



Formative achievements of an extended activity of storytelling followed by a directed play intervention

Alcances formativos de atividade extensionista de contação de histórias seguida de intervenção lúdica dirigida

Logros formativos de una actividad narrativa de extensión seguida de una intervención lúdica dirigida

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ABSTRACT

Objective: to clarify the educational scope for members of an extension activity developed in a pediatric hospital unit structured around storytelling and playful interventions. **Method:** this was a qualitative study based on Symbolic Interactionism and Reflective Thematic Analysis. Single semi-structured interviews were conducted with nine undergraduate students, members of extension activities, developed between June and July 2023, with an average duration of 22 minutes. **Results:** the participants, students of undergraduate courses in nursing, medicine and pedagogy, pointed out formative contributions related to the conception of children, child hospitalization and play as a technology of comprehensive care. The following themes emerged from data analysis: "Expanding consideration for hospitalized children and their companions", "Professional training from the perspective of comprehensive care"; and "Valuing the incorporation of play as a therapeutic resource". **Conclusions and implications for practice:** the extension activity reverberated with recognition and motivation for the adoption of storytelling and play in the interaction with hospitalized children. It also provoked reflections on the professional profile designed towards commitment and guarantee of humane and comprehensive care in the context of child hospitalization.

Keywords: Knowledge; Child, Hospitalized; Education, Continuing; Teaching; Play and Playthings.

RESUMO

Objetivo: elucidar os alcances formativos aos integrantes de atividade de extensão desenvolvida em unidade pediátrica hospitalar estruturada na contação de histórias e intervenções lúdicas. **Método:** estudo qualitativo, apoiado nos referenciais do Interacionismo Simbólico e da Análise Temática Reflexiva. Foram realizadas entrevistas semiestruturadas únicas junto a nove graduandos, membros de atividade extensionista, desenvolvidas entre junho e julho de 2023, com duração média de 22 minutos. **Resultados:** os participantes, estudantes dos cursos de graduação em enfermagem, medicina e pedagogia, apontaram contribuições formativas relacionadas à concepção de criança, hospitalização infantil e do lúdico enquanto tecnologia de cuidado integral. Os seguintes temas surgiram a partir da análise dos dados: "Ampliação da consideração pela criança hospitalizada e seu acompanhante", "Formação profissional na perspectiva de um atendimento integral"; e "Valorização da incorporação do lúdico como recurso terapêutico". **Conclusões e implicações para a prática:** a atividade extensionista reverberou com reconhecimento e motivação para a adoção da contação de histórias e do lúdico na interação com a criança hospitalizada. Provocou ainda reflexões acerca do perfil profissional projetado na direção de compromisso e garantia ao cuidado humano e integral no âmbito da hospitalização infantil.

Palavras-chave: Conhecimento; Criança Hospitalizada; Educação Continuada; Ensino; Jogos e Brinquedos.

RESUMEN

Objetivo: dilucidar los alcances formativos de los integrantes de una actividad de extensión desarrollada en una unidad hospitalaria pediátrica estructurada en torno a narraciones e intervenciones lúdicas. **Método:** estudio cualitativo basado en el Interaccionismo Simbólico y en el Análisis Temático Reflexivo. Se realizaron entrevistas únicas semiestruturadas a nueve estudiantes de pregrado, integrantes de actividades de extensión, realizadas entre junio y julio de 2023, con una duración promedio de 22 minutos. **Resultados:** los participantes, estudiantes de las carreras de enfermería, medicina y pedagogía, señalaron aportes educativos relacionados con la concepción, la hospitalización infantil y el juego como tecnología de atención integral. Del análisis de los datos surgieron los siguientes temas: "Mayor consideración hacia los niños hospitalizados y sus acompañantes", "La formación profesional desde la perspectiva de la atención integral"; y "Valorar la incorporación del juego como recurso terapéutico". **Conclusiones e implicaciones para la práctica:** la actividad de extensión reverberó con reconocimiento y motivación para la adopción de la narración y el juego en la interacción con niños hospitalizados. También provocó reflexiones sobre el perfil profesional diseñado hacia el compromiso y garantía de una atención humana e integral en el contexto de la hospitalización infantil.

Palabras clave: Conocimiento; Niño Hospitalizado; Educación Continua; Enseñanza; Juego e Implementos de Juego.

