

Giving meaning to the teaching of Therapeutic Play: the experience of nursing students

Dando sentido ao ensino do Brinquedo Terapêutico: a vivência de estudantes de enfermagem
Otorgando sentido a la enseñanza del Juego Terapéutico: la experiencia de estudiantes de enfermería

Laura Maria Sene Carelli Barreto¹
 Edmara Bazoni Soares Maia¹
 Jéssica Renata Bastos Depianti¹
 Luciana de Lione Melo²
 Conceição Vieira da Silva Ohara¹
 Circéa Amália Ribeiro¹

1. Universidade Federal de São Paulo.
São Paulo, SP, Brazil.
2. Universidade Estadual de Campinas.
Campinas, SP, Brazil.

ABSTRACT

Objective: To understand the meaning attributed by undergraduate nursing students to the teaching and practice of Therapeutic Play (TP) in the Undergraduate Program in Nursing. **Methods:** A qualitative research project held using Symbolic Interactionism. Participants were 17 nursing students from a public university. Data were collected through semi-structured interviews and analyzed by Conventional Qualitative Content Analysis. **Results:** Our results allowed us to understand the meaning attributed by the nursing student to the teaching of TP on the undergraduate program - it is a necessary and important intervention to promote quality and humane nursing care; therefore, its teaching must be ensured for undergraduate students. **Final considerations:** We hope that our results will contribute to a reflection on the teaching of TP and that this content may go beyond the boundaries of the classroom and academic practice, promoting students' awareness for its future use in their future careers as nurses.

Keywords: Play and playthings; Nursing students; Teaching; Pediatric Nursing.

RESUMO

Objetivo: Compreender o significado atribuído pelo graduando de enfermagem quanto ao ensino e à prática do Brinquedo Terapêutico (BT) no Curso de Graduação em Enfermagem. **Métodos:** Pesquisa qualitativa, realizada à luz do Interacionismo Simbólico. Participaram 17 estudantes de enfermagem de uma universidade pública, sendo os dados coletados por meio de entrevista semiestruturada e analisados pela Análise Qualitativa de Conteúdo Convencional. **Resultados:** Possibilitaram compreender o significado atribuído pelo graduando de enfermagem ao ensino do BT no curso de graduação, como uma intervenção necessária e importante para promover um cuidado de enfermagem qualificado e humano; em vista disso, seu ensino deve ser garantido aos alunos de graduação. **Considerações finais:** Espera-se que seus resultados contribuam para uma reflexão sobre o ensino do BT, visando que esse conteúdo ultrapasse as fronteiras da sala de aula e da prática acadêmica, favorecendo a sensibilização do aluno para sua utilização futura, quando enfermeiro.

Palavras-chave: Jogos e brinquedos; Estudantes de enfermagem; Ensino; Enfermagem pediátrica.

RESUMEN

Objetivo: Comprender el significado asignado por el graduando de enfermería en cuanto a la enseñanza y la práctica del Juego Terapéutico (JT) en el Curso de Pregrado en Enfermería. **Métodos:** Investigación cualitativa desarrollada a la luz del Interacionismo Simbólico. Se incluyeron 17 estudiantes de enfermería de una universidad pública, y los datos fueron recolectados mediante entrevistas semiestructuradas y analizados por Análisis Cualitativo de Contenido Convencional. **Resultados:** Fue posible comprender el significado asignado por el graduando de enfermería a la enseñanza del JT en el curso de pregrado como una condición necesaria e importante para promover una atención de enfermería cualificada y humana; así, se debe garantizar a los alumnos de pregrado su enseñanza. **Consideraciones finales:** Se espera que sus resultados ayuden a reflexionar sobre la enseñanza del JT, con el objetivo de que este contenido rebase las fronteras del aula y de la práctica académica, favoreciendo la sensibilización del alumno para su futura utilización, cuando enfermero.

Palabras clave: Juegos y juguetes; Estudiantes de enfermería; Enseñanza; Enfermería pediátrica.

Corresponding author:
 Edmara Bazoni Soares Maia.
 E-mail: edmara@ronaldomaia.com.br

Submitted on 11/05/2016.
 Accepted on 02/27/2017.

DOI: 10.5935/1414-8145.20170038

INTRODUCTION

The National Curricular Guidelines for the Undergraduate Course in Nursing define that the nurse's training aims to endow the professional with the knowledge required for exercising competencies and skills which include healthcare, decision-making, leadership, administration and management, continuing education and efficient communication. This last imposes upon the professionals the duty to be accessible and to keep information reliable; and involves verbal and nonverbal communication, and skills in reading and writing.¹ Consequently, it is necessary to rethink the teaching of communication in Pediatric Nursing.

In her daily care duties, the pediatric nurse must include respect for the rights of the child and her legal representatives - above all in relation to the exercising of her autonomy related to decision-making, based in information which is adequate and understood by everybody. The nurse must, furthermore, encourage the child's gradual participation, respecting her cognitive development and her capacity for understanding,^{2,3} this including matters relating to the undertaking of diagnostic and therapeutic procedures.³

However, there is evidence that children continue not to be included in the conversations established between the professionals and the family members regarding their health, above all for children below 10 years of age, there being a lack of investment in the professionals' communication with these - which emphasizes the need for health professionals to learn how to communicate with these children appropriately, informing them about disease and responding to their doubts.^{4,5}

Regarding communication with children, one of the methods which deserves to be highlighted in the literature is Therapeutic Play (TP), which is used by nurses for explaining to children the procedures which they will undergo, in addition to helping them to manifest their feelings in relation to unknown and uncomfortable situations, as in the example of the illness and their hospitalization.^{3,6,7}

