

THE PLAY PROCESS OF THE HOSPITALIZED CHILD, GUIDED BY THE LUDIC MODEL*

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ABSTRACT: Playing is fundamental for the healthy development of the child, and during hospitalization can be configured as a care strategy, as long as it is applied systematically and grounded in theory. This study's objective is to report the play process guided by the Ludic Model. The participants were three male children, receiving inpatient treatment in a bone marrow transplantation service, between September and October 2012. Data collection occurred through instruments adapted from the Ludic Model, and progressed in three stages: getting to know the child, caring and playing, and accompanying the evolution of the ludic behavior. The children were participative, demonstrating autonomy, pleasure, and maintenance of the occupational role. The Ludic Model was considered an important tool for guiding the comprehensive and humanized care in this context.

DESCRIPTORS: Play therapy; Games and toys; Hospitalized child; Care of the child.

PROCESSO DE BRINCAR DA CRIANÇA HOSPITALIZADA GUIADO PELO MODELO LÚDICO

RESUMO: O brincar é fundamental para o desenvolvimento saudável da criança e durante a hospitalização pode configurar-se como estratégia de cuidado, desde que sua aplicação seja sistematizada e fundamentada. O objetivo do estudo é relatar o processo de brincar guiado pelo Modelo Lúdico. Os participantes foram três crianças do sexo masculino, hospitalizadas em um serviço de transplante de medula óssea, entre setembro e outubro de 2012. A coleta dos dados se deu por meio de instrumentos adaptados do Modelo Lúdico e se desenvolveu em três etapas: conhecendo a criança, cuidando e brincando e acompanhando a evolução do comportamento lúdico. As crianças foram participativas, demonstrando autonomia, prazer e manutenção do papel ocupacional. O Modelo Lúdico foi considerado importante ferramenta para nortear o cuidado integral e humanizado nesse contexto.

DESCRIPTORIOS: Ludoterapia; Jogos e brinquedos; Criança hospitalizada; Cuidado da criança.

PROCESO DE JUGAR DEL NIÑO HOSPITALIZADO DE ACUERDO CON EL MODELO LÚDICO

RESUMEN: El jugar es fundamental para el desarrollo saludable del niño y durante la hospitalización puede configurarse como estrategia de cuidado, desde que su aplicación sea sistematizada y fundamentada. El objetivo del estudio fue relatar el proceso de jugar de acuerdo con el Modelo Lúdico. Los participantes fueron tres niños del sexo masculino, hospitalizados en un servicio de trasplante de médula, entre septiembre y octubre de 2012. Los datos fueron obtenidos por medio de instrumentos adaptados del Modelo Lúdico y eso se desarrolló en tres etapas: conociendo al niño, cuidando y jugando y acompañando la evolución del comportamiento lúdico. Los niños fueron participativos, demostrando autonomía, placer y manutención del papel ocupacional. El Modelo Lúdico fue considerado importante herramienta para nortear el cuidado integral y humanizado en ese contexto.

DESCRIPTORIOS: Ludoterapia; Juegos y juguetes; Niño hospitalizado; Cuidado del niño.

*Artigo originado da dissertação intitulada "Aplicabilidade do Modelo Lúdico no Processo Terapêutico Ocupacional de Cuidado da Criança em Transplante de Células-Tronco Hematopoiéticas" apresentada ao Programa de Pós-Graduação em Enfermagem da Universidade Federal do Paraná, 2013

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Received: 29/05/2014

Finished: 18/08/2014

INTRODUCTION

Childhood is a fundamental period in human development, during which the acquisition of neuropsychomotor and social skills occurs. One of the child's main learning processes is playing, through which the child explores the environment and herself, develops an understanding of the world, and interacts with the same⁽¹⁾. It is the most important activity of childhood and is the child's occupational role, contributing to the development of new skills, abilities and competencies⁽²⁾.

Aspects of the environment can facilitate or impede the disposition to play. Environments which are friendly, secure and comfortable, with a variety of objects and activities, encourage the child to play⁽³⁾ and contribute to her healthy development. The hospital environment is unknown and impersonal, with strange and frightening equipment, and the routine is permeated by procedures which can cause pain and discomfort, determining activities and schedules which are different to what the child is accustomed to⁽⁴⁾.

The child who receives Hematopoietic Stem Cell Transplantation (HSCT) remains in hospital for a long time, which can be a traumatic experience, causing suffering. Being ill and hospitalized represents a drastic change in daily life, and this condition triggers feelings such as anxiety, sadness, solitude, insecurity and fear⁽⁵⁾. Thus, it is understood that the adverse characteristics of the hospital environment, combined with the weakness caused by the disease and/or procedures, can deprive the child of her principal activities⁽¹⁾, thus impairing her development^(1,4).

In this regard, playing is presented as a care strategy, assisting in coping with the situation of hospitalization, and humanizing the provision of health care for the child^(4,6). The games provide fun and relaxation, help the child to feel safer in an unknown environment, contribute to the reduction of stress, favor the liberation and expression of feelings, and place the child in an active function, with opportunities for making choices⁽⁷⁾. However, in order to achieve all the benefits of playing, it should be promoted systematically, as part of a care plan of professionals who are prepared to use it as a therapeutic resource^(1,6).

The Ludic Model is a theoretical framework which proposes the systematic use of play, with the aim of assisting the child to develop ability to act and an attitude for coping with routine challenges. It presents a precise work framework regarding the theoretical and clinical planes, with a global and positive approach of the child, through a field of activities unique to itself, and allows the grounding of the practice in scientific data⁽⁸⁾.

In this regard, this study aims to report the play process of the child receiving Hematopoietic Stem Cell Transplantation, guided by the Ludic Model.

DESCRIPTION OF THE EXPERIENCE

This is a report of an experiment undertaken in the Bone Marrow Transplantation Service of the Federal University of Paraná Teaching Hospital, which is a national center of excellence in Hematopoietic Stem Cell Transplantation. It was undertaken between September and October 2012, with three children as participants. The inclusion criteria were: to be between three and 10 years old, to be receiving inpatient treatment, and to accept to participate in the proposal, as well as for there to be authorization from the legal Guardian through signing of the terms of consent. The study was approved by the institution's Committee for Ethics in Research with Human Beings, under Opinion N. 100.881/2012. The process of playing, guided by the Ludic Model, followed the following stages: getting to know the child, caring and playing, and accompanying the evolution of the ludic behavior⁽⁸⁾, described below.

Getting to Know the Child

The participants were three male children: C1 (seven years old), and C2 and C3 (both aged nine). C1 and C2 had been diagnosed with Fanconi Anemia and C3 with Acute Leukemia of Ambiguous Lineage. C1 was from Itapuranga in the state of Goiás (GO), C2 was from Várzea Grande in the state of Mato Grosso (MT) and C3 was from Foz do Iguaçu in the state of Paraná (PR). C1 and C2 were accompanied only by their mothers during the process of HSCT while C3 was also accompanied by his father.

In order to investigate each child's way of

playing, an evaluative process was undertaken, using two instruments: Initial Interview with the Parents regarding the Child's Ludic Behavior, and Evaluation of Ludic Behavior⁽⁸⁾.

Using the first instrument, information was obtained regarding the children's ludic behavior at home. Interviews were held with the children's mothers, at a time and place previously agreed, and lasted between 26 and 42 minutes.

The mothers showed themselves to be receptive, reporting their sons' preferred activities, revealing their interest in age-appropriate ludic activities: balls, toy cars, superheroes, games and video games. In relation to daily routine, C1 attended school, C3 received lessons at home, and C2 had stopped studying when the symptoms of the disease began. The mothers had stopped working in order to take care of their sons, due to the need for continuous medical monitoring and for frequent transfusions of blood products.

At the end of each interview, times were arranged for the individual evaluation of the child. The Evaluation of Ludic Behavior⁽⁸⁾ established their interests, abilities, play attitude and how they expressed needs and feelings, and was based on the observation of the children in a prepared environment with objects and materials which invited play.

The materials made available were: pencils and pictures of characters indicated by the mothers for coloring in, dolls and toy cars (which allow symbolic play), and games (dominoes, checkers, pick-up sticks and UNO).

The evaluations lasted between 38 and 41 minutes. C1 and C3 were communicative, with initiative for exploring the materials and beginning a play situation. C2 showed himself to be reserved and silent, although attent to the researcher's words and actions, and needed encouragement to play, confirming what had been reported by his mother during the interview: she considered her son to be shy.

At the end of the evaluations, the children could keep the materials or choose those in which they had the greatest interest. All three opted to remain with all of the materials, agreeing that they would be handed back at the time of discharge from hospital.

Caring and Playing

Based in the evaluations, the therapeutic objectives outlined were: to maintain C1 and C3's ludic attitudes and actions, and to encourage

C2's initiative for play, as well as promoting opportunities for expression and communication. The main objective of the Ludic Model in this phase was for the child to discover or maintain the pleasure of the action of playing, even in an adverse environment⁽⁸⁾, such as the hospital. The materials and toys used could be disinfected, in accordance with the institution's norms. Such cares are imperative for the prevention of health-related harm to the children's clinical conditions, as these boys were immuno-depressed and vulnerable to various infections.

With these premises, the researcher met each child, individually, in their respective rooms, three times a week, for between 40 and 60 minutes, during the period of inpatient treatment, which varied from 29 to 31 days. It was not possible to attend C1 on two occasions, as he was asleep, due to the administration of medications for preparing for the transfusion of blood products. On two days, C2 did not want to play, due to sleepiness caused by the administration of analgesics, for controlling the intense pain caused by mucositis.

The activities undertaken during the meetings were: painting, various games, jigsaws, symbolic play with dolls of particular characters, animals and toy cars. The games were the activities requested most, during which the children showed pleasure and satisfaction, characterized by smiles, fun and verbalizations.

Respecting the principles of the Ludic Model⁽⁸⁾, each child took decisions and chose the play to be undertaken. The researcher manifested a playful attitude, being spontaneous, expressing pleasure, and proposing situations during the activities, causing the child to feel more at ease to adopt the same attitude.

Accompanying the evolution of the ludic behavior

The monitoring was undertaken through observation of the participants during the play activities, based in the instrument Evolution of the Ludic Behavior: attitude and action⁽⁸⁾. In addition, a field diary was kept for recording the perceptions related to data which were not covered by the instrument.

C1 and C3 were always participative and

communicative, demonstrating contentment at the researcher's arrival, and inviting her to undertake the chosen activity. The behavior and the playful attitude were maintained, even when they underwent anticipated complications secondary to the HSCT, such as mucositis, nausea and vomiting.

C2, although more reserved, showed that he recognized the researcher as a partner for playing, smiling shyly when she arrived. In the first two meetings, he needed encouragement in order to initiate a situation of play, although even so, the activities undertaken were his choice. Gradually, he showed himself to be more autonomous, initiating play activities, communicating more and showing greater pleasure in the action of playing.

The stage of monitoring was undertaken concomitantly with the second stage and assisted in the planning of each meeting through the analysis of the attitudes and actions involved in playing.

FINAL CONSIDERATIONS

The children involved themselves in the play activities, using the materials left by the researcher, even on days and at times in which the same was not in the unit, confirming that this approach favors of the maintenance of the occupational role. The therapeutic objectives outlined were achieved, as it was possible to insert playing into the children's routine during the period of hospitalization.

The Ludic Model was shown to be an important tool for systematizing playing as a care strategy for the hospitalized child, this being a comprehensive care, centered on the child and supported in the assumptions of humanization. Further studies are necessary for adapting the instruments to the characteristics of the hospital context; however, it is noteworthy that the concepts and general lines of this methodological framework are perfectly applicable to care of the pediatric clientele in this space.

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