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INTRODUCTION

The need for hospitalization in childhood is difficult to cope with and potentially traumatic for children and their family,^{1,2} given that there are several changes in daily life and common submission to invasive, uncomfortable and painful procedures, with the experience of adverse feelings, such as fear and anxiety.³ In this context, the use of play, games and storytelling is recommended for health professionals, since they facilitate interaction, communication and expression of feelings⁴⁻¹¹ as well as welcoming and minimizing suffering. According to the literature, some examples of playful strategies that can be used include various toys, drawing books, colored pencils, play dough, cheerful music, puzzles and memory games.^{12,13}

Playing in the hospital transcends recreational occupation and acts as a facilitating instrument, with the potential to add therapeutic effects and, in this way, favor comprehensive and humanized care.¹⁴ A study carried out with 52 nurses recognized the strength of play-care in care practices and highlighted the urgency of practical training experiences.¹⁵ However, another study carried out in pediatric inpatient units revealed that, although professionals recognize the benefits of incorporating play, its use occurs in a non-systematized and heterogeneous manner.¹¹ As a result, the use of play, toys and recreational activities is still incipient in hospitalized child care, largely due to the meaning and significance that health professionals attribute to them. In light of this scenario, professional training is conceived as a strategy for change, as it has the potential to transform the meaning of care practice.^{11,16}

In this regard, the Brazilian National Education Plan (PNE 2014-2024) recommends that at least 10% of the undergraduate curricular workload be developed from extension actions,¹⁷ whose interdisciplinary movement, of an educational-scientific nature, aims to favor the interaction between student-professor and the community, contributing to social transformation.¹⁸ The indication is due to the contributions of extension activities to knowledge and skills in the professional field, with consequences for professional identity formation.¹⁹ Evidence also indicates that experience promotes reflections regarding the uniqueness and complexity of the reality in which practical actions occur.²⁰

In health courses, the discussion is on the growing agenda, with recommendations for its thematization based on qualitative studies, aiming at deepening the understanding of the experience for professional training.¹⁹

Given the above and the scarcity of literature related to university extension actions that include playful activities in children's hospital care, this study questions the professional training of undergraduate students involved in a practical extension activity in a pediatric hospital unit. The objective is to elucidate the training outcomes for members of an extension activity developed in a pediatric hospital unit structured around storytelling followed by playful interventions.

METHOD

This is a qualitative and exploratory study, supported by the Symbolic Interactionism (SI) framework, since this research

aimed to explore perceptions and the meaning of participation in extension activities structured around storytelling and playful interventions in professional training. The framework became relevant because it explores human actions and the meanings that support them. Furthermore, it understands that the way in which human beings interpret facts and behave towards someone or something is directly related to the meanings, which are the result of interactional processes. Based on this framework, human action can be understood as a continuous process of changes in actions, aligned with social situations and interactions with other individuals.²¹

The research was conducted with undergraduate students from nursing, medicine and pedagogy courses at a public university in the countryside of São Paulo, all of whom were taking part in an extension activity entitled "Storytelling and Playing in a Pediatric Unit", which was developed at the pediatric inpatient unit of the city's university hospital. Student participation was voluntary, and they expressed their interest to the supervising professors, one of whom was from the nursing course and the other from the pedagogy course.

The students participating in the project were organized into groups of three that took turns weekly. They planned both storytelling and recreational interventions, such as games, activities and music. The activity itself lasted approximately one hour, in addition to the time spent preparing it (approximately seven hours), totaling eight hours per week.

An invitation to participate in the study was sent via email. All those invited agreed to participate voluntarily, totaling nine participants. There were no refusals or requests to withdraw from the study after data collection. Inclusion criteria were having participated in the storytelling extension activity at least four times, being actively participating in the project, and being over 18 years old.

Data collection was carried out in June and July 2023. Semi-structured interviews took place in a virtual environment, mediated by the Google Meet® platform. It is worth highlighting that the link to read and sign the Informed Consent Form (ICF) was sent previously.

The following question was used as a trigger: considering your involvement in the extension activity, what would you highlight as a contribution to your education? Thus, the following statements were presented, always in a way that was articulated with participants' narrative: tell me about a revelation derived from the experience with the extension activity; and the extension activity provided an opportunity for contact with children's companions, the children, other students and professionals. Did these interactions have consequences for your education? Could you tell us about them? Other questions were presented with the aim of understanding the education experienced through the extension activity.

The interviews lasted about 22 minutes. They were recorded in audio and later transcribed in full using Microsoft Word®. Afterwards, transcription was double-checked and sent to participants to validate the material. It is worth noting that the interviews were conducted by the first author, who was more

familiar with the data collection method, and she was assisted by the second author.

