



PLAYING OF BROTHERS OF HOSPITALIZED CHILDREN AFTER THE HOSPITAL VISIT
O BRINCAR DE IRMÃOS DE CRIANÇAS HOSPITALIZADAS APÓS VISITA HOSPITALAR
EL JUGAR DE HERMANOS DE NIÑOS HOSPITALIZADOS DESPUÉS DE VISITA HOSPITALAR

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ABSTRACT

Objective: to understand the importance of the setting in the play of siblings of hospitalized children after the hospital visit in intensive unit. **Method:** this is a qualitative, phenomenological study, in the light of the Theory of Maturity, with eight siblings of children hospitalized, aged between three and ten years, who participated in a mediated interview with a dramatic toy session after a hospital visit in a unit intensive. In the analysis of the data, the steps recommended by the phenomenological research were followed. **Results:** it is known that from the recognition of the setting as good enough that the brothers could reveal, through the dramatic therapeutic toy, the meaning of the visit to the hospitalized child in intensive unit. It is reported that the recognition of the setting began already in the invitation to play, continuing during the play and ending with the inclusion of the researcher in the game. **Conclusion:** it was possible, through the sessions of dramatic therapeutic play, that the brothers were cared for as members of the family, and that the hostile environment of the intensive unit was not perceived in this way by the brothers. **Descriptors:** Sibling Relations; Child, Hospitalized; Play and Playthings; Visitors to Patients; Intensive Care Units, Pediatric; Pediatric Nursing.

RESUMO

Objetivo: compreender a importância do *setting* no brincar de irmãos de crianças hospitalizadas após a visita hospitalar em unidade intensiva. **Método:** trata-se de estudo qualitativo, de abordagem fenomenológica, à luz da Teoria do Amadurecimento, com oito irmãos de crianças hospitalizadas, idades entre os 3 aos 10 anos, que participaram de entrevista mediada por sessão de brinquedo dramático após visita hospitalar em unidade intensiva. Seguiram-se, na análise dos dados, os passos preconizados pela pesquisa fenomenológica. **Resultados:** sabe-se que a partir do reconhecimento do *setting* como suficientemente bom é que os irmãos puderam revelar, por meio do brinquedo terapêutico dramático, o significado da visita à criança hospitalizada em unidade intensiva. Informa-se que o reconhecimento do *setting* teve início já no convite para brincar, continuando durante o brincar e finalizando com a inclusão do pesquisador na brincadeira. **Conclusão:** possibilitou-se, pelas sessões de brinquedo terapêutico dramático, que os irmãos fossem cuidados, como membros da família, sendo que o ambiente hostil da unidade intensiva não foi percebido dessa forma pelos irmãos. **Descritores:** Relações entre Irmãos; Criança Hospitalizada; Jogos e Brinquedos; Visitas a Pacientes; Unidades de Terapia Intensiva Pediátrica; Enfermagem Pediátrica.

RESUMEN

Objetivo: comprender la importancia del *setting* en el jugar de hermanos de niños hospitalizados después de la visita hospitalaria en unidad intensiva. **Método:** se trata de un estudio cualitativo, de enfoque fenomenológico, a la luz de la Teoría de la madurez, con ocho hermanos de niños hospitalizados, edades entre los 3 a los 10 años, que participaron en una entrevista mediada por sesión de juguete dramático tras visita hospitalaria en unidad intensiva. Se siguieron, en el análisis de los datos, los pasos preconizados por la investigación fenomenológica. **Resultados:** se sabe que a partir del reconocimiento del *setting* como suficientemente bueno es que los hermanos pudieron revelar, por medio del juguete terapéutico dramático, el significado de la visita al niño hospitalizado en unidad intensiva. Se informa que el reconocimiento del *setting* tuvo inicio ya en la invitación para jugar, continuando durante el jugar y finalizando con la inclusión del investigador en el juego. **Conclusión:** se posibilitó, por las sesiones de juguete terapéutico dramático, que los hermanos fueran cuidados, como miembros de la familia, siendo que el ambiente hostil de la unidad intensiva no fue percibido de esa forma por los hermanos. **Descritores:** Relaciones entre Hermanos; Niño Hospitalizado; Juego e Implementos de Juego; Visitas a Pacientes; Unidades de Cuidado Intensivo Pediátrico; Enfermería Pediátrica.

