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O brinquedo terapêutico e o preparo da criança para cirurgia de correção de fissura labiopalatina

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THERAPEUTIC TOY AND CHILD PREPARATION FOR CORRECTION OF CLEFT LIP AND PALATE SURGERY

O BRINQUEDO TERAPÊUTICO E O PREPARO DA CRIANÇA PARA CIRURGIA DE CORREÇÃO DE FISSURA LABIOPALATINA

JUGUETES TERAPÉUTICOS Y PREPARACIÓN DE NIÑO PARA CIRUGIA DE CORRECCION DE HENDIDURA LABIOPALATINA

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ABSTRACT

Objectives: to use the toy as a therapeutic resource in the preparation of children undergoing surgical repair of cleft lip and palate preoperatively; to describe quali-quantitatively the behavioral reactions of the child during the two periods, pre-and postoperatively. **Method:** quali-quantitative study, developed in a specialized hospital, with 40 children aged between 7 and 12 years old who underwent surgery for correction of cleft lip and palate. Data collection was by means of an instrument with 21 behavioral variables preoperatively and postoperatively. Content analysis was used in the speech of mothers and children. This study was the research project approved by the Ethics Committee, CAAE No. 050/2011. **Results:** the variable is a presented questioner $p > 0.0265$ and four categories emerged after content analysis. **Conclusion:** therapeutic toy is a feature that makes children relieve stress, and facilitates the implementation of nursing care. **Descriptors:** Child Behavior; Child Psychology; Games & Toys; Preoperative Care.

RESUMO

Objetivos: utilizar o brinquedo como recurso terapêutico no preparo de crianças submetidas à cirurgia de correção de fissura labiopalatina no pré-operatório; descrever qualiquantitativamente as reações comportamentais da criança durante os dois momentos, o pré e o pós-operatório. **Método:** estudo qualiquantitativo, desenvolvido em um hospital especializado, com 40 crianças na faixa etária entre 7 e 12 anos submetidas à cirurgia de correção de fissura labiopalatina. A coleta de dados foi por meio de instrumento com 21 variáveis comportamentais no pré e no pós-operatório. A análise de conteúdo foi empregada nas falas das mães e das crianças. Este estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética, CAAE nº 050/2011. **Resultados:** a variável é questionador apresentou $p > 0,0265$ e quatro categorias emergiram após análise de conteúdo. **Conclusão:** o brinquedo terapêutico é um recurso que proporciona à criança alívio das tensões, facilita a execução do cuidado de enfermagem. **Descritores:** Comportamento Infantil; Psicologia da Criança; Jogos e Brinquedos; Cuidados Pré-Operatórios.

RESUMEN

Objetivos: utilizar el juguete como un recurso terapéutico en la preparación de los niños sometidos a reparación quirúrgica de labio leporino y el paladar antes de la operación; describir qualiquantitativamente las reacciones de comportamiento de los niños durante los dos períodos, antes y después de la operación. **Método:** estudio qualiquantitativo, se convirtió en un hospital especializado, con 40 niños de edades comprendidas entre 7 y 12 años que se sometieron a cirugía para la corrección de hendidura labiopalatina. La recolección de datos fue por medio de un instrumento con 21 variables de comportamiento antes de la cirugía y en el postoperatorio. El análisis de contenido se utilizó en el discurso de las madres y los niños. Este estudio fue el proyecto de investigación aprobado por el Comité de Ética, CAAE N ° 050/2011. **Resultados:** La variable se presenta interrogador $p > 0,0265$ y cuatro categorías surgidas tras el análisis de contenido. **Conclusión:** Juego terapéutico es una característica que hace a los niños aliviar el estrés, facilita la aplicación de los cuidados de enfermería. **Descritores:** Comportamiento Infantil; Psicología Infantil; Juegos y Juguetes; Cuidados Preoperatorios.

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INTRODUCTION

This study is an interdisciplinary work between the Nursing and Occupational Therapy performed at the Hospital for Rehabilitation of Craniofacial Anomalies, University of São Paulo (HRAC-USP) using the toy as a therapeutic resource in the preparation of children undergoing elective surgery for correction of cleft lip and palate.

