

# THERAPEUTIC TOY IN THE CONTEXT OF PEDIATRIC EMERGENCY

---

## BRINQUEDO TERAPÊUTICO NO CONTEXTO DA EMERGÊNCIA PEDIÁTRICA

---

## JUGUETE TERAPÉUTICO EN EL CONTEXTO DE LA EMERGENCIA PEDIÁTRICA

Caroline Berté<sup>1</sup>  
Karin Rosa Persegona Ogradowski<sup>2</sup>  
Ivete Palmira Sanson Zagonel<sup>3</sup>  
Luana Tonin<sup>4</sup>  
Luciane Favero<sup>5</sup>  
Renato de Lima Almeida Junior<sup>6</sup>

**How to cite this article:** Berté C, Ogradowski KRP, Zagonel IPS, Tonin L, Favero L, Almeida Junior RL. Therapeutic toy in the context of pediatric emergency. Rev baiana enferm. 2017;31(3):e20378.

**Objective:** to understand the perception of a nursing team and parents about therapeutic toys during child care in a hospital emergency unit. **Methods:** this was a qualitative, exploratory and descriptive study including twelve nursing professionals and seven mothers of preschool and school children who underwent venipuncture and received injectable medication. Data were collected using semi-structured interviews. Were analyzed content of discourses of nursing professionals and mothers who were accompanying their children. **Results:** most of professionals did not know the concept and applicability of the therapeutic toy technique; mothers perceived this technique as a facilitator to hospital emergency care. **Conclusion:** the act of playing can be perceived as a possibility to be included in the nursing process, and it can be also included in the context of pediatric emergency care.

**Keywords:** Pediatric nursing. Emergency nursing. Games and toys.

*Objetivo: compreender a percepção da equipe de Enfermagem e de pais sobre o uso do brinquedo terapêutico durante o atendimento da criança na emergência hospitalar. Método: estudo qualitativo, exploratório e descritivo, realizado com doze profissionais da equipe de Enfermagem e sete mães de crianças em idade pré-escolar e escolar, submetidas à punção venosa e administração de injetáveis, na emergência de um hospital pediátrico. A entrevista semiestruturada foi utilizada para a coleta das informações. Empregada a análise de conteúdo na análise dos discursos dos profissionais da equipe de Enfermagem e das mães acompanhantes da criança. Resultados: os profissionais, em sua maioria, desconhecem o conceito e a aplicabilidade do brinquedo terapêutico, ao passo que as mães o percebem como um recurso facilitador durante o atendimento na emergência hospitalar. Conclusão: o*

---

<sup>1</sup> Nurse. Specialist in Child and Adolescent health. Nurse in the Teaching Hospital of Oeste do Paraná. Cascavel, Paraná, Brazil. caroline\_berte@hotmail.com

<sup>2</sup> Nurse. Specialist in Health Education. Master Degree in Nursing. Doctoral student of the Biotechnology Applied to Child and Adolescent Health Graduate Program. Curitiba, Paraná, Brazil.

<sup>3</sup> Nurse. Specialist in Active Methods of Higher Education in Health Area. Master degree in Education. Phd in Nursing. Full Professor at Faculdades Pequeno Príncipe. Curitiba, Paraná, Brazil.

<sup>4</sup> Nurse. Specialist in Public Health focused on Family Health Strategy. Master Degree Student of Graduate Nursing Program at Federal University of Paraná. Member of the Center for Studies, Research, and Extension in Humanization of Nursing Care. Curitiba, Paraná, Brazil.

<sup>5</sup> Nurse. Specialist in Pediatric Nursing. Specialist in Neonatal Nursing. Master Degree in Nursing. PhD in Nursing. Professor at Universidade Positivo. Curitiba, Paraná, Brazil.

<sup>6</sup> Nurse of the Hospital Pequeno Príncipe. Curitiba, Paraná, Brazil.