The data analysis process was supported by Reflective Thematic Analysis proposed by Braun and Clarke.²² Thus, in order to familiarize themselves with the data, the transcripts of the interviews were read and reread exhaustively by the researchers, and codes were subsequently established that identified the semantic and conceptual reading related to the phenomenon under exploration. The codes were then grouped, with the establishment of topics, which were reviewed in order to check whether they were articulated with the extracted data codes and with the general set of data. Thus, the material obtained was defined and named based on the essence of each topic. Participants' identities were preserved, being identified by the letter P, alluding to the word "professional", followed by the Arabic numeral translating the order in which they entered the study.

The research was assessed and approved by the Research Ethics Committee, under Opinion 6.063.464 of 05/16/2023 and *Certificado de Apresentação para Apreciação Ética* (CAAE, Certificate of Presentation for Ethical Consideration) 67814523.3.0000.5504. All ethical precepts were respected.

RESULTS

Study participants had an average age of 20 years. Seven of them were nursing students; one was a medical student; and one was a pedagogy student. Six of them had already completed more than four semesters of the course, whereas one of them was already in the last year of professional training.

From the reading of the texts originating from the interviews and reflections on the excerpts, it was possible to identify structuring content on the impact of extension activities on professional training conditioned by the use of play, playfulness and the importance of hospitalized children's companions. In this way, they detailed the construction of meanings and their developments in behaviors and values through topics: "Expanding consideration for hospitalized children and their companions"; "Professional training from the perspective of comprehensive care"; and "Valuing the incorporation of playfulness as a therapeutic resource".

The "Expanding consideration for hospitalized children and their companions" topic deals with students' conception of the transformations and meanings related to hospitalized children, the use of play and the presence of companions. The resulting subtopics, such as "Hospitalized children and play" and "Companions: suffering and needs", represent the transformations in understanding and resignifications regarding the pediatric hospital scenario and the educational achievements obtained.

In the "Hospitalized child and play" subtopic, it is clear that the activity of telling children's stories and playing in a pediatric unit modified the symbol "sick and hospitalized children", adding to the understanding of children's continued interest and desire to play, despite the need for hospitalization. This process occurred based on the witnessing of situations that led them to (re)signify play as a desired occupation and promoter of comfort and joy for children, including impacts on their clinical condition.

I saw how much playing brings many positive points to children. There was a case of a little girl who was going to come back with an oxygen catheter, but after our storytelling, she didn't need to use it, so this shows how much it not only helps with creativity, but also helps in the improvement of children who are hospitalized. (P1)

One thing that really struck me was a little boy who was carrying an oxygen cylinder. He walked by carrying the "little cylinder" as if it were a backpack with wheels, sat on the chair to listen to the story and then played. It was incredible. I think I spent the whole day thinking about this and smiling from ear to ear. He played a lot, despite the cylinder. Even though he was in a different place, there sick, they are children just the same; they play, they want to play. (P2)

I was really impressed by a three-year-old boy who had cancer and was in palliative care. His family said he was very agitated and hadn't been able to sleep for a few days. I went into his room to tell him a story and he fell asleep. He said, "I'm going to sleep," and fell asleep while I was telling him the story, and his family thanked me. I was very happy to have been able to help him get some rest. Storytelling made me see situations like that, and I started to think differently about play and its value for hospitalized children. (P4)

Seeing sick children was what affected me the most. Seeing sick babies with seizures. I think that hurt me, because it's something totally different from what I see. Children usually go to school well. So, it's a new perspective. One day I was really happy was when I told the story to a child who was really sick, thinking he was going to get stabbed. Then I told him the story and he stopped crying and became calmer. And that was good! And I liked it. It was the day I liked the most! (P6)

In the "Companions: suffering and needs" subtopic, the experience of the activity put participants in contact with companions and promoted their visibility from a new perspective: of someone who has a history, who experiences hospitalization and suffers from it, in such a way as to require support. They also mean that relational safety and comfort favor companions' revealing themselves.

