

Occupational Therapists perspectives on the use of play as intervention for children with disabilities in Zimbabwe

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Abstract- Introduction: Occupational therapists use play as means and ends of treatment for children with various forms of illnesses, disability and impairments. Despite the benefits and therapeutic value of play therapy, there is no literature to the researchers' knowledge that supports or shows use of play and play therapy by Occupational therapists in Zimbabwe. This study aimed to find out the perceptions of Occupational therapists on play as an intervention. Specific aims of study were to determine proportion of Occupational Therapists' using play therapy as a treatment intervention, to determine Occupational Therapists' perceived effectiveness of play therapy as an intervention and to determine factors that determined use of play therapy as an intervention for children with disabilities.

Methods: A descriptive cross sectional study design was conducted. All (45) occupational therapists practising in both private and public institutions in Harare were conveniently sampled as participants. A self-administered questionnaire was used to collect data on use of play as intervention from perspectives of Occupational Therapists. Data was analysed using SPSS and Microsoft excel. Ethical procedures were observed on this study.

Results: Generally, all participants 45(100%) agreed that play therapy is an important intervention for children with disabilities and perceived play therapy to be an effective intervention for children. What only differed was the frequency in using play therapy as an intervention. Thirty-nine participants 39(86.7%) reported that they use play therapy more often and 6(13.3%) rarely use play therapy as an intervention. Culture 41 (91.1%) and need for more play materials and resources 40(88.9%) were perceived as the most common determinants for use of play therapy as an intervention.

Discussion and conclusion: All participants regarded play therapy as an important and effective intervention. However, some reported that their place of practice was not conducive for use of play therapy as an intervention, and also most participants wished they had more materials to use in play therapy. The environment and specifically culture has an impact on play therapy as an intervention in this regard conducting educational talks on play and play therapy with parents and caregivers on play therapy is recommended.

Index Terms- play, children, occupational therapy, intervention

I. INTRODUCTION

Play is an everyday doing for children (Njelesani et al 2010) and has been reported to be of importance in the development of children (Haslam 2006). Despite different understandings and approaches to play, many professions have used play as an intervention and these include play therapists, child life specialists, counsellors, psychologists and teachers (Schottelkorb et al 2014) and occupational therapists. Occupational therapists also have unique expertise in using play as an occupation that has meaning and importance to children, (Kuhaneck et al 2013).

In occupational therapy, play therapy can be defined as a 'dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures' (Parham and Fazio 2008 p3). Play therapy is an effective intervention that helps modify children's behaviours, clarify their self-concept and build healthy relationships (Kuhaneck et al 2013). Through play children find healthier ways to communicate, develop fulfilling relationships, increase resiliency and facilitate emotional literacy (Ginsburg 2007). Play therapy has been accepted as a developmentally appropriate intervention for children experiencing a broad range of problems (Phillips 2010). Children also make sense of the world around them (Lundberg 2004) through play. Play helps children develop physical coordination, emotional maturity, social skills to interact with other children and self-confidence to try new experiences and explore new environments.

Play therapy as an intervention is used worldwide. In Eastern countries like Japan, Korea and China, play has been seen to be effective (Kim and Nahm 2008, Siu 2010). In the United States of America, play activities are strongly valued for cognitive, social and emotional benefits (Phillips 2010). In developing countries, play is viewed as a way of occupying the children as adults are freed for productive work (Njelenani et al 2010). For example play in Mayan children in Belize, is characterised by children play on their own using traditional games, songs, engage in ball game activities pretend play, physical play and drama (Bazyk., et al 2010). Ugandan children play with grass dolls, unstructured football, rolling tires, playing with toys creatively and resources fully made from discarded items (Njelesani, et al 2010). Children in Zimbabwe, use play as a form of communication, platform for learning and enjoyment purposes. Various forms of play are used which include ball games, physical play, play with objects, pretend play, imaginative play and symbolic play, playing with dolls, pottery

making, art, free play, dance and music (Nyota and Mapara 2008). Zimbabwean Shona traditional children's games and play songs are an indigenous way of knowing children explore their social context of games and play songs through guided apprentices that is greatly rewarding and motivating (Nyota and Mapara 2008).

