

Playful strategies in the perioperative preparation of children: nurses' perceptions

Estratégias lúdicas no preparo perioperatório de crianças: percepção de enfermeiros

Estrategias lúdicas en la preparación perioperatoria de niños: percepción de enfermeros

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ABSTRACT: Objective: To identify and discuss the playful strategies used by nurses in the care of children undergoing surgical procedures. **Method:** This exploratory, descriptive, and quantitative study was conducted with nurses working in pediatric care settings. The study population consisted of nurses involved in pediatric surgical care who met the inclusion criteria and comprised the final sample. Data were collected between August and October 2024 through an electronic questionnaire containing sociodemographic questions and items developed based on the literature, with responses organized according to a five-point Likert scale. Data were analyzed using descriptive statistics. **Results:** A total of 62 (100%) nurses aged between 20 and 59 years participated in the study, most of whom were women. Most participants had between one and five years of professional experience and worked in surgical center settings. The most widely known and frequently used playful strategies were therapeutic play and drawing activities. Most participants recognized the importance of educational strategies in the preoperative period, although they reported limitations related to time constraints and workload demands. **Conclusion:** Playful strategies proved to be relevant in reducing anxiety and promoting a more humanized care for children and their families in the surgical context.

Keywords: Child. Pediatric nursing. Play and playthings. Surgery department, hospital.

RESUMO: Objetivo: Identificar e discutir as abordagens lúdicas por enfermeiros no cuidado com crianças submetidas a procedimentos cirúrgicos. **Método:** Estudo exploratório, descritivo e quantitativo com enfermeiros atuantes no atendimento pediátrico. A população do estudo foi formada por enfermeiros atuantes no atendimento pediátrico em contextos cirúrgicos e que atenderam aos critérios de inclusão e constituíram a amostra final. A coleta de dados ocorreu entre agosto e outubro de 2024, por meio de formulário eletrônico contendo questões sociodemográficas e questões elaboradas com base na literatura, com respostas organizadas segundo a escala *Likert*. Os dados foram analisados por estatística descritiva. **Resultados:** Participaram 62 (100%) enfermeiros com idade entre 20 e 59 anos, sendo a maioria do sexo feminino. Predominaram enfermeiros com tempo de formação entre um e cinco anos e atuação no setor de centro cirúrgico. As estratégias lúdicas mais conhecidas e utilizadas foram o brincar terapêutico e os desenhos. A maioria reconheceu a importância das estratégias educativas no pré-operatório, embora tenha relatado limitações relacionadas ao tempo disponível e à demanda de trabalho. **Conclusão:** As estratégias lúdicas mostraram-se relevantes para reduzir a ansiedade e promover uma assistência mais humanizada à criança e à família no contexto cirúrgico.

Palavras-chave: Criança. Enfermagem pediátrica. Brincadeiras e brinquedos. Centro cirúrgico hospitalar.

RESUMEN: Objetivo: Identificar y discutir las estrategias lúdicas utilizadas por enfermeros en el cuidado de niños sometidos a procedimientos quirúrgicos. **Método:** Estudio exploratorio, descriptivo y cuantitativo realizado con enfermeros que trabajan en la atención pediátrica. La población del estudio estuvo compuesta por enfermeros que actuaban en contextos de atención quirúrgica pediátrica, cumplieron con los criterios de inclusión y conformaron

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la muestra final. La recolección de datos se llevó a cabo entre agosto y octubre de 2024, mediante un formulario electrónico que contenía preguntas socio-demográficas y cuestiones elaboradas con base en la literatura, cuyas respuestas fueron organizadas según la escala de Likert de cinco puntos. Los datos fueron analizados mediante estadística descriptiva. **Resultados:** Participaron 62 (100%) enfermeros con edades entre 20 y 59 años, siendo la mayoría de sexo femenino. Predominaron los enfermeros con entre uno y cinco años de formación profesional y actuación en el centro quirúrgico. Las estrategias lúdicas más conocidas y utilizadas fueron el juego terapéutico y los dibujos. La mayoría reconoció la importancia de las estrategias educativas en el período preoperatorio, aunque reportó limitaciones relacionadas con el tiempo disponible y la demanda laboral. **Conclusión:** Las estrategias lúdicas demostraron ser relevantes para reducir la ansiedad y promover una atención más humanizada para el niño y su familia en el contexto quirúrgico.

