

Teaching of play for the care of hospitalized children: its meanings to nursing students

Ensino do lúdico para o cuidado à criança hospitalizada: significados de discentes de enfermagem

Enseñanza del abordaje lúdico para el cuidado del niño hospitalizado: significados de estudiantes de enfermería

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ABSTRACT

Objective: to understand the meanings that nursing students attribute to the teaching of play for the care of hospitalized children.

Method: in this qualitative study carried out with 17 nursing students, data were collected virtually between October 2020 and March 2021, through a semi-structured interview, and then subjected to thematic content analysis and interpreted on the basis of Symbolic Interactionism. **Results:** the following themes emerged from the analysis: meanings attributed to the teaching of playfulness in care for hospitalized children; and symbolic aspects of child hospitalization. Play was rarely addressed in nursing education, although its use is imperative, because hospitalization is a stressful process for the child. **Final remarks:** the teaching of play was deficient, and there is an urgent need to encourage teaching of this approach in higher education. The students interviewed recognized the importance of the subject and highlighted play as a possible manner of interacting with children.

Descriptors: Pediatric Nursing; Universities; Play and Playthings; Students, Nursing.

RESUMO

Objetivo: compreender os significados que discentes de enfermagem atribuem ao ensino do lúdico para o cuidado à criança hospitalizada. **Método:** estudo qualitativo realizado com 17 discentes de enfermagem. Os dados foram coletados virtualmente entre outubro de 2020 e março de 2021, por meio de entrevista semiestruturada, sendo submetidos à análise de conteúdo do tipo temática e interpretados a partir do Interacionismo Simbólico. **Resultados:** da análise emergiram os seguintes temas: significados atribuídos ao ensino do lúdico para o cuidado à criança hospitalizada; e aspectos simbólicos relacionados à hospitalização infantil. O lúdico foi pouco abordado no ensino de enfermagem e sua utilização é imperiosa, pois a hospitalização se revela um processo estressante para a criança. **Considerações finais:** o ensino do lúdico foi deficitário, havendo a urgência de incentivo a essa abordagem no ensino superior. Os discentes entrevistados reconheceram a importância do tema e ressaltaram o lúdico como possibilidade de interação com a criança.

Descritores: Enfermagem Pediátrica; Universidades; Jogos e Brinquedos; Estudantes de Enfermagem.

RESUMEN

Objetivo: comprender los significados que estudiantes de enfermería atribuyen a la enseñanza del abordaje lúdico para el cuidado de niños hospitalizados. **Método:** estudio cualitativo realizado junto a 17 estudiantes de enfermería. Se recolectaron los datos virtualmente entre octubre de 2020 y marzo de 2021, a través de entrevista semiestructurada, y fueron sometidos a análisis de contenido temático e interpretados desde el Interaccionismo Simbólico. **Resultados:** del análisis surgieron los siguientes temas: significados atribuidos a la enseñanza del abordaje lúdico para el cuidado del niño hospitalizado y aspectos simbólicos relacionados con la hospitalización infantil. El abordaje lúdico fue raramente utilizado en la enseñanza de enfermería y su uso es imperativo, ya que la hospitalización es un proceso estresante para el niño. **Consideraciones finales:** la enseñanza del abordaje lúdico fue deficiente y existe una urgente necesidad de fomentar este enfoque en la educación superior. Los estudiantes entrevistados reconocieron la importancia del tema y destacaron el abordaje lúdico como posibilidad de interacción con el niño.

Descriptores: Enfermería Pediátrica; Universidades; Juego e Implementos de Juego; Estudiantes de Enfermería.

INTRODUCTION

The teaching of playful techniques in undergraduate Nursing courses is configured as a contemporary demand in the nurses' training process, given its contribution to the care relationships with the child, namely: improving acceptance and adaptation to the procedures; distraction and entertainment resources; non-pharmacological analgesia; and attribution of new meanings to previous unpleasant experiences¹⁻³.

Thus, playful techniques emerge as a useful technology for children's health promotion in the various care contexts, as they enable a humanized care practice that is attentive to their development needs since, through the playful techniques approach, it is possible to develop and evaluate the social, emotional, language, cognitive and self-regulation skills⁴.