*brincar pode ser visto como uma possibilidade dentro do processo de Enfermagem, sendo incluído no contexto do cuidado na emergência pediátrica.*

*Descritores: Enfermagem pediátrica. Enfermagem em emergência. Jogos e brinquedos.*

*Objetivo: comprender la percepción del equipo de Enfermería y de los padres sobre el uso del juguete terapéutico durante el atendimento del niño en la emergencia hospitalaria. Método: estudio cualitativo, exploratorio y descriptivo, realizado con doce profesionales del equipo de Enfermería y siete madres de niños en edad preescolar y escolar, sometidas a punción venosa y administración de inyectables, en la emergencia de un hospital pediátrico. Para la recolección de las informaciones se utilizó la entrevista semiestructurada. Para analizar los discursos de los profesionales del equipo de Enfermería y de las madres acompañantes de los niños, se utilizó el análisis de contenido. Resultados: Los profesionales, en su mayoría, desconocen el concepto y la aplicación del juguete terapéutico, al paso que las madres lo perciben como un recurso facilitador durante el atendimento en la emergencia hospitalaria. Conclusión: el acto de jugar puede ser visto como una posibilidad dentro del proceso de Enfermería, siendo incluido en el contexto del cuidado en la emergencia pediátrica.*

*Descritores: Enfermería pediátrica. Enfermería en emergencia. Juegos y juguetes.*

## Introduction

Long stay in emergency can constitute a stressful experience and sometimes disturbing in all phases of life. For children, however, emergency is particularly problematic. In general, the emergency unit environment can be haunting for children, especially when they are sick<sup>(1)</sup>. These effects are even more intense in children in preschool phase who include fantasy in almost everything.

A long hospital stay, particularly in emergency unit, is seen as a mysterious and scary world because of the inability of the child to deal with abstraction, temporal facts, and cause and effect relationships<sup>(2)</sup>. In school phase, hospitalization can be perceived as a loss of physical integrity, intellectual ability, and independency of the child because it interrupts the command of their own body and causes distance from family members, school, and friends<sup>(2)</sup>. To reduce problems related to children long hospital stay, some strategies can be adopted such as full-time presence of the family, respect to evolution phases and markers of a child development as well as creation of a welcoming environment to the child in which he/she feels motivated and stimulated to play<sup>(3)</sup>.

To improve coping with hospitalization and allow children adaptation in such environment the Brazilian Statute of Child and Adolescent, law nº8,609 from July 13, 1990, establishes that

healthcare providers would promote condition for parents and guardians to stay full-time with the child or adolescent<sup>(4)</sup>. In addition, the resolution nº 41 from 1995 of the National Council of Child and Adolescent states the need of preserving the characteristics of childhood, approaches rights of institutionalized children and need of ludic measures to avoid negative effects of hospitalization, and supports and recognizes the importance of playing<sup>(5)</sup>.

The act of playing is essential to children because it contributes to their cognitive, physical, social, and emotional development<sup>(6)</sup>. For this reason, by considering play as a strategy for child care in hospital environment, nurses can use it during their daily routine to prepare children for surgery and invasive procedures, and also during painful and uncomfortable procedures<sup>(7)</sup>.

Therapeutic toys adoption, in the context of pediatric emergency, is also a need because emergency services are sought by families when they need "prompt care", urgent and emergency care, and during situations that can trigger long hospital staying due to the need of hospitalization<sup>(3)</sup>.

Therefore, there is a need to understand how nursing professionals and parents perceive the use of therapeutic toys. This study is justified by the fact that the goal of this article is to

understand and encourage the constant seeking for health care qualification by socialization and reflection of experiences based on perception of professionals and parents.

A number of toys exist, but, among them, we emphasize the therapeutic toy that, among other benefits, can help child to perceive what is going on, show his/her fears and anxieties, help them to establish a bond with health professional, and reveal what they feel and think<sup>(8)</sup>. The use of therapeutic toy requires a professional to guide its application, and stimulate the child to participate in the activity. Therapeutic toys aim to transform the experience of an atypical situation to a children age, such as stay in the hospital environment, into a positive emotional and physical experience<sup>(9)</sup>.

In this context, healthcare teams can create conditions such as adopting a ludic approach by involving the real experience in the child's imaginary world. Therefore, enabling his/her collaboration and acceptance of procedures<sup>(7)</sup>. In addition, it is important that family caregivers could understand benefits and provide support to the healthcare team during therapeutic toy sessions. Hence, this study question is: What is the perception of nursing professionals and parents about the use of therapeutic toy during pediatric emergency care?

This study sought to understand the perception of nursing team and parents about the use of therapeutic toy during pediatric emergency care.

