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Stuffed animals for coping and communication in the hospital: a child life perspective

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STUFFED ANIMALS FOR COPING AND COMMUNICATION IN THE HOSPITAL:

A CHILD LIFE PERSPECTIVE

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By

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Chapter 1: Introduction

In 2012 there were about 5.9 million children hospitalized in the United States (Witt et al., 2014). These hospitalizations can include those patients with planned admission, chronic illnesses, and emergency treatment. These hospitalizations are extremely stressful experiences for children. During hospitalizations, children face challenges regarding a loss of routine, discomfort, fear, and anxiety (Bakri et al., 2014 as cited in Claridge et al., 2020). It is vital that hospitals provide family-centered care, to help support these children and families during these difficult times.

Children of all ages and developmental stages are subject to different situations that can impact how they develop, communicate, and see the world around them. Some children are exposed to more unique experiences due to acute or chronic illnesses, leading to hospitalizations. These hospitalizations can impact how comfortable a child is with expressing their needs and feelings. This can lead to a repression of their emotions and negatively impact how they cope with their experiences (Boyd & Hunsberger, 1998). There could be many reasons why children do not want to or feel that they cannot communicate in the hospital. Authors Coyne and Kirwan found that children in their study would not communicate in the hospital due to fear of blame from their medical team. These authors also found that children have experienced health professionals getting annoyed or frustrated when they do communicate, which has made them more hesitant (Coyne & Kirwan, 2012).

Author Ami Rokach shared that the hospital creates all new challenges for children, as hospitalizations are typically anxiety inducing and sometimes traumatic. With these consequences, there is often a concern for negative social and emotional impacts. Additionally, children's coping skills are not typically able to handle this level of emotional stress, warranting

further support (Rokach, 2016). Fortunately, there are often tools that can be used to support children through these challenges. These tools would include those that help by providing age-appropriate communication and support (Rokach, 2016). For young children, this would likely include stuffed animals, dolls, and similar toys can help them not only cope with the unexpected but communicate their feelings both verbally and nonverbally.

Certified Child Life Specialists (CCLSs) are commonly employed in the hospital setting to help support pediatric patients and their families through providing psychosocial care. This includes increasing positive coping, reducing feelings of fear or anxiety, and providing developmental support through play. According to the Association of Child Life Professionals (ACLP, n.d.), CCLSs are trained to improve patient experiences and developmentally support children following illness and injury. CCLSs are also able to help children and families cope with hospitalizations, illness, and treatment through therapeutic interventions. These interventions include therapeutic play, education and preparation, psychosocial support, and coping techniques. Child life intervention is an invaluable part of the pediatric hospital experience. Through these interventions, CCLSs help improve how both the patient and family cope with their illness, treatment, and overall hospital experience. CCLSs very clearly play a key role in helping children cope and communicate effectively in the healthcare environment. From personal experience and observation, it seems as though many CCLSs have experience using stuffed animals as a therapeutic tool in the hospital. This leads us to wonder about the perspectives that they may have about the prevalence and effectiveness of stuffed animals as communication and coping aids. We can explore if stuffed animals are often used as a tool for communication and coping for pediatric patients. Additionally, we can gain perspectives that will teach us about the effectiveness of these items as tools for communication and coping.

Problem Statement

Children and families in hospital settings face an overwhelming amount of stress and anxiety. Pediatric patients need specific psychosocial support during these times. CCLSs can help tailor the hospital experience to what the child needs (Claridge et al., 2020), including support for coping and communication. One item that is often used as a type of tool for psychosocial support in the hospital is stuffed animals. However, the utilization and related perspectives would benefit from further research. This study hoped to answer two questions.

- 1.) How do Certified Child Life Specialists utilize stuffed animals as a tool for communication and coping for pediatric patients in a hospital setting?
- 2.) What are Certified Child Life Specialists perceptions on the use of stuffed animals as a tool for communication and coping for pediatric patients in a hospital setting?

Purpose Statement

CCLSs help children and families in the hospital build strength and resiliency (Thompson, 2018). This is often done through their work of supporting the patients' needs for psychosocial support. Stuffed animals are a common tool for CCLSs, as they use them in a variety of ways. Many CCLSs do see these items as therapeutic, despite there not being a lot of research supporting this claim. With this study, there may be a better foundation for this claim. The purpose of this study was to collect and analyze data that could support this idea.

Subjectivity Statement

The benefits of CCLS involvement during hospitalizations are seemingly endless. In the role of Child Life Activity Coordinator (CLAC), this author saw how these comfort items have an extreme impact on how the child copes with being in the hospital, how cooperative they are to treatment, and even how they communicate with medical staff. However, one of the most evident

benefits is the increase in coping skills for children (Burns-Nader et al., 2014). CCLSs can not only teach children about coping techniques such as deep breathing and guided imagery, but also provide items for comfort that impact coping. Comfort items can depend on the child and the hospital. Common comfort items include stress balls, fidget toys, blankets, and stuffed animals. Following the authors hands-on experience as a CLAC in the pediatric hospital setting, the author can confidently say that comfort items such as stuffed animals have a rather significant therapeutic impact for hospitalized children. This has included having an item that made them feel more comfortable as well as providing patients with a way to communicate non-verbally and in some cases verbally as well. The author was fortunate enough to interact with a young patient that did use their stuffed animals as a tool for coping, and both types of communication. She became a great example of how stuffed animals can be used as a coping and communication tool for pediatric patients.

Chapter 2: Literature Review

To completely understand how stuffed animals may be perceived by CCLSs as coping and communication tools, it is necessary to first have a firm foundational understanding of developmental theory. Theorists Lev Vygotsky and Jean Piaget paved the way for knowledge of child development and growth. This knowledge is crucial for understanding how children cope and communicate. These two theorists are highly valued within child life practice. The theories from these individuals significantly impact this topic of research. Piaget's theories of development often influence how CCLSs provide age-appropriate play, while Vygotsky's theories are utilized by CCLSs to help patients learn and cope with their environment (Thompson, 2018). As this research is related directly to child life services, the theoretical influence still applies. Research into subjects such as the children's hospital experience, coping, emotional regulation, pretend play and imaginary companionships, and communication tools all relate directly to this topic at hand.

