



Full length article

Puppets in an acute paediatric unit: Nurse's experiences



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ABSTRACT

Puppets have been used for play and in education with children in a variety of contexts, including health care. There is however a dearth of literature that explains nurses' experiences when using puppets in a paediatric health care context nor any process to guide how they use puppets. In 2007 an educational framework called the Pup-Ed (KRS Simulation) was developed to assist nurses and educators in using puppets. In 2012 nurses (n = 13) from a regional paediatric acute care setting, who had been educated in the Pup-Ed (KRS Simulation) framework, described their experiences using puppets when caring for sick children. Participants reported that the principles of the Pup-Ed (KRS Simulation) framework including the users' knowledge/hidden nurse, a consistent history and silent voice all contributed to the central theme called *connecting to optimise care*. The puppets were a means to educate the children and were a source of distraction from unpleasant procedures. Additionally the puppets were a strategy to reduce fear and break down barriers for the child especially when undergoing procedures. When using the puppets participants identified that infection transfer was something to be considered and not all nurses felt comfortable using the puppets. A lack of confidence and time were identified as barriers to using the puppets. The findings from this study have been valuable in establishing recommendations for future puppet use.

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1. Introduction

Health professionals have used puppets with children since the 1950's (Bromfield, 1994; Ekstein, 1964; Howells & Townsend, 1954). The impact of their use by health professionals has been reported with positive results in the areas of reducing children's experience of fear and anxiety in hospital (Green, 1975; Hawkins, 1991; Johnson & Stockdale, 1975; Stewart, Algren, & Arnold, 1993); helping children to manage their illness, hospitalization and surgery (Linn, 1978; Vulcan, 1983; Walker, 1988); teaching health promotion strategies (Synovitz, 1999; Zacccone-Tzannetakis, 1995); preparing children pre-operatively (Whitson, 1972); educating children about diabetes (Pélicand, Gagnayre, Sandrin-Berthon, &

Ajoulat, 2006), and as a means for children to recognise, clarify and articulate their feelings. Additionally the puppet, as a transactional object, has been reported to help children convey their emotions (Hartwig, 2014; Pélicand et al., 2006), make decisions and react autonomously and thus regain control of situations in which they had previously felt disempowered (Butler, Guterman, & Rudes, 2009; Pélicand et al., 2006).

Despite the value of puppets being reported in the literature it is not known how nurses use puppets nor what guides their practice in the clinical context. Reid Searl et al. (2014) reported on an educational framework called Pup-Ed (KRS Simulation) as a means to guide nurse academics who were using puppets as a teaching tool in an undergraduate nursing program (Reid Searl et al., 2014). The Pup-Ed (KRS Simulation) framework facilitated user confidence and provided direction when using the puppets. Whilst Reid Searl et al. (2014) reported on the nurse academics experience using a framework, no studies could be identified that involved nurses experiences when using an educational framework to guide puppet use in the clinical setting. This study aims to gain an

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Fig. 1. Living Puppets.



Fig. 2. Procedural Puppet.

understanding of the experiences of paediatric nurses using puppets, within the Pup Ed (KRS Simulation) framework, as a strategy for communicating, educating and engaging with the sick child.

2. Context of the study

In 2012 four puppets were introduced into a paediatric acute care setting in a regional hospital with the aim of providing a tool that nurses could use for engagement, communication and education when working with sick children. The puppets implemented included three Living Puppets™ (Living Puppets™, Germany www.livingpuppets.de) and a procedural Patient Puppet (Patient Puppets, Canada, www.patientpuppets.mb.ca) (see Figs. 1 and 2).

All puppets were made of cloth with mouth and hand movement control. The procedural Patient Puppet had additional components for the insertion feeding tubes and injection ports.

