

PLAYING IN HOSPITAL: A SELF OF NURSES ACTING IN A PEDIATRIC UNIT

O BRINCAR NO HOSPITAL: UMA SELF DE ENFERMEIROS QUE ATUAM EM UNIDADE PEDIÁTRICA

JUGANDO EN EL HOSPITAL: UNA SELF DE ENFERMERAS TRABAJANDO EN UNA UNIDAD PEDIÁTRICA

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ABSTRACT

Objective: To know the importance of playing activity from the nurse's point of view during the care of hospitalized children. **Methodology**: Prospective, qualitative descriptive exploratory study. A semi-structured interview was carried out in a pediatric reference unit in a municipality in the state of Amazonas, in January 2015. Participants were five nurses who work in the unit. From the analysis, thematic categories emerged: "The importance of playing in the view of Nursing as the Right of the Child." And "Obstacles for the inclusion of playing in assisting hospitalized children". **Results**: Playing is reported by nurses as a unique activity during hospitalization. However, they refer not to insert it because they do not know how to do it, valuing only technical procedures in Nursing actions, plastering care during their assistance. **Conclusion**: Playing in a pediatric clinic should be an activity included in the nurses' care plan.

Descriptors: Nursing; Play and Playthings; Child, Hospitalized; Child Care; Pediatrics.

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RESUMO

Objetivo: Conhecer a importância da atividade do brincar sob a ótica do enfermeiro durante o cuidado à criança hospitalizada. **Metodologia:** Estudo descritivo-exploratório prospectivo, qualitativo. Realizou-se entrevista semiestruturada em unidade pediátrica de referência de um município no estado do Amazonas, no mês de janeiro de 2015. Participaram cinco enfermeiras que atuam na unidade pediátrica. Da análise, emergiram categorias temáticas: "A importância do brincar no olhar da Enfermagem como Direito da Criança." e "Obstáculos para inclusão da brincadeira no assistir à criança hospitalizada". **Resultados:** O brincar é relatado pelas enfermeiras como uma atividade ímpar durante a hospitalização. Entretanto, referem não inseri-lo por desconhecerem como realizá-lo, valorizando apenas procedimentos técnicos em suas ações de enfermagem, engessando o cuidado durante seu atendimento. **Conclusão:** O brincar em clínica pediátrica deve ser uma atividade inserida no plano de cuidados dos enfermeiros.

Descritores: Percepção; Enfermagem; Jogos e Brinquedos; Criança Hospitalizada; Cuidado da Criança.

RESUMEN

Objetivo: Conocer la importancia de la actividad de juego desde el punto de vista de la enfermera durante el cuidado de niños hospitalizados. **Metodología**: Estudio exploratorio prospectivo, cualitativo, descriptivo. Se realizó una entrevista semiestructurada en una unidad de referencia pediátrica en un municipio del estado de Amazonas, en enero de 2015. Participaron cinco enfermeras que trabajan en la unidad. Del análisis, surgieron categorías temáticas: "La importancia de jugar desde la perspectiva de la Enfermería como el derecho del niño". Y "Obstáculos para la inclusión del juego en la asistencia a niños hospitalizados". **Resultados**: Las enfermeras informan que el juego es una actividad única durante la hospitalización, sin embargo, se refieren a no insertarlo porque no saben cómo hacerlo, valoran solo los procedimientos técnicos en las acciones de Enfermería, echan atención durante su cuidado. **Conclusión**: Jugar en una clínica pediátrica debería ser una actividad incluida en el plan de atención de enfermeira.

Descriptors: Enfermería; Juego e Implementos de Juego; Niño Hospitalizado; Cuidado del Niño; Pediatría.

INTRODUCTION

Playing childhood in early education helps the infant's physical, social. affective and cognitive development. Playful activity is а fundamental part in structuring the child's knowledge, since the act of playing is something spontaneous and motivating for the construction of interpersonal relationships, promoting a healthy and productive growth of children from birth to adulthood, with notions of limits and affective bonds of their social life.¹

The child has the need to play and this action should not be overlooked, especially when they become ill and are hospitalized, as playful activity plays an important role in promoting a safe environment. In this sense, playing becomes a strategy of adherence and adaptation to treatment, enabling the reduction of feelings of fear, anxiety, and irritability, also favoring the infant's improvement through humor and distraction.²

