

EXPERIENCING THE SURGICAL PROCESS: THE CHILD'S PERCEPTION AND FEELINGS

VIVENCIANDO O PROCESSO CIRÚRGICO: PERCEPÇÃO E SENTIMENTOS DA CRIANÇA

VIVENCIANDO EL PROCESO QUIRÚRGICO: PERCEPCIÓN Y SENTIMIENTOS DEL NIÑO

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Objective: to understand the perception and feelings of children who experienced the surgical process. **Method:** descriptive study with a qualitative approach, in the theoretical framework of Symbolic Interactionism. The participants were six children between four and nine years old who were hospitalized at two pediatric inpatient units. The data were collected in the second semester of 2015 through a semistructured interview, intermediated by Therapeutic Play (TP). **Results:** the participants expressed their feelings and perceptions of the surgical process, which were identified in three categories: Feeling physical and emotional pain, Getting to know the dynamics of the surgical process and Wanting to get back to routine. **Conclusion:** surgery and hospitalization are factors that deprive the children of their routine activities and produce painful and unpleasant experiences, triggering different feelings, such as anxiety, fear of the unknown, and death.

Descriptors: Surgery. Play and playthings. Hospitalization. Child.

Objetivo: compreender a percepção e os sentimentos da criança que vivenciou o processo cirúrgico. Método: estudo descritivo com abordagem qualitativa, tendo como referencial teórico o Interacionismo Simbólico. Os participantes foram seis crianças com idade entre quatro e nove anos que se encontravam hospitalizadas em duas unidades de internação pediátrica. Os dados foram coletados no segundo semestre de 2015, por meio de entrevista semiestruturada, intermediada pelo Brinquedo Terapêutico (BT). Resultados: os participantes expressaram seus sentimentos e percepções frente ao processo cirúrgico, os quais foram identificados em três categorias: Sentindo dor física e emocional, Conhecendo a dinâmica do processo cirúrgico e Tendo o desejo de voltar para a rotina. Conclusão: a cirurgia e a hospitalização são fatores que privam as crianças de suas atividades rotineiras e produzem experiências dolorosas e desagradáveis, desencadeando sentimentos variados, como ansiedade, medo do desconhecido e da morte.

Descriptores: Cirurgia. Jogos e brinquedos. Hospitalização. Criança.

Objetivo: comprender la percepción y los sentimientos del niño que vivenció el proceso quirúrgico. Método: estudio descriptivo con enfoque cualitativo, teniendo como referencial teórico el Interaccionismo Simbólico. Los participantes fueron seis niños con edad entre los cuatro y nueve años, que se encontraban hospitalizados en dos unidades de internamiento pediátrico. Los datos fueron recolectados en el segundo semestre de 2015, a través de

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entrevista semiestructurada, intermediada por el Juguete Terapéutico (BT). Resultados: los participantes expresaron sus sentimientos y percepciones delante del proceso quirúrgico, los cuales fueron identificados en tres categorías: Sintiendo dolor físico y emocional, Conociendo la dinámica del proceso quirúrgico y Teniendo el deseo de volver para la rutina. Conclusión: la cirugía y la hospitalización son factores que privan a los niños de sus actividades rutineras y producen experiencias dolorosas y desagradables, desencadenando diversos sentimientos, como la ansiedad, el miedo de lo desconocido y de la muerte.

Descriptores: Cirugía. Juegos y juguetes. Hospitalización. Niño.

Introduction

Hospitalization is considered an extremely disturbing situation in the life of any human being; and it comes with special characteristics when it happens in childhood, as the children are immersed in a new environment, loaded with restrictions and routines, with unknown people. In addition, they are submitted to procedures that cause fear and pain⁽¹⁾.

Being hospitalized for a surgical intervention can be more striking for children, often turning into an incomprehensible and traumatizing experience. The surgery is an experience that entails uncomfortable tests, contact with blood, unease, anesthetic procedures, and postoperative difficulties, among other events⁽²⁾.