Palabras clave: Niño. Enfermería pediátrica. Juego e implementos de juego. Servicio de cirugía en hospital.

INTRODUCTION

The quality of children's and adolescents' health care has received attention worldwide, encouraging the development of actions that favor the physical, psychosocial, and cognitive growth of this population. In Brazil, in 2015, the National Policy for Comprehensive Child Health Care (*Política Nacional de Atenção Integral à Saúde da Criança*) was established, which emphasizes children as a priority in public health policies, recognizing them as part of a vulnerable population group. In this context, surgical intervention represents an event that introduces unknown experiences, often associated with feelings of fear, anxiety, and stress for both children and their family¹. Pediatric nurses in Brazil have high technical qualification, which reinforces their potential to implement educational and humanized practices².

The Surgical Center (SC) is the environment for elective or urgent procedures of small to high complexity, usually associated with the use of anesthetic medications. In 2003, the Brazilian Ministry of Health instituted the National Humanization Policy (*Política Nacional de Humanização – PNH*), also known as *HumanizaSUS*, with the aim of humanizing health care and management practices, valuing the subjects involved in the care process and strengthening teamwork, bond, and co-responsibility³.

Within this context, the dissemination of information, through educational strategies upon patient admission, provides benefits to the children and their family, offering them more safety, confidence, and comfort in preparing for hospitalization. Thus, the importance of the nurse-child-family relationship is highlighted, which must be developed in a singular, humanized way and based on scientific evidence. The nurse plays a key role in providing guidance on hospitalization, surgical procedures, and the recovery process⁴.

The term “playful” is related to playing, playthings, and fun, comprising activities that arouse emotion and joy and provide

moments of relaxation. The playful activity is configured as a human need, contributing to interpersonal relationships and enabling the child to understand and undergo painful or conflicting experiences in an easier and more spontaneous way⁴. As authors of integrative reviews point out, preoperative educational strategies aimed at the family contribute to reducing children's anxiety and helping to adapt to the surgical setting⁵.

Health literacy promoted by nurses aims to inform about the surgical process and empower the family to care for the child in the pre- and postoperative periods. Hence, the active participation of the family in the hospital setting contributes to the process being less traumatic, reducing anxiety levels and behavioral changes in the child⁴.

Nurses represent approximately 60% of the global workforce in the health area and carry out essential activities at all levels of care⁶. Therefore, the development and application of research are paramount for strengthening the professional practice based on scientific evidence⁷.

Taking this into consideration, the present study is based on the analysis of the playful approach adopted by nurses in the care of children undergoing surgical procedures, highlighting the relevance of scientific production on the subject to subsidize educational actions aimed at children and families as well as strengthen pediatric care in the surgical context.

OBJECTIVES

To identify and discuss the playful strategies used by nurses in the care of children undergoing surgical procedures.

METHODS

This exploratory, descriptive, and quantitative study was conducted with nurses working in pediatric care settings.

The study population consisted of nurses who met the inclusion criteria and comprised the final sample.

Nurses who worked in the SC or units related to pediatric surgical care were included, and professionals who did not meet the established criteria or did not agree to participate in the study by accepting the Informed Consent Form were excluded.

The research was disclosed via the Instagram® app, with informative posts about the study and invitation to participate, containing a link to access the electronic form. This disclosure was made by an account created specifically for the research as well as by the personal profiles of the researchers and the advisor.

