



## ORIGINAL ARTICLE

### Assessment of nurses' knowledge about therapeutic play in pediatric services of a training and research hospital

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#### ABSTRACT

##### BACKGROUND

Hospitalization disrupts children's lives and can produce feelings of anxiety, fear, or pain. Playing is an important part of children's lives. It is necessary for nurses to provide holistic and quality care, including therapeutic play, which contributes to the recovery of children by relaxing them both physically and emotionally. The aim of this study was to determine the level of knowledge of pediatric nurses about therapeutic play and find out the relations of therapeutic play with nurses' age, educational level, marriage status, and length of employment.

##### METHODS

This cross-sectional study was conducted with 126 pediatric nurses working in the pediatric service of a training and research hospital. The data of the study were collected with the "Nurse Introductory Information Form" and "Questionnaire for Determining the Level of Knowledge of Therapeutic Play". Descriptive statistical tests and nonparametric tests were used to analyze the data. Statistical significance was set at  $p < 0.05$ .

##### RESULTS

In this study, 88.1% of the nurses stated that they did not receive training in therapeutic play, and 79.4% stated that they wanted to receive training in therapeutic play. The nurses' level of knowledge about therapeutic play significantly decreased with age and increased with educational level ( $p < 0.05$ ).

##### CONCLUSIONS

The knowledge level of the nurses participating in the study about therapeutic play is above average, but is low regarding the integration of therapeutic play into care. It is recommended that nurses receive in-service training in therapeutic play.

**Keywords:** Therapeutic play, child, child nursing, therapeutic play knowledge level

## **INTRODUCTION**

Upon admission to the hospital, children may experience behavioral and emotional traumas, anger, aggression, anxiety, regression, and introversion stemming from stress, fear, and pain.<sup>(1,2)</sup> Therapeutic play (TP) has emerged in order to minimize the stress levels of children that occur due to illness and hospitalization.<sup>(3)</sup> Therapeutic play is a planned intervention to promote the psychological, social and physical well-being of the child in the hospital setting.<sup>(4,5)</sup> By integrating the interventions with TP, it becomes easier for the child to tolerate the procedures, adapt to the hospitalization, prepare for invasive interventions after hospitalization, and manage pain and anxiety during invasive interventions.<sup>(6,7)</sup>

It is reported that TP contributes to the recovery of children by relaxing them both physically and emotionally, and is necessary for nurses to provide holistic and quality care.<sup>(8,9)</sup> Aiming to keep the growth and development of children at the highest possible level, nurses should integrate therapeutic play into care. To this end, it is important for nurses to have a sufficient knowledge about TP in order to provide holistic and quality care.<sup>(4,9)</sup> To increase the quality of care, nurses should master therapeutic play in all its aspects, use it in child-related practices, and use play as a communication tool in treatment.<sup>(5,10)</sup> The nurses should accept the importance of play for a hospitalized child, observe the child playing, understand the child's interests and needs, know how to activate the child, and use different play elements in changing situations. The nurses should execute and plan intervention programs where play is fundamental.<sup>(11-13)</sup> In this way, the child's verbal or non-verbal expression of feelings and thoughts will reduce communication problems between the child and the nurse, develop a sense of control in the child, increase harmony and cooperation, and facilitate the child's recovery.<sup>(14,15)</sup>

Considering the benefits of TP to the child, family, and healthcare personnel, it is necessary to benefit from TP in all procedures during the hospitalization and discharge in order to support the development of the child, reduce the anxiety caused by the hospital environment, minimize the negative effects of the interventions,

and support the child's coping. For this reason, it is essential to determine the knowledge level of nurses about therapeutic play.<sup>(16-18)</sup> In the study conducted by Godino-Láñez et al.<sup>(8)</sup> a systematic review found that TP has a beneficial impact on the care of hospitalized children and should be implemented in pediatric units after assessing the resources and training needed for pediatric nurses.

