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Affective medical record: using ludic to humanize care for pediatric patients

Historial médico afectivo: el uso de lo lúdico para humanizar el cuidado pediátrico

Prontuário afetivo: utilizando o lúdico e humanizando o cuidado aos pacientes pediátricos

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Abstract

This study aimed to analyze the relevance of the affective medical record, developed within the context of this study, as a strategy for the humanization of pediatric nursing care. This is a descriptive and exploratory study with a qualitative approach, conducted in the pediatric ward of a university hospital located in the city of Rio de Janeiro. The affective medical record was developed as a complementary instrument to the traditional clinical medical record and was used by the nursing team in care practice. Data collection was carried out through semi-structured interviews with nursing professionals, and the empirical material was analyzed according to Bardin's Content Analysis. Nineteen nursing professionals working in the pediatric sector participated in the study. Two thematic categories emerged from the analysis: "A facilitating instrument for pediatric care: promoting bonding, communication, and well-being" and "Limitations to the effective use of the affective medical record in nursing care." The results show that the affective medical record promotes the construction of bonds, improves communication among the team, the child, and the family, and contributes to the child's well-being and adaptation to the hospital environment. It is concluded that professionals recognize the importance of the affective medical record as a resource for the humanization of care and for reducing children's suffering during pediatric hospitalization.

Descriptors: Pediatric Nursing; Playfulness; Affective Medical Record; Child Hospitalization; Humanization.

Resumén

El objetivo fue analizar la relevancia del registro afectivo, desarrollado en el contexto de este estudio, como estrategia para humanizar la atención de enfermería pediátrica. Se trata de un estudio descriptivo y exploratorio, con enfoque cualitativo, realizado en la unidad pediátrica de un hospital universitario de Río de Janeiro. El registro afectivo se desarrolló como un instrumento complementario a la historia clínica tradicional y fue utilizado por el equipo de enfermería en su práctica asistencial. La recolección de datos se realizó mediante entrevistas semiestructuradas con profesionales de enfermería, y el material empírico se analizó según el Análisis de Contenido propuesto por Bardin. Participaron en el estudio diecinueve profesionales de enfermería del sector pediátrico. Del análisis surgieron dos categorías temáticas: «Instrumento facilitador de la atención pediátrica: promoción del vínculo, la comunicación y el bienestar» y «Limitaciones para el uso efectivo del registro afectivo en la atención de enfermería». Los resultados muestran que el registro médico afectivo fomenta la construcción de vínculos, mejora la comunicación entre el equipo, el niño y la familia, y contribuye al bienestar del niño y a su adaptación al entorno hospitalario. Se concluye que los profesionales reconocen la importancia del historial clínico afectivo como recurso para humanizar la atención y reducir el sufrimiento del niño durante la hospitalización.

Descriptores: Enfermería Pediátrica; Lúdica; Historial Médico Afectivo; Hospitalización Infantil; Humanización.

Resumo

Objetivou-se analisar a relevância do prontuário afetivo, elaborado no contexto deste estudo, como estratégia para a humanização da assistência de enfermagem pediátrica. Trata-se de um estudo descritivo e exploratório, de abordagem qualitativa, realizado na enfermaria de pediatria de um hospital universitário localizado no município do Rio de Janeiro. O prontuário afetivo foi desenvolvido como instrumento complementar ao prontuário clínico tradicional e utilizado pela equipe de enfermagem na prática assistencial. A coleta de dados ocorreu por meio de entrevistas semiestruturadas com profissionais de enfermagem, e o material empírico foi analisado segundo a Análise de Conteúdo proposta por Bardin. Participaram do estudo 19 profissionais de enfermagem atuantes no setor de pediatria. Da análise emergiram duas categorias temáticas: "Instrumento facilitador do cuidado pediátrico: promovendo vínculo, comunicação e bem-estar" e "Limitações para o uso efetivo do prontuário afetivo no cuidado de enfermagem". Os resultados evidenciam que o prontuário afetivo favorece a construção de vínculos, qualifica a comunicação entre equipe, criança e família e contribui para o bem-estar e a adaptação da criança ao ambiente hospitalar. Conclui-se que os profissionais reconhecem a importância do prontuário afetivo como recurso para a humanização do cuidado e a redução do sofrimento da criança durante a hospitalização infantil.

