



PLAY STRATEGIES IN NURSING CARE FOR THE HOSPITALIZED CHILD
ESTRATÉGIAS LÚDICAS NO CUIDADO DE ENFERMAGEM À CRIANÇA HOSPITALIZADA
ESTRATEGIAS LÚDICAS EN EL CUIDADO DE ENFERMERÍA AL NIÑO HOSPITALIZADO

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ABSTRACT

Objective: to analyze the use of play strategies in hospitalized child care from the perspective of the Nursing team. **Method:** this is a qualitative, descriptive study in the pediatrics sector of a municipal hospital, through semi-structured interviews with 15 nursing professionals, whose data were submitted to the Content Analysis technique in the Thematic Analysis modality. **Results:** it is understood that play strategies are understood mainly as a way to entertain/distract hospitalized children. Hospital materials, games, drawings, conversation/friendship, differentiated clothing and storytelling are used, especially during procedural care. However, there are limitations to the use of these play strategies in child care, such as scarce resources/materials/investments, children's fear of professionals and procedures, lack of time and the presence of family members. **Conclusion:** it is estimated that the limiting factors need to be overcome to guarantee the integral care of hospitalized children, considering that playing is a legally guaranteed right, as well as contributing to a more pleasant recovery and to the full development of children. **Descriptors:** Child Health; Hospitalized Child; Nursing; Pediatric Nursing; Games and Toys; Nursing Care.

RESUMO

Objetivo: analisar o uso de estratégias lúdicas no cuidado à criança hospitalizada na perspectiva da equipe de Enfermagem. **Método:** trata-se de um estudo qualitativo, descritivo, no setor da Pediatria de um hospital municipal, por meio de entrevistas semiestruturadas com 15 profissionais de enfermagem, cujos dados foram submetidos à técnica de Análise de Conteúdo, na modalidade Análise Temática. **Resultados:** entende-se que as estratégias lúdicas são compreendidas majoritariamente como uma forma de entreter/distrair as crianças hospitalizadas. Utilizam-se materiais hospitalares, brincadeiras, desenhos, conversa/amizade, vestimentas diferenciadas e contação de histórias, especialmente, durante os cuidados procedimentais. Identificam-se, contudo, fatores limitantes do uso dessas estratégias lúdicas no cuidado à criança, como a escassez de recursos/materiais/investimentos, o medo das crianças em relação aos profissionais e aos procedimentos, a falta de tempo e a presença dos familiares. **Conclusão:** avalia-se que os fatores limitantes precisam ser superados para a garantia do atendimento integral às crianças hospitalizadas, considerando que o brincar é um direito garantido legalmente, além de contribuir para a recuperação mais prazerosa e para o pleno desenvolvimento infantil. **Descritores:** Saúde da Criança; Criança Hospitalizada; Enfermagem; Enfermagem Pediátrica; Jogos e Brinquedos; Cuidado de Enfermagem.

RESUMEN

Objetivo: analizar el uso de estrategias lúdicas en el cuidado al niño hospitalizado en la perspectiva del equipo de Enfermería. **Método:** se trata de un estudio cualitativo, descriptivo, en el sector de la Pediatría de un hospital municipal, por medio de entrevistas semiestructuradas con 15 profesionales de enfermería, cuyos datos fueron sometidos a la técnica de Análisis de Contenido, en la modalidad Análisis Temático. **Resultados:** se entiende que las estrategias lúdicas son comprendidas majoritariamente como una forma de entretene/distraer a los niños hospitalizados. Se utilizan materiales hospitalarios, juegos, dibujos, conversación/amistad, vestimentas diferenciadas y cuenta de historias, especialmente, durante los cuidados procedimentales. Se identifican, sin embargo, factores limitantes del uso de esas estrategias lúdicas en el cuidado al niño, como la escasez de recursos / materiales / inversiones, el miedo de los niños hacia los profesionales y los procedimientos, la falta de tiempo y la presencia de los familiares. **Conclusión:** se evalúa que los factores limitantes necesitan ser superados para la garantía de la atención integral a los niños hospitalizados, considerando que el jugar es un derecho garantizado legalmente, además de contribuir para la recuperación más placentera y para el pleno desarrollo infantil. **Descriptores:** Salud del Niño; Niño Hospitalizado; Enfermería; Enfermería Pediátrica; Juego e Implementos de Juego; Atención de Enfermería.

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INTRODUCTION

Child hospitalization is considered as a stressful and traumatic event for the child, given the distance from his social environment and his routine activities, which causes significant changes in his daily habits. It is pointed out that these changes include restrictions, new routines, unknown persons and procedures causing discomfort, fear and/or pain.¹

It is understood that, during hospitalization, stress factors can cause the child to experience short- and long-term negative outcomes related to the number and extent of hospitalizations, multiple invasive procedures, and parental anxiety. It should be noted that, in this context, the most common responses include regression, anxiety, apathy, phobias and sleep disturbances.²

It is therefore evaluated that the pediatric hospital environment needs to count on health professionals, including nurses, sensitive to the psychic and emotional factors of the children, so that their actions are not only restricted to their physical, treatment and/or procedural.³ It is required, therefore, that Nursing professionals establish a relationship that promotes bonding and trust between the child, his companion and the team, envisaging humanization and health promotion.⁴

In this way, in order to minimize the deleterious effects of staying in the hospital environment, playfulness emerges as a fundamental strategy to promote moments of fun and enjoyment for the children.¹ It is possible, through this practice, that Nursing professionals act in a humanized way, attending the recreational and therapeutic needs of children, respecting play as a privileged form of communication with them.⁵

It is known that play helps the child to express their thoughts and feelings, causing satisfaction, fun, spontaneity, the exercise of their potential, the exchange of roles and control of materials, concepts and actions.⁶⁻⁷ It is added that the ludic activities favor the moments of reasoning, discovery, persistence and perseverance, and can be used to recreate, stimulate, socialize and care.⁸

It can be observed that in the range of possibilities of play strategies with hospitalized children are games, relaxation, dialogue, music, paintings and storytelling,⁹ besides the therapeutic toy, which is a structured toy which helps in reducing the anxiety of the child coming from threatening and atypical situations, as in invasive and painful procedures.¹⁰

It is suggested that play strategies need to be part of Nursing care with the child who experiences a hospitalization, too, from the perspective of a right to be guaranteed. It is

emphasized that, according to the UN Declaration of the Rights of the Child, the need to play is seen as essential for the child.¹¹ The Statute of the Child and Adolescent, in its Article 16, item IV, reaffirms the importance of playing.¹² It should be noted that Law N. 11,104, of March 2005, provides for the compulsory installation of toy libraries in health units that offer pediatric care in hospitalization.¹³ It is recommended and regulated the playful care, through the toy / therapeutic toy, by the Federal Nursing Council, in resolution n. 546, dated May 9, 2017.¹⁴ The guidelines of the National Humanization Policy emphasize the importance of the environment, recommending the creation of healthy, welcoming and comfortable spaces for users of health services, as well as emphasizing the defense of their rights in all phases of care, from reception to high.¹⁵

In this way, we find legal frameworks that support the importance of the use of playful strategies in the care of the child, including, as far as the Nursing practice in the hospital environment is concerned. It is therefore necessary that professionals recognize their benefits and integrate these strategies systematically into their work process,⁸ recognizing them as a right of the child. It should be noted, however, that, despite the obvious benefits of play care for the hospitalized child, few studies briefly describe strategies and actual moments of use in care practice, as well as the nursing professionals' understanding of the topic.

OBJECTIVE

- To analyze the use of play strategies in hospitalized child care from the perspective of the Nursing team.

METHOD

This is a descriptive, qualitative study,¹⁶ carried out in the pediatrics sector of a general municipal hospital, located in the coastal plain of the State of Rio de Janeiro, where the practices of theoretical-practical teaching and supervised degree course in Nursing from a federal public university. It is noteworthy that this is the only public hospital in the municipality with care, including the population of neighboring cities.

The hospitalization unit is composed of infirmaries and beds for isolation, and the Nursing team consists of one nurse and four Nursing technicians for each 24-hour shift. It can be seen that this hospital does not have a pediatric and neonatal intensive care center, so children with more serious demands are transferred through the vacancy regulation center.

It is pointed out that 15 nurses who were directly involved in the care of hospitalized children participated in this study. Professionals who were on leave or leave during the data

collection period were excluded. It is noted that, in relation to the invited professionals, five refused to participate in the research for different reasons, which included shyness, pain, fatigue and lack of interest. It should be noted that among the professionals who accepted, there were no.

Individual face-to-face interviews were conducted between October 2017 and May 2018, using a semi-structured script composed of questions directed to the objectives of the study, namely: "What do you mean by play strategies?"; "Do you use playful strategies in the care of hospitalized children?"; "If so, what are these play strategies?"; "At what point do you use these playful strategies?"; "What has been the use of these play strategies in hospitalized child care?".

It is observed that, prior to the data collection, there was a face-to-face approach of the researcher to the professionals, aiming at the presentation of the objectives and reasons for the research. The participants were given the day and time of the interviews, which were recorded on digital media and performed in a quiet and reserved environment of the hospital, in order not to change the dynamics of the service and guarantee privacy. Participant's secrecy and anonymity were assured, considering the presence of only the interviewee and the interviewer, first author, academic of the last period of Nursing, under the guidance and supervision of the second author, a researcher with experience in qualitative research.

The number of participants was delimited by the saturation of the data, as the addition of new information was no longer necessary, as it would not alter the understanding of the phenomenon studied.¹⁷

After the full transcription of the interviews, data were submitted to the Thematic-Categorical Content Analysis, following its three steps.¹⁶ Successive readings were carried out in the pre-analysis, seeking an overview of the statements, culminating in the classification of the data, by colorimetric marking of words, textual fragments and phrases that had the same meaning and their proper allocation by different colors in an analytical framework. The second phase of the exploration of the material was classified as analytical content by the approximation of the nuclei of text comprehension, which allowed a description of the characteristics pertinent to the content expressed in the text. In the third stage, the results were described with the descriptions of the findings, through the interpretations, according to the speeches of the professionals and the basis of current scientific evidence.

The project was presented to the Research Ethics Committee (REC), approving it in September 2017 (CAAE: 73671417.6.0000.5243 / Opinion: 2.279.512). Data were collected after the

signing of the Informed Consent Term and the Voice Record Authorization Term, and all participants were assured of the secrecy and anonymity of the information, in accordance with the recommendations of Resolution 466 / 12 of the National Health Council.¹⁸

Interviewees were identified by alphanumeric codes, with the initials of their professional category followed by the order number of the interviews: nurses (N); nursing technicians (NT) and nursing assistants (NA).

Based on the data analysis, the thematic categories were: 1) Conceptions of play strategies of Nursing professionals; 2) Potentials in the use of play strategies in Nursing care for hospitalized children and 3) Limits for the use of play strategies by Nursing professionals.

RESULTS

It is recorded that 15 professionals participated, including three nurses, ten technicians and two nursing assistants. It is pointed out that 12 participants were women (80%) and three, men (20%), ranging in age from 31 to 56 years. It was verified that the training time varied from one to 36 years and, in relation to specialization courses, ten professionals (66.7%) had them, being Nursing of the Work (four, 26.7%), Surgical Instrumentation (one, 6.7%), Neonatology (one, 6.7%), Social Service (one, 6.7%) and Aesthetics (one, 6.7%),). It should be emphasized that no professional had any specialization in the area of Pediatric Nursing.

♦ Conceptions of play strategies of nursing professionals

It is noteworthy that the Nursing professionals participating in the study pointed out, in their testimonies, different understandings in relation to the ludic strategies. It is understood that these different understandings covered different senses that included the idea of entertainment / distraction, the approximation between the professional, the child and the family, the minimization of suffering, the setting, the facilitation of the painful procedure and the use of spaces and toys.

It is observed that, more frequently, in the speeches of the professionals, play strategies are mostly recognized as a form of distraction / entertainment for children in the hospital environment, and may even lead to forgetting the reason for hospitalization.

So, strategic games, for me, would be, in this case, a way to be able to leave the child more distracted in the hospital environment. (NA1)

It is a form of distraction for the child to forget the reason for which he is hospitalized [...]. A form of entertainment, which I understand. (NT1)

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Any kind of action that will make you entertain the child. (NT4)

Play strategies would be jokes that the professional does to entertain the children in the hospital environment. (NT6)

It is noteworthy that, among Nursing professionals, some understand that play strategies are also attitudes to maintain a close relationship between the professional, the child and the family, insofar as they promote the rapprochement, bonding, being and interaction, facilitating, even, the work of the team in the care of the child and the family during the hospital stay.

It is trying to get closer to some form of this child in the care [...]. To make you feel closer, so that you are not a stranger to her. Most of the time, it helps. (N2)

Try to bring care a little closer [...]. That we have to create this bond, this bond. (EN1)

It brings the child closer to us. It is a way to make the child feel good in our environment. (NT5)

There is a child who interacts with us, who likes these games. So we realize that this strategy makes our work easier. (NT4)

It even helps the team interact in the best care, without being afraid of the nurse, to take the anxieties of the mothers, of the children, making them interact with one another. (NT3)

In this perspective, the N3 professional adds that the play strategies serve to approach the child so that he feels at ease, which also promotes a relationship of trust with the professional.

Playful strategies are, in this case, interventions that we use to treat the client [...] because the way you approach your patient has to be a way for him to feel at ease, let him see that you are not alone a professional and yes, a friend of his, a person he trusts. (N3)

It is understood, still in this category, that some professionals point out that play strategies are means to ameliorate the suffering of the child caused by hospitalization, thus reducing the stress, anxiety and suffering of children and increasing their safety.

These are strategies [...] that aim to calm, amuse and ameliorate the suffering and stress caused in the child by hospitalization. (NT10)

It is the moment that the children take that image of the suffering and it happens a little to alleviate the situation of the illness, of the suffering, in their case. (NA1)

So much security for the child, awakening, taking away the anxiety. (NT3)

It is pointed out that, according to some testimonies, play strategies are mechanisms to humanize the child's hospitalization, making her feel at ease in the new environment, thus enabling an approximation to her home reality.

Play strategies in nursing care for...

Trying to bring her closer to her reality at home, try to humanize the child's hospitalization a great deal. (N1)

I believe it is a care in a way that the child does not feel so invaded in a hospital environment. (N2)

I understand that these playful strategies are strategies that we make with people so they feel comfortable in that strange environment. (N3)

It should be emphasized that two professionals also mentioned that play strategies are ways to relieve stress and pain at the time of some invasive procedure, diverting the focus from the child.

It is the way in which you can ease the child's stresses during some procedure that you will do with it. [...] you do not feel so trapped, so stressed the moment you do some kind of treatment. (NT5)

You take the child's focus off the procedure, the pain. (NA2)

It is verified that, faced with different understandings on play strategies, two professionals correlate them with the offer of spaces, toys and games according to the child's age.

In my understanding, playful strategies would be spaces defined for children who are hospitalized, toys according to the ages A space that really had adequate structure. (NT3)

For me, it's any kind of joke. (NT4)

Finally, it was approached by a professional of Nursing, that the ludic strategies serve to facilitate the recovery of the child, and another made reference to a simple form of affection that can be offered to the child during his hospitalization.

Any activity that we can develop with the child, in order to facilitate their recovery. (N1)

It is the care with the child, with all the affection that you can provide it throughout the hospitalization. (NT2)

• Potentialities in the use of play strategies in the nursing care of hospitalized children

In the testimonies of nursing professionals who participated in this study, a variety of play strategies were described that are used by them in the hospitalization of the child. Thus, the use of hospital materials, games, drawings, conversation/friendship, differentiated clothing and storytelling can be identified.

It is pointed out that, according to the testimonies, the participants improvise playful strategies with hospital supplies (syringes, tape, gloves) to play, distract and perform procedures in the child during hospitalization. It is emphasized that the glove was the most recurrent material in the lines.

We always play or leave a little girl, not contaminated, give a piece of tape, a full glove, make a drawing on the tape. (N1)

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I play with balls, I make balls with gloves, I get the syringes and we start to paint the syringes. (NT5)

Wear gloves to make dolls to help distract children. (NT7)

Fill the procedure glove and make face. (NT8)

It is observed that some Nursing professionals mentioned the use of play in general, without specifying them, to create bonds, play and entertain the child.

Yes, playing with the child when it arrives. Try to play with them, create a bond, joking, trying to find some point of interest in the child. (N2)

We use for entertainment, try to disguise with jokes. (NT1)

So if you use the basics that is a very superficial little joke. (NT3)

Yes, fundamental! Jokes, games, any kind of joke. (NT4)

It is understood that, according to the speeches, the conversation is also recognized and used as a playful strategy in order to distract the child.

Speak as a child. Talking with the child. (N2)

We'll have a talk. (N3)

Distracting the child by communication. (NT1)

Yes! Talk, treat well, a care always objective, affectionate. (NT2)

It is pointed out that, throughout the testimonies, Nursing professionals also pointed out that they use, as play strategies, the supply of paper, tape, pens, crayons and / or wax chalk to carry out drawings.

He gives a small piece of tape, makes a drawing on the tape. (N1)

I take paper with pictures for them to paint, for them to play. The child is very afraid of a thermometer, so I always used a little pen so she could play [...] green, yellow, red, blue. (N3)

Give even a piece of paper, crayons. (NA1)

The use of colored clothing and costumes was identified rather than white clothing, which often frighten children as a playful strategy. It is hoped, therefore, that the child will not get the image of the professional in white and that their time of hospitalization will be fun and enjoyable, because, this way, the fear is withdrawn and the child becomes more entertained.

I have blue pajamas to be able to use in pediatrics. Because I think that when the child sees people in white, they are already scared and nervous. (N3)

If dressing up, put wig, clown nose. (NT4)

We even use the clothes, now we have modified a little, not only for the practicality of the day to day, but to take away the fear, that the children are more entertained. (NT3)

It is emphasized that a nursing professional said that tells stories to the child at the time of their hospitalization.

Play strategies in nursing care for...

Yes, tell stories with characters known to children, for example, Cinderella, Snow White, Batman, Superman, Spiderman. (NT 7)

It is noteworthy, considering these different strategies, that the study participants reported the moments when they use them during the hospitalization of the child, emphasizing their applicability during the care / procedures, with the purpose of gaining the child's trust and minimizing the pain when the procedure is painful.

At a time when we have to do some general care for the children. So we try to distract her so she does not feel pain, so that we can also achieve the goal, which is caring. (NT1)

Usually at the time of care. This is the time you need to bring the child closer to you. So it's time that you try to use something at the time you're going to pull the child to you, to do some procedure. (NT3)

In this context, some nursing professionals also specified the procedures in which the strategies were used, and the venous puncture was the most referenced.

Do not care! At the time of [venous] access. When I'm giving direct assistance. (N1)

At the time of puncturing [the vein] and at the time of performing some procedure. (NT 7)

It is worth noting that the other procedural care mentioned, in which the ludic strategies are employed, were physical examination, medication administration and bathing.

At the time of checking the temperature, at the time of the physical examination. (N3)

Oh, usually at the time of the medication. (NT1)

At bath time. (N3)

It was also described by the participants that they use play strategies at times when the child presents tension, fear or crying.

Especially when we realize that the child is more tense, even when we approach, the white professionals, where we see the child's tense moment, is where we put the play strategies. (NT4)

Utilizo quando a criança está com medo ou chorando. (NT6)

It is verified in the same category that some Nursing professionals stated that they use the play strategies during the hospitalization of the child, from their arrival in the hospital, not necessarily for the accomplishment of a procedural care.

Especially when the children arrive at the hospital, they already arrive feeling alone, as if we only want to do harm, cause suffering, when it arrives at the hospital, right at the beginning of their hospitalization. So these playful strategies are widely used in our prehospital period and early in the hospital stay. (NT5)

All the time! The whole time I walk into the room, I talk to the kids, I play, then, all the time. (N2)

At leisure, outside the time you are on medication. (NT2)

• Limits for the use of play strategies by nursing professionals

It was pointed out by the Nursing professionals, limits for the use of play strategies with the child during hospitalization. It can be seen that the most discussed limits were related to the scarcity of resources/materials/investments, children's fear of professionals and procedures, lack of time and presence of family members.

A lack of resources, materials and investments was recognized as an important limit for the use of play strategies in hospitalized child care.

There are more difficulties due to lack of material in the hospital due to the lack of investment in things to play, such as a cart, a doll, material that we can use even in our daily lives. We end up being harmed by the lack of simple material that we could often use to ease the pain, the suffering, the fear of the child. (NT5)

If I had to wear the gloves that is on the unit to make a child play, I could not perhaps because the unit does not have gloves sometimes to work. (N3)

It is noteworthy that a professional pointed out that the institution does not have a routine or a project to invest in play strategies, so the process of caring for children becomes difficult.

The difficulty is that it has no routine, even an investment project. People do not invest much in these things, they are not very concerned about these kinds of things. This is very difficult because we have to improvise many times. It does not have facility for it, we do with what we can become. (NT3)

It is understood that another limit that exists, according to the professionals, is the fact that the child fears the professionals and the procedures that are performed, associating Nursing with pain.

There is a child who accepts well, but there are some who, for fear of the people, because I believe so, that we only get the child at the time of illness, medication. Then the child sees the Nursing a moment of pain, never sees the Nursing in the moment of joy. (NA1)

Because the child is afraid of injection, of getting the access, then, most do not want to know it at the time, no. (N2)

There is the question of the professionals in white clothes, that this scares a lot. So I believe that is the difficulty. (NT4)

Sometimes, you can not please the child, please the child, so I just give a painful injection, how can I also rejoice a child at that time? (NA1)

It was also pointed out by a Nursing professional, that not even the whole child allows the development of playful strategies, for being in the hospital.

With regard to difficulty, not every child gives it. Not every child understands it as a joke,

because it has the issue of being in the hospital. (NT4)

It is observed, according to the statements, that two Nursing professionals stated that family members interfere with the child's hospitalization and, at times, limit the professionals' action to provide care.

Parents, too, become anxious and sometimes worn out and disrupting the time of hospitalization. (NT3)

To be used even as a way of watering the child by the mothers themselves, which is what they do. "If you do not stay quiet, you will take an injection" [...]. Of course, it's complicated, not all children accept it easily, because they already come from home, sometimes, thinking we are boggart, even caused by their parents. (NT5)

It was indicated, as a limit, by a Nursing professional, the lack of time to use the play strategies during the period of hospitalization of the child. In addition, there was a shortage of resources due to the lack of video library and toy library in the research scenario, which makes it impossible to attract the attention of the child during hospitalization. However, it is pointed out by NT3 that there is space for this practice, but it is not used.

We do not have the time available to actually use these practices. We do not have this time available, so we can associate medication with recreation. (NA1)

We do not have a lot of resources [...], there is no music, [...] there is no video library, no toy library ... there is no way to achieve something. more to distract the child, to attract attention. (NT1)

Here, we have a space [toy library], which I particularly almost do not see being used. (NT3)

DISCUSSION

It is understood that the research findings pointed out different understandings regarding the play strategies by the nursing professionals. The most recurrent idea was their understanding as a way to entertain / distract the children during hospitalization, which corroborates another study that points out that play is usually associated only with recreational aspects, aimed at distracting the child, sometimes without considering their stimulus functions within the framework of motor, cognitive and sensory developments.¹⁹ It should be emphasized that no participant did this type of association, which may indicate a gap in the knowledge about the functions of playing with regard to child development, including for children hospitalized.

It is evaluated that another finding of the research, related to the close relationship between the professional, the child and the family, corroborates a study that points out that the nurse, through play, builds a bond of trust

with the child and its relatives, traumas and facilitating their adaptation to the new environment.⁹ In this logic, other studies also indicate that play activities, besides being of benefit to the child, facilitate communication and social interaction between the child, the health team and the family, and also help in the performance of the procedures,²⁰⁻¹ as evidenced in the speeches of participants.

In this perspective, play/toy is recognized as an interactive space between the child and the professional with the potential to relieve the stress, anxiety and suffering arising from the process of hospitalization, which sometimes generates unpleasant, traumatic or traumatic experiences. threatening.²²⁻³ It is understood, therefore, that the insertion of play activities in the process of care in Pediatric Nursing contributes to the reduction of the stressful effects of hospitalization and makes the care considerably easier and humanized,²⁴ for promoting entertainment, bonding, interaction, the relationship of trust and well-being, in addition to bringing the child closer to his / her home reality, as indicated by the Nursing professionals.

It is pointed out that the recognition of play strategies as facilitators for the performance of painful procedures is also in agreement with the scientific evidence. It should be emphasized that invasive procedures are almost always stressful in children, and to ameliorate them there are several strategies, which include the use of toy, touch and guidance, always with the purpose of distracting and alleviating the probable suffering which will be caused. It is argued that, in this context, the Nursing team needs to reassure the child about anxiety and fear, especially during procedures, so that it does not develop regression symptoms and does not avoid the care to be performed.^{2,25}

It is observed, in relation to the offer of spaces, toys and games, that another research indicates that the play should be made available in different situations and hospital spaces (bed, toy room, procedure room), with different proposals in relation to the types of toys and play strategies, according to the age groups of the children.²⁶ It is known that the use of play strategies, according to the development phase of the child, reduces suffering and promotes more cooperation during the procedure,¹ which was not pointed out in the participants' statements.

It is observed that the research findings pointed to a variety of play strategies that are used by the Nursing team during the hospitalization of the child, and one of the most recurrent strategies was the use of hospital materials as a playful way to facilitate interaction. In another study, it is pointed out that, in the social interaction of the child in the hospital universe, she closely observes

the nurse's actions and the instruments and signs used by professionals, such as syringes, plasters, etc. internalized and, gradually, become meaningful, due to the frequency with which procedures are performed during hospitalization,¹ which corroborates the use of these materials as a playful tool.

It is facilitated, through the use of the conversation as a playful strategy, highlighted by some professionals, in fact, communication with the child, valuing their state of health, because the dialogue promotes respect and safety during hospitalization.²⁷ It is understood that using the dialogue to humanize the care and conquer the child makes it safer, facilitating the moment of hospitalization.⁹

It is pointed out that, in relation to the use of colored clothes and costumes, another study indicates that the use of colored coats helps to alleviate the fear that the children have of the professionals that assist them; in this way, Nursing professionals help the child to feel good,⁹ which is beneficial for the hospitalization process, as it is present in the testimonies of some participants.

It should be noted that only one professional referred to storytelling as a play strategy; however, research indicates that reading and telling stories are excellent tools for working with imagination, reasoning and creativity, as well as transmitting values such as ethics, love, respect, peace and cooperation,⁸ which would need to be more present in children's hospitalization.

Other playful activities that were not mentioned by the participants, such as the art therapy technique, included in activities such as drawing, painting, modeling and dramatization, stand out as the child looses more, expresses their imagination, release your feelings and better understand the situation to which it is exposed. It is suggested, as another activity that can be used by nurses, the creative therapy with art (CTA), which involves three techniques: music therapy; dance/movement therapy and art therapy, through drawings,²⁸ in addition to the therapeutic toy.¹⁰

It is argued that the research findings indicated a variety of moments in which play strategies are used during the hospitalization of the child, highlighting their majority applicability during care / procedures. It is important to emphasize that play strategies should be used in any care situation at any time of hospitalization, since the response is positive and satisfactory, both regarding the behavior of the child and the performance of the procedure during nursing care.³ It is evaluated that few participants emphasized the use of play during hospitalization, without being necessary for procedural care, which may limit their use.

In relation to the use of play strategies during the hospitalization of the child, researchers from a hospital in the United States of America carried out a study whose proposal was to construct a doll with unused socks and buttons to help children cope with the period of hospitalization. It was concluded that the elaboration of this strategy helped not only during the therapy session, but throughout the hospitalization, from his arrival in the hospital.¹

Nursing professionals also specified the moment when they frequently used the strategies, and the venous puncture was the most cited, which corroborates another study that indicated that one of the most applied invasive procedures in the context of hospitalization is venous puncture, seen by children as the aspect that causes the most fear in hospital care. It is known that the use of play has been an ally of the health team, in order to minimize, in children, the negative effects of this procedure,²⁴ which meets the evidence of the study.

It is understood that using play strategies with the child helps to understand the procedures, such as medication administration, that need to be performed during hospitalization, and it is necessary to have specific playful material so that it can be applied more effectively, favoring the demonstration and the assimilation of the procedure,³ which was not detailed by the participants, especially because of the lack of indication of the need to adapt to the child's age and development. It is defended, with the use of the toy, that the child changes from passive to active, which attenuates the stressful effects.¹⁰

A lack of resources / materials / investments in a study revealed that lack of structure, material resources, including toys, and trained professionals could limit the development of quality Nursing care in the use of pediatric patient care in the hospital context.²⁸

It is reinforced, however, in another study, that having volunteers, university students, storytellers and doctors of joy is a great option, making it essential to reorganize the work process in children's health units so that play is not taken as something secondary care practices, but assumed as an integral part of the care of these clients,⁵ and in this study, these possibilities were not indicated in the participants' statements.

It is defined, according to Law no. 11.104, dated March 21, 2005,¹³ that health units that offer pediatric care in an inpatient setting must have a toy library. It is described, in art. 2 of this law, the toy library as a space provided with toys and educational games intended to encourage children and their accompanying children to play. It is emphasized that the hospital has this space, but it is not recognized or used properly, according to the testimonies collected. It is

suggested, however, that, even in the absence of resources, the Nursing team must use creativity during care, in order not to restrict the child's right to live in playfulness.

As another limiting factor cited, children's fear of professionals and procedures is established, but this fact is expected given their association with pain, which causes children to reject the development of play strategies, being an additional obstacle for the Nursing team.²⁰ There is also other evidence, which also points out the behavioral conditions of children during hospitalization, considering that they are anxious, tearful, fragile and depressed;²⁹ however, the use of play strategies serves precisely to overcome this situation and should not be an impediment to its applicability.

It should be stressed that another difficulty mentioned by some Nursing professionals is the interference of the family, even to foment the fear felt by the children of the health professional, which only reinforces the need of the preparation of the family for the follow-up of the child of form more adequate,⁹ and also can not be a determining factor for the non-use of the playful.

It is approached, regarding the indication of the lack of time for the use of play strategies, in another study, that the Nursing team faces a quantitative workload, evidenced, often, by the responsibility for more than one hospital sector, and also a qualitative overload, verified in the complexity of human relations, for example, nurse / patient; nurse / health professional; nurses / relatives and contingencies that occur during the working day.²⁰ It was reported in another survey by professionals that they had little time to play with hospitalized children, in the specific case, those with cancer.²⁹

It should be noted, however, that professionals often have little time to perform the leisure activities and unforeseen events that occur during the work day, that the lack of time can not determine the non-use of play and should not be an obstacle that justifies the deprivation of the child's right to play and receive a humanized care.³⁰

In this study, the use of play strategies in Nursing care was studied in children hospitalized at a general municipal hospital in a city in the interior of Rio de Janeiro. It is considered, therefore, that their findings can not be generalized and applied in other institutional realities, however, they favor a critical reflection on the subject from a real context of care.

CONCLUSION

In analyzing the use of play strategies in hospitalized child care from the perspective of the nursing team, it was possible to observe multiple

meanings, among which the most recurrent idea was its understanding as a way to entertain / distract the children during hospitalization. However, there were also understandings related to the approximation of the professional to the child and the family, to the minimization of suffering and to the setting and facilitation of the procedure, which refers to the ambience guideline proposed in the National Humanization Policy.

To that end, the participants use hospital materials, games, drawings, conversation / friendship, differentiated dress and storytelling as play strategies to achieve these goals. However, the prevalence of its applicability during care / procedures, especially venous puncture is perceived.

However, the scarcity of resources / materials / investments, children's fear of professionals and procedures, lack of time and the presence of family members as limiting factors for the use of play strategies in hospitalized child care . It is noteworthy that, although professionals have pointed out certain difficulties in incorporating the strategies in the daily routine, they still seek to implement these play activities in order to provide the child's well-being during their hospitalization.

It is assessed that the limiting factors need to be overcome to guarantee the integral care and the rights of this clientele. The important aspects not identified in the study are: toy and play as a child's right; their differentiation according to child development and the absence of significant toys brought by family members to the child. It is inferred that the lack of specializations or updates in the area may also interfere in workers' perceptions about these aspects, which could be remedied by continuing education activities aimed at these professionals.

It is hoped that the study contributes to the Nursing team so that play strategies continue to be implemented in hospitalized child care, according to the particularities and individual needs, considering that playing is a legally guaranteed right, besides contributing for the most pleasurable recovery and for the full development of children.

REFERENCES

1. Santos PM, Silva LF, Depianti JRB, Cursino EG, Ribeiro CA. Nursing care through the perception of hospitalized children. *Rev Bras Enferm*. 2016; 69(4):646-3. Doi: <http://dx.doi.org/10.1590/0034-7167.2016690405i>
2. Hockenberry MJ, Wilson D. Wong Fundamentos de Enfermagem Pediátrica. 10th ed. Rio de Janeiro: Elsevier; 2018.
3. Marques DKA, Silva KLB, Cruz DSM, Souza IVB. Benefits of therapeutic toy usage: the standpoint of nurses from a pediatric hospital. *Arq ciênc saúde*. 2015 July/Sept; 22(3):64-8. Doi: <https://doi.org/10.17696/2318-3691.22.3.2015.240>
4. Gonçalves KG, Figueiredo JR, Oliveira SX, Davim RMB, Camboim JCA, Camboim FEF. Hospitalized child and the nursing team: opinion of caregivers. *J Nurs UFPE on line*. 2017 June; 11(Suppl 6):2586-93. Doi: [10.5205/reuol.9799-86079-1-RV.1106sup201713](https://doi.org/10.5205/reuol.9799-86079-1-RV.1106sup201713)
5. Figueiredo CR, Lima CA, Prado PF, Leite MTS. Therapeutic play in the comprehensive care of hospitalized children: meanings for the accompanying family. *Rev Unimon Cient [Internet]*. 2015 Aug/Dec [cited 2018 Aug 10];17(2):1-13. Available from: <http://www.ruc.unimontes.br/index.php/unicientifica/article/view/401/337>
6. Moreira DS, Brito TRP, Marques SM, Resck ZMR. The playful in the daily practices of care in pediatric nursing. *Rev Enferm Facipla [Internet]*. 2009 Oct/Dec [cited 2018 Aug 30];13(4):802-8. Available from: <http://revista.faciplac.edu.br/index.php/REFACI/article/download/266/85>
7. Ullán AM, Belver MH, Fernandez E, Lorente F, Badía M, Fernandez B. The effect of a program to promote play to reduce children's post-surgical pain: with plush toys, it hurts less. *Pain Manag Nurs*. 2014 Mar;15(1):273-82. Doi: [10.1016/j.pmn.2012.10.004](https://doi.org/10.1016/j.pmn.2012.10.004)
8. Lima KYN, Barros AG, Costa TD, Santos VEP, Vitor AF, Lira ALBC. Play as a tool in nursing care for hospitalized children. *REME rev min enferm [Internet]*. 2014 [cited 2017 June 03];18(3):741-6. Available from: <http://www.reme.org.br/artigo/detalhes/959>
9. Nicola GDO, Freitas HMB, Gomes GC, Costenaro RGS, Nietsche EA, Ilha S. Ludic care for hospitalized children: perspective of family caregivers and nursing staff. *J res fundam care online*. 2014 Apr/June;6(2):703-15. Doi: [10.9789/2175-5361.2014v6n2p703](https://doi.org/10.9789/2175-5361.2014v6n2p703)
10. Caleffi CCF, Rocha PK, Anders JC, Souza AIJ, Burciagab VB, Serapião LS. Contribution of structured therapeutic play in a nursing care model for hospitalised children. *Rev Gaúcha Enferm*. 2016 May;37(2):1-8. Doi: [http://dx.doi.org/10.1590/1983-1447.2016.02.58131](https://dx.doi.org/10.1590/1983-1447.2016.02.58131)
11. Organização das Nações Unidas. Assembleia Geral das Nações Unidas. Declaração Universal dos Direitos da Criança 1959 [Internet]. New York: ONU; 1959 [cited 2018 Nov 09]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/declaraao_universal_direitos_crianca.pdf
12. Lei n. 8.069, de 13 de julho de 1990, e legislação correlata (BR). Dispõe sobre o estatuto da criança e do adolescente, e dá outras providências. *Diário Oficial da União [Internet]*. 1990 July 13 [cited 2019 Jan 15]. Available from: <https://www2.camara.leg.br/legin/fed/lei/1990/l>

[ei-8069-13-julho-1990-372211-publicacaooriginal-1-pl.html](#)

13. Lei n. 11.104, de 21 de Março de 2005 (BR). Dispõe sobre a obrigatoriedade de instalação de brinquedotecas nas unidades de saúde que ofereçam atendimento pediátrico em regime de internação. Diário Oficial da União [Internet]. 2005 Mar 21 [cited 2018 Mar 21]. Available from: https://www.planalto.gov.br/ccivil_03/_Ato20042006/2005/Lei/L11104.html

14. Conselho Federal de Enfermagem. Resolução Cofen nº 546/2017. Revoga a Resolução Cofen nº 295/2004 - Utilização de técnica de brinquedo terapêutico pela Enfermagem [Internet]. Brasília: COFEN; 2017 [cited 2018 Sept 07]. Available from: http://www.cofen.gov.br/resolucao-cofen-no-05462017_52036.html

15. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Política Nacional de Humanização [Internet]. Brasília: Ministério da Saúde; 2013 [cited 2018 Aug 10]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_humanizacao_pnh_folheto.pdf

16. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14th ed. São Paulo: Hucitec; 2014.

