

# PLAYFUL STRATEGIES IN THE CARE OF HOSPITALIZED CHILDREN: SYMBOLIC PERSPECTIVES OF NURSING STUDENTS

## ESTRATÉGIAS LÚDICAS NO CUIDADO COM A CRIANÇA HOSPITALIZADA: PERSPECTIVAS SIMBÓLICAS DE DISCENTES DE ENFERMAGEM

## ESTRATEGIAS LÚDICAS EN EL CUIDADO DE NIÑOS HOSPITALIZADOS: PERSPECTIVAS SIMBÓLICAS DE LOS ESTUDIANTES DE ENFERMERÍA

Isabella Camargo Tannos Ferreira de Sá<sup>1</sup>  
Jessica Renata Bastos Depianti<sup>2</sup>  
Juliana Maria Rego Maciel Cardoso<sup>3</sup>  
Laura Johanson da Silva<sup>4</sup>  
Italo Rodolfo Silva<sup>5</sup>  
Thiago Privado da Silva<sup>6</sup>

**How to cite this article:** Sá ICTF, Depianti JRB, Cardoso JMRM, Silva LJ, Silva IR, Silva TP. Playful strategies in the care of hospitalized children: symbolic perspectives of nursing students. Rev baiana enferm. 2021;35:e45416.

**Objective:** to understand the meanings and intervening factors related to the use of playful strategies in the care of hospitalized children from the perspective of nursing students. **Method:** qualitative research conducted with 17 nursing students. Data were collected between October 2020 and March 2021, being submitted to thematic content analysis and interpreted in the light of Symbolic Interactionism. **Results:** the themes “Attributing Meanings to Play” and “Intervening Factors for the Development of Play” revealed the symbolic meanings of playful strategies for the care provided to hospitalized children and the intervening factors, namely: availability of human and material resources, routine and institutional bureaucracy, training and commitment of professionals and involvement of the family member. **Final thoughts:** it was understood that the symbolic perspectives of the students determined the playful strategies as an extremely important resource in the relationships of care with hospitalized children and their use is conditioned to the intervening factors exposed.

**Descriptors:** Play and Playings. Child Hospitalized. Students, Nursing. Education, Higher. Pediatric Nursing.

*Objetivo: comprender os significados e os fatores intervenientes relativos ao uso de estratégias lúdicas no cuidado com a criança hospitalizada na perspectiva de discentes de enfermagem. Método: pesquisa qualitativa realizada com*

<sup>1</sup> Nurse. Independent Researcher. Macaé, Rio de Janeiro, Brazil. <https://orcid.org/0000-0003-4478-3986>.

<sup>2</sup> Nurse. Master of Nursing. Escola de Enfermagem Anna Nery da Universidade Federal do Rio de Janeiro. Rio de Janeiro, RJ, Brazil. <https://orcid.org/0000-0002-9157-3159>.

<sup>3</sup> Nurse. PhD in Nursing. Adjunct Professor of the Multidisciplinary Center da Universidade Federal do Rio de Janeiro. Macaé, Rio de Janeiro, Brazil. <https://orcid.org/0000-0003-4082-4533>.

<sup>4</sup> Nurse. PhD in Nursing. Adjunct Professor of the Nursing school Alfredo Pinto. Rio de Janeiro, RJ, Brazil. <https://orcid.org/0000-0002-4439-9346>.

<sup>5</sup> Nurse. PhD in Nursing. Adjunct Professor of the Multidisciplinary Center da Universidade Federal do Rio de Janeiro. Macaé, Rio de Janeiro, Brazil. <https://orcid.org/0000-0002-2882-1877>.

<sup>6</sup> Nurse. PhD in Nursing. Adjunct Professor of the Multidisciplinary Center da Universidade Federal do Rio de Janeiro. Macaé, Rio de Janeiro, Brazil. [thiagopsilva87@gmail.com](mailto:thiagopsilva87@gmail.com). <https://orcid.org/0000-0002-7744-8319>.

*17 discentes de enfermagem. Os dados foram coletados entre outubro de 2020 e março de 2021, sendo submetidos à análise temática de conteúdo e interpretados à luz do Interacionismo Simbólico. Resultados: os temas “Atribuindo Significados ao Lúdico” e “Fatores Intervinentes para o Desenvolvimento do Lúdico” revelaram as significações simbólicas das estratégias lúdicas para o cuidado dispensado à criança hospitalizada e os fatores intervinientes, a saber: disponibilidade de recursos humanos e materiais, rotina e burocracia institucional, capacitação e empenho dos profissionais e envolvimento do familiar. Considerações finais: compreendeu-se que as perspectivas simbólicas dos discentes determinaram as estratégias lúdicas como um recurso extremamente importante nas relações de cuidado com a criança hospitalizada e sua utilização está condicionada aos fatores intervinientes expostos.*

*Descritores: Jogos e Brinquedos. Criança Hospitalizada. Estudantes de Enfermagem. Educação Superior. Enfermagem Pediátrica.*

*Objetivo: comprender los significados y factores intervinientes relacionados con el uso de estrategias lúdicas en el cuidado de niños hospitalizados desde la perspectiva de los estudiantes de enfermería. Método: investigación cualitativa realizada con 17 estudiantes de enfermería. Los datos fueron recolectados entre octubre de 2020 y marzo de 2021, siendo sometidos a análisis de contenido temático e interpretados a la luz del Interaccionismo Simbólico. Resultados: los temas “Atribuir significados al juego” y “Factores intervinientes para el desarrollo del juego” revelaron los significados simbólicos de las estrategias lúdicas para la atención prestada a los niños hospitalizados y los factores intervinientes, a saber: disponibilidad de recursos humanos y materiales, burocracia rutinaria e institucional, capacitación y compromiso de los profesionales e implicación del familiar. Consideraciones finales: se entendió que las perspectivas simbólicas de los estudiantes determinaron las estrategias lúdicas como un recurso sumamente importante en las relaciones de atención con los niños hospitalizados y su uso está condicionado a los factores intervinientes expuestos.*

*Descriptor: Juego e Implementos de Juego. Niño Hospitalizado. Estudiantes de Enfermería. Educación Superior. Enfermería Pediátrica.*

## Introduction

The use of playful strategies in relationships with children is an important demand for the family and for education and health professionals, given its positive impact on cognitive, physical, affective and social development<sup>(1)</sup>. In the field of health care, it is emphasized that several playful resources can be used in relationships with the child, namely: play library, therapeutic toy, music therapy, decorated environment, art therapy, games, history books, animal-assisted therapy, puppets and dramatization<sup>(1-2)</sup>.

Considering the reality of hospitalized children, the literature highlights the importance of play in health care. The hospitalization process is a traumatic and stressful experience, especially for children, since it implies changes in daily living habits, distancing from family and social life, feelings of fear, need for temporary or permanent adaptation to the unknown, being permeated by pre-established restrictions and routines. In addition, it has a limited number of mechanisms to cope with these situations that are atypical for their age<sup>(3)</sup>.

For this reason, it is important that health professionals develop competencies for the use of playful strategies in the care of hospitalized children, in view of the benefits of playing pointed out by the scientific literature, which help in brain development, namely: provision of cognitive resources, learning opportunities and advances in the emotional, interpersonal, language and self-regulation sphere<sup>(1,4)</sup>.

In this context, the literature records that play in nursing care can be used with multiple purposes and benefits, among which stand out: interaction strategy, facilitating communication and establishing bonds with the child and family; evaluation and strategy of non-pharmacological analgesia in pain management; promoting well-being, reducing anxiety, socializing, accelerating recovery and improving the child's adhering to treatment<sup>(5)</sup>.

Moreover, it is noted that the valorization of recreational activities, in this scenario, provides the action of symbolizing unpleasant previous experiences, such as pain, because, through

such action, meanings are constructed and the infantile imaginary is known<sup>(5)</sup>. Thus, it is admitted that the playful should be included in the planning of nursing care directed to the child in the various contexts of care, especially in the hospital setting, where she is submitted to a new routine that involves performing several sometimes painful and traumatizing procedures to safeguard her life.

However, although the scientific literature<sup>(2,4)</sup> confirms the benefits of playful strategies in the interactions of care with hospitalized children, studies<sup>(6-8)</sup> point to difficulties of the nursing team in applying such strategies, for several reasons, among which, it is important to highlight unpreparedness, insecurity, little appreciation and knowledge that these professionals present in view of the possibility of using this resource. It is evaluated that this fact may be associated with insufficient teaching of the subject in undergraduate nursing courses.

In this regard, a study<sup>(9)</sup> highlights the imperative of nurses recognizing, in care relationships, the advantages and influences of play since its formation. This should be based on exploratory teaching methodologies, with a view to the dissemination and incorporation of the various playful modalities in humanized nursing care to children. To this end, it is pressing that teachers be attentive to the importance of the theme in the process of nursing education and other nursing professionals, building with them, through the teaching-learning process, symbolic interactions capable of guide the immersion of meanings of valorization of playful strategies.

In this sense, it is understood that these strategies should not only be part of theoretical contents of pediatric nursing disciplines, but should also be inserted in teaching practice and in internships related to this area of knowledge. It is essential to enable students to develop ethical, technical and subjective skills in the use of these resources.

It is noteworthy that the literature on the subject has focused on the perspective of family members, children and nursing professionals about the use of these strategies in the hospital

context, especially when referring to therapeutic toys<sup>(3,6,9)</sup>. For this reason, the relevance of this study lies in the possibility of knowing the symbolic perspective of nursing students on the use of playful strategies in the care of hospitalized children.

