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Playfulness as a strategy in caring for hospitalized children

El juego como una estrategia de cuidado de niños hospitalizados

O lúdico como estratégia no cuidado no olhar da criança hospitalizada

ABSTRACT

To analyze the view of hospitalized children about playfulness as a strategy in care. Qualitative exploratory study of the participatory observational type realized at a university hospital in the Northeast. An adaptation of Trinca's drawing-history technique was used between September and October 2017, being the sample of nine school-age children and preadolescents. The research was approved by the Research Ethics Committee. After thematic analysis, three categories were obtained, which highlighted the playroom as a supportive resource in the care of hospitalized children; showed the preferred approaches to play during hospitalization; and cited the professionals and their procedures. It was found that the way professionals approach directly influences the type of experience that will be a given procedure, and that playfulness is a fundamental strategy in hospital care, as it corroborates the improvement of the physical, psychological and emotional states of the child.

DESCRIPTORS: Hospitalized Child; Care; Ludotherapy.

RESUMEN

Analizar la mirada de los niños hospitalizados sobre el juego como estrategia en el cuidado. Estudio exploratorio cualitativo observacional participativo, realizado en un hospital universitario del Nordeste. Se utilizó una adaptación de la técnica de historia del dibujo de Trinca entre septiembre y octubre de 2017, con una muestra de nueve niños en edad escolar y preadolescentes. La investigación fue aprobada por el Comité de Ética de Investigación. Resultados: Después del análisis temático, se obtuvieron tres categorías, que destacaron la sala de juegos como un recurso de apoyo en el cuidado de niños hospitalizados; mostró los enfoques preferidos para jugar durante la hospitalización; y citó a los profesionales y sus procedimientos. Se encontró que el modo de aproximación de los profesionales influye directamente en el tipo de experiencia que será un dado procedimiento, y que el juego es una estrategia fundamental en la atención hospitalaria, ya que corrobora con la mejora de los estados físicos, psicológicos y emocionales del niño.

DESCRIPTORES: Niño Hospitalizado; Cuidado; Ludoterapia.

RESUMO

Este artigo objetiva analisar o olhar de crianças hospitalizadas acerca do lúdico como estratégia no cuidado. Trata-se de um estudo exploratório qualitativo do tipo observacional participante, realizado em um hospital universitário do Nordeste. Utilizou-se uma adaptação da técnica do desenho-história de Trinca entre setembro e outubro de 2017, sendo a amostra de nove crianças em idade escolar e pré-adolescentes. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa. Após análise temática, obteve-se três categorias, que destacaram a brinquedoteca como um recurso apoiador no cuidado a criança hospitalizada; mostraram as abordagens preferidas do brincar no período da internação; e citaram os profissionais e seus procedimentos. Foi constatado que o modo de abordagem dos profissionais influencia diretamente no tipo de experiência que será um determinado procedimento, e que o lúdico é uma estratégia fundamental no cuidado hospitalar, uma vez que corrobora para a melhoria dos estados físico, psicológico e emocional da criança.

DESCRITORES: Criança Hospitalizada; Cuidado; Ludoterapia.

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Hospitalization for the child usually becomes a traumatic event due to the change in his routine and withdrawal from the family, which contributes to the emergence of negative feelings, such as anguish, sadness, and fear, and can even harm his prognosis. The opportunity to be in a limited place where routines reduce the range of activities that used to be done at home, can affect the child's natural development^(1,2).

The use of playfulness during this process is a strategy that facilitates the continuity of treatment, as it emotionally strengthens children for future procedures, which are sometimes exhaustive, invasive, and painful. In this way, it helps the child's coping and recovery, in addition to maintaining his quality of life, despite the vulnerability conditions that left him hospitalized^(3,4).

Children are the best sources of information about their own experiences and opinions, expressing their thoughts in different ways, and may involve verbal and non-verbal expressions such as speech, crying, gestures, drawings, among others, aspects that must be considered by who is around them, especially those who care for them⁽⁵⁾.

Generally, during hospitalization, the team is unable to identify the child's difficulties and, on this occasion, the

use of techniques that enable their expression may be beneficial, as it works by improving the care and assessment in a more appropriate way, involving feelings arising from illness^(6,7).

Considering that playing should be a tool to help cope with the child's hospitalization and recovery process, as well as the need to respect the singularities of each of them, the study had as a guiding question: Does play influence the care of children at the hospital? From this, the object was to analyze the view of hospitalized children about play as a care strategy, based on their report on the theme.

METHODOLOGY

This is an exploratory study with a qualitative approach of the participatory observational type. The population of children in the process of hospitalization between September and October 2017 participated in the study. The sample consisted of nine school-age children and pre-adolescents, identified by pseudonyms depicting the child characters or idols they liked most, maintaining their anonymity.