During the disease, followed by hospitalization, the child internalizes the fear of separation from the parents, the break from the routine and the fear of invasive procedures that cause discomfort situations as a result of the treatment, characterized as an unpleasant moment.³

The use of toys as a care tool for nurses in a pediatric unit is capable of assessing the child's emotional status, based on evidence of the expression of feelings. Likewise, it establishes a bond with the child and his/her family, promoting the appropriate therapeutic intervention according to the infant's need.⁴⁻⁵

In view of this, COFEN Resolution No. 546/2017, in line with that, reinforces that the nurse who performs assistance in a pediatric unit must develop the activity of playing with the therapeutic toy during the care to the child in hospital, as an intervention tool in the prescription of Nursing Care Systematization.⁶

Thus, it is understood that the toy/playing is part of the children's daily lives and its use should be encouraged, even during hospitalization, since Law N° 11.104/2005 stimulates and helps this practice, determining that all units that assist children must have a toy library in

their facilities, so that the child can experience their world of make-believe.⁷

The aim of this study was to understand the importance of the activity of playing from the perspective of the nurse during children's hospitalized care.

METHOD

This research has a qualitative, descriptive, exploratory prospective approach, which sought to understand the concept of the nurse who works in pediatric surgical clinic, about the activity of playing as a dimension of care for hospitalized children.

The study was developed at the Instituto de Saúde da Criança do Amazonas (ICAM), a care unit for children and adolescents in the healthcare network in Manaus/Amazonas, composed of a multidisciplinary and multiprofessional team.

The research scenario was the surgical clinic of ICAM, which has 22 beds, distributed in four wards. Five nurses who work in the surgical clinic participated in the study, with 80% of the nurses working in the day shift (four) and one in the night shift, due to refusal justifying overwork. As an inclusion criterion, it was decided to interview nurses who worked only in this environment as public service employees for more than 6 months and who were not on vacation. The exclusion criterion was: nurses providing services to outsourced companies, as there is a high turnover of these professionals.

Data collection took place after approval by the UFAM Ethics and Research Committee (CEP/UFAM) with CAAE No. 31389814.9.0000.5020, following the rules of CNS Resolution 466/2012. Anonymity was maintained by pseudonyms, by means of flower names, making it impossible to identify the subjects: Rose, Jasmine, Orange Blossom, Daisy and Tulip.

Data collection took place from December 2014 to January 2015. Nurses were approached at the unit; firstly, the aims of the research were explained by reading the Free and Informed Consent Form, with the participants signing it. After the semi-structured the presentation, interview script was applied, which was recorded and later transcribed in full. Each interview lasted an average of 15 minutes, as it was carried out during the working hours of nurses who reported various duties that should be performed at that time.⁸

Data analysis was based on the guidelines and procedures of Minayo, 2014. The transcripts were read and attentive listening to the audios was carried out, in order to avoid the loss of important information, maintaining the reliability of of the the statements research collaborators. Content Analysis was used with thematic analysis of speeches, which addresses three stages: pre-analysis; exploration of the material; treatment of the results obtained and interpretation for the formation of thematic categories.

RESULTS

The content of the speeches explained 02 thematic categories, as follows: "The importance of playing in the view of nursing as the child's right", and "Obstacles for the inclusion of playing in assisting hospitalized children".

The importance of playing in the view of nursing as a child's right

It was identified that nurses have empirical knowledge about the importance of toys and playing inserted in the hospital environment, considering this activity as an instrument capable of assisting in the daily care of hospitalized children.

This activity inside the hospital is very important, because it reduces that tension of the invasive procedure and the experience of the postoperative period. The child, when playing, is *less stressed and happier* [...] (Rose, 10 years of experience).

I believe it is important because the child is distracted, [...] not being alone at the time of the disease (Jasmine, 3 years of experience).

According to the perception of the interviewed professionals, the importance of the activity of playing in the hospital environment is related to moments of relaxation that reduce tension and promote well-being in the child.

Nurses perceive that toys can be used as a stimulating tool for physical, cognitive and social development. Among its benefits, it was also reported the reduction of tensions triggered by hospitalization, through the approximation of the daily routine that provides the child with moments of fun.

[...] I think that everything we see, cognitive development, motor and social development, I think that the child who plays, he develops much faster than the others (Orange Blossom, 14 years old experience).

