42 - THE HOSPITAL RECREATION AND ITS REPERCUSSIONS IN CHILDREN AND PRÉTEENS' QUALITY OF LIFE

MARCIRIA LAUSER GUEDES
Centro Universitário Feevale, Novo Hamburgo, RS, Brasil
POSSEBON, MÔNICA
Centro Universitário Feevale, Novo Hamburgo, RS, Brasil
marciria@feevale.br

INTRODUCTION

The quality of life (QL) in adults has been studied in the last decades, however in the perspective of children it is a relatively recent field, specifically the hospitalized one. According to Ferreira and Valdéz (2005), as much in private as in public schools, great part of the objectives of a QL achievement occurs by the ludic activity, of the games and the play activities, through the physical education.

However, the Physical Education is extending its fields of performance throughout its history in the most diverse contexts of its interests and motivations, through sports activities, of recreation and leisure; possess as orientation the attendance to the multiplicity of the human beings necessities, and inside of these it meets hospitalized child. This condition - illness - in such way affects three aspects of your life: biological, psychological and the social one, which together or separately influences in the QL. And it is in this context, that the professional of Physical Education, through ludic and recreative activities can assist, making these children being in constant learning and keeping adequate levels of QL.

Diverse studies disclosed the importance of the professional of Physical Education performance, through the recreation, in the hospital context. Among them, it is distinguished the research of Moraes (2003), that has investigated the perception of professionals of the area of the health on the hospital recreation, which pointed that the child reacts better to the treatment, that the play activity allows that the child liberates her/his feelings, assists in the reflection on the situation, creating some alternatives of behavior for the outcome most satisfactory the self desire.

Also studies of Nilson (2003) and Käffer (2004) had evidenced how much positive is the development of the recreation inside of the hospital environment, therefore with the chance to play more they will be prepared emotionally to control their attitudes and emotions inside of the social and hospital context, thus getting better general results in the development of their lives.

The expression QL, understood as a phenomenon that interacts with the most diverse dimensions of the human being, has been object of innumerable studies in the scientific community. However, to appraise it is not easy, therefore its definition is not accepted universally, generating discussions about this thematic.

As well as for the adults, a universal definition for QL in children does not exist; the operational definitions designate as more important domains the functional state of the child, the physical, psychological state and social and, therefore, the quality of life related to the health constitutes a multidimensional measure and directed to the patient that must be who answers the questions (BADIA LLACH; BENAVIDES RUIZ; RAJMIL, 2001).

Talking about QL in the childhood/infancy, leads us to reflect on the joy that is related, to the healthful one, the play activity, the hope, to the growth, to the development, to the future and to life. However, all we know that not only positive experiences are present in the quotidian of children, mainly the hospitalized ones. In this direction, for children, term QL can possess several meanings, since satisfaction of desires to the accomplishment of conquests, as also it can be influenced by diverse situations or problems of the quotidian (PAL, 1996 apud ASSUMPÇÃO et al, 2000).

According to Brasil, Ferriani and Machado (2003, p. 64) the QL in children has been defined as "a subjective and multidimensional concept, that includes the functional capacity and the psychosocial interaction of the child and her/his family, while the quality of life related to the health state incorporates the evaluation of the physical symptoms".

The QL of the child has to be primordial in all the aspects and phases of her/his infancy, therefore, the more precocious the things happen, more sensible is the child to the physical, biological and social confronts. This way, the child never must be private of leisure, education, familiar and social conviviality, at any moment, as much in her/his day by day or even if find herself/himself weak physically. These are the fundamental factors for their formation, physical and moral development. They are essential aspects that reflect in their QL.

Regarding the subject, Maslow (1973) Ferreira e Valdéz (2005) hierarchicalized the man's necessities, pointing the posterior necessity is only reached when the previous one will be satisfied. The described types of necessities for the author are for importance order: physiological necessities, of security, affection, self-esteem and self-accomplishment. Thus, the child must initially satisfy his/her physiological necessities and of security, for, from there satisfying their necessities related to the affectivity, the esteem and the concretion of objectives. This way, after the children to fulfill to their basic physiological necessities (to breathe, locomotion, feeding, among others) and their necessities of security (the housing is enclosed here), the other factors of necessities can be acquired through the play activity, which, the child can satisfy her/his own desires, either of affective order, related to the esteem or the accomplishment of objectives and purposes.

According to Ferreira and Valdéz (2005), in the act of playing, the child exercises her/his capacities of relationship, learns to earn, to lose, to oppose themselves, to express self wills and desires, understands that he/she is not the only one and that he/she needs to live in group respecting rules and divergent opinions, etc. Playing, it educates the sensitivity to appreciate self efforts and attempts, the pleasure that it gets when concludes a task (to mount a puzzle or to catch the colleague) brings the feeling of realization by reaching a goal, leading the child to the self-esteem. The act of playing challenges the child and it takes her to reach levels of accomplishment above of that she/he usually can obtain.

The therapeutic recreation comes to provide, by this way, the stimulation of capacities and functions of the child, brightening up awkward moments of hospitalization, becoming them constructive and prospecting as much as possible the present creative energy in infancy, contributing for their well-being through the healthy use of their time of treatment, preserving the basic principle of integral health (LINDQUIST, 1993).

Such obstacles have been surpassed with use of suitable instruments to the level of development of the child and use of images as support in its answers, such which, Quality of Life Scale AUQEI, adopted in this study. According to Prebianchi (2003), the measures of QL in infancy, must be generic measurements, since they enclose all the relevant domains of QL, that can be affected by a specific condition and also can be of fast application, also pertinent characteristics to the AUQEI, therefore still make possible the comparison of results between diverse conditions and still, to be used as assistant measurement to identify and to prioritize problems and to monitor the changes or answers to the treatment.

This study had as objective to evaluate the QL of children with hospitalized chronic diseases, with ages between 6 and 12 years, independent of sex, participants of therapeutically recreation.

METHODOLOGY

The study was a transversal descriptive type, developed in the pediatric unit of the Hospital Santo Antonio of Porto Alegre, with 50 children hospitalized with diagnosis of chronic illness since at least one year. We delimit it to the age up or about 6 years old and children under age12, it was based on the fact that the children from this age initiate the phase of logical and coherent thought. The study was approved by the committee of ethics of the Hospital Santo Antonio and authorized by the parents of the children, by means of signature of consent term.

The QL was evaluated through the Autoquestionnaire Qualité de Vie Enfant Imagé (AUQUEI), developed for Manificat and Dazord (1997), translated and validated for the Portuguese by Assumpção et. al. (2002). The one is about a questionnaire that explores the diverse relations, such as: familiar, social, occupational activities, corporal health, functions and separation. The same has validity and trustworthiness of a scale for quality of life in children from 4 to 12 years old. The information is gotten together to the citizens, from their respective inferences their proper definition of QL, including four states (very happy, happy, unhappy, and very unhappy), related to 26 questions that involve several daily situations. One is about an auto-evaluation, where the child uses images as support for her/his answers, being assisted for the faces that express the different emotional states.

The collection of data occurred during the month of October 2005, when the children had aleatoric been chosen, who were there in this period, since they were compatible with the inclusion criteria. Before answering the instrument, the child was requested to tell a situation of her/his proper experience for each representative face of the satisfaction and unsatisfaction levels, allowing the verification of the understanding on these levels.

For calculation of the measures of central trend of the sampling, it was opted the use of the arithmetic average with its respective line-standard deviation. The normality of the distributions was evaluated through the test of Shapiro-Wilk. The feminine group (n=27) presented normality (sw = 0,955; p = 0,363) in the AUQUEI, while the masculine group did not present normality (sw = 0,881; p = 0,005). Due to this situation, the not-parametric test of Mann-Whitney was used to test the differences between the scores of the masculine and feminine groups as described for Siegel and Castelan (1988). Statistical package SPSS was used (Statistical Package for Social Sciences), version 11.5 for execution of the statistical tests above described. In all the statistical tests was adopted critical level in p = 0,05.

ANALYSIS AND INTERPRETATION OF THE DATA

The following presented data had been gotten together to the 50 (fifty) patients suffering of chronic diseases with diagnosis since more than a year, hospitalized in the Hospital da Criança Santo Antônio, being 23 (46%) of feminine sex and 27 (54%) of the masculine sex. Therefore, the sample consists of masculine majority.

Table 1: Distribution of the sample by sex and age

Gender	Amount	Ages						
		6	7	8	9	10	11	12
Fem.	23	1	1	6	2	2	5	6
Masc.	27	2	4	1	7	6	5	2
TOTAL	50	3	5	7	9	8	10	8

The pathologies presented by the children had been diabetes, hemophilia and herpes, taking advantage the cancer (12 boys and 11 girls), followed by the children who are waiting for a transplant and frequently are hospitalized because they need special cares while they wait (5 boys and 4 girls).

AUQUEI scores may vary from 0 to 3 correspondents, respectively, very unhappy, unhappy, happy, very happy one, and the scale makes possible the attainment of a unique score up, resultant of the sum of score attributed to the items. The questions numbers 6, 7, 9, 12, 14, 20, 22 and 26 are not included in the four factors and withhold isolated importance, therefore they represent separate domains. For effect of discussion about total scores, it was used the score cut of 48, gotten and proposed by Assumpção et al. (2000).

There was no significant difference among the averages of the AUQUEI between the genders (= 292; p = 0,717), as we can visualize in the table below:

Table 2: Average, line-standard deviation and score "U" of the comparison of the marks in the AUQUEI between the groups: feminine and masculine.

Group	AUQUEI ($\bar{x} \pm dp$)	Mann-Whitney	*p*
Feminine	49,1 ± 3,8	292,0	0,717
Masculine	50,0 ± 6,0		

We can observe from the 50 children, 34 (68%) of them, are with a good QL. In relation to the values gotten by the application of the AUQUEI, the amplitude varied between 38 points and 68 points. The average mark was of 58 points.

Hanestad (1989) apud Rabelo and Padilha (1999) points that the illness by itself does not decrease necessarily the QL of the person, but it is a variable which will influence in this quality, therefore intervenes with the interpersonal activities, relations and auto-esteem, since the hospitalization leads the child to confront herself/himself with an abandonment state, when perceiving its fragility. Playing inserts itself in the context, as an attempt to modify the environment of their rooms, providing better psychological conditions for the children and interned adolescents (JUNQUEIRA, 1999).

Although there is not a responsible person in each room of recreation, the fact to be with other children, to be able to paint, to sing and to play, etc. made them to forget, at least momentarily, what they were passing, assisting them to overcome this difficult phase. However, it is believed that if it had a professional of the area responsible for the Physical Education in each floor of the hospital, to direct the activities, to assist and to stimulate the children in its difficulties, these could enjoy better of the benefits of the recreation, since the infantile development is linked to play activities. Therefore it is basic in such a way to the cognitive and motor development of the child, regarding to her/his socialization, being an important instrument of intervention in health during the infancy (JUNQUEIRA, 1999).

It was observed that from the 16 (32%) children who are with the QL harmed, of these, 8 are girls and they had presented an average mark in the scale of 45 points and 08 boys with average mark of 42,5 points, taking off only 01 boy that is with the mark so low, presenting a low QL.

According to Rossi and Barbosa (2003) the variation in the way that the people think, feel and act before decurrent problems of a chronic disorder can have, in part, due to the meaning of these problems in the context of her/his life, and, therefore to the ways that they perceive, they evaluate and they face the challenges and/or conflicts that these cause.

For Ferreira and Valdéz (2005), through the play activity the child can satisfy her/his desires, of affective order or the accomplishment of objectives and purposes; they try their capacities of relationship, learns to earn, to lose, to oppose themselves, to express their wills and desires, to negotiate, to ask for, to refuse, understand that it is not the only one and that they need to live in group, respecting rules and divergent opinions, at last, challenging the child and taking she/he to reach levels of accomplishment

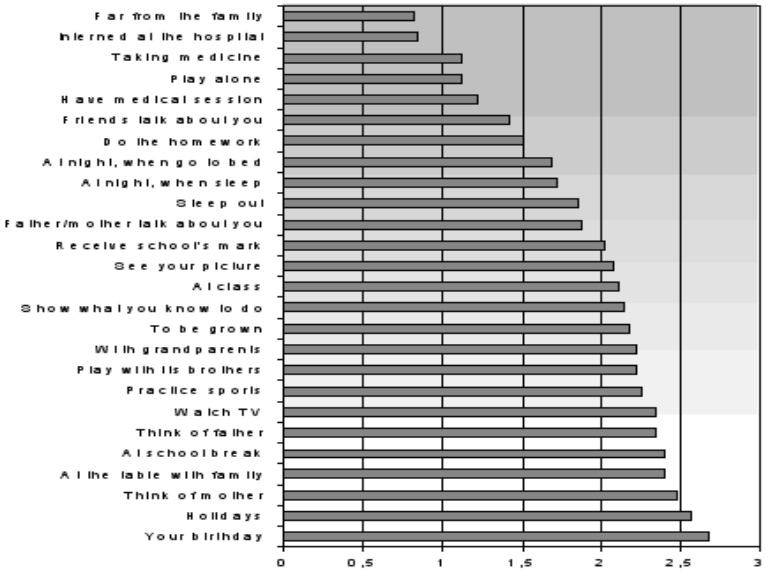
above of that they can obtain normally.

