

MATERNAL EXPERIENCES IN PLAYROOM DURING HOSPITALIZATION OF CHILDREN: PHENOMENOLOGICAL STUDY

VIVÊNCIAS MATERNAS EM ESPAÇO LÚDICO DURANTE A HOSPITALIZAÇÃO INFANTIL: ESTUDO FENOMENOLÓGICO

EXPERIENCIAS MATERNAS EN UN ESPACIO LÚDICO DURANTE LA HOSPITALIZACIÓN INFANTIL: UN ESTUDIO FENOMENOLÓGICO

Bárbara Euzébio Ribeiro¹
Camila Cazissi da Silva²
Marcela Astolph de Souza³
Luciana de Lione Melo⁴

How to cite this article: Ribeiro BE, Silva CC da, Souza MA de, Melo L de L. Experiences of families of hospitalized children revealed during their stay in a play space: a phenomenological study. Rev. baiana enferm. 2025;39:e65001

Objective: to understand the experiences of mothers who attended playrooms during hospitalization. **Method:** phenomenological study based on the analysis of the structure of the located phenomenon of Martins and Bicudo, with 11 mothers of hospitalized children. The phenomenological interviews, recorded and transcribed in full, occurred through the guiding question: "Tell me in detail how you felt attending the playroom with your child". **Results:** the mothers pointed out the benefits of the playroom for children, as a stimulus to child development and for themselves, as the feeling of satisfaction for perceiving the happiness of their children. **Final considerations:** the playroom was perceived as beneficial for mothers and hospitalized children. With this, it was possible to understand that it is necessary to train health professionals for the use of games in everyday care.

Descriptors: Hospitalized Child. Pediatric Nursing. Family. Games and Toys. Qualitative Research.

Objetivo: compreender as vivências de mães que frequentaram espaços lúdicos durante a hospitalização infantil. Método: estudo fenomenológico fundamentado na análise da estrutura do fenômeno situado de Martins e Bicudo, com 11 mães de crianças hospitalizadas. As entrevistas fenomenológicas, gravadas e transcritas na íntegra, ocorreram mediante a questão norteadora: "Conte-me em detalhes como você se sentiu frequentando o espaço lúdico com seu filho". Resultados: as mães apontaram benefícios do espaço lúdico para as crianças, como estímulo ao desenvolvimento infantil e, também, para si própria, como o sentimento de satisfação por perceberem a felicidade dos filhos. Considerações finais: o espaço lúdico foi percebido como benéfico para mães e crianças hospitalizadas. Com isso, foi possível entender que é necessário capacitar os profissionais de saúde para a utilização do lúdico no cotidiano assistencial.

Corresponding Author: Camila Cazissi da Silva, cacazissi@hotmail.com

¹ Universidade Estadual de Campinas, Campinas, SP, Brazil. <https://orcid.org/0009-0005-8337-6744>

² Universidade Estadual de Campinas, Campinas, SP, Brazil. <https://orcid.org/0000-0002-3297-6361>

³ Universidade Estadual de Campinas, Campinas, SP, Brazil. <https://orcid.org/0000-0002-1482-1307>

⁴ Universidade Estadual de Campinas, Campinas, SP, Brazil. <https://orcid.org/0000-0002-6730-9075>

Descritores: Criança Hospitalizada. Enfermagem Pediátrica. Família. Jogos e Brinquedos. Pesquisa Qualitativa.

Objetivo: comprender las vivencias de madres que frecuentaron espacios lúdicos durante la hospitalización infantil. Método: estudio fenomenológico basado en el análisis de la estructura del fenómeno situado de Martins y Bicudo, con 11 madres de niños hospitalizados. Las entrevistas fenomenológicas, grabadas y transcritas en su totalidad, se realizaron mediante la pregunta guía: “Cuéntame en detalle cómo te sentiste al frecuentar el espacio lúdico con tu hijo”. Resultados: las madres señalaron beneficios del espacio lúdico para los niños, como estímulo al desarrollo infantil y también para sí mismas, como la sensación de satisfacción por percibir la felicidad de sus hijos. Consideraciones finales: el espacio lúdico fue percibido como beneficioso para las madres y los niños hospitalizados. Con esto, fue posible entender que es necesario capacitar a los profesionales de la salud para el uso del lúdico en la asistencia diaria..

Descriptor: Niño hospitalizado. Enfermería pediátrica. Familia. Juegos y juguetes. Investigación cualitativa.