The surgical hospitalization can bring negative effects on children who need to be submitted to elective surgical procedures. For these effects can be minimized, the HRAC-USP, develops an interdisciplinary humanized corroborating the surgical recovery. The project developed in 2010, achieved satisfactory results demonstrating the benefits of using therapeutic play.¹

The structured therapeutic play is one of the ways to reduce the traumatic effects of hospitalization in addition to providing fun, relaxation, decreased anxiety, stress relief and means of expression.² active forms of distraction for children undergoing chemotherapy and pain as electronic toys were identified in a systematic literature review,³ of which were observed interaction, decreased anxiety and stress for parents of children who accompanied them and the nurses who were providing care during the procedure.

The preparation of the child using the toy therapeutic clinic also contributed to the effective interaction of the adult with the child, making the procedures less scary, facilitating the understanding of reality and a more enjoyable stay, and educational games for health is a resource playful who has excelled and collaborated in teaching health professionals and particularly nursing.^{4,5}

Qualitative studies have evaluated the significance of the participation of family and caregiver experience in a healthcare environment and expand the focus of care for the appreciation of the psychosocial needs of children and household. The identification of the meaning can be quantified by calculating frequencies and extracting translatable structures in theoretical models, based on deduction - the inference.⁶⁻⁹

Regarding performance with therapeutic play this study aims to quantitatively describe the behavioral responses of children presented between the pre and post-operatively and qualitatively analyze the content of behavioral responses observed in the immediate postoperative period, using the theoretical analysis content.¹⁰

METHOD

A quali-quantitative, exploratory, descriptive and observational study using therapeutic toys as an intervention in the preparation of 40 children between 7 and 12 years old, and in clinical conditions to undergo elective surgery for correction of cleft lip and palate.

The first stage of the study called preoperative was held in the Education Section of Occupational Therapy and the nurse, researcher and occupational therapist - observer - while the children waited for the surgery fasting, accompanied by their parent/caregiver.

The second phase - called the immediate postoperative period, was in the Postoperative Unit, where children remained bedridden after discharge from post-anesthesia recovery, until the next day. The inclusion of the sample was obtained by checking: a surgical procedure the next day, related to cleft lip and palate and the age of the child is between 7 and 12 years old. Data collection began after the parents or guardians and signed an informed consent for participation.

The instrument for data collection consists of 21 behavioral variables: "manipulates toys exposed", "afraid of toys", "afraid to approach the researcher", "play interactively expressing his emotions"; "performs interventions the toy," "makes use of" "make-believe"; "negotiates with other children so that their needs are met"; "shares toys with other children," "assume/demonstrates leadership"; "shows up safe" "show joy"; "verbalized attitudes"; "cries forward to performing the procedure playful", "clings to caregiver", "caring presents"; "pretends not to hear"; "has mood swings", "presents verbal behavior", "presents nonverbal behavior"; "is questioning"; "puts scrubs". The observer noted, "yes" when children's behavior was present and "no" when absent.¹

At first the children were invited to play in the scenario is initiated and playful activities with therapeutic toys in playful backdrop composed of dolls, beds and cots and materials commonly used in the hospital as a thermometer, pressure devices, syringes, stethoscope format toys, capable and disinfection of non-toxic material. Procedures featured on climate "play make-believe" lasted approximately 15 minutes and were related to: surgical dressing, oral hygiene, venipuncture and fixation, placement scrubs, cap, mask and gloves, cup feeding and spoon.

The second phase was conducted at the post-operative period, with the children and agreed, accepted liquid feed and uneventful. The researcher visited each child, which recorded the speech of children and caregivers in the instrument according to the presence or absence of behaviors.

Quantitative analysis included the lifting of absolute and relative frequencies of behavioral variables were compared between the first and second time and subjected to statistical analysis by the nonparametric McNemar test.¹¹

The procedure of qualitative analysis was performed according to the analysis of Bardin, organized in pre-analysis, material exploration, processing, interpretation and inference. Were abstracted categories and frequencies.

Table 1. Absence, presence and frequency of 21 behavioral variables in moments of pre- and postoperative immediate. Bauru, 2011.

Behavioral variables	Preoperative/postoperative time				Total	p*
	No/No	No/Yes	Yes/No	Yes/Yes		
1. Handles toys exposed			0	4(10%)	4(10%)	
2. Afraid of toys	4(10%)		0	0	4(10%)	
3. Afraid to approach the researcher	40(100%)		0	0	40(100%)	
4. Play interactively expressing your emotions			1(2,5%)	3(7,5%)	4(10%)	1,0000
5. Performs operations on toy			3(7,5%)	1(2,5%)	4(10%)	0,2482
6. Makes use of "make-believe"			2(5%)	2(5%)	4(10%)	0,4795
7. Negotiates with other children so that their needs are met			0	0	0	
8. Shares toys with other children			0	0	0	
9. Assumes/Demonstrates leadership	3(7,5%)	3(7,5%)	3(7,5%)	29(72,5%)	38(95%)	1,0000
10. Shows safe	3(7,5%)	0	1(2,5%)	36(90%)	40(100%)	1,0000
11. Demonstrates joy	2(5%)	1(2,5%)	17(42,5%)	20(50%)	40(100%)	0,0004
12. Verbalized attitudes	3(7,5%)	2(5%)	3(7,5%)	32(80%)	40(100%)	1,0000
13. Cries against the playful procedure	4(10%)	0	0	0	4(10%)	
14. Clings to the caregiver	39(97%)	1(2,5%)	0	0	40(100%)	1,0000
15. Shockwave features	37(92,5%)	2(5%)	1(2,5%)	0	40(100%)	1,0000
16. Pretends not to hear	39(97,5%)	1(2,5%)	0	0	40(100%)	1,0000
17. Offers humor change	39(97,5%)	1(2,5%)	0	0	40(100%)	1,0000
18. Presents verbal behavior	2(5%)	3(7,5%)	2(5%)	33(82,5%)	40(100%)	1,0000
19. Features non-verbal behavior	22(55%)	10(25%)	3(7,5%)	5(12,5%)	40(100%)	0,0961
20. Is the questioner	21(52,5%)	2(5%)	11(27,5%)	6(15%)	40(100%)	0,0265
21. Wears surgical clothes	0	0	0	0	0	

*Significant differences ($p > 0,05$)

We found that of the 21 behavioral variables, two had significant p value from the first to the second stage: the 40 children, 20 (50%) showed joy from the first to the second stage ($p = 0.0004$) and 21 (52.5 %) questioned the intervention with toys in the pre-operative demonstrated by verbal interaction and manipulation of toys in playful backdrop during the preoperative ($p = 0.0265$). Behaviors represented by the variables of

This study was approved by the Ethics Committee on Human Research at HRAC-USP, according to official letter No. 050/2011-SVAPEPE-CEP. This study received financial support from the National Council for Scientific and Technological Development (CNPq).

RESULTS

◆ Quantitative analysis of behavioral variables

Of 40 (100%) children, 17 (42.5%) were female and 23 (57.5%) were male, and mean age of 8.4 years old. We compared the distribution of the 21 items in the moments of the study - pre-and postoperatively with the intervention of therapeutic toys. P values obtained with application of the McNemar test (Table 1).

numbers 7, 8:21 were not observed, because the children remain lodged in the immediate postoperative period.

◆ Content analysis of speech units

The semantic categorization and coding of frequencies of speech units from the moment the immediate postoperative period were analyzed and are shown in Table 2, which contains the frequency of reports.

Table 2. Categories, components and frequencies of reports identified by the researcher at the moment of postoperative immediate, Bauru, 2011.

Categories	Components	n(40)	%
Positive behavior	Communicative, Calm; Safe; Active/Interactive; Absence of fear, nervousness, shakes; Receptive; independent attitudes; happy/smiling; Curious, Questing, relaxed, Affectionate, Expressed satisfaction	37,6	94
Negative behavior	Does not show emotions; Apathy; Anxiety/Agitation; Irritated; Nervous; Aggressive; The absence of communication; Not receptive	2,4	6
Total		40	100

Table 3 shows the categories and components with respective frequencies of speech units of reports of mother and child.

Table 3. Categories, components and frequencies of content analysis of the reports of the mother and child at the moment of postoperative immediate. Bauru, 2011.

Categories	Components	n(40)	%
Active child memory when playing at the time before surgery	Assimilation; Reality; satisfaction; joy; recreation; Fun; Interaction; Distract Recreation; Curiosity; Interest	21,2	53
Comparisons/behavioral observations made by the mother	Calm; Quiet; Conscious; Evolution; Relief of tensions	9,2	23
Dialogue and or mother's interventions as preparation	Conversation, dialogue, care, affection, protection, security	8	20
Interventions of other professionals in the preparation	Psychological monitoring; Meeting Expectations; Absence of doubt and fear	3,2	4
Total		40	100

DISCUSSION

◆ Quantitative analysis of behavioral variables

The three behavioral variables that refer to the actual play, "Negotiate with other children so that their needs are met," "Shares toys with other children" and "Put the clothes surgical" suffered no statistical comparison between the two periods study because they are routine procedures in the immediate postoperative period, where children remain bedridden, requiring intermediate care. This place does not have the physical space with playful backdrop and therapeutic play. The next day - 1st postoperative - children are transferred to the psychiatric hospital where now receive basic care and depending on your medical condition may be referred to the occupational therapy, where the playful backdrop remains mounted.

The variables "is questing to role play with toys" and "Demonstrates joy", were significant in the comparison between the two moments. Of the 40 children, 21 did not question the interventions in the toy the first time of the study and only 6 questioned in the second. This data confirms that therapeutic play is satisfying, demystifies the use of materials and procedures of nursing, the child approaches reality, desensitizes your emotions, and the concrete form of the child to express their fears and tensions.

The use of outpatient therapeutic play was effective procedures in preparation for chemotherapy where 30 children at preschool age participated in therapeutic play in relation to the procedures that would be submitted. Of the 30, 28 and 24 cooperated

passively observed the professional during the drama.⁹

◆ Qualitative content analysis of speech units

The categories identified by observing the researcher describing the positive and negative behavior in children in post-operative immediate, the second phase of the study are:

◆ Category 1: positive behaviors

It was evidenced by the identification of components related to the performance of procedures by nursing professionals: interpersonal communication, the therapeutic relationship, receptivity, attitudes and independent expression of satisfaction. The descriptions are reported:

Child communicative and very receptive, trusting and encouraging attitudes, child calm and relaxed, the absence of fear and nervousness (subject 8)

Agreed, verbalizing and wanting to play, relates to all the staff and the mother positively (subject 18)

Presents safe and smiling (subject 10)

Presents quiet, safe and during drug administration remembered the procedure being done in a doll. Demonstrates is very affectionate with her mother and smiling (subject 12)

Child presents calm, no doubt and fear; communication and expressing your feelings (subject 13)

Presents with absence of fear and restlessness, feeling at home and comfortable in bed and talking (subject 25)

Very receptive and active child (subject 32)

Shows no fear and trepidation (subject 24)

Presents merry, independent and communicative (subject 34).

The positive components represent an acceptance by children of their condition to remain bedridden for immediate surgical recovery. This condition led to an interaction of children operated with staff during the performance of nursing procedures and the caregiver, mostly made by mothers.

The experience of using the toy in minimizing the stress of hospitalization, as a facilitator of understanding and acceptance of nursing procedures in hospitalization categories were explored and described in a study with mothers and children with the same age of the sample of the present study, enabling better relationship between the nursing staff and the child.⁹

◆ Category 2: negative behaviors

Are represented by components: shows no emotions, apathy, restlessness/agitation; irritated; nervous; aggressive, lack of communication; unreceptive the lack of communication, expression and emotional reactions receptivity of the child in front of nursing professionals. These behaviors can hinder the therapeutic interaction between children and members of the nursing team. The nursing staff should be prepared to assess and identify the needs for attention and propose more effective interventions. Reported descriptions are represented by the following records:

Quiet and reserved, does not show emotions and presents a slight apathy [...] (subject 4);

There has total security, safe in the hand of the father often was not receptive to approaches from both the researcher as the nursing staff [...] (subject 29);

[...] presented tearful, angry, nervous, and aggressive with the mother and the nursing staff. (subject 2);

Hospitalization is a source of varied stimuli, although not the most enjoyable and recommended to support the child's development should not be ignored or denied. It is necessary that health professionals lead the care process less traumatic and more healthy.¹²

◆ Categories related to reports of mother and child

Were found: dialogue and / or interventions for the mother and preparation, memory connected to the child's active play in recreation; Comparisons/behavioral observations made by the mother; interventions of other professionals in preparation, are described below:

◆ Dialogue and/or interventions of the Mother as preparation

Represents mother's participation in the process of preparing the child for surgery and hospitalization that transcends the isolated use of therapeutic play. The components were: Conversation/Dialogue, Care, Affection, Protection, Security. The speech units are:

Mother reported that home had already talked about the surgery [...] (subject 4)

The child has always been aware of the surgery and much talk with the child about the surgery[...] (subject 7)

Mother reported that the child seemed great people because of the conversations at home [...] (subject 1).

In a qualitative descriptive study used the theoretical framework of a Family and Systemic Perspective data⁸ analysis demonstrates the experience of the family in case of illness and hospitalization of children highlighting the importance of family-centered care and the need for nurses to know and understand your needs so that interventions can be developed to help and support.^{6,7}

Thus it is essential to the application of therapeutic play as a tool for minimizing trauma and the fact that the nuclear family is represented by the mother figure, along with the child, one inseparable unit to care full.

◆ Active Memory Linked to Child Playing in Recreation

The components were: Assimilation of reality, Satisfaction, Joy, Fun / Interaction, Recreation, Entertain, Curiosity, Interest. The speech units were:

When can I play? (subject 5)

It was pretty cool (subject 15)

Joked doctor (subject 11)

I put the serum on the doll (subject 9)

Never played doctor, I liked (subject 20)

Can I do another surgery on the doll? [...] (subject 21)

We did surgery on the doll, listen to the heart, the aunt told the story .. (subject 24)

Placed in serum doll, hear the heart, we measured the pressure and anesthesia (subject 25)

There's no way to play and go for a walk, I go down to play doctor again (subject 29)

It was really cool to play doctor, scissors, hammer and dolly could be true (subject 32)

I had the surgery, I knew Aunt?! (subject 36)

There was demonstrated through this category reactions and behaviors of the child in the immediate postoperative period related to the memory of the game in the preoperative period. Experience the fun and reality demonstrated by verbal reports of children were indications demonstration of satisfaction and enjoyment related to memory

play. Study showed that the toy is intended for instructional therapeutic prepare and inform the child about therapeutic procedures to be submitted and aims to wrap her in the situation and facilitate their understanding and perception of reality.⁹ Children were observed in therapeutic play sessions in immediate preoperative demonstrated feelings and emotional reactions discharging tensions in exercising their "doctor role" performing procedures on dummies.¹³

◆ Comparisons / Behavioral Observations Made by the Mother

Among the significant insights made by mothers related to their use as therapeutic preoperative and behavioral reactions of children in the immediate postoperative period were described improvement in the child's behavior in order to promote peace, stress relief and awareness about the surgery .

Study concluded that the interaction between nurse and family contributed to the establishment of a relationship of trust and tranquility for the exhibition of doubts and fears, and play allows you to view the quality of family relationships. Six categories were identified in this study: the impact of the disease in the family; necessitating provide care; experiencing hospitalization of the child; movement in family dynamics; need of help and support, seeking homeostasis and central category called: protecting the child's world and not the world of the child.⁸

The hospitalization of a child has an impact on their recovery. Feelings such as anxiety and fear expressed by parents, who usually remain during hospitalization, are present and also involve apprehension about the environment, the interdisciplinary team and the procedures to be performed.¹⁴

To understand the significance attributed by parents about the use of therapeutic play, the same authors showed that the toy valued and considered important nursing intervention. This experience allowed the children to understand and accept the procedures they underwent, reducing the fear and peace of mind during hospitalization.⁶

◆ Multiprofessional interventions Using Therapeutic Toy

Some professional interventions were identified in mothers' reports and assisted in the preparation for the surgical procedure, such as: counseling, meetings, expectations, no doubt, no fear. Example of the content of the speeches are:

Psychological prior to surgery (subject 6);

Only during the meeting can see what would happen in surgery (subject 14).

The institutional care of the multidisciplinary team meetings as routine preoperative, group and individual guidance to patients and caregivers to confirm positive results of surgical recovery of children, they are also important strategies to prepare parents for care after discharge.

Nurses have a responsibility to extend assistance, based on individualized needs, contributing to the humanization of care process.¹⁵⁻⁶

Currently the demonstration of painful procedures and interventions in pediatric patients can be demonstrated with electronic toys and techniques distraction.¹⁷ These techniques can be introduced by nurses and provide individualization in health care according to the characteristics of the pediatric patient.

CONCLUSION

The use of therapeutic play contributed to the easing of tensions and demystification of fears related to surgery and hospitalization, demonstrated by the frequency of comparisons between behavioral variables between the two stages of the study.

The toy is a therapeutic tool translator of reality and provides fun, joy and satisfaction by facilitating the establishment of the therapeutic relationship. It is necessary for nurses in hospital pediatric realize the importance and identify the individual needs of the child allowing increased their receptivity and demystification against nursing procedures.

Psychosocial aspects of the child should be considered for that care to be effective, thus making essential maternal figure. The participation and attention from mother to child preoperatively through dialogue provide strengthen bonding, security, trust and affection.

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