ADAPTATION MECHANISMS (COPIING) OF THE COMPANIONS OF CHILDREN SUBMITTED TO OUTPATIENT SURGERY

MECANISMOS DE ADAPTAÇÃO (COPIING) DOS ACOMPANHANTES DE CRIANÇAS SUBMETIDAS A CIRURGIA AMBULATORIAL

Carlos Eduardo Peres Sampaio¹, Raquel Vianna Silva², Regina Aurora Trino Romano³, Liany Bonilla da Silveira Comino⁴

ABSTRACT
Objective: to determine the factors causing anxiety to the companions of children undergoing an outpatient surgical situation and identify the adaptation mechanisms (coping) that are mostly used by the children’s companions. Methodology: this is a descriptive and exploratory study, with a qualitative approach and discourse analysis of the subjects. Data collection was carried out through a semi-structured interview, between June and July 2011, with 17 companions of children submitted to outpatient surgery, according to the approval by the Research Ethics Committee of Hospital Universitário Pedro Ernesto of Universidade do Estado do Rio de Janeiro, under the Opinion 2920. Results: through the analysis of interviews, two categories emerged: Factors triggering anxiety and Strategies used by the companions to cope with anxiety. Conclusion: it was possible to verify that the main factors triggering anxiety were fear of surgical complications and time of child’s removal (operative period). The most used coping mechanisms were attachment to religion and disguise or concealment of the anxiety in front of the child. Descriptors: surgical procedures; fear; child; anxiety.

RESUMO
Objetivo: determinar os fatores que causam ansiedade aos acompanhantes das crianças em situação cirúrgica ambulatorial e identificar os mecanismos de adaptação (coping) mais utilizados pelos acompanhantes das crianças. Metodologia: trata-se de um estudo descritivo e exploratório, com abordagem qualitativa e análise do discurso dos sujeitos. A coleta de dados foi realizada por meio de entrevista semiestruturada, entre junho e julho de 2011, com 17 acompanhantes das crianças submetidas a cirurgia ambulatorial, conforme aprovação do Comitê de Ética em Pesquisa do Hospital Universitário Pedro Ernesto da Universidade do Estado do Rio de Janeiro, sob o Parecer n. 2920. Resultados: a partir de análises das entrevistas, emergiram duas categorias: Fatores desencadeantes de ansiedade e Estratégias utilizadas pelos acompanhantes para enfrentar a ansiedade. Conclusão: foi possível verificar que os principais fatores desencadeantes de ansiedade foram o medo de complicações cirúrgicas e o tempo de afastamento da criança (período operatório). Os mecanismos de coping mais utilizados foram o apego à religião e o disfarce ou ocultamento da ansiedade diante do filho. Descritores: procedimentos cirúrgicos; medo; criança; ansiedade.

ORIGINAL ARTICLE

Article:

Adaptation mechanisms (coping) of the companions...
INTRODUCTION

The modern era of outpatient surgery began in the 1960s, in Michigan, United States, through advances in the surgical techniques and anesthetic drugs which contributed to a faster patient’s recovery, with the risk of minor complications.  

Outpatient surgery may be regarded as a safe practice; if carried out seriously and following strict controls both from the surgeon and the anesthesiologist, there are no reasons for the occurrence of a higher incidence of complications when compared to the treatment in a hospital environment. The treatment of these patients doesn’t require hospitalization anymore.  

The aim of outpatient surgery service is to be the safest one and have a low cost, besides ensuring that the patient remains in the hospital for a short time, contributing to a fast recovery and early return to her/his home and activities, reducing the institution’s expenditures with hospitalization.  

Outpatient surgeries are performed under the effect of local, regional, or general anesthesia (inhaled and/or intravenous) and there’s no need for hospitalization the day before surgery and patient’s stay shouldn’t exceed 24 hours. They are scheduled surgeries, i.e., with no immediate risk of death nor intense suffering. The pediatric surgeries carried out in the outpatient unit are: herniorrhaphy, posthetomy, and orchidopexy.  

The surgical procedure, because it’s a strange situation for the child and the companion, contributes to increase the anxiety of both of them with regard to the procedure which is about to be performed. The state of anxiety can cause various changes, such as dry mouth, sweating, palpitations, vomiting, chills, and increased blood pressure and respiratory and heart rates.  

Among the main care activities developed by the nurse at the outpatient surgery service stand out: receiving the patient in the operating room, with the check of data on identification and preoperative preparation; meeting the requests of the patient during her/his stay in the service; assessing the patient’s physical and emotional status in the post-anesthesia recovery room; providing guidelines for the care procedures needed in the postoperative period for the patient and family member.  

Hospitalization is regarded by the child as a threatening situation which causes anxiety, and, thus, it has an impact on her/his behavior, resulting in manifestations such as stress, anxiety, and fear.  

