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INTEGRATIVE REVIEW OF LITERATURE

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EVIDENCE ABOUT PLAYING IN THE HOSPITAL FROM THE PERSPECTIVE OF THE CHILD'S FAMILY: INTEGRATIVE REVIEW

*Evidências acerca do brincar no hospital na perspectiva do familiar da criança: revisão integrativa**Evidencias sobre jugar en el hospital desde la perspectiva de la familia del niño: revisión integrativa***Jéssica Renata Bastos Depianti**¹ **Juli Valadares Bezerra**² **Larissa Menezes de Paula**³ **Mayara Cristina Nunes Ferreira**⁴ **Flávia Melo de Castro**⁵ **Liliane Faria da Silva**⁶ 

ABSTRACT

Objective: to identify studies in the national and international literature about playing in the hospital from the perspective of the child's family. **Method:** integrative review carried out from March to May 2022, in the information sources: Scielo; LILACS and BDENF via VHL; MEDLINE via PUBMED; Scopus and Google Scholar as an additional strategy. Original articles in English, Portuguese and Spanish were included; no temporal clipping; and that had family members and/or companions of hospitalized children as participants. **Results:** families recognize playing as a promoter in reducing children's anxiety in the face of invasive procedures, as well as helping to cope with hospitalization and improving their mood and behavior. They also highlighted the hospital toy library as an important space that promotes distraction and continuity of development. **Conclusion:** from the perspective of family members about playing, the nursing team should encourage them to be a co-participant in this activity during the child's hospitalization.

DESCRIPTORS: Família; Jogos e brinquedos; Criança hospitalizada; Revisão;

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RESUMO

Objetivo: identificar estudos na literatura nacional e internacional acerca do brincar no hospital na perspectiva do familiar da criança. **Método:** revisão Integrativa realizada no período de março a maio de 2022, nas fontes de informações: Scielo; LILACS e BDENF via BVS; MEDLINE via PUBMED; Scopus e o Google Scholar como estratégia adicional. Foram incluídos artigos originais, nos idiomas inglês, português e espanhol; sem recorte temporal; e que tivessem como participantes familiares e/ou acompanhantes de crianças hospitalizadas. **Resultados:** as famílias reconhecem o brincar como promotor na redução da ansiedade das crianças frente aos procedimentos invasivos, além de auxiliar no enfrentamento da hospitalização e na melhora do humor e comportamento delas. Também destacaram a brinquedoteca hospitalar como um importante espaço que promove distração e continuidade do desenvolvimento. **Conclusão:** a partir da perspectiva dos familiares acerca do brincar, a equipe de enfermagem deve incentiva-las serem coparticipante dessa atividade durante a hospitalização da criança.

DESCRITORES: Família; Jogos e brinquedos; Criança hospitalizada; Revisão;

RESUMEN

Objetivos: identificar estudios en la literatura nacional e internacional sobre el juego en el hospital desde la perspectiva de la familia del niño. **Método:** revisión integradora realizada de marzo a mayo de 2022, en las fuentes de información: Scielo; LILACS y BDENF vía BVS; MEDLINE vía PUBMED; Scopus y Google Scholar como estrategia adicional. Se incluyeron artículos originales en inglés, portugués y español; sin recorte temporal; y que tuvo como participantes a familiares y/o acompañantes de niños hospitalizados. **Resultados:** las familias reconocen jugar como un promotor en la reducción de la ansiedad de los niños frente a los procedimientos invasivos, además de ayudar a sobrellevar la hospitalización y mejorar su estado de ánimo y comportamiento. También destacaron la ludoteca del hospital como un espacio importante que promueve la distracción y la continuidad del desarrollo. **Conclusión:** desde la perspectiva de los familiares sobre el juego, el equipo de enfermería debe incentivarlos a ser copartícipes de esa actividad durante la hospitalización del niño.

DESCRIPTORES: Familia; Juegos y juguetes; Niño hospitalizado; Revisión.