Lev Vygotsky Sociocultural Theory

The field of child life is very much reliant on developmental theory. Any work or research done in relation to this field will be done with a theoretical framework. These theories provide CCLSs with a solid framework that can help guide their interventions and daily practice (Thompson, 2018). This study is, of course, no different. This research is strongly related to social competence in childhood, as conceptualized by Lev Vygotsky in his sociocultural theory (Vygotsky, 1934 as cited in Mcleod, 2023). This research is also related to cognitive and psychosocial development, which has been heavily influenced by Jean Piaget and Erik Erikson's theories of development. Both theorists were pioneers for early childhood education and

development (Martin, 2021). Their theories continue to educate the world on how children grow and learn.

Lev Vygotsky's theories of development helped lay the foundation for cognitive development. This theory reviews the importance of social interaction for development, which can be applied in many settings as it relates to how children socialize and play. Vygotsky understood that peers and caregivers influence how a child develops. He also emphasized the importance of social interaction. Additionally, he stressed the importance of using play in learning. Opportunities for imaginary play help the child develop abstract thought. Similarly, Vygotsky understood that imaginative play significantly impacted how children developed. This includes both cognitive and social-emotional development. Vygotsky also believed that this type of play allowed children to think more deeply about a concept, in turn leading to better understanding (Vygotsky, 1934 as cited in Hostettler-Scharer, 2017). Understanding significantly impacts how a child is able to cope with the changes occurring around them. This is because understanding, such as that from psychological preparation, allows a child to be prepared and in control (Thompson, 2018).

This study, at its very core is attempting to understand more about how CCLSs are able to impact a child's coping and communication when they are in the hospital, with the assistance of stuffed animals. Vygotsky's theory relies very heavily on play as a tool for proper development. As stuffed animals are a form of play for children, it is important to understand how this type of play may be influenced by a child's development. Vygotsky's theory shows that children use play, such as that with a stuffed animal, to help them both interact with the world around them and cope with the changes that are taking place.

Jean Piaget Cognitive Theory

Jean Piaget's theory of cognitive development provides a foundation for how children develop cognitively over time. His stages of development include the sensorimotor stage, preoperational stage, concrete operational stage, and formal operational stage. These stages span from birth through adolescence. One stage of his theory is of great importance for this research.

The preoperational stage of development occurs between ages two and seven. During this time, children develop language using images and words (Babakr et al., 2019). Children go through many changes during this time. Additionally, one of the common traits during this stage is animism: the ability to differentiate between an object that is inanimate and an object that is animate. Piaget states that when children are in this stage of development, they believe that everything is alive and treats them as such (Piaget, 1962 as cited in Babakr et al., 2019). This trait can contribute to a child treating their stuffed animal as a living object that can communicate.

This study is striving to evaluate CCLS perceptions of stuffed animals as a communication tool, meaning that they likely see children doing this exact trait. If this is the case, and the patients are within the preoperational stage of development, then it would seem as if this is a developmentally appropriate interaction. It is quite possible that children who communicate with, or through, their stuffed animals are demonstrating traits that align with Piaget's theory of animism.

Children's Hospital Experience

For children, the hospital is a very stressful and anxiety inducing environment. This can be a very traumatic experience for some, with effects that can last long term. These effects clearly show the importance of emphasizing psychosocial health for children while they are hospitalized. Pediatric patients have reported feelings of distress regarding fear of pain, and fear

of procedures. Additionally, children have expressed that separation from family, peers, and school due increases their anxiety during hospitalization. There are other concerns for school age children and adolescents. These children highly value their privacy, which is often taken away from them due to hospitalizations (Boztepe et al., 2017). All these challenges that children face while in the hospital can negatively impact their ability to cope with their hospitalization and communicate their needs to their healthcare team.

Positive hospital experiences for children often revolve around the presence of programs and individuals responsible for impacting the psychosocial care of the patients. This includes support from CCLSs who can provide opportunities for play, therapeutic gaming and technology, activities, and bedside visitors (Pillai, 2020). All these offerings tend to impact how patients can positively cope with their hospital experience. These types of positive experiences, including play has been proven to be therapeutic. This also helps in reducing a child's negative feelings about hospitalization (Koukourikos et al., 2015). With this in mind, it is quite clear why CCLSs strive to help children cope with their hospitalizations using creative options.

Patient Coping and Techniques

There is plentiful research into how children in hospitals cope with their experiences. It is quite clear that pediatric patients deal with many stressors, all which require techniques for coping. Lev Vygotsky laid a framework for understanding social and emotional competence. A study completed by Jepsen et al. was able to describe how children typically cope with being hospitalized. These researchers were also able to reveal that children in hospitals face many challenges during their admissions, all of which could be categorized as physical, emotional, or relational challenges. Additionally, they found that children cope with these challenges by normalizing the hospital experience, meaning they attempted to make the hospital like their

everyday life at home. This technique of normalization was the main coping technique that these children used. However, these children used play and imagination as their specific way to normalize the experience, by combining imagination with their current reality. These children needed a familiar experience to help them address their concerns about the hospital, a place in which they felt safe (Jepsen et al., 2018).

CCLSs also help make coping easier for children through a variety of techniques. They specifically help provide normalization and ways for children to cope under difficult and overwhelming circumstances (Romito et al., 2021). These professionals can create unique coping plans for patients to increase their ability to handle their hospital experience (St. Jude Research Hospital, n.d). For some children, this is going to include normalization. For others, the CCLS may focus more on helping the child regain control, giving the child opportunities for play, encouraging expression of anger and frustration, or simply helping them find ways to comfort themselves. For hospitalized children, play is crucial because it helps them cope with stress related to their illness or hospitalization (Romito et al., 2021).

Stuffed animals have historically been used as a tool for children to help soothe and comfort themselves with. Research shows that stuffed animals can be effective in helping children cope with being separated from their parents (Guiffe & McKenzie, 1992 as cited in Montalbo, 2016). Different types of therapies also utilize stuffed animals as a way for clients to comfort themselves during sessions. In psychotherapy, stuffed animals are specifically used to help the client calm themselves when feeling overwhelmed (Rosenfield, 2008 as cited in Montalbo, 2016). Though there has been research into the effectiveness of stuffed animals as a tool for coping, it is quite limited (Montalbo, 2016) and not directly applicable to hospitalized children.