In the event of a disability or illness, children may find it difficult to engage and participate in play. Occupational therapy practitioners promote play for all children, with or without disabilities. Lo et al (2007) highlighted many things that compete with play. These included external forces such as war and neighbourhood violence and limited resources available to children living in poverty (Ginsburg 2007). Apart from the chronic illness, social and environmental issues in Southern Africa such as stigma, poverty, culture and spirituality makes children prone to poor health.

The above challenges to play indicate a need for further assessment and research with the aim of promoting play as both a means and ends of intervention. Ginsburg (2007) has called for health professionals to take a lead in enhancing play opportunities for children. The findings of the study by Kuhaneck et al 2013 indicated that most occupational therapists were not using play as an outcome measure. Challenges noted included role boundaries, domains of practice constraining use of play and lack of knowledge among other challenges. In Zimbabwe, there is no research that has been explored that supports or shows use of play and play therapy by occupational therapists. Hence the need to conduct this research.

II. METHODS

Study design

A descriptive cross sectional study design was conducted with the aim of describing and ascertaining the perceptions of occupational therapists towards use of play as an intervention in the Zimbabwean setting.

Population and setting

All forty-six Occupational Therapists working in government institutions in Harare province with at least six months working experience and had at one point worked with children were included sampled as participants. Occupational Therapists present who were at their workplaces at the time of data collection were asked to take part in the study.

The study involved all Occupational Therapists practicing in both private clinics and government hospitals in Harare province.

Instrument

A self-administered questionnaire was used to collect data from participants. Questionnaire was designed from study objectives and information from literature reviewed. Some sections of the questionnaire were adapted from Lundberg (2004) and Haslam (2006). The Questionnaire had five sections covering demographic details of occupational therapist, frequency of use of play therapy as an intervention occupational therapists' perceptions on play therapy as an intervention, perceived level of importance on play therapy as an intervention and perceived factors that influence use of play therapy as an intervention.

Validation of study instrument

Pre-test was conducted to assess the effectiveness of the study instrument, study design and how people would respond to research. It was carried out on Occupational Therapists working at a provincial hospital (Marondera hospital). A pre-test was conducted to determine the readability and face validity of the questionnaire. It took approximately five to seven minutes to answer the questionnaire. The therapists who participated in the pilot study reported the questionnaire was written in a clear and understandable manner and was directed toward the target audience. Furthermore, they reported that the questionnaire was not time consuming and that the information generated from this research would be useful to them in practice. Therefore, no changes were made to the questionnaire.

Procedure for Data collection

Questionnaires were distributed to occupational therapists at their workplaces during tea break and lunch time. Informed consent forms were also given to therapists. Therapists were asked to read through the informed consent and information letter and ask questions if they did not understand. The researcher was free and available to attend to any questions raised. Occupational therapists were informed about the study including the risks, privacy issues and benefits of participating in study.

On agreeing to take part in the study, therapists were asked to sign in the informed consent. After signing in the informed consent. Questionnaires were administered and collected on the same day. Therapists were not allowed to discuss about their responses, queries and misunderstood questions but were directed to the researcher. The questionnaires were collected as soon as the Occupational therapists had completed them and were inspected for missing information or errors.

Data analysis

Data was coded and entered into Statistical Package for Social Sciences (SPSS) a software program for data analysis. Data was analysed for means and frequencies.

Ethical consideration

Ethical clearance was obtained from the University of Zimbabwe Rehabilitation Department, The Joint Research Ethics Committee (J.R.E.C) (273/14) and Medical Research council of Zimbabwe (MRCZ/B/745). Participation in the study was on voluntary basis. There was assurance of privacy and confidentiality to the participants. The purpose of the study was explained clearly to the participating therapists. Occupational therapists reserved the right to withdraw from the study at any point in the study. The procedures involved in this study included reading, understanding and signing the consent form. After signing the consent, the participant proceeded to responding to the questionnaire.

III. RESULTS

response rate of 100%. Table 1.1 below shows their demographic data.

Socio-demographic data

All the 45 occupational therapists who were available at the time of the study, agreed to take part in the study giving a

Table 1: Sociodemographic data of the participants

Variable	Attribute	Frequency , n	Percentage, (%)
Gender	Male	22	48.9
	Female	23	51.1
Place of practice	Government (Hospital, Rehabilitation centre)	24	53.3
	Other	3	6.6
	Private (Rehabilitation centre, private Practice)	10	22.2
	School (primary and secondary)	2	4.4
Marital status	University	6	13.3
	Single	15	33.3
	Married	24	53.3

Most participants were female n (23), 51.1%. About half of the participants were married 24(53.3%). Participants 15(33.3%) were single and participants 5(11.1%) were engaged. Only 1(2.2%) participant, was divorced. The least participants were

from learning institutions (4.4%) and most participants were from government hospitals and rehabilitation centres 24(53.3%), these accounted for about half of the participants.

Perceptions on use of play

Table 2: Perceptions of Occupational therapists on use of play

Variable	Never,n(%)	Rarely,n(%)	Often,n(%)
Do you ever use play therapy as an intervention?	0	6(13.3)	39(86.7)
How often do you use play therapy in treating children with various medical conditions in a day?	2(4.4)	9(20)	34(75.6)
How often do you use play therapy in treating children with various medical conditions in a week?	2(4.4)	9(20)	34(75.6)
How often do you use play therapy in treating children with various medical conditions in a month?	2(4.4)	12(26.7)	31(68.9)

All 45 (100%) participants reported that they use play therapy as an intervention however there were differences in the frequency on use of play therapy as an intervention. Most participants 34 (75.6%) reported that they often used play

therapy as an intervention for treating children with various medical conditions on a daily, and weekly basis.

Perceptions of therapists regarding effectiveness of play therapy as an intervention for children

Table 3: Perceptions of therapists regarding effectiveness of play therapy

Variable	Yes, n (%)
Play therapy is an effective way of dealing with children	45(100)
Play therapy techniques I have used, have had an effect on the child	45(100)
Play therapy is often my treatment choice for children, because of its effectiveness	37(82.2)
Most of the child's problem can be addressed using play therapy	26(57.8)
Play therapy is not subjective therefore it is a very useful intervention	38(83.6)

Generally, all participants 45(100%) perceived play therapy to be an effective intervention for children and also that all play therapy techniques they have used have had a positive effect on the child. Only a few participants 7(15.6%) perceived play therapy as not useful as it is subjective. Participants 26(57.8%)

also reported that most of the child’s problem can be addressed using play therapy.

Occupational therapists’ perceived importance on play therapy as an intervention

Table 4: Occupational therapist’s perceived importance on play therapy

Variable	Agree,n(%)	Not certain,n(%)	Disagree,n(%)
Play therapy is an important intervention in treating children	45(100)	0	0
Play therapy can benefit a child with delayed milestones	45(100)	0	0
A child with emotional problems can benefit from play therapy	41(91.1)	0	4(8.9)
Children with physical disabilities can benefit from play therapy	39(86.7)	3(6.7)	3(6.7)
Bringing a child to therapist every week to play is beneficial	33(73.3)	12(26.7)	0
Use of play therapy is an intervention is effective in some cultures than others, therefore outcome will not be the same	16(35.6)	10(22.2)	19(42.2)
As a therapist I advise parents to take their children with problems for play therapy	45(100)	0	0
As a therapist I value play therapy as an intervention	45(100)	0	0

All participants 45(100%) agreed that play therapy is an important intervention for children and also that it can benefit a child with delayed developmental milestones. Some participants 19(42.2%) disagree that play therapy is effective in some cultures

than others. All participants 45(100%) values play therapy as an intervention, and by so doing they would advise parents with children with problems to bring their children for play therapy.