When being examined the domains that compose the AUQUEI, the leisure got the greater scores in the optics of the children, mainly related to the "birthdates", "grandmothers" and "vacation", that also they had reached the major indices for item, disclosing the importance of these aspects - to play and leisure - for the subjective sensation of well-being. Beyond the leisure, the family was evidenced as source of well-being for the QL of the children, getting the second higher score. This probably is considered component basic for the construction of a positive self-concept and a satisfactory level of self-esteem, despite the presence of the illness.

On the other hand, the autonomy revealed as the more compromised factor in the perception of the children, with the lesser index comparatively to excessively. This factor included the item that got the less significant value between the children, which is "far of the family".

The insertion of playing in the hospital motivated this study on its importance in the improvement of the children's quality of life. Thus, it is possible to indicate its therapeutic application providing stimulants and amused activities to the children that bring calm and security (LINDQUIST, 1993), with the function to cheer the environment, to brighten up the awkward sensations of hospitalization, humanize the hospital context.

The graph below presents the AUQUEI distribution of the questions, gotten of the degree of satisfaction as much to the welfare, in which the profile of answers gotten in the sample a degree of satisfaction raised for the majority of items (bigger than 1,5). Such results are in accordance with other authors (ASSUMPÇÀO et al., 2000). However, in the questions that treat on "being far of the family" or "being interned in the hospital" the present study showed a degree of less significant satisfaction that the already cited work, what could be related to the interned situation of them to be far of the family and at the hospital.



Graph 2: Distribution of the questions of the AUQUEI according to arithmetic average of the welfare (0: very unhappy; 3: very happy).

The lack of references for the purpose of comparison on the QL of children with chronic illnesses, from the used instrument, was considered as a limitation, what does not invalidate the gotten results, but guides for new inquiries concerning the subject. Another limitation of the study says respect not the evaluation of the QL of children with chronic illnesses that do not participate of a program of therapeutic recreation, what does not allow us to infer that a good QL is linked to this practical, being this as suggestion for a next study.

FINAL CONSIDERATIONS

The majority (68%) of the children with chronic diseases participant of the therapeutic recreation is with a good quality of life, according to scales of the used inventory. Beyond the leisure, the family was evidenced as source of well-being for the QL of the children, when getting the second higher score. This probably is considered basic component for the construction of a positive self-concept and a satisfactory level of self-esteem, despite the presence of the illness.

It was proven that, in relation to the domains of the functions, family and autonomy, the children were happy, therefore besides being with the presence of the parents they know that they are there for their benefit, and despite the young age they are aware of how much their recovery is important to be there and how much it is good going to the doctor to make the accompaniment of their disease. And when they had answered the referring questions to the leisure, all of them were very happy, what makes us see that the recreative part besides assisting in the recovery has positive results for a good quality of life of the hospitalized children who deeply live it.

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Mônica Possebon
R. Major Duarte, 240 Apto. 402
Bairro N. S. das Dores - Santa Maria, RS, Brasil
Cep: 97050-460 Tel: 55 99969059
E-mail: mpossebon@feevale.br

THE HOSPITAL RECREATION AND ITS REPERCUSSIONS IN CHILDREN AND PRÉTEENS' QUALITY OF LIFE

Abstract

Hospitalization, either for reason of chronic illness or not, can bring damages to the child quality of life. To deal with this situation, the therapeutic recreation can works as strategy to lighten up the decurrent damages. Thus, this study had as objective to evaluate the quality of life of children with hospitalized chronic diseases, participant of therapeutic recreation. The study was of the transversal descriptive type. The sample was composed by 50 children of both genders (6 to 12 years old), interned in the Hospital da Criança Santo Antônio de Porto Alegre, RS, Brazil. Inventory AUQUEI (MANIFICAT and DAZORD was applied apud ASSUMPÇÃO JR. et. Al, 2000), that evaluates the quality of life in infancy. The results had indicated no significant difference among the averages of the AUQUEI between the sexual sorts (U = 292; p = 0,717). It was possible to conclude that the children of the sample possess a good quality of life, although passing for difficult moments during the internment, what can be the result of the positively association between practical of ludic and recreative activities and the familiar support.

Key Words: quality of life, hospitalized child, recreation.

LA RÉCREATION HOSPITALIÈRE ET SES RÉPERCUSSIONS SUR LA QUALITÉ DE VIE D'ENFANTS ET PRÉ-ADOLESCENTS

Rèsumé

L'hospitalisation, soit ou non pour le motif de maladie chronique, peut porter préjudices à la qualité de vie de l'enfant. Pour faire face à cette situation, la récréation thérapeutique peut fonctionner comme stratégie pour atténuer les préjudices advenus. Ainsi, cette étude a eu pour but évaluer la qualité de vie d'enfants hospitalisés, porteurs de maladies chroniques, participants de récréation thérapeutique. L'étude a été du type descriptive transversal. L'échantillon a été composé de 50 enfants du sexe masculin et féminin (6 à 12 ans), internes à l'Hospital da Criança Santo Antônio de Porto Alegre, RS, Brésil. A été appliqué l'Inventaire AUQUEI (MAGNIFICAT et DAZORD apud ASSUMPÇÃO JR. et al. 2000), qui évalue la qualité de vie dans l'enfance. Les résultats ont indiqué qu'il n'y a pas eu une différence significative entre les moyennes du AUQUEI parmi les genres sexuels (U = 292; p = 0,717). Nous avons conclu que les enfants de l'échantillon ont une bonne qualité de vie, malgré les moments difficiles qu'ils sont passés pendant l'internation, ce qui peut être le résultat de l'association positive entre la pratique d'activités ludiques et récréatives et l'appui familial.

Mots-clés: qualité de vie, enfant hospitalisé, récréation.

LA RECREACIÓN HOSPITALAR Y SUS REPERCUSIONES EN LA CUALIDAD DE VIDA DE NIÑOS Y PREADOLESCENTES

Resumen

La hospitalización, sea por motivo de enfermedad crónica o no, puede traer daños a la cualidad de vida del niño. Para manejar con esa situación, la recreación terapéutica puede funcionar como estrategia para amenizar los perjuicios decurrentes. Así, este estudio teve como objetivo evaluar la cualidad de vida de los niños con enfermedades crónicas hospitalizadas, participantes de recreación terapéutica. El estudio fue del tipo descritivo transversal. La muestra fue compuesta por 50 niños de ambos los sexos (6 a 12 años), internadas en el "Hospital da Criança Santo Antônio de Porto Alegre", RS, Brasil. Se aplico el Inventario AUQUEI (MANIFICAT y DAZORD apud ASSUMPÇÃO JR. et. Al, 2000), que evalúa la cualidad de vida de la niñez. Los resultados indicaron que no hubo diferencia significativa entre las medias del AUQUEI entre los géneros sexuales (U = 292; p = 0,717). Fue posible concluir que los niños de la muestra posee una buena cualidad de vida, a pesar de pasaren por momentos difíciles durante la internación, lo que puede ser resultado de la asociación positivamente entre la práctica de actividades lúdicas y recreativas y el apoyo familiar.

Palabras Clave: cualidad de vida, niño hospitalizada, recreación

A RECREAÇÃO HOSPITALAR E SUAS REPERCUSSÕES NA QUALIDADE DE VIDA DE CRIANÇAS E PRÉ-ADOLESCENTES

Resumo

A hospitalização, seja por motivo de doença crônica ou não, pode trazer prejuízos a qualidade de vida da criança. Para lidar com essa situação, a recreação terapêutica pode funcionar como estratégia para amenizar os prejuízos decorrentes. Assim, este estudo teve como objetivo avaliar a qualidade de vida de crianças com enfermidades crônicas hospitalizadas, participantes de recreação terapêutica. O estudo foi do tipo descritivo transversal. A amostra foi composta por 50 crianças de ambos os sexos (6 a 12 anos), internadas no Hospital da Criança Santo Antônio de Porto Alegre, RS, Brasil. Aplicou-se o Inventário AUQUEI (MANIFICAT e DAZORD apud ASSUMPÇÃO JR. et. al, 2000), que avalia a qualidade de vida na infância. Os resultados indicaram que não houve diferença significativa entre as médias do AUQUEI entre os gêneros sexuais (U = 292; p = 0,717). Foi possível concluir que as crianças da amostra possuem uma boa qualidade de vida, apesar de passarem por momentos difíceis durante a internação, o que pode ser resultado da associação positivamente entre a prática de atividades lúdicas e recreativas e o apoio familiar.

Palavras Chave: qualidade de vida, criança hospitalizada, recreação.