

The impact of recreational care activity in the immediate postoperative period

O impacto do cuidado lúdico no pós-operatório imediato

El impacto de la atención de recreo en el postoperatorio inmediato

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ABSTRACT

Objective: The study's goal has been to understand the impact of playful educational actions performed by nurses in the immediate postoperative period, aiming to restore health promotion and maintenance strategies.

Methods: It is an action-based research that was carried out in a municipal hospital in the Central region of *Rio Grande do Sul* State. The participants were hospitalized patients scheduled to undergo cholecystectomy procedure. This research was performed in three stages, as follows: the first one used a semi-structured questionnaire; the second, was the socialization of the recreational strategy developed by the researcher; and the third, sought to evaluate the effectiveness of the recreational activity. Data analysis was done by the content analysis under the thematic modality. **Results:** "Playfulness allied to therapeutic communication determining the confrontation of the perioperative process" and "Playfulness in the nursing consultation as a strategy toward the health education and self-care stimuli". **Conclusion:** The playful educational activities toward clients hospitalized for surgical procedure impact as a care methodology with innovative, active, and dialogic characteristics, then providing moments of demystification and understanding of the context that will be experienced in a creative and light way.

Descriptors: Health education, health promotion, nursing, playfulness.

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RESUMO

Objetivo: Compreender o impacto de ações educativas lúdicas realizadas pelo enfermeiro no pós-operatório imediato, visando reconstruir estratégias de promoção e manutenção da saúde. **Métodos:** Trata-se de uma pesquisa-ação, realizada em um hospital municipal na região central, Rio Grande do Sul. Os participantes foram pacientes internados para realização de colecistectomia. Feita em três momentos, primeiro utilizou um questionário semiestruturado; segundo, a socialização da estratégia lúdica desenvolvida pelo pesquisador; terceiro, buscou avaliar a efetividade da ação educativa lúdica. Submetidos à análise de conteúdo, na modalidade temática. **Resultados:** “Ludicidade aliada à comunicação terapêutica determinando o enfrentamento do processo perioperatório” e “Ludicidade na consulta de Enfermagem como estratégia de educar para a saúde e estimular o autocuidado.” **Conclusão:** As ações educativas lúdicas a clientes internados para a realização de procedimento cirúrgico impactam como uma metodologia de cuidado inovadora, ativa e dialógica, proporcionando momentos de desmistificação e compreensão do contexto que será vivenciado, de forma criativa e leve. **Descritores:** Educação em Saúde, Promoção da Saúde, Enfermagem, Ludicidade.

RESUMEN

Objetivo: Comprender el impacto de las actividades educativas recreativas llevadas a cabo por personal de enfermería en el postoperatorio inmediato, con el objetivo de reconstruir las estrategias de promoción y mantenimiento de la salud. **Métodos:** Se trata de una investigación en la acción llevada a cabo en un hospital municipal en la región central, RS. Los participantes fueron pacientes hospitalizados para la colecistectomía. Que tuvo lugar en tres etapas, que se utiliza por primera vez un cuestionario semi-estructurado, de acuerdo con la socialización de la estrategia de juego desarrollado por el investigador, en tercer lugar, tuvo como objetivo evaluar la eficacia de las actividades lúdicas educativas. Sometido a análisis de contenido, modalidad temática. **Resultados:** “Lo lúdico combinan con la comunicación terapéutica determinar la cara del proceso perioperatorio” y “Lo lúdico en consulta de Enfermería como una estrategia para educar a la salud y estimular el autocuidado.” **Conclusión:** Las actividades lúdicas educativas a los clientes hospitalizados para llevar a cabo la cirugía de impacto como una metodología innovadora de atención, activa, y de diálogo, proporcionando momentos de desmitificación y la comprensión del contexto que se experimentará, forma creativa y la luz. **Descriptor:** Educación para la Salud, Promoción de la Salud, La Enfermería, La Alegría.

