FILM**IN**HOSPITAL

FILM IN HOSPITAL EXPERIENCE:

A research on methods for engaging young audiences in health-care structures

**by Università Cattolica del Sacro Cuore (Milano - Italy)
co-designed with Il Nuovo Fantarca - Cinema in Ospedale**

in collaboration with

REPORT

1. Background and research objectives

Film in Hospital is a European project co-financed by Crea-Media-2021-AUDFILMEDU aimed to promote quality films to children and teens in hospital and home care through six digital platform as six are the European partners (Italy, Spain, Croatia, Slovenia, Belgium and Sweden). Il Nuovo Fantarca (Italian partner) and the Università Cattolica del Sacro Cuore, through its two research centres OssCom and Cremit, ran in 2022/2023 a research activity aimed at investigating the main elements of the Film in Hospital experience in order to provide each partner of the project with useful indicators to optimise the composition of the catalogue of titles on the platform (also with a view to its continuous implementation) and to strategically operate on the methods of intervention. To this aim, the research project identified the following objectives:

1) Survey the general conditions of the experience of viewing audiovisual products on the platform from the point of view of the space, time and social contexts in which it takes place;

2) Identify the elements that qualify the fruition of audiovisual products on the platform from the point of view of the its functions and capacity for involvement, providing some useful indicators to assess this experience;

3) Relate these qualifying elements to the titles and, more generally, to the entire catalogue offered by the platform.
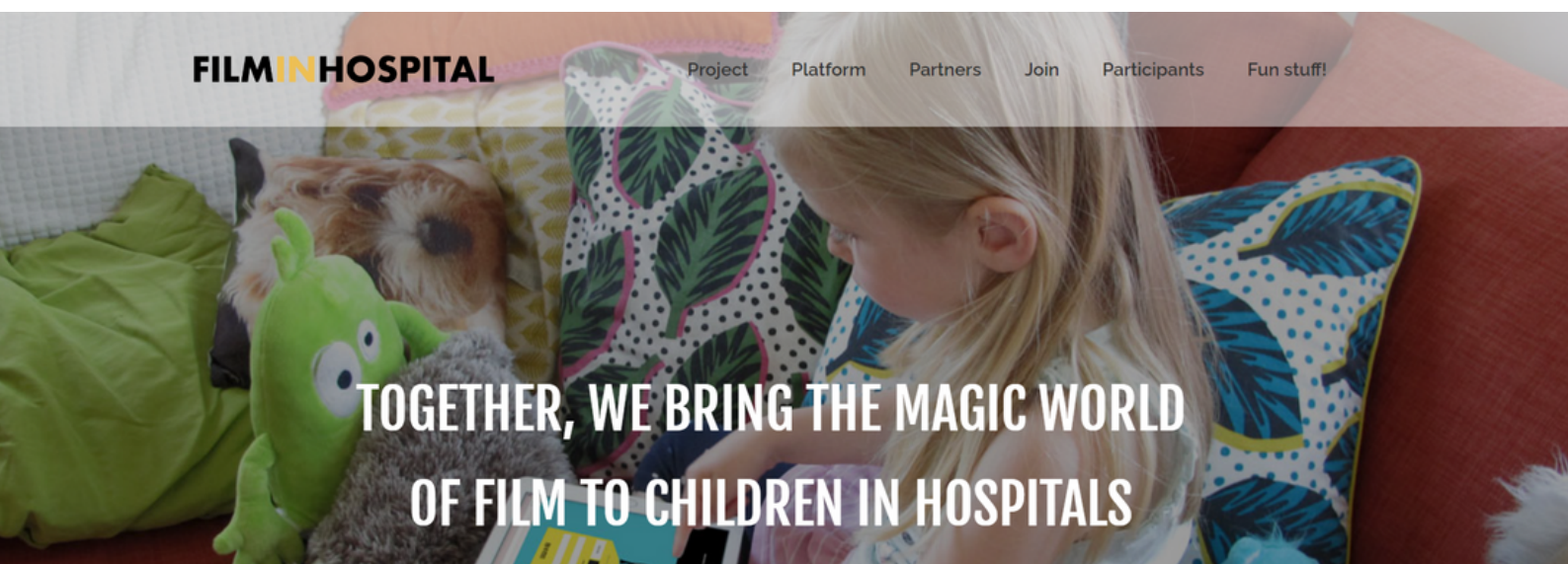
2. Methodology

Given the exploratory nature of the project, it was set up as an co-designed intervention involving Il Nuovo Fantarca, OssCom and Cremit; both goals and methodology were progressively defined asthe project produced its preliminary results. It was also possible to extend some phases of the research project to the other European partners, in particular Belgium and Croatia. In consideration of the research aims and the special needs of the target audience, the project developed a mixed methods approach, both quantitative and qualitative, which used the following methodologies:

- Recognition of relevant national and international scientific literature;
- Focus group with Italian people acting 'in the field', starting with those active in the Bari hospitals;
- Analysis of the titles offered on the Italian platform "Cinema in Ospedale";
- Designign and administration of a short questionnaire to be filled in by the people involved in the implementation of the project.

In more detail, the study consisted of the following steps:

- Listening phase (October 2022 - January 2023): several briefing meetings and two focus groups attended by the educatorsin service at the Cooperative Il Nuovo Fantarca and the teachers taking part in the Scuola in Ospedale project made it possible to collect the fundamental elements shaping the Film in Hospital experience in order to share the design of the research design; at the same time, the exploration phase of the platform and the catalogue was launched;
- Design phase (January 2023 - March 2023): on the basis of the previous phase, an online questionnaire was drawn up and tested with the aim of gathering information useful for the cognitive objectives outlined above; in consideration of the specificities and rights of the minors addressed by Film in Hospital, an indirect survey was opted for, carried out through participant observation by the operators in the field who were invited to fill in an online questionnaire for each event of use;

the questionnaire contains information about the child who used the platform, the environmental and social context offered by the hospital in which the viewing took place, the title of the video watched, and the observable behaviour of the user during and after the viewing. The text of the questionnaire is available in the appendix.

Similarly, an analysis grid was designed to account for the fundamental characteristics of each of the titles in the catalogue in order to typologically describe the offer as a whole and for each title. The form recorded the following information for each audiovisual product: title, authors, countries of production, duration, minimum age target, and expressive type; these data, taken from the online catalogue, were integrated with descriptors on the dimension of the genre and textual content (narrative context, prevailing emotional values) and their audiovisual format (editing style, presence of dialogues and/or subtitles, presence of music).

- Data collection phase (April 2023 - June 2023): the online questionnaire was uploaded on to the Google Module platform and made available to the operators by means of links and QRcodes; at the same time, the questionnaire was translated and made available to the project's European partners (Belgium, Croatia and Slovenia) in the same way. In Italy, the compilation was carried out by the teachers of Scuola in Ospedale and the educators in service at Il Nuovo Fantarca, who were suitably instructed to collect the information during their normal activitiesin the three main hospitals (Ospedali Riuniti di Foggia – Pediatria, l'Ospedale Pediatrico di Bari Giovanni XXIII e l'Azienda Ospedaliera Policlinico di Bari – reparto Oncologia Pediatrica); in Belgium, the compilation was entrusted to a former intern who visited three smaller hospitals which, also due to the summer period, received a reduced number of patientsin paediatrics who were contacted while they were waiting for a visit or admitted to their room. The instructions provided by the Belgian team to the intern are available in the Appendix to this report.