Introduction

Childhood comprises the period from birth to incomplete 12 years of age⁽¹⁾, being considered an extremely important phase for physical, cognitive and emotional development⁽²⁾. During this vital stage, the immune system, still in maturation, makes children more susceptible to infections and diseases, especially those of viral and bacterial origin.

The World Health Organization (WHO) has reported that about 15% of deaths among children under five years old are due to pneumonia, leading to millions of hospitalizations annually. Diarrheal diseases cause even more hospitalizations than respiratory diseases, with 525,000 deaths/year in the same age group. However, the major cause of hospitalization and infant mortality are the consequences of prematurity, which determines hospitalizations for various reasons^(3,4).

The USA Department of Health, through the Health People 2030 report, has set goals for improving the health and well-being of children and adolescents. The document in question emphasizes the importance of preventing conditions/events for children, such as prediabetes and type 2 diabetes mellitus (DM2), anxiety, depression, suicide and other types of violence^(5,6). In Brazil, although there are these conditions/events, respiratory, gastrointestinal, parasitic and infectious diseases are the most prevalent and trigger hospitalization^(7,8).

The hospitalization of children also triggers changes in family dynamics, such as separation

from home and other relatives, as well as negative feelings such as anxiety, stress, insecurity and concerns due to the child's clinical condition and vulnerability^(7,9). The child stay far from his/her reality and experience, besides being often exposed to painful and uncomfortable procedures^(5,7-9). Although the presence of the family is positive, it does not cancel the child's suffering, and parents also feel afflicted with the child's suffering⁽⁹⁾.

In this context, Child and Family Centered Care is essential because it seeks to meet the clinical, emotional, affective and social needs of the child and family, in order to build a relationship based on respect and dignity. To this end, it combines the ability to listen, unrestricted access to the child and sharing real information, with a focus on the role of the family⁽¹⁰⁾.

Although hospitalization is stressful for the child and the family, the act of playing is something that keeps the child connected to his/her own world, minimizing the impacts caused by the illness^(7,9). The Convention on the Rights of the Child established by the United Nations Children's Fund (UNICEF), emphasizes that playing is a form of expression⁽²⁾.

Playing stimulates motor coordination, attention, concentration, initiative, self-esteem, autonomy, independence, limits, respect, rules, as well as contributes to emotional development, socialization and communication^(11,12). Thus, it is essential to have areas in hospitals where

children can play, being playrooms mandatory in Brazilian hospitals⁽²⁾.

These spaces bring benefits, such as the humanization of care and faster recovery. They also help the child to adapt to the process of hospitalization, providing confidence and minimizing suffering. They are the place where the child approaches the routine that he/she had outside the hospital, realizing that other children are also going through similar experiences^(7,13,14).

Moreover, it enables both the child and the family to distract themselves from the negative aspects of hospitalization, such as pain, fear and anguish⁽¹³⁾, collaborating in the making it possible for them to be with their children in a lighter and more relaxed way, thus reducing the stress of both^(10,13,15).

Mothers of preterm infants report, during hospitalization, fear of not being able to breastfeed again, in addition to the fear that their children will not survive another hospitalization⁽¹⁶⁾. In a Brazilian study that aimed to know the perception of mothers about the participation of parents in hospitalization of their children, mothers perceived the suffering of fathers before the impossibility of accompanying their children by the need to dedicate themselves to work⁽¹⁷⁾.

Attending playrooms allows family members to feel freedom and comfort to express their feelings, as they are also affected by the situation^(11,13,15). Therefore, the question that prompted this study was: what are the experiences of mothers of hospitalized children who attended the playroom during hospitalization?

To this end, the objective of this study was to understand the experiences of mothers who attended the playroom during hospitalization, because listening to their speeches will enable the health team to understand the needs not only of the child but also of the family.

Method

In order to understand the experiences of mothers of hospitalized children who attended the playroom during child hospitalization, the phenomenological qualitative research, based on the analysis of the structure of the situated phenomenon, proved to be an alternative for such a situation. The approach seeks to apprehend human phenomena in themselves, considering that only the individual who experiences this phenomenon is able to unveil it through his/her speech⁽¹⁸⁾.

Through the descriptions, a form of discourse, the researcher has access to the meanings attributed by the mothers of hospitalized children who attended the playroom during the child's hospitalization, in their spontaneous speeches, in relation to the phenomenon questioned^(19,20).

To do so, the researcher must distance him/herself from previous concepts about the phenomenon, but consider his/her previous experiences, since it is through them that the pre-reflective and, consequently, the questioning for the understanding of the phenomenon arise. The researcher must question a certain situation and not only find a problem and want to solve it through a cause-and-effect relationship⁽¹⁹⁾.

