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RESEARCH

NURSING PERCEPTIONS OF THERAPEUTIC PLAY IN PREPARING CHILDREN FOR VENIPUNCTURE

PERCEPÇÃO DA ENFERMAGEM SOBRE O BRINQUEDO TERAPÊUTICO NO PREPARO DA CRIANÇA PARA A VENOPUNÇÃO

PERCEPCIÓN DE ENFERMERÍA SOBRE EL JUGUETE TERAPÉUTICO EN LA PREPARACIÓN DEL NIÑO PARA LA VENOPUNCIÓN

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ABSTRACT

Objective: *to analyze nursing professionals' perceptions regarding the use of instructional therapeutic play in preparing children for venipuncture.* **Method:** *A qualitative, exploratory, and descriptive study conducted between May and July 2023. Twenty-two nursing professionals were interviewed, and the data were subjected to Content Analysis, using the Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires software to support the analysis.* **Results:** *A central category emerged: the path to be followed in preparing the child for venipuncture, along with five subcategories: experiences and beliefs as determinants of the professional's approach to the child; verbal communication as the primary resource for venipuncture preparation; children's emotions and reactions during venipuncture; a tool that can be implemented; and challenges and strategies for institutional implementation.* **Conclusion***: the findings highlight the importance of developing and implementing protocols, as well as reorganizing institutional infrastructure, to enable theintegration of playful approaches into care practice.*

***Keywords*:** Play and Playthings; Child; Child, Hospitalized; Nursing; Pediatric Nursing; Perception; Health Strategies; Vascular Access Devices

RESUMO

Objetivo*: analisar a percepção dos profissionais de enfermagem acerca do uso do brinquedo terapêutico instrucional no preparo da criança para a venopunção.* ***Método:*** *estudo qualitativo, exploratório e descritivo, realizado de maio a julho de 2023. Foram entrevistados 22 profissionais de enfermagem, e os dados foram submetidos à Análise de Conteúdo, utilizando o software de Interface de R para Análises Multidimensionais de Textos e Questionários para suporte na análise.* ***Resultados:*** *emergiu uma categoria central: caminho a ser trilhado para o preparo da criança para a punção venosa, e cinco subcategorias: experiências e crenças como determinantes na abordagem do profissional a criança; a comunicação verbal como principal recurso de preparo para a punção venosa; emoções e reações da criança durante a punção venosa; uma ferramenta possível de ser implementada; e desafios e estratégias para a implementação institucional.* ***Conclusão****: destaca-se a importância da construção e implementação de protocolos, assim como a reorganização da infraestrutura institucional, para viabilizar a inserção do lúdico na prática assistencial*

Palavras-chave*: Brincadeiras e Brinquedos; Criança; Criança Hospitalizada; Enfermagem; Enfermagem Pediátrica; Percepção; Estratégias de Saúde; Dispositivos de Acesso Vascular.*

RESUMEN

Objetivo*: canalizar la percepción de los profesionales de Enfermería sobre el uso del juguete terapéutico instruccional en la preparación del niño para la venopunción.* ***Método:*** *estudio cualitativo, exploratorio y descriptivo, realizado de mayo a julio de 2023. Se entrevistó a 22 profesionales de Enfermería y los datos se sometieron a Análisis de Contenido, utilizando el software de Interfaz de R para Análisis Multidimensional de Textos y Cuestionarios como apoyo en el análisis.* ***Resultados****: surgió una categoría central: camino a seguir para la preparación del niño para la punción venosa, y cinco subcategorías: experiencias y creencias como determinantes en el abordaje profesional al niño; la comunicación verbal como principal recurso de preparación para la punción venosa; emociones y reacciones del niño durante la punción venosa; una herramienta posible de implementar; y desafíos y estrategias para la implementación institucional.* ***Conclusión:*** *se destaca la importancia de la elaboración e implementación de protocolos, así como la reorganización de la infraestructura institucional, para viabilizar la inserción de lo lúdico en la práctica asistencial.*

Palabras clave: *Juego e Implementos de Juego; Niño; Niño Hospitalizado; Dispositivos de Acceso Vascular; Enfermería; Enfermería Pediatrica; Estrategias de Salud; Percepción.*

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INTRODUCTION

Hospitalization represents a complex challenge for both the child and their family, resulting in significant exposure to feelings of fear, anxiety, and tension, which may contribute to the development of psychological trauma. This situation becomes more pronounced when invasive procedures are required during the hospitalization period[1].

Following the implementation of legislation concerning hospital playrooms[2], which mandates the establishment of playrooms in healthcare institutions operating under an inpatient care model, increasing efforts have been observed to enhance the value of playful spaces within the hospital environment as a means of ensuring the child's right to play during treatment. These spaces ensure that, even when confined to bed or under contact precautions, children can receive toys and experience moments of recreation. In addition, the importance of incorporating playful strategies by healthcare professionals is highlighted, both as a form of interaction and as a therapeutic resource during hospitalization. Play enables the expression of feelings, facilitates the understanding of reality, and contributes to the strengthening of children's social, emotional, and intellectual skills[3]. The use of playful approaches is not limited to entertainment; it also supports the development of imagination, creativity, motor skills, stress reduction, and the enhancement of self-esteem and self-confidence[4].