However, although the literature is vast regarding the advantages and benefits of play in the hospital, it remains little used in practice, due to some difficulties pointed out by health professionals, such as the lack of time for play and lack of preparation for the use of TP. Understanding the importance of play in the practice of pediatric nursing care, and being aware of the difficulties faced by health professionals to insert it in their daily schedule, the authors developed this study to explore nurses' perceptions regarding the use of play in the care of hospitalized children. This study aimed to determine the knowledge level of nurses about therapeutic play and to raise awareness of it.

## **METHODS**

### **Research Design**

This cross-sectional study was performed at the pediatric services of a training and research hospital in the Central Anatolia Region of Turkey between January and December 2021.

### **Research subjects**

The study population consisted of all nurses working in the pediatric services of a training and research hospital in the Central Anatolia Region of Turkey between January and December 2021 (N = 128). The sample size was calculated using the sample formula for a known population, namely  $n = N \cdot t \cdot p \cdot q / d^2(N-1) + t \cdot p \cdot q$ , where n= number of individuals to be included in the study sample, N= study population, p=prevalence of occurrence, q= prevalence of non-occurrence, t= theoretical value found in the t-table at a certain degree of freedom and error level, d=accuracy according to the incidence of the event. When the data, N=128, p=0.64 q=0.36 t=1.96 d=0.05, were entered into the formula, it was seen that the sample size should be n=94. In order to make the sample size much stronger in revealing the relationship between the variables, it was decided that a total of 126 nurses constituted an appropriate sample size. Inclusion criteria: nurses who worked in

pediatric services between the dates of the study (January-December 2021), who agreed to participate in the study, and who filled out the questionnaires completely, were included in the study. Nurses who were on leave at the time of the study and those who did not agree to participate were excluded from the study.

### Instruments

The "Introductory Information Form for the Nurse" and "The Questionnaire for Determining the Level of Knowledge of Therapeutic Play" prepared by the researchers after reviewing the literature<sup>(3-7,12,13,19,20)</sup> and expert opinions (9 professors in pediatric nursing) were used as data collection tools. The Introductory Information Form for the Nurse, developed by the researchers, consists of two parts to determine nurses' introductory characteristics and therapeutic play experiences.

The Questionnaire for Determining the Level of Knowledge of Therapeutic Play, developed in line with expert opinions and literature, consists of 30 items.<sup>(3-7,12,13,19,20)</sup> Fourteen items in the questionnaire aim to determine the general knowledge level of nurses about therapeutic play, 8 items aim to determine their knowledge level about the benefits of therapeutic play, and 8 items aim to determine their knowledge level about the practice of therapeutic play. Nurses were asked to answer the items in the questionnaire with "true", "false" or "don't know". In the questionnaire, the correct answers to items 1, 3, 9, 11, 13, 15, 17, 18, 19, 20, 21, 22 are true, and to items 2, 4, 5, 6, 7, 8, 10, 12, 14, 16, 23, 24, 25, 26, 27, 28, 29, 30 are false. In scoring the questionnaire, correct answers were scored "1", wrong answers and "don't know" options were scored "0". Evaluation was made over the total score. A maximum of 30 and a minimum of 0 points can thus be obtained from the questionnaire. The field expert determined 15 as the average value. A score above 15 points was considered high and a score below 15 points was considered low. The higher the score, the higher the nurses' level of knowledge about therapeutic play. In order to determine the comprehensibility and application time of the questionnaire form prepared for the study, a pilot study was conducted with 5 nurses who met the inclusion criteria and no changes were needed on the data collection forms. The data collected in the pilot study were included in the study proper because there was no change in the form.

### Data collection

The data were collected by the researchers during face-to-face interviews with the nurses working in the pediatric wards of a training and research hospital at the time of the study. Before data collection, participants were informed about the study and written consent was obtained. The data were collected at appropriate time intervals during working hours within an average of 15-20 minutes in a suitable environment. In answering the questionnaire, the nurses were asked to read and answer the questionnaires themselves in order not to be affected by the researchers and the other participants. The forms were initially applied to 5 nurses in order to determine the clarity of the questions and the time to be allowed for answering the questionnaire. Since no corrections were made in pilot testing, the 5 nurses who were subjected to the pilot testing were included in the study.