Inclusion criteria were: being of both genders; being in the school age group or pre-adolescence; regardless of the hospitalization period, who had had contact with recreational activities, may or may not have a history of previous

hospitalizations in the service; having any diagnosis, which may be chronic or not. And exclusion: having neurological and/or cognitive impairment that made it impossible to draw and/or answer questions; or those who were unable to match the research questions for any circumstance not included in the previous criterion.

Data were collected in the playroom of the pediatric clinic of a university hospital in the Northeast, as well as at the bedside of some wards when participants were unable to leave. An adaptation based on the drawing-story technique described by Trinca in 1987 was used⁽⁸⁾. The applications were individual, in a quiet, bright, and comfortable environment. The following materials were used: blank sheets of paper, graphite pencil, eraser, colored pencil, and wax collections.

The children were invited to make drawings spontaneously, and at a given moment, they were asked to produce drawings that would express their view of playing in the hospital given their clinical condition, considering the set of feelings involved, through the representation of "bad things" and/or "good things" from the hospital. Then, clarifications were asked about them - the story. Inquiries were also made for clarifications needed in order to deepen the understanding of the material. On this occasion, a voice recorder was used to

record information in a more invariable way, in order to obtain the content to be transcribed with minute precision.

Thematic analysis was used in its three stages described by Minayo in 1992⁽⁹⁾, namely: pre-analysis; exploration of the material; and treatment of the results obtained and interpretation. All ethical principles established by Resolution No. 466/12 of the National Health Council (CNS) were obeyed, and this study was approved under opinion No. 2,261,165/2017 by the Research Ethics Committee of the University Hospital Lauro Wanderley.

RESULTS

Nine school-age children and pre-adolescents with an average age of nine years participated in the study, five of whom were boys and four girls. The average hospital stay was 9.2 days, with all participants experiencing recreational activities. Of these, four have previously had hospitalization in this service, six in other services, and one being the first time in a hospital. The diagnoses varied between cardiovascular, respiratory, hematological, endocrine, renal and dermatological disorders, in addition to pre and postoperative cases.

The information that highlighted the toy library as a supportive resource in the care of hospitalized children was grouped into three categories; the preferred approaches to playing during hospitalization; and professionals and their procedures.

The toy library as a supportive resource in the care of hospitalized children

This category covered themes that reported the playroom as a support for coping with the health-disease process, in which the statements showed that it offers moments of joy and relaxation, in addition to pointing out the environment as more pleasant, including the family.

The testimonies, unanimously, hi-

ghlight the satisfaction of having a playful space that provides the opportunity to have well-being, humor, and distraction in the face of the various stressors of hospitalization. When asked why they like the playroom and the frequency of trips, they mentioned:

"TEN! From 0 to 10 I like 10 !!! "
(TIANA, 07 years old)

"It's been a long day since I came [to the hospital], but I'm really enjoying it here and the playroom." (MESSI, 12 years old)
"I like the playroom, some toys, because being here alone in this room is bad." (AURORA, 10 years old)

"[Pointing to the drawing] This is the hospital, this is the mask and this is the bed. I'm lying here! [negative expression] [...] I will always! I just didn't go today, but yesterday I played too much. "
(ARIEL, 07 years old)

Some of the participants had already had previous hospitalization in the service, which had the playroom renovated and recently opened, or in other hospitals, and comparing the use of playfulness in these places, when asked about it, they reported that:

"NO!!! Anything! I just lay in bed all the time. " (ARIEL, 07 years old)

"At the other hospital, we just went outside to paint ..." (HULK, 10 years old)

"I loved it! [speaks with great excitement] I have already been to many playrooms in Rio de Janeiro. The one I liked the most is this one from HU! Such a rich hospital, everything was poor there."
(BLACK STAR, 07 years old).

Preferred approaches to playing during hospitalization

In this second category, the preferences of playing in certain age groups

and recreational activities outside the playroom were addressed.

It was noted that according to age, children had different preferences for playing, ranging from skill games, painting, and reading activities, to popular games, among others. Some also demonstrated interaction with other colleagues during these moments. When asked about their preferences, they reported that:

"Watch the cartoons I like, play with the boys." (BLACK STAR, 07 years old)

"To play ball, draw there in the playroom [...]" (HULK, 10 years old)

"I stayed there just watching and reading a book. Last week I read 5." (SHREK, 10 years old)

"I drew something that I really like here: a lady! I also like dominoes, those play games." (MESSI, 12 years old)

"I like the slide and the stethoscope. I play there. I know I'm already big, but I like that slide. "
(AURORA, 10 years old)

"[...] it's the doll from the playroom, the one I like." (ARIEL, 07 years old)

"Adoleta." (SPIDER-MAN, 10 years old)

"Sheet to paint and these pencils."
(TIANA, 07 years old)

Some showed an attraction for activities carried out regularly by toy players and other professionals, such as workshops, events on commemorative dates and visits by religious groups.

