

Child perception about the need for hospitalization to reestablish health

Percepção infantil sobre a necessidade de hospitalização para o reestabelecimento da saúde

Daniela Farias¹ • Ruth Irmgard Bärtschi Gabatz² • Viviane Marten Milbrath³
Eda Schwartz⁴ • Vera Lucia Freitag⁵

RESUMO

Objetiva-se conhecer a percepção da criança acerca de sua hospitalização em uma unidade pediátrica. Trata-se de uma pesquisa qualitativa, que utilizou a Dinâmica da Criatividade e Sensibilidade para produção dos dados. Participaram da pesquisa quatro crianças, na faixa etária dos seis aos 12 anos incompletos, que corresponderam ao total que foi hospitalizado no período de julho a outubro de 2016. Os resultados mostraram que a hospitalização é para as crianças um período ambivalente com sentimentos felizes e tristes, pois elas sabem que precisam estar internadas, mas ao mesmo tempo sentem saudade de casa, da sua rotina e de seus familiares. Diante disso, é imprescindível que os profissionais que atendem às crianças hospitalizadas estejam preparados para acolhê-las e estabeleçam com elas uma comunicação efetiva, sendo importante adotar estratégias lúdicas para isso, pois estas favorecem a compreensão da criança e sua participação no tratamento.

Descritores: Percepção; Criança hospitalizada; Enfermagem pediátrica; Jogos e brinquedos.

ABSTRAT

The objective of this study is to know the child's perception about his or her hospitalization in a pediatric unit. This is a qualitative research that used the Dynamics of Creativity and Sensitivity for data production. Four children in the age range from six to 12 years of age, who were hospitalized from July to October 2016, participated in the study. The results showed that hospitalization is for children an ambivalent period with happy and sad feelings, because they know they need to be hospitalized, but at the same time they miss their homes, their routine and their families. In view of this, it is essential that the professionals who care for the hospitalized children are prepared to accept them and establish effective communication with them, and for this end, it is important to adopt playful strategies, since they favor the child's understanding and participation in the treatment.

Descriptors: Perception; Hospitalized child; Pediatric nursing; Games and toys.

NOTA

¹Enfermeira. Especialista em Enfermagem Ginecológica e Obstétrica, Enfermeira Assistente do Hospital Moinhos de Vento de Porto Alegre – Rio Grande do Sul (RS), Brasil. E-mail: danielad.farias@hotmail.com

²Enfermeira. Doutora em Ciências pelo Programa de Pós-graduação em Enfermagem da Universidade Federal de Pelotas (UFPel). Professora Adjunta da Faculdade de Enfermagem da UFPel/RS, Brasil. E-mail: r.gabatz@yahoo.com.br

³Enfermeira. Doutora em Enfermagem pelo Programa de Pós-graduação em Enfermagem da Universidade Federal do Rio Grande do Sul (UFRGS). Professora Adjunta da Faculdade de Enfermagem e do Programa de Pós-graduação em Enfermagem e do PROFAUDEUFPel/RS, Brasil. E-mail: vivianemarten@hotmail.com

⁴Enfermeira. Pós-doutora pela Escola de Enfermagem da Universidade de São Paulo (USP). Professora Associada da Faculdade de Enfermagem e do Programa de Pós-graduação em Enfermagem da UFPel/RS, Brasil. E-mail: eschwartz@terra.com.br

⁵Enfermeira. Doutoranda em Enfermagem do Programa de Pós-Graduação em Enfermagem (PPGenf) da UFRGS. Mestre em Ciências. Bolsista pela Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES). Porto Alegre/RS, Brasil. E-mail: verafreitag@hotmail.com



INTRODUCTION

The period of childhood is of great relevance in the development of human beings, from the biological, psychosocial and cognitive perspectives. However, child development and growth depend not only on neurological maturation, but also on the conditions of the environment in which they live ⁽¹⁾.

In the hospital environment, children display symptoms and diseases that impose restrictions in many different ways, reducing the stimulus to their development ⁽²⁾. In this context, the hospital environment establishes its organization for the treatment of diseases, and, with this, it is a challenge to attend to the singularity of each child and their lives' global needs.