After electronically accepting the Informed Consent Form, participants had access to the data collection instrument. Data were collected between August and October 2024, through an electronic form structured in Google Forms®, comprising sociodemographic questions and nurses' perceptions about the use of educational and playful strategies in the preoperative preparation of children. The answers were organized according to a five-point Likert scale: strongly disagree, disagree, neutral, agree, and strongly agree.

The instrument was submitted to a pilot test with a nurse from the target audience, seeking to evaluate the clarity and understanding of the questions, with specific adjustments. Pilot test data were not included in the final analysis.

The collected data were organized in Microsoft Excel® spreadsheets and were analyzed using descriptive statistics, with calculation of absolute and relative frequencies, measures of central tendency, and presentation of the results in graphs and tables.

All ethical aspects were respected, according to Resolution No. 510/2016 of the National Health Council and Official Memorandum No. 2/2021/CONEP/SECNS/MS. The study was approved by the Research Ethics Committee of Associação Educacional Luterana Bom Jesus IELUSC, under Opinion No. 6.958.461, on July 19, 2024.

RESULTS

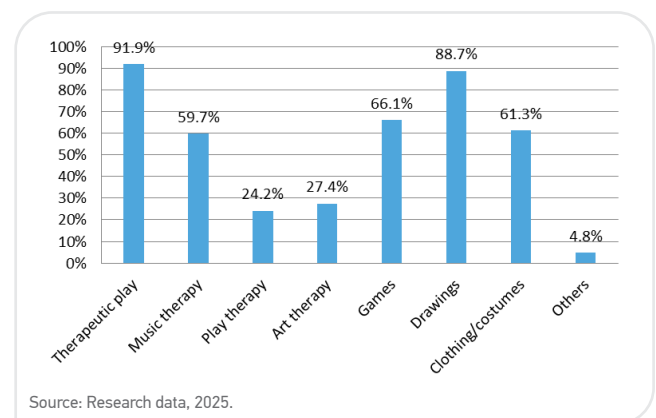
The sample consisted of 62 (100%) nurses, aged between 20 and 59 years, of whom 53 (85.5%) were women. As for marital status, 34 (54.8%) reported to be married. Regarding professional training time, 25 (40.3%) reported having between one and five years since graduation and

21 (33.9%) reported having specialization in the pediatric area. As for the professional activity, 43 (69.3%) were clinical nurses, of which 31 (50.0%) worked in the SC. Regarding the type of institution, 37 (59.7%) reported working in private institutions, and 29 (46.7%) in a 12x36 shift schedule, that is, twelve hours of work followed by thirty-six hours of rest.

Regarding knowledge of educational and playful strategies employed in pediatric surgical preparation, we observed that 57 (91.9%) of the participants reported knowing therapeutic play, followed by the use of drawing activities (55; 88.7%), games (17; 66.1%), clothing or costumes (38; 61.3%), music therapy (37; 59.7%), art therapy (41; 27.4%), and play therapy (15; 24.2%). Other resources were mentioned by three (4.8%) of the participants such as the use of toy carts for transporting the child to the operating room (Graph 1).

Regarding the strategies effectively employed in the care practice, according to the results, 50 (80.6%) of the nurses used drawing activities; 42 (67.7%), therapeutic play; 28 (45.2%), games; 25 (40.3%), clothing or costumes; 18 (29.0%), music therapy; 9 (14.5%), play therapy; and 8 (12.9%), art therapy. Other resources were used by 1 (1.6%) participant. It should be noted that these data correspond to the descriptive analysis and are not presented as graphs.

As for implementing educational strategies in the institutions where the participants worked, 24 (38.7%) agreed that these strategies were employed in the preoperative period to explain the surgical procedure to children, while 16 (25.8%) strongly agreed. Conversely, 10 (16.1%) remained neutral and 12 (19.4%) disagreed or strongly disagreed with the statement (Graph 2).



Graph 1. Distribution of answers to the question "What educational strategies do you know?". Joinville (SC), Brazil, 2025.