The collection of answers remained open until the end of June, producing, following the dataset cleaning process, a total of 389 questionnaires as regards Italy, while for Belgium, Croatia and Slovenia 28, 35 and 2 questionnaires were collected respectively. The results were exported in Excel format and analysed with the support of IBM's SPSS software. A second dataset, again in Excel format, constitutes the outcome of the description of the 150 audiovisual products in the Italian catalogue.

- Data analysis phase and drafting of the research report (July 2023): once cleaned and standardised, datasets were analysed using the SPSS Statistics programme in order to provide useful indicators for understanding the qualifying elements of the user experience, and the respective evidence was cross-referenced to provide the project partners with the elements useful for its development.

2.1 Limitations of the study

In consideration of the methodology adopted and the conditions under which the survey instruments were administered, the study has limitations which should be highlighted from the outset. First of all, the collection of data through the operators is conditioned by the different operational organisation that governs the activities of each project partners and by the different hospital routines in which they are inserted: the use of different operators as for their professional classification, their differentiated access to the hospital and to the young in-patients, and the concrete conditions through which the children use the platforms have made it difficult to adopt a unified analysis tool. The result is a possible bias regarding the real comparability of the results between the different countries, both as regards the data collection methods and the amount of samples involved in the study. Only the Italian sample, in fact, allows an in-depth and cross-sectional analysis of the different variables. Secondly, the observation by the operators is affected by their role and their personality; the former acts objectively on the situation they are observing, inevitably modifying it, while the latter acts subjectively on their evaluation of the situation.

Again, this results in a possible bias 4 regarding the comparability of the data, which suggests going deeper into the Italian case as a specific case study. In the pages of this report, first of all, the results of the questionnaire filled in by the operators in the different countries are taken into account, followed by a more in-depth analysis of the Italian questionnaire (paragraph 3), of the Italian catalogue (paragraph 4), and the cross-analysis of the two data sources (paragraph 5). Closing the report are the concluding reflections (paragraph 6) and the Appendixes.

3. The main findings of the questionnaire

In this section, some descriptive statistics are first reported from a cross-country perspective. A brief description of the data collected in Belgium and Croatia is entrusted to the respective Powerpoint presentations, which are attached to this report; the comparison between Belgium, Croatia and Italy is given in a Powerpoint presentation, which is also attached and is briefly referred to here in its main highlights. With regard to the age of the children participating in the study, the Belgian sample is on average younger (4-9 years = almost 60%), the Croatian sample is on average older (10-15 years = more than 50%) while the Italian sample is somewhere in between (7-12 years = more than 60%); in terms of gender, the Belgian sample is predominantly female while the Croatian and Italian samples are predominantly male; from the point of view of the hospitalisation pathway, almost all the Belgian respondents are admitted to Day Hospital on an occasional basis (90.3%) compared to the majority of longterm patientsin Croatia (85.7%) and a more multifaceted situation as regards Italy (more than a third in Day Hospital and more than a quarter in Longterm care, mainly oncological). The context of fruition also appears very diversified: the totality of cases observed in Belgium presents fruition in a family context, while almost all of those in Croatia (94.3%) concern fruition in a small occasional group; the Italian reality is also more varied in this respect, with a maximum of individual fruition (39.8%); the observation of use takes place almost exclusively in the morning for Belgium (90.3%), while for Croatia it is distributed between the morning (45.7%) and the afternoon (51.4%);

in Italy it is mainly in the morning (54.5%) and to a slightly lesser extent in the afternoon (45%); from a spatial point of view, in Belgium and Italy the room is favoured (67.7% and 52.2% respectively) while in Croatia use in the classroom is more frequent (42.9%). Finally, the elements relating to Observable behaviour and the Function attributed to fruition: the formerseem to respond to a common logic transversally to the three national contexts, with a higher rating attributed to Overall enjoyment (Belgium = 3.58 Croatia = 4.11, Italy = 4.11 on a score of 1 to 5), followed by Attention (3.45 4.09 and 4.08 respectively) and Emotional involvement (3.19 3.46 and 4.08); with regard to the function attributed, on the other hand, for Belgium and Croatia, Entertainment predominates (100% and 82.9% respectively), whereas in Italy this value, although the highest, concerns only a quarter of the cases observed (24.2%), followed by the Emotional function (23.9%) and the Socialising function (18.3%).

3.1 The Italian case

Of the 389 questionnaires collected, 246 (63.2%) were filled in by teachers working at Scuola in Ospedale, while the remaining 143 (36.8%) were filled in by educators working in the framework of the Film in Hospital project implemented by the Nuovo Fantarca. The observation while watching a video concerned as many children: 209 males (53.7%) and 180 females (46.3%); with regard to age, the children observed belong to the following age groups:

Tab.1. Age of the video user

Age	Frequency	Percentage	Cumulative percentage
0-3 years	47	12,1	12,1
4-6 years	71	18,3	30,4
7-9 years	165	42,4	72,8
10-12 years	81	20,8	93,6
13-15 years	17	4,4	97,9
16-18 years	8	2,1	100,0
Total	389	100,0	

The most represented groups are the 7-9 year old (42.4%) and the 10-12 year old (20.8), which together made more than 60% of the children observed;they are followed by the 4-6 year old (18.3%) and the 0-3 year old (12.1%); adolescents are about 6.5% adding the 13-15 year old (4.4%) and the 16-18 year old (2.15%). From the point of view of the hospitalisation pathway, for about 35% of the patients it is either not possible to detect the data (11.3%) or it is difficult to code ('Other', 23.9%); the largest group of patientsis long-term patients(27.8), while more than 37% are admitted in Day Hospital, occasionally (22.4%) or periodically (14.7%).

Tab.2. Hospitalisation pathway

Hospitalisation pathway	Frequency	Percentage	Cumulative percentage
Long-term patient	108	27,8	27,8
Other	93	23,9	51,7
Occasional day hospital	87	22,4	74,0
Periodic day hospital	57	14,7	88,7
Not detectable	44	11,3	100,0
Total	389	100,0	

3.2 Video fruition

As for the context of video use, fruition is usually done individually (39.8%) or in an occasional small group (28%), followed by the family context (16.2%) and the classroom group (14.9%).

Tab.3. Context of fruition

Context of fruition	Frequency	Percentage	Cumulative percentage
Individual	155	39,8	39,8
Occasional small group	109	28,0	67,9
Family	63	16,2	84,1
Class group	58	14,9	99,0
Other	4	1,0	100,0
Total	389	100,0	

Consistent with this context, most of the use isin the in-patient room (52.2%), while another portion takes place within the classroom dedicated to school activities (35%); use in common spaces such as a playroom (8.2%) is not very widespread, and residual are non-dedicated spaces (2.3% 'Corridor', 2.1% 'Other spaces') (see Table 4.). In terms of time, fruition activity is concentrated mainly in the morning (54.5%) and secondarily in the afternoon (45%) (see Table 5).

Tab.4. Spatial location

Spatial location	Frequency	Percentage	Cumulative percentage
Room	203	52,2	52,2
Classroom dedicated to school activities	136	35,0	87,1
Common area (games room or similar)	32	8,2	95,4
Corridor	9	2,3	97,7
Other spaces	8	2,1	99,7
TV room	1	0,3	100,0
Total	389	100,0	

Tab.5. Temporal collocation

Temporal collocation	Frequency	Percentage	Cumulative percentage
Morning	212	54,5	54,5
Afternoon	175	45,0	99,5
Evening	2	0,5	100,0
Total	389	100,0	

Crossing these descriptive data at a first level, the most frequent situations of use within the sample emerge more clearly: in the majority of cases (27.5%) fruition is in the afternoon and takes place in the room by an educator; this is followed by morning fruition, in the classroom (24.7%) or in the room (22.9%), by a teacher; less common situations in the sample are, gradually decreasing, the use proposed by a teacher in the afternoon in the classroom (9.3%), the use proposed by an educator in the afternoon in a common space (4.4%) and by a teacher in the morning in a common space (3.3%); the remaining combinations appear marginal. It is also possible to grasp the weight of the hospitalisation pathway in making the different situations of use more or less likely; as a general rule, morning use is all the more frequent the more prolonged or scheduled the patient's presence in hospital is: 83.3% of long-stay patients, 59.6% of periodic Day Hospital cases and 24.1% of occasional Day Hospital cases; in a specular manner, afternoon use concerns 14.8% of long-stay patients, 40.4% of periodic Day Hospital patients and 75.9% of occasional Day Hospital patients.

3.3 The video experience

According to the assessment of the people respondents to the questionnaires, the most prevalent functions attributed to the enjoyment of videos are as follows (see table 6).

Tab.6. Prevalent function

Prevalent function	Frequency	Percentage	Cumulative percentage
Entertainment (passing time)	94	24,2	24,2
Emotion (sharing feeling and emotions)	93	23,9	48,1
Socialising (staying with others)	71	18,3	66,3
Expression (sharing ideas and opinions)	56	14,4	80,7
Education (learning something)	42	10,8	91,5
Communication (talking with others)	24	6,2	97,7
Other	9	2,3	100,0
Total	389	100,0	

Predictably, the most frequent function is Entertainment (24.2%), followed immediately by Emotion (23.9%); together they make up almost half of the cases. The other functions identified are more rarely the main reason for viewing: Socialising (18.3%), Expression (14.4%), Education (10.8%), Communication (6.2%). By cross-analysing the prevailing functions with the contexts of use, however, the data appear more significant: the contingency table (see Table 7), in fact, allows us to highlight the most significant deviations (in red) from the expected distribution and thus to identify some peculiarities.

Tab.7. Context of Use and Prevalent Function

Context of fruition		Communication	Education	Emotion	Expression	Entertainment	Socialising	Total
Family	% in Context of fruition	5,0%	8,3%	13,3%	10,0%	**43,3%**	20,0%	**100,0%**
	% in Prevalent Function	13,0%	11,9%	8,7%	10,7%	28,3%	16,9%	**16,0%**
	% of total	0,8%	1,3%	2,1%	1,6%	6,9%	3,2%	**16,0%**
Class group	% in Context of fruition	5,2%	12,1%	32,8%	**24,1%**	3,4%	22,4%	**100,0%**
	% in Prevalent Function	13,0%	16,7%	20,7%	25,0%	**2,2%**	18,3%	**15,4%**
	% of total	0,8%	1,9%	5,1%	3,7%	0,5%	3,5%	**15,4%**
Individual	% in Context of fruition	7,9%	15,9%	19,9%	15,2%	**34,4%**	6,6%	**100,0%**
	% in Prevalent Function	52,2%	**57,1%**	32,6%	41,1%	**56,5%**	14,1%	**40,2%**
	% of total	3,2%	6,4%	8,0%	6,1%	13,8%	2,7%	**40,2%**
Occasional small group	% in Context of fruition	4,7%	5,6%	32,7%	12,1%	11,2%	**33,6%**	**100,0%**
	% in Prevalent Function	21,7%	14,3%	38,0%	23,2%	13,0%	**50,7%**	**28,5%**
	% of total	1,3%	1,6%	9,3%	3,5%	3,2%	9,6%	**28,5%**
Total	% in Context of fruition	**6,1%**	**11,2%**	**24,5%**	**14,9%**	**24,5%**	**18,9%**	**100,0%**
	% in Prevalent Function	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	**100,0%**

The most significant analysis is that which accounts for the prevailing functions in the different user contexts; the family context is characterised by the concentration of the Entertainment function, which is above average by almost 20 percentage points, while almost all other functions are below average. Similarly, but less dramatically, the Entertainment function also characterises individual fruition, to the detriment - obviously - of the Socialising function; however, it is interesting to note that individual enjoyment is also cognitively 'coloured' by the important presence of the Education function and, at least in part, the Emotion and Expression ones. In relation to the class group, on the other hand, the Entertainment function is at a minimum while the Expression and Emotion function, as well as the Education one, are affirmed above all. In relation to the occasional small group, Socialising and Emotion functions prevail, especially to the detriment of the Education one. In a more articulate manner, it is possible to capture the capacity of each fruition detected to create greater or lesser engagement with the viewer; the term 'engagement' constitutes the synthesis of a series of objectively observable behaviours recorded by the operator who filled out the questionnaires; these observable behaviours have been coded as Attention, Emotional involvement, Overall enjoyment, Interaction with the video and the platform, Interaction with others and Comment and discussion; each of them has been 'measured' on a scale of 1 to 5; it is thus possible to have both a summary assessment of the engagement and a detailed analysis of the factors that make it up. Aswill be seen below, itis also possible to verify the role of different variables in producing different types and levels of engagement. Overall, the surveysshowed an average level of engagement of 3.87 out of 5, comprising six different indicators, as follows (see table 8).

Tab.8. Average level of engagement

Attention	Emotional involvement	Overall enjoyment	Interaction with the video and the platform	Interaction with others	Comment and discussion	**Average engagement**
4,08	3,96	4,11	3,59	3,77	3,75	**3,87**

The highest indicator is the Overall enjoyment (4.11), indicating a general appreciation of the videos fruited; this is followed by Attention (4.08), Emotional involvement (3.96), Interaction with others (3.77), Comment and discussion (3.75), and concluding with Interaction with the video and the platform (3.59). It is also possible to read the main data on Enjoyment in relation to the other indicators to understand which of them are correlated with a more rewarding experience; from this point of view, the first interesting fact is that all indicators are positively correlated with Enjoyment, but that the strongest correlation is with Emotional Involvement (.790) and Attention (.734), while the other indicators are correlated more weakly (see table 9). This correlation suggests that viewing pleasure depends more on the capacity for involvement - cognitive and emotional - exerted by the video than on the opportunities for social or technological interaction offered by it. The analysis of further variables will help to better understand the dynamics of Enjoyment (see section 3.4).

Tab.9. Correlation between overall enjoyment and other engagement indicators

Indicators		Overall enjoyment
Attention	Pearson correlation	,734**
	Sign. (two-tailed)	0,000
	N	389
Emotional involvement	Pearson correlation	,790**
	Sign. (two-tailed)	0,000
	N	389
Interaction with the video and the platform	Pearson correlation	,521**
	Sign. (two-tailed)	0,000
	N	389
Interaction with others	Pearson correlation	,532**
	Sign. (two-tailed)	0,000
	N	389
Comment and discussion	Pearson correlation	,567**
	Sign. (two-tailed)	0,000
	N	389

**. The correlation is significant at the 0.01 level (two-tailed).

A proof of this hypothesis derives from the analysis of both the individual engagement indicators and its average value in relation to the prevailing function attributed to the vision; the values above the average (indicated in red in Table 10) are in fact concentrated in the three functions Expression, Emotion and Education: the average value of engagement is higher in the Expression function (4.25), in the Emotion one (4.18) and in the Education one (4.16), as well as the Overall enjoyment, which registers the highest value in relation to the Emotion dimension (4.40), to the Expression one (4.38) and to the Education one (4.36). Attention and Emotional Involvement also register the highest values in relation to the Expression function (4.38 and 4.36, respectively), followed by the Education function (4.29) and the Emotion function (4.34), respectively.

