

Parental Satisfaction With Pediatric Preoperative Assessment and Education in a Presurgical Care Center

Dolores Delaney, BSN, RN, Elizabeth W. Bayley, PhD, RN, Patricia Olszewsky, MSN, CRNP, Jean Gallagher, MSN, CRNP

Purpose: *The aim of this study was to evaluate parental satisfaction with preoperative assessment and education in a pediatric presurgical care center (PSCC) as well as parental use of a computer instructional video, EMMI, which is a product of Emmi Solutions (Chicago, IL), a health information company for patients.*

Design: *A prospective, exploratory, comparative, and correlational descriptive design was implemented.*

Methods: *A 23-item questionnaire was completed by 542 parents or legal guardians at the end of their child's PSCC visit.*

Findings: *Very high overall satisfaction was seen with the visit. Highest overall satisfaction was seen related to nurse practitioner and registered nurse behaviors and lowest satisfaction to operational aspects.*

Conclusions: *This study validates parents' perceptions of the high value of nurses' explanations, respect shown, and response to questions during preoperative assessment of the child and education of the family anticipating surgery. Identification of less satisfying aspects of the presurgical experience provides opportunities for improvement.*

Keywords: *pediatric surgery, preoperative assessment, parental satisfaction, preoperative parental anxiety, preoperative education, nurse practitioner role, RN role.*

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WITH ADVANCES IN SURGERY AND ANESTHESIA, most pediatric surgical procedures occur in the outpatient setting. More than 3.2 million

pediatric outpatient surgical procedures are performed annually in the United States.^{1,2} In the pediatric ambulatory surgical setting, preoperative assessment of the child and family education is performed before the elective procedure. This has prompted new efforts to coordinate care including preoperative assessment, laboratory testing, and essential teaching.³ The timing of the assessment and education and who performs these functions vary among institutions.

Assessing and teaching patients on the day of elective surgery is often not feasible or appropriate. It is important to reach out to patients days before surgery for assessment and education, and to allay the anxiety so common in children and parents.^{4,5} Proper assessment and preparation for surgery is a key to success for positive surgical outcomes and family satisfaction.⁶ This care is increasingly

Dolores Delaney, BSN, RN, was a staff nurse, Surgical Services, Nemours/Alfred I. duPont Hospital for Children, Wilmington, DE; Elizabeth W. Bayley, PhD, RN, was Director of Nursing Research, Nemours/Alfred I. duPont Hospital for Children, Wilmington, DE; Patricia Olszewsky, MSN, CRNP, is an Advanced Practice Nurse, Presurgical Clinic, Nemours/Alfred I. duPont Hospital for Children, Wilmington, DE; and Jean Gallagher, MSN, CRNP, is an Advanced Practice Nurse, Emergency Services, Nemours/Alfred I. duPont Hospital for Children, Wilmington, DE.

Conflicts of interest: None to report.

Address correspondence to Jean Gallagher, Nemours/Alfred I. duPont Hospital for Children, 1600 Rockland Road, Wilmington, DE 19803; e-mail address: jgallag@nemours.org.

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1089-9472/\$36.00

<http://dx.doi.org/10.1016/j.jopan.2014.04.004>

provided in a specialized and well-organized preoperative clinic.^{7,8} Fostering a patient-centered focus and creating a culture that values patient perceptions in the preoperative clinic can contribute to increased patient satisfaction and confidence in the hospital and health care providers.⁹ Using a nurse practitioner (NP) to obtain the patient's history, perform the physical examination, and generate necessary diagnostics is a part of the protocol in some settings.¹⁰⁻¹² Although the quality of such clinics is determined by many factors,¹³ including the type of provider, neither the patient nor family experience with these factors has been adequately studied.^{9,14} The aim of this study was to evaluate parental satisfaction with preoperative assessment and education in a pediatric presurgical care center (PSCC). Additionally, parental use of a computer instructional video, EMMI, which is a product of Emmi Solutions, a health information company for patients, was examined.

Literature Review

Literature addressing preoperative assessment and preparation for surgery in children over the past two decades revealed one comprehensive integrative review, published in 2000, of preparing children for surgery.¹⁵ Findings indicated the need to examine the efficacy of preparation and include patients and parents in the process. In 2005, Franck and Spencer⁶ published a review of 12 descriptive or interventional studies specifically focused on informing parents about anesthesia for children's surgery. Although noting limitations such as inconsistency in measures and outcomes and inadequate reporting of study methods, the authors concluded that parents of children preparing for surgery wanted information about anesthesia and its risks, were anxious, and described the anesthesia aspects as the most anxiety-provoking factor about the upcoming surgery. Notably, improved perceived knowledge was not associated with reduced anxiety.

A small number of other studies have focused on education of parents and/or children, reducing anxiety, increasing satisfaction, and the role of the advanced practice nurse in preoperative assessment and education.^{4,10,16-22} Outcome measures tested included knowledge retention, anxiety, and effectiveness of NPs in the presurgical clinic as well as satisfaction with the process.

Preoperative Education for Pediatric Surgery

O'Connor-Von¹⁶ compared the effectiveness of an Internet-based versus a standard method for preparing adolescent patients scheduled for outpatient tonsillectomy at a Midwestern children's hospital. Using a randomized experimental design, 66 adolescents' anxiety, knowledge acquisition, postoperative pain intensity, and satisfaction with the preparation method were measured as well as parents' anxiety and satisfaction with their child's preparation. A total of 32 adolescents were assigned to Internet preparation (conversational program with procedural information; photographs; and explanations of medical equipment, personnel roles, and home care); 34 were assigned to the standard preparation (weekly program given by a registered nurse [RN] and Child Life Specialist incorporating photographs and medical equipment). Four from the Internet group and 20 from the usual preparation group did not participate in the education and formed a nontreatment group receiving only the routine preparation on the day of surgery. Anxiety, pain, knowledge, and satisfaction were measured.

Results indicated significantly increased knowledge acquisition ($P = .001$) and satisfaction ($P = .004$) among adolescents assigned to the Internet- versus standard-prepared and nontreatment groups.¹⁶ Parents of the Internet-prepared adolescents also reported greater satisfaction ($P = .004$) than parents of the standard-prepared and nontreatment groups. There were no statistically significant differences among the three groups on adolescent or parental anxiety or adolescent postoperative pain intensity.

Gordon et al¹⁷ surveyed 102 six- to-ten-year old children and their parents at a tertiary children's hospital in Australia to compare the information the children and their parents would like to have had about a forthcoming hospitalization, with what was actually given. The children received verbal information from their parents or a health care professional. Most reported being happy with the amount of information they received. They wanted information about procedures, procedure length, admission, pain, anesthesia, needles, whether parents could be present, explanations (Why? questions), hospital environment, and seeking reassurance. Most parents

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