

Psychoeducational preparation of children for surgery: The importance of parental involvement

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Abstract

Objective: To examine the effects of therapeutic play intervention on outcomes of children undergoing day surgery, and to highlight the importance of parental involvement in the psychoeducational preparation of children for surgery.

Methods: A randomized controlled trial, two group pre-test and repeated post-test, between subjects design was employed. Hong Kong Chinese children (7–12 years of age; $n = 203$) admitted for elective surgery in a day surgery unit, along with their parents during a 13-month period, were invited to participate in the study. By using a simple complete randomization method, 97 of children with their parents were assigned to the experimental group receiving therapeutic play intervention, and 106 children with their parents were assigned to the control group receiving routine information preparation.

Results: The results showed that both children and their parents in the experimental group reported lower state anxiety scores in pre- and post-operative periods. Children in the experimental group exhibited fewer instances of negative emotional behaviors and parents in the experimental group reported greater satisfaction. The results, however, find no differences in children's post-operative pain between the two groups.

Conclusion: The study provides empirical evidence to support the effectiveness of using therapeutic play intervention and the importance of parental involvement in the psychoeducational preparation of children for surgery.

Practice implications: The findings heighten the awareness of the importance of integrating therapeutic play and parental involvement as essential components of holistic and quality nursing care to prepare children for surgery.

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1. Introduction

It has been well-documented that surgery can be emotionally devastating for children and that it can have a profound effect on both children and their parents. Excessive anxiety and stress can affect children's physical and psychological health, hinder their ability to cope with surgery, encourage their negative behavior in association with health care, and may also inhibit their post-operative recovery. Previous literature reveals that parents also

experienced intense stress and feelings of helplessness when their children underwent surgery [1–3].

As surgical techniques and anesthetic agents have greatly improved in recent years, pediatric day surgery procedures are increasingly being performed throughout the world. The introduction of day surgery has increased parental responsibility with regard to the care of their child during pre- and post-operative periods. In a study to describe the evaluation of a pre-admission psychoeducational program to prepare children and their families psychologically for day surgery, Ellerton and Merriam [4] found that most parents had difficulty accepting the role of helping their child manage this stressful experience. Mishel [5], examining parents' perception of uncertainty concerning their hospitalized child, found

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that parents whose children underwent surgery in day surgery units were more anxious than parents whose children underwent surgery in hospitals, which required children to stay overnight. Parents whose children underwent day surgery experienced greater anxiety, the cause of which may be due to increased responsibility of taking care of their children in a day surgery unit and inadequate time to settle down and get used to the hospital environment. A review of the literature reveals that lack of understanding about the upcoming procedures, unfamiliarity with the hospital environment, and uncertainty about the illness and its treatment are the major factors contributing to parental stress [2–3,6]. Therefore, parental involvement is imperative in the pre-operative psychoeducational preparation of their child for surgery.

The provision of pre-operative information education on pre- and post-operative care is the most common method of preparing children for surgery in Hong Kong. Nevertheless, most pre-operative preparation is focused on procedural information for the parents, their psychological needs have seldom been taken into consideration. In a study [6] to examine the impacts of pediatric day surgery on Hong Kong Chinese children and their parents, a relatively high pre-operative anxiety level of parents was reported. The result of the study reveals that there is still room for improvement for such preparation.

During the past decade, there has been an increase in the use of therapeutic play intervention to help children cope with the stress of hospitalization [7–9]. Numerous case studies described the benefits of therapeutic play in hospitalized children [8–11]. Regrettably, the majority of these studies are based on theories and clinical observations; the effectiveness of using therapeutic play in the psychoeducational preparation of children alone with their parents for surgery has seldom been tested. The lack of empirical evidence makes it difficult to accurately determine the effectiveness of therapeutic play preparation. Indeed, there is an imperative need for more rigorous empirical scrutiny. The purposes of the current study were to examine the effects of therapeutic play intervention on outcomes of children undergoing day surgery, and to highlight the importance of parental involvement in the psychoeducational preparation of children for surgery.

2. Methods

2.1. Design

The study was carried out in one of the largest acute-care hospitals in Hong Kong with a well-established day surgery unit. To examine the effects of therapeutic play intervention, a randomised controlled trial, two group pre-test and repeated post-test, between subjects design was employed. A single-blind technique was used, in which the research nurses, who were responsible for data collection, were unaware of the treatment allocation of the study participants. The researcher randomly assigned eligible participants into the experimental

and control groups, after the pre-test baseline measurements had been taken by the research nurses.

2.2. Participants

All children admitted to the day surgery unit of the study hospital for elective surgery, along with their parents meeting the inclusion criteria for the study, were invited to participate in the research. The inclusion criteria were that: (i) all children should be between 7 and 12 years of age; (ii) both children and their parents are able to speak Cantonese and read Chinese; and (iii) children are accompanied by their parents (either mother or father) on the pre-operative assessment day and on the day of surgery. In the experimental group, the parents of the children had to be willing and able to come back for therapeutic play intervention approximately 1 week before surgery. In order to enhance the integrity of the study, the parent in both groups who accompanied his or her child for assessment, intervention, and surgery must be the same person. The researcher excluded children who had a medical condition that required medical care, had undergone surgery previously, and those with identified cognitive and learning problems in their medical records.

The rationale for selecting 7–12 year-olds was that the number of children having elective day surgery within this age range in Hong Kong is comparatively more than in other age groups. In fact, according to Piaget's [12] theory of cognitive development, children in this age range belong to the same developmental stage, that is, concrete operational. Piaget [12] believed that certain mental abilities tend to appear at certain stages of development. For optimal learning to take place, information must be presented that can be assimilated into child's present cognitive structure. According to Polit and Beck [13], ensuring homogeneous sampling permits a more focused inquiry.

Sample size was calculated to obtain sufficient power to detect differences between the groups. As there was no similar study that had reported the magnitude of the effect of therapeutic play intervention in the literature, a small-to-medium effect size was adopted, as recommend by Polit and Beck [13]. To predict this effect size of differences in study outcomes between two groups at a 5% significance level ($p < .05$) and a power of .80, 99 subjects in each group are normally required [14]. The data collection lasted for 13 months. A total of 203 children with their parents participated and completed the study. The response and attrition rates were 88% and 18%, respectively. Of 203 children with their parents, 97 were randomly assigned to the experimental group and 106 were randomly assigned to the control group.

2.3. Interventions

In the control group, children and their parents received routine information preparation (usual care) when the

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