It is also worth noting the values of Interaction with others, high for the Socialising (3.85) and Communication (3.79) functions, and Comment and discussion, high for the Communication function (4.04).

On the other hand, the below-average values are also significant: the absolute lowest ones, not by chance attributable to a residual category from a functional point of view (Other: average engagement value 2.74) indicating a perhaps unstructured or scarcely targeted use, but also those associated with the function of simple Entertainment (average engagement value 3.37); from this last point of view, although characterising most of the acts of fruition (see table 6), it seems interesting to observe how viewing aimed only at 'filling time' shows a lower degree of Attention (3.83), less Emotional involvement (3.48), fewer forms of Interaction and, above all, a lower Overall enjoyment (3.72).

Tab.10. Degree of engagement and prevailing functions of use

Prevalent function	Attention	Emotional involvement	Overall enjoyment	Interaction with the video and the platform	Interaction with others	Comment and discussion	Average engagement
Other	3,22	2,67	3,22	2,56	2,44	2,33	2,74
Communication (talking with others)	3,83	3,88	4,04	3,54	3,79	4,04	3,85
Education (learning something)	4,29	4,05	**4,36**	4,00	4,12	4,17	4,16
Emotion (sharing feeling and emotions)	4,25	4,34	**4,40**	3,95	4,13	4,03	4,18
Expression (sharing ideas and opinions)	**4,38**	**4,36**	**4,38**	3,95	4,14	4,32	**4,25**
Entertainment (passing time)	3,83	3,48	3,72	3,00	3,10	3,10	3,37
Socialising (staying with others)	4,03	3,90	4,03	3,51	3,85	3,61	3,82
Total	**4,08**	**3,96**	**4,11**	**3,59**	**3,77**	**3,75**	**3,87**

Finally, some indication also comes from the correlation between the contexts of use and engagement (see table 11). Again, the most significant deviations are highlighted in red.

Tab.11. Degree of engagement and contexts of use

Context of fruition	Attention	Emotional involvement	Overall enjoyment	Interaction with the video and the platform	Interaction with others	Reflection and commentary	Average engagement
Family member	3,94	3,62	3,83	3,24	3,43	3,41	3,58
Class group	4,22	4,31	4,38	**4,22**	4,12	4,10	**4,23**
Individual	4,04	3,83	4,01	3,43	3,48	3,63	3,74
Occasional small group	4,17	4,17	4,29	3,71	4,22	3,96	4,09
Total	**4,08**	**3,96**	**4,11**	**3,59**	**3,77**	**3,75**	**3,87**

The data suggest that the shared viewing experience, whether in the class group or the occasional small group, is more rewarding and capable of engaging young viewers than individual viewing or even viewing in the family context alone. In summary, the general data on the video viewing experience, even before being correlated with the other variables and the catalogue, suggest that the greater is the Emotional involvement and Attention of the viewer, the greater is the resulting Enjoyment. Similarly, sharing emotions and learning something new constitute two functional perspectives significantly associated with overall gratification. Emotional and cognitive dimensions are thus the two main ingredients of a pleasurable experience. For a better understanding of this evidence, however, it is worth noting that this is not an engagement for its own sake, nor is it escapist in nature, or pure entertainment/ filling the 'extended time' of hospitalisation; on the contrary, it has just been said that this function is on average associated with low engagement and low enjoyment.

Nor is it a purely instrumental function of fruition, understood as a contingent occasion for socialising and interacting with others, as found by so many studies on the social uses of the media (Lull, 1980); indeed, not only is the correlation between Enjoyment and Interaction with others weaker than that found with Emotional Involvement and Attention (see again Section 3.3, Table 9, correlation index = .539), but so are the correlations between Interaction with others, Attention and Emotional Involvement (correlation index = .475 and .600, respectively). Nor is it pure interaction with a technological device, as suggested by some observers regarding the familiarity of younger people with digital devices (correlation index = .521)[1]. It would seem, rather, that emotional and cognitive dimensions, sharing emotions and learning something new, produce a rewarding experience especially in an expressive function, when they allow one to share ideas and opinions, to reflect and comment on what one has seen with someone who is able to value the viewing experience and with one's peers who already share the same experience of hospitalisation.

3.4 Other variables in the user experience

Other variables influencing the level of engagement are more individual or structural in nature; among the former is the age of the users. As might be expected, the degree of engagement with the user experience increases with age (see table 12. Again, the most obvious deviations from the average are highlighted in red).

Tab.12. Degree of engagement and age of users

Age of the video user	Attention	Emotional involvement	Overall rating	Interaction with the video and the platform	Interaction with others	Reflection and commentary	Average engagement
0-3 years	3,72	3,60	3,91	2,87	3,28	3,04	3,40
4-6 years	4,01	3,83	4,00	3,48	3,65	3,62	3,77
7-9 years	4,12	4,07	4,19	3,78	3,93	3,91	4,00
10-12 years	4,22	4,11	4,21	3,73	3,95	3,99	4,03
13-15 years	3,88	3,47	3,71	3,35	3,24	3,41	3,51
16-18 years	4,88	4,38	4,50	3,75	3,63	3,88	4,17
Total	**4,08**	**3,96**	**4,11**	**3,59**	**3,77**	**3,75**	**3,87**

Less taken for granted, however, is the fact that the highest level of engagement is achieved by the (albeit few) 16-18 year olds, in spite of a catalogue which - as will be seen in section 4 - is mainly aimed at children and pre-adolescents; even more interesting, then, is the exception to the rule represented by the drop in all the indicators for the 13-15 age group, perhaps signalling a particular difficulty in meeting the tastes and expectations of teenagers who no longer recognise themselves in those of pre-adolescents (10-12 year olds) but have not yet matured into the fruition patterns of older adolescents.

Among the more structural variables, on the other hand, the hospitalisation pathway deserves attention: although the deviations are minimal, all the observable behavioural indicators show a greater involvement in the case of users who cannot be traced back to a precise hospitalisation pathway ('Other', equal however - it will be recalled - to almost a quarter of the cases detected, average = 4.18, referring, in the Italian case, to patients spending only few days in hospital), followed by the condition of periodic Day Hospital (3.92), Long Term Patient (3.83), occasional Day Hospital (3.70) and 'Not detectable' (3.63) (see table 13).

Tab.13. Degree of engagement and hospitalisation pathway

Hospitalisation pathway	Attention	Emotional involvement	Overall enjpyment	Interaction with the video and the platform	Interaction with others	Comment and discussion	Average engagement
Other	4,22	4,26	4,33	4,03	4,15	4,08	**4,18**
Occasional day hospital	4,06	3,83	3,95	3,16	3,61	3,57	**3,70**
Periodic day hospital	4,04	4,02	4,14	3,77	3,72	3,82	**3,92**
Long-term patient	4,09	3,96	4,10	3,46	3,68	3,70	**3,83**
Not detectable	3,86	3,48	3,93	3,55	3,57	3,39	**3,63**
Total	**4,08**	**3,96**	**4,11**	**3,59**	**3,77**	**3,75**	**3,87**

One possible reading might suggest that the practice of viewing the films in the Film in Hospital catalogue is more engaging the more it fits into predictable routines (also on the part of the users) and within relationships that, even without stabilising, recur over time; on the contrary, it seems to be less engaging when there is a lack of routines and relationships in which to consolidate. On the other hand, the entry 'Other' – referred, as mentioned above – mainly to short stays, seems to allude to less structured occasions than those most clearly identified (Day Hospital and long-term care) but still significant (or made so by the intervention of the operators).