To facilitate the implementation, staff were introduced and trained to use the puppets as per the Pup-Ed (KRS Simulation) framework (Reid Searl et al., 2014). The concepts of Mask-Ed (KRS Simulation) (Reid-Searl, Eaton, Vieth, & Happell, 2011) where the expert educator (in this case the nurse) dons silicone props and transforms into a character with a history that becomes the platform for learning and teaching, has been adapted to build a simulation approach for the use of puppets. The Pup-Ed (KRS Simulation) framework affirms that the wearer of the puppet must have a sound knowledge of the health issue or procedure that the child is experiencing so that they can respond to the child in an authentic way (Reid Searl et al., 2014). See Table 1 for an outline of the training components of the Pup-Ed (KRS Simulation) framework (Reid Searl et al., 2014).

When adhering to the Pup-Ed (KRS Simulation) framework, the user ensures that the puppet is silent, that is the puppet communicates by 'whispering' back into the ears of the user. The user, who in



Fig. 3. Puppets as ward team member.

the case of this study is a registered nurse with knowledge of the situation, has time to process information and respond directly back to the puppet or the learner. By processing information, the user can impart knowledge through carefully created messages back to the child via the puppet. The messages are directed at the child's needs. The puppet can respond to the child's situation because it is the hidden nurse (the expert) who has insight and understanding of the child's health care situation. The nurse in essence transfers the education through the puppet with whom the child connects. Because the puppet is silent and instead whispers, the user does not have to create a voice. This strategy allows more than one person to use the puppet. The training required staff to develop a puppet history which includes personal identity, medical and surgical history, and family connections (See Table 1). Photos of the puppets are then positioned next to ward staff photos, introducing the puppets, as regular team members of the ward (see Fig. 3). Each puppet also has a medical chart and a small seat where they can sit and be visible on the ward.

2.1. Design

The study sought to understand the experiences of nurses, who used the puppets in the context of the Pup Ed (KRS Simulation) framework in an acute care paediatric clinical setting, through their descriptions of the experience. Consistent with this paradigm a descriptive qualitative research approach guided this study (Dwyer, Moxham, Reid-Searl, & Broadbent, 2014). Following ethical approval from both the participating University and study site Human Research Ethical Committees, participants were recruited through the distribution of an information sheet about the research. Willing participants contacted the chief investigator and provided consent to be involved in an audiotaped focus group. Focus group questions were developed following a relevant review of the literature. The broad, open-ended questions (Table 2) allowed participants the freedom to explore and elaborate on the aspects of their experiences when using the puppets whilst remaining sufficiently focused to address the study aim.

Focus groups were transcribed verbatim prior to analysis. Themes emerging from the data were identified and categorised consistent with thematic analysis (Ritchie & Spencer, 2002). Ritchie and Spencer (2002) describe the five key stages of this approach as familiarisation, identifying a thematic framework, indexing, charting, and finally, mapping and interpretation. Familiarisation involved gaining an overview of the focus group transcripts. In identifying a thematic framework, data was examined by the research team in order to derive key issues and themes. Indexing involved the process of labeling the data into manageable units for subsequent retrieval and exploration. Charting involved the process of abstraction and synthesis where each passage of transcript data was annotated with a particular issue or theme, re-examined and

Table 1
The Pup-Ed Framework.

P	<i>Puppet preparation phase.</i> Users are taught how to create the puppet history and use the puppet.
U	<i>Understanding the learner.</i> The user considers different learning styles.
P	<i>Play in action.</i> Users learn how to use the puppet with the child in spontaneous situations without rehearsed scripts.
E	<i>Evaluation.</i> The user evaluates the impact of the puppet with the child.
D	<i>Debrief.</i> The user meets with the child without the puppet present and identifies how they felt, what worked well, what could have been different and what they have learnt.
KRS	This acronym represents: K: knowledge of the user in guiding the interaction between the puppet and child R: realistic – suspending the child in disbelief S: spontaneous- the interaction with the puppet is spontaneous.

(Adapted Reid Searl et al., 2014).