Depending on the development stage the child is in, they will react differently to adapt to their surrounding environment, directly depending on intrinsic and extrinsic factors. Therefore, during childhood, the disease may cause a delay or even an interruption in the process of growth and development of the child ⁽¹⁾.

In this context, one of the child's major sources of anxiety related to the disease is the lack of information about the illness and the reason for the hospitalization. Their speech is characterized by feelings of isolation and loneliness (due to the traumatic experiences of hospitalization) ⁽³⁾. On the other hand, hospitalization may be seen by some children as a possibility to receive more attention and affection from relatives, arousing positive feelings about the situation ⁽⁴⁾.

Therefore, humanized hospital care for the children and their family should be a strategy that seeks to rescue respect for human life, taking into account the differences inherent in each being. Thus, it is necessary to build a therapeutic project that promotes changes in the hospital environment, as well as respecting both of them as citizens, with the right to a humane and quality health care that meets their needs.

Thus, it is necessary to seek actions with the joint objective of the professionals, the hospital institution and the family, aiming at the integral well-being of the child during and after discharge. The nursing team plays a very important role in adopting measures that can prevent the traumatic consequences of hospitalization, which promotes the recovery of the child ⁽⁵⁾.

Considering these assumptions, it can be said that the way in which the child is hospitalized in the hospital environment is directly related to his / her development, which can generate traumas and delays during their life, since the hospital space is often not prepared for the singularity of the sick child. Therefore, it is important to know how the child perceives and experiences the moment of hospitalization, in order to assist in the elaboration of care strategies that favor their full development

and minimize the negative effects that hospitalization can impose on children.

In light of this, this study sought to answer the following guiding question: What is the child's perception about hospitalization in a pediatric unit?

However, there is an important gap regarding the child's perception of his or her hospitalization, since the publications emphasize the perception of parents, professionals and caregivers about child hospitalization. Thus, this study aimed to know the perception of children about their hospitalization in a pediatric unit.

METHOD

This is a field research with a qualitative approach, whose data were collected in a Pediatric Internment Unit of a Teaching Hospital of the southern region of Brazil, during the period from July to October, 2016.

The study included four children who met the inclusion criteria: being of school age from 6 to 12 years old, being hospitalized for at least two days to receive assistance. A child was excluded because they were not cognitively able to participate.

As data collection technique, the Dynamics of Creativity and Sensitivity (DCS) was used ⁽⁶⁾, which is the central axis of the Sensitive Creative Method (MCS). This technique facilitates complicity, interaction, integration and acceptance of the members. The method helps to raise latent issues that are difficult to socialize ⁽⁷⁾.

The realization of DCS followed the five moments ⁽⁷⁾: 1st moment - Presentation, reception; 2nd moment - individual or collective work that makes use of the issue generating debate. 3rd moment - presentation of the artistic productions, moment of socialization of the productions, taking note of the key words. 4th moment - collective analysis, discussion among the participants. 5th moment - synthesis and validation. The data collected are discussed and validated with the participants, thematic recoding takes place.

The DCS developed in this study was "Playing on the Scene" ⁽⁸⁾, which originally sought to know the contribution of games and playing in the child's life. For the development of the dynamics, several material resources were offered, such as: A4 sheet, crayons, pen, play dough, colored pencils and images to make collages on hospitalization. To instigate them to play, the question that generated the debate was created: Tell me, how it is like for you to be hospitalized? In addition to this question, the data concerning the profile of the child were collected: age, schooling, reason for hospitalization, length of hospitalization and presence of companion.

Data production occurred on three different days, and on the first day an activity was performed with a child, which also occurred on the second day of collec-

tion. Only on the third day it was possible to gather two children for the development of the activity. During the data collection, it was not possible to be faithful to the method, since it provides to produce data in a group, however, due to the small number of hospitalizations of school-age children, the collection was adequate. Nonetheless, even so, the activities were developed following the one proposed by the MCS, only individually and in double.

The data were analyzed through the analysis of thematic content, which consists of: pre-analysis, material exploration or codification and treatment of results obtained / interpretation⁽⁹⁾. After these steps, the analyzer suggests inferences and performs interpretations, inter-relating them with the theoretical framework initially designed or opens other clues around new theoretical and interpretative dimensions, suggested by the material reading⁽⁹⁾.

The research was carried out following the ethical assumptions contained in Resolution 466/12 of the National Health Council⁽¹⁰⁾. Therefore, prior to data collection, the project was approved by the Ethics Committee, under the assent of number 1,628,762 and CAAE: 56938416.7.0000.5316. The legal guardians signed the Free and Informed Consent Term (TCLE) and the children signed the Free and Informed Assent Term (TALE).

RESULTS AND DISCUSSION

The following is a table with the ages, schooling and reason for hospitalization of the children participating in the research, as follows: Figure 1.

The primary cause of hospitalizations in the Unified Health System are respiratory diseases and, consequently, those that contribute most to the morbidity and mortality rate of children under five years of age⁽¹¹⁾. The winter period stands out due to the fact that it is the one in which the greatest appearance of respiratory diseases occurs in children, occurring by two main factors: low temperatures and primary pollutants. This is corroborated by the present study, taking into account the period of data collection and the pathology of the children.

In addition, it was possible to note that all children

had their mothers as companions. In most cases, during the hospitalization of the child, it is the mother who accompanies the child or the visit more frequently, so it is necessary for the health professionals to look at the mother too, so that the child and the mother are the focus of care, since both end up living the hospitalization process⁽¹²⁾. Complementarily, the mother is perceived by the children as a protection, because in the hospital, where there are several strange people, the mother is the point of reference and affection, which generates safety for the child⁽¹³⁾.

During the production of the data, the children chose different ways to present their perception about hospitalization. Two made drawings, while the other two preferred to write. However, in general, the perceptions were similar and were related to the removal of their houses and routines, which generates longing. Thus, it was possible to elaborate two thematic categories: Ambivalence of feelings about hospitalization; Understanding the need for hospitalization for the health reestablishment.

Ambivalence of feelings about hospitalization

Hospitalization is a moment that generates ambivalent feelings in children, because at the same time they perceive it as necessary, it distances them from their daily lives. In this context, C1 states that there are two sides to hospitalization.

“In the hospital there are two sides, the good and the bad, the good part is that we meet new people and the bad side is that we stay away from siblings and the family, this is the bad side of my point of view” (C1).

The good side of hospitalization in C1's opinion is related to being able to meet new people, while the downside is related to being away from the siblings and the family. Children and adolescents are able to interact verbalizing their ideas, beliefs and values, thus giving meaning to the experiences lived in their daily lives. With this, hospitalization can bring not negative experiences, such as distance from home and family, but also positive experiences such as meeting new people and making friends⁽¹⁴⁾.

C4 also talks about missing their family, however, they

Age	Gender	Companion	Schooling	Reason for hospitalization
C1 – 7 years old	Female	Mother	2 nd grade	Treatment of bronchitis
C2- 11 years old	Male	Mother	3 rd grade	Conduct of examinations due to suspicion of decreased functioning of some organs.
C3-6 years old	Female	Mother	1 st grade	Conducting examinations.
C4-8 years old	Female	Mother	4 th grade	Treatment of respiratory disease.

FIGURE 1 – Table with the information of the children who participated in the research. Pelotas, RS, Brazil, 2016

Source: research data



see being hospitalized as something cool: *"It's nice to be in the hospital, but I miss my family"* (C4).

The ambiguity of feelings presented by C4 was also found in another study, which points out that while children "do not like being hospitalized for having to leave their homes and their families, they realize that the hospitalization helps them to feel better in relation to the effects of the disease"^(15:39). In the child, hospitalization causes behavioral and emotional changes, making them feel insecure, anxious and fearful about the new environment⁽¹⁶⁾. Corroborating this idea, another study highlighted the sadness in the children's faces, related to the difficulty of not being with their relatives and the withdrawal from their daily life, especially from school⁽¹⁷⁾.

On the other hand, children's perception of hospitalization is also influenced by the way they are treated by professionals, as can be seen in the C4 report: *"[...] I also like it because it's really cool. [...] the nurses are nice, it's cool here [...]"* (C4).

Scholars perceive nursing professionals as those who medicate and care for those who are sick, understanding that these are necessary care for the recovery of people⁽¹⁸⁾. In this care process, health professionals can help children to develop a positive perspective about hospitalization⁽¹⁴⁾.

Thus, nursing professionals have an important role as mediators in child development, teaching what can be learned with the help of someone more experienced. It is also possible to note that they use verbal and non-verbal communication when giving care, and that these actions

are aimed at patient recovery. It is emphasized that adequate communication can contribute to a more peaceful and less traumatic hospitalization.

C2 said they do not like being in the hospital because it is too time consuming. It is noteworthy that this child has a neurological problem that affects the functioning of the organs and also their learning, which generates innumerable hospitalizations and consequently keeps them away from their daily lives.

"I don't like to stay here, it's very ... I do not know, it's slow" (C2).

C2 also presented a drawing containing the figure of a princess (figure 2), a tape measure and an evidenced number:

When the researcher asked C2 to explain her drawing and what it represented, the child said: *"I drew a princess and a measure and a crazy house. [...] Because I said that she is hospitalized"* (C2).

Later, the researcher requested that C2 explained the relationship between the elements present in their drawing (the princess, the ruler, and the house) and her hospitalization, to which the child said it refers to their dream: *"it is about [...] it is my dream. [...] I dreamed of a strange and funny house [...] because I like dreaming ... because I'm in a dream"* (C2).

It is not possible to infer what the dream actually means for C2; however, if they feel like they're in a dream in the period of hospitalization, they may be trying to escape from the reality experienced. Then the researcher asked C2 if they liked being in the hospital, to which they replied: *"No. [...] Because I live at home"* (C2).



FIGURE 2 – C2's drawing on the perception of hospitalization. Pelotas, RS, Brazil, 2016

Source: research data.

In this speech, it is possible to observe that like the other children, C2 makes a reference to their house, so the hospitalization for this child also represents a departure from their home and daily life. Thus, based on the results, it was observed that hospitalization represents for children of school age a period of happy and sad feelings, being possible to perceive that they like the nurses, they know that they need to be hospitalized, but at the same time they miss their homes, routines, and families.

Understanding the need for hospitalization for health reestablishment

It was possible to identify in the children's reports that they understand the need to be hospitalized in order to get better, even though they know the implications of this process, which shows their maturity and recognition that the best is being done for their problem: "[...] because I know that I'll be fine here" (C4)

The study points out that children understand the disease and the procedures performed to deal with it⁽¹⁹⁾. Therefore, they can understand that hospitalization, despite generating several discomforts, has the function of making them well, as C4 affirms.

In view of the above, it is important to make the hospital environment more welcoming and less hostile, through communicative interventions that emphasize games and other entertainment activities. These interventions allow the child to expose his / her anxieties, fears and anxieties arising from the reality experienced, and allow the professional to expose relevant aspects related to the pathology and treatment, making themselves understood and collaborating for a satisfactory confrontation⁽²⁰⁾. Therefore, it is necessary to establish an effective verbal and non-verbal communication, since it is based on care and caring acts, allowing true exchanges between the caregiver (nurse) and the cared for (child), seeking the affinities of interaction, with sensitivity and affection⁽²¹⁾.

A study points out that hospitalized patients present feelings of hope related to treatment and the chance of cure, as well as optimism and acceptance⁽²²⁾. In the speeches of the children, the subjectivity of being hospitalized emerges, this is linked to healing and treatment, that is, the hope that, after this process, everything will be fine and the daily routine can be resumed. In this context, the use of toys and other activities makes possible the expression of the child's feelings, and joy is demonstrated when they understand hospital care and the hope of improvement, hospital discharge and return to daily life⁽¹⁷⁾.

Therefore, always explaining the reason for hospitalization and guiding the child and their family, at all stages

of treatment, is very important for understanding the disease process. Nurses can be the liaison in communication and support for the child, and are willing to help them whenever possible, since they spend a lot of time in direct contact with them. Thus, it is believed that in the hospital context, in order to establish an effective communication with the children, the use of therapeutic toys is very important.

The nurses use the professional attitude as a resource to communicate with the child, highlighting the entertainment perspective. This attitude involves playing, games, toys and music, facilitating the nurse's approach and allowing interaction⁽²¹⁾. The provision of leisure and entertainment activities creates a positive hospital experience for children, particularly for those in which regular and prolonged hospital stays are required⁽²³⁾.

