

The Psychosocial Experiences and Needs of Children Undergoing Surgery and Their Parents: A Systematic Review

Mark G. Gabriel, Claire E. Wakefield, PhD, Janine Vetsch, PhD, Jonathan S. Karpelowsky, MBBCh, FRACS, FCS, PhD, Anne-Sophie E. Darlington, PhD, David M. Grant, & Christina Signorelli, MQHR

ABSTRACT

Introduction: Surgery in children can be difficult for patients and parents. We aimed to summarize pediatric patients' and parents' psychosocial experiences and needs in surgery.

Method: We used the Ovid search engine and screened 877 abstracts across three databases to extract data on pediatric patients' and parents' surgical experiences.

Results: Our search yielded 11 eligible studies representing 1,307 children undergoing surgery and their parents. Children's adverse experiences included psychological and behavioral changes before, during, and after surgery (e.g., anxiety, eating disturbances). Parents commonly experienced psychological distress. Children's needs related to medical and health care services, whereas parents had high information needs.

Mark G. Gabriel, Medical Student, Discipline of Paediatrics, School of Women's and Children's Health, UNSW Sydney, Kensington, and Kids Cancer Centre, Sydney Children's Hospital, Randwick, NSW, Australia.

Claire E. Wakefield, Professor, Discipline of Paediatrics, School of Women's and Children's Health, UNSW Sydney, Kensington, and Kids Cancer Centre, Sydney Children's Hospital, Randwick, NSW, Australia.

Janine Vetsch, Postdoctoral Fellow, Discipline of Paediatrics, School of Women's and Children's Health, UNSW Sydney, Kensington, and Kids Cancer Centre, Sydney Children's Hospital, Randwick, NSW, Australia.

Jonathan S. Karpelowsky, Paediatric Surgeon, Department of Paediatric Surgery, Children's Hospital Westmead; Children's Cancer Research Unit, Kids Research Institute, Sydney; and Division of Child and Adolescent Health University of Sydney, Sydney, NSW, Australia.

Anne-Sophie E. Darlington, Associate Professor, Faculty of Health Sciences, University of Southampton, Southampton, UK.

David M. Grant, Medical Student, Discipline of Paediatrics, School of Women's and Children's Health, UNSW Sydney, Kensington, and Kids Cancer Centre, Sydney Children's Hospital, Randwick, NSW, Australia.

Christina Signorelli, PhD Candidate, Discipline of Paediatrics, School of Women's and Children's Health, UNSW Sydney, Kensington, and Kids Cancer Centre, Sydney Children's Hospital, Randwick, NSW, Australia.

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Correspondence: Christina Signorelli, MQHR, Kids Cancer Centre, Sydney Children's Hospital, High St., Randwick, NSW 2031, Australia; e-mail: c.signorelli@student.unsw.edu.au.

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Discussion: Children's adverse experiences can negatively affect medical outcomes. Children's experiences are inextricably linked to their parents' and can become negatively affected by their parents' adverse experiences. Patients and parents with previous hospitalizations and surgeries had worse surgical experiences, highlighting further research in the context of chronic illness. *J Pediatr Health Care.* (2017) ■, ■ - ■.

KEY WORDS

Children, experiences, needs, parents, psychosocial, surgery

INTRODUCTION

Although invasive, surgery in children is sometimes an essential component of their medical care (Kaliciński, 2009). With increasing understanding and technical advancements, pediatric surgery has become an increasingly vital treatment modality for children with illnesses like tonsillitis, cardiac abnormalities, bone fractures, and other chronic diseases requiring minor procedures through to high-risk emergency operations (Kaliciński, 2009). Children undergoing surgery are of different ages and stages of cognitive development, which may alter or distort their lasting impressions of surgery (Anderson, 2002). These range from younger, less aware, highly dependent children (Bakoula, Kolaitis, Veltsista, Gika, & Chrousos, 2009) to older children and adolescents who may have an increasingly comprehensive understanding of their condition and share many of their parents' fears and concerns related to the surgery, in addition to experiencing their own (Woodgate, 1998).

The surgical period can be a difficult time (McArthur-Rouse & Collins, 2008). Aside from being a period of immobility in an oftentimes unfamiliar and uncomfortable environment, the preoperative period may lead to anxiety associated with the nature of the surgery in addition to its potential risks and outcomes (Kerper et al., 2012). Despite health professionals' communication of risks before surgery, the unavoidable break in communication between the surgeon and the family during surgery presents an extended period of suspense for patients and their carers (Wei et al., 2016). After surgery, concern over surgical results, effectiveness, implications, and pain may further challenge patients and parents (Apfelbaum, Chen, Mehta, & Gan, 2003).

Experiences in the preoperative, intraoperative, and postoperative periods can leave lasting psychosocial impressions on patients and parents of children who have undergone pediatric surgery (Melamed & Ridley-Johnson, 1988). Adult patients' psychosocial experiences of surgery can vary. Patients can often experience discomfort or distress caused by the underlying pathological process leading to surgery, which can have differing impacts on activities of daily living (Breivik, Collett, Ventafridda, Cohen, & Gallacher,

2006). The alleviation of this discomfort through surgery may facilitate wellness and, in turn, positive psychosocial experiences of surgery. Negative surgical experiences in adults may include anxiety, stress, guilt, and depression throughout the surgical period across differing surgery types from varying medical fields (Kerper et al., 2012). These experiences can become exacerbated by doubts concerning potential surgical outcomes and implications for the patient's future health and quality of life (Lisboa Gois, Maimoni Aguillar, dos Santos, & Llapa Rodríguez, 2012).

Research suggests that surgical patients' needs include information and practical and emotional support throughout the surgical period (Lauri, Lepisto, & Kappeli, 1997). These needs are often unique to the individual patients and may relate to physical, mental, or social issues or concerns they have. Information, support, and medical services to meet patients' needs can be essential for preparing patients for surgery, creating realistic expectations and familiarizing the surgical environment (Spalding, 2003). Although several studies and reviews have examined the psychosocial experiences and needs of adults in surgery across different surgery types (Ball & Swallow, 2016; Chan, Kan, Lee, Chan, & Lam, 2012; Jones et al., 2014b; Sibbern et al., 2017), less attention has been given to surgical experiences of children and their parents (Field & Behrman, 2004), even though many thousands of children have surgical procedures each year (Pye, 2008). The young age of pediatric patients limits their understanding of the procedure and alters their psychosocial experiences. The increased involvement of the family further adds to the sensitivity and complexity of pediatric surgery (Justus et al., 2006). Despite the importance of considering children's and parents' unique psychosocial experiences and needs during surgery (Justus et al., 2006), the literature concerning their experiences and needs is yet to be comprehensively reviewed.

Given the unique challenges to patients and families of children undergoing surgery, it is important to review children's and parents' experiences and needs relating to surgery. Our key research aims were to summarize patients' and parents' (a) psychosocial experiences of undergoing pediatric surgery and (b) needs (e.g., information, service, support) in the pre-, intra-, and postoperative periods.

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