### Statistical analysis

Statistical analysis was performed with IBM SPSS Statistics for Windows version 21 (Armonk, NY: IBM Corp., USA). Descriptive statistics of numerical variables obtained with "Introductory Information Form for the Nurse" and "The Questionnaire for Determining the Level of Knowledge of Therapeutic Play" were reported using the median (minimum - maximum) or mean  $\pm$  standard deviation in accordance with the normality of the data distribution. The frequency distributions of the categorical variables obtained through "Introductory Information Form for the Nurse" regarding socio-demographic characteristics and the responses to the questionnaire were presented as numbers and percentages (%). The normality of the distribution of numerical data was evaluated with Kolmogorov-Smirnov and Shapiro-Wilks tests. Since parametric test assumptions were not provided, the Mann Whitney U test was used to compare numeric data between two independent groups. In the comparison of numeric data between more than two independent groups, Kruskal-Wallis test was used, because parametric test assumptions were not provided. Dunn-Bonferroni post-hoc multiple comparison tests were used to identify the groups from which the difference stemmed after the Kruskal-Wallis test. The reliability of the "The Questionnaire for Determining the Level of Knowledge of Therapeutic Play" was evaluated based on the Cronbach alpha reliability coefficient. The value

of  $p < 0.05$  was accepted as the statistical significance limit.

### Ethical clearance

In order to conduct the study, the investigators obtained approval from the Ethics Committee (31.10.2019/2019-227) and written permission from the Training and Research Hospital (25.12.2019/83369068), which is the institution where the research was to be conducted. Informed consent was obtained from the nurses who agreed to participate in the study, by providing information about the purpose of the study and the confidentiality of the information.

### RESULTS

Table 1 shows the distribution of the sample characteristics. The mean age of the nurses participating in the study was  $30.80 \pm 6.21$  years.

Of the participating nurses, 56.3% were younger than 29 years old, 67.5% were married, 42.1% did not have children, while 61.9% were at undergraduate level and 42.9% had been working in the pediatric ward for more than 5 years. Furthermore, 53.2 % of the nurses stated that they had not heard of therapeutic play before, and 33.9% (20/59) of nurses who knew about therapeutic play stated that they heard of this term for the first time during in-service training and from social media. In addition, 88.1% of the nurses stated that they did not receive training on therapeutic play, and 79.4 % stated that they were willing to receive training on therapeutic play (Table 1). It was determined that nurses gave correct answers to at least 8 and at most 30 items from the "The Questionnaire for Determining the Level of Knowledge of Therapeutic Play", and that the total mean score was  $19.22 \pm 4.15$ , which was above the average (data not shown).

Table 1. Distribution of subject characteristics (n=126)

Characteristics	n	%
Age (years)		
≤ 29	71	56.3
30-39	37	29.4
≥ 40	18	14.3
Marital status		
Married	85	67.5
Single	41	32.5
Having Children		
Yes	73	57.9
No	53	42.1
Education (degree)		
Health vocational high school (1)	7	5.6
Associate (2)	18	14.2
Bachelor (3)	78	61.9
Master/ Doctoral (4)	23	18.3
Length of employment in the pediatric service (year)		
< 1	27	21.5
1-5	45	35.6
> 5	54	42.9
Prior exposure to the therapeutic play concept		
Yes	59	46.8
No	67	53.2
Place of initial exposure to the therapeutic play concept (n = 59)		
Education	39	66.1
In-service training	6	10.2
Social media	14	23.7
Received in-service training in therapeutic play		
Yes	15	11.9
No	111	88.1
Agree to receive training in therapeutic play		
Yes	100	79.4
No	26	20.6

Table 2. Distribution of nurses' responses on therapeutic play

Items	True		False	
	n	%	n	%
<b>General knowledge of therapeutic play</b>				
1. Play is a form of learning for children.	124	98.4	2	1.6
2. There are two types of therapeutic play: creative play and dramatic play.	15	11.9	111	88.1
3. Play is a reflection of the child's inner world and mental development.	123	97.6	3	2.4
4. Therapeutic play is used only for the development of cognitive functions of children.	98	77.8	28	22.2
5. The need for play disappears in hospitalized children.	116	92.1	10	7.9
6. Therapeutic play is defined as spontaneous activities using toys, without predefined goals.	53	42.1	73	57.9
7. Therapeutic play can be benefited by children of all age groups.	14	11.1	112	88.9
8. Therapeutic play can be benefited by all hospitalized children.	27	21.4	99	78.6
9. The application of therapeutic play differs according to the developmental stages of the child.	120	95.2	6	4.8
10. Therapeutic play is used only in preparing children for hospitalization.	91	77.0	29	23.0
11. Asking the child three wishes is one of the verbal therapeutic play techniques.	71	56.3	55	43.7
12. An example of creative play is the child playing the role of a nurse/physician and dressing a baby.	12	9.5	114	90.5
13. In therapeutic play, adolescents should be given as much information as they need and can tolerate	98	77.8	28	22.2
14. The use of therapeutic play is not appropriate in the pre-operational stage.	54	42.9	72	57.1
<b>Benefits of therapeutic play</b>				
15. Therapeutic play allows children to express their feelings and knowledge about their illness.	98	77.8	28	22.2
16. Play interferes with the professional relationship between the child and the healthcare professional.	119	94.4	7	5.6
17. Therapeutic play helps relieve tension and stress.	117	92.9	9	7.1
18. Therapeutic play reduces the trauma associated with illness and hospitalization in children.	122	96.8	4	3.2
19. Therapeutic play is effective in understanding the child's feelings and thoughts about the intervention to be applied.	119	94.4	7	5.6
20. Therapeutic play facilitates the child's healing process.	125	99.2	1	0.8
21. Therapeutic play helps children develop positive behaviors.	124	98.4	2	1.6
22. Parents of children benefiting from therapeutic play have higher satisfaction levels.	111	88.1	15	11.9
<b>Practice of therapeutic play</b>				
23. Therapeutic play can only be practiced by play therapists.	62	49.2	64	50.8
24. Therapeutic play is applied when play therapy cannot be applied.	50	39.7	76	60.3
25. Therapeutic play is used in a controlled environment to treat children with emotional disorders.	75	59.5	51	40.5
26. Every game played with children in the hospital is therapeutic play.	59	46.8	67	53.2
27. Active participation of the hospitalized child in therapeutic play is not essential.	61	48.4	65	51.6
28. Play hours should be determined for hospitalized children, and these hours should not be exceeded.	61	48.4	65	51.6
29. A well-equipped play room is needed for therapeutic play to be practiced.	51	40.5	75	59.5
30. Therapeutic play should be applied in the presence of a specialist	46	36.5	80	63.5

Table 2 shows the distribution of the responses about therapeutic play given by the nurses. The comparative mean scores of knowledge levels of therapeutic play according to the introductory characteristics of the nurses in the study is given in Table 3. The mean score of knowledge level of nurses aged 29 years and younger was ( $19.69 \pm 3.62$ ), which is significantly higher than that of those aged 30-39 years ( $19.57 \pm 4.72$ ) and of those aged 40 years and over ( $16.67 \pm 4.18$ ) ( $p=0.025$ ). It was determined that the

differences in the mean scores of therapeutic play knowledge level by the nurses' marital status, number of children, and length of employment in the pediatric service, were statistically not significant ( $p>0.05$ ). The mean score of knowledge level of high school-graduate nurses ( $16.71 \pm 3.03$ ) was found to be significantly lower than that of nurses with associate degree ( $17.56 \pm 4.01$ ), undergraduates ( $19.33 \pm 3.92$ ), graduates/nurses with doctoral degree ( $20.91 \pm 4.69$ ) ( $p=0.013$ ; Table 3).

Table 3. Comparative mean scores of knowledge levels of therapeutic play by nurses' characteristics

Characteristics	Mean $\pm$ SD	Median (Min.- Max.)	p value
Age (years)			
$\leq 29$	$19.69 \pm 3.62$	19 (8-28)	
30-39	$19.57 \pm 4.72$	20 (10-29)	0.025 <sup>a</sup>
$\geq 40$	$16.67 \pm 4.18$	18 (10-24)	
Marital status			
Married	$19.06 \pm 4.32$	19 (10-29)	
Single	$19.56 \pm 3.82$	19 (8-26)	0.569 <sup>c</sup>
Having children			
Yes	$18.82 \pm 4.39$	19 (10-29)	
No	$19.77 \pm 3.78$	20 (8-26)	0.250 <sup>c</sup>
Education (degree)			
Health vocational high school	$16.71 \pm 3.03$	18 (11-20)	
Associate	$17.56 \pm 4.01$	18.5 (11-23)	0.013 <sup>a</sup>
Bachelor	$19.33 \pm 3.92$	19.5 (8-28)	
Master/ Doctoral	$20.91 \pm 4.69$	22 (10-29)	
Length of employment in the pediatric service (years)			
$< 1$	$19.67 \pm 2.80$	19.5 (15-23)	
1-5	$19.47 \pm 3.60$	20 (11-26)	0.855 <sup>a</sup>
$> 5$	$18.72 \pm 4.50$	19 (10-29)	

Table 4. Comparison of the mean scores of the level of knowledge of therapeutic play by the nurses' experiences in therapeutic play

Characteristics	Mean $\pm$ SD	Median (Min.- Max.)	p value
The state of hearing about therapeutic play' concept before			
Yes	$20.81 \pm 3.70$	20 (10-29)	
No	$17.84 \pm 4.06$	18 (8-26)	$< 0.001^a$
Where she/he first heard of therapeutic play' concept (n=59)			
Education	$21.54 \pm 3.14$	22 (16-28)	
In-service training	$21.67 \pm 2.42$	21 (19-25)	
Social media	$18.36 \pm 4.65$	19 (10-29)	0.024 <sup>c</sup>
Therapeutic play in- service training received status			
Receiving	$22.73 \pm 2.93$	23 (17-28)	
Non-receiving	$18.75 \pm 4.07$	19 (8-29)	$< 0.001^a$
The state of willing to receive training on therapeutic play			
Willing	$19.13 \pm 4.25$	19 (10-29)	
Unwilling	$19.58 \pm 3.81$	20 (8-26)	0.611 <sup>a</sup>

<sup>a</sup>Mann Whitney U test; <sup>b</sup>Dunn-Bonferroni post-hoc test; <sup>c</sup> Kruskal Wallis test

Among the nurses in the study, the mean knowledge level of those who had heard about the term therapeutic play before ( $20.81 \pm 3.70$ ) was significantly higher than those who did not ( $17.84 \pm 4.06$ ) ( $p < 0.001$ ). The mean knowledge level of nurses who heard about therapeutic play during in-service training ( $21.67 \pm 2.42$ ) was significantly higher than the level of those who heard it during their education ( $21.54 \pm 3.14$ ) and ( $18.36 \pm 4.65$ ) on social media ( $p = 0.024$ ). The mean knowledge level of nurses who received in-service training on therapeutic play ( $22.73 \pm 2.93$ ) was significantly higher than those who did not ( $18.75 \pm 4.07$ ) ( $p < 0.001$ ; Table 4).

## DISCUSSION

In this study that was carried out to determine nurses' knowledge level of therapeutic play, it was found that the nurses gave correct responses to at least 8 items and maximally 30 items in the questionnaire, meaning no correct answers to all of the items. Considering that the nurses can obtain a minimum of 0 points and a maximum of 30 points, it was determined that the mean score of the nurses participating in the study was  $19.22 \pm 4.15$ , which was above the average, but was too low for the nurses to integrate therapeutic play into care (Table 1). In the study conducted by İnci and Günay,<sup>(21)</sup> similar to the findings of this study, it was determined that pediatric nurses had sufficient knowledge about therapeutic play methods but did not use them sufficiently in practice. Nurses who spend the longest time with children have an important responsibility for the advisable and effective use of therapeutic play.<sup>(17,22)</sup> Nurses' knowledge of therapeutic play techniques and materials, when used effectively according to the developmental stages of pediatric patients and when integrated into all procedures to be applied in the hospital, will enable the nurses to understand the child's physical, psychological, and social needs more easily and to increase the quality of individual health care. The effect of the care given increases with the increase in the use of therapeutic play in clinics.<sup>(4,19)</sup> In the light of this information, although it was determined in this study and in the study of İnci and Günay<sup>(21)</sup> that nurses had sufficient knowledge about therapeutic play, it is recommended that studies be conducted to integrate therapeutic play into care.

Among the items on the general knowledge level of nurses about therapeutic play in the questionnaire, the item "Play is a form of learning

for children." was found to be given the correct response by most nurses (98.4 %). Among the items measuring the level of knowledge about the benefits of therapeutic play, the item correctly answered by most nurses (99.2%) was "Therapeutic play facilitates the child's healing process.". Of the items that question the level of knowledge of the application of therapeutic play, the item correctly answered by most nurses (59.5%) was "Therapeutic play is used in a controlled environment to treat children with emotional disorders." (Table 2). In a study by Kahraman et al.<sup>(23)</sup> evaluating nurses' use of TP, 30.8% of nurses stated that TP "facilitates the nurse-child relationship" and 26.5% answered that TP "helps the child to reduce anxiety". In the same study, among the nurses who stated that they used TP, it was reported that 45.1% benefited from TP in preparing the child for painful procedures, 65.0% in stimulating the expression of the child's emotions, and 34.0% in relieving anxiety. In another study,<sup>(24)</sup> in which the benefits of TP were established, it was reported that therapeutic play helped to improve the interaction between the adult and the child (19.0%), to increase the cooperation of the child in the procedures and to decrease the anxiety during the procedures (17.0%), to meet the child's needs in the best way (14.0%) and to express how and what the child felt and thought (11.0%). The findings of our study are in line with the aforementioned literature.<sup>(23,24)</sup> and it is seen that nurses have sufficient knowledge about TP and its benefits, but not enough information regarding the application of TP (Table 2).

In this study, conducted to determine the knowledge level of nurses working in pediatric services, it was determined that more than half of the nurses (56.3%) were aged 29 years or younger, and that the difference between the mean scores of the knowledge level of the nurses about TP play by age group was found to be significant. Accordingly, the mean knowledge level of nurses aged 40 and over about TP was lower than that of nurses aged 29 and under and those in the 30-39 age group (Table 3). In the studies of Campos et al.<sup>(20)</sup> and Mannino et al.<sup>(25)</sup> there were no findings showing the effect of nurses' age on their knowledge of TP. In our present study, it is seen that the knowledge level of nurses about TP decreases as their age increases.

In the studies of Francischinelli et al.<sup>(24)</sup> and Yiğit et al.<sup>(26)</sup> nurses' use of TP in pediatric patients differs according to their educational

status. In our study, it was determined that the nurses with the highest level of knowledge about therapeutic play were the ones with graduate/doctoral degree ( $20.91 \pm 4.69$ ) while the ones with the lowest level of knowledge were high school graduates ( $16.71 \pm 3.03$ ) (Table 3). In the study conducted by Yiğit et al.,<sup>(26)</sup> it was reported that 79.8% of the nurses were at the undergraduate and graduate level, 47.3% of the nurses stated that they always made use of TP, and that 91.4% of those stating that "I always make use of therapeutic play" had undergraduate and graduate education. In another study conducted by İnci and Günay<sup>(21)</sup> it was determined that 73.9% of the nurses had undergraduate and graduate education, of whom 77.7% used TP. The findings of our study are similar to the those in literature<sup>(26,27)</sup> and it is safe to state that as the educational level of nurses increases, so does their knowledge level about TP.

In the present study, which investigated the knowledge levels of nurses about therapeutic play, it was determined that more than half of the nurses ( $n=67$ ; 53.2%) did not hear about TP. The mean score of the knowledge level of the nurses who heard about therapeutic play was found to be higher ( $20.80 \pm 3.70$ ) compared to those who did not ( $17.84 \pm 4.06$ ) (Table 4). In the study conducted by Francischinelli et al.<sup>(24)</sup> 90 % of the nurses heard about therapeutic play during their academic education. In the study of Oliveira et al.<sup>(16)</sup> with 20 nurses working in pediatric services, it was reported that 75.0% of nurses had heard of the term TP. In the present study, the rate of nurses who heard about TP was lower than that found in the literature.<sup>(16,24)</sup> Again in the present study, the mean knowledge level of the nurses who heard about TP during in-service training ( $21.67 \pm 2.42$ ) or during their education ( $21.54 \pm 3.14$ ) was higher than that of the nurses ( $18.36 \pm 4.65$ ) who heard it from social media (Table 4). The fact that the mean score of the knowledge level of the nurses who heard of the concept of therapeutic play during in-service training and education was higher than that of the nurses who knew about it from social media, once again reveals the importance of collecting information about therapeutic play through proper and effective channels.

In the studies carried out to determine the educational needs of nurses, the emphasis is on the importance of determining the educational needs of nurses at regular intervals, of planning the training programs according to the results

obtained, and of using evidence-based information in planning the training in order to increase the quality and standardization of pediatric patient care.<sup>(25,27)</sup> In the present study, the high rate of nurses who are willing to receive training on the subject (79.4%) reveals the importance of determining the educational needs of nurses at regular intervals. Again, in this study, it was determined that the mean score of the knowledge level of the nurses participating in the study who received in-service training on TP ( $22.73 \pm 2.93$ ) was higher than that of the nurses who did not receive training ( $18.75 \pm 4.07$ ) (Table 4), which shows that therapeutic play training has a positive contribution to the knowledge level of nurses and that it is important for nurses to receive training on TP.

Implications for practice: TP is necessary in all procedures during hospitalization and discharge in order to support the development of the child, reduce the anxiety caused by the hospital environment, minimize the negative effects of the interventions, and support the child's coping. It is important for nurses to have adequate knowledge about TP in order to provide holistic and quality care.

The results of this study cannot be generalized since it was conducted in the pediatric services of a training and research hospital. The study findings are based on the statements of the participants.

## CONCLUSION

In particular, as the age of nurses increases, their level of knowledge about TP decreases, and as their educational status increases, so does their level of knowledge about therapeutic play. The level of knowledge of TP is higher in those trained for therapeutic play than in those without similar training. It is expected that the inclusion of the importance and benefits of therapeutic play in nursing undergraduate education and in-service training will help to increase understanding and awareness of this topic.

In line with these results, it is recommended to raise the awareness of nurses about the importance and benefits of therapeutic play and to promote this subject matter in undergraduate nursing and in-service training.

## Conflict of Interest

The authors declare that they have no known competing financial interests or personal

relationships that could have appeared to influence the work reported in this paper.

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### Author Contributions

AT and SOA contributed to writing the manuscript, research design and data collection. AT contributed to analyzing the data. SOA contributed to revising the manuscript. All authors have read and approved the final manuscript

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### Data Availability Statement

Upon reasonable request, the corresponding author will provide the raw data supporting the study's conclusions

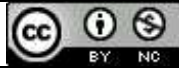
### Declaration of Use of AI in Scientific Writing

The authors declare that they did not use artificial intelligence (AI) in the writing of this manuscript.

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