The child maintains the bond with the toy normally at home. [...] the child at the surgery is not a sick child, that is just a phase [...] so it is important to keep playing, [...] it is a different moment there for them, to laugh and have fun (Tulip, 15 years of experience).

Playing during hospitalization provides moments of joy and interaction

for the child, contributing to a rapid improvement in his general condition. From the nurses' perspective, the child hospitalized in a surgical clinic is not sick, and this moment of hospitalization is only a phase.

You see that after they play, they become happier, more communicative, so like that, I think playing gives a lot more cheer. [...] You who accompany the child who is hospitalized perceive in the few children who play here, a great improvement when they have fun with anything they do (Orange blossom, 14 years of experience).

In the nurses' perception, when the hospitalized child plays, he experiences joyful moments, improving his self-esteem and helping in his communication with people. During care assistance, three nurses reported that they perform recreational moments in the wards, respecting the child's right to play.

Only I play with the patients, like this, but not with a toy, we talk, then explain something we are going to do. Using a toy, something that stimulates the cognitive, I don't usually use it (Orange blossom, 14 years of experience).

I don't do any play activities. There is a lot of procedure to do, those bureaucratic things too, you know, everything (Daisy, 28 years of experience).

Nurses at the surgical clinic do not have toys to use during care. However,

some apply recreational strategies as a way of distracting the child before carrying out procedures or simply to provide a moment of relaxation. Others do not perform this activity justifying overwork.

[...] we don't have a toy available here at the unit. During the visit I play with the child. [...] The game is just to get attention, or if there is something that we can move or take the child's hand, play with it in some way we play, but not with a toy (Jasmin, 3 years-old experience).

In this sense, even without using the toy, the nurse provides a moment of distraction for the child during visits in order to play.

Obstacles for the inclusion of play in assisting hospitalized children

In the nurses' perception, in the surgical clinic, administrative and assistance activities hamper the development of the activity of playing during their workday.

It's just me as a nurse, you know [...] we have to take care of it, [...] sometimes we cover two clinics and then it's difficult, you know (Daisy, 28 years of service).

[...] on duty there is only a nurse and there are lots of dressing changes and you have to schedule [...] (Orange blossom, 14 years of service). Nurses also report that they had a deficient training in this specific practice, as the subjects were focused on childhood illnesses, without specifically addressing the importance of using the activity of playing in the hospital environment:

I had pediatrics, but it didn't focus on that part of assistance with toys. [...] we don't have that contact, the use of a toy or why we use it. [...] (Tulip, 15 years of experience).

We studied child's health, but it was a long time since I graduated. The grid changed, you know? They addressed a lot about the biopsychosocial area, but there was no specific discipline that addressed the importance of the activity of playing (Rose, 10 years of experience).

It is identified that this lack of knowledge about the toy/playing subject in academic education reflects the non-use of these tools and the lack of preparation regarding the application in the care of hospitalized children.

Yes, there was, because when you are on an internship it is one thing, when you arrive at your professional activity, it is different, because on the internship you have that schedule, [...] there is that little recreation room [...] .When professional, we don't have this schedule (Daisy, 28 years of experience).

One of the nurses mentioned that she had this activity of playing during the internship; however, she is unable to relate the practice studied with the exercise of the profession due to the non-availability of hours and inadequate physical environment.

DISCUSSION

From the nurses' perception, playing in the hospital environment provides the children with the transformation of the moment lived while sick, minimizing their being fears. anxieties and refusal of treatment, facilitating interaction with other kids, in the welcoming environment that offers games, toys, drawings and readings. These positively favor the relationship with the team, as well as the acceptance of the necessary procedures in the treatment, reducing the length of hospitalization.⁹

It is worth mentioning that the Statute of the Child and Adolescent, chapter II, article 16, highlights the right to freedom, respect and dignity, stating that every child should play and have fun, actions that are part of their daily life and personal development.¹⁰

Given this statement, playing in the hospital environment is the strategy used by children to cope with stressful situations, a fact anchored in Resolution No. 41/1995-CONAND, which establishes as one of the infant's rights, during the hospitalization process, that nurses should perform recreational activities, avoiding adverse situations that may influence the process of their health recovering.^{1,11}

In the presence of some answers obtained, such as ignorance of the current legislation regarding the exercise of the profession, the need to update and seek qualification for nurses working in the area of the sick child is highlighted, regarding Federal Law No. 11.104 / 05 and COFEN Resolution 546/2017, which govern the exercise of the profession.⁶⁻⁷