INTRODUCTION

During a long time the nursing profession has efficiently reproduced what was predetermined in the care and was limited to the improvement of technical competence and curative actions, neglecting its professional organization as a critical-reflective agent and, thus, a transformative in health of the society.¹

From the 19th century, with the contribution of Florence Nightingale in the process of rebuilding the “being” of nursing and of “doing” health care, the nursing profession is a critical and transforming profession in maintaining the health of the society. Nightingale took his endeavor in order to identify strategies that could interfere with the patient and the environment in a way that would trigger maintenance and recovery of health.²

Therefore, the modern times, involving the dynamic process of changes in the society’s lifestyle, demands from the nurses a few innovative educational actions during the care assistance in order to meet emerging health needs. In this way, the playfulness of health education strategies is perceived as an active, innovative and dialogic methodology, valuing the knowledge involved in care, aiming to recreate social reality and promote health through systematized and participatory actions.³

Using playful educational actions in the process of educating for health in the immediate postoperative period instigates the hospitalized client to become aware of how to be a collaborator and constructor of their condition of being healthy. It is an active teaching methodology and a technology of nursing care that provokes the curiosity for socialized knowledge, clarifying and demystifying knowledge with the client, as well as stimulating the condition of protagonist in the process of health maintenance.³

Consequently, knowing the accessibility of the nurse to the singularities of the assisted client, provided by the close conviviality that generates the bond, the important participation of the nursing in innovative health strategies is raised to meet the needs of the client who experiences the accomplishment of the surgical procedure, seeking excellence in care through playful educational actions.³

It is comprehended that the complexity of this issue in the social and health context denotes its relevance to the nurses’ work process, as it is a reflection of the client’s needs in relation to the surgical procedure, which involves, among others, aspirations and expectations. In the meantime, the need to recreate strategies, allied to playfulness and focused on health education in the immediate postoperative period, emerges, considering the role of nurses in health promotion and education, involving the process of orientation and awareness of individuals in the search for a healthy life.³

Given the above, we have the following question as a guiding for this research: what is the impact of playful educational action on the health education process carried out by nurses in the immediate postoperative period of clients in the hospital setting?

Hence, the study’s aim is to describe the impact of playful educational actions performed by nurses in the immediate postoperative period, aiming to restore health promotion and maintenance strategies.

METHODS

It is an action-based research focused on the identification and collective construction of solutions, as well as direct intervention on the reality of social subjects,⁴ which has a qualitative approach and was performed in three stages.

So, according to the qualitative approach, we have sought to discuss the universe of meanings, aspirations, values and attitudes experienced from the need for hospitalization to perform the surgical procedure, in what corresponds to the deeper space of the individuals singularities, thus,

contributing for the development of effective health education actions, by identifying the reality not observed with quantitative data, going beyond the operationalization and not only going after variables.⁵

The data collection field was a municipal hospital referral in the Central region of *Rio Grande do Sul* State. The research was carried out from March to July 2012, and data collection was performed from July to September 2012 as approved and prior authorization by the Ethics and Research Committee from the *Centro Universitário Franciscano – UNIFRA*, and this study is linked to the project “Recreational care activity: an innovative educational strategy in the promotion of integral health”, under the Legal Opinion No. 072.2010.2, which acts in this institution with clients hospitalized from 2009, emerging from the perception of the need to innovate in the health care promoted, intervening in a relaxed and sensitive way to promote health to clients, through actions such as “Beauty Day”, promotion of a playful environment with the purpose of transmitting a positive message to the client, promoting reflection and motivation through introduction presented by the members of the project. Accordingly, ethical-legal issues are respected, according to the Resolution No. 466/12 from the National Health Council, which involves research with human beings.⁶

The process of acting for data collection addressed the clients individually, in order to better understand the researcher to the singularities of the subject, building the link, and the accomplishment of therapeutic communication. The pre-elaborated methodological instrument (semi-structured questionnaire) was applied in order to identify the real needs presented in the preoperative event, containing guiding questions such as “what do you know about the surgical procedure?”, “what are your doubts about cholecystectomy?”, as well as the recreational strategy previously developed by the researcher was socialized. By having this approach, the client developed greater security once he would be more secure about the context that would be experienced in the perioperative process, demystifying and clarifying knowledge.

The semi-structured questionnaire values the presence of the researcher and makes it possible to enrich the research, as it offers possible perspectives for the informant to achieve freedom and spontaneity to express himself.⁷

In the second stage, immediate postoperative, the moment of socialization of the orientations took place, aspiring to the discharge of the client, clarifying doubts for its rehabilitation and for the care with the operative wound.

