


# Storytelling during children's hospitalization: mothers' perceptions in the light of Symbolic Interactionism

*Contação de histórias durante a hospitalização de crianças: percepções das mães à luz do Interacionismo Simbólico*

*Narración de cuentos durante la hospitalización infantil: las percepciones de las madres a la luz del Interaccionismo Simbólico*

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## ABSTRACT

**Objective:** to describe companions' perceptions of the impact of storytelling during children's hospitalization. **Methods:** this is a qualitative study, supported by Symbolic Interactionism, developed in the pediatric inpatient unit of a university hospital. Between June and July 2023, nine women, companions of hospitalized children, who participated in the weekly storytelling activity, were interviewed. Data analysis was directed by thematic content analysis. **Results:** storytelling was meant as a counterpoint to the boring daily life and immersed in concerns that characterize children's hospitalization. Two thematic categories emerged from mothers' perception of storytelling in the context of children's hospitalization, "Strengthening relationships between children, companions and storytellers", which contributed to strengthening the bond between companion, child and multidisciplinary team, and "Moment of welcoming for children and companions", which reveals the effect of providing a moment of distraction, joy and comfort for mothers. **Conclusion:** storytelling promotes an environment conducive to coping with the disease, providing well-being, joy and comfort for accompanying mothers. It positively impacts the behavior of children and companions during hospitalization and encourages their continuity in home environments.

**Descriptors:** Child, Hospitalized; Play and Playthings; Pediatric Nursing; Narration; Professional-Family Relations.

## RESUMO

**Objetivo:** descrever as percepções de acompanhantes sobre o impacto da contação de histórias durante a hospitalização de crianças. **Métodos:** trata-se de estudo qualitativo, apoiado no Interacionismo Simbólico, desenvolvido na unidade de internação pediátrica de um Hospital Universitário. Foram entrevistadas, entre junho e julho de 2023, nove mulheres, acompanhantes de crianças hospitalizadas, que participaram da atividade semanal de contação de histórias. A análise dos dados foi direcionada pela Análise Temática de Conteúdo. **Resultados:** a contação de histórias foi significada enquanto um contraponto ao cotidiano entediante e imerso em preocupações que marcam a hospitalização infantil. Emergiram duas categorias temáticas da percepção das mães sobre contação de histórias no contexto da hospitalização de crianças, "Estreitamento das relações entre crianças, acompanhantes e contadores de histórias", que contribuiu para o fortalecimento do vínculo entre acompanhante, criança e equipe multiprofissional e "Momento de acolhimento para as crianças e acompanhantes", que revela o efeito de proporcionar um momento de distração, alegria e conforto para as mães. **Conclusão:** a contação de histórias promove ambiência propícia para o enfrentamento da doença, proporciona bem-estar, alegria e conforto para as mães acompanhantes. Impacta positivamente no comportamento das crianças e acompanhantes durante a internação e estimula sua continuidade no ambiente domiciliar.

**Descritores:** Criança Hospitalizada; Jogos e Brinquedos; Enfermagem Pediátrica; Narração; Relações Profissional-Família.

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## RESUMEN

**Objetivo:** describir las percepciones de los acompañantes sobre el impacto de la narración de cuentos durante la hospitalización de los niños. **Métodos:** se trata de un estudio cualitativo, sustentado en el Interaccionismo Simbólico, desarrollado en la unidad de internación pediátrica de un hospital universitario. Entre junio y julio de 2023, fueron entrevistadas nueve mujeres, acompañantes de niños hospitalizados, que participaron de la actividad semanal de cuentacuentos. El análisis de los datos fue guiado por el análisis de contenido temático. **Resultados:** la narración de cuentos pretendía ser un contrapunto a la vida cotidiana aburrida y sumergida en las inquietudes que caracterizan la hospitalización de los niños. Dos categorías temáticas surgieron de la percepción de las madres sobre la narración de cuentos en el contexto de la hospitalización infantil, “Fortalecimiento de las relaciones entre niños, acompañantes y narradores”, que contribuyó a fortalecer el vínculo entre acompañante, niño y equipo multidisciplinario, y “Momento de acogida para niños y acompañantes”, que revela el efecto de brindar un momento de distracción, alegría y consuelo a las madres. **Conclusión:** la narración de cuentos promueve un ambiente propicio para el afrontamiento de la enfermedad, brindando bienestar, alegría y consuelo a las madres acompañantes. Impacta positivamente en el comportamiento de los niños y acompañantes durante la hospitalización y fomenta su continuidad en el ambiente hogareño.

**Descriptor:** Niño Hospitalizado; Juego e Implementos de Juego; Enfermería Pediátrica; Narración; Relaciones Profesional-Familia.

## INTRODUCTION

Storytelling, as a healthcare technology in the context of childhood hospitalization, is recognized and aligned with humanization of care, atraumatic care, child development promotion and protection<sup>(1-3)</sup>, and presents indications of intensification of evidence<sup>(1)</sup>.

The act of reading a story to a hospitalized child is preceded not only by the choice of the story, but also by the preparation of storytellers for developing of the storytelling, encompassing aspects such as knowing the story, choosing whether or not to use props, making choices regarding tone of voice and mimes, being aware of children's age and developmental and disease characteristics, among others, which influence the scope of the intervention. Furthermore, storytelling throughout children's hospitalization brings the people involved closer together, rescuing and awakening their playful dimension, encouraging emotional involvement, spontaneity and pleasure<sup>(4,5)</sup>.

Incorporating storytelling into nursing health practices in hospital settings helps people cope with the effects that hospitalization has on children, reduces anxiety, encourages “dreams”, provides distraction<sup>(6)</sup> and contributes to building a more pleasant, welcoming and humanized environment<sup>(7)</sup>.

Children have limited resources and coping and resilience skills, and, when considering the characteristics of the demands for psycho-emotional elaborations in the face of disease requiring hospitalization, emotional support becomes essential<sup>(8)</sup>. In this regard, the use of entertainment, play and toys during hospital stay stands out, among which is storytelling as a powerful strategy<sup>(8-14)</sup>.

Although some healthcare professionals adopt a discourse of child recognition, they do not implement the use of ludic, play and toys in their care plan<sup>(3,15)</sup>,

reaffirming the incipience of these practices in hospital care, characterized as a gap in child care humanization and comprehensiveness<sup>(7)</sup>.

In turn, hospitalized children's companion and/or family, important figures in child care, also have their lives impacted by hospitalization, which can generate fear, frustration, anxiety, among other feelings<sup>(16)</sup>. In this context, storytelling produces positive effects on companions' mental and emotional health, as it encouraged empathy and strengthens their relationship with healthcare professionals<sup>(5)</sup>, promoting satisfaction and tranquility.

Although the positive impact of storytelling on companions' and/or family members' mental and emotional health is known, there are still few studies that focus on this population when compared to those aimed at children<sup>(2)</sup>.

In order to expand the discussions and evidence about storytelling in healthcare professionals' care practices in the context of children's hospitalization, the following research question was elaborated: “How do children's companions conceive and experience storytelling in the context of hospitalization?” To answer this question, this study aimed to describe companions' perceptions about the impact of storytelling carried out during the hospitalization of children in a pediatric unit.

## METHODS

This is a qualitative, descriptive and exploratory study, based on the Symbolic Interactionism (SI) framework, according to which human beings interpret facts and behave towards someone or something based on meanings, which result and can be modified in interactional processes and conform behaviors; therefore, meaning, in context, is always open and changing depending on what is experienced in social interaction<sup>(17)</sup>.

To prepare the report, it was based on the Consolidated criteria for REporting Qualitative research (COREQ), Portuguese version<sup>(18)</sup>.

The study was carried out in a university hospital (UH) in a city in the Center-East of the countryside of São Paulo, which had an estimated population of 254,822 inhabitants in 2022<sup>(19)</sup>.

An extension activity was taking place in the Pediatric Inpatient Unit of the hospital in question, the name of which was "Storing and playing in the HU pediatric unit". It was developed by students from the nursing, medicine and pedagogy courses at a federal university in the city, under the supervision of two professors, one from the nursing course and the other from the pedagogy course.

Extension project students were organized into trios, who took turns with each other weekly, who were responsible for choosing the story to read that week as well as a playful intervention to be developed afterwards, such as drawing, coloring, treasure hunt, hopscotch, dancing, among others. Storytelling lasted approximately 10 minutes. The space used in the pediatric unit was the toy library and an average of 4 or 5 children participated in activities.

Companions were free to accompany children or, if they preferred, they could stay in the room. Those parents/guardians who accompanied their children during the ludic intervention were encouraged to participate in the kidding, in order to further encourage their children's participation.

The inclusion criteria for choosing study participants were: being a companion of a child admitted to the pediatric unit during the data collection period; having participated in the weekly storytelling activity; having remained with hospitalized children, in total, for more than 24 hours; being able to provide understandable narratives; being over 18 years old or emancipated; and attending the previously scheduled virtual interview.

Data collection was carried out in June and July 2023. On the day following storytelling, companions were invited to participate in the study and received the Informed Consent to sign. Subsequently, individual interviews were scheduled according to their availability. Those who did not attend the scheduled virtual meeting as well as did not respond to reminders sent via WhatsApp® (version 2.23.20.76, 2023, WhatsApp LLC, United States) and/or did not access the link sent in this space were considered to have withdrawn.

The semi-structured interview developed in a virtual environment was mediated by Google Meet® (version 213.0.570770570.duo.android\_20231001.11\_

p1, 2023, Google LLC, United States), lasting about 23 minutes. All were audio recorded and later transcribed using Transkriptor® software (Version 1.0.17, 2023, United States).

As an initial trigger, it was proposed that participants remember the story(s) that was(were) told on the day(s) they were present. Subsequently, the following questions were asked: "Tell me how the storytelling activity was perceived by you?"; "What effects did you notice from it?"; and "Could you talk about whether or not you would recommend its implementation in other units and why?". The question already answered spontaneously by companions throughout the interview was not mentioned. On the other hand, additional questions were asked when answers did not fully explore the topic of the main question.

Data analysis was carried out using Thematic Content Analysis<sup>(20)</sup>, which took place in two stages: pre-analysis and review with adjustment of coding according to content. In the first stage, with the help of Nvivo® software (Version 14, 2023, Lumivero, USA) for coding and categorization, floating reading was carried out, which promoted the emergence of hypotheses about the content and identification of manifest meanings, revealing indicators that directed the categorical process. In the next stage, categorization and coding were reviewed and adjusted through an inductive process guided by the content present in the codes<sup>(20)</sup>.

The research was approved by the Research Ethics Committee (Certificate of Presentation for Ethical Consideration — in Portuguese, *Certificado de Apresentação de Apreciação Ética* — CAAE number 66108822.5.0000.5504), in compliance with the Resolutions 466/2012 and 510/2016 of the Brazilian National Health Council. Participants had their identities safeguarded, and the excerpts were identified by the letter "W", referring to "woman", followed by an Arabic number, representing the order of their participation in the study.

## RESULTS

Of the 25 companions invited, 21 agreed to participate in the study. However, twelve did not attend the virtual interview, totaling nine companions interviewed, all female, with an average age of 32 years (Table 1).

From companions' statements, two thematic categories emerged about storytelling perceptions and its impact in the context of hospitalization: "Strengthening relationships between children, companions and storytellers"; and "Moment of welcoming for children and companions".