Then, a mother arrived with a six or seven-month-old baby. But this mother was a minor, she was about 16 or 17 years old. And while we were playing, I don't remember what the game was, she came to me with the baby and said, "Can you hold her so I can play, please?" I said, "Oh, yes!", and then I picked up the baby and I held her, watching her play, watching her socialize. I thought, "She has her needs too". The companion also needs this care. [...] (P2)

Because sometimes we see that the companion, the mother, for instance, is there [...] and says, "Look, it's

not easy". So, I think that it's an activity in which we can apply a lot of listening skills, because sometimes it's not for the children who are there and are going to play, but sometimes it's for parents. They need to talk, to tell us how they're feeling there. Sometimes, while the children are playing, the parents talk to us, and then they say, "Wow, that's great, because it was like this and now this is happening, we were in the ICU and came here". So, we learn a lot about knowing how to listen and consider companions too. (P3)

I saw how the mothers interacted and everything seemed to improve, the atmosphere was a little lighter. (P7)

I started to think differently about the children's family, the person who is with them, because telling the story also allowed the companion to talk a little about themselves. They were showing sides of themselves that I didn't know or see. (P8)

The "Professional training from the perspective of comprehensive care" topic reflects the contributions of the activity to a perspective and action aligned with comprehensiveness. It was identified that the search for knowledge is an unfolding of advances in relational skills, with modification of behaviors towards children and caregivers. Some students felt more sensitive to unique needs and made efforts to accommodate them and promote comfort. In addition to this, a relevant aspect of the extension activity highlighted was the opportunity to perceive others, their conceptions and perspectives, with the ability to identify and define real health and care needs being a challenge for future health professionals.

I think we broaden our perspective. We start to see many more things than we would if we didn't have this opportunity, this experience. [...] I think Storytelling gave me this vision of "Is it just the technique?" It's not. It goes much further. I think this was and is very important for training, and Storytelling opened my eyes to this. (P2)

Ever since I started college, I've been hearing about comprehensive care, about caring for the whole person. Storytelling is one of the activities that has broadened my vision regarding this [...] I'm not there to give injections or medications, I'm not there for that. [...] we take care of them (children and companions), in other ways, but we do care, and it's something I want to take with me for life, for my profession, when I become a nurse. In fact, I want to do all the technical part, we need to do it, right? It's necessary. But I also want to involve this comprehensive part [...] and Storytelling helped me a lot to see and illustrate more about this. (P3)

There is real contact with children and mothers, and this helps to have a better way of talking, of being able to help, of having a different approach, [...] because it is not just biological behavior, it is a way of talking, interacting

and creating bonds. It is something that we practice in the project. (P5)

I have heard and experienced so much about integrity. This positioning that can reach the person, a little of their history, of their life, because the interaction in storytelling and play does this: it puts us in touch with them, with things that are only theirs (child and companion). (P9)

As they changed their view of children and caregivers, driven by the evidence of the effects on well-being, some participants indicated that they had identified improvements in their relational skills with children and caregivers.

I would highlight the contact we have with the children and the companions there. (P4)

The activity helps a lot in developing a relationship with children and family members. (P1)

Playing is a way for you to communicate with that child, to talk. (P2)

Furthermore, most of interviewees stated that improving their relationships with children and caregivers positively feeds back into their consideration and their focused perspective. They reported improvements in empathy and changes in their attitudes as well as starting to place more value on creating bonds. Thus, they conclude that it is necessary to show willingness to interact.

We heard many stories like this, very touching, from family members, who said they felt trapped there. They hadn't seen sunlight or anything for days. They were grateful to be able to talk and play. [...] if I hadn't participated in Storytelling, I wouldn't have developed this ability to look at children as a whole, to look at their companions and be able to perceive and feel them. (P1)

The last time I went, there was a mother who was very grateful. She said, "Thank you for participating, for coming here to talk and play with us." We were like, "Oh, how nice to hear that." In some way, we bring comfort to mothers and children. Today, I value this, I make an effort to pay attention to their needs and to be welcoming. This only happens because of the open way we are there. (P4)

Storytelling helped me think about how I can help children and caregivers in that context, in the sense of "What can I do for them?" and "What can I do for you today that will help you? How can I make you smile more today? How can I make your day better?" I learned to be there thinking about this. This has helped a lot in developing conversation, speech, and the exchange of glances. How do you understand patients, not only with what they say, but with the way they express themselves, with their gestures, which are body language? (P3)

Furthermore, some students pointed out that they began to make deliberate use of playful strategies, stories and games when approaching hospitalized children, an aspect that, for those who had taken courses on children, linked to health courses, remained in a more theoretical context.

My education would certainly not have been the same if I hadn't taken up Storytelling. The subject of child and adolescent health comes with a very strong theoretical aspect. This issue of playfulness, of playing, was worked on, for instance, in just one theoretical class, and then the actual practice was only for a few days, I think it was three days. [...] after I took up Storytelling, I started to use playfulness much more, even to perform procedures on children, to show them what it's like, and then to do them on them, and this ended up changing the way I care for and look at those children. (P1)

I use and abuse play, a fun way of talking to children. It makes a big difference, it is a language that accesses them, that reaches them, and it was in Storytelling that I was hammered with this idea, with this perception. (P9)

Due to the fact that the activity is structured around interaction between people (storytellers, children, families), students symbolized changes in their relational skills.

At least I am very shy to approach people. And so, I think that Storytelling helped me a lot to approach, like, to [...] I don't know how to say it, but to know how to interact and also to express myself, you know? With children, with parents, so as not to approach, like, you know? (P4)

Before, I was very lost, where to start. But just by being part of the Storytelling project, I started to walk around the hospital, interacting with families, and learning how to behave better. Before, I didn't have much of a clue. This improved even during the internships. After this contact with the activity, I started to talk more with patients. (P7)

The "Valuing the incorporation of play as a therapeutic resource" topic revealed that the execution of the extension activity reinforced the meaning and, consequently, the value of play for members. However, they realized that the same idea does not occur to the same extent among other professionals who work in the pediatric unit. Therefore, they state, at the intersection of "Incipient appreciation" and "Motivation for incorporation and use", that there is a challenge for valuing play and the practical adoption of this resource.

The "Incipient appreciation" subtopic portrays the contextual diagnosis carried out, in which it was noticed that the service professionals do not recognize the importance of activity, play and recreational activities as therapeutic resources. The impression they had was that there was a meaning of added value to technical and practical procedures, as if recreational activities, play and

storytelling were not relevant technologies and comprehensive to care in the context of child hospitalization. Thus, they do not witness professionals interested in or executing structured actions in these axes in their daily activity.

I feel that professionals are not very open to receiving us. They rarely stop by and take a look, see what is happening. They are not very interested in participating with us, I think they do not value the resource as something that professionals should do. (P2)

Professionals do not get very close, I do not feel that they value playing, storytelling as technology, you know? (P8)

On the other hand, some of the participants in the activity feel great "Motivation for incorporation and use", a subtopic developed. This is due to the outcomes witnessed and the pleasure they feel when developing the activity. This fact motivates them to widely incorporate these elements into their attitudes towards children. The satisfaction felt with the interaction and the comfort provided had an impact on the appreciation of playing, storytelling and playfulness in the relationship with children, understanding that it can also have consequences for companions.

"Look, I will never forget what you did here, and I will not let my daughter forget, because, in the saddest moments that I was in the hospital, you came and brought joy to us". So, that was the last sentence. [...] so, for every day that I go, even if no one says anything to me, just the fact that she laughs, that she tells something while laughing, that she plays there, for instance, at one moment and laughs with us, that is already a lot to me. And now I look for this playful way whenever I am with children, especially there in the hospital. (P3)

And how many stories have we not heard from mothers saying, "Wow, after you left here, the child even got better, the vital signs improved". So, like, I can't do without the playful [...] and so, for each day of Storytelling that I go, I say, "Man, I can't stop, the project can't stop". And it can't stop because people wait. I discovered that they wait. They say, "So we wait every Wednesday for you to come". Other people say, "And tomorrow, are you coming?" We say, "No, not tomorrow. It's only on Wednesdays". (P9)

It is therefore important to highlight that the development of extension activities advances the development of knowledge, meanings and skills related to the context of care in child hospitalization, contributing to professional training.

DISCUSSION

The results of this study reinforced the relevance of extension activities to give new meaning to training and, consequently, lead to the adoption of new behavior²¹ in the face of a reality involving professional practice. This is due to the proximity and criticism

that they foster, since they provoke a dialogue between what is “said” and what is “experienced” throughout the development of the extension activity. Thus, it is a training resource to resist and advance in the knowledge, values and conduct of each profession, expanding the conception of the professional scope of those who participate in it,²³ as indicated by undergraduate students participating in the extension activity related to this research.

According to the literature, extension activities encourage the perception and recognition of the differences between theory and practice, improving students’ training and ensuring that what was seen in the classroom is put into practice.²³ Furthermore, they provide a connection between university and community, based on exchange of knowledge, with individuals communicating through symbols dynamically and sharing a perspective of interaction, providing opportunities for new meanings, behaviors²¹ and establishing contributions to the deepening of citizenship, strengthening of autonomy and, consequently, transformation of society.²⁴ In short, the action of university extension with practical insertion in the social context relates theory and reality, favoring the appropriation of the determinants that promote or hinder the viability and effective incorporation of scientific evidence.