Access to the mothers of hospitalized children occurred in the months from November 2023 to April 2024, at the Pediatric Nursing Service (PNS) of a university hospital located in the state of São Paulo, Brazil. The inclusion criteria were mothers of hospitalized children, over 18 years, who accompanied their children and attended the playroom during the hospitalization. Mothers who participated punctually in hospitalization through occasional visits were excluded from the study, because although the children participated in the activities, they were accompanied by the playroom team.

The individual phenomenological interviews were conducted by the first author, at the time undergraduate student with training in conducting unstructured interviews. They were carried out in the courtyard, in a private room

or at the bedside, all spaces of the PNS, in the presence only of the interviewer and the participant, recorded in digital audio, with 11 mothers of hospitalized children (Chart 1).

Chart 1- Study participants, 2024. Campinas, São Paulo, Brazil – 2024.

Mother's name	Mother's age	Mother's education	Child's name	Child's age	Reason for hospitalization
Iris	28 years	Complete high school	Murilo	4 years	Cystic Fibrosis
Tulip	28 years	Complete high school	Laura	2 years	Short Bowel Syndrome
Rose	37 years	Complete high school	Iasmin	11 years	Osteogenesis Imperfecta
Daisy	34 years	Complete high school	Emília	5 years	Neurogenic Bladder and Vesicostomy
Orchid	n/i*	n/i*	Lucas	1 year	Congenital Heart Disease
Camellia	23 years	Incomplete high school	Renato	1 year	Crohn's Disease
Peony	31 years	Complete high school	Adriano	6 years	Pneumonia
Bromeliad	35 years	Incomplete elementary school	André	6 years	Kidney Transplantation
Violet	47 years	Complete higher education	Afonso	5 years	Glycogenolysis
Dahlia	n/i*	n/i*	Daniel	9 years	Cystic Fibrosis
Amaryllis	43 years	Incomplete elementary school	Sofia	11 years	Nephrotic Syndrome

Source: Created by the authors.

Caption: *n/i – no information.

The interviewer did not know the mothers previously, but identified them as potential participants through the playroom control sheet, where information from children who participate in the games is included, that is, the choice was by convenience. Personally, at the time of the presentation of the Informed Consent Form, the mothers received information about the research and the justifications for its execution. The guiding question: "Tell me in detail how you felt attending the Playroom with your child" subsidized the speeches, which totaled 77 minutes. After the interviews, the researcher recorded their perceptions in a field diary. Two mothers refused the invitation.

The end of the interviews occurred when the speeches proved to be sufficient to help the researcher to reveal the phenomenon in question, that is, they reached theoretical saturation⁽¹⁸⁾. This moment is the result of the continuous process of the analysis of the interviews, in addition to the repetition of ideas, because the speeches reveal the uniqueness of the experiences of a group of individuals inserted in a certain context and historical time⁽¹⁹⁾. According to the study method, the interviews are not returned to the participants, because the original character of the speeches would be lost.

The interviews, transcribed in full, followed the steps recommended by Martins and Bicudo

for the analysis of the structure of the located phenomenon⁽¹⁸⁾: global reading of the total content of the discourse, in order to apprehend its global configuration; re-reading in order to identify the significant statements of the participants (units of meanings); before these units of meanings, convergences (elements that are common to various discourses) and divergences were sought (elements that are peculiar to only one speech or a few); from the convergences/divergences thematic categories were built. The descriptive synthesis was carried out, integrating the significant statements that constitute the categories that express the meanings attributed by the mothers of hospitalized children about attending a playroom in the context of hospitalization. Thus, it was possible to apprehend the structure of the phenomenon under study.

Ensuring the ethical aspects of the research, for access to participants, the project was submitted to the Research Ethics Committee (REC) and

received a favorable opinion. The mothers of hospitalized children who agreed to participate gave their consent by signing the Informed Consent Form (ICF), remaining with a copy. The participants were anonymized by means of fictitious names of flowers and children were identified by random fictitious proper names, respecting the gender. For the description of the method, the COREQ guide validated for the Portuguese language was used⁽²⁰⁾.

Results

The ages of the participating mothers varied between 24 and 47 years, and six had complete high school. The analysis of the discourses allowed the emergence of eight units of meanings, organized into two thematic categories: 1. Benefits of a playroom for children during hospitalization and 2. Benefits of a playroom for mothers during hospitalization, as presented in (Chart 2).

