

## THE PARENTS' KNOWLEDGE ON THE CARE PROCESS THROUGH PLAY

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**ABSTRACT: Objective:** verify how the parents and/or legal caregivers of hospitalized children perceive playing as a dimension of Nursing care. **Method:** qualitative, descriptive, exploratory and prospective study, using theme/category-based analysis. A semistructured interview was held at a Children's Hospital of reference in the State of Amazonas in January 2016. The participants were 22 parents between 18 and 50 years of age. The thematic categories "Meaning of play and playing", "Importance of the toy during playing practice for hospitalized children" and "Care while playing" emerged from the analysis. **Results:** the parents acknowledged the importance of playing during the care process in pediatric contexts, but did not envisage the activity as part of the professionals' care plan, so that the child's singularity can be fully respected in that sense. **Conclusion:** the professionals need qualification and awareness raising to use play in their care practice.

**DESCRIPTORS:** Nursing; Family; Child, hospitalized; Play Therapy; Child Care.

### O CONHECIMENTO DOS PAIS QUANTO AO PROCESSO DO CUIDAR POR MEIO DO BRINCAR

**RESUMO: Objetivo:** verificar a percepção dos pais e/ou responsáveis legais de crianças hospitalizadas sobre a atividade do brincar como uma dimensão do cuidado de Enfermagem. **Método:** estudo qualitativo, descritivo, exploratório e prospectivo, baseado na análise categorial temática. Realizou-se entrevista semiestruturada em um Hospital Infantil de referência do Amazonas, no mês janeiro de 2016. Participaram 22 pais com idade entre 18 e 50 anos. Da análise, emergiram as categoriais temáticas "Significado da brincadeira e brincar", "Importância do brinquedo durante a prática do brincar para a criança hospitalizada" e "O cuidar brincando". **Resultados:** os pais reconheceram a importância do brincar durante o processo de cuidar em ambiente pediátrico, mas não visualizaram a atividade inserida no plano de cuidado dos profissionais de modo que a singularidade da criança seja respeitada em sua integralidade nesse sentido. **Conclusão:** há a necessidade de capacitar e sensibilizar os profissionais para utilizar o brincar em sua prática assistencial. **DESCRITORES:** Enfermagem; Família; Criança hospitalizada; Ludoterapia; Cuidado da criança.

### EL CONOCIMIENTO DE LOS PADRES ACERCA DEL PROCESO DEL CUIDAR POR MEDIO DEL JUGAR

**RESUMEN: Objetivo:** evaluar la percepción de los padres y/o responsables legales de niños hospitalizados acerca de la actividad del jugar como una dimensión del cuidado de Enfermería. **Método:** estudio cualitativo, descriptivo, exploratorio y prospectivo, basado en el análisis de categoría temática. Se realizó entrevista semi estructurada en un Hospital Infantil de referencia en Amazonas, en el mes de enero de 2016. Participaron 22 padres con edad entre 18 y 50 años. Del análisis, resultaron las categorías temáticas "Significado del juego y del jugar", "Importancia del juguete durante la práctica del jugar para el niño hospitalizado" y "El cuidar jugando". **Resultados:** los padres reconocieron la importancia del jugar durante el proceso de cuidar en ambiente pediátrico, pero no visualizaron la actividad presente en el plan de cuidado de los profesionales de modo que la singularidad del niño sea respetada en su integralidad en ese sentido. **Conclusión:** hay necesidad de capacitar y sensibilizar a los profesionales para utilizar el jugar en su práctica asistencial.

**DESCRITORES:** Enfermería; Familia; Niño hospitalizado; Ludoterapia; Cuidado del niño.

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## ● INTRODUCTION

In childhood, children's illness and hospitalization are factors that challenge healthy development, as hospitalization allows the manifestation of an early maturation for this phase. At this point, the children need to get accustomed to changes in their routine, seeking to understand their possible physical limitations imposed by the illness and to realize that the obstacles in the course of their illness will make them emotionally stronger<sup>(1-2)</sup>.

The hospitalization also causes feelings of uncertainty for the companions/family members, who start to internalize their feelings, trying to disguise their anxiety and concern. They are afraid to leave the child's bed, fearing the worst and refraining, at that moment, from looking at themselves as persons who also need to ensure their wellbeing and, consequently, that of the child<sup>(3)</sup>.

According to the family members, the child is frightened in the hospital and, to confirm this perception, health professionals report that they frequently observe fear in children regarding the procedures performed and the sounds of the equipment that are used for those procedures<sup>(4)</sup>.

As a result of these situations, the companions see the use of play during nursing care as a beneficial activity that may facilitate the child's acceptance in the performance of painful procedures such as venipuncture, as these activities contribute to make the hospital environment more pleasant by providing distraction and leisure<sup>(5)</sup>.

Therefore, for the companions, playing is an activity that offers the possibility for the hospitalized child to relax, to feel safe in strange surroundings and with unknown people, reducing the family's weariness with the sick child, at the same time as it opens space to solve the companions' pending personal problems<sup>(6)</sup>.

Thus, according to Federal Law 11,104, dated March 21, 2005, all hospitals offering pediatric care are obliged to possess a toy library, offering a space with toys and educational games designed to stimulate the children and their companions to play<sup>(7)</sup>.

Thus, the toy library is a space of leisure for the children to be able to promote creativity, spontaneity and affection, respecting their needs. It is, therefore, an essential educational space for the child<sup>(8)</sup>.

The family perceives that, through their children's interaction with other children in the same illness condition, the children start to further understand the limitations the disease imposes, allowing new meanings for different games experienced in daily reality<sup>(9-10)</sup>.

In considering the health professionals' role in the pediatric environment, it is their responsibility to envisage care for the children from a plural perspective, so that they can express their peculiar perceptions and needs<sup>(11)</sup>.

Nevertheless, the health professionals need to understand that the accomplishment of playful practices, with drawings, reading comic books, games, clowns, story telling and audiovisual methods is part of the care plan and is included during the procedures and care in order to distract, alleviating fear, insecurity and physical pain<sup>(12)</sup>.

In this context, despite understanding the importance of playing for children, this play is often denied to them, even though their rights are established by law. Therefore, this study intends to verify the perception of parents and/or legal caregivers about the activity of playing as a dimension of Nursing care for hospitalized children.

## ● METHOD

It is a qualitative, descriptive, exploratory and prospective study, focusing on the phenomenon that describes, understands and explains a universe of meanings, motives, aspirations, beliefs, values and attitudes that correspond to a deeper space of the different relations, processes and phenomena<sup>(13)</sup>.

The study was developed at a child and youth care unit in the state health network of Manaus/ Amazonas, composed of a multidisciplinary and multiprofessional team, with specialties in outpatient

consultations, pediatric cardiology and pediatric surgery.

The Surgical Clinic, where the research was developed, has 22 beds distributed in four wards, being two with six beds and two with capacity for five beds. The participants selected for the survey were 100% of the accompanying parents, considering the following inclusion criteria: to be accompanying the child hospitalized at the surgical unit for more than seventy-two hours, during the months of data collection, during the daytime period (7 am to noon) and accepting to serve as a volunteer to answer the survey. The criterion for exclusion from the sample was the participant's dropping out for any reason.

To maintain anonymity, the participants are identified by pseudonyms corresponding to the names of the indigenous tribes in the State of Amazonas: Apiaká, Apurinã, Atroari, Baniwa, Deni, Dessanas, Hixbaryana, Hupda, Jamamadi, Jarawara, Katukina, Kaxarari, Kaxinawá, Kulina, Marubo, Matis, Mayoruna, Muras, Mundurucus, Sateré-Mawé, Ticuna and Tucano.

The data collection procedure was registered through a semistructured interview<sup>(13)</sup>, recorded and transcribed for analysis, following the interview script, with multiple-choice questions (yes, no and sometimes), followed by the request for justification. The interviews were conducted during the months of December 2015 and January 2016, daily, from Monday to Friday, in the morning, from 07h to 12h, individually, with the research collaborators.

The participants answered the questions at the nursing ward, at the child's bedside, and the average length of each interview was 20 minutes. To maintain the reliability of the answers, an audio recorder (MP3) was used to obtain the information, through individual statements, transmitting the representations of each collaborator, which were later fully transcribed.

The research was based on the following questions: Do the relatives or legal caregivers have any experience with the activity of playing inside a hospital? Do the health professionals who take care of children perform play activities during care? Regarding the use of play activities in care for hospitalized children, do the family members understand that it can influence the recovery of their child? What are the benefits of play activities for the hospitalized children during treatment? Does the care associated with play help the children to understand the new moment in their lives, even when hospitalized?

It is important to note that all responsible caregivers agreed to participate as collaborators in the study after having received information on the purpose of the research, the importance of their participation and the willingness to cooperate.

