







THE HOSPITALIZED CHILD AND LUDICITY

A CRIANÇA HOSPITALIZADA E A LUDICIDADE

EL NIÑO HOSPITALIZADO Y LA LUDICIDAD

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ABSTRACT

Objective: to understand the ludic interaction in the context of a child's hospitalization. **Methods:** a qualitative exploratory-descriptive study carried out in a public hospital of the Distrito Federal(BR) between January and April 2017. Interviews were conducted with 17 parent proxy of hospitalized children. The interviews were recorded, transcribed, and submitted to content analysis. **Results:** two themes emerged from the analysis of the data collected: the caregiver's feelings related to the hospitalization and the child's attitude during the hospitalization. The results showed that the biopsychosocial impact of hospitalization on a child affects its health improvement. The use of ludic activities creates an environment for the child to express its feelings. **Final considerations:** the use of ludic activities was a strategy that enabled the discovery of how a child handles its emotions. This strategy also served as a coping mechanism to help the child manage the new situation.

Keywords: Pediatric Nursing; Child, Hospitalized; Parents. Nursing Care; Qualitative Research.

RESUMO

Objetivo: compreender o lúdico no contexto hospitalar da criança. **Método:** estudo de abordagem qualitativa, caráter exploratório-descritivo, realizado em hospital público do Distrito Federal, entre janeiro e abril de 2017. Foram realizadas entrevistas com 17 responsáveis de crianças hospitalizadas. Todos os depoimentos foram gravados, transcritos e submetidos à análise de conteúdo temático. **Resultados:** os dados coletados incidiram em duas temáticas, entre as quais o sentimento do cuidador em relação à hospitalização e a atitude da criança durante a hospitalização. Compreendeu-se que o impacto biopsicossocial da criança hospitalizada interfere no seu restabelecimento e a estratégia do emprego dos recursos lúdicos oportuniza espaço para expressar seus sentimentos. **Considerações finais:** o lúdico constituiu-se em uma estratégia que permitiu reconhecer a maneira como a criança lida com suas emoções bem como num mecanismo para auxiliar seu enfrentamento à nova situação.

Palavras-chave: Enfermagem Pediátrica; Criança Hospitalizada; Pais; Cuidados de Enfermagem; Pesquisa Qualitativa.

RESUMEN

Objetivo: entender lo lúdico en el contexto hospitalario del niño. **Método:** estudio de enfoque cualitativo, descriptivo, exploratorio realizado entre enero y abril de 2017 en un hospital público del Distrito Federal (BR). **Metodología:** se llevaron a cabo entrevistas a 17 responsables de niños ingresados. Los testimonios se grabaron, transcribieron y analizaron según su contenido temático. **Resultados:** los datos recogidos coincidían en dos temas: el sentimiento del cuidador hacia la hospitalización y la actitud del niño durante la internación. Se entendió que el impacto biopsicosocial del niño ingresado interfiere en su restablecimiento y la estrategia de uso de recursos lúdicos le permite expresar sus sentimientos. **Consideraciones finales:** lo lúdico se ha vuelto una estrategia que permite descubrir la manera cómo el niño maneja sus emociones y un mecanismo que lo ayuda a afrontar la nueva situación.

Palabras clave: Enfermería Pediátrica; Niño Hospitalizado; Padres; Atención de Enfermería; Investigación Cualitativa.

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INTRODUCTION

Hospitalization is a process that involves several implications that lead to changes in a patient's daily routine, such as submission to procedures, and being apart from family and friends. This situation is not different when the patient is a child that also needs emotional support.¹ Although hospitalization has benefits to a child's health, this period brings anxiety and changes to a child's daily routine. The act of playing, which is considered the primary occupational role of a child, is significantly affected by the strict rules of a hospital and its stressful environment.²

When a child is hospitalized, the child's psychomotor, affective, and cognitive functions might be weakened. Therefore, the hospitalized child needs to interact with ludic activities that can lessen the emotional impact of the hospitalization, accelerate its recovery, promote affection with other children, as well as strengthen the family bond.³

To play is a children's right protected by law through the Brazilian Law *Estatuto da Criança e do Adolescente* (ECA). The statute describes the provision of the act of playing or ludic activities as a priority and right of a child, and an obligation of the Estate, family, and society.⁴ Thus, the present study is supported by the need for research related to the use of ludic activities in the delivery of care for hospitalized children. There is also a need to deepen the evidenced-based theoretical knowledge on the use of ludic activities.