Table 2
Questions asked in the focus group.

- Tell me about your experiences with puppets using the Pup-Ed framework
- In what way did you use the puppets with children
- Tell me about the positive aspects in using puppets with children
- Tell me about the challenging aspects in using the puppets with children

a summary of the participants' perceptions was entered onto a chart. The mapping and interpreting stage involved comparing and contrasting participants' experiences, and searching for patterns, connections and explanations for the data set as a whole.

3. Results

Thirteen nurses participated in one of three focus groups representing 53% of the total number of nurses working on the paediatric ward. Focus groups occurred from July 2012 until January 2013. All participants had completed training on the application of the Pup-Ed (KRS Simulation) framework.

The emergence of a central theme labelled '*connecting to optimise care*' describes the interactions and connections between the child, the family, the nurse and the other staff to achieve the common goal of optimising care. Optimising care within this group was about 'a way to educate', 'play and distraction', 'gaining control', 'breaking down barriers' and 'reducing fear and anxiety'.

3.1. Optimising care: 'A way to educate'

Paediatric nurses are encouraged to educate children using strategies that promote engagement and potentially address the child's preferred learning style. The participants appreciated the concept of using the puppets as a means to both engage and educate the child about procedures and conditions the child may have. The following participant spoke about the puppet being used with a child experiencing asthma and how the puppet actually shows the child, the correct technique for using a metered dose inhaler.

"[The puppet's] ... Show them [the children] how to do things like take their asthma puffers – look, Tommy's [puppet's name] doing it, can you do it?". P1 FG1

When children were unsure of a procedure or process, participants described how the puppets helped with explaining what was about to happen. The puppet was able to ask the nurse [user] additional questions thus reinforcing the learning for the child. One participant elaborated, speaking about how she used the puppets to teach and how the puppet whispered to her about their own experiences which she could then share with the child.

"(the puppet) is educating them, sometimes it's for a procedure like if they're going to be cannulated, I can grab Tommy (the puppet), who's been cannulated before, ... Tommy can start talking to me and the patient about his own experiences of it, what helped and

how long it took and where they were going to be to have it done. So there can be a bit of education for that child beforehand". P1 FG3

Participants spoke of how the puppets aided the child's retention of information as apparent in the following extract.

"I think it really. ... just in. ... as nurses we try to educate the kids as best we can as well, but I think with the puppets they actually absorb it a lot better as well". P3 FG3

Whilst a way to educate was a common emergent theme, many participants spoke about using the puppets to play and distract the child during an unpleasant procedure.

3.2. Optimising care: 'Play and distraction'

When nurses work with children, play is an important strategy to help distract the child away from an unpleasant procedure. Play was identified by many participants.

"... they want to play with them, I guess it's like a friend rather than a toy because they are animated so they want them to sit there and play with their toy cars on their bed" P3 FG1

Through play the puppets were a source of distraction as evident in the following extract:

"It helps when you use it for medical stuff. With medicines you can praise the puppet and be like 'good job Tommy, you took your medicine, can you do it now?' that sort of thing. I guess the kid can identify with them a little bit and the kids get really focussed on the puppets and don't really see you. The distraction for procedures, it's quite good for that. If you've got enough people to just be in there with the puppet while the other person assists or does what they need to do". P2 FG1

The distraction that the participants spoke about was also closely linked to what they would describe as relaxing the child and reducing fear not only during procedures but in the ward generally.

3.3. Optimising care: 'Reducing fear and anxiety'

Participants spoke of the fear they believed children had of them as nurses and how the puppets served as a way to engage the child: ultimately relaxing the child and reducing the fear. One participant stated that children were scared of health care staff and the puppet could actually hide the nurse.

"... we have kids who are scared of us. ... So if you bring a puppet in, the focus is on the puppet and sort of the nurse can be a bit hidden cos they'll focus on the puppet. So you can do a little bit of starting that therapeutic thing happening or relaxing them because they're focused on the puppet and not on you". P2 FG3

Another participant spoke about the child's fear and the association of hospital as a distressing place, yet puppets could reduce the fear and anxiety and make a difference.

“Well, I think they can completely take away that fear. . . . I think people underestimate how distressing hospital can be for children kids coming in from the emergency department . . . it's not a very child friendly environment and they are quite fearful of us. . . .the puppets make a big difference”. P3 FG3

The awareness by nurses that puppets could be used as a strategy to reduce fear and anxiety in children became a motivation for some participants to use the puppet to promote trust and enhance communication in order to lessen anxiety. The following participant explains.

“ . . .There'll be a little opportunity where I see a child is anxious and there is a procedure going to be done, and I grab a puppet and take it in. . . .”P1 FG3

The use of the puppets not only reduced children's anxiety, they also provided the child with what participants described as gaining control with procedures.

3.4. Optimising care: 'Gaining control'

Some participants used the puppets with children who were considered 'chronic' meaning they had long term conditions that necessitated repeated hospital stays. The following participant spoke of how, when caring for a child who was requiring frequent procedures, she used the procedural puppet so the child could observe the staff performing the procedure on the puppet. The participant then described how the child would do the procedure on the puppet and feel in control.

“He's (the patient) the one who's always having something done to him, and this is a chance for him to feel like he's in control and talk through a little bit of how he feels about it being done” P1 FG3

Other participants describe a procedure using the puppet with the child having control;

“I have probably used Frankie the procedural doll the most. . . . I've used Frankie with one of our haemophilia patients. We got a port needle and he, needled Frankie himself and got the flashback and flushed it and did all of that and it just added another level of, I suppose, acceptance that he has to go through this procedure 3 times and a week, and, you know, added a bit of fun and a bit of control as well. So that's probably my favourite experience with them”. P2 FG3

and

“The patient that we had nephrotic syndrome. He uses the puppet to needle his port. He's done that a few times. It did help from the start with him. It helped him clean and place. It sort of gave him ownership of the procedure”. P2 FG2

Empowering the child and working with the child was a rewarding experience for participants.

3.5. Optimising care: 'Breaking down barriers'

Participants spoke about how using the puppets with the child, siblings and parents helped break down barriers in the context of the hospital being a foreign clinical and sometimes frightening place. This is evident in the following extracts.

“and parents, it breaks down barriers. . . .they just think 'Oh my God, this place is not so clinical” P 3 FG2

and

“ . . . I think it has a positive impact on their siblings as well. They may not be involved in . . . whatever's happening, but they can see

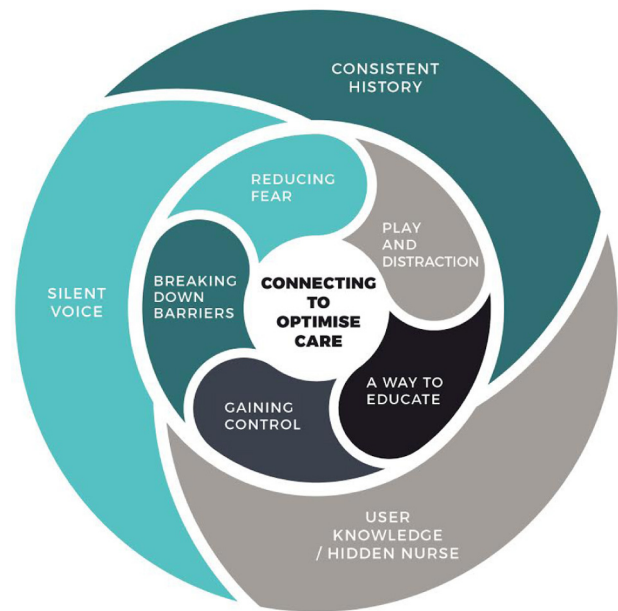


Fig. 4. Interaction of identified themes and the Pup-Ed framework.

the interaction. And often when they're leaving the ward they're saying bye to the puppets, calling them by their names”. P2 FG3

Another participant described how there was no age limitation in engagement and breaking down barriers.

