

The Use of the Toy during the Treatment of Children with Cancer: Perceptions of the Multidisciplinary Team

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A Utilização do Brinquedo durante o Tratamento de Crianças com Câncer: Percepções da Equipe Multidisciplinar

La Utilización del Juguete durante el Tratamiento de Niños con Cáncer: Percepciones del Equipo Multidisciplinario

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Abstract

Introduction: Playing is a fundamental activity in childhood and for child development, which must be maintained even in situations of illness and hospitalization. **Objective:** The objective of this study was to elucidate the experience of the multidisciplinary team with the use of toy during the treatment of children with cancer. **Method:** This is a qualitative study carried out in an institution that provides specialized assistance to children and adolescents with cancer. The ethical aspects of human research have been respected. Ten members of the multidisciplinary team that used the toy or therapeutic toy with the child in cancer treatment participated in the study. The data collection used as strategy the semi-structured interview. The narratives were analyzed according to the Content Analysis framework. **Results:** The shared experiences revealed four representative categories: I. The toy as a strategy for the child to understand about the universe of the disease; II. The toy as a feature that provides security to move forward; III. The toy as a way to give voice to the emotions that can not be silenced; IV. The toy as a bridge approaching professionals, child and family. **Conclusion:** It is concluded that the toy is a fundamental strategy of creating and narrowing the bond with the child and his family, allowing the child to express their experiences and feelings. Playing establishes a communication that enables the child to understand about his illness and treatment as a singular being.

Key words: Play and Playthings; Child Care; Neoplasms; Patient Care Team.

Resumo

Introdução: O brincar é uma atividade fundamental na infância e para o desenvolvimento infantil, e deve ser mantida inclusive nas situações de doença e hospitalização. **Objetivo:** O objetivo deste estudo foi elucidar a experiência da equipe multidisciplinar com o uso do brinquedo durante o tratamento de crianças com câncer. **Método:** Trata-se de um estudo qualitativo, realizado em uma instituição que presta assistência especializada a crianças e adolescentes com câncer. Os aspectos éticos da pesquisa com seres humanos foram respeitados. Participaram do estudo dez membros da equipe multidisciplinar que utilizam o brinquedo ou brinquedo terapêutico junto à criança em tratamento oncológico. A coleta de dados utilizou como estratégia a entrevista semiestruturada. As narrativas foram analisadas segundo o referencial da Análise de Conteúdo. **Resultados:** As experiências compartilhadas revelaram quatro categorias representativas: I. o brinquedo como uma estratégia para que a criança compreenda sobre o universo da doença; II. o brinquedo como um recurso que proporciona segurança para seguir em frente; III. o brinquedo como uma forma de dar voz às emoções que não podem ser silenciadas; IV. o brinquedo como uma ponte que aproxima profissionais, criança e família. **Conclusão:** Conclui-se que o brinquedo é uma estratégia fundamental de criação e estreitamento do vínculo com a criança e sua família, permitindo que a criança expresse suas vivências e sentimentos. Brincar estabelece uma comunicação que possibilita a compreensão da criança sobre a sua doença e o tratamento como um ser singular.

Palavras-chave: Jogos e Brinquedos; Cuidado da Criança; Neoplasias; Equipe de Assistência ao Paciente.

Resumen

Introducción: El juego es una actividad fundamental en la infancia y para el desarrollo infantil, que debe ser mantenida incluso en las situaciones de enfermedad y hospitalización. **Objetivo:** El objetivo de este estudio fue elucidar la experiencia del equipo multidisciplinario con el uso del juguete durante el tratamiento de niños con cáncer. **Método:** Se trata de un estudio cualitativo, realizado en una institución que presta asistencia especializada a niños y adolescentes con cáncer. Los aspectos éticos de la investigación con seres humanos fueron respetados. Participaron del estudio 10 (diez) miembros del equipo multidisciplinario que utilizan el juguete o juguete terapéutico junto al niño en tratamiento oncológico. La recolección de datos utilizó como estrategia la entrevista semiestructurada. Las narrativas fueron analizadas según el referencial del Análisis de Contenido. **Resultados:** Las experiencias compartidas revelaron cuatro categorías representativas: I. El juguete como una estrategia para que el niño entienda sobre el universo de la enfermedad; II. El juguete como un recurso que proporciona seguridad para seguir adelante; III. El juguete como una forma de dar voz a las emociones que no pueden ser silenciadas; IV. El juguete como un puente que acerca a profesionales, niño y familia. **Conclusión:** Se concluye que el juguete es una estrategia fundamental de creación y estrechamiento del vínculo con el niño y su familia, permitiendo que el niño exprese sus vivencias y sentimientos. Jugar establece una comunicación que permite la comprensión del niño sobre su enfermedad y el tratamiento como un ser singular.

Palabras clave: Juego e Implementos de Juego; Cuidado del Niño; Neoplasias; Grupo de Atención al Paciente.

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INTRODUCTION

According to estimates, in the two-year period 2018-2019, there will be 420 thousand new cases of cancer in Brazil, not counting non-melanoma skin tumors. Since the median proportion of pediatric tumors in Brazil is 3%, there will be approximately 12,500 new cases of cancer in children and adolescents under 19 years of age¹.

From the clinical point of view, pediatric cancers present stages with less latency and generally grow more rapidly and are more invasive. However, they tend to respond better to treatment and are felt to have good prognosis. The most frequent cancers in childhood are leukemias (26%), followed by other epithelial tumors (14%), lymphomas (14%), and tumors of the central nervous system (13%). In Brazil, cancer is the second leading cause of death in children and adolescents from 1 to 19 years of age¹.

Treatment of childhood and adolescent cancer is long and poses numerous challenges for the patients. Limitations caused by the illness and treatment lead to changes in the child's regular activities, and often the need for hospitalization. When admitted to hospital, the child is submitted to routine and invasive procedures that are uncomfortable and repetitive, causing fear and suffering. In addition, contact with friends and family and the acts of playing, eating, and attending school are limited during the treatment and hospitalization².

There is thus legitimate concern in the health care team to intervene in order to minimize the suffering of children with cancer through an approach that considers them as beings in development and with their own unique needs. The team thus seeks effective communication strategies and recreational and playful activities in order to strengthen the bond with the child, winning their trust and especially guaranteeing the ability to experience their world through play. Extensive evidence points to the importance of play during illness and hospitalization. Playful activities using games, puppets, theater, and therapeutic toys have been identified as strategies to reduce the discomfort, fear, and anxiety resulting from this context of suffering. Other resources have currently been implemented by teams, including technological ones such as e-games and apps.

Different kinds of electronic devices are currently a form of entertainment for children, serving as an interesting alternative in the case of children hospitalized for cancer treatment, who are often using medications or medical devices that limit their movements or presenting symptoms such as pain and fatigue, allowing these youngsters to perform playful activities even when confined to the hospital bed. Like electronic resources,

playful activities such as watching TV, drawing, and toys offer children the opportunity to reclaim games that they commonly play at home and that are closer to their reality, thereby improving their quality of life and well-being and fostering trust, distraction, interaction, peace of mind, and security³.

Therapeutic toys are a strategy with the potential to foster play in situations of illness and cancer treatment, including periods of hospitalization. A therapeutic toy is a structured form of game aimed at relieving tensions and anxieties arising from uncommon childhood experiences. The approach consists of 15 to 45-minute sessions led by a trained professional who has already established a relationship of trust with the child. The therapeutic toy session may aim to gather information on the procedures, illness, and hospitalization for the children to express their feelings and fears towards the situation they are experiencing, using role-playing, with the opportunity to play with hospital materials and perform the same procedures that will be performed on them. The children are thus able to clear up their doubts, express their anxieties, and thus potentially allay their fears⁴⁻⁶.

Considering that cancer treatment requires interventions by various professionals in the health care team, and based on evidence for the use of toys during the child's illness and hospitalization, we ask: *What are the interdisciplinary team's perceptions concerning the use of playthings/therapeutic toys during treatment of children with cancer?*

The study's objectives were to elucidate the team's experience with the use of playthings/therapeutic toys and to identify their impact on the treatment of the child with cancer.

