



Routine use of therapeutic play in the care of hospitalized children: nurses' perceptions*

Uso rotineiro do brinquedo terapêutico na assistência a crianças hospitalizadas: percepção de enfermeiros

Uso rutinario del juguete terapéutico en la asistencia a niños hospitalizados: percepción de enfermeros

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ABSTRACT

Objective: To identify nurses' perceptions regarding the routine use of therapeutic play in the care of hospitalized children. **Methods:** A descriptive, exploratory, quantitative study, conducted with 30 nurses in units that care for children in a private hospital in the city of São Paulo-SP. The nurses were interviewed and the data were analyzed by means of descriptive statistical techniques. **Results:** The majority had contact with the theme "play/therapeutic play" (27.9%) and considered it valid for use in practice (29.9%); however, it was not used in the institution where they currently worked (18.6%). Among those who had ever used therapeutic play, the majority (22.7%) identified benefits, while 11 nurses (37%) cited difficulties, such as lack of time (9.3%). **Conclusion:** Although the majority of those interviewed had knowledge about therapeutic play and valued its use in practice, it is not routinely used in their daily practice.

Keywords: Play and playthings; Child, hospitalized; Pediatric nursing; Perception

RESUMO

Objetivo: verificar a percepção de enfermeiros em relação ao uso rotineiro do brinquedo terapêutico (BT) na assistência à crianças hospitalizadas. **Métodos:** Estudo descritivo-exploratório, de abordagem quantitativa, realizado com 30 enfermeiros de unidades que atendem crianças em um hospital privado do município de São Paulo-SP. Os enfermeiros foram entrevistados e os dados analisados por meio de técnicas de estatística descritiva. **Resultados:** A maioria já teve contato com o tema "brinquedo/brinquedo terapêutico" (27,9%) e considerou válido seu uso na prática (29,9%); entretanto (18,6%) não o utilizava na instituição onde trabalha. Dentre os que já empregaram o BT alguma vez, a maioria (22,7%) identificou benefícios e 11 enfermeiros (37%) citaram dificuldades, como a falta de tempo (9,3%). **Conclusão:** Apesar da maioria dos entrevistados ter conhecimento sobre BT e valorizar seu uso na prática, ainda não o utiliza rotineiramente em seu cotidiano.

Descritores: Jogos e brinquedos; Criança hospitalizada; Enfermagem pediátrica; Percepção

RESUMEN

Objetivo: Verificar la percepción de enfermeros en relación al uso rutinario del juguete terapéutico (JT) en la asistencia a niños hospitalizados. **Métodos:** Estudio descriptivo-exploratorio, de abordaje cuantitativo, realizado con 30 enfermeros de unidades que atienden a niños en un hospital privado del municipio de Sao Paulo-SP. Los enfermeros fueron entrevistados y los datos analizados por medio de técnicas de estadística descriptiva. **Resultados:** La mayoría ya tuvo contacto con el tema "juguete/juguete terapéutico" (27,9%) y consideró válido su uso en la práctica (29,9%); entre tanto (18,6%) no lo utilizaba en la institución donde trabaja. De los que ya emplearon el JT alguna vez, la mayoría (22,7%) identificó beneficios y 11 enfermeros (37%) citaron dificultades, como la falta de tiempo (9,3%). **Conclusión:** A pesar de que la mayoría de los entrevistados tenga conocimiento sobre JT y valore su uso en la práctica, aun no lo utiliza rutinariamente en su cotidiano.

Descriptor: Juego e implementos de juego; Niño hospitalizado; Enfermería pediátrica; Percepción

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INTRODUCTION

Play is the most important activity of a child's life. It is the way he communicates with the environment where he lives, expressing not only his feelings of love, but also his anxieties and frustrations, as well as criticism of the family environment and relationships, leading to the harmonious development of his personality⁽¹⁾. In the late nineteenth century, Florence Nightingale emphasized the importance of play, advocating care for physical hygiene, food, environment, good recreation and fresh air for the child⁽²⁻³⁾.

Understood as a form of entertainment, recreation, or activity that is the opposite of work, play goes further than simply providing entertainment, leisure, distraction, and occupation. It is a childhood necessity, present in all stages of development and its importance in the socialization process, in the development and enhancement of creativity and self-consciousness, has been widely discussed in the literature⁽²⁻⁶⁾.

Play also has important therapeutic value for helping the child to deal with crisis situations, such as hospitalization. In this case, it can positively influence the physical and emotional recovery of the child to make the hospitalization process less traumatic, and accelerate the child's recovery⁽⁷⁾.