Descritores: Enfermagem Pediátrica; Ludicidade; Prontuário Afetivo; Hospitalização Infantil; Humanização.

Introduction

Childhood hospitalization is generally considered a stressful and traumatic event for the child due to changes in their usual routine, such as separation from their family and social circle. In view of this, the child must adapt to a new environment with unfamiliar people, often undergoing numerous assessments and interventions, many of which are painful and invasive, causing discomfort to this patient[1].

The child has certain limitations regarding the coping mechanisms for atypical situations in their life[2]. These new situations can result in manifestations of aggression, stress, anxiety, and apathy, as well as affect the neuropsychomotor, social, and emotional development of the child, causing a breakdown in their identity and potentially resulting in psychological distress[1].

In the pediatric setting, healthcare professionals' assessment of the child's physiological and subjective aspects reveals the vulnerability triggered by hospitalization, such as limitations and/or lack of understanding of their clinical condition, deprivation of play, and the procedures performed. Therefore, it is necessary to act with caution, attention, and dedication in caring for this child[3].

Therefore, healthcare professionals should not limit themselves to physical needs, therapy, and/or procedures, but rather have a sensitive approach to the emotional and psychological factors of pediatric patients, taking their wishes into account and respecting their autonomy[4].

Adopting humanized strategies improves the child's adaptation to the hospital environment, enhances coping skills, promotes a stronger bond between the professional, the child, and their family, and offers quality care, providing a welcoming and comfortable environment[3].

In this context, play stands out, promoting better adaptation of the child to the hospital environment, encouraging the expression of their feelings, and contributing to the recovery process. Furthermore, it can be considered a facilitating therapeutic tool, as it has several benefits and facilitates the pediatric patient's adherence to treatment through play[5]. Given these needs, play is highly relevant when included in the planning of nursing care for children, especially in a hospital setting[2].

Therefore, the affective medical record is configured as a light-hearted health technology that can be used as a playful and humanized strategy, since it favors the welcoming of the child and their family, recalling positive memories and promoting emotional comfort. Furthermore, it helps healthcare professionals get to know their patients beyond the hospital experience, enabling personalized care through the identification of nicknames, individual characteristics, and preferences[6].

The affective medical record complements the traditional clinical record, contributing to the humanization of care[7]. This instrument is constructed in a personal and individualized way, presenting information recorded with clarity, precision, and objectivity, in accordance with the particularities, singularities, and autonomy of each patient[8].

The use of the affective medical record fosters closer relationships between professionals, children, and families, contributing to the reduction of anxiety associated with hospitalization and to the improvement of pediatric care. In this sense, the present study aims to analyze the relevance of the affective medical record for the humanization of pediatric nursing care and, specifically, to identify the effectiveness of the affective medical record as a playful strategy in the care of hospitalized children and to discuss the perception of nursing professionals regarding the impact of the affective medical record on the relationship between the team, the child, and their family.

Methodology

This is a descriptive and exploratory study, with a qualitative approach, in which an affective record was developed for use with children hospitalized in a pediatric ward, with the purpose of complementing the traditional clinical record. This instrument was designed to record relevant subjective information, such as preferences, fears, forms of communication, favorite games, and family bonds, favoring more humanized care centered on the child and their family. The affective record was completed through qualified listening to the child and their caregivers, being used as a support tool for care practice, with a view to supporting interventions that are more sensitive to emotional and psychosocial needs in the context of pediatric hospitalization (ATTACHMENT 1).

The research was conducted in the pediatric ward of a University Hospital, located in the city of Rio de Janeiro, which has 16 beds for children between 28 days and 9 years, 11 months and 29 days old, suffering from various diagnoses of chronic or acute diseases.

