

# **GAMES FOR HEALTH EUROPE**

# **2026**



**GAMES FOR HEALTH**  
EUROPE

**DISCLOSURE SLIDE**  
for presentations at the

**GAMES FOR HEALTH EUROPE 2026** CONFERENCE

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# Play it Forward: Clinical Implementation in Slovakia

*MSc. Petra Sabolová*

Science and research officer in psychology

AGEL Košice-Šaca Hospital



*After trauma, people do not only need treatment.  
They need help remembering what still matters.*

# Presentation Overview

1.

A clinical moment that changed my approach

2.

Bringing Play it Forward to Slovak healthcare

3.

Case observations from practice

4.

Why this matters: neuro-psychological foundations

5.

Take-home message: implications for care

A clinical moment  
that changed my  
approach

# A clinical moment that changed my approach

*Why I started looking for a better way to connect with patients*

- Slovakia – Burns and Reconstructive Surgery Clinic, patient after limb amputation

***When I asked how he was feeling, he replied:***

***“Because of medication, I am constipated.”***

## **What this revealed**

- Older patients often struggle to express and identify what they are going through
- Mental health stigma remains significant, especially among older adults and men
- There is a need to help patients reconnect with their values after difficult experiences

# Where it all started

## **Months earlier... A kitchen somewhere in Maastricht...**

- Master's program
- Roommate introduces a card game
- Based on values & life motivation
- Created connection

*The memory stayed with me. Half a year later, in Slovakia, it came back at exactly the right moment.*

# Bringing Play it Forward to Slovak healthcare

# From idea to action

## How the cards reached Slovakia

1. Contacting Games for Health
2. Online meeting with Jurriaan van Rijswijk
3. Play it Forward cards found their way to Slovakia

→ *What I appreciated was the openness to let the game travel into a new clinical context.*

# Play it Forward

Promoting self-reflection in patients with a card game

- 5 minute card game with abstract imagery
- card-based conversation tool



## Impact on patients

1. Reminds them what matters: patient's values & meaning
2. Opens a chance for a meaningful conversation and connection → reduced emotional isolation

# What the tool looks like in practice

*Simple enough for acute care, deep enough for a meaningful conversation*

- 1 Invite:** Would you like to choose cards about what matters to you?
- 2 Select:** The patient chooses images that resonate with them.
- 3 Explore and interpret:** A simple question - What do these cards mean to you?
- 4 Link forward:** We connect the card to hope, identity, values, or relationships.

## Clinical Settings

- Neurology
- Burns and Reconstructive Surgery Clinic

# Case observations from practice

# Case observations from practice

## 1 Case – Neurology, patient after CVA

- 79-year-old patient recently widowed

***“My family. A warm cup of coffee. Looking at my garden.”***



→ *Small effect, big meaning: A reminder and ability to look forward to something.*

# Case observations from practice

## 2 Case – Burns and Reconstructive Surgery Clinic, burns patient

- 58-year-old patient after 34% burn injury

***“My faith in God. My family. Helping other people”***



- The cards opened up topics that became a foundation for ongoing conversations.
- The patient remained in full control, deciding what to share and what to keep private.

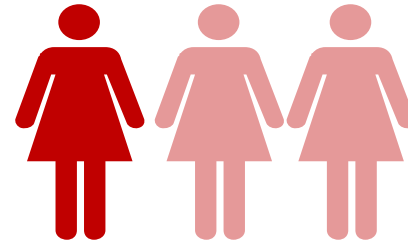
# Why this matters: neuropsychological foundations

# Why there is a need for such a tool

*Major burn injury – psychological distress*

**34%**

**of patients show clinically significant psychological distress at discharge**



**About 1 in 3 burn patients leave hospital with significant psychological distress.**

*In-hospital distress predicts:*

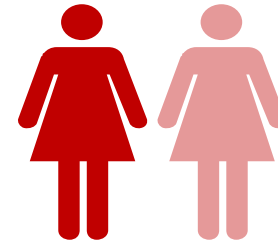
- worse physical recovery & worse long-term quality of life

# Why there is a need for such a tool

*Dutch general hospital patients*

**54%**

**of native Dutch inpatients  
screened positive for  
psychological distress**



**More than 1 in 2 patients in the hospital  
experience psychological distress**

→ *Psychological distress is a core part of hospitalization, not a side issue.*

# What people experience after major health crisis

1

## Threat and loss

- *body changes*
- *future uncertainty*
- *increased dependence*

3

## Common responses

- *emotional avoidance*
- *hopelessness and isolation*
- *difficulty speaking about inner life*

2

## Meaning disruption

- *“Why did this happen?”*
- *“Who am I now?”*
- *“What still matters?”*

4

## Clinical opportunity

- *restore personal values*
- *rebuild agency*
- *orient recovery toward what matters*

### **Bottom line:**

Physical recovery is often better supported when patients can reconnect with a meaningful reason to recover.

# Why value-based conversation matters in hospital recovery

## 1. **Autonomy**

- injury and hospitalisation can reduce control
- questions give the patient choice
- the patient decides what to reveal

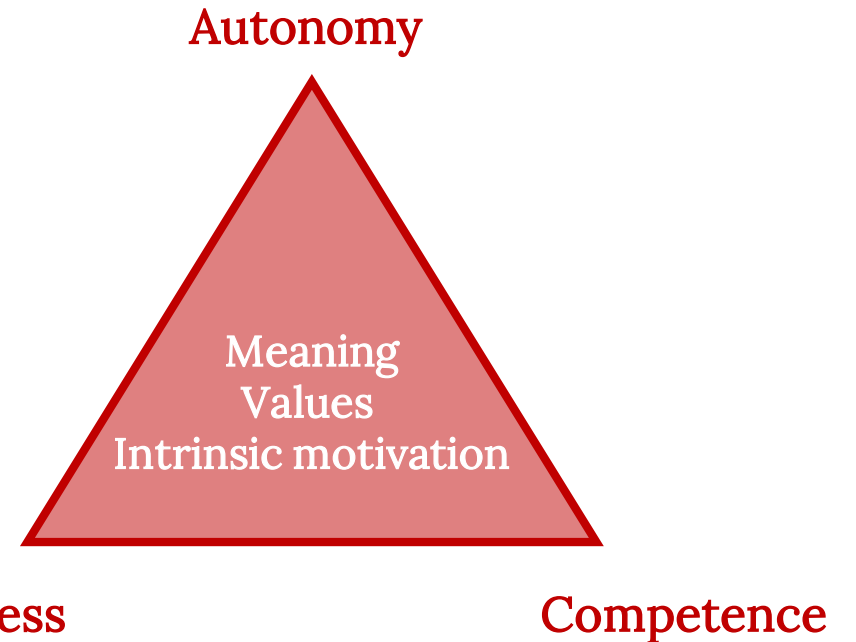
## 2. **Relatedness**

- illness isolates
- meaningful conversation restores human connection
- being seen as a person, not only a diagnosis

## 3. **Competence or agency**

- values create direction for recovery
- “what matters to me” becomes “what I am recovering toward”

→ **Meaning-making:** supports hope, coherence, and engagement



Take-home  
message:  
implications for  
care

# Take-home message

**After a major health crisis, patients do not only need treatment.  
They need help remembering who they still are and what still matters.**

- This is not a substitute for therapy, psychological or psychiatric care.
- It requires sensitivity and always allowing the patient to choose what and how much to share.
- It can serve as a connection tool that reminds patients of what is important in their lives when the ground beneath their feet is shaken.

# Thank you



Sometimes a powerful intervention is helping people remember what matters.

# Thank you for your attention

*Any questions?* Feel free to reach out at [petra.sabolova@agel.sk](mailto:petra.sabolova@agel.sk)

# Resources

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