

Wacky Wednesday: Use of Distraction Through Humor to Reduce Preoperative Anxiety in Children and Their Parents

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Purpose: The purpose of this study was to determine the effect of distraction through humor on anxiety among children having outpatient surgery, and their parents.

Design: Quasi-experimental design using a nonrandomized control group.

Methods: The study assessed preoperative anxiety in child-parent dyads. The control group received usual care. The intervention group received the "Wacky Wednesday" (WW) intervention in which they entered an environment where employees were dressed in "wacky" attire and children and parents were provided with gifts and costume items. Anxiety scores, heart rate, and blood pressure were collected from patients and parents in both groups on admission and just before transfer to surgery.

Findings: Children who arrived for surgery on WW had significantly lower anxiety scores on admission than children in the control group. In addition, children and parents who received the WW intervention had significantly lower anxiety scores just before surgery than those in the control group.

Conclusions: Humor and distraction are effective with children and parents in relieving preoperative anxiety.

Keywords: preoperative anxiety, humor, children, parents, outpatient surgery.

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This research project was conducted by nurses in the Ambulatory Surgery Department at Kosair Children's Hospital, Louisville, KY.

Conflict of interest: None to report.

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UNDERGOING ANY SURGERY, including outpatient surgery (OPS), is often anxiety provoking for children^{1,2} with as many as 50% of children reporting preoperative anxiety.² Children often express the fear of needles, pain, and separation. This anxiety is associated with greater postoperative pain and use of pain medications as well as postoperative sleep problems.³ Parental anxiety before a child's surgery is also quite common.^{4,5} Parents cite hospitalization, anesthesia, surgery itself, and postoperative pain as the main sources of anxiety when their children undergo surgery.⁵ Parent anxiety has been found to be a predictor of perioperative anxiety in children.^{1,2} Education may be effective in alleviating fear of the unknown. At Kosair Children's Hospital, Louisville, KY, the Registered Nurse educates the patient and family about what to expect in each phase of the

surgery process. Specific information is provided about equipment that will be used, surgical environment, procedures that will take place, how the child will look immediately after surgery, how pain will be managed, and the care that will be required after discharge.

Even with information, the anxiety level of the child and parent may still be quite high. Nurses may offer reassurance, but getting parents and their child to laugh can break the tension. The use of clowns in the pediatric preoperative setting has been explored. One study that compared children accompanied by their parents and clowns with children accompanied only by their parents found that the preoperative worries of both the children and their parents were reduced in those who received the clown intervention.⁶ Another study showed that clowns were more effective than midazolam in reducing preoperative anxiety in children.⁷ A study conducted in Brazil found playful activities to be effective in reducing preoperative anxiety in children.⁸ Few standardized protocols exist, however, for use of distraction through humor to reduce preoperative anxiety in children and their parents.

Theoretical Basis

Humor has been described as “affective absurdity” for its ability to change a person’s perception of and emotional response to a situation.⁹ Humor may relieve anxiety in a manner that has been suggested in Relief theory. Relief theory focuses on physiological release of tension through humor and laughter.¹⁰ Laughter is seen as resulting from the release of nervous energy and may serve to facilitate relief of tension caused by fear. Humor and laughter, therefore, may result in reduction of tension and anxiety associated with anticipation of surgery in children and their parents in the preoperative setting.

Description of Wacky Wednesday Intervention

Wacky Wednesday (WW), the distraction through human intervention used in this study, was the vision of a woman who had previously lost her daughter to cancer. During the many long months spent at the hospital, this woman and her daughter would creatively design costumes or room decora-

tions to make the days more bearable. After her daughter’s death, this heartbroken mom desired to share her gift of creating a fun atmosphere and promoting happiness in children and families going through difficult times. She began to dress in elaborate costumes and bring toys to children at the hospital on Wednesdays, calling it “Wacky Wednesday.” She would arrive at 9 a.m. to the Outpatient Surgical Services area and push her cart from room to room as recommended by staff. She visited the children and parents and offered gifts and wacky costume items (eg, hats, clown noses, necklaces, and tiaras). The OPS personnel were also encouraged to get “wacky” by putting on tiaras, beads, feather boas, silly hats, clown noses, fake mustaches, and by acting silly. The WW mother and the OPS personnel created a fun, colorful, and lively atmosphere; and all children and parents in the OPS department at the time were invited to select colorful costume items to wear before and after the surgical procedure. The children were also given an age-appropriate toy to play with and to keep.

Purpose

The purpose of this study was to determine the effect of the WW intervention on preoperative anxiety, heart rate (HR), and blood pressure (BP) among children having OPS and their parents. This purpose was addressed through evaluating the following research hypotheses:

H1: The WW intervention will result in lower preoperative anxiety among children having OPS.

H2: The WW intervention will result in lower preoperative anxiety among the parents of children having OPS.

Design and Methods

This study used a quasi-experiment design using a nonrandomized control group.

Subjects

After approval by the institutional review board and the organization’s research office, 42 child-parent dyads scheduled for OPS on Wednesdays were enrolled in the study. A total of 29 dyads received usual care and no WW intervention. A

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