The health team, particularly nursing, needs to be prepared to deliver care to children in postoperative situations, acknowledging that they are doubly ill, as they experienced both the hospitalization and the stress of the surgery⁽³⁾. Therefore, nursing should play a protagonist role in health care, anticipating the stressful effects through the use of primary interventions. For that purpose, the children need to be heard in order to apprehend the dimension of the disease in their lives and the way it is experienced, these aspects being singular for each child⁽⁴⁾.

The planning of care for these clients should guarantee the respect and dignity of the children and their families in all phases, including care not only for the physical health, but also for the children's emotional, and social needs; considering them as growing and developing beings whose autonomy should be encouraged. It can be affirmed that children are the best sources of information on their experiences

and feelings. They can express their thoughts in different manners (verbal and non-verbal). Therefore, nursing needs to enter the children's universe and allow them to express the situations experienced⁽⁵⁾.

The use of Therapeutic Play (TP) has stood out in the literature as a key strategy to engage children in the understanding of their health-disease process, allowing the nursing professionals to act in a humanized manner, respecting the most effective means of communication of children, which is playing⁽⁶⁾. The routine use of TP in pediatric units rests on the importance of informing the children about the need for hospitalization. Thus, this method contributes to mitigate the anxiety, making the children feel safe and capable of trusting the adults who are taking care of them⁽⁷⁾. Its use is regulated by the Federal Nursing Council (COFEN), through Resolution N°. 295/2004, whose first paragraph affirms that nurses working in the pediatric area, as multiprofessional team members, are responsible for using TP in child and family health care⁽⁸⁾.

In pediatric health care contexts, the nursing area lacks studies that contribute to the systemization of professional practice involving surgical clients. Therefore, research in this field is relevant, considering the incidence of childhood surgeries and the reactions of children hospitalized under these circumstances. In that sense, the questions raised in this study are: How does the child perceive the surgery? What feelings does the child manifest towards the surgical procedure?

Seeking knowledge on the perception and feelings expressed by these clients, using TP as an intervention tool, helps the nursing professionals to understand their needs not only in the physiological sphere, but of their entire universe, which can contribute to comprehensive and humanized care planning, making this experience less frightening and traumatic. The objective in this study was to understand the perception and feelings of children who experienced the surgical process.

Methods

A descriptive and exploratory study with a qualitative approach was undertaken. Qualitative research answers questions that give human beings the opportunity to reflect on acting, thinking and sharing with their peers based on the reality experienced⁽⁹⁾. The methodological framework was based on Symbolic Interactionism (SI), an analysis perspective on the human experiences which is focused on studying the nature of the interaction, that is, the social dynamics activities that happen among people⁽¹⁰⁾.

The data were collected in the second semester of 2015 at two pediatric internment services in the city of Montes Claros, Minas Gerais, Brazil. The research participants were six children between four and nine years of age, selected according to the following inclusion criteria: male and female school-aged children (to be capable of expressing their opinions through the interview); who were hospitalized, going through their first surgical procedure; in the intermediate postoperative period (between 24 hours after the surgery and discharge); capable of playing and interacting with the environment, whose legal caregivers authorized their participation. Children without a companion during the hospitalization or unable to answer the research questions were excluded.

The number of participants was delimited in the course of the research, as the criterion to

interrupt the data collection was “data saturation”, defined as the suspension of including new participants when the data start to present some degree of redundancy⁽¹¹⁾.

The data collection strategy used was an individual and semistructured interview, electronically recorded, and intermediated by Dramatic Therapeutic Play (DTP). The method was chosen because DTP is a resource that permits emotional discharge, expression of the feelings, desires and experiences gone through⁽¹²⁾, allowing the professionals to capture the meaning of the experience had for the infant.

The inquiries to start the therapeutic play session were: “Let’s play we’re a child who has gone through a surgery?”; “Will you tell me a story?”.

The method used for the data analysis was qualitative content analysis by coding and categorization. The categorization involves the rereading of the codes, classifying and grouping them by similarity, according to their conceptual characteristics, determining the thematic codes that represent the study phenomenon⁽¹³⁾.

The research project that originated this study received approval from the Research Ethics Committee at Universidade Estadual de Montes Claros (Unimontes), in compliance with National Health Council Resolution 466/2012⁽¹⁴⁾, under Opinion 572/2014. The children were asked for their assent to participate in this study by signing the Informed Assent Form, and their responsible caregivers also consented with this participation by signing the Free and Informed Consent Form (FICF) before the start of the research.

