

# THE USE OF THERAPEUTIC PLAY AND HUMANIZATION OF SURGICAL CHILD ASSISTANCE

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The need to undergo surgery is perceived by many people as worrying and capable of generating high levels of stress. In my professional career, experience in caring for adults and children pre- and postoperatively has shown that misinformation seems to be the major problem.

Health professionals are not always aware of the importance of welcoming patients at such a time when they feel so vulnerable. Fear of the unknown disorganizes the individual, who ends up feeling insecure. Being clear about the surgical procedure, using appropriate language and being receptive to their fears and anxieties, is essential at the moment.

If surgery is not easy for adults, it can become a traumatic event for children, with significant repercussions on their emotional development. They also need to be informed of what will happen before, during and after surgery, although this right is often denied.

Believing that the child has no ability to understand the situation and for fear that they will suffer even more when talking about the procedure, adults often choose not to tell the truth, omitting facts or telling fantasy stories, often far from reality<sup>1</sup>. And when they wake up from anesthesia, they feel confused and angry for being betrayed by the people they trust. It does not cooperate with procedures, as might be expected, increasing the risk of accidental extubation as well as inadvertent removal of catheters and probes.

The child's ability to understand is often underestimated by adults; however, when appropriate communication strategies to their stage of development are used, they may surprise us.

One of such strategies is a toy, as important to the child as work to the adult. They have numerous functions, among which I highlight their ability to foster the establishment of a bond of trust with the caregiver. Its insertion in health institutions is indispensable and enables the accomplishment of atraumatic care, which consists in offering care clear of emotional trauma, recognized as one of the forms of humanization of pediatric care<sup>1</sup>.

The therapeutic play (TP) is a playful modality widely used in the hospital context, either as a way to enable the child to relieve tension, by dramatizing an atypical situation

for them (dramatic), transforming a therapeutic activity into a playful one (function enabler), or as a powerful tool that helps adults to explain, simply and clearly, what will happen to them (instructional).

A study of 30 children between 3 and 5 years of age, who underwent minor surgery and previously prepared with TP, shows that most of them spontaneously entered the operating room (73.3%) and without resisting separation from their mother (80.0%), contributing to the anesthetic procedure (53.3%) and awakening from anesthesia quietly (87%)<sup>2</sup>.

Puppets representing the surgical team, the child and their parents, as well as hospital supplies such as caps, mask, aprons, syringes and serum equipment, among others, were used in this study to dramatize the surgery. The reduced number of behaviors that show fear and stress among children, such as crying, fussing, struggling, or shouting, reinforces the beneficial effects of TP on children's readiness for surgery<sup>2</sup>.

Although there are several publications on the effects of TP on reducing anxiety and stress in children undergoing hospital procedures, most of them do not provide consistent evidence to support this, as shown in a more recently published systematic review<sup>3</sup>.

However, a randomized clinical trial yields more robust results on the effectiveness of BT in reducing childhood anxiety in the face of invasive, painful and/or stressful procedures. It was performed with 208 children, between 3 and 12 years of age, who underwent removal of orthopedic plaster, of which 103 were randomly selected to receive previous preparation with TP and the others constituted the control group. Overall, children prepared with TP had fewer negative emotional manifestations during the procedure; however, the reduction in anxiety levels was more evident in children aged three and seven who played before the procedure<sup>4</sup>.

In spite of the vast literature regarding the use of TP at different levels of health care, especially by nursing professionals, it is noteworthy, however, that its use is still modest in clinical practice.

In this sense, the Legislation of Professional Practice in Nursing recognizes, as a competence of all nursing staff working in the pediatric area, the use of toys/TP in the care of hospitalized children and their families. Therefore, it is up to the nurse to prescribe and supervise this activity when performed by the nursing assistant or technician<sup>5</sup>.

Given all efforts to make TP widely used by health professionals in childcare, I hope that, in the near future it will be as routine as hand hygiene or fall prevention. Playing is also to take care!

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