

## THE PLAY THERAPY AND CHILD HOSPITALIZED IN PERSPECTIVE OF PARENTS

### A LUDOTERAPIA E A CRIANÇA HOSPITALIZADA NA PERSPECTIVA DOS PAIS

### LA LUDOTERAPIA Y EL NIÑO HOSPITALIZADO DESDE LA PERSPECTIVA DE LOS PADRES

Fernanda Cristina Custodia de Faria Fioreti<sup>1</sup>  
Bruna Figueredo Manzo<sup>2</sup>  
Alline Esther Ferreira Regino<sup>3</sup>

<sup>1</sup> RN. Specialist in UTI Neonatal and Pediatrics. Odilon Behrens Municipal Hospital. Belo Horizonte, MG – Brazil.

<sup>2</sup> RN. PhD in Nursing. Adjunct Professor. Federal University of Minas Gerais-UFMG, Nursing School-EE. Belo Horizonte, MG – Brazil.

<sup>3</sup> Undergraduate student in Nursing. UFMG, EE. Belo Horizonte, MG – Brazil.

Corresponding author: Fernanda Cristina Custodia de Faria Fioreti.  
E-mail: fernandafioretienfermeira@hotmail.com

Submitted on: 2015/08/12

Approved on: 2016/09/23

## ABSTRACT

Hospitalization brings disorders in childhood become more evident in the momentary manifestations of dissatisfaction or damage may remain even after hospital discharge. In pediatrics children are subjected to painful procedures, and faced with different situations as the constant presence of strangers to his usual conviviality, as health professionals from various fields, other hospitalized patients and their companions. In this scenario, the application of play therapy in hospitals becomes a beneficial method in the child's adaptation process. This is a qualitative, descriptive, which sought to analyze the use of play in the care of hospitalized children from the perspective of parents. The study was conducted in pediatrics of a Municipal Hospital of Belo Horizonte / MG. They interviewed 13 parents through semi-structured and conducted a content analysis script, according to Bardin interpretation of data. The findings showed that the play is valuable tool to minimize the stress of hospitalization and contribute to better adaptation of the child to the hospital. Moreover, it brings benefits for the promotion of well-being, fun, pain reduction and socialization during hospitalization. The conclusion is thus that the use of the play can be very beneficial in the pediatric routine, favoring a more humanized and comprehensive care and the possibility of reducing the losses in child development, caused by the experience of hospitalization.

**Keywords:** Play and Playthings; Child, Hospitalized; Pediatric Nursing; Play Therapy.

## RESUMO

A hospitalização traz transtornos que, na infância, tornam-se mais evidentes nas manifestações de insatisfação momentânea ou prejuízos, podendo permanecer mesmo após a alta hospitalar. Na Pediatria as crianças são submetidas a procedimentos dolorosos, além de depararem com situações variadas como a presença constante de pessoas estranhas ao seu convívio habitual, como profissionais de saúde de diversas áreas, outros pacientes internados e seus acompanhantes. Nesse cenário, a aplicação da ludoterapia no meio hospitalar transforma-se em um método benéfico no processo de adaptação da criança. Trata-se de pesquisa qualitativa, descritiva, que buscou analisar o uso do brincar na assistência à criança hospitalizada na perspectiva dos pais. O estudo foi realizado na Pediatria de um Hospital Municipal de Belo Horizonte-MG. Foram entrevistados 13 pais por meio de roteiro semiestruturado e realizada a análise de conteúdo, segundo Bardin, para interpretação dos dados. Os achados evidenciaram que o brincar é instrumento de grande valor para minimizar o estresse da internação e contribuir para melhor adaptação da criança ao ambiente hospitalar. Ademais, o mesmo traz benefícios referentes à promoção do bem-estar, diversão, redução da dor e socialização durante a hospitalização. Concluiu-se, dessa maneira, que a utilização do brincar pode ser muito benéfica na rotina da Pediatria, favorecendo um cuidado mais humanizado e integral, além da possibilidade de diminuir os prejuízos no desenvolvimento da criança, causados pela experiência da hospitalização.

