

THE TOY LIBRARY AS A SPACE FOR PROMOTION OF HOSPITALITY AND GUARANTEE OF CHILD'S RIGHTS: a case study of a hospital in Paraíba

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ABSTRACT

The act of playing is intimately embedded in the context of recreation, and countless studies demonstrate its benefits to social and psychological development during childhood. Faced with such importance, the playfulness has been elevated to the category of fundamental rights of the child, which has long been guaranteed in various international and national legal instruments. This research aims at analyzing how the insertion of toy libraries in hospitals has helped to guarantee the children's "right to play", and how these spaces have contributed to the promotion of the "entertain well", prevailed by the hospitality management. From a case study of a hospital for children with cancer in Paraíba, it was found that, despite having the toy library space – and, thus, complying with the Hospital Toy Library Law –, without its effective use by a recreation team, qualified and specialized, and in a planned and continuous way, the child's right to enjoy this place for games, so important for their recovery and treatment, ends up not being guaranteed.

Keywords: Hospital Hospitality. Recreation. Humanization.

INTRODUCTION

In Hospitality Management, when discussing hospitality, some authors include the pillar of “entertain well” as one of its principles, which adds to the “meet well”, the “receive well” and the “fed well”. Entertainment can be promoted in the hospital environment through the development of recreational activities such as music therapy, laughter therapy, play, theater, etc., and with suitable spaces such as squares, libraries and toy libraries.

Such activities, allied with the support of family and friends, are important factors in promoting being well and situations of joy, which help minimize the discomfort, suffering and social isolation resultant from hospitalizations for medical treatment.

Issues related to hospitality have been increasingly debated and encouraged in hospitals, highlighting hospital hospitality services. And hospitality has been considered an important factor in promoting humanization in hospitals, bringing benefits to the patients/clients, their companions/family members, and also to the health professionals who work in these environments.

Considering this context, in 2005, the Federal Law No. 11,104 was enacted in Brazil, dealing with the compulsory implantation of toy libraries in hospitals for children. The Hospital Toy Library Law makes it compulsory for hospitals that have a hospitalization regime to offer this space to all children. The toy library is a space that allows the accomplishment of recreational activities, and when inserted in the hospital context, assists in the promotion of humanization.

The use of these spaces should be in the care of the hospital-hotel sector, as well as any other recreational activity that may be developed within a health institution, in view of the growing capacity of professionals in this sector.

Thus, this research aims to analyze how the insertion of toy libraries in hospitals that serve a public of children has helped to guarantee the child’s “right to play”, provided in instruments of the national and international legal system, and how it has contributed to the promotion of “entertain well”, prevailed by hospitality.

In addition, since hospitality in hospitals seeks to satisfy the needs of patients/clients, it is essential to develop research that aims to know more about hospital recreation, knowing the activities and environments that contribute to the children patients' entertainment, such as the case of toy libraries.

THEORETICAL REFERENCE

Hospitality and recreation in hospital-hotels

In hospitals, hospitality is incorporated into the so-called hospital hospitality, which aims to apply the concepts of classic hospitality management to that environment. According to Plentz (2007, p. 58):

[...] the word hospitality derives from Latin hospitalitate. Also, from the Latin word hospitalitas-ati, the notion of hospitality translates itself as the act of welcoming, hosting; the quality of the hospitable; good welcome; reception; affable treatment, courteous, amiability; kindness.

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Hospitality has been present since the dawn of civilization when it was recognized as a generic activity. Lane and Dupré (1997) argue that the tasks of hospitality were practiced by the people of Babylon between 2076 and 405 B.C. At the same time, the first regulatory laws for places that offered lodge also appeared.

As stated by Walker (2002), records on hospitality in scriptures and texts were found in the Code of Hammurabi in 1700 B.C. It may be pointed out that aspects of the subject and other activities pertaining to hospitality were already present before the Christian era, and that some are still used.

For Gidra (2004, p. 122), before conceptualizing hospitality, it is necessary to consider some essential requirements such as:

- To recognize and study hospitality as a psycho-sociocultural phenomenon and not simply as an individual manifestation and attitude of a host;
- To recognize its complexity as a human phenomenon, which manifests in multiple contexts and places, involves multiple dimensions of reality and occurs during crises, instabilities and social changes; its study, therefore, no longer bears the classical models of explanation and prediction of positivist science;

- To recognize the need to study hospitality based on holistic theoretical approaches of society and an interdisciplinary view, which allows contemplating in the same reading of the phenomenon the dimensions of reality traditionally studied, in an isolated and fragmented way, by social psychology, sociology, and anthropology, among other sciences.

The admission of a person to a hospital usually occurs in a situation of physical and/or psychological vulnerability. Given this, providing the patient and his companions with a warm, sociable and humanized care would be indispensable at those moments. However, this is not the scenario found in most hospitals, since in these environments a tradition of care has been maintained, which is focused only on treating the disease, not the individual in all his needs (Silva, 2009).

In order for hospital hospitality practice to be developed while maintaining the quality of services, besides the medical team responsible for patient care, recovery, and healing, the hospital needs hotel professionals. Boeger (2003, p. 55) states that:

Within a hospital, the hotel management must comply with the hospital rules and functions, and adapt to them. On the other hand, hotel functions should be seen as the translation of quality by the provision of reception services, based on operational and management principles that must be accepted, understood, absorbed and effectively exercised by the entire hospital staff.

It is verified the hospital is adapted to classic hospitality, in which the function is to create a responsibility to establish “a set of values, models, and actions that concern human receiving”¹ (Camargo, 2003, 44). In this way, it proposes a more pleasant environment in order to satisfy the public, providing being well and specific services.

Taraboulsi (2011) makes a correlation between the services of classic hotels that are or that can be implanted in hospital-hotels, adapted to the reality of that environment, as shown in Table 1. It should be noted, however, that the author does not mention recreation as a common service between hotels and hospitals that can be adapted to hospital activity.

¹ Translated from Portuguese.

Table 1: Services in common (hotel/hospital) that can be adapted to the hospital activity.

Hotel	Hospital
Reception – Check-in and check-out	Reception – Hospitalizations and discharges
Conciergerie (social assistance)	Information desk
Food and drinks	Nutrition
Laundry	Laundry
Reservations	Schedule/programming

Source: Taraboulsi (2011, p. 33).

About recreation, in its etymological origin, two understandings stand out. In the first, Marinho (1981) argues that the term recreation comes from the Latin *recreatio* (recreation, amusement), which in turn, derives from the expression *recreare*, meaning to reproduce, restore and recover. In this context, it is relevant to affirm that the purpose of recreation is to revive and strengthen itself for the working day.

The second idea was proposed by Brêtas (1997) and Marcellino (1997), who compare the etymological principle of the term recreation with *recreare*, referring to the sense of recreation, fun, but with a different logic from the terms emphasized previously.

Although nowadays the expression means the reproduction of games and fun activities, its practice has been adopted since prehistory when the man would celebrate his conquests and the beginning of a new harvest period. Later, in the XIX century, the concept of recreation was idealized and disseminated in the United States, and recreation was applied with a social purpose and recognized as part of religions, education, and work. Its practice was limited to spaces normally intended for children, as the playgrounds. Over time, these spaces were also enjoyed by adults and adolescents, and recreational programs were improved, not limited only to games, but also, including other activities (Brêtas, 1997; Marcellino, 1997).

Cavallari and Zacharias (2009, p. 15) claim that recreation is “the fact, the moment, or the circumstance that the individual chooses spontaneously and deliberately, through which he satisfies his longings for leisure.”¹¹

In this way, it turns out that recreation and recreational activities are not considered the same thing. The first refers to a situation, a feeling; the second one is what the individual practices in order to achieve a feeling of recreation. Hence, the individual may participate in a recreational activity, and not live a recreational moment (Cavallari & Zacharias, 2009).

It can be said that hospitals are considered a sad, “cold” and painful place, in which even the white color of its walls causes chills. However, according to Godoi (2008), it is verified that in recent years these places that were previously references of seriousness and pain, have been modified, becoming full of color, joy, dynamism, fun and also professionals of the most diverse areas that have made the hospital an increasingly humanized environment.

This is exactly what happens when the recreational activities are included in the hospital context. Lambert (1999) asserts recreation associated with health, as a significant element, has been applied since the principles of humanity. According to the author, Hippocrates, considered the father of Medicine, in the IV century B.C. already used the precepts of animations and games as a support in the recovery of patients.