Emotional Regulation and Strategies for Children

Research has investigated another similar concept, social competence, and emotional regulation. Their research studied whether children who were more fantasy-oriented seemed to have better emotional regulation. Their study revealed that children who engaged in fantasy play seemed to have stronger emotional regulation than their peers who did not engage in fantasy play. The ability to regulate emotions has been linked to skills such as forming positive peer relationships, self-regulation, and communication. Fantasy orientation allows children to understand difficult situations and practice emotional experiences (Gilpin et al., 2015). Gilpin et al. pointed to the theory that states that the purpose of this type of play is to teach emotional regulation and reflected on how children who engage in fantasy play have opportunities to rehearse emotionally charged interactions or experiences, as well as practice with perspectives that vary from their own. The fantasy-oriented children studied by these researchers showed to have a 24% advantage in their emotional regulation skills: language, perspective taking, and empathy.

Fantasy play is a common type of play utilized in the hospital, as it is one of the ways that children cope with their hospitalization (Delvecchio et al., 2019). Children begin to play like this from ages two to six, as this is when children begin to think more symbolically. According to Piaget's theory of cognitive development, children use symbolic ideas to represent the world around them. This age range also aligns with Vygotsky's high season of self-regulation and emotional regulation development, clearly indicating the relation between the two.

Children have been able to use behavioral strategies to help regulate their emotions. This typically includes sucking on a thumb, fidgeting, or using a security item for comfort (Diener & Mangelsdorf, 1999). These strategies seemingly give children ways to ground themselves and

reconnect with their emotions. Authors Diener & Mangelsdorf even stated that these types of behavioral strategies have proven to be important in encouraging emotional regulation for young children (Diener & Mangelsdorf, 1999). Thus, stuffed animals, as a security item, would have the potential to positively impact how children are able to regulate their emotions. Literature relating to this is unfortunately lacking. Regardless, emotional regulation and coping do often go hand in hand, meaning that stuffed animals are likely effective for emotional regulation as they have historically been effective as a coping technique through therapies (Montalbo, 2016). However, further research may be needed to know about the true correlation between stuffed animals and emotional regulation.

Pretend Play and Companionships

As previously mentioned, fantasy, or pretend play is a common type of play for young children both in and out of the hospital. Children use this form of play to express themselves, process experiences and emotions, and act out real life scenarios. “Pretend Play as an Intervention for Children with Cancer: A Feasibility Study” reviews some of the benefits of pretend play as an intervention for hospitalized children. Authors Frygner-Holm et al. aimed to evaluate the use of pretend play to help increase independence and participation among oncology patients. According to this literature, play can help empower children and increase skills such as problem solving. In addition to emotional regulation and coping, pretend play can improve communication skills and overall behavior. This study found that children who engaged in pretend play reported lower levels of anxiety, higher ratings of well-being, and increased self-efficacy which leads to better communication abilities. For example, one child in this study rated their ability to communicate their fears to their nurse as a 5 prior to engaging in pretend play. However, this same child rated this ability as a 9 following a pretend play session.

It is quite common for young children to have imaginary companions. This often goes hand in hand with pretend play. For some children, these companionships can become tangible through toys such as dolls or stuffed animals. Researchers have concluded that stuffed animals, dolls, and similar toys can be considered imaginary companions (Akpakir, 2021). Theorists have previously analyzed the use of imaginary friends in childhood to determine how these friendships impact childhood development. Imaginary companionships have even been linked to childhood defense mechanisms. According to a research study completed in 2004, about 65% of children had imaginary companions before the age of 7 (Akpakir, 2021). Children who had imaginary companions proved to be more verbal during daily activities. Imaginary companions have also served as a tool to help children deal with emotional difficulties. According to research, children with imaginary companions have better developed coping mechanisms (Akpakir, 2021). Overall, these imaginary companionships help facilitate the development of interpersonal and social-emotional skills that directly relate to their communication and coping ability.

This literature is a fantastic resource, as it outlines some of the history behind how children view their stuffed animals as companions they can talk with or through. This research also contributes to the theory that this type of play with imaginary companions or stuffed animals impacts both child development and coping capabilities. This research would be quite beneficial in the hospital setting, as this is the type of setting where children are emotionally charged. CCLSs are in the perfect position to gain insight into how imaginary companions, made tangible through stuffed animals, impact their coping as is hypothesized.

Communication Tools utilized by Certified Child Life Specialists

In the hospital, communication is a vital part of patient care. However, this communication is not solely between the medical team. It is also important that the patient can communicate their thoughts, feelings, concerns, and understanding. For some children, this is an extremely daunting task. Some children, including those with an autism spectrum disorder, may be nonverbal or have challenges verbalizing their experiences. Other children may not feel comfortable verbalizing what they are feeling to their medical team or family. In both cases, it is important to find ways to support them. Certified Child Life Specialists work to provide their patients with the tools necessary for them to communicate effectively.

Visual boards are one common tool that CCLSs utilize to help nonverbal patients communicate (Riosa et al., 2022). Using visual boards, the CCLS is not only able to communicate information to the patient in a way that they can effectively receive the information, but the patient can communicate back. Visual boards allow patients to communicate through pictures and words that they can point to or manipulate. Another common tool for communication is play. For children, play is an opportunity for them to express their feelings and communicate in a safe space. Literature also shows the positive correlation between play and symbolic communication (Lieberman & Yoder, 2012). CCLSs communicate via play through the use of techniques such as medical play, which can include the use of items such as dolls and stuffed animals.

Stuffed Animals as a Communication Tool

CCLSs utilize stuffed animals as a communication tool in multiple ways in the hospital setting. One of these ways is through medical play. CCLSs use medical play to help children understand diagnostic procedures, surgeries, and the whole hospital experience. Medical play with a stuffed animal allows the child to verbalize understanding, fear, and ask questions all

while safely communicating either to or for the stuffed animal. During this type of play, CCLS may see that the stuffed animal is used as a vessel for the child to speak through (Thompson, 2018). There are also children who continue to communicate with stuffed animals in other scenarios. This communication often consists of voicing the stuffed animal, pointing at the stuffed animal to answer questions, and using the stuffed animal as a mode of non-verbal communication. Although this is observed by professionals, the supportive literature is lacking. Research by Jaffe & Franch (1986) studied the uses of stuffed animals for hospitalized adolescents. They found that stuffed animals had many uses for the children that they surveyed, one of these uses being that they are secondary transitional objects. Secondary transitional objects can be personified with human emotions. Additionally, one participant in this same study stated that they do communicate back and forth with their stuffed animal (Jaffe & Franch, 1986).

Simulation and Education

Another common use of stuffed animals in the hospital setting has historically been to provide education and simulation. This has been done through using the stuffed animals as puppets and visuals. This has been a relatively successful use for these items and has become a common practice for CCLSs. Puppets have been proved to be an effective way to prepare children. Research has shown that puppet play is effective in helping reduce stress and improve coping in the hospital. There is also research that shows that procedural preparation using stuffed animals increases positive patient coping (Tilbrook et al., 2017). Puppets provide children with a way to express an array of emotions such as anxiety and fear or other emotions that they have not been able to voice or express themselves (Tilbrook et al., 2017). The authors of *A review of the literature - The Use of Interactive Puppet Simulation in Nursing Education and Children's Healthcare* specifically outlined how effective puppets are in providing children with a voice.

All this reviewed literature not only provides an introduction into some of the uses of stuffed animals in the hospital, but also reviews how stuffed animals can in fact be communicated through. Continued research in relation to this topic is extremely important, as this is a current topic that has many gaps in research, including the lack of research related directly to child life practice. CCLSs have seen first-hand how stuffed animals are used as puppets by both the medical team as well as the child. Their perceptions will be extremely insightful.

Chapter 3: Research Design and Methods

This research used a mixed methods approach to gain the perspectives of CCLSs through a survey. Mixed methods research incorporates components from both qualitative and quantitative methods of research to enhance the research. More specifically, a concurrent nested design has been utilized. This research relies heavily on the qualitative data that was collected from the survey. However, the quantitative data that was collected helps add depth and understanding. This research strives to provide information about if CCLSs perceive stuffed animals as a tool for patient coping, and if this is an effective tool to utilize.

Methodological Approach

With this concurrent nested approach, the research was analyzed for both qualitative and quantitative data. With a concurrent design, both qualitative and quantitative data are collected at the same time. Concurrent designs can also vary in the level of emphasis that the qualitative and quantitative data have (Gonzalez Castro et al., 2010). However, in this case, the qualitative data has more emphasis than the quantitative data. This is what makes this design a concurrent nested design. As with concurrent nested designs, one type of data has more weight than the other (Creswell et al, 2003 as cited in Gonzalez Castro et al., 2010).

Participants

The participants in this study all work as Certified Child Life Specialists in a hospital setting. They were required to be certified by the Association of Child Life Professionals to qualify for this study. There was a total of 36 participants in this study, all of which completed the same 20 question survey. Demographics were obtained from these participants to gain a better understanding of their background that could potentially impact their perspectives.

Data Measures

To collect data from the participants, the researcher compiled a 20-question online survey. This survey was designed to gain perspectives for the two research questions, therefore it included both closed and open-ended questions. Question formats included multiple choice, rating scales, and open-ended comment boxes. These questions allowed the researcher to collect more comprehensive information from the participants.

Data Collection

All 36 participants were able to access this survey using professional groups on social media. This survey was specifically shared on two different Facebook groups. First, the researcher shared it on the Child Life Connection: Student Forum Facebook group. The researcher also received assistance in sharing it to a Certified Child Life Specialists group to gain further responses.

Data Analysis

Once all data was collected, it was analyzed using two methods. For the open-ended questions, all data was reviewed through thematic analysis. This method of analysis allowed the researcher to look for themes within the data (Braun & Clarke, 2006 as cited in Maguire & Delahunt, 2017). These themes helped the researcher directly find the data that was most applicable to the study. As for the quantitative data, it was analyzed using the SPSS Statistics software. Through this software, the data was able to be dissected and comprehensively analyzed.

Quantitative

The quantitative data was collected using an anonymous survey. This survey consisted of varying question types. These questions were all able to gain additional information about utilization and perceptions of stuffed animals as communication and coping tools for hospitalized

children. This data, in combination with the qualitative data shows great promise for how it can be applied to child life practice.

Qualitative

The participants were given three different opportunities for open-ended responses. They were asked to describe: ways in which they use stuffed animals to improve patient coping, how they have observed patients communicating non-verbally through their stuffed animals, and how they have observed patients communicating verbally through their stuffed animals. Using a thematic analysis model, codes and themes were able to be identified and evaluated. The qualitative data seemed to effectively contribute to responding to the two research questions of the study.

Chapter 4: Results

The research collected throughout this study was intended to answer the two research questions exploring: the utilization of stuffed animals as a communicate and coping tool, and the perceptions that CCLSs have about these uses. The survey completed by the participants collected both quantitative and qualitative data. Both types of data assisted in answering the research questions. However, the quantitative seemed to strengthen the qualitative data that was collected.

Participants

The first demographic that was obtained was the age of the participants. The majority of participants, 58%, stated that they were between the ages of 20-29. 33.3% stated that they were between the ages of 30-44. This was a stark difference to the 5.6% that stated they were between the ages of 45-49, and the 2.8% that stated they were over the age of 60. The second demographic that was surveyed was their race or ethnicity. 91.7% of participants stated identified as White/Caucasian. The only other ethnicities that were selected were Asian/Pacific Islander and multiple/other. Both ethnicities had the same exact percentage, with only 2.8% of participants selecting these options. This survey also inquired about the participant's educational background. Of the four options for the participants to choose from, only two were selected, meaning that all the participants either had a four-year degree or a master's degree. This demographic was completely equal. 50% of participants stated that they had a four-year degree, and the other 50% stated that they had a master's degree. The next demographic question was the only one with a completely unanimous answer. 100% of these participants stated that they were female.

CCLS Utilization of Stuffed Animals as Coping and Communication Tools

The participants were asked multiple questions that relate to the utilization of stuffed animals as tools for coping and communication. The first question inquired about if the hospital that they work at provides stuffed animals to all patients. The vast majority of the participants, 66.7%, stated that their hospitals do not provide stuffed animals to all patients. These responses conveyed that several participants may not have the resources or opportunities to utilize stuffed animals as frequently as a strategic tool.

The next related question asked what age range the CCLSs typically provided stuffed animals to the most. The responses to these questions did vary slightly more. However, 75.9% of participants stated that they provide stuffed animals mostly to preschool aged children. This was followed by school-age children 17.2% of the time, and toddlers 6.9% of the time. No participants stated that they mostly provided these items to adolescents or infants. The significantly high percentage, 75%, shows very clearly that stuffed animals are a common play item or tool that CCLSs use with preschool children. This also closely aligns with not only the typical age for pretend play, but also the age in which Piaget stated that animism takes place. Additionally, the participants answers also showed that there is some versatility for stuffed animals as a tool, as they are utilized for more than just one age group.

Following this question, the participants were able to answer what types of reasons that they typically have for providing stuffed animals to their patients. The participants were able to select as many reasons as they'd like. The potential answers included: comfort or coping, education tool, patient or family request, patient celebration, patient incentive, and as a communication tool. Each of these answers were selected at least twice by the participants. The two most chosen answers were comfort or coping and education. 28.7% of participants stated

that they provide these for comfort and coping, while 27.6% stated that they provided these for an education tool. Additionally, 19.5% of participants stated that these are given at patient or family request. 12.6% stated that this was for patient celebration, and 6.9% stated that they were for patient incentive. The final choice was that it was used as a communication tool, which 4.6% of participants selected. There were three potential answers for this question that very closely relate to this study: providing for comfort or coping, providing as an education tool, and providing as a communication aide. One thing that was revealed through further question in the study is that many CCLSs use the stuffed animals as an education tool, while also utilizing it for communication at the same time. This leaves this author to wonder if it is possible that the communication tool percentage should be higher in this question, and that the participants were possibly not realizing that the stuffed animal was serving as both an education and communication tool at the same time.

Participants were also able to state how often they provide stuffed animals with the intent to impact the patients coping. 50% of participants stated that they sometimes provided with this intent, 23.3% stated that they usually did so, and 16.7% stated that they almost always did this. Only 6.7% of participants stated that they rarely did this, and 3.3% stated that they never did. The lack of participant responses stating that they do not providing stuffed animals with the intent to impact coping speaks volumes. This signifies that CCLSs typically do see stuffed animals as a tool for coping support, therefore it can be deduced that they would utilized them as such.

Similarly, the participants were able to state how often they encounter stuffed animals as a tool for communication. Of all 30 participants that answered this question, only 1 participant (3.3%) stated that they had never seen stuffed animals utilized in this way. The most common

answer for this question was that the participants sometimes see the stuffed animal utilized for communication. 43.3% of participants chose this answer and 26.7% stated that they rarely saw this. 23.3% of participants usually see this, and 3.3% always see this type of utilization. It is quite significant that only 1 CCLS stated that they had never seen this type of utilization. This shows that even if stuffed animals are not consistently being utilized for communication, they are still being utilized and seen as a potential tool for CCLSs.

The final question that answered to the utilization was about if the participants have worked with patients who communicated through their stuffed animals. The majority of participants, 66.7%, stated that they have worked with patients who communicated through their stuffed animals, while only 33.3% have not. This was another question that provided concrete data showing that CCLSs are working with patients who are communicating through their stuffed animals. The majority of CCLSs are seeing this, and likely utilizing this as one of their tools for increasing patient communication.

CCLS Perceptions of Stuffed Animals as Coping and Communication Tools

To answer the second research questions, the participants answered further questions. Two of the survey questions can be applied to both research questions. This includes the age that stuffed animals are most often provided to, and the reasoning that CCLSs have for providing these items. With the same data about age, it seems that CCLSs could see stuffed animals as effective tools for at least preschool aged children. The participants answers regarding their reasoning for providing stuffed animals also shows that the CCLSs believe that stuffed animals are effective in impacting coping.

A different question that the participants answered was about how effective they believed stuffed animals to be as a tool to increase patient coping. 55.2% of participants stated that stuffed

animals were very effective for this use. 41.4% stated that they were somewhat effective, and 3.4% stated that they were extremely effective. No participants stated that stuffed animals were ineffective as a tool to increase positive coping. This proves that CCLSs do see these items as effective coping tools, even if the rate of effectiveness varies.

Next, the participants answered a similar question, but about the effectiveness of stuffed animals as a tool for communication. 46.7% of participants stated that stuffed animals were a somewhat effective tool for communication. 43.3% stated that they were very effective, and 3.3% stated that they were extremely effective. Additionally, 6.7% of participants stated that they were not so effective. However, no participants stated that they were not at all effective. These responses also showed that there is some variance in how effective the CCLSs believe stuffed animals to be as a communication tool. However, the lack of participants rating it as not at all effective signifies that they do still perceive these as effective in some ways.

Open-ended Survey Responses

The data collected via the open-ended survey questions provided significant information regarding both CCLS utilization and perception. These responses proved to be essential in answering the research questions. Using the thematic analysis previous described, the researcher was able to find themes within the participant answers for each question. This helped collect more data about use of the stuffed animal for patient coping, non-verbal communication, and verbal communication.

Patient Coping

Within the question about patient coping, the participants were able to explain how they have used stuffed animals to impact a patient's coping. 21 participants chose to answer this question and providing substantial answers. The common themes found within the answers were:

procedural preparation and support, emotional support, normalization of the hospital, and developmental needs.

After reviewing the participant answers, one of the most common uses for stuffed animals that impacted coping was medical play, which is a common way that CCLSs prepare a patient for a procedure. This type of play with the stuffed animal helps the patient cope better because they can become more familiar with the medical supplies and the plan of care, which reduces patient anxiety. Some participants also mentioned using the stuffed animals as a diversionary item during procedures. Diversionary items can positively impact how a patient copes with their procedure, and overall hospitalization.

