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GAMES AS AN EDUCATIONAL TECHNOLOGY FOR THE INVOLVEMENT OF COMPANIONS IN PEDIATRIC PATIENT SAFETY: A QUALITATIVE STUDY

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ABSTRACT

Objective: to describe the meaning attributed to the use of a game as an educational technology for the involvement of companions in pediatric patient safety.
Method: a qualitative study carried out with 16 companions of children admitted to the Pediatric Unit of the public hospital in Minas Gerais, Brazil. Data collection took place from October to December 2019, through semi-structured interviews, after using the game as an educational technology. Symbolic Interactionism was used as the theoretical framework and Inductive Content Analysis, as the method.
Results: playing the game in search of patient safety was an important strategy for sharing knowledge and co-responsibility for the companions to engage in the pediatric patient safety actions, in addition to a relevant contribution to the prevention of adverse events. On the other hand, the professionals' overload and communication problems stood out as barriers to the establishment of a bond among the health team members and, consequently, the involvement of the companions in patient safety.
Conclusion: the companions recognized themselves as partners in the prevention of adverse events and highlighted some behavioral changes in favor of patient safety after participating in the playful intervention. Thus, it is considered that the game can be an important and interactive strategy for disseminating information to companions and family members and, consequently, favoring the increased participation of these actors in patient safety actions.

DESCRIPTORS: Education, nursing. Patient safety. Games, experimental. Pediatric nursing. Educational technology. Family.

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LÚDICO COMO TECNOLOGIA EDUCATIVA PARA ENVOLVIMENTO DE ACOMPANHANTES NA SEGURANÇA DO PACIENTE PEDIÁTRICO: ESTUDO QUALITATIVO

RESUMO

Objetivo: descrever o significado atribuído à utilização do lúdico como tecnologia educativa para o envolvimento de acompanhantes na segurança do paciente pediátrico.
Método: estudo qualitativo, realizado com 16 acompanhantes de crianças internadas na Unidade Pediátrica do hospital público de Minas Gerais, Brasil. A coleta de dados ocorreu de outubro a dezembro de 2019, por meio de entrevistas semiestruturadas, após utilização do jogo, como tecnologia educativa. Utilizou-se o Interacionismo Simbólico como referencial teórico, e a Análise de Conteúdo Indutiva como método.
Resultados: a realização do jogo em busca da segurança do paciente apresentou-se como uma importante estratégia de compartilhamento de conhecimento e corresponsabilização dos acompanhantes em se engajarem nas ações de segurança do paciente pediátrico, além da relevante contribuição na prevenção de eventos adversos. Por outro lado, a sobrecarga dos profissionais e os problemas de comunicação se destacaram como barreiras para o estabelecimento do vínculo entre a equipe de saúde e, consequentemente, engajamento dos acompanhantes na segurança do paciente.
Conclusão: os acompanhantes reconheceram-se como parceiros na prevenção de eventos adversos e destacaram algumas mudanças de comportamento em prol da segurança do paciente após participação na intervenção lúdica. Assim, considera-se que o jogo pode ser uma estratégia importante e interativa de divulgação de informação à acompanhantes e familiares e, consequentemente, favorecedora para o aumento da participação desses atores nas ações de segurança do paciente.

DESCRITORES: Educação em enfermagem. Segurança do paciente. Jogos Experimentais. Enfermagem pediátrica. Tecnologia Educacional. Família.

USO DE LO LÚDICO COMO TECNOLOGÍA EDUCATIVA PARA LA IMPLICACIÓN DE LOS ACOMPAÑANTES EN LA SEGURIDAD DEL PACIENTE PEDIÁTRICO: ESTUDIO CUALITATIVO

RESUMEN

Objetivo: describir el significado que se atribuye a la utilización de lo lúdico como tecnología educativa para implicar a los acompañantes en la seguridad del paciente pediátrico.
Método: estudio cualitativo, realizado con 16 acompañantes de niños internados en la Unidad Pediátrica del hospital público de Minas Gerais, Brasil. La recolección de datos se llevó a cabo de octubre a diciembre de 2019, por medio de entrevistas semiestructuradas, después de haber utilizado el juego como tecnología educativa. Se utilizó el Interaccionismo Simbólico como marco teórico, y el Análisis de Contenido Inductivo como método.
Resultados: la realización del juego en busca de la seguridad del paciente se erigió como una estrategia importante para compartir conocimientos y fomentar la implicación de los acompañantes en acciones de seguridad del paciente pediátrico, además de representar una contribución relevante a la prevención de eventos adversos. Por otro lado, la sobrecarga de profesionales y los problemas de comunicación se destacaron como barreras para el establecimiento de un vínculo entre el equipo de salud y, en consecuencia, la implicación de los acompañantes en la seguridad del paciente.
Conclusión: los acompañantes se reconocen como pares en la prevención de eventos adversos y señalaron algunos cambios de comportamiento en beneficio de la seguridad del paciente después de participar en la intervención lúdica. Así, se considera que el juego puede ser una estrategia importante e interactiva para difundir información a los acompañantes y familiares y, en consecuencia, favorecer la mayor participación de estos actores en las acciones de seguridad del paciente.

DESCRIPTORES: Educación en enfermería. Seguridad del paciente. Juegos experimentales. Enfermería pediátrica. Tecnología educativa. Familia.

INTRODUCTION

Patient Safety (PS) is a relevant topic in the health area, implying the development of policies aimed at improving clinical practice and reformulating health education actions. According to the World Health Organization (WHO), PS reports safe care by aiming to reduce unnecessary harms associated with health care[1–2]. On the other hand, adverse events are characterized as unintentional injuries that cause increased morbidity and mortality, longer hospital stays, increased costs and waste in health, in addition to causing suffering and social burden. Thus, it can be asserted that these incidents directly impact on the quality of healthcare and on PS in health institutions[3–4].

Adverse events can occur at any health care level, especially in Pediatrics, in which the physical and functional characteristics of the child predispose to their occurrence. A Brazilian study carried out in a large-size hospital in Belo Horizonte, Minas Gerais, comprising 334 observations referring to the preparation and administration of medications, found that, in 100% of the observations, a breach of at least one safety barrier occurred throughout the process: 81.4% of the times during the drug preparation phase and 76.3% at the time of administration[2,5]. Another study conducted in an Australian pediatric hospital identified 3,340 medication errors over a five-year period, of which 83.3% were due to communication failures. It is noted that, in 15% of these cases, the patients and family members warned the health professionals about medication errors[6].

In view of the risk of adverse events in the health care context, the National Patient Safety Program (*Programa Nacional de Segurança do Paciente*, PNSP), following the WHO recommendations, presents the "Citizen's Involvement in their Safety" as the main axis for patient safety, by considering the patient and their family members, together with the health team, as partners in the efforts to reduce risks and adverse events in health[3,7].

The companions' involvement and engagement benefit the patient, the family member and the institution, in addition to contributing to the PS process. Participation of the patient and the family is a fundamental premise for the development of a safety culture, as they promote proactive attitudes such as the ability to observe, to offer protection to the child, and to ask questions to the professionals[2,7]. Thus, the elaboration of strategies that increase the participation of these actors in the safety area is essential for a change in behavior towards safe care, by assuming the leading role in the care process[8–9].

Although a number of studies show the companion's knowledge and engagement as an important strategy for PS, evidence is scarce on the perception of the companions in relation to the educational technologies aimed at their participation in PS[7–9]. Educational technology is understood as a systematic set of scientific knowledge that needs a facilitator of the teaching-learning process and a student who participates in the action, and that both use the consciousness that generates sensitivity and creativity in the pursuit of personal and professional growth[10]. In this sense, educational technologies are used to enable effective communication, in addition to encouraging patients and their families to ask questions and interact with the health care team[11].

Among the educational technologies, playful activities allow for dialogic actions and favor knowledge transfer and creative reflection, turning the subject into a transforming agent[12]. Thus, educational activities carried out through playful activities offer mediation of learning in a relaxed manner, as well as the understanding of the subject as an object of the health education process, the reflection on acquired information, and the development of analogies between the knowledge produced in a playful way and the experience lived[13]. Furthermore, the playful strategy may allow for interaction among professionals, hospitalized children and their companions so that knowledge acquisition may make sense in the practice for being performed in an interactive way, which facilitates the reach and application of knowledge and cognitive, affective and psychomotor skills[14].

Given the importance and need to seek the companions' co-participation in PS in Pediatrics, a playful strategy was developed in order to guide and encourage the companions of hospitalized children to engage in the safety actions. Therefore, the following question arises: what is the meaning attributed by the companions to a playful strategy seeking greater participation of these actors in patient safety actions in Pediatrics?

Thus, the study aims at describing the meaning attributed to the use of playful educational technology for the involvement of the companions in pediatric patient safety.

This paper may provide subsidies to expand discussions and reflections on the implementation and monitoring of playful strategies in order to strengthen the companions' knowledge and involvement in PS in pediatric units; as well as encourage other playful activities and/or educational technologies in the teaching-learning process with companions of pediatric patients.

METHOD

This is a qualitative and descriptive study, which used Symbolic Interactionism (SI) as its theoretical framework and Inductive Content Analysis as its method[15–17]. SI seeks to understand the phenomenon based on integration, subjectivities, perceptions, symbolisms and values[16]. This framework aims at favoring the understanding of social interactions and how meanings are established from the experiences of the individuals participating in the playful strategy in search of patient safety[15].

The study was carried out with the companions of children admitted to the pediatric unit who participated in a playful intervention about PS in a public hospital in Belo Horizonte, Minas Gerais, Brazil. The unit serves clinical and surgical patients from one month to 12 years old and has 36 beds, distributed in six wards with six patients each. The occupancy rate is around 90% to 100%, with a mean hospital stay of 10 to 15 days. Involvement in the development and participation in projects of the Ministry of Health by promoting a culture of patient safety and strategies that promote stimulation and engagement of the companions in the care of hospitalized children was a factor that contributed to the choice of the institution.

The selection criteria for the participants were being a companion of a hospitalized child and that the child was hospitalized for a minimum period of 48 hours. Companions under 18 years old were excluded, as well as those who, for some reason, interrupted their participation during the performance of the playful strategy.

Initially, the companions eligible for the study participated in the game with a focus on their involvement in the PS actions. The items addressed were related to international patient safety goals, such as: patient identification; prevention of health-related infection through hand hygiene; prevention of medication errors; prevention of pressure and fall injuries; safety in surgery; and effective communication[9]. The questions referred to how the companions could participate in PS, considering the thematic axes presented above. During the game, the participants were offered from one to two minutes to answer the questions; subsequently, their answers were discussed through a practical example or a simulation of the situation. Ten sessions of the games took place in the sector wards, lasting approximately 20 minutes and with the participation of 34 companions. After 48 hours of the playful intervention, draws were carried out to choose the companions who participated in the interviews using a semi-structured script. The interviews took place individually and were conducted by two researchers, different from the ones who conducted the intervention, from October to December 2019. The interviews were closed after reaching the saturation criterion, ceasing the inclusion of new participants in the 16th interview[18].

The script used during the interview consisted of two parts: the first with the participants' sociodemographic data (gender, relationship with the child, age, schooling level, follow-up length of the hospitalized child, and previous experience as a companion). The second part consisted of the following questions: what did it mean for you to have participated in the game in search of patient safety? How has the game changed your knowledge of patient safety? How can your participation in the game influence the child's safety? What are the aspects that can facilitate and hinder your participation in the child's patient safety?

Sixteen companions participated in the study, most of them female, including 14 mothers, one father and one aunt. Twelve had completed high school and the other four had incomplete elementary school. The age of the participants varied between 25 and 35 years old and all of them were having their first experience as companions; in addition to the children's hospitalizations lasting between two weeks and four months.

It is noteworthy that there were no refusals to participate in the research. The interviews were conducted in the ward and lasted a mean of 10 to 15 minutes. The participants voluntarily agreed to take part in the study and were instructed about the possibility of withdrawing their participation at any time, without any burden to themselves or to the hospitalized child; they were also informed about confidentiality of the information. The interviews were recorded with prior authorization and were later transcribed in full by the researcher and submitted to the interviewees for validation of their statements. The caregivers' reports were coded by the letter A, followed by a number to represent the order of participation, from one to 16, for example, A1 (Companion 1), in order to preserve the participants' anonymity.

Data analysis was performed in the light of Inductive Content Analysis. This approach takes raw data as a starting point to develop deductive and inductive analysis processes. Reading and re-readings based on the SI theoretical framework guided the establishment of categories, based on the following three phases: preparation, organization and reporting of results. The preparation phase was the moment of data collection for content analysis, taking into account the data collection method, sampling strategy, and selection of an appropriate analysis unit. The organization phase consists of open coding, creation of categories and abstraction. In this phase, the researchers critically carried out the analysis and categorization process.

In the reporting phase, the results were described by the content of the categories that made up the phenomenon under study[17]. To safeguard data reliability, two researchers independently organized and coded the data. After that, the researchers reached consensus to validate the analysis and the codes.

This study was approved by the Research Ethics Committee and the participants received written and verbal information about the study and signed the Free and Informed Consent Form (FICF) before the study stages were initiated. They were also informed that participation was voluntary and that they could withdraw their participation at any time and without any consequences.

RESULTS

Data analysis allowed apprehending two central categories: The meaning of games as an educational technology for the companion's involvement in patient safety; and Challenges for engaging the companion in patient safety.

The meaning of games as an educational technology for the companion's involvement in patient safety

The study participants emphasized that the game contributed to increasing their knowledge about patient safety, as it enabled understanding the care provided to their children and how they could collaborate with the health professionals to ensure the safety of children hospitalized in pediatrics.

[...] *I found the game very interesting because we learn about the hospitalization of our children and what I can contribute, what I can or can't do* [...]. *The game is useful to teach you how to further improve our child's safety* (A2).

[...] *I found the game very interesting because it brings up themes and discussions that aren't present in our daily lives, and that are common at this hospitalization moment* (A5).

[...] *The game explained a lot to me that I didn't know about safe care* (A6).

The game also provided demystification of meanings and misconceptions about hospitalization, notably in relation to patient safety. It is observed that these findings result from the lack of guidance by the health professional to the family or from unsuccessful previous experiences.

[...] *I didn't know about patient safety, I thought the bracelets were only used to show the waiting time and now I learned what they are for. Now, every time my son's ID bracelet gets loose, I talk to the staff and they find another one, I don't let him without it anymore* (A10).

[...] *I thought I couldn't remind the professional to wash hands or ask about the medication. Now I know that this is important* (A3).

[...] *I thought that patient safety was only for the professionals* (A13).

Certain willingness to change the companions' behavior was perceived based on knowledge about safety practices, previously unknown or neglected, and which now symbolize a new routine for the companions in search of safe care. This situation was evidenced mainly in the participants with a higher schooling level.

[...] *Regarding medication, I learned by playing the game, because people used to give the medication and I didn't even ask about it. Now I ask what medication it is, the times and, when there are no drops in the pump, I ask what they are putting and why* (A2).

[...] *I learned about the patient in the neonatal sector with the nursing staff, especially the nurses. Some professionals take the initiative and tell you what they're doing, what medication it is. And the others I started to ask after the game* (A1).

[...] *The game drove an important change in my behavior and in the monitoring of my son* (A12).

The participants' statements emphasize that they acquired more responsibility and motivation to participate in their children's care process. They believe that the knowledge produced through the game has a meaning of empowerment, making them active subjects, participants and critics in relation to patient care.

[...] *Today I know all the medications and I ask about everything they're going to do and the reason. The game helped me pay even more attention because there can be many mistakes and serious consequences. I'm already putting into practice everything I learned from the game* (A3).

[...] the game explained a lot to me, so I feel safer even to question things that I think are not right (A6).

[...] after the game I felt more confident in taking care of my child in a safe way (A16).

It was perceived that participation in the game provided more confidence and willingness in the companions to clarify doubts and ask questions to the health professionals about the child's health condition.

[...] *I look at my son and I know he's not well so I ask them to look at the data again and it really is changed* (A4).

[...] *Now I'm not embarrassed anymore. I have to understand everything they tell me and to ask questions so that I don't have any doubts* (A8).

After the experience in the game, the companions recognized and understood the meaning of their participation in the prevention of adverse events. The statements made it clear that the knowledge generated by the playful educational technology allowed the participants to act in the recognition of risk situations, in order to avoid safety breaches and to warn the professionals about the possibility of errors.

[...] *I prevented my son from receiving a double dose of carbamazepine when the technician said she would do the medication dose and I said it was only half, she said it was what the doctor had prescribed. I asked her to check the medication on the prescription and she actually said that the dose was too much. So, the game gives this perspective that we don't have during hospitalization* (A2).

[...] *I saw the doctor calling my son to look at his testicle and my boy had no problem with his testicle. There were three children with the same name beside him, I asked to check the bracelet* (A8).

Challenges for engaging the companion in patient safety

The lack and quality of information received from the health professionals were identified by the companions as a challenge to be overcome. Generally, the information provided is focused on sector routines and not on safe child care. Thus, the game was described as an opportunity to understand more about safe child care and to feel more included in the assistance provided.

[...] *The game helped us pay more attention to everything, mainly because we received little information about what is happening with the child* (A13).

[...] *When the child is hospitalized we receive some guidelines from the nurse, but they're not focused on this topic [safety], they deal more about the hospital rules and the game talks about things that can help my child to be safer in the hospital* (A7).

[...] *There are times when I hear the professionals talking and I don't understand anything* (A15).

Hospitalization was described as a moment of tension for the companion, a situation that impacts on the ability to understand the information. In this sense, the interviewees pointed out that the game favored knowledge transmission in a clear and objective manner, in addition to providing a moment of relaxation.

[...] *We can't keep everything in our head at once like that, especially because when we're here, we are with a really bad head. The game was cool because, in addition to playing, we learned more about how to take better care of the children* (A8).

[...] *Through the game, a lot of things that I didn't understand became clear* (A13).

[...] *It's bad having to keep asking someone to give us information or explain things. Many times, they do their rounds and discuss things that we don't understand among themselves, then they say little to us and leave... We stayed there without understanding anything. The game clarified many of my doubts* (A11).

The companions showed willingness to participate in the processes aimed at the safety of the hospitalized children, but emphasized that the workload and the more closed profile of the professional who cares for the child are hindering factors for safety actions to be transposed into the practice.

[...] *I don't know if they're overloaded with work or if they don't know how to inform us but, as they don't speak, we also gradually stop asking the things that were mentioned in the game* (A9).

[...] *There are people here with such an unwilling face, that we don't feel like saying anything, and when we do, they still look with a bad face at us* (A14).

DISCUSSION

The study showed that the companions attributed important meanings to the playful intervention in search of PS. According to the participants, the game is a tool that promotes knowledge, behavior change and willingness to engage in the movement for patient safety together with the professionals. In line with these findings, a number of studies show that playful strategies can be important teaching-learning tools by providing interaction and establishing a reflective stance, arousing the participants' interest in relation to the theme[19–20].

Considering the scarcity of studies in the literature, the use of playful strategies in the search for PS has been considered innovative and promising. A study with a game, conducted in Brazil, showed several benefits on the integration of play and PS, including the change in the behavior of the participants, who started to act more actively in the care provided to hospitalized children, observing and intervening in health actions, aiming to promote the safety culture[20].

The game stood out as an enlightening and educational tool, contributing to the empowerment of the companions, making them more critical and attentive, more confident when questioning and alerting the professionals about something they do not know, which comes in line with the statements by the research participants[20]. After the intervention, the participants began to act more actively in decision-making and in the prevention of adverse events. In this sense, a study asserts that using games can be a vehicle for the transfer of systematic and clear information to the companions about the hospitalization process, clarifying the activities developed by the health teams and the care provided, allowing them to detect possible errors and breaks in the patient safety barriers[21].

Different authors emphasize that the companions know little about patient safety, a finding that corroborates the current research[1,22]. A Brazilian study identified that, despite acting incipiently in the care of hospitalized children, the family presented difficulties in understanding PS aspects. This was mainly due to the automation of the guidelines that were transmitted to the family members, in an inappropriate and inaccessible way, generating doubts and misunderstanding about hospitalization and PS[1]. Thus, it is of utmost importance to seek effective teaching strategies that reach patients and companions.

In this sense, a study described different strategies to promote patient and family engagement and empowerment[8]. Educational interventions, for example, are considered as the main strategies to promote the involvement of companions and patients in care. Passive strategies consider the use of written material, such as booklets, pamphlets and audiovisual tools to promote patient performance[11]. Canadian researchers, for example, developed and made available, in easily accessible places in the hospital, a printed visual material encouraging and guiding the patients' participation in their own care. The material addressed topics such as verification of the identification bracelet by the professionals, ways to avoid falls, and encouraging the patients to ask questions and participate in their treatment decisions. Thus, after accessing this tool, they felt motivated to ask questions and get involved in the care and safety process during hospitalization[11]. However, passive strategies can be considered limited, as they do not encourage active reflection in the individual: they only provide information[23].

In addition, educational strategies, classified as active, encourage patient involvement and consider the development of new knowledge and skills in the individual, as well as their beliefs and experiences. Training sessions, simulations, conversation circles, interactive materials, games, demonstrations and strategies followed by discussions and reflections tend to promote an active role for companions and patients[8,11]. Thus, by means of the playful intervention, it is sought to create an environment in which people seek to create meanings from the interactions, reflections on the safe care of the child, with attention to the possibilities of the companion's co-participation, promoting adherence to treatment and parental autonomy[11].

The study findings showed that the companions recognize health professionals as a symbol of promoting their involvement in patient safety. In this sense, some authors define different levels of engagement in care. As the first level of involvement, "Consultation" is marked by the provision of information, in which the patients receive information about the diagnosis. The level known as "Empowerment" is characterized by involvement and communication with the health team, taking into account the patients' preferences for the therapeutic plan. The last phases of engagement consist of "Partnership and shared leadership", in which patients and relatives act as health team members and collaborators in the construction of treatment and decision-making[24–25].

It is noted that the findings from the intervention of the current research showed similarities in relation to other studies, with regard to the importance of the knowledge acquired by the family as a stimulator of a more active participation in PS[8,11]. When well-informed about the child's treatment, they become agents who promote the safety culture and work collaboratively with the team. Closer to the care of the hospitalized child, the family is able to reduce the hostility of the environment, facilitating adaptation and reducing the child's anxiety levels[1,8,23].

For the WHO, engagement enables greater control over the health decisions and actions, being essential for the global discussion of the safety process[3,8]. It consists of an educational process with the objective of helping patients and families develop knowledge, skills, attitudes and self-knowledge in order to effectively assume responsibilities in relation to decisions related to their health[1,3,8]. It is observed that, after playing the game, the family members left the position of passivity, assuming an active role. Thus, the meaning attributed to the experience lived with the game influences behavior change and directs actions towards hospitalized children.

In this research, the participants recognized effective communication as a key factor for PS, a finding that is corroborated in another study carried out in a pediatric hospitalization unit. A number of studies showed that provision of information was unsatisfactory and that the companions themselves did not feel included and properly instructed about the treatments and behaviors adopted[1,3,23]. Quality communication triggers relevant and effective results, preventing the occurrence of errors, promoting greater patient engagement, and establishing a bond between them and the professionals[1,3,23].

The professional's commitment to communicating and approaching the patient is necessary, clarifying doubts and verifying the effectiveness in the provision of information[1]. For this purpose, the use of communication tools becomes essential, such as the strategy known as read-back, which deals with the confirmation of the information received, in order to check if it was understood correctly[26].

Another communication tool widely used in different international health organizations is "AIDET", consisting of five stages, which incorporate essential elements for communication and conversation between health professionals and patients/family members. "*Acknowledge":* Reception and recognition of the patient, using verbal and non-verbal language; *"Introduction":* introduction of the professional in a cordial manner; *"Duration":* guidance to the patients about the duration of the procedures and consultations; *"Explanation":* explanation and information about all the processes and procedures to be performed and *"Thank you"*: Acknowledgment for the patient's cooperation and participation. This tool aims at improving patient satisfaction with the health professional and service. Using the strategy also contributes positively to reducing anxiety and fear in patients and family members, promotes clear communication with the health professionals, increases the bond with them, and encourages patient participation in their own care and in patient safety[27].

The current study showed that the patient's admission to the sector would be an opportune moment to provide information and to establish a bond among the health team, the child and the family. However, the lack of quality information was pointed out by the respondents as a challenge since, during admission, the guidelines focus on the service standards. In this sense, another study highlights that the guidelines tend to be passed on in an automated way, disregarding the patients'

context or questions[1]. Thus, the guidelines are considered only as institutional rules and are not understood as information aimed at patient safety or as a stimulus for participation in care[1].

Another point that converges with the current study was the challenge faced in relation to the professionals' work overload, which interferes with patient safety. A study carried out in Ghana highlighted that nurses acknowledge that one of the greatest barriers to establishing effective therapeutic communication between the health team and the patient is associated with work overload; thus, the professionals tend to work harder to make up for the scarce labor force, neglecting communication and approximation with the companions[28].

Advances in safety of pediatric patients are fundamental and need to be explored, especially with regard to the strategies for incorporating the companion in PS. The need to invest in the PS culture is suggested, as well as to incorporate children themselves in actions that generate responsibility, interest and participation in decision-making with the family and health professionals.

As limitations, it is highlighted that the study was carried out only in a pediatric unit of a public hospital, in addition to the companions having their first experience as such, not extending to other realities and contexts. Thus, the production of other studies in different scenarios is suggested, with a population with different experiences including new research methodologies regarding the implementation and evaluation of educational technologies for the involvement of companions in PS.

CONCLUSION

This study contributed to understanding the meaning attributed by the companions to a playful intervention in search of pediatric patient safety. The game was presented as an important tool for transmitting knowledge, co-responsibility and changing the companions' behavior in relation to the patient's safety actions. In addition, the participants recognized the importance of participating together with the health professionals in the prevention of adverse events. On the other hand, they highlighted the professionals' overload and communication problems as barriers to the establishment of a bond with the health team and, consequently, the involvement of companions in patient safety.

This study may open space for new discussions and reflections in the practice, training and research scenarios regarding the strategies for involving companions and patients in patient safety.

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NOTES

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APPROVAL OF ETHICS COMMITTEE IN RESEARCH

Approved by the Research Ethics Committee of *Universidade Federal de Minas Gerais,* opinion No.2,895,491 and Certificate of Presentation for Ethical Appreciation 96623218.9.0000.

CONFLICT OF INTEREST

There is no conflict of interest.

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