

PLAY IN HOSPITAL PEDIATRICS: CHALLENGES FACED BY PROFESSIONALS WHEN CARRYING OUT HEALTH EDUCATION ACTIONS



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ABSTRACT

Objective: To identify the challenges reported by health professionals in the development of health education actions that use play, aiming at inclusive and humanized care for hospitalized children.

Methodology: This is a descriptive study with a qualitative approach, carried out with health professionals in the area of Pediatrics of a public hospital located in the interior of Bahia. Data collection took place between November 2023 and April 2024, through a semi-structured questionnaire, followed by thematic content analysis.

Results: Among the seventeen participating health professionals, four categories were identified: obstacles to the application of health education actions with playfulness in care; resistance on the part of parents and caregivers to adhere to health education actions and playfulness; lack of understanding on the part of the other professionals who work in the hospital and the companions in relation to health education actions with playfulness; and high demand for care. **Conclusion:** This research identified the challenges reported by health professionals in the development of health education actions with a playful approach for hospitalized children. The findings of the study can broaden the understanding of the benefits of playful care, encouraging the implementation of strategies to improve the observed reality. Further research is recommended to support the creation and insertion of playful strategies in the hospital environment, aiming to reduce the negative effects of hospitalization and therapeutic treatment.

Keywords: Playfulness. Humanization. Pediatrics. Health Education.

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INTRODUCTION

Hospitalization is seen as a painful process, so there is a lot of discussion about the humanization of hospital areas, especially when it comes to pediatrics, where the child is seen as a delicate and fragile being who needs special care. Humanization is seen as a crucial strategy to effectively deal with the complex health needs of both individuals and communities. In pediatrics, there is a focus on a comprehensive and multidisciplinary approach taking into account the needs and rights of the child as an individual (Dourado *et al.*, 2022).

In the pediatric area, the importance of health professionals not being limited to the diagnosis is emphasized, but also understanding the child's insecurities in the hospital environment. An example of this is the fear caused by being away from home. Thus, greater attention and care are important, aiming to provide less stress during hospitalization, based on inclusive and humanized care (Silva, Abrão, 2022).

Health education and humanization have as a guiding principle the development of critical awareness of the causes, problems and actions necessary to improve living and health conditions. The educational process of building knowledge in health aims to contribute to increasing the individual's autonomy and helps in the debate with professionals and managers, in order to achieve health care according to the needs of each one (BRASIL, 2006). In the National Humanization Policy (PNH), the commitment of health professionals to carry out health education actions and to establish playful activities as a way to ensure adequate and zealous care for children is highlighted. (Dourado *et al.*, 2022).

Health education is managed through a process in which professionals who work in this field seek ways to encourage individuals to develop a sense of responsibility in relation to their own health care. Thus, this stimulus can be through health education actions with the performance of playful activities, such as games, which are educational tools with a high capacity to assist in the construction of health knowledge. One of the purposes of these activities is to clarify doubts and facilitate the learning process in an encouraging, modern, and exultant way (Carvalho *et al.*, 2021).

Another important factor that occurs through health education is a greater interaction between the professional and the population (Gonçalves *et al.*, 2020). The teamwork of the team as a whole, the active participation of the majority and the commitment of the professionals were the most pointed facilitators in the research by Pinheiro, Azambuja and

Bonamigo (2018). On the other hand, the difficulties were also expressed by the authors, such as the lack of infrastructure, lack of interest and neglect, in addition to the difficulty of bringing all professionals together in the meetings due to the interest and schedule of each one.

Law No. 18,063/1993 states that hospitalized children need to be monitored during the entire period they remain hospitalized, and Law No. 11,104 of 2005 makes it mandatory to implement toy libraries in hospitals that contain a pediatric ward. However, not all hospitals have quality play spaces, thus reducing the "right to play" (Borges and Bramatti, 2020).

Hospital toy libraries also contribute to the approximation between parents/guardians, health professionals and children through play, since through an approach closer to the child's reality, which would be playful, the child is able to express his feelings more spontaneously, thus facilitating the understanding of his desires and complaints (Carvalho e Silva, 2023).

In turn, the realization of health education actions with the use of educational games, inserting playfulness, bring benefits such as facilitating learning in a clearer and more fun way, enabling an exchange of experiences, developing socialization and attention to the culture and importance of health care and prevention of pathologies (Carvalho *et al.*, 2021).

Thus, the insertion of play in the pediatric hospital context is essential to provide a humanized hospitalization, since it benefits the performance of health education actions, in addition to providing greater acceptance in the environment for the child. However, in practice, a question arises: What are the challenges faced by health professionals in the development of health education actions with play, such as inclusive and humanized care for hospitalized children?

In view of this question, the present research aims to identify the challenges reported by health professionals in the development of health education actions with play, such as inclusive and humanized care for hospitalized children.

This study seeks to fill an important gap in the literature, investigating the factors that hinder the use of health education actions with playful activities in the pediatric ward. By identifying these challenges, we hope to develop more effective strategies to promote health education actions with the use of play as a more inclusive and humanized therapeutic tool.

METHODOLOGY

This study is conducted with a descriptive analysis, emphasizing a qualitative approach. The descriptive study is one that is dedicated to investigating and reporting the particularities of specific groups or events. One of its fundamental characteristics is the application of standardized methods to collect information, such as questionnaires and systematic observation (Gil, 2008).

With regard to qualitative research, Minayo (1994) argues that this type of research addresses specific issues that cannot be measured quantitatively and deals with a wide spectrum of meanings, motivations, aspirations, beliefs, values and attitudes.

Data were collected in the Pediatrics ward of a Public Hospital, located in the interior of Bahia, during the period between November 2023 and April 2024. In this space, activities are developed that integrate education, health and recreation, with the monitoring of a team formed by professionals from different areas.

The sample consists of 17 health professionals, distributed as follows: 9 physiotherapists, 2 nurses, 2 nursing technicians, 3 psychologists and 1 occupational therapist. The selection of participants was based on a single inclusion criterion that considered the performance in the area of pediatrics with health education activities using playful approaches in care. Professionals who did not meet these criteria were excluded from the sample.

To preserve the identity of the participants and ensure the confidentiality of the answers, the professionals interviewed were identified by acronyms, following a numerical pattern. Each interviewee was given the designation "E" (for interviewee), followed by a number corresponding to the order in which the interviews were conducted (e.g., E01 for the first interviewee, E02 for the second, and so on). This nomenclature was adopted to facilitate the organization and analysis of data.

For data collection, an online questionnaire was prepared using Google Forms, which was sent to participants who agreed to contribute to the research. The option for an online format was adopted due to the high demand for work at the hospital, which made face-to-face interviews unfeasible. Before sending the questionnaire, each interviewee signed the Informed Consent Form (ICF), receiving a detailed explanation about the research theme in person. In addition, before submission, the project was again explained to the participants to ensure that there were no doubts.

The questionnaire collected information such as: gender, age, education, time since

graduation and length of service in the institution, weekly workload and work shift.

In addition, the questionnaire included the question: "In your opinion, what are the challenges faced in the development of health education actions with play, such as inclusive and humanized care for children?"

To analyze the data, the content analysis technique was used, as described by Bardin (2011). This approach aims to examine communications to describe the content of messages and identify indicators, which can be quantitative or qualitative, in a systematic and objective way, aiming to extract knowledge from the analyzed messages. This analysis comprises three stages: pre-analysis, exploration of the material with coding and categorization of data, and treatment of the results. The four categories that emerged were: obstacles to the applicability of health education actions with playfulness in care; resistance on the part of parents and caregivers to adhere to health education actions and playfulness; lack of understanding of individuals (other professionals who work in the hospital and companions) about health education actions with playfulness and high demand for care.

This research is part of the larger project entitled "Health Education and Play as inclusive and humanized care in Pediatrics". The ethical standards established by Resolution No. 446/12 of the National Health Council were observed. The research received approval from the CEP/UESB, according to opinion 6.512.420 dated November 19, 2023.

In addition, participants were guaranteed the right to discontinue their participation at any stage of the study, without incurring penalties or losses. In addition, the confidentiality and anonymity of the data collected was maintained.

RESULTS AND DISCUSSION

The present study had the participation of 17 health professionals, who worked in pediatrics with health education activities through playful approaches to care, as shown in Table 1.

Most participants (88.2%) were female and the most frequent age group was 30 to 39 years, with 47.1% of participants. As for the most prevalent training among professionals was physiotherapy (47.1%), the most frequent training time was from 4 to 7 years (41.2%), and most professionals (70.6%) worked in pediatrics for up to 5 years.

Table 1. Characteristics of health professionals.

Variable	N	%
Gender (17)		
Female	15	88,2
Male	2	11,8
Age (17)		
20 to 29 years old	5	29,4
30 to 39 years old	8	47,1
40 to 49 years old	3	17,6
50 to 59 years old	1	5,9
Training (17)		
Physical therapist	9	53,0
Nurse	1	5,9
Nursing Technician	3	17,6
Psychologist	3	17,6
Occupational Therapist	1	5,9
Training Time (17)		
Up to 3 years	3	17,6
4 to 7 years	7	41,2
8 to 11 years	3	17,6
12 years and older	4	23,6
Length of experience in pediatrics (17)		
Up to 5 years	12	70,6
6 to 10 years	3	17,6
11 to 15 years	1	5,9
16 to 20 years old	1	5,9
Hours at the institution (17)		
Noon	1	5,9
30h	11	64,7
36h	2	11,8
40h	3	17,6

Source: Prepared by the authors (2024)

From the analysis of the material, according to the answers to the question about the challenges faced in the development of health education actions with play, such as inclusive and humanized care for children, 4 categories emerged: obstacles to the applicability of health education actions with playfulness in care; resistance on the part of parents and caregivers to adhere to health education actions and playfulness; lack of understanding of individuals (other professionals who work in the hospital and companions) about health education actions with playfulness and high demand for care.

Regarding the category: obstacles to the applicability of health education actions with playfulness in care, the professionals reported a lack of resources, such as toys, especially functional ones. This unavailability of resources greatly limits health professionals to be able to carry out health education actions with the application of play.

- (E 01)⁷ "Material".
(E 03) "The lack of toys, especially functional toys [...]".
(E 07) "[...] Needs for more objects/toys [...]".
(E 11) "[...] little material available for the execution of health education activities".
(E 14) "[...] Absence of some materials [...]".

Health education actions, with the application of playful care, go through many challenges, the issue of resources can be directly linked to the scenario of public policies that influence the financing of the actions developed.

Due to the lack of adequate investment in the hospital environment, there is a deficient infrastructure and lack of essential material resources to apply care effectively, resulting in these difficulties presented in the research (Correio *et al.*, 2022).

Within the hospital setting, health education actions with play contribute to the child's understanding of their clinical condition, making them more collaborative in the improvement process (Pena *et al.*, 2021).

The playroom in the hospital environment is fundamental in the humanization of pediatric care, the space provides welcome and well-being for hospitalized children. In addition, it promotes more relaxed moments and helps in the emotional development of the little ones, which minimizes the negative impacts of hospitalization.

The lack of investment in the infrastructure of the areas dedicated to playful support in hospital environments, such as the toy library, shows a devaluation of the humanized work that is carried out in these spaces. Ignoring the need for adequate resources for these activities is to neglect the importance of comprehensive and humanized care, which goes beyond traditional medical care (Santos *et al.*, 2020).

In the place where this research was carried out, pediatric care was expanded with the inauguration of a wing (Children's Hospital), which has a toy library, ensuring humanization in pediatric care, being more welcoming and capable of contributing to the reduction of stress and anxiety in children. This playful space allows for interaction, play and distraction for patients. In this way, the presence of the toy library represents an advance in humanized pediatric care, in line with the guidelines for comprehensive child health care, recommended by the Ministry of Health (BAHIA, 2022).

Areas such as the toy library linked to a humanized playful approach play a fundamental role in the recovery and well-being of children. However, for these factors to be attributed, the environment needs to be properly equipped with the necessary resources

⁷ Acronym of the names given to the professionals who were interviewed. From (E01) to (E17).

in the search for more inclusive and humanized care (Lima, Souza, and Kazan, 2021).

In the category, resistance on the part of parents and caregivers to adhere to health education actions and playfulness, the difficulty cited by the professionals was the reluctance on the part of parents and caregivers. This resistance may be linked to the focused understanding of parents and caregivers in attributing that hospital aspects are exclusively linked to drug treatment. Thus, they are unable to perceive the importance of health education actions with playfulness for the child's emotional and psychological well-being.

The performance of these actions also brings benefits such as comfort and relaxation for parents and guardians, as they see during the care of children in a relaxed and therapeutic moment, they can rest during this period and for a moment reduce the concern about the child's clinical condition.

(E 05) "The biggest difficulty encountered is when we find resistance and some people who do not adhere to the ludic [...]".

(E 17)"[...] The difficulty is that many times there are impatient mothers [...]".

The insertion of parents in playful activities serves as a bridge between the home and the hospital. From playing, parents can bring elements of family daily life to the hospital environment, creating a safer space for the child and promoting a therapeutic environment essential for mental and emotional health. In addition, parents can assist in communication between the child and the health professional. Finally, the active participation of parents in hospital play activities offers the opportunity to feel useful in the care of their children, which can be important at a time of concern about the child's clinical condition (Rockembach *et al.*, 2017).

In addition, knowledge about the topic and the involvement of parents and caregivers are crucial for the success of health education actions with playful interventions, support and active participation enhance the benefits and promote a faster and healthier recovery (Bento, Andrade and Silva, 2023).

Regarding the category of non-understanding of individuals (other professionals who work in the hospital and companions) about health education actions with playfulness, a barrier cited by the professionals was the lack of understanding, on the part of some other

health professionals⁸, about the importance of health education actions with playfulness in pediatrics. From this lack of knowledge, these actions are undervalued or applied in the wrong way. The traditional training of other health professionals may be one of the factors that explain this lack of understanding and comprehension on the subject, and traditional care often places more emphasis on biomedical aspects to the detriment of a more holistic, inclusive and humanized approach.

(E 02) "[...] As difficulties there is the involvement of professionals in the process, which is not always favorable or does not present interest [...]"

(E 04) "The difficulty is that some professionals think that the playful moment is just a game, when in fact there at that moment we are attending [...]"

(E 09) "Professionals lack to understand the importance of playing as a necessary proposal for care in the context of child hospitalization".

Play in the hospital environment goes beyond just "playing", it can and should be used as an educational therapy, which will contribute to neuropsychomotor, social and emotional development. In addition, it is an allied tool for the child's development, offering therapeutic possibilities and reducing pain in invasive treatments (Souza, 2011).

Playfulness also contributes to the immune system, since once the child is doing something fun, his stress level is reduced. This humanized care through a playful approach plays a crucial role in the hospital environment. However, for this approach to be really effective, health professionals need to have a deep knowledge of the subject (Colla, 2019).

In the study by Paula et al (2019), carried out with 15 nurses about the understanding of health education actions with the playful strategy, it shows that professionals have different views and opinions on the theme. Some point to playfulness as a moment just for fun, for the child's distraction while some invasive intervention needs to be carried out, as a moment to reduce the child's suffering, among other opinions.

In this way, health education actions with play, carried out correctly in the consultations, make the hospital environment more welcoming, inclusive and humanized, directly benefiting the child in terms of mood improvement, cooperation during treatment and recovery.

To intervene in this barrier, training and qualification programs for professionals along with assistance providing guidance on the correct applications of play and its benefits are of paramount importance to assist professionals in manual skills and raise awareness

⁸ Other professionals who work at the hospital and were not part of the research because they did not include play in the care

about the value of using play. Another strategy that can be adopted in relation to this problem is a greater foundation on humanization in a more enlightened, objective and accentuated way, especially with children (Silva *et al.*, 2021).

Thus, health professionals in the service must have moments with the child to develop health education and humanization for all who are inserted in this scenario (Falkenberg, 2014). Since such attitudes promote a better way of sharing care and humanize the health production process for all individuals directly and indirectly inserted in the pediatric sector.

It should be noted that the playful activities carried out in the pedagogical service differ from the free play that normally occurs. Playful practice and games are directed towards educational or therapeutic objectives.

Regarding the high demand for care category, the barrier commented by the interviewees was the high demand for care in the pediatric ward of the hospital, which in turn limits the effective care of health education actions with play. Health professionals mentioned that the intense volume and overload make it difficult to make time for these activities with hospitalized children. Thus, the concern with achieving rapid results in treatment can disperse the attention of professionals regarding the psychosocial aspects of pediatrics.

(E 06) "At this point, I do not determine them as difficulties or facilitators, but in the sense of adapting the approach to the reality of the demands assisted by the pediatric unit".

(E 08) "[...] may encounter difficulties due to the great demand for services in hospital care".

(E 15) "The service time and the high demand".

(E 16) "The biggest difficulty is the time of care, since, when there is a high demand for patients, the time of the approach decreases [...]".

The manifestations of health professionals corroborate the findings of some studies that also address work overload as part of a problem to offer more inclusive and humanized care.

In addition, there are complex and excessive bureaucratic processes that prevent more detailed care from being provided. Some professionals have a predefined number of appointments in the day, due to this, the pressure for this productivity ends up leading to less humanized approaches.

Nevertheless, the short time for care ends up limiting non-drug interventions, causing health professionals to lose this engagement with health education actions and

playful activities. The high demand contributes to professional burnout and thus ends up reducing the quality of care offered (Depianti et al., 2014; Marques *et al.*, 2016).

In the study conducted by Silva et al. (2019), the interviewees highlighted that work overload emerges as a factor that negatively impacts the playful care routine. This phenomenon is often associated with the reduction in the number of professionals in the team and the high volume of tasks to be performed in pediatrics, which, added to the limited time available to perform these activities, culminates in the scarcity of time during the workday.

From these aspects, it is observed how the lack of time, due to the high demand of work, is a factor that prevents health professionals from dedicating themselves a little more to playfulness with the quality and attention necessary to achieve the benefits brought by this type of care.

CONCLUSION

This research identified the challenges reported by health professionals in the development of health education actions with play, such as inclusive and humanized care for hospitalized children.

In view of the results presented through the answers provided by the interviewed professionals, it is possible to note the challenges faced in the development of health education actions with playful care in hospital pediatrics. Issues such as resistance on the part of parents and caregivers, the need for adequate resources, and work overload due to the large number of patients were observed.

With regard to the resistance of parents and caregivers in relation to playful care, it is understood that the lack of knowledge of this type of approach and its benefits for the emotional well-being of children during hospital treatment is the key point for refusal.

This obstacle can be reversed through education and dialogue, showing the importance of the family in the care process is an important point for knowing the benefits of the playful approach and, in this way, making parents and guardians have greater acceptance and participation in playful activities.

The scarcity of adequate resources was also one of the challenges pointed out by the interviewees. The lack of functional toys and more appropriate spaces limit the effectiveness of playfulness in everyday hospital life. Investments in this direction are essential for the approach to become effective, welcoming and enriching for children.

Overload is one of the barriers among those mentioned by health professionals, it is notable that the need to attend to a large number of patients, seeking quick results makes it difficult to dedicate enough time to more humanized interactions and a playful approach. This scenario shows the need for policies that value more humanization in care, quality in care and not just the clinician.

To overcome these challenges requires commitment from all hospital management, health professionals and public policy makers who, collectively, need to reach a common denominator to implement effective strategies that promote playful care in an appropriate way. Investment in training, improvement of structural conditions and awareness of the entire team about the benefits of the practice are crucial steps to achieve a more humane and effective service.

The findings of this study can contribute to broadening the views of playful care and its benefits and, through this, enable the necessary strategies to modify the observed reality. It shows the importance of health education as an educational work and the possibility of more humanized care that promotes an improvement in the stay of hospitalized children.

In addition, it is expected that more research will be carried out, in other places and with a larger number of professionals to support the creation and insertion of playful strategies for the hospital environment, since playfulness contributes to the psychic, affective and emotional aspects. Therefore, the playful practice in hospitals contributes to reducing the deleterious effects caused by the hospitalization process or therapeutic treatment.

REFERENCES

1. Bahia. Secretaria da Saúde do Estado da Bahia. (2022). Governo do Estado inaugura Hospital da Criança em Jequié. <https://www.saude.ba.gov.br/2022/12/30/113861/>
2. Bento, V. A., Andrade, G. S., & Silva, L. P. (2023). Brinquedoteca hospitalar: O lúdico como estratégia de humanização no atendimento à criança hospitalizada. *Revista Voos Polidisciplinar*, 18(2), 116–129. <https://revistavoos.guairaca.com.br/index.php/sistema/article/view/11>
3. Borges, G. S., & Bramatti, R. (2020). The importance of play space in the hospital environment. *FAG Journal of Health*, 2(4), 461–465. <https://doi.org/10.35984/fjh.v2i4.254>
4. Brasil. Ministério da Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão e da Regulação do Trabalho em Saúde. (2006). Câmara de Regulação do Trabalho em Saúde. Ministério da Saúde.
5. Carvalho, I. C. N., et al. (2021). Tecnologia educacional: A enfermagem e os jogos educativos na educação em saúde. *Research, Society and Development*, 10(7), Article e18710716471. <https://doi.org/10.33448/rsd-v10i7.16471>
6. Carvalho, N. A., & Silva, A. V. S. (2023). Atividades lúdicas na promoção da qualidade de vida de crianças hospitalizadas: Uma revisão integrativa da literatura. *Revista Foco*, 16(5), 1–21. <https://doi.org/10.54751/revistafoco.v16n5-041>
7. Colla, R. Á. (2019). O brincar e o cuidado nos espaços da educação infantil: Desenvolvendo os animais que somos. *Revista Brasileira de Estudos Pedagógicos*, 100(254), 111–126. <https://doi.org/10.24109/2176-6681.rbep.100i254.3956>
8. Correio, J. F. A., et al. (2022). O cuidado lúdico pela enfermagem em pediatria: Conhecimento e dificuldades para sua utilização. *Revista Enfermagem Atual In Derme*, 96(39), Article 1429. <https://doi.org/10.31011/reaid-2022-v.96-n.39-art.1429>
9. Depianti, J., et al. (2014). Nursing difficulties in using playfulness to care for a hospitalized child with cancer. *Revista de Pesquisa: Cuidado é Fundamental Online*, 6(3), 1117–1127. <https://doi.org/10.9789/2175-5361.2014v6n3p1117>
10. Dourado, C. N., et al. (2022). A criança no ambiente hospitalar e o processo de humanização. *Revista Concillium*, 22(4), Article 373. <https://doi.org/10.53660/CLM-375-373>
11. Falkenberg, M. B., et al. (2014). Educação em saúde e educação na saúde: Conceitos e implicações para a saúde coletiva. *Ciência & Saúde Coletiva*, 19(3), 847–852. <https://www.scielo.br/j/csc/a/kCNFQy5zkw4k6ZT9C3VntDm/?lang=pt>
12. Gil, A. C. (2008). Como elaborar projetos de pesquisa (4th ed.). Atlas.

13. Gonçalves, R., et al. (2020). Educação em saúde no ambiente hospitalar pediátrico. *Revista Enfermagem Atenção Saúde*, 9(2), 39–50. <https://doi.org/10.18554/reas.v9i2.3558>
14. Lima, C. R. S., Souza, R. S. O., & Kazan, N. M. (2021). A importância da brinquedoteca no ambiente hospitalar infantil. *Revista Expressão Da Estácio*, 5(1), 34–45. <https://estacio.periodicoscientificos.com.br/index.php/REDE/article/view/41>
15. Marques, E. P., et al. (2016). Playful activities in health care for children and adolescents with cancer: The perspectives of the nursing staff. *Escola Anna Nery – Revista de Enfermagem*, 20(3), Article e20160073. <https://doi.org/10.5935/1414-8145.20160073>
16. Minayo, M. C. S. (2002). *Pesquisa social: Teoria, método e criatividade* (21st ed.). Vozes.
17. Paula, G. K., et al. (2019). Estratégias lúdicas no cuidado de enfermagem à criança hospitalizada. *Revista de Enfermagem UFPE On Line*, 13, Article e238979. <https://doi.org/10.5205/1981-8963.2019.238979>
18. Pena, L. A. M., et al. (2021). A importância da ludoterapia na assistência pediátrica. *Research, Society and Development*, 10(8), Article e31010817309. <https://doi.org/10.33448/rsd-v10i8.17309>
19. Pinheiro, G. E. W., Azambuja, M. S., & Bonamigo, A. W. (2018). Facilidades e dificuldades vivenciadas na Educação Permanente em Saúde, na Estratégia Saúde da Família. *Saúde em Debate*, 42(Special), 187–197. <https://doi.org/10.1590/0103-11042018s415>
20. Rockembach, J., et al. (2017). Inserção do lúdico como facilitador da hospitalização na infância: Percepção dos pais. *Journal of Nursing and Health*, 7(2), 117–126. <https://doi.org/10.15210/jonah.v7i2.7646>
21. Santos, V. L. A., et al. (2020). Compreendendo a sessão de brinquedo terapêutico dramático: Contribuição para a enfermagem pediátrica. *Revista Brasileira de Enfermagem*, 73(4), Article e20180812. <https://doi.org/10.1590/0034-7167-2018-0812>
22. Silva, J. A., et al. (2021). O lúdico como recurso terapêutico no tratamento de crianças hospitalizadas: Percepção dos enfermeiros. *Enfermagem em Foco*, 12(2), 365–371. <https://doi.org/10.21675/2357-707X.2021.v12.n2.4358>
23. Silva, M. K. C. O., et al. (2019). A utilização do lúdico no cenário da hospitalização pediátrica. *Revista de Enfermagem UFPE On Line*, 13, Article e238585. <https://doi.org/10.5205/1981-8963.2019.238585>
24. Souza, A. M. (2011). A formação do pedagogo para o trabalho no contexto hospitalar: A experiência da Faculdade de Educação da UnB. *Linhas Críticas*, 17(33), 251–272. <https://doi.org/10.26512/lc.v17i33.3725>