Thus, the question is: What meanings and intervening factors are related to the use of playful strategies in the care provided to hospitalized children from the perspective of nursing students? The objective of this study was to understand the meanings and intervening factors related to the use of playful strategies in the care of hospitalized children from the perspective of nursing students.

## Method

This is a descriptive study of qualitative approach that used Symbolic Interactionism as a theoretical reference. It is understood that the use of playful strategies in the care of hospitalized children is determined by the meaning that students attribute to their social interactions with the child, from where she perceives, interprets and reacts consciously in the interactive process<sup>(10)</sup>.

The study was attended by 17 students enrolled from the 8<sup>th</sup> to the 10<sup>th</sup> period of the Nursing Course of a Federal University located in the state of Rio de Janeiro. It should be clarified that the curriculum of this course enables the student to experience nursing care directed to the hospitalized child only in the 7<sup>th</sup> period of graduation, through the provision of discipline whose focus is nursing care. The workload is theoretical-practical, accounting for 45 and 150 hours, respectively, for medium/high complexity, going through the scenarios of Medical Clinic, Surgical Clinic, Intensive Care Unit and Pediatric Hospitalization Unit.

For this, the following inclusion criteria were defined: having completed the aforementioned discipline and being enrolled in disciplines from the 8<sup>th</sup> to the 10<sup>th</sup> period of the Nursing Course. It was used as exclusion criterion to be away by medical leave or by locking enrollment at the time of data collection.

In view of the current scenario of COVID-19 and the atypical moment caused by the pandemic, data collection took place in virtual meetings made possible by the GoogleMeet platform. The data collection technique used in this study consisted of semi-structured interviews, recorded by digital means. The interviews were applied between October 2020 and March 2021, through a previous e-mail contact with the potential participant, to clarify the following points: study proposal, risks and benefits of their participation. Given the agreement and the availability of the participant to contribute to the research, the day and time for the performance were scheduled.

The interviews were guided by a semi-structured script consisting of a brief characterization of the participants, with a view to evaluating the profile of this audience and the approximation of the researcher with the interviewees, and included the following variables: name, gender, age, period that was attending at the time of the interview and linking to an extension project that considered the child's public. Moreover, the interview was based on the following research question: What meanings do you attribute to the use of playful strategies in the care provided to hospitalized children?

It should be noted that the completion of data collection occurred after the achievement of the proposed objectives and the saturation of the data. We considered the understanding that the themes elaborated presented analytical density, through repetition of the findings and not the appearance of new and relevant information. The interviews were fully transcribed and submitted to the thematic modality Content Analysis, in line with their respective stages: pre-analysis, exploration of the material, treatment of the results obtained and interpretation<sup>(11)</sup>.

In the pre-analysis, there was preparation for the analysis itself of the material to be investigated, with a first approximation with the content of the interviews, initially, through the "floating" reading of the raw data obtained in the collection, being considered, a priori, all the elements present in the participants' statements.

In the next step, exploration of the material, the raw data were analyzed and coded line by line, generating the units of signification<sup>(11)</sup>. The third and final stage of analysis consisted of the treatment of the results and interpretation. At this stage, the units of meaning were submitted to comparative analysis by similarities and differences, and were then organized into themes, which allowed the evaluation and final interpretation of the results<sup>(11)</sup>.

This research complied with the provisions of Resolution n. 466/2012 of the National Health Council, respecting all aspects contained therein. She was submitted to the Research Ethics Committee (CEP) of the Multidisciplinary Center of the Universidade Federal do Rio de Janeiro in Macaé and approved by Opinion n. 4,339,550, Certificate of Presentation for Ethical Appreciation (CAAE) 23152719.1.0000.5699. The Informed Consent Form was signed by the nursing students participating in the study, after receiving information about the risks and benefits of their participation and sent by e-mail to the researcher. Thus, they participated in the study as volunteers, with the right to withdrawal at any time. The participants' statements will be presented in the results and their identification will be made by the letter D followed by the order number of the interviews (D1, D2...), in order to ensure anonymity.

## Results

Regarding the characterization of the participants, there was a predominance of the female public, being only one male. It should be noted that, of the total number of interviewees, only six were linked to extension projects dedicated to the child theme, such as: breastfeeding, care for the newborn/infant, childhood immunization in schools, school health, as well as the use of play in the hospital context, specifically in the Pediatric Hospitalization Unit. The mean age of the interviewees was between 22 and 29 years, except for three volunteers, aged 30, 33 and 42 years. Regarding the number of students per period, during the period of data collection,

6 were in the 8th period, another 6 were in the 9th period and 5 were in the 10th and last period of the course.

As a result of the analysis, the following themes will be presented: Attributing Meanings to The Playful and Intervening Factors for the Development of Play.