Finally, at the third stage, we sought to finalize the research with the evaluation of the effectiveness of the playful educational action, by means of the recovery with the client of the process experienced and the knowledge exchanged between researcher and client, thus the guiding question was used “how was it for you to experience this process of orientations for the rehabilitation of your health?”.

The subjects involved in the study were 10 adults hospitalized for surgical cholecystectomy procedure at the institution of the study, from July to September 2012. The

choice of this surgical procedure is justifiable in view of the higher incidence in the study hospital and the prior and specific preparation of the playful educational material for the socialization with the client.

The inclusion criteria in the research were as follows: the type of scheduled procedure, the desire to participate in the study, signing the Free and Informed Consent Term, clients older than 18 years old; excluding clients under 18 years old and clients with neurological lesions that make the study unfeasible, making a total of 10 individuals involved.

The analysis of the data was done through the technique of content analysis, in the thematic analysis modality, which consists of discovering the core of sense that make up a communication whose presence or frequency means something for the object, which consists of the following three steps: the pre-analysis, in which the documents to be analyzed are read; the exploitation of the material consisting of the steps of coding, enumeration, classification and aggregation; and the results treatment along with its interpretation.⁵

From the data analysis it was possible to construct two major themes, as follows: “Playfulness allied to therapeutic communication determining the confrontation of the perioperative process” and “Playfulness in the nursing consultation as a strategy toward the health education and self-care stimuli”. Therefore, during the study, the denomination of types of flowers will be used to determine the speech of customers participating in the research, in view of their confidentiality and anonymity.

RESULTS AND DISCUSSION

Playfulness allied to therapeutic communication determining the confrontation of the perioperative process

In the first moment of the study it was possible to establish the researcher-client contact, in view of the building of trust and bonding during the nursing consultation. Through the semi-structured questionnaire it was possible to perceive that the clients’ knowledge regarding the surgical procedure to be performed was limited, and it was reported by the clients that a significant part of the information had as a primary source the experiences of persons known or relatives who had performed prior to cholecystectomy.

The clients included consisted of a sample of seven women and three men, making a total of ten participants. All had as the determining cause of cholecystectomy indication the occurrence of gallbladder lithiasis.

According to the clients’ reports, there is control over the knowledge of the type of anesthesia to be administered during the surgical process and about the size and location of the surgical incision, ignoring information regarding the physiological process that led the client to perform of cholecystectomy and self-care in the postoperative period.

Therefore, play was considered as a way to promote health education³, integrating the client with this context,

instigating the curiosity to know the post-operative process through illustration with a playful doll, having the characteristics of a client who performed the cholecystectomy as a methodology approach.

[...] What a good thing this initiative, you can understand very well seeing it like this [...] (CAMÉLIA).

In this way client can know that after the completion of the cholecystectomy could, if necessary, be placed a tubular drain in the collection bag at the site of the surgical wound, and it is also possible to exchange knowledge regarding self-care during hospitalization, among others

[...] Maybe if I did not see this doll would scare me when I realized this drain on me, I would think something wrong was going on in the surgery [...] (CRISÂNTEMO).

During the research, a significant part of the participating clients expressed concern about the postoperative process, with questions regarding the time of rehabilitation prevailing in order to be able to meet routine commitments (work, child care, home care), during the consultation Nursing has the opportunity to clarify issues such as this that could add up stress and conflict in the health status of the client in the preoperative period.

[...] But what about afterwards, does it take me a long time to get back to carrying out the activities at home? [...] (CAMAFEU).

It was perceived the client's anxiety about the future and unknown event, as well as concern for the rehabilitation of health to attend to family members, routine commitments and domicile, are put second priority to their own health.

[...] I have two children who study and the husband works all day, I have to take care of the housework ... mainly the lunch and cleaning, then return to my job [...] (ROSA).

During data collection, the failure to exchange information in nursing and other health professionals in the period prior to hospital admission emerged. In one of the cases, the adding up of internal conflicts regarding the hospital admission context was expressive as being the following factors: fear, anguish and longing for the unknown event.