INTRODUCTION

Play is the natural way for children to express their feelings, dissatisfactions and desires and, when inserted into the hospital environment, it helps to minimize the impacts caused by hospitalization, helps them to cope with this experience and provides well-being for them and their families.¹ It also facilitates socialization, imagination and creativity, as well as better adaptation and bonding with health professionals.² In addition, it allows for the compression of situations that are atypical and threatening, such as invasive procedures.³

The aforementioned data corroborates a study carried out with children who were hospitalized and under precaution. In this study, the results showed that when they play, they feel free and happy. They also reported that they valued the presence of an adult who was available to take part in the play. However, the children said that their parents don't play and spend most of their time on their cell phones or sleeping.⁴

In hospital, family participation is a fundamental component in children's adaptation. In this way, including play during hospitalization facilitates the process of coping with these situations, as well as meeting a childhood need, promoting well-being and improving communication between children, their families and health professionals.⁵

The family is the one who takes care of the child, being able to observe and understand health conditions, identifying problems and proposing solutions together with the team. They are considered the basic health unit of the members and need to be listened

to and have a co-participation in the decision-making processes regarding their child's health in hospital.⁶

It is important to emphasize that the family is capable of acting in various situations and assuming modes of care that involve actions to prevent and treat specific illnesses and to promote health⁷, including play. Thus, when there is a need for hospitalization for specific care, the family can promote play for the child, becoming an ally in recovery and well-being.

Thus, given that the literature on the subject of play in the context of children's hospitalization mostly deals with children,¹⁻⁴ this research, which focuses on the family, can help health professionals to promote actions that include family members in the co-participation of play for children in hospital.

It should also be noted that a previous search was carried out in the Cochrane Library and on the Open Science Framework (OSF) platform, in which no records were found of structured reviews being carried out on the subject of this study. In this sense, the aim was to identify studies in the national and international literature on play in hospital from the perspective of the child's family member.

METHODS

This was an Integrative Review study which followed the following stages: elaboration of the search question; establishment of inclusion and exclusion criteria; categorization of the studies; interpretation of the results and synthesis of knowledge.⁸

The search was carried out between March and May 2022 based on the question using the acronyms P (population), C (concept) and C (context): What do studies address about playing in hospital from the perspective of the child's family member? They used the Health Descriptors (DECS), Medical Subject Headings (MeSH) and terms that expressed the theme, namely: family, families, caregivers, family, families; child, children, childhood, child, children, childhood; games and toys, play, playthings, play, play and playthings, plaything, playthings; hospital, hospitals, hospital and hospitals. The Booleans OR and AND were used between them.

The sources of information accessed were: Scientific Electronic Library Online (SciELO); Latin American and Caribbean Health Sciences Literature (LILACS) and Nursing Database (BDENF) via the Virtual Health Library (BVS); Medical Literature Analysis and Retrieval System Online (MEDLINE) via PUBMED; Scopus and Google Scholar as an additional strategy. Table 1 illustrates the search strategy used in each database.

Chart 1 - Words used for each PCC acronym and search strategy for each data source accessed. Rio de Janeiro, RJ, Brazil, 2022

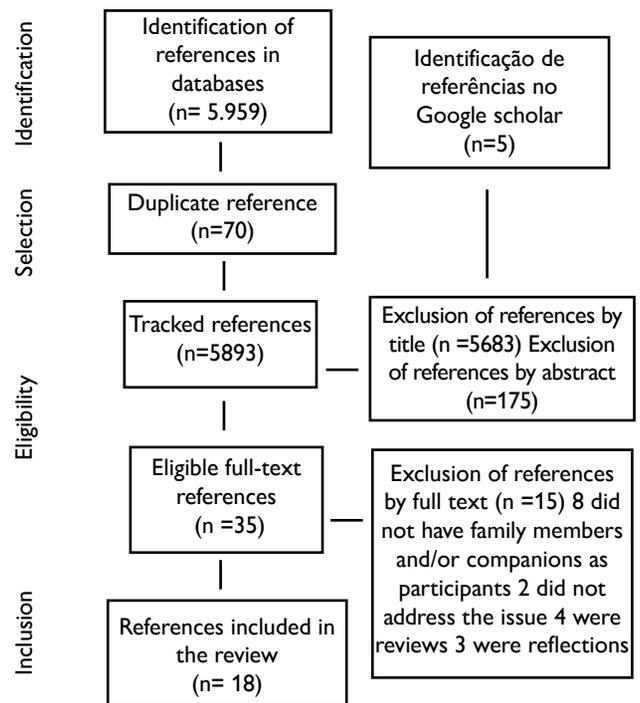
Base	Search Strategy
LILACS e BDENF	(família OR famílias OR cuidadores) OR (criança OR crianças OR infância) AND (brincar OR "Jogos e brinquedos" OR brincadeira OR brincadeiras) AND (hospital OR hospitais) AND (db:"LILACS" OR "BDENF") AND la: ("en" OR "pt" OR "es"))
MEDLINE	("family"[MeSH Terms] AND ("play and playthings"[MeSH Terms] OR ("play"[All Fields] AND "playthings"[All Fields]) OR "play and playthings"[All Fields] OR "play"[All Fields]) OR ("play and playthings"[MeSH Terms] OR ("play"[All Fields] AND "playthings"[All Fields]) OR "play and playthings"[All Fields] OR "plaything"[All Fields])) AND ("hospitals"[MeSH Terms] OR "hospitals"[All Fields] OR "hospital"[All Fields] OR hospitais[All Fields])
SCIELO	(família OR famílias OR cuidadores) OR (criança OR crianças OR infância) AND (brincar OR "Jogos e brinquedos" OR brincadeira OR brincadeiras) AND (Hospital OR Hospitais)
SCOPUS	TITLE-ABS-KEY ((family OR families) AND (play OR "play and playthings" OR plaything) AND (hospital OR hospitais)) AND (LIMIT-TO (LANGUAGE, "English") OR LIMIT-TO (LANGUAGE , "Spanish"))

Original articles were included, in English, Portuguese and Spanish; without a time frame; with family members and/or companions of hospitalized children as participants. Those that dealt with play therapy were excluded because it is a psychiatric technique and should only be carried out by a psychiatrist, psychologist or psychiatric nurse in a consulting room.⁹ To organize the studies, the Endnote® reference manager was used and the studies were selected by four reviewers independently using the Rayyan® tool for blind evaluation.¹⁰ This was done to minimize the risk of bias and ensure the methodological rigour of the review.

RESULTS

Of the 5,959 articles found, 18 were selected for the review using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)¹¹ methodology, as shown in Figure 1.

Figure 1 - Flowchart of the selection of articles in the databases adapted from the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA). Rio de Janeiro, RJ, Brazil, 2022



As for the year, 2007, 2008, 2009, 2017 and 2020 had one article each. In 2010; 2012; 2015; 2016; and 2018, there were two articles each. In 2014, there were three articles. In terms of country, England, Germany and Austria had one article each. The remaining fifteen articles were from Brazil.

The level of evidence of the studies selected for review was also analyzed, based on the following criteria: I- systematic reviews and meta-analysis of randomized clinical trials; II- randomized clinical trial; III- non-randomized controlled trial; IV- cohort or case-control study; V- systematic reviews of qualitative or descrip-

tive studies; VI- qualitative and descriptive studies; VII- opinion of authorities and/or expert committee. It should be noted that this hierarchy classifies the levels as follows: I and II - strong; III to V - moderate; VI and VII - weak.¹² When analyzing the level of evidence, the 18 studies were classified as weak because they were qualitative and descriptive.

In Table 2, the studies found are organized in terms of authors/year/country, level of evidence/sample and main results about playing in hospital from the perspective of the child's family member.

DISCUSSION

Hospitalization is a stressful and traumatic experience in children's lives. In this context, the inclusion of play is anchored in its many benefits², namely: reducing stress and anxiety²¹; improving mood^{16,24} and acceptance of procedures²³; promoting bonding and communication with the healthcare team.^{20,21} The family also recognizes the importance of play and sees it as a childhood necessity, which should be part of hospital care.²¹

Chart 2 - Identification of the articles in terms of authors, year/country, nature of the study and main findings. Rio de Janeiro, RJ, Brazil, 2022

Authors Year/ Country	Level of evidence/ Sample	Main findings about playing in hospital from the perspective of the child's family member
Battrick C et al ¹³ 2007/ England	VI-weak Sample: 43 parents	Parents/caregivers of hospitalized children reported that the games played by the clown doctor made their children happier and helped them communicate, as they hardly talk to the doctors and nurses.
Azevedo DM et al ¹⁴ 2008/ Brazil	VI-weak Sample: 16 companions	According to the companions, the playful activities developed by the "Doctors of Joy" helped the children to cooperate during the procedures, as well as changing their behavior and reducing their stress during hospitalization.
Moraes MCAF, Buffa MJMB, Motti TFG ¹⁵ 2009/ Brazil	VI-weak Sample: 138 family members	The parents reported that the playroom was the place where the children enjoyed the most and felt calmer during their hospitalization. They would also like to see recreational activities within this environment.
Castro DP et al ¹⁶ 2010/ Brazil	VI-weak Sample: 14 companions	Family members observed that playing promoted the children's physical and emotional development, generated distraction and stimulated creativity. They also pointed out that there was an improvement in the children's mood, an increase in disposition, a reduction in anxiety and crying, and better acceptance of the treatment and diet.
Silva DF, Corrêa I ¹⁷ 2010/ Brazil	VI-weak Sample-14 mothers	The mothers point out that playing helps them cope with difficult situations during hospitalization and that after playing, the children's general condition and mood improve and they feel safer. For them, play is synonymous with health and this activity improves the family bond during hospitalization. They point out that play can be limited by the child's condition or by hospital rules.
Lima MBS et al ¹⁸ 2012/ Brazil	VI-weak Sample: 39 companions	For the family, the playroom helps to promote the child's development and well-being in hospital. In addition, they see it as part of the child's universe, reduce stress and fear, and favor the adaptation and continuity of the play routine.

Cunha GL, Silva LF ¹⁹ 2012/ Brazil	VI-weak Sample - seven mothers	The mothers reported that the use of the puppet made the child calmer, less nervous and tearful during venipuncture. In addition, the activity was well accepted and facilitated the child's cooperation in the procedure.
Silva GM et al ²⁰ 2014/ Brazil	VI-weak Sample: 40 escorts	Caregivers say that playful activities prepare children to cope with the disease and procedure, help them develop and promote and strengthen the bond between other children and health professionals.
Nicola GDO et al ²¹ 2014/ Brazil	VI-weak Sample: four family members	The family members interviewed pointed to playful care as a way of improving children's acceptance of hospitalization, as they come to see professionals as trustworthy, reducing their insecurities. In addition, by playing in hospital, they meet a childhood need and understand their state of health.
Gold K et al ²² 2014/ Germany	VI-weak Sample: nine parents	Parents of hospitalized liver transplanted children reported that the play intervention helped with emotional problems (anxiety, somatic complaints, depression) and coping with the illness and hospitalization.
He H-G et al ²³ 2015/ Australia	VI-weak Sample: 22 parents	In the parents' opinion, preparing the children for anesthesia with the Therapeutic Toy helped to reduce their anxiety and increase their knowledge and understanding of the procedure. They also suggested that there should be more toys so that the children could play together
Sousa LC et al ²⁴ 2015/ Brazil	VI-weak Sample: 65 mothers	From the point of view of the carers, playing with the children in hospital has relieved the suffering of being ill, reduced stress and trauma, and improved sleep and learning. However, despite recognizing the importance of play, many do not participate in this activity with the children.
Melo LA et al ²⁵ 2016/ Brazil	VI-weak Sample: 27 family members	Family members pointed out that the hospital playroom helps the child during nursing procedures, promotes interaction with other children and makes them feel less stressed during hospitalization
Fioreti FCCF et al ²⁶ 2016/ Brazil	VI-weak Sample: 13 parents	The parents reported that playing helped them and the children adapt to the hospital environment. It also reduced stress and tension.

Berté C et al ²⁷ 2017/ Brazil	VI-weak Sample: seven mothers	For the mothers, the Therapeutic Toy helped reduce the children's fear of the procedures, provided learning and distraction, making it easier for them to stay in the emergency room. It also brought them and the children peace of mind and safety.
Silva SRM, et al ²⁸ 2018/ Brazil	VI-weak Sample: ten escorts	The carers reported that the toy room is a form of distraction for the children, helping to relieve stress and adherence to treatment. However, they reported that the therapeutic toy was not used by the nursing team and emphasized that it would facilitate communication and understanding during procedures.
Sabino AS et al ²⁹ 2018/ Brazil	VI-weak Sample: 22 companions	For the caregivers, playing with the children reduces their anxiety and fear of the procedures, as well as making them feel happier and in a better mood. Although they recognize the importance of play, they point out that some play activities can cause complications during recovery.
Aranha BF et al ³⁰ 2020/ Brazil	VI-weak Sample: 12 families	For the families, the Instructional Therapeutic Toy made it easier for the children to understand the procedure and improved their interaction with the team. They point out that even though the children cried during the procedure, they collaborated with the team and became less aggressive.

The play mediated by the "Doctors of Joy" was seen by the companions of the hospitalized children as a way to make them more active, less stressed and collaborate during the procedures.¹⁴ The presence of the clown doctor made them smile and become more communicative¹³ and the puppet provided them with peace of mind during venipuncture. In addition, the mothers reported less resistance during the procedure.¹⁹

The Instructional Therapeutic Toy was also seen by the families as a facilitator during the invasive procedures, as the children remained calmer and, even those who cried, changed their aggressive behavior, accepting the situation and interacting with the health team.³⁰ For them, the Therapeutic Toy (TT) favored a reduction in complications and fear during the procedures, as the children come to understand what will be done to them, as well as promoting a bond with the health team.^{23,27}

In a hospital, a scoping study showed that TT has proved to be an important care tool for nurses during interventions, especially invasive procedures, which are the most feared by children due to pain. In addition, the children's mothers felt calmer when their children played, as they were distracted and forgot that they were in hospital.³¹

In this sense, play as nursing care can benefit both children and their families in hospital with regard to the impacts of hospitalization. However, it should be noted that the studies do not address the perception of the benefits of involving family members/carers in play.

The participation of families in play promotes better reception and the sharing of feelings expressed during hospitalization. It also strengthens and strengthens the family bond that was previously damaged by the lack of time during hospitalization.²⁰ According to one mother, when she and her daughter played together, there was an improvement in their relationship and she also points out that the child became less aggressive and more cheerful.¹⁷

Nursing staff and families should share and get involved in play, as well as participating in the development of these activities with a view to promoting and recovering children's health. In addition, play is an important time for nurses to analyze the satisfaction and needs of children and their families, as well as the family's performance in the care process.^{6,7}

By playing, family members and children adapt to and cope with hospitalization. They recognize that this activity promotes well-being and mental health, as well as improving children's sleep and mood.^{16,22,23,26,29} However, some families are concerned about how the play activity should be conducted, so that it doesn't hinder the child's treatment and recovery.²⁹

During hospitalization, some parents pointed out that the children were unable to play due to their unstable health condition or the worsening of the disease.²⁸ As a result, families understand the need for clarification from the healthcare team about the play activities that can be carried out so that the children continue to play^{13,22}, as well as suggesting improvements in the way they are carried out.²¹

Even family members and companions of hospitalized children understand the importance of play^{25-27,30}, but some prefer not to take part and just watch or point out that their participation in play makes no difference. This may indicate that play is not valued as a necessity in the child's life.²⁴

As for spaces to play, the hospital playroom was described by the families as an ally in the children's recovery, as it helped to relieve anxiety and stress, promoting a feeling of improvement and making them more willing and cooperative.^{15,28} In addition, they stated that the children's stay in the playroom significantly reduced the length of hospitalization¹⁴ and made the children calmer to carry out the procedures.²⁰

For families, the hospital playroom plays a fundamental role in providing continuity and meeting children's needs during hospitalization, as it allows them to interact with others, helps them to continue their development and understand their state of health.^{18,25} It's important to note that this space for play is mandatory in health institutions with pediatric inpatient care, according to law no. 11.104/2005.³² It's worth noting that play is a right guaranteed by the Statute of the Child and Adolescent³³ and its inclusion in health care scenarios is in line with the National Humanization Policy³⁴ and the National Policy for Comprehensive Child Health Care³⁵ which deal with humanized and comprehensive care, with a view to promoting comfort and well-being. Thus, nursing staff and families must ensure that children can play, regardless of the context in which they live.

CONCLUSION

The results show that families recognize the benefits of play during children's hospitalization, as it is an effective tool for mitigating stressors and relieving anxiety. However, there is still a lack of awareness of the importance of play as a childhood necessity. There is also a lack of studies looking at family members as co-participants in playing with children in hospital, which is a limitation.

From the families' perspective, play strengthens the bond between child-family-healthcare team, provides better adaptation and understanding of the reasons that led to hospitalization, as well as the procedures. It is important to note that some of them feel insecure about the games that can be played by the children due to the treatment and their health condition.

In this sense, it is important that the nursing team recognizes families as their children's health unit and includes them in decision-making based on their perceptions and feelings about play. In addition, they should reinforce their role as co-participants in play and ensure this right in the hospital environment, making care comprehensive and humanized.

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