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# A Study on the Perception of Therapeutic Play and Trust between Nurses and Hospitalized Children in Nursing College Students Before and After Clinical Nursing: Focusing on Comparison Before and After Application Play Therapy to Inpatient Children

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## Abstract

In this paper, we conducted a comparative study of the perception of therapeutic play therapy perceived by nursing college students before and after providing therapeutic play as a nursing intervention to reduce the negative effects experienced through hospitalization of children and to help them adapt to hospitalization, and the trust between inpatients and nurses. As a result, there was no significant difference in the perception of trust with hospitalized children after intervention between the control and experimental groups. On the other hand, the perception of the effectiveness of therapeutic play therapy and the educational demand for therapeutic play therapy showed statistically significant differences between the two groups. The effectiveness of therapeutic play, the demand for education in therapeutic play, and the degree of awareness of trust between inpatients and nurses scored higher among subjects in the experimental group who conducted play therapy interventions. Through the results of this study, we will be able to formulate therapeutic play activation and measures as nursing interventions, and contribute as a basis for the development of therapeutic play education programs and therapeutic play.

**Keywords:** Therapeutic play, Trust, Play therapy, Hospitalized children

## 1. INTRODUCTION

Many situations, including invasive procedures that a child experiences during hospitalization, increase stress and negatively affect the course of treatment, so therapeutic play, an effective intervention that can help a child adapt positively and minimize the negative impact of hospitalization, is a useful intervention that nurses can utilize. Therapeutic play refers to purposeful activities between children and nurses that use play as a linguistic tool to communicate with the child's perceived world and to help the child cope well with their environment (Tiedeman, M.E., Simon, K.A. & Clatworthy, S., 2001). The goal of nursing for hospitalized children is to enable the child to cope well with hospitalization situations, to minimize side effects, and to promote optimal growth and development of the child in question (Oh, K.S. et al., 2006). Because the nurse in the children's ward is familiar with the physical and mental development of the child, he or she can apply a more appropriate form of play to the child's situation and development, and use play in a way that is conducive to the child's recovery and growth development. In addition, through therapeutic play, it is possible for inpatient children to improve adaptation to the hospital environment, to cooperate with the treatment process, to build a sense of connection and trust between the child and the therapist, and furthermore, to further expand the scope of child care and provide more quality care (Chang, Y.H. & Dai, Y.T., 2011; Jessica, R.B., Liliane, F., Carvalho, A. & Monteiro, A.C.M., 2014).

Trust is the most basic and essential element of the subject-nurse relationship, and trust between the subject and the nurse increases the subject's adherence to the nurse's care, and the subject is willing to voluntarily achieve his or her healthcare goals (Hupcey, J.E., Penrod, J., Morse, J. M. & Mitcham, C., 2001). Trust is also an important factor for nurses in order to obtain accurate information from patients, on the basis of which the nurse can provide appropriate interventions to the subject (McQueen, A., 2000). Trust is 'a reliance on

the person based on what they expect of others and the actual actions of the person (Hupcey, J.E. et al., 2001), so that the subject has confidence in the nurse when he or she recognizes that the nurse is genuinely willing to help him, and when he or she repeatedly experiences this awareness, the nurse also gains trust in the subject in the process of forming a relationship with the subject. Because children have limited cognitive abilities, unlike adults, they not only do not understand the changes in the environment caused by hospitalization and the diagnostic or therapeutic procedures they experience when they are hospitalized, but they also accept hospitalization as an event that causes anxiety or fear. Because these hospitalization experiences can affect the personality formation and emotional and behavioral development of a child during the growing up period (Shin, H.S., 2002), child nurses should help reduce the stress on the child and adapt to the changes caused by hospitalization. In the relationship between the admitted child and the nurse, trust is an important condition that can help the child adjust to hospitalization by relieving the child's anxiety and fear of suffering (Brady, M., 2009). A good relationship of trust in a child's relationship minimizes the child's stress even during therapeutic treatment (Bricher, C., 1999), and this child's experience can strengthen the trust in the nurse. However, many children do not have much experience with hospital admissions and experience difficulty building trust with medical staff (Bricher, C., 1999). If trust is not formed, the child's anxiety may increase, resulting in hospitalization maladjustment, refusing treatment, or regressing from the developmental stage to the previous stage (Morse, K.M., 1991). Therefore, for a child's adaptation to hospitalization, the nurse's awareness of trust with the child is very important.