“They don't just work on little kids. I mean the 16 year old boys with broken legs are still like 'I know it's a puppet' but will still look at it and laugh, they still engage to a certain level and they will still giggle when you make it pick its nose and wipe its boogers on them. You can do stuff that makes them have a laugh”. P3 FG1

Results of this study also identified that the participant's exposure to the Pup-Ed (KRS Simulation) framework also influenced their experiences in using the puppets.

3.6. Components of the Pup-Ed (KRS simulation) framework

Intrinsic to the success of the puppets was the careful preparation of the participants with regards to the Pup-Ed (KRS Simulation) framework. Participants in the focus groups were specifically asked about the framework and they spoke positively about how using a framework provided them with a guide on how best to use the puppets for optimal benefit. This helped to build confidence and overcome barriers to their use; as one participant noted having structure provided confidence.

“the framework, the Pup-Ed framework has probably given me a bit more confidence to use them because it is a guided framework and it's sort of a bit more of a structured approach so you're not thinking, am I doing it right, am I doing it wrong”. P3 FG3

Another commented on how easy it was to use.

“The framework was pretty easy to use. We did it in a half day course. But everyone got taught at the same time so that was good”. P1 FG1

The core components of the Pup Ed (KRS Simulation) framework that contributed to the success of the puppets were; the silent voice, the consistent history of the puppets, the role of the hidden nurse and how the user of the puppet has knowledge to facilitate learning (Fig. 4). These components influenced and interacted with the ear-

lier identified themes to facilitate puppet use to achieve a common goal of connecting to optimise care.

3.7. Silent voice

With the Pup-Ed (KRS Simulation) framework, as previously described, the silence of the puppet voice was viewed as intrinsic to connecting and establishing believability because silence enabled a consistent approach despite multiple users. In other words multiple nurses could pick up the puppet without having to create an audible voice. Participants spoke of the benefit of this.

“I think the framework does help because . . . not speaking for them also helps they (the children) haven’t already heard a puppet voice . . . but I think if . . . you’re speaking in your voice I don’t think they’d connect as well with them”. P2 FG2

3.8. Consistent history

The consistent history made using the puppets easier. As previously described, the puppets have one consistent name, story, social and medical history. Participants spoke of how important the history was.

“. . . the most important thing was that the puppet(s) . . . All have their own little story and it stays the same for each puppet all the time and then their own little illnesses”. (P1 FG3)

Participants also recognised that the consistent history attributed to making the puppets relevant to users. Importantly the history that is created for the puppet reflects conditions that may be common to the children in the ward. The puppet has an understanding of their history and through the nurse they can explain conditions to children and show empathy.

“. . . their histories stay consistent and their histories are such that they have a chronic illness . . . Even though they are little guys, they have an understanding of their illness and the process of being treated. . . . So there can be a bit of education for that child beforehand”. P3 FG3

3.9. User knowledge and hidden nurse

Participants spoke about using the importance of the nurse behind the puppet knowing when to use the puppet and knowing the information to impart. The puppets were used as a medium to convey educational messages without the nurse being the focus for the child. As one participant describes.

“So you can do a little bit of starting that therapeutic thing happening or relaxing them because they’re focused on the puppet and not on you. . . And anything you want to let them know the puppet can be saying it and not you. . . even though you’re not hidden because you’re still there, they’re looking at the puppet and not you.” P1 FG3

The children listened to the puppet and asked the puppet questions. The nurse user, because they knew the child and appreciated age specific information delivery, was able to give timely and age appropriate education through the puppet.

