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Navigating the Storm: Parental Experiences and Needs in Pediatric Emergency Surgery – A Qualitative Descriptive Study.

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Introduction

Undergoing paediatric surgery operations stresses parents and caregivers. Prior studies show that parental stress often stems from unfamiliarity, power imbalances with clinicians and poor recall of consent information [1-4]. Most of these studies were done in the context of elective surgery, not for emergency surgery.

Aim

To explore experiences, practical and informational needs of parents with children undergoing emergency surgery.

Research Questions:

1. What is the perception of parents/ caregivers regarding their experience when their child is admitted with a surgical condition that requires emergency surgery?
2. What are the information needs of parents/ caregivers regarding the child's condition and the recommended surgery?
3. When and how would parents/ caregivers prefer to receive information about their child's condition and recommended surgery?
4. How can healthcare practitioners help empower parents/ caregivers to care for their child in the postoperative recovery period?

Method

A qualitative descriptive study was conducted from 1st March 2024 to 30th May 2024. Recruitment was performed at a public tertiary hospital by purposive convenience sampling following stringent criteria: (a) Inclusion criteria – Parents/ Caregivers of children aged between one and 16 years old, who required emergency surgery under general anesthesia; Participants had to be fluent in English; (b) Exclusion criteria – Parents/ Caregivers with mental or cognitive impairments, hearing or visual disabilities that could not be corrected with aids. Data was collected by face-to-face semi-structured interviews and analyzed using thematic analysis.

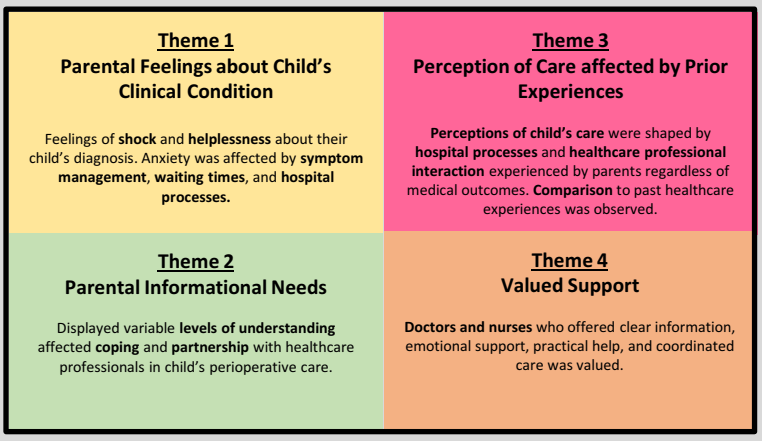
Results

Out of 52 parents, 19 who fulfilled criteria were successfully contacted and 10 agreed for interview. Table 1. shows basic sociodemographic & the range of surgical procedures. The mean interview duration was 23 minutes (Range 11-37 minutes). Four main themes were derived which are summarised in Figure 1. Representative quotes illustrating these themes are shown in the next column.

Table 1

Parent	Relationship to Patient	Parent's Age	Marital Status	Highest level of Education	Personally undergone surgery	Surgical Procedure
P1	Father	41-50 years	Married	GCE "O"/ "N" level	Yes	Toilet and Suture of Foreskin Laceration
P2	Mother	31-40 years	Married	Degree	No	Laparoscopic Appendicectomy
P3	Mother	41-50 years	Married	GCE "O"/ "N" level	Yes	Scrotal Exploration, Detorsion of Left Testes, Bilateral Scrotal Fixation
P4	Mother	41-50 years	Married	Diploma	Yes	Incision and Drainage of Pilonidal Abscess
P5	Mother	41-50 years	Married	Diploma	Yes	Incision and Drainage of Left Axillary Abscess
P6	Mother	51 years and older	Married	GCE "O"/ "N" level	No	Laparoscopic Appendicectomy
P7	Mother	51 years and older	Married	Diploma	Yes	Diagnostic Laparoscopy, Right Ovary Detorsion, Right Cystectomy
P8	Mother	41-50 years	Married	GCE "O"/ "N" level	Yes	Exploration under Anaesthesia and Bilateral Scrotal Fixation
P9	Mother	20-30 years	Married	Diploma	Yes	Scrotal Exploration, Left Detorsion of Testes, Bilateral Orchidopexy
P10	Mother	41-50 years	Married	Diploma	No	Laparoscopic Appendicectomy

Figure 1



Theme 1: Parental feelings about child's clinical condition

Persistent pain/ fever experienced by the child while awaiting surgery was perceived as deteriorating medical condition.

> *... I want to get it [emergency surgery] done as soon as possible… he's really in pain, I don't know [if there is] … danger in pain…* (P6)

Parental anxiety is reduced by alleviating the child's discomfort with providence of emotional and practical support.

> *But she (the patient) is no longer in pain… so kind of that worrying part lessen… her fever went down, so [it] helped with the situation a bit [so] that I can wait.* (P10)

Theme 2: Parental informational needs

Frustration with hospital processes arises with lack of understanding.

> *I couldn't understand why (fasting) is so long… probably you can give some food first.* (P7)

Prompt information delivered through regular communication by healthcare professionals enhanced parental experiences and reassurance, contributed to good partnership in child's care.

> *… The best course of action, [was] relayed very clearly as well to us... The decisions for the next step wasn't very difficult.* (P9)

Theme 3: Perception of care affected by prior experiences

Positive healthcare experiences shape parents' expectations to trust in healthcare professionals and improves coping. Comparison to past healthcare experiences was observed.

> *My first daughter born in ... [our hospital]. So I have a very good memory with [our hospital] ... That's why I brought her here.* (P4)

Theme 4: Valued support

Emotional and practical support rendered by healthcare professionals are very much valued by parents.

> *The doctor in charge... gave me a lot of assurance that I need and support...* (P3)

> *She [Nurse] was quite supportive… She would always come and ask what [I needed] …* (P4)

Conclusion

Parents face anxiety due to unpredictable nature of emergency surgery, that is exacerbated by the child's discomfort from medical condition. Parental experience is improved with enhanced inter-disciplinary healthcare professional and caregiver communication, rendered support and good symptom management for child. Study findings inform targeted interventions to enhance caregiver support, optimize healthcare process and address practical/ informational gaps for improved caregiver experience even in stressful situations.

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Reference(s)

1. Benarroch F, Kapel Lev-Ari R, Ben-Ari A. The impact of parents' subjective preparedness on children's post-traumatic symptoms following surgery. *Children*. 2024;11(7):780.
2. Landier M, Villemagne T, Le Touze A, et al. The position of a written document in preoperative information for pediatric surgery: A randomized controlled trial. *J Pediatr Surg*. 2018;53(3):375–380.
3. Nwomeh BC, Waller AL, Caniano DA, Kelleher KJ. Informed consent for emergency surgery in infants and children. *J Pediatr Surg*. 2005;40(8):1320–1325.
4. Nadeau DP, Rich JN, Brietzke SE. Informed consent in pediatric surgery: Do parents understand the risks? *Arch Otolaryngol Head Neck Surg*. 2010;136(3):265–270.