4. The composition of the catalogue

The catalogue of videos available on the Italian platform at the time of the research (January-June 2023) totals around 150 titles, with a wealth of variables, which we will summarise here based on the few following parameters.

4.1 Target and duration

In relation to the recommended age for viewing, 23.02% of movies can be enjoyed from the age of 3, 35; 25% from the age of 6; 23.02% from the age of 9; 10.79% from the age of 12 and 7.91 from the age of 15. More than half the catalogue, 58.27% of the total, is therefore made up of films addressed to boys and girls aged 6 and up, who have just started primary school. The high usability of the movies is also reflected in their duration: 64.02% last less than 10 minutes (17.98% less than 5 minutes and 46.04% between 5 and 10 minutes), while the duration between 11 and 60 minutes comprises 20.86% of the titles, the duration between 61 and 90 minutes accounts for 10.07% and only 5.03% of the movies exceed 91 minutes, with an absolute maximum duration of 105 minutes. The high prevalence of short formats appears to be a function of both the practicable fruition for younger age groups and the complexity of hospital time, which is often fragmented and unscheduled. But another element related to the shorter durations is consistent with the educational approach of the project, which envisages further activities after the viewing of the film or moments of participative viewing and commentary, with the possibility of lengthening the time of viewing without, however, compromising the possibility of completing it.

4.2 Country and year of production

The catalogue offers a great heterogeneity of the countries producing or co-producing the movies, fostering knowledge of different works, styles and approaches, particularly with respect to the European continent.

The most represented country is Italy with 21.58% of the titles, followed by France (16.54%), Croatia (9.35%), Spain (8.63%), Belgium and Slovenia (both at 7.19%), Germany (5.03%), Sweden and the Czech Republic (4.31%), Norway (3.59%), the United Kingdom (2.87%), Denmark, the Netherlands, Bulgaria, Switzerland and South Korea (all with 2.15%), Poland, Hungary, Portugal, Luxembourg, Argentina, China and the United States (all with 1.43%). As will be seen (see section 5), among the five most viewed films, the first two are Italian - *Above* and *Cerottino e altre storie* - while Spain is the country of production of all the other three titles: *Volare (Flying)*, *Coda di sirena (Mermaid Tail)* and *Alphabet*. With reference to the year of production, the catalogue appears to be very up-to-date and focused on novelty, with more than a third of the titles (34.53%) being produced from 2020 onwards: 16.5% in 2020, 10.07% in 2021 and 7.91% in 2022. Of the remaining titles, 46.76% were realised between 2015 and 2019, while 12.23% dated between 2010 and 2014. Only 6.47% were pre-2010. Beyond the purely statistical data, the fact that 81.29% of the films in the catalogue were produced since 2015 to the present day demonstrates the attention paid to favouring the involvement of children through the offer of works that are 'coeval' with those who watch them, facilitating identification with the aesthetic, stylistic and narrative choices and the themes dealt with, which appear current with respect to the imaginations of young spectators, as we will investigate in the following paragraphs.

4.3 Stylistic and narrative aspects

With reference to production technique, animation films have, as expected, a large representation, with 72.66% of the total. Live action films account for about a quarter (24.46%), while mixed technique, which combines animated parts with live action footage, accounts for 2.87%. An interesting fact concerns the films made in workshops with children in hospitals, which account for 5.75% of the total. One of these, Cerottino e altre storie, was the second most viewed by the research sample.

Build a catalogue that is highly accessible to very different audiences in terms of age and social and geographical backgrounds is an intention confirmed by the fact that half of the films (50.35%) contain no dialogue, 44.60 per cent have dialogue and 5.03 only use the narrator's voice. Films with subtitles account for 28.77 of the total. Only 3 films (2.15%) have no music. In structural terms, the vast majority of titles (84.89%) feature linear editing, while more complex articulations characterise 15.10% of the films in the catalogue. With reference to narrative genres, drama characterises 25.89% of films, followed by fantasy (23.02%). The purely educational slant characterises 18.7% of the catalogue, while films with animals account for 17.98%, followed by adventure stories (14.38%), metaphorical tales (7.91%), comedies (7.19%), comedy and biographical films (with the same percentage at 6.47%), science fiction (4.31%), documentaries (5.39%), crime and musicals (both at 2.87%). Attributions can be combined, so that some films may have more than one genre label, but it is interesting to note that the theme of the fantastic and metaphorical accountsfor about a third of the catalogue, to which we should also add about a fifth represented by films with animals, as well asthe style of comedy and comic films being about half that of dramatic films. Without wishing to force the interpretation, it emergesthat the construction of the catalogue for the hospital environment is structured very much on the power of fantasy and metaphor, without forgetting the complexity of the stories and conversely offering fewer purely entertaining titles.

4.4 Thematic and social aspects

The preferred setting in which most films take place is the natural environment, present in 46.76% of the titles. The percentage is halved for stories set in family contexts (23.74%), while they are followed by urban settings (20.86%), peer group centrality (17.26%), home environment even without family centrality (12.23%), school environment (10.07%), abstract environments (9.35%), work contexts (6.47%), school and art contexts (both at 4.31%). This wealth of settingsin which the stories of the films take place finds further complexity in the wide range of themes that are interwoven in the works in the catalogue.

In the first three places, three aspects stand out, confirming the dominant settings that emerged a few lines ago: friendship (27.3%), family (23.02%) and ecological and natural aspects (17.98%). This is followed by a number of themes that are profoundly linked to the existential and personal dimension: identity (17.98%), survival (15.10%), integration and inclusion processes (12.94%), desires and dreams to be realised (11.51%) and, with the same percentage, talent, freedom and love (10.07%). Other topics that combine the social and cultural dimension with the personal dimension come next: community (8.63%), education (7.19%), prejudice, self-esteem and fantasy (all at 5.75%). Then there are three themes that seem particularly resonant with the hospital context and the health difficulties faced by young viewers: rest (5.03%), communication, diversity, suffering and death (all at 4.31%), sacrifice and discrimination (3.59%), abandonment (2.87%), and illness (1.43%). Other topics of socio-cultural relevance are also present: with the same percentage (2.87%) are legality, work, disability and homosexuality, then progress (2.15%), memory and honour (both at 1.43%). Beyond the specific percentages, a great thematic richness and variety emerges, confirming the potential of the use of Film in Hospitals with children and young people not only as a moment of pure fun and entertainment, but also as an opportunity for reflection and confrontation on personal, social and cultural aspects, allowing on the one hand to connect the experience of illness to the complexity of the world in which one lives, and on the other hand to develop more personal and existential opportunities to face a difficult moment, also through the help of the human events and stories presented in the films.

