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Perspectives of BrinquEinstein healthcare professionals on the implementation of therapeutic play in pediatrics

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Abstract *The benefits of therapeutic play (TP) in pediatrics are widely reported in the literature, however its use by health professionals is still limited. The objective was to understand how professionals belonging to the BrinquEinstein group evaluate the process of systematic implementation of TP in hospital pediatric units. Exploratory study, with a qualitative approach, developed in the pediatric and intensive care units of extra-large general hospital in São Paulo. The sample consisted of 13 professionals from different categories belonging to BrinquEinstein. Data was collected through individual semi-structured and audio-recorded interviews, being analyzed based on the Inductive Thematic Analysis proposed by Braun and Clark. From the analysis of the interviews, five themes emerged: experiencing a transforming process; the benefits that strengthen the path; the facilities that encourage the walk; the barriers that challenge the process; the future prospects. For the interviewed professionals, it is essential that the use of TP becomes a routine practice in different contexts of the child´s healthcare, in which managers and institutions play a fundamental role in its implementation.*

Key words *Child, Hospitalization, Humanization of Assistance, Health Personnel*

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Introduction

The advantages of using therapeutic play in pediatric care are widely disseminated in the literature, which highlights their importance for children, recommending the systematic inclusion of this practice in pediatric care units. However, most institutions do not include the use of this playful strategy in their protocols[1].

The evidence supports the application of TP in the care of hospitalized children, positively impacting on the reduction of anxiety and fear, not only for them, but also for their families, contributing to the development of more humanized nursing care[2].

The World Health Organization recognizes play in hospital as a child's right and stresses that the provision of recreational play and its therapeutic use by professionals is an attribute of quality care[3].

Some of the factors that hinder the inclusion of TP and play in clinical practice by the nursing and interdisciplinary team are: lack of time, overload of activities and the work context, which often doesn't value the initiative or provide the conditions to carry it out[4,5].

Considering the situation of the implementation of TP in a pediatric hospital unit, some questions arose that guided this study: What is the perception of health professionals about the process of implementing TP in the BrinquEinstein program? What facilitating factors and barriers do they identify in relation to its use in hospital practice with children?

One of the initiatives adopted in the process of implementing TP was the training of professionals working in the pediatric hospital unit and the formation of a reference group for the use of TP (BrinquEinstein), with the aim of equipping the team to incorporate this proposal into their care[6]. Knowing how this TP implementation experience was perceived by these professionals can contribute significantly to outlining future improvements in the continuity of this process.

Thus, the study aims to understand how professionals who are members of the BrinquEinstein group evaluate the process of systematically implementing TP in pediatric hospital units, outlining the facilitating factors and barriers in this process.

Method

This is an exploratory study with a qualitative approach, carried out between November 2020 and April 2022. The data presented comes from a master's thesis whose objective was to develop a model for the systematic implementation of TP in pediatric hospital units[6].

The study was carried out in a pediatric hospital unit, including the respective wards and the intensive care unit (ICU) of a general hospital in the city of São Paulo. The sample consisted of 13 professionals, 8 of whom were nurses, two nursing technicians, a pedagogue and two toymakers, most of whom were women, who work in these units and are members of the TP reference group, called "BrinquEinstein".

The systematic implementation of TP in the institution began in the two aforementioned units and followed the stages of the PDCA tool, which involves the following steps: Plan, Do, Check and Action[7]. In the "Do" stage, staff were trained to use the TP in clinical practice: nurses, nursing technicians, psychologists, toymakers, physiotherapists and a psycho-pedagogue, with a total of 44 participants. Those who showed the greatest interest in using TP in practice were invited to join the reference group, a total of 28 professionals[6,8,9].

Data was collected through a semi-structured, individual, audio-recorded interview, which lasted an average of 40 minutes. The following guiding questions were used to conduct the interview[6,8]: What has it been like for you to experience the process of implementing TP in pediatric units? How do you perceive your role as a member of the "BrinquEinstein" TP reference group?

