

The child coping with hospital procedures: strategies developed by health teams – integrative review

A criança diante de procedimentos hospitalares: estratégias utilizadas por equipes de saúde – revisão integrativa

Nathalia Yumi Takaoka¹, Daniellle Abdel Massih Pio²

¹Corresponding author. Marília Medical School. Marília, São Paulo, Brasil. ORCID: 0000-0003-4498-6599. nathalia.y.takaoka@gmail.com

²Marília Medical School. Marília, São Paulo, Brasil. ORCID: 0000-0003-0738-4601. danimassihpio@hotmail.com

RESUMO | INTRODUÇÃO: A hospitalização engloba um período de vivências negativas no cotidiano da criança, com valor significativo e repercussões no âmbito social e afetivo. Um dos eventos vividos pela criança durante o período hospitalar vem a ser quando a mesma se depara com a necessidade de ser submetida à intervenções. **OBJETIVOS:** Identificar estudos que apresentem estratégias utilizadas por equipes de saúde que minimizem o desconforto emocional de crianças hospitalizadas, submetidas a procedimentos invasivos. **Método:** Trata-se de uma revisão integrativa da literatura, em que foram selecionados 14 artigos científicos, disponíveis, delimitados entre 2002 a 2016. **RESULTADOS:** Os estudos salientam os benefícios em se preparar as crianças hospitalizadas para procedimentos, minimizando os efeitos negativos da hospitalização. Evidenciam-se produções em maior número das áreas de enfermagem e psicologia, destacando-se a estratégia do Brinquedo Terapêutico Instrucional (BTI). **CONCLUSÃO:** Faz-se necessário, o estabelecimento de programas de preparo para procedimentos de rotina e cirúrgicos nos hospitais pediátricos, além de maior engajamento dos profissionais de saúde em estudos sobre o tema, a fim de que se possa subsidiar as equipes e propiciar às crianças oportunidade de compreensão e elaboração acerca desta experiência.

PALAVRAS-CHAVE: Criança hospitalizada. Humanização da assistência. Equipe de assistência ao paciente.

ABSTRACT | INTRODUCTION: Hospitalization encompasses a period of negative experiences in child's daily life, with significant value and repercussions in social and affective sphere. One of the events experienced by the child during hospital period comes when he/she is faced with the need to undergo interventions. **OBJECTIVES:** to identify studies that present strategies used by health teams to minimize the emotional discomfort of hospitalized children undergoing invasive procedures. **Method:** This is an integrative literature review, in which 14 available scientific articles were selected, delimited from 2002 to 2016. **RESULTS:** Studies highlight the benefits of preparing hospitalized children for procedures while minimizing the negative effects of hospitalization. It was evidenced more productions were found in areas of nursing and psychology, highlighting the strategy of the Instructional Therapeutic Toy (ITT). **CONCLUSION:** It is necessary to establish preparation programs for routine and surgical procedures in pediatric hospitals, as well as greater involvement of health professionals in studies on the subject, so that teams can be subsidized and children can be given opportunities to understanding and elaborating about this experience.

KEYWORDS: Hospitalized child. Humanization of care. Patient care team.

Introduction

This paper's thematic arises against the difficulty of professionals inserted in hospitals, who are related to infantile public, in enabling that hospitalization moment is wrapped with what is necessary for an adequate hospitalization and within the patterns that is discussed in public health: humanization.

Humanizing, according to National Humanization Policy Guidebook (Brazil, 2013), means thinking about the differences and individuality of each being, from the management, to the care service. Organize the work, in a collective and shared way, providing care, in order to build care.

Currently, in the case of children's participation in pediatric and biomedical research, their consent, involvement and disposition through the process, in addition to parents, have been considered. What evidences the valuation of the child also as a subject in postmodernity, once he/she appropriates to participate in researches, must also participate as protagonist of his/her treatment (Lobato et al. 2016).

Hospitalization is usually an event characterized by patient anguish, related to his/her general health, in which anxiety, fear and expectations are accentuated, which will directly influence the way of experiencing this new context. For children, hospitalization is often seen even more threatening, in which their fantasies can assimilate the illness as punishment, guilt, feelings of abandonment, among others, experienced from a negative point of view. This can be mitigated in the presence of family support assistance, with figures that facilitate sensations of safety, protection and adequate follow-up (Dantas, Nóbrega, Pimenta, & Collet, 2016).

Thinking about humanized care within pediatric institutions, it becomes necessary to promote care that minimizes discomforts and the impact of hospital admission to the public, contributing to a welcoming adaptation. A survey by Torquato et al. (2013), on the perception of caregivers regarding humanized care for the child, pointed out that one of the ways to build humanization is established on dialogical relationship between professional, patient and companion; on respect offered and appreciation for human person. It is argued that when professional understands difficulties and confrontations that family has to carry

out, a practice that empathically consolidates and is conducive to health's recovery is possible. In same survey, companions also signaled recreational spaces and the supply of playful materials as a possibility to reduce anxiety and stress within the hospital environment.

With advancement and valorization of the knowledge search, many of the research found in areas of medicine, pedagogy, psychology, currently allow us to make feasible that child is a being that is built from family arrangements, which shape him/her socially. Living in an inner world of distinct adult characteristics, they feel and think the world in different ways different from adults, use interaction with the environment to understand reality, and appropriate different languages to express themselves, one of them is playing (Fortuna, 2008).

Thus, thinking about childhood and its distinctions in relation to adulthood, makes us think of differences related to the appropriation of language and thought that comes from a more recent historical movement. These movements are that individualize and show us child is a being with needs and internal world different from the adult, therefore, it presents a requirement of a set of different practices and interventions.

According to Brazil (1998), the concept of child has been changing historically and culturally, and is different from the archaic view that was once discussed. In this way, guaranteeing the expression of feelings experienced by the child and being able to opportune that he/she lives his/her condition as a child and not just a patient within the hospital institutions is essential. Hospitalized child, in addition to being in need of care that prevails in physical condition, faces a reality where he/she needs to experience family distance, and of significant persons for him/her, to adjust to a routine with unknown people, being he/she is deprived of his/her daily life. In this way, it is important the possibility of an environment that brings comfort and hospitality, allowing them to resignify the time experienced (Kovács, 2008).

During the inevitability of the child's hospitalization, there is a need to create an environment that provides conditions for him/her to develop, in the same way that it is necessary to promote a welcoming space, which offers opportunities for health recovery, allowing access information regarding the

moment experienced according to his/her cognitive development, safe support and favoring of expressing him/herself (Castro et al. 2010).

Considering the event of emotional impact, which is hospitalization, with emphasis on hospital interventions that produce negative behavioral reactions among children hospitalized, currently surveys that emphasize humanization in hospital context, has conceptualized the potentiality of involving the child with procedures, contributing to the reduction of suffering during this time.

As a means of communication between health professionals and pediatric patient, research aimed at children's vision during the need for hospitalization, points out the importance of play and playful resources for the child, favoring stages of development, allowing the externalization of feelings, and understanding the needs for interventions.

Play is consolidated by being a spontaneous and natural action of the individual, which potentiates benefits to mental health, allowing a grouping of actions, where child manifests, represents what he/she experiences, allows him/her to engage and fantasize a reality in a conscious way (Gimenes, 2008).

Jensen, Santos and Favero (2010), point out that using the toy in experiences considered hostile by the child, it contributes to the elaboration of events and mitigation of anxiety. Thus, in view of hospital routine, the use of, e.g., therapeutic doll by nursing team enables the patient to dramatize the interventions they will pass through, so as to favor their knowledge and facilitate the handling of resistant behaviors.

Mitre and Gomes (2004) approach play within hospital institutions as a therapeutic strategy action that promotes, in addition, to progress in child development, improvement in coping capacity of this public.

A space that promotes actions of playing, aimed at the child to express his/her individuality, essential for health restoration. The ludic allows physical restructuring and represents the symbolic, allowing the child to design, organize, learn and elaborate the situations experienced, externalizing feelings, defenses and contents that approach healthy resources, allowing him/her to organize him/herself in his/her physical and psychological (Oliveira, 2008). Depianti, Melo and Ribeiro (2018), a research that

emphasizes the importance of providing play within children's hospital institutions, found through the playful, that patients of an oncology sector described the hospital as an environment surrounded by suffering, characterized by a limiting space. They demonstrated health professionals mean those who perform the interventions that generate feelings of distress and discomfort, and the procedures are remembered.

Faleiros, Sadala, and Rocha (2002) highlight the importance of being linked to the hospitalized child, promoting an environment surrounded by empathy and attitudes that favor trust in team, being one of the ways, communication.

During the hospitalization time, a study by Eckenhoff (1953) apud Crepaldi and Broering (2008), points out that anesthesia and surgeries provide suffering to children, which can lead to psychological disturbance even after leaving the hospital. Their data relate the age group from six months to six years, as being the most impaired, given the greater difficulty of elaborating some experiences.

Regarding the development of strategies to mitigate the impact of hospitalization, Crepaldi and Broering (2011) dated to the 1960s and 1970s, studies that begin to highlight the benefits of preparing pediatric patients for invasive and surgical procedures, bringing also the importance of parents during the children's hospitalization, favoring a better adaptation during and after it.

For Garces and Assef (2004), psychological preparation benefits the appropriation from patient to the procedure, favoring understanding and decision-making. According to the authors, the preparation strategy, based on hospitals that have already implemented programs in which support is provided, and in which patient is prepared for interventions, there is a greater receptivity to approaches and procedures, as well as reduction of anxiety levels, presenting no negative symptoms caused by hospitalization, even after discharge. The technique of preparation for interventions does not exclude parents or companions, who feel more comfortable with the procedures performed.

Providing this care to parents is also important since, this way, they are more confident about the progress in children's hospitalization, interventions that will

be performed, and may contribute to make the child feel less anxious and comfortable facing the hospital confinement time (Broering & Crepaldi, 2008).

Thus, in view of the importance of investment and consolidation for humanization projects aimed at preparing the patient, we intend to identify studies that present strategies used by health teams that minimize emotional discomfort of hospitalized children who undergo invasive procedures.

It is determined as a research problem, the difficulty of professionals working in pediatric units to consider the child as an active participant in health-disease process, and to envisage it as a being that experiences his/her treatment, manifesting him/herself from behavioral reactions.

Method

It is agreed that is an integrative review of literature, which allows the investigation of research in relation to the topic addressed, resulting in systematization of significant contents about the objective to be explored (Souza, Silva, & Carvalho, 2010).

The objective was to answer the following guiding question: What are the strategies used by professionals who work in children's hospitals to receive and prepare the child for invasive procedures or surgeries?

The search for articles was carried out in LILACS database and Scientific Electronic Library Online (SciELO), using the following descriptors present in Virtual Health Library (VHL): hospitalized child, humanization of care, patient care team, using Boolean operator AND separated in Portuguese language.

As conditions for research, the following inclusion criteria were used: articles available in full, online, published free of charge between the years 2002 onwards, with the justification of extended inclusion period due to lack of available research. Selecting the studies, priority was given to those that addressed the effects of preparation for procedures, focusing on the benefits for hospital preparation. It was decided to include in research articles aimed at children's hospital audience, excluding studies where the main objective would result in adult audience, covering only an article that involves this public, but in which the study contemplates both populations.

The exclusion criteria adopted were: theses, incomplete texts, books, abstracts, letters to editor, reviews, and articles that did not include the guiding question in respective databases, LILACS and SCIELO.

For data collection, an instrument was used to extract the following data from selected articles: title of article; author/year of publication; objectives; methodology; main findings, focusing on strategies used by professionals, in reducing the impacts generated by hospital procedures.

In order to carry out the work, articles were carefully read. There were difficulties in finding recent studies, which mobilized for the synthesis of articles up to 17 years ago. 14 articles were collected, which fit the proposed thematic.

Results and discussion

A table (Table 1) was drawn up with data from the 14 articles found (indicated from A to O) and selected for visualization and understanding of the results. The description presents selected articles, including methodology, and main findings, covering the authors' point of view, their recommendations and conclusions.

Chart 1. P Main studies related to the strategies of reception / support of professionals facing hospital procedures (to be continued)

Title	Author/Year	Methodology	Narrated Experiences
A) Benefits of Using the Toy during the nursing care offered to the hospitalized child	Jansen, Santos, & Favero/ 2010	Qualitative research carried out with three hospitalized children aged over five years and with seven accompanying mothers of children less than five years of age, aiming to verify the benefits of toy use in nursing care, during hospitalization. Interviews were conducted after the use of therapeutic toy and the responses obtained by children and parents were analyzed.	Therapeutic toy was highlighted as an instrument facilitating nursing procedures, promoting child's orientation and understanding of the approaches, better interaction with the team, and better acceptance of treatments. It was emphasized the shortage of training and motivation of the team that works within the pediatric enclosures to insert the practice.
B) Therapeutic toy: benefits experienced by nurses in child and family care practice	Maia, Ribeiro, & Borba/ 2008	Qualitative research with theoretical reference of symbolic interactionism, carried out with seven nursing professionals who used therapeutic toy (TT) in their care practice. Focus of study is to analyze the experience and benefits obtained by nursing professionals about the TT insertion.	It evidenced the change of child's gaze to nursing professional when using the TT, contributing to re-signification of the moment of hospitalization and aid in hospital procedures.
C) The hospitalized child, surgery and therapeutic toy: A reflection for nursing	Schmitz, Piccoli, & Viera / 2003	Survey based on literature review, promoting analysis of the following descriptors: child and hospitalization, use of therapeutic toy, child and surgery, and child in surgical center unit.	It reflected on the impact of hospitalization for the child and psychological changes in pre-surgical child, considering the importance of the introduction of playing in hospital institutions, emphasizing a more humanized assistance, focusing on TT as preparation for procedures.
D) The Play Promotion: Strategic Management Action in Confronting Child Hospitalization	Alves, Lima, Ribeiro, Camargos, & Silva/ 2016	Integrative literature review that addresses the play promotion within hospital institutions and its benefits for the child's recovery.	Reflects on the importance of humanized health care in pediatric sector. It synthesizes the need to think strategic actions that allow better adaptation and child's recovery in hospital environment, and involves playing as one of them. Conceptualizes TT and toy library as significant measures for health care.
E) Psychological preparation for pediatric surgery: Importance, techniques and limitations.	Broering and Crepaldi / 2008	It presents a critical revision research regarding psychological preparation for surgery in children, also discussing limitations of this practice.	It promotes reflection on the impact of child hospitalization, discusses some techniques that can be used, brings the difficulty of researches that consolidate the theme, as well as points out the need for studies that evidence evaluation after procedures performed, encouraging the implementation of preoperative children's units.
F) Psychological preparation and stress of children undergoing surgery	Broering and Crepaldi/ 2011	Qualitative research carried out with about 30 children hospitalized in children's hospital with ages from 6 to 12 years, who underwent small surgeries. Study evaluated the effects of pre-surgical psychological preparation using <i>Escala de Stress Infantil</i> (ESI) and Pre-surgical preparation kit.	It concludes that performing child's preparation for surgery is beneficial, whether performed with objective information or with playful instruments. It signaled the short period of time needed for this, because the non-realization of it and fears awakened in children. It brought emphatically the work of hospital psychologist as an important contributor to demystification of fantasies, evaluation of patients and monitoring of infantile public.

Chart 1. P Main studies related to the strategies of reception / support of professionals facing hospital procedures (continuation)

Title	Author/Year	Methodology	Narrated Experiences
G) Therapeutic toy in venipuncture procedure: strategies to reduce behavioral changes	Lemos et al. 2015	Exploratory research with quantitative approach, conducted with 21 hospitalized children, between June and August, 2012. The research aimed to analyze the reactions of preschool and school age children, using the instructional therapeutic toy (ITT) facing the venipuncture intervention.	Authors state that is beneficial to prepare the child for venipuncture procedure after performing the procedure approach through the ITT. "Observe the Professional", "Smile"; "Collaborate Spontaneously" and "Relaxed Posture", suggesting the re-signification of the procedure and greater coping by children.
H) Therapeutic toy in children's preparing for invasive procedures: systematic review	Silva, Austrégésil, Ithamar, & Lima/ 2016	Systematic review survey, conducted from November 2015 to February 2016, through MedLine, Lilacs, Central and Cinahl database.	They systematically analyzed studies involving strategies to reduce negative behaviors in children undergoing invasive procedures. It was verified that the most of the research approaches the TT as being one of the main intervention mechanisms, being possible to observe between the data, the decrease in anxiety levels. It considers that further studies in the area are needed to promote statistical analysis on the subject.
I) Therapeutic relationship with child in the perioperative period: Use of the toy and role play	Faleiros, Sadala, & Rocha/ 2002	Case study that analyzes the therapeutic relationship of a nursing student and a 3-years-old child submitted to hospital procedures.	The research covered the relationship between student and patient, from the creation of bond, in order to promote a trustworthy environment for performing surgery. The student's proximity to the child was developed through communication and explanation using the TT to prepare him/her for intervention. Authors also emphasized the importance and availability of professionals to follow up the child during the period of surgery.
J) Psychological attention to adult and child surgical patients in pre and postoperative phases	Tesser and Prebianchi/ 2014	Documentary research conducted through the notes of psychological consultations and registered in multidisciplinary medical record.	The study brings contribution of the psychologist work through pre and postoperative period of patients. Signals the importance of developing the implementation of multidisciplinary practices in the process of preparing patients for surgery.
L) Psychological Preoperative Preparation Program for Child	Peixoto and Mazambani/ 2002	Experience report with children under 2-years-old, who underwent surgical procedures of a private hospital.	It synthesizes the importance of hospital psychologist, helping in child's preparation for surgical performance. The study materials used were communication with the child, free drawing, the TT, and a book that enabled the understanding and externalization of the child about the experienced moment.
M) Therapeutic toy in preparation for surgery: behaviors of preschoolers in intraoperative phase	Paladino, Carvalho, & Almeida/ 2014	Descriptive research of quantitative approach, carried out with 30 children aged 03 to 05 years-old, with the objective of analyzing children's behavior during application of the instrument Instructional Therapeutic Toy (ITT) and in intraoperative phase.	Explained the importance of preparing the child for surgeries through ITT. It pointed out the need to work with family on the importance of this preparation, so those involved can contribute and minimize negative behaviors of the child during the hospital stays.

Chart 1. PMain studies related to the strategies of reception / support of professionals facing hospital procedures (conclusion)

Title	Author/Year	Methodology	Narrated Experiences
N) Use of therapeutic toy during intravenous drug administration in children: exploratory study	Dantas, Nóbrega, Piment, & Collet/2016	Descriptive exploratory research was carried out with the objective of analyzing the introduction of therapeutic toy during the care of children submitted to intravenous medication, through the companions' report.	It was verified the importance of therapeutic toy for reduction of stress in children and also in companions. It emphasizes the importance of updating nursing professionals and the inclusion of technique in the pediatric enclosures.
O) The importance of hospital toy library and occupational therapy, from the nursing team's perspective of a public hospital in Federal District	Nunes, Rabelo, Falcão, & Picanço	Exploratory research performed with nursing professionals from a hospital, with the purpose of verifying the team's view on the importance of play/toy library in a pediatric unit.	Results showed that many of interviewed professionals extolled the importance of playing for hospitalized children, favoring their recovery. The study brought the contribution of occupational therapist in promoting this competence within these places.

From the studies, it was tried to make a synthesis of relevant aspects that contribute to the viability of development of strategies that can humanize the pediatric context:

Regarding the strategies already used in hospital sector were found in articles shown in the table:

- Instructional Therapeutic Toy (ITT): 10 studies
- Toy library: 2 studies;
- Preoperative preparation programs: 4 studies;
- Free drawing: 1 study;
- Book: 1 study.

ITT studies are performed in hospitals, allowing the child to have a reference object, to provide comfort in situations considered atypical to his/her day, surrounded by stress, or to be used to know the procedures in which will go through during the hospitalization time. Through ITT, child receives information through health professional about how the intervention to be submitted is performed, when professional uses the own hospital materials that will be used on patient, explaining its functionality, and child practices the instructions offered in toy, making it possible to assimilate the intervention. Also, the therapeutic toy, usually a doll, can accompany the child throughout the period of hospitalization, representing itself as an object that symbolizes safety, allowing to play, to dramatize everything that finds difficulty verbalizing (Jansen, Santos, & Favero, 2010).

An analysis related to therapeutic toy in the administration of intravenous medication to children found that, in need of such an intervention, children seem to feel very anxious, restless, and have crying reactions. When using therapeutic toy, it is possible to achieve greater acceptance of the procedure by children, understanding of their need for health recovery, and even fun within the hospital environment. The same benefits are identified by the companions who requested the implementation of this resource during children's hospitalization, as a way of alleviating anxiety, also for them, who participate in hospital confinement (Dantas, Nóbrega, Pimenta, & Collet, 2016).

In mid-2005, hospital toy library emerged as a requirement within pediatric institutions, grounding the child's freedom of expression in hospitalization

situations and as a means of maintaining mental health. From a structured place, with books of various contents, children come into contact with the playful, and allow themselves to walk through different places, which give functionality to the imaginary, offering possibilities for the child to get in touch with entertainment and find resources that promote health recovery (Alves, Lima, Ribeiro, Camargos, & Silva, 2016).

A study that values the hospital toy library and the role of occupational therapist, highlights that providing this tool within an environment surrounded by illness, broadens the relationship of patient and professional, as well as allowing welcoming, dialogue and stress reduction (Nunes, Rabelo, Falcão, & Picanço, 2013).

Peixoto and Mazambani (2008), bring free drawing techniques, such as giving a blank sheet of paper to the child to draw what he/she knows about hospital environment, and using storybooks, which may be specific, such as "Operation Lili" (Alves, 2016). According to authors, through these resources is possible to dialogue and explain the needs of interventions, also being possible to know the expectations and fantasies that children carry with them about the hospitalization process.

Regarding the benefit of preparing for interventions, selected studies enhanced:

- Decreased impact of hospitalization: 11 studies;
- Nursing procedures facilitator: 5 studies;
- Child's understanding about the procedure: 2 studies;
- Improved bond with the team: 5 studies;
- Instructing and supporting the family about the child's behavioral reactions: 1 study.

Child is considered a being that interacts directly with the environment, a social actor who attributes interpretation to each moment experienced from his/her own elaborations. Through toys or playful material, he/she has a voice and communicate what his/her experiences, developing and establishing a relationship with the health professional, thus allowing his/her appreciation and re-signification as main character of the scenario, demystifying his/her limited participation in the health process, illness, hospitalization.

The potential of preparing children for interventions favors the child to feel more comfortable within these environments, and continue to experience the time as expected: being a child.

The toy and the playful provide safety and act as tranquilizers, so that they can adapt themselves to the moment (Jansen, Santos, & Favero, 2010). Recognition of playing as important within pediatric institutions is presented as a way to reach comprehensive and complex care for children and their families, providing the same strengthening for necessary confrontations during the period of hospital confinement (Alves, Lima, Ribeiro, Camargos, & Silva, 2016).

The study by Broering and Crepaldi's (2011), indicates the necessary interventions to care about preparation of children for surgeries, stressing that the lack of information in hospital context, promotes fear, anxiety, stress, anguish, highlighting the importance of preparing children for such procedures. They present the results described as negative reactions to surgery and important behavioral changes after the hospitalization period. It highlights the effects of preoperative psychological preparation with "Escala de Stresse Infantil" (ESI) and Preoperative Preparation Kit.

Broering and Crepaldi (2008), argue that although the theme regarding techniques that prepare the child for procedures is evidenced in some studies, it is still necessary to research more comprehensive and bring the benefits of preparation in results, emphasizing the effectiveness, for example, and creation of set up programs in children's hospitals. The difficulty of conducting these studies, according to the authors, is due to the complexity of evaluating results obtained after intervention, and also after the necessary hospital procedure, because in some care, especially the surgical, child is sedated or under its effect, which makes the reevaluation more complex.

The results obtained in this study show the existence of research that aims to highlight the importance of applying the National Humanization Policy in children's hospitals. However, it was difficult to find research that addressed what has been practiced in relation to humanized child care through hospital interventions, and when approached, it was observable that contributions generally come from analyzes that are not from the last five years, noting it is also difficult to search titles that show playful

resources to enhance children's participation and play the leading role in these places.

Final considerations

It is essential that, upon entering the hospital, a comprehensive assessment of the child is made, allowing the understanding of his/her state of health/mental health, considering that hospitalization will always be a mark of stress for the child.

It is evident in this study, the importance of playing for the child in his/her development, and that should not be restricted in view of the need to stay in a hospital environment. In this study, the playful resources focus on enabling a welcoming and humanized environment for children patients, so that they can contribute to obtain information about what will be done with them, to participate in this process, allowing their best adaptation and elaboration of health-disease processes.

It can be understood from the study that there are different ways to humanize the process of hospital interventions for children, and some of these resources do not even require more elaborate solutions, such as enabling the child to know the procedures through sensitive speech to him/her, his/her momentum and cognitive development, or through the realization of a drawing that allows the faithful expression of his/her fears and fantasies.

In this study, it was observed the categories that developed more research in relation to child care strategies before procedures were Nursing and Psychology, and one study was from Occupational Therapy. Thus, it is valued that all health professionals can focus on research about the subject, becoming empowered and engaged in development of strategies that enable the mitigation of negative repercussions on children, especially in face of interventions, bringing them the opportunity of a harmonious and welcoming environment, making possible to reduce the impacts of hospitalization.

Maybe, due to the large number of demands by all professionals who are part of a health team, it is possible to imagine that, as children patients, strategies are probably being performed related

to care, however, there is little disclosure of these actions, considering the publications found. The dissemination of strategies to reduce suffering during hospital interventions would result in considerable contributions to colleagues and also to patients who would benefit from the implementation of new techniques, enriching the research field.

It was possible to realize that providing children with a welcoming environment, surrounded by attention, communication and the possibility of expressing feelings before the procedures to be performed, gives the patient and the companion a feeling of protection, making possible a less traumatic hospitalization.

We reflect that, often within institutions, is perceived that professionals do not include the patient in care, especially considering children, making visible the lack of communication or ability to relate with this audience. This reflects unfavorable and non-collaborative reactions to the entire recovery process.

From the analysis of research, it is clear that most of the studies used the ITT as an instrument for proximity to the child in hospital context, enabling patients to construct and represent the interventions in which they are submitted. In addition, it is observed that, regardless of the playful materials, the possibility of communication and expression for children to ask their questions was considered a favorable measure.

Analyzing the proposals and strategies used in research, and thinking about health promotion and humanization for pediatric patients, it was identified the importance of institutions to critically reflect on professional performance within the child care places, as well as on the difficulties found to act, and to recognize the need for constant reformulation of care, requiring greater preparation of professionals, innovations, training or elaboration of means that can result in health in its completeness.

Further studies addressing the theme are suggested, as well as the implementation of programs aimed at preparing children for hospital procedures, bringing the focus to the objectives achieved, making possible the humanization of care in pediatric spaces, and increasing the research collection on this theme.

Authors contributions

Takaoka, N. Y. participated in elaboration of the project, search and data analysis and writing the article. Pio, D. A. M. guided all stages of the study and participated in writing and reviewing the article.

Conflicts of interest

No financial, legal or political conflict involving third parties (government, companies and private foundations, etc.) has been declared for any aspect of the submitted study (including, but not limited to, grants and funding, advisory board membership, study design, manuscript preparation, statistical analysis, etc.)

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