The collected data were analyzed according to the Content Analysis method<sup>(13)</sup> through attentive listening of the interviews, followed by their transcription, remaining faithful to the statements. Thus, each stage of the research was executed according to the guidelines and procedures of Minayo<sup>(13)</sup>, who develops Thematic Analysis techniques in qualitative research, subdivided into three stages: pre-analysis (stage of organization and preparation of the material); exploration of the material (organization, clusters and categorization), treatment and interpretation of results.

The method used permits broadening the researcher's view about the content studied, as it facilitates the Nursing professionals and companions' understanding of the pediatric health needs, obtained based on the child's views, feelings and needs, in accordance with COFEN resolution 295/2004. This strengthens the Nursing team's comprehensive and high-quality health care, which continues to provide care to the child and to guide the family during most of the child's hospitalization<sup>(14)</sup>.

The research proposal was submitted to the Research Ethics Committee of the Federal University of Amazonas (CEP/UFAM) and approved under opinion 1.082.405.

## ● RESULTS

In this research, the companions' profile could be surveyed, considering sex, degree of kinship, age range, place of birth, education, profession, length of hospitalization and Clinical Diagnostic time of the child. The data are displayed further on.

Among the 22 interviewees, 21 (95.45%) were female. As for the degree of kinship, 19 (83.36%) were mothers, while three (13.64%) companions were identified as the child's aunt, sister and father.

The companions' ages ranged between 18 and 50 years. As for their place of birth, ten (45.45%) companions came from the city of Manaus – AM. Among the remainder, two (9.09%) came from Manaquiri-AM and the remainder from Anamá, Barreirinha, Coari, Eirunepé, Lábrea, Oriximiná, Parintins and Pauini, which are cities in the State of Amazonas; from Santarém in the State of Pará, and from Serra Madureira in the State of Acre.

What the education is concerned, six (27.27%) interviewees had not finished primary education and four (18.18%) had finished higher education. In addition, none of the companions in the research was illiterate, in accordance with table 1.

**Tabela 1** - Escolaridade dos participantes do estudo. Manaus, AM, Brasil, 2016

Education	N	%
Unfinished primary education	6	27.27
Unfinished secondary education	5	22.73
Unfinished higher education	4	18.18
Finished secondary education	5	22.73
Finished higher education	1	4.55
Finished primary education	1	4.55
<b>Total</b>	<b>22</b>	<b>≅100</b>

According to the data related to the profession, "housewife" was predominant, representing nine subjects (40.91%) in the target audience, followed by day workers, students and manicures, which presented the second highest percentage, i.e. two (9.09%), according to table 2.

**Tabela 2** - Profissões dos acompanhantes. Manaus, AM, Brasil, 2016. (continua)

Profession	N	%
Housewife	9	40.91
Farmer	1	4,55
Student	2	9,09
HR analyst	1	4,55
Teacher	1	4,55
Lunch lady	1	4,55
Day worker	2	9,09
Public servant	1	4,55
Manicure	2	9,09
Biophysician	1	4,55
General service aid	1	4,55
<b>Total</b>	<b>22</b>	<b>≅100</b>

What the children's age range is concerned, 14 (63.64%) were between two and 42 months of age. The length of hospitalization ranged between one and 20 days for 20 collaborators (90.91%), according to table 3.

**Tabela 3** - Faixa etária e tempo de internação das crianças no hospital. Manaus, AM, Brasil, 2016

Variable	N	%
<b>Age Range</b>		
2 to 42 months	14	63.63
43 to 83 months	3	13.63
84 to 124 months	3	13.63
125 to 165 months	1	4.54
166 to 206 months	1	4.54
Total	22	≅100
<b>Days of hospitalization</b>		
1 to 20 days	20	90.91
21 to 41 days	1	4.55
42 to 62 days	1	4.55
Total	22	≅100

Regarding the patients' clinical diagnosis, the data show that the reason for hospitalization in a surgical clinic, following the order of occurrence, was imperforate anus, megacolon and inguinal hernia, corresponding to 13.64% of the cases; teratoma and kidney stonous were found in 9.09% of the diagnoses, besides other cases, such as: rectal stenosis; cryptorchidism; scrotal hernia; esophageal arthrosis; esophageal and gastric stenosis; anal megacolon and congenital and anal teratoma; umbilical cyst; hydrocele and epigastric hernia (each with 4.55%, respectively).

The results were systematized in order to identify the parents' perception of playing as a dimension of care. To better understand the research, after the organization, grouping and categorization stage, three thematic categories emerged from the data collection: "The meaning of play and playing in the family members' perspective", "The importance of the toy during playing practice for hospitalized children" and "Care while playing".

### **The meaning of play and playing in the family members' perspective**

From the companions' perspective, play changes the child's mood, which is disrupted by the hospitalization. With the play, the child feels more cheerful, gains more freedom in the hospital environment, contributing to and accelerating the recovery process.

*[...] people come and play, he forgets [...] he just forgot he's here in the hospital just by playing.* (Mayoruna - 24 years)

*[...] if the child has a little space ... a little place for her to play, she recovers very fast [...].* (Katukina - 34 years old)

The development of play during treatment promotes joy and distraction for the children. Playing makes them forget, for a moment, the place where they are and minimizes the possible stress caused by the disease and hospitalization, permitting the acceptance of treatment in the hospital environment.

According to the companions, the children like to play and, with the toy, they can build a world of fantasies, as well as recreational moments that provide joy and a sense of wellbeing, favoring pain relief and improving the health status.

*[...] the child becomes more cheerful and we see that she stops thinking about the disease for a while.* (Sateré-Mawé - 34 years old)

*[...] playing, she will forget the things that she goes through, bad things.* (Kulina - 28 years old)

In that sense, the companions' perception indicates that the use of the toy provides a change in the children's behavior, making them calmer and safer to perform the care in the hospital environment.

## The importance of the toy during playing practice for hospitalized children

According to the companions, for the hospitalized children, toys help to recover during the treatment and are also seen as an aid to suppress the fear of the painful procedures carried out, exerting a reassuring effect and consolidating the need for recreational activities as an important tool in the recovery process.

The companions' discourse reveals that play represents an escape from reality and a recollection of the happy moment of childhood. When asked about the toys the children knew, the answers were: ball, doll, house, rope, airplane, shuttlecock, kite, elastic and cars, as well as street games, hopscotch, catch one catch all, hide and seek, tag ball, ring-around-the-rose, blindman's buff, clapping and soccer.

*[...] the toy calms a child down ... I think that, as soon as she has a toy, some game ... she'll be fine [...] it must help a lot in the child's recovery [...]. (Atroari - 21 years)*

*[...] I think the child is afraid of needles ... and with the toy he would forget the fear of needle, of pain ... (Mayoruna - 24 years)*

## Care while playing

The companions suggest that, in the hospital, there should be an environment where the children can experience moments of recreation, attending to the playing needs through the toy library and the use of toys, coordinated by people who are capable of stimulating the child's participation in the activities.

*I think there should be a playroom with toys, with someone to give advice [...]. (Matis - 34 years old)*

*I think there should be a room full of toys for the kids to play [...]. (Ticuna - 28 years old)*

The use of games with songs, stories and bedside stories, with the use of toys or simply the performance of a group of clowns, providing a moment of relaxation, was also suggested during the research.

*[...] they should bring singing, joy, play, dialogue. In addition to music, they should bring toys [...] the buffoonery of a clown [...]. (Baniwa - 20 years)*

*I think they should tell stories, literature, clownery [...]. (Jarawara - 25 years old)*

It was also observed that, although the parents approve playing in the hospital and acknowledge its benefits, they also expressed concern about how to play, they recognized that there should not be much noise or disorder at playtime, as the children need be protected from any problem, guaranteeing the physical and mental wellbeing in order to conciliate the play with their health condition.

*Not causing that much commotion, that much noise [...] telling a story [...] not making noise, these things [...] walking, talking, smiling, making the child smile, telling a joke, making her laugh [...]. (Apurinã - 22 years old)*

*[...] this play needs some caution, it cannot be any kind of fun because the children here are in treatment, so we do not know how far we can go and what can help or even inadvertently hurt [...]. (Hixkaryana - 50 years old)*

The companions pointed out some questions about the use of the toys in the pediatric inpatient context to report that they still feel wary of the method used to entertain the child for not knowing for sure what they can or cannot do, due to the fact that, most often, the children are wearing a drip or infusion pumps.

## ● DISCUSSION

According to the parents, play and playing in the hospital context are essential resources during the child's hospitalization and treatment in order to alleviate the fear. Playing favors the maintenance and experiments of the child's daily habits, reducing idle time and developing comprehensive care in the pediatric environment<sup>(15)</sup>.

In this context, the parents' view of the hospitalized children's needs is that play is indispensable in their daily routine and the use of the therapeutic toy also provides the ideal moment to explain to the children the importance of the treatment and the care they are receiving from the health team<sup>(2)</sup>.