To maintain the study participants’ anonymity and better understand the results, the children received fictional names taken from the children’s story “A turma da Mônica”, randomly chosen by the researchers. The participants’ main characteristics have been described in Chart 1.

Chart 1 – Main characteristics of study participants

Participants	Main characteristics
Magali	Girl, 6 years, submitted to surgical treatment of exposed upper limb fracture. First postoperative day. First hospitalization.
Cebolinha	Boy, 9 years, submitted to adductor drainage surgery. First postoperative day. First hospitalization.
Anjinho	Boy, 4 years, submitted to hypospadias surgery. First postoperative day. First hospitalization.
Cascão	Boy, 9 years, submitted to surgical treatment of leg fracture. Second postoperative day. First hospitalization.
Mônica	Girl, 9 years, submitted to surgical treatment of radial fracture. First postoperative day. First hospitalization.
Gatinha Mingau	Girl, 7 years, underwent appendectomy. Second postoperative day. First hospitalization.

Source: Created by the authors.

Results and discussion

Based on the analysis of the interviews, three thematic categories were constructed that expressed the children's feelings and perceptions concerning the surgical process: Feeling physical and emotional pain, Getting to know the dynamics of the surgical process, and Wanting to get back to routine.

Feeling physical and emotional pain

The children described the postoperative period as a moment characterized by pain, being the signal they mentioned most during the DTP session, as evidenced in the following statements:

We feel great pain. (Mônica).

He cried, because it hurt and he wants his mommy. (Anjinho).

He [puppet] is in pain. (Cascão).

He [puppet] cries a lot, because it hurts a lot! (Cebolinha).

It's only after she [puppet] woke up that she felt pain. (Magali).

A study has shown that pain is a constant in the children's surgical experience, being present

more clearly in the postoperative period, and more implicitly in the expectation or fear of its occurrence. It can be present even in the feeling of happiness about its absence⁽²⁾.

In another study that investigated the children's memories about the elective surgery that they were submitted to, it was revealed that the children who underwent a less painful procedure and woke up without pain had more positive recollections. Nevertheless, the children who felt more pain, lost and saw blood or witnessed their mother crying recalled that the hospital gave them a bad experience⁽¹⁵⁾.

In a study aimed at exploring the postoperative pain management experience of school-aged children, children were capable of managing their own pain. Therefore, it is important for health care to value their role and use strategies that grant them freedom to communicate. The children suggested to the parents that their presence and the use of techniques like distraction could improve their pain. To the nurses, they suggested that the use of techniques like medication administration, distraction and positioning contributed to improvements in pain management⁽¹⁶⁾.

The family's cooperation in their children's postoperative care is a factor that contributes to relieve the stress and fear the pain causes.

As the relatives are integrated in care, the possibilities of treating the children increase, as individual peculiarities are incorporated that make the systemization of care both effective and efficient⁽¹⁷⁾.

Due its invasiveness and uncertain outcome, the surgical procedure and the stress present during the process, combined with the children's ideas about the disease and the surgery, trigger different feelings in the patient, which can range from the feeling of relief about the diagnosis of the disease to aggression, impotence, isolation, fear of the unknown, the mutilation and death^(2,18). In the children studied, these feelings were also present, particularly fear:

He [puppet] was tired of lying down. And I felt some fear too [...] Fear of the surgery, that he was in great pain. (Cebolinha).

When they came to get me, she said: Is your name Mônica? Then I said: No. My name is Magali. Because I didn't want to go to the center, to have the surgery. (Mônica).

The fear can be classified in two types: objective and subjective. Objective fear, in turn, can be subdivided in direct and indirect. The first manifests when the child's painful or unpleasant earlier experience was due to actions provoked during the treatment. Indirect objective fear derives from experiences in similar environments. Subjective fear results from suggestions: children who hear about unpleasant experiences by their parents, relatives or friends, or related specialties⁽¹⁹⁾.

The children's discourse also revealed the fear of death. During the play, they mentioned a possible risk of death without the treatment, and the fear of this outcome due to the surgery, in accordance with the following statements:

Because you have to fast to have the surgery and if he [the puppet] didn't drink, he could get dehydrated and die. (Cebolinha).

He died and the physician put him in jail. (Anjinho).

Uncle I'm gonna wake up afterwards, won't I? I'm not gonna sleep forever, right? (Gatinha Mingau).

Death is seen as a reality for children who transit between the possibility of coping and the fear that, despite all care, they will be unable to defeat the disease and death emerges as the end result. It is important to take this aspect into account because, by acknowledging the presence of anguish towards death, it can be considered as part of the children's experience in the hospital context⁽²⁰⁾.

The fear associated with the lack of information and the child's insufficient preparation can arouse fantasies related to the understanding of the need for the surgery⁽⁷⁾. The lack of preparation can be due to the absence of a preoperative educational program or the professional team's lack of understanding that the children are able to cope with situations that cause anguish and understand the situation they are going through. When prepared, they can cooperate in their recovery process, due to the fact of understanding and, therefore, being able to cope with possible reactions⁽¹⁵⁾.

Thus, authors have emphasized the importance of the children and their relatives' emotional preparation for the different phases of a surgical procedure, aiming to prevent the risk of developing, and minimizing, the negative effects of these experiences^(2,7,15,18).

It was also noticed that the children felt assaulted by the objects used in the procedures they were submitted to, such as the procedures involving the use of needles, and may understand these situations as punishment for not behaving well. In addition, during the play, some feelings of threat and aggressiveness were observed towards the health professionals, as evidenced in the statements:

The girl [puppet] got stubborn and took a needle. (Anjinho).

She's a doctor [puppet wearing white coat]. She gives her [puppet] an injection [...] Because she [doctor] doesn't like her. (Anjinho).

This here [toy gun] remove the lid, fill it with water, then we squeeze it like this to bit the person [...] the nurse. (Cascão).

One of the most threatening events for people in childhood are invasive procedures, which are perceived as a very painful invasion in their body. Needles and injections are the main target of complaints. Besides being painful, they are also seen as traumatic, hostile, and mutilating acts⁽²¹⁾. Coping with these situations makes the children present discomfort, fear, and anxiety; besides developing aggressive reactions and rejection towards the health professionals involved in their care. To mitigate these impacts, the children need to be prepared for the execution of the procedures, mainly when this is a new experience. Instructional TP stands out to present knowledge on what will actually happen^(12,21).

Getting to know the dynamics of the surgical process

The children brought elements into the DTP related to their experience of being at the surgery center, describing the procedures executed in the surgery room in the context of the play, as evidenced in the statements:

The doctor said she [puppet] would have a surgery and she was hospitalized. Her mother [of the puppet] stayed with her in the chair. Then, the doctor [puppet wearing blue coat] came, and her mother was awake and the little girl [puppet] sleeping. Then the doctor said he had to give the little girl an injection. (Magali).

André [puppet] put a cap on his head and others like this on each of his feet, and kept this thing on his arm. Then, when he arrived there, he lay down and the nurse [puppet wearing white coat] put a kind of support here [on the arm]. Oh no! First he [puppet] sat down and applied anesthesia in the back. They [doctors] gave the medicine to sleep. Then he [puppet] slept from the beginning until the end of the surgery, because the surgery

took 50 minutes. Then, when the surgery was over, André [puppet] went to another room than the one he was in and kept on taking saline solution and then some water and soon afterwards he got back to the bed where he was. (Cebolinha).

She put on the thing and some tape. Then I kept crying. Then she came and gave me another injection in the arm. It was the anesthesia. She said 1, 2, 3 and you close your eyes, OK? Then it went 1, 2, 3, I closed my eyes and suddenly I slept. Then, when I slept, it was really bad, I didn't see anything. Then they said like I wasn't making sense when I was sleeping. She was asking me if it was hurting, and I answered, but I was sleeping. Then they cut my arm and put stitches. (Mônica).