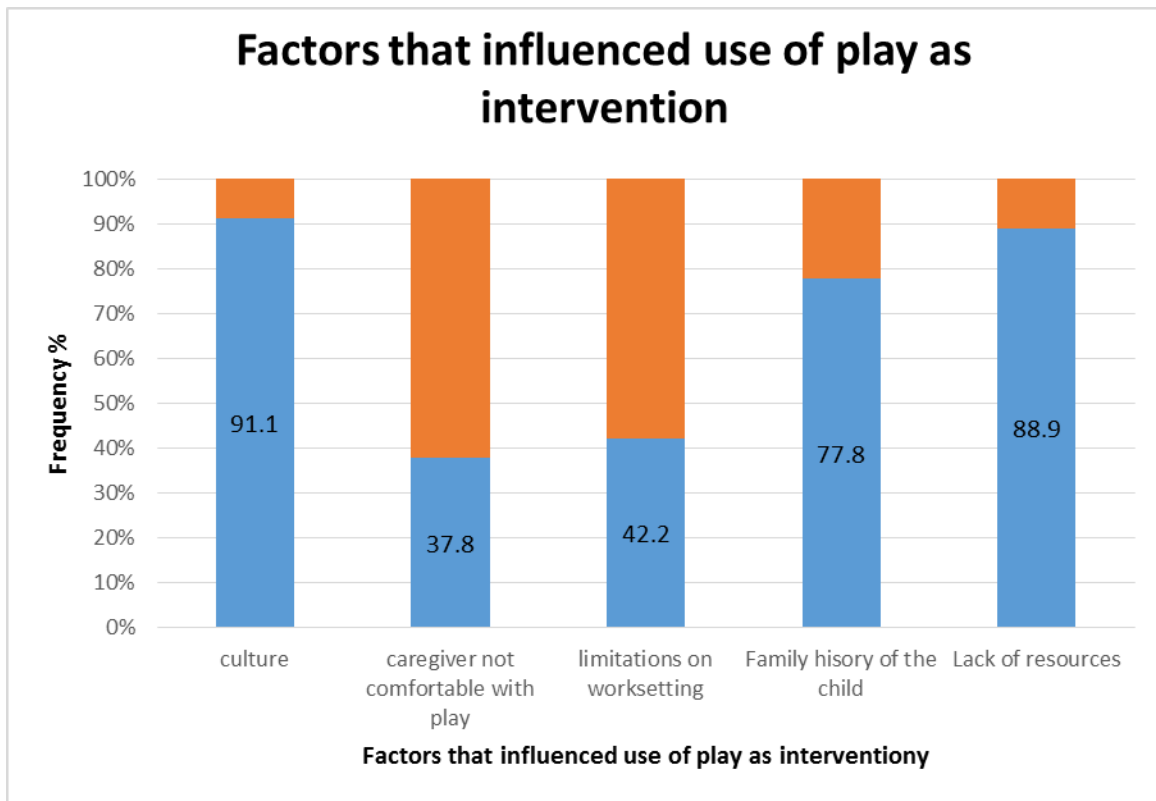


Figure 1: Factors that influenced use of play therapy

Most participants 41(91.1%) perceive culture as having an impact on use of play therapy as an intervention. Nineteen (42.2%) participants commented that work setting was not conducive to use play therapy as an intervention. A few participants 17(37.8%) reported that parents did not feel comfortable when play therapy was used as a form of intervention. Most participants 40(88.9%) wished they had more materials to use in play therapy. Participants 35(77.8%) commented that factors related to a child’s family background strongly influence their treatment choice.

