

USE OF PLAY IN CHILD CARE HOSPITALIZED: CONTRIBUTIONS TO PEDIATRIC NURSING

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ABSTRACT

The illness and hospitalization in childhood events not expected by the child therefore considered a crisis for this and their caregivers. Under these perspectives, play and play in a child's life stand out as essential factor not only it takes place in a healthy, but also as a tool pledge maturation infant are possible and indeed necessary hospitalization. The study aimed to investigate the nurses actions in a pediatric hospital that used playing in the care of hospitalized children. This was a descriptive research with qualitative approach carried out through semi-structured interview. Three categories emerged Insertion of playing in the care of hospitalized children; Mother's participation in the construction of the playing; and Children's reactions in playing and its effects on children's behavior. It concluded that nurses perform the insertion of playing in childcare, however unsystematically.

Keywords: Play and Playthings. Child hospitalized. Pediatric Nursing.

INTRODUCTION

Hospitalization represents, for the child, a situation of stress due to breakages, with the family links, especially by the absence of the mother, which may cause many negative repercussions on children's behavior⁽¹⁾.

The nurse and his team, during the hospitalization, children perform various procedures by the child, contributing to the increase in anxiety, pain and fear, thus, it falls to the nursing staff to manage the resulting stress them, by means of tools capable of minimizing the psychosocial impact arising from hospitalization. Thereby, sessions of play, fun and therapeutic toy can be a way to prepare it properly to the situation⁽²⁾.

As regards the inclusion of play, the game and therapeutic toy (BT) in the care of nursing the child, observed empirically, which also occurs in an incipient and even, in the system of classification of nursing practice recommended by the *North American Nursing Diagnosis Association International* (NANDA-I), there is

only the nursing diagnosis titled "disabled" recreation Activity that applies to the individual who presents "stimulation (interest or engagement) decreased in recreational activity or leisure"⁽³⁾.

This diagnosis, while admiring the play of the child during hospitalization, presents a certain incongruity, as it suggests that the initiative should from the child, which, in practice, not always occurs, and therefore it is the responsibility of the nurse to promote, enhance, and stimulate the play during hospitalization.

In the hospital setting, health professionals and, among them, the nurse, the child (4) must use strategies for the management the impact hospitalization. With regard to the play, which can be incorporated into Nursing care and can be performed at the bedside, in the playroom or in any other physical space available and the child agrees to use⁽⁵⁾.

However, empirically, it is observed that the play and the game are still little used or, when realized, happen so unsystematic and/or after the

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completion of the remaining assistance activities. In this context, the present study aimed to investigate the actions of the nurse of a hospital on the use of the play in the childcare in the hospital.

METHODOLOGY

This was a descriptive study, exploratory qualitative approach⁽⁶⁾ held in a public hospital, the medium and the specialized type with specific experience in Pediatrics, located in the municipality of Juazeiro do Norte-CE, between the months of January to March 2012. This includes 75 beds, being and health team consisting of 18 pediatricians, nurses, technicians and 14 13 seven nursing assistants and physiotherapists.

Highlights that this is the only pediatric unit in the region that has the Systematization of nursing care (SAE) deployed, with printed and data collection covering phases of the nursing process (PE), namely, history, diagnosis, planning, Implementation and evolution of nursing. During the day, there is one nurse responsible for between 20 to 25 beds, and at night, there is one nurse responsible for 45 beds. At the hospital, there is a playroom, opened two years ago and that receives support from higher education institutions (HEIs) and non-governmental organizations (NGOs).

Study participants were nurses operating in the hospital. The criteria adopted were male nurse/Medical Clinic sector and/or Emergency in the morning and/or afternoon shifts, participant of the direct care to children hospitalized; Act, at least a year in service, for a period deemed conducive to professional adaptation to the rules and routines of the unit. Therefore, of the 13 nurses operating in the hospital, three act only at night and does not perform direct care, so that study participants totaled nine nurses.

The data collected in the period of April 2011 to February 2012 through the application of a questionnaire with questions regarding socio-demographic characteristics (sex, marital status, religion, work time in hospital).

Then, the semi-structured interview composed of objective and subjective questions concerning the inclusion of play and romp in the nursing care provided to children in an average

time of 30 minutes. The interviews took place in a reserved room in own unit in order to preserve the privacy of each interviewed and lasted an average of 50 minutes each.

For the closure of the fieldwork was used the criterion of internal validity (of data), which sought the theoretical saturation using, for both, the empirical lines saturation criterion considering the recurrence and repetition of ideas of the nurses interviewed⁽⁶⁾. In addition to this, also used the criterion of external validity (of data) pointed to by the number of participants in qualitative studies carried out previously so that if determined to accomplish the investigation with at least three, and a maximum of 15 nurses⁽⁶⁾.

Then dandy possession of the interviews, the Organization of data, which used the technique of thematic content analysis, divided into the following steps: pre-analysis, exploitation of material, processing of results and interpretation. Initially, we proceeded to the reading of floating lines, followed by the use of colorimetric method where similar content received equal colors⁽⁷⁾.

Concluding phase of exploration of the material, continued to the final phase of the content analysis with the stage of processing of the results obtained and their interpretation, which consisted on the proposition of inferences by the analyst and interpretations according to their theoretical framework⁽⁷⁾.

Whereas such assumptions, sought to rescue, from the references of subject, aspects related to how the play and the game inserted into the practice of nursing care in Pediatrics. Therefore, we had the interviews as corpus, while sentences used as registration units and paragraphs as units of context. The construction of categories was performed retrospectively, i.e. only after the process of reading floating and identification of registration units⁽⁷⁾.

In compliance with the ethical assumptions contained in resolution 196/96 of the National Health Council (CNS), the research appreciated and approved by the Research Ethics Committee (CEP) of the Regional University of Cariri (URCA), with a favorable opinion n° 106/2011. To preserve the anonymity of respondents, we decided to identify each one with the letter ' E '.

followed by a number in the order in which the individual interviews were conducted (E1 to E9, in this case).

Initially, nurses have been requested voluntary participation through informed consent, all of whom interviewed only after the knowledge of the objectives, importance, and risks of the study.

RESULTS AND DISCUSSION

Data analysis emerged three symbolic categories, namely, inserting the play and romp in the care the child hospitalized, who implements the activities of play and games and children's reactions to the play and joke and its effect on children's behavior.

As regards the subject of the research, it was composed exclusively by nurses, totaling nine interviewed, with age group understood, predominantly, between 25 and 29 years (04) followed by the range of 20 to 24 years (02), being all single and reportedly followers of Catholicism (09), these data that comes back with the national findings, when investigated nursing professionals considering their social and demographic data⁽⁸⁾.

With regard to data professionals, all nurses reported the same period experience in Pediatrics, from one to 3 years. Which, in turn, can be justified by the predominant age range of participants, which are young individuals, making it impossible, because, while extensive work in years, from the end of graduation.

Insertion of the play and the play in caring for the child in the hospital

This category come discuss the play and joke entered by the nurse and other members of the multidisciplinary team in the care provided to children hospitalized, highlighting also the places where such a practice takes place as well as the types of activities carried out. This has two subcategories, namely, places where implement the actions of play and games, with 91 units of registration, and the types of activities implemented, 69 registration units. Together, these subcategories totaled 160 thematic units.

Regarding category "places where implement the actions of play and joke", represented by 91 thematic units, identified the places where the

activities can implemented and/or where they are currently.

[...] In the hospital environment, play and joke only if it is in the playroom ... (1)

[...] These activities developed only when the playroom is open [...] (9)

[...] Let them play in the bed [...] (7)

"[...] Inside the wards [...]" (2)

"The priority here is the toy library [...]" (E6)

"Only in the playroom when we can't direct the bed ..." (3)

"[...] the courtyard also has not raining or is very hot ..." (8)

Reports unveil a significant diversity as regards the places where child hospitalized may include the play in your daily life hospital, while in line with data from other studies on the promotion of the play with children hospitalized in cancer treatment, in which the toy and/or other recreational resources are provided in the child's bed, for example, and the same could manipulate it without the need of a specific environment, consolidating the idea that the play should not be dependent on a predetermined environment⁽⁹⁾.

It should note, however, the presence of speeches that restricted the playing time in the playroom is open, figuring out this environment as the only possibility of play to be part of the routine infant inside the hospital. Such circumstance makes the play materials and environments available, fragmenting the quality assistance to periods considered timely, professional point of view and not the child.

In turn, the category "types of activities implemented", presented thematic units 69, in which the accounts of interviewed date back to variety of recreational resources used when promoting play.

Can be with toys, games, even with the mother also [...] (2)

[...] We also take paper and pencil for them to play, and places DVD, makes drawing activities, dancing, singing...(4)

[...] Turn on the TV, get some drawings to paint them, tell the stories...(6)

"[...] Use a blowing ball..." (8)

The variety of recreational resources does not prevent the experience of painful moments, but allows the child to release feelings of anger and hostility, making your inner expression of fear and despair⁽¹⁰⁾.

Thus, even though the play is placed by some interviewees as inseparable from the playroom, it is important to note that the supply of instruments that allow the play greatly contribute to that care is multifaceted and Humanized, thus contributing to the bio psychosocial development of the child is not broken even in the face of hospitalization.

Who implements the activities of play and game (at that point, pulled out a table, at the suggestion of the magazine)

This category discusses how the play and joke within the child care in the hospital, the nurses' vision, developed by professionals and students, in addition to the mothers and/or caregivers that accompany the child during hospitalization. Such considerations represent the respective subcategories from this process: a) the play implemented by professionals and students with 107 thematic units and b) family's participation in the construction of the play with 28 thematic units. Together, these subcategories totaled 135 thematic units.

In the subcategory titled "the play implemented by professionals and students" the testimonials demonstrate the vision of nurses as the play is promoted, stimulated and inserted, hospitalized children, by means of working professionals in the Pediatric Unit, as well as the students who develop extracurricular activities.

[...] Can use a joke at the time of medication [...] (1)

We use the toys to child who is isolated [...] with difficulty walking. (9)

[...] Sometimes the nurse who is on duty will, but only when you don't have any of those students don't even have the bowling...(5)

[...] The only thing I do is when you are puncturing the vein, I show and say: 'Look the Woodpecker. 'But it is also not always [...] when here is not too full. There I go there and get toy [...] (8)

[...] Their activities are completely independent from us and, like, they talk to us but, for example, talk about any specific child. (3)

"[...] and I believe that these people who come from the colleges that need supplies Yes, it helps [...]"(2)

The nurse should realize the play as an action that enhances the children's recovery and reduces the negative consequences of hospitalization for the child, understanding that the same had his broken family processes and finds himself in a hostile environment and that disrupted their daily lives⁽¹¹⁾.

The interviews show a mixture of practices by nursing staff and health ranging from effective implementation of play and joke as own resources of the assistance until such practices conditioning from the presence or absence of certain instruments and/or circumstances as the mood of the child and/or rate of work.

While recognizing the importance of play in the recovery and maintenance of the health of the minor admitted, the use of this feature is not commonplace in health institutions in Brazil, being thus a clinical activity still little exploited and that, when performed, does not occur using the play throughout its potential as therapeutic tool⁽¹²⁾.

The subcategory "family's participation in the construction of the play" revealed the mother as the main caregiver present in monitoring child hospitalized, which progressively inserted in play activities and games dismissed the child welfare process. The same totaled 28 registration units.

Sometimes they have mothers who are very understanding and empathetic with the plight of the child and do everything to make them feel better, hence themselves play, draw with them, praising what they do ... (8)

[...] Us encourages even, both the child and the mother, so she also stimulates the child if possible play with her [...] (3)

"[...] they can draw, paint, watch movies, dance, and sing ..." (1)

The presence of the family, especially his mother, as promoter of the psychosocial health resource of the child, can act as a way to provide effective support to counter child suffering, minimizing the adverse effects of this children's health, since, to the familiar emotional supports the less institutionalized, transmitting security

and protection, and the nursing staff encourage such bond, approaching the caregiver of any assistive process⁽¹³⁾.

Therefore, it is interesting to realize that such a link, either spontaneously or through professional stimulus, albeit restricted and little referred to, have been contributing factor promoting play and play to children in detention regime, providing support to the team as a link between this and the child, as well as strengthening the Security State necessary for the well-being of your child.

Children's reactions to the play and joke and its effect on children's behavior

In this category, the reports focus on the impact that the play has exercised over the health of the child in the hospital and how this play has reflected on the behavior of the child. The same together aspects of expressive reactions demonstrated and how the professional has noticed these changes. The category totaled 76 registration units.

We realize that when they [...] are very different, much more cheerful and well satisfied. [...] Improves the mood of the child [...] (5)

[...] Greatly facilitates the treatment [...] the cure faster ... (7)

[...] The play area takes some of that fear, the games ... The movie distracts more, they ... Gives a larger approach with us because they see us as someone who also plays and not only hurts ... (2)

The data exposed corroborate with the findings of other studies, in which the authors studied the influence of playful activity on the health of the child hospitalized and demonstrated the same as important and effective assistance resource, therefore improving your prognosis and facilitating therapeutic procedures⁽¹⁴⁻²⁰⁾.

Thus, one can infer that joke and its various nuances mean to the health team and family a primary tool with regard to the child's understanding about life and everyday activities, enabling the same elaborate personality shaped by the difficulties, conflicts and coping mechanisms of adverse situations⁽²⁰⁾.

The testimony unfolded the varied reactions of the child into the joking, demonstrating its positive impact and improving the quality of

care and health of children hospitalized in the Pediatric Unit searched and, with it, the play is viewed as an effective instrument of assistance humanized.

FINAL CONSIDERATIONS

In this study, it was realized that the play and joke remains incorporated into practice nurses of a relief hospital to the extent that you perceive as activity of childhood itself, although present definitions of nature at the expense of their playful predominantly therapeutic effect.

In the Pediatric Unit studied, the nurse has inserted into the joking, however, was evidenced a position of extramural activity, in which its practice is mostly effected by third parties not involved in direct assistance to child hospitalized and often playful activities are conditioned to "have time" professional, when this is not available, the play fails to happen or does it with loopholes.

The location meant ludical activities performed, often restricted to the hospital playroom, which in turn does not constitute inappropriate resource, however, condition the playing time that exclusive toy library can be opened, it may not meet the entire demand of care and make the play continues to be seen as a recreational activity and without therapeutic purposes.

The caretaker bit was referred to as active in this process, however, if noticed that the link between the team and the same has been increasingly strengthened and has contributed to a more integral and humanized assistance possible.

It is suggested therefore to conducting research regarding personal sizing from the perspective of Patients classification system (SCP), in order to better match the necessary staff and available for the Pediatric Unit, as well as the training of professionals with fixed work schemes, enabling the execution of playful paper as well as the staff update about the play and games, empowering them to a dynamic performance and proper use of the playroom, adjusting schedules and if possible drafting scales for the effective and regular professional activity in this space.

USO DO BRINCAR NO CUIDADO À CRIANÇA HOSPITALIZADA: CONTRIBUIÇÕES À ENFERMAGEM PEDIÁTRICA

RESUMO

O adoecimento e hospitalização na infância são eventos não esperados pela criança sendo assim considerados como momentos de crise para esta e seus cuidadores. Sob tais perspectivas, o brincar e a brincadeira na vida da criança destacam-se como fator não apenas imprescindível de um transcorrer saudável, mas também como ferramenta propiciadora da maturação infantil, sendo possíveis e necessários na realidade de internação hospitalar. O estudo objetivou investigar as ações do enfermeiro de um hospital pediátrico no uso do brincar no cuidado à criança hospitalizada. Tratou-se de uma pesquisa descritiva de abordagem qualitativa realizada através de entrevista semiestruturada, em um hospital infantil localizado no município de Juazeiro do Norte (CE). Utilizou-se da Análise de Conteúdo Categrorial Temática proposta por Bardin para organização e avaliação dos dados. Destes, emergiram três categorias: Inserção do brincar e da brincadeira no cuidado à criança hospitalizada; Participação da mãe na construção do brincar; Reações da criança ao brincar e brincadeira e seus efeitos sobre o comportamento infantil. Concluiu-se que as enfermeiras realizam a inserção do brincar no cuidado à criança, porém de forma, ainda, assistemática.

Palavras-chave: Jogos e brinquedos. Criança hospitalizada. Enfermagem pediátrica.

USO DE JUEGO EN EL CUIDADO DE NIÑO HOSPITALIZADO: CONTRIBUCIONES A LA ENFERMERÍA PEDIÁTRICA

RESUMEN

El enfermarse y la hospitalización en la infancia son eventos no esperados por el niño, siendo considerados como momentos de crisis para éste y sus cuidadores. Bajo tales perspectivas, el jugar y los juegos en la vida del niño se destacan como factores no sólo imprescindibles de pasársela saludable, sino también como herramientas propiciadora de la maduración infantil, siendo posibles y necesarios en la realidad de internación hospitalaria. El estudio tuvo el objetivo de investigar las acciones del enfermero de un hospital pediátrico en el uso del jugar en el cuidado al niño hospitalizado. Se trata de una investigación descriptiva de abordaje cualitativo realizada a través de entrevista semiestruturada, en un hospital infantil localizado en la ciudad de Juazeiro do Norte (CE). Se utilizó el Análisis de Contenido Categrorial Temático propuesto por Bardin para la organización y evaluación de los datos. De éstos, emergieron tres categorías: Inserción del jugar y del juego en el cuidado al niño hospitalizado; Participación de la madre en la construcción del jugar; Reacciones del niño al jugar, y juegos y sus efectos sobre el comportamiento infantil. Se concluyó que las enfermeras realizan la inserción del jugar en el cuidado al niño, sin embargo de forma, aún, asistemática.

Palabras clave: Juegos y juguetes. Niño hospitalizado. Enfermería pediátrica.

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