### *Attributing Meanings to Ludic*

This theme reveals that the symbolic meanings related to the use of playful strategies for the care of hospitalized children were related to the contributions, resources and interaction strategies adopted by the students in the care relationships with the child public. In this regard, the students attributed importance to the use of play, perceiving it as a strategy to humanize care relationships, because it allows the construction of bonds, the achievement of trust and the promotion of comfort. Later, some statements that corroborate the above:

*Look... I think it's great for the child, for her to feel comfortable in care while she is hospitalized. I think it's very important, mainly because kids understand adults differently, [...] (D1).*

*I find playful care with the hospitalized child extremely important. (D3).*

*It contributes to the professional's bond with the child and to better coping with the hospitalization process. The playful does not allow her to be afraid of the professional, making her feel more at ease and more comfortable. (D5).*

*When we talk about children, we think of other strategies... Thus, play is a form of humanized care, focusing on pediatrics, through games. This makes the child feel more welcomed in the hospital environment. (D14).*

*It is a way for you to gain the child's trust to perform care, be it a medication or a physical examination. (D15).*

In this context, nursing students elaborated meanings related to the therapeutic potential of play, emphasizing its benefits in the recovery, communication and understanding of the emotions of hospitalized children.

*In this case, the number of people improved, because the child was not wanting to let the probe pass, crying a lot. Then, when we did this "little band" with the inflated glove, she started laughing, facilitating the procedure. (D2).*

*And I believe that playful strategies, in addition to facilitating understanding, hold the children's attention. They make us able to convey the message much more*

*to the character of their language and in a much more fun way. (D6).*

*I find the playful positive, especially in the hospital environment, to distract and have activities involving this child, that make the treatment, let's say, as therapeutic as possible for her, in all the dimensions that involve her, I think very positive and necessary. (D7).*

*And when we go to this playful side, it is much easier for you to reach the child to explain, try to understand a little about her situation, what she is experiencing. Trying to know your emotions in a playful joke, in something you might not notice in a common technical anamnesis. So this would have a lot of influence on professional life, so you know how to deal better with the child, with all your emotions and everything. (D8).*

*And ends up helping in their recovery [...], because the child ends up creating a trust in us through playful strategies. (D10).*

The nursing students also expressed meanings related to the benefits of play for family members, as scored below.

*She [child] is there under a situation of intense stress. So when you take the playful to them, I notice a relief from the parents [...] Especially, also in the matter of parents. I perceive so this relief, this little rest of them. (D11).*

*My perception is that they [playful strategies] are necessary, because it is a way to create a bond with that child and also with their guardians. (D15).*

By listing the playful strategies implemented in child care relationships, the students revealed to use, as resources, toys, inflated glove, games, music, clothing and personalized materials, makeup and designs, as set out below.

*We, under the guidance of the teacher, we would bring some doll to play with while we were with the child. We remembered a little some childhood songs, so that we could play with the child while we were doing the care or accompanying some care. (D1).*

*I started to interact in a more playful way. I started talking about superheroes. I was with a Batman doll and I started interacting with that kid like Batman was interacting. And then I was able to do everything I needed to do, especially the physical. (D3).*

*In our time, there was a team, I do not remember for sure the name, but they went princess dresses to be able to amuse the children. On the day, there was even a team dressed as Disney characters. (D7).*

*We kept playing, putting together puzzles, doing some activity. (D8).*

*I try to implement the playful, but of course it ends up being easier when we go there as a project [extension project], that we already go with makeup and material, [...] (D11).*

*I, as a student, used those pets that we do with the glove [...] All that more colorful decoration with the drawings, all that catches the child's attention. (D12).*



In addition to the playful, the students used other strategies of action and interaction with the hospitalized child. At this juncture, establishing a relationship of care based on empathy, dialogue and affection seemed to configure them as a possibility to create and strengthen bonds in the interactive process.

*I think it has a very profound meaning that you work with a child, to know how to understand many things beyond health. It's you knowing how to put yourself in the child's shoes. A matter of better understanding what's going on in her head, because it's not an adult you're attending to. (D9).*

*When I was interning, I took the care that we do as if we were an adult, only with a little more cuteness and attention. (D14).*

*And with the older kids, what I was trying to do was talk. Sometimes the child was with a doll. And I'd say, "Wow, how beautiful your doll! Does she have a name?" Try to develop a conversation, a dialogue with the child [...] So, I tried to dialogue with the child, to create this bond and be able to perform the care she needed. (D17).*

### *Intervening Factors for the Development of Playful*

In the course of symbolic interactions of care for hospitalized children, the students perceived the existence of intervening factors for the development of play in care relationships. From this perspective, the theme Intervening Factors for the Development of Play makes mention of the factors conditioning the implementation of playful strategies, that is, it presents the conditions that positively and/or negatively influence the development of these in the context of child hospitalization.