**Palavras-chave:** Jogos e Brinquedos; Criança Hospitalizada; Enfermagem Pediátrica; Ludoterapia.

---

### How to cite this article:

Fioreti FCCF, Manzo BF, Regino AEF. The play therapy and child hospitalized in perspective of parents. REME – Rev Min Enferm. 2016; [cited \_\_\_\_ \_\_\_\_]; 20:e974. Available from: \_\_\_\_\_ DOI: 10.5935/1415-2762.20160044

## RESUMEN

*La hospitalización trae trastornos que en la infancia se hacen más evidentes en manifestaciones de insatisfacción momentánea o en daños que pueden permanecer incluso después del alta hospitalaria. En pediatría los niños son sometidos a procedimientos dolorosos y deben también habituarse a situaciones desconocidas, entre ellas la presencia de extraños en el día a día tales como de distintos profesionales de la salud, de otros pacientes hospitalizados y de sus acompañantes. En este escenario, la ludoterapia en los hospitales es un método beneficioso en el proceso de adaptación del niño. Se trata de un estudio cualitativo descriptivo que buscó analizar el uso del juego en la atención del niño hospitalizado desde la perspectiva de los padres. El estudio se realizó en la pediatría de un hospital Municipal de Belo Horizonte / MG, con entrevistas semiestructuradas a 13 padres. Los datos fueron analizados por el contenido de la escritura, según la interpretación de datos de Bardin. Los resultados mostraron que el juego es una valiosa herramienta para minimizar el estrés de la hospitalización y contribuir a una mejor adaptación del niño al hospital. Además, promueve el bienestar, la diversión, la disminución del dolor y la socialización durante la internación. La ludoterapia puede ser muy benéfica en la rutina pediátrica, favoreciendo la atención más humanizada e integral y la posibilidad de reducir los daños en el desarrollo infantil causados por la experiencia de la hospitalización.*

**Palabras clave:** Juego e Elementos de Juego; Niño Hospitalizado; Enfermería Pediátrica; Ludoterapia.

## INTRODUCTION

Hospitalization is a stressful experience for the children, involving deep adaptations to the changes occurring in their daily lives. It is known that this situation causes disorders that become more evident in childhood showing momentary dissatisfaction or losses and they can remain even after hospital discharge. Most children have a fanciful and egocentric thinking, and some of them have difficulties in understanding the facts and situations experienced, believing that the illness and/or hospitalization is a punishment for bad behavior or some error.<sup>1</sup>

When the children undergo a hospital routine, they experience several therapeutic behaviors with painful procedures, ingestion of drugs with unpleasant flavors, and they are faced with varied situations such as the constant presence of people unfamiliar with their habitual living as health professionals from different areas, others inpatients, and their caregivers. Also, they have other points that make up the hospital dynamics, such as compliance with norms and strictly stipulated routines, adaptation to an unusual diet that can aggravate their clinical state, the psychological – including stress – and social condition hindering their adaptation during this moment when their health is impaired.<sup>2,3</sup>

Given the need to reaffirm the role of the child in the society, the importance of playing for hospitalized children is highlighted. Thus, the National Congress approved Law no. 11.104 on March 24, 2005, which makes the *Brinquedoteca Hospitalar* a reality, a law that obliges the installation of toys with the presence of an educator in health units that attend children under hospitalization.<sup>4,5</sup>

In this scenario, the application of a ludic therapy in the hospital environment becomes a beneficial method in the process of adaptation of the children, before the transformations that will occur at the moment in which they are submitted to the hospitalization. In this way, the ludic therapy helps the children for the acceptance phase of the hospitalization process, being a method that playing is the natural environment, allow-

ing the children to establish a connection between their reality and the imaginary through toys and games.<sup>6,7</sup>

Playing represents a possibility to play an important role in the hospitalized child. Scholars point out that playing is a necessity, both for the healthy child and during the process of becoming ill.<sup>8</sup> Through it, the child creates, recreates, socializes, learns and develops, making this need not ceasing when the child becomes sick.

Playing as a way of explaining to the children about something that they will be experiencing, causes an understanding of different concepts, allowing them to develop their logical reasoning about the assistance they receive. When manipulating objects, talking and telling stories, the child uses verbal communication and expands his language, being able to better understand the world around him, to reorganize his feelings and to have the anxiety diminished, facilitating the acceptance of new situations and the understanding of what happens in a hospital, clarifying misconceptions that may arise during hospitalization, reducing suffering and greater cooperation and adherence to treatment.<sup>9</sup>

Therefore, it is known that recreation activities must be present in all phases of the growth and development of the children and the adolescents, even during periods of hospitalization. Such activities favor the motor, sensory and cognitive development of the child, minimizing the stress, anxiety, and discomfort generated by hospitalization, contributing to the socialization of children and caregivers, and improving the interaction between the children, their families, and the health team. Thus, the introduction of this type of activity is essential in the hospital context.