Additionally, this study aims to demonstrate the need for family involvement in the delivery of care and the importance of fostering an environment where the child can develop to its full potential. The act of playing provides children with a way to practice and expand their language skills. These skills enable children to reproduce past experiences and assimilate them into new perceptions and relations, helping them understand their current situation and distinguish fantasy from reality.⁵ The purpose of the present study was to understand the use of ludic activities during the child's hospitalization to help in the development of problem-solving skills, expansion of the child's knowledge, and provision of a distraction.

METHODS

ETHICAL CONDUCT OF RESEARCH

This study was approved by the *Fundação de Ensino e Pesquisa em Ciências da Saúde do Distrito Federal* Ethics Committee. This research was conducted following national and international ethical standards and procedures for research involving human subjects.

STUDY DESIGN

A qualitative exploratory-descriptive study was conducted. Qualitative research is built upon a person's values, beliefs, habits, attitudes, representations, opinions, and judgments one makes about their way of living, themselves, and what they reflect and contemplate.⁶

SETTING AND DATA COLLECTION PERIOD

This study was conducted between January and August 2017, in a pediatric unit of a public hospital in the *Distrito Federal* (BR). This hospital is under the supervision of the *Coordenação da Regional Centro-Sul de Saúde*. This district is one of seven in the region: Center-South, Center-North, West, Southwest, North, East, and South. The pediatric unit has 16 beds and allows a parent proxy to stay at the bedside at all times. The visitation period is between 2 pm and 5 pm.⁷

STUDY POPULATION AND PARTICIPANT RECRUITMENT

Hospitalized children and their parent proxy were randomly selected to participate in the study. The inclusion criteria were: children aged between four and 10 years and their parent proxy. The subjects that agreed to participate in the research signed informed consent (*Termo de Consentimento Livre e Esclarecido – TCLE*). The exclusion criteria were critically ill children, those in any hospital precautions, and children and their parent proxy that refused to participate in the study.

Children aged between four and 10 years were chosen because children within this age range interact more amongst themselves, which enables the use of ludic activities more efficiently. In total, 17 children and their parent proxy participated in the study. In the transcription of the interviews, family members were identified according to their relationship to the child using the following abbreviations: M for mother, F for father, S for sister, and G for grandmother. The abbreviations were followed by numbers according to the sequence of the interview. Each child was identified with the name of a superhero.

DATA COLLECTION PROCEDURE

Data were collected through individual interviews with the child's parent proxy and the child, in a reserved place, with the presence of the study's principal investigator. The research aim was described/explained to the participants, and authorization to use a digital recorder was requested to them. Each interview had a duration between 30 and 40 minutes. Data satu-

ration was reached when reoccurrence of themes and information were observed during the interviews.⁸

A script was used in the interviews with the parent proxy. Answers to the script were recorded in digital audio and transcribed verbatim. The interview script had two parts. In the first part, sociodemographic characterization of the hospitalized children was conducted, including the children's age, sex, place of residence, place of hospitalization, reason, and duration of hospitalization, if they had been hospitalized before, and the degree of kinship with the child. In the second part, questions related to the hospitalization process and the child's behavior in the environment were asked. The questions in the latter part of the script were relevant to the study aim, which was to understand the use of ludic activities during a child's hospitalization process.

To understand the role of ludicity in assisting a child, activities were performed in the hospital playground. Drawings were chosen for this hospitalization environment because they are a resource that a child usually finds as a way to express their feelings.⁹

Other resources, such as games and storytelling, were used to foster the interaction between the children. The playground was built in August 2015, next to the toy room, and it is also used by hospital staff as a space for educational learning.⁷ The playground is separated from the wards and surrounded by bars and access doors. It has colorful benches that are surrounded by grass and trees. On the wall, there is a phrase that says: "Playground of golden dreams, child, never stop loving and believing." In the center of the playground, there are grass on the ground, a plastic slide, and a metal seesaw. In the corner, there are long benches made of granite.

The following materials were used in the ludic activities: books for storytelling, Lego, memory game, puzzle, and dominoes, which provided moments of integration/socialization and joy for the children. These interaction moments occurred on several days between January and April. Each time, two or three children who were hospitalized would be brought to the playground.