Psychological preparation for surgical procedures should comprise two essential aspects: detailed information on the experience which is about to be had and the teaching of effective coping strategies. The aim of this information is to explain its goal, meaning and purpose, besides answering to questions. This information shall be provided in a simple, clear, and true manner and it may be offered in several ways, depending on the condition of the child and family.  

Most parents present some degree of anxiety when their children are undergoing a surgical procedure. At this time, they despair, they’re afraid that something goes wrong at the time of surgery. Some causes of this anxiety are identified as: to separate from the child, observe her/his stress, watch her/him being anesthetized, as well as the concerns related to anesthesia, surgery, and pain. Scholars showed that children with anxious parents were more anxious, while children whose parents were calm were not affected by their presence.  

Parents need to be clarified and encouraged to actively participate in the treatment of their children, contributing with their presence and affection. Throughout the surgical procedure, one should keep parents informed on the status of the child, the progress, and the time remaining to completion. This is of great importance to calm down and provide parents with comfort.  

Anxiety is defined as “[…] a characteristic unpleasant emotion, induced by the anticipation of a danger or frustration, threatening confidence, homeostasis, or the life of the individual or biopsychosocial group to which she/he belongs”.  

Another autor defines anxiety as an emotional state, with a subjective experience of fear or other emotion related to it, such as terror, horror, alarm, and panic. It’s unpleasant and can reach a sensation of death or collapse, directed towards the future, with the implied sensation of imminent danger with no actual risk. It’s combined to subjective bodily discomfort, characterized by a sensation of tightness in the chest or throat, dyspnea, and weakness.  

Anxiety may also be defined as: Vague and bothersome feeling of discomfort or dread, accompanied by autonomic response (the source is often nonspecific or unknown to the individual); feeling of
Sampaio CEP, Silva RV, Romano RAT et al.

Apprehension caused by anticipation of danger. It’s a warning sign which draws attention to an imminent danger and allows the individual to take measures to deal with the threat.\textsuperscript{19,20,2008}

Coping may be defined as strategies developed to address the situations. A cognitive and behavioral effort, carried out to master, tolerate, or decrease external and internal demands and the conflict between them. The beliefs of each individual translate ideas and judgments about the experience reality and the rules support the behaviors, constituting a guidebook for understanding the meaning of reality. Therefore, it’s possible to assume that both have an influence on coping and, thus, establish close relations to the process of cognitive assessment.\textsuperscript{17}

Coping has two functions: modify the relationship between the person and the environment, controlling or changing the triggering problem (problem-based coping); and fit the emotional response to the problem (emotion-based coping). Generally, the emotion-based forms of coping occur when there has already been found out that nothing can be done to modify the conditions of harm, threat, or environmental challenge. In turn, the problem-based forms of coping are likely when such conditions are evaluated as easy to change.\textsuperscript{18}

For another researcher\textsuperscript{19}, coping may be defined as a process used in situations where the individual doesn’t behave as she/he would usually do, i.e., it implies a stress condition, which requires the use of special actions to manage it.

The relevance of this research lies on the fact of identifying the triggering factors of the anxiety of the companion of a child submitted to surgical procedure, in the transoperative period, and of pointing out the difficulties experienced by companions in anxiety situations during this period.

This study aims to:

\begin{itemize}
  \item Determine the factors causing anxiety, in the transoperative period, to the companions of children in an outpatient surgery situation;
  \item Identify the adaptation mechanisms (cooping) mostly used by the children’s companions.
\end{itemize}

\section*{METHODOLOGY}

Descriptive and exploratory study with a qualitative approach. Qualitative research "works with the universe of meanings, motives, aspirations, beliefs, values, and attitudes, which corresponds to a deeper space of the relations, processes, and phenomena that can’t be reduced to the operationalization of variables."\textsuperscript{20:1994}

The study setting was the Outpatient Surgery Unit of the Polyclinic Piquet Carneiro of Universidade do Estado do Rio de Janeiro (UERJ), located in the city of Rio de Janeiro, Brazil, characterized as a health unit type III, independent, specialized, and outside the hospital setting. Data were collected on the day of surgery, during the transoperative period, between June and July 2011.

A semi-structured interview was used as instrument with three guiding questions, which provided the respondent with the opportunity to discuss the issue. According to Manzini, a good interview begins with basic questions, in order to achieve the research aim. The same author also mentions that there’s a need to analyze the script, identifying adequacy in terms of language, structure, and sequence of questions.

The study subjects consisted of 17 companions of children submitted to outpatient surgery. The inclusion criteria were surgeries of children classified as ASA I and ASA II, according to the American Society of Anesthesiologists.

The research project was approved by the Research Ethics Committee of Hospital Universitario Pedro Ernesto of UERJ, under the Opinion 2920, the participants were duly informed on the study aims, subject’s anonymity and freedom of answers, and they signed the Consent Term, in accordance with the Resolution 196/96.

After the interviews, the data were analyzed and interpreted according to Bardin’s thematic content analysis\textsuperscript{21}, in order to organize the analysis into three points: pre-analysis – corresponds to the period of intuitions, systematizing the initial ideas and directing the analysis plan; exploration of the material, processing of results obtained, and interpretation, in which the results are approached in order to be meaningful and valid to enable categorization (classification of elements from a set through differentiation and, then, through regrouping with defined criteria.\textsuperscript{21}

\section*{RESULT AND DISCUSSION}

The sample of this study consisted of 17 companions, all of them female. Regarding the age group, we found 4 companions aged between 20 and 30 years, 10 aged between 31 and 40 years, and 3 aged between 41 and 50 years.

This topic is intended for presentation, analysis, and interpretation of data. After

English/Portuguese

J Nurs UFPE on line. 2012 Aug;6(8):1880-6

1882
analyzing the contents of the companions’ testimonies, two categories were created, that is, factors triggering anxiety and strategies used by the companions to cope with anxiety.

- **Category 1: Factors triggering anxiety in the companions**

This category deals with the factors triggering anxiety in the companions. According to respondents’ speeches, we addressed situations such as: fear/concern about the surgery; the first surgery of the child; and distance from the child. It can be observed in the excerpts below:

*Fear of his reaction, fear of the post-operative; fear of bleeding. I don’t know how to act.* (IBS)

*The surgery itself, despite being an easy thing, includes a risk; it makes me uneasy.* (FL)

*It is the first time he is undergoing a surgery […] and the fear of anesthesia.* (JTS)

*[…] being away; what is going on, all that.* (CSQ)

*I can’t get close to him, I’m not completely sure of what is going on.* (SMS)

Most respondents reported that the main factors triggering anxiety were fear of complications during surgery and also the period when they would be away from children. A very frequent situation in the pediatric surgeries is a concern with the physical and emotional preparation of children, however, often there are no strategies directed towards the companions of children submitted to surgery.

The feelings of companions of children undergoing a surgical situation are expressed by fear, anxiety, and nervousness. These feelings emerge even further when they are separated from their children, at the time when they are conducted to the operating room and the companion isolates her/himself in the room is isolated within a world of dreams and expectations. In the room, the companion imagines what might be going on in the surgery, her/his mind is focused exclusively on the operating room and her/his only desire at this moment is the completion of surgery combined to success.

The factors responsible for anxiety at the surgical moment are: concern about lesions which might occur, fear of post-operative pain, separation from family, fear of becoming disabled, fear of being unable to wake up from anesthesia, fear of complications.

Regardless of the predominant feeling or the emotional temper of the child and her/his family member or guardian, a preoperative preparation is needed, in order to minimize feelings of distress, anxiety, and fear, thus avoiding turning them into pathologic ones. When fear is the predominant feeling in the adult, it’s related to anesthesia and surgery, reinforcing the need for an adequate preoperative preparation.

- **Category 2: Strategies used by the companions to cope with anxiety (Coping)**

This category addresses strategies that the companions of children submitted to the surgical procedures use to deal with anxiety. These coping strategies are defined as a set of cognitive or behavioral efforts used by the individual to cope with situations which cause potential or actual stress. Most respondents reported strengthening ties to religion as a way to keep calm at this time of great anxiety; maintain positive thinking; don’t think about the surgery; and don’t demonstrate to the child her/his own state of anxiety. We can detect it through the following reports:

*Thinking about God, because only God can calm down. Ask God to be all right.* (SOA)

*I’ve already called, talked to my sister on the phone. I talk to God all the time.* (SMS)

*Try to keep calm, even to avoid expressing anxiety to him. However, very anxious within myself.* (ARS)

*Crossword puzzle, I’m also humming a small tune.* (MSS)

*I try to think of good things.* (EBS)

Among the coping strategies used to keep “calm” one finds: moving from one side to another, talking to other family members, and, especially, asking for God, praying alone.

The results show that the companions of children are anxious and fearful because of the child’s surgery, however, they are intrinsically asked to hold up their feelings to express confidence to the children. Moreover, they search for religion as a way to increase their confidence and self-esteem to provide care and emotional support to children at the surgical moment.

The nursing consultation in the period before surgery is a very important tool to decrease the anxiety of the child and her/his family member, since at that time the nurse explains how the surgery is performed, which are the preoperative and post-operative care procedures needed before the surgical procedure, the patient’s clinical and family history, besides encouraging the guardian to express her/his feelings and fears. Through
Adaptation mechanisms (coping) of the companions...


Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/04/09
Last received: 2012/07/30
Accepted: 2012/07/30
Publishing: 2012/08/01

Corresponding Address
Carlos Eduardo Peres Sampaio
Rua Fagundes Varela, 530/901, Ingá
CEP: 24210-520 — Niterói (RJ), Brazil