Chart 2 – Thematic categories and units of meaning. Campinas, São Paulo, Brazil - 2024

Category 1. Benefits of a playroom for children during hospitalization
Units of Meanings
Realizing that the child looks forward to days of activity in the playroom
Recognizing that the playroom stimulates the child's development
Recognizing that the child feels like a child when playing in the playroom
Recognizing that the playroom distracts the child
Category 2. Benefits of a playroom for mothers during hospitalization
Recognizing that the playroom distracts the mother
Feeling satisfied with the possibility of attending the playroom
Enjoying the activities carried out on special dates in the playroom
Wanting the playroom to be open on other days of the week

Source: Created by the authors.

Category 1. Benefits of a playroom for children during hospitalization

Category 1 consists of four units of meaning. Therefore, mothers who attended the playroom during the hospitalization of their children realized benefits for the children. One of the aspects verbalized by children and pointed out by mothers is waiting for the day of activity in the playroom.

But while he's here, he can't wait for Toy Day. He says: 'Ob, Mom, is today Toy Day?' And if it isn't: 'No, it isn't' and he says: 'Ob! It isn't?! And when is Toy Day coming?' He keeps asking what day it will be. (Iris).

And they feel that this day is different, because both she and Gabriel, who are in the same room. Wow! When I found out that today was Thursday and there were games, the uncles... They were like: 'Today is our fun day' [laughs] So, I thought it was really cool, last time there wasn't any [referring to the previous hospitalization] (Daisy).

Because he stays like this: Monday, Wednesday and Friday, he stays there, walking back and forth. Then he goes up the stairs, then comes back down. Then he

stands there at the door: 'Toy? Toy?' I say: 'No, not a today' (Orchid).

The waiting for the days of operation of the playroom, for mothers, is not only for the child's fun, which is proper to childhood, even in the hospital environment, but also the recognition that playing is not a disconnected activity from the child, but stimulator of child development.

I like it because my daughter couldn't walk, but she started walking after these moments of play. It develops her a lot, she has contact with other children. In this space we can let her interact more, have more contact with other children that she doesn't have, and she learns to play, she develops a lot more. As we started bringing her, she started walking properly. So I like it a lot. It makes a huge difference in her life, in the days that she has. (Tulip).

It helps with self-esteem and treatment. It's a good thing for her to have this playroom. Because if the child stays in there [referring to the bed], she gets depressed. If she goes out to play, she's interacting with other children. I think that's cool. I think it's interesting. Very cool. (Rose).

It improves in everything, in everything, really everything. For example, sometimes he doesn't go to the bathroom, just by coming here to play, he goes. Then he already has his energy used up, then he eats, feels hungry. (Peony).

There is the development. It is good for the child's development, intellectual development, motor coordination. The child is playing, is building something, it helps with motor coordination. (Violet).

Stimulating the development of the hospitalized child through games mothers to perceive the child as a child, not as a disease or condition that determined the hospitalization.

So she's playing. Playing with other toys, with other people, so I think she feels like, 'I'm normal.' A normal child, because it's not easy for them anymore [referring to the child's health condition and the need for treatment] (Daisy).

He feels good and he can have a little bit of what it's like at home. You can see his laugh, you can see him well. I think it makes a big difference, because he feels like a child. (Peony).

In addition to the stimulation of child development and the perception that the disease does not modify the essence of the child, playing in the playroom, in hospital environment, showed mothers as distractor for hospitalized child, in order to keep him/her in the world of childhood.

For them, this moment of playing is very important, because that's the phase they're in. So, they escape a little from their painful reality. Because they weren't supposed to be here. (Daisy).

He is doing very well, he likes to play. It is a therapy for them because it ends up relieving some of the stress, because in the other hospital there was no space to play. It was only inside the room, he couldn't go out. He didn't have the freedom he has here, which is twice a week. It is much better. (Camellia).

He liked it. It takes away that tension of wanting to go home right away, doesn't it? It takes away some of the tension. I think they end up getting a little distracted, having fun, don't they? (Bromeliad).

Category 2. Benefits of a playroom for mothers during hospitalization

In addition to the benefits of the playroom for children, mothers perceived benefits for themselves, as a way not to let them succumb to the context of illness.

Regarding the playroom, I also liked it. It gives us a break, because sometimes we can't come up with any more games. We try everything, but we're tired. So, we look at them smiling, and the parents feel even lighter. Time passes and it's the end of the day, one less day. (Daisy).

And I talk a lot. I talk, I laugh. It makes it more comfortable, because it eases our minds. It relieves stress, because we talk to the other escorts. I like it (Camellia).

The mothers also showed satisfaction with the possibility of attending the playroom, mainly because they perceived their children happy in this environment.

But I thought it was really cool [referring to the playroom], she's really happy... And we like it when our children are happy. Is there anything better? Especially a place like this [referring to the hospital], right? Watching them play... I thought it was really cool. (Daisy).

Thank God, we have you to bring a little more happiness, joy to the children. [...] So, I feel happy, because if a child is happy, the mother is happy. [...] you who take care of the children, with care, with zeal, with masks, alcohol, cleaning the toys for them to play with, wow, this is wonderful! I hope it never, ever stops. It's really good. (Dahlia).

Another aspect pointed out by the mothers were the activities held on commemorative days in the playroom, considered as something positive, in which both mothers and children are distracted from the context of illness and hospitalization, keeping connected with the seasons of the year.

I like these parties, these special dates. I was here in June, there was bingo for mothers. We participated... it was cool, because it entertains the mothers too, not just the children, because it's not easy. Not for the children, not for the mothers. I liked putting up the [Christmas] tree, because

I think it's cool how the children interact with each time of year. (Rose).

Mothers also noted the desire for the playroom to work on more days of the week as a condition to be improved, since currently the space has its activities restricted to two days of the week.

I think it could be at least from Monday to Friday and on the weekend, at least every fifteen days... it would help a lot in the children's process in this... in playing, like that, it helped a lot. (Rose).

It shouldn't be just Tuesday and Thursday... it should be a little longer. Because on Monday, Wednesday and Friday, he's there, walking back and forth. (Orchid).

Thus, it was possible to realize that the playroom, even with limited days of operation, was considered beneficial by the mothers.

Discussion

Playing is an important component for children's learning and socialization. Thus, it can be said that play is a significant part of the world of children, not only for healthy children, but also for children who experience the process of hospitalization⁽²¹⁾, whether for acute or chronic conditions.

The hospitalization process changes the routine of the child and family, placing them in a different and scary environment. The possibility of playing during hospitalization is a way to assure the child and the family that he/she has not ceased to be a child and, therefore, needs play as a recreational resource, without failing to consider it also as a strategy for humanizing health care⁽²²⁾.

The mothers who participated in this study realized that their children waited with positive expectations, playing in the playroom, highlighting both the joy of these moments, as well as the frustration and idleness of the days when the playroom does not work.

A study conducted with hospitalized children and adolescents, aged between six and 15 years, on the importance of playing in the hospital revealed that not only the playroom is perceived as a space to play, but also the child's own bed. Although postoperative patients complain about lack of access to playrooms, there are games and

toys available to play in their beds⁽²³⁾, which is not a reality in the service studied.

The frequency of access to the playroom for the purpose of free play was pointed out by the participants of this study as important, also considering the moments of play as a stimulator of the child development. Play has the ability to instigate child development, providing physical and mental well-being, favoring the expression of feelings and emotions, because the child projects his/her reality to elaborate the new condition⁽²⁴⁾.

Furthermore, playing stimulates the development of self-confidence, autonomy, thought, language, reasoning and imagination⁽²⁵⁾, enabling to establish positive relations with the hospital environment, which represents a way of coping with the disease, broadening and improving the prognosis⁽²²⁾.

The study carried out in a pediatric unit in Rio Grande do Sul showed that, when the hospitalized child faces the disease and treatment with the support of play, it is possible to soften the new sensations from the hospital environment, enabling the child not to stop being a child, even if he/she is experiencing illness and hospitalization⁽²⁶⁾.

Families of children hospitalized in a Portuguese hospital highlight that, in addition to the suffering of the child, the hospitalization generated apprehension, anguish and anxiety⁽²⁷⁾. The playroom is an environment where the focus on the disease is removed, providing moments of relaxation. Parents who accompany their children during hospitalization in an institution in the state of Minas Gerais realized that the games and laughter strengthen the bond between parents and children, even at this difficult time⁽²⁸⁾.

As the mothers participating in this study, the caregivers of children hospitalized in the southwest region of Paraná were satisfied with the possibility of offering children recreational activities that provide distraction and relief⁽²⁹⁾. In the playroom of a public hospital in Campo Grande - MS, Brazil, mothers enjoy being in the playroom because they remain connected to their children during the games⁽³⁰⁾.

One of the mothers interviewed highlighted the importance of thematic activities held on commemorative dates - such as Christmas and Children's Day - allowing the hospitalized child to remain connected with the world outside the hospital. Activities such as this humanize care, providing shelter not only to children but also to families⁽²⁹⁾.