Nursing education is the process by which nursing students acquire all the theoretical knowledge necessary to fulfill the role of nurses, explore how to apply the acquired knowledge to real-world nursing situations, and acquire practical skills through clinical practice. Nursing students will learn nursing, time management, and professional socialization through clinical practice training based on theoretical knowledge, and they will have a great opportunity to acquire nursing professional roles and socialization by discovering role models during clinical practice training (Rauen, K., 1974). As such, it can be said that it is important to improve the clinical performance of nursing students through clinical practice training, and given the importance of clinical practice to nursing students who are in the process of becoming professional nurses, it is believed that the nursing skills and knowledge of child nursing experienced through pediatric ward clinical practice can improve their clinical performance as a pediatric ward nurse when they become new nurses, and it is believed that they can play an important role in establishing their knowledge and posture as a pediatric ward nurse in the future.

Prior national studies related to therapeutic play and the building of trust with children in nursing interventions to reduce the negative effects experienced through hospitalization of children and to aid in adapting to hospitalization are insufficient, and no prior studies have been found on nursing college students who are pre-nurses.

Accordingly, in this study, we want to understand the degree of awareness of therapeutic play and the awareness of trust with children perceived by nursing college students before and after the experience of clinical practice in pediatric wards, and further establish therapeutic play activation and measures as nursing interventions, and provide basic materials for the development of therapeutic play education programs and therapeutic play.

The purpose of this study is to identify the effect of the application of play therapy during the clinical practice of child nursing on the perception of therapeutic play therapy perceived by nursing college students and their trust with hospitalized children, and the research hypothesis is as follows.

- 1) In the clinical practice of child nursing, the experimental group that applied play therapy to inpatient children will have a difference in perception of therapeutic play therapy from the control group that did not apply play therapy.
- 2) In the clinical practice of child nursing, the experimental group that applied play therapy to inpatient children will have a difference in the perception of trust between the control group that did not apply play therapy and the inpatient child-nurse.

## 2. METHOD

### 2.1. Research Design

Research Design of this study A similar experimental study in which the non-equivalence control before and after experimental design was applied to a patient during the clinical practice of child nursing and a control group that did not apply play therapy to a patient (Table 1).

**Table1. Research design**

	pre	intervention	post	pre	intervention	post
Experimental group				Ye1	X1	Ye2
Control group	Ye1	-	Ye2			
Ye1: General characteristics, nursing college students' perception of therapeutic play, and trust between inpatient children and nurses						
Ye2: Nursing college students' perception of therapeutic play, and trust between inpatient children and nurses						
X1: Play therapy						

### 2.2. Participants

The subjects of this study were 3rd graders in nursing college who were enrolled in the nursing department of the University of D. A student who has completed the theory of child growth and development before practicing a course in child nursing or a course related to human growth and development, and who is mentioned in the theory class about therapeutic play therapy, but who has no actual experience in implementing it in children.

The basis for the calculation of the number of subjects was calculated with a test strength of .80, a significance level of .05, and a large effect size of .08 based on the independent t-test using the G-power 3.1.7 program, and 21 people per group were the minimum study subjects, and a total of 50 people were selected from each experimental group and 25 people from the control group, taking into account the 20% dropout rate, and 23 people from the final control group and 30 from the experimental group participated in the study and analyzed the data.

### 2.3. Measures

#### 2.3.1. Play therapy

During clinical practice in the children's ward, nursing students identified age-appropriate growth and development characteristics and disease levels of hospitalized patients, learned the rationale for applying play therapy, and recorded the play therapy program plan on the form. The professor in charge of clinical practice reviewed the form before the treatment and gave feedback, and the students applied modified and supplemented play therapy to the patients. It consisted of educational play, growth-promoting play, play that promoted emotional well-being, role-play, and after parental permission, the child was taken to a playroom in the children's ward to perform play therapy. In view of the age and concentration of the patients, the duration of the play therapy was about 20 minutes. The students concluded the intervention by taking a debriefing session with the instructor and writing down their comments.

