

Playing in the waiting room of a Children's Outpatient Clinic: the view of health professionals*

O BRINCAR EM SALA DE ESPERA DE UM AMBULATÓRIO INFANTIL: A VISÃO DOS PROFISSIONAIS DE SAÚDE

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Lucila Castanheira Nascimento¹, Iara Cristina da Silva Pedro², Livia Capelani Poleti³, Ana Luiza Vilela Borges⁴, Luzia Iara Pfeifer⁵, Regina Aparecida Garcia de Lima⁶

ABSTRACT

The objective of this study was to understand, from the perspective of health professionals, the meaning of playing/toys in the waiting room of a children's outpatient clinic. Semi-structured interviews were performed with 11 workers. A quantitative analysis of the data was performed around two themes: acknowledging the importance of playing/toys and dealing with limitations. Playing is seen as a care strategy towards children, as it alleviates the waiting time in this environment, changes behavior in a positive way, and values the children's development process, besides improving the communication and interaction with health professionals. It is, however, necessary for the hospital to have adequate physical structure, allied to the health professionals and to the management team, which are sensitive regarding the inclusion of new care strategies, such as playing, with a view to humanize children's health care.

DESCRIPTORS

Child
Ambulatory care
Play and playthings
Health personnel
Pediatric nursing

RESUMO

O objetivo deste estudo foi compreender, na perspectiva dos profissionais de saúde, o significado do uso do brincar/brinquedo em sala de espera de um ambulatório infantil. Realizaram-se entrevistas semiestruturadas com 11 trabalhadores. Procedeu-se à análise qualitativa dos dados, organizados ao redor de dois temas: reconhecimento da importância do brincar/brinquedo e lidando com limitações. O brincar mostra-se como uma estratégia de cuidado à criança, pois ameniza o tempo de espera neste ambiente, altera positivamente o comportamento e valoriza o processo de desenvolvimento das mesmas, além de melhorar a comunicação e a interação com os profissionais da saúde. É preciso, entretanto, que exista uma estrutura física adequada do hospital, aliada aos profissionais de saúde e à equipe gestora sensíveis para a inclusão de novas estratégias de cuidado, a exemplo do brincar, a fim de humanizar a assistência à saúde da criança.

DESCRIPTORIOS

Criança
Assistência ambulatorial
Jogos e brinquedos
Pessoal da saúde
Enfermagem pediátrica

RESUMEN

Este estudio objetivó comprender, en la perspectiva de los profesionales de salud, el significado del uso del juego/juguetes en sala de espera de un ambulatorio infantil. Se realizaron entrevistas semiestruturadas con 11 trabajadores. Se procedió al análisis cualitativo de los datos, los que fueron organizados alrededor de dos temas: reconocimiento de la importancia del jugar/juguete y lidiando con limitaciones. El jugar se muestra como estrategia de cuidado del niño, amenizando el tiempo de espera en este ambiente; altera positivamente el comportamiento y valoriza el proceso de desarrollo del mismo, además de mejorar la comunicación e interacción con los profesionales de salud. Es preciso, sin embargo, que exista una estructura física adecuada en el hospital, aliada a profesionales de salud y al equipo permeables para la inclusión de nuevas estrategias de cuidado, con ejemplo en el juego, a efectos de humanizar la atención de la salud del niño.

DESCRIPTORIOS

Niño
Atención ambulatoria
Juego e implementos de juego
Personal de salud
Enfermería pediátrica

¹ RN, Ph.D. Faculty, Maternal-Infant and Public Health Nursing Department, University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development, Rho Upsilon Chapter, Sigma Theta Tau International, Honor Society of Nursing. Member of the Research Group on Nursing in Child and Adolescent Care and President of Rho Upsilon Chapter. CNPq researcher. Ribeirão Preto, SP, Brazil. lucila@eerp.usp.br ² RN. M.Sc. in Public Health Nursing, University of São Paulo at Ribeirão Preto College of Nursing. Member of the Research Group on Nursing in Child and Adolescent Care. Ribeirão Preto, SP, Brazil. iara_eerp@yahoo.com.br ³ RN. Member of the Research Group on Nursing in Child and Adolescent Care, University of São Paulo at Ribeirão Preto College of Nursing. Ribeirão Preto, SP, Brazil. liviapoleti@yahoo.com.br ⁴ RN. Ph.D. in Public Health. Faculty, Collective Health Nursing Department, University of São Paulo School of Nursing. Ribeirão Preto, SP, Brazil. avilela@usp.br ⁵ Occupational Therapist. Ph.D., Faculty, Neuroscience and Behavioral Science Department, University of São Paulo at Ribeirão Preto School of Medicine. Ribeirão Preto, SP, Brazil. luziara@fmrp.usp.br ⁶ RN, Ph.D. Full Professor, Maternal-Infant and Public Health Nursing Department, University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development, Rho Upsilon Chapter, Sigma Theta Tau International, Honor Society of Nursing. Leader of the Research Group on Nursing in Child and Adolescent Care. CNPq Researcher. Ribeirão Preto, SP, Brazil. limare@eerp.usp.br

INTRODUCTION

Child is a synonym of learning, dynamism, joy and relaxation. Hence, when hospitalization occurs in childhood, its assimilation becomes difficult, as it deprives children of doing their daily activities⁽¹⁾. This is not only the case with hospitalized children, but also with those under outpatient treatment, which does not make this experience any less traumatic. After all, even if just for a couple of hours, the children are confronted with a different world, loaded with new meanings that demand important adaptations. Waiting time can interfere in the care quality offered, as it can cause demotivation for future service visits, negatively influencing interaction between professionals, children and companions⁽²⁾, besides intervening in patients' singularity, wholeness, comfort and wellbeing. Hence, to humanize care delivery to children and adolescents, the effects of hospitalization and outpatient care need to be minimized and children need help to overcome the adversities the disease provokes⁽³⁾, by using play/playthings for example.

In view of the countless advantages of using this pediatric intervention strategy, in addition to the lack of studies on the assessment of using play/playthings in the waiting room of outpatient care, the researchers elaborated and put in practice a nursing intervention project that uses recreational activities as care technology for children in the outpatient waiting room of a teaching hospital⁽⁴⁾. During these activities, a project was developed with CNPq funding (Process No 110807/2005-7)⁽²⁾, aimed at understanding the experience of playing, from the perspectives of the children and their companions, after participating in project activities. At the end of that research, the goals were expanded to comprise the understanding about the use of this resource for health professionals working at the child outpatient clinic.

In the literature review carried out to continue this work, the researchers found studies that focused on the use of playing from health professionals' perspective. These results of one of these⁽¹⁾ showed that most interviewed professionals did not feel able to play with the hospitalized children, as they considered playing an activity that demanded specific knowledge. Besides, although they considered playing a primordial function for child development, in practice, their attitudes were not in line with their perceptions. Finally, the authors concluded that health professionals need to further reflect on this theme, so that the efficacy of play/playthings, as proven in literature, can actually benefit as many children as possible⁽¹⁾. Another study⁽⁵⁾ contributed by analyzing the meaning of playing in child hospitalization for health professionals. For them, playing can serve as an instrument to work with issues related to care comprehensiveness, treatment adherence, communication, maintenance of children's

rights and re-signification of the illness⁽⁵⁾. Among findings from another study, aimed at investigating the promotion of playing in hospitals from health professionals' perspective, it was highlighted that a discussion on playing is needed beyond the institutional level, also including public child health policies⁽⁶⁾.

Contributing to a broader understanding of the research problem, the researchers found a literature review that intended to analyze Brazilian nurses' academic production on the use of playthings in hospital care delivery to children, in *stricto sensu* graduate programs⁽⁷⁾. This revealed that, out of 14 papers under analysis, health professionals were the research subjects in only three. Based on the above, specialized literature on the theme is scarce, even more when focusing on the outpatient instead of the hospital context. Thus, the researchers considered it essential to get to know health professionals' opinion on the use of playing/playthings in the waiting room of a child outpatient service, as they use or will be able to use this resource in response to children's needs in outpatient care situations, as well as to help them cope with the difficulties this environment may offer.

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OBJECTIVE

This study aims to understand, from health professionals' perspective, the meaning of using play/playthings in the waiting room of a child outpatient service.

METHOD

A descriptive study with a qualitative approach was carried out⁽⁸⁾. The study context was the pediatric outpatient service of a teaching hospital in the interior of São Paulo state.