Considering the benefits that playing brings to hospitalized children and their families, the mothers participating in this study emphasized their desire for the playroom to work more often during the week.

Professionals from two health teams of pediatric hospitals in São Luís/MA, Brazil, where there is the development of recreational activities, affirm that these activities promote physical and emotional well-being and even the recovery of children's health. In the view of these professionals, games should be encouraged throughout the child's stay in hospital⁽³¹⁾.

It is worth pointing out the limitation of this study, related to the fact that it was carried out with mothers who attended the playroom of only one public hospital institution. However, it must be considered the seriousness of playrooms in hospital environments, not only for clinical-care practice, to provide well-being to hospitalized children and families, but also enable the theme to be inserted training new students, also through university extension, in addition to encourage the reflection of managers on the importance of humanized assistance, not only by playing, but in offering other humanization strategies.

Final Considerations

The participating mothers realized that their children long for days of activities in the playroom, besides recognizing that the activities are not mere distractions, but stimulate the development and that, through them, the children remain connected to the world of childhood. Furthermore, they learned that games benefit them, taking the focus from the adversities of hospitalization and distracting them, including during the celebration of festive dates, which

motivated the desire for the playroom to be available more days of the week.

It is worth emphasizing that the offer of the playroom to children and families in a systematic way is a recent initiative and, even so, it has already been possible to detect beneficial aspects. Thus, it is necessary to reflect on issues such as the importance of the training of health professionals for the use of games in everyday care, in addition to the current legislation on playing in hospitalization situations. Last but not least, this study used a qualitative research approach, so it is essential to conduct new studies with different and complementary methodologies.

Collaborations:

1 – Conception and planning of the project: Bárbara Euzébio Ribeiro, Camila Cazissi da Silva, Marcela Astolph de Souza and Luciana de Lione Melo.

2 – Analysis and interpretation of data: Bárbara Euzébio Ribeiro, Marcela Astolph de Souza and Luciana de Lione Melo.

3 – Writing and/or critical review: Bárbara Euzébio Ribeiro, Camila Cazissi da Silva, Marcela Astolph de Souza and Luciana de Lione Melo.

4 – Approval of the final version: Bárbara Euzébio Ribeiro, Camila Cazissi da Silva, Marcela Astolph de Souza and Luciana de Lione Melo.

Competing interests

There are no competing interests

Funding sources

Funding in the form of a scholarship, scientific initiation level, by the funding agency PIBIC/CNPq - National Council for Scientific and Technological Development, Institutional Scientific Initiation Scholarship Program. Quota September 2023 to August 2024.

Acknowledgements

We would like to thank the Group of Study and Research on Children, Adolescent and Family – GECAF, of the Nursing School (Fenf) of the State University of Campinas (UNICAMP).

We would like to thank the PIBIC/CNPq - National Council for Scientific and Technological Development, Institutional Scientific Initiation Scholarship Program for the scholarship.

References

1. Brasil. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Brasília: Presidência da República; 1990 [cited 2024 Dec 12]. Available from: http://www.planalto.gov.br/ccivil_03/leis/18069.htm.
2. Kneip TCP, Silva CC, Maia EBS, Cordeiro SM, Melo LL. O brincar das crianças em situação de vulnerabilidade social: perspectiva da família, período de 2014 a 2021. R Pesq Cuid Fundam [Internet]. 2023 [cited 2024 Dec 12];16:e13424. Available from: <https://seer.unirio.br/cuidadofundamental/article/view/13424>.
3. World Health Organization. Pneumonia in children [Internet]. Genebra: OMS; 2022 [cited 2024 Dec 12]. Available from: https://www-who-int.translate.goog/news-room/fact-sheets/detail/pneumonia?_x_tr_sl=en&_x_tr_tl=pt&_x_tr_hl=pt&_x_tr_pto=tc.
4. World Health Organization. Diarrhoeal disease [Internet]. Genebra: OMS; 2017 [cited 2024 Dec 10]. Available from: <https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease>.
5. Departament of Health and Human Services. Office of disease prevention and health promotion. Healthy People [Internet]. Rockville: ODPHP Main Office; 2025 [cited 2025 Mar 15]. Available from: <https://odphp.health.gov/our-work/national-health-initiatives/healthy-people>.
6. Organização Mundial de Saúde. Relatório mundial de violência e saúde. Genebra: OMS; 2002.
7. Pontes AF, Barros NH, Rodrigues NA, Albuquerque ML, Cabral MG, Lucena MCI, et al. The impact of hospitalization on the child and family. Res Soc Dev [Internet]. 2022 [cited 2025 Mar 17];11(12):e111111234161. Available from: Disponível em: <https://rsdjournal.org/index.php/rsd/article/view/34161>.
8. Sociedade Brasileira de Pediatria. SBP divulga panorama de mortes e hospitalizações de crianças e adolescentes e propõe modelo de assistência para o SUS [Internet]. Rio de Janeiro: SBP; 2021 [cited 2025 Mar 10]. Available from: <https://www.sbp.com.br/imprensa/detalhe/nid/sbp-divulga-panorama-de-mortes-e-hospitalizacoes-de-criancas-e-adolescentes-e-propoe-modelo-de-assistencia-para-o-sus/>.
9. Ripardo WJM, Silva SR, Cardoso DM, Cárdenas AMC, Mello MVFA. A família mediante hospitalizações em unidade de terapia intensiva. Enferm Foco [Internet]. 2021 [cited 2025 Mar 10];12(1):86-92. Available from: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/4055/1101>.
10. Fonseca SA, Silveira AO, Franzoi MAH, Motta E. Family centered-care at the neonatal intensive care unit (NICU): nurses' experiences. Enfermeria (Montev) [Internet]. 2020;9(2):170-90. [cited 2024 Dec 12]. Available from: http://www.scielo.edu.uy/scielo.php?script=sci_arttext&pid=S2393-66062020000200170&lng=es&nrm=iso&tln g=en.
11. Depianti JRB, Paula LM, Bezerra JV, Ferreira MCN, Castro FM, Silva LF. Experiências extensionistas do brincar junto à acadêmicas de enfermagem, família e criança no hospital. Rev Enferm Atual in Derme [Internet]. 2023 [cited 2025 Mar 10];97:e023086. Available from: <https://mail.revistaenfermagematual.com.br/index.php/revista/article/view/1782>.
12. Almeida SLE. Aspectos sociais, afetivos e cognitivos no jogo: implicações para a aprendizagem na educação básica na perspectiva da teoria piagetiana. Braz J of Develop [Internet]. 2021 [cited 2025 Mar 12];7(10):99226-44. Available from: <https://ojs.brazilianjournals.com.br/ojs/index.php/BRJD/article/view/38136>.
13. Depianti JRB, Valadares BJ, Menezes LP, Nunes MCF, Castro FM, Silva LF. Evidence about playing in the hospital from the perspective of the child's family: integrative review. Rev Pesq: Cuid Fundam [Internet]. 2024 [cited 2025 Mar 10];16:e12206. Available from: <https://seer.unirio.br/cuidadofundamental/article/view/12206/12234>.
14. Bolzan RS, Chagas CM, Dotto FR. The importance of playing in the learning process. Braz J Develop [Internet]. 2020 [cited 2025 Mar 10];6(1):4029-38.

