Original Research

The Effect Of Child-Centered Play Therapy On The Social And Emotional Skills Of Children Discharged From Hospital

Mehran Shahraki[1], Mohadeseh Salari Dehreis[2], Qazal Ghaderi[3], Fateme Haseli[4], Niyayesh Mahmodii[5], Nafiseh Hekmatipour[6*]

1. Department of Nursing Zahedan Branch, Islamic Azad University, Zahedan, Iran. Orcid: 0000-0002-0066-7724

2. Msc in Pediatric Nursing, Valiasr Hospital, Rafsanjan University of Medical Sciences, Anar, Iran. Orcid: 0000-0001-5554-0256

3. MSc in Pediatric Nursing, Kurdistan University of Medical Sciences, Sanandaj, Iran. Orcid: 0000-0002-7002-1013

4. MSc Rehabilitation Nursing Deputy of treatment and Rehabilitation Iranian Red Crescent Society, Tehran, Iran. Orcid: 0009-0007-0393-8837

5. Department of Nursing, Aliabad Katoul Branch, Islamic Azad University, Aliabad Katoul, Iran.. Orcid: 0009-0001-7756-7350

6. Department of Nursing, Aliabad Katoul Branch, Islamic Azad University, Aliabad Katoul, Iran. Orcid: 0000-0003-0961-6533

Corresponding Author: Nafiseh Hekmatipour. Assistant Professor, Nursing Research Center, Golestan University of Medical Sciences, Gorgan, Iran. **Email:** n-hekmatipour@aliabadiau.ac.ir

Abstract

Background: Child hospitalization is considered a stressful event that can cause problems in children's social and emotional skills. Therefore, parent-centered play therapy based on the Landers model is considered as an effective therapeutic intervention in this regard. This study was conducted with the aim of determining the effect of child-centered play therapy on the social and emotional skills of children discharged from hospital.

Method: This experimental study was conducted on 60 people, who were allocated in two intervention (30 people) and control (30 people) groups. The data collection tool was social emotional skill questionnaire with 56 questions. Data were analyzed by SPSS-21 statistical software, using descriptive and inferential statistics (paired t-test and independent t-test).

Results: The result of independent t-test showed a significant difference between the intervention and control groups before and after the intervention ($P < 0.01$), so that the level of social skill in the intervention group was higher than the control group. Also, the paired t-test showed a significant difference in the intervention group before and after the intervention ($P < 0.01$).

Conclusion: Considering the effectiveness of this intervention, it can be recommended to all specialists dealing with children's health and wellbeing in order to reduce behavioral problems, increase socially desirable behaviors and control emotions in children.

Keywords: Play therapy, Child-centeredness, Social and emotional skills, Hospital discharge

Submitted: 12 July 2023, Revised: 29 July 2023, Accepted: 15 August 2023

[Downloaded from intjmi.com on 2026-11-15]

Introduction

Hospitalization is considered a health problem from the time of hospital admission to home return (1, 2). Hospitalization at any age, especially during childhood, is considered a stressful experience (2, 3). About 30% of children are admitted to hospital at least once in their childhood (4), and about 5% of children are hospitalized for several times (1). Currently, 5 million children in United States are admitted to hospital for diagnosis or treatment every year (4). Since children do not play a role in the process of hospitalization and discharge, these processes are stressful experiences for them (5, 6). This issue has a negative effect on the emotional skills of children and their caregivers (7-9). The discharge process is a support program to transfer patient from hospital to home (8, 10). Even at the time of discharge, hospitalized children experience anxiety and stress that are sometime beyond their age and experience (11, 12). Often, the cause of behavioral inconsistencies in old age can be traced back to the lack of attention and emotional problems in the childhood (13, 14). Often, the intensification of emotional reactions causes disturbances in decision-making and quality of life skills (15). Therefore, preschool age is the best age for learning emotional skills (16). Education and acquisition of childhood skills play a big role in the formation of children's personality in adulthood, and also the prevention of behavioral disorders in older age (17-19). Depression, anxiety and behavioral problems are among the complications of behavioral disorders during childhood (20, 21). Emotional problems during childhood will have a negative effect even on academic motivation at school age (22). Regulation of emotions plays an important role in facilitating and improving child-parent relationships (23). At this age, one of the emotional problems of children is the disruption of communication skills (24, 25). The most widely used methods of intervention in children is play therapy (26). Play therapy is a type of psychotherapy in children that causes emotions to appear (27). In the meantime, one of the most effective play therapy methods is the Landers model. This model is a short-term play therapy method for parents. Landers called this model a parent-child relationship therapy (CPRT), (28). In fact, CPRT is a game-based communication model designed for 3-10-year-old children who may have emotional or behavioral tensions (29). Among the advantages of child-centered play therapy we can refer to speeding up communication, saving time, and lasting effectiveness (30). Play therapy plays an effective role in reducing tension and stress (20). Therefore, considering the effects of psychological interventions such as play therapy on the cognitive skills of children, this study was conducted with the aim of determining the effect of child-centered play therapy on the social and emotional skills of children discharged from hospital.

Method

This classic experimental study was conducted on 60 preschool children in Aliabad Kotul city in 2022. Conditions for entering the study were; being a 7-10 years old child and living with parents at the time of study. The exclusion criteria included the lack of parental consent and absence of more than 2 sessions of play therapy. The sample size of this study was calculated to be 60 people (n=30 in each group) based on the study of Hosseini et al. (2019) with an effect size of 0.56 and the test power of 90% at a significant level of 0.05.

Sampling method in this study was done by simple random allocation method. So that first, a list of eligible samples was prepared. Then, the participants were divided into two intervention and control groups by a simple random method. The data collection tools included a demographic information questionnaire (age, sex, parents' occupation, parents' education) and the Miller preschool children's social and emotional skills screening questionnaire, which consists of 50 questions in 6 subscales. Based on a 5-point Likert

[Downloaded from intjmi.com on 2026-11-15]

scale, scoring is between 50 and 250, with higher score indicating higher social-emotional skill. In the Parirokh Dadsetan (2010) study, the validity of this questionnaire was confirmed by factor analysis method in terms of construct validity. The reliability of this questionnaire was also confirmed with an internal correlation of 0.91 (31). Adili (2020) conformed the reliability of this questionnaire to the Cronbach's alpha internal correlation coefficient of 0.86 (32).

The researcher, after approving the project in the research council and obtaining the code of ethics from the bioethics committee of Dezful city, introduced himself to the school officials and explained the research objectives to the parents and school officials. He also gave some explanations about the confidentiality of personal information, not mentioning names and characteristics, and safety of the study. Also, all parents and preschool children were given the chance to withdraw from the study at any time. In the control group, the researcher implemented the school's routine training. However, in the intervention group, 10 sessions of parent-centered play therapy based on the Landers model were performed twice a week for 5 weeks. Each session was held for 45-60 minutes (Box 1). The collected information was entered into SPSS-21 statistical software to be analyzed by descriptive statistics (table, mean, standard deviation) and inferential statistics (paired t, independent t and ANOVA tests) at a significance level of 0.05.

Results

The independent t-test did not show any significant difference between the two intervention and control groups in terms of mothers' age (p=0.45), children's age (p=0.34), mothers' education (P=0.32), mothers' occupation (P=0.21), and mothers' place of residence (P=0.45). The results of this study showed that the score of social skills in the intervention group was 156.57+3.58 before the intervention, and after the intervention it was 165.76+4.76 (P < 0.01). The paired t-test did not show a significant difference in this regard (p=0.73). The score of social-emotional skills in the control group was 154.4+24.53 before the intervention and 156.43+4.43 after the intervention, and independent t-test did not show a significant difference in this regard (P=0.08). The independent t-test showed no significant difference between the two groups before the intervention (P=0.11), but it showed a significant difference between the two groups after the intervention (P<0.01).

Discussion

The results of this study showed that the parent-centered play based on Landers model increased the emotional and social skills of preschool children. The results of this study are consistent with other studies Hosseini et al. (2019) believed that parent-centered play increases social skills and creativity of preschool children (16, 28). Jelvehgar (2022) showed the effectiveness of teaching emotional regulation based on the model of integrated human evolution on the social skills of preschool children (23). Gupta (2023) in a study revealed that Landers model play therapy reduces children's emotional and emotional problems (33). Wong (2022) showed the effectiveness of child-centered play therapy on executive functions of children with attention deficit/hyperactivity disorder (30). Namasivayam (2018) in a study revealed that parent-centered play with children while increasing emotional interaction with children, play an important role in creating a sense of safety, reducing anxiety and emotional problems, and increasing social skills such as speaking and interpersonal relationships in children (34). Adili (2020) in a study entitled: "The effect of play therapy in the filial style on the social-emotional skills of 5-6 year-old preschool girls in Isfahan city", showed that play therapy can increase the children's social-emotional skills (32). Mohammadzadeh et al. (2022) conducted a study to compare the effectiveness of parent-centered trans-emotional education and family-centered play therapy on reducing disruptive

[Downloaded from intjmi.com on 2026-11-15]

behaviors of preschool children. The results showed that parent-centered play therapy reduced emotional tensions and destructive behaviors in children (24). Zloghadrnia (2022) believed that parent-centered play therapy increases the self-efficacy of mothers (35). Aghainejad (2019) argued that parent-centered play therapy plays an important role in reducing behavioral problems in children (20). Shahrabady (2020) in a study showed that interventions based on emotional analysis have an effective role in increasing the self-concept and self-esteem of preschool children (25). He also argued that, often such supportive interventions play an important role in improving the health and quality of nursing care (36). Another study showed that play increases creativity and self-confidence of children, and strengthens their self-concept, which improves life skills and facilitates the learning of social skills through playing (29). In a comparative study, Torabi et al. (2016) investigated the effectiveness of individual play therapy and family play therapy on reducing the behavioral problems of children with attention deficit/hyperactivity disorder. In results of this study showed that both treatment methods reduced the behavioral problems of affected children, but since hyperactivity problems are caused by the parents' behavioral problems, play therapy method with the family was more effective in terms of the continuity of effectiveness (37). The results of Aghaei et al. (2015) study revealed that both child-centered play therapy and parent play therapy methods are effective in reducing the symptoms of externalizing disorders in children. However, they showed that parental therapy reduced these problems more than child-centered play therapy (38). Therefore, since playing has an important role in the formation of children's personality, it can be considered the practice of adult behavior in childhood (24). Therefore, strengthening mental skills plays an effective role in preventing anxiety and emotional disorders in children (39). The use of educational models and theories has an effective role in controlling and preventing emotional problems in children (40). Empowering children and their parents has an effective role in the quality of care provided to children (3, 36). Since the most important application of this study is its effectiveness in the field of increasing the level of social-emotional skills of children in educational centers and society in general, this method can be suggested to all specialists involved in children's health and wellbeing in order to reduce behavioral problems, increase socially desirable behaviors, and control emotions in children (32, 41). Also, since the advantages of child-centered play therapy include speeding up communication, saving time and money, and having lasting effective, we suggest this method to be used in children with social-emotional problems

Conclusion

Considering the effectiveness of this intervention, it can be recommended to all specialists dealing with children's health and wellbeing in order to reduce behavioral problems, increase socially desirable behaviors and control emotions in children.

Acknowledgement

The researcher considers it necessary to express his gratitude to all the participants who helped us in this study. This project was approved by the student research committee with the code of ethics: IR.IAU.D.REC.1401.027 obtained from Dezful Azad University.

Conflict of interest

There is no conflict of interest in the implementation of this study.

References

1. Motahari niya H, Hojjati H. The influence of education on anxiety in mothers of children with surgery. jpenir. 2019;5(4): 49-55.
2. Motahari Niya H, Hojjati H. The impact of General Psychological Training on the self-efficacy of Mothers whose Children Undergoing Surgery in Taleghani Pediatrics Hospital in Gorgan, Iran. nmj. 2019; 16(1):

[Downloaded from intjmi.com on 2026-11-15]

43-50.

3. Hojjati H, Aghamolai M, Asadinejad H, Dehghan BH, Afra A, Kamalgharibi N. Hemodynamic Changes in Two Methods of Patient Controled Analgesia and Intramuscular Injection after Abdominal Surgery. Arumshcj. 2012; 14(3)
4. H. H, M. AM, S. F, R. EA, SM. M, N. Hp. Comparison of patients' satisfaction of intramuscular injection via two methods of self-control and muscular injection: attending to ethical criteria in patient care. Journal of Education and Ethics in nursing. 2013;2
5. Attari M, Eslami S, Mahmoudzadeh H, Shakeri M. The Effect of Preoperative Anxiety on Hemodynamic Changes during Spinal Anesthesia in Patients Undergoing the surgery for Lumbar Disc Herniation. Journal of Isfahan Medical School. 2015;33(351): 63-1555.
6. Masoudifar M, Foroghi M, Hashemi T. The Comparison of the Effects of Fentanyl and Dexmedetomidine on Hemodynamic Stability in Patients undergoing Stereotactic Surgery. Journal of Isfahan Medical School. ۲۰۲۲;۴۰(۶۵۹):۴۸-۵۴.
7. Hekmat-Afshar M, Hojjati H, Sharif nia SH, Hojjati H, Salmasi E, Arazi S. The Effect of Music Therapy on Anxiety and Pain in Mothers after Caesarean Section Surgery. arumshcj. ۲۰۱۲;۱۴(۳):۰-.
8. Reyhani T, Sekhavat Pour Z, Heidarzadeh M, Mousavi SM, Mazloom SR. Investigating the Effects of Spiritual Self-Care Training on Psychological Stress of Mothers with Preterm Infants Admitted in Neonatal Intensive Care Unit. The Iranian Journal of Obstetrics, Gynecology and Infertility. ۲۰۱۴;۱۷(۹۷):۱۸-۲۷.
9. Okhli A, Hojjati H, Sadeghloo A, Molaei A, Shahrabady S. The Relationship Between Observing Religious Beliefs and Suffering in Hemodialysis Patients. J Relig Health. ۲۰۲۲;۶۱(۳):۲۰۱۸-۲۸.
10. hojjati h, motlagh m م, nouri f ف, shirifnia s h sh, mohammadnejad e ا, heydari b ب. Relationship between different dimensions of prayer and spiritual health of patients treated with hemodialysis. jccnursing. ۲۰۱۰;۲(۴):۷-۸.
11. Rajabloo M, Gharehsoflou S, Mamashli L, Hojjati H, Hekmatipour N. The Effect of Recommended Recitals on Blood Pressure and Pulse Rate in Patients Admitted to the Cardiac Care Unit. Jundishapur J Chronic Dis Care. ۲۰۱۹;۸(۴):e۹۰۶۷۶.
12. Hojjati H. Compare two methods of pray and mentioning on life expectancy i patients hospitilization in CCU Ward Social Security Golestan Hospitals in ۱۳۹۳. CMJA. 2016;6(1):94.
13. sharifnia sh, hojjati h, nazari r, qorbani m, akhoondzade g. The effect of prayer on mental health of hemodialysis patients. jccnursing. ۲۰۱۲;۵(۱):۲۹-۳۴.
14. Hojjati H, Hekmati Pour N, Khandousti S, Mirzaali J, Akhondzadeh G, Kolangi F, et al. An Investigation into the Dimensions of Prayer in Cancer Patients. mazujrh. ۲۰۱۵;۳(۱):۶۵-۷۲.
15. Negar Ranjbar Hajabadi RESFHHMT. The Relationship between Frequency of Prayer and Death Anxiety in Cancer Patients. Indian Journal of Forensic Medicine & Toxicology. ۲۰۲۰;۱۴(۳):۲۱۶۳-۷.
16. Elham Hesari FSNKHH. The Relationship between Believing in Resurrection (Ma'ad in Islam) and Self-efficacy in Mothers of Children with Thalassemia. Indian Journal of Forensic Medicine & Toxicology. ۲۰۲۰;۱۴(۴):۶۲۱۱-۷.
17. Yazarloo M, Hojjati H, Abdolreza Gharebagh Z. The Effect of Spiritual Self-care Education on Stress of Mothers of Premature Infants Admitted to NICU of

[Downloaded from intjmi.com on 2026-11-15]

Hospitals Affiliated to. ۲۰۲۳.
18. Valipour Eskandarkolaii E, Hekmatipour N, Hojjati H. The Effect of Spiritual Self-Care Training on the Severity of Insomnia of Diabetic Adolescents. CMJA. ۲۰۲۳;۱۳(۱):۲۸-۳۵.
19. Kalhornia-Golkar M, Banijamali S, Bahrami H, Hatami HR, Ahadi H. Effectiveness of Mixed Therapy of Stress Management Training and Spiritual Therapy on Level of Blood Pressure, Anxiety and Quality of Life of High Blood Pressure Patients. Journal of Clinical Psychology. ۲۰۱۴;۶(۳):۱-۱۱.
20. Brasileiro TOZ, Prado AAO, Assis BB, Nogueira DA, Lima RS, Chaves ECL. Effects of prayer on the vital signs of patients with chronic kidney disease: randomized controlled trial. Rev Esc Enferm USP. ۲۰۱۷;۵۱:e۰۳۲۳۶.
21. Hidayat AI, Purnawan I, Mulyaningrat W, Saryono S, Siwi AS, Rias YA, et al. Effect of Combining Dhikr and Prayer Therapy on Pain and Vital Signs in Appendectomy Patients: A Quasi-Experimental Study. J Holist Nurs. ۲۰۲۳:۸۹۸۰۱۰۱۲۳۱۱۸۰۰۵۱.
22. delnavaz P, Sadeghi M, Hojjati H, Hekmatipour N. The Effect of Prayer Voice and Therapeutic Reminders on the Anxiety of Death of Hospitalized Patients in the CCuDepartment. International Journal of Psychosocial Rehabilitation. ۲۰۲۰;۲۴:۲۰۲۰.
23. Paturzo M, Petruzzo A, Bertò L, Mottola A, Cohen MZ, Alvaro R, et al. The lived experience of adults with heart failure: a phenomenological study. Ann Ig. ۲۰۱۶;۲۸(۴):۲۶۳-۷۳.
24. Sharif-Nia H. On the relationship between prayer frequency and spriitual health in pateints under hemodialysis therapy. H Sharif Nia and G Akhundzade H .۱۲;۲۰۱۰. Hojjati, M Qorbani, R Nazari
25. Moeini M. Patients' Religious Beliefs in Cardiac Pain Situations: A Qualitative Research. Journal of Qualitative Research in Health Sciences. ۲۰۲۰;۳(۱):۱۰۴-۱۳.
26. Tadwalkar R, Udeoji DU, Weiner RJ, Avestruz FL, LaChance D, Phan A, et al. The beneficial role of spiritual counseling in heart failure patients. J Relig Health. ۲۰۱۴;۵۳(۵):۱۵۷۵-۸۵.
27. Sadegh H, Mahla Y, Maryam Ebrahimpour R, Fatemeh A, Zahra Abdolreza G, Somayeh A, et al. The Effect of Spiritual Self-care Training on the Anxiety of Mothers of Premature Infants Admitted to NICUs. Journal of Pharmaceutical Negative Results. ۲۰۲۲:۳۳۹-۴۳.
28. May RW, Cooper AN, Fincham FD. Prayer in Marriage to Improve Wellness: Relationship Quality and Cardiovascular Functioning. J Relig Health. ۲۰۲۰;۵۹(۶):۲۹۹۰-۳۰۰۳.
29. Khorrami Markani A, Amiri E, Vahidi M. SPIRITUAL CARE OF END OF LIFE PATIENTS IN IRAN: A NEGLECTED NURSING PRACTICE. UNMF. ۲۰۲۰;۱۷(۱۰):۷۶۷-۷۰.

[Downloaded from intjmi.com on 2026-11-15]

Table & Figure:

Box 1: Parent-centered play model training sessions for children's emotional and social skills

Session	Content	Time
Session 1	**The main purpose of this meeting is to get to know each other. The first contact between the child and therapist (researcher) takes place. He is present in the preschool for 1 hour with the aim of creating a safe environment and a sense of trust.**	**45-60 min**
Session 2	**In this session, the researcher enters the children's classroom and usual play and tries to pay attention to the individual differences of children, especially in the way they communicate.**	**45-60 min**
Session 3	**The main goal of this session is to prepare children for the first purposeful game session. Children are taught the rules of the game. The researcher agrees with the children about the best place to play.**	**45-60 min**
Session 4	**In this session, the researcher plays the first session of the game in a certain period of time. For ease of work and more impact, children are divided into 5 groups of 4.**	**45-60 min**
Session 5 to 9	**All these meetings have a similar structure, and the games are based on the principles of play therapy.**	**45-60 min**
Session 10	**The challenge of this session is to tell the children what they have learned, and how they can apply what they have learned in situations other than the game.**	**45-60 min**

Table 1: Comparison of social-emotional skills between the intervention and control groups before and after the intervention

Group	Before the intervention	After the intervention	p-value
Intervention	**156.57+3.58**	**165.76+4.76**	**P<0.01**
Control	**154.24+4.53**	**156.34+4.43**	**P=0.73**
p-value	**P=0.08**	**P<0.01**	

[Downloaded from intjmi.com on 2026-11-15]