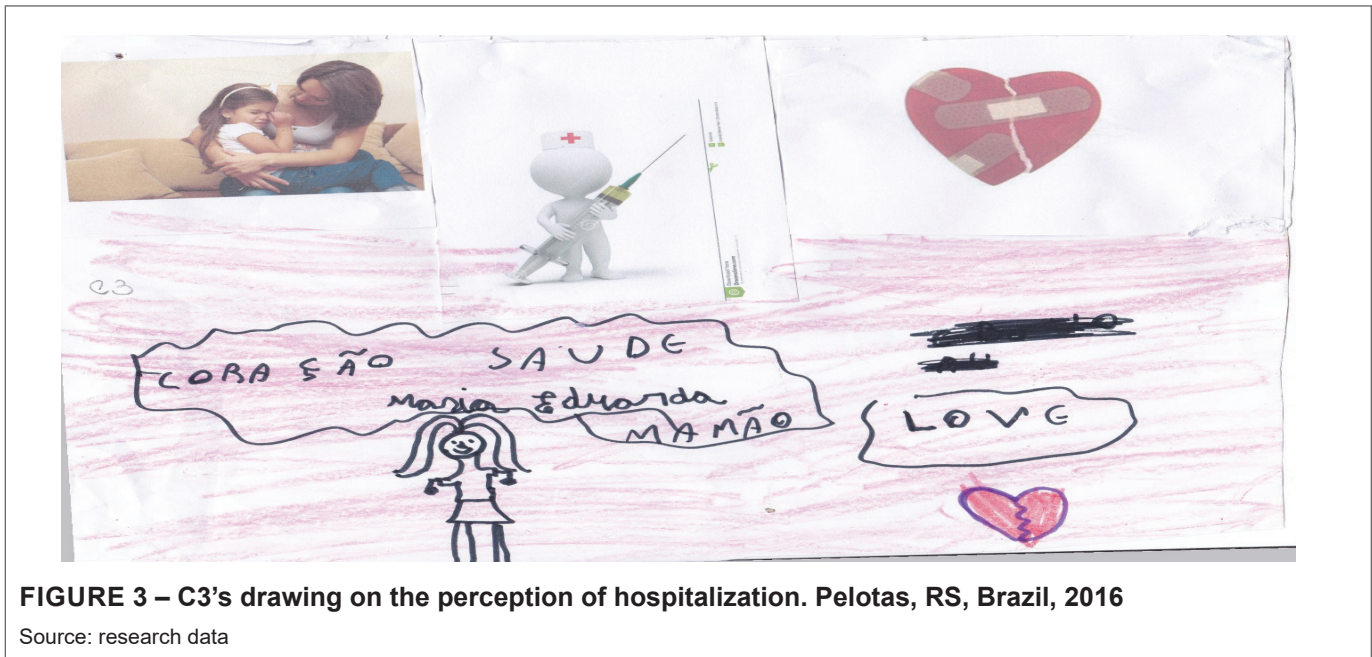
Entertainment activities make it possible to alleviate the emotional state of this young patient, evidencing how immense the importance is in the child's life, favoring a possible behavioral change⁽²⁴⁾. The therapeutic interaction between child-family and nursing calls for a cautious dialogue that brings contributions to promote the autonomy of these subjects and for the construction of technological ways of providing care, with integrality and humanization as guiding axes⁽²⁵⁾.

The understanding of hospitalization as something that favors the reestablishment of health is also observed in the design of C3, as can be seen in figure³

Later, when asked to explain their drawing, C3 said they wrote: heart, health and their name, explaining that doing health is necessary to return to their home: "I wrote heart, health and my name. [...] this is health and I can get better and go home and I can stay home too [...]" (C3).

In this speech, one can understand that hospitalization means for a child a place that makes it possible to return to health and thus return to their home and routine. In this way, it was possible to show in this category that children, although young, understand the hospitalization with a necessary condition for their reestablishment, which favors the acceptance and adherence to the treatment.

The child can do self-reflection and make choices, as they have the potential for it. He is intelligent, able to navigate their way, overcome themselves, adapt to an environment and use positive factors in problem solving. They acquire positive evaluation of life, faith and hope, good communication, dealing with situations in a positive way. It develops perception, initiative, independence, creativity, good humor, and morality; however, it is necessary the support of the family, friends⁽²⁶⁾ and nursing care that assists the positive vision of a hospitalization.



FINAL CONSIDERATIONS

It was noticed that children know the importance of being hospitalized for their improvement, highlighting the need for an affective and integral reception by the team. The removal of their routines, the distancing of family members and their homes are highlighted by children as negative points of hospitalization.

O presente estudo possibilitou compreender a necessidade da discussão da perspectiva da criança, dando-lhe vez e voz. Sem dúvida, seria importante desenvolver mais estudos buscando a percepção das crianças sobre suas experiências de hospitalização, pois elas têm muito a dizer e somente avaliando como elas se sentem será possível saber se o trabalho dos profissionais de saúde está sendo efetivo. Isso precisa ocorrer, não somente escutando o acompanhante, mas também à criança, que é

quem, de fato, recebe os cuidados e pode expressar bem o que está sendo feito.

As limitations of the research, the small number of children is highlighted, which interfered in the use of the selected methodology, however, it was possible to reach the proposed goal of knowing the child's perception about their hospitalization. The use of the Dynamics of Creativity and Sensitivity favored the collection of data, since it enabled to work the theme in a more playful way, approaching the children's universe.

Further research on the subject is suggested, since there is not a great variety of updated materials about it. Of course, there is much more to be collected and discovered on this subject, because the child has a great spontaneity and can help to have better ideas about ways to take care of them, helping them more and more.

REFERENCES

1. Pinto JP, Fernandes MG. Child growth and development. In: Fonseca AS (org.). *Enfermagem Pediátrica*. São Paulo (SP): Martinari; 2013. p. 01-28.
2. Fonseca AS, Calegari RC. Humanized care in the pediatric unit. In: Fonseca AS (org.). *Enfermagem Pediátrica*. São Paulo (SP): Martinari; 2013. p. 129-48.
3. Dias JJ, Silva APC, Freire RLS, Andrade ASA. The experience of children with cancer in the process of hospitalization and in playing. *REME rev min enferm*. 2013; 17(3):608-13.
4. Nader SB, Reif MH, Porter M. The relationship between mothers' coping patterns and children's anxiety about their hospitalization as reflected in drawings. *J Child Health Care* [internet]. 2014 [cited 2017 Mar 28] Mar; 18(1):6-18. Available from: <http://journals.sagepub.com/doi/abs/10.1177/1367493512468361>.
5. Cruz DSM, Costa SFG, Nóbrega MML. Assistência humanizada à criança hospitalizada. *Rev RENE*. 2006; 7(3):98-104.
6. Cabral IE. Alliance of knowledges in the care and stimulation of the child-baby: conceptions of students and mothers in the academic space of nursing. Rio de Janeiro(RJ): Editora da Escola de Enfermagem Anna Nery; 1999.
7. Soratto IJ, Piresi DEP, Cabral IE, Lazzari DD, Witt RR, Sipriano CAS. The creative and sensitive way of researching. *Rev bras enferm*. 2014; 67(6):994-9.
8. Silva MAI, Ferriani MGC. Violência doméstica: do visível ao invisível. *Rev latino am enferm (Online)* [internet]. 2007 [cited 2017 Mar 28] Mar-Apr; (2):[8 screens]. Available from: http://www.scielo.br/pdf/rlae/v15n2/pt_v15n2a13.pdf
9. Minayo MCS. The challenge of Knowledge: qualitative research in health. São Paulo (SP): HUCITEC; 2014.
10. Ministério da Saúde (BR). The challenge of Knowledge: qualitative research in health Resolution nº466 that provides on the ethical precepts and respect for human dignity, of December 12, 2012 [internet]. 2012 [acesso em 2016 Mai 24]. Disponível em: <http://www.ufp.br/cep/index.php/resolucao-cns-e-outros>.
11. Prato MIC, Silveira A, Neves ET, Buboltz FL. Respiratory Diseases in Childhood: An Integrative Review. *Rev soc bras enferm ped*. [internet]. 2014 [cited 2017 Mar 28] July; 14(1):33-9. Available from: http://sobep.org.br/revista/images/stories/pdf-revista/vol14-n1/v14_n1_artigo_revisao_1.pdf
12. Figueiredo SV, Gomes ILV, Pennafort VPS, Monteiro ARM, Figueiredo JV. Therapeutic communication between professionals and accompanying mothers. *Esc Anna Nery Rev Enferm*. 2013; 17(4):690-7.
13. Lapa DF, Souza TV. The perception of schoolchildren about hospitalization: contributions to nursing care. *Rev Esc Enferm USP* [internet]. 2011 [cited 2017 Mar 28] Aug; 45(4):811-7. Available from: <http://www.scielo.br/pdf/reeusp/v45n4/v45n4a03.pdf>
14. Luz JHD, Martini JG. Understanding the meaning of being hospitalized in the daily life of children and adolescents with chronic diseases. *Rev bras enferm*. 2012; 65(6):916-21.
15. Gabatz RIB, Ritter NR. Children hospitalized with Cystic Fibrosis: perceptions about multiple hospitalizations. *Rev bras enferm*. 2007; 60(1):37-41.
16. Depianti JRB, Silva LF, Carvalho AS, Monteiro ACM. Nursing perceptions of the benefits of ludicity on care practices for children with cancer: a descriptive study. *Online braz j nurs* [internet]. 2014 [cited 2017 Mar 28] Jun; 13(2):158-65. Available from: http://www.objnursing.uff.br/index.php/nursing/article/view/4314/pdf_119
17. Costa TS, Morais AC. Child hospitalization: the experience of children from graphic representations. *Rev enferm UFPE on line* [internet]. 2017 [cited 2017 Mar 15] Jan; 11(supl.1):358-67. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11916/14407>
18. Santos PM, Silva LF, Depianti JRB, Cursino EG, Ribeiro CA. Nursing care in the perception of the hospitalized child. *Rev bras enferm*. [internet]. 2016 [cited 2017 Mar 15] July-Aug; 69(4):646-53. Available from: <http://www.scielo.br/pdf/reben/v69n4/0034-7167-reben-69-04-0646.pdf>. Doi: <http://dx.doi.org/10.1590/0034-7167.2016690405i>
19. Quintana AM, Arpini DM, Pereira CRR, Santos MS. The hospital experience in the eyes of hospitalized children. *Cienc cuid saúde*. 2007; 6(4):414-23.
20. Jonas MF, Costa MADJ, Souza PTL, Pinto RNM, Morais GSDN, Duarte MCS. The Lúdico as communication strategy for the promotion of the humanized care with the hospitalized child. *Rev bras ciênc saúde* [internet]. 2013 [cited 2017 Mar 20] Oct-Dec; 17(4):393-400. Available from: <http://periodicos.ufpb.br/ojs/index.php/rbcs/article/view/13559/11441>
21. Martinez EA, Tocantins FR, Souza SR. The specificities of communication in nursing care to the child. *Rev gaúch enferm*. 2013; 34(1):37-44.
22. Galvan CD, Kaufmann G, Brustolin AM, Ascari RA. Perception of patients affected by leukemia before hospitalization. *Rev enferm UFSM* [internet]. 2013 [cited 2017 Mar 20] Sept; 3(esp.):647-57. Available from: <https://periodicos.ufsm.br/reufsm/article/view/11079/pdf>
23. Lambert V, Coad J, Hicks P, Glacken M. Social spaces for young children in hospital. *Child care health dev*. [internet]. 2014 [cited 2017 Mar 29] Sept; 40(2): 195-204. Available from: <http://dx.doi.org/10.1111/cch.12016>.



24. Ferreira NAS, Esmeraldo J, Blake MDT, Antão JYFDL, Raimundo RD, Abreu LCD. Social representation of the hospital ludic: look of the child. *Rev bras crescimento desenvolv hum.* 2014; 24(2), 188-194.
25. Collet N. Interaction subjects in hospitalized child care: challenges for Pediatric Nursing. *Rev bras Son-*
- ferm.* 2012; 65(1):7-8.
26. Ribeiro PM, Terra FS, Dullius AAS, Araújo WCCT, Souza JJ, Moreira DS. Analysis of the concept of resilience in children, *Revista Enferm Atual*, 2018; 84(22):171-178. Available from: <https://revistaenfermagematual.com.br/uploads/revistas/22/13.pdf>