DATA PROCESSING: A CONTENT ANALYSIS

Two researchers (the first author and her mentor) independently grouped, read, re-read, and reorganized the interview transcripts. This way, they were able to get familiar with the material and understand the content of the interviews. Sequentially, the data were categorized and analyzed according to Bardin theoretical framework and supplemented by field notes.¹⁰ Bardin's content analysis uses a specific script to process information.¹⁰ First, a pre-analysis is performed, in which documentation is chosen, and the research hypotheses and objectives are defined. Second, the exploration of the material is conducted, where techniques specific to the research objectives are used. Finally, processing and interpretation of the results are performed.

A checklist with 32 items from the *Cr terios Consolidados para Relatos de Pesquisa Qualitativa (COREQ)*, with consolidated criteria for reporting qualitative research was used to establish rigor in the study. The checklist items are related to the research team, the research project, and data analysis.¹¹

RESULTS AND DISCUSSION

MEETING THE SUPERHEROES

In this study, the 17 hospitalized children were aged between four and 10 years at the time of data collection. From the 17 children, 11 were male, and six were female. According to the ECA Law 8069/90, a person up to 11 years old and 11 months is considered a child.⁴

Concerning residency, 15 children resided in the DF and surrounding areas, while two children were from the *Tocantins* or *Minas Gerais* state. Reason for the difference in residency for the participants in this study was due to the initiative named Integrated Region for Development of DF and Surrounding (*Regi o Integrada de Desenvolvimento do DF e entorno – RIDE/DF*). The action was created to integrate resources from the Union, states, and municipalities, to solve issues related to access to health, transportation, culture, among others.¹² Additionally, 8080/90 law that regulates the Brazilian health system, *Sistema  nico de Sa de (SUS)* determines that it is the citizen's right to have full access to health care in the entire country, in a universal and equal way.¹³

As for the degree of kinship, data showed that the most frequent type of parent proxy was the mother. In total, 13 mothers were with their children during hospitalization, followed by the grandmother, father, and sister. The relationship of a mother to their children, when based on affection, love, and safety facilitates the delivery of care, nurtures a mother-child bond, and supports the development and recovery of the child. The role of a mother, as a parent proxy to the hospitalized child, is needed for the child to feel safer and protected during hospital procedures.¹⁴

Hospitalization disrupts a child's life. However, the presence of the mother/family during a disease enhances the development of coping mechanisms that allow the child to adapt to the situation. The strengthening of the parent-child relationship, the protection, safety, and caring collaborate to alleviate suffering.^{15,16} The hospital length of stay for the children included in this study was between zero and six days from admission to the interview date.

INTERVIEW WITH THE SUPERHEROES' FAMILY MEMBERS

The following two themes emerged from the content of the interviews: the caregiver's (parent proxy) feelings related to

the hospitalization of the superhero and the child's attitude during the hospitalization.

THE CAREGIVER'S FEELINGS RELATED TO THE HOSPITALIZATION OF THE SUPERHERO

In this study, "feelings" were defined as a person being easily moved or overwhelmed with the situation. The statements that emerged in this theme were further categorized as a) negative – concern, uncertainty, pain, fatigue, and fearfulness; and b) affirmative – child's well-being and satisfaction with the care received by the child. The negative feelings described the concern and the search for help to improve the hospitalized child's health status.

[...] *He has kidneys problem, then his belly was swelling a lot and he was complaining a lot of pain in the stomach, back pain, headache, then I asked the nurse what should I do and she said that if I wanted my son to get better, I should look for a place that had a specialist in his case [...]* (M1).

[...] *Because he has, it is, blood in his stools [...]* Then they're, he's under observation to see what it is [...]. To study, as they say, right? [...] Then, when it increased a lot, I brought him to the emergency room because I was scared [...]

 (M8).

From the first stage of the disease until the hospitalization, a family is placed in a difficult situation. Even being worried, insecure, and fearful about the illness and the hospital procedures, the family becomes entirely responsible for the care to the sick child, which leads to more stress. The family also faces difficulties resting due to the lack of infrastructure to allow sleep, which affects the family's totality.¹⁷

Usually, the mother is the parent proxy most frequently present during the hospitalization. The mother takes care of her child and learns about the disease process, which decreases her anxiety and concerns. For the mother to be at the bedside during a child's hospitalization, other family members become responsible for taking care of the children at home. These family members also need to keep up with their work routine and domestic activities. When a child is hospitalized, it needs to adapt to the new environment and its rules, which causes biopsychosocial changes. A hospitalization affects a child's comfort zone, and the child expresses their desire to go home to the caregivers. They become agitated, tearful, angry, and tired.¹⁸

One of the mothers (M11) described how painful it is to participate in the period of restriction of the child's activities. The mother recognizes how difficult it is to accept the hospitalization process, both for her and the child, due to the uncertainty of the disease progress, the procedures performed, the agony and desire to go back home.

[...] *It's agonizing [shy smile]. They check this, check that, don't find out what it is, understand? They're searching, and the child gets crazy to go home, right, it's an active child who does everything and suddenly has to stop [...]* (M11).

Researchers from a study describe the hospitalization as a complicated situation for the entire family, but especially for the mothers due to her due to the attachment they have to their children, raising concerns, agony, and anxiety for the diagnosis and treatment.¹⁹ Another mother (M9) tells about her mood swings, expressing her preoccupation with her daughter's reaction to the hospitalization.

[...] *She's very cheerful, but now, here, she's sad[...]. She likes to play a lot, but these days she's very agitated. She's asleep, and then when she wakes up, she's beating herself, shaking, if someone is touching her, she starts to take their hands off angrily. And she's not like that. She's calmer at home, she plays with her sister, but she's not agitated as she's right now [...]* (M9).

The numerous factors involved in a hospitalization affect a child's life, rising feelings such as fear of the unknown, homesickness, missing the family. However, at the same time, the child feels "obligated" to continue with the treatment and to get used with the treatment and procedures performed by the health professionals. This change in a child's life can lead to future disorders. The hospitalization that occurs after the onset of a disease hinders the caregiver's role more, making it more difficult. The family needs to rearrange their routine to assure that the child does not feel alone and receives attention in the majority of the time.¹⁸

In the hospital setting, the trajectory of the child's family member may arouse different feelings, which are often not included in the diagnosis of the disease and the help received during hospitalization. Because caregivers are away from their loved ones and usually have to leave their other children at home, they are in distress. They return home anguished, which hinders them from taking care of their homes while adjusting to the new environment.¹⁹

The feelings of worry, uncertainty, pain, tiredness, anguish, fear, among others, are present in both the caregiver and the child during the child's hospitalization.¹⁷ The presence of a parent proxy (caregiver) in the hospital unit is essential for the child to feel supported, to receive care and love, which aids the child's recovery and decreases any feelings that might hinder the child's psychosocial adaptation to the hospital environment.¹⁵

When the hospital treatment and procedures are communicated correctly to the family members, they become less apprehensive and accept better the child's illness. The family is then able to understand more easily the process they are experiencing.¹⁷

Under the category of affirmative feelings toward the hospitalization process, when the caregivers are present throughout the disease progress and hospitalization, they can report their understanding of the care delivered to the child and the child's reaction to the treatment:

[...] Yes! [...] I felt a significant improvement. Wow! He's another kid. Wow! He was exhausted before, crying with stomach pain, overwhelmed with pain [...] (M3).

[...] Look, it's like this, I'm happy because he's doing a lot of exams that were never done before, right? And at all times, someone comes [...] They are running after what can solve the problem, right? [...] (F7).

[...] He's much better; he doesn't complain. [...] The service is excellent; everybody that arrives here treats us well; it is good [...] (M12).

The health professionals are prepared to ensure the treatment and assistance are effective to the child. They collaborate in the child's physical recovery and are socially involved to minimize the harmful effects of hospitalization. These professionals also promote the inclusion of the family in the care and new environment. Thus, the child will not feel alone and will be provided with the attention needed to overcome fears from the unique situations they will encounter. The presence of caregivers strengthens their bond with their children and decreases the children's sadness, agony, pain, and fear of the environment. Additionally, the presence of the caregiver reduces the impact of the hospitalization on the family, which strengthens their relationship and helps them overcome the challenges associated with this situation.¹⁹

When the family understands the diagnosis and concurrent treatment, they can more easily face the new situation and help the child reduce the stress and annoyance with the process. The family feels relieved and satisfied with the care delivered, raising their hope of their child improving every day.¹⁷

The humanization view of hospital care is vital for health care professionals to be able to tailor the care delivered to the physical, emotional, and social needs of each family. The caregivers need support from their family members to help them with their children needs during the hospitalization.¹⁹

SUPERHEROES' ATTITUDE DURING THEIR HOSPITALIZATION

The statements within the second theme were categorized as a) negative – different attitudes from those at home and b) affirmative – same attitudes as at home. The analysis

of the affirmative statements for the superheroes' attitudes during their hospitalization revealed that childhood is one of the most critical phases/periods in life. Most of the process of learning new knowledge and acquiring unique experience takes place during this period, and the children have their emotional and intellectual intelligence continually stimulated, which enhances their future abilities and actions.²⁰

Before and during the hospitalization, the children's attitudes are perceived by their caregivers. When questioned about the child's attitudes during the hospitalization, the statements of the caregivers showed that some superheroes continue to have the same attitude as they had at home:

[...] Very agitated! [laughers] Agitated here in the hospital as well! [laughers] There're times when we even lose our patience [laughers] [...] (M2).

