replayed and checked for accuracy. Analysis was conducted using a reflexive thematic analysis approach [27,29] with Braun and Clarke's [28] six step sequence used with a recursive approach. Firstly, a researcher became familiar with the data. Secondly, coding was completed using QDA Miner Lite, with codes highlighting the important features given to the data. Coding was completed by a PhD student with no past experiences of serious childhood illness or the HOP. Codes were both latent and semantic in nature and were re-read to ensure they could hold when reviewed in the absence of the data itself. To support coding and theme development, a sample of transcripts (1 per participant group) was independently coded by a second researcher with experience in qualitative analysis. Following this both researchers discussed codes obtained and how they may pertain to themes. Themes were determined based on the data, and codes allocated to relevant themes before being reviewed to ensure they represented the data and were then defined and named. All themes were derived directly from the data and were not anticipated in advance as per Tong et al.'s [30] consolidated criteria for reporting qualitative research.

3. Results

3.1. Core features

Four themes pertained to core features of the HOP (see Table 2). These were (1) play as an anchor to the present moment, (2) play as a vehicle to challenge and grow, (3) meeting families where they are, and (4) creating a safe space.

3.1.1. Play as an anchor to the present moment

A common feature was the perceived role of play as a means to reduce anxiety through serving as an anchor, focusing children on the present moment rather than past or future worries. This was primarily noted for those waiting for out-patient appointments, perceived as a moment of high anxiety for families.

> "So here we are again potentially. Have things stayed the same, have things got worse or got better. High anxiety. When the child is sitting with the parent anxiety traveling between them"(HCP5)

By engaging children with an activity, focus could be taken off medical or other sources of anxiety. Children were encouraged to engage fully, with volunteers actively directing attention to the activity creating an energetic and joyful environment.

Table 2

Core features and Outcomes.

Area	Theme	Sub-theme	Number of participants theme was mentioned by		
			Parent	HCP	Volunteer
Core Features	Play as an anchor to the present moment		4	2	8
	Play as a vehicle to challenge and grow		3	5	9
	Meeting families where they are		5	5	9
	Creating a safe space	To open up	4	3	9
		To catch your breath	4	5	8
		Total	*5*	*5*	*9*
Outcomes	Changing the focus - Return to "me"	Chance to be a child	3	2	6
		Be 'me'	3	3	8
		Total	*5*	*5*	*9*
	Solidarity through shared experience		2	5	7

> "We sat in there and we painted em and we drew and and so he's sitting there happy … and at the same time there's poison going into his arm"(P5)

Parents noted their own relief at their child being engaged in an activity. They also acknowledged a support for themselves in being more present.

> "Just for those few minutes she'd forget what was going on, we'd forget you know"(P2)

For volunteers, emphasis was placed on the structure of activities to ground the child.

> "If you're drawing or you're colouring their minds not on the worry of the appointment that they're having … the leisure activity is kind of an anchoring to the present moment to take you away from the worry of the future, the worry of the past"(V8)

HCPs noted the supportive role of activities as a means for the child to manage an anxious situation.

> "Through play and through activities …. it often enables them to release their concerns, their fears, or it even just enables them to manage whatever situation they find themselves in"(HCP4)

3.1.2. Play as vehicle to challenge and grow

Play as a tool to present small surmountable challenges to strengthen self-esteem was emphasised by all groups. These small wins were child-specific, and child-led. For some children this was the simple act of engaging in HOP itself, for others it pertained to an activity. Through these little wins, children's confidence was perceived to grow.

> "Someone mightn't think that they're an artist and then they might paint a beautiful picture and then they might realise like well maybe I am an artist,"(V6)

Volunteers play an active role in establishing challenges and supporting success. This took the form of breaking the challenge into smaller steps, demonstrating, or providing advice.

> "There was a couple of boys that were maybe much older.. and he was well able to hold his own cos VOLUNTEER showed them how to play it and showed them the tricks"(P5)

The transient nature of these positive impacts was noted however, with the HOP playing a small role in the larger context of the child. As such the impact on self-esteem was likely small, and vulnerable to setbacks.

> "The self-esteem you get over time, we see it in a game of cards we see it in pass the bomb we see it in drawing a kangaroo yknow little things that we can see but, em improving self-esteem can take time … And it can also be knocked down as quickly as it's been brought up."(V9)

3.1.3. Meeting families where they are

Adaptation of the HOP to meet children where they are personally or medically appears key. Efforts to engage children of all ages, abilities and interests was noted, along with emphasis on maintaining a flexible approach to support engagement. Additionally, specific efforts were made to engage those at increased risk, particularly those coming from difficult family or social circumstances.

> "That little boy with language problems, with a very traumatic family background as well as having leukaemia, I saw him engage smile, get on with other children."(HCP5)

Volunteers actively considered individual factors that may impact children they work with, acknowledging the importance of providing services responsive to children's needs.

> "Not every hospital bedroom is filled with toys and fun people."(V4)

Accessibility of services across differing treatment journeys was noted. Efforts were made to ensure that barriers, be they physical, medical or personal, were acknowledged and planned for. This was emphasised by parents for inpatient isolation, with the HOP adapting the programme for them.

> "She wouldn't be able to go but they'd drop by and they'd be waving in or singing in through the door."(P2)

Parents particularly noted the importance of HOP at treatment transition points, often periods of vulnerability and uncertainty. Encountering HOP here provided a sense of confidence and support.

> "Maybe day 5 or 6 we met some of the team from the hospital outreach programme em yknow and as a 6-year-old all CHILD wants to do is play and be, yknow have fun"(P5)

While parents and HCPs described efforts to meet individual child needs, volunteers focused on the operationalisation of that ethos. Rather than narrowing in on the limitations imposed by the illness, focus instead was directed towards ability. The importance of an open approach, allowing individuals the space to engage how and when they would like, was acknowledged. This was emphasised particularly for older children.

> "Just the way that they the people interact with the children and the teenagers em there … it's very gentle and very non-intrusive em but very available for people"(HCP6)

3.1.4. Creating a safe space

A further feature was the creation of a safe space for children. This safe space is one of no expectations, removing focus from illness. The creation of a safe space allowed children to open up and express themselves and allowed parents a chance to catch their breath.

Several aspects of the volunteers' approach allowed this sense of safety to develop. Firstly, volunteers served as a friendly, non-medical presence in hospital. The importance of the differentiation between uniformed and non-uniformed staff for the children was noted. Parents described how children were perceived to be less willing to engage with those in uniforms due to past medical interventions.

> "CHILD just kind of closed up and just didn't want another uniform coming in the room to him"(P5)

Volunteers, in their bright t-shirts, served as an emblem of fun in comparison to those in uniform.

> "They'd often have a very different conversation then they would with us nursing staff at ward level, cos we're the nurse coming with the medicine, we're coming to give an injection. Where the volunteers come in and they're light and they're fun"(HCP4)

To Open up. Reducing expectations for the child appeared to facilitate a sense of safety. Volunteers emphasised a gentle and open approach, following the child's lead. By allowing the child agency over their engagement, children were given space to express their needs and fears.

> "It allowed her to be creative. And even she mightn't be able to get across what she wants to say or she'd be drawing a picture of the doctor and it'd just help her get things out."(P2)

The importance of giving children control over their experience was highlighted by HCPs. As children in hospital are faced with few choices around their medical care and treatment, the HOP presents an opportunity to return some agency to children.

> "I think it actually creates a safe place. A safe place for the child, when they're with people they feel confident with it allows them to do something they like. They don't have to do it its voluntary for the child to participate or not and I think that actually gives the child the option to say yes or no, and in hospital the child has so many times they don't actually have the choice to say yes or no"(HCP4)

To catch your breath. The child's engagement with the HOP allowed parents the space to address their own needs. In-patients were perceived to benefit more from this.

> "When she was 2 years old and you obviously can't leave couldn't leave her for a second so that would just allow you, just give you time to do something"(P2)

Responsibilities outside of the hospital setting placed additional pressure on parents. Often parents had siblings to check in on, tasks to complete and in some cases would work from the ward. Parents used the space provided by the HOP to complete some of these tasks.

> "I have my laptop in front of me at the same time, there were days that I had some calls. I was just kind of juggling things around."(P1)

The space created by the HOP was particularly valued for those in isolation. Isolation was seen as highly stressful for parents, with pressure to minimise the negative impacts on their child.

> "So yknow a very sick 2 year old who's who wants her mammy who wants to go home and you know she isn't going anywhere and you have to hold her in the bed so she doesn't move her tubes so yknow its not nice, so yeah like you mean just the hour or two someone coming in is fantastic, yknow it just sees her happy for a while it takes the stress out of her body and you can sit down and just see her happy"(P4)

3.2. Outcomes

As in Table 1, two perceived HOP outcomes were described. These were changing the focus from illness to self, and solidarity from shared experience.

3.2.1. Changing the focus - return to "me"

The role of the HOP in reducing the weight of illness was highlighted. Children instead focused on being a child and re-establishing sense of self.

> "Minimise the space and impact that the disease takes in their life"(V2)

This change in focus arose from the HOPs approach of seeing children as individuals first, allowing children the opportunity to engage in activities freely to re-establish their strengths and values.

> "They're not patients, they're children that come in."(V1)

3.2.1.1. Chance to be a child. An over-focus on illness was perceived to divert attention away from child interests. Through the creation of an environment in which illness was acknowledged but not emphasised, children were provided with a sense of normality. An emphasis on engaging in activities typical for children, but likely missed by those with illness, allowed children to explore and discover. This enabled a focus on strengths, rather than barriers imposed by illness.

> "Just because they have an illness it doesn't mean that it stops. And it doesn't change what they enjoy and what they should be doing."(V6)

3.2.1.2. Be me. Through allowing children to look past their illness, opportunities to re-engage with forgotten preferences, skills and joys in a safe, supportive space were described. Through these activities children could find a sense of self again, one removed from illness.

> “I think giving children that opportunity to just be a child em can really show them that that that they are still that person yknow that that person does still exist”(HCP3)

HCPs emphasised the impact on parents also, being supported to acknowledge their child’s strengths, where past focus may have been illness-directed.

> “‘I think it does open up that opportunity to see their child differently and to take away … the view the child is constantly sick or there is an issue with the child.”(HCP4)

HCPs also noted that through the child expressing themselves more strongly, their own relationships with the children were strengthened. HCPs were able to increase their understanding of factors which may be impacting upon the child that they were unaware of.

> **“**You’d often see children expressing themselves through their activities. …. we might even see them drawing their dog and we might not even have known they had a dog at home. We may not even have realised they were missing something.”(HCP4)

This re-focus on self in turn allowed for a return to value-based living. Children were empowered to engage in those activities that they valued, be it for joy or due to skill, and as a result increased sense of self and commitment to further value-directed actions.

> “It’s taken the focus off that ‘I’m not the sick child I can actually get out of my bed and go down and sit at the table with the other children’’’(HCP4)

3.2.2. Solidarity through shared experience

A sense of solidarity through shared experience for both parents and children was expressed. For parents, the HOP established connection between families as they watched their children in the waiting room or ward engage in the HOP. In the absence of HOP, this did not to occur, with families keeping to themselves. Volunteers highlighted the role of the room set-up in establishing a common experience to launch interaction. This may be as simple as small glances or acknowledgement of ongoing activities. Through those small moments, parents gain a sense of togetherness with those around them.

> “Everybody’s in that room in the same boat, its different size boats but all in the same kind of boats. And it’s just nice to say hi how are you doing”(P5)

Children too benefited from peer support through completing activities with other children. The physical impacts of cancer on children may negatively impact relationships with peers in other settings. Other children in the HOP however may share these experiences.

> “If you can have a friend who you’re going through the same process with that’s a game changer for you cos I imagine if you’re in school or if you’re on your football team or something no one else is going through what you’re going through”(V8)

Children were welcoming and viewed each other with a sense of sameness, seeing each other first as playmates rather than as different due to illness.

> “They don’t even see the baldly heads or the NG tubes or the Freddy’s or anything they just see somebody to play with and its lovely”(P5)

A sense of solidarity within families was also noted. The inclusion of siblings within activities supported family solidarity, lasting beyond the HOP itself.

> “They just did this sign, team NAME on it and we have it up on our wall in our kitchen yknow cos we always talk about the fact we’re a team and we do this together it’s not just CHILD. It’s funny that was done on maybe day 4 or 5 of his diagnosis and it’s still sitting up in the kitchen”(P5)

4. Discussion

This research sought to explore parent-, HCP- and volunteer-perceived core features and outcomes of a TR-based hospital outreach programme for children with serious illness. Core features included the importance of play as an anchor to the present moment and as a vehicle to challenge and grow, creation of a safe space allowing child and family needs to be met, and meeting families where they are. Perceived outcomes associated with attending the HOP included changing the focus from being sick to being a child and developing a sense of solidarity amongst peers for children and parents. These results suggest an important role of the HOP in supporting children regain a sense of self that is greater than illness, allowing them to reconnect with their values and express themselves while supporting growth. For parents, the HOP allowed for reconnection with their child as a child, and a chance to catch their breath. For families and HCPs, an important practical role of the HOP was allowing preparation for medical appointments while in- or out-patient.

These findings are consistent with past research suggesting positive impacts associated with TR-based hospital outreach on children [25]. In contrast to Gillard et al. [25], however, while some perception of increased tolerance of medical procedures following engagement with HOP was found, this primarily took the form of perceived reduced anxiety related to these procedures. Further analysis to determine impact on anxiety is needed, particularly in the context of the mixed efficacy found within past literature [16,31]. Findings also suggest that the HOP facilitates social support for children and parents, which is consistent with past research suggesting how leisure activities support connection [32]. This is encouraging given the importance of social support on wellness for children with serious illness [33,34]. Findings are also consistent with research demonstrating the contribution of leisure towards valued living and life goals [13]. A notable finding is the perceived importance of play in supporting contact with the present moment for both child and parent. Research has suggested a protective role of present-moment living, or psychological flexibility, for those with illness and their caregivers [35]. Conversely, the absence of present moment connection is associated with burden and distress for parents of children with illness [36]. The perceived impact of the HOP on present moment living is therefore encouraging.

The core features described suggest the impact of several key TR strategies within the HOP programme. Firstly, respondents highlight the importance of play in creating challenge and support self-esteem. Play activities are commonly used within TR-based camp programmes to support independence, self-esteem and confidence [5,6], with activities providing a surmountable challenge [37]. Similar emphasis is placed on play within the HOP, while adapting to the hospital setting. While challenges can still be encountered in this context, they are modified to allow for success, which may impact confidence. A further commonality with TR-based specialised camps is the opportunity to connect with similar others. The opportunity to connect with peers through shared experiences has a positive effect [3]. The creation of therapeutic landscapes, primarily through the physical set-up of rooms and activities within hospital settings, also was reported to be important to HOP outcomes. These child-friendly, warm spaces within the hospital, offered a break from the more typical clinical environment. These results suggest that TR strategies embedded within the HOP programme may positively impact its effects, suggesting potential for such strategies to be successfully employed within short-term hospital-based play services. Additional analysis is required however to determine the specific mechanisms of change within the HOP and the impact of individual TR strategies.

Several limitations to the present study were noted, including sample size and composition. While significant recruitment efforts were undertaken, a relatively small number of parents and HCPs participated, including only one father. Further, high heterogeneity was noted across participants, with parents of children of varying ages and diagnoses included. Additionally, while the HOP provides services for those with diabetes and sickle cell anaemia, amongst other illnesses, parents of children with these diagnoses were not represented. The use of a snowballing strategy for recruitment may also be considered a limitation, as this may have increased the likelihood of participation by those who had positive experiences of the HOP. However, as recruitment for this study was conducted in parallel with two other studies exploring childhood cancer, this risk was somewhat reduced. Furthermore, due to COVID-19, the HOP paused in-person service delivery (March 2020-present) meaning participants could only be recruited from those who had previously completed the programme. This resulted in a high temporal latency between HOP attendance and participation. However, as parents and HCPs came from a variety of backgrounds and experiences, a fulsome picture of the programme could be attained, given the exploratory nature of the study. A final key limitation was the absence of the voice of children who had participated in the HOP itself. While parents provided some insight on the experiences of their child, additional analysis of the key features and outcomes experienced by children themselves is needed. Further analysis should be considered, particularly as services re-start, to further examine these factors.

Several recommendations for practice can be made based on this analysis. Findings lend support to the use of TR strategies within hospital-based play services for children with illness. Specifically, practitioners should consider the use of play to provide challenge and engagement with the present moment while allowing for peer connection within their services. The importance of creating a safe space for both parents and children should also be considered to support child expression and parent willingness to take a break. Efforts to remove demand, increase child choice and voice, and remain visually different through the absence of uniforms should be employed.

4.1. Conclusions

To conclude, this study suggests that TR-based short-term hospital outreach programme is associated with positive effects on child and parent outcomes, with connection to the present moment, valued living and self-expression some of the key benefits noted, along with positive impacts on anxiety, sense of self and connection with others. These results suggest an important role of TR strategies to support these goals, with access to leisure activities and the creation of therapeutic landscapes important components of the HOP. While further analysis of the impact of short-term hospital-based TR programmes on specific child and parent measures is needed, these findings are encouraging and suggest continued expansion of such programmes to better support children with chronic or severe illness.

Key messages

- Findings support to the use of TR strategies within hospital-based play services for children with illness.
- HOPs may support children regain a sense of self, reconnect with values and express themselves.
- For families and healthcare staff the HOP may aid preparation for medical appointments.
- Results highlight the importance of creating a safe space for both parents and children to support child expression and parent willingness to take a break.

Author statements

Author Contributions: Emma Delemere was responsible for conceptualisation, methodology, data collection, formal analysis and drafting of the manuscript. Suzanne Guerin, Gemma Kiernan and Eimear Kinsella contributed to the design of the research questions and methodology. Eimear Kinsella contributed to recruitment of participants. Isaiah Gitonga contributed to formal analysis of data and provided insight into the methodology. Rebecca Maguire supervised this research, provided insight into the overall design, and drafted versions of the manuscript. All authors critically reviewed the manuscript and participated in draft development. All authors reviewed and approved the final version of manuscript for submission.

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Declaration of interests/competing interests

While EK is an employee of Barretstown, this researcher did not directly gather or analyse data minimising any conflicts. No other conflicts of interest were noted.

Data availability statement

To ensure the confidentiality of participants, particularly within an Irish context in which there are few parents of children with cancer and few HCPs, data is not freely available.

Ethics approval statement

This study was conducted in line with the principles of the Declaration of Helsinki. Ethical approval for this study was obtained from Maynooth University Social Ethics Sub-Committee (reference: SRESC-2020-2414528).

Patient consent statement

Full informed consent (both verbal and written) to participate and to publish was obtained from all participants.

References

[1] D.M. Crosolini, Children with chronic health conditions - pediatrics - MSD manual professional edition. https://www.msdmanuals.com/professional/pediatrics/caring-for-sick-children-and-their-families/children-with-chronic-health-conditions, 2021. (Accessed 20 June 2021).

[2] A.L.C. Martiniuk, Camping programs for children with cancer and their families, Support, Care Cancer 11 (2003) 749–757, https://doi.org/10.1007/s00520-003-0540-y.

[3] A.R. Neville, N. Moothathamby, M. Naganathan, E. Huynh, F.J. Moola, A place to call our own": the impact of camp experiences on the psychosocial wellbeing of children and youth affected by cancer – a narrative review, Complement, Ther. Clin. Pract. 36 (2019) 18–28, https://doi.org/10.1016/j.ctcp.2019.04.007.

[4] P.D. Williams, U. Piamjariyakul, K. Ducey, J. Badura, K.D. Boltz, K. Olberding, A. Wingate, A.R. Williams, Cancer treatment, symptom monitoring, and self-care in adults: pilot study, Cancer Nurs. 29 (2006) 347–355, https://doi.org/10.1097/00002820-200609000-00001.

[5] S. Mulligan, S. Guerin, A. McKiernan, A. Brown, M. Hartnett, D. Gray, G. Kiernan, The core features and outcomes of a specialised camp programme for children with life-limiting conditions and their families: a qualitative multi-perspective approach, J. Child Health Care (2019), https://doi.org/10.1177/1367493519875593.

[6] A. Martiniuk, M. Silva, M. Amylon, R. Barr, Camp programs for children with cancer and their families: review of research progress over the past decade, Pediatr. Blood Cancer 61 (2014) 778–787, https://doi.org/10.1002/pbc.24912.