Therefore, when beginning the verification of preoperative vital signs, the nursing team found that the client would be hypertensive at the time and, when asked about the orientation regarding the previous preparation for surgery, not to perform food and water intake by oral route, he reports that he was unaware of the fact that he could and should ingest the antihypertensive drug used in treatment for systemic arterial hypertension in the morning, which he had not ingested in the previous fasting period.

Thus, the surgical procedure was postponed until the patient's blood pressure stabilized. So, during this period,

it was possible to act with educational leisure action as a way to promote client relaxation and interaction with the hospitalization context, as the knowledge and mastery over what will be experienced reflects in safety, confidence and tranquility.

The nursing performance was evidenced in the context of prior preparation for a surgery, being determinant in the care performed in health, as it occurs in an interdisciplinary way among the professionals and, being articulated and executed in a network, it is necessary the commitment of all members of the health team to achieve the goals of the health work process.

Through playfulness, it was possible to exercise decisive assistance during the hospitalization of the client, resulting in bonding and reliability in the nurse professional, interfering positively in the health status of the client.

Playfulness in the nursing consultation as a strategy toward the health education and self-care stimuli

The author⁸ states that educating is a process of constant interaction between educator and student, involving the stimulus to the development of autonomy, critical capacity and appreciation of the culture of the other, so that there is no overlap of knowledge.

Thus, exercising empathy in the care of hospitalized clients to perform a surgical procedure interferes with the way in which the patient will experience the unknown situation to which he or she will be subjected, as the nurse, when performing health education with sensitivity to perceive the needs of the assisted client, develops an essential health promotion and maintenance strategy, as it leads to self-care and better recovery after hospital discharge.⁹

[...] I am glad you came! My children are working and I was alone here until you arrive! [...] (CRAVO).

By establishing a bond with the client in the preoperative period and consolidating this trust, returning to the immediate postoperative period, as a combination, the client feels valued in its singularity, perceiving the commitment of the nurse to be a collaborator for his/her health rehabilitation.

[...] It all went well, and look: I am with that drain as you explained me, just like that one of the doll [...] (MARGARIDA).

So, educating for health through playful actions becomes a strategy that stimulates the participation of the client in the process of maintaining his health, leading him to be a protagonist in being healthy. The author¹⁰ corroborates that, since antiquity, playfulness represents an instrument to enhance learning, as Aristotle already related play to playful teaching and teachers of his time already used "didactic games" in the education of mathematics, philosophy, and others.

Therefore, instigating the commitment of the client to adhere to the orientations for hospital discharge through playful educational actions makes it possible to understand the importance of the nursing care prescribed by the nurse, among them are the following: informing about adequate nutrition, limiting the movements that involve exercise of strength (lifting heavy objects), taking care of the surgical wound, illustrating about and cleaning during the bath, the dressing, among others.

Allied to the abovementioned process, the educational activities carried out by the nurse and the dialogical communication, based on the practice of caring, make it possible to teach and learn together with the individual and the collective, transcending past practice of imposing knowledge on the person. This process involves the development of sensitive skills such as looking, hearing, touching, speaking, attentive to doubts, and responding with attention and interest to the client,¹¹ valuing them in their uniqueness by having the opportunity to learn during the playful educational actions.

CONCLUSION

By describing the impact of the educational activities offered to hospitalized clients for cholecystectomy, it is considered that contemporaneity, involving the dynamic process of changes in the lifestyle of society, requires that nurses take innovative educational actions in order to meet emerging health needs.

The playfulness of health education strategies is perceived as an innovative and dialogic methodology that values the knowledge involved in care, aiming to recreate social reality and promote health through systematized and participatory actions. It is understood the complexity of the process of performing the surgical procedure in the context of client singularity, as it involves aspirations, desires and expectations.

Consequently, the performance of this study demonstrated that the strategy promotes client interaction with the transformations provoked in its identity as a being, enabling better self-perception of the client with the perioperative period, awareness and commitment to adhere to the nursing orientations regarding health maintenance for the postoperative period.

It was possible to endorse the nursing role in the context of previous preparation for a surgery, being determinant, as the care occurs in an interdisciplinary way among the professionals and, thus, requires the commitment of all members of the health team to reach the excellence in the art of assisting the human being.

By exercising playfulness in the recommendations also allowed the client to become closer and get to trust more in the nursing professional, therefore, interfering positively with the client health status.

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