Before these observations, the interest for the theme was based on the needs identified by the experiences in pediatrics. The experience in the health service allowed to accompany a large number of prolonged hospitalizations in the pediatric units, stressful conditions for the child and family, as well as children in chronic conditions. In this scenario, it was noticed

that the care directed to children was aimed at the biological needs, disregarding the psychological, social and emotional dimensions of the individual in growth and development. Also, the participation of family members and/or caregivers in the care process is still undervalued.

Playing appears as a facilitator of pediatric hospitalization. In this context, the project "Nursing in the care of the child and the adolescent: construction of the systematization of the care oriented by the integrality" articulates a partnership between the School of Nursing of the Federal University of Minas Gerais (EEUFMG) and a municipal hospital of Belo Horizonte. This project seeks to develop systematized activities among children, family members and professionals of the pediatric hospitalization unit with the objective of constructing a care that favors coping with the process of illness and hospitalization experienced by children/adolescents, family members, and to stimulate their empowerment for care.

The activities are developed by nursing students, and they are planned monthly, in the agreement between teachers, students, and professionals of the multidisciplinary team of the pediatric hospitalization unit of the hospital where the activities are carried out. The individual and group recreation and stimulation activities are developed by the students, under the supervision of the teachers and the multidisciplinary team of the hospital, for a total of 24 hours a week.

Regarding the insertion of the multi-professional team, it is possible to point out that from the interaction and observation of the students with the children, adolescents, and their families, it is possible to discuss the care to be carried out, allowing the modification of practices and their continuity.

Considering the experience of this project using playing in the hospitalization of children, some questions have arisen: What is the perception of the parents/caregivers about playing in the hospitalization of children? How do they see the implications of this method in the hospitalized child's daily life?

Thus, the purpose of this study is to analyze playing in the care of the hospitalized child from the perspective of the parents.

This study may contribute to a better understanding of the influence of the pediatrics project in the perspective of parents and caregivers. Moreover, it will be an opportunity to improve the activities carried out and contribute to a more humanized, less traumatic and more integral assistance. There is a shortage of research produced in the nursing area addressing this theme.

## METHODOLOGY

It is a descriptive study of a qualitative approach seeking for investigations based on the description and interpretation of the phenomena, through explicit, objective meanings and diffused by the number of occurrences.<sup>10</sup> The study was devel-

oped in the Pediatric Unit of a municipal hospital of Belo Horizonte that it is a reference for the clinical and surgical urgencies for the state of Minas Gerais.

The research was carried out with 13 parents/caregivers of children hospitalized in the unit, and who had three or more workshops with their children where playing was used as a method to assist in the hospitalization acceptance process. Data collection was performed through semi-structured interviews, from April to May 2015. Saturation criteria were used to define the sample, which means the suspension of inclusion of new participants when data present redundancy or repetition.<sup>11,12</sup> It is important to emphasize that there were no refusals from parents to participate or the request to interrupt participation in the research.

The individuals participated in the research voluntarily, advised about the possibility of removal at any time, without any burden to themselves or the work institution, and signed the informed consent form.

The interview was based on a semi-structured script with questions on the perception of the parents/caregivers during the experience in the activities of playing, and possible implications of the toy for hospitalized children.

The interviews were recorded with prior authorization and transcribed in full to be analyzed. The fragments of each interviewee's speech were coded by the letter C followed by a numerical number to represent the participation order, from 1 to 13, for example, C1 (Caregivers 1) to maintain anonymity.

The bioethical precepts described in Resolution Nº 466/2012 of the National Health Council were respected. The research was submitted to the evaluation of the Hospital's Ethics and Research Committee and authorized under opinion 1,106,019.

The data analysis was based on content analysis, consisted of three distinct phases: pre-analysis; exploitation of the material; treatment of the results.<sup>11,12</sup> The pre-analysis is to ordering the data, after full transcription of the interviews and organization of the material to determine the units of records and the form of categorization. The second stage is the exploration of the material for the procedure of coding, classification and aggregation of the findings and, finally, the third stage was the treatment of the results according to the theoretical reference found. The data were analyzed and organized into thematic categories according to the proposal of qualitative interpretation of data and with the theoretical reference found.

## RESULTS AND DISCUSSION

### CHARACTERIZATION OF THE PARENTS

The interviewees were all female, with the mean age ranging from 20 to 25 years old. 38.5% of the children who participated

in the workshops were in clinical treatment and 68.5% in surgical treatment. The age of the children ranged from 1 to 10 years old. The mean hospitalization time of the children was 15 days.

The analysis process allowed to organize the data into units of meaning that will be presented next:

### THE PERCEPTION OF PLAYING IN THE HOSPITAL ENVIRONMENT FROM THE PERSPECTIVE OF PARENTS

When parents were asked about the perception about playing in pediatrics, they consider it a valuable tool to minimize the stress of hospitalization and contribute to a better adaptation of the child to the hospital environment.

*"I think it is important for the child to forget about that environment, right? From the hospital, from the illness... I think it contributes to her improvement." (C3)*

Thus, the reports confirm the benefits of playing in the hospital. Participants reported that the use of this method helps to minimize the tensions generated by the hospitalization, promoting relief and the negative impacts of the experience.

*"I think it is very, very good for the children. So, it encourages more; they spend more time because it is tense for them to stay here with medicine and these things, right? So, it is so good for them." (C5)*

In this context, studies demonstrated that playing enables the reduction of anxiety, stress and children's anguish caused by atypical experiences, such as hospitalization. Also, it helps the hospitalized child to understand better the specific moment in which he lives and to promote the continuity of his development.<sup>1</sup> Playing can also be considered the most important activity in a child's life, because, through it, he communicates with the environment where he lives, and expresses different feelings as well as his critics about the environment and the family, promoting the harmonious development of his personality. There is a positive influence of this on the physical and emotional recovery of the child, accelerating his recovery.<sup>9</sup>

It is known that the hospitalization process together with changes in the child's routine, can be a time of stress, evidenced by fear, irritability, anxiety, social isolation, idle time, among others.<sup>13</sup> Also, studies showed that playing in the hospital environment helps in the diagnosis, stimulating recovery, transforming the environment and favoring the care of the children in an atmosphere of protection and recognition of their needs, and allying care to a playing.<sup>9,13</sup>

Through playing, the child distracts expresses feelings and forgets the reality that is inserted. As reported below:

*"Because the child is already here with fear, he has already that anxiety... then the toys... playing with the children they distract a lot from their work here... in the afternoon you do not even see the children, they are all in the toys room." (C2)*

*"There was storytelling, and my son was very happy, you know? He forgets that he has serum, forgets that he is hospitalized. So, I think it is cool." (C3)*

It was observed that mothers feel calmer when they perceive playing with their children, expressing signs of distraction, joy and overcoming as the hospitalization, because while the children play, they are distracted and seem to forget the environment where they are. Playful activity in the hospital environment can provide its transformation, often seen as an environment of pain, punishment and suffering, in a more pleasurable place in which the child can adapt more easily.<sup>1</sup>

In this study, the opportunity to play favors the socialization of children, reducing the risk of social isolation. Other research finds results like this one, showing that playing provides the creation of a more humanized environment, distancing from the stereotype of fear and anxiety often present in the hospitalized child, where this small being is subjected to procedures considered painful and distressing.<sup>9</sup>

### PLAYING AND DECREASING PAIN

The parents recognize that playing is effective in distracting pain, reducing negative feelings and complaints, often making the child not suffering too much because of this symptom. This is evident from the following excerpts from the interviews:

*"Sometimes the boys are feeling pain, you know? Then, they get there, play with them, talk to them... they start to play with her, have fun with her and suddenly she forgets the pain, you know?" (C4)*

*"Since she was very quiet, feeling much pain when she was going to play, she became more joyful, at least she forgot a little." (C5)*

*"Because she was sleeping to forget the pain, so since there are activities here, she was distracted. She preferred to come and play with the children, so she gets distracted, forgets the pain!" (C8)*

The hospitalization represents a situation different from all those already experienced by the children. They are in an impersonal environment, different from their daily context, away from their family and friends, and surrounded by strangers who always touch them and perform procedures that frequently cause them discomfort and pain.<sup>3</sup>

The importance of acute pain management is related to the benefits provided to patients. Among these benefits, there are the early mobilization, the reduction of the period of hospitalization and the consequent reduction of costs. By pain relief, the conditions necessary for the child are offered to be adequately restored, by the principles of humanization and ethics, which are essential in the nurse's care.<sup>1</sup>

In our experience in pediatrics, playing diverts attention from the child to the procedure and the hospital environment, reducing anxiety, pain, and suffering facing the situation experienced.

### PLAYING AND THE BONDING ESTABLISHMENT

The respondents pointed positively to the activities of playing and the influence of these moments in their relationships with their children. The tightening of bonds promoted by the use of the toy during hospitalization was evidenced in the speeches:

*"As a matter of time, I am not very present. So, we almost do not have the opportunity to play, and here it was different, right? To participate with him, to be able to play with him, proximity. Because, as I work and study, I end up seeing him very little. Moreover, at the weekend, he is usually with his grandparents or with his father and we hardly play. Moreover, here in the hospital with the activities with the toys, we got closer, I had the opportunity to play and have fun with him." (C3)*

*"The way I play with him has changed. Playing more often! Because, before I infrequently played, right?" (C9)*

Although some families maintain the traditional pattern in which the mother remains at home exclusively caring for her children, changes in this configuration have been observed in contemporary society. There are family groups in which the father and mother dedicate to work, often full-time, and this a necessary attitude due to daily difficulties and financial obligations, and social support for the care of the children is necessary.<sup>14</sup> However, during the hospitalization, the caregivers participate in the fun activities offered and encourage their children to play with other children, playing with them, closing the

bond and with the help of the games exchanging experiences and facing together that stress period.<sup>2</sup>

### FILLING THE GAPS DUE TO HOSPITALIZATION

The interviewees' reports showed the importance of playing during the hospitalization of their children while filling in the gaps caused by separation with family members and their belongings, as well as suffering caused by the intrusive procedure.

*"For her not to think like that, she is away from home, without her things, you know? I think it is very important for kids to play." (C6)*

*"[...] because it is very sad that you are between needles and needles. Here they distract, the toys are so nice for children... for all these children here." (C8)*

The statements corroborate with the studies that show the use of toys in children's care as an indispensable ingredient in a conception of atraumatic care. This type of care is also called care without trauma, which consists of a philosophy that presupposes the use of interventions that eliminate or minimize the physical and psychological discomfort experienced by children and their families. The atraumatic care is by the National Humanization Policy of the Ministry of Health. Given this, the use of the toy is one of the strategies that enable the creation of a more humanized hospital space, distancing the stereotypes of the fear and anxiety present in the daily lives of children, when subjected to procedures considered painful and distressing. The study also focuses on the fact that playing appears as a sign of recovery from the perspective of mothers and seeing their children entertaining in the context of hospitalization allows them to feel less distressed and anxious.<sup>15,16</sup>

The toy also emerges as an alternative to the supply of preschool needs, regardless of where the child is,<sup>15</sup> as evidenced in this speech:

*"[...] because where we live he stays in a daycare, so he misses it. Here, he recomposes the lack of the daycare!"(C11)*

In this context, studies show that among the several advantages presented using games in the hospital, there is the ability to lead children to experiences that make them feel alive, even in stressful situations. This experience keeps the evolution of their development process.<sup>9</sup>

Playing may favor the socialization of the child by allowing them to experience social roles and learn to relate to others;

when it enables the child to dramatize roles and the conflicts he is facing to alleviate emotional tension.<sup>16</sup>

## FINAL CONSIDERATIONS

Through this study and from the parents' perception, it was found that playing is quite effective in the treatment of the hospitalized child, since it facilitates the communication, participation, and motivation of the child throughout the hospitalization process, making a most integral and humane care.

According to the interviewees, the use of this instrument provided a significant improvement in the emotional and clinical aspects of the children, besides promoting a relationship of trust between family and the child. As the benefits of the use of this tool, it is possible to emphasize the greater approximation of the parents, a better understanding of the children regarding the care to be performed and the decrease of the stress caused by hospitalization.

Thus, it is expected that this study will encourage the implementation of a recreational activity to promote a humanized treatment and health professionals act more effectively in reducing the disorders caused by hospitalization in the children, always aiming for their well-being.

Finally, it is emphasized that the study was restricted to the context of a public pediatric hospitalization unit, limiting the generality of the results obtained. Therefore, it is recommended to produce new investigations that can investigate the playing in the hospitalized children care from the perspective of their parents.

## REFERENCES

1. Lima KYN, Barros AG, Costa TDC, Santos VEP, Vitor AF, Lira ALBC. Atividade lúdica como ferramenta para o cuidado de enfermagem às crianças hospitalizadas. *REME - Rev Min Enferm.* 2014[cited 2016 May 20];18(3):741-6. Available from: <http://www.reme.org.br/artigo/detalhes/959>
2. Sousa RD, Schureoff LL, Pessoa RP, Sozinho MBR. A importância do brincar para as crianças oncológicas na percepção dos cuidadores: em um hospital de referência na cidade de Belém, Estado do Pará, Brasil. *Rev Pediatr SOERRJ.* 2013[cited 2016 May 20];14(1): 21-5. Available from: [http://revistadepediatriasoperj.org.br/detalhe\\_artigo.asp?id=629](http://revistadepediatriasoperj.org.br/detalhe_artigo.asp?id=629)
3. Jansen MF, Santos RM, Favero L. Benefícios da utilização do brinquedo durante o cuidado de enfermagem prestado à criança hospitalizada. *Rev Gaúcha Enferm.* 2010[cited 2016 May 20]; 31(2): 247-53. Available from: <http://www.seer.ufrgs.br/RevistaGauchadeEnfermagem/article/download/12803/10232>
4. Tondatti PC, Correia I. Use of music and play in pediatric nursing care in the hospital context. *Invest Educ Enferm.* 2012[cited 2016 May 20];30(3): 362-70. Available from: <http://aprendeenlinea.udea.edu.co/revistas/index.php/iee/article/view/13973/12899>
5. Weber FS. The influence of playful activities on childrens anxiety during the preoperative period at the outpatient surgical center. *J Pediatr (Rio J).* 2010[cited 2016 May 20];86(3):209-14. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/20419272>
6. Monteiro LS, Corrêa VAC. Reflexões sobre o brincar, a brinquedoteca e o processo de hospitalização. *Rev Para Med.* 2012[cited 2016 May 20];26(3):3. Available from: [http://www.scielo.br/scielo.php?script=sci\\_nlinks&pid=S1983-1447201500020007600002&lng=en](http://www.scielo.br/scielo.php?script=sci_nlinks&pid=S1983-1447201500020007600002&lng=en)
7. Linge L. Joyful and serious intentions in the work of hospital clowns: a meta-analysis based on a 7-year research project conducted in three parts. *Int J Qual Stud Health Well-being.* 2013[cited 2016 May 20];8:10.3402/qhw.v8i0.18907. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538281/>
8. Silva LF, Cabral IE, Chistoffel MM. As (im)possibilidades de brincar para o escolar com câncer em tratamento ambulatorial. *Acta Paul Enferm.* 2010[cited 2016 May 20];23(3): 334-40. Available from: <http://www.scielo.br/pdf/ape/v23n3/v23n3a04.pdf>
9. Silva Júnior RF, Pereira JA, Ferreira TN, Nunes CJMC. O brinquedo terapêutico como prática de enfermagem pediátrica. *Rev Digital EFDportes.com.* 2014[cited 2016 May 20]; 19(191). Available from: <http://www.efdeportes.com/efd191/o-brinquedo-terapeutico-enfermagem-pediatria.htm>
10. Berto RMVS, Nakano D. Revisitando a produção científica nos anais do Encontro Nacional de Engenharia de Produção. *Prod.* 2014[cited 2016 May 20];24(1). Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-65132014000100018](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-65132014000100018)
11. Bardin L. *Análise de conteúdo.* Lisboa: Edições 70; 2009.
12. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde.* 10ª ed. São Paulo: Hucitec; 2010. 406 p.
13. Souza 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.* 2012[cited 2016 May 20];30(4): 354-8. Available from: [https://www.unip.br/comunicacao/publicacoes/ics/edicoes/2012/04\\_out-dez/V30\\_n4\\_2012\\_p354a358.pdf](https://www.unip.br/comunicacao/publicacoes/ics/edicoes/2012/04_out-dez/V30_n4_2012_p354a358.pdf)
14. Andrade ML, Mishima GFKT, Barbieri V. Vínculos familiares e atendimento psicológico: a escuta dos pais sobre a alta da criança. *Rev SPAGESP.* 2012[cited 2016 May 20];13(1): 5-13. Available from: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_abstract&pid=S1677-29702012000100002](http://pepsic.bvsalud.org/scielo.php?script=sci_abstract&pid=S1677-29702012000100002)
15. Junqueira MFPS. A mãe, seu filho hospitalizado e o brincar: um relato de experiência. *Estud Psicol.* 2003[cited 2016 May 20];8(1):193-7. Available from: <http://www.scielo.br/pdf/epsic/v8n1/17250.pdf>
16. Ribeiro CA, Borba RI, Rezende MA. O brinquedo na assistência à saúde da criança na atenção básica. São Paulo: Manole; 2009. p.287-327.