Concerning the importance of guiding children and their family on postoperative recovery in the preoperative period, 59 (95.2%) of the participants strongly agreed and 3 (4.8%), agreed (Graph 3).

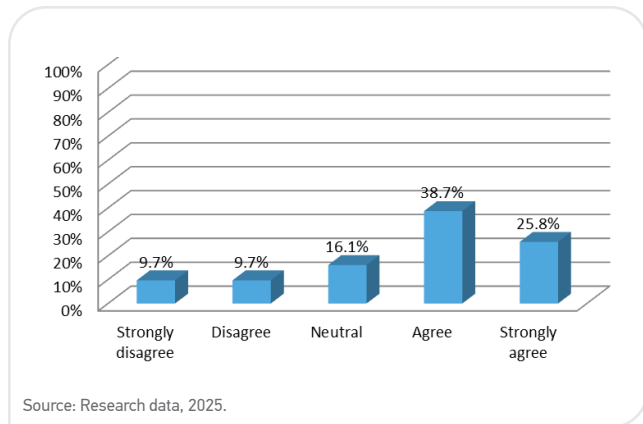
Regarding the perception of creating a playful and welcoming environment in the surgical center, 57 (91.9%) of the nurses strongly agreed that this strategy contributes to reducing children’s anxiety, while 5 (8.1%) agreed (Graph 4). As for the use of educational and playful strategies and their contribution to positive experiences in the pediatric surgical context, 56 (90.3%) of the participants strongly agreed and 6 (9.7%), agreed (Graph 4).

Concerning the intent to employ educational strategies in the preoperative period, despite the high workload

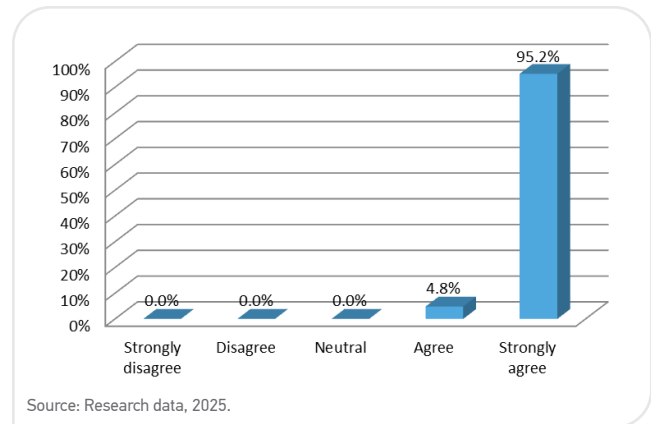
demands, 28 (45.2%) strongly agreed with the statement and 26 (41.9%), agreed. On the other hand, 4 (6.5%) disagreed, 3 (4.8%) strongly disagreed, and 1 (1.6%) remained neutral (Graph 5).

Regarding the time available for implementing educational strategies in the preoperative period, 30 (48.4%) of the participants agreed that they had enough time, while 16 (25.8%) disagreed, and 8 (12.9%) strongly disagreed with this statement. Only 5 (8.1%) strongly agreed with the statement, while 3 (4.8%) remained neutral.

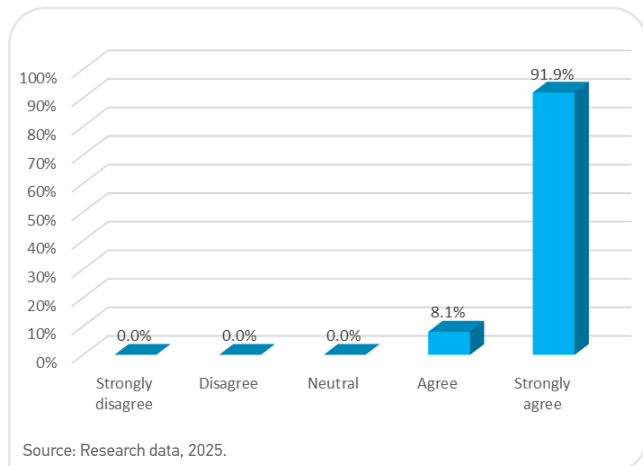
Finally, as for the perception that the use of educational strategies in the pediatric postoperative period contributes to a better-quality recovery, 53 (85.5%) of the nurses strongly agreed, 8 (12.9%) agreed, and 1 (1.6%) remained neutral.