The projection of the external reality represented in the play grants the children the opportunity to better elaborate the situation experienced and express their emotions, allowing the health professionals to work on how the children perceive an event, so as to make this period as less traumatic as possible. Hence, through play, the children could repeat what, for them, in their fantasy, would be their surgery, in the attempt to master an experience they underwent passively and give it meaning⁽²²⁾.

According to another participant, the surgery was a traumatizing experience, loaded with the feeling of threat against their physical integrity. In addition, its emotional burden concerning the fact that their mother lied to them about the surgical intervention is shown in the following fragment:

Aunty, mommy lied to me, and I was upset. They said they weren't gonna cut. Then, when I woke up, I saw it aunty. They even gave a stitch! (Gatinha Mingau).

It is important to demystify the idea that children are unable to understand what is happening to them and that they are unable to cope with certain situations, such as surgery. Giving clear information about the need for hospitalization and surgery contributes to

mitigate the anxiety, so that they feel safe and capable of trusting the adults who take care of them. Parents and professionals face difficulties to transmit this information, frequently omitting the truth, in the attempt to protect the children and not cause suffering. When this situation happens, the children's trust in the adults who take care of them may be shaken. Hence, it is important to engage the parents in the children's preparation, because they will validate the information received together, being their source of safety⁽⁷⁾.

Wanting to get back to routine

The participants acknowledged the need to be in hospital for their recovery. At the same time, during the play, they projected the desire to leave the hospital environment and return home. The expectation of going back to the routine broken by hospitalization, reconnecting with their friends and the people who are part of their daily life is represented.

She'll have an injection to leave. (Anjinho).

They got well. They went to their home and, at their home, they went to school, they played. (Cascão).

She [puppet] slept and then she got well. She went home, because at home she could go to school and see her teacher, whom she was missing. (Magali).

Ever since the day he came to the hospital, he [puppet] was wanting to go [home], but he had to come for getting the pain better. After three, four days, he returned home, played with his cousin. (Cebolinha).

For children in the socialization phase, the hospitalization represents a situation that differs from everything they have experienced, as their routine changes. A rupture happens with their social environments, their activities, their habits and customs⁽²³⁾. Most of the time, the hospitalized child is restricted to the bed, passive, surrounded by unknown people, experiencing painful and unpleasant procedures⁽⁷⁾.

The sudden distancing causes great suffering for this group of people. Despite being capable of tolerating short periods of separation and developing trust in other significant adults in this phase, children are unable to cope with the situation in view of the stress caused by the disease and the treatment. Consequently, they can be introverted and crying, refusing to cooperate in common self-care activities⁽²⁴⁾.

In this perspective, it is important to develop playful actions with the children who are limited to the hospital environment. Toy and play have an important therapeutic and educative value for this group of people during the hospitalization, as they reestablish physical and emotionally, making the hospital environment happier and less traumatizing, granting better conditions for their recovery⁽²⁴⁾.

Conclusion

Care for children submitted to surgery involves particularities that challenge not only the nursing team, but the entire health team, including elements related to the child, relatives, and health professionals. These professionals' attention and care, within a comprehensive and humanized approach, should mainly mitigate the child's suffering, offering resources that help to cope with the situation experienced in the least traumatic way possible.

In this study, the use of Therapeutic Play granted room and opportunities for the children to express their feelings and conflicts experienced with regard to the hospitalization and surgical intervention. The results evidenced that, for this group of people, the hospitalization is seen and characterized by a series of changes in their routine, which trigger feelings of fear, anxiety and distancing from significant others. The pain and physical discomfort resulting from the surgical procedure permeate these children's lives, making the hospitalization process even more traumatic. In addition, the children are concerned with the changes in their body image and even with the condition of death. Thus, it is concluded that the surgery and hospitalization are

factors that deprive the children of their routine activities and produce painful and unpleasant experiences, triggering different feelings, such as anxiety, fear of the unknown and death.

The need to develop other studies is highlighted, in order to deepen the understanding about the complexity of what the surgery means to the child as well as to prove the effectiveness of using TP in the different phases of care for these clients within the study context.

Collaborations:

1. conception, project, analysis and interpretation of the data: Nayara Ruas Cardoso, Ana Augusta Maciel Souza, Patrícia Fernandes do Prado and Mirela Lopes Figueiredo;

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