## **Method**

This was a qualitative, descriptive, and exploratory study including patients from the Brazilian Unified Health System (Sistema Único de Saúde – SUS). The analysis was carried out in a pediatric emergency unit of a specialized hospital in adolescent and children care in the city of Curitiba, Parana, Brazil. Data were collected and recorded using semi-structure interviews. Then, results were analyzed following stages of content analysis<sup>(10)</sup>.

A total of 12 nursing professionals (3 nurses, and 9 nursing technicians) who worked in a

pediatric emergency unit during July 2015 were included in the first phase of the study. We included professionals with experience of more than one year in healthcare, and those working in morning and afternoon shifts. After applying inclusion criteria, 40% of nursing professionals from the unit was included.

Professionals were interviewed in the emergency unit in a private room, in order to enable them to express themselves freely. Questions were about their knowledge of therapeutic toy technique, experience with the topic during professional education, experience in using the technique in the unit, and results achieved after its use. After ending interviews, participants had the opportunity to make comments and ask questions. The confidentiality of participants' identity was guaranteed by using the description "Interviewee" followed by a number from 1 to 12 indicating the order in which data collection was done.

In a different phase of the study, seven mothers were invited to participate in the study. This phase occurred from August to October 2015. Inclusion criteria were parents of children in preschool or school, who received care in the pediatric emergency unit during morning and afternoon shifts, as well as whose child had undergone venipuncture and/or received injectable medication. Children submitted to these procedures were those who participated in therapeutic toy session. The small number of participants is because children and families stay for a short time in the emergency unit and normally they are quickly forward to different units such as inpatient units or even are discharged; therefore, not always invasive interventions are required. The majority of participants in the group were women because children were often accompanied by their mother.

To collect information, mothers of children received explanation about the objective, and those who agreed to participate signed the consent term. Subsequently, the therapeutic toy technique was applied during venipuncture and/or injectable drug administration under the observation of a member of the nursing team.

After ending the procedure, a semi-structured interview with mothers was done in order to understand their perception regarding the use of therapeutic toy during the procedure.

The confidentiality of patients' identity was guaranteed by the use of the code name "Interviewed Mother n°", followed by number 1 to 7 that corresponded to the order of data collection. Interviews were recorded and included the following questions: As a mother, how was your perception of therapeutic toy use during the procedure (venipuncture and/or injectable drug administration)? Did therapeutic toy help the child in the acceptance of the procedure?

Data analysis was performed after comprehensive and exhaustive reading of transcriptions of participants' discourses. Next, a structured information analysis was done to enable the selection of part of testimonials and identify the main ideas<sup>(10)</sup>. Still, after this step, were explored the material in order to analyze explicit and implicit ideas in participants' discourse. After this step, data was summarized to organize theoretical results and testimonials and/or empiric data.

This study followed ethical issues recommended by resolution n° 466/2012 of the Brazil National Health Council from the Brazil Ministry of Health that regulates research involving humans<sup>(11)</sup>. Our study was approved by Ethical and Research Committee of the Faculdade Pequeno Príncipe, CAAEE number 44749315.4.0000.5580.

## Results and Discussion

The characterization of nursing team members evidenced that age of collaborators ranged from 24 and 53 years old. A total of 12 participants (100%) were women, and their labor experience within the pediatric area was on average 3.1 years. All professionals were working for one year in the institution where the study was conducted. Among them, 2 (16%) reported previous experience with therapeutic toy.

## Knowledge about therapeutic toy by nursing professionals

Reports of nursing team from the pediatric emergency unit showed their lack of knowledge about the use and applicability of therapeutic toy before invasive procedures.

*I would like that you could explain to me the toy issue because I don't have enough information about. In fact, I don't know how it works. (Interviewee n° 2).*

*Here [in the emergency room] we don't have toys, normally they have them in nursing stations and normally volunteers bring them. It works like this. I know that when we request, the volunteer brings the toy that the child wants, something like that... If I'm not wrong, I think a child can get two or three toys. (Interviewee n° 2).*

It is important to highlight that the hospital in which this study occurs uses in its units the normative toy, through volunteers who take it to the children or even accompany them in the toy library. This approach is a way to use play in hospital environment that entail spontaneous activities that lead to pleasure without, however, an objective. A recreation room entails a great place for therapeutic toy development<sup>(9)</sup>.

On the other hand, although they have a limited knowledge on the subject, professionals recognize the importance of using therapeutic toy by nursing in pediatric care, targeting to help the acceptance of the procedure by the child.

