

ADOPTION OF PLAY/TOYS IN THE ASSISTANCE PRACTICE TO HOSPITALIZED CHILDREN: NURSES' TRAJECTORY

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ABSTRACT

The hospitalization process brings suffering to children and the use of play/toys is pointed as a resource for them to cope with the situation and can be adopted by nurses. Nevertheless, it is little incorporated in the care provided to these children. The objective of the present study was to characterize the process of incorporation of play/toys in the assistance provided by nurses to hospitalized children. Semi-structured interviews were conducted with six nurses. The study, based on the theoretical framework of the Symbolic Interactionism and in the methodological framework of the Interpretive Interactionism, identified that the trajectory of mobilization is supported by two epiphanies: play/toys have the potential to relief sufferings and traumas derived from the hospitalization process and it is the decision of each nurse to adopt or not such practice. The results are described from two categories: toys as therapeutic resources and nurses as play promoters. The expansion of the use of this resource by nurses has a direct correlation with the opportunities for contact with it and hospitalized children.

Keywords: Games and Toys. Hospitalized Children. Pediatric Nursing.

INTRODUCTION

The hospitalization of children may trigger reactions such as fear, stress, insecurity, regression, inhibition, among others, which mean a great suffering for them and their families^(1,2). This occurs due to interaction with people, environments, routines and procedures that do not belong to their daily lives and are hard to be incorporated and understood because of age limitation⁽³⁾. Neglecting their suffering derived from this situation may leave negative marks in them, especially emotional sequels⁽¹⁻⁴⁾.

To help children to deal and cope with hostile situations as hospitalization, the adoption of play/toys has been a resource pointed in the literature and in reports of experience as beneficial⁽²⁻⁷⁾, because it is by playing/using toys that children have the chance to explore, observe, ask and think about what they are experiencing, that is, the reality that surrounds them^(4,5).

Humanized care requires approaches toward assimilating and understanding the experience of the subject being cared for in order to establish

interventions directed to the needs revealed. For children going through a situation of sickening and hospitalization, playing/using toys is a resource able to promote resilience^(1-3,5-8). It is worth stressing that

“... the promotion of play [...] can be a meaningful tool to deal with situations such as: comprehensiveness in care; compliance with the treatment; establishment of channels that facilitate communication between children and health professionals/companions; preservation of the children's rights and (re)signification of the illness by the subjects.”^(9:153)

By including play in childcare, the hospitalization process can become less traumatic and happier, because it enables fun, relaxation, less stress derived from separation and anguish, means to relief tension and to express feeling, positive interaction with other people, means to express ideas and interests⁽³⁻⁵⁾.

Play is classified as recreational and therapeutic. The therapeutic is understood as an activity directed and structured by a professional in order to provide physical and emotional well-being⁽⁹⁾. Thereby,

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[...] therapeutic play is classified as follows: ludic therapy and therapeutic toy. The former is a psychotherapeutic technique employed in some type of psychological disorder. Therapeutic toy, in turn, refers to a technique that uses a structured toy that allows children to relief fear and anxiety (2:662).

It is worthy to emphasize that the adoption of play/toys is a recommendation for nurse's practice, regulated by the Federal Nursing Council, through the Resolution 295/2004 that defines in the article 1 that: *"it is the duty of the nurse who works in the pediatric area, while member of the multi-professional health team, to use the technique of therapeutic play/toys in the assistance to children and their families"* ⁽¹⁰⁾. However, a playing/using toy, in all its variants, is an action little employed in the assistance to children at health services, there is an incipient, little structured and intentional use of this resource by nurses ⁽⁸⁾.

Aiming to expand the comprehension of the phenomenon *use/adoption of play/toys by nurses in the assistance practice to hospitalized children*, this study had as guiding question: "How does the incorporation of play/toys occur in the care provided by nurses to hospitalized children?" The objective was to characterize the incorporation process of play/toys in the assistance provided by nurses to hospitalized children.

METHODOLOGY

This is a qualitative field research, supported by the theoretical framework of the Symbolic Interactionism (SI). According to this framework, human beings define and act in the situation based on significations that emerge and are transformed in the social interaction and influence behaviors, organizational forms and intra and interpersonal relationships ⁽¹¹⁾.

Given the focus of the research, we have attempted to find nurses - potential subjects for the study - through indications by health professionals of the researchers' social networks. The present investigation was interested in the knowledge of nurses who met the inclusion criteria; after showing desire to participate in the study, the subjects were offered with information about the study and contact with one of the researchers.

The inclusion criteria were: have been working as a nurse at pediatric unit for at least two years and being conceived as a nurse who uses play/toys during his/her assistance practice to hospitalized children. A total of 6 (six) nurses participated in the study, being identified with names of toys: Puzzle, Teddy Bear, Bike, Domino, Doll and Spinning-top.

The field research started after approval and authorization by the Ethics Committee of the Federal University of São Carlos (UFSCar), made official under legal opinion 326/2010. The aspects contained in the Resolution CNS 196-96 were respected and followed, with commitments defined through the signing of an informed consent form.

Data was collected between August and November, 2010, at UFSCar's Nursing Department. This has not happened intentionally, since the subjects had the chance to propose the location for the interview, and all of them suggested the department.

The semi-structured interview, a data collection process involving pre-established themes explored throughout the interaction with the respondent ⁽¹²⁾, was the strategy used. The interview started with the request *"Talk about a situation involving play/toys in the assistance to hospitalized children that you experienced and was remarkable"*. The question *"How was the incorporation/adoption of play/toys in your practice?"* and other clarifying questions of this process were formulated in the course of the interview towards the comprehension of the trajectory of incorporation of play/toys in the interviewee's assistance practice. The average time of each interview was half an hour, totaling 206 minutes.

The data collection was concluded by the data sufficiency criterion ⁽¹³⁾ for the comprehension of the phenomenon.

The interviews were recorded as audio, fully transcribed right after they were made to avoid loss of meaningful data, and underwent the analytical processes recommended by the Interpretive Interactionism (II), the methodological framework selected for the study.

The II adopts the following stages: delimitation of the question; deconstruction and critical analysis of the major conceptions of the

phenomenon; assimilation of the phenomenon; reduction of the phenomenon; construction or reconstruction of the phenomenon; contextualization⁽¹⁴⁾. In this process, the center is the identification of the experiences of remarkable and decisive influences for new significations and behaviors, called epiphanies⁽¹⁴⁾.

RESULTS AND DISCUSSION

All nurses interviewed were female; four of them were married, one single and another one divorced; only one of them had no children. The average time they had been working as nurses was four years, predominantly at public hospitals. In addition, one of the women was between 30 and 35 years old, three of them were between 35-40 years old, and two of them were between 45-50 years old.

In the trajectory of the incorporation of play/toys in nurse's assistance practice with hospitalized children there is a process of conceptualization of the benefits from using play/toys for the child and the restraints for doing so. Because of this signification, the nurses desire to incorporate such strategy in their practice of care and identify in themselves aspects to be changed.

In this trajectory, the epiphanies, that is, the experiences that alter signification and impact behavior⁽¹⁵⁾, were:

- Playing/using toys is a space for interaction between child and professional, which facilitates the communication between both of them and has the potential to reduce sufferings and traumas caused by the hospitalization process. This epiphany is represented by the category 'toys as therapeutic resources'.

- Health professionals, while in the context of a hospital, tend to difficult the incorporation of toys in the care process; however, it is the personal decision of each professional to adopt or not such practice. The category 'nurses as play promoters' details said epiphany.

The epiphanies above structure the presentation of the results, as well as the reflection of the meanings revealed about being a nurse and performing this job. Two categories allow the description of the trajectory, namely: 'toys as therapeutic resources' with the sub-

categories 'faced with the children's suffering' and 'conceiving the effectiveness of using play'; and 'nurses as play promoters' with the sub-categories: 'identifying restraints for using play/toys', 'seeing other professionals adopting play' and 'recognizing in themselves a lack of initiative'.

Toys as a therapeutic resource

In this category, the nurses discover the ludic character as a means to care for a child. The starting point of such process is the contact with the suffering of hospitalized children, which composes the sub-category 'faced with the children's suffering'.

In this sub-category, the nurses become sensitive to the complexity of the hospitalization experience for children and define this experience as hard and a source of great physical and emotional suffering. Thus, they feel compassion for the hospitalized children.

This process occurs in the direct childcare, whether when the nurses have the role of students, whether of professionals. It is during the assistance that they begin to be in contact with the specificity of the children's experience and, in a parallel way, with the professional care provided to them. Thus, they reflect on this situation and conclude that the hospitalization experience is painful.

[...] the world of the hospital is a painful one for the child. (Puzzle)

[...] I think it's important to make the routine of the hospital a littler lighter [...] more similar to the routine they live inside their houses [...] to soften up their stay. Children suffer in a hospital, they need help. (Bike)

Hospital is not a place for children [...] like, it's a bad place for children, lots of procedures, people, they get too afraid. (Spinning-top)

In the meantime, they recognize playing as something typical of children and, when the child does not do so it is a warning sign, translator of physical and/or emotional unease. It is an evidence of the child's intense suffering.