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Notably, in the hospital context, the use of playful strategies is opportune, as the literature⁵ reveals that, for children, hospitalization is an event that demands the elaboration of coping strategies and can lead to moments of anxiety, restriction of affective expressions and interruption of daily activities and routine, in addition to separation from family members and friends.

In this context, the importance of nurses' adequate qualification for the use of playful strategies in the care of hospitalized children is highlighted, which should be initiated during the undergraduate Nursing course. Investment in this training aims at enabling students to elaborate meaning that lead to appreciation and use of playful strategies in their professional performance.

Furthermore, the National Curricular Guidelines for Undergraduate Teaching in Nursing signal the social demand of training nurses with generalist, humanistic, critical and reflective aptitudes. In addition to that, they should present general competencies and skills regarding decision-making, leadership, administration, health care, management, permanent education and communication⁶. In terms of communication, the literature highlights games as the main activity in children's life, through which they express and communicate their feelings⁷. Such assertion imposes thinking about playful strategies as a possibility of communication with hospitalized children whose benefits include the expression of feelings and experiences⁸.

It is noted that most of the studies on the topic focus on the perspective of the family, the child and the Nursing professionals, especially about therapeutic toys as a method. Few studies deal with the Nursing students' perspective about the topic in question^{1,2,8-10}.

Thus, the following question arises: Which meanings do Nursing students attribute to the teaching of playful techniques for the care of hospitalized children? Therefore, the objective was to understand the meaning attributed by Nursing students to the teaching of playful techniques for the care of hospitalized children.

THEORETICAL FRAMEWORK

Symbolic Interactionism (SI) is a theoretical approach intended to study human life and action in groups. The interactionist conception was mainly inspired by George Herbert Mead's ideas, but it was Herbert Blumer that systematically presented the basic assumptions of the interactionist approach when dealing with the nature of this theoretical framework¹¹.

The first premise reveals that human beings act in relation to things based on the meanings those things have for them. The second premise states that the meaning of things emerges from social interaction between individuals. The third and last premise reveals that meanings are manipulated and modified based on interpretive processes that people use when dealing with the things they find¹¹.

Given the above, using SI in this study is appropriate to reach the objective proposed, as it is assumed that, in the teaching-learning relationship regarding playful techniques, the students develop meanings that lead to (de)valuation and guide the actions and decision-making in the use or not of playful strategies for the care of hospitalized children.

METHOD

A study with a qualitative approach in the light of the Symbolic Interactionism assumptions¹¹.

Data collection took place through videoconference interviews in the "Google Meet" platform. IN order to find potential participants, remote meetings were scheduled to clarify the study proposal, as well as the risks and benefits of participating. After acceptance, the virtual interviews were scheduled according to the participants' availability. In this process, the recommendations proposed by the National Council for Ethics in Research (*Conselho Nacional de Ética em Pesquisa*, CONEP) on procedures in virtual environment research studies, circular letter No. 2/2021/CONEP, must be respected¹².

The research participants were 17 students enrolled from the eighth to the tenth period of the Nursing Course at a Public Federal University located in the state of Rio de Janeiro. In relation to the inclusion criterion, it consisted in being enrolled in academic disciplines from the eight to the tenth period of the Nursing Course. The students excluded were those who, at the time of the interview, were away on medical leave or whose enrollment was canceled.

Selection of the above criteria was due to the fact that the curricular grid of the aforementioned course allows inclusion of the students in the Nursing care provided to hospitalized children only in the seventh period of the undergraduate course. The academic discipline has as its summary the targeting of Nursing care in medium- and high-

complexity contexts, through experiences in the Clinical Medicine, Clinical Surgery, Intensive Care Unit and Pediatric Inpatient Unit settings, distributed in 45 and 150 hours, respectively, and conciliated between theory and practice.

The data collection technique consisted in semi-structured interviews, digitally recorded and transcribed in full, which were conducted between October 2020 and March 2021. Thus, the interviews followed a semi-structured script, initially consisting of the following aspects: name; gender; age; current course period at the moment of the interview; and involvement in an extension project dealing with children's topics. Subsequently, the interview was guided by the following research question: What meanings do you attribute to the teaching of playful techniques for the care of hospitalized children? Given the participants' answers, new questions were asked, such as the following: How do you characterize the teaching of playful techniques in your academic context? In which care situations do you perceive that playful techniques might be implemented?

Collection was interrupted following data saturation, verified by the analytical density achieved, which enabled meeting the objectives. Laurence Bardin's Thematic Content Analysis¹³ was used. To such end, data treatment followed these stages and procedures: pre-analysis, which consisted in a "floating" reading of the unprocessed data and in preparing the material collected. At first, all the elements contained in the participants' statements were considered. Subsequently, while exploring the material, the unprocessed data were analyzed and coded line by line, generating units of meaning¹³. Subsequently, treatment and interpretation of the results took place, in which the units of meaning were grouped by similarities and differences and then organized into topics, where final evaluation and interpretation of the results were performed¹³.

The interviews conducted with the participants are presented in the Results section, followed by the letter "I" in increasing order (I 1, I 2...), to ensure secrecy and anonymity of the participants' identity.

The research protocol was analyzed and approved by the Research Ethics Committee of the proposing institution, being approved as stipulated in Resolution No. 466/2012 of the National Health Council.

RESULTS

Regarding the participants' profile, the female population (16) surpassed the male one (01). It is worth noting that, from the total sample of interviewees, six belonged to university extension projects targeted at the child population. In terms of the interviewees' age group, it was from 22 to 33 years old. Thus, only one volunteer exceeded that mean, with 42 years old. The following topics emerged as a result of the analysis: Meanings attributed to the teaching of playful techniques for the care of hospitalized children; and Symbolic aspects related to children's hospitalization.

Meanings attributed to the teaching of playful techniques for the care of hospitalized children

The acquisition of skills and knowledge for the use of playful strategies in the care of hospitalized children is made possible by the theoretical and practical teaching of the topic during nurses' academic and professional training. In this sense, this first topic reveals the meanings elaborated by the students in relation to the issues involving the teaching of playful techniques for the care of children and their family members in the hospital context.

In this sense, the students elaborated meanings that emphasize the importance of the content in Undergraduate Nursing studies, although they revealed a deficit in teaching and learning on the topic:

I think it's important [...] I think teaching of playful techniques needs to be improved a lot, because we're going to deal with children as health professionals. (I 2)

I think it's fundamental. It's a must. (I 3)

I think that it should be addressed more in depth, even because I consider it very important and really necessary. (I 4)

What I think about this is that this content is necessary, we're going to need it when we work with children. (I 15)

When asked about COFEN Resolution No. 546/2017, which provides for the use of toys/therapeutic toys in the care of hospitalized children and families, the students mostly revealed lack of knowledge about this legal framework. On the other hand, it can be pointed out that some of them stated knowing about the resolution:

No, I don't remember having heard about that resolution. (I 2)

Yes, I've heard something about that resolution in the discipline during the course. (I 4)

No. I didn't even know it existed, never heard of it. (I 5)

I think that it was last period, in the Pediatrics class. I think that the professor talked about that. That's when she encouraged us to bring our toys and everything else. (I 6)

Look, honestly, I don't remember hearing anything about the Resolution, no. (I 17)

The deficit in the teaching of playful strategies and the lack of knowledge on the part of some students about nurses' legal support for the use of toys/therapeutic toys lead some study participants to make the decision not to implement playful approaches in the practice setting:

I took the accessories, but I didn't apply any playful technique, no. (I 6)

So, playful strategies, no, I didn't apply them. (I 10)

No, I didn't implement playful strategies in the scope of hospitalized children. (I 16)

From another perspective, in their symbolic interactions with hospitalized children, some students stated resorting to playful strategies or witnessing their use by health professionals in the provision of care:

Even in the Pediatrics practice I seek to implement playful techniques; playing, telling jokes, games... (I 11)

In relation to this, something very simple, I saw them making a balloon with the glove when they were going to perform some procedure with the child, when they were going to administer some medication, for example. (I 17)

In relation to teaching, changes/adaptations were suggested in the course's curricular grade, signaling the need for a broader approach to the topic in undergraduate studies:

We should have an actual discipline dealing only with children's health and in which playful techniques were addressed. Because there's no way to approach children's health without approaching the playful part. (I 11)

I see that it would be of great value and importance if the undergraduate course, at least during the practice periods in Pediatrics or from the beginning of the undergraduate course, would include playful techniques within a discipline. (I 17)

Symbolic aspects related to child hospitalization

The meanings elaborated by the participants about using playful strategies in the care of hospitalized children are rooted in the symbolic context of child hospitalization. That said, the current topic reveals the students' interpretation about the complexity of this phenomenon and the particularities of the care relationships with this population group.