The study included nursing staff from the pediatric ward. Inclusion criteria were nurses, pediatric nursing residents, and nursing technicians working in the ward. Exclusion criteria included nursing staff on leave or vacation, those working the night shift, and staff reassigned from other departments.

Data collection took place in September and October 2025, in a private institutional setting that guaranteed the privacy of the participants, and at pre-arranged times so as not to interfere with care activities. Participants were invited in person by the principal investigator during their shift in the ward, through individual meetings, with clarification of the objectives, procedures, risks, and benefits of the research. Those who agreed to participate were initially informed about the ethical aspects of the study and, after agreeing, signed the Informed Consent Form.

Nursing professionals who had previously used the affective record system and agreed to participate in the research were initially informed about the study's objectives and, after agreeing, signed the Informed Consent Form. Subsequently, an instrument designed to characterize the participants was applied, collecting sociodemographic and professional information such as age, sex, professional category, and length of experience in pediatrics. A pseudonym was also assigned to ensure anonymity. Participant inclusion occurred progressively, being interrupted when theoretical data saturation was observed, characterized by the recurrence of information and the

absence of new relevant elements in the statements, indicating sufficient empirical material to meet the study's objectives.

Data was collected through semi-structured interviews conducted by the principal researcher, guided by a pre-prepared script containing the following guiding questions: “What do you think of the affective record?”, “How is the affective record applied with the child and their family?”, “How does the instrument contribute to the humanization of care?”, and “Are there any difficulties in applying the affective record?”. The interviews were audio-recorded, with the participants' permission, and subsequently transcribed in full. The records remained under the exclusive custody of the researcher and her advisor for a period of five years, after which they were destroyed. Data analysis was performed according to the steps of the Content Analysis technique proposed by Bardin. In the pre-analysis phase, a preliminary reading of the material was carried out, organizing initial ideas and delimiting the research corpus. In the material exploration phase, data coding and categorization were performed, identifying the recording units and constructing thematic categories based on the participants' statements. Finally, in the results processing, inference, and interpretation phase, a critical and reflective analysis of the material was developed, articulated with the relevant theoretical framework[9].

The study was conducted in accordance with the ethical precepts established by Resolution No. 466/2012 of the National Health Council. The research was approved by the Research Ethics Committee of the State University of Rio de Janeiro (UERJ), through the Plataforma Brasil, under CAAE number 91136525.7.0000.5282, approved under Opinion Number: 7.815.680.

Results

Among the 19 nursing professionals interviewed, 4 were nursing technicians, 9 were nurses (including shift workers and nursing residents), and 6 were both nurses and nursing technicians. Table 1 shows the sociodemographic data, which shows a prevalence of female professionals, with a predominant age range of 20 to 30 years (52.63%), and experience in pediatrics between 1 and 5 years (47.37%).

Table 1. Sociodemographic characterization of the participants. Rio de Janeiro, RJ, Brazil, 2025

Variables	N=19	%
Sex		
Female	17	89.47
Male	02	10.53
Age range		
20-30 years	10	52.63
31-40 years	03	15.79
41-50 years	04	21.05
51-60 years	02	10.53
Occupation		
Nursing technician	04	21.05
Nurse	09	47.37
Nurse + Nursing technician	06	31.58
Years of experience in pediatrics		
< 1 year	05	26.32
1 to 5 years	09	47.37
> 10 years	05	26.32

Table 2. Summary of the recording units of the interviews. Rio de Janeiro, RJ, Brazil, 2025

RU Code	Registration Unit	RU No.	HU No.	Categories
A1	Improved communication and increased professional-child bond	14	38	Category 1. Tool to facilitate pediatric care: promoting bonding, communication, and well-being
A2	Comfort and support for children in the hospital environment	09		
A3	Facilitating care for pediatric patients	15		
B1	High demand from the sector	11	14	Category 2. Limitations to the effective use of the affective record in nursing care.
B2	Lack of collaboration from the team	03		