Many of the participant answers also mentioned using the stuffed animal as an item for comfort or to soothe the patient. Some participants described how these stuffed animals help impact coping by reducing fear, separation anxiety, and procedural or healthcare related anxiety. The participants shared stories of patients who would take their stuffed animal to surgeries, as a transitional item, or squeeze their stuffed animal during a difficult or painful procedure to cope with their experience. Other participants even stated that they incorporate stuffed animals into some patients coping plans. Meaning, that the patients very much rely on the stuffed animal to cope with difficult aspects of their hospitalization.

Normalization was another key word found in the responses from the participants. The participants repeatedly stated that they would provide stuffed animals to help normalize the hospital, increase familiarity, and assist with desensitization. Normalization helps the child cope with being in the hospital because it makes their hospital experiences feel more like what they may experience at home, or more like normal life. One participant shared that they would provide the stuffed bear, who comes with a story that sets expectations for the patient and

normalizes the experience. Other participants stated that the stuffed animals provide normalcy and impact coping by giving the patients an opportunity to create a stuffed animal that look like they do.

CCLSs encounter children with varying developmental needs. One of the themes that was found in the data was using stuffed animals to meet the developmental needs of patients, and how that impacts their ability to cope with the hospital. Some participants mentioned that stuffed animals help impact a patient coping by meeting their sensory needs. Others mentioned that stuffed animals help provide a sense of control, which is a common developmental need for children. These participants likely believe that when this need for control is met, the patient would be better able to cope with their hospitalization. Another developmental expectation for some children is socialization. Children need opportunities to socialize with others, as well as practice interpersonal skills and communication. Participants stated that they will give these stuffed animals to patients as a way for the patient to have a friend in their hospital room. One participant stated that the stuffed animal can serve as a buddy who can support them.

Non-verbal communication

With the next open-ended question, participants were able to share the experiences that they have with patients who have communicated non-verbally through their stuffed animals. This question helped delve further into the uses of stuffed animals as a communication tool. 14 participants chose to provide an open-ended response to this question. After analyzing these responses, there seemed to be themes involving play, gestures, and emotional expression.

Play was regularly references throughout this research, as the participants repeatedly acknowledged the use of medical play, and other types of play. For this question, participants shared that they have observed patients using the stuffed animals to reenact experiences, which is

typical in pretend play. Others stated that they have observed patients using their stuffed animals as a general way to play, aside from reenactment. One additional way that participants have observed this was through medical play, specifically through the child playing out different shots or pokes on their stuffed animal.

Gestures were another type of non-verbal communication from these participant responses. Participants shared that they have observed patients gesturing through their stuffed animals to share wants or needs. One participant stated that one example of this was pretending to feed the animal, and then pointing at their own mouth.

However, the most referenced form of non-verbal communication that the participants shared was emotional expression via the stuffed animal. The participant responses indicated that emotional expression using the stuffed animal can look different depending on the child. Some participants shared that they have observed patients expressing feelings by having the stuffed animal hiding. Others discussed that patients have removed the stuffed animal from medical play or given it to the parent to keep it safe. Additionally, participants shared that they have observed patients throwing the stuffed animal, holding it tightly and turning away from staff, and tucking the stuffed animals face away. One participant shared a detailed example of how they have observed a patient express their fears about using an anesthesia mask. In this scenario, the patient pretended that the stuffed animal was dead after using the anesthesia mask.

Verbal Communication

The final open-ended question asked the participants a similar question than the previous one. However, this time the participants were asked to share their experiences with patients who have communicated verbally with their stuffed animals. This question also helped gain more information about the uses of stuffed animals as a tool for communication. Again, 14 participants

provided responses to this question. The responses from this question resulted in two main themes; role rehearsal, and voicing the stuffed animal to express thoughts, feelings, and experiences.

Some participants shared that they have seen patients verbally communicate through their stuffed animals as a form of role rehearsal. Meaning, that the stuffed animals allow them to talk through what they may experience during a difficult test or procedure. This is likely common during medical play. One participant stated that they have seen this as a way for patients to highlight coping skills and what they have learned in a medical play session.

It seems from this data that the most observed use for verbal communication is to help the child verbalize thoughts, feelings, and experiences. The participants shared that this is often done through voicing the stuffed animal. For example, one participant stated that they have observed patients answering questions through the stuffed animal. Others stated that the patient would have the stuffed animal voice their discomfort or desire to be involved, specifically saying that “teddy doesn’t like that” or “teddy wants to do this part”. Other common verbalizations include saying that “bear is scared” or “bear doesn’t want to”, or sometimes a simple “no”. Participants also stated that patients will communicate their feelings about surgeries or big moments by projecting those thoughts and feelings into the stuffed animals, for example, the child may say, “the stuffed animal is sad” or “the stuffed animal likes the smell in the mask”. Overall, the participants provided many great examples of verbal communication using the stuffed animals through this question, that can be applied to our research questions.

Chapter 5: Discussion and Implications

This study aimed to explore how CCLSs utilize and perceive stuffed animals as communication and coping tools for children in hospitals. The data that was collected shows that CCLSs typically perceive stuffed animals as an effective tool for both coping and communication. However, the levels of effectiveness as perceived by CCLS vary. Additionally, the data showed that CCLSs are using these items as tools for coping and communication. Sometimes, this is a simple act of providing the stuffed animal and allowing the child to utilize as needed. In other scenarios, the CCLSs are actively using the stuffed animals in their interventions such as medical play or creation of a coping plan.

This study was intended for CCLSs who work with patients in the hospital setting. Meaning, the participants in this study are currently, and potentially regularly, seeing these types of interactions involving stuffed animals. Due to this, the participants were able to share relevant stories about the uses and perceptions, that helped support the research questions. Overall, their answers to both the open-ended and closed-ended questions stated that stuffed animals are an effective tool that is utilized by CCLSs for coping and communication in the hospital. Within the survey, the author also determined that many of the CCLSs do not work in facilities that regularly provide stuffed animals to all their patients. The results from this study may imply the need to make stuffed animals more readily available for patients that could benefit from coping and communication support.