5. User experience and catalogue titles

During the questionnaire collection period (25 March to 29 June 2023), more than 90 titles were viewed at least once, corresponding to about 60% of the catalogue, with an average engagement value of 3.87, as seen above. The frequency of viewing of the different titles reproduces the 'long tail' pattern (Anderson, 2004), typical of digital platforms regardless of both their size and their nature, commercial or otherwise, with a few titles viewed more frequently and many titles viewed less frequently (see Chart 1).

Chart 1. The 'long tail' of catalogue titles
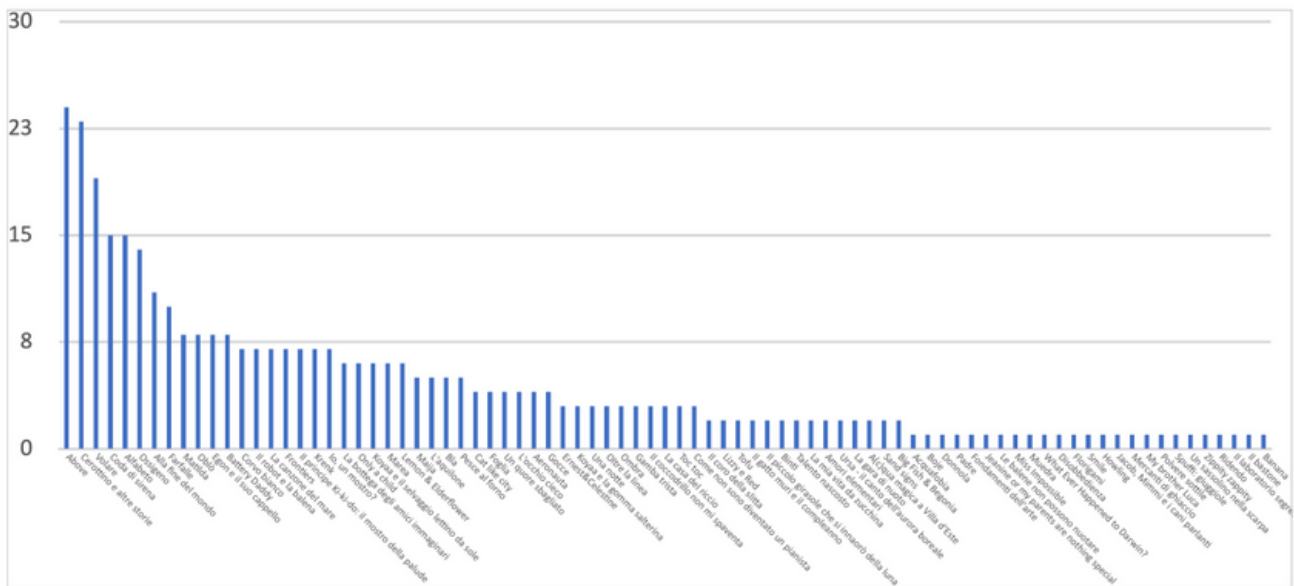
The first eight most-viewed titles are *Above* (24), *Cerottino e altre storie* (23), *Volare* (19), *Coda di sirena* (15), *Alfabeto* (15), *Ossigeno* (14), *Alla fine del mondo* (11) and *Farfalle* (10), which alone account for about one third of the total number of viewings detected; they are followed by 20 titles, viewed on average 6.5 times, covering another third of the number of viewings detected; finally, the long tail with about 60 titles constitutes the last third, with an average viewing frequency of lessthan twice. The first third of the titles recorded an average engagement of 3.95, the second third of 3.97, both values above the average; the last third recorded a value of 3.56, slightly below the average. On the basis of this initial scanning of the titles it is possible to introduce a few more descriptive elements, starting with the 'top group' of the first eight titles; in half of the casesthese are Italian (4) and Spanish (3) productions, with a residual from the Czech Republic (1); the average duration is a little over 7 minutes and the type of expression is, seven times out of eight, animation without dialogue, with only one case of live action with monologuing voice; from the point of view of the target audience, half of the titles are aimed at children aged 3 and over, a quarter at 6 and over and a quarter at 9 and over, for an average of 5.3; the editing is seven times out of eight linear; music is always present.

The second group consists of twenty titles from a dozen countries, among which Italy (4), Spain and Slovenia (3 + 3), Croatia (2) prevail; the average duration is about 11 minutes and the type of expression is, in almost all cases (18 cases), animation; 16 titles are without dialogues, 2 are in Italian, 2 have subtitles. Half of the titles are aimed at a target audience of 6 years and above, with 5 titles aimed at the youngest, 4 at 9 years and above and only one title for the oldest 12 years; the average is 6.2. The editing is linear in most cases (16) and the music is always present. The last group is obviously the most heterogeneous and the most difficult to describe synthetically due to the increasing variety of titles and countries of origin (more than 20, not only European); on the whole, however, it is possible to recognise a greater product complexity: the average duration exceeds 20 minutes, the average target audience is 7.6 years old, with 17 titles from 6 years upwards, 13 from 9 years upwards, 12 from 3 years upwards, 10 from 12 years upwards and 3 from 15 years upwards. From the point of view of the type of expression, the number of live action products(a little over a third) compared to animation products (a little over two-thirds) and the presence of complex editing, as well as the presence of dialogues, often with subtitles, increase. The fact that about half of the titles were seen only once during the course of the survey authorises one to think of this section of the catalogue as a series of 'niche' products. It is even more difficult to summarise the common traits of the remaining titles, about sixty or so, which were not viewed even once during the survey period: the average duration increases again, reaching 25 minutes with some peaking at over an hour and a half; the average age touches eight years; more than half have dialogue or voice over, often with subtitles.

6. Concluding reflections

The data reported in the previous pages aim at quantitatively describing the measurable elements characterising the Film in Hospital experience by hospitalised youngsters; the main evidences of this description will be resumed in these last pages devoted to concluding reflections. For them to be of any use in a perspective of evaluation, design and implementation of Film in Hospital activities, however, it is necessary to place these data in a broader framework, which allows - also on a theoretical level - to account for

how the use of the platform and the proposed audiovisual contents affects the quality of the hospitalisation experience; or, at least, on that part of the time in hospital that is devoted to the use of videos and related activities.

6.1 The theoretical framework

It is worth noting how the available scientific literature on the use of movies in care contexts, besides being limited, refers to experiences that are very different from the one carried out by Film in Hospital; a particularly important strand, for example, refers to the horizon of art-therapy, understood as a psychotherapeutic technique that combines psycho-clinical and psychiatric treatment paths with the aesthetic experience of music, theatre, photography or figurative art (both painting and sculpture); another horizon of reference is music therapy, to which cinema can be sided as a way of approaching the person that uses non-verbal communication tools to intervene at an educational, rehabilitative or therapeutic level; very frequent is the reference to clowntherapy, aimed at recovering a sense of humour through clowning techniques, in order to improve the mood of patients, family members and carers, thus contributing to make the hospitalisation process more sustainable, as in the case of the 'clown in the ward' experiences. Often, the reference to 'movie in Hospitals' simply indicates the use of the medium of film for the training of health workers. The most useful theoretical contributions, in order to read the data collected, probably come from media studies, in particular those studies on television consumption from the perspective of its social uses; since the 1980s, this approach has gone beyond the family context understood as the 'natural' context of television consumption to investigate other social spheres, such asretirement homes or institutions for minors. It is in this perspective that television consumption has been interpreted in the light of 'flow theory' (Csíkszentmihályi, 2021) as a practice capable of contributing to the condition of 'optimal experience'.

