


The therapeutic toy as a mediator of intercommunication in the care of hospitalized children: nurses' perception

O brinquedo terapêutico como mediador da intercomunicação no cuidado à criança hospitalizada: percepção da enfermeira

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ABSTRACT | OBJECTIVE: To analyze therapeutic play as a mediator of communication in the nurse-child relationship. **METHOD:** This is a field study, with a descriptive-exploratory and qualitative design, conducted with 17 nurses from the pediatric unit of a public hospital. Data collection was carried out from August to December 2023, through semi-structured interviews. The analysis was based on Bardin's content analysis technique in the thematic category. **RESULTS:** Two analytical categories emerged: "Exploring nurse-patient interaction: the role of therapeutic play in intercommunication" and "The benefits of using therapeutic play." The findings indicate that therapeutic play is a significant resource for strengthening the relationship between nurses and hospitalized children. The analysis demonstrated that its application represents an essential tool in care, promoting the physical, emotional, psychological, and communicational well-being of children during hospitalization, while also enhancing the bond established between professional and patient. **FINAL CONSIDERATIONS:** The study highlights the relevance of therapeutic play in pediatric nursing practice, positioning it as a care strategy that facilitates effective communication with children and contributes to mitigating the negative impacts of hospitalization by promoting their active participation in the care process.

KEYWORDS: Hospitalization. Child. Nursing. Communication. Therapeutic Play.

RESUMO | OBJETIVO: Analisar o brinquedo terapêutico (BT) como mediador da comunicação na relação enfermeiro-criança. **MÉTODO:** Trata-se de um estudo de campo, de caráter descritivo-exploratório com abordagem qualitativa, realizado com 17 enfermeiros da unidade pediátrica de um hospital público. A coleta de dados foi realizada no período de agosto a dezembro de 2023, através de entrevista semiestruturada. A análise baseou-se na técnica de análise de conteúdo de Bardin na modalidade temática. **RESULTADOS:** Emergiram duas categorias analíticas: "Explorando a interação enfermeiro-paciente: o papel do brinquedo terapêutico na intercomunicação" e "Os benefícios da utilização do brinquedo terapêutico". Os achados evidenciam que o BT se constitui em recurso significativo para o fortalecimento da relação entre enfermeiro e criança hospitalizada. A análise demonstrou que sua aplicação representa uma ferramenta essencial no cuidado, ao favorecer o bem-estar físico, emocional, psicológico e comunicacional da criança durante o processo de hospitalização, além de potencializar o vínculo estabelecido entre profissional e paciente. **CONSIDERAÇÕES FINAIS:** O estudo evidencia a relevância do brincar terapêutico na prática da enfermagem pediátrica, configurando-se como estratégia de cuidado que favorece a comunicação efetiva com a criança e contribui para a redução dos impactos negativos da hospitalização, ao promover sua participação ativa no processo de internação.

PALAVRAS-CHAVE: Hospitalização. Criança. Enfermagem. Comunicação. Brinquedo Terapêutico.

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1. Introduction

Since its inception, the hospital has been associated with a mechanistic paradigm, being considered an institution whose purpose is solely to treat diseases through various types of interventions — surgical, medicinal, and therapeutic, among others. According to the World Health Organization (WHO), the hospital aims to provide comprehensive care, encompassing both preventive and curative health actions, to address biopsychosocial aspects¹.

According to Article 7 of the Estatuto da Criança e do Adolescente (ECA) (Brazilian Child and Adolescent Statute) children have the right to life and health through public policies that ensure access to these services so that their development is proportional to their needs. Among the aspects related to child growth, it is observed that every child has the right to live in a harmonious environment in which their basic and recreational needs are respected².

Families, in turn, have their own daily routines to which the child is accustomed¹. When unexpected situations interrupt these routines, the child's life is completely changed by something never previously experienced. Their abrupt insertion into the hospital environment can be confusing at first, as they are introduced into a space filled with rules, norms, and routines entirely different from those to which they were accustomed. The discomfort generated by this situation, coupled with the difficulty of understanding "why," may be perceived differently by each child¹.

