101 - IMPLICATIONS OF PLAYING, RECREATION AND LEISURE IN OCCUPATIONAL THERAPEUTICAL INTERVENTION IN PEDIATRIC HOSPITAL

ANA CAROLINA RODRIGUES SAVALL
Occupational Therapist, Florianópolis, Santa Catarina, Brazil
carolsavall@yahoo.com.br

Introduction

Lately, great advances are being made in health assistance, mainly of the child, with the advent of new technologies and therapeutic measures directed, in its majority, toward the hospital assistance aiming health recovery. Amongst the therapeutic interventions instituted in this environment, one proves the performances of the diverse professionals of the health and the different objectives the one that its interventions destinate itself, as well as the innumerable conceived projects to brighten up the hospitalization process searching, not only the humanization, as also child recovery. For the best understanding of this context, the present article will discourse on the initiatives to improve the assistance given to the hospitalized child, explaining specifically the performance of the Occupational Therapy, as well as point out the relevance of playing, recreation and leisure for the child and the contextualizing of the occupational therapeutic intervention.

Playing, Recreation and Leisure as Instruments of the Intervention of the Occupational Therapist in Pediatric Hospital

As result of the assistance given to the hospitalized child and of the emergent concerns, some trends appear in the present time that objectify the impact reduction of hospitalization and the maximization of the given attendance as, for example, the philosophy of family centered care, as result of the current expectation about a deep involvement of the parents in the care of the interned child, that HOSTLER (1991) characterizes as the care that places the family in the center of the assistance system, instead of the hospital or health staff; and the humanization's movement of the hospital assistance, that considers a set of integrated actions substantially aiming to transform the standard of assistance to the patient, improving the quality and the effectiveness of the attendance given to the health for the hospital institutions, being the understood humanization as value, in the measure where it rescues the respect to the human being life, enclosing social, ethical, educational circumstances and psychic present in an all human relationship. This value is defined in function of its complementary character to the technician-scientific aspects that privilege objectivity, generality, causality and specialization of knowing (PNHAH, 2001; MEZZOMO, 2003).

To face the challenge of humanization's implantation in hospital environment, it was launched in Brazil, in 2001, the National Program of Humanization of the Hospital Assistance of the Health department, basically aiming to improve the relations between health professionals and users, the professionals among themselves and the hospital with the community, presenting concrete proposals and clearly defined actions, offering the chance to consider, to argue and to undertake a process of changes in the culture of effective attendance in the hospitals (PNHAH, 2001).

In this conjuncture of health's promotion, one inserts the diverse professionals of the health area, each one with uneven contributions, among them, the Occupational Therapy's professionals making possible humanization attendance in the hospital when longing for the life quality of its patient in treatment, presenting an ample understanding of the human being, of its necessities, capacities and desires and assisting people carrying through the activities that are significant and give sense to its life (DOMINGUES and MARTINEZ, 2001; NEISTADT and CREPEAU, 2002; LEITE and SANDOVAL, 2003).

The Occupational Therapy (O.T.) is defined by the COFFITO - Physical Therapy and Occupational Therapy Federal Council (2004) as an area of knowledge directed to the studies, prevention and treatment of individuals suffering from cognitive, affective, percipient and psycho-motor, originated or not in genetic disturbs, traumatic disturbs and/or of acquired illnesses, through the systematization and use of the activity human being as base of development of specific therapeutic projects.

The performance of the Occupational Therapist in the hospital environment is basic when providing to the patient involvement in significant activities for its life, for consisting in the science that has as object the study, searches and work with the human activity. Its specificity is in the use that makes human activity while therapeutic resource and of the capacity to understand, for way of this process, the relations that man establishes with himself to make and that he be comes a active, creative, independent citizen, transforming himself and his social environment (FCMMG, 2002).

This way, the occupational therapist works together the individual and his family, through clarifications and orientations, verbal and/or referring writings to the pathology; he provides to greater functional independence in the stream bed, guiding patient, familiar and professional of health how much the behaviors, accessories and positions adjusted during the accomplishment of the activities of the daily life, being able to prescribe and/or to confection functional adaptations that will facilitate its performance, remaining intent to all factors that can harm the future occupational functional performance of the interned patient (LIMA, 2004).

In the context of pediatric hospitalization, he longs for the life quality translating the global promotion of the infantile development of the hospitalized child and the promotion of health, through the integration in its half one, searching to uphold hospitalized children and adolescents rights, among others, to enjoy some form of recreation during its hospital permanence (DOMINGUES and MARTINEZ, 2001; BRAZIL, 1995).