3.10. Barriers to use

Whilst staff supported the implementation of the puppets, barriers to use them were also identified and included; user confidence, time and infection control issues. Not all participants were confident using the puppet and fear of failure inhibited their use. Staff confidence and success in using the puppets inadvertently intimidated other staff. This resulted in some participants feeling reluctant to use the puppets because they believed they could not

be as ‘good’ as that other person. Further, some participants felt that if they did not use the puppets correctly there was a risk that they would actually scare the child. Participants believed confidence using the puppet was a learned skill.

“I think I need more practice. I don’t want to go in there and for it to not work. And we’ve had a few failures so that’s probably why I don’t use them. I used it once and the kid cried so it turned me off.” P2 FG1

A lack of time was reported by many participants as a barrier to using the puppets. Participants described the busyness of the ward and how using the puppets required time, time that they did not always have as evident in the following extracts.

“They are great when you’ve got enough time to spend and really work with them but we’re limited often to staff and stuff like that to actually do that, which is a shame”. P3 FG2

In contrast, some participants reported that using the puppets could potentially make their load easier because the child was more approachable.

“I think it would make your load easier perhaps. It would make the effect of the work easier because the child is more approachable”. P3 FG3

Puppets, because they are made of cloth and not easily wiped down, increased the risk of infection. Children connected with the puppets and wanted to play, touch and cuddle them, thereby increasing the risk of puppets transferring micro-organisms to other children. The following extract reflects the infection control concerns of many participants.

“They want to hug them and this boy the other day that had the bloods taken and it all worked out in the end, he was so excited he just wanted to kiss and smooch Tommy the puppet”. P1 FG3

4. Discussion

The paediatric nurses in this study value using puppets in their work place but also find them challenging with some nurses being reluctant to pick the puppets up at all. The Pup-Ed (KRS Simulation) framework provided a structure and guidance for nurses to use the puppets and would set the stage to increase and sustain puppet use.

Puppets were seen as an effective medium for educating children, especially in the way they could whisper to the wearer who could then reflect and articulate what the child needed to hear or see. Identifying innovative ways to educate children in the classroom is documented (Burnard & White, 2008; Gilboy, Heinerichs, & Pazzaglia, 2015) however there is less of an emphasis on describing ways for nurses to use educational strategies to communicate with sick children (Koller & Goldman, 2012). The use of puppets by nurses could be described as a novel way of truly engaging with the child, and if the nurse, as the user of the puppet, has knowledge of the child’s condition and their developmental level, then reaching the child with education on procedures and conditions can be positive.

In addition to being an innovative approach to education, paediatric nurses in this study described the ways the puppets distracted the child. The literature reports on distraction strategies used by play therapists (Koller & Goldman, 2012; Twycross, 2013), however there is a dearth of studies that report the same for paediatric nurses. Indeed Twycross (2013) reports that an increased availability of play therapists would help nurses to better assess pain levels of children and provide distraction therapy. Further, nurses report that the availability of equipment for distraction therapy is often not available (Twycross, 2013).

The puppets were described as an effective way to redirect the child's thoughts away from unpleasant procedures. To distract a child which in-turn may reduce anxiety for the child must be beneficial. When a child is less anxious, studies report; reduced pain levels (Benore & Enlow, 2013; DeMaso & Snell, 2013; Gilboy & Hollywood, 2009), reduced nursing time and importantly a more positive hospital experience (Jaanieste, Hayes, & Von Baeyer, 2007; Koller & Goldman, 2012). Not only is the distraction and ultimately reduced anxiety important for the child, but also the parent or caregiver. When they see the child less stressed, then they too become calmer (Harper et al., 2013; Melnyk, 2000).

One of the most important findings in the study was the sense of control that participants believed that the puppets gave to the child. This was particularly evident when nurses used the puppets with children requiring procedures. Enabling the child to perform procedures on the puppet and thus giving them a level of control has merit. Any child exposed to an illness that requires repeated invasive procedures, can result in the child becoming withdrawn, isolated and even rebel against hospitalization (Coyne & Kirwan, 2012). The child can also lose independence and confidence (Wilson, Megel, Enenbach, & Carlson, 2010).