Data analysis was performed using Bardin's content analysis technique, following these steps: pre-analysis, material exploration, data processing, and interpretation[9]. After exhaustive reading of the transcripts of the nineteen participants' statements, five recording units were identified and coded, describing the meanings of the statements, and grouped into thematic categories representing the same core meanings. In this way, two main categories emerged:

"Facilitating instrument for pediatric care: promoting bonding, communication and well-being" with the recording units of group A and "Limitations to the effective use of the affective record in nursing care" with the recording units of group B (Table 2).

A tool to facilitate pediatric care: promoting bonding, communication, and well-being

This category is formed from the accounts of nursing staff, who identify the use of the affective medical record as a dynamic form of care, contributing to effective communication and strengthening the bond between the professional, the patient, and their family, as we can observe in the following excerpts.

> *"[...] it's a way for us to have better communication with the child by already knowing the things they like [...]. The approach is different and individualized; you go in knowing what the child likes, it's a more playful way [...], and you enter exactly into their little world"* (P2).

> *"[...] to provide care based on what she likes, her interests, and to tell her about her day, I think it's a really cool, really interesting idea [...] getting to know them from the very beginning, in my opinion, greatly increases the bond, both with the family and with the child, and allows you to connect with her more easily"* (P11).

Professionals report that after using information from the affective record to apply play-based learning, especially during interaction, the child feels more comfortable in the hospital environment, creating a relationship of trust with the professionals. This perception can be evidenced by the following statements:

> *"[...] it's a way for us to get closer to the children, for the children to feel confident in the healthcare professional. I felt that when I applied the affective record in the ward, the children [...] opened up more, that my care for the child was better, a way [...] to create a real relationship"* (P18).

> *"I think they feel more comfortable, they feel welcomed, they feel a little more confident too"* (P4).

Another point that could be observed is the impact of applying the affective medical record to pediatric patients; participants state that the children demonstrate curiosity and enthusiasm, forgetting their traumas, alleviating their suffering and anxiety caused by hospitalization, and are able to participate more actively in their own care. This can be demonstrated by the statements below:

> *"[...] sometimes you see a child arriving very timid, afraid of the new environment, and then you see them more relaxed because you're there talking to them about the things they like [...]. We're giving them attention as the central person in their care [...]"* (P16).

> *"[...] I saw their excitement, even though they didn't understand why, they got excited with every question you asked, you know?! And with every answer you gave, they would say things like, 'Ah! I like Galinha Pintadinha,' and then they started singing"* (P15).

> *"[...] it's a way of including the child in the care, you know. It contributes a lot to the hospitalization process because the child feels like they are participating in their own care"* (P9).

Based on the information presented in the emotional record, the professionals were able to interact better with the child, providing more humanized and individualized care, considering the unique characteristics of each child, as we can see from the following statements.

> *"[...] they're crying, and then we can put on some music for them, because we already know which song it is [...] we already have a guideline, a direction, you know, to try and distract them"* (P7).

> *"When I was performing a procedure on a child, the mother put on the little song, and while I was applying a bandage, the child watched the video and didn't cry, didn't show any stress, and even helped me with the bandage application"* (P17).

> *"[...] I arrived singing the song to the child, which was very good; the child sang along, it was good to distract her a little from the pain [...]. It's like we brought a little bit of her home into the hospital, and that's what we can do to minimize the pain she's already feeling"* (P18).

Using what the child enjoys makes it easier for the nursing team to implement the care relevant to the proposed treatment, since by using the information contained in the affective record about the particularities of each child, the professional can use playfulness as a distraction for better patient adherence to procedures and to humanize the hospital environment. We can observe in the following accounts the experience of the interviewees with the use of play during the necessary procedures.

> *"[...] by getting to know the child better, we can create a more natural environment for them and lessen the suffering that hospitalization entails"* (P1).

> *"[...] you're going to provide care, you're going to do, for example, a puncture, and you can show her a video of something she likes, or [...] we do a kind of exchange, you know, 'let the aunt see you, do an exam, and you'll get a drawing"* (P11).

> *"[...] when we know what she likes, we can work with that [...]. I have Paw Patrol stickers, so I'll take that sticker and try to convince him with it to let me do the procedure [...], they're more accepting, right?"* (P15).

Based on the above statements, it was possible to form the following registration units for this category: "Improved communication and increased professional-child bond," "comfort and hospital care," and "facilitation of care for pediatric patients".

Limitations to the effective use of affective records in nursing care

Although professionals recognize the importance of play during nursing care, most interview participants report that the high demand in the sector makes it difficult to use the affective record system. See one of the accounts that demonstrates this:

> *"[...] sometimes, due to the workload, there were times when it was a little difficult to implement it, for example, when several children arrived at the same time; sometimes we would even forget to administer it, but then we would remember right away"* (P18).

Furthermore, those interviewed reported that some professionals on the team often end up not fully embracing the idea because they lack patience or do not consider it important for the child's recovery process.

> *"[...] the team accepts it, but not everyone has that patience, right? To sit there asking the child questions, taking notes, especially in cases where the shift is hectic, so I wouldn't say that everyone goes along with it" (P16).*

> *"[...] The team still needs to embrace and get more used to the new medical record system, understand that it's very important for the child, for playing with the child. I see that they even use it, but sometimes if something is missing, they don't have the initiative to go and get it and make a new one"* (P19).

This category was formed by the following registration units: "high demand from the sector" and "lack of collaboration on the part of professionals".

Discussion

Based on the established analytical categories, this study discusses the perception of nursing professionals regarding the development, implementation, and effectiveness of the affective medical record as a health technology designed to improve the care provided to hospitalized children and their families. The findings show that the use of this tool promotes improved communication, facilitates the building of bonds, humanizes care, and provides a more welcoming hospital experience for the child. Furthermore, the study analyzes the main limitations identified for the effectiveness of this technology during nursing care practice.

The affective medical record is a soft technology in healthcare, whose development and application contribute to strengthening the welcoming atmosphere, qualified listening, and emotional support in the context of pediatric hospitalization. Its conception is directly aligned with the principles of the National Humanization Policy (PNH), proposing comprehensive, individualized, and patient-centered care, considering the biopsychosocial aspects of the child and their family[7].

By using an affective record, it becomes possible to integrate playfulness into the care of hospitalized children, going beyond the centrality of technical care and expanding the humanization of assistance. Playful strategies can be selected according to the individual characteristics of each child, respecting their comprehension abilities, clinical conditions, and cognitive aspects, through games, play, and objects endowed with affective meaning[10]. Personalized and sensitive hospital care helps reduce the anxiety and stress experienced by children during their hospital stay[11].

Most participating professionals recognized that the affective medical record enhances the use of play-based practices as mediators of communication and bonding with the child and their family, favoring more positive experiences in the hospital environment. This study corroborates these findings by showing that the instrument values the child's unique characteristics, placing them as the protagonist of their care and promoting affective and effective communication between the team, patient, and family, which reinforces the humanization of care[12].

As a healthcare technology, the affective medical record demonstrates the ability to strengthen and enrich the relationship between healthcare professionals, children, and families, based on the information recorded, enabling the provision of more individualized and welcoming care, in which the child and their caregivers feel valued and respected[12].

According to the nursing professionals in the pediatric ward, the acceptance of the affective medical record by the children and their families is positive, reflecting feelings of acceptance, security, and trust in the team. The closer relationships provided by this technology favor the child's protagonism in their care, shifting the exclusive focus away from the illness and strengthening the family's confidence in the care provided[13].

It is important to highlight that childhood hospitalization can foster the development of traumatic memories associated with feelings such as fear, anxiety, abandonment, and punishment, intensifying the child's suffering and hindering the work of the healthcare team[14]. In this scenario, the affective record sparks the child's interest and, when used, helps reduce fear, stress, and anxiety, encouraging their active participation in the care process.

Play, incorporated through the affective record, is configured as an effective non-pharmacological strategy during nursing interventions, capable of minimizing pain, reducing negative behaviors, and improving the hospitalization experience for the child and their family[10-14]. Its use promotes more positive interactions, enabling personalized care and transforming the hospital environment into a less threatening and more welcoming space.

Communication mediated by play, especially during procedures, medication administration, and explanations of interventions, allows the child to experience a symbolic distancing from the stressful situation, reducing suffering and promoting adherence to treatment[14]. Based on the information recorded in the affective medical record, nursing professionals are able to reframe the hospital environment, promoting greater acceptance of interventions and contributing positively to the child's health-disease process.

In this way, the affective medical record is consolidated as a relevant health technology, capable of strengthening the bond between professional and child, promoting humanized care, and considering individualities and subjectivities in the context of child hospitalization[12].

Despite the evident benefits, reports from professionals indicated the existence of obstacles to the full implementation of this technology. The study highlights factors such as time constraints, high demand for care, insufficient professional training, structural limitations, lack of material resources, absence of institutional incentives, and the devaluation of play-based learning practices as hindering its application[2].

The excessive workload of nursing staff, a prominent characteristic of clinical practice, often leads to the use of the affective medical record being relegated to a secondary role during pediatric hospitalization. This is compounded by a lack of awareness among some professionals regarding the therapeutic relevance of play in childcare, restricting the understanding of care to an exclusively clinical dimension. Another limiting factor is the professional unavailability for developing sensitive and reflective knowledge, built from daily practice, that values the humanization of care and the benefits derived from the use of this technology in healthcare[10].

Resistance to the implementation of affective record-keeping manifests itself, in part, through a mistaken understanding of play practices as mere entertainment, disregarding their therapeutic potential. In the face of frequently painful care, the use of play proves fundamental so that nursing professionals are not perceived exclusively as agents of pain and suffering, which can weaken the bond between the child and the team[10].

In this sense, the need for institutional support and investment in ongoing educational processes becomes evident, promoting the training of nursing professionals in the use of low-tech approaches and playful strategies, broadening the recognition of their importance in the care of hospitalized children, and consolidating the affective medical record as an effective and sustainable health technology in the pediatric context[14].

Final Considerations

This study makes it possible to understand the affective medical record as a powerful strategy for incorporating playfulness into the care of hospitalized children, configuring itself as a device that promotes the humanization of care. Its use favors communication, the strengthening of affective bonds, and the promotion of well-being, benefiting both the nursing team and the children and their families.

It is evident that the nursing team in the pediatric ward recognizes the affective medical record as a resource capable of improving the child's hospital experience by providing a more welcoming and emotionally secure environment. This strategy helps the child feel more comfortable facing the health-disease process, assisting in reducing fears and anxiety, as well as increasing acceptance of nursing procedures. Furthermore, participants highlighted that the use of the affective medical record strengthened the relationship between professionals and patients, increasing mutual trust and promoting adherence to the care plan.

Although the benefits and relevance of the affective medical record are widely recognized by the team, the discussions revealed limitations that compromise its full effectiveness, such as the high demand for care in the sector, the scarcity of time, and, in some contexts, insufficient adherence by professionals. These obstacles highlight the need for greater institutional and educational incentives, with investments focused on professional training, the adequacy of human and material resources, and the promotion of humanized care in the context of pediatrics.

It is concluded that play, implemented through the affective medical record, should be recognized and valued as an essential tool in the care of hospitalized children, as it enables the implementation of humanized, individualized care centered on the child and family. Its adoption contributes to the redefinition of the hospital environment, making it less threatening and more welcoming and safe for the pediatric population. Finally, the need for expanded research on this topic is highlighted, considering the scarcity of scientific publications addressing the use of light and playful technologies in pediatric nursing care.

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