#### 2.3.2. Perception of therapeutic play

Kim,HJ.(2015) used a modified and supplemented tool based on a tool developed in the survey of kindergarten teachers' perceptions of play therapy in Lee,YA.(2004) and the play-related awareness basic survey study of mothers with early childhood and early childhood children by Park,YA. & Kim, RJ. (2011). The content of the tool consists of a total of 23 questions on necessity, perception, effectiveness, education, application, limitations, and activation. In this study, questions on a 5-point scale to measure the before and after quantitative changes in experimental treatment were used in the analysis, such as 'What do you think about the

effects of therapeutic play on emotional problem alleviation and negative behavior control in hospitalized children?', 'Do you think nurses need to be educated about therapeutic play before applying therapeutic play in the nursing field?', and 'Do you have any thoughts on learning about therapeutic play?' were used in the analysis, meaning that the higher the score, the higher the awareness.

### **2.3.3. Nurses' perception of trust between inpatient children and nurses**

A tool developed by Choi, YJ. (2011) to measure nurses' perceptions of inpatient child-nurse trust was used, and a total of 34 questions meant that the higher the score, the higher the awareness of trust.

## **2.4. Data collections**

The data collection period was from September 2 to December 20, 2019. The data collection method was implemented after the researcher visited the subjects, explained the purpose and method of the study, distributed the questionnaire to the subjects who agreed to participate in the study, and explained the precautions and response methods. Before the data was collected, subjects were explained to the subjects that it was not used for the purpose of the research and for purposes other than personal confidentiality and research in accordance with research ethics, and those who agreed to this participated in the survey. On the first day of the clinical practice, an orientation session was held to explain the purpose and method of the practice and to select the study subjects only for students who agreed to participate in the study. In order to prevent contamination of the effect of play therapy treatment between the control group and the experimental group, the data collection of the control group was first carried out for 8 weeks, and then the data collection of the experimental group was carried out. There was plenty of time for question-and-answer and feedback on play therapy before the practice began, and the practice lasted 40 hours Monday through Friday. On Friday, the end of the practice, the period for mediation of this study through a meeting was ended, and the experimental intervention period per learner was 5 days, and the time to intervene directly to the patient was about 20 minutes. In view of the ethical issues of the study, after the end of the experimental treatment, all students, including the control group, were provided with training on therapeutic play therapy.

## **2.5. Data analysis**

The data collected in the study were statistically processed using the SPSS 22.0 program.

- 1) The general characteristics of the control and experimental groups, the perception of therapeutic play, and the perception of trust between the inpatient and the nurse used frequency, percentage, mean and standard deviation.
- 2) The homogeneity of the control group and the experimental group was used using t-test and chi-square analysis.
- 3) The comparison between the control group and the experimental group's perception of therapeutic play after play therapy and the degree of awareness of trust between the inpatient and nurse was analyzed using the t-test.

## **3. RESULTS**

### **3.1. Verification of general characteristics and homogeneity of control/experimental groups**

The general characteristics of the subjects in this study, their perception of therapeutic play, and the degree of awareness of trust between hospitalized patients-nurses are the same as <Table 2>. Looking at the distribution by age, the control group averaged 22.96 years and the experimental group averaged 21.50 years, which was the difference between the two groups. Looking at the distribution of genders, the control group had a ratio of 30.4% and 69.6%, respectively, and the experimental group had a 23.3% and 76.7% difference between the two groups. The satisfaction with the major was the most common in each group, with the control group saying 'satisfied' at 52.2% and the experimental group at 43.3%. There was no difference between the two groups.

**Table 2. Homogeneity of General Characteristics and variables at baseline between two groups**

Variables	Categories	Control (n=23)	Experiment (n=30)	X <sup>2</sup> or t	p
		n(%), Mean±SD			
Age		22.96±1.19	21.50±1.81	3.337	.002
Gender	Male	7(30.4)	7(23.3)	.338	.561
	Female	16(69.6)	23(76.7)		
Satisfaction with major	Very Unsatisfied	0(0.0)	1(3.3)	2.163	.706
	Unsatisfied	2(8.7)	3(10.0)		
	Average	5(21.7)	10(33.3)		
	Satisfied	12(52.2)	13(43.3)		
	Very Satisfied	4(17.4)	3(10.0)		
Perception of Therapeutic Play	Effect of a therapeutic play therapy	4.18±0.67	4.25±0.75	-.335	.739
	Necessity of training on therapeutic play therapy	4.17±0.72	4.50±0.68	-1.687	.098
	Needs of education on the therapeutic play therapy	3.50±1.06	4.00±0.74	-1.900	.066
Perception of trust between nurses and hospitalized children		3.28±0.29	3.28±0.26	.071	.944