Thus, playing in the hospital grants the children opportunities to experience this new moment in their life, of being ill and hospitalized, in a less stressful way, reducing the negative effects of the rupture with their social life, with better adaptation during hospitalization, which provides the children with further responsiveness, welcoming and means to face the situations arising from the effect of the hospitalization<sup>(8)</sup>.

The reports cited emphasize that the toy, during the moments destined to play with the hospitalized child, produces distraction and wellbeing, easing down the heavy environment of pain and suffering. Therefore, the practice of play provides means for the children to express themselves, externalizing their most striking experiences during the treatment and their routines<sup>(16)</sup>.

Thus, the toy works on concepts such as socialization in the children, as well as the balance between losses and gains, cooperative work, recreation and alternation between the happy and sad moments that are part of the daily life of each human being<sup>(17)</sup>.

In other studies, the companions report that the use of the therapeutic toy permits manifestations of the disease, making the child feel more confident about the treatment<sup>(16)</sup>.

Another point of interest, evidenced in the research, is the need the companions feel to have a skilled and capable professional to carry out the play, guaranteeing the success of this therapy. In this sense, the professional who proposes to work as a "toy therapist" in the toy library environment needs play training, due to the need for a better understanding of early childhood education, as the children are developing their psychosocial process and mirror themselves in the adults<sup>(7)</sup>.

For the companions, a professional is necessary to work with play, or even clowns who play games with the child, redirecting their thoughts to the dream world, metamorphosing the moment experienced with positive and beneficial feelings that permit behavioral change, leaving the hospitalized child more relaxed, attentive and smiling<sup>(18)</sup>.

It should be emphasized that the data of the categories are in line with other studies, evidencing the importance of playing for the child, where the work of these skilled professionals in hospital units softens the waiting time, helps with the discomfort of the pain and increases the child's level of physical disposition, expressed through the smile on the face with improved self-esteem, reducing the feeling of anguish suffered in the treatment process through playful motivation<sup>(5)</sup>.

The testimonies presented in the category "Care while playing" are compatible with another study<sup>(19)</sup> carried out with health professionals, who demonstrated that they did not know the child's peculiarities with regard to the need to play, even when in hospital, expressing that there should be limits to the playing. Therefore, the Nursing professionals face the challenge of assimilating playing with care practice, representing a recurring difficulty, because playing is not previously prescribed Nursing care. It is an activity the professionals should address particularly and individually, as each child reacts differently to the same stressor<sup>(19)</sup>.

The findings in that category corroborated the study that showed the use of the toy as a protection mechanism capable of amusing and encouraging, providing calmness and acceptance of care. In that context, the presence of the professional as a mediator of the games is considered important, with attractive and stimulating actions, inserting the small patient in an active and reactive situation, as a protagonist of the care instead of a spectator<sup>(20)</sup>.

Thus, the hospital experience, being traumatic, provokes feelings of isolation and solitude as a form of defense, which could be mitigated if the Nursing team interacted further with the child<sup>(21)</sup>.

Parents possess empirical knowledge about the child's health condition. They seek information about care though, based on a comprehensive perspective, in order to transcend their uncertainties and help in the future coping with the complications of the disease<sup>(22)</sup>.

The limitation identified in this study is based on the challenge of having the parents use of the toy or play because they receive subjective information from the Nursing professionals about the child's coping in the development of the various moments of hospitalization.

## ● CONCLUSION

The study shows the parents' perception regarding care through play in the pediatric unit, where the parents' need to know about the importance of this practice in the care process was registered, granting the sick children possibilities to transform the unpredictable and painful aspect of the children's hospitalization into something pleasant in order to expose their feelings and to experience, in a minimized way, the suffering, the trauma and the hospitalization.

Playing, being a natural need of the child, should be stimulated. Nevertheless, the family members/legal caregivers feel insecure about playing because they do not know the limits of the disease and its treatment, referring to the need for a professional to guide them in the execution of the games. Thus, care through playing contributes for the pediatric unit to be not only a space of treatment, but also an environment that promotes playful activities for children and companions, thus expressing the importance of the care team's participation with the protagonist role of play.

Knowing the parents' perception about playing in a hospital environment presents a reality the professionals who work in that context need to reconstruct, humanizing care, which should be based not only on technicality, but also on the family, the child and the professional's joint participation, permitting care while playing in a dynamic and less traumatic manner.

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