To KUDO (1997), the occupational therapist is enabled to brighten up the effect of a hospital experience, being able to promote answers positive; to facilitate the psycho-social process of the child; to help it to explore its continuous and reciprocal form; to prevent and to treat problems that intervene with the functional development of the child. FINGER (1986) affirms that this professional is qualified to guide the participation of individuals in therapeutic activities selected to restore, to fortify and to develop the physical and mental capacity; to facilitate to learning of abilities and essential functions for the adaptation and productivity; to diminish or to correct pathologies; and to promote and maintain health.

It is observed in the studies published on the occupational therapist performance in children hospital, an agreement in the basic principles for the intervention with this clientele: curatives or preventive interventions directed to the events of the internment occupational and/or functional performance of children, pointing out its healthful potential, through evaluation, interpretation, election and application of functional and occupational activities - consisting in the centralizer element and person who orientates in the context construction of the therapeutic process - and in the analysis of the execution proceeding of the activities carried through for the children, as well as acting in the environment, through the process of hospital adaptation, along the family of the child and, finally, together the health team (MORAL, 1995; KUDO, 1997; PANELLI, 1997; DOMINGUES and MARTINEZ, 2001; MITRE, 2003).

The performance of the Occupational Therapy in children hospitalization occurs independently of the pathology that the child can present, being the intervention directed to the process of internment and not only to clinical diagnosis (KUDO, 1997; ROSSIT and KOVACS, 1996; DOMINGUES and MARTINEZ, 2001).

Toys and games become the link that allows the interaction between child and therapist favoring the evolution of the treatment. Playing, classified occupational activity as recreation, is a significant and basic infantile occupation, offering a potentially rich field of knowledge, as well as way to satisfy the innate necessity of activity. One consists in serious incumbency for the child, which possesses a natural yearning to play, that is, to apply its abilities, unclasping in an increasing variety in ways to explore proper itself and to the environment where she lives. Therefore, it is a intentional activity that does not have to be confused as simple diversion or idle use of time (PARHAM and PRIMEAU, 2000; TEIXEIRA and SEGADILHA, 2000).

PARHAM and PRIMEAU (2000), when writing on the Occupational Therapy and the recreation, display the close relation between that it retraces to the origins of the profession. Historically, the recreation has been considered significant for the profession of Occupational Therapy, its founders, influenced for Meyer, believed to be essential a playful spirit for a satisfactory life e, thus, the recreation was considered so important how much the work. The Occupational Therapy, mainly the pediatric, specially aimed at the recreation, being the occupational therapists calls of "ladies of the tricks". Of being excellent concept for all the life, the recreation and the leisure had also consisted in way of intervention in adults.

In the middle of 20th century, the practical quandaries that they involved economic pressures, conceptual ambiguity enters the therapeutic slight knowledge of recreation and work and objectives in relation to the recreation, varied in accordance with the environment - diversion to keep the busy patient and to become its more pleasant life; form to reward more obedient and docile patients; specific use with therapeutic objectives or dressings - they had contributed for the removal of the Occupational Therapy of its original persistence with the occupational nature, being the discredited recreation for more scientific concerns and guided techniques so that the profession if became more respectable for the adoption of a scientific position.

The recreation concept was brought for the attention center has again about 30 years for the scholar in Occupational Therapy Mary Reilly, that it searched to construct an including conceptual structure for the practical one of the Occupational Therapy based on a concept called 'occupational behavior', that *continuum* joined the recreation to the evolution work in one. In this way, the recreation was proclaimed as basic concept in the practical one of the Occupational Therapy and transformed into research object as one of the biggest categories of systematization on the occupational performance generated by the occupational therapists (PARHAM and PRIMEAU, 2000).

The occupational therapist has the function of evaluating the appropriate tricks for each child or to the occupational therapeutic group, according to its culture, development level, pathology, difficulties, necessities, capacities and potentialities, observing the restrictions of the hospital environment.

Playing, characterizing the child's activity and action, facilitates the psychic elaboration of daily experiences of the infantile one. Through the symbolic activities, the external reality can be assimilated to the internal reality, in this specific case, assisting the child to deal with its not only sickness and hospitalization, starting to be subject and object of experience (WINNICOTT, 1975; SAINT ROZA, 1993; JUNQUEIRA, 2004).

This concept is potentially beneficial for the Occupational Therapy. In the Playful Model presented by Bundy, the occupational therapist affirms that playing consists an important tool in the occupational therapeutic intervention creating therapeutic situations in which its customers can try new behaviors and capacities extensively, being also used in the infantile evaluation (PARHAM and PRIMEAU, 2000).

Complementing the displayed one, TEIXEIRA and SEGADILHA (2000) affirm that the playful activities are ways for which the children if they approach to the exterior reality, at the same time where they recreate through the fancy, constructing its psyche, reaching more raised levels of physical and mental development, so that they can then, transform the reality creative.

In turn, SAINT ROZA (1993) mentions as the playful activity can function as a reorganizing agent what it would imply the production of sensible for the experiences lived for the children. One becomes necessary to stand out the fact of the recreation and the leisure to be valued as classroom of occupations in which the people become involved themselves during its lives.

There creation is understood as a vehicle of meaning, disclosing what it has of important for the customer, changed themselves into quality of life and promoting health and well-being for being an active ingredient of a style of healthful life in the present (PARHAM, 2000). This understanding of that playing, as recreation, is important by itself, emphasizes the intervention in the playful life of the child as objective.

In the words of MITRE (2003): "[...] when we deal with a clientele who has its routine of life destabilized by illness, playing appears as a possibility of organization of this chaos [...], through playing the child sees the possibility of transposing the limitations imposed by illness and hospitalization".

A transformation occurs in the hospital environment during the occupational therapeutic intervention by means of playing: the children leave the passivity many times requested by the hospital context and start to occupy the space in another way, evidencing an alteration in the rhythm of the relations established in this environment (JUNQUEIRA, 2000).

In the mothers' perspective, playing represents a healthful of child and preserved aspect of the illness. The term to play, originated of Latin vinculum, means union, bow. CAÑEQUE (1993) believes that playing it stimulates a reactivating action, that is, presents as one of its functions to act as factor of activation and structuring the human relations. In treating to hospitalized children, this reactivating action is basic for the preservation of a healthful and safe bond between mother and son, bond that if shaken and more fragile ahead of the situation of illness and hospitalization. Ahead of this, the occupational therapist search to intervene in this bond, through playing as a easing agent, providing the strengthening of the mother-son relationship.

In turn, of the team's perspective, he consists of a work that breach with the hospital routine, bringing a new to look at for the ill child and a concern with aspects others that not only the physical and organic questions (JUNQUEIRA, 2000).

The principle that must permeate the objective of the attendance of the health team is to minimize the suffering of the hospitalized child, promoting its health and, mainly, making of this child an active element inside of the process of hospitalization and illness (TEIXEIRA and SEGADILHA, 2000). However, it is observed that some health professionals do not mention the resources that children have to understand and that they can participate of the treatment and help, in case that they are guided. As DAMAZIO (1994) states, the child does not exist passively ahead of the adult world that encircles it, but participates of it in its level, inside its spaces and possibilities. In addition, the team uses to see in the child a ' miniature of the adult ' offering to it, many times, a hostile environment and demanding of same a ripened behavior. It is in this direction that the Occupational Therapy search to erect the world of the child and, thus, to intervene, directly or indirectly, in the team of health with intention to transmit a perception and ampler understanding on the necessity to leave the child to be child.

