



ORIGINAL RESEARCH ARTICLE

OPEN ACCESS

NURSING INTERVENTION WITH HOSPITALIZED CHILDREN MEDIATED BY THERAPEUTIC TOYS

^{1,*}Floriacy Stabnow Santos, ¹Ytallo Juan Alves Silva Pereira, ¹Márcia Caroline Nascimento Sá,
¹Ana Cristina Pereira de Jesus Costa, ¹Iolanda Graepp Fontoura, ¹Maria Aparecida Alves de
Oliveira Serra, ¹Marcelino Santos Neto, ¹Adriana Gomes Nogueira Ferreira, ²Antonia Audreia da
Silva Noleto and ³Francisco Dimitre Rodrigo Pereira Santos

¹Universidade Federal do Maranhão, Imperatriz (MA), Brasil

²Municipal Secretariat of Health, Colinas (MA), Brazil

³Instituto de Ensino Superior do Sul do Maranhão, Imperatriz (MA), Brasil

ARTICLE INFO

Article History:

Received 06th July, 2017
Received in revised form
15th August, 2017
Accepted 07th September, 2017
Published online 10th October, 2017

Keywords:

Pediatric Nursing,
Hospitalized Child,
Games and Toys,
Humanization of Assistance.

*Corresponding author

Copyright ©2017, Floriacy Stabnow Santos et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Floriacy Stabnow Santos, Ytallo Juan Alves Silva Pereira, Márcia Caroline Nascimento Sá, Ana Cristina Pereira de Jesus Costa, Iolanda Graepp Fontoura, Maria Aparecida Alves de Oliveira Serra, Marcelino Santos Neto, Adriana Gomes Nogueira Ferreira, Antonia Audreia da Silva Noleto and Francisco Dimitre Rodrigo Pereira Santos. 2017. "Nursing intervention with hospitalized children mediated by therapeutic toys", *International Journal of Development Research*, 7, (10), 15821-15826.

INTRODUCTION

To think of nurses as allies in the clinical treatment of a patient is to take into account all the attributes they must have, seeing the great potential that nursing has to provide care with science and art. Nursing is science because the practice is based on acquired scientific technical knowledge in order to develop a relationship through touch, looks, by telling a story and who knows, by playing and by the possibility of doing something with what they have (Torquato *et al.*, 2013). In health institutions, the nursing team spent more time with the patient than other professionals. Nurses are allies in the assistance provided through the development of skills and competencies in order to improve the patients' clinical picture.

Considering that nursing care does not only refer to biologically based survival needs, it is fundamental to link it to the context of human experiences, such as subjectivity, life, spirituality, consciousness and culture (Freitas *et al.*, 2014; Rocha *et al.*, 2013). Hospitalized children experience more intense situations of crisis and psychic suffering than adults. Therefore, it is recommended that children be assisted in a comprehensive manner, as hospitalization is an experience that causes emotional instability and consequent stress. Thus, implementing measures to facilitate the adaptation of children to this environment can soften certain discomforts. These include affective availability of health professionals, recreational and expressive activities and, especially, the presence of family members, among others (Caleffi *et al.*,

2016). When thinking of a child, one immediately remembers the "playful", the spontaneity of corporal and sentimental expression. The act of playing causes the child to be transported into a world of imagination, and its characteristics are driven by the spontaneous, pleasurable and engaging activity, providing recreation, stimulation, socialization, dramatization of roles, conflicts and catharsis (Fonseca *et al.*, 2015). Thus, the implementation of atraumatic care through the use of the therapeutic toy (TT) technique is necessary. This technique helps children to understand the situation experienced, to prepare them for the procedures they will be submitted, and favors the exposure of their fears, dread and anxieties, promoting their psychophysiological well-being (Souza *et al.*, 2012). In addition, TTs can be prepared for children at all levels of health care, aiming at a good communication between the nursing team and the child/family binomial. The TT session can be mediated using the usual hospital supplies and a doll, guiding the procedure. Still, materials can be created by the child and/or by the nursing professional (Berteloni *et al.*, 2013). Toy can be either instructional, directing the procedures that will be performed; or cathartic or dramatic, allowing the emotional discharge and mediating physiological functions, which helps in the rehabilitation of normal physiological functions (Proenf, 2012). Resolution 295 of 2004 of the Federal Nursing Council, in its article 1, states that it is the responsibility of nurses working in the pediatric area, as a member of the multiprofessional health team, to use the TT technique in the care of hospitalized children and families (Cofen, 2004; Veiga *et al.*, 2016). It is worth mentioning the importance of recreational activities for children, also assured by the United Nations Declaration of the Rights of the Child (Unicef, 1959) and the Child and Adolescent Statute (Brasil, 2008), supporting the use of TTs in nursing care (Paladino *et al.*, 2014). By overcoming the dichotomy between caring and playing, and based on this, instrumentalize the nursing team, we recognize the benefits of inserting games into the practice of caring, using them to enhance its benefits (Marques *et al.*, 2016). Thus, the objectives of this study are to know the opinion of nursing professionals about the importance of TTs as a strategy for humanization of nursing interventions with hospitalized children; to survey the advantages and limitations for the use of TTs and to evaluate the development of skills to prepare TTs.

MATERIALS AND METHODS

Type of Study

Action research with mixed approach (Minayo, 2012), a type of study that is best suited to analyze the approach with TTs in the process of pediatric care, the circle of culture, the sharing of experiences (Loureiro *et al.*, 2012). The research was developed at the Municipal Children's Hospital of Imperatriz (HMII), located in the state of Maranhão, Brazil. This is a public referral health institution in pediatrics, the only one that assists the demands of the local population and the health region. Data were collected in July 2016 as part of the actions of the outreach project 'Nurses of Laughter' developed by the Federal University of Maranhão.

The study was divided into four stages:

1st - A pre-test was applied to identify the knowledge that the nursing team had about humanization of hospital environments through the use of TTs.

2nd - Professionals were approached in their workplace and invited to participate in a workshop that aimed to teach TT concepts, techniques for using the tool and Resolution 295 of 2004 of the Federal Nursing Council which sets out rules on the use of TTs by Nurses in the provision of care to children and their families.

3rd - Practical application of theoretical knowledge to the preparation of toys guided by clinical cases. In this moment, a permanent TT kit was given to the hospital, containing three dolls and materials used for their use with children.

4th - This stage included data collection of the research.

Participants

The population for the study was composed of nursing team professionals, both nurses and nursing technicians. Professionals who were on duty, of both sexes, and who attended assiduously the TT workshop were included in the study. Professionals who were not part of the nursing team were excluded and those who did not participate in all stages of the research.

Data collection

The sample, for the quantitative data, was chosen by the criterion of accessibility, considering a 95% confidence interval, which comprised 42 subjects. Twelve subjects were considered for the analysis of qualitative data. Quantitative data were collected through a structured form with closed questions on the profile of the subjects and their opinion about TTs. This information was later inserted in Excel 2010 worksheets for descriptive analysis, checking for the absolute and relative values of categorical variables. Culture circles took place in nursing posts after the TT workshops. Conversations were recorded on a digital device and were started with the following guiding question: "Did you like the TT workshop? What do you think about TT use in the care of hospitalized children?". The recorded responses were transcribed in full-length for later content analysis, as recommended by Minayo (2012), in the following sequence: data encoding, thematic nuclei, categorization of data.

Data analysis

The analysis started by reading and re-reading the interviews. It was possible to identify the thematic nuclei and integrate them into analytical categories. To respect the right to anonymity, the letters NP (Nursing Professional) followed by Arabic numerals (1 to 12), corresponding to the sequence of interviews, were used in the presentation of results.

Ethical aspects

The present research followed the ethical precepts and was approved by the Research Ethics Committee of the Federal University of Maranhão under opinion n° 1.014.424, in accordance with the National Health Council (NHC) resolution 466/12.

RESULTS

The data analyzed were grouped into: characterization of subjects; advantages and limitations of the use of TTs related to quantitative data and the importance of playing with

children; TTs potential to humanize the hospital environment and difficulties to apply TTs related to qualitative data. Regarding the perception of the nursing team about the importance of using TTs as tools for humanization of nursing care, 100% answered that the use of TT contributes to humanization in the hospital environment.

Characterization of subjects

The majority of the subjects were female (92.8%), nursing technicians (85.7%), self-declared brown skinned (57.1%), between 20 and 55 years old, with complete high school (57.1%), 5 to 10 years working in the HMII (59.2%), and without training in pediatrics (64.3%), while only 26.2% had some sort of training in the area. About their confidence and ability to apply the TT technique, 88.1% felt apt and 14.3% said they felt some kind of limitation to apply the TTs.

Advantages and limitations of using TTs

Among interviewees, 26.2% said that using TTs facilitates care, improves communication, reduces traumas/fear and 16.7% said that it provides security. Lack of material (11.9%), insufficient staffing (19.0%), high patient demand (35.7%), lack of time (16.7%) and inadequate environment for application of TTs (11.9%) were pointed out as limitations for the use of TTs.

Perception of nursing professionals about the act of playing and the use of Therapeutic Toys as a tool for humanization

After the analysis of the transcribed speeches, the following categories emerged: "The importance of playing with children", "TTs potential to humanize the hospital environment" and "Difficulties to apply TTs". Below, these categories will be described and illustrated with excerpts of the speeches of the subjects, identified with the letters NP (nursing professional) and the number corresponding to the order of the interview.

The importance of playing with children

The act of playing is inherent to children, even when hospitalized. Playing can bring benefits and gain the children's confidence. In this context, the following reports about the type of approach used by the nursing team as a way to play with children were evidenced:

"I like to play. Oh, we're going to put on a little bracelet, you're going to be the superman, I ask what superhero he likes, it's the one who's in the PS right now (...) I talk to them a lot (...) the child says...it will hurt. I'm not going to lie to your mother or to you. Parents have this habit of saying "ah, it won't hurt" (...) no, if you keep saying that, the child will be traumatized and afraid, you have to tell the truth, then he will feel confident, and not afraid of what we'll do". NP 01

"I sometimes play, yes, whenever I go to medicate, sometimes I make a balloon with my gloves, I always use it, I'll do the procedure there, then I distract the child, I ask where she studies, how old she is, her name, to take her attention away from the procedure I'm doing". NP 02

"We try to play whenever is possible". NP 03

The above answers show that communication prevails as a playful way that contributes to efficient nursing care. In this context, communication is an important tool. The relation between playing and strengthening the development of the child is also observed in the interviewees' reports, as well as its use as a protective act in the hospital environment:

"Playing brings joy, makes the child grow, stimulate other functions of her life". NP 04

"I think it's fundamental, laughter improves many things". NP 05

TTs potential to humanize the hospital environment

Humanized care is intrinsically related to affection and concern for the well-being of the other, as identified in the following statements:

"It is the care, it is, it is you to treat the patient with affection, with respect, you often put yourself in the place of that patient, that mother who is there with her child and sometimes, it is often only by putting yourself in the patient's place that you see the importance of the nursing work". NP 06

"It requires a lot of things, humanized care is all care, it is to like the patient, includes the explanations, you let your heart speak, in some professions it is a duty, of course, you have that care, but it requires the human being, the person, the employee. NP 07

"It is of fundamental importance that children feel safer, more comfortable, less afraid of the professional. They already have the idea that the nurses represent ill, that they come to the hospital to take injections and that approach would be very important". NP 08

It is worth mentioning that a humanized nursing care and a playful approach with the use of TTs are important in the context of hospitalized children:

"The use of Therapeutic Toys is important because it is a way to lessen the fear of the child, improving the relationship between the child and the professional, the child will start to have a different idea of what is the hospital, that we are not there carrying out a procedure because we are bad, because we want to see them suffering or feeling pain, they need to understand that it is important for their health". NP 9

"I think it's very important, children come with trauma, they come with all their history that the hospital is a bad place, it's a place where they are going to be stuck, so, with these playful techniques, you're showing the child, guiding, and this helps when the child is in a hospital setting". NP 10

"The way you approach the patient [...], we can not forget that we need to give comprehensive assistance [...], no use, that story is to treat the body, but I also have to touch the soul, making the dressing anyway and leaving the patient without clarification is not the right manner to provide care, not to mention the need for continuity, the patient arrives, he does not know where he's going to enter, and you have to drive, it's all of this, it's information". NP 11

Difficulties to apply TTs

Although all professionals recognize the importance of applying TTs as a humanization tool, the lack of knowledge about the technique, lack of service structure and lack of sufficient human and material resources were cited as difficulties for the daily practice of the TT technique.

"If we had structure, like that workshop that you did, where there were those toys, showing how the procedure works to the child, having all materials, if we had a whole support for a humanized structure". NP 12

"What limits us a lot here is often the lack of human resources, we are few to push it through alone, because of the great demand that we have". NP 09

"The lack of material, space, time, also the high demand, then we end up with little time to make it happen". NP 05

"Lack of material, of human resources, because some professionals do not want to get involved in this practice and material resources in the institution". NP 04

DISCUSSION

Humanized nursing care includes not only a resolving and egalitarian treatment, but also ensuring that the environment, the physical structure and the material resources provided to hospitalized children be likewise indispensable complements of the effective care (Torquato *et al.*, 2013). Research carried out shows that nursing professionals consider TTs as an instrument of humanization of nursing care, contributing to alleviate fear and anxiety experienced by children when submitted to procedures that are considered painful and distressing (Francischinelli *et al.*, 2012). Children gain confidence when their intellectual and cognitive potential is empowered. This is done by using TTs to facilitate their understanding of what is happening to them, to their body and their lives. The TT technique narrows the relation between the child and the professional, thus establishing a bond of empathy and trust (Santos *et al.*, 2016). This process encompasses the meaning of previous and current experiences and broadens and qualifies the nursing assistance (Paladino *et al.*, 2014).

The study revealed that nursing professionals consider TTs as a tool that facilitates care, improves communication and reduces traumas and fears related to the hospitalization, improving the care provided to hospitalized children. Research indicates that playful activities can mediate the universe of the child, the possibilities of knowing it and the care offered by the nursing team. In this context, empathy between both and a relationship of trust grows. The TT can help the child to face new experiences, especially in the preparation for the painful procedures (Marques *et al.*, 2016). Several changes in the life context of children take place when inserted in the hospital environment. The TT technique can be used as an aid and mediator to the children's positive interpretation of the treatment or procedures. In this way, children lose or reduce their fear of the treatment and when submitted to the procedures, they do not show resistance. The whole process of using TTs involves dolls or toys chosen by the child that are adapted to small simulating interventions, including the insertion of catheters, drains, and application of medications and collection bags (Pontes *et al.*, 2015).

Behaviors and feelings such as anxiety, nervousness, tiredness, restlessness and impatience are considered negative factors generated by the idleness of the hospitalization when exposed to the TT playful technique. The fact is that the use of this technique can change the situation to a positive demonstration of joy, tranquility, good mood, and this facilitates the interrelationship between health professionals, children and their caregivers (Caleffi *et al.*, 2016; Marques *et al.*, 2015). Lack of material, insufficient nursing staff, high patient demand, and lack of time were cited by the research subjects as factors that limit TT application. However, even if difficulties related to human, material and/or structural resources exists, they should not represent terminant obstacles to justify the non-application of the TT technique, but they should be seen as a possibility to turn the care offered intrinsic (Marques *et al.*, 2016). The applicability of TTs demands dedication, from an average time of 15 to 45 minutes (Cofen, 2004), and contributes to the agility in the execution of hospital procedures, because once children become less elusive and more collaborative, the development of care in the public network may become more agile (Berteloni *et al.*, 2013).