IV. DISCUSSION

Generally, most participants perceived play therapy to be an effective intervention for children. In a study by (Whitehead 2012), most participants reported that play therapy is an effective intervention for various children’s problems across both behavioural and humanistic schools of thoughts. Study by Blanco et al (2014) reported that play therapy is an effective treatment method it helps children express themselves freely. Taroja et al (2013) in their research study ‘advocating for play therapy: a challenge for an empirically-based practice’ in the Philippines, therapists who have utilized play therapy method and found them effective have a higher perception of the techniques. A study by Ginsburg (2007) on importance of play therapy in promoting health child development and maintaining strong parent-child bonds, also had similar results where therapists reported that play therapy contributes to cognitive, emotional, physical and social development of the child and was an effective treatment measure.

Most participants also agreed that a child with emotional problems can benefit from play therapy as an intervention. This is because play therapy is an effective intervention in treating children. Results were similar to a study on play in children’s development health and well-being done by Goldstein (2012) where most participants reported that play therapy is effective in addressing children’s problems which include emotional and physical problems. About eighty percent of the participants reported that children with physical disabilities can benefit from play therapy. Most of participants in study by Lundberg (2004) reported that they would advise parents to bring their children for play therapy. Crenshaw and Kenny-Noziska (2014) in a study on therapeutic presence in play therapy had similar results where play therapy was beneficial in the healing process.

However, in this study there were differences in the frequency of use in which settings were these people working. Most participants use play therapy often in a day, week and month when dealing with children. This is also supported by Lundberg (2004) who said that participants with more positive perception about play therapy would use it frequently as a form of intervention as compared to participants with negative perceptions regarding play therapy. Results from a Meta analytical review by Bratton, Ray and Jones (2005) showed that therapists who had a positive regard toward play therapy often used it as an intervention. This is reiterated by Kaumba (2013) who said that participants who valued play therapy as their treatment choice for children had a greater frequency in use of play therapy as an intervention as compared to those who did not value it as a treatment intervention.

In a study by (Haslam 2006) work setting had an impact on usage of play therapy as an intervention, and from results in his study those who were in setting that served children used play therapy more often. This was also similar to study by Lolan (2011), which highlighted the role of the environment and practice setting in shaping the manner in which play is used by therapists as an intervention. Study by Bratton and Baggerly (2010) showed that therapists who worked with children used play therapy frequently compared to those in other settings. A few participants reported that they did not always have a chance to use play therapy. This could be due to high workloads which leaves no time to fully engage in play with the children.

Use of play therapy as an intervention is influenced by a number of factors and for the purposes of this study factors have been divided into environmental and personal. Culture is one factor that most therapists in this study agreed to as a determinant of use of play therapy. This is similar to a study by Vaugh (2012) on culture and sensitivity on play therapy, where most participants agreed that culture has an effect on play therapy. In African context, adults normally are not directly involved in play, they can buy toys and create environment but not to immerse themselves in play. Children in Mayan would play alone as children without adults, mostly playing as they engage in different chores (Bayzk et al, 2010). Most participants wished they had more materials to use for play therapy such as mats, toys and swings among other things. Generally inadequacy in play therapy materials limits types of play therapy techniques to be used on child (Baggerly and Bratton 2010). When there is limited play therapy resources benefits of play therapy on child are limited. This was supported by a study by Njelesani et al (2010) on the influence of context in play therapy also had results similar which had similar results.

V. CONCLUSION

The study set out to find the perceptions of occupational therapists regarding use of play as an intervention for children. Generally most occupational therapists are using play therapy as an intervention. What only differs is the frequency of use. Although all occupational therapists play therapy as an effective intervention for children some reported that they were not confident to use play in intervention. There is need of provision including opportunities for play and continuous training in play if play as intervention is to be utilised fully as an intervention.

LIMITATIONS OF THE STUDY

- The study only focused on therapists in Harare, which is one province out of the 10 provinces in Zimbabwe.

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