**Table 1** - Characterization of companions (n = 9) of children hospitalized in a university hospital in a city in the countryside of São Paulo who participated in the storytelling activity of the extension project “Storing and playing in the HU pediatric unit”, JUN-JUL, 2023

Participant code	Age (years)	Color	Education	Relationship with the hospitalized child	Child age (years)	Number of participations in the storytelling	Reason for hospitalization
Participant 1	31	Brown	Complete elementary school	Mother	1 year	Twice	Pneumonia and bronchiolitis
Participant 2	36	Brown	Incomplete higher education	Mother	6 years	Twice	Otitis
Participant 3	29	Brown	Incomplete high school	Mother	6 months	Once	Bronchiolitis
Participant 4	32	White	Complete higher education	Mother	10 years	Once	Acute sinusitis
Participant 5	37	Brown	Complete higher education	Mother	1 year and 1 month	Once	Respiratory discomfort
Participant 6	34	Brown	Incomplete high school	Mother	8 years	Once	Asthmatic bronchitis
Participant 7	28	Brown	Complete high school	Mother	5 months	Twice	Bronchiolitis
Participant 8	31	White	Incomplete high school	Mother	9 years	Once	Pneumonia
Participant 9	28	Black	Incomplete high school	Mother	1 year and 7 months	Once	Pneumonia

### Strengthening relationships between children, companions and storytellers

During storytelling, the mothers participating in the present study reported that there was interaction between storytellers in relation to children and companions, who used creativity, eye contact and expression of joy to identify the target audience’s attention.

*[...] it’s not just telling a story, it’s much more, more than that, only those who witnessed the moment we went through know how important a moment like this is, right? There’s a magic in the way it happens, in the way of the storyteller, of them looking at each child, at us (companions). (W1)*

*The way of telling with love, wanting to involve us. (W2)*

*(The story) [...] in terms of the interaction between them, I don’t know if it’s a monitor you’re talking about, but from your history with them, I mean... I found it very creative. So, I believe that this interaction you had with them ends up being very distracting for the children who are there, because for them it is boring and for us too. (W4)*

Some mothers reported the importance of storytelling taking place in person, in which there is greater rapprochement between storytellers and children/companions, conveying affection.

*It’s not just telling a story, it’s much more, more than that, only those who witnessed the moment we went through know how important a moment like this is, right? [...] it is very good. It’s something that involves affection, and we lack that, because we are away from home, alone with the baby, watching the baby suffer, then seeing our daughter smile like that [...] there is no money that pays this. And television is different, you know, it’s different, they see the story on TV, but in person this exchange is very good, it’s not comparable. (W1)*

*You (storytellers) make up the story by playing, and the children and we pay attention, because when you are going to read a book to a child, they don’t pay as much attention when you read while playing, making gestures. I thought she liked it a lot, that she was very focused there, so much so that I needed to leave a little and she didn’t even notice that I had left. She was there very attentive, well-motivated in the activity, feeling that happy and caring atmosphere. (W2)*

Furthermore, some of the participants reported that the activity offered opportunities for new relationships to be established, expanding the social support network, both for children and companions, for which storytellers played a prominent role.

*[...] it allowed us (companions and storytellers) to talk a little, meet new people, make new friends. I met a*

*mother and became friends with her, we started helping each other there. (W3)*

*It is a more spacious environment. He (son) felt comfortable, touched the toys, interacted with his classmates, shared the space with them (other children). Having social interaction between adults who were also there among you (storytellers) is good, it comforts. (W5)*

*A book brings a mother and a child closer together. I saw the love from (the storyteller) and the other girl with us, the affection, so it gave hope that we don't need to be sad, even in difficult times. (W9)*

### Moment of welcoming for children and companions

Some participants identified participation in storytelling activity as a moment that provided distraction for children and companions and encouraged feelings of joy, pleasure and comfort, as presented in the following statements.