It is noteworthy that TTs can be applied in any place of the hospital and by any professional of the nursing team. However, the toy library and the child's room stand out as spaces for playful activities. If possible, the physical structure of the hospital should be adequate, taking into account the procedures children will experience and prioritizing their individuality and privacy (Proenf, 2012). The nursing team should be theoretically based and apt to apply TTs, developing fundamental skills in their practical use in everyday life, considering that playing is a basic necessity of children (Francischinelli *et al.*, 2012). Game/playing is recognizedly fundamental to the care of the pediatric public by the nursing team. Despite the effectiveness of TTs in hospital institutions, this resource has been little used, and the lack of professional qualification, time or incentive, which contributes to the non-use of the technique, prevails. TTs have a beneficial effect on patients who need special care and promote the improvement of their condition (Gomes *et al.*, 2015). The subjects of the present study stated that the act of playing with hospitalized children may bring benefits, and help gaining their trust. When children play, they experience the power to explore the world of objects, people, nature and culture, to understand and express it through various languages (Fonseca *et al.*, 2015). The reception and hosting of children in the hospital environment can be done in various ways. In these ways, communication is essential, and at some stages of human life, communication is recognized as stimulator of healthy development. Communication can make hospitalization less traumatic, and the interaction between health professionals/caregivers/children facilitates their care, promoting positive results (Torquato *et al.*, 2013).

Although communication is a characteristic of the TT technique, this should not be unique and priority, even though it is essential for the designation of its use and for accessing the world of children. Communication helps the child to face the reality of the disease, making it possible the children's understanding and regaining of self-control in the face of adversity. Thus, communication is indispensable and must be used daily (Fonseca *et al.*, 2015). The application of TTs was considered a practice that humanizes the environment for hospitalized children.

The promotion of humanization should not only focus on care (Brasil, 2004), but also the emotional aspects, desires and wills of patients. The preservation of fundamental principles and values is needed for a harmonious coexistence, paying attention to the patient, the family and the health team, and offering affection, love and dedication (Rocha *et al.*, 2013).

The playful therapeutic intervention in nursing care to patients and to their relatives creates space for the verbalization and valorization of feelings. The technique instrumentalizes subjects to make decisions about the treatment offered, besides making it possible the evaluation of the actions proposed through the indicated therapies (Rocha *et al.*, 2012). Thus, the application of the TT technique favors the nursing team in guaranteeing safety to the little patients, who, despite being away from home and undergoing many painful and distressing procedures, can better accept the invasive procedures to which they are subjected (Rocha *et al.*, 2012). Although the subjects reported several difficulties for the application of TTs, they also mentioned success of the clinical condition of children exposed to the TT technique. This corroborates the findings of scholars who have also found benefits in the use of TTs as an instrument of humanization and who exhort the importance to include the technique in the routine of pediatric clinics (Torquato *et al.*, 2013; Veiga *et al.*, 2016; Marques *et al.*, 2016).

Difficulties such as lack of time, high patient demand and even lack of preparation of the nursing team for application of TTs, hinder the application of this technique, as could be abstracted from the reports of the subjects of the present research. A similar situation has been also found by another author (Francischinelli *et al.*, 2012). After observing the results of the present research, it is evident that nursing care with use of TTs as humanizing strategy has re-signified the way of managing and offering care. However, it is necessary to create discussion groups to adapt protocols of care to include TTs, especially in procedures seen as potentially traumatic for children. The participatory management in the creation of an environment guided by the precepts of the Humanization Policy of the Ministry of Health is also necessary.

Conclusion

The results showed that all members of the nursing staff like working with kids and find important to use therapeutic toys as strategy of humanization of nursing care. This technique facilitates the service, helps improving communication and reducing trauma and fear caused by the hospital setting, as well as provides security. Although the use of Therapeutic Toys by the Nursing team transforms their professional practice, as nurses believe in the use of the technique as allied to their care plans and as a tool to humanize them, some problems hindering the use of TTs were identified. These included lack of material, insufficient staff size, high patient demand, little time available, and inadequate environment.

The use of therapeutic toys in nursing interventions can favor a better communication between the triad nursing team/patient/caregivers, aiming at valuing the human being as acting in the search for better quality of health, besides encouraging the patient to face the health-disease process. It is essential to instrumentalize the nursing team in accordance with therapeutic toy precepts. For this, it is essential to strengthen the knowledge and practice through professional motivation combined to adequate structuring of the work

environment, as well as acquisition of necessary inputs for the correct assistance and sizing of the professional team, proper to the demand experienced in the institution.

Acknowledgments

We thank the Foundation for Scientific and Technological Research and Development of Maranhão – FAPEMA. Conflict of interest: The authors certify that there is no conflict of interest.

REFERENCES

- Berteloni, G. M. A., Remijo, K. P., Bazzo, A. P. G., Ferrari, R. A. P., Zani, A. V. 2013. Aplicação do brinquedo terapêutico em uma unidade pediátrica: percepções dos acadêmicos de enfermagem. *Revista de Enfermagem da UFPE*, Vol. 7, No. 5, Pp. 1382-1389.
- Brasil. Ministério da Saúde. Estatuto da criança e do adolescente. Brasília, DF: *Ministério da Saúde*; 2008. Available online at: http://bvsms.saude.gov.br/bvs/publicacoes/estatuto_crianca_adolescente_3ed.pdf.
- Brasil. Ministério da Saúde. Política Nacional de Humanização. Brasília, DF: *Ministério da Saúde*, 2004.
- Caleffi, C. C. F., Rocha, P. K., Anders, J. C., Souza, A. I. J., Burciaga, V. B., Serapião, L. S. (2016) Contribuição do brinquedo terapêutico estruturado em um modelo de cuidado de enfermagem para crianças hospitalizadas. *Revista Gaúcha de Enfermagem*, Vol. 37, No. 2, Pp. 1-8.
- Coselho Federal de Enfermagem. Resolução COFEN-295/2004: dispõe sobre a utilização da técnica do brinquedo/brinquedo terapêutico pelo enfermeiro na assistência a criança hospitalizada. *Conselho Federal de Enfermagem*. Available online at: http://www.cofen.gov.br/resoluco-cofen-952004_4331.html.
- Fonseca, M. R. A., Campos, C. J. G., Ribeiro, C. A., Toledo, V. P., Mello, L. L. 2015 Revelando o mundo do tratamento oncológico por meio do brinquedo terapêutico dramático. *Texto & Contexto Enfermagem*, Vol. 24, No. 4, Pp. 1112-1120.
- Francischinelli, A. G. B., Almeida, F. A., Fernandes, D. M. S. O. 2012. Routine use of therapeutic play in the care of hospitalized children: nurses' perceptions. *Acta Paulista de Enfermagem*, Vol. 25, No. 1, Pp.18-23.
- Freitas, J. S., Silva, A. E. B. 2014. Minamisava R, Bezerra ALQ, Sousa MRG. Qualidade dos cuidados de enfermagem e satisfação do paciente atendido em um hospital de ensino. *Revista Latino-Americana de Enfermagem*, Vol. 22, No. 3, Pp. 454-460.
- Fundo das Nações Unidas para a Infância [UNICEF]. 1959. Declaração Universal dos Direitos da Criança: *UNICEF*. Acesso em 27 mar. 2017. Available at: http://bvsms.saude.gov.br/bvs/publicacoes/declaracao_universal_direitos_crianca.pdf
- Gomes, A. S., Ribeiro, G. P., Lima, L. S., Ferreira, E. S. 2013 Contribuição do brinquedo terapêutico na interação entre a criança, a família e a equipe de enfermagem. *Revista de Enfermagem Integrada*, Vol. No. 2, Pp. 1343-1350.
- Loureiro, C. F. B., Franco, J. B. 2012 Aspectos teóricos e metodológicos do círculo de cultura: uma possibilidade pedagógica e dialógica em educação ambiental. *Ambiente & Educação*, Vol. 17, No. 1, Pp. 11-27.
- Marques, D. A., Silva, K. L. B., Cruz, D. S. M., Souza, I. V. B. 2015. Benefícios da aplicação do brinquedo

- terapêutico: visão dos enfermeiros de um hospital infantil. *Arquivos de Ciências da Saúde*, Vol. 22, No. 13, Pp. 64-68.
- Marques, P. E., Garcia, T. M. B., Anders, J. C., Luz, J. H., Souza, S. 2016. Lúdico no cuidado à criança e ao adolescente com câncer: perspectivas da equipe de enfermagem. *Escola Anna Nery*, Vol. 20, No. 3.
- Minayo, M. C. S. 2012. Análise qualitativa: teoria, passos e fidedignidade. *Ciências e Saúde Coletiva*, Vol. 17, no. 3, Pp. 621-626.
- Paladino, C. M., Carvalho, R., Almeida, F. A. 2014. Brinquedo terapêutico no preparo para a cirurgia: comportamentos de pré-escolares no período transoperatório. *Revista da Escola de Enfermagem USP*, Vol. 48, No. 3, Pp. 423-429.
- Pontes, J. E., Tabet, E., Folkmann, M. A., Cunha, M. L., Almeida, F. A. 2015. Brinquedo terapêutico: preparando a criança para a vacina. *Einstein*, Vol. 13, No. 2, Pp. 238-242.
- Programa de Atualização em Enfermagem-Proenf. *Saúde da criança e do adolescente*. Artmed/Panamericana Editora, 2012.
- Rocha, D. K. L., Ferreira, H. C. 2013. Estado da arte sobre o cuidar em neonatologia: compromisso da enfermagem com a humanização na unidade de terapia intensiva neonatal. *Enfermagem em Foco*, Vol. 4, No. 1, Pp. 24-28.
- Rocha, P. K., Prado, M. L., Silva, D. M. G. V. 2012. Pesquisa convergente assistencial: uso na elaboração de modelos de cuidado de enfermagem. *Revista Brasileira de Enfermagem*, Vol. 65, No. 6, Pp. 1019-1025.
- Santos, P. M., Silva, L. F., Depianti, J. R. B., Cursino, E. G., Ribeiro, C. A. 2016. Nursing care through the perception of hospitalized children. *Revista Brasileira de Enfermagem*, Vol. 69, No. 4, Pp. 646- 653.
- Souza, L. P., Silva, C. C., Brito, J. C. A., Santos, A. P. O., Fonseca, A. D. G., Lopes, J. R., Silva, C. S. O., Souza, A. A. M. 2012. O brinquedo terapêutico e o lúdico na visão da equipe de enfermagem. *Journal Health Sciences Institute*, Vol. 30, No. 4, Pp. 354-358.
- Torquato, I. M., Collet, N., Dantas, M. S., Jonas, M. F., Trigueiro, J. V. S., Nogueira, M. F. 2013. Assistência humanizada à criança hospitalizada: percepção do acompanhante. *Revista de Enfermagem da UFPE on line*, Vol. 7, No. 9, Pp. 5541-5549.
- Veiga, M. A. B., Sousa, M. C., Pereira, R. S. 2016. Enfermagem e o brinquedo terapêutico: vantagens do uso e dificuldades. *Revista Eletrônica Atualiza Saúde*, Vol. 3, No. 3, Pp. 60-66.
