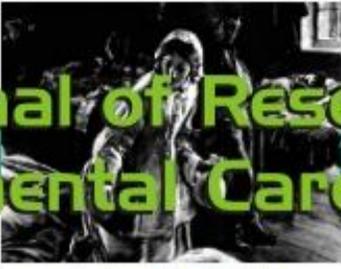


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RESEARCH

Cuidado lúdico à criança hospitalizada: perspectiva do familiar cuidador e equipe de enfermagem

Ludic care for hospitalized children: perspective of family caregivers and nursing staff

Cuidado lúdico al niño hospitalizado: perspectiva de los familiares cuidadores y equipo de enfermería

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ABSTRACT

Objective: This study aimed to know how the ludic care has been incorporated into the making of the professional nurses and family caregivers during the hospitalization of the child. **Method:** This is an exploratory-descriptive research, with qualitative approach, conducted in the first half of 2011, with nursing professionals and family caregivers of hospitalized children at the Pediatric Unit of a medium-sized Hospital. The data collection was performed by semi-structured interviews and the analysis by Bardin's Content Analysis. **Results:** Three categories emerged: Importance of ludic care; difficulties to perform the ludic care and Strategies used to provide the ludic care for the child in hospital. **Conclusion:** The study showed that it is necessary to consolidate the challenge of incorporating the ludic care at the Pediatric not only to treatment of diseases but to the promotion of the child health in an expanded context, easing the trauma of hospitalization and its possible consequences. **Descriptors:** Games and toys, Hospitalized child, Family, Nursing.

RESUMO

Objetivo: Conhecer como o cuidado lúdico vem sendo incorporado no fazer dos profissionais de enfermagem e do familiar cuidador durante a hospitalização da criança. **Método:** Trata-se de uma pesquisa exploratória, descritiva de caráter qualitativa, realizada no primeiro semestre de 2011, com profissionais de enfermagem e familiares cuidadores de crianças internadas na Unidade de Pediatria de um Hospital de médio porte. A coleta dos dados deu-se por entrevista semiestruturada e a análise pela Análise de Conteúdo de Bardin. **Resultados:** Emergiram três categorias: Importância do cuidado lúdico; Dificuldades para realizar o cuidado lúdico e Estratégias utilizadas para propiciar o cuidado lúdico à criança no hospital. **Conclusão:** O estudo evidenciou que é preciso consolidar o desafio de incorporar o cuidado lúdico na Pediatria visando não somente ao tratamento de doenças, mas à promoção da saúde da criança em um contexto ampliado, amenizando o trauma da hospitalização e suas possíveis consequências. **Descritores:** Jogos e brinquedos, Criança hospitalizada, Família, Enfermagem.

RESUMEN

Objetivo: Conocer cómo el cuidado lúdico ha sido incorporado en el hacer de los profesionales de enfermería y de los familiares cuidadores, durante la hospitalización del niño. **Método:** Se trata de una investigación exploratoria, descriptiva de carácter cualitativo, realizada en el primer semestre de 2011, con profesionales de enfermería y los familiares cuidadores de niños internados en la Unidad de Pediatría de un Hospital de medio porte. La recolección de los datos fue realizada por entrevistas semi estructuradas y la análisis, por análisis de contenido de Bardin. **Resultados:** Surgieron tres categorías: la Importancia del cuidado lúdico, las Dificultades para llevar a cabo el cuidado lúdico y las Estrategias utilizadas para propiciar el cuidado lúdico para el niño en el hospital. **Conclusión:** El estudio demostró que es necesario consolidar el desafío de incorporar el cuidado lúdico en la Pediatría a fin no sólo al tratamiento de enfermedades, así como también promover la salud de los niños en un contexto ampliado, amenizando el trauma de la hospitalización y sus posibles consecuencias. **Descriptor:** Juegos y juguetes, Niño hospitalizado, Familia, Enfermería.

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INTRODUCTION

The hospitalization of the child is a generator of fear and anguish since it is introduced in a strange environment and often subjected to painful procedures that is not always able to understand, losing its references. At this moment, are fragile and have difficulties to understand the situation in which they are. Becomes, then, an imperative to humanize the hospital environment where the child is present.¹ One of the ways to alleviate their suffering is the embodiment of ludic activities and to play in the daily life of care.