The fully transcribed interviews were analyzed according to the precepts of Braun and Clark's Inductive Thematic Analysis (*apud* Souza[10]), consists of six phases: a) familiarization with the data, based on transcribing and reviewing the data, reading and re-reading; b) generation of initial codes with the aim of systematically coding the outstanding aspects of the discourses; c) gathering the codes into potential themes and all the data pertinent to each potential theme; d) reviewing the themes by checking their functionality in the extracts and the database; e) defining

and naming the themes, refining the details of each theme and the story told by the analysis; and f) producing the report with the examples experienced by the participants, considering the relationship between the extracts chosen and the research question.

The data was analyzed at the same time as it was collected. The transcribed interviews were carefully read to identify the initial ideas, looking for meanings and familiar patterns in the text. Codes were created to identify them, grouped into potential themes, reviewed and refined in search of coherence throughout the data set. All themes and codings were discussed and confirmed by the research team[8].

The preparation of this study followed the recommendations for preparing qualitative research from COREQ (Consolidated Criteria for Reporting Qualitative Research)[11]. The project was approved by the Research Ethics Committee of the proposing institution, under number 4.376.155 (CAAE: 38581120.6.0000.0071).

Results

Thirteen members of the BrinquEinstein reference group took part in the study, the majority of whom were female (92.3%) and members of the nursing team (76.9%). The time they had been working in pediatrics ranged from two to 24 years and 69% of them had been working in this area for more than 10 years. The majority received theoretical information about TP during their undergraduate studies (61%), while 23% had the opportunity to use it during their practical academic activities.

From the analysis of the interviews, five themes emerged which represent the perspective of BrinquEinstein members on the TP implementation process. These themes will be described below, accompanied by excerpts from the participants' speeches, identified in the text with the letter A and an Arabic numeral, which represents the interview number (A1, A2, A3...).

Experiencing a transformative process

This theme shows how taking part in the process of implementing TP was transformative for the professional, who began to perceive himself as a better person, becoming more empathetic and involved with the emotional issues that permeate care:

I think that when I joined the [toy] group, I started to exercise that human look again that we always talk about. In fact, it [the TP] was incorporated into my care. Today, it's much easier (to use it) and you worry about issues other than just the technical ones (A8).

I feel much more... how can I say... empathetic, you know? Not only do I resolve physiological issues, but I think emotional, psychological issues... (A12).

A nurse who worked in the ICU recounts her experience of using TP, being delighted with this new possibility and starting to use it and encourage its use by her colleagues:

There was a transformation, because I'll tell you the truth, ICU nurses are a bit skeptical. They're focused on the clinical, on the procedure... And I think there was [transformation]. And I was like St. Thomas... I had to see to believe. It was wonderful. And from then on, I started applying it a lot [TP], I started applying it, encouraging it... (A1).

Another transformative aspect for the professional was the opportunity to broaden his knowledge through the exchange of information between team members and participation in training activities, helping him to better understand children's play:

So I learned a lot from each member of the team. And I'm still learning... (A3).

It added to my knowledge... to look at the child playing and not just say "she's playing, look how important!"... but to be more attentive to what that playing meant. It was something I don't think I really had and it encouraged me to do so (A13).

The benefits that strengthen the path to effective use of TP

The benefits obtained from implementing TP are recognized by the professionals as being related to themselves, the child and their family.

As for the benefits for the professional, there are many relevant aspects. One professional said that once the process of implementing the TP had started, he felt closer to the child and their family, strengthening the bond with them, as well as feeling gratified by the positive results obtained.

It's been very gratifying to see the child come out of a state of fear, crying and anxiety [sometimes on the part of the parents] and literally let us participate, play and do what needs to be done there (A2).

We start to look beyond that, to the relationship there, of the whole team with the child and the family, and vice versa, how important it is to have this resource [the TP] to build a bond (A3).

[In addition to] the ICU routine being one of greater manipulation, sometimes the child isn't at a quieter moment. When we can approach the child with the toy, we can access the child more, create a greater bond. We manage to establish a relationship of trust [...] I think the experience of hospitalization for the child becomes better and we, as professionals, end up feeling more relaxed and fulfilled (A7).

For the professional, some daily activities can now be carried out more easily, more safely and in less time, especially when carrying out procedures:

I'm part of the puncture team. So being part of the therapeutic play [group] has helped a lot, too, in this area of collecting tests, puncturing access (A1).