### 3.2 Homogeneity verification of pre-treatment related variables in the control / experimental group

The results of the homogeneity of the degree of awareness of therapeutic play and trust between the inpatient and nurse groups before the experimental treatment are shown in <Table 2>. Among the questions asked about therapeutic play, 'What do you think of the effects of therapeutic play on the alleviation of emotional problems and negative behavior control in hospitalized children?' The mean score of was 4.18 in the control group and 4.25 in the experimental group, with no statistically significant difference ( $t = -.335, p = .739$ ). 'Do you think nurses need to be educated about therapeutic play before applying therapeutic play in the nursing field?' The mean score of 4.17 in the control group and 4.50 in the experimental group showed no statistically significant difference ( $t = -1.687, p = .098$ ). 'Do you have any thoughts on learning about therapeutic play?' The mean score of was 3.50 in the control group and 4.00 in the experimental group, with no statistically significant difference ( $t = -1.900, p = .066$ ).

The mean scores of the perception of trust between hospitalized patients-nurses were 3.28 in the control group and 3.28 in the experimental group, with no statistically significant difference ( $t = .071, p = .944$ ).

### 3.3 Comparison of post-treatment related variables in the control/experimental group

After the experimental treatment, a comparison of the therapeutic play and the degree of awareness of trust between the inpatient and nurse groups in the control group and the experimental group is shown in <Table 3>. Among the questions asked about therapeutic play, 'What do you think of the effects of therapeutic play on the alleviation of emotional problems and negative behavior control in hospitalized children?' The mean score of 4.11 in the control group and 4.53 in the experimental group were statistically significant differences ( $t = -2.189, p = .034$ ). 'Do you think nurses need to be educated about therapeutic play before applying therapeutic play in the nursing field?' The mean score of was 4.30 in the control group and 4.47 in the experimental group, with no statistically significant difference ( $t = -.848, p = .400$ ). 'Do you have any thoughts on learning about therapeutic play?' The mean score of was 3.70 for the control group and 4.33 for the experimental group, which was a statistically significant difference ( $t = -2.54, p = .015$ ).

The mean score of the perception of trust between the hospitalized patient-nurse was 3.16 in the control group and 3.31 in the experimental group, with no statistically significant difference ( $t = -1.887, p = .065$ ).

**Table 3. Perception of Therapeutic Play Therapy and Trust between Nurses and Hospitalized Children in Nursing College Students After Clinical Nursing**

Variables		Control (n=23)	Experiment (n=30)	<i>t</i>	<i>p</i>
		Mean±SD			
Perception of Therapeutic Play	Effect of a therapeutic play therapy	4.11±0.76	4.53±0.57	-2.189	.034
	Necessity of training on therapeutic play therapy	4.30±0.82	4.47±0.57	-.848	.400
	Needs of education on the therapeutic play therapy	3.70±1.03	4.33±0.68	-2.54	.015
Perception of trust between nurses and hospitalized children		3.16±0.22	3.31±0.35	-1.887	.065

#### 4. DISCUSSION AND CONCLUSION

Please acknowledge collaborators or anyone who has helped with the paper at the end of the text.//This study was conducted to understand the perception of therapeutic play perceived by nursing college students before and after the experience of clinical practice in pediatric wards and the degree of awareness among inpatient patients-nurses.

'What do you think of the effects of therapeutic play on alleviating emotional problems and controlling negative behavior in hospitalized children?' The degree of perception of was statistically significant in the control group and the experimental group, and the experimental group after play therapy had a high score of 4.53 out of 5 that they thought was effective. This is similar to the results of previous studies (Francischinelli,A.G.B., Almeida,F.A. & Fernandes,D.M.S.O., 2012; Kim,JS., 2002; Kim,HJ.,2015), which helps in 'various emotional expressions and emotional purification', 'reduces anxiety before surgery or therapeutic treatment', and has the effect of therapeutic play on 'enhancing coordination in the treatment process'. In a survey study of the therapeutic play needs of mothers of hospitalized children in Oh,WO.(2002), the highest level of demand was 'physiological pain relief and enhanced play', which can be seen to support the results of this study by the fact that a large number of children have major emotional problems associated with hospitalization or that the factors of negative behavior control are 'physical damage and pain'. A child suffering from an illness may have a greater need for play than a child who is not sick.