*Here in our unit [of emergency] we do not use, I have heard something about it...but, I have never used it before in my practice. But I think it would be interesting to get a better acceptance of patient to the procedure. (Interviewee n° 7).*

*I don't have much knowledge about the toy issue, but, the little I know I learned from some articles I have read [...] I think this technique is interesting to implement before procedures because it is a way to make the procedure more easily accepted by children. (Interviewee n° 4).*

Such condition was mentioned in a field study that included nursing professionals working in pediatric units and who did not know about theoretical and practical knowledge of therapeutic toy use. In addition, participants did not have a broad understanding of its use as a resource during care<sup>(12)</sup>.

Play is important to children and it is part of their development. Healthcare teams must recognize this need, and provide means to

incorporate therapeutic toy in their daily care practice<sup>(13)</sup>. The resolution of the Brazilian Nursing Federal Council (Conselho Federal de Enfermagem – COFEN) n. 295, 1<sup>st</sup> article, states that a nurse who works in a pediatric unit needs the competence to use the therapeutic toy technique during the care for children and their family<sup>(14)</sup>. For this reason, this technique is guaranteed as an important resource to implement integral care coordinated by a nurse. This professional should be also responsible to replicate the therapy to other teams working within pediatric hospitalization and care units.

When nurses were inquired about their professional education, all participants reported not receive training on therapeutic toy during technical and/or undergraduate education. However, some of them reported that they were taught distraction techniques to be used during nursing procedures.

*I never heard about. I graduated eight years ago, during my undergraduate studies, I never heard about.* (Interviewee n° 11).

*I did not have any training during my technical education. During my training in pediatrics I just visited one maternity hospital. But they only have babies there.* (Interviewee n° 12).

*During my training in pediatrics, I learned to try to distract the child, but no objects were used or specific technique was taught. The main intention was to get the child attention to other thing different of the procedure [...] (Interviewee n° 6).*

The inclusion of toy/therapeutic toy topic in nursing undergraduate program is a recommendation by Regional Nursing Council of the city of Sao Paulo. This council suggests this topic as mandatory in syllabus of undergraduate nursing programs<sup>(15)</sup>. A study carried out in the state of Sao Paulo showed that sensitization of nurses to use this strategy is favored when the content is included in syllabus of undergraduate programs and when the program promotes practical experience to students<sup>(7)</sup>.

Some professionals reported not know about the use of therapeutic toy in emergency units before they had observed its application during data collection of our study. We also identified nursing professionals' resistance

to use therapeutic toy mainly for lack of time, experience, and knowledge.

*Perhaps the therapeutic toy technique would be more adequate in nursing because the stressful time has passed, and the child is calmer [...] an option would be to use it when you are going to do aspiration, or, I don't know, change bandages, I believe the nursing ward is a calm place.* (Interviewee n° 1).

*People generally associate the toy technique as a play, and a timing consuming activity. I believe that there is resistance from the staff to implement the technique in daily practice.* (Interviewee n° 4).

*During a procedure, I believe I can't handle it. For example, in the middle of venipuncture, I just can't do it.* (Interviewee n° 12).

Some participants of the study recognized the importance of the use of therapeutic toy.

*When therapeutic toy is associated to the procedure, children tend to better accept the intervention, but every child has a different response.* (Interviewee n° 4).

*I believe that a toy can help them better understand procedures, and also more easily accept the procedure. The use of a child own toy or a institutional toy can help to show how the procedure would be.* (Interviewee n° 7).

*Children like to play, even if he/she is sick or not they like to play. Therefore, I believe therapeutic toy is interesting.* (Interviewee n° 12).

Studies report that factors that difficult therapeutic toy application are lack of time, lack of knowledge and training, lack of interest of some professionals, lack of specific material, lack of an adequate place, as well as excessive activities under nurse responsibility<sup>(16-17)</sup>.

A study reported that presence of a family member in the pediatric emergency unit is characterized by healthcare professionals with heavy workload and limitation of human, physical and material resources. In addition, unrestricted access to emergency services means a long waiting time for care and it can generate stress among healthcare team members who manage a workload that most of the time is higher than their ability to handle<sup>(18)</sup>.