The child's personal space becomes invaded by a team of unfamiliar healthcare professionals who constantly perform various invasive procedures, generating pain and discomfort. Care provided in this environment, by some professionals, is not always directed toward perceiving the child as an integrated being with subjectivity, but rather as someone without a voice — reflecting a care model centered solely on treatment, as previously mentioned¹⁻³.

Among these professionals, nurses stand out, as they do not always ensure that this environment fosters attentive listening to the child's needs. The illness process itself can be a traumatic experience, often leading to distressing changes; therefore, nurses must remain vigilant and provide effective emotional support, aiming to make this moment less traumatic³.

Humanization within the hospital environment is extremely necessary to ensure that users are valued throughout their health-illness process, promoting a space that allows them to become active participants in their care. Based on this assumption, communication becomes a tool capable of building trust and establishing bonds between nurse and patient. However, when dealing with communication between the child and the professional, it is possible to identify various difficulties in establishing this dialogue⁴.

To understand the child holistically, the therapeutic toy (TT) emerges as an ally, playing a role in reducing anxiety stemming from the negative experiences of hospitalization, preparing the child for certain procedures, or serving as a means of expression through play. Play is a resource through which the child can express feelings and fears using the language they master; the way they play truly reflects how they feel⁵.

Therefore, the TT becomes an appropriate tool that enables professionals to adopt strategies that facilitate communication with pediatric patients. The toy alone is not sufficient to bridge the gap in contact; it is up to the professional to understand this tool and how to incorporate it into their hospital routine in ways that make listening more sensitive and the care provided more responsive to this population⁶.

Hospitalization can impact the child's physical, intellectual, and social development, thereby affecting their quality of life. The dehumanization of care remains a challenge for nursing professionals, making it necessary to implement strategies that promote humanized care — among which the therapeutic toy stands out as a potentially effective resource⁷.

Although several studies have demonstrated the importance of including TT in pediatric hospital care, many healthcare facilities in Brazil still fail to employ this resource as part of care. According to the Conselho Federal de Enfermagem (COFEN) (Federal Nursing Council) Resolution No. 546/2017, Article 1 states: "It is the responsibility of the nursing team working in pediatrics to use the technique of play/therapeutic play in the care of hospitalized children and their families"⁸.

Therefore, for TT implementation to be truly effective, there is a need to enhance the training of nurses who provide care to children, ensuring that they are equipped to use this tool to improve the quality of pediatric nursing care⁹.

In this context, the guiding question of this study emerges: How does the therapeutic toy act as a mediator of intercommunication in the nurse-child relationship during pediatric hospitalization? Thus, the study aimed to analyze the therapeutic toy as a mediator of communication in the nurse-child relationship.

2. Methods

This is a field study of a descriptive and exploratory nature with a qualitative approach. Qualitative research analyzes multiple aspects — attitudes, behaviors, and experiences, among others — that are embedded in each context, with the aim of elucidating various phenomena through the interpretation of these elements. Such analysis contributes to improving or adapting reality to make it compatible with the living conditions of the population¹⁰.

The study was conducted in a large public hospital located in the city of Salvador, Bahia. It is considered the largest public hospital in the state, with an average of 640 available beds. The institution has a tertiary care profile, focusing on high-complexity services, and functions as a referral center for pediatric care¹¹.

The participants of this study were 17 nurses working in the pediatric ward of the hospital. Inclusion criteria included professionals who had worked in the pediatric sector for at least three months and who expressed interest in participating in the study. Exclusion criteria included nurses without experience in pediatric care and those on paid leave and/or medical leave.

Data collection was conducted based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines, which standardize qualitative research reporting. The process occurred between August and December 2023, during the

afternoon, respecting the availability of the nurses in the pediatric unit. The researcher herself conducted the data collection through semi-structured interviews, guided by a pre-established script that allowed flexibility in dialogue and favored the exploration of participants' perceptions.

The semi-structured interview contained four guiding questions: "Have you ever used, or do you currently use, therapeutic play in the care of hospitalized children?" "Have you noticed any benefits in the child's behavior after using therapeutic play as a nursing care resource?" "Can therapeutic play be used as a tool to facilitate communication between the nurse and the child?" "What are the main challenges to using therapeutic play in nursing care for hospitalized children?"

The interviews were conducted individually in the nurses' lounge located in the pediatric unit, recorded on a cell phone (with prior consent from the participants), and lasted an average of ten minutes.

To optimize time and ensure complete transcription of the information, a faithful analysis aligned with the study's objective was essential. Therefore, the interviews were recorded with participants' consent through an Informed Consent Form (ICF) (Termo de Consentimento Livre e Esclarecido - TCLE) signed in duplicate — one copy given to the interviewee and the other kept by the interviewer.

Data collection concluded after several attempts to return to the unit were hindered by unforeseen events such as new COVID-19 cases, absenteeism, and medical leaves. However, the data obtained from the completed interviews were sufficient for the study's continuation. In total, 17 interviews were conducted, achieving data saturation.

Data analysis was performed through transcription and organization of the interviews, followed by content analysis according to Bardin's methodology, using the thematic analysis approach. The data were categorized through an initial descriptive analysis of the results, followed by the identification of recording units — excerpts from participants' statements represented by pseudonyms inspired by the Care Bears characters.

This study was conducted in accordance with the ethical principles outlined in Resolution No. 466/12 of the Conselho Nacional de Saúde (Brazilian National Health Council), which regulates research involving human participants and aims to ensure their protection and respect¹².

The project was approved by the Research Ethics Committee (Comitê de Ética em Pesquisa – CEP) of the Universidade do Estado da Bahia (UNEB), under Opinion No. 6.174.258 and CAAE: 69862723.9.0000.0057. To ensure participants' anonymity, their original names were replaced with pseudonyms from the animated series Care Bears.

3. Results

3.1 Characterization of the participants

The study participants consisted of 14 female nurses and only 3 male nurses. Regarding age, there was a predominance of nurses between 25 and 30 years old (5 participants) and over 46 years old (5 participants), followed by 4 professionals aged 31–35 and others with lower representation.

In terms of professional experience, most nurses had 0–5 years of experience (7 participants), followed by 4 with 6–10 years, 2 with 11–15 years, 1 with 16–20 years, and 1 with over 20 years of experience. As for pediatric unit experience, the majority had 0–5 years (15 nurses), with only one nurse each in the ranges of 6–10 years and over 10 years.

Regarding academic background, most nurses specialized in ICU and Emergency (5) and Pediatrics (4). In terms of employment status, 16 professionals were contract workers, and only one nurse was employed directly by the State Health Secretariat (SESAB). These data reflect a workforce with high turnover and predominance of professionals with limited training and experience in pediatric care.

From the detailed analysis of the interviews, two categories emerged: “Exploring nurse–patient interaction: the role of the therapeutic toy in intercommunication”. The “benefits of using the therapeutic toy”.

3.1.1 Category 1 - Exploring nurse–patient interaction: the role of the therapeutic toy in intercommunication

This first category addresses the importance of playfulness in the pediatric hospital environment, highlighting play as a tool for the humanization of care, promoting the child's well-being and emotional development. It also emphasizes the benefits of the therapeutic toy (TT) for both patients and nursing professionals by strengthening bonds, fostering empathy, and making care more sensitive and welcoming. The following excerpts illustrate these perceptions.

The representation of the child in toys proves to be a fundamental resource, allowing them to identify and recognize themselves in the hospital context, express feelings, and understand their own experience. This identification is reflected in the following statement:

The child likes to play, to have and to be represented. So, when she sees that the doll also has a feeding tube or a dressing, she wants one too. Because children tend to see themselves in their toys. (Care Bear)

Several participants also highlighted the importance of affection, sensitivity, and communication in pediatric care:

Here, you either have the sensitivity to communicate and reach that little heart, whether it's open or closed, in many different way — or you're in the wrong place. So this tool also depends on the professional. If they don't have that sensitivity, the toy won't meet the need. (Good Luck Bear)

Because I think nursing is not only about care itself, but also about humanity, which people often forget and neglect. You see that a lot. (Sunny Bear)

I talk, I play, I always try to distract the child, I always play with them. I think it's very important that we talk to them. Whether they understand or not, I think that's very important. (Harmony Bear)

When the child is a little older, we already start talking, explaining what we're going to do, and then proceed. But when it's a baby, I start by playing, caressing, so they get used to me before I perform the procedure. (Cheerful Bear)

Inadequate pain management in children can have short- and long-term negative impacts, compromising their biopsychosocial development. Many professionals appear unprepared to handle adverse situations during pediatric hospitalization, as confirmed by the following account:

Many professionals who work with children don't have the right disposition, the right character for this type of work. Many are impatient, intolerant, or get upset when a child cries. You work with children — children cry, they scream. You have to be mentally, physically, and spiritually prepared for that. (Sunny Bear)

3.1.2 Category 2 - The benefits of using the therapeutic toy during nursing procedures

In this study, the benefits of using TT to promote a better perception of nursing procedures among children were evidenced through the nurses' statements below:

It changes everything. The child becomes more accepting, less aggressive — it changes their behavior completely. (Tenderheart Bear)

It's a wonderful tool. If you want to work with children, you first need to earn their trust. Without trust, you can't do anything — not even a simple dressing. (Cheerful Bear)

There's a noticeable improvement in the child's process, especially psychologically. Because the child is there, confined to treatment, away from their social life and everything else. When you introduce play into therapy, you see significant psychological improvement. (Wish Bear)

They accept what you're going to do much more easily. They smile at you. There's a connection between the professional and the patient — the child. (Generous Bear)

Some participants also pointed out that when therapeutic play is used, children tend to react more calmly to procedures, and their caregivers become more cooperative, as shown in the following accounts:

Some mothers are tired and stressed. They've been through multiple hospitalizations or have been here for a long time. When procedures are repeatedly postponed, they get frustrated. But when we treat the child well, make them smile, the mothers feel better too, even if there's still some resistance. (Altruistic Bear)

There was a mother who was refusing a procedure, but after we used therapeutic play, everything changed. (Tenderheart Bear)

If we're harsh or inattentive, especially when mothers are already irritated after long hospital stays, things get worse. The child becomes more demanding, more anxious, and ends up with trauma — many traumas. (Cheerful Bear)

During procedures, therapeutic play really helps reduce children's anxiety, especially during venous access. You see so many tears and screams that even the mother sometimes gives up on letting us proceed. (Sleepy Bear)

Another participant mentioned the use of dramatic TT, as shown below:

There was a baby sitting on the bed giving a syringe to her dolls. So she associated what was being done to the dolls with what was being done to her. I think that's very interesting. (Altruistic Bear)

Others reported the use of instructional or preparatory TT, as seen below:

Regarding feeding tubes — many children dislike them. I use a doll and attach a fixation similar to what we'll do. Some children hold the doll and show me where the dressing should go, imitating what's on the doll. (Cheerful Bear)

Sometimes it's pure fear. When I had to insert a tube, the child was terrified — she was autistic and didn't want me to touch her. I explained step by step what we would do, and then she said, 'Okay, you can do it now.' Even though she rarely speaks, she thanked me afterward. I think everything depends on how you explain things. (Caring Bear)

In painful procedures — such as surgeries, venipuncture, and urinary catheterization — often accompanied by both physical and psychological suffering, TT is perceived as something that helps calm the child:

I think they become less anxious, calmer. (Sleepy Bear)

4. Discussion

This study clearly revealed nurses' perceptions regarding the importance of affection, sensitivity, and communication in pediatric care. The participants highlighted play as a bridge that facilitates the bond between nurse and patient, fostering trust and making procedures less traumatic.

The playfulness of the hospital environment and its architectural features should promote a welcoming atmosphere capable of reducing the stress associated with pediatric hospitalization. In this context, toys, colors, and playful activities serve as tools for humanization, providing comfort and well-being to the child¹³.

Play, in addition to providing distraction, represents an instrument of learning and emotional expression, influencing the child's integral development¹⁴. Childhood experiences directly shape personality, and traumatic situations can have long-lasting effects¹⁵. For this reason, pediatric units must value children's mental and emotional health, encouraging social interaction and the creation of positive memories, even in adverse circumstances¹⁶.

During the analysis of participants' statements, it became evident that recognizing the child's self-representation through toys allows them to better understand their hospital experience. This identification reinforces the importance of care that values play as a therapeutic and educational tool¹⁷.