In the hospital context, play is often used for role play and conflicts, promoting catharsis, which signifies relief and purification of the individual. Its curative function is therefore evident, as it allows the child to elaborate her conflicts and relieve her anxiety. After all, expression through play is the most natural form of self-therapy at the child's disposal^(2,8).

One of the playful therapeutic modalities used by nurses is therapeutic play (TP). Although based on play therapy, TP differs from it, because it is indicated for any child who has atypical life experiences which may be life-threatening (e.g., hospitalization). It can be used by different professionals and in any location, with the goal of better understanding the child's needs and feelings⁽⁹⁻¹⁰⁾. Therapeutic play is classified as dramatic, instructional and as an enabler of physiological functions. The TP permits dramatic or cathartic emotional release and expression of feelings, desires and life experiences. It provides a more effective communication, providing opportunities for children to assume social roles, using "make-believe" that the child is the father, mother or the Professional, so they can better understand the situation and can modify their behavior^(2,6-7,10-11).

Instructional TP aims to explain the procedures to the child, for him to understand what to expect and how to participate during the procedure, and to let him handle the material before and after the experience^(2,6-7,11-12). The TP that enables physiologic functions, for example, is one

in which the child participates in a leisure activity with the intent of improving her physical state. This allows the child to use her physiologic capacities within what is possible and to accept new life conditions^(2,6-7,12).

According to literature, the use of play in the hospital presents many advantages, among these is the ability to drive children to an experience that makes them feel alive, even in a stressful situation, such as when they are ill. This experience provides them with positives and negatives, growth and maturation, successes and failures, maintaining the evolution of their developmental process⁽¹³⁻¹⁵⁾.

Currently, it is clear that the use of play in the care of children is an indispensable ingredient in successfully implementing one of the current trends in pediatric nursing care: *atraumatic care*. This type of assistance, also called *care without traumas*, is a philosophy that incorporates interventions that eliminate or minimize the physical and psychological discomfort experienced by children and their families^(6,16).

Atraumatic care is consistent with what is recommended by the National Humanization Policy of the Ministry of Health⁽⁶⁾. Therefore, the use of play/TP is among the strategies that make it possible to create a hospital space that is more humane, differing from the stereotypes of fear and anxiety that are present in the daily lives of children, who are undergoing procedures that are painful and distressing.

However, although the literature is vast regarding the advantages and benefits of play in the hospital, it remains little used in practice, due to some difficulties pointed out by health professionals, such as the lack of time for play and lack of preparation for the use of TP.

Although there are difficulties in implementing this practice, they are related to human resources, materials and/or structure, and they should not constitute obstacles that justify the deprivation of the child's right to play. We must equip the nursing staff to know the benefits of including play in care practice, and learn to use it in order to enhance these benefits⁽¹⁷⁾.

Understanding the importance of play in the practice of pediatric nursing care, and being aware of the difficulties faced by health professionals to insert it in their daily schedule, the authors developed this study to explore nurses' perceptions regarding the use of play in the care of hospitalized children. This research consisted of an initial step in the integration process of the use of TP by the nurses at the institution where data were collected.

OBJECTIVES

To identify nurses' perceptions regarding the routine use of therapeutic play in the care of hospitalized children.

METHODS

This was a descriptive, exploratory study with a quantitative approach, conducted in a large, private general hospital, in the city of São Paulo-SP.

Participants in the sample were nurses who worked in the pediatric unit, pediatric intensive care, specialty clinical and "Day Clinic" of the aforementioned institution. We excluded those away on vacation, licensed during data collection, or who did not agree to participate in the study, making for a total of 30 nurses.

Data collection occurred in the second semester of 2007, after approval of the research project by the Committee on Ethics in Research of the Albert Einstein Israelite Hospital (CAAE: 0043.0.028.000-07), and authorization by managers of the units where data collection occurred. First, the researcher explained the objective of the research and what the subject's participation would require, and then presented the Terms of Free and Informed Consent to be signed by him, if he agreed to participate.

Data were collected through structured interviews scheduled during work hours, according to the availability of nurses. To conduct the interview, we used a form containing 20 questions (19 closed-ended, and one open-ended), regarding the respondents' characteristics (personal data, academic and professional background of the subjects), and the experience of nurses with TP during their educational and professional practice. It is noteworthy that the response categories were previously established, except for the open-ended question, which concerned the age of the respondent.

Data were analyzed using descriptive statistics and presented in absolute and relative numbers, in the form of tables.

