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INTEGRATIVE REVIEW ARTICLE

THE THERAPEUTIC TOY IN A PEDIATRIC CRITICAL CARE ENVIRONMENT: INTEGRATIVE REVIEW

O BRINQUEDO TERAPÊUTICO EM AMBIENTE DE CUIDADO CRÍTICO PEDIÁTRICO: REVISÃO INTEGRATIVA

EL JUGUETE TERAPÉUTICO EN ENTORNO DE CUIDADOS CRÍTICOS PEDIÁTRICOS: REVISIÓN INTEGRADORA

Cassiana Mendes Bertoncello Fontes[1], Thaís Quintana Coral, Lis Amanda Ramos Toso[2]

ABSTRACT

Objective: understanding how the state of the art is in the use of therapeutic toy in a pediatric intensive care unit and pediatric critical care environments. ***Method:*** an integrative review that aims to answer the questions << *How is described in the literature using therapeutic toy with children in critical care environments that are not only in intensive care?* >> << *What is the state of the art using therapeutic toy by nurses in these environments?* >> << *What are the difficulties identified for the implementation of therapeutic toy in nursing practice?* >> We used descriptors in Portuguese and English, in national and international databases, from May to December 2013. ***Results:*** there were identified nine articles, six in Scielo and Cochrane and three in Medline, according to the intersection of the proposed descriptors. ***Conclusion:*** it is limited the use of the toy in intensive care and more studies are needed to implement it. ***Descriptors:*** Games and Toys; Pediatric Nursing; Pediatric Intensive Care Unit.

RESUMO

Objetivo*:** compreender como é o estado da arte da utilização do brinquedo terapêutico em unidade de terapia intensiva pediátrica e em ambientes de cuidado crítico pediátrico. ***Método*:** revisão integrativa que se propõe a responder as questões << *Como se descreve na literatura a utilização do brinquedo terapêutico com crianças em ambientes de cuidado crítico, que não sejam apenas em cuidado intensivo?* >> << *Qual é o estado da arte da utilização do brinquedo terapêutico pelo enfermeiro nesses ambientes?* >> << *Quais as dificuldades apontadas para a implementação do brinquedo terapêutico na prática de enfermagem?* >> Utilizamos descritores em português e em inglês, em bases de dados nacional e internacional, de maio a dezembro de 2013. ***Resultados: nove artigos foram identificados, seis na Scielo e Cochrane e três na Medline, de acordo com o cruzamento dos descritores propostos. ***Conclusão***: é limitada a utilização do brinquedo em terapia intensiva e mais estudos são necessários para a sua implementação. ***Descritores***: Jogos e Brinquedos; Enfermagem Pediátrica; Unidade de Terapia Intensiva Pediátrica.

RESUMEN

Objetivo: comprender cómo es el estado dela arte del uso del juego terapéutico en una unidad de cuidados intensivos pediátricos y entornos de cuidados intensivos pediátricos. ***Método:*** una revisión integradora que tiene como objetivo responder a las preguntas << *¿Como se describe en la literatura el uso del juego terapéutico con los niños en entornos de cuidados críticos que no son sólo en cuidados intensivos?* >> << *¿Cuál es el estado de la arte del uso del juego terapéutico por las enfermeras en estos ambientes?* >> << *¿Cuáles son las dificultades identificadas para la aplicación del juego terapéutico en la práctica de enfermería?* >> Utilizamos descriptores en portugués e inglés, en bases de datos nacionales e internacionales, de mayo a diciembre de 2013. ***Resultados:*** se identificaron nueve artículos, seis en Scielo y Cochrane y tres en Medline, de acuerdo a la intersección de los descriptores propuestos. ***Conclusión:*** se limita al uso del juguete en cuidados intensivos y más estudios son necesarios para ponerlo en práctica. ***Descriptores:*** Juegos y Juguetes; Enfermería Pediátrica; Unidad de Cuidados Intensivos Pediátricos.

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INTRODUCTION

Playing is one of the most important stages of child development. It is through the toy that the child communicates with the environment where it lives and can expressits feelings and creating its personality. In the hospital, the therapeutic toy is used in order to alleviate fear and anxiety experienced by the child during the hospitalization process.[1-4]

The difficulties encountered in the implementation of BT (therapeutic toy) in PICU ranging from the unpreparedness of the nursing staff about its use and the benefits from this practice, to the scarcity of articles on this topic.[1,3,4]

This integrative review arose from a need for authors to understand how the state of the art on the use of therapeutic toy (BT) in Pediatric Intensive Care Unit (PICU) during the preparation of a research project in order to implement it in one PICU of a public hospital and the interior of São Paulo School. The scarcity of articles that treat the theme led us to perform the search and enlarge it to the critical care environments.

The purpose of this review is to answer the questions: How is described in the literature using therapeutic toy with children in critical care environments that are not only in the PICU? What is the state of the art of using BT by nurses in these environments? What difficulties identified for the implementation of BT in nursing practice?

OBJECTIVE

● Analyzing the publications regarding the use of therapeutic toy in Pediatric Intensive Care Unit in the national and international literature.

METHOD

Integrative review[5,6,7], from six times: the guiding questions were prepared; the second time, defined the criteria for inclusion and exclusion of publications; the third consisted of bibliographic search itself in databases, electronic library of virtual journals and systematic reviews database.

The guiding questions were: How is described in the literature using therapeutic toy with children in critical care environments that are not only in the PICU? What is the state of the art of using BT by nurses in these environments? What difficulties are identified for the implementation of BT in nursing practice?

The search period was set from 2000 to 2013 due to shortage of studies describing the use of BT in PICU and critical care environment. The following inclusion criteria were established: journal articles in full in Portuguese, English and or Spanish. Theses, dissertations, articles and summaries with content that does not portray the review of the issue were deleted after reading. Two reviewers conducted the literature searches in computer in a public university library.

The bibliográphical searches were conducted: in Electronic Library of Brazilian Scientific Journals - Scielo; in LILACS - general health database and in systematic reviews database levels I, II and III, the Cochrane; in the MEDLINE - bibliographic database of the National Library of Medicine of the United States of America; in EMBASE and Scopus. The descriptors of those surveys were those available for Descriptors in Health Sciences (DeCS), then in Portuguese: Games and Toys, Pediatric Nursing, Pediatric Intensive Care Unit; and descriptors in English: Play or Toy AND Pediatric Nursing AND Pediatric Intensive Care Unit.

After reading the titles and abstracts, the studies included were analyzed in full, filling up a summary chip[8], (Annex 1). To evaluate the level of evidence it was used a validated instrument according to levels of evidence[9]: level 1- systematic reviews or meta-analysis of relevant clinical trials; level 2 - evidence of at least one randomized controlled clinical trial clearly delineated; level- 3 - well-designed clinical trials without randomization; level 4 - cohort studies and well-designed case-control; level 5 - systematic review of descriptive and qualitative studies; Level 6 - evidence derived from a single descriptive or qualitative study; level 7 - opinion of authorities or expert committees including interpretations of information not based on researches.[5]

The three guiding questions were discussed from the content identified in studies: type of population studied; intervention interest –the BT; comparison of interest; results and the time the intervention was used to achieve the results.[10]

RESULTS

There were identified nine articles met the inclusion criteria, five (55,5%) in Scielo; one (11,1%) in Cochrane and three (33,3%) in Medline. Figure 1 shows the variables Base/Database, year of publication, title, type of sample and goals, calling codes to articles, with letter "A" and sequence number.

Database/Virtual libraries/Year of publication/Article title	Studysample	Objective(s)
Scielo/2009 A 1-“ Therapeutic toy: strategy for pain relief and tension during the surgical dressing in children”	Held from a sample containing 34 children aged between three and ten years. Surgical unit of a children's Hospital in the city of São Paulo.	Compare the reactions expressed by the child during the dressing, performed before and after the preparation with Therapeutic Toy.
Scielo/ A-2 “Routine use of therapeutic toy in assisting children hospitalized: perception of nurses”	There was no participation of children in the study. Private General Hospital, in the city of São Paulo.	Identify the perception of nurses regarding the use of therapeutic toy on child care in the hospital.
Scielo/2008 A-3 “Therapeutic toy: benefits experienced by nurses in practice assistance to child and family”	Conducted with nurses who developed assistance activities or teaching in pediatric hospital and outpatient units, using the BT.	Present and discuss the benefits of BT experienced by nurses that used in their practice to child assistance.
Scielo/ A-4 “The nursing care by integrating the quality of life of children admitted in PICU”	Performed with 8 children, between 6 and 8 years old, admitted to a PICU of a hospital in the countryside of Rio Grande do Sul.	Investigate the indicators of quality of life of children admitted in PICU.
Scielo A-5 “The therapeutic and playful toy in the vision of nursing staff”	Study of nurses and nursing technicians in Pediatrics from a university hospital of Montes Claros-MG.	Identify the benefits of BT in accordance with the vision of nursing staff.
Cochrane/2001 A-6 -“ Use of the toy, as a nursing intervention instrument in the preparation of children submitted to blood collection”	42 children made up the control group and the experimental, with ages between 3 and 6 years old. Central Laboratory of a general hospital in the city of São Paulo.	Check the effect of Therapeutic Toy on the behavior of preschool children, during blood collection.
Medline/2008 A- 7 “Effectiveness and appropriateness of therapeutic play intervention in preparing children for surgery: a randomized controlled Trial study”	Study conducted with children between the ages of 7 to 12 years old who have undergone surgical procedures. Pediatric outpatient surgery unit of the University of Hong Kong.	Examine the effectiveness and appropriateness of the use of therapeutic toy to prepare children for surgery
Medline/2009 A- 8 “Using play therapy in pediactricpalliativecare: listening to the story and caring for the body.	A child who was on completion of life. Place Children´s Hospice, Canadá.	Facilitate the process of communication between parents and children on completion of life, contributing to the health of the family relationship.
Medline/2011 A-9 “Understanding nurse awareness for the use of therapeutic toy to child care in practice”	Nurses in many hospitals who work in Pediatrics.	Understand as nurse awareness for the use of therapeutic toy

Figure 1. Identification of articles according to base/database, title, year of publication, sample type, objectives and level of evidence. Botucatu, 2013.

It is observed that from the nine studies, six were performed with children to see if the intervention with the toy showed some result in the therapeutic process. Three of the studies were conducted with nurses and nursing technicians to understand what would be the awareness, preparation and use of BT as a nursing intervention.

Figure 2 verifies the level of evidence and if the study was published in national or international journal.

Article code-Level of evidence	Journal
A1- VI	National
A2- VI	National
A3- VI	National
A4- VI	National
A5- VI	National
A6- IV	National
A7- I	International
A8- VI	International
A9- VI	National

Figure 2. ID of the article in relation to the level of evidence and national and international journal publication. Botucatu, 2013.

DISCUSSION

Initially articles were analyzed from national and international context in journals that have published and then answered the questions that guided the integrative review.

♦Survey on National Basis

The first study[11]shows the objective to verifying the effect of applying the Therapeutic Play on the behavior of preschool children during blood collection for laboratory tests. It was conducted in a central laboratory in a general hospital in São Paulo, from a quasi-experimental design approach with a sample selected randomly with inclusion criteria: age of three to six years old and be able to play, that is, absence of serious general condition and be aware and interacting with the environment.

The second study[12] of a quantitative approach was conducted in a surgical unit at a children's hospital in the city of São Paulo, published in Acta Paulista of Nursing, in 2009 and sought to compare the reactions expressed by the child during dressing change before and after emotional preparation with instructional therapeutic toy (BTI). The samples were randomly selected and, as an inclusion criterion, all should be hospitalized to undergo small and medium surgery.

The third study[13] from a qualitative approach, exploratory descriptive type, published in Nursing Gaucho Magazine in 2010, found the benefits of using toy for nursing care for hospitalized children in a pediatric surgery unit of a large hospital located in Curitiba (PR). The sample was selected by convenience and consisted of children and their parents/guardians who agreed to participate and signed the free and informed consent form. Inclusion criteria were: age of five years old (for them to be able to voice their opinions through the interview); of both genders; regardless of the underlying pathology; admitted at the study sites; able to verbalize; which had received nursing care through therapeutic play and to accept participating.

The fourth study[14] of a quantitative approach carried out in a private large general hospital in São Paulo, found the perception of nurses in relation to the routine use of therapeutic play in providing assistance to hospitalized children. A sample of 30 nurses was selected by convenience and in accordance with the inclusion criteria: we excluded those away for vacations or licenses for data collection or did not agree to participate.

♦Survey on International Basis

A study[15] of qualitative approach, aimed to understand how does the awareness of nurses to the use of therapeutic play in care practice to the child. The sample was selected by convenience and according to the following inclusion criteria: locate and delineate nurses that used BT in care practice, teaching or research development; personal knowledge of researchers, scientific and academic production; or their participation in the activities of Toy Study Group.

Two other articles, described in different hospital settings, the preparation of children for surgery[16] and palliative care in terminally life.[17, 12]

The first[16]study published in 2008 examined the effectiveness and adequacy of therapeutic toy in preparing children for surgery in an outpatient pediatric surgery unit of the University of Hong Kong. The quantitative approach was from an experimental design, the sample being randomly selected from the following inclusion criteria: age between 7 and 12 years old, empowered to speak and read Chinese language, they are accompanied by their father or mother in the interview preoperative and on the day of surgery; there were excluded from the study children with cognitive and learning problems identified during the nursing and medical interview on admission for surgery. It was statistically evident similarity in the variables age and sex education provided by parents and the homogeneity of variance between the two groups regarding the anxiety of parents and children. The experimental group of children and parents showed lower anxiety scores preoperatively and postoperatively compared to control subjects.

In a publication in 2009 of a study[17] conducted in a children's hospital in Canada using a qualitative approach of a case study that aimed to facilitate the process of communication between parents and children using the therapy with toy in palliative care to a child in terminally of life in cancer treatment. The authors demonstrated that the recreational activities the bedside contributed to the health of the family relationship between parents and children, relieving anxiety and resolving issues related to the death process context. The nurse explained to the parents that the child could express its feelings and fears about the disease process through the playful (drawing and painting) and would be opportunity to express the thoughts that terrified them. So the mother also found support to answer questions and talk to the child from the nursing guidelines.

The results showed that only an exploratory study investigating quality of life indicators of children in PICU cited the toy as an important attribute to them, as well as the home, studies and family.[17]

Regarding the use of BT in pediatric institutions identified in surgical ambulatory and hospital units, in laboratory sample collection and pediatric palliative care unit.

We noted that the articles dealt with the perception and awareness of the nursing team, as technicians and nurses, scored the benefits of BT in nursing care.

♦Answers to guiding questions

On the first question: As shown in the literature using therapeutic play, regardless of age, with children in critical care environments that are not only in the PICU?

These articles bring the experience of using the BT surveys collecting laboratory, ambulatory surgical unit, palliative care unit of hospitals, preparing children to be subjected to procedures.[11-15]The preparation with BT demonstrated that the child shows reduction of aggressive behavior and of verbal and bodily negative expression, and positive emotional response[11]; demonstration of collaborative attitudes and spontaneous cooperation to the professional, there are also reported behaviors.[7] Improve understanding of children and the care to be carried out, decrease the stress of hospitalization and promote better relations between the nursing staff and the child corroborate the deployment of BT in the practice of pediatric nursing care.[13]

In the operating room environment showed lower anxiety scores preoperatively and postoperatively in the experimental group compared to the control group.[16] When used the bedside with children in palliative care, the BT has contributed to the health of family relationship between parents and children, relieving anxiety and solving issues related to the death process context.[17, 12]

The second question: What is the 'state of the art' of using BT by the nurse?

Most nurses have some knowledge about BT, but there are many factors that prevent such benefits will be put in place by these professionals in the routine critical environments.[14]Its implementation by nurses in care practice, teaching or research development confirm that BT is an appropriate strategy for nurses to approach the child, setting bond, empathy and a trust.[15]

The third question: What are the difficulties identified for the implementation of BT in nursing practice?

The various difficulties mentioned for the implementation of BT's practiceare related to: lack of technical-scientific preparation of the nursing team; lack of human and material resources and the time factor.[2,13,14]But these difficulties do not justify the deprivation of the child's right to play and to receive a humanized care during their hospitalization. Although the use of therapeutic BT in day to day activities of the pediatric units is not the reality, we identified that, when used, is a facilitator in the relationship between the nursing staff and the child, able to promote better acceptance of care to be performed with the least possible trauma.[13,18,19]

In PICU its implementation is not described in order to propose the evidence of this practice. This reinforces the importance of the proposition, implementation and description of project results that environment.

Only one article dealt with the use of BT in PICU, with descriptive, exploratory account[20]about the quality of life of eight children, between six and eight years old in a PICU. Children mentioned that playing, studying, living at home and the mother company and siblings are important attributes for their lives. The authors concluded that these data support more flexible attitudes of care as ideas for implementation of educational games and activities in PICU and that can be performed, with her mother, without interfering with therapeutic procedures and hospital infection control.

The evidence identified in this review were frequent with the use of BT in outpatient and inpatient units, particularly before and after surgery and reaffirm that when used provides grants for humanized care.

We stress the importance of strengthening the teaching of this subject nursing graduation, because the lack of knowledge on the subject for the future nurse brings difficulties to the implementation and practice of this therapeutic play activity.

Therapeutic toy provides a relationship of trust between nurses and hospitalized children, contributing to effectiveness and success of nursing and medical procedures. The show with puppets and materials used by nurses in child care provide demystifying the fear, the pain, and the care of the surgical incision, the fact of being away from his mother or caregiver at times of treatment. Studies evaluating the preparation of children in pre and postoperative for elective surgery of cleft lip and palate correction using the BT concluded the effectiveness of this

intervention through quantitative and qualitative analysis of the results.[3-4]

Using games and toys, storytelling, drawing and listening to music are part of the child context, and during hospitalization, regardless of the environment and the level of complexity of care of children, may help relieve the pain, suffering, separation from family and friends. The recovery of health status and the cooperation of parents in the treatment of children are goals to be achieved if nurses invest in such playful methods for nursing intervention.[21]

The paradigm of BT use in the hospital covers the conditions of understanding for the Brazilian socio-cultural context and is justified for the need of the practice of hospital humanization.[22]

CONCLUSION

Among the nine articles, four dealt with the use of BT in the hospital, but not necessarily in critical care for children environment; one was conducted in laboratory tests of collection; three sought to understand the perception and action of the nurses about the use of BT in nursing practice and tried to indicators of quality of life in children admitted to the PICU.

The data collection instrument, in chip form, provided objectivity in identifying the contents to integrate the results and the contextualization of the theme.

The answers to the three questions showed the state of the art of using BT for nursing, what its meaning is, and how much we still need to advance the implementation of this practice, especially in pediatric intensive care environment. The knowledge gap is exactly in using BT as an intervention, and to undertake follow-up studies of population studied, so that the level of scientific evidence to be trusted with the reality of practice.

The expansion of bibliographic search on the BT theme for critical environment was essential not just to the PICU environment because it reinforced the need to invest in research. The use of BT in PICU can help in minimizing the deleterious effects resulting from hospitalization.

Encourage and provide resources for BT deployment routinely contribute to reducing the knowledge gap in the pediatric intensive nursing.

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ANNEX 1. Instrument for data collection.

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A- Identification	
Titleofthearticle	
Titleofthejournal	
Authors	Name Workplace Graduation
Country	
Language	
Yearofpublication	
B- StudyPlace	
Hospital	
University	
Research Center	
Single institution	
A multicentricresearch	
Otherinstitutions	
Does not identify the location	
C- Typeofpublication	
Nursingpublication	
Medical publication	
Publication of another area of health. Which?	
D-Methodological characteristics of the study	
1. Typeofpublication	1.1 Research ( ) Quantitative approach ( ) Experimental design ( ) Quasi-experimental design ( ) Non-experimental design ( ) Qualitative approach 1.2 Non research ( ) Literature review ( ) Case studies ( ) Other
2. Purposeorresearchquestion	
3. Sample	3.1 Selection ( )Random ( ) Convenience ( ) Other 3.2 Size (n) ( )Initial ( )Final 3.3 Characteristics Age Gender: ( )M ( )F Race Diagnostic Type of surgery 3.4 Inclusion/exclusion criteria of the subjects
4. Treatmentof data	
5. Interventionsperformed	5.1 Independent variable 5.2 Dependent variable 5.3 Control group: yes ( ) no ( ) 5.4 Measuring instrument: yes ( ) no( ) 5.5 Duration of study 5.6 Methods for the measurement of the intervention
6. Results	
7. Analysis	7.1 Statistical treatment 7.2 Level of significance
8. Implications	8.1 The conclusions are justified on the basis of the results 8.2 What are the recommendations of authors
9. Evidencelevel	
E-Evaluation of methodological rigor	
Clarity in identifying methodological path in the text (method employed, subject participants, inclusion/exclusion criteria, intervention, results)	

Source: Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. Einstein [Internet]. 2010; [cited 2013 May 02];8(1 Pt 1):102-6. Available from: http://www.psiquiatriabh.com.br/revisao_integrativa.pdf