A study argues that difficulties related to implementation and use of therapeutic toy in care which are related to the scarcity of human, material or financial resources, cannot justify depriving the child from the right to play<sup>(19)</sup>. In addition, there is evidence that the use of therapeutic toy in the urgency and emergency

service promotes many benefits, collaborating with integral attention, acceptance of procedures necessary for diagnosis, and treatment and maintenance of children's rights<sup>(20)</sup>. This study also shows a scarcity of studies related to the use of therapeutic toy by nursing team and during pediatric care in urgency and emergency department.

Nursing team has a fundamental role to promote and/or perform ludic activities and support delivery of qualified care<sup>(13)</sup>. However, both better technical and scientific training of nursing professionals to assist families and their children, in addition to an effort made by institutions can provide ways to enable professionals to incorporate therapeutic toy in their practice<sup>(17)</sup>.

This study allowed to understand that most of participants did not know the concept and applicability of therapeutic toy. However, even with limited knowledge, professionals recognized the importance of its use. Nursing professionals also reported not receive training on therapeutic toy in technical and/or higher nursing education, however, they mentioned to have learned the use of distraction techniques.

We observed lack of knowledge on the use of therapeutic toy in context of pediatric emergency as well as the resistance of professionals to use the technique due to lack of time, experience and/or knowledge.

#### *Use of therapeutic toy based on mothers' perception*

This phase included those responsible for children. Participants were 7 mothers of children who underwent venipuncture (6 children) and received injectable drug administration (1 child). Reasons to sought health service were: asthma attack (2), nausea and vomiting (1), bowel viral infection (1), swallowing foreign body (1), acute tonsillitis (1) and transfusion of blood products (1). Children age ranged from 2 to 7 years; in which 4 of them were boys and 3 were girls.

In mother's reports, the use of therapeutic toy was seen as a facilitator resource during

child stay in the emergency unit. Mothers also reported that the experience enabled children to understand and better accept procedures; additionally, it was a learning and distraction time that allowed children and mother to feel calm and safe.

*How interesting was to see they explaining the procedure using the doll [...] I really like it! (Interviewed mother nº 1).*

*It was good and fun, I also learned a little. (Interviewed mother nº 2).*

*I believe that the approach with the toy made my child to feel calm and safe! The child ends up not so scary! (Interviewed mother nº 5).*

*She [the child] became easily interested; the activity was ludic, she loved it [...] so, I like it too! The activity was good even to me, to us, we didn't even notice how fast time passed. (Interviewed mother nº 6).*

Similar reports in the literature are in consonance with results observed in this study, in which parents perceived high understanding and acceptance of children to the procedures after the therapeutic toy. Parents also felt safer and calmer by seeing the use of the technique with their child<sup>(13,21)</sup>.

In mother's discourses, we could identify comparisons of children's behavior in similar procedures previously done without use therapeutic toy. They emphasized, once again, the efficiency of the technique as facilitator resource during stay of child in emergency unit as well as the increased acceptance of the procedure by the child.

*He needed to collect blood before [...] and, wow, it was extremely difficult and complicated. We had to hold him, there was no other way. Today it was quite easy. He let the nurse does the procedure, we did not need to hold him. (Interviewed mother nº 3).*

*In previous exams, she cried a lot. But this time, she was very calm. (Interviewed mother nº 4).*

*Normally he gets to pediatric test centre crying, because he knows he will receive an injection. The short story and the toy facilitated a lot because he becomes relaxed during injection. He went to the procedure, but he was feeling better because of the short story. (Interviewed mother nº 7).*

The toy enabled a potentially therapeutic action in the hospital environment, and it can reduce the resistance to treatment, as well turn the child more collaborative<sup>(22)</sup>. The therapeutic toy is featured as a tool to translate the reality,

provide amusement, joy an satisfaction, and facilitate the establishment of therapeutic bound<sup>(23)</sup>. As benefits of therapeutic toy use in hospital units, is possible to observe better understand of children occurs in relation to the care they are about to receive, reduction of stress caused by hospitalization/assistance, and improvement in relationship between nursing team, child, and mother<sup>(13)</sup>.

In this study, mothers' desire to use therapeutic toy by health professionals in their daily practice of care was justified by the children's peace of mind.