RESULTS

Nurse characteristics

Most of the 30 respondents were female (96.6%), aged between 25 and 50 years (mean = 32 years). Regarding their academic preparation, 21 (70%) graduated from a private institution, and nine (30%) from a public institution. The amount of time since graduation ranged from 1 to 16 years, and 12 (46%) had graduated between 1 and 6 years prior to the study. In terms of their titles, the majority (85%) were specialists, while only three (11%) had their master's. In regard to work experience in the field of pediatric nursing, 10 (34%) had worked between 4 and 6 years in this area, and seven (23.3%) had more than 10 years of experience (Table 1).

Table 1. Time of professional pediatric nursing practice. São Paulo, 2007.

Time of professional practice (in years)	n (%)
< 1	4 (13.3)
1 - 3	5 (16.8)
4 - 6	10 (33.3)
7 - 10	4 (13.3)
> 10	7 (23.3)
Total	30 (100)

Nurses' contact with therapeutic play during their academic life

Most respondents (90%) had contact with the theme during their academic education, especially in the undergraduate course (46.7%) and specialization (23.3%), as the data in Table 2 show.

Table 2. Period of education when the theme of "play/TP" was addressed. São Paulo, 2007.

Period of education when the theme of "play/TP" was addressed	n (%)
Undergraduate	14 (46.7)
Specialization	7 (23.3)
Master's	3 (10.0)
Other	3 (10.0)
It was not discussed at any time	3 (10.0)
Total	30 (100)

Regarding the participation in groups and/or study centers with play/TP, we verified that only six (20%) were participating or had participated in this type of activity. In regard to the use of TP in practice, the majority of respondents (18, 60%) did not use it in the institution where they worked. It is worth noting that in the institution where the study was conducted, this is not a routine practice.

Among the respondents who did not use TP in the institution where they worked, 15 (50%) mentioned that they had previously used the practice some time, namely: at another institution where they had worked (5, 17%), during the undergraduate course (5, 17%), or graduate course (3, 10%); or, in another occasion not noted (4, 13%). When asked about the purpose for which TP was used on those previous occasions, seven nurses (23%) used it to prepare the child for procedures, 6 (20%) during the procedure to play and get the cooperation of the child, and, 5 (17%) to allow the children to play freely and express their feelings.

Among the nurses who used the TP on the units in which data were collected, seven (23%) used it only with a few children, never routinely, in order to prepare the child for procedures, and 5 (17%), used the procedure

for cooperation of the child, or to play freely and express his feelings.

Perception of nurses in relation to the use of therapeutic play in practice

The vast majority of respondents (97%) favored the use of TP in practice, considering it a valid strategy to be instituted in nursing care of children and their families. Of the 27 respondents who had used TP in practice, in the current work institution or in other locations, the majority (81%) pointed to the benefits of this practice for the child, citing most frequently, according to the data in Table 3: improving the interaction between adult and child (19%), increased cooperation of the child during the procedure (17%) and reduction of child anxiety (17%), which leads to less crying during the procedure.

Table 3. Benefits identified by nurses in relation to the use of play/TP in practice. São Paulo, 2007.

Benefits in relation to the use of play/TP in practice	n (%)
Improved interaction between the adult and child	19 (19.0)
Increased cooperation of the child in procedures	17 (17.0)
Reduced child anxiety during procedures	17 (17.0)
The child's needs are best met	14 (14.0)
The child expressed more easily what he felt and thought	11 (11.0)
The child cried less during the procedure	10 (10.0)
Sped up the child's recovery	10 (10.0)
Other	2 (2.0)
Total	100 (100)

As for the difficulties in using TP in practice, the majority of respondents who had used it (59%) reported no difficulty in using it with the children. Among the problems most often cited, as in the data in Table 4, they highlighted the lack of time (50%) and concern about other activities to be completed on the unit (25%). It should be noted that the lack of knowledge and insecurity to use TP, as well as interruptions of other professionals during the play were the least frequent (8.3%).

Table 4. Difficulties identified by nurses in regard to the use of TP in practice. São Paulo, 2007.

Difficulties	n (%)
Insufficient time to play with a child	6 (50.0)
Preoccupation with other activities to be completed on the unit	3 (25.0)
Insecurity to apply TP in practice	1 (8.3)
Constant interruption of other professionals	1 (8.3)
Lack of knowledge about this technique	1 (8.3)
Total	12 (100)

DISCUSSION

The data showed that the majority of nurses reported having knowledge about play/TP and that contact with this subject took place mainly in undergraduate and/or graduate courses, in the strict sense.