In view of the above, regarding the difficulties encountered to implement the playful in the students' perception, the following stood out: the routine and the institutional bureaucracy, the short time of health professionals in interacting with the child, the work overload related to the lack of human and material resources, the correct choice of playful strategy considering the age group of the child, the little familiarity of professionals with the theme and, finally, the little involvement of family members in the development of this practice.

*Professionals are trapped in a systematic routine, so mechanical that it's a little difficult to break that barrier. It is a work that has to be done continuously, so that it becomes a daily practice. So there's this difficulty, because they're so fixated on a routine, that when you break that routine, it takes a long time for people to assimilate. (D1).*

*What I think can make it difficult is the issue of the health service itself, sometimes by protocols or internal rules of the unit, which sometimes does not give as much freedom for the professional to act in the way he wants. (D4).*

*What can make it difficult would be the overhead and lack of resources. I hardly see in the hospital the material and human resources. And absence of people specialized in this area as well as the number of professionals. (D5).*

*I think what might make it difficult for the health professional might be the time he has for that. Because we know how it's going in the industry. So how would he have the time for that child? (D8).*

*There's also the age group issue. Not always you come with the toy will work. Depending on age. (D9).*

*And what makes it difficult to apply playful strategies is training, because I believe it doesn't. So, the professionals are not prepared to make the applicability of the strategies to the child. (D10).*

*Many parents may not understand this [playful] methodology [...] And that would make it difficult. (D12).*

On the other hand, the students view as facilitating factors for the implementation of the playful care provided to hospitalized children, the following conditions: the availability of materials, professional training on the subject, the effective participation of the family member, as well as the individual and collective commitment of health professionals. The following statements are illustrative:

*What could facilitate the use of play? I think the stuff. If the institution had this material, which could be used at this moment of interaction with the child, I believe that this moment would be facilitated. (D3).*

*I think a continuing education for health professionals would facilitate, because, for many of them, it was not even taught the playful. (D6).*

*I think that what can facilitate the use of play is the professional committed to wanting to use the toy as a playful strategy. (D9).*

*So, so when the team as a whole understands the importance of this playful, it also participates [...] it is a very positive factor for the child. (D11).*

*What I think it can facilitate is also to include those responsible in these playful strategies; bring parents, when performing some play / dynamic with the child; bring those responsible to participate. (D15).*

## Discussion

The results of the research revealed that, among the meanings attributed to the use of playful strategies by nursing students, its importance as a strategy of humanization of care for hospitalized children stands out. In line with the above, studies highlight the games and the use of therapeutic toys as important activities in the pediatric hospital context, because they enable quality care for children and their families, making nursing care more humanized<sup>(12-13)</sup>. Thus, play is a valid resource of extreme relevance, by potentiating the satisfaction of children and their families with the provision of nursing care<sup>(14)</sup>.

In symbolic interactions, nursing students performed interpretations related to the use of play, developed an awareness about its benefits and attributed meaning to this phenomenon<sup>(11)</sup>. Regarding the benefits of the playful strategies pointed out by the students, the following stood out: communication, building bond and trust between the professional and the child, attenuation of fears and uncertainties, promotion of comfort, entertainment, therapeutic potential, as well as a strategy for understanding the emotions of the hospitalized child. In this regard, a systematic review study<sup>(15)</sup> confirms the contributions of play in the process of hospitalization of children, emphasizing that the use of non-pharmacological analgesia minimizes feelings such as anxiety, insecurity and fear and increases reliability in health professionals, for greater acceptance of interventions. Thus, they assume a more collaborative posture.

Thus, it is understood that play does not translate into a superficiality, considering the benefits provided to the child, from the cognitive, psychosomatic perspective, of emotional balance, language and socialization, enabling them to develop the notion of negotiation and cooperation<sup>(1)</sup>. At this juncture, the therapeutic toy emerges as an important resource for the care of the hospitalized child, allowing him to express his feelings and understand the procedures to which he/she will be submitted. With this, it enables a physiological function that needs to

be enhanced<sup>(13)</sup>. In this logic, a bibliographic research designates play as a resource of therapeutic action, by alleviated the idleness of the hospital environment. It can also reduce the length of stay in this scenario, by competing for the physical and mental development of the child during the disease<sup>(2)</sup>.

Thus, play is a tool that optimizes psychological aspects, reducing levels of fear and anxiety, helping in communication and coping strategies, in addition to raising self-esteem. From this look, it is understood that the social meanings related to the use of play in the hospital context are results of the attribution of value and positive meanings to its implementation. A study<sup>(16)</sup> conducted in Hong Kong reveals that hospitalized children who received playful interventions had fewer negative emotions and lower level of anxiety when compared to children who received usual care. The authors of this study reinforce the importance of incorporating playful interventions in the hospital setting, in order to provide holistic and quality care to the child as a possibility of relieving their psychological burden. At another angle, it is emphasized that playing is configured as a window through which the development of a child can be observed. When exploring their play profiles, it is possible to notice which area of their development may be affected<sup>(17)</sup>.