METHOD

This study used a qualitative approach whose methodological reference was descriptive content analysis as proposed by Morse and Field. A segment of the interview can consist of a few lines or a paragraph. Coding is used to identify the interview's content. The codes that are connected by similar meanings are grouped, forming categories. The categories are identified by names representing the data they contain⁷.

The study was performed in a pediatric hospital in the interior of São Paulo state, Brazil, that provides care to children and adolescents in various specialties, one of which is Pediatric Oncology. The team consists of professionals from various fields, including medical specialists, nurses, a physical therapist, a nutritionist, a social worker, psychologists, a pharmacist, a dentist, a medical biologist, and a teacher.

Participation in the study included ten professionals from the multidisciplinary team that used playthings/therapeutic toys in care for children with cancer, which was the inclusion criterion. The study participants were three nurses, three psychologists, a physical therapist, a dentist, a nutritionist, and a teacher. The sample excluded professionals that were on vacation or on leave. Participants had worked from one to seven years in Pediatric Oncology. The number of participants was not predetermined. According to the methodological reference, the data collection is finished when new data no longer emerge from the interviews and the data are sufficient to understand the object of the study.

The study's participants had their rights guaranteed on the basis of ethical guidelines in resolutions 466/2012 and 510/2016 of the Brazilian National Health Council (CNS). Data collection began after approval by the Institutional Review Board of Universidade Paulista, protocol number 1.674.441, of August 8, 2016. The invitation was issued to the health professionals by explaining the study's objectives and their form of participation. Having expressed their interest in sharing their experiences through an interview, they received information verbally and in writing on the study's procedures, as specified in the free and informed consent form. Participants were asked to authorize recording of the interviews, and they all agreed to this procedure.

The data collection strategy used a semi-structured interview. The interview was oriented by the following question: *Can you tell me about your experience using playthings or therapeutic toys with children in cancer treatment?* Based on this question, other questions were asked to obtain a more in-depth understanding of the experience, such as: *In what situations have you used toys? What difficulties and facilities have you experienced in using playthings/therapeutic toys? In your view, what are the toy's positive effects on children? And what are the effects for you? How do children receive the toys? What kind of reactions do they have?* The narratives were recorded and transcribed in full for subsequent analysis according to the methodological reference on content analysis.

For analysis of the data obtained from the interviews with the health team members, we followed the steps proposed for content analysis: coding and categorization. The interviews were transcribed and coded according to their meanings in the professional's experience. Codes connected by similar meanings were grouped, forming categories identified by names representing the evidence they contained.

RESULTS

Detailed analysis of the data obtained through interviews with the members of the multidisciplinary team allowed identifying four representative thematic categories for the team's experience with the use of playthings/therapeutic toys during care for children with cancer: (I) toys as a strategy for the child to understand the world of the illness; (II) toys as a resource providing security to move ahead; (III) toys as a way of giving voice to emotions that cannot be silenced; and (IV) toys as a bridge between the health team, the child, and the family.

TOYS AS A STRATEGY FOR THE CHILD TO UNDERSTAND THE WORLD OF THE ILLNESS

The illness creates new demands and the need for adaptations by the child, with procedures, consultations, symptoms, and medications with potentially uncomfortable side effects. In this context, the team observes the patient's uncertainties and fear of the unknown, inherent to the experience.

For pediatric cancer patients to be able to weather these difficult moments and understand and accept the changes in their lives, the members of the multidisciplinary team involved in this complex care are essential. Communication between the child and the team, preparation, and support can be performed playfully, since the professionals consider the toys an important resource for approaching the children and helping them understand what is happening. The professional uses the toy in welcoming the child and family to the institution, minimizing the belief that the hospital is only a place of suffering. Toys thus become part of the interactional routine between the team and the child, using this resource to help prepare the child for procedures that are not part of his or her world, like spinal taps, bone marrow tests, biopsies, venipuncture or placement of central venous catheters, probes, drains, and other invasive and painful procedures.

From the health professional's perspective, by using toys in interacting with pediatric patients, their understanding and acceptance of what is proposed for them at that moment are experienced with less suffering, since they participate actively in each stage, playing with materials such as the stethoscope, syringe, or tourniquet. By using toys and play, the health professionals are also able to perceive their fears, doubts, and anxieties. For the professional, this understanding is an additional resource in seeking to alleviate the child's suffering.

When the kid understands what you're going to do, it all becomes easier. You have a lot more of their

collaboration, and it's beautiful when as time goes by, they even repeat your words. You see that they understand their treatment perfectly. They know very well what they can and cannot do, and that's when you realize how conscientious they are. You don't need the world's most sophisticated doll or puppet, because you use the kid's imagination, and everything is different. You're able to transport everything to an entirely different dimension (Interview 1; Nurse).

The kids accepted the treatment better. They were calmer during the procedure, so I realized that explaining what was going to happen was better for them. We put it all into a context and create a setting to use. Sometimes using the toy, and sometimes not, we realize it's good not just for the kid, but for the parents, too. The parents also come with anxiety, with expectations about what it's going to happen, what's going to be done. There are a lot of technical terms, things the parents can't even imagine. When you use this, the actual material, they have the opportunity to pick it up and handle it and ask questions (Interview 2; Nurse).

So, I think playing is very important for all the kids, for their overall development. Playing during the illness is very meaningful. Play is very important for kids. I think playing is essential. It's just as important as the medication itself. We always say that toys and the game room are medicine, too. They make a huge difference for the kids, and this ends up benefiting the parents, because the kids are always accompanied by an adult, the father or mother, and when the father and mother see their kid go into the game room, they end up forgetting that this is a hospital (Interview 6; Psychologist).

TOYS AS A RESOURCE PROVIDING SECURITY TO MOVE AHEAD

A child's experience with cancer is permeated by feelings of uncertainty and fear of the unknown. Procedures, medications, and countless changes in various areas of the child's routine lead to insecurity for the child and family. For the health professional, more than explaining and orienting them on a procedure, using toys fosters confidence and security for the child to move ahead with the difficult journey of the illness. With toys and through them, the children become calmer, accepting the changes in their new condition in life. The child's security also has a positive effect on the family, especially on the members in charge of their care, usually the parents. This security extends beyond the hospital and the outpatient setting and serves as an important resource for the professional to help the children in their process of coping with the fears, anxieties, and uncertainties.

Afterwards we check the results to see if the toy helped decrease the kid's irritability, increased their acceptance, how the kid reacted. We fill out the form little by little and ask the parents about their perceptions after we included the doll or puppet in the kid's life. And we've had wonderful feedback. The parents always report that it was very positive, so I believe it's a toy that saves. That's how I feel. The parents are always very scared, you know? So, you have to try to relieve everybody's anxiety, and I can see that with the toy we're able to relieve everybody's tension (Interview 4; Psychologist).

In most phases of rehabilitation, I use a ball or trampoline that ends up serving as a toy for the kid, and we use rings, too. So, it has a very positive effective on the treatment, because I often need the kid to remain standing, and there's the fear and insecurity, so I often stand the kid and say, "Let's kick the ball," and the kid thinks that's fun. But if I just say, "Let's stand up," the kid resists (Interview 10; Physical therapist).

TOYS AS A WAY OF GIVING VOICE TO EMOTIONS THAT CANNOT BE SILENCED

Toys are an important resource for the health professional to create a therapeutic setting for the children to be able to express their feelings, anxieties, fears, anger, and pain, as well as their joy, strength, and resilience, that is, their capacity to resist and deal with the adversities and changes resulting from the illness and treatment. Toys are thus an essential element in the communication between the child and the health professional.

For the professional, through play, children interact with others and simulate the situations they experience, revealing their understanding of these experiences. The therapeutic toy is an important strategy in pediatric cancer care. During these sessions with the therapeutic toy, the professional lets the child handle the dolls or puppets and the materials used routinely by the team during procedures, such as syringes, gloves, gauze, and catheters. Using these materials, children can act out all the procedures to be performed on them, playing different parts in the health team. The children can thus express their weaknesses and strengths, manifesting behaviors of aggressiveness or tenderness.

The children express their understanding of certain interactions. The therapeutic toy thus has a positive impact for the child, who can express feelings and behaviors, and for the health professional, who can understand them more clearly and reorient their care.

This opportunity to handle the object and then want to perform [the procedure] on the doll is a way of

relieving tension. [The child thinks:] “What it does to me, I want to do to the doll, too.” We observe that some kids express more aggressiveness and even hold the syringe and needle like a weapon, wanting to attack. But I realize that this is perfectly normal, all this process they go through to understand that the pain is not to do harm. They want to let off steam somehow, and there are kids that say later, “Auntie, can I play with the doll?”, “Auntie, let me play with that doll!” and they handle it, they want to do [the procedure] on the doll. And later they play like that at home with their siblings, which I think is a way of relieving tension and understanding and expressing feelings and anxieties, all related to the treatment and the procedures (Interview 2; Nurse).

Through an educational intervention using a toy, a doll or puppet, this kid was able to open up, to interact, to accept this first contact, to express himself, and even the possibility of relating to another kid (Interview 7; Teacher).

TOYS AS A BRIDGE BETWEEN THE HEALTH CARE TEAM, THE CHILD, AND THE FAMILY

Using toys, the health professional is able to enter the child’s world, understand his or her needs, emotions, fears, and doubts and thus intervene with a unique approach for each child. Toys are not only a tool that facilitates the health professional’s communication with the child (and vice versa), ranging from the simulation of a procedure to manifestation of their feelings and experiences; toys allow forming and strengthening the bond between the professional, the child, and the family.

Fear of the unknown is experienced by the children and especially by their family when they come to the hospital bringing countless doubts, worries, and anxieties. The professional seeks an approach with the child and the family member to be able to create bonds that facilitate the child’s stay in the hospital and make the time less traumatic, besides facilitating communication and exchange of information.

When health professionals use toys, they win the child over, showing how they can be a moment of fun and pleasure, facilitating the child’s understanding and acceptance and allowing to build a bond of trust.

So, the more fun things I bring to the hospital and use with that procedure, the more I believe the kid gains trust in me and knows that at that moment in that procedure, he’ll know that it’s painful, because unfortunately it’s a painful procedure, but that it will be relieved by the playful way we deal with it. So, the toy’s advantage with this kind of material is mainly to reach out to the kid to open up this first door (Interview 7; Teacher).

[With toys,] they begin to create bonds with the institution, with the health care team, and that makes it easier for us (Interview 10; Physical therapist).

DISCUSSION

The results showed that the experience with the use of therapeutic toys by members of the multidisciplinary health team is extremely important for the child and family to be able to understand the illness and treatment and to be prepared for this new routine and the procedures, which are usually what cause the most discomfort for children. This evidence corroborates that of other studies on toys and play in situations of illness and hospitalization.

A previous study on the use of therapeutic toys and play from the nursing team’s perspective suggests that play can also be seen as a possibility for expressing feelings, preferences, fears, and habits, as a mediator between the familiar world and new or threatening situations, a strategy for comprehending unknown or unpleasant experiences, and communication between the health professionals and the child, detecting the latter’s specificities and allowing the child to reveal thoughts and feelings. In this sense, play can be seen as a therapeutic space capable of promoting not only the continuation of the child’s development, but also the possibility a better understanding for the children concerning this specific moment they are experiencing. Through play, children can relate to the milieu and thus develop their social role⁸. Play is a universal language by which children express themselves. An adequate connection between play and children’s coping with various aspects of life can help them develop and become more resilient when dealing with adversity⁹.

This study’s results show that the hospital institution was an important scenario for play during cancer treatment, promoting comprehensive child development and care and not only curative care. Health professionals working in the hospital setting clearly need to develop skills to be facilitators and promoters of play in this setting in order to provide more individualized and complete care for the children, since this activity is essential for child development¹⁰.

Studies show that hospitalization involves stressful experiences, but that these can be attenuated by the family’s presence, the health care team’s affection and support, adequate information, and recreational activities, among others. Through toys and play, children explore, ask questions, and reflect on their day-to-day life and the surrounding reality¹¹.

The study’s evidence shows that for members of the multidisciplinary team to be able to approach and work with these children on their fears and concerns, it is

necessary to use techniques that facilitate this approach and communication.

During the use of such playthings and therapeutic toys, it was easier for children to understand and accept what was proposed by the health care team, through simulations and role-playing with the toy and materials, thus expressing and relieving their emotions. A study of preschool children in cancer treatment showed that the role-playing therapeutic toy allows moments of pleasure and fun, serving as an indispensable refuge for children to reorganize their emotions after difficult periods in life. The therapeutic toy can be used to help the child expand his or her capacity to relate to reality, establishing a bridge between the real world and the subjective world, fostering a positive strategy for coping with the situation⁶.

This study teaches us that play in the life of a child with cancer is extremely important for coping with the illness. Play helps children develop all their senses and their physical and intellectual activity, satisfies affective needs, and releases their emotions, helping them deal with their fears, concerns, and anxieties. An integrative review covered studies that also demonstrated that therapeutic toys have been used as a valuable tool by many health professionals. They allow children to express their emotions, wishes, frustrations, and experiences, serving to relieve stress, minimizing possible traumas. They also allow health professionals to establish essential communication in the process of care, identifying needs and thus strengthening bonds of trust¹².

Play, in the form of games or the use of therapeutic toys, has an important therapeutic value for sick children, contributing to their physical and emotional well-being and thus to their recovery. Play is thus an important tool for health professionals given the vulnerability of the child in treatment or experiencing limitations due to life-threatening illness. Play in the hospital helps repair the break in the children's lives resulting from the illness, allowing them to live closer to normal, even inside the hospital¹³.

A study that aimed to explore how a child with cancer uses fantasy, play, and imaginary coping (or using imagination to deal with adversities from the illness) found that these activities play a significant role in the child's coping process. Children use these strategies to handle the disease. The team and parents play a significant role in this context, since the team has various ways of helping the parents respond to their children's need to adapt and cope with the situation. Coping is intensely interactional, and the child is an active player in this process¹⁴.

This study corroborates the theoretical construct on playthings and therapeutic toys as facilitating elements in the interaction between the health care team and the child, facilitating communication, bonding, and proximity for

both. They also allow children to feel more secure in the face of the adversities arising from the disease and treatment, sharing their fears and feelings.

The study's limitations refer to the difficulty in establishing a common nomenclature for play. For some health professionals, the term "therapeutic toy" was more familiar to their experience. Others used the terms "playthings" or "play therapy", while still others referred to "toys", "games", or "recreation". These differences may be explained by the fact that the study included professionals from different fields of knowledge, each with their own theoretical and practical references and terminologies. Generally speaking, regardless of the terminology used by each respective professional, play was addressed as a strategy for rapport, communication, and instruction, mainly based on the common intent to help relieve the child's suffering.

The study's evidence raises issues to be addressed in future research, exploring the interactional setting for play between the health care team and the child, the parents' perspective, and the perspectives of pediatric cancer patients themselves in relation to play during treatment, as well as studies using specific instruments and strategies, the impact of play in reducing anxiety, and the promotion of comfort and relief of suffering for the child.

CONCLUSION

Pediatric cancer creates unexpected and unwanted conditions in which children find themselves outside their familiar context (i.e., family, friends, and school), due to the limitations imposed by the disease and treatment, a world previously unknown to them.

Play as part of the daily routine for the multidisciplinary team and children in cancer treatment aims to approach and prepare the children for this unknown world in which they have been launched. Toys in this context help the children understand the processes they will face, allowing them to share their fears, concerns, anxieties, and pain.

Through play, children develop their social and overall roles, developing spontaneous activities, interaction with the team, creating a bond, playing out roles, thus allowing the health team to identify demands in which they need to intervene.

The attending team's perceptions of the toys allow unveiling the impact of play on various difficult experiences for children with cancer, besides the numerous benefits of this practice.

CONTRIBUTIONS

Patrícia Luciana Moreira-Dias participated in the study's conception and planning, data analysis and

interpretation, and writing and critical revision of the article. Isabella Partezani Silva participated in the data collection, analysis, and interpretation and writing of the article.

CONFLICT OF INTEREST

None.

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