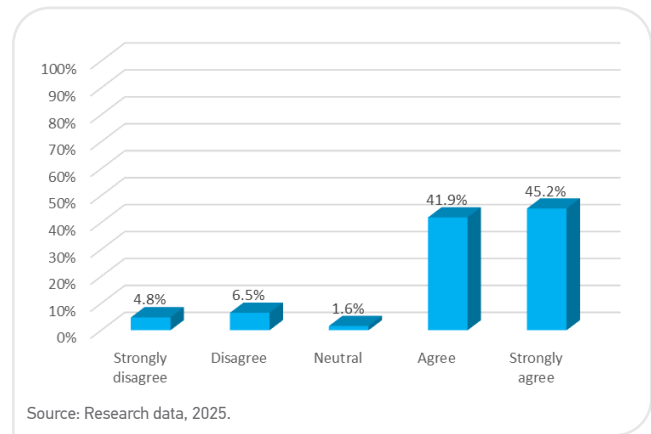
Graph 2. Distribution of answers to the item “In the institution where I work, we use some of the educational strategies to explain the procedure that will be performed to children in the preoperative period”. Joinville (SC), Brazil, 2025.



Graph 3. Distribution of answers to the item “To guide the child and family in the preoperative period on the care that should be performed after surgery is important for recovery”. Joinville (SC), Brazil, 2025.



Graph 4. Distribution of answers to the item “Creating a playful and welcoming environment reduces the child’s anxiety in the surgical center”. Joinville (SC), Brazil, 2025.



Graph 5. Distribution of answers to the item “As a nurse, I would like to implement educational strategies in the preoperative period with children—but, due to the current demand, I have no available time”. Joinville (SC), Brazil, 2025.

DISCUSSION

According to our results, playful strategies are widely recognized by nurses as relevant resources in the preparation of children undergoing surgical procedures, highlighting the therapeutic play and the use of drawing activities as the approaches most known and used in the care practice. These findings corroborate studies whose authors point to playing as an essential tool to reduce anxiety, understand the surgical procedure, and favor the adaptation of the child to the hospital setting, especially in the context of the SC^{8,9}.

The high frequency of recognition of therapeutic play by the participants converges to investigations describing this strategy as an effective resource to favor the expression of feelings, reduce fear, and offer more safety to the child during hospitalization. Authors of national studies show that therapeutic play contributes to humanizing care, strengthening the bond between nurse, children and their family, and helping in preparing for invasive procedures, results similar to those found in this research^{10,11}.

Studies on nurses in pediatric hospitals show that playing is perceived as a facilitator of care and communication with the child¹². Drawing activities also stood out among the most employed strategies, possibly due to its ease of application and low cost, characteristics that favor its incorporation into the care routine. Similar findings are described in the literature, according to which drawing is an accessible and effective resource to help the child express feelings and understand unknown situations, especially in the pediatric surgical context^{4,13}.

Despite recognizing the importance of educational and playful strategies, the results evidenced limitations related to time constraints and high workload demands, factors that hinder the systematic implementation of these practices. This finding is in line with studies whose authors point to the overload of activities, the prioritization of technical procedures, and the scarcity of human resources as barriers to the implementation of playful care in nursing care^{8,14,15}.

As a relevant contribution, in this study, we highlight the coexistence of the recognition of the relevance of playful strategies and operational difficulties for its implementation in the daily life of nurses. By evidencing this duality based on the perception of nurses working in the pediatric surgical context, the study broadens the understanding of the concrete challenges of care practice. This reinforces the need to reorganize the work process and invest in professional training and institutional support to enable more

humanized practices in the pediatric surgical context, as advocated by authors of recent studies in the fields of nursing and health^{7,9}.