In the symbolic perspective of nursing students, the playful can provide parents/caregivers with feelings of relief and rest. This meaning can motivate conducts that favor the use of play in the care of hospitalized children. From this perspective, a study points to the appreciation of mothers regarding the use of therapeutic toys in the context of pediatric emergency, with a view to reducing stress. By minimizing the child's posture of resistance and promoting greater safety, tranquility and well-being to the mother-child binomial, it contributes to strengthening the bond and optimizing the relationship between them and the health professionals involved in care<sup>(6)</sup>.

Among the playful strategies used by the students interviewed during the meetings with the child, the following are: toys, inflated

gloves, games, music, clothing and personalized materials, makeup and designs. Thus, in the symbolic interaction with the hospitalized child, they made use of creativity in a conscious way, to provide different types of games that could be included in this context of care. In this regard, a study points out several playful approaches, such as games, games, storytelling and free drawings, which constitute a therapeutic instrument, revealing itself as a distraction resource for children in the face of the biopsychosocial impact caused by hospitalization<sup>(9)</sup>.

The use of puppets is also shown as an effective game, understanding the perception of children regarding the understanding of their health condition, as well as the experiences experienced by them in the outpatient clinic. Therefore, it allows a systematization of nursing care and considers the specificities of the children's universe<sup>(18)</sup>. With regard to therapeutic toys, its manipulation during play sessions awakens creativity and the infantile imaginary, increases understanding and familiarizes it with procedures. By allowing the reproduction of these in dolls, as well as the creation of new meanings, it converges to a resilience with a view to promoting atraumatic care<sup>(19)</sup>.

Furthermore, the pediatric visitation with personalized superhero costumes, such as Batman, Superman and Spider-Man, is a powerful playful strategy, aiming to mitigate the impacts of child hospitalization, given the symbolic representativeness of these characters. Similarly, clown therapy, characterized as laughter therapy, helps in the process of adaptation to the hospital environment, making it less aversive. It also provides improvements from the physiological, behavioral and emotional point of view<sup>(20)</sup>.

In the interactive process with hospitalized children, the students used light care technologies, such as dialogue, empathy and affection, which, according to the literature beyond the playful, stand out as strategies for interaction with this public in the management of chronic oncologic pain<sup>(21)</sup>.

In social interactions, dialogue is an important element of language and allows us to perceive, interpret and elaborate meanings that

lead to human behavior<sup>(11)</sup>. Empathy, in turn, is understood as the capacity that allows the sharing of experiences, needs, desires, perception and understanding of the perspective of the other's emotions<sup>(22)</sup>. Therefore, empathy, dialogue and affection, due to their relevance, should permeate the interactive processes of child care as important relational tools of welcoming.

It was possible to infer as difficulties presented by the students for the implementation of the playful: the routine and the institutional bureaucracy, the temporal factor in the face of the low number of professionals for an intense demand for care, the scarcity of material resources, the assertiveness in the playful strategy adopted compatible with the age group of the child, the superficial contact of professionals with the theme in question and the little participation of the family during the development of playful strategies. On the other hand, the students view, as facilitating factors for the insertion of play in the care of hospitalized children, the provision of materials compatible with the child's age, professional training, the real participation of the family and, also, the commitment of health professionals

The interpretation of factors such as facilitators and hinders the use of play in the care of hospitalized children was conditioned by the symbolic social interactions established by the students, when developing nursing care with the child. Based on the premise that meanings are manipulated and modified through an interpretative process<sup>(11)</sup>, it is understood that this meaning is subject to changes in the course of the care process.

Regarding the provision of adequate materials, training and professional commitment, the literature highlights the need for playful materials, as well as qualified professionals able to perform playful activities in the contexts of child care. In addition, the commitment of the nursing professional, which should include play in the care provided to children stands out<sup>(9)</sup>.

The assertiveness in choosing the playful strategy to be used reinforces the need to train health professionals on the subject, because the child improves his language and acquires new



skills and interests in the path of his human development zones. From this perspective, the literature highlights that children, as they grow and develop more complex ways of playing, tend to develop certain gender-related preferences in the selection of toys, as facilitated by their social context<sup>(23)</sup>.

A study revealed the insertion of playful strategies, through games, as propellant for the involvement and engagement of the family, making it co-participant in relation to the care and safety of the small patient<sup>(24)</sup>. From this perspective, research revealed that parents understood playful strategies as a facilitating condition of the child's adaptation to their hospitalization process, allowing the child to redirect the focus of painful procedures for playing. Thus, it provided a moment of relaxed and, consequently, rescued its essence as a child<sup>(25)</sup>.