The ludic care manifests through jokes, fun, dialogue, music, among others. It assists in the adaptation of the child to the hospital, improves their state of health, eases the fears and anxieties and provides that the child continue growing, developing and rescuing their health, enabling their physical and emotional recovery, reducing the hospitalization trauma.²⁻³ Incorporated into the ludic care, it is understand the toy as a technology to be incorporated into the care with the objective of promoting health in the hospital environment. To achieve this objective, it is needed to be used with property by professionals, serving as a complementary therapy to therapeutic process for the treatment of the child, with valorization of its uniqueness.

In this way, the play should be considered, by the nurse, the most appropriate way to approach the child, able to assist in the development of an empathetic relationship between both, assisting the professional to understand the world through the eyes of children and translate for them the hospital world, enabling the construction and consolidation of a bond of friendship and love between nurse-child-family.² In this perspective, the toy can be used as a means of alleviating tensions and disorders caused by hospitalization.

Accordingly to the Declaration of the Rights of the Child of the United Nations, the need to play is seen as essential to the child.⁴ The Statute of the Child and Adolescent, in its 16 article, item IV, reaffirms the importance of play.⁵ The ludic care, objectified through the play, is recommended and regulated by the Federal Council of Nursing in Resolution 295 of October 24, 2004.⁶ Thought as a necessity of the child and the facilitator resource nursing intervention, it needs to be propitiated and systematically embedded in the daily assistance of Pediatric Units.⁷

The hospitalized child goes through an experience that impacts their emotional development. When being hospitalized, occurs the disruption of their social activities, stay away from family and those who love them, being no longer an individual socially active to become a patient, with a decrease of contacts with relatives and acquaintances.⁸ The loss of its references generate fear and insecurity, experiences which can be characterized as stressful and traumatic, unleashing the child emotional tension.⁹

Thus emerges the need to create in the hospital, an environment approaching the children's world. The law nº 11,104, March 2005 arises, which provides for the obligation of the installation of a tool library in health units that offer pediatric care in hospitalization regime.¹⁰ These aim to provide ludic activities, valuing the play as a way to alleviate the suffering caused by hospitalization, providing a healthy environment conducive to children's world.

Working with ludic activities is something serious and inherent to the child, so it is necessary to respect them and to guarantee the right to play and to experience its own development. At the hospital, it is fragile due to the disease, the task of care is not easy, so it is important to make the environment stimulating and non-threatening, contributing to the child face the disease and hospitalization in a constructive, healthy and dynamic way.¹¹

Considering the potential of playing as a caution to be incorporated in the practice of nursing, being a coping strategy of children's hospitalization, the issue that has guided this study was: how family members and professionals nurses utilize the ludic care to the hospitalized child? From this, the objective was knowing how the ludic care has been incorporated into the making of nursing professionals and the familiar caregiver during the hospitalization of the child.

METHOD

This is an exploratory research, descriptive with qualitative approach. The qualitative methodology shows the reality and understand the phenomena of everyday life of the people, getting them fully, through the subjective, interpreting personal experiences in its multiple dimensions.¹²

It was held in the first half of 2011, in a Pediatric Unit of a mid-size Hospital in the central region of Rio Grande do Sul. The unit has 23 beds. As criteria for inclusion, were established: to be a familiar caregiver of hospitalized children in the Pediatric Unit; nurse or technician nursing working for more than six months in that unit. As exclusion criteria, the nursing professionals who were on attestation, vacations or acting for less than six months in the Pediatric Unit. Five family caregivers, four nursing techniques and three nurses, totaling 12 subject, met the inclusion criteria and were part of the sample after the signing of the Informed Consent Form.

The data collection was performed in the period from March to May 2011, by means of a semi-structured interview held individually with each participant, in day and time previously scheduled and operationalized through a script with open questions. The data were analyzed and categorized according to content analysis of Bardin,¹⁴ from an pre-analysis (organizing the material collected and systematizing the ideas through meticulous reading of responses obtained in the interview). Then, the categorization of registry was performed, which resulted in two categories: Importance of ludic care; Difficulties to perform the ludic care and Strategies used to provide the ludic care to children in hospital.

The ethical and legal precepts were considered, involving research with human beings, as resolution 196/96 of the Health Ministry.¹⁵ Thus, it was previously distributed the Informed Consent Form for the participants of the survey, in two copies, one in the participant's power and another in the researcher. The anonymity of the subjects was kept, whereby participants were identified by the letter "F" (family), "N" (nurse) and "T" (technician nurse), followed by a numeric digit, as order of interview: (F1, F2 ...F5; E1, E2, E3; T1, T2 ...T4). The research project was approved by the Ethics Committee of the University Center Franciscano UNIFRA - under number 381.2010/2.