Considering the importance of play and its therapeutic function, especially in the context of hospitalization, therapeutic play (TP) stands out as a relevant tool in this process. This resource can be classified into three categories according to its purpose: Dramatic Therapeutic Play (DTP), through which the child is given the opportunity to express fears and emotions, enabling healthcare professionals to gain a broader understanding of the child's perception of illness; TP for the Enhancement of Physiological Functions, which, through play, allows the child to improve physical functioning and contributes to the acceptance of new life conditions; and, finally, Instructional Therapeutic Play (ITP), whose objective is to clarify aspects of procedures for the child by allowing them to play with and manipulate the materials, thereby promoting familiarity, autonomy, and the sense of safety necessary to cope with the procedure in a more confident manner[5].

The use of objects, toys, and adapted dolls as mediators in the practice of ITP represents an effective strategy to enhance knowledge, mitigate feelings of fear and insecurity, and encourage child protagonism throughout the therapeutic process. In accordance with Resolution No. 546/2017 of the Federal Nursing Council, it is the responsibility of the nursing team working in pediatric settings to employ free play or the therapeutic play technique in the care of children and their families during hospitalization, provided that such practices are prescribed and supervised by the responsible nurse[6].

Studies conducted in pediatric units indicate that, although the nursing team understands the benefits arising from the use of TP, its adoption still lacks systematization, showing variation among professionals. Among the main challenges identified, the studies highlight discrepancies in exposure to content related to TP during academic training and professional experience. This scenario may be influenced by several factors, such as lack of knowledge, shortages of human resources, materials, and toys, absence of institutional initiatives to support implementation, as well as workload overload – including bureaucratic and administrative activities – which negatively affects the time available for care-related actions[7,8].

Among the applications of ITP, its use as a resource for communication, comfort, and the child's understanding during the preparation for and performance of venipuncture stands out. This procedure, although indispensable for the treatment of hospitalized children, involves the insertion of a catheter into the skin and venous system, resulting in pain, stress, fear, and distress, particularly during the preparatory moments. To minimize such reactions and promote the success of venipuncture, nursing professionals use ITP to simulate the procedure, allowing the child to express their fears and to understand the purpose of the intervention, which contributes to cooperation and coping with the experience[9].

Given the relevance of this practice, the present study aims to analyze nursing professionals' perceptions regarding the use of instructional therapeutic play during venipuncture in a pediatric ward. Thus, it seeks to support a deeper understanding of the challenges faced by these professionals and to propose strategies that promote the effective implementation of therapeutic play as an comprehensive and systematized component of nursing care.

METHOD

Study Design and Population

This qualitative, descriptive, and exploratory study was conducted in accordance with the guidelines of the Consolidated Criteria for Reporting Qualitative Research

(COREQ)[10]. A total of 22 nursing professionals working in the pediatric ward of a public hospital in Campo Grande, Mato Grosso do Sul, were interviewed. The unit had 22 beds and a diverse diagnostic profile, including respiratory, parasitic, renal, and metabolic diseases, with an average length of hospital stay of seven days.

A non-probabilistic, convenience sample was used, including registered nurses, nursing technicians, and nursing assistants. Participant selection did not consider prior knowledge or experience with therapeutic play. The nursing team consisted of nine registered nurses and 23 nursing technicians, distributed across morning, afternoon, and night shifts. All professionals were included, except for those who were on vacation or leave during the data collection period. Exclusion criteria included unavailability and refusal to participate, resulting in a total of ten exclusions among members of the nursing staff.

Data Collection

Data collection was carried out between May and July 2023, following approval of the project by the Research Ethics Committee of the Universidade Federal do Mato Grosso do Sul, under approval no 6,159,199. Initially, the researcher introduced herself to the participants and explained the objectives of the study, as well as the characteristics of participation. It was emphasized that potential risks involved emotional discomfort when reporting experiences, which were mitigated by the provision of a supportive and empathetic listening approach and by guaranteeing the right to withdraw from participation at any time. As benefits, the potential contribution to strengthening pediatric care and the valorization of therapeutic play practice in nursing were highlighted. At this stage, aspects related to data privacy, processing and storage of information, as well as participants' rights in the event of withdrawal, were also reiterated. After clarification of any questions, participants who agreed to take part were asked to sign the Informed Consent Form and the Authorization for the Use of Image and Narratives.

Data were collected through audio recordings of semi-structured interviews, conducted during the participants' working hours, in accordance with prior agreement with the institution and the professionals' availability. The interviews were guided by a form containing ten open- and closed-ended questions addressing participants' characteristics (identification data, academic background, and professional practice), experience with TP (during training and professional practice), and the approach used with the child during venipuncture. Examples of these questions included: "What is your approach/communication with the child and their family when performing venipuncture?" and "Do you use therapeutic play for venipuncture? If so, could you share your experience with this practice?"

Participants were interviewed individually in a room designated to ensure privacy, under the guidance of a previously trained researcher, an undergraduate nursing student with no prior relationship with the interviewees. The interviews were conducted in a single session, with an average duration of 15 minutes.

Data Treatment and Analysis

The interviews were transcribed and stored in a single file on Google Docs®, with access restricted to the researchers. The material was subjected to Content Analysis[11], using the categorical approach, conducted by one of the authors, an undergraduate nursing student, under the supervision of a doctoral-level faculty member, with support from the IRaMuTeQ software (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires), version 0.7 alpha 2, which is based on the R and Python software environments[12].

Initially, the corpus was processed using IRaMuTeQ, enabling lexicographic analysis for the identification and restructuring of text units, word quantification, verification of mean frequency and hapax, as well as the organization of vocabulary into reduced forms and supplementary structures[12]. Analytical techniques such as Descending Hierarchical Classification (DHC) were applied, which grouped text segments (TS) according to specific vocabulary and generated a dendrogram illustrating the classes[13]. Similarity Analysis, grounded in graph theory, was also performed, allowing visualization of connections between words and identification of central themes within the corpus[12]. For each class, the software generated a list of significant words based on the chi-square test, requiring the classification of at least 75% of the text segments to ensure analytical robustness.

Subsequently, based on the results generated by the software, Content Analysis was conducted, comprising the stages of pre-analysis, material exploration, and treatment of the results[11]. This phase aimed to ensure methodological rigor, validity of the findings, and systematic coherence by attributing meaning to the classes previously identified by IRaMuTeQ. The analysis made it possible to substantiate the lexicographic categorization, as well as to describe and interpret, in a substantive manner, the investigated reality.

RESULTS

Regarding the characterization of the participants, the study identified the participation of 12 nursing technicians, six registered nurses, and four nursing assistants, all female, aged between 34 and 64 years, with a mean age of 45.5 years. In terms of academic background, seven participants had completed secondary education, including six nursing technicians and one nursing assistant. Additionally, six professionals had higher education degrees, three in Nursing, one in Human Resources, and one in Social Work. One participant was in the process of completing an undergraduate degree, while eight held postgraduate qualifications. Concerning professional experience, the mean length of time working in the profession was 14.5 years, and seven years at the University Hospital. Regarding work shifts, seven participants worked the afternoon shift, 14 the night shift, and eight the morning shift.

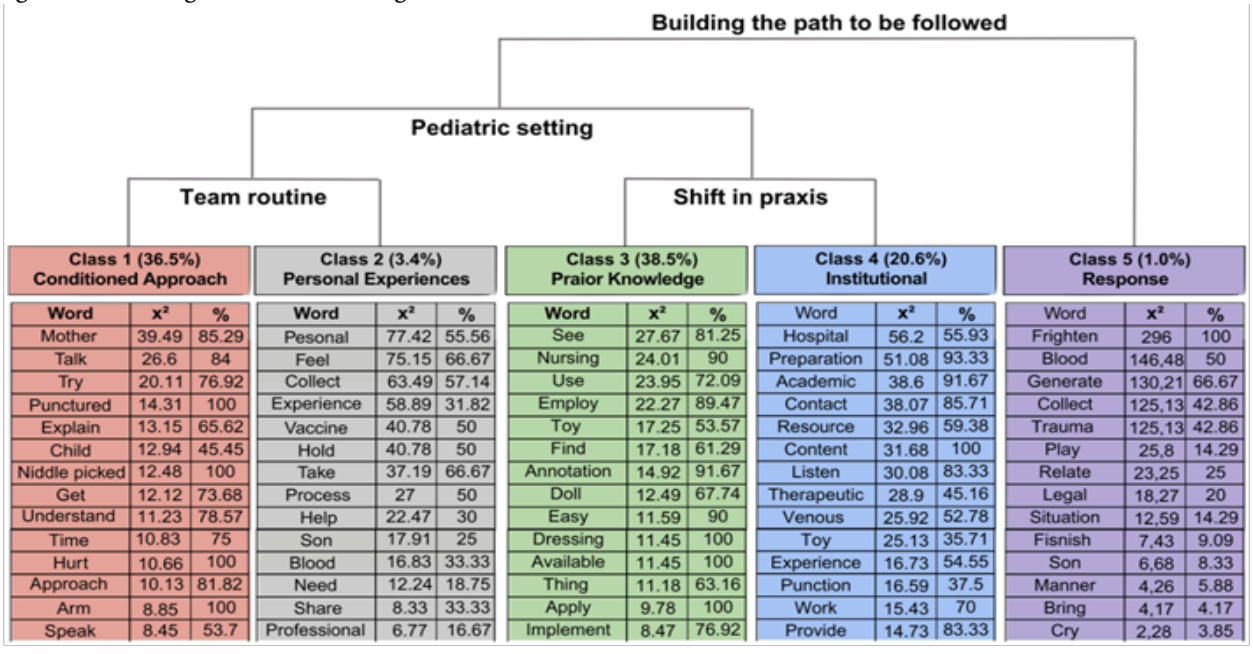
The corpus consisted of texts from the 22 interviews, resulting in 296 TS, totaling 10,396 occurrences, corresponding to the total number of words contained in the corpus. The material was divided into 296 segments, representing 100% of the corpus TS. Based on these segments, Descending Hierarchical Classification (DHC) analysis was performed, resulting in five classes, as shown in Figure 1: "Personal Experiences," "Conditioned Approach," "Institutional," "Prior Knowledge," and "Response."

Class 1 comprised 36.5% of the corpus; Class 2 accounted for 3.4%; Class 3 represented 38.5%; Class 4, 20.6%; and Class 5, 1% of the corpus. To understand the relationship among the classes, the initial dendrogram, originally generated by the software, structured two subcorpora, separating Classes 2, 1, 4, and 3 from Class 5 in the first partition. In Figure 1, the sequence of classes was reorganized in ascending order, without compromising the analysis and with the aim of improving data comprehension. Thus, it is observed that the larger subcorpus (Classes 1, 2, 3, and 4) was further divided, separating Classes 1 and 2 from Classes 3 and 4 (second partition).

This arrangement stems from the fact that Classes 1 (conditioned approach) and 2 (personal experiences) group words that refer to the daily routine of the nursing team in the moments preceding venipuncture in children. This relationship is evidenced by words such as "talk" and "explain" in Class 1, and "personal" and "experience" in Class 2, indicating that, based on the approach adopted, whether through dialogue with the child or with mothers prior to venipuncture, personal experiences are shaped, encompassing perspectives and emotions inherent to the professional practice of these individuals.

In the association between Classes 3 and 4, a shift in praxis was identified through the linkage of words such as "nursing" or "use" and "hospital" or "resource," which refer to institutional factors and prior knowledge as predictors for the application of therapeutic play in the pediatric setting. Class 5 was designated as "response,"

Figure 1- Dendrogram of Descending Hierarchical Classification



Class 1 (36.5%) Conditioned Approach			Class 2 (3.4%) Personal Experiences			Class 3 (38.5%) Praior Knowledge			Class 4 (20.6%) Institutional			Class 5 (1.0%) Response		
Word	x²	%	Word	x²	%	Word	x²	%	Word	x²	%	Word	x²	%
Mother	39.49	85.29	Pesonal	77.42	55.56	See	27.67	81.25	Hospital	56.2	55.93	Frighten	296	100
Talk	26.6	84	Feel	75.15	66.67	Nursing	24.01	90	Preparation	51.08	93.33	Blood	146,48	50
Try	20.11	76.92	Collect	63.49	57.14	Use	23.95	72.09	Academic	38.6	91.67	Generate	130,21	66.67
Punctured	14.31	100	Experience	58.89	31.82	Employ	22.27	89.47	Contact	38.07	85.71	Collect	125,13	42.86
Explain	13.15	65.62	Vaccine	40.78	50	Toy	17.25	53.57	Resource	32.96	59.38	Trauma	125,13	42.86
Child	12.94	45.45	Hold	40.78	50	Find	17.18	61.29	Content	31.68	100	Play	25,8	14.29
Niddle picked	12.48	100	Take	37.19	66.67	Annotation	14.92	91.67	Listen	30.08	83.33	Relate	23,25	25
Get	12.12	73.68	Process	27	50	Doll	12.49	67.74	Therapeutic	28.9	45.16	Legal	18,27	20
Understand	11.23	78.57	Help	22.47	30	Easy	11.59	90	Venous	25.92	52.78	Situation	12,59	14.29
Time	10.83	75	Son	17.91	25	Dressing	11.45	100	Toy	25.13	35.71	Fisnish	7,43	9.09
Hurt	10.66	100	Blood	16.83	33.33	Available	11.45	100	Experience	16.73	54.55	Son	6,68	8.33
Approach	10.13	81.82	Need	12.24	18.75	Thing	11.18	63.16	Punction	16.59	37.5	Manner	4,26	5.88
Arm	8.85	100	Share	8.33	33.33	Apply	9.78	100	Work	15.43	70	Bring	4,17	4.17
Speak	8.45	53.7	Professional	6.77	16.67	Implement	8.47	76.92	Provide	14.73	83.33	Cry	2,28	3.85

Source: The authors, 2023.

as it grouped words related to the child's negative reaction to venipuncture. From the relationships among the remaining classes, it can be inferred that, although preparing the child for venipuncture depends on the professional approach and knowledge, as well as on institutional structure and resource availability, such preparation remains a process under development.

Relevant lexical choices were made for the configuration of the similarity tree, based on the DHC dendrogram. This set comprised a total of 25 lexical units. The graphical representation in Figure 2 indicates a semantic range of the most frequent words, such as "toy" and "resource," as well as a strong association established between these terms, which demonstrates that the interviews addressed the objective of the study.

Through the similarity tree, it is possible to identify the connections established by the words "explain," "talk," and "mother," outlining an interpretative line that suggests verbal communication as the primary preparatory strategy adopted. Furthermore, it is observed that this communication is not directed primarily at the child but predominantly at their companion, who is generally identified as the mother.

> *When I need to perform a venipuncture, I first talk to the mother, without the child knowing* […]. (E1)

Furthermore, it is observed that even after the procedure has been explained to the child's mother, the possibility of trauma development remains, as evidenced by the association of the words "trauma," "generate," and "frighten." It becomes apparent that adequate preparation of the child for the procedure is not carried out, which intensifies the anxiety and fear induced by the hospital environment.

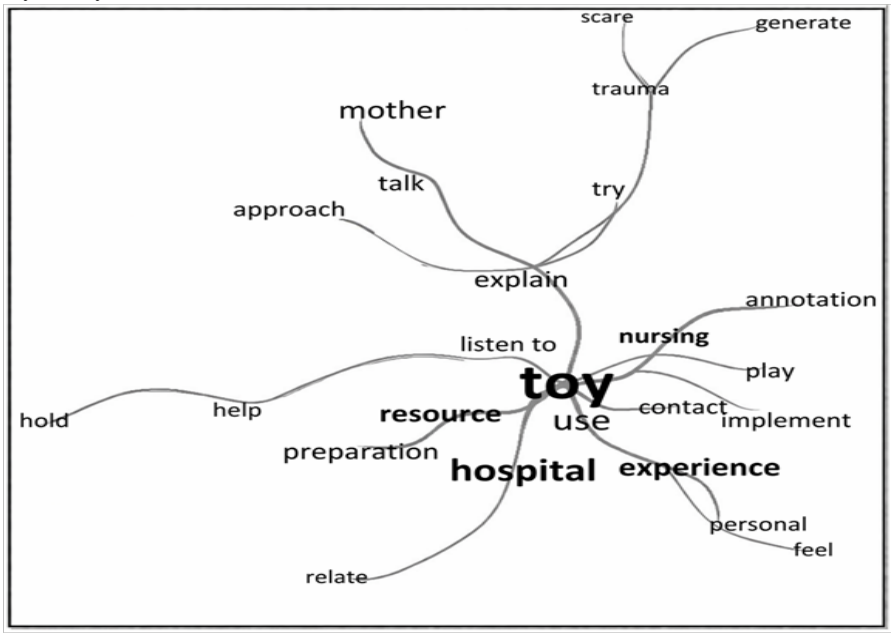
> *We try to take an approach with the child, but even so, it is very traumatic for the child to have to undergo venipuncture* […]. (E12)

However, through the words "listen," "experience," and "feel," it is possible to identify that professionals demonstrate focus and recognize common reactions among children, such as crying, rejection, and reluctance toward procedures and the hospitalization process..

> *When I am about to perform venipuncture, I say that I am just going to take a look, and when it is time to puncture, I would warn about it; I say that they can cry or scream because I know it is uncomfortable, but they cannot move or pull away* […]. (E15)

Furthermore, considering the connection among the terms "nursing," "hospital," and "toy," it is possible to identify that professionals perceive the feasibility of introducing therapeutic play in the unit as a preparatory resource for venipuncture.

Figure 2 - Similarity Analysis



Source: The authors, 2023.

> *AI think that the nursing team talking, ensuring safety, ensuring proper hygiene, and bringing a sense of normality to the child regarding a procedure that needs to be performed is extremely valid and important.* […]. (E4)

These findings are consistent with the results derived from the content analysis, whose central category: "the path to be followed in preparing the child for venipuncture" is composed of five subcategories: "experiences and beliefs as determinants of the professional's approach to the child"; "verbal communication as the primary resource for venipuncture preparation"; "children's emotions and reactions during venipuncture"; "a tool that can be implemented"; and "challenges and strategies for institutional implementation."

The path to be followed in preparing the child for venipuncture

This category addresses nursing professionals' perceptions regarding the preparation of the child for venipuncture. Based on the structuring of Class 5 in the DHC, it can be inferred that the approach adopted directly influences the child's emotions and reactions during the procedure. Furthermore, this category is grounded in the relationships between Classes 1 and 2, which reinforce that experiences and beliefs developed throughout personal and professional trajectories guide the approach employed by professionals in their interaction with the child.

In this context, verbal communication has been identified as the modus operandi adopted by the participants, as evidenced by the presence of the word "talk" in Class 1, configuring it as one of the main resources used to prepare the child for venipuncture. However, in the narratives, it is observed, based on the words grouped in Class 3, that a change in the pediatric care setting may be both beneficial and feasible, given that therapeutic play emerged as a tool that can be implemented. To this end, according to the words "preparation" and "resource" in Class 4, it becomes necessary to overcome challenges and adopt strategies that favor institutional implementation.

Experiences and beliefs as determinants of the professional's approach to the child

In this subcategory, the words "personal" and "feel" from Class 2, articulated with the participants' narratives, demonstrate that personal and professional beliefs and experiences can directly influence the approach adopted in pediatric care when playful resources are used. This understanding has guided actions and initiatives aimed at a more effective and systematic use of playfulness during invasive procedures. In these narratives, therapeutic play is presented as an effective tool, fostering openness and sensitization toward the adoption of new approaches directed at the child and the family prior to the performance of invasive procedures.

> *There was a case of a girl who had a drain, and the nurse cut a piece of tubing and placed it on the child's doll to represent the drain, and that was important; she did not even cry when it was removed, even though she was very emotional* […]. (E2)

However, isolated experiences considered unsuccessful in relation to the use of toys were also reported, which leads to disbelief regarding the use of toys as a strategy for preparing children for venipuncture. The narratives point to a confusion between free play and the effective application of therapeutic play, a misunderstanding that may lead professionals to underestimate both the use and the effectiveness of this technique.

> *My son had a traumatic experience in a laboratory when he went to collect a blood sample. At the laboratory, they thought that by throwing a ladybug toy at him, he would find it good and play* […]. (E19)

The narratives highlight that positive experiences may foster openness to new approaches, improving the child's experience during invasive procedures. Conversely, negative experiences may be associated with professionals' lack of knowledge regarding the impact of applying ITP, whose purpose is not to eliminate pain, crying, or suffering during venipuncture, but rather to mitigate these sensations and enhance the child's ability to cope with the experience more effectively.

Verbal communication as the primary resource for venipuncture preparation

Nursing professionals report in their statements that the approach predominantly used to prepare the child for venipuncture is verbal communication. This indication is emphasized in Class 1 (conditioned approach) through the words: "talk" and "explain." Through this resource, professionals report establishing empathy, providing explanations, reducing anxiety and fear, and

strengthening the professional–patient bond, thereby promoting greater trust.

The team reports that, through verbal communication, an empathetic connection is established with the child and their mother, contributing to reassurance, especially in situations that generate anxiety and nervousness, such as venipuncture:

> *I always try to talk to the child and, at the same time, to the mother as well, because usually the mother also becomes nervous, so we need to have that empathy to calm both the patient and the mother.* (E7)

Although considered a valid strategy, professionals acknowledge that verbal communication does not constitute the only available resource and that it may be necessary to find more appropriate ways to deal with the child to prevent the procedure from becoming traumatic. Throughout the narratives, it is observed that many professionals use diminutives and modify their tone of voice as a way of approximating children's language, with the aim of making the experience more pleasant and less traumatic::

> *We talk to the child, say that it will be necessary to get a little "vein"* […] *maybe it must be demonstrated in another way* […]*, because it is traumatizing for the child* […]. (E19)

Participants emphasized that, although they allow children to bring their own toys into the procedure room, they consider the time required to perform venipuncture to be brief, which, in their perception, makes the use of toys to explain the procedure unfeasible. They further point out that using toys could prolong discomfort and distress, leading toys to be used primarily as a comfort resource after the procedure.

> *Sometimes we pick up a toy, if the child already has one, they bring it along and hold onto it. But because it is very quick and some children do not cooperate, unfortunately there is no way to stay there prolonging the child's suffering.* […]. (E5)

Verbal communication thus emerges as the main resource used in preparing children for venipuncture, compared with the application of ITP, as it is perceived as a practical and rapid form of preparation. This behavior reflects the mistaken belief that shortening the duration of the procedure reduces the child's suffering and, when associated with a lack of understanding of the primary objective of ITP, reinforces the discrediting of this tool by professionals.

Emotions and reactions of the child during venipuncture

In this category, it was identified through the professionals' narratives that children's responses during the venipuncture procedure, characterized by intense fear and despair, may directly impact the adoption and implementation of playful tools. These reactions, identified in Class 5 by the words "frighten" and "cry," indicate the belief that such emotional responses are natural and expected, leading professionals to underestimate the beneficial potential of therapeutic play in calming and comforting children.

This concept and belief give rise to the perception that the use of therapeutic play and other playful strategies would not have a significant impact on alleviating the child's emotional discomfort during the procedure. As a result, there is a tendency to prioritize traditional approaches, perceived as faster, even though they do not value the reduction of impacts beyond the physical manifestation of emotions, such as crying.

> *I don't think you can really avoid the crying; sometimes at the beginning the child may think it will be different, but at the moment of the needle itself, no* […]. (E6)

On the other hand, when professionals understand that therapeutic play can be used as a strategy to reduce children's anxiety during invasive procedures, such as venipuncture, their approach and perspective toward the child's reactions tend to change. Those who recognize the effectiveness of this tool view the child's response in a more positive manner, understanding that therapeutic play can act as an ally in managing the stress and discomfort associated with the procedure:

> *I think there should be more of this playful approach in the hospital.* […] *I notice that doing the dressing on the doll and then on the child helps with understanding and acceptance, and the child realizes that they are not alone.* (E2)

The professionals' narratives reveal that, beyond the underestimation of the effectiveness of therapeutic play, grounded in the belief that reactions such as crying and pain are inevitable, misinformation regarding the focus of this technique emerges as a barrier to its effective implementation. Conversely, those who have a more accurate understanding of the objectives of applying TP advocate for its implementation, emphasizing that the child's capacity for engagement and coping with treatment is substantially enhanced.

A tool that can be implemented

Based on the words: "use" and "nursing," present in Class 3, it can be inferred that the implementation of playful tools, such as therapeutic play, currently represents a concrete possibility for improving pediatric care in clinical procedures performed by the nursing team. Interaction with toys may help children feel more involved and in greater control of their own treatment, contributing to a less traumatic experience.

From the perspective of some nursing professionals, the implementation of therapeutic play is feasible, provided that the necessary resources are available and that a protocol is developed to ensure the standardization of this tool. The availability of appropriate materials, such as toys that comply with biosafety standards and instruments similar to those used in clinical procedures, is considered essential to provide a more realistic experience for the child. Furthermore, the development of a protocol for the application of TP ensures a uniform approach by the nursing team, contributing to the effectiveness of this strategy as a resource for preparation and comfort during medical procedures.

> *Regarding therapeutic play, I believe it is possible to implement it, but I think that first we need to be trained for this, so that we can be truly engaged and then apply it.* (E19)

> *But today there is nothing institutional from the hospital itself. There is neither a protocol, nor toys, nor training, it is not something we really hear about; it happens in isolated cases. It is kind of personal. In the work strategy there, each professional decides what they think is best.* (E22)

Challenges and strategies for institutional implementation

The implementation of therapeutic play and other playful strategies in hospitals presents challenges and requires initiative from the professionals responsible for managing these sectors. The words "provide" and "preparation," identified in Class 4 of the DHC, indicate the importance of healthcare institutions in adopting such practices. It is understood that the availability of human and material resources, as well as the promotion of a culture focused on playfulness, favors the integration of these practices into the nursing care plan.

From this perspective, the nursing team highlighted challenges that hinder the effective implementation of instructional therapeutic play and other playful strategies in the context of caring for hospitalized children. Among these challenges, excessive workload stands out, as it negatively impacts the time available for professionals to use these resources during venipuncture:

> *Sometimes we play a little, show the birds outside, but actually using a doll itself is difficult for us to do, unfortunately, because in the daily routine, with all the rush, the team usually ends up failing in this regard, in actually using therapeutic play.* (E17)

Beyond the work routine, there emerged an understanding that the institution's role in supporting playful actions in pediatrics must be grounded in the co-participation of managers, who, in addition to acting as promoters, should serve as direct agents in organizing, preparing, and making resources available to professionals for the implementation of therapeutic play.

> *I think this was not implemented due to a lack of planning and adherence, maybe even from the leadership itself, in terms of receiving this training, recognizing its importance, and seeking resources to make it happen, because resources are often the main issue.* (E22)

DISCUSSION

For hospitalized children, the experience of hospitalization may constitute a traumatic event, as it involves significant changes in their daily lives, including changes in

environment, separation from school and friends, as well as multiple restrictions and the performance of invasive, uncomfortable, and painful procedures[14,15]. In this context, nurses play a fundamental role in providing humanized care, with the use of therapeutic play representing a relevant strategy[16]. The present study highlights professional perspectives that point to obstacles to the adoption of therapeutic play, such as misinformation and underestimation of the objectives associated with its application, the recurrent use of verbal communication as the primary approach to the child and their family, and the need for an adequately prepared institutional structure for the effective implementation of ITP.

Understanding and sensitization toward the suffering experienced during the hospitalization of children and adolescents emerge as significant determinants for the adoption of TP[4–9]. Empathy leads nurses to incorporate playful practices into the care process, favoring the integration of TP into Pediatric Nursing care. In this context, professionals adopt a compassionate stance toward patient suffering, and their sensitization deepens when recounting painful experiences of individuals who are still in full development[17].

With the aim of mitigating anxiety during invasive procedures such as venipuncture, professionals' attitudes toward children's reactions vary. Those who recognize the effectiveness of TP understand its usefulness in managing procedure-related stress. Conversely, according to the findings of this study, some professionals demonstrate a lack of understanding regarding the purpose of TP and reject its application in childcare, basing this stance on the belief that expected reactions such as crying and pain are inevitable, thereby rendering the use of TP unnecessary. However, it is important to emphasize that the focus of TP lies in minimizing traumas associated with hospitalization, producing positive effects on cognitive, emotional, and social development, especially among hospitalized children[4,5,18].

The results of a study conducted with nurses indicate that, when questioned about their perceptions of playful care, these professionals emphasized the relaxing nature of play and its role in helping manage conflicts experienced by children during hospitalization. Play was identified as a release valve that provides support and emotional shelter for the child. When reflecting on previously experienced situations, participants highlighted that toys such as dolls are often perceived by children as members of their families[8,9,19].

It should be noted that the venipuncture process involves tissue injury for catheter insertion and access to the child's venous system, thereby requiring patient cooperation to achieve higher success rates[18]. Such cooperation must be encouraged by professionals, who are responsible not only for the technical quality of the procedure but also for minimizing adverse effects such as hematomas and hemorrhages, as well as reducing potentially traumatic situations for the child[20]. In this regard, although the effective application of TP, through the construction of materials that mimic the child's lived reality to enhance understanding of the procedure, has already been disseminated, the analyzed narratives revealed that verbal communication remains the primary resource used by nurses in preparing children for venipuncture.

Based on the justifications presented, some professionals associated this decline in the use of TP with the short duration of venipuncture and the lack of time due to other demands, arguing that there is no need to use TP when prior verbal explanation of the procedure is provided. However, studies indicate that the use of ITP in preparing children for venipuncture not only demonstrates what will be performed but also allows the child to express, in a more dynamic and sensitive manner, their perceptions of that moment, compared with the exclusive use of verbal communication[18,20].

Another study highlights that playful activities promote a relationship grounded in trust, calmness, and safety, culminating in the establishment of a stronger emotional bond between the child and the nursing team. The professionals' approach clarifies the necessary procedures in a clear and concise manner, generating trust among healthcare professionals, the child, and the family[8,17–19]. Once this relationship is established, the child feels safer and more integrated into the therapeutic process, which facilitates their co-participation during procedures and strengthens their protagonism as the main agent in the nursing care process[21].

In addition, some studies have identified excessive workload, the occurrence of unexpected situations, an exhausting routine of procedures, and the mechanical execution of care, combined with concerns about other unit responsibilities, as obstacles reported by nursing professionals to the use and valorization of therapeutic play as an intervention resource[8,14], a finding also reported by participants in the present study.

Beyond experiencing uncomfortable situations within the nursing team's work context, the interviewed professionals reported institutional barriers to implementing therapeutic play. The analyzed statements revealed the need for professional training, effective communication among team members, availability of material resources

for the implementation of TP and the establishment of an institutional protocol to guide this technique. Such a scenario results in a lack of institutional support and policies that insufficiently address the specific pediatric demands related to the applicability of playfulness[18,22].

Furthermore, the reference to the development of an institutional protocol reinforces the practical and care-oriented conception of ITP application, whose systematization enables its broader-scale reproduction, generating positive impacts on the delivery of pediatric care[18]. Additionally, it is imperative to strengthen the working group responsible for this implementation, ensuring adequate support and full professional participation[22]. In this sense, continuing education emerges as a relevant tool for ongoing training, ensuring the appropriate use of therapeutic play from undergraduate education onward and contributing significantly to professional development and the improvement of pediatric care.

Study Limitations

The present study was conducted in a single public pediatric institution, which limits the generalizability of the results obtained. Therefore, further investigations involving other healthcare professionals and different pediatric settings are recommended, encompassing not only a single unit but also other public and private institutions. In addition, the lack of knowledge and experience of the professionals interviewed regarding the use of therapeutic play should be considered a limitation, as it may have influenced responses based on intuition and beliefs rather than on a consolidated understanding of the applicability of this tool.

CONCLUSION

The study reveals that, from the perspective of nursing team professionals, therapeutic play is valued; however, its use in care practice remains limited among participants. From this standpoint, professionals predominantly attribute to this tool the function of comforting the child after the procedure, without fully recognizing its potential to mediate the child's preparation for the interventions performed. This finding highlight knowledge gaps among healthcare professionals regarding this practice, associated with a lack of specific training on the topic. In addition, the absence of well-defined norms and routines contributes to the low adherence to therapeutic play among nursing professionals. To strengthen the scientific basis, it is essential to expand research in other pediatric settings and include the participation of different healthcare professional categories, in order to broaden knowledge and understanding of the effective use of playful resources in diverse hospital contexts, thereby providing robust evidence to support clinical practice.

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