The results of the research conducted are relevant for the advancement of Pediatric Nursing, when contributing to questions related to teaching and the use of play in the care of hospitalized children. However, it is a limitation of this study, the use of only one data collection technique, and there is no triangulation of data collection and analysis. Moreover, the impossibility of statistical generalization should be punctuated, a characteristic of this type of research.

In view of the above, it is pointed to the direction of new studies that aim to understand the perspective of teachers, regarding the meaning and teaching strategies employed in undergraduate nursing courses on the theme on screen. In addition, it is also suggested the development of research supported by robust theoretical and methodological references, capable of enabling a deeper understanding of the theme, for the purpose of practical application of the results in the various contexts in which care for the child and his/her family is developed.

### **Final Thoughts**

Among the playful resources used by the students who participated in the research, toys, inflated glove, games, music, clothing and

personalized materials, makeup and designs stood out. In addition, other interaction strategies with hospitalized children were mentioned, with emphasis on the use of relational technologies, such as empathy, dialogue and affection.

Regarding the limiting factors for the use of playful, the students highlighted the routine and institutional bureaucracy, the short time of health professionals to interact with the child, the work overload related to the lack of human and material resources, the correct choice of playful strategy considering the age group of the child, the lack of familiarity of professionals with the theme and the little involvement of family members in the development of this practice. On the other hand, they emerged as facilitating factors, for the use of play, the availability of materials, professional training on the subject, the effective participation of the family member, as well as the individual and collective commitment of health professionals.

It was concluded, based on the results, that the symbolic perspectives of the students determined the playful strategies as an extremely important resource in the relationships of care with hospitalized children. The use of play was meant as a strategy to humanize care relationships, by enabling the construction of bonds, the achievement of trust and the promotion of comfort. Meanings related to the therapeutic potential of play were also elaborated, emphasizing its benefits in the recovery, communication and understanding of the emotions of the hospitalized child.

### **Collaborations:**

1 – conception, design, analysis and interpretation of data: Isabella Camargo Tannos Ferreira de Sá and Thiago Privado da Silva;

2 – writing of the article and relevant critical review of the intellectual content: Isabella Camargo Tannos Ferreira de Sá, Jessica Renata Bastos Depianti, Juliana Maria Rego Maciel Cardoso, Laura Johanson da Silva, Ítalo Rodolfo Silva and Thiago Privado da Silva;

3 – final approval of the version to be published: Isabella Camargo Tannos Ferreira de

Sá, Jessica Renata Bastos Depianti, Juliana Maria Rego Maciel Cardoso, Laura Johanson da Silva, Ítalo Rodolfo Silva and Thiago Privado da Silva.

## References

1. Yogman M, Garner A, Hutchinson J, Hirsh-Pasek K, Golinkoff RM. The Power of Play: A Pediatric Role in Enhancing Development in Young Children. *Pediatrics*. 2018;142(3):1-18. DOI: 10.1542/peds.2018-2058
2. Sossela CR, Sager F. A criança e o brinquedo no contexto hospitalar. *Rev SBPH [Internet]*. 2017 [cited 2021 Jun 17];20(1):17-31. Available from: <http://pepsic.bvsalud.org/pdf/rsbph/v20n1/v20n1a03.pdf>
3. Santos PM, Silva LF, Depianti JRB, Cursino EG, Ribeiro CA. Nursing care through the perception of hospitalized children. *Rev Bras Enferm*. 2016;69(4):646-53. DOI: 10.1590/0034-7167.2016690405i
4. Salcuni S, Mazzeschi C, Capella C. Editorial: The Role of Play in Child Assessment and Intervention. *Front Psychol*. 2017;8:1098. DOI: 10.3389/fpsyg.2017.01098
5. Silva TP, Leite JL, Stinson J, Lallo C, Silva IR, Jibb L. Actions and interactions strategies for the care of hospitalized children with chronic cancer pain. *Texto Contexto Enferm*. 2018;27(4):e3990017. DOI: 10.1590/0104-0702018003990017
6. Berté C, Ogradowski KRP, Zagonel IPS, Tonin L, Favero L, Almeida Junior RL. Therapeutic toy in the context of pediatric emergency. *Rev baiana enferm*. 2017;31(3):e20378. DOI: 10.18471/rbe.v31i3.20378
7. Lima KYN, Barros AG, Costa TD, Santos VEP, Vitor AF, Lira ALBC. Play as a tool in nursing care for hospitalized children. *Rev Min Enferm*. 2014;18(3):741-6. DOI: 10.5935/1415-2762.20140054
8. Oliveira CS, Maia EBS, Borba MIH, Ribeiro CA. Brinquedo terapêutico na assistência à criança: percepção de enfermeiros das unidades pediátricas de um hospital universitário. *Rev Soc Bras Enferm Ped*. 2015;15(1):21-30. DOI: 10.31508/1676-3793201500004
9. Sposito AMP, Garcia-Schinzari NR, Mitre RMA, Pfeifer LI, Lima RAG, Nascimento LC. O melhor da hospitalização: contribuições do brincar para o enfrentamento da quimioterapia. *Av Enferm*. 2018;36(3):328-37. DOI: 10.15446/av.enferm.v36n3.61319
10. Charon JM. *Symbolic Interactionism: An Introduction, An Interpretation, An Integration*. 10th ed. Boston: Prentice Hall; 2010.
11. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 14a ed. São Paulo: Hucitec; 2014.
12. Barreto LMSC, Maia EBS, Depianti JRB, Melo LL, Ohara CVS, Ribeiro CA. Giving meaning to the teaching of Therapeutic Play: the experience of nursing students. *Anna Nery Rev Enferm*. 2017;21(2):1-9. DOI: 10.5935/1414-8145.20170038
13. Silveira A, Picollo BM. Brinquedo Terapêutico na assistência à criança hospitalizada na voz das profissionais de enfermagem. *Rev Espaço Ciênc Saúde*. 2021;8(2):51-60. DOI: 10.33053/recs.v8i2.377
14. Teksoz E, Bilgin I, Madzwamuse SE, Oszakci AF. The impact of a creative play intervention on satisfaction with nursing care: a mixed-methods study. *J Spec Pediatr Nurs*. 2017;22(1):e121609. DOI: 10.1111/jspn.12169
15. Godino-Iáñez MJ, Martos-Cabrera MB, Suleiman-Martos N, Gomez-Urquiza JL, Vargas-Ramon K, Membrive-Jimenez MJ, et al. Play therapy as an intervention in hospitalized children: a systematic review. *Healthcare (Basel)*. 2020;8(3):239. DOI: 10.3390/healthcare8030239
16. Sezici E, Ocakci AF, Kadioglu H. Use of play therapy in nursing process: a prospective randomized controlled study. *J Nurs Scholarsh*. 2017;49(2):162-9. DOI: 10.1111/jnu.12277
17. Munambah N, Cordier R, Speyer R, Toto S, Ramugondo EL. A systematic review comparing the play profiles of children with special health care needs with typically developing children. *BioMed Res Int*. 2020;2020:ID9582795. DOI: 10.1155/2020/9582795
18. Leite ACAB, Alvarenga WA, Machado JR, Luchetta LF, Banca ROL, Sparapani VC, et al. Children in outpatient follow-up: perspectives of care identified in interviews with puppet. *Rev Gaucha Enferm*. 2019;40:e20180103. DOI: 10.1590/1983-1447.2019.20180103
19. Fontes CMB, Oliveira ASS, Toso LA. Therapeutic toy in pediatric intensive therapy unit. *Rev Enferm UFPE Online*. 2017;11(7):2907-15. DOI: 10.5205/reuol.11007-98133-3-SM.1107sup201712

20. Catapan SC, Oliveira WF, Rotta TM. Clown therapy in the hospital setting: a review of the literature. *Ciênc Saúde Coletiva*. 2019;24(9):3417-29. DOI: 10.1590/1413-81232018249.22832017
21. Silva TP, Silva IJ, Ferreira MJC, Silva IR, Rodrigues BMRD, Leite JL. Contextual aspects related to nursing care management of the child with chronic cancer pain. *Texto Contexto Enferm*. 2018;27(3):e3400017. DOI: 10.1590/0104-070720180003400017
22. Riess H. The science of empathy. *J Patient Exp*. 2017;4(2):74-7. DOI: 10.1177/2374373517699267
23. Todd BK, Fischer RA, Di Costa S, Roestorf A, Harbour K, Hardiman P, et al. Sex differences in children's toy preferences: A systematic review, meta-regression, and meta-analysis. *Infant Child Dev*. 2017;27(2):e2064. DOI: 10.1002/icd.2064
24. Gonçalves KMM, Costa MTTCA, Silva DCB, Baggio ME, Corrêa AR, Manzo BF. Ludic strategy for promoting engagement of parents and caregivers in the safety of pediatric patients. *Rev Gaucha Enferm*. 2020;41:e20190473. DOI: 10.1590/1983-1447.2020.20190473
25. Rockembach JA, Espinosa TA, Cecagno D, Elaine T, Cardoso DS. Inserção do lúdico como facilitador da hospitalização na infância: percepção dos pais. *J Nurs Health*. 2017;7(2):117-26. DOI: 10.15210/JONAH.V7I2.7646

Received: July 15, 2021

Approved: September 15, 2021

Published: October 5, 2021



The *Revista Baiana de Enfermagem* use the Creative Commons license – Attribution -NonComercial 4.0 International. <https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms.