



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

THERAPEUTIC TOY APPLICATION IN A PEDIATRIC UNIT: PERCEPTIONS OF NURSING UNDERGRADUATE STUDENTS

APLICAÇÃO DO BRINQUEDO TERAPÊUTICO EM UMA UNIDADE PEDIÁTRICA: PERCEPÇÕES DOS ACADÊMICOS DE ENFERMAGEM

APLICACIÓN DEL JUGUETE TERAPÉUTICO EN UNA UNIDAD PEDIÁTRICA: PERCEPCIONES DE LOS ACADÉMICOS DE ENFERMERÍA

Glauciane Marques de Assis Berteloni¹, Kátia Pontes Remijo², Ana Paula Gazola Bazzo³, Rosângela Aparecida Pimenta Ferrari⁴, Adriana Valongo Zani⁵

ABSTRACT

Objective: describing the perceptions of Nursing undergraduate students with regard to the therapeutic toy application. **Method:** this is a descriptive study with a qualitative approach carried out at a public university in Londrina, Parana, Brazil, with 16 students from the 3rd year of the undergraduate Nursing course, during the provision of care for the child admitted to a pediatric unit of a school hospital. Data collection was conducted using a semi-structured script and recorded interviews analyzed through ideological and nomothetic analysis. The study was approved by the Research Ethics Committee under the CAAE 0331.0.268.000-11. **Results:** after the analysis of interviews, three categories emerged: 1) meaning of the therapeutic toy; 2) importance of the therapeutic toy; and 3) family and the therapeutic toy. **Conclusion:** this study reflected the importance of applying the therapeutic toy as a positive method for treating the hospitalized child, and it should be extended beyond the academic realm, reaching the professionals' routine. **Descriptors:** Games and Toys; Child; Pediatric Nursing.

RESUMO

Objetivo: descrever as percepções dos acadêmicos de Enfermagem quanto à aplicação do brinquedo terapêutico. **Método:** trata-se de estudo descritivo com abordagem qualitativa realizada em uma universidade pública de Londrina-PR, com 16 estudantes do 3º ano do curso de graduação em Enfermagem, durante o cuidado à criança internada em uma unidade pediátrica de um hospital-escola. A coleta de dados foi realizada com roteiro semiestruturado e entrevistas gravadas analisadas pela análise ideológica e nomotética. O estudo foi aprovado pelo Comitê de Ética em Pesquisa sob o CAAE n. 0331.0.268.000-11. **Resultados:** após a análise das entrevistas emergiram três categorias: 1) significado do brinquedo terapêutico; 2) importância do brinquedo terapêutico; e 3) a família e o brinquedo terapêutico. **Conclusão:** este estudo refletiu a importância da aplicação do brinquedo terapêutico como método positivo para o tratamento da criança hospitalizada, devendo ser ampliado para além do âmbito acadêmico, alcançando a rotina dos profissionais. **Descritores:** Jogos e Brinquedos; Criança; Enfermagem Pediátrica.

RESUMEN

Objetivo: describir las percepciones de los académicos de Enfermería con respecto a la aplicación del juguete terapéutico. **Método:** esto es un estudio descriptivo con abordaje cualitativo realizado en una universidad pública de Londrina, Paraná, Brasil, con 16 estudiantes del 3^{er} año del curso de graduación en Enfermería, durante el cuidado al niño ingresado en una unidad pediátrica de un hospital escuela. La recogida de datos fue realizada con guión semi-estructurado y entrevistas grabadas analizadas por medio del análisis ideológico y nomotético. El estudio fue aprobado por el Comité de Ética en Investigación bajo el CAAE 0331.0.268.000-11. **Resultados:** después del análisis de las entrevistas emergieron tres categorías: 1) significado del juguete terapéutico; 2) importancia del juguete terapéutico; y 3) la familia y el juguete terapéutico. **Conclusión:** este estudio reflejó la importancia de la aplicación del juguete terapéutico como método positivo para el tratamiento del niño hospitalizado, que debe ser extendido más allá del ámbito académico, llegando a la rutina de los profesionales. **Descriptor:** Juegos y Juguetes; Niño; Enfermería Pediátrica.

¹Undergraduate student at the Nursing course of UEL. Londrina (PR), Brazil. Email: glauciane_berteloni@hotmail.com; ²Undergraduate student at the Nursing course of UEL. Londrina (PR), Brazil. Email: katia_remijo@hotmail.com; ³Undergraduate student at the Nursing course of UEL. Londrina (PR), Brazil. Email: anapaula.bazzo@yahoo.com.br; ⁴Nurse. PhD in Sciences. Professor at the undergraduate Nursing course of UEL. Londrina (PR), Brazil. Email: ropimentaferrari@uel.br; ⁵Nurse. PhD student at the Graduate Program in Collective Health of the Botucatu School of Medicine of Universidade Estadual Paulista (UNESP). Professor at the Nursing Department of Universidade Estadual de Londrina (UEL). Sao Paulo (SP), Brazil. Email: adrianazani@hotmail.com.

INTRODUCTION

During hospitalization, the child needs special attention from the professional who will conduct care, since she/he may undergo an invasive, painful, and traumatic treatment, such as: collection for exams, wound dressings, venous punctures, and diagnostic exams.¹

This environment intensifies fears, anxieties, and stress. However, to minimize these feelings and make the hospital environment less hostile, the toy and playing favors a less traumatic permanence. The use of toy simulates an environment close to the child's everyday life, i.e. her/his home, family, or school.² Through the concepts of health humanization, the professional should use an accessible and differential communication to the child and the therapeutic toy (TT) has stood out as an effective way.³

TT goes beyond the object or an application technique, it has a lot of subjectivity and creativity source, allowing the development of interaction with the child; through it one softens and explains the procedures, exams which may become needed during hospitalization.⁴⁻⁶ It also constitutes the tool for the professional's care, and she/he must try being competent and, at the same time, sensitive and attentive to the child's world.⁷ Currently, the undergraduate Nursing courses aim at making students aware of the importance of TT, emphasizing the importance of this practice to be implemented during their acquisition of knowledge. Since, from approaches to this theme, it'll provide the prospective professional's academic life with appreciation of the child's humanization.^{8,9}

The use of TT is a method which enables the humanization of a hospitalized child and, nowadays, the obligation of toy libraries is provided by law in hospital institutions with pediatric hospitalizations; the need for undergraduate Nursing courses offering this knowledge shows to be evident.¹⁰⁻¹

The therapeutic toy in child care is provided in accordance with the National Council for the Rights of Children and Adolescents, under the Resolution 41/1995, which establishes that the hospitalized child has the right to receive all therapeutic resources available for her/his possible cure. The Resolution COFEN 295/2004 proposes that the nurse uses TT nurses in child care.¹²⁻³ Thus, the experience of using TT during practices in the pediatric unit was what motivated this study. Therefore, this study

aims to describe the perceptions of undergraduate Nursing students when applying the therapeutic toy.

METHOD

One adopted the descriptive research with a qualitative approach. Qualitative research is concerned with the reality level which can't be quantified; its approach deepens into the world of meanings from actions and human relations.¹⁴

The study took place at the Health Sciences Center (HSC) of Universidade Estadual de Londrina (UEL). HSC has undergraduate courses in Nursing, Medicine, Physical Therapy, Dentistry, and Pharmacy and Biochemistry. The undergraduate Nursing course lasts four years, and it's divided into modules. In the second semester of the third year takes place the module Children and Adolescents' Health, which comprises the study of newborn infants, children, and adolescents within the realm of primary care and hospital care. The use of TT is among the themes addressed in theory and practice during this module.

Data collection was conducted in January and February 2012 during the provision of care for the child admitted to a pediatric unit in a public school hospital. The study sample consisted of 16 undergraduate students. Their selection was based on the claim of using TT during the internship, and those who didn't use TT or didn't agree to participate in the study were excluded. For collecting data, one used a semi-structured interview script divided into two parts: the first consisted of the respondents' characterization and the second of the undergraduate students' perception with regard to the use of TT in the pediatric unit.

The participants' speeches were recorded, by using a tape recorder and digital recorder and, soon after the end of each interview, they were transcribed and analyzed. The data analysis had two moments. At the first moment, an ideological analysis was conducted, in which one refers to the intelligibility of observed meanings which are connected in their inter-relationships and their structural unit. Subsequently, at the second moment there was a nomothetic analysis, aiming to achieve the general psychological structure and provide a movement with convergences and divergences that will show themselves in individuals cases.¹⁶ To guarantee anonymity of respondents, they were identified by the name of flowers.

The study was conducted with a favorable opinion from the Research Ethics Committee of UEL, under the CAAE 0331.0.268.000-11 and the Protocol 344/2011; the undergraduate Nursing students signed the Free and Informed Consent Term.¹⁵

RESULTS AND DISCUSSION

A brief characterization of subjects shows that the undergraduate Nursing students' age group ranged between 21 and 23 years; regarding gender 14 (87.5%) were females and 2 (12.5%) were males. The interviews on the use of TT took place during the internships in the pediatric emergency room and the pediatric unit.

After analyzing the interviews with the undergraduate Nursing students, three categories emerged: meaning of the therapeutic toy; importance of the therapeutic toy; and family and the therapeutic toy.

♦ Meaning of the therapeutic toy

The undergraduate Nursing students understand that TT is a way for providing the hospitalized child with entertainment moments and, at the same time, improving the interaction between the professional and the child:

[...] it's using the toy to help in therapy, as a way for facilitating the service, it's not just playing, using the toy without any meaning, but using the toy to assist care, in order to teach a certain procedure to the child, so that she/he adapts to the hospital environment. (Orchid, Violet, Lily)

According to other undergraduate student, TT can assist in performing certain procedures needed for the child's treatment, since it's a family instrument which, generally, brings positive feelings:

[...] a means for providing a child with treatment that we use, for instance, a puppet, we teach, show the child what is going to be done and, through the material, a puppet, a teddy bear, so that the child is able to see and accept treatment, it's a way she/he accepts treatment, seeing it on the doll. (Begonia, Carnation, Cherry Tree, Calla Lily)

According to the undergraduate students, the use of TT by health professionals is indicated as a beneficial way, characterized by acceptance of treatment, in which, through toys known to the child, such as puppet, the professional establishes a closing in to the child and an affective bond.⁷

[...] well, it's the way how you apply a play and, at the same time, demonstrate what is going to happen, a surgical procedure or a venous puncture and, also, entertain the

child along with the team. A way you can interact with the child and make her/him good. (Chrysanthemum, Orange Blossom, Rose, Cherry Tree)

The undergraduate students understand that illness and hospitalization in most cases are accompanied by invasive and painful procedures which lead to a traumatic and stressful experience for the child.¹⁷

The therapeutic toy consists of a structured toy whose purpose is relieving the child's anxiety in atypical threatening experiences, requiring recreation to reduce and eliminate anxiety and one should use it whenever the child have difficulty for understanding or dealing with the experience.¹⁸ Therefore, TT is a technique which enables communication between the nursing team and the hospitalized child, in order to ensure that the professional will understand the child's needs and feelings. It also enables the communication regarding acceptance, information, and values; prepares the child for traumatic experiences, such as surgical procedures; reduces physical and psychological stress in order to make the child more relaxed and smooth; and allows behavioral changes in face of the changes which her/his life is going through.¹⁹

♦ Importance of the therapeutic toy

When inquiring the undergraduate Nursing students on the purpose of TT, one realizes that they believe it's an important ally for the hospitalized child recovery:

[...] TT helps softening the context that the child is going through. (Tulip)

[...] leaves the child more open, more comfortable, and she/he starts collaborating more. (Sunflower, Carnation, Rose, Calla Lily)

The use of TT may allow the child to accept the professional who will provide her/him with care, diminishing her/his feeling of fear. The undergraduate students report that by using TT the child starts expressing her/his feelings through the toy, and a change in her/his behavior is observed:

[...] the child feels more confidence with you by using the toy, she/he feels more at ease, she/he also reflects her/his feeling on the toy, what she/he's feeling through the toy, there was a behavioral change, children became more smiling, more communicative through the toy. (Sunflower, Cherry Tree, Violet, Carnation)

[...] the toy allows the child to accept [the professional's] care, for instance, I took care of a child who, when we entered the room with a tray, regardless of what was on it, syringe, needle, thermometer, she burst into tears and hid behind their parents'

armchair, afraid. So, when I went to check her temperature, I used the therapeutic toy showing in the puppet what I was going to do on her, then, I let her do the same thing on the puppet and, thus, she allowed me to do that on her. She realized that there was no need to be afraid, because it doesn't hurt, in fact, it was nothing, it was only her fear of cold (alcohol swab); we showed it and she allowed us to provide her with care procedures. (Tulip, Violet, Orange Blossom, Calla Lily)

In the testimony below, one notices that the undergraduate students trust TT, as they perceive a best acceptance of care, characterized by more communicative and smiling children. Some authors report that through playing the child expresses emotions, relieves tension and stress, decreasing anxiety to externalize feelings and conflicts observed in everyday life.⁵

[...] it's an element which experiences the child's joy. That's where he leaves his world, a world of sorrow, a period he is going through and interacts with the professional. [...] At first, when I arrived, he was in the room and wasn't receptive, he was aloof and, after the toy therapy I performed, he became more harmonious and allowed the procedures go on more smoothly. (Daisy, Rose, Carnation, Cherry Tree, Heart's Ease)

By playing, the child ceases being a spectator and becomes an agent of change, as she/he expresses the way she/he reflects, arranges, and disarranges, constructs and destroys a world which is meaningful for her/him and meets her/his needs, allowing her/him to work out her/his relations to this world.³

The TT session may be mediated, by using the same hospital materials and a doll, guiding the procedure; or, also, the materials can be created by the child and the undergraduate Nursing student. The child's preparation needs time for reflection and questions, this way, she/he's able to expose her/his expectations with regard to the therapeutics set.²⁰ Thus, one observes that undergraduate students also used various materials to assist their practices:

[...] it was very good, provided a closer contact, I interacted more, the child felt more welcomed when she was closer to me, I used little hat, bowtie, bows, soap ball, adjustable-angle bows, cart. I used a stethoscope to demonstrate. By the time I arrived with the toys they began laughing, playing, communicating, it was easier to perform the procedures. (Heart's Ease, Rose, Carnation, Violet)

Hospitalization is a potentially stressful situation for the child, which can lead to emotional harms in case there's no proper situation management on the part of the health team caring for her/him. Nursing care for this child must go beyond the provision of physical care and the knowledge that the nurse should have with regard to her/his disease and the diagnostic or therapeutic interventions undertaken.¹⁷

One should also take into account the emotional and social needs of children, including the use of appropriate communication and relationship techniques, among which stands out the playing situation. Because of this, the undergraduate students reinforced the use of TT in nursing practices, taking to the hospital environment a more reliable and safe context for the child.^{18,21}

[...] the toy helps the child to have fun and forget about fear, the wound dressing, it's a beneficial instrument which helped the child to forget she/he's in the hospital, and, thus, it become her/his little corner, her/his house there, it's something very interesting the change it causes to the child's psychology. (Madonna Lily, Lily, Rose, Tulip)

In addition to the hospitalized child's weaknesses, one also reported the weaknesses of the undergraduate students themselves, such as difficulties with regard to the procedures in children and difficulties concerning their management.²⁰

[...] I'm a little afraid of dealing with children, I'm very emotional, thus, it helped me a lot, to interact, play with them, and, then, perform the procedures. (Heart's Ease, Sunflower, Daisy, Flower of the Field)

Thus, nursing plays a crucial role in this practice. Members of the team need to be aware, both with regard to the toy/playing function in the child's lives and to the patterns of use of this important tool, constituting an important nursing intervention, highlighting the very profession's development.¹⁹ For this, the undergraduate students report that, in addition to the importance of applying TT, it's crucial that the health professional wants to use this method:

[...] I think people have to want to, want to apply, there's no use in applying just to apply. (Daisy, Violet)

[...] at first there was the experience, i.e. I saw my colleagues using TT, so that the starting point wasn't me, but the other student. And I also looked at the teacher and said: do you think it will work? Is it? Because she's crying, this hurts, does a toy help relieving the pain? When I applied it to another child, it worked, so, I saw this

works. (Flower of the Field, Lily, Rose, Carnation, Orange Blossom)

Thus, it became evident that for students TT is of paramount importance, as it provides the child with more safety, by reducing her/his fear with regard to the procedures, making them more collaborative with the care procedures undertaken and enabling more affection to the professional.⁵

♦ Family and the therapeutic toy

The family needs to get a special look, a motivation to keep on fighting for treatment, during hospitalization the emotional impact generated by the disease is overwhelming, there's stress in many senses with regard to disease evolution or cure uncertainty.¹

Playing during hospital stay is whether more meaningful for parents or for the child, TT can resume this tie between the family and the child, besides providing the focus of treatment and the well-being:

[...] sing a little tune, involve mother in playing, and, also, provide a rest period for the parents who are with the child. I think it's very truthful and important, entertaining the child while the mother had a break [...].I managed to entertain the child, spend a time with her/him, make time pass a little faster for her/him, and I realized that this way made a big difference for the mother. During that time I was playing with the child the mother was taking a bath, taking a walk, she tried to unwind a bit. [...] for me, it was more difficult when the child noticed the absence of her/his mother and burst into tears. (Tulip, Violet, Cherry Tree, Calla Lily)

The parents who participated in the hospital dynamics provided the child's treatment with a basis. This moment may be observed if TT actually made sense to the child, since when she/he starts understanding her/his treatment a knowledge transfer takes place through the reproduction of this care under the form of play along with her/his parents.⁵

This knowledge transfer may happen as reported:

[...] then, the other day I wasn't there with her, but she caught the little animal she had and, also, at the same time, she asked her mother to do that along with her in the little animal. I think that it was her way to be less afraid of the procedures she had to undertake. (Sunflower, Orange Blossom, Cherry Tree, Lily)

Another relevant factor is that TT may be useful so that parents can be away for a few minutes of their children to perform some activities, but it may be used as a way to

allow parents to have fun by seeing their kids happy:

[...] besides children are having fun, mothers also joined the play, we used the sphymo, surgical tape, we were sticking it with drawings. (Chrysanthemum, Violet, Daisy)

TT may help alleviating the critical moments in the child's treatment, since, sometimes, lengthen hospital stays, unsuccessful child's treatment cause anxiety, stress, both for the family, the child, and the professional, as we can observe in this report:

[...] The child is hospitalized for more than eight months and she often underwent several readmissions, her mother had lost another child due to the same pathology, she was in a very bad psychological status, completely exhausted, and we were also like this with regard to the situation. [...] the vein was clogged, and it had to flow, and, at that time, the child burst into tears and just couldn't stop crying, her mother was about to explode, and she exploded, and to calm the child down we took a little toy, and the child immediately stopped crying and started laughing, he began to play, we could perform the procedure, she cried, but it was something momentary between procedures, it wasn't lengthen, she cried for a while and stopped, then, her mother also calmed down. [...] The result was observed in the child and mother, and in us, too, we managed to calm down by calming the child down, then, we could perform the procedure, the mother got calmer, that tension moment went away. (Flower of the Field, Calla Lily, Lily)

That was a moment when the toy's application was extremely valuable and we were really able to see the effect of TT. The contribution takes place day by day, and increasingly in a way that is embedded in the professional's dynamics.

Coping with the disease mediated by the use of TT strengthens the relation between the family and the acceptance of new situations and life threats. By working with the family context, this activity boosts the humanization of nursing.^{20,22}

The use of TT helps explaining and demonstrating nursing procedures for the child and, as a consequence, one can achieve her/his participation and collaboration.^{20,23}

Parents positively evaluate the use of TT, since it's an important way of reducing the suffering of their children and an effective communication tool. The use of TT makes the child forget the pain and, for a moment, her/his own disease.²⁴⁻⁵

Therefore, by using TT the relatives can provide the child with a smoother

environment and, this way, calm her/him down by making the child, even scared, allow the professionals to perform certain procedures.²

CONCLUSION

This study showed that TT application, according to the undergraduate Nursing students, had a positive meaning for the hospitalized child's therapeutics and her/his family.

It's known that the child's illness and hospitalization move depressive feelings due to the fact of lack of knowledge and fear of what is going to happen to her/him. However, the use of TT enables the establishment of a more effective communication, with the possibility of decreasing resistance in face of the nursing interventions.

The child must be motivated to accept treatment, there's a need for conquering the child, i.e. entering her/his world, the world of play. Using TT, which is a tool familiar to her/him, which is part of her/his environment, allows the child to be more receptive to the hospital treatment.

It's worth noticing that the study showed the importance of family involvement during TT application, since family is the link between the professional and the child, and, at this time, due to the child's status, which sometimes is severe or due to prolonged hospital stay and the execution of procedures, is also fragile and requires support.

Therefore, this study reflects the importance of TT application as a positive method for the hospitalized child's treatment, and it should be extended beyond the academic realm, reaching the routine of professionals who work in pediatric units.

REFERENCES

1. Silva JP, Garanhan ML. O significado do cuidado perioperatório para a criança cirúrgica. Rev Eletrônica Enferm [Internet]. 2011 Apr-June [cited 2011 Oct 12];13(2):259-68. Available from: http://www.fen.ufg.br/fen_revista/v13/n2/pdf/v13n2a12.pdf.
2. Melo CF, Almeida ACAC, Araújo Neto JL. Therapeutic toy: strategy for pain and tension relief in children with chronic illnesses. Rev Enferm UFPE On Line [Internet]. 2011 [cited 2011 Dec 23];5(7):1626-32. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1705/pdf_609.
3. Giacomello KJ, Melo LL. From fantasy to reality: understanding the way of playing of institutionalized children victims of violence

through therapeutic play. Ciênc Saúde Coletiva [Internet]. 2011 [cited 2012 Nov 7];16(Supl 1):1571-80. Available from: <http://www.scielo.br/pdf/csc/v16s1/a93v16s1.pdf>.

4. Medrano CA, Padilha MICS, Vaghetti HH. O brinquedo terapêutico: notas para uma re-interpretação. Revista Mal-Estar e Subjetividade [Internet]. 2008 [cited 2012 June 7];8(3):705-28. Available from: <http://pepsic.bvsalud.org/pdf/malestar/v8n3/07.pdf>.

5. Conceição CM, Ribeiro CA, Borba RIH, Ohara CVS, Andrade PR. Therapeutic play when preparing the child for venipuncture outpatient: perception from the parents and attendants. Esc Anna Nery Rev Enferm [Internet]. 2011 [cited 2011 Nov 13];15(2):346-53. Available from: <http://www.scielo.br/pdf/ean/v15n2/v15n2a18.pdf>.

6. Pinheiro ALU, Belter M, Brondani CM, Roso CC, Flores RG. Humanização no cuidado hospitalar: percepção de familiares acompanhantes. Rev Enferm UFSM [Internet]. 2011 [cited 2012 Dec 15];1(2):204:13. Available from: <http://cascavel.ufsm.br/revistas/ojs-2.2.2/index.php/reufsm/article/view/2525>.

7. Maia EBS, Ribeiro CA, Borba RIH. Understanding nurses' awareness as to the use of therapeutic play in child care. Rev Esc Enferm USP [Internet]. 2011 [cited 2011 Nov 24];45(4):839-43. Available from: <http://www.scielo.br/pdf/reeusp/v45n4/v45n4a07.pdf>.

8. Francischinelli AGB, Almeida FA, Fernandes DMSO. Routine use of therapeutic play in the care of hospitalized children: nurses' perceptions. Acta Paul Enferm [Internet]. 2012 [cited 2012 Dec 23];25(1):18-23. Available from: <http://www.scielo.br/pdf/ape/v25n1/v25n1a04.pdf>.

9. Lemos LMD, Pereira WJ, Andrade JS, Andrade ASA. Vamos cuidar com brinquedos? Rev Bras Enferm [Internet]. 2010 [cited 2012 Dec 23];63(6):950-5. Available from: <http://www.scielo.br/pdf/reben/v63n6/13.pdf>.

10. Brasil. Lei n. 11.104, de 21 de março de 2005. Dispõe sobre a obrigatoriedade de instalação de brinquedotecas nas unidades de saúde que ofereçam atendimento pediátrico em regime de internação. Diário Oficial da União, Brasília (2005 Mar 22); Sec 1.

11. Silva SH, Jesus IC, Santos RM, Martins DC. Humanização em pediatria: o brinquedo como recurso na assistência de enfermagem à

criança hospitalizada. *Pediatr Mod* [Internet]. 2010 [cited 2011 Oct 7];46(3):101-4. Available from:

http://www.moreirajr.com.br/revistas.asp?fase=r003&id_materia=4353.

12. Brasil. Resolução n. 41 do Conselho Nacional dos Direitos da Criança e do Adolescente, de 13 de outubro de 1995 [document on the internet]. Brasília, DF: Conanda; 1995 [cited 2011 Nov 28]. Available from:

<http://www.mp.rs.gov.br/infancia/legislacao/id2178.htm>.

13. Conselho Federal de Enfermagem. Resolução n. 295, de 24 de outubro de 2004 [document on the internet]. Dispõe sobre a utilização da técnica do brinquedo terapêutico pelo enfermeiro na assistência à criança hospitalizada. Rio de Janeiro: Cofen; 2004 [cited 2011 May 14]. Available from: <http://site.portalcofen.gov.br/node/4331>.

14. Minayo MC. O desafio do conhecimento: pesquisa qualitativa em saúde. 11. ed. São Paulo: Hucitec; 2008.

15. Brasil. Resolução n. 196 do Conselho Nacional de Saúde, de 10 de outubro de 1996 [document on the internet]. Brasília, DF: CNS; 1996 [cited 2011 May 14]. Available from: <http://www.bioetica.ufrgs.br/res19696.htm>.

16. Martins J, Bicudo MAV. A pesquisa qualitativa em psicologia: fundamentos e recursos básicos. 5. ed. São Paulo: Centauro; 2005.

17. Ferrari R, Alencar GB, Viana DV. Análise das produções literárias sobre o uso do brinquedo terapêutico. *Revista Eletrônica Gestão & Saúde* [Internet]. 2012 [cited 2012 Sep 12];3(2):660-73. Available from: <http://www.gestaoesaude.unb.br/index.php/gestaoesaude/article/view/160/pdf>.

18. Kiche MT, Almeida FA. Therapeutic toy: strategy for pain management and tension relief during dressing change in children. *Acta Paul Enferm* [Internet]. 2009 [cited 2011 Nov 1];22(2):125-30. Available from: <http://www.scielo.br/pdf/apv/v22n2/a02v22n2.pdf>.

19. Maia EBS, Ribeiro CA, Borba RIH. Brinquedo terapêutico: benefícios vivenciados por enfermeiros na prática profissional à criança e família. *Rev Gaúch Enferm* [Internet]. 2008 [cited 2011 July 15];29(1):39-46. Available from: <http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/5262/2996>.

20. Gesteira ER, Gonçalves DS, Marques F, Simões FD. Students' experience for using therapeutic play at practical pediatric nursing. *Rev Enferm UFPE On Line* [Internet].

2011 [cited 2011 Nov 1];5(7):1807-11. Available from:

http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1276/pdf_635.

21. Bento APD, Amorim HCC, Aquino MBA, Oliveira CS. Brinquedo terapêutico: uma análise da produção literária dos enfermeiros. *Revista Eletrônica Gestão & Saúde* [Internet]. 2011 [cited 2012 Nov 1];2(1):208-23. Available from:

<http://www.gestaoesaude.unb.br/index.php/gestaoesaude/article/view/107/pdf>.

22. Fontes CMB, Mondini CCSD, Moraes MCAF, Bachega MI, Maximino NP. Utilização do brinquedo terapêutico na assistência à criança hospitalizada. *Rev Bras Educ Espec* [Internet]. 2010 [cited 2011 Dec 15];16(1):95-106. Available from:

<http://www.scielo.br/pdf/rbee/v16n1/08.pdf>.

23. Ribeiro CA, Borba RIH, Maia EBS, Carneiro F. O brinquedo terapêutico na assistência à criança: o significado para os pais. *Revista da Sociedade Brasileira de Enfermeiros Pediatras* [Internet]. 2006 [cited 2011 Nov 1];6(2):75-83. Available from:

<http://www.sobep.org.br/revista/component/zine/article/23-o-brinquedo-teraputico-na-assistencia-criana-o-significado.html>.

24. Mabuchi AS, Oliveira DF, Lima MP, Conceição MB, Fernandes H. O significado dos cuidados paliativos para os pais de crianças com câncer. *Saúde Coletiva* [Internet]. 2010 [cited 2011 Mar 22];45(7):270-6. Available from:

<http://redalyc.uaemex.mx/src/inicio/ArtPdfRed.jsp?iCve=84216927003>.

25. Moraes RCM, Machado AA. A utilização do brinquedo terapêutico à criança portadora de neoplasia: a percepção dos familiares. *Rev Pesqui Cuid Fundam* [Internet]. 2010 Oct-Dec [cited 2011 Dec 1];2(Suppl):102-6. Available from:

<http://www.seer.unirio.br/index.php/cuidadofundamental/article/viewArticle/825>.

Submission: 2012/09/18
Accepted: 2013/04/08
Publishing: 2013/05/01

Corresponding Address

Adriana Valongo Zani
Rua André Gallo, 140, casa 17 – Vale dos
Tucanos
CEP: 86046-540 – Londrina (PR), Brazil