For the school-age child, nursing care should provide stimulation, interest and cooperation during care practices with the toy to improve mood, acceptance, discontent and emotional suffering, especially in cases of prolonged hospitalization, minimizing anxiety and fear through therapeutic communication.¹²

However, nurses recognize the importance of the activity of playing inserted in the hospital environment, pointing out the benefits of communication and socialization with the other patients present in the ward, in addition to the expression of happiness of the children after experiencing a recreational moment, which transforms the hospital in a relaxed atmosphere.¹³

We can see that caring while playing is evidenced in the nurses' statements when they use recreational strategies to provide the child with a moment of relaxation before performing any procedure. For the child, caring through playing reduces anxiety and fear of procedures when performed with care and affection.¹²

In this perspective, a study¹⁴ points out that companions of hospitalized children identify that caring through playing should be an activity developed by health professionals, as they feel insecure when playing with their children, because they do not know the correct way to play in this time of hospitalization. In view of this, they refer to the need for a professional to guide them in the execution of games in a hospital environment.

Therefore, nurses in pediatric units consider that playing with toys is a basic need of the child, which should be included in the therapeutic plan as an instrument of nursing intervention, with the aim of offering care based on the relationship of empathy, affection and confidence, expanding it beyond the care of physical health.¹⁵

The insertion of the activity of playing in nursing care practices in the care of hospitalized children is seen by nurses, in a study carried out, as a leisure and therapy tool during child hospitalization. However, these refer that there are many barriers found in the work routine and in the infant's own clinical condition that hinder the use of this activity.¹⁶

That said, it is understood that nurses understand the activity of playing as a therapeutic resource that facilitates the hospitalization process, allowing the child greater socialization in the hospital environment, self-care and escape from reality. However, the scarcity of playful resources and inadequate structure contribute to the effective failure to play.¹³

Regarding the nurses' understanding of the use of toys and the existence of a space in the hospital, the anchor of this study, they believe that the quality and acceptance of treatment for the sick child would improve significantly. However, it was evident that there was no initiative during the study to offer playful practices in the hospital environment.

The absence of the use of toys as a tool in the nursing care process by the research nurses corroborates a study¹⁷, which identified that approximately fortythree percent of the Nursing team never performed recreational activities during the care of hospitalized children.

However, in another study¹⁵ with 20 nurses from a pediatric unit regarding the use of therapeutic toy (TT), it was identified that they recognize its benefit, but do not use it frequently, due to their low ability to handle it. Of these, 46.6% report that they have already used it as an instructional tool in preparing children for procedures; however, sporadically and not systematically.

The lack of playful teaching in the curricular component of the undergraduate course is an important factor for the failure to perform this practice in nursing care from the perspective of the nurses in the study.

It is noteworthy that in a study¹⁸ on the problematization methodology of the Maguerez arc, regarding the use of therapeutic toys with nursing students, it was identified that the teaching methodology through the dialogue and the student's autonomy enables a greater relationship between this with theory and practice, training a nurse qualified in collective and critical knowledge for assistance.

CONCLUSION

The study made it possible to know the nurses' perceptions and their experiences in a pediatric unit, in which they reported not developing activity with the toy during care with hospitalized children, even recognizing its importance. Of these, only one professional mentioned playing; however, with no use of a toy or other tool, and, in an empirical manner. This absence was also associated with the lack of knowledge about the topic in the academy during training.

In view of this scenario, there is an urgent need for nurses to have a comprehensive look at the needs of hospitalized children, seeking to keep up to date on childcare. This study also identified the need to update nurses participating in the research on assisting the child during their hospitalization, inserting the therapeutic toy in a systematic and essential way in their care plan, recognizing its advantages in the treatment process.

The view of nursing in the care of hospitalized children must be empathetic, observing the problem they experience and the clinic in which they are hospitalized, perceiving it as a being endowed with peculiar characteristics, which needs a differentiated comprehensive care, meeting their biopsychosocial needs, always seeking to offer quality assistance with humanized care.

Regarding the limitations of the study, the sample size can be mentioned. Although significant in terms of the population of nurses in the unit and in terms of the type of analysis, it could be expanded in other studies for the team of

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nursing technicians who also work in the care of hospitalized children.

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