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INTRODUCTION

It is understood that the first impact of hospitalization on the child's family is the separation, both physical and emotional, of its members.¹ Care is given to the brothers by several people in the family circle, sometimes being removed from the sickness situation.²

The problematic that involves the hospitalization of the seriously ill child and their family has been studied, significantly,³⁻⁵ however, the siblings have received little attention except in the context of childhood oncology.⁶⁻⁷

The emotional state and behavior of the siblings may be affected by the chronic illness and the hospitalization of the child;⁷ therefore, welcoming environments and the possibility of visiting the hospitalized child can alleviate the stress of separation.⁸

It contributes, when approaching the siblings and approaching the hospitalized child in an intensive unit, positively, for both. However, it is necessary, as intensive units are hostile environments, to use age-appropriate communication strategies such as playing, considered the language of the child.⁹

It is known that play has an essential place in the child's constitution, not only in their being, but in what they were and their becoming.¹⁰ It can be seen that playing is paramount at any time in children's lives, even when they experience atypical experiences, such as illness and hospitalization of loved ones. It is possible to use, in particular, in these events, the therapeutic toy (TT).¹¹

It is reported that the therapeutic toy (TT) is a structured play that allows nurses to understand the child's feelings and emotional reactions.¹¹ It is allowed, by dramatic modality, that the child externalize feelings and relive everyday situations to express their worldview. It is detailed that the session varies between 15 and 45 minutes, and can be completed and extended for a few minutes, according to the child's need.¹²

Assorted toys are recommended to allow children to dramatize their experiences. In this way, representative figures of the family, the hospital staff and pets, everyday household objects and hospitals are used, as well as material that stimulates creativity, such as riding blocks, crayons and modeling mass.¹³

For children who are sick and / or hospitalized who have participated in sessions of dramatic TT, there is a decrease in anxiety, negative emotions, pain and fear of invasive procedures.¹⁴⁻⁶ It is necessary, for the realization of the sessions of TT, that the place is cozy, so that the child feels comfortable.¹³

It should be the place of play, either in the hospital or in any environment in which the child

is, to go beyond the physical structure, that is, it should be a space that provides constancy, predictability, reliability, and empathy with the adult who accompanies, so the child can spontaneously express their emotions. It should be allowed, in this space, called setting, that the child explore and experience himself.¹⁷

In this way, the brothers were asked to visit the seriously ill child, since they are also members of the family, the dramatic TT as a strategy to understand the experiences of these brothers.

OBJECTIVE

♦ To understand the importance of the setting in the play of siblings of hospitalized children after the hospital visit in intensive unit.

METHOD

It is a qualitative study, with a phenomenological approach, in light of the Theory of Maturity. It is considered, in phenomenological research, the being in its singularity, in order to understand the lived experience, valuing the relations with the other and with the world,¹⁸ principle that meets the Theory of Maturity, for whom the human being does not is an object of nature, but a being that, in order to exist, needs the care and attention of another being.¹⁹

Twelve families of children hospitalized in the Pediatric Intensive Care Unit of a large philanthropic hospital located in the interior of the State of São Paulo were invited to bring their other children, aged between three and ten years, to the hospital visit and subsequent session of dramatic TT, having accepted the nine families granted by means of the signing of the Free and Informed Consent Term.

Eleven children were enrolled, individually or in pairs of siblings, to participate in a dramatic TT session after the visit. It should be emphasized that the Term of Playful Assent was presented beforehand, without any refusal. An instructional TT session was conducted for all children prior to entry into the intensive unit as a way to prepare them for the environment.

The sessions of dramatic TT were held from December 2017 to December 2018, without the presence of families, at their option, in a room located next to the intensive unit, which contained a table, two chairs, a computer and a plastic box of toys positioned on the table. The children were guided about playing time by means of a pointer clock and the free manipulation of toys, and the play started from the following guiding question: "Let's play a child who visited the (a) brother in the Pediatric ICU?".

In the box of TT, representative dolls of family and health professionals, cartoon characters, animals, household utensils, food, tools, medical-hospital objects and drawing material, as

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recommended by the literature, 13 and the time of the sessions varied between 15 and 59 minutes.

The dramatic TT sessions were recorded in digital audio, transcribing them in full, and the field diary was also used to note the moments when the children played quietly.

In the analysis of the dramatic TT sessions, the steps recommended by the phenomenological research were: global reading of the total contents of the sessions, together with the information of the field diary, in order to apprehend its global configuration; rereading, attentive, in order to identify meaningful statements (units of meanings); search for convergences and divergences for the construction of the thematic categories and elaboration of the descriptive synthesis.¹⁸

The descriptive synthesis was elaborated, that is to say, a dialogue between the play of the children and the Theory of Maturing, as much of original writings as of scholars on the play.²⁰⁻⁹

The project was approved by the Research Ethics Committee of the State University of Campinas, under opinion 2,017,280, and all prerogatives of Resolution 466/12 of the National Health human beings.³⁰ In order to ensure anonymity, children's names were replaced by the names of children's animated characters.

RESULTS

Four thematic categories emerged: Being willing to play: confidence in the setting; Playing with a child who visited the brother in the PICU: the courage in the setting; Playing in addition to a child who visited the brother in the PICU: the hope in the setting and including the researcher in the joke: the setting good enough.

♦ Being willing to play: confidence in the setting

They are involved in the setting, the sustenance of play, not only the instruments, but also the intention to play, which starts from the invitation and is maintained during previous orientations.

Researcher (R): Let's play a child who visited the sister in the ICU [...] [child interrupts]

Child: Did I visit? I visited!

R: We're going to play until the time comes for the watch hand to come here.

C: With this one? [indicates toy box]

R: That box of toys. You can play with whatever you want.

C: Toys! [express animation] (Elroy, 3 years old)

It combines the time of the game with the help of a pointer clock.

We'll play until the clock hand gets here.

(C): Five to twelve. (Tommy, 9 years old)

The child's play can be solitary or shared, based on the confidence she feels in the setting.

Child (C): Are you going to play with me? I do not want to play alone.

R (Researcher): If you want, I play with you.

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C: How much! [refers to toys] You have it all! There's a lot! [Eyes wide, excited] Now, we'll find what you want. Now, I need to find a visitor! [explores the box]. On here! I found! A little baby! In here [puts the baby in the bed of the PICU scenario]. I found! [find the blanket] I'll put it on the bed [put it on the bed and re-explore the box]. Wow! I'm finding everything you showed that time! [refers to the moment of instructional TT]. Here, this way! [puts the cardiac monitor in the PICU scenario and hums while exploring the box]. (Bart, 9 years old)

♦ Playing with a child who visited the brother in the PICU: the courage in the setting

The brothers start play immediately after the visit to hospitalized children, initially dramatizing the instructional TT session preparatory to entry into the intensive unit. These experiences were dramatized in a calm and interested way, evidencing the courage of them exposed in the setting.

The box is explored by Tommy, who finds the CTT objects: Look! Those from the beginning! The doctor! I'm going to put this one here [it refers to the serum support and the CTT serum instructional. Find the brother's representative doll and put it together: Ready. (Tommy, 9 years old)

C: Do I have to demonstrate how I got there? I'll show you how I got there. As I went to see my brother. [Take the doll that represents him]. I got here, then I washed my hand, I went in there. My father stayed here with my mother [shows, on the stage, where the parents stayed inside the PICU] I arrived, I hugged the Denahi, I said that I was longing, he said that he was also. Then he said if I wanted to draw. Then we were drawing. We drew and then you arrived. (Sitka, age 10)

Lolla: What's down here? Wait a second!

Charlie: Look! Everything [meets TT's instructional characters].

Lolla: I'm trying to find the baby [...].

Charlie: The baby [...] I think the baby is hiding [tossing the toy box]. The baby is hidden.

Lolla: Little baby ... where's the baby?

Charlie: He's here. I found! [speaking, excited] (Charlie, 7 years and Lolla, 4 years)

Charlie: I'm going to set up the hos-pi-tal.

Lolla: Why set up the hospital?

It is detailed that Charlie does not respond and continues organizing the material used in instructional BT and after a few seconds:

I'm redoing the ICU [...] redoing the ICU. I think I'll put it all in [it refers to instructional BT material]. (Charlie, 7 years and Lolla, 4 years)

It should be noted that for Sitka, the CTT session serves as a trigger for reporting on the preferences of the hospitalized child.

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Sitka is standing with the scenery of the PICU set up in front of him, he takes the doll representing his brother in his hands, looks and returns it in the bed of the scene: Here he eats everything [refers to hospitalized child]. Denahi likes it better. He was once hospitalized and the rest was all here. Then he was hospitalized there, he said he preferred here because here it is more ... that he, here, he asks for something, they bring it and, in the other hospital, no. [...] There, he only ate jello. Here, he already asks and they already brings, that he asked for vitamin, there brought to him. So here is the best. (Sitka, 10 years)

◆ **Playing in addition to a child who visited his brother at the PICU: hope in setting**

Continuing to explore the other toys in the box, the play beyond the theme of the instructional TT session, that is, after they understand the visit to the hospitalized child in the PICU, hope in the setting allows the brothers to continue playing, bringing everyday elements.

It is examined, by Jorel, the box of toys:

Let me see what's down here [talking to himself as he looks at the toys outside and under the box]. Let me see what's in here more. (Jorel, 8 years old)

C: I do not like drinking juice on it [shows the bottle]. Just the bottle. I take my bottle and I have a bottle of my own! (Lolla, 4 years old)

Tommy: Do not you have a little ball? [expresses disappointment] It's just that I was going to do it [simulates kicking the imaginary ball with the boot] with these two [shows the soccer crossbars]. I was going to do it [pretend to kick the ball to the goal]. I was just going to make a bit of a mess, but not a lot. Will not have, right? Oh, there! [finds the American football]. Is there another? (Tommy, 9 years old)

They dramatize, by bringing daily to the game, by Smurfinha, memories considered difficult, as the loss of something that is significant to him.

He goes back to explore, for Smurfinha, the box for a few minutes, in silence, and, handling the toys, speaks:

I had a lot of toys [...] but I lost [...] [almost inaudible speech and sad face expression]. I had a lot of toys, but I lost [...] everything [...] (Smurfinha, 9 years old)

It is driven, however, by hope in setting, the child to play next.

It is described that Smurfinha smiles while exploring the toy box. There are colorful plates and she has one in front of her and one in front of the researcher. You will find a fried egg and say: Ovinho. Place the egg in the dish and remove other household utensils - pans, cutlery, cups, grouping them by similarities. (Smurfinha, 9 years old)

It is observed that, in addition to the daily elements, the brothers explore other possibilities,

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questioning the origin, besides the rules and the purpose of the joke.

C: Is that your toy? Where did you buy? In the market. In the store [...] Can this [...] I take away? Can you take this one away?

R: It's in the box for the kids to play.

C: Only this one can? [show tool] Can you take this tractor? (Peppa Pig, 3 years)

C: Have you ever played with someone who came here? (Bart, 9 years old)

They perceive, totally at ease in the joke, by the brothers, nuances of the environment.

C: Look, it's going to rain [looks at the window]. (Lolla, 4 years old)

C: Wow, what [...] ambulance [hears the ambulance sound]. (Tommy, 9 years old)

Including the researcher in jest: the setting good enough

It is the setting of an interactive structure that makes it possible to share meanings. Thus, the inclusion of the researcher in the joke by the brothers' perception that the setting attends to their needs of being.

C: Now, you go.

P: What do I have to do?

C: Knock them down. There are many chances [...] (Tommy, 9 years old)

C: Do one more thing.

P: What do you want me to do?

C: Ma-ch-rrão.

P: Noodles?

C: Yes. Just squeeze with everything! Push it all! [refers to the mass of modeling that is inside the syringe] (Elroy, 3 years)

Jorel gets up suddenly: I'll call Nico to come here [leaves the room and enters the PICU to call his brother]. It is reported that the researcher accompanies him. Nico approaches the bed, looking at the hospitalized child, with the parents next to him, when Jorel says:

Let's play [Nico looks seriously and nods. Jorel looks down, turns to the researcher, takes her hand and leads her toward the UTIP door].

He only plays with his friends [...] [he talks softly, his face saddened, he lowers his head and walks toward the room where he was playing].

P: Do you want to play again?

C: Yes! [affirms, excited]

He sat down in front of the toys and smiled at the researcher as he resumed exploration of the box. (Jorel, 8 years)

DISCUSSION

In this study, play and play are synonyms, understanding that it is an action that demands place and time in human existence.²⁰

You need to trust to play. Confidence is prominent in the Theory of Maturity and is conceptualized as a phenomenon dependent on regular and continuous interactions, which guarantee the predictability of contact with a

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permanent and stable environment.²¹ They thus relied, that is, perceiving the environment as good enough, the children playing, accepting the invitation and waiting for the end of the guidelines.

The provision and maintenance of a good enough environment is provided through three phenomena: holding, handling and presentation of objects, which have the character of allowing the child to enter the real and shared world and, in this way, collaborate so that it differentiates fantasy from reality, integrating itself as a being in a unit.²²

They are the holding, the handling and the presentation of object of phenomena of the maternity sufficiently good, that favors the constitution of the self.²³ The holding is conceived as the physical and psychological support; handling represents the handling of the body, which favors the personalization or location of the self in a body of its own, and the experience of integrating the self and the relation to the real world are made possible through the presentation of the object.²⁴

It is explained that early in life, the mother good enough is the environment. The environment is enhanced by the development of the child, the father figure, the group and social relationships, so that the child recognizes reality and integrates, throughout the journey, towards independence.²⁵

