

## Coping With Pediatric Ambulatory Surgery: Effectiveness of Parent-Implemented Behavioral Distraction Strategies

TONYA MIZELL PALERMO

DENNIS D. DROTAR

*Rainbow Babies & Children's Hospital, Cleveland, OH*

This study evaluated two behavioral distraction interventions for parents of pediatric ambulatory surgery patients. One hundred and one children, 4 to 8 years of age, and their parents were randomly assigned to one of three groups, written behavioral distraction guidelines ( $n = 34$ ), didactic session plus written behavioral guidelines ( $n = 33$ ), and standard procedure control ( $n = 34$ ). Baseline assessment of child and parent anxiety took place immediately prior to surgery. Intervention effects were measured on child outcomes including distress, cooperation, and postoperative pain, and on parent outcomes including their perceptions of intervention helpfulness and satisfaction with the surgical experience. Control parents received standard care. Intervention parents received, in addition, written behavioral guidelines describing the use of distraction to reduce children's preoperative distress as well as age-appropriate toys to use during the preoperative period. One group of parents also participated in a brief didactic session on the use of distraction techniques. While no differences were found between the control and the distraction with didactic instruction groups, the group that received written instructions alone showed significantly more distress behaviors prior to surgery compared to the control and didactic instruction groups. Although parents responded positively to the didactic session, it appeared that a structured parent-implemented behavioral distraction program as described in this study was not more effective than standard care.

Despite the dramatic rise in the number of outpatient surgical procedures performed annually (Rogers & Seward, 1997), almost all the research on psychological preparation for surgery has focused on interventions with children

This article is based on the doctoral dissertation of the first author under the direction of the second author, at Case Western Reserve University in partial fulfillment of the requirements for the doctoral degree. This study was supported in part by NIMH training grant no. 18830. The authors thank Paul Tripi, M.D., and Susan Shepard, R.N., of University Hospital for their support of the project; and Rachel Levi, Lisa Macharoni, Jessica Smith, and Michelle Toivonen for assistance with data collection.

Address correspondence to Tonya Mizell Palermo, Ph.D., Division of Behavioral Pediatrics and Psychology, Rainbow Babies & Childrens Hospital, 11100 Euclid Ave., Cleveland, OH 44106-6038.

undergoing inpatient surgery. Such preparation procedures have included modeling techniques, coping skills, providing information, and establishing trust between the medical staff and the child (e.g., Melamed & Siegel, 1975; Visintainer & Wolfer, 1975; Zastowny, Kirschenbaum, & Meng, 1986). These intervention strategies have been shown to consistently reduce preoperative anxiety and fear as well as postoperative behavior problems in children undergoing inpatient surgery. However, the effectiveness of these intervention strategies for children undergoing outpatient surgery is not well documented.

Our review of the literature on psychological interventions for children facing outpatient surgery revealed few studies. The primary intervention procedures reported were similar to the interventions tested with inpatient surgery, including education, modeling techniques, and coping skills. However, findings of these studies are equivocal, with some studies showing differences in children's preoperative anxiety in prepared versus unprepared children (e.g., Faust, Olson, & Rodriguez, 1991; Lynch, 1994), and other studies demonstrating no differences between intervention groups (e.g., Atkins, 1987; Kain, Mayes, & Caramico, 1996).

Perhaps the intervention strategies were not as consistently effective with this population of children because of differences in the hospital procedures and demands on families undergoing outpatient surgery. For example, there are limits on the time available due to the high volume of ambulatory patients seen in surgical units each day, and the policy at some institutions to forgo a separate preoperative visit is typical for inpatient surgical procedures. Not only are these children often not required to visit the hospital prior to surgery, but their parents are now included in more significant roles in the preoperative and postoperative periods (e.g., presence in the surgical unit and recovery room) and assume greater responsibility for the preparation of children undergoing ambulatory surgical procedures (Ellerton & Merriam, 1994). Despite the overall positive findings of inpatient psychological preparation studies, the format and content of the interventions may not be applicable for the majority of ambulatory surgery patients.

In fact, several preparation programs which produced inconsistent outcomes for pediatric ambulatory surgery patients (e.g., Atkins, 1987; Ellerton & Merriam, 1994; Kain et al., 1996; Lynch, 1994) failed to demonstrate clinical feasibility of their interventions. For example, Ellerton and Merriam reported a low utilization rate for their preparation program that required a separate visit to the hospital on a Saturday morning; only 32% of all invited families attended the program. Consequently, even if instituted on a hospital-wide basis, preparation programs that were not practical for children and families were not well utilized.

Unfortunately, few data are available to support the efficacy of many of the preoperative interventions that are now being conducted. Intervention strategies need to be evaluated not only for their effectiveness with children and families but also for their applicability in the field setting. Pediatric psychologists have been encouraged to test and identify interventions that are both

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات