



THE USE OF PLAY IN THE PEDIATRIC HOSPITALIZATION SCENARIO A UTILIZAÇÃO DO LÚDICO NO CENÁRIO DA HOSPITALIZAÇÃO PEDIÁTRICA LA UTILIZACIÓN DEL LÚDICO EN EL ESCENARIO DE LA HOSPITALIZACIÓN PEDIÁTRICA

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ABSTRACT

Objective: to describe the perception of the multiprofessional team about the use of play and the factors that interfere in their practice in the context of the care of hospitalized children. **Method:** this is a qualitative, descriptive, exploratory study carried out in the Pediatric Clinic of a university hospital, with 18 professionals, through a semi-structured interview and using the Content Analysis technique. **Results:** it is revealed that the professionals perceive how play help to modify the hospital environment, the feelings and the process of communication with the child, influences adherence to therapies, socialization, the promotion of bonds and collaboration with the team, even though not everyone feels prepared to incorporate it into their work routine. **Conclusion:** the team faces difficulties related to human and material resources, although there are benefits; however, it invests so that the child's integral care is mediated in a humanized way, in the qualification of the team and modification of the practice of care in the hospital. **Descriptors:** Games and Toys; Child; Hospitalization; Patient Assistance Team; Child Health; Pediatric Nursing.

RESUMO

Objetivo: descrever a percepção da equipe multiprofissional sobre a utilização do lúdico e dos fatores que interferem na sua prática no contexto do cuidado à criança hospitalizada. **Método:** trata-se de estudo qualitativo, descritivo, exploratório realizado na Clínica Pediátrica de um hospital universitário, com 18 profissionais, por meio de entrevista semiestruturada e emprego da técnica de Análise de Conteúdo. **Resultados:** revela-se que os profissionais percebem como o lúdico ajuda a modificar o ambiente hospitalar, os sentimentos e o processo de comunicação com a criança, influencia na adesão às terapêuticas, à socialização, à promoção de vínculos e à colaboração com a equipe, ainda que nem todos se sintam preparados para incorporá-lo à sua rotina de trabalho. **Conclusão:** depara-se a equipe com dificuldades relacionadas aos recursos humanos e materiais, embora haja benefícios; contudo, investe para que a atenção integral à criança seja mediada de forma humanizada, na capacitação da equipe e modificação da prática de cuidados no hospital. **Descritores:** Jogos e Brinquedos; Criança; Hospitalização; Equipe de Assistência ao Paciente; Saúde da Criança; Enfermagem Pediátrica.

RESUMEN

Objetivo: describir la percepción del equipo multiprofesional sobre la utilización del lúdico y de los factores que interfieren en su práctica en el contexto del cuidado al niño hospitalizado. **Método:** se trata de un estudio cualitativo, descriptivo, exploratorio realizado en la Clínica Pediátrica de un hospital universitario, con 18 profesionales, por medio de entrevista semiestructurada y empleo de la técnica de Análisis de Contenido. **Resultados:** se revela que los profesionales perciben cómo el lúdico ayuda a modificar el ambiente hospitalario, los sentimientos y el proceso de comunicación con el niño, influye en la adhesión a las terapias, a la socialización, a la promoción de vínculos y a la colaboración con el equipo, aunque no todos se sienten preparados para incorporarlo a su rutina de trabajo. **Conclusión:** se encuentra el equipo con dificultades relacionadas con los recursos humanos y materiales, aunque hay beneficios; sin embargo, invierte para que la atención integral al niño sea mediada de forma humanizada, en la capacitación del equipo y modificación de la práctica de cuidados en el hospital. **Descritores:** Juego e Implementos de Juego; Niño; Hospitalización; Grupo de Atención al Paciente; Salud del Niño; Enfermería Pediátrica.

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INTRODUCTION

It is known that the hospitalization process is remarkable throughout the life cycle. However, in childhood, unpleasant situations can be triggered, which can trigger negative repercussions, such as isolation, social restrictions and other negative feelings that may remain even after hospital discharge.¹

It is understood that the social routine of the child undergoes modifications characterized by adaptation to an unfriendly environment and unknown people, accompanied by evaluations and interventions, sometimes invasive, painful and distressing. It is reported that the child responds to appropriate times, being common the expression of aggression, stress, apathy and anxiety, which can affect their psychomotor, social and emotional development.²

It is related, as a strategy of humanization aimed at the reintegration of physical and emotional well-being, the playful with the application of play in different ways, and the multiprofessional team must use it daily in the integral care of hospitalized children.³

Reference is made to the use of the toy for its acknowledged benefits, for the provision of differentiated care to the child, emphasizing the importance of recreation for its development and restoration of health. On the face of it, play is highlighted as an important resource to help the child deal with the reality of hospitalization.^{4,5}

It collaborates in the hospital with playfulness, the integrality of health care and the maintenance of children's rights, while promoting the acceptance of the necessary procedures, diagnoses and treatment, in an atmosphere of reception and recognition of their needs , thus allowing the construction of a humanized and quality care in pediatric hospitalization.⁶

It contributes, through play, to the development of children, playing an important role in mediating communication with the child in the hospital environment. It assumes a special connotation, in the sense of contributing to their self-esteem, valuing life and expectations to return to their daily activities and, in addition, can bring great functional benefits, promote well-being, sense of pleasure and joy, making this scenery more cozy and pleasant.^{2,7}

In this sense, the aim is to achieve full development and active participation in the world in which the child lives, which the child must play.⁸ This and other fundamental and inalienable rights in Brazil are legitimized by the Statute of the Child and Adolescent, since 1990, comprising three axes: protection, provision and participation. It is thus possible, through all accumulated knowledge about childhood, to

The use of play in the pediatric hospitalization... understand the importance of play as a link between the axes.

It is understood, through the mediating space of these axes, the hospital toy library, as a place prepared for the stimulation of the child while playing, allowing the reach of numerous resources, in a playful and interactive environment. Through the play, the socialization of the child is glimpsed, while acquiring responsibilities and respecting the rights of others.⁹

It is based on the recognition of the breadth of benefits of playing on the premise that it is an essential activity for the child, including inside the hospital, because even when sick, it needs to grow and develop as much as it is healthy. There is evidence, however, that children have not yet been included in the relationships established between professionals and their families, especially children under ten. It is noted that there is a lack of investment in the communication process with them, which highlights the need for professionals to develop more effective ways of communicating and dialoguing about their health.¹⁰

It was questioned in this sense: "How does the multiprofessional team perceive the play in the scenario of the pediatric hospitalization?"; "What factors can interfere with the assistance provided by the team?".

It is necessary, given the complex demands of social demands and accelerated growth of knowledge, that the health professional invest in their training and qualification so that it does not only contemplate the technical-scientific knowledge in the area in which it works, in skills and competences, so that they have empathy and sensitivity to each other.¹¹

OBJECTIVE

- To describe the perception of the multiprofessional team about the use of play and factors which interfere with their practice in the context of hospitalized child care.

METHOD

This is a qualitative, descriptive, exploratory study carried out at the Pediatric Clinic of a university hospital in the Northeast of Brazil, an institution that refers to the care given to the child by the Unified Health System, linked to the project "Ludoterapia as a multidisciplinary intervention in the approach to children, adolescents and families assisted by the unit of attention to children and adolescents" implemented in August 2016.

It is reported that 18 professionals from the institution's multiprofessional team, working in the Pediatric Clinic, from the areas of Medicine, Psychology, Physiotherapy, Nutrition,

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Occupational Therapy, Library Science, Dentistry, Social Work and Nursing participated.

As inclusion criteria, the professionals at medium and higher levels were considered, and those excluded for health and / or holiday treatment were excluded. Based on the criteria met, the interviews were arranged according to the availability of each subject, providing information about the objectives, relevance and method employed and obtaining the FICT.

The data was collected from June to September 2017, in a reserved place, with the guarantee of privacy, with an average duration of ten minutes of interview. In addition, an audio recorder was used as a resource and as an aid in recording the conversation with the interviewees. As a collection technique, a semi-structured interview was conducted, guided by a previously elaborated script, which allows a flexible organization and enlargement of the questions as the information is provided by the interviewee.¹²

The professional characterization (gender, age, training time, time of practice in Pediatric Clinic, specialization/professional qualification) was first covered by the interview, and then questions about their perception as a service professional were addressed, about what is playful in the context of hospitalized child care, and what factors interfere in the use of this resource by professionals.

With the records, a database was created in Microsoft Word®, with the transcriptions of the recordings, categorizing them for the analysis unfolding in the steps of pre-analysis, exploration of the material and treatment of the obtained results and interpretation. The following categories were outlined: 1. Perception of the multiprofessional team on play; 2. Use of play in the scenario of pediatric hospitalization by professionals and 3. Factors that interfere in the care routine.¹²

It was adopted, with the purpose of presenting the narratives and preserving the anonymity of the subjects, the alphanumeric coding for each professional with the initial "E" followed by ordinal numbers, according to the sequence in which they were transcribed.

The formal requirements contained in the national and international norms regulating research involving human beings were respected by the study, approved by the Ethics Committee in Research with the CAAE nº 66865217.3.0000.5013.

RESULTS

It is detailed that of the 18 professionals, 16 are female (88.8%), aged 29 years and 57 years; with regard to professional categories, five are nurses; three, medical; three, Nursing technicians; two, occupational therapists; one, librarian; one, physiotherapist; one, psychologist; a nutritionist

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and a dental surgeon; in terms of professional training, the interval ranged from four to 32 years, and from one week to 23 years, and among those interviewed, 11 (61.1%) did some training or work specialization in the area.

Through interviews, aspects of playfulness in the context of hospitalized child care and the factors influencing the practice were considered, which resulted in the following categories:

Category 1: Perception of the multiprofessional team on play.

It was recognized by the multiprofessional team, the importance of playing in the hospital environment, since play is part of childhood and is considered a basic need of the child at all stages of development, especially when they are sick.

[...]playing is learning, a joy. Stimulates and motivates. So it is important to maintain the playfulness in the hospital. Imagine an isolated child on the bed, without playing, without that motivation and stimulation

[...] play stimulates cognitive, motor, learning and interaction aspects as well. Through the play, we also understand what this child needs, breaking the barrier between the hospital and their daily life outside of this environment. We want the bond, because when you play, she is happy. (E16)

They bring, for the play, benefits both for the child and for the family that experiences the process of illness and hospitalization.

The playfulness is mainly used to reduce suffering during the hospitalization process, both experienced by children and families. They come very fragile by the process of illness presented by the child, and this affects the whole family, not only in it. We work with play primarily as a way to leave the hospital environment lighter. (E18)

It is noticed that, when used, the playful one allows a better adaptation of the child to the hospital environment, sometimes seen as a hostile and distressing environment.

Playfulness is essential in the care of the specialized child, as she finds herself in a strange and distant environment of the family and, through play, it is possible to establish a relationship with her and to minimize her suffering during hospitalization. In this way, it causes it to re-signify all the interventions we do to get an improvement, and not many traumas when it is high. (E13)

Category 2: Use of play in the scenario of pediatric hospitalization by professionals

There were several situations in which play was used as the main tool in child care. It was promoted playful educational interventions such as storytelling, puppet theater, group dynamics and with the accompanying ones, activities of painting and bonding, routinely, by the service professionals and students of several undergraduate courses.

We also use play as a way to make it (the child) more cooperative [...]. Because they learn joking. (E18)

So we use the most diversified possible, from games directed towards determined goals when playing free. Also, for storytelling [...]. Here is a very interesting game, the "game of life", which speaks of transient elements, of the passages within life ..., it covers a life course and provides a means to talk to the child. As I work with emotional content, playfulness is my main tool. So it's through games like this that I can access children's emotional contents. (E1)

It is noticed that the use of toys for motor stimulation was also an aspect of child care found in the speeches of professionals, as well as an effective means for learning, education and promotion of oral hygiene.

[...]for example, in gait training, the child has difficulty walking. If you use a ball, a toy that she has to go after, and you evaluate, help and assist in the march, it is different just ask, "Walk there." He's not going, he's not interested. But if you add a toy, it makes it easier. [...] verbal command sometimes does not work as well as with a toy [...]. (E6)

We do playful activities related to oral health every fifteen days at the Pediatric Clinic and through them we promote health care and education [...] then we initially do all the play activity, conquer the child and then of small interventions in the Pediatric Clinic. So we always use it regularly. (E18)

It is reinforced, in this sense, by the professionals, that the playful promotes the integrality of attention by mentioning still the contribution of this strategy to the food and nutritional care of hospitalized children.

[...]I always try to associate with eating habits from home and, as far as possible, adjust it to what we have in the hospital. In addition, try to use drawings or even toys with puppets that represent food and stimulate healthy eating. [...] we need the child to understand that some types of food she can not consume and that during the hospitalization period she will have to change what she was accustomed to, even a food she likes and the family consume. So, we try, by means of drawings or even toys, to demonstrate this to her. (E5)

Category 3. Factors that interfere with routine care

The factors that interfere in the use of this resource by service professionals are characterized by the fact that the responses were not significantly different, and the lack of institutional support was, for some, the main obstacle.

Lack of management support. Lacking, at times, sensitivity to understand that toys, crayons, crayons, colored paper are essential for working with the child. They still have a hard time recognizing that these materials will help promote health. (E1)

It was considered, besides the lack of support, the demand with work overload a negative factor for the practice of quality care for children. It can thus be said that it was the most worrying mentioned by professionals.

It is the routine and the demand of the hospital, which is very rush. There are many patients, and sometimes it is not possible to dispense attention in a more playful way (a bit more), which requires a little more time and change in this work dynamics. But we can always use. (E5)

Work overload. Sometimes we have a very large demand for procedures in Pediatrics. It already has its specificity and great delicacy because it involves children [...]. It is different from the adult. (E10)

The difficulties faced by some professionals due to the resistance of others to the use of play strategies in child care were also revealed. These resistances were credited to the difficulty of accepting new proposals and ways of working.

We also find some resistance from one professional or another for lack of being a child. I think that when we act with the playful, we rescue our inner child, and some have a lot of hardness, even life, and have a hard time using it because we can not allow ourselves to be a little child. (E1)

[...]But I think team awareness is the most important factor. Sometimes we have enough, but people are already so "bitolate" to do it that way and do not change. Not much or little, the service will be the same, understood? (E3)

Among the statements of the professionals, two interviewees mentioned the medical team as the one with the most resistance.

[...]will depend on the formation of each one [...]. In the medical field itself, I think there are still many barriers for them to go beyond, allow themselves and see otherwise. (E2)

I think the medical team is more resilient. Because the medical team, I think, does not have this sensitivity, which I think Nursing has, that Physical Therapy has, that T.O. Do you understand? I think so, that's theirs. Now, there are doctors who are very affectionate, have a lot of patience, talk, kiss, I do not know what, but I think it's the team that uses the least. (E16)

DISCUSSION

It is believed that play is inherent in the child's life and an effective instrument for the expression of imagination, learning and knowledge of oneself and the world in which it is inserted.¹³ It is understood that in pediatric hospitalization, an event surrounded by innumerable adversity, playful play can acquire a therapeutic application, which helps the child to understand and better accept the situation, as well as facilitating the interaction of the child with the professionals working in Pediatrics. By its use, it becomes the

care of the most humanized child, while respecting the singularity in which the child experiences sickness and hospitalization.¹⁴

It is contributed, by the use of the toy in the pediatric care, not only, singularly, for the recovery of the child, who begins to better understand the hospitalization process, living in a more peaceful and collaborative way, as well as to the family, the professionals and the environment where care takes place.¹⁰

It transcends, through the use of the toy by the multiprofessional team, the assistance beyond the technical-scientific model, considering the emotional needs and the singularity of the children.⁷ In this sense, it is essential to play in the hospital a fundamental action, which must be considered by professionals as a better way to communicate and approach with the child. It appears as a possibility of modification of the daily hospitalization and the way of caring, establishing affective bonds between the team, the child and the family.¹⁴

It was noticed, in the interviewees' speeches, the playful as an indispensable instrument for the practice of some professionals, and this perception, in turn, is possible only in view of the fundamental link between the child and the play and, consequently, benefits. It was also identified that there is adherence and the use of play by different professionals of the team, however, some have stated that they do not use as a resource or even in a specific way in the hospital routine.

The use of the toy and play spaces inside the hospital is seen by professionals as a factor that favors communication between professionals, children and the family, improving the quality of care provided to hospitalized children. It is observed, however, that there are still several impediments in the adoption of these strategies.^{15,16}

The factors that interfere in the use of these strategies by the professionals of the service are admitted, as the answers were not very divergent. It is evident that the lack of institutional support was, for some, the main obstacle to the maintenance of material resources, mainly dependent on donations; in addition, the work overload of the team was also one of the main factors mentioned and most worrying.

It is overshadowed by the reduced number of professionals in the team and the high number of assignments that need to be performed, often the time that professionals have to perform them. It is difficult, due to the shortage of time in the intensive working day, then, the incorporation of playfulness in the care of the hospitalized child; in addition, the resistance to the use of recreational resources by some professionals also constitutes a

negative factor for a quality and humanized assistance to the child.

This reality is corroborated by other studies where it was attributed the behavior of the professionals in not using the toy, mainly, the lack of time, the great demand of the physiological needs that they have to attend, the lack of professional qualification and the lack of knowledge^{11,15} also contributed to this reality due to the lack of physical structure, material and incentive of the institution¹¹ and even by the devaluation of this practice by the professionals themselves.¹⁵

According to the interviewees, there is a lack of professional qualification and technical knowledge, in which one of the professionals spoke emphatically, the need for training of the team, in order to reinforce the recognition of contributions that the playfulness brings with it, thus reaffirming the importance of the expansion of the knowledge about the care of the hospitalized child and also of fomenting the discussion about the use of the playful one for the service and for the improvement of the integral assistance to the health of the child.

Two factors stand out that, even without evidence in the interviewees' speech, may interfere with the use of this resource: the first is the lack of systematized play, as a model that guides the professional in the care of the hospitalized child that promotes integrality and the care centered on the child and based on the presuppositions of humanization. It is added that, in addition to this, is the attitude of the professional, who needs to bring playfulness, being spontaneous and expressing the pleasure in playing the game. In this way, the child is more comfortable to adopt this attitude.¹⁷

In this way, professionals should be encouraged to introduce playfulness into the child's care, either through lectures, workshops or another methodology that provides a pleasant learning process, helping to demonstrate their role of great importance to the institution and community.¹⁸ This stimulus must occur from the training process as an important strategy to improve the quality of care for hospitalized children, increasing the knowledge about care to include an environment that is more humanized.^{16,19}

CONCLUSION

The utilization of the playfulness is directly related to the child, the team and the family, being essential for the assistance that involves pediatric hospitalization and its effects on the health recovery process. It is noticed that the professionals do not yet develop a practice with this resource in a systematic way, but recognize its importance and observe changes of behavior, in the child, significant and positive, in spite of the

factors that make it difficult to become effective. However, it is engaged in dialogue and cooperation as a team for a holistic approach to the child, including the family and improving the humanization, care and recovery of health.

This study was limited by the difficulties of access and adherence of the professionals of the night period and the on-callers.

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