[7] G. Ellis, J. Rossman, Creating Value for Participants through Experience Staging: Parks, Recreation, and Tourism in the Experience Industry, Undefined, 2008.

[8] C.J. Jennings, S. Guerin, Therapeutic recreation models of practice: a synthesis of key elements and examination of children's narratives of a camp experience for evidence of these elements, Ther. Recreat. J. 48 (2014) (accessed June 20, 2021), https://js.sagamorepub.com/trj/article/view/5079.

[9] D.A. Walker, D. Pearman, Therapeutic recreation camps: an effective intervention for children and young people with chronic illness? Arch. Dis. Child. 94 (2009) 401–406, https://doi.org/10.1136/adc.2008.145631.

[10] G. Kiernan, S. Guerin, M. MacLachlan, Children's voices: qualitative data from the "Barretstown studies, Int. J. Nurs. Stud. 42 (2005) 733–741, https://doi.org/10.1016/j.ijnurstu.2003.05.003.

[11] K.J. Sawin, S.L. Lannon, J.K. Austin, Camp experiences and attitudes toward epilepsy: a pilot study, J. Neurosci. Nurs. 33 (2001) 57–64, https://doi.org/10.1097/01376517-200102000-00008.

[12] C. Andersen, L. Adamsen, T. Moeller, J. Midtgaard, M. Quist, A. Tveteraas, M. Rorth, The effect of a multidimensional exercise programme on symptoms and side-effects in cancer patients undergoing chemotherapy-The use of semi-structured diaries ARTICLE IN PRESS, Eur. J. Oncol. Nurs. 10 (2006) 247–262, https://doi.org/10.1016/j.ejon.2005.12.007.

[13] S.L. Hutchinson, A.D. Bland, D.A. Kleiber, Leisure and Stress-Coping: Implications for Therapeutic Recreation Practice, 2008.

[14] M. Alexander, Managing Patient Stress in Pediatric Radiology, Undefined, 2012.

[15] R. Cregin, A.S. Rappaport, G. Montagnino, G. Sabogal, H. Moreau, J.J. Abularrage, Improving pain management for pediatric patients undergoing nonurgent painful procedures, Am. J. Heal. Pharm. 65 (2008) 723–727, https://doi.org/10.2146/ajhp070094.

[16] N. Al-Yateem, R.C. Rossiter, Unstructured play for anxiety in pediatric inpatient care, J. Spec. Pediatr. Nurs. (JSPN) 22 (2017), https://doi.org/10.1111/jspn.12166.

[17] H.C.W. Li, V. Lopez, Effectiveness and appropriateness of therapeutic play intervention in preparing children for surgery: a randomized controlled trial study, J. Spec. Pediatr. Nurs. (JSPN) 13 (2008) 63–73, https://doi.org/10.1111/j.1744-6155.2008.00138.x.

[18] L. Hong-Gu He, Zhu, S. Wai, C. Chan, P. Klainin-Yobas, W. Wang, The effectiveness of therapeutic play intervention in reducing perioperative anxiety, negative behaviors, and postoperative pain in children undergoing elective surgery: a systematic review, Pain Manag. Nurs. 16 (2015) 425–439, https://doi.org/10.1016/j.pmn.2014.08.011.

[19] Y. Dai, J. Livesley, Y. Correspondence, G. Dai, A mixed-method systematic review of the effectiveness and acceptability of preoperative psychological preparation programmes to reduce paediatric preoperative anxiety in elective surgery, J. Adv. Nurs. 74 (2018) 2022–2037, https://doi.org/10.1111/JAN.13713.

[20] R.D.M. da Silva, S.C. Austregésilo, L. Ithamar, L.S. de Lima, Brinquedo terapêutico no preparo de crianças para procedimentos invasivos: revisão sistemática, J. Pediatr. 93 (2017) 6–16, https://doi.org/10.1016/j.jped.2016.06.005.

[21] L.K. Gjærde, J. Hybschmann, D. Dybdal, M.K. Topperzer, M.A. Schrøder, J. L. Gibson, P. Ramchandani, E.I. Ginsberg, B. Ottesen, T.L. Frandsen, J.L. Sørensen, Play interventions for paediatric patients in hospital: a scoping review, BMJ Open 11 (2021), https://doi.org/10.1136/bmjopen-2021-051957.