RESULTS AND DISCUSSION

The analysis of data generated three categories: Importance of ludic care; Difficulties to perform the ludic care and Strategies used to provide ludic care to children in hospital.

Importance of ludic care

The ludic care facilitates child care at the hospital, because through it the child takes place in unity and with health professionals that attend them. He gets distracted, feels more confident, with less fear, less aggressive. So, this is part of the treatment. Therefore the lines:

The child has to acclimate with us. The imagine library helps in careful, because distracts the child. Being alone in the room locked up, without having a toy, the child becomes more agitated. Sometimes aggressive. (T4)

She was getting used to the place, going on imagine library, playing with friends. Was a lot easier to take care of her. (F3)

This care is part of the treatment. Children feel more confident, with less fear, less aggressive. (T2)

In the lines it is evident that the subjects participating in the study recognize that ludic care assists in welfare and child care in the hospital. They mention the imagine library environment as facilitator in the hospitalization process. This care helps the child to feel more secure, confident and comfortable, improving their relationship with the team and their health state.

To take good care, pass confidence to feel secure. (F1)

In our daily life we have to play with the child, make them feel comfortable and confident. (T1)

To play with the child facilitate the care because it allows having a good relationship. So, they feel safe. (T1)

By playing you can conquer the family, because it is the reference point of the child. Conquering the family we win advantage in child care. We have to be professionals who do not see only the technique but also the play. (E2)

According to the study subjects, the play helps to calm the child during procedures, diverting their attention from the pain, strengthening the bond with the professionals that attend them. Through the play, the child is calmer, having their stress decreasing, and can accept better the situation in which they are. The following lines:

*When we get the vein they get very nervous, scream. Playing they stay calmer. (E4)
It helps to create the bond with the child and makes easier in the medication time. (T2)*

*They go to the imagine library and get back more calm. (T3)
She's always asking to play. When she admitted did not accept the situation and now better accepted. (F4)*

Play on the imagine library is important because it reduces stress, because here's medication and puncture all the time, in addition to being away from home. (E3)

By playing that is part of the ludic care, the familiar caregiver shares with the child pleasant moments at the hospital, allowing them to keep a child in this context. The ludic care helps to humanize the assistance provided to achieve success in care, helping to overcome the hospitalization more facilitated.

I have to pay attention to him and play is a moment in which I share with him, I follow the attitudes he has, if it is a healthy joke. He has to be a kid. (F1)

*The success of care depends on a humanized assistance and the ludic allows it. (E2)
Humanized care is what I find important. Pay attention to the child, playing with her. (T4)*

As is evident in the lines, the nursing professionals recognize the ludic care as a facilitator for the humanized care range, so important in the hospital environment, especially in pediatrics.

Difficulties to perform the ludic care

Some professionals stated that have difficulty to perform the ludic care for lack of preparation. They believe that nursing is more prepared to provide a careful technician in that aims the procedure and not the context. They think the prospect of ludic as a care is something new to learn and incorporate in practice, as referred to in the lines:

The unpreparedness of the team. We are not prepared for the ludic care. We are prepared for the technique. To do the part of nursing. (E1)

I think it's a new thing. We don't know where to start. It's not simply taking the child playing in the lounge. It's much more! They have to be entered in our daily lives. Also cannot be done anyway. There has to be a preparation. (E3)

Another difficulty experienced is the lack of time and staff to perform the activity. They refer that the daily demands lead to prioritize technical care based on procedures.

The lack of time and staff. It's a rush, a difficulty! Sometimes, you want to give a differentiated attention, talk to the child, with their family, but I'm alone, so is difficult. (T2)

Has great technique, it's a lot of demand of hospitalized children and it's hard to pay enough attention. There are many medicines, access outside. It's pretty complicated! (E1)

They refer to be difficult to treat introverted children, because they are difficult to be conquered, becoming an obstacle to be circumvented.

I think it is more difficult to treat children who are more introverted, because it is difficult to conquer. They are more closed and is more complicated. It is one more obstacle for us to get around. (T4)

Another difficulty mentioned by the professionals is to deal with the family. They allude that some family caregivers hinder the recovery of the child due to anxiety, lack of cooperation and dedication. Furthermore, mentioning that the family interferes in nursing procedures and in the conducts to be taken, and be prepared to support the child more appropriately.

