

SECTION 8: EDUCATION/PREPARATION FOR SPECIFIC MEDICAL TEST PROCEDURES

SUMMARY OF CONCEPTS

Apart from often being painful, medical and surgical procedures can be extremely frightening. Children's cognitive development is not sufficient to enable them to comprehend fully the meaning of and need for medical procedures. They have fewer coping strategies at their disposal and common fears of helplessness, pain, bodily mutilation or death are often experienced by children in the process of interpreting what is happening to them in the hospital environment. Young children often view these experiences as punishment for real or imaginary transgressions. All these factors can lead to heightened emotional reactions and fear (Brewster, 1982; Burstein & Meichenbaum, 1979; Bush, 1990; Gellert, 1978; Freud, 1952; Lindquist, 1985; MacCarthy, 1979; Prugh, 1983).

When these issues are addressed by way of preparation activities, many misconceptions can be corrected. A variety of preparation strategies have been found to be effective in helping children cope with surgical, and other intervention procedures.

Ideally, children are provided with information about their medical condition, about the events that occur before and during medical procedures or surgery, or sensory information, describing sights, sounds, smells and sensations associated with the procedure (e.g. Johnson, Kirchoff & Endress, 1975).

Information processing can be further enhanced through play and the systematic use of play techniques, including rehearsal or dramatic play using medical equipment (Ellerton et al., 1985; Goldberger, 1988; Gaynard et al., 1990; Thompson, 1985). Other preparation methods include modelling (Elkins & Roberts, 1985; Melamed & Siegel, 1975) or coping skills and relaxation techniques (Peterson & Shegetomi, 1981).

Generally, patients who received appropriate preparation were found to be less anxious, required less pain-reducing medication, exhibited fewer maladaptive behaviours and coped more effectively with procedures. They also tend to have fewer complications and to leave hospital earlier. Benefits have also been reported for parents (Peterson & Shigetomi, 1981; Peterson, Ridley-Johnson, Tracey & Mullins, 1984; Pass & Pass, 1987; Visintainer & Wolfer, 1975).

However, a number of factors, such as the procedure in question, age and developmental stage, previous hospital experiences and the extent of parental involvement should be considered when choosing a method of preparation for an individual child (Melamed, Robbins & Fernandez, 1982; Peterson & Mori, 1988; Thompson, 1985).

Thus, ideally hospital preparation programmes should be individualised and involve staff specifically trained for this purpose.

SURVEY RESULTS

The use of various preparation methods is shown in **Table 4**.

- ✦ These results indicate that procedural and sensory information is supplied to children by almost all hospitals.

Table 4: Preparation Methods

	Number of Hospitals (Total = 253)	%
Explanations of the sequence, nature and reasons for procedure	244	96.4
Description of physical sensations	240	94.9
Special teaching materials (e.g. dolls, body outlines or photos)	78	30.8
Opportunities to see and play with medical equipment	97	38.3
Teaching relaxation techniques or coping strategies	57	22.5

- ✦ All of the above methods of preparation are used by only 11.9% of hospitals (N=30), ranging in size from 6 to 241 paediatric beds. 4 of the 7 paediatric hospitals (57.1%) and none of the private hospitals make the full range of preparation methods available to their patients.
- ✦ In nearly half of all surveyed hospitals (N= 120=47.4%) no particular department or discipline was indicated as being specifically responsible for the co-ordination of preparation education. Where play staffs are employed, preparation of patients is often their responsibility. Nursing staff appear to be solely responsible for preparation activities in 82.7% of the remaining 133 hospitals.