It noticed that children experience uncomfortable situations in the hospital context, especially due to the new care routine imposed on them:

The hospital environment is extremely hostile. (I 9)

In a hospital, children are inserted into a context they find complex [...] I remember that we were instructed to carefully watch for these children and understand that they're in a context they don't like. (I 10)

When we were in the hospital we saw that the children were upset [...] They undergo intense stress there. (I 11)

For children hospitalization can be even more stressful, because they don't know what's happening, right? Children want to play, go to school, interact with their peers. (I 15)

Symbolic interactions with hospitalized children allow Nursing students to perceive feelings experienced by the child population throughout their therapeutic process. Thus, they notice feelings such as distrust, fear, tension and insecurity, as well as the children's longing in relation to their parents and the routine outside the hospital:

Especially when it was a physical exam, the child would get uncomfortable, and wouldn't let us get close and use the stethoscope. (I 1)

Automatically, children already tend to have that suspicion about adults and, then inside the hospital, they have that fear of some procedure that may hurt and so on. (I 3)

Because children are sometimes tense and nervous, they cry. (I 5)

Some children are already in the middle of a hospitalization process that is so big that scares them. (I 9)

It's difficult for children to be away from their house and from their parents. Sometimes it's the mother that stays and the child longs for the father, others it's the father that stays and longing is for the mother. In addition to this longing for home, family and friends, there's also the longing for toys, the environment, and so on. (I 15)

In addition, the students pointed out that caring for hospitalized children requires knowledge and specific skills to deal with them, including the use of appropriate language and playful strategies, as well as recognizing the need to interact with the family:

Children need a language that is different from ours. [...] So I think it's extremely important to have playful strategies. (I 6)

I think that the perception we have when working with children is a little different than when we deal with adults. (I 8)

There's no way to approach children's health without approaching the playful part. You need to be a clown, but you need to know at least how to deal with that. (I 11)

I think that Nursing has to adapt to our target population. When we talk about children, we think in other strategies, such playful techniques. (I 14)

DISCUSSION

Playful strategies represent possibilities to develop more humanized and less traumatic care, given their therapeutic effect. For this reason, the participants of this research constructed meanings that translate the importance of playful techniques in the care relationships with hospitalized children, a fact that can be associated with their purpose and contribution highlighted in the literature. Regarding the above, the literature¹⁴ highlights that playful strategies provide distraction and entertainment moments for children by redirecting the focus of the interventions to which they are subjected to the act of playing, facilitating the expression of emotions, as well as an understanding of the situation experienced during hospitalization.

However, this study shows that, although the participants' acknowledge the importance of playful techniques, a deficit is noticed regarding its teaching in Higher Education. Thus, the respondents manifested certain insufficiency in the approach to the content in the teaching of the care for hospitalized children, especially in terms of its applicability in the clinical care practice.

The literature¹⁵ acknowledges the existence of certain disproportionality between theoretical and practical teaching of playful strategies in Undergraduate Nursing studies. However, it is noted that the content on playful strategies enhances their implementation by students in the practice in Pediatrics, by promoting sensitization and arousing their interest, especially as future professionals¹⁴. Based on the premise that the meanings elaborated in symbolic interactions guide the subjects' decision-making, behavior and attitudes in social relations¹¹, it is understood that sensitization of the students towards the study and use of playful techniques, as well as of professors towards teaching and research on the topic, may favor their incorporation in the daily care relationships with hospitalized children and their families.

Given the above, the students stressed the need to strengthen the approach to the topic in higher education to raise awareness about use of this tool in teaching practice and internship settings. It is therefore understood that the use of playful strategies for the care of hospitalized children should be configured as a practical reality, not merely theorized. This awareness about the topic becomes necessary because meaning mobilizes actions and derives from the social interaction that individuals establish between each other¹¹.

In this sense, a study¹⁶ revealed that the students emphasized the act of playing as an inherent practice and, therefore, inseparable from the hospital routine, as it corroborates care humanization, by providing children with well-being, happiness and bonding with the professional. The students revealed that playful techniques should be introduced in the academic disciplines that deal with children's health, given the legal framework that grounds this practice. However, the results revealed that most of them are unaware of nurses' legal support to use toys/therapeutic toys, as recommended by COFEN Resolution No. 546/2017¹⁷.

Regarding the contextual aspects related to the children's hospitalization, which are revealed as conditioning factors in the elaboration of meanings about the teaching and practice of playful techniques, the Nursing students symbolized child hospitalization as a stressful and uncomfortable experience due to the new routines imposed, permeated by invasive and painful therapeutic procedures. Added to this are the changes in the everyday habits and distancing from the social and family environment.

In line with the findings of this research, the international literature⁵ evidences that pediatric hospitalization is a complex experience for children due to uncertainties, examination routines, fear, pain and little distraction in the hospital setting. This fact points to the need for humanized and good quality Nursing care, made possible by the use of playful techniques in the child hospitalization context, as it enhances the coping strategies and mechanisms developed by this population segment¹⁸.

Given this scenario, personalized care is recommended, i.e., considering children's specificities, to contemplate their biopsychosocial aspect, thus ensuring comprehensive care in all dimensions that involve them to promote their motor, cognitive, social, emotional and family development^{19,20}.

The emotional scope of hospitalized children was something perceived by the Nursing students in the symbolic care relationships, in which it was possible to notice feelings such as distrust, fear, tension, insecurity and longing for the parents and the routine outside the hospital. Such experiences can be intensified by the children's unfamiliarity with the hospital context, in which they deal with unfamiliar people and scenarios²¹.

The Nursing students emphasized the need for specific knowledge and skills in dealing with children, including the use of appropriate language and playful strategies. Using language that is compatible with the children's cognitive stage is fundamental in the communication process, by facilitating mutual understanding, especially during the procedures, which tends to improve children's experience in the hospital²¹. Playful strategies were pointed out as necessary in relation to children. The literature²⁰ warns that games do not translate as superficiality, given the benefits provided to the children from the cognitive, psychosomatic, emotional balance, language and socialization points of view, thus corroborating for greater approximation, negotiation, participation and cooperation by children with the health professionals.

Based on Symbolic Interactionism¹¹, it is understood that social action is a response and not to an object, in this particular case, regarding playful techniques, but to the interpretation that human beings make of this object through the activity of the mind. Therefore, the students' response to the teaching and use of playful techniques consists in their appreciation of the care relationships with hospitalized children since, even though their teaching is deficient, their benefits are recognized by the students.

The fact that this research was developed with students from a single institution is pointed out as a study limitation. Consequently, it is proposed to conduct new studies that include the students' perspective regarding the teaching of playful techniques in the academic environment, as they show to be incipient. In addition, future research studies on the theme are suggested but from the teachers' perspective, given their co-accountability and co-participation in the teaching-learning process.

FINAL CONSIDERATIONS

The results allowed understanding that the teaching of playful strategies for the Nursing care of hospitalized children needs theoretical, practical and legal advances and deepening. The meanings point the way to the need for changes in the curricular grid of the undergraduate Nursing course, so that a broader approach is made to the topic in question, as far as Pediatric Nursing teaching is concerned.

The symbolic relationships with the children allowed the students to perceive the feelings experienced by them during the stressful hospitalization process, as well as the need for specific competencies and skills, among them the communication skills required to deal with the children and their families. In this context, playful techniques proved to be a communication strategy to develop care.

It is recommended to develop new studies on the topic to offer students, professors and nurses alike subsidies for informed decision-making about the use of playful strategies in the care of hospitalized children. The teachers' perspective is as important as little investigated and lack in-depth analyses, especially regarding the meaning about how to teach the topic.

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