This theory argues that the subjective perception of well being is conditioned by the relationship between resources (skills, competences, abilities etc.) and challenges (tasks, performance, results to be achieved). When the former are very abundant and the latter non-existent or scarce, the subject perceives a situation of boredom; conversely, when the former are insufficient and the latter very high, the perception is of frustration and inadequacy; the optimal experience is when both are abundant, and the resources are slightly greater than the challenges, so that the tasks can be tackled successfully; finally, if both are scarce, one is faced with an unstructured experience, an 'empty' time to which it is difficult to attribute meaning, which Csíkszentmihályi calls 'anti-flow', i.e. the opposite condition to the optimal one. Studies on the 'uses and gratifications' and on the social uses of television have shown how the use of television, whether individual, in family or community, can often be interpreted as a practice capable of setting up a 'safety net' against this very unstructured experience, providing its own temporality and its own resources of meaning for the benefit of the user grappling with antiflow or with conditions of boredom and frustration (Aroldi, 1999). This theoretical background can therefore be mobilised to better interpret the data collected on the Film in Hospital experience. Time in hospital, in fact, easily runs the risk of being characterised both as a time of frustration and boredom, and as an 'empty time', devoid of stimuli, unstructured, totally dependent as it is on the routines of a complex organisation such as that of a place of care. Faced with this condition, the fruition of the audiovisual products offered by the Film in Hospital platform can be seen, by analogy with television consumption, as a practice capable of acting on the conditions of flow, both by assuming the simple role of a 'safety net', capable of filling and shaping the 'empty time' (what has been identified as the Entertainment function), and by intervening on the perception of resources and challenges, raising the recipient's level of engagement through the solicitation of other dimensions: typically the emotional and cognitive dimensions, but also the more socialising perspective of the expressive dimension.

6.2 Rereading the data in the theoretical framework

It is now possible to reread the evidence gathered against the backdrop of this theoretical framework, starting with the data on the context of video use describing the time spent in hospital by the platform's young users: primarily long-term patients (27.8%) and in Day Hospital, occasional (22.4%) or periodic (14.7%), thus grappling with different forms of hospital-time. As already suggested in section 3.4, both the Overall enjoyment of the video and the average engagement testify that the experience of Film in Hospital seems to be particularly effective when it is able to fit into the daily routines of the care institution and/or to help shape the stay, even periodically, in it, while it is relatively less significant when purely occasional. On the other hand, it would seem that the greatest involvement ofthe users occurs when, in the absence of predictable routines (that 23.9% attributable to the condition of 'Other' asshort staying), it is precisely the experience of Film in Hospital that acts as an element of order and sense capable of focusing attention and orienting the subject within an experience otherwise not clearly qualifiable or predictable.

Similarly, the context of fruition plays a very important role: the most typical form is perhaps individual use (39.8%), in one's own in-patient room (52.2%), either in the morning, especially in the case of long-term care (83.3%) or periodic Day Hospital (59.6%), or in the afternoon (27.5%), especially in the case of occasional Day Hospital. In this context, as seen in section 3.3., a function of mere Entertainment seems to prevail, which constitutes the most widespread function (24.2% of cases), but which is almost never divorced from learning or Emotional involvement, to be read here, probably, as the intrinsic capacity of the audiovisual product to individually challenge its viewer. Equally interesting is fruition in the family context, although it happens only in16.2% of the cases surveyed: here, as we have seen, the Entertainment dimension is even more widespread (43.3% of cases against the average of 24.5%), while all engagement indicators are lower than average. In order to interpret these data, it would be necessary to know more about the relational and affective dynamics between parents and children in the context of hospitalisation. Purely by way of hypothesis it is suggested that, while on the one hand the Attention of young patients is

divided between the audiovisual text and the presence of their parents, resulting in lower levels of appreciation and engagement with the audiovisual product, on the other hand the function attributed by the parents themselves to the fruition is mainly that of Entertainment, in line with the statement of the parents who declare that they appreciate the Film in Hospital offer as it allows them a break from the hard work of caring in the difficult hospital context (see the document Film in Hospital: Evaluation meeting with teachers in the Division of Paediatrics- University Medical Centre Ljubljana). In both contexts of use, the individual and the family, the use of the platform seems to assume the qualifying features of that 'safety net' capable of sustaining an 'empty time', unstructured, at least potentially safeguarding the subjects from the experience of antiflow, boredom or frustration. Although quantitatively lessfrequent than individual fruition, it is, however, group fruition, both class (14.9%) and occasional (28%), that constitutes the most stimulating context; if it is true, in fact, that the correlation between Interaction with others and Attention, Emotional Involvement and Overall Enjoyment is weaker than other correlations between the various observable behaviours (see also Table 9bis in the Appendix), this does not make shared viewing any less involving than individual fruition. On the contrary, especially from the point of view of the Emotion, Expression and Socialising functions (see also section 3.3, table 7) and with reference to all the engagement indicators (section 3.3, table 11), the group fruition registers the highest values of Overall enjoyment: 4.38 and 4.29 for the class and occasional group respectively. The shared viewing experience is therefore more rewarding and capable of engaging the recipients than individual or family viewing. It is, however, probably a matter of distinguishing between a purely instrumental sharing, where what counts is spending time with others, being with others (both family members and occasional companions of the hospitalisation pathway), and where social interaction may be prevalent (or even distracting) compared to involvement with the content or expressive form of the video, and a sharing embedded in a shared activity proposal, such as that proposed by teachers to the class group or by educators to occasional small groups. Also in this case an in-depth study of the dynamics established between teachers/educators and the small groups of users would be necessary to better substantiate the

statement; but, also on the basis of the accounts from the focus groups, it seems legitimate to affirm that the platform's potential and the engagement capacities of its contents are enhanced and corroborated by the presence of an educational mediation project that makes the audiovisual product an opportunity for social interaction and meaningful relationships. Here, the workshop activities, the playful dimension offered by the platform, and the more properly media-educational perspective of the Film in Hospital project probably also find their place. Here, the platform experience seems to move from the status of a diversion or mere 'safety net' to an active tool for modifying flow conditions, both because of its social and relational nature and because of its ability to set tasks, initiate processes, indicate perspectives, and simultaneously provide challenges and resources to cope with them, thus fostering that 'optimal experience' described by Csíkszentmihályi.

In this perspective, the mediation of the operators would be fundamental to transform the relationship between users and the platform, in itself characterised by the access/consumption of an audiovisual product, into a meaningful social interaction, capable of giving the emotional dimension of the fruition itsinterpersonal resonance. The mediation of the operators is thus placed at the centre of an ideal triangle formed by the user, the platform and the other people with whom access to the platform is shared, especially peers involved in a similar path of hospitalisation. It isin this perspective that the composition of the catalogue is particularly strategic; as shown by the analysis of the titles offered on the platform, in fact, more than 80% of the videos can be enjoyed from the age of 3 up to 12 years. Perhaps also for this reason, the age groups in which access to the platform is most frequent (i.e. from 4 to 12 years old, i.e.slightly more than 80% of the) are also those that derive the greatest gratification in terms of average engagement level (from 3.77 to 4.03), proving a good matching between products and target audience; but also between the characteristics of the products and the use that can be made of them by the operators, since in terms of duration, expressive forms and film genre, most of the titles lend themselves to a use that is compatible both with the fragmentary nature of hospital time and with the development of an accompanying and mediation activity that precedes and follows the simple viewing.

