Turkish Journal of Health Science and Life

INVESTIGATION OF PREOPERATIVE ANXIETY LEVELS IN PEDIATRIC GROUPS

Bahar ATALAY[a], Rasiha GÜLER[a], Çiğdem Müge HAYLI[a*]

[a] Nursing, Faculty of Health Sciences, Cyprus Science University, Kyrenia, 90000

ARTICLE INFO

REVIEW

Article history:
Received: 10 February 2021
Accepted: 14 February 2021
Available: 07 April 2021

Key Words:
anxiety, child, preoperative, fear

*Correspondence: Çiğdem Müge Haylı
Nursing, Faculty of Health Sciences, Cyprus Science University, Kyrenia, 90000,KKTC.
e-mail: cigdemhayli@csu.edu.tr

Turkish Journal of Health Science and Life
2021, Vol.4, No.1, 24-26.

ABSTRACT

Anxiety is an emotional state disorder that is difficult to define and is accompanied by fear and anxiety. This situation affects the life of each individual negatively. As seen in every individual, it has negative physical, psychological and biological consequences especially in children. Especially in cases before surgery; Anxiety levels were found to be increased as a result of research. This review, which was prepared in accordance with the current literature, was conducted to determine the effects of anxiety on pre-operative administration and the ways of solving this problem

Introduction

Anxiety; It is an emotional disorder with an unknown cause, distress, anxiety and bad feelings in the individual. It is a situation that perceives the life of the individual or is perceived as a threat (Ohman, 2000). It is also considered as components that contain feelings of fear, anxiety and fear in individuals (Hatice ve Havva, 2009). Anxiety disorders are most common in children, and 25.0% is more than common depression (17.0%). According to the American National Comorbidity Study, lifetime frequency rates are 30.5% for women and 19.2% for men. One-year frequency for all anxiety disorders is 12.6%, while lifetime frequency is 14.6% (Reiger, 1990). Freud is the first scientist to note that anxiety is a major problem in understanding emotional and psychological disorders. Especially in children, the basis of anxiety is formed by being affected by psychosexual theories (Kozancığlu, 2012). Anxiety can be overlooked in this age group since it is seen that anxiety symptoms in children and adolescents are considered to be a reaction to environmental conditions and stress (Barlow, 2000).

Preoperative (preoperative) anxiety in pediatric patients; reducing anxiety and improving cooperation with healthcare personnel are associated with unexpected distress in the recovery area and subsequent preoperative (preoperative) behavioral problems (Fanzca, 1998). Motivation for interventions to alleviate children's anxiety, parental presence in anesthetic practices, and preparatory programs have increased in healthcare institutions (Fanzca, 1998).

This has contributed positively to the reduction of

anxiety levels in collaboration with nurses and healthcare staff with a more holistic approach, partly due to increased parental involvement of children (Watson, 2003).

Made on the subject; In the 1960s and 1970s, the presence of parents and the preparation of the child for surgery were examined by Venham et al. However, different methods were used because the results were confirmed but there were no reliable measures (Watson, 2003).

The purpose of nursing care in preoperative practice of anxiety in children; to prepare the child for the highest possible level of surgery, physically, psychologically and socially. The role of the nurse in this process is to improve the relationship of trust with the child and family, reduce anxiety, and facilitate the process for the child and family. In this study, it is recommended to take interventions for a comprehensive review and relief of all issues that affect child anxiety (Altay, 2008).

Effects of Anxiety On the Child in Pre-Operative Application

Preoperative period in children is a very anxious and stressful period. Changes in the body, acute pain associated with it, restlessness, fear of death, fear of separation from parents and loved ones, loss of control, loss of autonomy and abilities of the child, excessive protection of their parents, inability to empathize, not being able to provide adequate control over the child. children experience stress (Sadhasivam et.al., 2009). In addition, hospitalization for surgical experience, the child going out of the order he is accustomed to, and encountering unusual odors and sounds affect children and increase their anxiety levels (Ünver ve Yıldırım, 2013).

Providing the child's psychological preparation in the preoperative period; relieving anxiety and using less anesthetic medication during surgery helps to reduce anxiety levels. In addition, it helps to regulate the signs of life in a short time after surgery, to recover quickly after surgery and to be discharged early. Fortier et al. (2010), in the study of children between the ages of 2-12 who are planned to have tonsillectomy and adenoidectomy, it was found that prevention of anxiety before surgery helps to prevent postoperative pain and negative behavioral changes (Fortier et.al., 2010).

Solution Ways of Anxiety of Pediatric Patients for Preoperative Application

Anxiety status of children varies according to age and developmental stages. The solutions of anxiety for preoperative application also differ in children.

Newborn (0-28 days) and Milkweed Period (28 days-1 age): They establish a relationship with trust against their parents and caregivers. After the painful procedure, the baby and milk child touch the skin with the mother, massage application, and the mother's talking to the baby in soft tone helps to reduce the anxiety in the preoperative period of the baby. In addition, they can detect stress and anxiety situations by observing baby's behavior and reflexes in their nurses.[13] Preschool children may be afraid of surgical clothes and experience panic. Nurses should ensure that their children are included in the care process before the preoperative period (Difusco, 2005).