The child is easier for you to talk to... easier to do the procedures... So, for sure, my view of assessment and physical examination has changed a lot... it's much better assessed (A2).

But the time you gain there, with the therapeutic play, when the child isn't crying, isn't stressed and everything else, that ends up overlapping [the time needed to apply TP] and goes far beyond that too (A3).

When they start using TP, professionals report that they sometimes feel more valued and recognized in the sector they work in, because they are able to ease the anxiety of the family and the child.

It greatly improves the professional experience. I can say for myself that it has improved a lot. So, the team's view of me today, implementing therapeutic play in the intensive care unit, with children who are a little more critical... I think it's been great! (A1).

...[I received] even a Daisy Award [award for excellence in care] related to therapeutic play, for a child in oncology who was going to be extremely manipulated and how much the toy made a difference to her and her family's life at that moment of crisis (A5).

The benefits seen by professionals in relation to the gains for the child and their family from using TP are many, culminating in the perception of an improved hospital experience for both:

We've seen a lot of benefits from using therapeutic play in various situations. And I think it has had a very positive effect on the patient's experience, both for the family and for the child [...] When the child interacts with us in a warmer, healthier way, it's less traumatic for everyone. We have a better relationship with the parents, we have better access to the child as a whole (A7).

We introduced the toy and there was a very important gain. And I think that, in addition, there's family satisfaction. Because we're taking care of the child's emotional side, not just focusing on the disease, just the treatment, not just the puncture. We're taking care of the emotional side and I think that brings comfort to the family. It brings the family to our side and they feel more confident in the team and everything else (A11).

The speeches revealed how the use of TP provides a welcome in moments of suffering and estrangement, increasing the child's trust in professionals and having a positive impact on their recovery:

Many times, the child is debilitated, is sick, is sad, and ends up interfering with the prognosis, the clinical improvement. So, the toy comes to help them recover and give them an "up" in their lives, in the face of so many invasive procedures that they suffer in here. It comes to relieve suffering! (A11).

The facilities that drive the TP implementation journey

Among the factors driving professional performance in the use of TP, the following stand out: the formation of the BrinquEinstein reference group, the establishment of a WhatsApp communication channel between members of this group, staff training and support from the institution.

The team discussion is very nice... that we can discuss with the people involved in the toy what the best strategy is, what can be done, what would be the most appropriate attitude, strategy for that child. So we feel more confident about doing [the TP] (A2).

For one of the participants, the creation of the BrinquEinstein group was "a watershed" for the consolidation and strengthening of the TP implementation process at the institution:

If we didn't have BrinquEinstein, we wouldn't have a multi-professional team involved. We wouldn't have had the toy therapists to take part, the physio (physiotherapist) to take part... So BrinquEinstein was the turning point in the implementation of therapeutic play at Einstein... I have no doubt about that (A10).

The use of *WhatsApp* by the members of BrinquEinstein was considered to be a facilitator of the process, as it allows playful actions to be proposed, discussed and put into practice quickly during the 24-hour shift. This form of sharing also

provides support for the professional in choosing the best approach to meet the child's needs.

WhatsApp is a very important tool, because it's through it that we can communicate more easily. If we had to get together to discuss, pass on duty, discuss cases, shape ideas, it would be much more difficult (A3).

The group was fundamental... the WhatsApp group, because communication is much faster. And today, it's 24 hours a day and we have people from the day and people from the night [in the group]. So I think this is a facilitator (A5).

The speeches showed how the involvement of the multidisciplinary team can enhance childcare actions with different perspectives to achieve a certain common goal. One participant reported that he felt encouraged when he learned that the people on duty would continue with the play proposal he had developed for the child:

As we have a multi-disciplinary team, I think this makes the process easier. Because if the psychologist enters [the room] and sees the need [of the TP], she talks about it in the [WhatsApp] group. If the toymakers see it, I think integration is fundamental. Because it's not just the nurse or the nurse who has to go into the room and recognize that need (A5).

For me, it's a stimulus to know that there are other professionals... that I'm leaving, but they're going to continue or I'm going to take over a shift that they've started [TP] and I'm going to continue. For me, that's a stimulus (A10).

Training the entire team to use the TP was a facilitator during its implementation, as it broadened the professionals' perception of the value of this initiative. By covering the different work shifts, it helped the whole team to "speak the same language", increasing their commitment to applying the TP in the unit:

Having trained people on all the shifts, I think it makes it much easier, because we speak the same language. And there's the WhatsApp group, where we can exchange information, share success stories... I think it's great. I think it's great (A11).

One participant highlighted the importance of the support offered by the nurse leader of the TP implementation project when she began to apply it in her clinical practice:

And not to mention the support [from the lead nurse] that we get after [the training]. We have a course, but also afterwards, we have support when we start putting [the TP] into practice. That's great! (A1).

The support of the institution's board of directors and managers and the consequent recognition of the work carried out with TP, which was also pointed out as a facilitating factor in its implementation, came from the praise of the children's families referred to the SAC (Citizen Service) and the actions awarded at the institution:

People started wanting to do it, because it's cool to do. Look, the director supports it [...] you have the support of senior management Then you say: "Look, I want to do it too". So, in a way, when we started to bring visibility (to the sector as an example of good practice), it was nice, in the sense that other people started to want to take part in the project too [...] The structure of the hospital encourages [the use of TP]. Because you do it [TP] and you see the feedback from the SAC. You have the Daisy Award [an international award that promotes the appreciation of its professionals] (A4).

The availability of hospital materials provided by the institution itself and the acquisition of toys for TP was also a facilitating factor during implementation:

I think the arsenal of toys we have here at Einstein is something that helps a lot. You have all kinds of toys. If we need any device to do [TP] for a child, we have it (A9).

The barriers that challenge the TP implementation process

With regard to the barriers that have been imposed on the process of implementing TP, we would highlight the persistence of its lack of appreciation as a care action by some professionals, associated with work overload, especially in the ICU:

...People have a very technical view of ICU care. And perhaps, due to the complexity and even the workload, few people manage to make this a priority as well (A8).

What makes it difficult is that sometimes the rush of everyday life makes it a bit difficult to apply the toy. Sometimes, you go there, you manage to apply it... and I can't get back to evaluate it after a while, that same day (A9).

Regardless of the sector in which they work, whether in pediatrics or the ICU, the professionals recognize that the team still doesn't see TP as a priority in care:

Nowadays, we pass this on [the performance of TP] on duty and there are nurses who don't even write it down. Or we say: "Look, you're making a toy here, you need to continue". Some nurses just shrug. It's not something... there are still mentalities that think this isn't an important thing to pass on duty in an ICU (A2).

Other barriers identified by professionals working in the ICU refer to the difficulty of applying the TP when the child is admitted, due to clinical instability and parental tension, or when the child develops limitations in playing:

So, I think that these first moments of hospitalization are the most difficult, until they [the child and the family] get to know us, the dynamics of working in the ICU, and see that the child is fine too (A8).

But in some situations where the patient is unstable and the family is still very worried, sometimes we can't even give them the right admission instructions, you know? Sometimes, if a child arrives at two o'clock in the morning, we won't be able to plan therapeutic play (A12).

Another issue identified as a barrier refers to the position of parents/family members in relation to the TP activity. Professionals perceive a lack of knowledge on the part of the child's companions regarding the objectives of using TP in hospital and its benefits:

I think that sometimes parents also end up, because they don't know, being a bit afraid to let the child play, to let the child learn from that situation. Sometimes, the parent understands that if we put an [intravenous] device in a toy and show it to the child, it will traumatize them even more (A1).

The work shift was also identified as a barrier to performing TP, as it becomes more difficult to apply it with the child at night.

Another factor I think is the night-time issue. There comes a time when they want to sleep because sometimes the day has been very hectic, [the child] has had several procedures. And then, if we can't access the child at the beginning of the night, we end up not being able to later on, because they do sleep (A7).

Despite the availability of toys, often obtained by the BrinquEinstein nurses themselves, and the hospital materials offered by the institution itself for the application of TP in the sector, the lack of material was pointed out as a barrier, due to the need for a diversity of toys to meet the different needs of the child.

I think sometimes there's also a lack of materials. So, there are patients, for example, I would do playful interaction with the patient who needs sensory stimuli. And then there was a shortage, so we had to create the materials and everything. So I think we could have more different toys (A6).

The professional considers it difficult not only to implement TP, but also to ensure that the practice is maintained.

I think it's difficult to implement, but perhaps more difficult than implementing is maintaining (the use of TP). And we've had it for a while, haven't we? One, two years. [...] Maintenance is challenging, especially in the midst of the pandemic, when you have to reinvent yourself to be able to use [TP] in isolation (A4).

Establishing future prospects

This theme covers the expectations of the professional regarding the implementation of TP, such as the expansion of its use to other sectors of the hospital and external units of the institution.

So, I think it can only grow, both here and outside... within pediatrics, I mean. But expanding to outpatient clinics, to external units. Because we know that they [professionals from areas outside the hospital] are interested too (A5).

There was evidence of the participant's motivation to expand the TP implementation process as a model for other institutions.

I hope we can grow more and more. That we do more research too. I think this is very important, very cool... And also spreading the word to other hospitals (A6).

I think that, soon, we'll be able to take it all over Brazil, to the reference hospitals that want it and take it as a practice, an example of good practice, of a good, certified hospital (A12).

The professionals also expressed concern about the continuity of the BrinquEinstein group and pointed to the implementation process as a motivator for the participation of other professionals from the multi-professional team.

Multiplying, bringing more people into the group and motivating each other... I think this will help a lot. I think that the newcomers... knowing about this project, knowing about its importance... the results we're getting... (A9).

Involving the multi [multidisciplinary] team more and more, the doctor... and making them realize that our group produces results. It's a group that plays based on scientific issues and has results that improve the effectiveness of medical treatment, resulting in the patient's improvement (A10).

The professionals point out the importance of the BrinquEinstein group continuing to invest in training employees to use TP, with the prospect of increasing the number of people involved in this initiative, including the offer of distance learning courses.

I think it's important that we continue to invest in training, in training professionals, so that we can expand this work more and more (A3).

I think there was even a proposal to do distance learning. I only see growth, I don't see the group stopping (A5).

The professional also believes it is important to make parents aware of the benefits of TP for the child and of the group's work, proposing some strategies for this purpose.

I think that if we can get the parents to understand the importance of this [the TP] ... what's good about the child's hospitalization... that we have this project here, that it's good, that it makes the child's experience less traumatic (A1).

I think we could even make a folder, include the question of the use of toys in our admission booklet (A5).

Discussion

The findings of the study allowed us to identify that the process of implementing TP from the perspective of the professionals has proved to be successful and relevant to the integration and transformation of the interprofessional team, as well as to the satisfaction of the child and the family, by providing welcoming, humanized care centered on the pediatric patient, improving their experience when mediated by playful interactions.

In fact, play offers opportunities for interpersonal interactions that are attuned to a strong and trusting environment, resulting in a secure relationship between the players, in this case the child and the professional. This empathetic attunement is reflected in the personal relationship. When professionals are kind and sensitive to the feelings of others during play, there is resonance, an increase in oxytocin and the establishment of a social bond[12]. These aspects were reported by the participants in this study.

This important gain characterizes one of the standards for improving the quality of care for children and adolescents in health units, as advocated by the World Health Organization (WHO), ensuring that their needs and rights are met, such as playing in health care scenarios and the right to be cared for by professionals qualified to do so[3].

As the implementation of the TP program progressed, the benefits recognized as strengthening the process gained prominence, such as the team's finding that play strategies permeate the establishment of bonds, trust and greater closeness with clients. The children's behavioral change in the face of the procedures was noteworthy, as they became more collaborative after playing. And the professionals, in turn, noticed a reduction in the time spent carrying out these procedures, increasing the chances of success and safety in their execution. These aspects are discussed in three systematic reviews[13-15] on the use of TP and its action in reducing anxiety and pain and improving children's health knowledge.

A scoping review[16] identified that playful interventions have been used in four areas to support children: in situations involving procedures and diagnostic tests, in patient education, in treatment and recovery, and in favoring adaptation to the hospital environment. In another study[17], are indicated as a non-pharmacological method due to their potential to reduce pain, fear, stress and anxiety as a result of painful procedures.

Still about the benefits of TP, the families' perspectives have been explored in national[18] and international[19,20] studies and their results reiterate the power of this intervention to improve the healthcare experience of both child and family, a fact reiterated in this study.