*How interesting it was to me. I think that all professionals should be encouraged to do the same thing, because dealing with children in the hospital is complicated, right? (Interviewed mother nº 4).*

*If all professionals use the toy technique, it will be great! Children feel calm. If they first approach the child with a toy, talking, the environment becomes more pleasant [...] they already scared! They are in a strange environment. (Interviewed mother nº 3).*

A study that evaluated perceptions of family caregivers about the ludic approach during care delivered to hospitalized children concluded that caregivers recognize the importance of this type of care, as well as that the technique can provide calmness to family members. Still, the study also highlighted that a ludic approach is a form of nursing care that enhances the well-being of the child and the family, becoming an ally of professionals involved in the care process<sup>(24)</sup>.

The use of therapeutic toy promotes an individualized care and supports the child to understand and face hospital emergency care. Pediatric nurses must develop skills and competences with the aim to provide empathy and sensibility to the problem of others, as well as to communicate appropriately based on patient knowledge, in addition to use technical and scientific knowledge to promote effective and qualified care<sup>(16)</sup>.

Thus, in this trajectory, this study led to comprehend that mothers perceived therapeutic toy as facilitator during emergency care when they compared with previous procedures that did not use the therapeutic toy approach. After the

experience, mothers reported the wish to have therapeutic toy use during all health procedures.

It is important to highlight that two steps of the study were done in the same unit in order to enable nursing professionals and mothers to observe the therapeutic toy technique and perceive the importance of this practice in the emergency context. Some professionals opted for not follow-up the technique application because they were busy with other activities, therefore, this fact constituted a limitation in our study. Other professionals, however, followed the steps and showed enthusiasm with the technique.

## Conclusion

Nursing care in emergency units is often marked by rapid procedures and little interaction with patients, either due to a specific care or due to the short stay of the client in this scenario, or even due to the speed required in different situations. On the other hand, a therapeutic toy is perceived as a strategy of atraumatic care that has the aim, in addition to approximate those involved, to familiarize children with the procedure they are about to do.

To understand perception of nursing team, that delivery care to the child during an emergency, and by mothers, who companied the child, enabled to understand that different perspectives exist among them.

The majority of professionals who participated in our study did not have knowledge about therapeutic toy technique because the topic was not taught during their technical and/or academic education. In addition, professionals also considered that emergency units were not the best places to use the technique because emergencies demand from professionals to focus on many activities. Accordingly, some professionals used toy as way to distract the child, but some of them understood the benefits and recognized the importance of the strategy in pediatric nursing care.

Further, mothers who participated in the study expressed positive attitude towards the use

of therapeutic toy strategy, they also reported interest with its use in other health care situations. They reported improvements in behavior of the child compared with previous emergency care experiences in which therapeutic toy was not used. Moreover, mothers reported to feel calmer because they perceived less stress expressed by their child.

Thus, to understand the differences between the two perceptions covered in this study is an important finding. Not to mention that this tool can be used as guiding actions by professionals in order to transform daily nursing practice and meet expectation of family members, as much as delivery quality care, free of traumas, and promote less stress mainly in care delivered to children.

In sum, the results achieved have the aim to broad construction of knowledge in nursing and healthcare area. Additionally, they also scientifically support the decision-making process based on humanization, safety, and ethics in care. This reality enabled to perceive that play can be part of nursing care process and can be included in their daily activities.

Further studies are warranted to understand more deeply perception of nursing team, parents, and children regarding the use of therapeutic toy in pediatric units. Additionally, the inclusion of the subject in syllabus of nursing education programs is recommended.

In conclusion, is highlighted the importance of continuing education in healthcare services on the subject in order to seek technical and scientific conditions for nursing teams use effectively therapeutic toy as a contribution for humanization of care in pediatric emergency units.

### Collaborations:

1. conception design, analysis and interpretation of data: Caroline Berté and Karin Rosa Persegona Ogradowski;

2. writing of the article and critical review relevant for the intellectual content: Luana Tonin and Luciane Favero;

3. final approval of the version to be published: Ivete Palmira Sanson Zagonel and Renato de Lima Almeida Junior.

### References

1. Paladino CM, Carvalho R, Almeida FA. Therapeutic play in preparing for surgery: behavior of preschool children during the perioperative period. *Rev Esc Enferm USP* [internet]. 2014 [cited 2017 Set 4];(48)3:423-9. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0080-62342014000300423&lng=en&nrm=iso&tlng=en&ORIGINALLANG=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342014000300423&lng=en&nrm=iso&tlng=en&ORIGINALLANG=en)
2. Souza A, Favero L. Use of therapeutic toys in nursing care of the hospitalized child with leukemia. *Cogitare Enferm* [Internet]. 2012 [cited 2016 Jan 22];17(4):669-75. Available from: [file:///C:/Users/ADMIN/Downloads/30364-111463-2-PB%20\(1\).pdf](file:///C:/Users/ADMIN/Downloads/30364-111463-2-PB%20(1).pdf)
3. Silva RDM, Austregésilo SC, Ithamar L, Lima LS. Therapeutic play to prepare children for invasive procedures: a systematic review. *J Pediatr* [internet]. 2017 [cited 2017 Sept 4];93(1):6-16. Available from: <http://www.sciencedirect.com/science/article/pii/S225553616301008>
4. Brasil. Lei n. 13.257, de 8 de março de 2016. Dispõe sobre as políticas públicas para a primeira infância e altera a Lei n. 8.069, de 13 de julho de 1990 (Estatuto da Criança e do Adolescente). Brasília; 2016 [cited 2017 Sept 4]. Available from: <http://www2.camara.leg.br/legin/fed/lei/2016/lei-13257-8-marco-2016-782483-publicacaooriginal-149635-pl.html>
5. Brasil. Conselho Nacional de Defesa dos Direitos da Criança e Adolescente. Resolução n. 41, de 13 de outubro de 1995. Dispõe sobre os direitos da criança e do adolescente hospitalizados. Brasília; 1995 [cited 2017 Sept 4]. Available from: <http://dh.sdh.gov.br/download/resolucoes-conanda/res-1-a-99.pdf>
6. Ullán AM, Belver MH, Fernández E, Lorente F, Badía M, Fernández B. the effect of a program to promote play to reduce children's post-surgical pain: with plush toys, it hurts less. *Pain Manag Nurs* [Internet]. 2014 Mar [cited 2016 Jan 22];15(1):273-82. Available from: [https://www.researchgate.net/publication/234010493\\_The\\_Effect\\_of\\_a\\_Program\\_to\\_Promote\\_Play\\_to\\_Reduce\\_Children's\\_Post-Surgical\\_Pain\\_With\\_Plush\\_Toys\\_It\\_Hurts\\_Less](https://www.researchgate.net/publication/234010493_The_Effect_of_a_Program_to_Promote_Play_to_Reduce_Children's_Post-Surgical_Pain_With_Plush_Toys_It_Hurts_Less)