Play Period (1-2 years): In this period, the child knows the world through play. To reduce the child's anxiety; It can be explained by showing on the toy. Especially in painful-painful procedures, it is comforting to be with the individuals they trust, such as their parents, caregiver or nurse (Kıran et.al., 2013).

Preschool Period (3-6 years): It helps to reduce the anxiety through the therapeutic game for children, explaining the environment where the child will be operated and the health team in advance, explaining the procedures to be done at the level appropriate for the child's age and period (Dağlı et.al., 2016).

School Period (7-11 Years): It is one of the techniques to deal with anxiety, to show picture books, brochures for children, to show resources from the internet, to allow the child to draw a picture about his / her explanation about the preoperative, to watch television, to draw pictures, and to carry out activities together with the child and health personnel (Davidson et.al., 2006).

Adolescent Period (12-18 years): Adolescent hospitals in the preoperative period should be open, plain, and helped to adapt to the hospital environment when answering their questions (Chan and Molassiotis, 2012). During this period, the fear of harming their physical appearance is more common. Nurses should give confidence that everything will be as before. In addition, privacy is important for adolescents. Nurses should be very careful especially in this regard Aranha ve ark., 2017).

Conclusion

When the healthcare team understands the child's development period, applies an appropriate approach to the level of development, involves family members and caregivers in care and decision-making, it reduces the child's anxiety before surgery. In this review, the effects of anxiety of pediatric patients on preoperative application and solutions are given. In addition, thanks to effective interventions that can be implemented by nurses and healthcare teams, the negative situations that may occur before the children and family members decrease and their satisfaction levels increase. Evidence-based practices are recommended for studies aimed at reducing the future preoperative anxiety of children.

Funding sources

This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

Conflict of interest

The authors have no conflicts of interest to declare.

References

1. Altay, N. C. Pre-operative preparation in children. Hacettepe University Journal of Nursing Faculty. 2008; 15(2): 68-76.
2. Aranha P. R, Sams LM, Saldanha P. Preoperative preparation of children. International J Health Allied Sci 2017;6:1-4.
3. Barlow A., David H. Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory. Am Psychol 2000; 55: 1247-63.
4. Chan C.S, Molassiotis A. The effects of an educational programme on the anxiety and satisfaction level of parents havingparent present induction and visitation in a postanaesthesiacare unit. Paediatr Anaesth. 2012;12:131–139.
5. Dağlı S, Demirci M, Kavalcı A, Kol N, Şahin E, Uyanık E. The effects of informing children undergoing day surgery and their families about the surgery on preoperative anxiety and postoperative behavioral changes. Journal of Anesthesia-JARSS. 2016; 24(1):13-17.
6. Davidson A.J., Shrivastava P.P., Jamsen K. Risk factors foranxiety at induction of anesthesia in children: a prospectivecohort study. Pediatr Anesth. 2006;16:919–27.
7. Difusco LA. Alexander's care of the patient in surgeryPediatricsurgery. Rothrock JC (ed.); 2005.
8. Fanzca, M. Distress at induction of anaesthesia in children. A survey of incidence, associated factors and recovery characteristics. Pediatric Anesthe 1998;8:383-92.
9. Fortier MA, Del Rosario AM, Martin SR, Kain ZN. Perioperative anxiety in children. Pediatr Anesth. 2010; 20: 318-22.
10. Hatıce, T. E. L.., Havva, T. E. L. Transfer anxiety; The common emotional experience of the intensive care patient and his family. Journal of Intensive Care Nursing. 2009;13: 24-29.
11. Kıran B, Çalık C, Esenay F. I. Therapeutic game: The key to communication with the sick child. Ankara Journal of Health Sciences.2013; 2(1):1-10.
12. Kozancıoğlu, G. The Relationship Between Children's Anxiety Levels and Mothers' Attitudes. Studies in Psychology . 2012; 14: 83-103.
13. Ohman A. Fear and anxiety: Evolutionary, cognitive and clinical perspectives. Handbook of emotions. New York: The Guilford Press; 2000.
14. Reiger DA, Narrow WE, Rae DS. The epidemiology of anxiety disorders. J Pychiatry Res Suppl 1990;2: 3-14.
15. Sadhasivam, S., Cohen, L. L., Szabova, A., Varughese, A., Kurth, C. D., Willging, P., Wang, Y.M., Nick, T.G., Gunter, J. Real-time assessment of perioperative behaviors and prediction of perioperative outcomes. Anesthesia & Analgesia. 2009; 108(3), 822-86.
16. Ünver S, Yıldırım M. Surgical intervention intervention in a child patient. Current Pediatrics . 2013; 11:128-33
17. Watson, A. T., Visram, A. Children's preoperative anxiety and postoperative behaviour. Pediatr Anesth 2003:*13:* 188-204.