[...] The same way, playful, is friends with everybody, talks to everyone [...] (G4).

[...] Ah, he's agitated everywhere [laughers]. It's here, at our house, he's a lot of energy. He's chatty and all [...] (M8).

The child, accompanied by a caregiver during the hospitalization feels safer, which is reflected in their emotional behavior. The children portray the same reaction they have at home and what they have learned. They communicate better with other people, more easily adapt to the hospital environment, and continue to play as they did at home.¹⁹

The statements categorized as negative indicate that specific children changed their attitudes when hospitalized:

[...] He's lovable, but he's annoyed waiting to go home [right?], because at home he has his space, he plays. Anyway, here he has to be in bed, and when the girls come to take his blood, he gets scared because of the injection. But he's a nice boy, thanks to God. At home he has a temper [laughers], he's the same as having 10 boys, he's agitated, very agitated! [...] (F7).

[...] He's quiet, he's always calm, he's a quiet boy. But here at the hospital, he's uneasy because he wants to go home [right?], since the day that we got here, he asks me: Mom, when am I leaving? [...] (M10).

Family members present during hospitalization can observe changes in the children's attitudes and address those. They can reassure what the children are feeling, identify their needs, and their thoughts related to the disease and treatment during the hospitalization. A child does not process the hospitalization the

same way as the adult because it is usually a new and challenging experience for the child to understand, which leads to an unsatisfaction with the setting and the new routine.²¹ As the hospital is a setting to which the children are not used to in their daily routine, their feelings become exacerbated during this time, which causes the children to need more their caregivers.¹⁵

Usually, children perceive the environment and actions differently from one another, and they have a more intuitive vision of what they learn and observe according to the social and cultural environment they are susceptible. The way the children express their attitudes and behave in the hospital environment reflect what they understood for the reason to be there. Children need to be explained what their disease is and what will be the treatment while they are at the hospital.²²

LUDIC ACTIVITIES WITH CHILDREN: THE LUDIC WITH THE SUPERHEROES

Ludic activities are necessary for children's development. These activities decrease hospitalization impacts on a child. A child better accepts the adversities of a disease when games and storytelling are used. These activities promote the interaction among children and health professions, which diminishes fears associated with the situation.²³

To play is essential at all moments for children. Often, when children are hospitalized, they are placed on bed rest, which damages their emotional state. According to Law 8069, to support a child's right to play is essential to enable the use of ludic activities in the hospital environment that can minimize problematic feelings, actions, and attitudes during an illness.^{4,23}

Storytelling was the first activity used with the children. For all ages, to tell stories fosters infinite possibilities, contributes to the imagination, opens new horizons, and increases interest in learning, listening and paying attention. The understanding and questioning the moral of each story also encourages continuous reading and the child's acceptance of the hospitalization.²⁴

The use of games was the second activity adopted with the children. A memory game, which has several components with different figures, was the most used one. The components of the memory game have two of each figure, and during the game, the children had to find the equal pairs of each figure. This game promoted the interaction among the children, who learned to wait their turn in the game and to pay more attention. The children also used their recent memory in a significant way. Thirteen children demonstrated willingness in participating in the game, while four either refused or had difficulty playing. The following statement of one of the mothers describes a child's refusal to engage and interact:

[...] No, he's okay; he's feeling fine [...]. What he likes is technology. He never wanted to play with cars, to in-

teract. What he desires is cellphones, computers, video-games, studying [...] (M12).

The use of ludic activities provides a distraction for the children and promotes new and exciting moments during the hospitalization, which decreases the impacts of bed rest and contributes to the children's biopsychosocial improvement.²³ A mother states that her son enjoys playing and drawings. She also describes that he becomes quieter and calmer during such activities:

[...] Ah! He's never quiet; he's a very active boy, likes to play. He plays a lot, he loves to be always playing, and if you put him to draw, paint or to watch tv, then he becomes quiet. [...] (M1).