Several authors already cited have emphasized the importance of inserting play in care of the child in different contexts, not just in the hospital (2-3,8,18-24). Furthermore, the use of play/TP is a best practice and regulated by the Federal Nursing Council, in accordance with Resolution No.295/2004 (6,25). For nurses introducing this practice into their day, there is a need for them to have the basic theoretical background about the recognition of play as a basic need of children and the development of essential skills for their use.

Thus, play must be considered in undergraduate and graduate courses, as well as those at the technical level. Justifying this statement is the fact that play should be considered, by pediatric nurses, as a most appropriate manner of approaching the child and developing empathy between them, and establishing a trusting relationship (26-27).

Play is also capable of promoting changes in the behavior of the child who comes to accept, in a more tranquil manner, hospital procedures that need to be done. Studies show that the behaviors that demonstrate greater adaptation and acceptance of the procedure by the child become more frequent, as well as pain reduction, when preparation with play is conducted previously (19-20).

Another benefit cited by nurses that is in line with the findings in the literature is the fact that therapeutic play enables nurses to better understand the needs and feelings of the child, helping them to assimilate new situations and understand what is happening around them (2-3,8,15,28).

The benefits mentioned by the nurses in this study related only to the child, but, according to the literature, they also extend to family, the professional and the institution. A survey of clinical nurses and faculty, which aimed to present and discuss the benefits of TP experienced in practice showed, in addition to the previously mentioned numerous benefits to the child, the family, environment of care and professionals experiencing them in their everyday life, that nurses felt gratified and fulfilled personally and professionally, leading them to value TP as an instrument of nursing intervention (15).

When play is part of the care of hospitalized children, the hospital also benefits, because the current view is that in this environment there is only pain, loneliness, fear and crying; that is, only negative aspects are related (3).

Although most nurses that use or have used play in practice, the difficulties do not point to including it as a routine practice. Some of the difficulties cited by respondents are also mentioned in the literature, such as

lack of time to devote to this activity and preoccupation with other activities to be performed.

Apparently, the recreation room is the most sought after by the children and their mothers during hospitalization. It is evident that it is a special place for them, especially the children, who can be with others without feeling lonely, and also with the health team, albeit more discreetly. However, many times due to nursing staff shortages and lack of time, it remains closed for long periods^(3,29).

It is often perceived that the nurses, although they note the manifestations of tension, irritability, weeping and crying, among others, focus on the plan of care in the recovery of the biological health of the child. With the justification of the lack of time, and often staff, to meet all the demands of hospital units, the attention to child and family, including play and the explanations about what is or will be happening, end up getting pushed to the side⁽⁴⁾.

Insecurity for using TP in practice was also identified as a difficulty by one interviewee, and it appeared to be closely related to lack of knowledge about the technique of TP, also mentioned only once in this study. In our practice, there are commonly reports of nurses who do not feel prepared to use TP routinely, as noted in the literature⁽³⁰⁾; this difficulty was not strongly represented among the nurses interviewed for this study.

Concerning the interruption of nurses by other professionals during play, although it was mentioned by only a few professionals, it is also experienced in practice by the authors, showing that this activity is not always valued by the health team, which does not recognize it as a nursing intervention^(3,29).

Since this was a descriptive, exploratory study, it is recommended that other research that compares results with those observed here should be conducted with the nurses of institutions that routinely use play.

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A study that examined the academic production of Brazilian nurses on the use of play in hospital child care programs in the strict sense of graduate studies, pointed out that, although the amount of work on this topic has been increasing every year, new research must be conducted in order to investigate how play is being used by nurses who deal with children in their daily lives⁽²⁶⁾.

CONCLUSION

The results of this study show that, although most respondents noted they already had contact with the theme "play/TP", especially at the undergraduate and specialist levels, and value its use in practice, it was not used in the institution where they worked.

Among respondents who had used TP in practice, most noted benefits for their job, and did not identify difficulties for its implementation. Lack of time and concern for other activities to be performed in the unit were the most frequently cited difficulties, while the lack of knowledge, insecurity for using TP, and disruption by other professionals during play were the least frequently mentioned.

Given this evidence, we believe in the importance of the role of unit managers that serve children, in promoting discussion groups with its members, in order to identify the needs for implementing this intervention and to find solutions so that nurses can play, providing the time within their workload. Thus, it is expected that the lack of time should not be an obstacle to the incorporation of play in pediatric nursing care. The construction of knowledge about therapeutic play is still a vast field of research, especially in the application and difficulty of interpreting the play session, and its use in the teaching situation.

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