17. Nascimento LCN, Souza TV, Oliveira ICS, Moraes JRMM, Aguiar RCB, Silva LF. Theoretical saturation in qualitative research: an experience report in interview with schoolchildren. Rev Bras Enferm. 2018 Jan/Feb;71(1):243-8. Doi: <http://dx.doi.org/10.1590/0034-7167-2016-0616>

18. Ministério da Saúde (BR), Conselho Nacional de Saúde. Resolução 466 do CNS que trata de pesquisas em seres humanos e atualiza a resolução 196 [Internet]. Brasília: Ministério da Saúde; 2012 [cited 2017 July 05]. Available from: http://conselho.saude.gov.br/ultimas_noticias/2013/06_jun_14_publicada_resolucao.html

19. Costa DTL, Veríssimo MLR, Toriyama ATM, Sigaud CHS. Playing in the child nursing care - integrative review. Rev Soc Bras Enferm Pediatr [Internet]. 2016 June [cited 2018 Sept 09];16(1):36-43. Available from: <https://sobep.org.br/revista/component/zine/article/222-o-brincar-na-assistencia-de-enfermagem-crianca-revisao-integrativa.html>

20. Depianti JRB, Silva LF, Carvalho AS, Monteiro ACM. Nursing perceptions of the benefits of ludicity on care practices for children with cancer: a descriptive study. Online braz j nurs. 2014;13(2):158-65. Doi: <https://doi.org/10.5935/1676-4285.20144314>

21. Marileno GS, Jardim DP. Playful strategies in pediatric patient care: applicability to surgical environment. Rev SOBECC [Internet]. 2013 Apr/June [cited 2017 Oct 06];18(2):57-66. Available from: http://www.sobecc.org.br/arquivos/artigos/2012/pdf/Ano18_n2_%20abr_jun2013_2.pdf

22. Castro ARV, Rezende MA. Content validation for the construction of a virtual site on use of toys in pediatric nursing. Cogitare enferm. 2013 Apr/June;18(2):261-7. Doi: <http://dx.doi.org/10.5380/ce.v18i2.32575>

23. Baldan JM, Santos CP, Matos APK, Wernet M. Adoption of play/toys in the assistance practice to hospitalized children: nurses' trajectory. Ciênc cuid saúde. 2014 Apr/June;13(2):228-35. Doi: [10.4025/cienccuidsaude.v13i2.15500](http://dx.doi.org/10.4025/cienccuidsaude.v13i2.15500)

24. Cunha GL, Silva LF. The playing as resource for the pediatric nursing care in the venous puncture. Rev RENE [Internet]. 2012 [cited 2018 sept 10];13(5):1056-65. Available from: <http://www.periodicos.ufc.br/rene/article/view/4098/3200>

25. Silva JR, Pizzoli LM, Amorim AR, Pinheiros FT, Romanini GC, Silva JG, et al. Using therapeutic toys to facilitate venipuncture procedure in preschool children: pediatric nursing [Internet]. 2016 Mar/Apr [cited 2018 Oct 24];42(2):61-8. Available from: <https://www.pediatricnursing.net/ce/2018/article/42026168.pdf>

26. Oliveira JD, Miranda MLF, Monteiro MFV, Almeida VCF. The playing and the hospitalized child: perspective from the nurses. Rev baiana enferm. 2016 Oct/Dec;30(4):1-8. Doi: <http://dx.doi.org/10.18471/rbe.v30i4.16414>

27. Martinez EA, Tocantins FR, Souza SR. The specificities of communication in child nursing care. Rev Gaúcha Enferm. 2013 Mar;34(1):37-44. Doi: <http://dx.doi.org/10.1590/S1983-14472013000100005>

28. Santos SS, Alves ABS, Oliveira JC, Gomes A, Maia LFS. Ludoterapia as a tool in humanized nursing care. Rev Cient Enferm [Internet]. 2017 [cited 2018 Aug 30];7(21):30-40. Available from: <https://www.recien.com.br/index.php/Recien/article/view/240/327>

29. Depianti JRB, Silva LF, Monteiro ACM, Soares RS. Nursing difficulties in using playfulness to care for a hospitalized child with cancer. J res fundam care online. 2014 July/Sept;6(3):1117-27. Doi: [10.9789/2175-5361.2014v6n3p1117](http://dx.doi.org/10.9789/2175-5361.2014v6n3p1117)

30. Veiga MAB, Sousa MC, Pereira RS. Enfermagem e o brinquedo terapêutico: vantagens do uso e dificuldades. Rev Eletrôn Atualiza Saúde [Internet]. 2016 Jan/June [cited 2018 Oct 6];3(3):60-6. Available from: <http://www.atualizarevista.com.br/wp-content/uploads/2016/01/Enfermagem-e-o-brinquedo-terap%C3%AAAutico-vantagens-do-uso-e-dificuldades-v-3-n-3.pdf>

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