Furthermore, the study showed that therapeutic play (TP) not only contributes to the well-being of children but also promotes emotional balance among professionals, who find in play a means to relieve stress and strengthen their practice¹⁸.

Finally, in alignment with Peplau's Interpersonal Relations Theory, it is emphasized that effective communication and empathy are essential for child-centered care, fostering a therapeutic environment that strengthens the physical and emotional vitality of everyone involved¹⁹.

Hospital experiences are often unfamiliar and stressful for children, causing both physical and emotional suffering during invasive procedures such as surgery or venipuncture. In these contexts, play and dramatization serve as coping strategies, helping children process adverse experiences and reduce anxiety²⁰.

The therapeutic toy (TT) plays a central role in this process and can be used in different ways: Dramatic play, for emotional expression; Instructional play, for preparation before procedures; and Empowerment play, for developing self-care skills^{21,22}. Its application contributes to the humanization of care, promoting affective relationships and effective communication between nurse and patient.

The nurses' testimonies revealed that the success of pediatric care depends on the integration of the child and family, considering the reciprocal impact of both on well-being. Thus, the nursing professional's role requires technical competence combined with emotional sensitivity to ensure comprehensive, safe, and welcoming care during hospitalization.

This study also demonstrated that the therapeutic toy is an effective tool for promoting the physical, emotional, and communicative well-being of hospitalized children. The playfulness of TT enables children to express their fears, anxieties, and concerns, facilitating emotional understanding and contributing to the humanization of care. Recent studies corroborate these findings, emphasizing the importance of play in reducing children's anxiety and improving treatment adherence²³.

Despite recognition of its benefits, many nurses still do not use TT routinely. Factors such as lack of time, intense work routines, and the absence of resources are frequently mentioned as barriers to its implementation. These results align with previous research identifying similar challenges in the adoption of TT in clinical practice, underscoring the need for institutional strategies that promote its integration into pediatric care¹.

Professional training also emerged as a determining factor. Most of the nurses in this study did not have specialization in pediatrics, which may limit the effective use of TT. The literature highlights that continuous education is essential for nurses to develop the skills needed to apply TT critically and appropriately, ensuring comprehensive, child-centered care²³.

Family participation also proved crucial to the effectiveness of TT. In cases of readmission or painful procedures, parental involvement can reduce the child's resistance and facilitate treatment adherence. TT, by creating a more empathetic and welcoming environment, enhances this interaction, strengthening the bond between the healthcare team, patient, and family¹⁷.

Among the study's limitations, it is worth noting that the sample was limited to a single pediatric unit, which may restrict the generalization of the findings to other hospital contexts. Additionally, nurses' perceptions of TT may have been influenced by individual experiences rather than reflecting consolidated institutional practices.

5. Final considerations

This study demonstrated that the therapeutic toy (TT) strengthens the relationship between nurse and child, promoting physical, emotional, psychological, and communicative well-being throughout the hospitalization process. The use of playful resources creates a welcoming and empathetic environment, encouraging active listening and fostering mutual trust between the child and the professional.

Participants recognized the potential of this tool, although many still do not use it routinely. This highlights the need to incorporate TT into daily

pediatric nursing practice in a holistic manner, addressing the child's physical, emotional, and psychosocial needs.

Implementing this therapeutic instrument in hospital institutions is essential to improving pediatric care. Its incorporation should be supported by institutional policies and professional training, promoting humanized and effective assistance.

This study contributes to consolidating play as a core nursing practice in pediatrics, reinforcing the importance of including this topic in undergraduate curricula and preparing future professionals to use playful resources critically and appropriately in the care of hospitalized children.

Authors' contributions

The authors declare that they made substantial contributions to the conception or design of the research; the acquisition, analysis, or interpretation of data; and the drafting or critical revision of relevant intellectual content. All authors approved the final version to be published and agreed to be accountable for all aspects of the study.

Competing interests

The authors declare no financial, legal, or political conflicts of interest involving third parties (such as government agencies, private companies, or foundations) related to any aspect of the work submitted (including, but not limited to, funding, advisory roles, study design, manuscript preparation, or data analysis).

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