

Original Article

Parents in the Anesthetic Induction Room: The Preferences of Parents in Kuwait

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ABSTRACT

Objective: To ascertain whether the parents in Kuwait desire to be present during the induction of anesthesia in their children and to obtain the parents views on factors associated with such presence.

Methods: The parents of 80 children scheduled for surgery under general anesthesia were given asked to complete a questionnaire.

Results: An overwhelming 88.75% of parents wished to be present in the anesthetic room during induction.

Conclusions: Parents in Kuwait should be allowed to be present during the induction of anesthesia in their child. Protocols should be drafted accordingly and must include other child-friendly measures to reduce anxiety among parents and children in Kuwait.

KEYWORDS: anesthetic induction, anxiety in children, parental anxiety, parental presence

INTRODUCTION

In Kuwait, it is not the normal practice for anesthetists to allow a parent to accompany the child into the anesthetic induction room. The norms vary in many countries and the benefits of this practice have been debated. The weight of opinion seems to agree that the presence of the parent reduces anxiety in the child. This study looks specifically at the preferences of the parents in Kuwait.

MATERIALS AND METHODS

The parents of 80 children who accompanied their child to the operation room during induction of anesthesia in two major government hospitals in Kuwait were given a questionnaire in which they were asked to record their answers to ten specific questions. The questionnaires were administered in either Arabic or English. The answers were given as choices not exceeding two in number (except in the case of two questions which had five choices). The questions pertained to their awareness of the subject, their agreement with the topic, their reasons, their readiness and allied preferences. The answers were studied to determine their preferences.

RESULTS

The results showed that 63.75% of the parents were aware that some hospitals abroad allowed parents to be present during the induction of anesthesia. A total of 88.75% of the parents wished to accompany their child to the anesthetic induction

room and 90.9% of the parents felt that their child would feel better if they were to accompany him/her into the induction room. A total of 84.8% of the parents felt that they themselves would feel better if they were present at induction and 83.5% of the parents said that they would still like to accompany their child even if pre-medication was administered to calm the child. The results further showed that 60.9% said the mother should accompany the child and the rest felt that the father was a better choice. In addition, 48.6% of the parents wished to see their child even before he/she was fully recovered from the anesthetic and 84.8% felt they were capable of accompanying their child.

DISCUSSION

Children suffer from anxiety when they enter the anesthetic induction room. Separation from the parent is a major cause of anxiety. It has been repeatedly shown that the anxiety of the child can be reduced by allowing the parents into the induction room and allowing them stay until the child has been induced^[1, 2]. In addition, separation from a distraught child is a major cause of anxiety for the parents. Other reasons for the anxiety are the surgery, anesthesia, postoperative pain and treatment, and hospitalization. Mothers were found to be more pathologically anxious than the fathers^[3].

Parents wanted to be present in the induction room for a variety of reasons. They felt that their

presence helped not only their child, but themselves and the anesthetist as well. None of the parents reported that they felt they were of no help^[4,5].

Other methods that are known to reduce anxiety are to introduce the anesthetic and operation room staff to the parents and children in advance, having a tour of the operating room facilities, assigning one designated nurse for the care of the child, traveling from the ward to the operation room complex using a child specific mode of transport, such as a motorized toy car or a colorful child-friendly decorated trolley rather than the formidable conventional trolley, counseling, providing written information about operation room protocols, pre-medication, etc. A videotape, shown in advance, for the parents to orient themselves with the various aspects of anesthesia as well as the operating room atmosphere was found useful by Karl, et al^[6].

The presence of parents during induction could result in discomfort and anxiety for the parents. In a study conducted to study this phenomenon, it was found that not only the separation from the child after induction, but also the feeling of the child going limp at induction, and seeing the child upset before induction, were some of the factors which upset the parents^[7].

While allowing the parent's presence at induction is the norm in the United Kingdom^[8], not many American facilities allow parents in the operating room area^[9]. Boie^[10] reported that most parents want to be present even when invasive procedures are performed on their child and the parents wanted to be included in the decision-making process about their presence when their child is due for invasive procedures. Anesthetists and surgeons are aware of the benefits of parental presence during induction of anesthesia, though the actual practice protocol varies from country to country and depends on individual doctor's preferences^[8, 9, 11].

The current practice in Kuwait is to allow parents up to the entry point of the operating room. Cameron^[1] reported that this increased the anxiety in children more than when separation occurred in the ward.

Parents whose preferences have been assessed by questionnaire-based studies have consistently demonstrated that they prefer to be present with their child during the induction of anesthesia. The actual numbers understandably vary between studies^[5,12].

This study has shown that the overwhelming view of the parents in Kuwait is that they should be allowed to be present while their child is being anesthetically induced and they feel capable of

handling the responsibly that goes with it. There is strong support from the literature to allow such a policy with a view to reducing child and parental anxiety.

Within the context of Kuwait, it is relevant to examine what other issues need to be addressed. The fact that all the health care workers may not speak the patient's language should be taken into account. Support systems to handle parents in the event of the parent reacting aggressively or in any other manner unsuitable to the operating room environment should be considered. Other methods that have been described to reduce stress should be considered with relevance to the local context and be put in place as a package along with the policy to allow parents in the induction room.

CONCLUSION

This study limits itself to assessing only the preferences of the parents in Kuwait with regard to their presence during the induction of anesthesia. The policy of allowing parents in the induction room is a significant factor in reducing overall anxiety and is the norm in many countries. This study reveals that the parents in Kuwait strongly support such a policy. We, therefore, suggest that the anesthetists and hospital policy-makers in Kuwait develop protocols to encourage the presence of the parent in the anesthetic induction room. Other child-friendly measures should also be adopted to reduce the anxiety of parents as well as the children who are about to undergo surgery. Follow-up studies would be required to determine if the presence of parents actually leads to reduced anxiety or improved conditions for inducing anesthesia.

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