- Available from: <https://ojs.brazilianjournals.com.br/ojs/index.php/BRJD/article/view/6382>.
15. Esteves AVF, Melo LDS, Sabino AS, Silva MVG, Cristino JS, Rocha EP. O brincar no hospital: uma self de enfermeiros que atuam em unidade pediátrica. *Rev Enferm Atenção Saúde* [Internet]. 2021 [cited 2025 Mar 10];10(1):e202104. Available from: <https://seer.ufm.edu.br/revistaelectronica/index.php/enfer/article/view/3938>.
 16. Santos MV, Abreu IS, Rossa R, Takemoto AY, Birolim MM. Desafios da prematuridade: importância da rede de apoio social na percepção de mães de neonatos. *Arq Ciênc Saúde UNIPAR* [Internet]. 2024 [cited 2025 Mar 10];28(1):204-15. Available from: <https://unipar.openjournalsolutions.com.br/index.php/saude/article/view/10432>.
 17. Ravanhani J, Souza MA, Whitaker MCO, Melo LL. Percepção materna sobre a participação do pai na hospitalização do filho em unidade intensiva pediátrica. *Rev Min Enferm* [Internet]. 2022 [cited 2025 Mar 24];26:e-1441. Available from: <https://periodicos.ufmg.br/index.php/reme/article/view/38494>.
 18. Martins J, Bicudo MAV. A pesquisa qualitativa em psicologia: fundamentos e recursos básicos. São Paulo: Moraes; 2005.
 19. Gil AC, Yamauchi NI. Elaboração do projeto na pesquisa fenomenológica em enfermagem. *Rev Baiana Enferm* [Internet]. 2012 [cited 2024 Dec 12];26(3):565-73. Available from: <https://periodicos.ufba.br/index.php/enfermagem/article/view/6613/6693>.
 20. Souza VR, Marziale MH, Silva GT, Nascimento PL. Tradução e validação para a língua portuguesa e avaliação do guia COREQ. *Acta Paul Enferm* [Internet]. 2021 [cited 2025 Mar 10];34:eAPE02631. Available from: <https://www.scielo.br/j/ape/a/sprbhNSRB86SB7gQsrNnH7n/>.
 21. Silva LLN, Siqueira BCD. Os enfermeiros da alegria: um sorriso transformador: tempo de viver um novo tempo. *REASE* [Internet]. 2022 [cited 2025 Mar 10];8(3):870-9. Available from: <https://periodicorease.pro.br/rease/article/view/4655>.
 22. Alves ALN, Santos LCA, Toledo C, Coutinho AA, Baesso MM, Neves KC, et al. Toy library and recreational activities: A care tool in child hospitalization. *Res Soc Dev* [Internet]. 2022 [cited 2025 Mar 10];11(5):e52011528015. Available from: <https://rsdjournal.org/index.php/rsd/article/view/28015>.
 23. Leôncio JSM, Silva MVCF, Agostini OS, Souza LRS, Araújo CRSA. A perspectiva de crianças e adolescentes sobre brincar durante a hospitalização. *Revisbrato* [Internet]. 2022 [cited 2025 Mar 10];6(4):1295-307. Available from: <https://rsdjournal.org/index.php/rsd/article/view/28015>.
 24. Santos RFMD, Rocha FN. Psico-pediatria: a importância do brincar na elaboração do sofrimento da criança hospitalizada. *Rev Mosaico* [Internet]. 2021 [cited 2025 Mar 10];11(1):93-8. Available from: <https://editora.univassouras.edu.br/index.php/RM/article/view/2293>.
 25. Gomes IS, Costa MMA, Araújo BS, Pereira JI, Amorim Filho JP. O uso de recursos lúdicos no processo de hospitalização da criança. *Intellectus* [Internet]. 2023 [cited 2024 Dez 12];69(1):33-55. Available from: <https://revistasunifajunimax.unieduk.com.br/intellectus/article/view/827>.
 26. Silva JM, Mota RS, Quixabeira AP, Vieira MA, Abrão RK. A construção do lúdico e do brincar em uma unidade pediátrica: processos pedagógicos em espaços informais. *Rev Hum Inov* [Internet]. 2023 [cited 2024 Dec 12];10(9):289-309. Available from: <https://revista.unitins.br/index.php/humanidadeseinovacao/article/view/6711>.
 27. Rodrigues JIB, Fernandes SMGC, Marques GF dos S. Preocupações e necessidades dos pais de crianças hospitalizadas. *Saude Soc* [Internet]. 2020 [cited 2025 Mar 10];29(2):1-14. Available from: <https://www.scielo.br/j/sausoc/a/TynT8xkCD3swkkgWy6kFFwP/?lang=pt>.
 28. Jardim ASL, Araújo CM, Pinto SFC, Torres LM. Perception of parents or guardians about the toy library as a therapeutic resource in child care. *Braz J Dev* [Internet]. 2023 [cited 2025 Mar 10];9(5):18266-77. Available from: <https://ojs.brazilianjournals.com.br/ojs/index.php/BRJD/article/view/60160>.
 29. Paiva CBN, Barro SMM. Representações sociais da humanização em pediatria Hospitalar entre profissionais de saúde. *Psicol Estud* [Internet]. 2023 [cited 2025 Mar 10];28:e54532. Available from: <https://www.scielo.br/j/pe/a/h4xszcQyHnmhwG4mGw3zY7q/>.
 30. Ignacio TG, De Almeida O, Silva MB. Brinquedotecas hospitalares: espaços de ludicidade e aprendizagem para crianças da educação infantil. *REUNINA* [Internet]. 2021 [cited 2025 Mar 10];1(2):96-113. <https://revista1.unina.edu.br/index.php/re/article/view/48>.

31. Lima AJA, Chahini THC. Atividades lúdicas desenvolvidas com crianças em hospitais pediátricos. Cad Pesqui [Internet]. 2021 [cited 2025 Mar 10];27(2):1-10. Available from: <https://periodicoseletronicos.ufma.br/index.php/cadernosdepesquisa/article/view/12301>.

Received: December 13, 2024

Approved: April 25, 2025

Published: June 17, 2025



The *Revista Baiana de Enfermagem* use the Creative Commons license – Attribution -NonCommercial 4.0 International.

<https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms