

**Improving Perioperative Education for Parents to Decrease Anxiety Related To Pediatric
Anesthesia**

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Executive Summary

Improving Perioperative Education for Parents to Decrease Anxiety Related To Pediatric Anesthesia

Main Points

- Visual Aids help to increase the reception of perioperative education.
- Parental anxiety is associated with increased anxiety in pediatric patients.
- Most parents/caregivers were more anxious about the anesthesia component of care than the actual surgical procedure and recovery period.
- Prior to the implemented education, parents felt they were given appropriate verbal education and communication but still rated their anxiety levels at very high levels.
- Post-intervention, some parents reported a decrease in anxiety levels and improved confidence in the education provided.

Background/Purpose

This project aimed to decrease parental anxiety related to pediatric anesthesia. The intervention aimed to provide a more tailored educational experience for parents of children receiving scheduled elective surgical procedures. The goal was to use visual aids to assist in the perception and reception of the information and decrease the parents' anxiety in the perioperative area. The goal was to lower the level of anxiety in the parent, possibly reduce the anxiety in the child, and improve patient outcomes and satisfaction with overall care.

Methodology

As part of the patient care team, the anesthesia providers communicate closely with the surgeons in the facility. Through this communication, it was realized that parents were reporting high levels of anxiety in the perioperative area, and most of the anxiety was related to the anesthesia component of the care. They were more anxious about their child being put to sleep compared to their anxiety over the actual surgical procedure and recovery period.

Working alongside a team that consisted of a CRNA, an OR Director who also acted as the site liaison, two participating surgeons, and the perioperative area nurses, the plan was designed to include visual aids to accompany the education from the anesthesia providers. The CRNA conducted a pre-intervention survey to gather baseline data from the parents in the first group. The second group was given an informational video and slideshow, along with a handout to be viewed before meeting with the anesthesia provider. The CRNA conducted a post-intervention survey, and the data was analyzed and compared for significant changes.

The intervention was planned using the Plan, Do, Study, Act (PDSA) method. The CRNA developed an educational program using a PowerPoint presentation and a handout. The PowerPoint included specific details about what to expect before surgery day, an explanation of the series of events on surgery day, and a particular description of identified anesthesia details that parents identified as sources of anxiety to the participating surgeons. Some of these items included getting them to sleep, how long that process takes when the intravenous line is started, and what instruments are used to secure their airway. The PowerPoint presentation included an audio presentation on each slide as well. Parents were given the option to participate and view the PowerPoint and handout in the holding area before being separated from their children. After viewing the provided information, they were then given a survey to give feedback on the

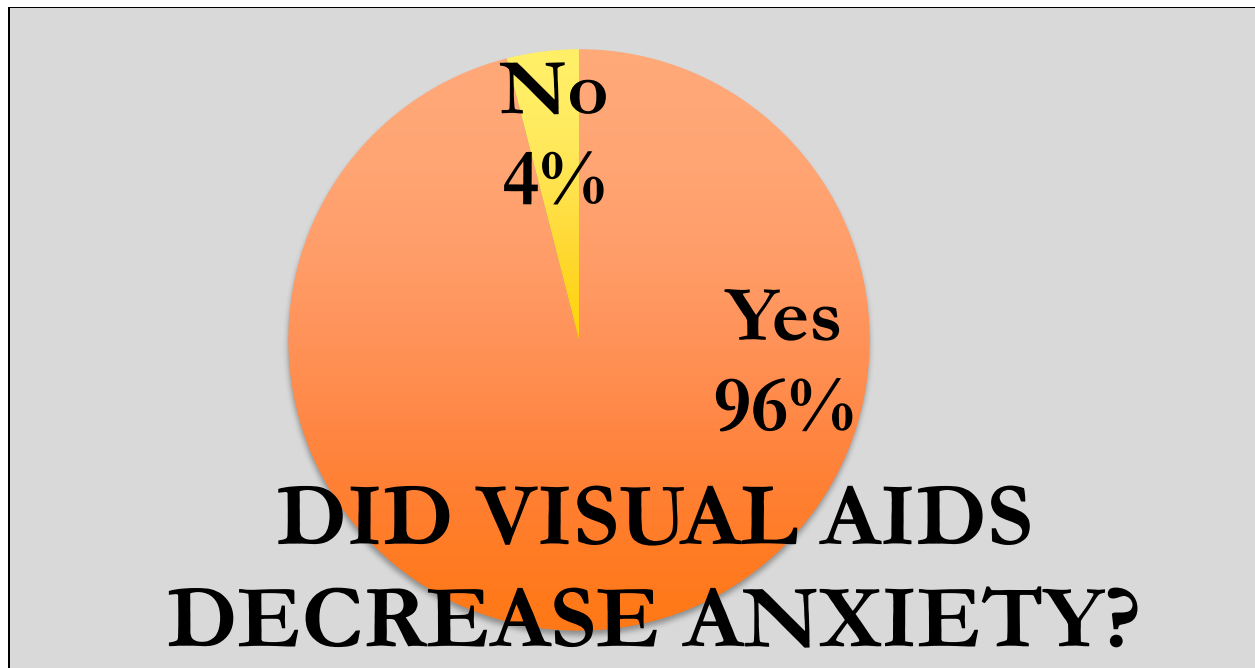
influence the data had on their overall anxiety levels. The CRNA planned the intervention with input from the site liaison, surgeons, and participating nursing staff. The CRNA met with the site liaison every week, each Friday, to discuss implementation and assess any changes that needed to be made.

Results

Twenty-eight parents were presented with the opportunity to view the material and provide feedback on a survey. Every parent offered the opportunity to participate voluntarily and chose to do so. Data was analyzed using descriptive data from the Fisher Exact test. Statistical significance was not seen, but parents did express on the surveys a decrease in their anxiety and offered ways to improve the impact the education would have by providing the material to parents before the day of surgery, possibly in the doctor's office when they go for the preoperative visit with the surgeon. Parents were more anxious and fearful of the anesthesia component of care than they were about the actual procedure and recovery period. Post-intervention data demonstrated decreased anxiety after participating in the education and using the visual aids provided.

Figure 1

Difference in Parental Anxiety Post-intervention



Strengths/Limitations

The project had support from the facility, staff, and surgeons. All parents chose to participate and were willing to provide feedback on the visual aids provided. The support and participation were the biggest strengths of the project, and the willingness to improve and change from the staff. Limitations were related to time constraints in the perioperative area, as we wanted to maintain the production and efficiency of the operating room schedule. The low sample size was also a limitation, as it was affected by surgeon vacation schedules, a decrease in the usual number of patient cases, and a low volume of scheduled surgeries during the implementation phase.

Implications/Conclusion

A larger sample size would have allowed for more conclusive data. The short time frame of the timeline didn't allow the opportunity to collect a larger sample size, in addition to changes in surgeons scheduling that decreased the number of days initially planned to implement and collect data. With the positive response verbalized and documented in the surveys from parents, the goal will be to adopt and use the educational tools in the doctor's offices before the day of surgery. The parents also expressed in the surveys that this would be more beneficial and have more impact if the information was provided during this period.

Most parents surveyed reported decreased anxiety levels after participating in the educational video and looking at the visual aids. There was also a significant change in the anxiety levels rated in the post-intervention group and reported confidence in the information being given was also documented.

Communication and better education can significantly improve patient care and outcomes and must be studied and implemented. Providing the best patient care and possible outcomes should be the goal of any industry that provides patient care and has patients and families as consumers. Something as easy as improving communication and education should be valued, and we must continue striving for the most optimal designs and proven methods to relay that information.