



FROM PRETENDING TO REALITY: IMPLEMENTATION OF THE THERAPEUTIC TOY BETWEEN HOSPITALIZED CHILDREN

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ABSTRACT

Playing for the child is the most important activity of his life. However, when the child becomes a patient in hospital treatment everything that is part of his daily life is transformed. The Therapeutic Toy is a way to mitigate the impacts caused by the hospitalization. The objective of this study was to evaluate the behavior of hospitalized children when they underwent nursing procedures after the therapeutic toy was applied. This is a qualitative descriptive approach. The sample consisted of 08 subjects and it was carried out between July and August of 2017 at the Infantile Municipal Hospital of Imperatriz. The parents were clarified about the research and authorized the participation of their children. The children were submitted to therapeutic toy application before nursing procedures and after they were interviewed for data collection. The subjects' ages ranged from 7 to 11 years old, where 3 lived in Imperatriz and 5 were from other locations, were submitted to orthopedic procedures, and through the analysis of the dialogues, it was possible to identify three thematic categories: Behavioral alterations antecedent to the procedures, perception of the learning provided by the therapeutic instructional toy and effectiveness of its applicability. It is concluded that the use of the toy is an excellent resource for nursing in the care of hospitalized children.

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INTRODUCTION

Playing is the most important activity of the child's life, it is a natural experience of his daily life, relating to cognitive, emotional and social development, contributing to child development. Through the play, the child can demonstrate his feelings, frustrations, and anxiety, which would otherwise be impossible (Paladino et al., 2014).

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According to Caleffi et al. (2016), playing enables integrated care, understanding, and acceptance of the proposed treatment and improves the professional interaction with the patient. However, when the child becomes a patient in hospital treatment everything that is part of their daily life is transformed, which often becomes difficult to understand. This stress that the little one suffers causes feelings of aggression, anxiety, restlessness, hindering the treatment for this child and still causes the professional to wear out to be able to carry out any procedure (Gomes et al., 2015). Thus, the Therapeutic Toy (TT) comes as a way of mitigating the impacts caused by

hospitalization, since playing is an instrument common to the child, in his treatment, reassuring and even facilitating the performance of the procedure he will be submitted. According to Fujita *et al.* (2016), there are three varieties of TT: the dramatic therapeutic toy whose function is to provide the child with a way to discharge their emotional tension; the therapeutic toy that enables physiological functions, allowing the small patient to understand the adaptations of his new lifestyle and the instructional therapeutic toy that is intended to facilitate the patients' understanding of the procedures to which the child will be submitted. The nurse who works in the ward of the pediatrics has the assignment to take advantage of TT for the humanized assistance of the hospitalized child. Caleffi *et al.* (2016), in their study, observed that during the TT sessions, the small patients were able to understand the procedures performed through playing, since they performed on the dolls the procedure they would be submitted. In this context, this research aims to evaluate the behavior of hospitalized children when they are submitted to nursing procedures after the therapeutic toy is applied, to identify the children's reactions and to observe the effectiveness of the therapeutic toy applicability.

MATERIALS AND METHODS

Type of study: This is a Convergent-Care Research (CCR), with a qualitative approach. The CCR is a type of research of a qualitative modality, where the convergence between the research, the care and the presence of the patient is used as primordial, all these aspects united between the practice and the theory of the acquired knowledge (Pivoto *et al.* 2013). This study aimed only at the use of the Instructional Therapeutic Toy (ITT), being developed at the Municipal Children's Hospital of Imperatriz-MA (HMII), from July to August 2017.

Participants: In this study, the non-probabilistic sample was used for convenience, consisting of 08 subjects who met the following criteria: hospitalized children submitted to painful procedures, with various behavioral concerns and who were restless and fearful of nursing procedures, aged between 7 to 11 years old. Children who were unable to manipulate the objects during the ITT session, children under the effect of anesthetics in the immediate postoperative period, and children under 5 years old were excluded. During the data collection, the parents/caregivers of hospitalized children were informed about the objectives of the research, justification, methodology, expected benefits, and the assurance of full respect for ethical principles, as well as the right to participate in the study and to quit without any loss of care, and then they were requested through signing of the Term of Free Informed Consent (TFIC), used in younger subjects.

Data collection: The data collection was performed after the application of TT and the nursing procedure performed by a professional member of the hospital's nursing team.

Data analysis: Data were collected through interviews that were recorded and later transcribed in full. The interview began with the following guiding question: "What do you do when the professional will perform the procedure?" After the course of the dialogue, new questions were raised.

Ethical aspects: Following the ethical precepts, the study was approved by the Research Ethics Committee of the Federal University of Maranhão under opinion 1,014,424. To maintain

the anonymity of the participants, it was decided to use the names of characters for a pretending game: Snow White, Sleepy, Grumpy, Sneezzy, Happy, Bashful, Dopey, Doc.

RESULTS AND DISCUSSION

The subjects' age ranged from 7 to 11 years old, 50% of them were female, converging with Paladino *et al.* (2014), who in their study obtained 66.7% of male patients. Of them, 38% were hospitalized due to fracture trauma and 12.5% due to a consequent infection of pin insertion. It is noteworthy that in all cases the children were undergoing orthopedic treatment and the painful procedure they were submitted was the dressing. In this context, the application of ITT occurred before the procedure. Through the analysis of the dialogues, it was possible to identify three thematic categories: Behavioral reactions antecedent to the procedures; Perception of learning provided by ITT; Effectiveness of ITT applicability.

Behavioral reactions antecedent to the procedures: When performing the interview, the children were first asked what they did through the procedure performed by the nursing professional. It was observed that crying was a reaction presented by many children. In the study by Lemos *et al.* (2016), about 72.2% of the children cried before the procedures, similar to this research where most patients behaved in this way. The hospitalized child may present several reactions to the possibility of pain, and crying is one such reaction (Leon *et al.*, 2012). The use of ITT minimizes the pain and suffering of children, since the toy is something common to their daily lives, and by bringing this instrument to a hostile and unknown environment, their anxiety diminishes, and their chances leaving the professional increases. It was also possible to perceive a relatively instigating data, where the children reported that they would leave the professionals to perform the procedures, but upon hearing such answers, it was noticed in the expression of the parents and even of the child that this reaction was not true, which is clear in the speeches below:

"Oh, hey, hey, I'll let you do it, they come, there, I move, but I do, I let them do it, right Mom? (laughs)" (Doc)
"Hmmmmm ... I'll let them" (Grumpy)
"That hurts a lot! But I'll let them" (Dopey)

Playing is part of the child's life. When playing, they communicate and gain self-esteem. The child lives in a world of pretending and constructs his real world, so he expresses one thing, but in reality, his behavior is different (Oliveira *et al.*, 2013). Caring for the hospitalized child requires sensitivity by the nursing professional. Caring for a child is a complex process that requires knowledge in the area as well as personal and professional experience (Leon *et al.*, 2012).

Perception of learning provided by ITT: During the interview, the children were asked about what they had learned about ITT and it was observed that the learning was positive through the speeches of the children.

"I was the nurse, and doing my dressing (laughs)" (Bashful)
"I learned how to do my dressing, now I'm going to teach the nurses how to do it" (Sneezzy)
"I learned how to do the dressing because if it is open it gets an infection" (Snow White)

Through the speeches, the fascination of the children was observed, after the application of ITT, by the way of correctly performing the dressing and how to explain how to perform this procedure. ITT plays a very important role for the child's well-being in the hospital setting, Gomes *et al.* (2015) have shown that after the play sessions with the child, there was a significant improvement in their health status, leading to good communication with the team and assisting in the assistance provided. It was also observed that the fact that the child was submitted to the ITT session before the procedure was to instigate the child to replicate words used during the explanation of the procedure to be performed. In this last speech, Snow White was asked about the meaning of the word infection:

"Infection is something dirty get on the cut, then it gets infected" (Snow White)

in what will happen to him, that is, he has autonomy for self-care. According to Nicollet *et al.* (2015), the patient uses self-care to maintain life and health, to restore the disease and manage their defects naturally. This was a result of practices learned by patients to maintain well-being, which can be seen in the lines below.

"I will not be afraid and it will be good for me" (Doc)
"I'm not going to cry anymore and I'll let them do my dressing because now I know I need to be able to go home" (Sneezy)

After the application of ITT, it was observed that the child was interested in what was happening to her and even managed to have a positive reaction to the procedure.

Effectiveness of ITT applicability: The interest and curiosity of the children during the application of ITT in the hospital wards was perceptible, since presenting a procedure through playing, something common to the daily life of the child, becomes more fun and easy to understand. At the end of the ITT sessions, the children were asked what they would do when the professionals would perform the dressings, and in all the speeches the patients stated that they would allow the procedure to be performed.

"I'll let the nurse do the dressing" (Bashful)
"I'll let it do, and say it might hurt, but I'll let them" (Grumpy)
"Anything. I'll let her do it, enter the room (from dressings), and let her do it" (Happy)
"I'll let them do it" (Dopey)
"I let them" (Sleepy)

"I'll leave, even if it hurts, so I cannot get an infection" (Fussy)

A study by Santos *et al.* (2013) showed that after applying ITT, 83% of children cried with painful procedures, had a modified expression demonstrating tranquility and not anger or agitation during procedures, which also happened in this research. In view of the above, the effectiveness of the ITT applicability in this research was demonstrated, as well as the benefits of both the nursing team and the child, as Jansen *et al.* (2010), in their study conducted in Curitiba-PR, where they observed that through the use of ITT, the child felt more confident to perform the procedures. Thus, it can be stated that this study demonstrated that there was a significant acceptance

of the patient to the procedure, showing a collaborative aspect with the nursing professional.

Conclusion

It was observed that the children who underwent the sessions of the institutional therapeutic toy, reacted better to the procedure they were submitted since they learned to perform their dressings. It was also evidenced that after the session, they had less fear, anxiety, and tensions from the hospitalization and the professionals were able to perform better their work. Thus, the efficacy of ITT was evidenced in the patients' speeches, showing the importance of the use of this instrument as a way to humanize the hospital environment, because this can reduce the procedure time and the trauma of procedure for the child. Therefore, it can be said that the use of ITT facilitates the dialogue and the relationship of the child with the nursing professional, as (2010) affirming that through playing, so solve doubts and help the child to overcome his negative fantasies, alleviating his anxiety and fear, generating security and comfort. Thus, the data obtained in this research reinforce that the use of ITT, contributes as a good intervention for the nursing team, enabling a better assistance with reduction of psychological, physical and emotional trauma for hospitalized children. It is concluded that the use of the toy is an excellent resource for nursing in the care of hospitalized children. Through all this, this research is expected to open new horizons for more researchers on this subject, since this approach is of paramount importance for hospitalized children.

REFERENCES

- Caleffi, C. C. F., Rocha, P. K., Anders, J. C., Souza, A. I. J., Burciaga, V. B. and 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.
- Fujita, J. A. L. M., Carmona, E. V. and Shimo, A. K. K. 2016. Uso da metodologia da problematização com o Arco de Magueres no ensino sobre brinquedo terapêutico. *Revista Portuguesa de Educação*, Vol. 29, No. 1, Pp. 229-258.
- Gomes, A. S., Ribeiro, G. P., Lima, L. S. and 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.
- Jansen, M. F., Santos, R. M. and Favero, L. 2010. Benefícios da utilização do brinquedo durante o cuidado de enfermagem prestado à criança hospitalizada. *Rev Gaúcha Enferm*, Vol. 2, No. 31, Pp. 247-253.
- Lemos, I. C. S., Oliveira, J. D., Gomes, E. B., Silva, K. V. L. G., Silva, P. K. S. and Fernandes, G. P. 2016. Brinquedo terapêutico no procedimento de punção venosa: estratégia para reduzir alterações comportamentais. *Revista Cuidarte*, Vol. 7, No. 1, Pp.1163-1170.
- Leon, P. A. P. and Nóbrega, M. M. L. 2012. Nanda- I nursing diagnosis in hospitalized children: a case study. *Online Brazilian Journal*, Vol. 11, No. 1, Pp. 68-76.
- Nicolli, T., Gehlem, M. L., Ilha, S., Diaz, C. M. G. and Nietzsche, E. A. 2015. Self care theory in pregnant women during chemical detoxification from crack: nursing's contributions. *Escola Anna Nery - Revista de Enfermagem*, Vol. 19, No. 3, Pp.417-423.

- Oliveira, E. M. R. and Rubio, J. A. S. 2013. O Faz de Conta e o Desenvolvimento Infantil. *Revista Eletrônica Saberes da Educação*, Vol. 4, No. 1, Pp. 1-19.
- Paladino, C. M., Carvalho, R. and Almeida, F. A. 2014. Brinquedo terapêutico no preparo para a cirurgia: comportamentos de pré-escolares no período transoperatório. *Revista da Escola de Enfermagem da Usp*. Vol. 48, No. 3, Pp.423-429.
- Pivoto, L. F., Lunardi Filho, W. D., Santos, S. S. C. and Lunardi, V. 2013. Pesquisa convergente-assistencial: revisão integrativa de produções científicas da enfermagem. *Rede de Revistas Científicas da América Latina*, Vol. 22, No. 3, Pp. 843-849.
- Santos, L. M., Santana, L. D. S., Santana, R. C. B., Oliveira, V. M. and Lopes, D. M. 2013. Reações apresentadas por crianças pré-escolares durante a punção venosa periférica: um estudo com brinquedo terapêutico. *Revista Sociedade Brasileira Enfermagem Pediátrica*, Vol. 1, No. 13, Pp. 13-20.