In addition, according to the results, we verified high agreement of nurses regarding the importance of child and family guidance in the preoperative period as well as the contribution of educational strategies for postoperative recovery. These findings reinforce recent evidence that health education, associated with playful resources, favors the understanding of the surgical process, reduces anxiety, and strengthens the family's role in providing care, fundamental aspects for the safety and quality of pediatric care^{3,9,16}.

Another relevant finding concerns the participants' perception about the creation of a playful and welcoming environment in the surgical center as a factor associated with the reduction of children's anxiety. Authors of contemporary studies point out that environmental interventions, combined with playful strategies employed by the nursing team, contribute to humanizing care and better accepting the procedures, in addition to children's collaboration during the perioperative period. This approach is aligned with the guidelines for humanizing health care and reinforces the role of nurses as central agents in promoting comprehensive care and sensitive to the emotional needs of children^{3,13,15}.

Complementary playful interventions, as well as music therapy, have shown a positive impact on the emotional well-being of hospitalized children, contributing to reducing anxiety and improving the experience during hospitalization¹⁷. These approaches favor the creation of a more welcoming and humanized environment, helping the child to deal with stressful situations inherent in the process of hospitalization and health procedures.

Authors of recent studies reinforce that non-pharmacological interventions conducted by nurses play a fundamental role in the preparation and recovery of children undergoing surgical procedures. There is evidence that strategies, such as playful activities, art therapy, and other complementary approaches, contribute to better emotional and behavioral outcomes in the pediatric perioperative period^{18,19}. Authors of systematic reviews also pointed out that these interventions are associated with the reduction of pain, stress, and anxiety in the postoperative period, and are important resources for comprehensive care for the child²⁰. In the national context, researchers highlight the relevance of the nurse's performance in pediatric preoperative preparation, emphasizing the need to systematically incorporate educational and humanized practices in the daily provision of care¹⁶.

Among the study limitations, we highlight the use of an electronic data collection instrument, which may restrict the participation of professionals with little access to digital technologies. Furthermore, the cross-sectional design makes it impossible to establish causal relationships, limiting the generalization of the findings, an aspect also pointed out in research with similar methodologies⁸.

CONCLUSION

In the present study, we identified and discussed the playful strategies adopted by nurses in the preparation of children undergoing surgical procedures, showing that therapeutic play and drawing activities stand out as the approaches most known and applied in the care practice. According to the results, nurses recognize the relevance of educational and playful strategies to reduce anxiety, understand the surgical procedure, and promote a more humanized care for the children and their family in the perioperative context.

Nevertheless, we identified limitations related to high workload demands and time constraints to systematically employ these strategies, factors that hinder their incorporation into daily care. These findings emphasize the need for institutional support, reorganization of the work process, and investment in professional training aiming at expanding playful and educational practices in the pediatric surgical context.

As a contribution to nursing, we highlight playful strategies as fundamental resources to qualify care, strengthen

the nurse-child-family bond, and humanize care in the pediatric surgical center. New studies are recommended in order to deepen the subject, expand the national scientific production, and support the consolidation of educational and humanized practices aimed at children undergoing surgical procedures.

FUNDING

None.

CONFLICT OF INTERESTS

The authors declare there is no conflict of interests.

AUTHORS' CONTRIBUTIONS

HMLGF: Project administration, Formal analysis, Conceptualization, Data curation, Methodology, Writing – original draft, Writing – review & editing, Supervision, Validation, Visualization. MAS: Formal analysis, Conceptualization, Data curation, Investigation, Methodology, Writing – original draft. LGB: Formal analysis, Conceptualization, Data curation, Investigation, Methodology, Writing – original draft. AFESN: Formal analysis, Validation, Visualization. SA: Supervision, Validation, Visualization.

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