The activity also allowed the child to draw freely as a therapeutic method for children. When drawing freely, children can express their fears, anguishes, and joys, which enables them to demonstrate what they find important at the moment. Children can easily show what they see in their routines or what they have learned, creating new memories and values.⁹

All children participated in the drawing activity. Eleven children made two or more drawings, while five children only drew once. The 17 children made 32 drawings. From the 32, nine displaying what the children do in their day to day routine at home, such as fly kites (Figure 1), play with cars, play soccer, play video-games and draw. Furthermore, one child drew a Viking warrior riding a horse, which was from a book. The reference to a book demonstrates the child's desire and enjoyment found in drawing.

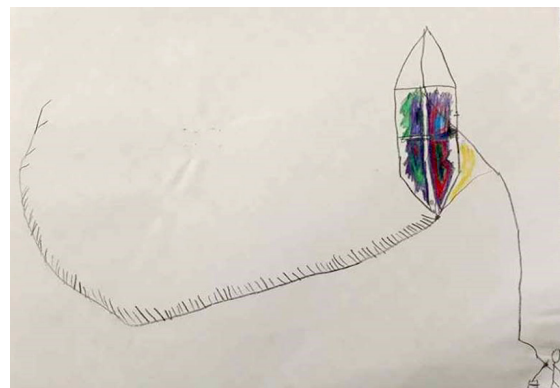


Figure 1 - Nine years old child, flying a kite.

Thirteen drawings displayed the families and their homes. Figures 2 and 3 are examples. In Figure 2, the homesick feeling and missing family members, such as parent and brothers, are notable. Figure 3 displays the vital role of parents in a child's view. The child drew larger pictures of his or her parents, which implies that the child feels protected and cared for by them and that the parents are essential.



Figure 2 - Eight years old child, family and house.

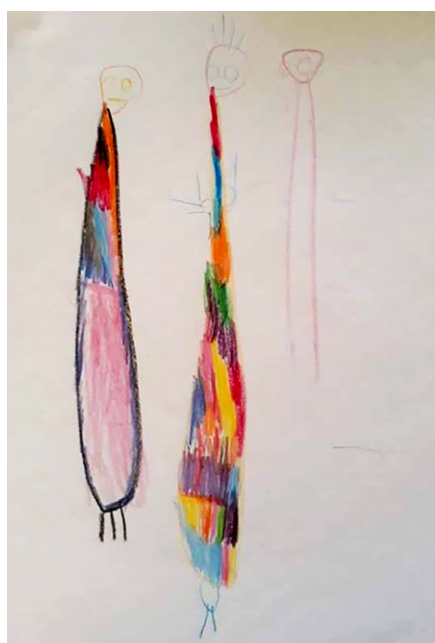


Figure 3 - Four years old child, family members.

The drawings have a role of mediating the physical and imaginary worlds, which gives children autonomy and enable them to portray their feelings freely. In the drawings, children show how they are feeling and what are their needs during hospitalization. Moreover, the drawings establish a relationship between children and health professionals, which enable these professionals to deliver daily care. An improvement in the children's attitudes and mindsets during the hospitalization are also noted.⁹ Children have vast imagination, which is demonstrated across eight random drawings: elephants; a snowman; a big smiling sunflower; hearts; flowers; the sun; and places where the children would like to be at, such as the beach, flower gardens, forest, and with birds.

When ludic activities are conducted in the hospital setting, they allow the children to realize their importance. The children start to accept and understand the health professionals' role in improving their health.²³ For example, in Figure 4, the child drew a "nurse" who was delivering care and the child's older brother who was missed but was at home.

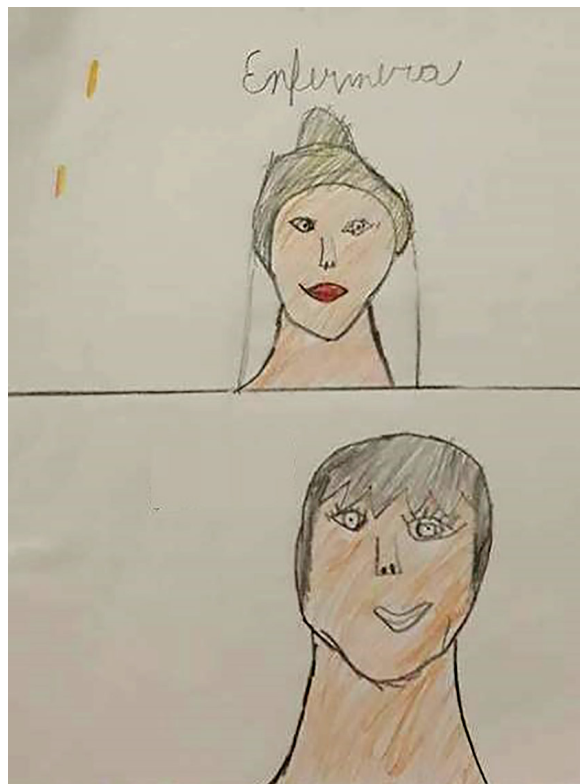


Figure 4 - Nine years old child, portraying the nurse and the child's older brother.

The significance of ludic activities during hospitalization for a child's development and health improvement is demonstrated in the drawings. They also reflect the gratifying role the nurse and other health professionals have in this process.

STUDY LIMITATIONS

This study was conducted in only one setting, which may not represent the reality of other environments and hinders the generalizability of the results. Despite this limitation, this study achieved its aim of understanding the importance of ludic activities for a child's hospitalization.

IMPLICATIONS FOR NURSING

The findings from this study are relevant to nursing since they show that hospitalization has a biopsychosocial impact on a child, which inhibits the improvement of the child's health. Therefore, when ludic activities are used, such as drawings, games, and storytelling, children gain confidence and become more accepting of their diagnosis and treatment. Thus, it is essential to improve the delivery of care through tailored actions, which are focused on reducing the anxiety, fear, anguish, and sadness that children might experience because they are in a setting different from their usual one.

FINAL CONSIDERATIONS

The present study focuses on the use of ludic activities to aid the improvement of a child's health when hospitalized. It was noted that children have positive reactions to the hospitalization when health professionals act to reduce the tension of a hospital environment.

The use of ludic activities during a child's hospitalization enabled the child to express feelings and the experience of being in a hospital. The use of such resources is essential to promote health and allow changes in a child's emotional relationship with the hospital experience. The choice of ludic activities was an initiative to understand how a child experiences the nervous discharge of being hospitalized and help to cope with this new situation. Additionally, the present study supported the use of ludic activities to improve the quality of the care delivered to the hospitalized child and the prevention of traumas or future damages.

The elements and underlying factors involved in understanding the role of ludic activities in the hospital setting indicated that new approaches and methods are always essential to promote effective communication between health professionals and hospitalized children. It is crucial that health professionals become familiar with the ludic activities and use those to identify biopsychosocial impacts of hospitalization on children and prevent them. Health professionals also need to understand how ludic activities promote a relationship between these professionals and hospitalized children, which can improve a child's health status.

REFERENCES

- Oliveira K, Veronez M, Marques CDC, Higarashi H, Marcon SS. Itinerário percorrido pelas famílias de crianças internadas em um hospital escola. *Rev Bras Enferm*. 2014 jan./fev.[cited 2016 June 01];67(1):36-2. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672014000100036
- Grigolato T, Sposito AMP, Pinto MPP, Pfeifer LI. O brincar de crianças com doenças crônicas hospitalizadas. *Rev Ciênc Saúde*. 2016[cited 2016 June 01];1(1):08-16. Available from: <http://www.revistaeletronicafunvic.org/index.php/c14ffd10/article/view/5/14>
- Vakili R, Abbasi MA, Hashemi SAC, Hhademi G, Saeidi M. Preparation a child surgery and hospitalization. *Int J Pediatr*. 2015[cited 2017 May 10];3(3.1):599-5. Available from: https://www.researchgate.net/publication/275769284_Preparation_a_Child_for_Surgery_and_Hospitalization
- Presidência da República (BR). Lei nº 8.069. 13 de julho de 1990. Estatuto da Criança e do Adolescente (ECA). 1990[cited 2017 Aug 20]. Available from: http://www.planalto.gov.br/ccivil_03/leis/l8069.htm
- Hockenberry MJ, Wilson D. Wong: fundamentos de enfermagem pediátrica. 8ª ed. Rio de Janeiro: Elsevier; 2011.
- Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 11ª ed. São Paulo: Hucitec; 2008.
- Secretaria de Estado de Saúde do Distrito Federal (BR). Hospital Materno Infantil de Brasília. [internet]. [cited 2016 June 01]. Available from: <http://www.saude.df.gov.br>.
- Fontanella BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. *Cad Saúde Pública*. 2008 jan.

[cited 2016 June 01];24(1):17-20. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2008000100003.

- Hister R. A criança e o seu desenho: uma construção significativa na idade pré-escolar. *Rev Eventos Pedagógicos* [internet]. 2015 nov./dez.[cited 2016 June 01];6(4):252-1. Available from: <http://sinop.unemat.br/projetos/revista/index.php/eventos/article/view/2015>
- Bardin L. *Análise de Conteúdo*. Lisboa: Edições 70; 2009.
- Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007[cited 2016 June 01];19(6):349-7. Available from: <https://academic.oup.com/intqhc/article/19/6/349/1791966>
- Brasil. Superintendência do Desenvolvimento do Centro-Oeste. Apresentação RIDE-DF. Ministério da Integração Nacional: SUDECO. [Internet]. 2017 jan. [cited 2017 Aug 01]. Available from: <http://www.sudeco.gov.br/apresentacao8>
- Brasil. Conselho Nacional de Secretários de Saúde. Legislação do SUS. Brasília: CONASS. 2003[cited 2016 June 01]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/progestores/leg_sus.pdf
- Lapa DF, Souza TV. Scholars' perception about hospitalization: contributions for nursing care. *Rev Esc Enferm USP*. 2011[cited 2017 Mar 22];45(4):811-7. Available from: http://www.scielo.br/scielo.php?pid=S0080-62342011000400003&script=sci_arttext&lng=en
- Souza MA, Melo LL. Sendo-mãe de criança hospitalizada com doença crônica. *REME Rev Min Enferm*. 2013 abr./jun.[cited 2017 Mar 20];17(2):362-7. Available from: <http://www.reme.org.br/artigo/detalhes/655>
- Santos LF, Oliveira LMMAC, Barbosa MA, Siqueira KM, Peixoto MKAV. Reflexos da hospitalização da criança na vida do familiar acompanhante. *Rev Bras Enferm*. 2013 jul./ago.[cited 2016 June 01];66(4):473-8. Available from: <http://www.scielo.br/pdf/reben/v66n4/v66n4a02.pdf>
- Medrado EDD, Whitaker MCO. Experiências de familiares durante a hospitalização de sua criança/adolescente em uma unidade pediátrica. *Rev Soc Bras Enferm Pediatr*. 2012[cited 2016 June 01];12(2):123-0. Available from: https://sobep.org.br/revista/images/stories/pdf-revista/vol12-n2/Art_4_Experiencias_Evelin.pdf
- Shneider CM, Medeiros LG. Criança hospitalizada e o impacto emocional gerado nos pais. *Unoesc & Ciência – ACHS*. 2011 jul./dez.[cited 2016 June 01];2(2):140-4. Available from: https://editora.unoesc.edu.br/index.php/achs/article/viewFile/741/pdf_216
- Figueiredo SV, Gomes ILV, Pennafort VPS, Monteiro ARM, Figueiredo JV. Sentimentos de mães atribuídos à hospitalização de um filho. *Cogitare Enferm*. 2013 jul./set.[cited 2016 June 01];18(3):552-7. Available from: <https://revistas.ufpr.br/cogitare/article/view/33571/21069>
- Fiorot AC, Pontelli BPB. A criança hospitalizada e a garantia de acesso à educação pela classe hospitalar: uma revisão bibliográfica. *Cad Educ Ensino Soc*. 2017[cited 2016 June 01];4(1):100-3. Available from: <http://unifibe.com.br/revistasonline/arquivos/cadernodeeducacao/sumario/50/26042017192942.pdf>
- Ferreira C. Intervenção com Mães de Crianças Hospitalizadas. *Rev Port Enferm Saúde Mental*. 2011 jun.[cited 2018 Apr 27];(5):45-1. Available from: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S1647-21602011000100007&lng=pt
- Gonçalves KG, Figueiredo JR, Oliveira SX, Davim RMB, Camboim JCA, Camboim FEF. Criança hospitalizada e equipe de enfermagem: uma opinião de acompanhantes. *Rev Enferm UFPE on line*. 2017[cited 2016 June 01];11(Supl. 6):2586-3. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/23427/19114>
- Marques PE, Garcia TMB, Anders JC, Luz JH, Rocha PK, Souza S. O Lúdico na oncologia pediátrica. *Esc Anna Nery Rev Enferm*. 2016[cited 2018 Jan 01];20(3):e20160073. Available from: <http://www.scielo.br/pdf/ean/v20n3/1414-8145-ean-20-03-20160073.pdf>
- Souza LO, Bernardino AD. A contação de histórias como estratégia pedagógica na educação infantil e ensino fundamental. *Rev Educ*. 2011[cited 2016 June 01];6(12):235-9. Available from: <http://saber.unioeste.br/index.php/educereeducare/article/viewFile/4643/4891>