Another important historical fact on the subject refers to a letter sent to John Garland Jefferson in 1790 by Thomas Jefferson (third president of the United States of America and great political philosopher), who treats recreation and health as two intertwined things. For him: “Exercise and recreation [...] are as necessary as reading: I will rather say more necessary because health is worth more than learning” (Jefferson, 1790 as cited in Adams, 2002, p. 164).

¹¹ Translated from Portuguese.

In the hospital environment, time is also an issue to be analyzed. This is because the time spent in the corridors, waiting area and rooms takes the patient to a state of anxiety, causing a psychological delay, which Wuo (1999) classifies as “unexpected” time. As the author explains, recreation is developed during free time.

Jannuzzi and Cintra (2006, p. 180) comment on this free time in the hospital context and what can be done during this period:

[...] the occupation of periods of loneliness with activities that provide pleasure show a favorable strategy to minimize the negative effects of hospitalization, since it occupies idle time, stimulates the interrelation with its peers and professionals of the health team, among other benefits. [...]. It is this possibility of creativity emerging as an occupation of free time that remits to the proposal to fill these periods with leisure activities, aiming to transform hospitalization into a less suffered event for those who need it.

Frozé (2010, p. 45) points out that “the implementation of hospital-hotels has been the attraction of a qualified demand, in search for complementary services to medical treatment”, considering that today’s patient does not only seek treatment and cure but also activities pertinent to hospitableness, found in hospital hospitality.

From the corporate point of view, Godoi (2008, p. 61) states that “the implementation of hospital hospitality and the development of humanization actions must enter into the plans of managers who wish to keep their hospitals competitive”.

Under a psychological perspective, Godoi (2008) argues that emotional support will have good consequences throughout the patient’s physical and mental condition, helping to make hospitalization seem more succinct. Corroborating with Godoi, Taraboulsi (2011, p. 8) explains that hospital hospitality “is a trend that has come to rid hospitals of the ‘hospital lookalike’ and that has brought in essence a proposal of adaptation to the new reality of the market, modifying and introducing new processes, services and conduits.”

Godoi (2008) also emphasizes that the infrastructure of hospitals, as well as equipment, furniture and decoration, can also become valuable items in the treatment of patients. In this way, the technology allied to health and hospitality professionals, also helps the patients' and companions routine. The common wireless network in these environments increases the contact and communication between people, while the furniture and equipment have been improved to provide more comfort and satisfaction.

The same author also explains that in the case of beds and automatic stretchers, the patient acquires greater freedom of movement, while the efforts made by the companions and the nursing team are minimized. In general, furniture gets a more rounded design in order to avoid possible accidents during the transportation of the guest/patient. The interior decoration may gain color, as well as the layette, especially when it comes to children's environments. The windows of the rooms facing the gardens can offer tranquility for both the workers and the guests. Ultrasound and MRI equipment are used by physicians to certify the diagnosis, which the physician often presumes (Godoi, 2008).

Another point the author highlights is the improvement in the taste of "hospital food". Today, with the insertion of a nutritionist and/or a food and beverage manager in some hospitals, the patient has more options in the hospital "menu". The companions can also go to cafes or bistros without having to leave the hospital, feeding themselves while they talk undisturbedly. Or, if they choose not to leave the patient, they can have a room service, which takes orders and delivers them to the apartment (Godoi, 2008).

Regarding the gastronomic aspect of hospital hospitality, Godoi (2008, p.49) points out that:

Gastronomy has also been one of the aspects that have largely improved in recent years. Previously the focus was on what the patient could not eat, today it is exactly on what he can. Except in the necessary cases, menus with several options are common to those who are hospitalized bringing a little more flavor to the insipid hospital food [...].

According to Taraboulsi (2011), as far as entertainment is concerned, hospital hospitality counts on musical and theatrical presentations, lectures, art exhibitions, and even a city tour for patients from other locations.

As explained, hospital hospitality offers a multitude of possibilities aimed at improving the environment, emphasizing the importance of the health services consumer and collaborating to minimize the hard times.

Among the alternatives of recreation that can be implemented in hospitals is the creation of some different environments in that context, such as squares, libraries, gardens, video rooms, auditoriums, and toy libraries as well.

Toy libraries get to hospitals: the right to play and the federal law no. 11.104/2005

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The act of playing has long been the subject of many studies, and several researchers point to the importance and demand of this type of activity so that the child develops skills related to their environment. Through play, children can learn to cope better with life situations, develop communication and establish satisfactory relationships with others, which stimulates and enhances their social development and interpersonal relationships (Whaley & Wong, 1989).

Corroborating with the above statement, Guimarães (1988) explains that, in fact, the act of playing implies interaction with the environment, and as a rule, this is done in a relaxed way, involving affection. In the same way, Oliveira, Luengo and Barros (2011) claim that playing helps the child in the construction of the “I” in the dialogue with the other, helping to understand paradoxes and to locate in space-time, to solve the problems that appear in their daily lives, and to exercise freedom and responsibility.

Considering its proven relevance to child development, playfulness could not be excluded from the legal guarantees that should be provided to children. In Brazil, legal discussions in the 1980s and 1990s brought great advances in the defense of children and adolescents

rights. For Lopes, Oliveira Junior and Barros (2015), such discussions have brought significant changes in the way society understands and relates to its children, among them, the guarantee of the “right to play”.

Some measures were already being taken at international level, stimulated by research, such as that performed by Swedish pediatricians in 1974, which presented the importance of playing, including for the recovery of hospitalized children, and also for the preservation of their mental health (Lopes, Oliveira Junior & Barros, 2015).

In the field of law, since 1924 with the Geneva Declaration, there is already an international concern to ensure the rights of children and adolescents. However, it was only in 1959 that a document that guided countries to respect the basic needs of children was developed. This is the Universal Declaration of the Rights of the Child (UDRC), which was unanimously approved by the General Assembly of the United Nations (UN).

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UNICEF, a supplementary UN program, supervises the fulfillment of its precepts. In its text, the Universal Declaration of the Rights of the Child recognizes the child as a citizen worthy of rights, who needs comprehensive protection, and specific and priority policies for the promotion and defense of their rights (Franco & Batista, 2007).

Another international legal instrument aimed at guaranteeing the rights of the child and at strengthening those already assured by the UDRC, is the Convention on the Rights of the Child, a treaty approved by the UN General Assembly in 1989, of which Brazil is signatory (Franco & Batista, 2007).

Thus, in compliance with the international legal order, in Brazil, the Federal Constitution of 1988, and the Statute of the Child and Adolescent (SCA) of 1990 incorporated concepts of the international texts bringing among them the right to play.

The right to play finds its basis within the international legal order in a clear way, as Franco and Batista (2007) point out. The Universal Declaration of the Rights of the Child, in principle IV, guarantees them the right to leisure, and in principle VII, presents the relevant role attributed to games and fun. Likewise, the right to play is expressly highlighted in Article 31 of the Convention on the Rights of the Child, which provides the right to rest and leisure, fun and recreational activities appropriate to the age.

According to Franco and Batista (2007), in the Brazilian Federal Constitution of 1988, the right to play arises from the conjugation of rights to leisure, family coexistence and community coexistence, and the right to non-work, according to Art. 227:

Art. 227. It is duty of the family, society and the State to ensure to the child, the adolescent and the young, with absolute priority, the right to life, health, food, education, leisure, professionalization, culture, dignity, respect, freedom, and family and community coexistence, besides to safeguard them from all forms of neglect, discrimination, exploitation, violence, cruelty and oppression (Redaction given by Constitutional Amendment No. 65/2010) (Brazil, 1988).

In its Article 16, Statute of the Child and Adolescent (Brazil, 1990) expressly recognizes playing as a right to freedom: “The right to freedom includes the following aspects: IV - **playing**, practicing sports and having fun” [emphasis added].

Other rights and principles present in the SCA (Brazil, 1990), also have a close relationship with the playfulness, among them: the right to leisure, cited in Article 4; the right to freedom and participation, established by Article 16; and the peculiar condition of a person in development, present in Article 71. This last one considers the fact that playing contributes significantly to the development of the child.

The right to play has also gained legal reinforcement recently with the enactment of Law No. 13,257 of 2016, called the Legal Framework for Early Childhood (Brazil, 2016), which places children from birth to 6 years of age as a development priority of public policies. Regarding playfulness, the law expressly states in its articles 5 and 17 that this is one of the

priority areas for public policies for early childhood, and that the Union and federated entities must organize and stimulate the establishment of recreational spaces conducive to being well, playfulness and exercise of creativity in public and private places where children circulate.

Thus, presented the legal instruments that assure the child his right to play, it is clear, first of all, the importance of recognizing the child as a subject of rights, a citizen and, in this way, understand that he/she is entitled to play, as Bazílio and Kramer (2003) remark.

For Aragão and Azevedo (2001), children play with themes related to their daily environment, and if this context changes, the playfulness certainly will be modified too, as could happen with an unforeseeable hospitalization.

Would there be spaces in the hospitals that allow the full exercise of the right to play? Would recreational activities be allowed and possible in this kind of environment? Regarding the presence of play and recreation in hospitals, Wuo (1999) states that, in this type of environment, individuals forget to seek a way to entertain themselves simply because they are not physically fit, but the psychic incessantly pursues a distraction so you can develop a source of recovery and life.

The importance of applying the concepts of recreation in the hospital context is verified since these factors contribute to the improvement of human health, and that in this place, where people seek to cure diseases, recreation can be considered as a factor of humanization. It is in this context that the toy libraries are inserted.

According to Friedmann (1992, p. 30), the purpose of toy libraries “[...] is to rescue the fundamental interval of play in the children’s lives, which is progressively being lost and affecting child development as a whole”. Fortuna (2011), characterizes these spaces as environments that stimulate the free play, besides being an instrument of access to the playful patrimony.

The toy library, like other environments in a hospital, can promote to the patient a sense of being at home, generating being well. When studying the toy libraries inserted into the hospital environment, Paula (2008, p. 3) defines them as:

[...] a space for promoting interactions between children and adolescents, allows moments of leisure, socialization with partners of different ages, recovery of self-esteem, joy and the will to live. As a therapeutic activity in the hospital, it also allows children, adolescents and their relatives or companions to discover the role of playfulness in the hospital environment.

Regarding the presence of the toy library in hospitals, Godoi (2008) affirms that the environment helps children, even for a moment, to “forget” the circumstances they are living. Thus, they are characterized as agents of humanization, constituted also as a therapeutic space, as affirmed by Lopes, Oliveira Junior and Barros (2015).

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For Boeger (2003, p. 41), the toy library should be “a place where the child would rescue the right to childhood, creativity, sociability, experience, discovery and spontaneity”. Complementing this view, Lourenço, Santos and Abecasis (2011) understand the toy libraries as privileged spaces for the defense of the right to play.

It was sought, then, to guarantee the right to childhood and the defense of the right to play, as stated by the mentioned authors, that the Federal Law no. 11.104/2005, or the Law of the Hospital Toy Library (Brazil, 2005) arose with the authorship of Luiza Erundina. Since the law, toy libraries are now mandatory for all public and private hospitals that work with pediatric care and have an inpatient treatment.

The bill for toy libraries implantation in public hospitals was processed in the National Congress from 1999 to 2005, and during this period, it has undergone at least three changes. In her reasoning, the deputy referred to the positive results achieved by the insertion of leisure and recreational activities in hospitals with pediatric care, and for this,

she pointed out some Brazilian experiences at the time (Lopes, Oliveira Junior & Barros, 2015).

It is worth pointing out that the Brazilian political scenario underwent significant changes during the years the bill passed in Congress, and such changes were essential for the law to exist. As an example, it is possible to mention the implementation of the National Humanization Policy (NHP), which took place in 2003. In this scenario, when the discussions on humanization gain greater momentum in public policy, the project on the implantation of hospital toy libraries returns to the agenda and is sanctioned (Lopes, Oliveira Junior & Barros, 2015).

The text of the aforementioned law is quite brief, however, in its Article 2, it concerns with defining the toy library as a “space provided with toys and educational games, designed to encourage children and their accompanying to play” (Brazil, 2005, p. 1). This conceptualization is extremely important because it delimits what would be the toy library installed in a hospital, according to the terms of the law. Consequently, it avoids health institutions try to circumvent the legislative determination, offering their patients and companions only loose toys, and not a physical space with a specific structure to store several toys and games that allows the comfortable use of these.

Failure to comply with the Hospital Toy Library Law, as established in its Article 3, shall constitute a breach of federal law, and may cause the hospital to be punished with a warning, interdiction, cancellation of the operating license or a fine, pursuant to item II of the Article 10 of Law No. 6,437, of August 20, 1977 (Brazil, 2005).

METHODOLOGICAL PROCEDURES

One of the methods used for the elaboration of this work consisted of a bibliographical research. It was sought to deepen theoretical knowledge about the chosen theme, taking into account the homogeneous and discordant thoughts among the different authors.

Based on this bibliographical survey, it was possible to prepare a theoretical basis for the research carried out in the field.

In addition, it was carried out a documentary research involving the analysis of national and international laws and regulations related to Children's Rights, mainly, the specific requirement for the implantation of toy libraries in hospital environments that provide care to children.

The approach used in field research was qualitative, involving a case study. Qualitative research allows the analysis of implicit aspects in the development of organizational practices. According to Richardson et al. (1999, p. 80), in studies where the qualitative methodology is applied, it is possible:

To describe the complexity of a given problem, to analyze the interaction of certain variables, to understand and classify dynamic processes experienced by social groups, to contribute to the process of changing a given group, and to enable a deeper understanding of the particularities of individuals' behavior.

According to Yin (2003), the case study is a type of research with a strong descriptive character. For the author, this type of study is a category of research in which an object is a unit that is deeply analyzed, aiming to know its "how" and its "why", evidencing its own unity and identities. For that, this research method focuses on a specific situation, trying to find out what is in it of most essential and characteristic (Yin, 2003). Corroborating with Yin, Triviños (1995) affirms that the case study has the objective of knowing more deeply a delimited reality.

Yin (2003) further states that in the case study, the researcher does not intend to intervene in the investigated situation, but to make it known as it arises. To do so, this researcher can use a variety of tools and strategies to obtain data.

In field research, the focus of the case study was to analyze the implantation of the toy library in a hospital located in the State of Paraíba, which provides care to children, based on the perception of people who work as volunteers in performing recreational activities in this local.

The structured interview was used as an instrument for data collection. Marconi and Lakatos (2008, p. 80) define the interview as “a meeting between two people so that one of them obtains information about a certain subject through a conversation of professional nature”. The interviews were recorded, transcribed, and their content was analyzed through the technique of content analysis by themes.

In September 2016, a field survey was conducted that, among other aspects, intended to know the profile of people who perform recreational activities voluntarily in hospitals in the State of Paraíba. This research initially counted on the participation of 14 (fourteen) interviewees. As a result of this initial research, it was identified that among the recreational activities that the interviewees most often apply in hospitals is the games and the use of toys, as shown in Table 2:

Table 2: Recreational activities performed.

Recreational activities	Incidence of responses
Toys/Games	11
Storytelling	05
Music Therapy	06
Laughter therapy	07
Theater	01

Source: Research data, 2016.

In Table 2, the categories represent the different answers of the interviewees, who in this question pointed out more than one recreational activity applied by them to their target audience. Thus, in the category toys/games were added to the responses of those who said to carry out activities in the environment of the hospital toy library; considering that, most of the interviewees, that is, 11 (eleven) of them said to act in the focused hospital.

RESULTS

The toy library in a hospital in Paraíba: an example of concretization of the hospital toy library law

The hospital analyzed in this case study is an institution specializing cancer treatment in adults and children. This institution has a children’s ward, which has a recreational

equipment, that is, the toy library (Figure 1). Thus, the institution demonstrates an attention on the relevance of recreation in health treatments. This hospital inaugurated its toy library in November 2008, in compliance with Law No. 11,104 of 2005, as can be visualized in Figure 1 below:

Figure 1: Toy library of the hospital studied.



Source: Website of the studied hospital (2016).

All interviewees perform voluntary recreational activities at this hospital. According to the eleven interviewees who work in the hospital, the space of the toy library is often used by them to perform recreational activities, especially with the less debilitated patients, who are able to leave the hospital bed.

As follows, by complying with the law and ensuring the right to play, the hospital studied also helps children, even for a moment, to “forget” the condition they are living, making it less exhausting and traumatizing.

About volunteer work, it was sought to understand where the personal motivation or inspiration of each interviewee to join these activities came from. For this, the following question was asked: “Where did your motivation/inspiration come from to participate in these activities?”. Thus, some of the answers obtained were:

“The need to be useful to others is unique. My inspiration came from another clown.” [sic] (Interviewee 1);

“I have no words, but the hope of being able to change someone’s day, being able to revolutionize by practicing only good!” [sic] (Interviewee 3);

“Motivation comes in helping neighbors, and maybe one day I can be on the other side.” [sic] (Interviewee 6);

“The desire to help others in some way.” [sic] (Interviewee 7);

“Something intuitive, I love to help the others and I got ready to do these things together with the team that I am part of!” [sic] (Interviewee 11).

It was possible to verify, through the statements of the interviewees, that the motivations that led them to perform this recreation work in the hospital are related, above all, to the personal satisfaction they feel when helping patients.

However, because they are volunteers there is no continuity or regularity in the performed activities. It is important to raise discussion about the need to have recreators teams in an effective association with the hospital’s staff, in order to plan and manage the recreational activities conducted in a continuous way in the toy library and other environments propitious to hospital recreation.

Cavallari and Zacharias (2009) affirm that the recreation technician needs to know and understand the demand profile, drawing plans for projects, with the purpose of obtaining good results in the medium and long-term. They should be able to analyze their audience, according to the wishes of leisure and recreation, and possess technical knowledge regarding the aspects of the groups. The authors continue to assert that this professional participates in all stages of a project, from its idealization to its development, being also responsible for the contact, selection and team training.

According to the same authors, there is a planning process for the elaboration and execution of a recreational program, which is formed by three stages: diagnosis, prognosis, and execution. The diagnosis is a survey created to know the current situation of the sector. The prognosis determines criteria to be set for achieving the goal. And the execution is the “making happen”, developing what was stipulated in the prognosis.

In this way, in order to know about the preparation phase of the activities, the question was: “Do you go to the hospital with scheduled activities or improvise them on time, through the patients’ response?”. The following responses were then highlighted:

“Most of the time, it’s improvisation”. [sic] (Interviewee 3);
“A little of each, it depends on the patient’s response”. [sic] (Interviewee 6);
“We’re not going with anything planned; we just talk and play with the patients”. [sic] (Interviewee 9);
“We plan very well before”. [sic] (Interviewee 11).

Most interviewee, in this case, nine of them, claimed not to carry out an early planning process of the recreational activities they develop. Only two interviewees reported having an early schedule of activities, which can be added to the improvised activities.

In addition to the participation of hospitalized children in the activities carried out in the toy library, it was sought to know the respondents as to the reactions and interactions of another subject, quite essential for the patient in hospital environment, the companion. To this end, it was questioned: “In general, the patient’s companions, how do they react? How do they interact with the activities?”. The following responses were highlighted:

“Positively. Always making interaction easier”. [sic] (Interviewee 2);
“They react better than the patients themselves, perhaps because they are not in physical pain, and because they feel alone at the moment”. [sic] (Interviewee 3);
“They interact smiling and giving strength to the patient to rejoice”. [sic] (Interviewee 7);
“They react really well. They like it when we go there and they always say that”. [sic] (Interviewee 8);
“They also react positively, always praising our work and giving our team full attention”. [sic] (Interviewee 9).

All the interviewees were unanimous in affirming that the patients’ companions always react positively to the presence of recreators. Moreover, that most of these companions interact when activities are being performed, singing, smiling, joking and often encouraging and leading the patient to participate along with them, if some initial resistance is presented.

The recreation is also extremely important for the companions, and not only because they see the joy of their sick ones, but also because, according to Shiotsu and Takahashi (2000), being a companion is stressful, sad and tiring. The companion ends up feeling physical and emotional exhaustion by living close to the patient's suffering. Thus, the moment of recreation brings joy and encouragement not only to the patient but also to his companion.

Research applicability in hotel management in hospitals

In presentation to the Brazilian edition of the book "If Disney managed your hospital", Rocha and Cursino (2009) support there are aspirations that are universal, that remain the same, regardless of the situation or the environment in which they are. Among these aspirations, for the aforementioned authors, is the desire of people to be always treated with attention and particularity. In the context of relations between companies and clients, this type of treatment has the direct consequence of developing an admiration and customer loyalty. Thus, a hospital that has among its services, equipment and recreation activities, such as the toy library, is not only complying with a legal or normative determination. It is also concerned about the proven benefits that this equipment brings to the recovery of its patients/clients. In addition, there can be created a loyalty relationship, by making you feel welcome in an environment considered as "cold" and sad, like the hospital.

In this same sense, in a study by Lee (2009), it was identified that there is a difference between satisfaction and fidelity of patients/clients of a hospital. For him, when the patient does not find anything special or anything derogatory, that is, everything was clean, everyone was polite, everything was as expected, nothing stood out, the patient will leave only satisfied with the hotel services of that health institution. However, if that same common and satisfying experience is marked by something outstanding and unexpected that has become special, this will generate patient/client loyalty. Thus, hospital recreation, exercised in the context of a toy library, can become this special element. What patients/clients, especially children and their families, would not expect to find there. It is

something that, without a doubt, positively, they will not forget that they experienced during the hospitalization, and this will generate fidelity to that health institution by the patient and his companions. If you need to return to a hospital, certainly the one in which you found the special element will be your first choice. It is necessary, then, that the managers of children's hospitals come to see the toy library as this instrument of customer loyalty.

It was also noticed, from the bibliographical review and field research, that recreation is not always seen as a service that can be adapted to hospital hospitality. However, several authors emphasize the importance of recreational activities and the act of playing as essential elements for recovery and for the healing process of the children audience. These activities are also important for caregivers, as the research shows. It reinforces the need for more research and actions that can stimulate the development of the recreation area in hospital environments that have the option of hospitalization, especially in the cases of places that attend the children audience. It is also proposed, based on the research results, that the recreation area of the hospitals should have professionals trained and hired for the development of recreational activities in a more planned and constant way, and for the adequate management of spaces destined to these activities, as is the case of toy libraries.

FINAL CONSIDERATIONS

It is known that patients, their companions/family members, and even the team of health professionals working in hospitals are experiencing difficult times, physical and/or emotional weakness. So why not bring differentiated and welcoming spaces into hospitals?

Hospitality in hospitals, through its recreation services, presents itself as an appropriate tool to promote and care for this purpose. Therefore, based on bibliographical research and data collected in the field, it is inferred that recreation activities carried out in the environment of toy libraries are clearly effective, since they promote the right to play, guaranteed in international treaties and in Brazilian legislation, for example, the Federal Constitution and the Statute of the Child and Adolescent, strengthened and reiterated by

specific laws, such as the Hospital Toy Library Law (Law no. 11.104 / 2005). The implementation of the latter has clearly helped to promote being well, reduce pain and suffering, as well as to lower the distance from the social and affective life of hospitalized children.

Therefore, it is evident that the recreation promoted by the insertion of toy libraries in the hospital context is an important instrument of guaranteeing rights, besides humanization in the health sector. Therefore, it must be progressively used and stimulated. Preferably, the management of this space should be in charge of the hospital-hotel sector, considering that recreation is a specific matter in this area.

On the other hand, the recreation area of hospital-hotels should be based on offering a quality service and professionalism, preparing a program of activities appropriate to the public in question, taking care of the correct hygiene of the toys and the space of the toy library, and thus, allowing that more and more children can enjoy the numerous benefits of the right to play.

In order for this work to be carried out, it is fundamental to awaken hospitals to hire an effective hospital recreation team, so that the children's right to play is really taken seriously, and bring benefits to the treatment and to the recovery of health. Likewise, the implantation of a toy library in the hospital environment also brings benefits to the hospital-patient relationship, considering that the toy library can be an instrument of satisfaction, and more importantly, loyalty of this clientele.

It was found that despite the analyzed hospital having the space of the toy library, and complying with Federal Law no. 11.104 / 2005, or Hospital Toy Library Law (Brazil, 2005), without its actual use by a qualified, specialized, and in a planned and continuous way, the child's right to enjoy this place for playfulness, so important for their recovery and treatment, ends up not being guaranteed.

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