Revista ARACÊ
ISSN: 2358-2472

PLAY THERAPY: PLAYING IN THE HOSPITAL AND CHILDREN'S MENTAL HEALTH

https://doi.org/10.56238/arev7n4-126

Submitted on: 03/11/2025 **Publication date:** 04/11/2025

André Lucas da Silva Cosme[1] and Gênesis Vivianne Soares Ferreira Cruz[2]

ABSTRACT

The study aimed to understand the experience of hospitalized children and adolescents about play therapy actions carried out in the context of hospitalization and their perspective on mental health and psychosocial care. This is a qualitative, descriptive and exploratory research, carried out in a university hospital between September and November 2024. The sample consisted of nine children and adolescents, aged 10 to 14 years, hospitalized in the hospital's pediatric clinic. For data collection, playful approaches were used, such as board games and an adapted digital game, the interviews recorded in audio were later transcribed. Data analysis was carried out by the thematic analysis of Minayo (2014), complemented by Field Diary records. The results demonstrated that, despite the recognized benefits of play therapy in child hospitalization, its implementation still faces significant challenges for the health team. Only two of the nine participants reported having participated in playful activities while hospitalized, evidencing the predominance of a biomedical model that prioritizes clinical aspects to the detriment of psychosocial needs. Interactions with the health team were described as "tedious" and "time-consuming", highlighting the lack of a humanized and interactive approach. The absence of recreational activities contributed to feelings of monotony, isolation, and anxiety among patients. On the other hand, children who had access to playful activities reported more positive experiences, with an increased sense of protagonism, greater expression of joy and reduced levels of anxiety and boredom. In addition, through the testimonies, an excessive use of electronic devices during the hospitalization period was observed as the main form of distraction, which can negatively impact the mental health and emotional development of pediatric patients. Play therapy is considered to play a key role in the humanization of pediatric care, promoting emotional well-being and socialization. However, the lack of trained professionals and the scarcity of resources compromise its applicability. The study suggests the need for greater investment in the practice of play therapy as an essential part of the humanization of children's hospital care.

Keywords: Play therapy. Hospitalized Children. Mental health. Pediatric nursing.

[1] Specialist, Federal University of Mato Grosso.
[2] Dr., Federal University of Mato Grosso.

Revista ARACÊ
ISSN: 2358-2472

INTRODUCTION

Play therapy is a multiprofessional therapeutic technique that focuses on child psychological care and physical well-being, using play as the main resource. This approach benefits the child's hospitalization period by allowing him to express himself and demonstrate his feelings and perceptions through his main language: playing (Correio J. *et al.*, 2022).

According to the Statute of the Child and Adolescent (ECA), play and fun are linked to the concept of freedom and health, being recognized as fundamental rights of children and adolescents, as well as full access to health and protection of life (Brasil, 1990). Resolution No. 41/1995 of the National Council of the Rights of Children and Adolescents reinforces this importance by determining recreation as a right of hospitalized children (CONANDA, 1995). To this end, in 2005 Law No. 11,104 was enacted, which makes the presence of toy libraries in health units with pediatric facilities mandatory (Brasil, 2005). These legal provisions confirm the value of play in health care during childhood, not only as a technology of care, but also as a right guaranteed to children and adolescents.

It is a therapeutic technique capable of reducing the anxiety generated by the disease and hospitalization process, using resources such as toys, games, movies, music or even verbal interactions, which enable the child to express and understand his emotions (Ducca *et al.*, 2020). This technique also collaborates in understanding and overcoming the psycho-emotional, intellectual, and social challenges and conflicts of children and adolescents, contributing to the recovery of health (Freitas *et al.,* 2021) and positively affecting emotional aspects.

In general, in the field of psychology, human emotions can be determined as positive or negative, directly influencing mental health. Positive emotions, such as joy and gratitude, are associated with pleasant experiences and can promote physical and mental well-being, while negative emotions, such as fear and sadness, are more related to unpleasant feelings and can serve as defense mechanisms in the face of adverse situations (Moll *et al,* 2001; Vaccaro, 2024).

The concept of mental health defended here is in accordance with the World Health Organization (WHO) and is related to a state of well-being experienced by the individual, in the case of children/adolescents, which enables the development of their personal skills (WHO, 2022). In this sense, mental health is not only restricted to the absence of mental

Revista ARACÊ
ISSN: 2358-2472

disorders, but also the ability to deal with emotions, whether positive or negative, in a balanced way.

The exposure of the child/adolescent in an unknown and sometimes hostile environment, far from their family, friends and school, causes a rupture in their routine prior to the diagnosis, generating emotional and behavioral impacts, leaving them vulnerable to the development of anxiety and negative emotions (Godinho *et al.*, 2021).

In this context, play therapy in the hospital environment can be considered a powerful care tool, especially in the field of nursing, as it is capable of using resources that promote the mental health of children/adolescents, with the therapeutic objective of relieving suffering and reducing psychological damage. In addition, it rescues the child's interaction through play and playful language, contributing to the management of pain and stress, in an ethical and humanized way (Dourado *et al.*, 2022).

In view of this, this study was guided by the following questions: how do children and adolescents experience the care actions that involve play therapy and what is its impact on their mental health? How do they report the benefits of these practices in the context of hospitalization?

Adopting the concept of "experience" according to Jorge Bondía (2002, p. 21), understood as "what happens to us, what touches us", that is, what marks and generates knowledge, this qualitative study aimed to understand the experience of children and adolescents about play therapy actions and their perspective on mental health and psychosocial care.

METHODOLOGY

This is a qualitative, descriptive and exploratory research, using the Creative-Sensitive Method (CSM), proposed by Cabral (1999), in which data collection took place between September and November 2024. The number of participants was obtained by the saturation of the themes found in the interviews, achieving the objective of the study (Minayo; Deslandes; Gomes, 2007). The data were recorded in audio and transcribed by the TurboScribe website, in its free version.

As an interview technique, playful approaches were used, such as: 02 board games and the digital game of 1234 Player Games, adapted with guiding questions on the theme. The invitation for research was made directly to parents (companions) and children/adolescents hospitalized in the period, with the following inclusion criteria: being

Revista ARACÊ
ISSN: 2358-2472

between 7 and 16 years old, being hospitalized for at least 24 hours and not having any limiting physical or mental condition.

According to the ECA, children are considered to be those who are up to 12 years of age, being adolescents when between 12 and 18 years of age (Brasil, 1990). According to this concept, in total, among the 09 participants, 07 were children and 02 adolescents aged between 07 and 16 years, hospitalized in a university hospital in the capital, Cuiabá/MT. At the study site, there are practices for disciplines in the health area, internships and multiprofessional residencies. The hospital's pediatric clinic has 14 beds, distributed in 06 wards and 02 isolation rooms.

For data analysis, the Thematic Analysis of Minayo (2014) was used, complemented by observations recorded in a Field Diary that detailed perceptions and expressions of the participants. The field diary is a personal resource of the researcher, used to document his perceptions throughout the interview process. According to Campos, Silva, and Albuquerque (2021), it allows the recording of detailed descriptions and essential explanations that contribute to the analysis and understanding of the data obtained in the research. This allowed the grouping of the contents extracted from the speeches into nuclei of meaning. During the data analysis, we sought to identify in the contents of the statements the importance of play therapy in the context of mental health care and in the process of psychosocial care.

The present study is an excerpt from the matrix project "Play Therapy in Nursing Extension Actions: Diverse Perspectives" (opinion no. 6,826,416; CAAE No. 77 883 923.0.0000.5541), respecting all ethical precepts with the signature of the consent and assent forms. It was decided to use fictitious names for the participants in the dissemination of the data, adopting different types of flowers.

RESULTS AND DISCUSSIONS

PRESENTING THE CONTEXT OF CARE OF THE STUDY

It is a reference hospital in the care of chronic cases and rare syndromes throughout the state, integrated into the Unified Health System (SUS) network, offering subspecialized services in pediatrics, ensuring medium and high complexity care. In its care structure, the toy library stands out, a space where a hospital class was implemented, linked to the Municipal and State Departments of Education. In this environment, the work of two pedagogues and a psychopedagogue is developed, whose objective is to promote the

Revista ARACÊ
ISSN: 2358-2472

continuity of the educational process and contribute to the psychosocial well-being of hospitalized children, with legal support in Resolution CNE/CEB No. 4/2009 (BRASIL, 2009).

The Hospital Class plays a fundamental role in ensuring the right to education of hospitalized children and adolescents and is also anchored in the legal frameworks of the Federal Constitution (Brasil, 1988), in the Law of Guidelines and Bases of National Education (LDB) (Brasil, 1996) and in the Statute of the Child and Adolescent (ECA) (Brasil, 1990). This therapeutic environment promotes the continuity of learning in a welcoming and pedagogical environment. Such practices are in line with the National Humanization Policy (NHP) (Brasil, 2013), which emphasizes the creation of healthy and humanized spaces, providing interaction and well-being of users.

The toy library, regulated by Law No. 11,104/2005 (Brasil, 2005), stands out as a space dedicated to stimulating play, which is essential for child development. Designed in an open concept, it is a space that provides toys and educational games intended for moments of leisure and social interaction, both for children with their companions, and between the children and families themselves.

In the context of this research, the toy library was a central space for data collection, with 06 of the 09 interviews carried out in this environment. Field notes highlight how the space favored the playful interaction between researcher and participant:

> I sat with the child on the EVA mat of the toy library, in a place chosen by her, surrounded by toys. There I placed the board and we did the interview playing. In each roll of the dice and each movement of the pieces on the board, the child had fun and interacted, answering the questions with excitement (Field Note, 09/26/2024).

In addition, the toy library is a privileged place for the activities of extension projects in play therapy conducted by nursing and medical students, contributing to the reception of children with chronic conditions and rare syndromes, while reinforcing adherence to the therapeutic plan.

Of the 09 patients interviewed, 03 were boys and 06 girls. The length of hospital stay ranged from 1 to 13 days. As for origin, 02 were from the capital, 06 from the interior and 01 from Pará. 08 had chronic diseases, and 01 underwent elective surgery. Of the interviewees, only 02 recognized the care of professionals through play, 07 did not.

Revista ARACÊ
ISSN: 2358-2472

Table 1 - Characterization of the interviewees.

Identification	Sex	Age	Hospitalization	Reason for hospitalization	Play therapy
Sunflower	Male	11 years	13 days	Chron's disease	No
Rose	Female	11 years	02 days	Ovarian cyst	Yes
Daisy	Female	11 years	03 days	Esophageal Varices	No
Clove	Male	12 years	03 days	Lymphedema, Infantile	No
Violet	Female	10 years	07 days	Mobility deficit and hip pain	No
Jasmine	Female	11 years	04 days	Diabetes Mellitus	No
Dahlia	Female	11 years	03 days	Neutropenia under investigation	No
Tulip	Female	11 years	02 days	Myelomeningocele and Chronic Renal Failure	Yes
Lily	Male	14 years	01 day	Pre-surgical Cholecystectomy	No

Source: Prepared by the authors, 2025.

From the reports, the relevance of play therapy was verified, evidencing its role in relieving the tensions caused by hospitalization, as well as in offering moments of leisure and encouraging children's emotional and cognitive development. To deepen the analysis, two thematic axes were listed: "Emotional impacts of the hospitalization process" and "Play therapy and the benefits for the mental health of hospitalized children and adolescents".

EMOTIONAL IMPACTS OF THE HOSPITALIZATION PROCESS

The hospitalization process, especially in the long term, represents a disruption in the child's routine. Understanding the hospital experience in childhood is crucial to offer adequate support to children who face this significant impact on their lives, which should not be limited only to the physical aspect, but also encompass care actions aimed at the emotional and psychological dimensions (Amaral; Biancardi, 2023).

Hospitalized children and adolescents are often in a position of passivity in therapeutic conducts, being subjected to strict rules in their new routine, such as: restriction of visits, excessive manipulation of the multidisciplinary team, various invasive exams, administration of medications, diet and strict feeding schedules, alteration of sleep and rest patterns (Araújo *et al.*, 2021), changing their perception of security and stability.

Hospital care often prioritizes technical aspects, neglecting psychological, social and emotional support, which are essential for the well-being of the child/adolescent. The reality of this routine and the feelings of insecurity and distrust were evidenced in the participants' statements:

"[…] The only part I don't like very much is the needle. To do [the surgery], you will have to put anesthesia in the vein, these things. I've had a fear of needles since childhood.

Revista ARACÊ
ISSN: 2358-2472

It's kind of complicated to do that." (Lily, 14 years old). "As I never had surgery, I was afraid" (Rosa, 11 years old).

Reports, such as above, reveal the feelings of fear, apprehension and insecurity generated by hospitalization and the need to meet this real demand. Thus, it is essential that the child/adolescent finds in the hospital context a safe environment that minimizes uncertainties, welcoming, pleasant, and that allows the expression of their feelings and the continuity of their development (Gonçalves *et al.,* 2022). It is essential to evaluate not only the appropriateness of clinical procedures, but also to weigh the subjective experiences that shape and influence child well-being during hospitalization.

The study by Araújo and other researchers (2021) identified that the stress associated with prolonged hospitalization of children and adolescents can compromise the immune system due to excessive production of corticosteroids, which reduces body resistance, making them more susceptible to infections and other complications.

One of the participants, an adolescent, reported the previous experience of a prolonged hospitalization of around 15 days, caused by a period of investigation in which she was submitted to several tests. However, in the current hospitalization, he revealed that he was more optimistic because he was aware that his stay would be brief, due to an elective surgery, with an indication for hospital discharge in a few days.

"Last time, I was [hospitalized] for about 15 days. It was kind of bad. I was already wanting to go home. [...] From what I've seen, I won't stay here for long. So, it won't be so bad [...]." (Lily, 14 years old)

This understanding allowed for a certain relief and a better expectation regarding the need to stay in the hospital, showing that there is a potential for adaptation among pediatric patients, but this ability is often underestimated or neglected by the multidisciplinary team. It is noted that, even with the notion of brevity, the adolescent still claims to be less "bad".

It is evident that hospitalization, especially during childhood and adolescence, often generates adverse emotional sensations such as anxiety, sadness and social withdrawal. Emotions, in general, are associated with different experiences, contexts and in the relationship with the world. It is in the face of the responses produced by these associations that feelings and actions are generated (Severo, 2022).

It is known that in the context of hospitalization, there are high levels of stress, fear, anxiety and anguish, not only for children and adolescents, but also for their families. In this

Revista ARACÊ
ISSN: 2358-2472

context, emotions and feelings are exponentially accentuated, due to the common feeling of vulnerability and insecurity, as well as uncertainties and risks (Ferreira, 2023).

Several studies reveal the emotional impact that occurs in hospitalized children, in which feelings of isolation and helplessness are evidenced (Amaral; Biancardi, 2023; Catapan, Oliveira; Rotta, 2019; Ferreira, 2023). These feelings were also expressed by the participants of this study, revealing how the interruption of daily routines and family isolation/withdrawal negatively impact mental health.

"When you're like this: with a low platelet [...] You come here quickly. And then you can't play, because you get weak." (Dália, 11 years old). "I miss my friends, right? [...] As I don't know many people here, and I have a lot of difficulty making friends, I felt a little afraid." (Rosa, 11 years old)

Such testimonies highlight the impact of hospitalization on the socio-emotional aspects and, consequently, on the mental health of these children and adolescents, evidencing the need for therapeutic approaches that promote a more welcoming and humanized environment, appropriate to the real demands and needs.

According to Xu and other researchers (2023), the unpredictability and disruption of routines during childhood can lead individuals to consistently resort to atypical habits or behaviors, as a way to minimize uncertainties and expression of dissatisfaction.

"I just [am] getting up to go to the bathroom, drink water and nothing else." (Sunflower, 11 years old). Some children bargain with their companions, in compensation for the need for hospitalization, adopting behaviors that regress their developmental phase, such as: resistance to bathing, oral hygiene, diet offered, excessive crying and excessive use of screens, restricting themselves to bed.

Martins and Bacellar (2024) state that there is a growing influence of the use of screens, considering the changes caused in the daily lives of children and adolescents in the context of pediatric hospitalization, with a greater preference for mobile interactive media devices, such as *smartphones* and *tablets*. This can be evidenced in statements found during the interview:

> "In the hospital I prefer to be on my cell phone only [...] I watch more series." (Sunflower, 11 years old).
> "[I joke] With the cell phone [...] I have a lot of online gambling." (Rosa, 11 years old)
> "I lay down and kept checking my cell phone." (Carnation, 12 years old)
> "I play with word searches that are on the tablet." (Jasmine, 11 years old)
> "Oh, [here at the hospital] I can play on my cell phone." (Tulip, 11 years old)

Revista ARACÊ
ISSN: 2358-2472

"[to play] I brought my cell phone." (Rosa, 14 years old)

The excessive use of screens has been widely recognized as a factor that negatively impacts the health of children and adolescents. Recent studies point to harmful consequences on mental health, with a significant increase in the occurrence of episodes of anxiety, depression, insomnia, antisocial disorders, lack of empathy, socialization difficulties, and aggressive behaviors (Cruz *et al*., 2024; Nunes *et al*., 2021; Tiveron; Caspary; Lacerda, 2024).

This context can be aggravated by the lack of a humanized approach on the part of health professionals, who, in the face of the intense routine, may focus excessively on the technical aspects of care. Understanding the humanization actions of nursing care, valuing the quality of care, is essential to promote comprehensive care that considers the biopsychosocial particularities of the child/adolescent (Pontes *et al*., 2022; Alexandre *et al*., 2021).

In Brazil, the recent Law No. 15,100, of January 13, 2025, establishes in article 4 the importance of implementing strategies aimed at the mental health and well-being of basic education students, including measures to address the excessive use of electronic devices by children and adolescents. Such initiatives can also be contextualized and addressed in the hospital environment.

In this sense, the Secretariat of Communication of the Presidency of the Republic, through the "Praticipa+Brasil" platform, emphasizes the need for health professionals to have guidance based on scientific evidence to effectively address the challenges associated with the reality of intensive use of screens by the child and adolescent population (Brasil, 2024). These guidelines should seek to minimize the risks related to the exacerbated use of electronic devices and, simultaneously, enhance their benefits in the care context.

In addition, the Brazilian Society of Pediatrics (2021) already highlighted the importance of trained multiprofessional teams to improve the quality of health care, with a focus on child development and the promotion of integral well-being. The strengthening of an emotional support network in the hospital environment and the use of therapeutic playful resources could minimize the excessive use of screens as the main, if not the only, method of distraction for hospitalized children/adolescents, in order to minimize the negative impacts of hospitalization, promoting bonds of trust and security between children, family members and health professionals.

Revista ARACÊ
ISSN: 2358-2472

PLAY THERAPY AND THE MENTAL HEALTH BENEFITS OF HOSPITALIZED CHILDREN AND ADOLESCENTS

In view of the negative impacts of hospitalization, games and playful activities, sometimes neglected, prove to be an important finding in the pediatric care environment, as they help to relieve emotional symptoms and prove to be very beneficial for the development of healthy emotions, and can contribute to child development and better adaptation (Severo, 2022).

Through play, the child can enjoy many social, affective and cognitive benefits, which are important mediators of socialization (Alexandre *et al.*, 2021; Severo, 2022). It is believed that caring and playing are fundamental parts for a healthy development, configuring themselves as a basic human need. Therefore, care/care is not restricted to the biological body, but opens up to a wide range of real and symbolic meanings (Severo, 2022).

It is in this scenario that play therapy presents itself as an essential strategy for pediatric care. Through these games, children are able to express their difficulties and anxieties more easily, collaborating in their social adaptation, strengthening their emotional security and self-esteem (Freitas *et al.*, 2021; Olive tree; Fernandes, 2023; Adam; Biancardi, 2023).

Silva and other researchers (2020) highlight that therapeutic play offers a space where patients can express their fears, anxieties, and doubts, promoting greater adherence to treatment and reducing the socio-emotional impacts associated with hospitalization. In addition, play therapy plays a central role in the humanization of pediatric care, as reinforced by Lima et al. (2021).

Through this play, it is possible to promote the spontaneity and creativity of the contact and the creation of a bond between the child and the health professional, and the quality of this presence and the type of play proposed are important. In addition, this activity is associated with learning and acquiring skills, especially in the early years (Severo, 2022).

By providing a welcoming and playful environment, children feel valued and respected, which transforms the hospital experience into a period of greater lightness and humanization. This combination of emotional, social and therapeutic aspects reinforces the importance of play therapy as an indispensable approach in health care (Alexandre *et al.*,

Revista ARACÊ
ISSN: 2358-2472

2021; Lima *et al.*, 2021). So important that it was reported by the participants as important moments they experienced during their hospitalization:

> "It was cool [to play in the hospital]! I made a drawing, I painted it. [...] I felt joyful [...] I thought it was cool and really fun." (Rosa, 11 years old).
> "Puzzle, memory game, dominoes, uno. Several things. I play a lot [in the hospital]." (Tulip, 11 years old)

Although play therapy has a consolidated and widely recognized scientific evidence base, the implementation of this practice still faces several practical challenges. Research has revealed that health professionals report many difficulties in the implementation of play therapy in the hospital environment, among which the following stand out: lack of time due to work overload, lack of training of professionals, absence of specific protocols, lack of support and investment from health managers, lack of material resources and personal demotivation (Aranha *et al.*, 2020; Angelo; Silva; Cruz, 2024; Correio, J *et al.*, 2022; Paula *et al.*, 2019; Silva *et al.*, 2019) that makes it difficult to incorporate it into the work routine.

The fact is that among the nine participants interviewed, only two reported having participated in playful activities promoted by professionals during hospitalization. The others were unable to identify or inform whether there was any type of playful interaction promoted by hospital employees or by members of the extension projects.

According to Amaral and Biancardi (2023), the absence of playful interventions can aggravate the impacts of hospitalization by intensifying feelings of dissatisfaction, isolation, anxiety, and boredom among pediatric patients, compromising not only their hospital experience, but also their clinical recovery. This reality was also evidenced in the reports of the study participants, as an expression of monotony and boredom:

> "Oh, here [in the hospital] he gets very bored. To just lie in a room like that... Even more so if you don't have access to your cell phone. Just lying like this: looking at the room like this, all white, with nothing." (Sunflower, 11 years old).
> "If I'm very sick, I can't go play [in the playroom] [...] I was too discouraged to go play, because I can't leave [the room]." (Jasmine, 11 years old).

The place studied, as a reference in the treatment of chronic diseases, ends up requiring a longer hospitalization time, which also requires a multidimensional approach from health professionals in the management of hospitalized children/adolescents, which considers not only clinical aspects, but also biopsychosocial demands. The pediatric hospital environment, therefore, needs to have health professionals with a care profile

Revista ARACÊ
ISSN: 2358-2472

appropriate to the sector, since the child needs greater attention, empathy, and sensitivity (Pena *et al*., 2021; Severo, 2022).

This need was evidenced by the child, who highlighted the absence of playful interactions with the professionals, stating that: "*no one came to play [...] only comes to talk about diabetes*" (Jasmine, 11 years old), in addition to classifying interactions with health professionals as "*long and boring*", weakening the bond and welcoming.

These statements indicate a care gap, where the predominance of the biomedical model in hospitals still represents a significant obstacle to the implementation of more integrative approaches that are consistent with each stage of child and adolescent development.

"The traditional model of training, called biomedical, is based on a Cartesian view that divides the body from the mind, thus declassifying social, psychological and environmental aspects that are also directly involved in the process of falling ill" (Almeida; Boiler; Gomes, 2022).

From this perspective, the importance of professional training on structured play therapy in hospital protocols is reinforced, especially in pediatric care. This practice can be a powerful tool to help children/adolescents face the reality of the diagnosis and the demands of treatment, in addition, the investment in humanization in the pediatric hospital environment becomes indispensable in order to promote actions that allow them to feel welcomed, loved and cared for (Angelo; Silva; Cruz, 2024; Braga *et al.,* 2020; Saints; Almeida, 2020; Pena *et al*., 2021).

Although it was not fully integrated into the hospital routine in the study scenario, some participants reported specific experiences that demonstrated the transformative potential of these interventions. Girassol reported a playful activity that involved the orientation of his clinical condition, which combined learning, art and creative expression through drawing and painting on cardboard:

> For me, the best of all [playful activities] I did was to recreate my own disease: Crohn's disease [...] Then after that, we take it and put the treatment, when it attacks from the top, which happens [with the food] and when it attacks from the intestine to the anus (Girassol, 11 years old).

This experience was conducted by a pedagogue from the hospital class, who sought to acquire knowledge in the health area to develop a health education action, with the

Revista ARACÊ
ISSN: 2358-2472

objective of working on the child's knowledge about their chronic condition and the necessary treatment, seeking their adherence.

The implementation of practices like this by the multidisciplinary health team could generate even greater benefits for the treatment of the child and the involvement of his family. Since, through play therapy, the child starts to collaborate more with the health professional who is providing care, overcoming the fear of the unknown and the environment, gradually promoting the approximation between them (Pena *et al*., 2021)

This type of intervention then not only contributed to engagement/adherence to treatment, but also promoted a sense of protagonism, control and security, as evidenced by the statement below:

"Oh, I feel like that, like an important person. Like a person who's having fun and isn't that bored." (Sunflower, 11 years old)

During hospitalization, the preferences of the children/adolescents in relation to playful activities were manifested in different ways, ranging from painting, board games and collective play. One of these, for example, mentioned the desire to explore art more in the production of thematic paintings and drawings: "*I wanted to play more [drawing]. Of other things [besides the same]*" (Rosa, 11 years old).

These preferences highlight the need for individualization and personalization of playful activities to meet the therapeutic demands of children/adolescents, in which such strategies not only stimulate imagination/creativity, but also promote catharsis, develop motor and cognitive skills, offer health education, favor relaxation and meaningful learning (Correio A. *et al*., 2022, as expressed in some statements:

> "There [in the toy library] there are many toys. You can go and call a person to be able to talk to you. It's Legal There." (Jasmine, 11 years old)
> "I like to play with the girls [who are also hospitalized]. [...] It's cool, fun. Have fun with my mom [too]." (Violeta, 10 years old)
> "I really liked the books, but what I really liked the most was the land [book]. I thought it was very creative, you know, because it talks about the concept of the land, about animals, and I like to learn about animals." (Rosa, 11 years old)
> "[Are you talking] about a Julina party? yes, I was here. And here there was a doll table, headphones [gifts]." (Tulip, 11 years old)

These reports reinforce the importance of care actions involving play therapy as an integral part of pediatric care in hospital units. The use of play therapy has reinforced what scientific evidence brings in relation to its mediation between children/adolescents and the

Revista ARACÊ
ISSN: 2358-2472

hospital environment, promoting emotional and social well-being (Paixão; Damascene; Silva, 2016; Correio, A. *et al.*, 2022).

Alexandre and other researchers (2021) already stated that, generally, children are not informed, as they should, about the interventions that are carried out in the hospital, generating a lack of bond with the team due to their frustrations. These authors also consider that there is little understanding among health professionals about content related to the psychosocial development of children since their formation.

Therefore, professional training for the implementation of playful resources in health care (play therapy) is an important step in biopsychosocial intervention to mitigate the psychic suffering of hospitalized children (Alexandre *et al.*, 2021) and, thus, promote effective actions for the promotion and maintenance of their mental health.

CONCLUSION

The analysis of the data revealed how the unpredictability of the routine during hospitalization generates uncertainties and doubts in the child and adolescent, producing adverse emotional feelings and social withdrawal, directly affecting mental health. Therefore, play therapy proved to be a therapeutic tool with a positive emotional impact that generates learning and greater collaboration with the treatment.

Despite its relevance in the scientific literature, there is a need for greater investment in material and human resources and in the training of health professionals to incorporate these practices in a structured, safe and effective way, in order to promote greater emotional engagement, socialization and well-being. In addition, play therapy has proven to be an indispensable tool for humanized care that fully meets the psychosocial and emotional needs of children in moments of vulnerability, distancing itself from the previously rooted biomedical model.

Because it is carried out in a single study site, there is a limitation in the generalization of the results, which can be contrasted in other institutions with different contexts and resources. In addition, the analysis is the result of unique experiences and portrays a specific experience. However, the study offers relevant contributions by highlighting the weaknesses in the implementation of play therapy and reinforcing the importance of policies and practices that promote play as a therapeutic strategy.

It is therefore necessary to broaden the debate on play therapy in health services, encouraging future studies that explore broader approaches and that consider different

Revista ARACÊ
ISSN: 2358-2472

contexts and populations, as well as the training and sensitization of health professionals about the relevance of play care in the hospital environment.

Revista ARACÊ
ISSN: 2358-2472

REFERENCES

1. Alexandre, A. R., et al. (2021). Revisão reflexiva bibliográfica: O sofrimento psíquico da criança hospitalizada. Research, Society and Development, 10(3), e32910313499. https://doi.org/10.33448/rsd-v10i3.13499

2. Almeida, P. J. R., Caldeira, F. I. D., & Gomes, C. (2022). Do modelo biomédico ao modelo biopsicossocial: A formação de profissionais da saúde no Brasil. Revista Brasileira de Educação Física, Saúde e Desempenho, 3(2), e–017.

3. Angelo, N. S., Silva, D. P. M. G., & Cruz, G. V. S. F. (2024). Ludoterapia sobre o olhar de egressos de enfermagem [Trabalho de conclusão de curso, Universidade Federal de Mato Grosso].

4. Aranha, B. F., et al. (2020). Using the instructional therapeutic play during admission of children to hospital: The perception of the family. Revista Gaúcha de Enfermagem, 41, e20190195. https://doi.org/10.1590/1983-1447.2020.20190195

5. Araújo, G. G., et al. (2021). O estresse da hospitalização na infância na perspectiva do enfermeiro. Revista Recien, 11(33), 186–194.

6. Braga, G. C., et al. (2020). Enfermagem e o trabalho com grupos infantis: Uma revisão integrativa. Research, Society and Development, 9(7), e92997407. https://doi.org/10.33448/rsd-v9i7.7407

7. Bondía, J. L. (2002). Notas sobre a experiência e o saber de experiência. Revista Brasileira de Educação, (19), 20–28. https://doi.org/10.1590/S1413-24782002000100003

8. Brasil. (1988). Constituição da República Federativa do Brasil de 1988. Presidência da República. https://www.planalto.gov.br/ccivil_03/Constituicao/ConstituicaoCompilado.htm

9. Brasil. (1996). Lei nº 9.394, de 20 de dezembro de 1996. Estabelece as diretrizes e bases da educação nacional. https://www.planalto.gov.br/ccivil_03/Leis/L9394.htm

10. Brasil. (1990). Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Diário Oficial da União. https://www.planalto.gov.br/ccivil_03/leis/l8069.htm

11. Brasil. (2005). Lei nº 11.104, de 21 de março de 2005. Torna obrigatória a instalação de brinquedotecas nas unidades de saúde que ofereçam atendimento pediátrico em regime de internação. http://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2005/Lei/L11104.htm

Revista ARACÊ
ISSN: 2358-2472

12. Brasil. (2025). Lei nº 15.100, de 13 de janeiro de 2025. Dispõe sobre a utilização, por estudantes, de aparelhos eletrônicos portáteis pessoais nos estabelecimentos públicos e privados de ensino da educação básica. Diário Oficial da União. https://www.in.gov.br/en/web/dou/-/lei-n-15.100-de-13-de-janeiro-de-2025-606772935

13. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. (2013). Política Nacional de Humanização - PNH. https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_humanizacao_pnh_folheto.pdf

14. Brasil. Secretaria de Comunicação da Presidência da República. (2024). Uso de telas por crianças e adolescentes. https://www.gov.br/participamaisbrasil/uso-de-telas-por-criancas-e-adolescentes

15. Cabral, I. E. (1999). Aliança de saberes no cuidado e estimulação da criança-bebê. Rio de Janeiro: Editora da Escola Anna Nery.

16. Campos, J. L., Silva, T. C., & Albuquerque, U. P. (2021). Observação participante e diário de campo: Quando utilizar e como analisar. In Métodos de pesquisa qualitativa para etnobiologia (1st ed.). Recife: Nupeea.

17. Conanda. (1995). Resolução nº 41, de 17 de outubro de 1995. Dispõe sobre os Direitos da Criança e do Adolescente Hospitalizados. Diário Oficial da União.

18. Catapan, S. de C., Oliveira, W. F. de, & Rotta, T. M. (2019). Palhaçoterapia em ambiente hospitalar: Uma revisão de literatura. Ciência & Saúde Coletiva, 24(9), 3417–3429. https://doi.org/10.1590/1413-81232018249.23752017

19. Correio, A. S., et al. (2022). A ludoterapia na perspectiva do cuidado humanizado em pediatria hospitalar. Revista Enfermagem Atual In Derme, 96(37), e021020. https://doi.org/10.31011/reaid-2022-04-021020

20. 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). https://doi.org/10.31011/reaid-2022-v.96-n.39-art.1429

21. Costa, R. T., et al. (2021). Ludoterapia no cuidado pediátrico: Uma revisão integrativa. Revista Brasileira de Enfermagem, 74(5), 879–886. https://doi.org/10.1590/0034-7167-2020-0522

22. Cruz, L. L. V., et al. (2024). Saúde mental: Os riscos em crianças e adolescentes pelo uso excessivo de telas: Uma revisão integrativa. Revista Sociedade Científica, 7(1), 657–677. https://doi.org/10.54446/rsc.v7i1.657

23. Dal'Bosco, L., et al. (2019). Ludoterapia como ferramenta de cuidado em pediatria: Uma revisão integrativa. Revista Saúde e Pesquisa, 12(2), 401–408. https://doi.org/10.17765/2176-9206.2019v12n2p401-408

Revista ARACÊ
ISSN: 2358-2472

24. Dourado, C. A. N., et al. (2022). A criança no ambiente hospitalar e o processo de humanização. Revista Concilium, 22(4), 373–381. https://doi.org/10.53660/CLM-375-373

25. Ducca, P. D. S., et al. (2020). Os benefícios da ludoterapia e o uso do brinquedo terapêutico em unidades de terapia intensiva pediátrica. Faculdade Sant'Ana em Revista, 4(2), 1–10.

26. Ferreira, A. R. S. (2023). Trabalho emocional em enfermagem pediátrica: Intervenções promotoras de uma experiência positiva e de desenvolvimento no adolescente hospitalizado [Dissertação de mestrado, Escola Superior de Enfermagem de Lisboa]. https://comum.rcaap.pt/handle/10400.26/48596

27. Freitas, M. L., et al. (2021). Ludoterapia e humanização: Experiência de projeto de extensão universitária. Revista Extensão em Foco, 12(1), 98–105. https://doi.org/10.32930/extension.v12i1.474

28. Godinho, M. T., et al. (2022). Ludoterapia e alteridade: Uma experiência de ludoterapia grupal à luz de Lévinas. Psicologia em Estudo, 27, e47800. https://doi.org/10.4025/psicolestud.v27i0.47800

29. Godinho, I. C., et al. (2021). Aspectos psicológicos de pacientes pediátricos acometidos pelo câncer. Brazilian Journal of Health Review, 4(1), 824–839. https://doi.org/10.34119/bjhrv4n1-062

30. Gonçalves, L. B. B. (2022). Pedagogia hospitalar: Os benefícios da ludoterapia na integração da saúde e da educação. Revista Saberes Docentes, 7(14).

31. Lima, M. E., et al. (2021). Humanização e ludoterapia em pediatria hospitalar. Revista de Psicologia e Saúde, 10(3), 345–356.

32. Martins, M. B., & Lopes, M. (2024). Uso de telas por crianças e adolescentes hospitalizados: Percepção dos cuidadores. Cadernos Brasileiros de Terapia Ocupacional, 32. https://doi.org/10.1590/2526-8910.ctoAO2237

33. Minayo, M. C. S. (2014). O desafio do conhecimento: Pesquisa qualitativa em saúde (14th ed.). São Paulo: Hucitec-Abrasco.

34. Minayo, M. C. S., Deslandes, S. F., & Gomes, R. (2007). Pesquisa social: Teoria, método e criatividade (26th ed.). Petrópolis: Vozes.

35. Moll, J., et al. (2001). Efeitos distintos da valência emocional positiva e negativa ativação cerebral. Revista Brasileira de Psiquiatria, 23, 42–45. https://doi.org/10.1590/S1516-44462001000100010

36. Nunes, P. P. de B., et al. (2021). Fatores relacionados à dependência do smartphone em adolescentes de uma região do Nordeste brasileiro. Ciência & Saúde Coletiva, 26(7), 2749–2758. https://doi.org/10.1590/1413-81232021267.09552021

Revista ARACÊ
ISSN: 2358-2472

37. Oliveira, F. R., & Santos, A. B. (2019). O impacto da ludoterapia na saúde emocional de crianças hospitalizadas. Revista Científica de Enfermagem, 28(2), 200–215.

38. Paixão, M. A., Damasceno, B. A., & Silva, T. C. (2016). Brincar e o cuidado integral no ambiente hospitalar. Saúde em Debate, 40(5), 325–337.

39. Paula, A., & Biancardi, N. S. (2023). Impacto da hospitalização infantil na saúde mental da criança: Uma revisão integrativa [Monografia, Universidade São Judas Tadeu]. https://repositorio.animaeducacao.com.br/items/fddb6c7b-746c-45bd-bc83-189012186e56

40. Paula, G. K., et al. (2019). Estratégias lúdicas no cuidado de enfermagem à criança hospitalizada. Revista Enfermagem UFPE On Line, 13, e238979. https://doi.org/10.5205/1981-8963.2019.238979

41. Pena, L. A. de M., et al. (2021). A importância da ludoterapia na assistência pediátrica. Research, Society and Development, 10(8), e31010817309. https://doi.org/10.33448/rsd-v10i8.17309

42. Pontes, A. F., et al. (2022). O impacto da hospitalização na criança e na família. Research, Society and Development, 11(12), e111111234161. https://doi.org/10.33448/rsd-v11i12.34161

43. Ribeiro, G. H., et al. (2022). Personalização de intervenções lúdicas em pediatria. Jornal de Humanização na Saúde, 15(4), 220–230.

44. Santos, M. C., & Almeida, T. P. (2020). A contribuição da ludoterapia no manejo de condições crônicas pediátricas. Saúde em Debate, 44(7), 45–60.

45. Sociedade Brasileira de Pediatria. (2021). Proposta da SBP para inclusão dos pediatras na atenção básica. https://www.sbp.com.br/fileadmin/user_upload/APRESENTACAO-SBP-MINISTERIO-SAUDE-ASSISTENCIA-PEDIATRICA__2_.pdf

46. Severo, C. S. (2022). A relação entre as emoções da infância e suas implicações na vida adulta. REVASF, 12(28), 130–152. https://doi.org/10.2177-8183.2022.v12n28p130-152

47. Silva, J. R., et al. (2020). Brincar terapêutico em pediatria: Um estudo qualitativo. Revista Brasileira de Pediatria, 96(3), 214–220.

48. Silva, M. K. C. O., et al. (2019). A utilização do lúdico no cenário da hospitalização pediátrica. Revista de Enfermagem UFPE On Line, 13, e238585. https://doi.org/10.5205/1981-8963.2019.238585

49. Tiveron, E. M., Kaspary, B., & Carolina, A. (2024). Uso excessivo de telas na infância e seus prejuízos. Research, Society and Development, 13(11), e05131147225. https://doi.org/10.33448/rsd-v13i11.47225

Revista ARACÊ
ISSN: 2358-2472

50. Vaccaro, A. G. (2024, January 6). O que acontece no cérebro ao lidar com emoções opostas ao mesmo tempo. BBC News Brasil. https://www.bbc.com/portuguese/articles/cq64m99qrmgo

51. World Health Organization. (2022). Mental health. https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response

52. Xu, Y., et al. (2023). Childhood unpredictability and the development of exploration. Proceedings of the National Academy of Sciences of the United States of America, 120(49), e2305393120. https://doi.org/10.1073/pnas.2305393120