It's really hard to have children who refuse [to play], if they refuse, you have to investigate, because there's something going on: whether it's because they're getting really weak, whether it's because they're really suspicious of you. (Teddy Bear)

In the contact with the child's suffering, these professionals witness that playing/using toys can be a non-intentionally adopted resource. However, they perceive that such adoption occurs in the imminence of a great suffering, usually represented by long hospitalizations, repeated invasive and painful procedures and chronic situations.

On the other hand, the therapeutic toy (TT) is conceived as a little used resource, indicated to reveal complex aspects experienced by the child, with potential to relief anxieties, traumas and fears. They affirm it is a modality of playing that requires preparation and qualification.

[...] it [the therapeutic toy] is usually much more a therapeutic tool for discovering things, relieving some specific traumas. (Teddy Bear).

Toys help a lot, bring joy, boost their creativity; it's a pity that almost nobody uses them. (Spinning-top)

In this reflective process of considering how to relief the child's suffering, through readings or sharing use of play/toys, professionals sediment the concept that play/toys are good to children and a therapeutic resource that can be adopted by nurses, which translates the sub-category 'conceiving the effectiveness of using play'.

Playing/using toys is an activity that brings about well being and through which children establish a different relationship with their context. It is centered in the interaction of the children with objects, people and events of their world.

And inviting children to play is inviting children to extrapolate that environment and run away a little bit from suffering. (Teddy Bear)

[...] because children can feel good and forget they're in a hospital. (Puzzle)

In this sense, the nurses identify playing as a resource accepted and desired by children, promoter of interaction and communication that enable a better understanding of what these children are experiencing and how they are signifying the facts. Nevertheless, they recognize that its adoption is not common at hospital units.

[...] when you bring a toy and offer it to these children or ask if they want to play, the communication channel opens completely [...]

toys always open opportunities, they always do this. (Teddy Bear)

[...] I used to see that sometimes it was a way that facilitated the access to children, so those children who were already there in a situation of total vulnerability [...] when you do something they're not expecting [...] you can establish a bond with them much better. (Doll)

The nurses start to realize that playing/using toys is an interesting resource because it allows them to handle hard situations. They then try to adopt it in their assistance practice and this intensifies their movement of approach to the child and the play/toys resource. Thus, they potentialize their desire to know more about both aspects and invest in an intentional process of using play/toys in the different scenarios where they act, which expands their theoretical and practical knowledge and enhances critical and reflective processes that determine learning.

We brought this thing of toys to the undergraduate course in 1997, when I was developing my doctoral research [...], since then we have this theme [toy] in one of the subjects and have reflected about it. (Teddy Bear)

As a teacher, I have stories to tell about performing a procedure with toys; there were real cases when while we were performing an intravenous administration the child was playing, she forgot we were there. [...] In my opinion as a nurse, no, this is not so strong. (Domino)

Nurses as play promoters

In this category, it is possible to observe the perception that play/toys constitute an intervention to be offered to hospitalized children, and nurses should incorporate it in their care practice. That is, they see the intentional use of play a nurse's attribution, whether by the identification that playing is a relief for the children's suffering, whether by favoring an effective interaction with them. These concepts maintain and expand the desire to use it. Simultaneously, a process of self-evaluation is activated, allowing for the identification of gaps and the need for self-improvement towards the full incorporation of this practice into their care practice.

I began to believe that these children need to play, even though they are hospitalized, I searched for knowledge and tried to behave differently. Then I

started to use it and was not able to stop using it. (Bike)

In the beginning I looked only at the recreational playing and was already able to see in it lots of advantages. When I decided to use the therapeutic toy with children under palliative care, wow, I saw what that was. I never stopped. I try to use it whenever possible. (Spinning-top)

The sub-category 'identifying restraints for using play' brings the description of processes of professional work and attitudes that act toward discouraging the incorporation and adoption of play in the context of a hospital.

The first aspect is the lack of valuation regarding the use of toys, associated with the predominance of the conception observed among health professionals according to which hospitals are not places for playing and such action is superfluous in comparison to others. Thus, the health team does not give a chance for play, does not encourage its use, does not favor the acquisition of toys and does not use those available. Moreover, noise and movements caused by play annoy the professionals.

[...] and we end up considering toys as superfluous things, foolishness, that can be left for later. (Puzzle)

[...] but at first there's no problem if they play around there, but this annoys sometimes, the team. (Teddy Bear)

In addition, the dynamics of work imposed by the institution does not consider using toys as an assistance action and, thus, due to the routines defined, the nurses indicate the lack of time to incorporate them.

[...] A crucial element in the pediatric unit is the time to do so, it's the time for you to speak like this: 'now I'm going to sit down and play with a child, I'm going to use a game, or I'm going to use a toy and I'm going to use it with his/her'. In the day-by-day dynamics you don't have time for that [...], because there are lots of other activities you have to do and deal with in that shift. They [the institution] demand other things from us. (Puzzle)

[...] sometimes we also get stuck in the routine, in what we have to do, in the task, in the fulfillment of tasks, sometimes we don't think about why we're doing that, but we have to do. (Doll)

The subcategory 'seeing other professionals adopting play', brings the action of observing

the use of play/toys by other professionals when they confirm the benefits of playing and this process intensifies the desire to integrate it in their professional practice.

[...] The nursing team ends up being a viewer of this action [the use of play]... and we stay there only watching, you know. (Puzzle)

[The therapists come and use toys and we stay there only watching. (Puzzle)

Such recognition expands the reflection on the nurses themselves. In this sense, questions of personality are pondered, as well as reasons why they, the nurses, do not activate strategies to cope with the present adversities for the incorporation of play in the context of the hospital.

Regarding the personality that favors the use of play/toys in the assistance to children the following characteristics are highlighted: being playful, relaxed and extravert to be able to enter in and get naturally involved with the play dynamics. It requires the ability to propose and adopt the ludic character promptly and creatively in the interaction with the child.

[...] Who has a little difficulty of interacting, something that has to do with personality, has difficulty of playing, needs to improve this first. (Teddy Bear)

[...] I think I liked children and they liked me, because I was pretty much like a child, and I'm pretty much like a child, because I like to play with them, I like singing, I like telling stories, and it ended up being a facet that was good to me while a nurse; I used play with no problems. (Doll)

In the subcategory 'recognizing in themselves lack of initiative' for using play/toys, there is the observation that the center is the availability and initiative for introducing and maintaining the use of play in the assistance to the children. This is an easy way to carry out the proposition of the action, including both the invitation and the belief that playing is important and relevant for children and for the establishment of an effective interaction with them. This belief leads people to want to play, to constantly adopt it in the relationship with the child.

[...] the professional is not always ready to adopt toys. (Teddy Bear)

[...] she has all the ability to do so, I'm not like that, I'm a little more introvert, but I want to develop this, I think it's really important to use toys, we see how children ask to be assisted by this person who's more playful. I'm trying to change this in me, for me to be more prepared. (Puzzle)

The results point two big centers of sensibilization for the incorporation of play/toys in the care to hospitalized children: playing/using toys are a therapeutic resource and hospitalized children experience new and hard situations. Such centers were also present in other studies that appreciate the use of TT in nursing^(16, 17). Thereby, the processes of teaching and learning should enable, in both theoretical and practical activities, knowledge and reflections on these questions, which meets the observations pointed out in other study of similar theme⁽¹⁶⁾, since they are the foundation on which the importance of the play/toys resource is built. In this way, it is possible to understand the meaning of the interactions of the children in moments that precede the care and, consequently, to contribute to the quality of the care provided by health professionals^(2,8,18).

In face of this, changing the panorama of incorporation of this resource in the context of the hospital depends on the approach of the care carried out by the professionals inserted in it. It is worthless to have toys, play rooms⁽¹⁹⁾, if there is no space for the recognition of playing as a constituent action of care⁽²⁾. Seeing playing from this perspective is procedural and requires qualification⁽¹⁷⁾. Investing in the adoption of this resource demands transformation of the paradigm of care and child, besides knowledge about the TT⁽¹⁷⁾. It is only with this investment that weak excuses such as time, quality and amount of toys can be transformed toward incorporating the concept that playing is an activity inherent to children's behavior, essential to their well-being and a support for them to cope with the reality lived^(16,17). Nursing professionals who begin to recognize the therapeutic toy as part of the care practice are accustomed to use it initially with the recreational function, and then they expand the intentionality of its use⁽¹⁷⁾ and perceive it while a resource for adaptation, confrontation, maintenance and health recovery^(1-2, 8,16,17,19).

The option and the personal desire to adopt play/toys in the care provided by nurses must come from their feeling in face of the sensibilization that this dynamics provokes. Because when this intention of use comes from the nurse, factors that could limit this incorporation of play begin to be devalued, in such a way that the creativity in the development of activities that allow for fun moments becomes more present. On the other hand, in a national study, despite the recognition of the value of the therapeutic toy, the lack of time and demands from the unit remained as limiting factors for the use of this resource⁽¹⁶⁾.

Playing at the bedside is a spontaneous activity that does not require many objects and time from the health team⁽²⁾. In this way, nurses need to be willing to play and make it an indissoluble part of the nursing assistance regardless of the scenario that surrounds them. It is important to focus more on the care provided to these children in order to assist and relief their stay in the hospital, making it more bearable⁽¹⁻²⁾. Thus, health professionals are no longer performers of technical care only, and begin to be facilitators of the experience lived by hospitalized children^(2,8, 17).

FURTHER CONSIDERATIONS

The trajectory of incorporation of play/toys in nurses' professional practice with hospitalized children occurs through the establishment of two great conceptions: ill and hospitalized children experience hard situations of great suffering, and playing is a therapeutic resource and space. Thus, the need for integration of this resource in the care provided to children begins to be a search and, regardless of when the nurses were trained, they try to disseminate and/or to adopt it. For this reason, they intensify/expand knowledge and skills regarding the resource, which, together with the benefits identified experientially, stimulate the search.

It is possible to identify in the speeches of the interviewees that each one of them is in a moment of this trajectory, which has a direct relationship with the concepts revealed in the epiphanies and how they have already echoed their duties as nurses.

In face of the context above, there are still many challenges. When pondering this study, it is possible to say that researches that integrate or make use of other strategies of data collection would complement the assimilation of the phenomenon addressed herein, as well as the revelations obtained. Also, deepening the comprehension of the limits for the adoption of

therapeutic toys in the clinical practice is urgent in face of the scientific advances and policies in the humanization sphere. Expanding the comprehension of the aspects that make incipient the integration of this resource in hospitals would contribute with ways. The design of this research has not allowed for details in this regard; therefore, we leave it as a suggestion for future studies.

ADOÇÃO DO BRINCAR/BRINQUEDO NA PRÁTICA ASSISTENCIAL À CRIANÇA HOSPITALIZADA: TRAJETÓRIA DE ENFERMEIROS

RESUMO

O processo de hospitalização gera sofrimento à criança e o brincar/brinquedo é um recurso apontado como promotor do enfrentamento e passível de ser adotado pelo enfermeiro. Apesar disto, está pouco incorporado no cuidado ofertado a estas crianças. O objetivo deste estudo foi caracterizar o processo de incorporação da adoção do brincar/brinquedo na assistência prestada por enfermeiros à criança hospitalizada. Foram realizadas entrevistas semiestruturadas com seis enfermeiros. O estudo, pautado no referencial teórico do Interacionismo Simbólico e no referencial metodológico do Interacionismo Interpretativo, identificou ser a trajetória de mobilização sustentada por duas epifanias: o brincar/brinquedo tem a potencialidade de amenizar sofrimentos e traumas advindos do processo de hospitalização, e, está na pessoa de cada enfermeiro a opção de adotar tal prática. Os resultados estão descritos a partir de duas categorias: brinquedo como recurso terapêutico e enfermeiro como promotor do brincar. A ampliação do uso do recurso por parte dos enfermeiros tem correlação direta com as oportunidades de contato com o mesmo e com a criança em situação de hospitalização.

Palavras-chave: Jogos e Brinquedos. Criança Hospitalizada. Enfermagem Pediátrica.

ADOPCIÓN DEL JUGAR/IMPLEMENTOS DE JUEGO EN LA ATENCIÓN AL NIÑO HOSPITALIZADO: TRAYECTORIA DE ENFERMEROS

RESUMEN

El proceso de hospitalización genera sufrimiento al niño y el jugar/juguete es el recurso apuntado como el promotor del afrontamiento y que puede ser adoptado por los enfermeros. Sin embargo, poco se incorpora a la atención ofrecida a estos niños. El objetivo del presente estudio fue caracterizar el proceso de incorporación de la adopción del jugar/juguete a la asistencia ofrecida por enfermeros a los niños hospitalizados. Se realizaron entrevistas semi-estructuradas con seis enfermeros. El estudio, basado en el marco teórico del Interacionismo Simbólico y marco metodológico del Interacionismo Interpretativo, identificó que la trayectoria de movilización es sostenida por dos epifanías: el jugar/juguete tiene el potencial de aliviar sufrimientos y traumas resultantes del proceso de hospitalización, y está en la personalidad de cada enfermero la opción de adoptar esta práctica. Los resultados se describen por dos categorías: el juguete como recurso terapéutico y el enfermero como promotor del jugar. Hay una correlación directa de la expansión del uso del recurso por los enfermeros y las oportunidades de contacto con el juguete y con el niño en la hospitalización.

Palabras clave: Juego e Implementos de Juego. Niño Hospitalizado. Enfermería Pediátrica.

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