'Do you think nurses need to be educated about therapeutic play before applying therapeutic play in the nursing field?' There was no statistical difference between the control and experimental groups. In the Kim, HJ.(2015) study of nurses, in the Perception Survey of Therapeutic Play Performance, 66.0% of the subjects had a negative perception of the possibility of performing therapeutic play by saying "I can't," and "Play Therapist" was the No. 1 priority for providing therapeutic play to inpatient children, and "Play Therapy Specialist" was selected as the most necessary person for therapeutic play activation. In other words, the lack of awareness that therapeutic play in prior studies is the role of nurses can be seen similarly in this study.

On the other hand, 'Do you have any thoughts about learning about therapeutic play?' The answers to the questions showed a statistically significant difference between the control and experimental groups, and a high degree of demand in the experimental group. Based on the fact that the perception of 'who is the most conjugal to perform the role' is accompanied by an understanding of the characteristics of the role (Park,H H. & Ro, BS.,2015), subjects in the experimental group who have experienced play therapy may see an increased demand for their own learning in order to be professional. In a Kim,HJ.(2015) study, nurses who had experience performing therapeutic play had a higher rate of recognizing nurses as the first-rank of performer of therapeutic play. And rather than nurses with high role awareness being educated, it has been shown that educated nurses tend to perceive therapeutic play as their role. In other words, the experimental group has a higher awareness of the need for education by learning and directly implementing it during the process of preparing play therapy,

and the results of prior research can be seen as supporting the students' response results in this study.

The degree of trust between hospitalized patients-nurses recognized by nursing college students in this study was not statistically significant in the difference between the experimental group that performed play therapy and the control group that did not. However, the degree to which the control group recognized was confirmed to be lower in the post-mortem score than the pre-score. In this study, the age, health condition, pain, rapport formation with parents, and the student's communication skills and personality may affect the experience of forming a trusting relationship with the inpatient patient, which nursing students will primarily take care of during a total of 5 days of practice. A study by Bricher,C.(1999) found that trust is not built based on a child's low adherence or a physical and verbal attitude toward the nurse negatively, and a study by Choi,HJ. and Bang,KS.(2013) also found that it was 'bi-directionally relative', and that depending on the attitude and tone in which the inpatient child treats the nurse, the nurse also sometimes feels as if trust is not being formed at all due to the different way the child is treated. In this study, some parents wanted their parents to welcome and play with their children for longer periods of time, but the sensitivity to the child's health condition and the fatigue of hospitalization showed that the student nurses lacked the opportunity to form a rapport with their parents. This is consistent with the results of prior research that trust with hospitalized children requires and requires trust from parents (Bricher, C.,1999), and that parental attitudes toward nurses both promote and hinder trust (Choi,KS.,2013). In addition, the students who participated in the study experienced differences in establishing a close relationship with the patient according to the ward life pattern of the patient and the mother. In the case of a hospital room used by several people together, it was confirmed that if the curtains were being raised for privacy or infection prevention, they would be inaccessible or would be reluctant to interact and lack of time. Rempel, J. K., Holmes, J. G. & Zanna, M. P.(1985) refer to trust as 'a gradual process that leads from past experiences or interactions that are formed over time', similar to the students' opinion that sufficient time for interaction is needed.

## **5. CONCLUSION AND SUGGESTIONS**

The results of this study have been able to identify the degree of awareness of therapeutic play among nursing college students who are prospective nurses and their perception of trust with children, and will serve as a basis for the activation and formulation of therapeutic play as a nursing intervention. It will be able to contribute as a basis for therapeutic play education programs and the development of therapeutic play.

Based on the results of this study, it will be necessary to develop a child nursing theory and practice education program to help anticipate and prepare in advance for the factors that promote and disrupt inpatient and trust. In order to enhance the sense of self-efficacy of nursing work, we expect to conduct follow-up studies for nursing students and nurses who are prospective medical practitioners to develop and apply therapeutic play programs and educational programs that can enhance trust with patients and their families, confirming their effectiveness.

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### **Authors' contributions**

All authors contributed toward data analysis, drafting and revising the paper and agreed to be responsible for all the aspects of this work.

### **Declaration of Conflicts of Interests**

Authors declare that they have no conflict of interest.

### **Declarations**

Author(s) declare that all works are original and this manuscript has not been published in any other journal.

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