Even by country and year of production, the catalogue seems to seek an underlying harmony with the characteristics of its target group. From the point of view of the themes tackled by the titles in the catalogue, it will suffice to add to what has already been set out in section 4 that not only do many of the themes surveyed lend themselves to a fruition mediated by the accompaniment of an adult figure capable of stimulating the reflexivity of the users; few, on the other hand, are the titles that lend themselves to a more escapist or purely entertaining fruition. The functionality of the catalogue composition with respect to the use strategy proposed by Film in Hospital is finally confirmed by the 'long tail' of the titles fruited during the survey: in addition to testifying the centrality of some titles in the training projects that guide and structure the action of the operators in the field, in fact, the characteristics of the three groups of titles analysed in paragraph 5 seem to reflect the centrality of the target composed of 3/4 years old to 12 years old and, at the same time, the usability also by pre-adolescents and adolescents in an almost 'niche' particular position, to whom it is possible to offer more complex and challenging products both from the point of view of formal choices and contents. Lastly, the question remains open as to the 40% of titles in the catalogue that have not been viewed even once during the period of analysis: these are, as we have seen, on average even more challenging and complex titles, which therefore guarantee a margin of usability of the platform open to include even a more mature target audience. At the same time, however, a segment as sensitive as 12-15 year olds seems more difficult to reach as effectively and gratifyingly than those preceding (or following) them in age. Here, the identificaton by this pre-adolescent audience segment in the most appropriate offer to it, which is also present on the platform,seems not to have been triggered. If this hypothesis were true, there could be two causes: a greater design focus on the part of teachers and educators on younger targets and the related simobolic resources offered by the catalogue; or a bias that conditions the phase of access to the platform, the presentation of titles and the selection of videos by young users, penalising some less 'visible' or 'accessible' products with respect to others more favoured by the structure of the catalogue (for example, the alphabetical order of the titles) or the affordances of the platform itself.

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APPENDIX

Tab. 9bis Correlation between different engagement indicators

Observable behaviour		Attention	Emotional involvement	Overall rating	Interaction with the video and the platform	Interaction with others	Reflection and commentary
Attention	Pearson correlation	1	,726**	,734**	,481**	,475**	,511**
	Sign. (two-tailed)		0,000	0,000	0,000	0,000	0,000
	N	389	389	389	389	389	389
Emotional involvement	Pearson correlation	,726**	1	,790**	,526**	,600**	,645**
	Sign. (two-tailed)	0,000		0,000	0,000	0,000	0,000
	N	389	389	389	389	389	389
Overall rating	Pearson correlation	,734**	,790**	1	,521**	,532**	,567**
	Sign. (two-tailed)	0,000	0,000		0,000	0,000	0,000
	N	389	389	389	389	389	389
Interaction with the video and the platform	Pearson correlation	,481**	,526**	,521**	1	,499**	,572**
	Sign. (two-tailed)	0,000	0,000	0,000		0,000	0,000
	N	389	389	389	389	389	389
Interaction with others	Pearson correlation	,475**	,600**	,532**	,499**	1	,681**
	Sign. (two-tailed)	0,000	0,000	0,000	0,000		0,000
	N	389	389	389	389	389	389
Reflection and commentary	Pearson correlation	,511**	,645**	,567**	,572**	,681**	1
	Sign. (two-tailed)	0,000	0,000	0,000	0,000	0,000	
	N	389	389	389	389	389	389

**. The correlation is significant at the 0.01 level (two-tailed).

"Film in Hospital" questionnaire

Welcome to the "Film in Hospital" online questionnaire.

Thank you for taking the time to complete this form.

Each form should contain data relating to the viewing of a single video by a single user.

In the case of collective viewing of a video, please fill in a questionnaire for each individual user, repeating the exact title of the video each time.

In the case of viewing several videos, please fill in a questionnaire for each video watched, repeating each time the data relating to each individual viewer, the fruition and the observable behaviours.

Respondent data

In this section we ask you to enter a little information about yourself as a respondent to the questionnaire

- Nationality of the respondent (Belgium; Croatia; Italy; Slovenia; Spain)
- Role of the respondent (Volounteer; Teacher/Educator; Health care professional; Other

Data relating to the video user

In this section we ask you to enter information about the user of the video. If the video is used by several patients at the same time, we would ask for your patience to fill in a form for each individual user.

1. Age of the video viewer (0-3; 4-6; 7-9; 10-12; 13-15; 16-18; 19 and more years old)

2. Sex/Gender of the video viewer (Female; Male)

3. Course of hospitalization (Occasional Day Hospital; Periodic Day hospital; Long-stay patient; Not detectable; Other)

Viewing data

In this section we ask you to enter information regarding the situation of the video use. It isimportant to fill in a different questionnaire for each video watched. Please enter only one title per questionnaire.

4. Exact title of the video watched, as stated in the catalogue.

5. Context of fruition (Individual; Family; Occasional small group; Class; Other)

6. Temporal location (Morning; Afternoon; Evening; Other)

7. Spatial collocation (Room; Classroom in Hospital; TV Room; Common Room/Play room; Hallway; Other places)

Data on observable behavior (1 to 5; 1= Low/Poor - 5 = High/Intense)

8.1. Observable behaviour: attention

8.2. Observable behaviour: emotional involvement / engagement

8.3. Observable behaviour: overall enjoyment

8.4. Observable behaviour: interaction with the video and the platform (using commands to regulate the enjoyment, reading the fact sheets, leaving comments etc.)

8.5. Observable behaviour: interaction with others

8.6. Observable behaviour: comment and discussion (e.g. with other users, family members, caregivers etc.)

9. Prevalent function (Education: learning something; Entertainment: passing time; Socialising: staying with others; Expression: sharing ideas and opinions; Emotion: sharing feeling and emotions; Communication: talking with others; Other)

Thank you for your time and cooperation!

Instructions researcher for Belgian hospitals

1. preparation
- Make sure your box of gifts is full
- Put the platform open on both your iPads
- Put the filter on the film on 'short films' so you make sure the children don't watch a feature film that takes too much time.

2. personal introduction to the child (and parent)
- In the room; Knock on the door or wall (if the door is open) and ask whether you're not disturbing them and if you can propose something fun to do. In a waiting room: go sit next to them.
   - positive answer? see next.
   - negative answer? Ask if you can come back later. If not, give them the code to the platform so they can watch and play later at a better time
- introduce yourself by your first name.
- Mention only to the parent you're a researcher and ask if you have permission to observe their child.
- Do not mention to the child you're a researcher.
- ask if they want to watch a film and play some games with you.
   - positive answer? see next.
   - negative answer? Ask if you can come back later. If not, give them the code to the platform so they can watch and play later at a better time.

3. introduction to the platform
- Show the child the two iPads. Let them choose between the green or the blue one.
- Explain they can choose a film and watch it by tapping the picture. Try not to explain more. But you can of course answer questions.
- Observe from a short distance.
- If you ask questions, be as objective as you can be.
- For example:
   do not ask: Did you like the film?
   do ask: *What did you think about the film?*

or
do not ask: *Do you think the activities are fun?*
do as: *What do you think of the activities?*

4. conclusion
- Thank them for watching and answering questions
- Let them choose a gift from your giftbox
- hand over a personal code so they have access to the platform on their own.
- Wish them a good stay and recovery

FILM**IN**HOSPITAL