In this study, participants pointed out signs of insufficient appreciation of storytelling and play technologies in hospitalized child care. However, they emphasized that, when they opened themselves up to the experience of putting technologies into practice, they witnessed their reach, with appreciation and incorporation into their way of being and being with children in the hospital and outside it. Thus, the interaction between students and children made them share a different vision from the previous one, consequently developing a new perspective on how they should act in relation to this reality and changing the direction of each other’s actions.²¹

It is important to highlight that the experience of university extension provides students with experiences that direct them towards responsible and safe attitudes and actively contribute to promoting communication between university and society, linking continuing education, teaching, research and extension. Studies show that participation in extension activities has the potential for personal and professional growth in undergraduate students, ensuring better development in teamwork, practices and knowledge improved from knowledge acquired outside of traditional models, in addition to providing them with the ability to assume the role of others²¹ and have greater ease in expressing themselves.^{25,26} These scientific findings are compatible with the speeches and experiences experienced by students in this research.

It is known that in the scenario of child hospitalization, there is a need for readaptation to the new environment, both by children and their companions. Bearing this in mind, the use of play, games and toys has been proven to enhance the process of adaptation to this new reality, helping to take the focus off hospitalization, recovery and treatment process,^{6,27,28} a strategy that is offered by the outreach activity as an important care tool. Its use provides a

pleasant environment and, even if momentarily, takes the focus off the disease, bringing joy and relaxation to the hospital.

A recent study showed that the use of play by nursing professionals has the impact of transforming hospital settings into something more familiar to children, offering a sense of normality and continuity in their lives, even during their stay in the pediatric inpatient unit.¹⁵ Therefore, promoting care that values playfulness associated with playing provides children with the joy of “being a child,” especially during stressful times. This study demonstrates, through undergraduate students’ perception, the importance of adopting playfulness in their professional practice, symbolized as an action of care and an indispensable aspect of children, which must be preserved even in the context of illness and hospitalization.

On the other hand, the use of these technologies was not encouraged by the professionals working in the pediatric unit where the activity was carried out, which is contrary to students’ opinion. Hence, there is a lack of articles in the literature that explore the symbolism between the knowledge of the importance of playing and the implementation of its practice in the context of hospital pediatrics, since it is a predictive factor for determining behaviors²¹ in care practices and which may be related to the lack of training or specialization in pediatrics. Furthermore, difficulties may be derived from the lack of time, concern with other activities to be performed, work shifts, excess administrative work, and insufficient number of employees.²⁷

Therefore, it can be seen that the extension activity promoted hospitalized children’s companions’ perspective, in addition to building the meaning of storytelling and play as promoters of a close relational context, conducive to open communication, revealing uniqueness and welcoming, with contributions to quality of care²⁹. Furthermore, it is aligned with the principle of SI that meanings are open and changing, depending on what is experienced in social interactions.²¹

Research carried out with the aim of reporting the family and/or companion’s perception regarding the importance of using play as a resource in the physiotherapeutic treatment of hospitalized children reaffirmed companions’ approval of using playful resources and their reach towards comprehensiveness.³⁰ It also provoked reflection on the urgency for all professionals present at the scene of child hospitalization to incorporate technology mediated by play and playfulness in the interaction with children, with implications for the relationship with companions.

Finally, it is highlighted that the insertion in practical activities, such as those developed in extension projects, brings new meanings and provides undergraduate students and future health and education professionals with the opportunity to reflect on their profession and on the importance of using play, games and toys in children’s hospitalization and beyond, encouraging the adoption of new behaviors.²¹ It is therefore up to educational institutions to provide the necessary support and provide opportunities for such experiences to undergraduate students, focusing on extension activities anchored in the exercise of professional practices.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

This study allowed us to recognize the strength of university extension activities with practical insertion in the context of professional performance for student training, including in terms of personal values.

Experiencing the use of storytelling and play in a pediatric hospitalization environment led to recognition and motivation for the adoption of such resources in interactions with hospitalized children, shifting conceptions about care towards humane and comprehensive care, including with regard to consideration for children's companion.

It is essential to provide practical experience in extension activities in professional training, with the aim of expanding humane care and promoting comfort in the context of child hospitalization.

Finally, the present study was limited by the fact that it interviewed a greater number of nursing undergraduate students, which did not allow for an in-depth comparison of knowledge acquired from other areas of study.

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Study design. Monika Wernet. Lilia Rosa Batista Oliveira.

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Data analysis. Monika Wernet. Lilia Rosa Batista Oliveira. Gabriele Petruccelli.

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