A lot of difficulty with their families. I agree that the child should not be left alone, but sometimes the family hinder in their recovery because of anxiety. (T3)

There are some families that are difficult. They don't collaborate, hinder the care. Sometimes we notice that they do not help, do not pass the correct information. There are some that are dedicated, others do not. (T4)

[...] the family interferes in a negative way. I think the family has to stay, is a right. But they would have to be prepared to know what they are waiting for their childs here and how they will be received. (E1)

It is evident as a difficult the fact of the recreation room, the imagine library, not to be opened 24 hours. They relate the moments of greatest stress both the children and the family with the moments when the room is closed. Then, there are the lines:

At night the kids get stuck in the room. They cry, become restless and nervous. (F1)

The imagine library is part of care. Is too bad it's not full-time, because the world of the child is toy, painting, entertainment. The lack of this leaves the family stressed. (E2)

The physical and emotional exhaustion caused over the several days of hospitalization, the several sleepless nights, hamper the family caregiver participation in the realization of the ludic care.

The physical fatigue, because it got to a point that I couldn't handle it anymore. At night she just cried. She had to take injection into a vein, medication. I had to take her by force. Her nervousness. I didn't sleep. I had to stay up all night walking with her in the hallways. (F3)

Strategies used to provide ludic care for the child

The recreation room, here called imagine library, is an important strategy of inclusion of ludic in Pediatrics. It is recognized as an important space that allows stimulation of the child, so that waste energy in a positive way, approach the familiar environment, in which she is accustomed to play, getting more excited, happy, calm and realized.

I play with her, take in the imagine library. My mother and I encourage her to draw. Since started playing she recovered faster. She needs to spend energy. (F3)

In the imagine library she gets more excited. There they unload the energies. (T4)

It helps the child to approach the family environment. (E2)

They turn the imagine library happy, calm, asking what time will open again. (T1)

There she is realized because she have several different toys. (F1)

To bring the toys of the child from home, television, computer, DVDs; buy new toys, objects that the child has at home, encourage the child to play with the other hospitalized children help them to distractions, settle down, feel better and forget they are in the hospital.

I brought the home toys to play with. I bought some new carts. So he calms down and forget he is in the hospital. It's like he's in high school. (F5)

I brought from home all I could to distract her. I brought the blanket that she likes, the television, DVDs, computer. Everything that I can reach to make her feel better. (F4)

I brought pencils, drawings, notebooks for him to write, and television. (F2)

After his father brought him home stuff, he was calmer. (F1)

The professionals of the nursing team are trying to put themselves in the place of the child and their family and thus, to seek to address them in a way that creates a bond. To do this, use games, talk with them, call them by name, say what they will do, smile, give affection, looking for a distract of the procedures, circumventing the situation, helping them to become familiar with the professionals who assist them and make the environment more relaxed.

I try to put myself in the place of the child, in the family. I tried to familiarize myself with them. Is the conquest. First I have to conquer them. I welcome the child and the family. Playing, talking I seek to circumvent the situation. (E2)

First I talk to the child. I say what I'm going to do. I'm smiling, I ask their age, about their life. So they become distracted. The communication, the joy and the smile are very important to assist in care. (T2)

To give affection, play. Stand there talking to the child become familiar with us. [...] something relaxed humanizing the care. (E1)

Another strategy used by professionals to enter the ludic in care, is to employ dialogue to humanize the care and conquer the child, making it the safest, facilitating the care.

It initiated a humanized care/ludic with dialogue. It have to be guide and talk. This is the role of the nurse. (E1)

I always try to get closer to their world. I always try to see a parent or child feature to try to talk to them. I know this will facilitate care. (E2)

The use of colored coats helps to alleviate the fear that children have of the professionals who assist them. In this way the professionals assist the child to feel good.

Our colorful coat softens enough the panic that they have when get hospitalized. (T3)

The colorful apron eases the image they have of us and of white clothing. They see us as witches, we do everything for them to feel good. (T2)

In relation to painful procedures, it turns out that the ludic care is used by professionals to gain the child's confidence, interact with them, making the act more comfortable and easier to carry it out.

I use to gain their trust before making a medication or a venipuncture. (T4)

After punching we do drawings, offers leaves for the child to draw. I take the needle from the syringe and give the syringe to the child to play. Are strategies that help to interact with the child and, thus, perform the careful. (T1)

It is verified that the professionals, even without knowing exactly how to exercise it, seek to implement the ludic care in their practice, because visualize that facilitates the care. In these last two lines in particular, with regard to the technical procedures.

The ludic care is important in the hospital, because it becomes an ally for escorts and nursing staff. It helps the child to express through the play their fears and afflictions, as well as what they expect from family nursing staff in the face of the hospitalization. The understanding that play is important to the child should be valorized, because their assistance must be engaged not only with the pathology, but with the satisfaction of their

needs.¹⁶ The nurse, through the play, builds a bond of trust with the child and his/her family, easing their traumas, which facilitates the adaptation to new environment.

The ludic reveals itself as an important strategy for the care, since it is part of the lived world of the child unveiling itself as an essential element in the development process. It favors choices allowing the hospitalized child to be author of its history and, by means of the ludic, express their way of being and acting on what they are experiencing.¹⁶ In this way, the toy is presented, as part of the ludic care, which shows an enhancer in the therapeutic relationship between the children and health professionals, since it allows the child the relief of stress caused by the procedures often.¹⁷

It can be used by professionals to identify what's ailing the child so that they can, from this, intervene therapeutically, and may develop activities according to the needs of the child, so that they can maintain or improve their physical condition.¹⁸ The therapeutic toy can assist in the preparation of the child for hospitalization, and procedures can also be used as an educational medium, in order to provide an understanding of treatment and clarification of the concepts.¹⁷

It is evidenced that use the ludic as intervention resource, requires an specific training, in order to be able, through the promotion of the play, creating a space of development of experiences and mediation of unknown situations by means of elements that are in the domain of the child.¹⁹ From this perspective, it is realized the difficulty of some health professionals that agree as part of treatment actions outside the technological domain. The professionals participating in the study feel difficulty due to the reduced frame of working professionals in the field of Pediatrics studied and the overload of activities.

It was possible to observe the difficulty to understand the child's family in the hospital as a subject that also requires a ludic care, since that often they feel that the familiar confuse the good development of activities and child care. There is little recognition of the ludic practice of care, which can lead to lack of cooperation with regard to the promotion of the play, and the pressure of the tasks and the daily routine in the hospital is mentioned as responsible for little time or space for a ludic approach.¹⁹ Maybe that's why, in hospitals, it is still common to find ludic activities promoted only by volunteers, without further guidance or education, or even without major ties to the institution.¹⁹

However, it is observed that some professionals, although referring to not feel prepared to provide this care, try to run it in their practice of hospitalized child. The understanding that the ludic is a form of care to be considered, in front of the experiences of being a child who experiences the disease, mobilizes professionals to give our customers. The humanization in hospital environment can be worked through the establishment of adequate and favorable spaces to the play as the playrooms.²⁰ The deployment of them covers a point of extreme relevance of new strategies of humanization, because it allows the child hospitalized to play, re-meaning the space and the circumstances in which they are.²¹

In this construct, the nurses and other members of the nursing staff shall calculate, provide and facilitate their participation in different types of games, in addition to participating in the activity so that the child does not relate only to painful and unpleasant procedures. Considering that the family is an important support to the child in the hospital,

being a reference to the confrontation of the suffering and the play a source of relief for them, family and nursing professionals should be mediators in the process of child care in the hospital, giving emphasis to dialogue and ludic in the process.²²

CONCLUSION

When seeking to know how the ludic care has been incorporated into the making of nursing professionals and the familiar caregiver during the hospitalization of the child, it was found that they attach importance to the ludic care, but point out some difficulties in its incorporation to do everyday. However, implement various strategies in order to propitiate it to the child.

The study showed that we must consolidate the challenge of working in Pediatrics, with a new point of view, not only for treating diseases by means of procedures, but to the ludic care, aiming the utilization of playing in nursing care for the child, as a way to lessen possible consequences and traumas caused by hospitalization. Although some professionals don't consider this form of care as an instrument of their practices, not recognizing as fundamental in the process of treatment of the child within the hospital, the evidence points its effectiveness as a therapeutic resource.

It is evidenced that the ludic care becomes a perspective, from which the hospitalized child has the possibility to socialize their experiences through play, being a way to enhance their well-being and family, becoming an ally of the professionals involved in care.

This study comes to contribute in the area of nursing/health, in particular, to work in the environment of Pediatrics, by aggregating knowledge about ludic care as a possibility of humanization of assistance to children in hospital, and may encourage the spread of this practice in different hospital situations. To identify/discuss strategies used by study subjects to provide ludic care for the child, it should be noted that these strategies allow to make each professional reflection regarding their practice of acting. However it is necessary further studies aimed at ludic care perspective in the hospital environment.

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