The barriers initially identified by the professionals in this study to the implementation of TP in the unit, such as its lack of appreciation as a care action, especially in the context of intensive care, and work overload, are also highlighted in the literature. The overload of activities, the lack of time, material and an appropriate environment, the lack of knowledge and devaluation of play by colleagues and the institution are some of these barriers, as well as the failure to systematically include play strategies in the nursing process[21,22].

Despite the barriers to the use of TP, the results of its implementation are optimistic. There was a movement towards incorporating the planning of the TP practice into the team's work routine and, in particular, the concern with systematization in the continuity of playful care. In this sense, it is worth highlighting the value of the information on how to do TP with children during the nursing team's shift, which is also shared in the reference group. This action is important because it complies with COFEN regulations on the responsibility of the nursing team to incorporate TP into the nursing process[23].

Studies[24,25] reinforce the importance of systematizing playful care, since its structured implementation in a care model contributes to reducing the negative effects of hospitalization by fostering the establishment of bonds between the team and the child, stimulating a more active participation of the child in the coping process.

The plan put in place to overcome these barriers, such as training the interdisciplinary team and involving its members by forming an interdisciplinary reference group on play and TP was

considered essential by the participants for the successful implementation of TP.

The importance of teamwork is emphasized in another qualitative study[26], which discusses the perception of 18 Australian nurses in relation to the partnership established with Child Life Specialists in the use of distraction for children undergoing painful procedures. The results emphasize how beneficial this partnership was for them, who highlight the value of the integrated work of the interdisciplinary team.

The findings of this study reveal that, for the participants, the implementation process triggered a feeling of pride in the recognition of the work with TP developed in the sector by the institution. This has generated even more satisfaction among the employees involved in adhering to playful practices, including not only TP, but others, such as games and games that distract the child. In this context, one of the main expectations pointed out by the professionals is the expansion of the use of TP to other pediatric care sectors of the hospital and also to other health institutions in Brazil.

The study had an important limitation, related to the occurrence of the COVID-19 pandemic, which had a significant impact on the interviews with professionals who had experienced the implementation process. This was due to the fact that the team had to be resized, due to the high demand for adults affected by the disease and the reduction in hospitalizations of children and adolescents.

This context led to demotivation on the part of the group with regard to continuing to implement TP. However, as the pandemic stabilized in the city of São Paulo, the team of professionals returned to their activities in child and adolescent care. And surprisingly, they became interested in the practice of play and TP again.

Another issue to consider is that the study only looked at the perception of the TP implementation process of the members of the BrinquEinstein group. Future studies with the team's professionals who are not yet part of this group could provide additional information, especially in relation to the barriers to the implementation of TP and strategies for dealing with them. Furthermore, the replication of this study in other institutional contexts and at different levels of health care can help consolidate these results on the implementation of TP in pediatric practice.

Final considerations

The study highlights the importance of integrating TP into the planning of care for children, due to the benefits resulting from its use. The implementation of this practice brought benefits for the children, who began to show reactions that showed greater acceptance and collaboration during the procedures, becoming calmer and understanding the hospitalization situation better. It also brought benefits to the professionals, such as an increased bond with the children and their families, as well as satisfaction in minimizing suffering and providing atraumatic care. There were also benefits for the family, who began to trust the performance of the healthcare team more, directing complimentary comments towards the customer service and the coordination of the service.

The professionals highlighted the feeling of recognition, as they were able to offer humanized care, a fact that served as a springboard for continuing the practice, as well as the involvement of more collaborators, who were interested in the results obtained.

It is essential that the use of the TP becomes a systematic practice in the different contexts of child health care. Unit managers, as well as institutions, have a fundamental role to play in implementing this practice, and it is up to them to identify the needs for its implementation, seek solutions and offer all the necessary support for its inclusion in care.

Collaborations

CB Miranda contributed to all steps of the research, from conception, design, collection, analysis, data interpretation, writing and final approval of the article. EBS Maia contributed to the design, analysis, data interpretation, writing, critical review and final approval of the article. FA Almeida contributed to the conception, design, analysis, interpretation of data, writing, critical review and final approval of the article.

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