"They taught how to do it in the playroom. I have a little bit, look [shows the origami]" (HULK, 10 years old)

"[...] of the parties you have."
(POCAHONTAS, 10 years old)

"My mother said that when I was playing there, a woman from the church passed by giving a book."
(HULK, 10 years old)

There was a desire by some participants for activities involving media such as TV and the Internet, in addition to the desire to be able to use, in their beds, the toys of the playroom, when they are unable to go to it. As distraction activities outside the playroom were subject to comments by the participants, who:

"This month came, which the other time that I came I didn't have one. It was in another room, but since we arrived this television has been there." (HULK, 10 years old).

"Yeah, in the morning I move [Internet]. Yesterday at 11 pm I invented drinking water just to go watch The Voice [laughs]" (SHREK, 10 years old)

"Now I'm going to play! I downloaded a game "mó" on the Internet." (POCAHONTAS, 10 years old)

"It's because you don't let dominoes come here." (MESSI, 12 years old)

Professionals and procedures

There were several reports of situations experienced that involved professionals and procedures, which were grouped in this theme.

The procedures of venipuncture were the most mentioned, and for the majority they are traumatic events, full of feelings of fear, anguish and crying, having several times related to previous experiences, in addition to associating pain with the way of approaching the patient, professional involved, as shown in the following statements:

"It was hard. He pulled out "my hair". It hurt more now. I already "put" here, here, here and here. [shows the various access locations]." (SPIDER-MAN, 10 years old)

"They've already drawn too much blood. This morning "furaro" again. Only today I drilled three times. I cried because I was sle-

eping." (HULK, 10 years old)
"I love taking pills! Better than taking medicine in the vein, right, aunt? Not to be bored. The access took off, but here is the purple one [points to the forearm]. It's been 9 days, but it can only be 7 right? My arm was already paralyzed." (SHREK, 10 years old)

"I designed IN-JE-ÇÃO !!! Because I don't like it, aunt. I already took a lot of bored... Just yesterday I went there to that room [procedure room], I was bored here in the back to remove a little water from my spine, which now I forgot the name. I don't like that, aunt. When I got here, they got bored here [points] It was in that room down the hall, I just cried, but I get agonized right away. What I really like is to draw blood, those things that stick, that hurt." (MESSI, 12 years old)

"I don't like to stick. I just like to take medicine in my mouth" (ARIEL, 07 years old)

"I designed the injection ... because it hurts! And here I drew a sick girl" (POCAHONTAS, 10 years old)

And when asked if they were aware of the reason or if someone had explained a certain procedure, they said:

"No! I do not know. It's for exams, isn't it?" (HULK, 10 years old)

"To take the serum." (ARIEL, 07 years old)

"To take serum, to" put "medicine." (TIANA, 07 years old)

"Why are you going to have to put on ... [The researcher suggests: anesthesia?] That's right, thankfully I already know, I think I already know how it will be. I'm just a little anxious." (SHREK, 10 years old)

Sensitivity, good communication and creating bonds as builders of a bet-

ter interpersonal relationship between professional and child were perceived as beneficial in terms of humanized care, as in the statements below:

"I was amused [laughs], when she came to get the access. It hurt, it hurt a little, but I was amused [laughs]. Of the nurses who came to take care of me so far, she was the best ... and Kátia, because they are more playful with me. Yesterday when I went to have the surgery, I already asked her to come and take care of me." (SHREK, 10 years old)

"I was very nervous, afraid, but the people were kind to me. They joked ... And even worse, I will have to do it again to take the exam. "Now I'm going to have to go where the surgery is, to put something in my nose and I don't see it." (MESSI, 12 years old)

DISCUSSION

During hospitalization, children maintain the yearning to perform activities inherent to their age, which generally suffer interference from the circumstances of clinical evolution. However, growth and development must be considered according to the stage of life, because while the hospital environment poses challenges for health recovery, it is also the place for this process⁽¹⁰⁾.

Healthcare institutions at the hospital level have invested in the implementation of strategies to build environments that aim at welcoming and harmonization, in order to optimize pediatric care, which has been occurring since the advent of the National Humanization Policy. Among these strategies, playful activities that favor interpersonal relationships with health professionals stand out, facilitating the entire process⁽¹¹⁾.

The pediatric clinic of that hospital has a structure in accordance with Law

No. 11.104/2005, which provides for the mandatory installation of toy libraries in health units that offer pediatric care in the hospital⁽¹²⁾. This space is provided with toys, educational games, a place for reading and painting, media equipment such as TV and computer, among others, both designed to encourage children and even their companions to be entertained.

The testimonies of the participants show satisfaction in having a place where they can be distracted and have their right to play guaranteed, becoming evident, especially for those who have already undergone other hospitalizations, how much this condition helps in promoting mental well-being, emotional and even social, because even if their development is ill not for.

Still in this perspective, a study conducted with children undergoing chemotherapy treatment⁽⁷⁾, revealed that toys contribute to the best adaptation to the hospital environment, whether those brought from home, as well as virtual games and the internet. In addition, it points out the playroom as an essential space to assist in coping with treatment, making the hospital more welcoming, which despite being the ideal place for carrying out recreational activities, the other spaces such as patios, gardens and recreation rooms also serve for fun in the absence of the playroom.

The benefits of playfulness are also perceived by the companions, as shown by another study conducted with mothers of children undergoing cancer treatment⁽¹³⁾, which stated that these types of activities provide relaxation, relief and reduction of suffering, contributing positively in this process.

As for communication, similar production⁽¹⁴⁾ held in a toy room in the South also demonstrated the children's dissatisfaction about the ineffectiveness of the dialogue with the nursing team, especially with regard to the procedures to be performed, with emphasis on venipuncture. The speeches of Hulk and Shrek, for example, express deficient

knowledge about procedures to which they were submitted.

In agreement with the findings of this research, the use of playful strategies, with the aim of preparing and reassuring painful procedures, was seen as positive by the children of the study mentioned above⁽¹⁴⁾, who considered the professionals' communication important to them, and should approach them with care and affection.

The fear of the unknown is evidently a factor that causes suffering and anguish in hospitalized children, leaving them fragile, so it is necessary that they become aware of all components of hospitalization, including procedures, medications and their limitations, thus causing greater security about the care offered⁽¹⁵⁾. In this sense, it is essential to adopt attitudes of empathy and humanization on the part of professionals through communication, which is a valuable instrument in care⁽¹⁶⁾.

The literature points to venipuncture as the most frequent procedure children are subjected to during their hospitalization for the purpose of administering medications, collecting exams, among others⁽¹⁷⁾, which is evidenced by the statements of Spider-Man, Hulk, Shrek, Messi, Ariel and Pocahontas, being quite clear that they were traumatic experiences in their lives.

A study that compared the behavior of children before and after using the therapeutic toy in the peripheral venipuncture procedure, showed greater acceptance and adaptation to the procedure after using the tool, with a reduction in behavioral changes, such as: appeal for maternal presence, deviation from looking at the professional, tightening of the lips, shouting, request to interrupt the procedure, crying and muscle tension⁽¹⁷⁾.

Related literature mentions the health team's obligation to identify the psychosocial needs of hospitalized children and adolescents that arise from their compromised potentials and, therefore, care needs to be expanded to meet all

these needs⁽¹⁸⁾.

Still in this perspective, the testimonies of Messi and Shrek that show their perceptions of care when praising two members of the Nursing team, demonstrate that, although they are naturally afraid of pain, the way professionals approach it directly influences the type of experience that will be that procedure.

This finding is in line with a study⁽⁷⁾ which points out the nurse as a professional who can incorporate playing in his care practices during hospitalizations for the most diverse purposes.

CONCLUSION

Through this study, based on the eyes of the children, it was found that playfulness is a fundamental strategy in hospital care, as it supports the improvement of their physical, psychological and emotional states.

The very occasion of the application of the drawing-story technique was configured as a moment of dispersion for the participants, respecting their restrictions and vulnerability. Therefore, it is important to highlight its benefits as an inherent contribution to the scientific health community, regarding the qualified listening of this clientele.

It was possible to identify the factors linked to the child from the use of playfulness in the hospitalization process, having made an analysis of how much play can interfere in the care process regarding the performance of the necessary procedures, despite the practice of the therapeutic toy is still deficient in the scenario, probably due to the lack of training of professionals.

It was also found that there is a continuous incentive for the development of playful activities, especially in the playroom, in addition to revealing the preferred approaches to playing in the hospital from the child's perspective.

In order to understand the importance of playful care with a

view to humanization, the results highlight that the child as the main character in this process, should be welcomed in the best way and spared whenever possible from any and all

traumatic experiences in his life, and this the multidisciplinary team seeks excellence in care.

The limitations of the study refer to the scope, since it was performed in only

one hospital; the distraction of some participants during data collection; in addition to the interference of other peers on this occasion, for example, for medication administration. ■

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