Implications to Child Life Field

As with many fields, the field of child life is constantly evolving. With this, CCLSs are looking for new ways to improve upon their practice and make changes as needed. Stuffed animals are already utilized by CCLSs in hospitals. However, there seems to be a gap in the

understanding that CCLSs have about the actual benefits that these items may have on their patients. This research supports the utilization of these items for coping and communication, and reflects upon CCLS perceptions, showcasing that stuffed animals have been, and can be utilized effectively by CCLSs.

It can be difficult to really pinpoint how this research may affect the field. However, the author can see the potential that this research holds. For one, this research could educate more CCLSs about the therapeutic uses of stuffed animals for their patients including more intentional coping support, as well as a vessel for communication. This research could also show the importance of having stuffed animals available for patients, as many of the participants stated that they do not always have them available to provide to all patients. The author feels that the most important impact that could result from this research is simply spreading more information about this effective tool, and raising awareness to the CCLSs so that they can see that there are different ways to support their patients that they haven't thought of yet.

Conclusion

This study seemed to be relatively effective in answering the two research questions. Data supported that CCLS not only utilize stuffed animals for coping and communication support, but they also typically perceive this as an effective tool for them. As with most research, there are limitations to this study, that further research could potentially resolve. It may also be beneficial in the future to look more at how these items are specifically being used with preschool aged children, as that was the age group that received stuffed animals the most, as per the participants. Overall, this study was quite successful in supporting the research questions. From here, it will be important to think about how this could potentially impact daily child life practice.

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Appendix A Survey

Title of Research Project: Stuffed Animals for Coping and Communication in the Hospital

Principal Investigator (PI) Name: Becca Scobee

PI Email Address: bscobee@ewu.edu

Faculty Supervisor: Katie Walker, PhD, CCLS, kwalker30@ewu.edu

Purpose of the Study

I am currently a graduate student from Eastern Washington University. This research is being done as a graduate thesis. The purpose of this study is to evaluate Certified Child Life Specialists perspectives on their use, in addition to patients use of stuffed animals as coping and communication tools in the hospital.

Inclusion Criteria

In order to participate you must meet the following criteria: (1) be at least 18 years of age or older, (2) be currently certified by the Association of Child Life Professionals, (3) work as a Certified Child Life Specialist (CCLS) in a traditional Child Life setting, meaning the CCLS works in a hospital providing psychosocial support to pediatric patients and their families.

Procedures and Duration

You will be asked to complete a survey consisting of 19 questions. It will take you about 10 minutes to complete. I will be asking you questions regarding your experiences working with stuffed animals in the hospital setting. Your answers are anonymous, and data collected will be stored in a secure online survey database—Survey Monkey.

Voluntary Participation

Your participation in this survey is voluntary. You may refuse to take part in the research or withdraw at any time without penalty. You may skip any question you do not want to answer for any reason.

Benefits and Risk

Any risks associated with answering the following questions are minimal and do not exceed those encountered in daily life. You are not likely to receive direct benefits from participating in this research study. However, your responses may help us learn more about the use of stuffed animals as coping and communication tools in the hospital.

Storage of Data Collected

The data collected will be stored in a secure google drive folder that only myself and faculty supervisor will have access to. My findings from the study will be included in my thesis paper and defense. All data will be destroyed after the completion of the thesis.

Contact Information

If you have any questions about the study, please contact Becca Scobee the Principal Investigator, using the contact information above. If you have questions or concerns about your rights as a participant in this study or any complaints you wish to make, please contact Charlene Alspach, Executive Director, Grant and Research

Demographics

1. What is your age?

- 20 - 29
- 30 - 44
- 45 - 59
- 60+

2. Which race/ethnicity best describes you?

- American Indian or Alaskan Native
- Asian / Pacific Islander
- Black or African American
- Hispanic
- White / Caucasian
- Multiple ethnicity / Other (please specify)

3. What is the highest level of school that you have completed?

- Associates Degree
- 4-year College Degree
- Masters Degree
- PhD or EdD
- Other (please specify)

4. Which of the following options most closely aligns with your gender?

- Woman
- Man
- Non-binary
- A gender not listed here
- Prefer not to answer

The following questions are designed to collect information from Certified Child Life Specialists about how they use stuffed animals as tools in the hospital. Please answer the following questions to the best of your ability.

5. How long have you worked as a Certified Child Life Specialist?

- Less than a year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

6. What hospital units do you currently provide coverage in? Please check all that apply.

- CICU
- Emergency Department
- Hematology/Oncology
- Inpatient Rehab
- Med/Surg
- NICU
- PICU
- Surgery
- Other (please specify)

7. What types of consults do you typically receive? Please check all that apply.

- Bereavement and Memory Making
- Coping or Psychosocial Support
- Education
- Medical Play
- Procedural Preparation and Support
- Sibling or Family Support
- Other (please specify)

8. Does your hospital currently provide stuffed animals to all patients?

- Yes
- No

9. What age group do you most often provide these items to?

- Infant
- Toddler
- Preschool
- Schoolage
- Teen

10. If your hospital does provide these items, what are your reasons for providing these to patients? Please check all that apply.

- Comfort or Coping
- Communication Aide
- Education Tool
- Incentive
- Patient Celebration (Birthday, End of Treatment, etc.)
- Patient or Family Request
- Other (please specify)

- Does not apply

11. Providing coping support is a common intervention in the field of child life. How would you rate its importance?

- Highly Important
- Moderately Important
- Neither Important or Unimportant
- Moderately Unimportant
- Highly Unimportant

12. How often do you provide stuffed animals to patients with the intent to impact their coping?

- Almost Always
- Usually
- Sometimes
- Rarely
- Never

13. How effective would you say that stuffed animals are in increasing positive coping?

- Extremely effective
- Very effective
- Somewhat effective
- Not so effective
- Not at all effective

14. Please describe ways in which you use stuffed animals to improve a patients coping.

15. How often do patients struggle to communicate their wants, needs, thoughts, or feelings in the hospital?

- Almost Always
- Usually
- Sometimes
- Rarely
- Never

16. Some children use stuffed animals or dolls to help communicate their needs, both verbally and nonverbally. How often do you encounter this?

- Always
- Usually
- Sometimes
- Rarely
- Never

17. Have you worked with a patient who communicated through their stuffed animal?

- Yes
- No

18. Please describe how you have observed patients communicating non-verbally through their stuffed animal.

19. Please describe how you have observed patients communicating verbally through their stuffed animal.

20. How would you rate the effectiveness of stuffed animals as a communication tool for hospitalized children?

- Extremely effective
- Very effective
- Somewhat effective
- Not so effective
- Not at all effective

Appendix B IRB Approval

From: Eastern Washington University no-reply@ewu.edu
Subject: IRB Application Approved (Scobee, Becca)
Date: April 14, 2023 at 11:02 AM
To: bscobee@ewu.edu
Cc: kwalker30@ewu.edu

Eastern Washington University Institutional Review Board

Dear Becca,

Your IRB application is approved. This email serves as your acceptance letter. Your approved application is below.

TO: Becca Scobee – Principal Investigator

FROM: Heidi Hillman, Chair – Eastern Washington University Institutional Review Board

SUBJECT: Final Approval of HS-6228: Child Life Perspectives on Security Items as Coping and Communication Tools in the Hospital Setting

APPROVAL DATE: 04/13/2023

EXPIRATION DATE: 04/12/2024

Human subjects protocol HS-6228 entitled "Child Life Perspectives on Security Items as Coping and Communication Tools in the Hospital Setting" is approved as Exempt research. A copy of your full application is below.

Please note the expiration date of your protocol approval above. The IRB makes an effort to remind you prior to expiration, but ultimately it is your responsibility to track this date.

If after initial approval, the research protocol requires minor modifications, the Institutional Review Board should be notified of those changes at IRB@ewu.edu. Any significant departure from the original proposal must be reviewed through a Change of Protocol application submitted to and approved by the IRB before the protocol may be altered.

Please refer to HS-6228 on future correspondence as appropriate as we file everything under this number.

*Heidi Hillman PhD., BCBA-D, LMHC
 Chair, Institutional Review Board
 Eastern Washington University*

Principal Investigator (PI)

Unique ID

HS-6228

SSO Email

bscobee@ewu.edu

Name

Becca Scobee

Role

Student

Does this project meet the definition of "research"?

Yes

Do participants in this project meet the definition of "human subjects"?

Yes

Will participants in the proposed research project be placed at more than minimal risk, as defined below?

No, subjects will NOT be placed at more than minimal risk

Will your research involve children in survey procedures, interview procedures, or observations?

No

Will you collect data or record information in a way that subjects can be identified, such as audio/video recordings, virtual interviews, in-person focus groups?

No

Type of Research

Exempt

Exemption(s) applicable to the project

- **2i.** Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.
- **2ii.** Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if:
Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.

Unit

College of Professional Programs (CPP)

Department (CPP)

Social Work

Are you working with Co-Investigators on this project?

No

Responsible Project Investigator (RPI)

RPI Name

Katie Walker

RPI Email

kwalker30@ewu.edu

Does the RPI have permission to renew the study in their own name after you have left the university?

Yes

Project Details

Project Title

Child Life Perspectives on Security Items as Coping and Communication Tools in the Hospital Setting

Is this research being done to meet a course, thesis or other academic requirement?

Yes

yes

Please specify the course, thesis or other academic requirement:

CDST 600

Anticipated Start Date

04/12/2023

Anticipated End Date

12/31/2023

Funding

Not funded

Are you working with an external partner(s) on this project?

No

Project Information // Exempt Research

1. What is the purpose or objective of your project?

The purpose of this project is to gain insight into how Certified Child Life Specialists (CCLSs) view the use of stuffed animals as coping and communication tools in the hospital. This will hopefully help gain more of an understanding for the uses and benefits of these items.

2. Explain how your research is not greater than minimal risk.

This is not greater than minimal risk because the participants in this study will not experience any increased risk of harm or discomfort due to this project.

3. Explain what instruments (surveys, in-person interviews, observations, etc.) you will use to collect your data?

I will use surveys to collect the data.

Participants // Exempt Research

4. Provide a brief description (about one paragraph) of your project, including what participants will be asked to do.

This project will collect and review the perspectives of Certified Child Life Specialists (CCLSs). These CCLSs will be asked to share their opinions about using stuffed animals as coping and communication tools in the hospitals. This will be done through a survey.

5. Who are your participants and what is your recruitment plan?

The participants will be Certified Child Life Specialists who currently work in a traditional hospital setting. I will recruit participants through professional and student networks, including facebook groups and forums on the Association of Child Life Professionals website.

6. How many participants do you anticipate recruiting?

20

Confidentiality // Exempt Research

7. Explain how you will protect participant confidentiality or insure anonymity of participants' responses.

I will protect participant confidentiality by not recording any identifying information. Names, locations, and workplaces will not be asked.

8. Briefly explain how you will securely store your data.

I will securely store my data on my private computer. The data will be in a password protected document.

Application Attachments // Exempt Research

Consent Form

- [Thesis-Informed-Consent_Becca.pdf](#)

Survey

- [Thesis-Survey-Becca_4_11.pdf](#)

Recruiting Script

- [Thesis-Recruitment-Script_Becca.pdf](#)

CITI Certificates

CITI Certificate(s)

- [IRB-Completion-Report1.pdf](#)

Certification and Agreement

Consent

- ✓ I certify that the information provided above is accurate and the project will be conducted in accordance with applicable Federal, State and university regulations.

Consent

- ✓ I agree this research will not begin until approval from EWU IRB is received.

Certification - Name

Becca Scobee

Date Submitted

04/11/2023

IRB Final Approval

IRB Final Approval

Approve with no changes

Approval Date

04/13/2023

Expiration Date

04/12/2024

VITA

Author: Becca Scobee

Place of Birth: Eldersburg, MD

Undergraduate Schools Attended: Liberty University

American Public University

Degrees Awarded:

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Professional Experience:

Child Life Internship, Hasbro Children's Hospital, Providence, Rhode Island, 2023

Child Activity Coordinator, Nemours Children's Hospital, Orlando, Florida, 2021-2023

Child Life Practicum, Child Life Connection, 2022