Bibliographical References
· BRASIL. Resolução n° 41 de outubro de 1995. **Direito das crianças e dos adolescentes hospitalizados.** Conselho Nacional dos Direitos da Criança e do Adolescente - CONANDA. Published in Diário Oficial da União at 10.17.95.
· CAÑEQUE, H. **Juego e vida.** Buenos Aires: Atheneo, 1993.
· **COFFITO.** Terapia Ocupacional: definições e áreas de atuação. Available at: <http://www.coffito.org.br> Accessed in: May, 02nd 2004.
· DAMAZIO, R. **O que é criança.** São Paulo: Brasiliense, 1994.
· DOMINGUES, A.; MARTINEZ, C. M. S. Hospitalização infantil: buscando identificar e caracterizar experiências de Terapia Ocupacional com crianças hospitalizadas. **Caderno de Terapia Ocupacional** da UFSCar, v. 9, nº 1, p. 16-29, 2001.
· FCMMG, Faculdade de Ciências Médicas de Minas Gerais. **Catálogo de cursos 2002.** Available at: **<**www.fcmmg.br> Accessed in: May 06th 2004.
· FINGER, J. **Terapia Ocupacional.** São Paulo: Sarvier, 1986.
· HOSTLER, S.L. Family-centered care. Pediatric Clin North Am., v.38, nº6, p.1545-1560, 1991.
· JUNQUEIRA, M. **A mãe, seu filho hospitalizado e o brincar: um relato de experiência.** Available at: < http://www.scielo.org > Acessed in: February, 21th 2004.
· KUDO, A. et al. **Fisioterapia, Fonoaudiologia e Terapia Ocupacional em pediatria.** São Paulo: Sarvier, 1997.
· LEITE, J.; SANDOVAL, J. **O brincar como estratégia comunicativa de promoção da saúde em crianças hospitalizadas.** Available at: < http://www.projetoradix.org> Accessed in: February, 24th, 2004.
· LIMA, A.; RABELO, A.; GUERRA, F. **Recriando o espaço e a dimensão ocupacional da criança no ambiente hospitalar.** Available at **<** http://www.proext.ufpe.br> Accessed in: May, 07th, 2004.
· MEZZOMO, A. **Fundamentos da humanização hospitalar: uma visão multiprofissional.** São Paulo: Loyola, 2003.
· MITRE, R. Programa saúde e brincar: espaço de intervenção terapêutica**. O COFFITO**, mar, 2003.
· MORAIS, R. Brinquedoteca: possibilidade de atuação da Terapia Ocupacional em unidade de intervenção pediátrica. **Cadernos de Terapia Ocupacional**, Ges.to, Minas Gerais, ano XI, n 1, p. 27- 38, set, 1995.
· NEISTADT, M.; CREPEAU, E. (col.). **Terapia Ocupacional de Willard & Spackman.** Rio de Janeiro: Guanabara Koogan, 2002.
· PANELLI, C. A contribuição da terapia ocupacional na unidade de cirurgia infantil. In: KUDO, Aide Mitie et al. **Fisioterapia, Fonoaudiologia e Terapia Ocupacional em pediatria.** São Paulo: Sarvier, 1997.
· PARHAM, L.; PRIMEAU, L. Recreação e Terapia Ocupacional**.** In: PARHAM L. Diane; FAZIO, Linda S. **A recreação na Terapia Ocupacional pediátrica**. São Paulo: Santos, 2000.
· PNHAH. **Programa Nacional de Humanização da Assistência Hospitalar.** Ministério da Saúde, Secretaria de Assistência à Saúde, Brasília, 2001.
· ROSSIT, R.; KOVACS, A. Intervenção essencial de Terapia Ocupacional em enfermaria pediátrica**. Caderno de Terapia Ocupacional** da UFSCar, São Carlos, v.7 , n.2, p. 58 - 67, 1998.
· SANTA ROZA, E. **Quando brincar é dizer: a experiência psicanalítica na infância.** Rio de Janeiro: Relume-Dumará, 1993.
· TEIXEIRA, A. e SEGADILHA, D. **A importância do brincar durante a hospitalização infantil.** 2000. Available at: < http://www.terapeutasocupacionais.hpg.ig.com.br> Acessed in: October, 20th 2002.
· WINNICOTT, D. **O brincar e a realidade**. Rio de Janeiro: Imago, 1975.

ANA CAROLINA RODRIGUES SAVALL
Address.: Servidão Cata-Vento, nº 59, ap. 02
Campeche, CEP.: 88.063-430
Florianópolis, Santa Catarina, Brazil
Phone: (55-48) 3233.4931 / 3234.1289 (fax) / 9953.0508
carolsavall@yahoo.com.br

IMPLICATIONS OF PLAYING, RECREATION AND LEISURE IN THEOCCUPATIONAL THERAPEUTICAL INTERVENTION IN PEDIATRIC HOSPITAL

In search to improve the assistance to the hospitalized child, the diverse professionals of the area of the health insert themselves in the hospital environment, each one with its uneven contribution. Between them, he has the professionals of the Occupational Therapy, which make possible a humanization's attendance hospital when longing for the quality of life translated the global promotion of the infantile development and the promotion of the health, through the integration of the child to the hospital environment, providing the involvement insignificant activities for its life, in this in case that, tricks, recreation and leisure. When looking for to erect the child world with toys, games and leisure activities, authorizes it with the possibility to transpose the limitations imposed for the illness process and hospitalization, transmitting, directly or indirectly to the health team, a perception and ampler understanding on the necessity to allow that the child is child. The present article aims to discourse on the initiatives to improve the assistance given to the hospitalized child, to explain specific on the performance of the Occupational Therapy, as well as pointing out the relevance of playing, the recreation and the leisure for the child and the context of the occupational therapeutic intervention in a children hospital environment.

Key-Words: Playing; Occupational Therapy; Pediatric hospitalization.

IMPLICATIONS DE JEUX, LA RECREATION ET LE LOISIR DANS L'INTERVENTION THERAPEUTIQUE PROFESSIONNELLE À L'HÔPITAL ENFANTILE

À la recherche d'améliorer l'assistance, des divers professionnels de la santé ont s'insèré dans l'environnement hospitalier, chacun avec sa contribuition. Entre eux, les professionnels de la Thérapie Professionnelle, qui viabilisent une participation hospitalière humanisée à deconvoiter la qualité de vie traduite dans la promotion global du développement enfantile et de la promotion de la santée avec l'integration de l'enfant au ambiante hospitalière, fournissant l'engagement dans des activités significatives pour sa vie, dans ce cas, les tours, la recreation et le loisir. La recherche érige le monde de l'enfant avec bardinages et activités de loisir facilite avec la possibilité de transposer limitationes imposées par le processus de devenir malade et hospitalization, en transmettant, directement ou indirectement a une équipe de santée une perception et

compreension mais suffisante sur la nécessité de permettre que l'enfant soit enfant. Le présent article prétend discourir sur les initiatives pour améliorer l'assisstance prêtée a quelqu'enfant hôpitalizé, expliquer especifiquement sur l'atuation de la Thérapie Professionnelle, ainsi que faire ressortir la relevance de dejouer, du loisir pour enfants et pour la contextualization d'intervention terapeutic professionnelle dans l'environnement hospitalier enfantile.

Mots-clés: Jouer; Thérapie Professionnelle, enfance

LAS IMPLICACIONES DE JUGAR, DE LA RECREATION Y DEL OCIO EN LA INTERVENCIÓN TERAPÉUTICA DE TERAPISTAS OCUPATIONALES EN EL HOSPITAL PEDIÁTRICO

En búsqueda para mejorar la ayuda al niño hospitalizado, los diversos profesionales del área de la salud, se insertan en el ambiente del hospital, cada con su contribución. Entre ellos, hay los profesionales de la Terapia Ocupacional, que hacen posible una atención humanizada del hospital al almejar la calidad de la vida traducida en la promoción global del desarrollo infantil y la promoción de la salud, a través de la integración del niño al ambiente del hospital, proporcionando actividades insignificantes para su vida, en esto caso, los trucos, la recreación y el ocio. Al buscar erigir el mundo del niño mediante trucos e actividades de ocio e recreación, la autoriza con la posibilidad para transportar las limitaciones impuestas por el proceso del enfermedad y de la hospitalización, transmitiendo, directa o indirectamente al equipo de la salud, una comprensión más amplia de la necesidad de permitir al niño ser niño. El actual artículo objetivo al discurso para mejorar la ayuda dada al niño hospitalizado, en específico de la explanación en el funcionamiento de la terapia ocupacional, también precisar la importancia de jugar, de la recreación y del ocio para el niño y la poner en contexto la intervención terapéutica ocupacional en el hospital pediátrico.

Palabras- llave: Jugar; Terapia Ocupacional; Hospitalización Pediátrica.

IMPLICAÇÕES DO BRINCAR, DA RECREAÇÃO E DO LAZER NA INTERVENÇÃO TERAPÊUTICA OCUPACIONAL EM HOSPITAL PEDIÁTRICO

Resumo

Em busca de aprimorar a assistência prestada à criança hospitalizada, os diversos profissionais da área da saúde inserem-se no ambiente hospitalar, cada um com sua contribuição ímpar. Entre eles, destacam-se os profissionais da Terapia Ocupacional, os quais viabilizam um atendimento hospitalar humanizado ao almejar a qualidade de vida traduzida na promoção global do desenvolvimento infantil e a promoção da saúde, através da integração da criança ao ambiente hospitalar, proporcionando o envolvimento em atividades significativas para a sua vida, neste caso, as brincadeiras, a recreação e o lazer. Ao procurar erigir o mundo da criança mediante brincadeiras e atividades de lazer e recreativas, faculta-a com a possibilidade de transpor as limitações impostas pelo processo de adoecimento e hospitalização, e transmitindo, direta ou indiretamente à equipe de saúde, uma percepção e compreensão mais ampla sobre a necessidade de permitir à criança ser criança. O presente artigo objetiva discorrer sobre as iniciativas para aprimorar a assistência prestada à criança hospitalizada, explanar em específico sobre a atuação da Terapia Ocupacional, bem como salientar a relevância do brincar, da recreação e do lazer para a criança e para a contextualização da intervenção terapêutica ocupacional no ambiente hospitalar pediátrico.

Palavras-chave: Brincar; Terapia Ocupacional; Hospitalização Pediátrica.