The holding company is an important aspect for all the relations that the subject will exercise with other people and with the world; has as essence to sustain the other during the living, and any person needs to feel sustained throughout the life.²⁶

It is possible, as the mother is good enough in the early stages of emotional development, to establish the therapeutic toy setting by promoting the holding, ie providing a reliable environment for the child to play and, by agreeing to play, solitary or shared, to relive experiences that were significant to them.²⁶

It is necessary, in order to play a child who has visited the brother in the PICU, that the child has the necessary courage, and that feeling emerges when she perceives the setting as a space capable of offering emotional support, freedom of expression and experimentation, point of departure from the experience of new discoveries.²⁷

In this study, the new findings of DTT sessions were made because the siblings relived, in play, the information received about the visit to the hospitalized child, and details of the intensive unit, such as the devices and the people there, emerged in the dramatizations.

They involve the physical aspects of the play: the environment, the box and the toys, as well as other elements such as the combined ones

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(expected time for dramatic TT, the definition of the play) and the relationship with who they play.

It was found that the brothers did not confine themselves to dramatizing what they had before and during the visit to the hospitalized child, but went beyond these moments, revealing elements of daily life. It is understood that this movement, of allowing the internal reality to connect with external reality, was only possible because the brothers felt hope in the setting.

It is conceived that hope is not to wait, to walk, because hope can only arise in the good enough environment, which allows the structuring of psychic life. One can install, without this, hopelessness, which can bring disastrous consequences.²⁵

It is added, however, that in the play of the brothers of the children hospitalized in the PICU, after the visit, no signs of hopelessness emerged, even in the face of the speech by Smurfinha, who affirms "to have lost his toys", but the loss of objects with sentimental value did not stop her from playing and exploring.

The brothers explored the toys by observing, manipulating, asking. It was sought for them, whatever the way, to discover what is there, what are the possibilities of playing, and to explore is an activity that belongs to the external reality, because through it, the child comes in contact with what is real.²⁸

The box of toys was extended by exploring the siblings of the children hospitalized in the PICU, extending throughout the setting, from questions about the origin of the toys, the rules and purpose of the play in question.

It is inferred, since the setting is recognized as a sufficiently good, ie predictable, and safe environment, that siblings are able to move through the various nuances of the setting,²⁹ pointing to external aspects such as time and sound of the ambulance as well, including the researcher in the game.

In this context, it is believed that the phenomenological posture of the researcher and the principles of the therapeutic toy were fundamental so that the brothers could dramatize their experiences with freedom, favoring the protagonism.^{11,18}

It became the good enough environment of the setting to respect the ways of playing of the brothers, which favored the expression of creative potential, allowing them to experience an experience created by themselves, with beginning, middle and end, which is an important factor of self integration.²⁴

The integration of the self became palpable when Jorel invited Nico to play and he refused; Jorel returned to the setting and, relying on his stability and permanence, resumed the game;

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therefore, the setting, which promotes the holding, pushes the child to continue to be.

CONCLUSION

It is concluded that it was from the recognition of the setting as good enough that the brothers could reveal, through the dramatic therapeutic toy, the meaning of the visit to the hospitalized child in the intensive unit.

The recognition of the setting was already in the invitation to play, when the children express confidence, continuing during the play, when they use the courage to dramatize the situations related to the visit and, later, extrapolate to the elements of daily life through hope, ending with the inclusion of the researcher in the game.

It is revealed that one aspect of the setting was the dramatic TT sessions, which made it possible for siblings to be cared for as family members as they are beyond the confines of the hospitalized child's illness from the perspective of child and family-centered care.

They were helped by having the toys of the instructional TT session in hand, the siblings realized the predictability and stability of the setting, thus having a trust in the environment, which made the play joyful and spontaneous.

It collaborates, by understanding the concepts that make up the setting, for the use of the dramatic TT, allowing to understand the meaning attributed by the siblings to the visit to the hospitalized child in intensive unit and showing that the hostile environment of this unit was not perceived in that way by the brothers.

It became the essential TT in that it helped the brothers to confront and participate in the new reality of the family, which includes the illness and the hospitalization of a loved one, besides allowing the integration of the internal reality with the external reality, being that the use of TT is part of the professional practice of the nurse.

It is emphasized, therefore, that encouraging children to visit loved ones in intensive care units is to support families, the role of nurses, strengthens and maintains them to face the adversities imposed by serious illnesses and hospitalization, without having to exclude and / or lying to children, as they are able to understand adverse situations as long as language is adequate.

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