*She (the child) was sad and agitated, alone in the room, everything was tiring. By the time people arrived and started the story, she got calmer and smiled. [...] the mood of the day changes, we are sad like this, then she got excited, her look changed, her face got better and I was very happy. The staff (storytellers) arrived, changing the atmosphere and I felt more welcomed. Then they started telling the story and we forgot everything, both me and her [...]. (W1)*

*It was different, because we who are there, we need it, because it is very boring there. Because it's always there, twenty-four hours focused on the disease, on what is being done, whether it improves, very tense. Always the same thing. It was pretty cool. It is possible to take the mothers out of focus there, because it is a place that every now and then causes an anxiety attack, despair, because she is always locked in the same room [...]. So, it was a very different business, it changed the focus and changed our day a lot, it took a little breather, you know? (W3)*

*[...] it was even good not only for me, but for them (children) too, because they didn't have to always stay there in their room, watching television, waiting for someone to come in and give them medication, they could play right there. My (son) really enjoyed it, because he watched a lot, he was very distracted. Oh, but I loved it, I liked it! (W3)*

*When the story ended, she clapped her hands. This is it, from an environment of sadness to one of joy. [...] very cozy with us who are mothers. I loved it, it made all the difference for us. For me, it was a moment when I forgot about the problems, I forgot what (child's name) was going through, I saw my daughter smiling, I smiled along with her. She was very happy and continued playing the game afterwards with the girls. With her talking about the activity afterwards, it distracted them. (W6)*

One of the companions said that storytelling activity was memorable, both for her and her child, as shown in the following report.

*He really liked it, so much so that he later told his brothers about this interaction and everything else, about storytelling. It was really cool, he really liked it. (W8)*

Furthermore, according to companions' view, storytelling was effective and relevant in changing children's behavior during hospitalization and encouraged memorization and learning, awakening in them the desire to also implement this moment at home, according to the statements given follow.

*Seeing the attention, I got there for me was gratifying. Like this moment of reading, being able to leave your room for a bit, being able to remember that you can have that moment with your child, that you can also take that home, read stories to them. For me, it was wonderful and I'm sure (child's name) liked it too. (W9)*

*I think it was something there that made us stop and think that, even in the rush of everyday life, we need to take time to sit down and try to create a dynamic with them that I think is important. So, I think we need to stop and think about this for a bit. (W2)*

*There are children at a stage where they don't go to school yet and, with that, they can develop creativity, they can see it and then they might want to do it at home, in other words, it's creativity for parents too. In their homes, they are taking this as an example and telling stories to children because it calms more children. (W5)*

Furthermore, some mothers were surprised by the positive effects of storytelling, feeling regretful for not practicing this activity previously with their children, according to the statements transcribed below.

*I also wasn't used to doing the activities, because I think I was even wrong on this issue. As I always work, I*

*didn't develop this activity with her, and it's an important thing to do, and she didn't have it. Then at the Teaching Hospital, with you telling the story, she began [...]. (W7)*

*Until now, I had also never participated in any hospital institution where this type of activity took place. It's very interesting, it's very rewarding for the parents who are there with the hospitalized children, and sometimes there's that stressful, tiring routine, without any excitement, without any distractions. This was very interesting, it brings cheer to us and the children too, so it's really cool. (W5)*

## DISCUSSION

According to the perception of mothers who are accompanying children in the hospitalization process, storytelling is meant as a counterpoint to the daily life they experience, which is, paradoxically, at the same time, boring and immersed in concerns.

As it is an unattractive environment, full of exhausting routines, it can lead to boredom and discouragement, emotions also reported by mothers in a study carried out in northeastern Brazil<sup>(21)</sup>. These feelings can impact the care these mothers provide to their children<sup>(21)</sup>. On the other hand, hospital settings generate stress and exhaustion, especially emotional stress<sup>(22)</sup>.

The feelings of concerns, fears and uncertainties generated in this environment were minimized during storytelling activity, which symbolized a way of "escape" and relief from this reality. This is a technology recommended for care practices in pediatric units that aligns with humanization of care.

Storytellers' behavior in telling the story interactively was considered a central point according to mothers' perception, making it possible to achieve the action's therapeutic objective. Perceiving affection, interest, affection and involvement in the activity, with a clear intention of integrating everyone who was there, was reported by mothers as promoting the feeling of "healing" and/or "hope". Hence, the interaction with storytellers, through and based on their attitude, acts as a symbol that transforms the meaning of the pediatric unit environment. It aligns with the premise of Symbolic Interactionism of meaning being open and changing depending on what is experienced in social interaction<sup>(17)</sup>.

The literature highlights the important role of the multidisciplinary team in creating a welcoming environment, encouraging the interaction of companions and patients (children) with the team, in order to minimize harmful effects on physical and emotional health as well

as generating a bond with companions and/or family members and, consequently, contributing to the success of children's treatment<sup>(22)</sup>.

The relational climate established during storytelling reinforces the need to develop therapeutic activities also with companions to promote comfort and well-being. The influence of play in hospital settings for children's companions was evidenced in another study that highlighted the relevance of actions of this nature<sup>(23)</sup>.

In this regard, storytelling with the presence of a companion proved to be an effective activity, as it strengthened the bond between mother and child while still in hospital in addition to encouraging companions to reflect on the need to implement this activity at home as well, further contributing to strengthening this bond.

The symbolism of "storytelling" brings new meanings to companions based on the interaction promoted by the activity, as it encouraged mental activity, leading to the adoption of new behavior<sup>(17)</sup>. In turn, children who have contact with storytelling at home have a positive impact on acquisition of competencies that facilitate the beginning of learning and school success<sup>(24)</sup>.

Social behavior takes the past in the present and in the act of future projections<sup>(17)</sup>. The well-being effect produced by storytelling reverberated in mothers in future actions, as it remained in children's and companions' memory, according to the report of one of the mothers, whose child, after discharge from hospital, narrated the experience produced by storytelling in hospitalization for family members, therefore being a positive point.

Companions' motivation to introduce storytelling at home also presents an opportunity to improve mother-child interaction as well as promote the acquisition and gathering of new skills and competencies for both companions and children<sup>(24)</sup>.

The positive interaction between companion and child in the shared reading of stories allows children to increase their vocabulary and understanding, in addition to encouraging imagination, the association of ideas, attention and the ability to concentrate, enabling the learning of different letters, numbers, geometric shapes, colors and other representations<sup>(25)</sup>.

Concerning the emotional and social aspects, interactions between children and parents/parental figures, through reading in the family context, promote a positive bond for children with significant people in their context<sup>(24)</sup>. Children's early daily contact with the contents of books as well as with interactive games favors the management of adverse feelings such as fear, disease, loss and frustration, and encourages the learning of social skills and behaviors (knowing how to live with family and society, respect rules, wait, share, interact among

peers and with other adults in different contexts, respect social norms and values, promote their empowerment and resilience capacity) that influence the different stages of life, positively impacting their personal, academic, professional and social development<sup>(24)</sup>.

In addition to aspects of children's cognition and socialization, storytelling is a care technology that can form, together with other activities, an atraumatic and humanized care plan for children<sup>(23)</sup>.

This resource, when implemented in pediatric hospital units, promotes joy and well-being for companions and has the potential to encourage the creation of narratives about the challenges faced during children's hospitalization<sup>(2,8,23,26)</sup>. Welcoming children's companions, as well as providing collaborative interactions with them, is a premise of Family-Centered Care.

Given this scenario, nursing plays a prominent role in the health team due to the proximity and regularity with which it comes into contact with children and their family. This difference makes it possible to be closer to companions, establish dialogues, and minimize the negative impacts caused by disease, children's hospitalization and the experience as a companion<sup>(21)</sup>. It is recommended that future studies be carried out to explore the symbolism measured by storytelling professionals, as this determines behaviors<sup>(17)</sup> in care practices.

Companions' behavior and mood are influenced by the different situations they face during children's hospitalization, and implementation of activities focused on the interaction between the nursing team, companions and children can provide new meanings and behaviors<sup>(17)</sup>. The findings of this study point to storytelling as an accessible care technology, easy to implement in care practice, and which can be performed by both the nursing team and other healthcare professionals who make up the multidisciplinary team of the health service.

In this context, storytellers' behavior emerges as a central element. An empathetic attitude, involved and interested attitude was perceived as promoting a sensitive and meaningful relationship, symbolizing comfort and surrender, transcending the offering of a story, generating fun and reducing tensions and anxieties, reminding children and companions of focuses other than disease and hospitalization<sup>(1)</sup>. Therefore, storytelling, in addition to being ludic activity, has therapeutic effects and provides opportunities for experiencing positive emotions and relieving hospital-related stress<sup>(1,27)</sup>, in addition to adding symbolism<sup>(17)</sup> to the social act of telling stories.

Furthermore, literature points out that when faced with stories in which characters are strong and brave, children can become inspired, strengthened and have

hope in facing the challenges related to disease and hospitalization<sup>(1,10)</sup>. Perhaps this also occurs with companions, although not verbalized in this study. Furthermore, it is indisputable that professional training for its implementation enhances scope and intentions<sup>(1)</sup>, with indications for professionals working in pediatric hospital units to experience training opportunities in this direction within continuing health education. Additionally, it is important to highlight that storytelling configures sensitive care technology, which also needs to be included in the list of competencies to be developed during graduation.

Despite the contributions of this study, the fact that it was developed in just one institution and with a restricted number of participants, all female, can be considered a limitation, but this fact does not invalidate the results achieved. This is a topic that still requires new approaches, including the male universe, healthcare professionals and storytellers themselves.

Furthermore, this article presented as a gap the need to deepen the perception that companions have of the impacts of storytelling on children's development, including outside hospital settings. Therefore, this aspect becomes a possible topic to be investigated in future studies as well as the inclusion of children in research, with the aim of understanding their vision of storytelling. It should be noted that emotional experiences such as idleness and boredom of companions, when children are hospitalized, are also gaps identified in this study that require future investigations.

The findings allow us to recommend that pediatric units regularly practice storytelling, with due efforts to ensure the presence and involvement of children's companions. Furthermore, they point to the urgency of expanding its adoption by all professionals in these units, in addition to being a transversal action carried out on a specific day and time. To this end, pediatric units need to invest in the acquisition of children's books and in opportunities for their professionals to integrate training processes on the topic of storytelling, with the assumption of social actions aligned with the child- and family-centered approach. These investments would contribute to the comfort and coping of children and their companions as well as to humanization of healthcare in the context of children's hospitalization.

## FINAL CONSIDERATIONS

The storytelling activity, from the perception of mothers accompanying hospitalized children, promotes interpersonal interaction, joy, comfort and acceptance, contributing to coping with their children's disease.

It positively impacts children's and companions' behavior during hospitalization, in addition to encouraging their continuity in home environments.

Therefore, storytelling is an activity that promotes an environment conducive to coping with the disease, providing well-being, joy and comfort for accompanying mothers.

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### Conflict of interests

None.

### Author's contributions - CRediT

**MW:** conceptualization; data curation; formal analysis; investigation; methodology; project administration; supervision; validation; visualization; writing – original draft and writing – review & editing.

**NSGB:** conceptualization; data curation; formal analysis; funding acquisition; investigation; methodology; project administration; validation; visualization; writing – original draft and writing – review & editing.

**GP:** validation; visualization; writing – original draft and writing – review & editing.

**CMT:** validation; visualization and writing – review & editing.

**LRBO:** validation; visualization and writing – review & editing.

**PAN:** validation; visualization and writing – review & editing.

**NVCM:** validation; visualization and writing – review & editing.

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