Its use by the nurse in providing pediatric care is permeated by numerous benefits, not only for the child - who comes to comprehend better what is happening to her, becoming more calm, secure and collaborative - but also for the family, the nurse, the team and the care environment.⁷

In the international literature, its use is highlighted as having a high therapeutic value for the child, contributing not only to physical improvement but also to the child's emotional well-being,⁸ to reduction in pain and stress related to experiencing procedures such as venipuncture,⁹ dressings,¹⁰ inhalation therapies,¹¹ radiotherapy¹² and the preparation for surgery,^{13,14} among others; it also has an effect on the reduction of the parents' anxiety, who come to understand this intervention's value.¹⁵ Nevertheless, studies have not been identified related to the teaching of this strategy, it being the case that only one of these refers to the nurses' resistance regarding its use, due to their lack of familiarity with TP.¹¹

As a result, for its use to be implemented in care for children, it is necessary for the topic to be taught on the undergraduate courses in nursing, ensuring theoretical and practical experience of this intervention for the student. Although the COREN-SP recommends that content on TP should form part of the courses' curriculum,¹⁶ recent research reveals that the teaching of this topic takes place according to the value placed upon it by the lecturer, evidencing that it is a movement which is intrinsic to the person of the lecturer, rather than resulting from the philosophy incorporated into the course responsible for teaching on children's health.¹⁷

This occurs in spite of COFEN Resolution N. 295/2004, which regulates the use of Play/TP by the nurse in care for the hospitalized child,¹⁸ and in spite of the literature indicating that one of the main difficulties for its use by nurses is lack of knowledge and insecurity regarding its application,^{19,20} causing nurses to feel the need for improvement for the full incorporation of TP into their professional practice.²¹

In this context, the undergraduate student of nursing's inexperience leads her to offer care which is merely technical, initially seeking to overcome her insecurity in the attempt to acquire the skill of controlling the environment and that, in spite of the lecturer's encouragement, and of the understanding of the importance of play for the hospitalized child, the students are unable to adopt this task during their academic practice.²²

This situation takes place even though the use of TP during the academic practice is defined by the students as one of the most valuable times for their learning, above all when they state that its effects are beneficial for the child.²³

As lecturers in nursing in children's health, committed to the teaching and practice of TP, we are concerned with investigating the meaning attributed by student nurses to the teaching of this topic, believing that its results offer them support for its strengthening, noting that, if undertaken with quality and meaningfully for the students, it will strengthen the use of this intervention in their future clinical practice as nurses.

Hence, this study's objective was: to understand the meaning attributed by the undergraduate student regarding the teaching and practice of Therapeutic Play in the Undergraduate Course in Nursing.

METHODS

A study with a qualitative approach, which used Symbolic Interactionism as its theoretical framework, which is a perspective for analyzing human experiences which focuses on the nature of the interaction, considering that the human being is active and acts according to the meaning which it attributes to the situations with which it interacts.²⁴

The methodological framework was Qualitative Content Analysis, which presents faster applicability and allows the use of integrated techniques, including interpretive and intuitive approaches. It is defined as a research method used for the analysis and subjective interpretation of a phenomenon which

has not yet been sufficiently studied, while maintaining scientific rigor. In its Conventional mode, the categories derive from the data obtained from the interviews, bringing direct information from the subjects.²⁵

A total of 17 undergraduates from the fourth year of the nursing course of a public university in the city of São Paulo participated in the study. They met the following inclusion criteria: to be on the last year of the course and to have concluded the courses in Nursing in Children's and Adolescents' Health, which addressed the issue of TP. The students' participation took place through the interviewer's invitation to the class, with the approval of the Course Management, the number of interviewees being determined by the process of saturation, ceasing when the data collected became repetitive and allowed the understanding of the phenomenon studied.²⁶

In the above-mentioned teaching institution, this topic is approached in two semesters in the second and third years of the course. The first offers the theoretical framework and specific practice of TP, with time planned for its application in the context of primary care. In the second semester, it takes place in the hospital environment, and its use occurs in a more dispersed way, based on the assessment of the child's need and the dynamic of the field of practice.

The data were collected between March and July 2014, through semistructured interviews which began with the following guiding question: *For you, how was the experience of the theoretical and practical teaching of TP, on the Undergraduate Nursing Course?* During the undertaking of the interview, other questions were formulated, so as to explore the concepts expressed by the students interviewed in greater depth.

The interviews were held by one of the authors of this study, also a student on the last year of the course, in a private environment within the teaching institution where the study took place, at a time and date previously arranged. The interviews were individual, lasted between 15 and 20 minutes, and were recorded and later transcribed in full for analysis.

The data analysis was guided by the precepts of Conventional Qualitative Content Analysis: codification and categorization, and the search for the construction of thematic categories which were representative of the phenomenon studied.²⁵

For the study to be undertaken, its project was first approved by the management of the course, and complied with the stipulations of Resolution N. 466/12; it was approved by the Research Ethics Committee, under N. 683,652/2014 of UNIFESP. The participants' anonymity was maintained, their names being substituted with the letter "A", followed by numbering which corresponded to the interviews' sequence.

RESULTS

The data analysis revealed six thematic categories: Awakening to the possibility of using TP based on the theory class; Practical experience providing the learning of TP; Interacting with

factors which hinder the use and learning of TP; Mobilizing oneself to learn more regarding TP; Suggesting strategies which favor the theoretical and practical teaching of TP, and Planning to use TP in future professional practice.

Awakening to the possibility of using TP based on the theory class

This category depicts the student's various reactions when the topic is presented - the student coming, in this way, to interact with the content of TP. Initially, the interaction takes place through a theoretical class run in the classroom, a time when various feelings arise in the student: while some are satisfied, becoming encouraged and interested by the articles and theoretical frameworks indicated by the lecturers for reading, others do not feel that the topic arouses their interest.

[...] Well, we learned about and used TP in the second year, when we were doing Children's Health [...] I remember that we read a text in order to know about TP. What I read, various times, I found really interesting, as it said about TP and how it could help the child not only before a procedure, but in order to assess what the child was feeling [...] (A2).

[...] I think that the theory in the second year was really complete, it was enough to form a basis for our practice [...] (A8).

[...] God, I don't remember the class on therapeutic play, I think it took place in a class among all the topics which we had to have addressed before going into the field, I think that the class on TP was worth including [...] (A4).

The student calls to mind the importance of the style of teaching used by the lecturer, when this groups with the theoretical concepts of TP the demonstration and handling of the toys which are used in the sessions, encouraging their becoming aware of this issue.

[...] What I remember most about R (the lecturer) was that she was much more didactic, as she showed TP and showed how to use it. She took a box and showed the toys, so much so that it stayed in my mind [...] (A13).

Practical experience providing the learning of TP

This category reveals the student's interaction with the results of the application of this intervention in her academic care practice and how - upon waking up to the range of benefits which emerge from this - the student is able to give meaning to the theoretical content addressed. At this point, the student perceives the importance of the learning of this topic for her work, as she understands that the benefits revealed ultimately involve not just the child but also the family and the student herself.

[...] In relation to the teaching in the second year, we had quite a lot of contact, we learned quite a lot about what TP is, and we applied it there in the CM (the outpatient center where the students gain practice) [...] (A8).

[...] The possibility to treat the child like ourselves, saying: look, this is what is going to happen. Not lying, but explaining the purpose of what we were doing, and seeing that the child manages to understand [...] (A17).

[...] I thought it was a very good experience for addressing not only the relationship but also the communication with the children, because it is a way for you to get closer to the child in a healthy way, benefiting both parties, you know? Us and the family [...] (A5).

In her practice, the student comes to understand that she can use TP in any work scenario, as a communication strategy, and in this way benefit the children, minimizing the trauma generated by a frightening and unknown situation.

[...] You can use TP anywhere that we work, it can reduce the child's trauma, I've seen this with my own eyes! [...] (A7).

[...] You can see the difference that TP makes in a child's life, because everything is frightening for them, and with TP, the children begin to understand what is happening to them there better - it is not something which catches them by surprise [...] (A4).

[...] The child told me that she wouldn't be scared (of the venipuncture), because she knew what was going to happen to her. It was great! [...] (A9).

[...] I believe that this intervention minimized the child's suffering [...] I feel that it was not a traumatizing experience for the child. It was an experience that added something good for her [...] (A5).

The student recognizes, furthermore, that the use of TP can be beneficial for the professional, as it allows the child to change the concept that the nurse is a bad person. In addition to this, the student perceives that this strategy can facilitate his care, optimizing the time spent and strengthening the relationship between both.

[...] It ends up reducing the stigma of nursing that she (the nurse) is mean and does things as punishment. And we manage to get this clear in the child's head [...] (A1).

[...] However, we gain more time than we would spend mobilizing an entire team for holding the child down, because when a child doesn't want something, you have to mobilize everybody to hold them. And when we did this, in the second year, you didn't need that. Even though the nurse spends more time undertaking the TP, it can be the case that, really, this gains time [...] (A3).

[...] It is an instrument that demonstrates excellent results for the child and for the professional practice, and strengthens the patient-professional relationship [...] (A5).

Through experiencing the practice of TP, the student is impressed and surprised with the difference that its use promotes in the quality of the care. This observation causes the nurse to perceive herself as a transformative agent of the experience for the child. As a result, this experience causes the nurse to feel gratified, coming to believe in its results and giving ever more meaning to the theory addressed in class.

[...] I was impressed, because I saw that it really does work, that it wasn't just a theory, because I had read reports [...] One student coordinated the story first, and then everybody stayed with one child in order to carry out a closer work, it was really great! I loved it! [...] (A7).

[...] I felt that I was an agent of transformation at that moment. Because, I don't know, the child who I got must have gone through venipuncture various times, and that time was different for her, I think, you know? [...] (A5).

[...] he (the boy playing) explained what was going to happen, it was absolutely brilliant! I think that for me, this was most important, it was the point where I saw that play made a difference [...] You can't not believe in play, if you use play once, you will see the result [...] (A15).

Interacting with factors which hinder the use and learning of TP

Although the student's experience is permeated by numerous factors which encourage her to use TP and to value it, there are other factors which can hinder the learning of this practice. These result from the difficulty in understanding and applying the technique of TP, from the dynamic in which the placement in the hospital is held, from lack of availability of material specifically for TP in the practice scenario and from the relationship established between the student and lecturer, as well as from the observation that the practice of TP does not form part of the nurse's day-to-day.

[...] I felt it was very difficult, I did the drama, I had a lot of difficulty in not guiding it. Because, because of us not having had practice, we end up mixing everything up, in the care [...] I could feel myself judging myself the whole time, policing myself all the time because I was scared of guiding [...] (A1).

[...] We spend most of the time giving medications, giving baths, these things... We end up not having time to spend with those with whom it would be more fun to do it, with those who need it most! [...] (A10).

[...] There weren't the materials; well, there were, but we didn't have access to them, I know that there was a cupboard there [...] (A13).

[...] I think that they (the lecturers) could have gone over it again [...] and have been with us when we were doing it, so that we wouldn't do anything wrong, demanding more of us, in relation to the use of TP [...] (A2).

[...] But in the hospital, it was rare to see people doing this, the people who did this were the group of student nurses. We didn't see the nurses doing this. [...] (A14).

The interaction with these difficulties leads the student to establish that the time established for practicing TP is too little for it to be learned. Furthermore, the students resent the lack of encouragement and support from the lecturer for consolidating the use of TP in their care practice.

[...] So, on the practice of the nursing course, I thought there was too little, we only did it once in the CM. Of course I tried to do it in the other placements. In the pediatric placement I tried to do it, I even managed to do it with one child, and it was really great, but I thought it was too little. I think that you need to do a lot more of it [...] (A10).

[...] So the lecturers ask about the theory behind this, but when it comes to putting it into practice, this is not done. For example, in my group, on no occasion was I encouraged to make use of play [...] (A1).

Mobilizing oneself to learn more about TP

This category reveals the student's movement when made aware regarding the use of TP. When this takes place, signifying TP as an important intervention, the student seeks to go beyond what was offered to her in the content of the undergraduate course, seeking to deepen her knowledge regarding the topic and respond to her concerns. As a result, she involves herself in other activities, such as extension projects and academic associations, in which she knows that TP is used.

In addition to this, she mobilizes herself in the search for playthings so that she can undertake a TP session, accessing other lecturers who are not directly involved in the undergraduate hospital practice, coming to read more articles in seeking to carry out her dissertation on this topic.

[...] In the third year, I had to get material from a different lecturer, because I went through a lot of difficulty in the hospital, there wasn't any! (A9).

[...] I had a lot more contact in the diabetes league, with the summer camp run for children with diabetes. There, we use it a lot: administering the insulin, the child goes there and administers it to a doll. This is really great! (A10).

[...] And I only got to do my first play session after some time in the diabetes league [...] Because my dissertation is based on this, I looked for more articles, at any rate, I had to seek information in articles and classes [...] (A1).

[...] The practical experience was dynamic, but the class wasn't! I had to look for articles so that I could absorb this knowledge better [...] (A3).

Suggesting strategies which favored the theoretical and practical teaching of TP

This category reveals that the student, interacting with herself, comes to reassess the process experienced. As a result, she reflects upon and interprets new paths which may favor the theoretical-practical teaching on this topic, coming to give suggestions in an attempt to refresh and stimulate the classes, believing that through this she will promote the student's confidence in the undertaking of the TP sessions in the practice.

In relation to the theoretical teaching, the students suggested: exploring the lecturer's personal reports regarding her practical experiences; the use of case studies; discussion of articles; use of videos; presentation of the material, and dramatization of TP sessions; increase in the time set aside for teaching this topic; and reduction of the time between the theory class and carrying out the practical class for this activity.

[...] I think that the articles made the difference, as they described quite a lot of reports on the day-to-day routine, and case studies, which improved the knowledge [...] (A5).

[...] I think they should use more practical examples, perhaps with videos, perhaps demonstrations, I think that using theater or film would be good, because we get there and have contact with everything - but in the classroom, there is nothing [...] (A7).

[...] I think that they could use videos, give the theory class and show a video so that we can understand how the dynamic of TP is in practice [...] (A3).

[...] I thought the theory was good, but it could be improved. I think that studying play goes far beyond what we studied, and perhaps the time allotted to this should be increased. Because although we receive this knowledge, I went to my placement feeling insecure as to how efficient or not this would be for my consultation. I think that - at least - we could have had practical classes on handling the playthings, to know what types of playthings we can use [...] (A15).

Regarding the practical teaching of TP, the students reflect that in hospital it is also necessary for there to be time specifically allocated for undertaking TP, an increase on the emphasis for undertaking this session on the part of the lecturer, an appropriate place for undertaking this, and the same focus on TP as is given to other issues.

[...] I think that each day, we could work in pairs or as individuals, but I think that at the most two students could do the playing. For example: they (the lecturers) see which

child has the greatest need, and choose a pair to do it. Because if no time has been allocated for this, it doesn't happen [...] (A1).

[...] I think you have to emphasize it, because depending on the child, the child does indeed need the TP. I think that they (the lecturers) could emphasize this, saying: Look guys, you can use TP here [...] (A2).

[...] Well, as well as the material available (toys, leaflets, etc.) there should also be a calm environment where you can apply TP, a time set aside for this [...] (A5).

[...] No matter how much you do everything properly, play is also important, in the same proportion as learning the pathologies, medications, these things. I think it is important for there to be greater focus on TP, and to give it the same importance as is given to the pathologies [...] (A4).

Planning to use TP in future professional practice

This category reveals that when the student learns the importance of the use of TP in nursing care, she comes to value this knowledge as an indispensable tool in the care for the child and plans to use it in her future professional practice: preparing the child for procedures, including its obligatory use; developing protocols; undertaking training for the entire health team and, as a result, making it more likely that the period of hospitalization will become as little traumatic as possible.

[...] I, as a pediatric nurse, would definitely use TP, because it is very good (A3).

[...] I would implant it in the unit, like, as an obligatory practice for many procedures, really many. I think that within a pediatric unit, the practice of using play by all the professionals causes the period of hospitalization to be far less traumatic [...] (A4).

[...] For sure, I think I would - if I could - make a protocol for all the procedures, and training for everybody in the unit, even for the physicians [...] (A11).

[...] I think that everybody should be encouraged to use and investigate this technique, especially those who work with children. You definitely have to use it, because it is a tool for dealing with the time of hospitalization and trying to do your best for the patient [...] (A7).

DISCUSSION

The study's results made it possible to understand that the undergraduate student nurse, upon being presented with and interacting with the theoretical content of TP, and above all on having the possibility to experience its use in the academic practice, comes to define it and value it as an important intervention in care for the child.

However, the students indicate the need for support and continuous encouragement from the lecturer during this practice, so that they can undertake it with greater confidence and prepare themselves to use it in the future as nurses, recognizing that its use promotes appropriate communication with the child, ensuring the difference in the quality of the care.

The literature reveals that there are few undergraduate courses in the health area which prepare the future professionals for appropriate communication with children, which makes the insertion of this content into these courses a priority, allowing them to identify the best ways of communicating and understanding the content expressed in the children's discourse.⁴

In this study, the use of TP is highlighted by the students as an effective strategy for communication between the professional and the child, in accordance with other studies which emphasize TP as an important strategy for communication with the child.^{6,27,28}

The results revealed that the students are introduced to TP in the second year of their course, complying with the COREN-SP Recommendation that its teaching should be guaranteed in undergraduate courses,¹⁶ and with COFEN Resolution 295/2004,¹⁸ which ensures the nurse the skill for using this intervention in her care practice for the child and the family - for which, it is necessary for it to be taught and learnt.

Corroborating this study's findings, one study reveals that the raising of the nurse's awareness regarding the use of TP is promoted when the content is an integral part of the undergraduate curriculum - and above all when this provides the student with practical experience of this intervention.⁷

The literature warns that there has been a predominance of theoretical teaching of TP in comparison with practical teaching²⁹ and that this content is offered little in the nursing curriculums, constituting a condition which hinders its use by nurses in clinical practice, as a result of their lack of knowledge regarding the subject.^{20,30}

The interaction with this lack of knowledge is strengthened by the fact that play does not form part of the nurse's culture,³¹ and by the predominant conception among health professionals that the hospital is no place for playing, this action being superfluous considering the other actions, such that the team does not provide opportunities for play, does not encourage its use, and does not promote the acquisition of playthings nor make use of those which are available.²¹

In this regard, we agree that the hospital can take on the role of promoting the recovery of the pleasure of playing, and favor child development, especially for children who live with chronic illnesses such as cancer.³²

Although TP is used little, it is understood by the nurses as a resource which is beneficial for revealing complex aspects experienced by the child, with potential for relieving anxieties, traumas and fears and promoting self-concept.^{21,28} They assert, however, that for TP to be used effectively, it requires greater preparation and empowerment of the professionals.²¹

The data from this study also revealed that, upon gaining practical experience of TP, the students come to recognize the benefits which emerge from its use, not only for the child and her family, but also for themselves. Placing themselves in the other's place, in this case the child, the undergraduates signify that the interaction involving the use of TP made it possible for them to offer the child humane care, respecting, valuing and meeting her needs.

The data corroborated another study in which the student nurses, upon using TP in the care for the child, recognized it as fundamental for effective interaction between professional and child; and for the forming of a link; for helping in the undertaking of procedures, reducing stress and feelings of fear in the face of the unknown, making the child more communicative and smiling; and, based on this, they came to consider TP as an ally in the child's recovery.²³

The participants in this study also noticed that, upon using TP, the nurse makes better use of the time employed in care, as, because of the bond established through this strategy, the child changes her behavior, collaborating with the care. Another study also reveals that the parents recognized that through the use of TP, there was a reduction in the time spent taking blood samples, given that the child becomes more collaborative due to understanding what will happen to her.³³

Another finding evidenced by this study was that - although the student recognizes the benefits and importance of the use of TP in caring for the child - in order to give meaning to this teaching and put into effect what is learned, the student defines practical experience as being essential, as well as the interaction with the presence of a lecturer who makes herself available, reviewing content, encouraging, requiring her action to use it and offering support during practice, so as to minimize the student's lack of confidence.

Another study reveals that the initial stage of the academic practice is permeated by feelings of fear and anxiety resulting mainly from the students' feelings of insecurity and lack of preparation, in the light of the demands imposed by day-to-day practice. It also emphasizes that this is a time when the students must be able to rely on the lecturer's understanding and knowledge, so that they may aggregate values of self-confidence to their knowledge and, as a result, feel more comfortable and prepared to work.³⁴

Although, in this study, the students reported the lack of encouragement and support from some lecturers for consolidating their knowledge regarding TP in the care practice, the noting of the numerous benefits which emerge from the practical experience causes the students, as active and free subjects, to signify this as an essential strategy in care for the child. Thus, interacting with themselves and planning the future, they come to see TP as a practice of their care as nurses, corroborating what was reported in another study which sought to investigate meaning of the application of TP for undergraduate student nurses.³⁵

As with the above-mentioned study, the undergraduate students showed that they were unanimous regarding the fact

that they would use TP in their future professional practice, recognizing that, through this, the nurse comes to understand better her client's needs; and, furthermore, that TP assists in the communication between child and professional.³⁵

This perception provoked among the lecturers the hope that it would be used in the future by the undergraduate students, although they recognize the need for broadening the opportunities provided to the students regarding carrying out the technique of TP, through making better use of the time available for discussions on the topic, minimizing doubts and difficulties related to understanding in the use of TP.³⁵

This finding denotes an advance in the meaning attributed by the students regarding the possibility of using TP in their future professional life, as an article published in the 1990s identified that, although they recognized that they had experienced numerous positive effects for the child and that their care had been valued by the team, the students mentioned not knowing whether they would use it in their future professional life, were they to have many patients to care for, or other procedures to be undertaken, such as dressings or medications.³⁶

Furthermore, the students in this study reflect on how TP is presented to them and propose teaching strategies, which they believe would facilitate and encourage the learning, such as more dynamic classes, the use of videos and dramatizations, and demonstrations with playthings recommended in the TP sessions.

The use of videos,³⁷ case studies,³⁸ realistic simulations³⁹ and the strategy of problematization using the Magueres Arch in the teaching of TP⁴⁰ have been indicated in the literature as active strategies with the potential for promoting more significant learning, with interlinking between theory and practice, and encouragement for joint construction of knowledge.

Finally, we underline that the student's practical experience with TP seems to be the element which impresses the student and awakens her to the topic, mobilizing her to appropriate and grasp this knowledge beyond what was offered, through reading articles and other bibliographies, the application of TP in academic associations and the undertaking of dissertations involving the subject.

It is worth emphasizing that experiencing the practical teaching of the topic is also important for the lecturer, who comes to re-signify it as being of great value, upon recognizing that new meanings are attributed to the value of TP by the student, which also has a beneficial effect for the lecturer.¹⁷

FINAL CONSIDERATIONS

This study made it possible to understand the meaning attributed by the undergraduate student nurse to the teaching of TP on the undergraduate course, and the interactions which lead the student nurse to define it as a necessary and important intervention for promoting qualified and humane nursing care for the child and her family.

We believe that its results will contribute to reflection on the teaching of TP on undergraduate courses in nursing, with

a view to its inclusion being guaranteed in the curriculum, with the involvement of the various lecturers, more time for teaching it, and the use of strategies which facilitate its learning, so that this content may go beyond the borders of the classroom and academic practice, making it more likely that the student will gain an awareness regarding its future use in her professional career as a nurse, making her a multiplying agent for this practice in the care for the child.

We consider the fact that this study was undertaken in a single teaching institution to be a limitation, and emphasize the importance of extending the study to other contexts, involving public and private courses, with a view to increasing knowledge regarding it, with the aim of supporting and improving pedagogical practices which promote the student's learning regarding TP, based on the perspective of the student herself.

REFERENCES

- Ministério da Educação (BR). Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES 3/2001. Institui as diretrizes curriculares nacionais do curso de Graduação em Enfermagem. Diário Oficial da República Federativa da União. Brasília, 09 nov 2001. Seção 1, p. 37. Acesso em 10 de outubro de 2016. <http://portal.mec.gov.br/cne/arquivos/pdf/CES03.pdf>
- Coelho LP, Rodrigues BMRD. O cuidar da criança na perspectiva da bioética. Rev. Enferm. UERJ [internet], Rio de Janeiro, 2009 abr/jun [cited 2016 Oct 16]; 17(2):188-93. Available from: <http://www.facef.uerj.br/v17n2/v17n2a08.pdf>
- Ribeiro CA, Borba RIH, Maia EBS. O preparo da criança e da família para procedimentos terapêuticos. In: Gaiva MAM, Ribeiro CA, Rodrigues EC, organizadores. PROENF: Programa de Atualização em Enfermagem: Saúde da Criança e do Adolescente: Ciclo 8. Porto Alegre: Artmed/Panamericana; 2013, p.9-49.
- Gabarra LM, Crepaldi MA. A comunicação médico-paciente pediátrico-família na perspectiva da criança. Psicol. Argum. Curitiba. 2011 [cited 2016 Oct 16]; 29(65):209-218. Available from: <http://www2.pucpr.br/reol/pb/index.php/pa?dd1=4600&dd99=view&dd98=pb>
- Santos PM, Silva LF, Depianti JRB, Cursino EG, Ribeiro CA. Nursing care through the perception of hospitalized children. Rev Bras Enferm [Internet]. 2016 [cited 2016 Oct 16]; 69(4):603-9. Available from: http://www.scielo.br/pdf/reben/v69n4/en_0034-7167-reben-69-04-0646.pdf. <http://dx.doi.org/10.1590/0034-7167.2016690405i>
- Lemos I, Oliveira J, Gomes E, Silva K, Silva P, Fernandes G. Brinquedo terapêutico no procedimento de punção venosa: estratégia para reduzir alterações comportamentais. Rev Cuid. 2016 [cited 2016 Oct 17]; 7(1): 1163-70. Available from: <http://www.revistacuidarte.org/index.php/cuidarte/article/view/303/488>. <http://dx.doi.org/10.15649/cuidarte.v7i1.303>
- Maia EBS, Ribeiro CA, Borba RIH. Compreendendo a sensibilização do enfermeiro para o uso do brinquedo terapêutico na prática assistencial à criança. Rev Esc Enferm USP. 2011; 45(4): 839-46. Available from: <http://www.scielo.br/pdf/reeusp/v45n4/v45n4a07.pdf>. <http://dx.doi.org/10.1590/S0080-62342011000400007>
- Koukourikos K, Tzehe L, Pantelidou P, Tsaloglidou A. The importance of play during hospitalization of children. Professional Paper. Mater Sociomed. 2015 [cited 2016 Oct 17]; 27(6):438-441. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4733554/pdf/MSM-27-438.pdf> doi: 10.5455/msm.2015.27.438-441
- Lemos ICS, Silva LG, Delmondes AXB, Santos PLF, Gomes EB, Silva VLG, et al. Therapeutic play use in children under the venipuncture: a strategy for pain reduction. American Journal of Nursing Research. 2016 [cited 2016 Oct 17]; 4(1): 1-5. Available from: <http://pubs.sciepub.com/ajnr/4/1/1/>
- Moore ER, Bennett KL, Dietrich MS, Wells N. The Effect of Directed Medical Play on Young Children's Pain and Distress During Burn Wound Care. J Pediatr Health Care. 2015 [cited 2016 Oct 17]; 29(3): 265-73. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4409483/pdf/nihms658635.pdf> doi: 10.1016/j.pedhc.2014.12.006.
- Chen H-J, Hsu Y-C, Hu Y-F, Chung Y-Y. Therapeutic play promoting children health management, preschool children aerosol therapy completion rates. International Journal of Research in Management & Business Studies. 2014 [cited 2016 Oct 17]; 1(1): 88-92. Available from: <http://ijrmbms.com/vol1issue12/yuchin.pdf>
- Tsai YL, Tsai SC, Yen SH, Huang KL, Mu PF, Liou HC, et al. Efficacy of therapeutic play for pediatric brain tumor patients during external beam radiotherapy. Childs Nerv Syst. 2013 [cited 2016 Oct 18]; 29(7): 1123-9. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/23584615>. Doi: 10.1007/s00381-013-2099-3
- He H-G, Zhu L, Li HCW, Wang W, Vehvilainen-Julkunen K, Chan SWC. A randomized controlled trial of the effectiveness of a Therapeutic play intervention on outcomes of children undergoing inpatient elective surgery: study protocol. Journal of Advanced Nursing. 2014 [cited 2016 Oct 20]; 70(2): 431-442. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/23991679>. Doi: 10.1111/jan.12234
- He H-G, Zhu L, Chan WCS, Liam JLW, Li HCW, Ko SS, Klainin-Yobas P, Wang W. Therapeutic play intervention on childrens perioperative anxiety, negative emotional manifestation and postoperative pain: a randomized controlled trial. Journal of Advanced Nursing. 2015 [cited 2016 Oct 20]; 71(5):1032-43. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25561079>. Doi: 10.1111/jan.12608
- He HG, Zhu LX, Chan WC, Liam JL, Ko SS, Li HC, Wang W, Yobas P. A mixed-method study of effects of a therapeutic play intervention for children on parental anxiety and parents' perceptions of the intervention. J Adv Nurs. 2015 [cited 2016 Oct 20]; 71(7): 1539-51. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25682703>. Doi: 10.1111/jan.12623
- Conselho Regional de Enfermagem (BR). Processo PRCI nº 51.669 de 24 de junho de 2004. Parecer fundamentado sobre a utilização do brinquedo terapêutico pelo enfermeiro. São Paulo; 2004.xp
- Maia EBS. Empenhando-se em promover um ensino significativo do Brinquedo Terapêutico, almejando a qualidade do cuidado à criança: vivência do docente de graduação em enfermagem. [Tese]. São Paulo (SP): Universidade Federal de São Paulo; 2016. 278p
- Conselho Federal de Enfermagem (BR). Resolução COFEN n. 295/2004, de 24 de outubro de 2004. Dispõe sobre a utilização da técnica do brinquedo/brinquedo terapêutico pelo enfermeiro na assistência à criança. Rio de Janeiro: COFEN. 2004. Available from: http://www.cofen.gov.br/resoluco-cofen-2952004_4331.html
- Almeida SQ, Sabates AL. O uso do brinquedo terapêutico por enfermeiros que trabalham em unidade de internação pediátrica no Cone Leste Paulista. Revista Enferm Atual in Derme [internet]. 2012 [cited 2016 Oct 21]; 63: 31-34. Available from: <http://inderme.com.br/revista01.html>
- Francischinelli AGB, Almeida FA, Fernandes DMSO. Routine use of therapeutic play in the care of hospitalized children: nurses' perceptions. Acta paul. enferm. [Internet]. 2012 [cited 2016 Oct 21]; 25(1): 18-23. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002012000100004&lng=en. <http://dx.doi.org/10.1590/S0103-21002012000100004>
- Baldan JM, Santos CP, Matos APK, Wernet M. Adoção do Brincar/brinquedo na prática assistencial à criança hospitalizada: trajetória de enfermeiros. Cienc Cuid Saude. 2014 [cited 2016 Oct 21]; 13(2): 228-235. Available from: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/15500/pdf_167
- Mello LL, Toledo VP. Vivências de alunos de graduação em enfermagem utilizando o brinquedo no cuidado à criança hospitalizada. Rev. Soc. Bras. Enf. Ped. 2012; 12(1): 7-15. Available from: http://www.sobep.org.br/revista/images/stories/pdf-revista/vol12-n1/v.12_n.1-art1.pesq-vivencias-de-alunos-de-graduacao-em-enfermagem.pdf

23. Zani, A., Berteloni, G., Remijo, K., Bazzo, A., Ferrari, R. Therapeutic toy application in a pediatric unit: perceptions of nursing undergraduate students. *Journal of Nursing UFPE on line*, [internet]. 2013 Apr [cite 2016 Oct 21]; 7(5): 1382-9. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3640>
24. Charon JM. *Symbolic interactionism: as introduction, an interpretation, an integration*. 10 ed. Englewood Cliffs: Prentice-Hall; 2010. 198 p.
25. Hsieh HF, Shannon SE. Three Approaches to Qualitative Content Analysis. *Qual Health Res*. 2005; 15(9): 1277-88. doi: 10.1177/1049732305276687
26. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DM. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. *Cad Saúde Pública*, Rio de Janeiro, [internet]. 2011 [cited 2016 Oct 21]; 27(2):389-94. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2011000200020. <http://dx.doi.org/10.1590/S0102-311X2011000200020>
27. American Academy of Pediatrics. Child Life Services. Committee on Hospital Care and Child Life Council. *Pediatrics* [internet]. 2014 [cited 2016 Oct 21]; 133(5): e1471-e1478.
28. Manav G, Ocakci AF. Play Model for "evaluation of self-concept of children with cancer". *Iranian Journal of Nursing and Midwifery Research* [internet]. 2016 [cited 2016 Oct 21]; 21(2): 124-130. Available from: <http://www.ijnmrjournal.net>
29. Souza e Souza LP, et al. O Brinquedo Terapêutico e o lúdico na visão da equipe de Enfermagem. *J Health Sci Inst* [internet]. 2012 [cited 2016 Oct 21]; 30(4): 354-8. Available from: http://200.136.76.129/comunicacao/publicacoes/ics/edicoes/2012/04_out-dez/V30_n4_2012_p354a358.pdf
30. Oliveira CS, Maia EBS, Borba RIH, Ribeiro CA. Brinquedo Terapêutico na assistência à criança: percepção de enfermeiros das unidades pediátricas de um hospital universitário. *Rev Soc Bras Enferm Ped* [internet]. 2015 [cited 2016 Oct 22]; 15(1): 21-30. Available from: http://sobep.org.br/revista/images/stories/pdf-revista/vol15-n1/vol_15_n_2-artigo-de-pesquisa-3.pdf
31. Costa SAF. Mantendo o sonho de incorporar o brinquedo terapêutico no cuidado de enfermagem apesar das dúvidas e dificuldades: vivência de diretoras e supervisoras de educação permanente. [Dissertação]. São Paulo (SP): Universidade Federal de São Paulo; 2014. 133p.
32. Silva LF, Cabral IE. Rescuing the pleasure of playing of child with cancer in a hospital setting. *Rev Bras Enferm* [internet]. 2015 [cited 2016 Oct 22]; 68(3):337-42. Available from: http://www.scielo.br/pdf/reben/v68n3/en_0034-7167-reben-68-03-0391.pdf. <http://dx.doi.org/10.1590/0034-7167.2015680303i>
33. Conceição CM, Ribeiro CA, Borba RIH, Ohara CVS, Andrade PR. Brinquedo terapêutico no preparo da criança para punção venosa ambulatorial: percepção dos pais e acompanhantes. *Esc Anna Nery* [internet]. 2011 [cited 2016 Oct 22]; 15(2):346-353. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452011000200018. <http://dx.doi.org/10.1590/S1414-81452011000200018>
34. Dias EP, Stutz BL, Resende TC, Batista NB, Sene SS. Expectativas de alunos frente ao primeiro estágio em instituições de saúde. *Rev. Psicopedagogia* [internet]. 2014 [cited 2016 Oct 22]; 31(94): 44-55. Available from: <http://pepsic.bvsalud.org/pdf/psicoped/v31n94/06.pdf>
35. Freitas CJC, Martins MD. O significado da aplicação do brinquedo terapêutico por um grupo de graduandos de enfermagem. *Arq Med Hosp Fac Cienc Med Santa Casa São Paulo* [internet]. 2014 [cited 2016 Oct 22]; 59(1):16-9. Available from: http://www.fcmsantacasasp.edu.br/images/Arquivos_medicos/2014/59_1/04-AO63.pdf
36. Ribeiro CA. O brinquedo terapêutico na assistência à criança hospitalizada: significado da experiência para o aluno de graduação em enfermagem. *Rev. Esc. Enf. USP* [internet]. 1998 [cited 2016 Oct 23]; 32(1): 73-9. Available from: <http://www.scielo.br/pdf/reeusp/v32n1/v32n1a10.pdf>. <http://dx.doi.org/10.1590/S0080-62341998000100011>
37. Cogo ALP, Pedro ENR, Silva APSS, Alves EATD, Valli GP. Utilização de tecnologias educacionais digitais no ensino de enfermagem. *Ciencia Y Enfermeria XIX* [internet]. 2013 [cited 2016 Oct 23]; 19(3): 21-29. Available from: http://www.scielo.cl/pdf/cienf/v19n3/art_03.pdf
38. Souza RS, Paixão GPN, Lins DB, Jesus RA, Pereira A. Estudo de caso como uma estratégia de ensino na graduação: percepção dos graduandos em enfermagem. *Rev Cuidarte* [internet]. 2014 [cited 2016 Oct 23]; 5(1): 606-1. Available from: <http://www.revistacuidarte.org/index.php/cuidarte/article/view/98/156>. <http://dx.doi.org/10.15649/cuidarte.v5i1.98>
39. Quilici AP, Bicudo AM, Gianotto-Oliveira R, Timerman S, Gutierrez F, Abrão KC. Faculty perceptions of simulation programs in healthcare education. *International Journal of Medical Education* [internet]. 2015 [cited 2016 Oct 23]; 6:166-171. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4662865/>. doi: 10.5116/ijme.5641.0dc7
40. Fujita JALM, Carmona EV, Shimo AKK, Mecena EH. Uso da metodologia da problematização com o Arco de Maguerez no ensino sobre o brinquedo terapêutico. *Rev. Port. de Educação* [internet]. 2016 [cited 2016 Oct 23]; 29(1): 229-58. Available from: <http://revistas.rcaap.pt/rpe/article/view/rpe.5966/7117>. doi: <http://dx.doi.org/10.21814/rpe.5966>