

## Preparation Practiced with a Child and His family experiencing Great Anxiety

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### I. Introduction

In the hospital that I work for, the out-patient department, pediatric wards and the operating room coordinate their support for children according to their medical situations. Once the date of surgery is determined, the HPS is informed through the out-patient department of the dates of admission, surgery and other related schedule. In a case where a patient (hereinafter referred to as “the child”) undergoes a one-day outpatient procedure, the HPS provides preparation on that day or any previous day with a surgical nurse when the child comes to hospital. HPS stays with the child from admission to the operation room. When the child requires hospitalization, HPS tries to build a good relationship as soon as possible, and provides preparation with nurses in the operation room and in pediatric ward.

This report is about preparation and its result when provided for a mother and a child who had a traumatic experience during previous surgery in a different hospital that caused them great anxiety about the upcoming surgery. Preparation here is referred to as interventions to reduce the distress of children suffering from a certain disease and/or staying in a hospital through arrangements. It provides psychological care and involves efforts to create conditions for children and their families to cope with their situations. Through preparation, HPS 1) provides the correct knowledge of a treatment, 2) provides children opportunities to express their true feelings and emotions, and 3) builds up a relationship built on trust between children and healthcare professionals through psychological preparation<sup>1)</sup>.

### II. Method

#### 1. Procedure of preparation after the admission to the hospital and before the operation

The HPS visits a child once he is admitted to the hospital. The HPS then asks requests from him while practicing preparation for the upcoming surgery. Once the initial greeting and preparation with the child are done, HPS communicates with surgical nurses and plans the future schedule.

Either in his room or in a playroom, explanations for the day of surgery are given while showing a preparation booklet and a stamp rally map. The HPS asks him to stamp on the map the route to the surgery room. The child, his family, an attending nurse and HPS then take the actual route to the surgery room together.

At the reception of the surgery room, he is asked to search a bear who is wearing a hospital gown. He is greeted by a nurse at the reception and is asked his name and which part of his body the surgery will be performed on. He is then shown the actual operation room, and asked to wear a medical cap of which he can choose a color. He is then told that healthcare staff will ask him his name even though they will often know his name. In each step, he will put a stamp on the map. After everyone. Including a surgical nurse goes back to his room, he is allowed to touch an actual anesthetic mask and an electrocardiogram. The explanation of surgery is given to the child again while playing with a bear doll and reading a preparation booklet. The HPS asks if he has any questions or requires re-explanation about the surgery. After the child puts the last stamp on the map, preparation is done and the HPS records all the events.



Pic. 1 . During preparation

## 2. Case subject

- 1) Subject: Boy, 6 years and 8 months old, first grader. Physical/mental development was appropriate for his age.
- 2) Family : Father, Mother and a sister (9 y/o)
- 3) Surgery : Epiglottic cyst removal (otorhinology).
- 4) Length of hospitalization : May 2012 (7 days in total) : Subject's mother was with the subject for the entire period.

## III. Result

### 1. The work of the HPS

#### 1 ) The first day of hospitalization

The HPS visited the boy soon after the boy was admitted to hospital the day before his surgery. After the introduction, the HPS asked him if he had any request regarding preparation for the surgery and scheduled with nurses in the ward and in the surgery room.

While playing together with the boy and his parent in the playroom, his mother told the HPS that the boy was crying uncontrollably at the previous surgery that was held three years ago. The boy also said "I remember it. I did not like the surgery room". The HPS informed his status in the previous surgery to his attending nurse before our preparation.

#### (1) Surgical preparation

After a brief explanation in the playroom, the boy, his mother, his attending nurse and the HPS went to the surgery room by taking the same route as the day of surgery. The boy happily kept on looking at a provided stamp rally map

At the reception of the surgery room, a nurse was waiting and greeted us. The nurse asked the child his name and what kind of surgery he was having. Though the boy looked nervous, he replied clearly.

After everyone went back to the playroom, the HPS explained about the procedure of the surgery while showing a preparation booklet. The boy was allowed to touch an anesthesia mask and an electrocardiogram and he was playing with a bear doll by putting on plasters seals and applying apparatus on the bear. The boy was saying "I did it before" while touching an anesthesia mask nervously. HPS also explained that securing vascular access would be necessary before the surgery and explained about the procedure using the actual equipment.

The boy's mother said " During the previous surgery, we were too anxious about the surgery to think clearly, and we were both crying and just wondering what to do. Of course we are anxious this time as well, but much calmer than before as we have received preparation. I wish that we could have had a similar explanatory session before the previous surgery"

The HPS recorded the responses of the boy and his mother and later shared the information with other healthcare staff

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Pic. 2. Preparation booklet and tools

Later, the vascular access practice was given to the boy while he was distracted with a children's book at his request. Throughout the time, he was calm and the procedure went smoothly. Though he was a little nervous about the apparatus for the vascular access attached to his body while playing in the playroom, he was playing with one toy after another restlessly and was not disturbed too much by the apparatus.

### 2) Day 2 (The day of surgery)

From 8:30 a.m. to the time of the surgery that would be held during the afternoon, the HPS and the boy continuously played as follows:

(1) Rolled ball down a jumbo slope.

(2) Played doctors and nurses with Playmobil toys. The boy was carrying a doll on a stretcher, placing doctors around a bed and letting the doll sit in a chair. When the HPS asked him "Is he having surgery?" he replied "Yes, it's his leg" with a smile.

(3) He found building blocks, the same as the one that he played with in a kindergarten. The building blocks became his favorite until he left the hospital. He was building cars and airplanes, and he put passengers in them.

(4) Though he was a little nervous while he was receiving an IV, he played bowling and enjoyed lining up pins in different ways.

His mother was a little worried whether he would forget how to play Electone (a type of electronic organ produced by Japanese company, Yamaha), yet a recital was coming soon. At the time there was no Electone in the playroom. When the HPS asked the boy if he would like to play the keyboard, he said yes. The HPS promised him that she would prepare the keyboard after the surgery (the HPS borrowed the keyboard from a daycare center located inside of the hospital. The HPS placed the keyboard in the playroom for the boy so that he was able to play it whenever he wished to play).

When he was about to go to have his surgery, he smiled and said "I'm going now". His mother seemed nervous. He was asleep peacefully in the surgery room while his mother was watching him. His mother recalled later "I was more nervous than he was, but it went well".

### 3) Day 3 (A day after the surgery)

When asked about the surgery, he said "It wasn't that bad. It was alright". He then played the keyboard and enjoyed the sound that he made. He played music that he would perform in an event to the HPS. When the HPS praised his music, he looked happy.

4) Day 4 and Day 5

The HPS was absent. Later the HPS was reported that the boy was playing long in the playroom.

5) Day 6 and Day 7

He was playing in the playroom with the HPS. He played with his favorite toys calmly and practiced his music on the keyboard. Though he was initially shy, he gradually showed his active characteristics. He said “I don’t want to go home. I want to play more” when he left the hospital. His mother said, with tears when she left the hospital “I was really worried for the surgery because of our previous experiences, but this time, we went through the whole procedure with peace of mind”.

#### IV. Discussion

When healthcare professionals receive information about a patient with a history of surgery and hospitalization, they tend to expect that the patient shall be OK since he/she has been through the procedure before. In some cases however, children with previous surgical experiences are more anxious about the upcoming surgery when they have their previous experiences as “bad memory” than children who have no such history. The same goes for families. Families of children who have had bad experiences in hospital tend to have higher anxiety than other families. It also appears that such families’ anxieties are often not properly conveyed to healthcare staff.

In this report, though the boy did not express his feelings initially, he told the HPS and staff “I remember it. I did not like the surgery room” when he was asked about his past experience. In addition, since the HPS came to know that his mother was also highly anxious about her son’s surgery right after he was admitted to the hospital, detailed preparation was carefully given working together with the nurses.

Through a preparation booklet and a stamp rally game, explanations of a route to the surgery room, and the process of anesthesia were given while playing with a bear doll, and things after the surgery were provided. On the day of the surgery, he was able to clearly imagine what the a surgery would be about in his own way, through touching real apparatus and using them on a doll. Eventually his anxiety was reduced.

During the preparation, his mother, apparently worried about her son’s surgery, asked about anesthesia, and a nurse who was going to attend the surgery replied immediately, and this seemed one of the factors that had considerably reduced the mother’s anxiety.

Shima stated (2010) “No matter how old a patient is, to introduce elements of “play” into a patient’s everyday life in hospital provides better understanding of the seemingly unfamiliar medical environment because play transforms things to one’s familiar environment”. Through preparation, it is also important to use “play” in order to convey correct information both to a patient and to healthcare staff.

Things mentioned above indicate that mere preparation may not be sufficient to support a patient. It seems necessary to build a good relationship with children through playing before/after treatments and to encourage them to take a step forward. Most importantly, information received during play shall also come to contribute to our future work as HPS.

## V. Conclusion

Previously in our hospital, preparation had been given to a patient at an out-patient department, pediatric ward, and the surgery room separately, and often overlapping. To provide clear information to patients and families and to reduce unnecessary anxieties, preparation has been provided in collaboration with those three departments over the past two years.

Since nurses of pediatric ward/ surgery room and HPS work together, the purposes of preparation was: 1) to provide correct information, 2) to provide opportunities to express feelings and 3) to build up a trust relationship with patients which was accomplished. Consequently, anxiety, worry and requests of patients and families were properly expressed and actions were taken rapidly to solve issues.

Many nurses in the surgery room reported that children were calm when they entered the room. Since family's anxiety tends to be passed on to the child and he/she also becomes anxious, to reduce family's anxiety is also an important consideration. To provide preparation that fulfills the personal needs of a patient is still a challenge, but it should be possible through collaboration and working together with other departments in the hospital.

## References

- 1) Ikuko Oikawa (2007). *Preparation, Pediatric Nursing Dictionary*, Health Press: p.735
- 2) Hideki Shima (2010). *Surgical Preparation for older Children – An introduction and the effect of backstage tour of the operation room*, Pediatric Surgery 42: 342