[22] S.A. Jensen, J.N. Biesen, E.R. Graham, S.A. Jensen, J.N. Graham, A meta-analytic review of play therapy with emphasis on outcome measures, Psycnet.Apa.Org. 48 (2017) 390–400, https://doi.org/10.1037/pro0000148.

[23] E.M. Jones, G. Landreth, The efficacy of intensive individual play therapy for chronically ill children, Undefined 11 (2002) 117–140, https://doi.org/10.1037/H0088860.

[24] M.J. Godino-Iáñez, M.B. Martos-Cabrera, N. Suleiman-Martos, J.L. Gómez-Urquiza, K. Vargas-Román, M.J. Membrive-Jiménez, L. Albendín-García, Play therapy as an intervention in hospitalized children: a systematic review, Healthc 8 (2020), https://doi.org/10.3390/healthcare8030239.

[25] A. Gillard, Outcomes of a hospital-based recreation program, Child. Youth Serv. Rev. 96 (2019) 79–83, https://doi.org/10.1016/j.childyouth.2018.11.037.

[26] C. Pope, P. Van Royen, R. Baker, Qualitative methods in research on healthcare quality, Qual. Saf. Health Care 11 (2002) 148–152, https://doi.org/10.1136/qhc.11.2.148.

[27] V. Braun, V. Clarke, Using thematic analysis in psychology, Qual. Res. Psychol. 3 (2006) 77–101, https://doi.org/10.1191/1478088706qp063oa.

[28] V. Braun, V. Clarke, To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales 13 (2019) 201–216, https://doi.org/10.1080/2159676X.2019.1704846. Https://Doi.Org/10.1080/2159676X.2019.1704846.

[29] V. Braun, V. Clarke, Successful qualitative research: student resources. http://studysites.uk.sagepub.com/braunandclarke/study/additional.htm, 2013. (Accessed 5 September 2021), 1-2.

[30] A. Tong, P. Sainsbury, J. Craig, Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups, Int. J. Qual. Health Care 19 (2007) 349–357, https://doi.org/10.1093/intqhc/mzm042.

[31] S.G.T. da Silva, M.A. Santos, C.M. de F. Floriano, E.B.C. Damião, F.V. de Campos, L. M. Rossato, Influence of Therapeutic Play on the anxiety of hospitalized school-age children: clinical trial, Rev. Bras. Enferm. 70 (2017) 1244–1249, https://doi.org/10.1590/0034-7167-2016-0353.

[32] D. Coleman, S.E. Iso-Ahola, Leisure and health: the role of social support and self-determination, J. Leisure Res. 25 (1993) 111–128, https://doi.org/10.1080/00222216.1993.11969913.

[33] R.T. Von Weiss, M.A. Rapoff, J.W. Varni, C.B. Lindsley, N.Y. Olson, K.L. Madson, B. H. Bernstein, Daily hassles and social support as predictors of adjustment in children with pediatric rheumatic disease, J. Pediatr. Psychol. 27 (2002) 155–165, https://doi.org/10.1093/jpepsy/27.2.155.

[34] J.L. Wallander, W.S. Feldman, J.W. Varni, Physical status and psychosocial adjustment in children with spina bifida, J. Pediatr. Psychol. 14 (1989) 89–102, https://doi.org/10.1093/jpepsy/14.1.89.

[35] A. Biglan, S.C. Hayes, J. Pistorello, Acceptance and commitment: implications for prevention science, Prev. Sci. 9 (2008) 139–152, https://doi.org/10.1007/s11121-008-0099-4.

[36] E. Sairanen, P. Lappalainen, A. Hiltunen, Psychological inflexibility explains distress in parents whose children have chronic conditions, PLoS One 13 (2018), e0201155, https://doi.org/10.1371/journal.pone.0201155.

[37] A. Békési, S. Török, G. Kökönyei, I. Bokrétás, A. Szentes, G. Telepóczki, Ravens-Sieberer, Health-related quality of life changes of children and adolescents with chronic disease after participation in therapeutic recreation camping program, Health Qual. Life Outcome 9 (2011) 43, https://doi.org/10.1186/1477-7525-9-43.