

An Analysis of the Anxiety Levels of Mothers Who Participate in Education and Therapeutic Games About Their Children's Surgeries

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Purpose: *The aim of this study was to determine the effect of education and therapeutic games on the postoperative anxiety level of mothers who participated in education and therapeutic games with their children.*

Design: *This study used a quasi-experimental method.*

Methods: *The study sample consisted of 300 mothers. Data were collected using a questionnaire on the sociodemographic characteristics of the parents and the State and Trait Anxiety Inventory (STAI) for others. The data were analyzed using the Kruskal-Wallis, Mann-Whitney U, and Wilcoxon tests. The mothers in the control group were given a routine explanation of the study. The mothers in the education group were given educational booklets and shown a video presentation. The other group participated in therapeutic games with various game materials and some medical tools along with their children after the education.*

Findings: *The difference between the preoperative and postoperative STAI score averages of the mothers who were educated and participated in the games with their children was significantly lower than the difference between STAI score averages of the mothers in the control group ($P < .05$). The STAI score averages were found to be lower in the education group than in the education and game group ($P > .05$). Although the trait anxiety score averages were reduced more in the education and game group than in the education group, the difference was not statistically significant ($P > .05$).*

Conclusions: *Anxiety levels of the mothers in the education and education + game group were found to be lower than those of the mothers in the control group.*

Keywords: *mothers, education, game, anxiety, postoperative.*

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Conflict of interest: None to report.

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1089-9472/\$36.00

<http://dx.doi.org/10.1016/j.jopan.2016.09.011>

THE PARENTS OF CHILDREN who are scheduled for surgery usually experience fear and anxiety during the preoperative period because of feelings of guilt, loss of control, and separation anxiety. They also suffer from being in a foreign environment, being away from home, economic difficulties, and not knowing how to help their children.¹⁻³ Therefore, parents should be very well prepared emotionally

before an operation. A family centered approach should be adopted to reduce the psychosocial stress of parents whose children have been hospitalized.⁴⁻⁶ Informing parents as part of family centered care will reduce their anxiety and stress. Parents should be educated using a holistic approach, including written and visual materials and considering the rules of communication rather than a random approach.⁷⁻⁹ Education given to parents in the preoperative period should include information about preoperative, postoperative, and postdischarge care and care during the operation.^{4,7,10} Education using audiovisual tools has been proven to be more effective for parents than education using verbal and written materials.^{11,12} Videotapes prepared for this purpose can be shown to the parents. Parents can participate in preparatory programs for admission to hospital and the operation itself. The fear and anxiety of parents as well as children was reduced when parents visited the hospital and the operating room with their children, saw and touched some tools used in the hospital, and participated in preoperative preparatory programs such as therapeutic games.¹³⁻¹⁶

Purpose

The aim of this study was to determine the effect of education and therapeutic games on the postoperative anxiety levels of mothers who participated in education and therapeutic games with their children.

Methods

Study Design

This study used quasi-experimental method.

Setting and Sample

The study population consisted of the mothers of children who underwent surgical intervention at Ondokuz Mayıs University Health Practices and Research Center Hospital Pediatric Surgery Service and Samsun Maternity and Children's Hospital Pediatric Surgery Service. The study sample consisted of mothers whose children were admitted to these institutions to have an operation. Power analysis was performed to determine the sample size. The study sample included 300 people out

of 520 people with a 95% confidence level and a 3.7% sampling error. The control group, the education group, and the education and game group each consisted of 100 mothers (n = 300). The inclusion criteria were maternal literacy and child undergoing surgery.

Ethical Consideration

The required ethics committee approvals were obtained from the institutions to conduct this study. The mothers who agreed to participate in the study were told about its subject and the purpose and assured that participation was voluntary and that their personal information would not be disclosed to others. The mothers' questions were answered, and their oral and written consent was obtained before data collection.

Instruments

Data were collected using a questionnaire on the sociodemographic characteristics of the parents and the State and Trait Anxiety Inventory (STAD) I to II for mothers. The scales were used twice, before and after the operation.¹⁷ The scales were used twice, once before surgery and once after surgery. The scale's most popular version has 20 items for assessing trait anxiety and 20 for state anxiety. State anxiety items include "I am tense; I am worried" and "I feel calm; I feel secure." Trait anxiety items include "I worry too much over something that really doesn't matter" and "I am content; I am a steady person." State anxiety increases in reaction to perceived danger or threat. Trait anxiety refers to anxiety as an enduring personality characteristic. All items are rated on a four-point scale (eg, from almost never to almost always). Higher scores indicate greater anxiety. The STAI is appropriate for those who have at least a sixth-grade reading level. Internal consistency coefficients for the scale have ranged from 0.83 to 0.87; test-retest reliability coefficients have ranged from 0.94 to 0.96 over a 2-month interval. The scales were used twice, once before surgery and once after surgery.

Data Collection

The mothers in the control group were given routine information, and then their questions

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