7. Barreto LMSC, Maia EBS, Depianti JRB, Melo LL, Ohara CVS, Ribeiro CA. Giving meaning to the teaching of therapeutic play: the experience of nursing students. *Esc Anna Nery* [internet]. 2017 [cited 2017 Sept 4];21(2):1-9. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-81452017000200210&lng=en&nrm=iso&tlng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452017000200210&lng=en&nrm=iso&tlng=en)
8. Kalra S, Chughl S, Dinakaran P. Diabetes and play therapy. *J Soc Health Diabetes* [Internet]. 2014 [cited 2016 Jan 22];2(1):40-4. Available from: <http://www.joshd.net/text.asp?2014/2/1/40/120274>
9. Fonseca MRA, Campos CJG, Ribeiro CA, Toledo VP, Melo LL. Revealing the world of oncological treatment through dramatic therapeutic play. *Texto contexto-enferm* [internet]. 2015 [cited 2016 Jan 23];24(4):1112-20. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-07072015000401112](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072015000401112)
10. Gomes R. Análise de dados em pesquisa qualitativa. In: Minayo MCS, organizadora. *Pesquisa social: teoria, método e criatividade*. 29a ed. Petrópolis: Vozes; 2010. (Coleção temas sociais). p. 79-108.
11. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução n. 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos [Internet]. Brasília; 2012 [cited 2016 Jan 22]. Available from: [http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466\\_12\\_12\\_2012.html](http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html)
12. Malaquias TSM, Baena JA, Campos APS, Moreira SRK, Baldissera VDA, Higarashi IH. O uso do brinquedo terapêutico durante a hospitalização infantil: saberes e práticas da equipe de enfermagem. *Ciênc cuid saúde* [Internet]. 2014 [cited 2016 Jan 22];13(1):97-103. Available from: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/21802>
13. Marques DKA, Silva KLB, Cruz DSM, Souza IVB. Benefícios da aplicação do brinquedo terapêutico: visão dos enfermeiros de um hospital infantil. *Arq Ciênc Saúde* [internet]. 2015 [cited 2017 Sept 4];22(3):64-8. Available from: <http://www.cienciasdasaude.famerp.br/index.php/racs/article/view/240>
14. Conselho Federal de Enfermagem. Resolução n. 0546/2017. *Revoga a Resolução Cofen n. 295/2004 - Utilização de técnica de brinquedo terapêutico pela Enfermagem*. Brasília; 2017. [cited 2017 Sept 4]. Available from: [http://www.cofen.gov.br/resolucao-cofen-no-05462017\\_52036.html](http://www.cofen.gov.br/resolucao-cofen-no-05462017_52036.html)
15. Gomes MFP, Silva ID, Capellini VK. Nursing professionals' knowledge on the use of toys in the care of hospitalized children. *Rev Enferm UFPI* [internet]. 2016 [cited 2017 Sept 4];5(1):23-7. Available from: <http://ojs.ufpi.br/index.php/reufpi/article/view/4490>
16. Marques DKA, Silva KLB, Cruz DSM, Souza IVB. Benefícios da aplicação do brinquedo terapêutico: visão dos enfermeiros de um hospital infantil. *Arq Ciênc Saúde* [internet]. 2015 [cited 2016 Jan 22];22(3):64-8. Available from: [http://www.cienciasdasaude.famerp.br/index.php/racs/article/view/240/pdf\\_55](http://www.cienciasdasaude.famerp.br/index.php/racs/article/view/240/pdf_55)
17. Sousa LPS, Silva CC, Brito JCA, Santos APO, Fonseca ADG, Lopes JR, et al. O brinquedo terapêutico e o lúdico na visão da equipe de enfermagem. *J Health Sci Inst* [Internet]. 2012 [cited 2016 Jan 22];30(4):354-8. Available from: [http://www.unip.br/comunicacao/publicacoes/ics/edicoes/2012/04\\_out-dez/V30\\_n4\\_2012\\_p354a358.pdf](http://www.unip.br/comunicacao/publicacoes/ics/edicoes/2012/04_out-dez/V30_n4_2012_p354a358.pdf)
18. Mekitariana FF, Angelo M. Presença da família em sala de emergência pediátrica: opiniões dos profissionais de saúde. *Rev paul Pediatr* [Internet]. 2015 [cited 2016 Jan 22];33(4):460-6. Available from: [http://www.scielo.br/pdf/rpp/v33n4/pt\\_0103-0582-rpp-33-04-0460.pdf](http://www.scielo.br/pdf/rpp/v33n4/pt_0103-0582-rpp-33-04-0460.pdf)
19. Garanhani ML, Valle ERM. O significado da experiência cirúrgica para a criança. *Ciênc cuid saúde* [Internet]. 2012 [cited 2016 Jan 22];11(suplem.):259-66. Available from: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/17084>
20. Freitas BHBM, Voltani SSAA. Brinquedo terapêutico em serviço de urgência e emergência pediátrica: revisão integrativa de literatura. *Cogitare enferm* [internet]. 2016 Jan/mar [cited 2016 Jan 22];21(1):1-8. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/viewFile/40728/27245>
21. Borges AA, Dupas G. Communication between family and child: the meanings of interaction in the setting of childhood cancer. *Ciênc cuid saúde* [internet]. 2016 [cited 2017 Sept 4];15(4):731-. Available from: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/31959/18461>
22. Fontes CMB, Coral TQ, Toso LAR. O brinquedo terapêutico em ambiente de cuidado crítico pediátrico: revisão integrativa de literatura. *Rev*

- enferm UFPE on line [internet]. 2015 [cited 2017 Sept 4];9(8):8899-907. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6752>
23. Fontes CMB, Sá FM, Mondini CCSD, Moraes CAF. O brinqueado terapêutico e o preparo da criança para a cirurgia de correção de fissura labiopalatina. Rev enferm UFPE on line [internet]. 2013 [cited 2016 Jan 22];7(7):4681-8. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4559>
24. Nicola GDO, Ilha S, Dias MV, Freitas HMB, Backs DS, Gomes GC. Percepções do familiar cuidador acerca do cuidado lúdico à criança hospitalizada. Rev enferm UFPE on line [internet]. 2014 [cited 2016 Jan 22];8(4):981-6. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/5095>

Received: December 2, 2016

Approved: September 14, 2017

Date of publication: November 20, 2017