Puppets that are soft, easy to manipulate and washable is recommend best practice in play therapy (Hartwig, 2014). However, in the paediatric or acute health care setting, infection control is a very real concern. In Australian hospitals, between 2012 and 2013, there were 1724 reported cases of healthcare associated staphylococcus aureus bloodstream infections (Cruickshank & Ferguson, 2008; National Health Performance Authority, 2014). The nurses in this study were cognisant of the infection control risks associated with the use of cloth puppets. Children wanted to touch and engage with the puppet. Infection control poses the biggest risk in using the puppets and further research is required in exploring this aspect. Additionally the results of this study led to the design of a silicone procedural puppet that can be easily wiped down after the child has touched the puppet. The wiping down with antimicrobial solution can potentially help prevent infection transfer. This puppet is currently being trialled in the organisation where this study was conducted.

Some nurses described the difficulty in picking up the puppets and not having the confidence to use them. The challenge for paediatric nurses around play has been documented (Francischinelli, Almeida, & Fernandes, 2012). Play is often considered to be the work of play therapists not that of the busy nurse (Li & Lopez, 2008). Other studies report on the emphasis that nurses in a paediatric setting need to place on play (Pan, Chiu, Shen, & Chen, 2004; Ribeiro, Sabatés, & Ribeiro, 2001; Vessey & Mahon, 1990). The results confirm that further education is required with paediatric nurses to integrate play as a valid and important part of their practice. Giving nurses' confidence to use puppets is something that needs further exploration. It could be argued that further training is required in the use of the puppets, or that the personality of the individual nurse influences their willingness to pick up a puppet in the first place.

The final challenge, and one that was evident in the study, was lack of time that nurses felt that they had for the puppets. The busyness of nurses and heavy workloads in Australian hospitals is well documented (Duffield, Roche, & Merrick, 2006). The puppets were often considered as too time consuming and as such nurses felt reluctant to pick them up. Some nurses expressed the apprehension associated with 'taking time' to engage with the children through play and expressed a need to work wisely to incorporate puppets into everyday work practices to facilitate more effective work practice. Further education to all staff and on a regular basis is thus needed. Additionally role modelling of nurses who use puppets and devising ways of saving time need to be reinforced.

4.1. Limitations

Like other descriptive qualitative studies, this study was small and particularistic and therefore the findings may not be generalisable to the wider study population. Nonetheless, the focus groups did produce rich descriptions from participants about their experiences in using with puppets in an acute care paediatric unit. The findings are valuable in that they provide recommendations and directions for other nurses who may take up the use of puppets in their work place.

4.2. Recommendations and conclusion

It is recommended that future research be undertaken to:

- investigate the use of puppets in other paediatric units.
- address the infection control issues associated with cloth puppets.
- explore nurses understanding of the benefits of play therapy as a valued nursing intervention.
- extend the use of the Pup-Ed (KRS Simulation) framework in other paediatric settings.

5. Conclusion

For children, being admitted to hospital can be daunting experience, contributing to an array of responses that make it difficult for the nurse to connect with the child. This study found that the use of puppets, by nurses in paediatric context has merit. The puppets are an effective means of introducing play and distraction, to reduce the child's fears and break down barriers, and this in turn helps the nurse connect with the child to deliver optimal care. However, the adoption and use of puppets by nurses has its challenges. Staff comfort and confidence using the puppets and time constraints are identified impediments to their use. Central to the successful use of the puppets is the guidance provided by an established educational framework, such as Pup-Ed (KRS Simulation), to provide direction and support for the user. The results emphasise the benefits of using a guided framework to support nurses incorporating puppets into their everyday clinical practice to provide optimal care and reduce the psychological burden for hospitalised children.

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