As it involves human beings, the research project was submitted to the Institutional Review Board of the selected institution, in compliance with National Health Council Resolution 196/96 and approved (Process N° 0496.0.004.000-05). As part of the documentation required by law, the Informed Consent Term was elaborated, which informed the research subjects, using clear and objective language, about its goals; data collection procedures used; possible constraints or benefits, besides guarantees of anonymity and respect for the desire to participate in the research or not. This document was discussed with each of the health professionals who participated before the start of each interview. Professionals who agreed to participate were asked to sign the Term and received a signed copy. On the same occasion, the researchers also asked their permission to record the interview.

The research subjects were 11 health professionals, including six nursing auxiliaries, one registered nurse, one hired physician and three resident physicians. To select the participants, the following inclusion criteria were estab-

lished: health professionals working with children who were awaiting outpatient pediatric care, independently of the work shift. Initially, a search was accomplished to identify the professionals by requesting information from the hospital's human resource department. After presenting the research goals, some professionals were randomly invited to participate in the research.

Data collection terminated in the first semester of 2006. Semistructured interviews were carried out at the pediatric outpatient clinic of the selected hospital, at a time the professionals chose, so as not to hamper the service routine. Only one interview was held with each health professional, as all of them contributed with rich information, without generating any issues that needed complementation or further elaboration or doubts that needed clarification.

The interviews were transcribed soon after they ended, so as not to lose valuable details for analysis. The transcription process was based on the criterion of preserving the participants' discourse. Codes were used to designate the category of the nursing professionals and physician who participated, so as to preserve their anonymity. Thus, NP was used for nursing participants and MP for medical participants. The numbers next to the letters identify the order in which the participants entered the research (NP1, MP4), independently of the category.

To analyze the data, content analysis was used⁽⁹⁾. The presentation of the statements selected to illustrate the themes was standardized as follows: parentheses [...] indicated excerpts from the same statement, and information between square brackets [] referred to important observations, which contextualized the participants' statements or expressed non-verbal behaviors.

RESULTS

As a result of the qualitative analysis process, two themes were identified, according to which the empirical material was organized: *acknowledgement of the importance of play/playthings* and *dealing with limitations*.

Acknowledgement of the importance of play/playthings

The research results evidences that, at the outpatient clinic, the health professionals who deal with the child public acknowledge the importance of using play/playthings as a resource for childcare. They perceive that playing is inherent in children and that they should not be deprived of this because they are ill, as one of the participants exemplified: *even when ill, the child is active. She wants to play. Activities are necessary* (NP7). According to the participants, playing in the waiting room of outpatient care helps the children and their companions to make better use of the waiting time. When there is an opportunity for games, the negative factors of inactivity are mitigated and positive changes occur in the children and companions' behavior, such as decreased anxiety, nervousness, tiredness, agitation and impatience,

demonstration of joy, tranquility and good mood, besides acting as a facilitator for interaction and communication between them and the health team.

I think it increases communication, they talk more, they feel more secure, there's greater confidence (PE3).

Because, once the child is entertained, the mother gets calmer by knowing that the child is there [...]. That ends up mitigating the waiting time and, then, she comes to the consultation calmer (MP8).

Sometimes, it's even an aggressive, impatient child. So, if she's got this occupation, she gets calmer [...]. It takes time to be attended here, so if the child doesn't have anything to do, she gets very agitated, she gets tired of sitting there, waiting, without doing anything. When there's this kind of play, they get much calmer, they occupy themselves (NP1).

The professionals also report that the games can contribute to the children's development who generally have few opportunities for stimulation at home in the study context. This can raise parents' awareness on the importance of playing. The following statements illustrate this:

It's very nice to have the games, because waiting is long [...] Then the child gets anxious, the parents get anxious, [...] because they want to be attended soon. And these children too, sometimes, they do not receive much stimulus at home, so that's something (MP10).

I think it's great! The more interaction with the service, with us, we like it, to calm down the children. Because, for most, their socioeconomic power isn't very good. The mother doesn't develop that possibility of giving attention [...], care to the children. They think that care means changing diapers and giving food. They don't talk [...], don't even interact with the child [...]. And, for the child, playing at the outpatient clinic is the best!(NP3).

In the participants' reports, playing also represents a means to transform the hospital environment into a pleasant and relaxed place, helping the children to overcome the setbacks of this context and modifying the hospital's image as a place of fear, pain and suffering only:

Through the games, the storytelling, these things the staff tends to do there, it's good because it helps to decrease a lot their anxiety during waiting times. I think it somewhat relieves that thing of going to hospital is just to get a shot, to prick, that it's gonna hurt [...]. She can associate going to hospital not just to get pricked [...]. During this distraction, they concentrate on what they are doing and forget that they are inside a hospital (NP6).

The games, everything that will remove the tension of the child who's awaiting a consultation, the fear, because these children have already collected blood before and are waiting [...]. So this intervention is very creative because they calm down, get calm, happy (NP2).

The interviewees understand that, because they are developing, the children need special care that goes beyond the procedure itself. Hence, they need a different approach.

In this sense, they consider that professionals who use playing as a resource for approximation and communication are better prepared to deal with these clients. Thus, the health professionals report:

[Who uses play/playthings] I think it's a better professional, because if you want to take care of children and offer this type of resource, you're much more complete because of it. I think you have to get involved, you need to depart from the premise that you have to offer this type of things, children really have to do this (MP10).

It's very good for the nursing team, for the medical team [...]. First, for you to work with children, you need to know how to approach them, if not you can't do anything (NP6).

The professionals perceive that the benefits the games offer to children and companions extend to their own work, entailing positive changes for the medical and nursing consultation, such as the children's greater acceptance during the physical examination or another procedure and improved communication and interaction with the professionals. This resource offers countless advantages to everyone who uses it, and a considerable number of participants from the medical category expressed that they also use it in their private practices. The following statements illustrate the above:

"I think it's important, I think it's also part of multidisciplinary treatment [...] and I think it is producing results. For me, it's important [...]. The children play, come a bit calmer, more receptive to the consultation, they talk, they let us examine them, then they want to play more. They want to go back to play after the consultation. With many children we do the consultation and, while we're talking with the mother, they go back and play (MP9).

Like when they have to get a prick, they [referring to the children] know that I'm gonna prick, but accept it more, because they have this contact with us when playing, talking (NP6).

In my [private] consultation room, there's a box, a trunk, which they [referring to the children] open, there's a lot of toys [...]. They come and play and that makes their consultation really easy, except for some who even cast the toy to our face. But that are exceptions. However, sometimes, they have fun. The parent also ends up calm there (MP8).

Although most participants' views showed playing in the outpatient clinic as a benefit for children, however, one report showed to be contradictory. For this participant, playing does not seem to influence changes in the children's behavior, as some children's fear when in this environment and subject to unknown procedures that may cause pain is present independently of whether playthings are used. According to this professional, the child's behavior during healthcare is closely related with his/her personality characteristics, and not with the presence or not of play resources. That is how the medical professional stated:

Honestly? I don't see a lot of difference [...]. At the moment, before you touch the child, [if there's a game] the child gets

calmer, the parent gets calmer, doesn't feel the time it takes to get to the consultation, it breaks that fear a little [...]. Now, I had never thought of analyzing it from the perspective of, like, if this makes the consultation easier. Because the child plays, gets into the consultation room, but when you call for the examination, she doesn't accept it, she fights, she cries and it's not the lack of playthings. It's because she's afraid [...]. I don't manage to analyze any difference in that context, when touching the child to examine her. Unless it's a calm child, then it doesn't matter with or without a toy (MP8).

In the professionals' perspective, play/playthings represents an actual possibility to improve care delivery to the children and their companions, which are mothers in most cases. To collect information on the patient's history, for example, a room is needed that enhances the dialogue between the professional and the mother. Besides, the mother needs to get orientations, such as preparation for examinations, which are part of the child's treatment and are valuable for its success. In this respect, the professionals stated:

When you're doing the patient history with the mother, sometimes the child is a bother. Because some mothers mind when the child is making noise, is fussing, and then the mother doesn't pay attention to what you are saying. And then, when the child gets involved with the toy, you manage to talk better (PM10).

They are calmer [referring to the parents], because their child is playing there, isn't complaining [...]. When the mother comes for orientation, the child has already complained that much, has already waited that much, that she doesn't hear our orientation [...]. Afterwards, you see that the result wasn't good [...]. When she's calmer, she listens to you [...]. So, I think it would help in that part of allowing us to do our work better (NP4).

Dealing with limitations

Some professionals acknowledge the importance of play as a possibility to conquer the children's trust and get closer to them. Thus, they try and understand their affections and fear through the children's own language. Adopting this type of approach, *the white* [health professionals' clothing] *doesn't get that difficult for them* (NP6), as one of the interviewed professionals reported. However, despite the benefits most professionals acknowledge, some of them reported that, at certain times, play/playthings can hamper the local routine. Both mothers and children involved in the games end up distracting themselves, deviating their attention from institutional routines. Thus, sometimes, they do not perceive that the moment has arrived for their consultations, changing the course of the consultations. This difficulty is enhanced even further when added to the fact that, at the outpatient waiting room, there is a lot of noise, due to the dialogue between children and companions, the television for entertainment, and sometimes children's crying. Thus, for some professionals, playing contributes to increase noise at the clinic

and, consequently, hampers work, mainly for the nursing team. The professionals explained:

But they get that involved in the games that it ends up interfering in our work. Because the doctors start to ask us for the files and we, sometimes, get stuck with a pile of children here [referring to the files], because we call, call and they don't answer. Just in this case, the rest I think is nice [...]. I think it's very valid. Our sole problem is this, that they get too involved and forget [...] they are dispersed by the games and we cry our heads off here [...]. Parents' talking, children crying, playing, we calling all together, even ends up resulting in sound pollution and it's difficulty for us in that respect (NP5).

The noise increases, so the mothers are talking louder, we call, our voice bothers the mothers, so they talk louder and that turns into noise. We call twice, thrice. The mother doesn't manage to hear us [...]. Suddenly they think that we might have called. Then they return and ask [...]. And then we don't even remember anymore [...]. So, some are impaired because they could have been forwarded to the consultation room earlier, but other people have already entered before them (NP2).

It's very loud [referring to the television], [...] there are a lot of people talking and it disperses a lot (MP8).

Besides, the professionals mentioned that, sometimes, due to the children's great involvement, they do not want to interrupt the game for care delivery by the physician or nursing. This can delay care delivery or care can be delivered inadequately, for example, entailing the child's dissatisfaction. However, speeding up attendance is not the only aspect that should be taken into account in care delivery to children. One medical professional illustrated this aspect, and also highlighted that, if a child met the same *magical world* (MP8) inside the consultation room as she met in the waiting room, perhaps she would not resist to care delivery that much. This same professional could confirm this hypothesis through an experience in his private practice. He said:

It takes more time, sometimes, if you call the child who's playing out there and she doesn't want to loosen the toys. On the other hand, also, you call, nobody hears it and neither does she, because everyone is directed at the toy. So, that aspect is negative. That aspect! Considering just the consultation itself, speeding up the outpatient clinic and having the patient leave faster [...]. I see that at my practice too [...]. Perhaps if the child perceived that there's a magical world in there too, I think they'd get calmer [...]. Especially for the children here who know what they're gonna find in here [referring to the institution's consultation room] [...]. As they know that there isn't any [toy], there will be a chair, a table, sometimes an animal on the wall but that's exceptional! [...]. In my practice [...] sometimes they don't want to get in. When you say that there are toys in there, then they get in and there are toys, they immediately start to play. Some immediately get in and get the toy (MP8).

Although the interviewed professionals acknowledged the benefits of play/playthings for the children, they did

not all mention using this resource due to some limitations. The lack of time was one of the reasons the professionals described for using play/playthings at the clinic. One of the interviewees reported: *There's no time. Sometimes we play a little, talk here, but sitting here or taking the toy and playing, there's no way* (NP7) Another participant added, calling attention to the small number of human resources:

Sometimes we don't stop. Sometimes, I say: 'Man, I haven't drunken water! My bladder is full!'. There's no time! It's a rush and the staff is limited [...]. You don't have time to play [...]. Or you do your work or you play. And the need for the work is bigger (NP5).

The professionals reported that the lack of material resources was another limiting factor to put these activities in practices. Many of them improvised with the resources available at the clinic, and others did not feel motivated to play with what they were offered, as the excerpts below illustrate:

Sometimes, we give them those tasty sticks, to lower the tongue [...]. We have balloons in store and fill them. There are pencils, pens and then, what we offer the child at the pre-consultation and post-consultation room is paper, color pencils, pens, balloons and spatula. But there is no adequate place (NP3).

Because there's nothing really [referring to the reason not to do games at the consultation room]. Because, like at the health unit, there was chalk. I always used it. I always think of that: when I have my practice I'll have something like that. I'm gonna have toys, those things (MP10).

The lack of physical structure meant a great bottleneck to use play/playthings with children at the clinic. In their reports, the participants suggested a specific place to develop these activities, without interfering in the work accomplished at that sector. Some of them also mentioned the importance of having one professional specifically to perform these activities:

I think there could be, like what exists at other services, the children's own place, which is what the children's hospital is gonna be [referring to a new hospital under construction]. An environment where the child gets in, arrives, sees everything is colored. An environment where she can have contact with people who can be there and help her to play, finding a fantasy at that moment of waiting. It's not that dull time (MP8).

It's hot at the clinic, there's no adequate place for them to play [...]. So it turns into a torture for the child, for the mother, for us and for the doctor [...]. It would be good to have an adequate place for the children to stay, people to take care, to give attention, assistance! (NP3).

A place, a room, I think it would be much calmer. Because it's right in the corridor and the corridor is small (NP1).

When asked about their previous experience in using play/playthings at the clinic, the professionals revealed individual limitations to put this in practice. Data showed that

play/playthings was a practice the professionals mentioned, but only those with skills to develop these activities and, therefore, accustomed to using this tool. These games included compliments: use of the professional's own resources, such as, mouth sticks, stethoscope, badge, bracelets, talks, drawing on paper and, sometimes, their own hand. The statement below illustrates this:

Sometimes yes [did games], more with our materials really. Let her [referring to the child] play to get calmer, sometimes a mouth pick, badge, it seems they like it and get calmer (MP9).

We give our hand for the children to draw. There's one from oncology here [referring to a child who visits the oncology outpatient clinic], she's always putting paint all over us because she draws [...]. She plays doctor with us. It's really nice, it's really good [...]. We have little time too. Sometimes, we leave with our hand all written, drawn and go to do something else, but it's nice (NP4).

The researchers also found limitations in the project organization itself, which the professionals highlighted, including the non-regularity of the activities. One of the justifications for this was the small number of participants, which hampered the frequency with which activities took place and, besides, the fact that it causes expectations in the children and companions who participated in the activities during previous return visits and may not be able to use this intervention during their next return to the clinic. As some statements illustrate:

Sometimes they don't come, they pass several days without coming. It's not every day, no. It would be good if it were! (NP3).

Because there are not enough resources, more resources are needed, it's not always, not every day. It has to be something much more concrete [...]. Sometimes the mother arrives and asks: *where are the games?* I don't know myself when there will be games (NP4).

DISCUSSION

The use of play/playthings is in line with a comprehensive childcare approach, and its benefits have already been widely discussed in Brazilian and international literature^(1-5,10-14). As opposed to the holistic model, however, investments in actions solely aimed at medication treatment are still observed, highlighting the biomedical view⁽¹⁰⁾. Hence, frequently, modern medicine, emphasizing technological complexity, shows to be an unpleasant and inhuman practice for the patient⁽¹⁵⁾. This duality represents a challenge for the health area and play/playthings emerge as a humanizing instrument in childcare and one of the possible resources to solve part of this problem.

These study results evidenced that the health professionals who participated in this research acknowledge playing as an important therapeutic resource. According to them, one

of the main functions of playing in the outpatient context is to mitigate the waiting time, transforming the negative image these clients usually have of this environment. This finding is in line with another study that revealed the use of playing as a way to spend time, filling the child's mind with activities that are distant from the disease and pain and, consequently, making the child also associate the hospital with a good and pleasant environment⁽¹⁾.

Health professionals reported different examples of how games are capable of modifying the children's behavior, generating positive aspects. Besides, they perceived that the clinic can serve as a health promotion context, not only because it is the place where children are accompanied, but also because the games promoted in this context can contribute to the children's development. From some professionals' perspective, this function has become even more relevant for those children with fewer opportunities for stimulation at their homes, a reality that is part of the research context. Playing at the outpatient waiting room can fill up, even if to a small extent, a gap in the lives of children with poor socio-economic conditions.

In this study, playing was also evaluated as capable of providing a space for greater acceptance of situations that sometimes scare the child, such as the accomplishment of invasive procedures and physical examinations. Thus, when playing takes place before these circumstances, i.e. at the outpatient waiting room, it collaborates to prevent anxiety, anguish and behavioral problems, besides improving communication and interaction with the health professionals, a finding confirmed in this study and in the literature^(1,3,10). In one of the reports, however, the professional expressed that he perceived no differences in the children's behavior during the physical examination, as he considered that their attitudes were related with their own characteristics and not with playing before the consultation. Each person can present different manifestations, depending on the situation he/she is facing and, for some children, games may not be as effective as for others. The interviewee's opinion differs from most of his colleagues and literature but, as the professional himself mentioned, he had not had the opportunity to think about the topic. Promoting playing at the hospital is a transformation in this environment and any change causes opposition⁽⁶⁾. Thus, perhaps further reflection on the theme is needed, so that the benefits of play can be widely acknowledged, in the academic area and in care practice.

Disagreement was also perceived between the interviewees' opinions and actions. Although they acknowledge the advantages of using games, many mention that they do not use them frequently when approaching the children. Playthings still are not widely used in a more structured and organized way at childcare clinics, demonstrating that health professionals' thinking and acting are not always aligned⁽¹⁾.

In a previous study in which the researchers gave voice to the children and companions, playing was perceived as

something simple, often easy to do as, even in the children's own view, giving a compliment can be considered a game⁽²⁾. In this study, some professionals also confirmed this idea, demonstrating, for example, that they used their own resources, such as tasty sticks to lower the tongue, stethoscope, badge, bracelets, talks and drawings to play with the children. In a study that verified, by interpreting the children's drawings, elements to indicate the quality of an ideal hospital, the drawings highlighted the importance of entertaining and activities, besides the simple desire for nurses to smile and wear colored uniforms⁽¹⁶⁾. All health professionals who intend to work with children should incorporate play actions into the way they deliver care. If data show playing as something inseparable from the child, professionals also need to understand this activity as an inherent part of the care they deliver. Professionals' education or training needs to include humanistic principles to stimulate creativity and the adoption of different communication and care strategies for children and companions, such as the use of playing. This is not about giving up scientific and technological innovations, but about associating human and ethical values with the relations that emerge at health institutions, with a view to respecting and valuing all stakeholders in this process⁽¹⁷⁾.

Even when professionals have sufficient support to adopt humanizing technologies in their practice, such as the use of playing, and make efforts to incorporate activities they consider beneficial for children and companions into their daily reality, they can face institutional and management limitations, such as a deficient physical structure, lack of material resources and work conditions, as some research participants mentioned. Besides these limitations, some professionals mentioned that children's great involvement in the games, on certain occasions, becomes a bottleneck for routine practices at the institution. That is the case because the companions do not always perceive that their turn has come or because the child does not want to stop playing to start the consultation, delaying clinic routine. The pressure of hospital work may leave little time or room for professionals to adopt a playful approach⁽⁶⁾, which was also found in this study. It is fundamental for hospital managers to take interest in humanization and in the development of a management method that pictures an organizational culture guided by

respect, solidarity, autonomy and citizenship of the agents involved and of users⁽¹⁸⁾. Literature also appoints that other professionals, team heads and managers' acknowledgement of the work also represents a facilitator and is fundamental to perform health actions guided by play⁽⁶⁾.

Although the researchers consider play something simple, which any professional can use as a resource to facilitate interaction with the children, leaving the responsibility to develop this work to professionals with greater skills or ease ends up hampering its availability. Isolated attitudes can get dispersed and may not influence the hospital dynamics⁽⁶⁾. To guarantee actual impact by promoting play, all professionals at the institution should structure and perform this action, so as to gradually outline a new care model that considers the difficulties of each patient's illness and singularity⁽⁶⁾. This is not about disdaining the work of those exclusively dedicated to this area either, such as recreation or occupational therapists, who not only use play as a therapeutic resource, but also focus on the main occupational role in childhood. Institutions that are able to offer specific human resources for play activities should be encouraged to do this. However, having a person dedicated only to this activity should not fragment childcare, leaving these professionals solely in charge of using play. Efforts need to be added up instead of divided.

CONCLUSION

This study evidences that the use of play/playthings in the waiting room of an outpatient clinic is a strategy to promote children's health, as it mitigates the waiting time in this environment, positively alters behavior and values their development process, besides improving communication and interaction with the health professionals. Adequate physical structure is needed at the hospital, however, and health professionals and the management team need to be sensitive to the inclusion of new care strategies like playing, so as to humanize child healthcare. Future research to examine different social stakeholders' perspective in the promotion of playing at the outpatient waiting room can contribute to the development of new comprehensive child healthcare strategies.

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