

## Experiences of families of children in intraoperative period: art as a care option

*Vivências de famílias de crianças em intraoperatório: a arte como possibilidade de cuidado*

*Vivencias de familias de niños en intraoperatorio: el arte como posibilidad de cuidado*

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### ABSTRACT

**Objective:** to understand the experiences of the families of children in the intraoperative period, who were participating in a cold porcelain workshop. **Methodology:** this phenomenological, qualitative study was conducted at a public teaching hospital in São Paulo state with 13 families of children in the intraoperative period, after research ethics committee approval (Opinion No. 2253964). **Results:** the families revealed that the intraoperative period is the most critical, and full of expectations about the success and/or failure of surgery. However, by participating in the cold porcelain workshop, the families perceived new feelings of calm, tranquility, relaxation, distraction and sharing of experiences among families. Using art was considered a way of caring for the family, and recognition of that brought out a feeling of gratitude in these families. **Conclusion:** the cold porcelain workshop allowed people to express good feelings, as well as the acknowledgement that this was a way of caring for the family. **Descriptors:** Art therapy; family; operating room nursing; pediatric nursing.

### RESUMO

**Objetivo:** compreender as vivências de famílias de crianças em período intraoperatório, participantes de oficina de biscuit. **Método:** pesquisa qualitativa, modalidade fenomenológica, realizada em um hospital público, de ensino, localizado no estado de São Paulo, com 13 famílias de crianças em período intraoperatório, após aprovação do comitê de ética, parecer número 2253964. **Resultados:** as famílias revelaram que o período intraoperatório é o mais crítico, repleto de expectativas sobre o sucesso e/ou insucesso da cirurgia. No entanto, ao participarem da oficina de biscuit, as famílias perceberam novos sentimentos, como calma, tranquilidade, relaxamento, distração e troca de experiências entre as famílias. O uso da arte foi considerado um modo de cuidado à família e seu reconhecimento mobilizou sentimento de gratidão nessas famílias. **Conclusão:** a oficina de biscuit possibilitou a manifestação de sentimentos positivos, além do reconhecimento desta intervenção como sendo um modo de cuidado à família.

**Descritores:** Terapia pela arte; família; enfermagem de centro cirúrgico; enfermagem pediátrica.

### RESUMEN

**Objetivo:** comprender las vivencias de familias de niños en periodo intraoperatorio, participantes de taller de *biscuit*. **Metodología:** investigación cualitativa, modalidad fenomenológica, realizada en un hospital público, de enseñanza, localizado en el estado de São Paulo, con 13 familias de niños en periodo intraoperatorio, después de aprobación del comité de ética, dictamen número 2253964. **Resultados:** las familias revelaron que el periodo intraoperatorio es el más crítico, repleto de expectativas sobre el éxito y/o fracaso de la cirugía. Sin embargo, al participar del taller de *biscuit*, las familias percibieron nuevos sentimientos, como calma, tranquilidad, relajación, distracción e intercambio de experiencias entre las familias. El uso del arte fue considerado un modo de cuidado a la familia y su reconocimiento ocasionó un sentimiento de gratitud en esas familias. **Conclusión:** el taller de *biscuit* posibilitó la manifestación de sentimientos positivos, además del reconocimiento de esta intervención como siendo un modo de cuidado a la familia.

**Descriptoros:** Terapia con Arte; Familia; Enfermería de Quirófano; Enfermería Pediátrica.

## INTRODUCTION

Every human being is subject to performing a surgical procedure at different levels of complexity, and children are not excluded of this scenario. The perioperative period is divided into three moments: preoperative; intraoperative and postoperative<sup>1</sup>. Compared to the pre and postoperative periods, the intraoperative period is still scarcely discussed in the literature.

The importance of understanding patients and their family is fundamental for any therapeutic proposal in any health specialty, and this consequently includes the role of the family in perioperative care<sup>2</sup>.

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Children must feel safe during the hospitalization process, including in the perioperative period, and the presence of the family helps to reduce their fear<sup>3</sup>. For the family, the perioperative period involves the separation from the child, the stay in a restricted place, the impact of fasting, fear of the pain the child may feel, and the results of the procedure, which may be positive or negative<sup>4</sup>.

The first surgery can give rise to more exacerbated behaviors and reactions of the family, since small children appear to be more fragile, which can generate greater anguish and concern<sup>5</sup>, even though these reactions are not related only to the first surgery.

The development of stress relief techniques is part of family-centered care, which consists of including the family in the care provided and not only perceiving them as a source of information and care for the child<sup>6</sup>. Nurses must intervene for reducing anxiety and fear by promoting autonomy so the family can find their relief methods (family habits, hygiene practices, emotional comfort). They can also propose therapeutic interventions such as reaffirmation, feedback of feelings, relaxation, distraction and art<sup>7</sup>.

## LITERATURE REVIEW

Through art, human beings experience a temporary and relaxing escape from reality. By manipulating materials during some artistic activity, people can express themselves in a non-verbal way<sup>8</sup>.

The provision of activities for families experiencing stressful moments, such as hospitalization, has been considered a possibility for the promotion of family-centered care. For example, when participating in artistic interventions, families show a reduction in anxiety and stress<sup>9-11</sup>. In addition, therapy through art has made the environment calmer, relaxing, fun and enjoyable<sup>10</sup>.

In a study conducted with families of cancer patients, artistic activities favored the expression of their thoughts and feelings, and proved to be a facilitating path for sharing information that had not been previously shared with the health team<sup>9</sup>. Families who participated in artistic interventions in group also felt the possibility of sharing information and experiences with other relatives during activities, as well as offering and receiving support from those experiencing the same situation, thereby reducing social isolation<sup>10</sup>.

In art therapy, through symbols, images and development of creative material, are produced positive feelings and relief, negative sensations are minimized, and is provided a less traumatic experience in the face of difficult situations. It can be used with all involved in the health-disease process, namely, patients, families and health professionals<sup>12-15</sup>, but in this study, the focus was on the family.

In view of the above, the aim of the present study was to understand the experiences of families of children in the intraoperative period who participated in a clay workshop. By bringing the experience of these families to the surface, health professionals can reflect on the possibility of performing interventions that minimize the negative feelings of families of hospitalized children.

Thus, the unveiling of the phenomenon "experiences of families of children in the intraoperative period" may lead to changes both in academic training and in new attitudes in nurses' daily practice.

## METHODOLOGY

This was a phenomenological qualitative study. In this approach, the aim is to understand human beings and their world<sup>16</sup> by analyzing the structure of the phenomenon under the methodological reference of Martins and Bicudo<sup>17</sup>.

In this methodology, the researcher tries to understand a certain phenomenon from participants' descriptions, that is, from the discourses about experiences lived before a certain phenomenon<sup>17</sup>. In this case, such a phenomenon is represented by the child's family experience during the intraoperative period.

In the study, were followed the guidelines of Resolution 466/2012. The access to families was given after approval of the Research Ethics Committee under number 2.253.964 in two different moments: the clay workshop and the phenomenological interview. Both were held in services that belong to a public hospital located in the inlands of the state of São Paulo.

Participants were 13 families that were awaiting the surgery of their children, as shown in Figure 1.

Seven clay workshops lasting one hour (on average) were held in the Family Room of the Surgical Center Nursing Service, where patients' companions await the surgery.

Fictitious name	Degree of kinship	Child's age	Type of surgery
Mulher-Gato	Mother	3 years	Laryngopharyngeal correction
Mulher-Elástico	Mother	8 years	Congenital clubfoot correction
Xena	Mother	7 years	Nissen fundoplication
Capitã Marvel	Mother	1 year	Laryngo-tracheoplasty
Mística	Aunt	1 year	Laryngo-tracheoplasty
Natasha Romanoff	Cousin	1 year	Laryngo-tracheoplasty
Mantis	Mother	4 years	Exploratory laparotomy
Gamora	Mother	7 years	Correction of anomalous pulmonary venous drainage
Agente Carter	Mother	12 years	Cholecystectomy
Arwen	Mother	9 years	Correction of tetralogy of Fallot
Galadriel	Mother	9 years	Cystostomy
Lara Croft	Mother	1 month	Bone needle biopsy
Princesa Leia	Mother	14 years	Nissen fundoplication

**Figure 1:** Research participants and their relationship to the child in the intraoperative period. Campinas, SP, Brazil, 2018.

A total of 13 phenomenological interviews were conducted in the units of Pediatric Hospitalization and Pediatric Intensive Care Units of the hospital between November 2017 and February 2018.

The families waiting for their children's surgery in the Family Room were individually approached by the first author in order to present the research objectives. Those who agreed to participate gave their consent by signing the Informed Consent form (IC).

In addition to the families of children in the intraoperative period, the clay workshop was open to all families present, regardless of the inclusion criteria of the study (families of children undergoing surgery). During the clay workshop, the participating families were given the guidance of feeling free to model what they wanted, and that they would keep their production.

Yellow, beige, white, orange, lilac, black, red, pink, green and two shades of blue cubes of clay measuring 2x2x2cm were arranged in a central table. In addition to the clay, plastic rolls, toothpicks and ice cream sticks were available.

During the workshop, participants' demonstrations were recorded in a field diary. Subsequently, during the postoperative period, the families of children were individually invited to discuss their experiences during the child's intraoperative period and their participation in the clay workshop in a phenomenological interview initiated by the guiding question: "For you, what was it like to wait for your child's surgery? How did you feel attending a clay workshop at that time?"

The phenomenological interviews were audio recorded, transcribed in full and closed when reaching theoretical saturation, that is, when speeches were sufficient to help the researcher unveil the phenomenon in question<sup>18</sup>. Families' confidentiality was guaranteed by adopting fictitious names<sup>19</sup>.

The steps recommended by Martins and Bicudo were followed to analyze the structure of the phenomenon<sup>17</sup>: global reading of the total content of the speech; attentive rereading in order to identify the units of meaning; search for common elements to various discourses and elements that are peculiar to only one speech or to a few; construction of thematic categories from the convergences/divergences; development of descriptive synthesis by integrating the significant affirmations that express the meanings attributed by the family to the participation in the clay workshop during the intraoperative period of the child's surgery.

## RESULTS AND DISCUSSION

From the analyzes of discourses, emerged three thematic categories, as follows:

### During the surgical procedure - experiencing difficult times

Although difficult times can be experienced since the indication of surgery, families of children in the intraoperative period revealed this was the most critical period, because it is full of expectations about the success and/or failure of the surgery.

*It is the most intense part, most complicated for both the father and the mother, because we are there in anticipation. We do not know if it worked, or if it will not work, just handing it over to God, you know? It's a difficult time. (Gamora)*

Regardless of the surgical procedure complexity, the moments after the child is under care of the surgical team and the beginning of waiting for the end of surgery were described as of great concern, anxiety and nervousness.

*I was anxious, nervous [...] No matter how simple the surgery is [...] we get stressed, nervous, anxious. (Agente Carter)*

*No time is easy. It was difficult at first, because it was ... there was a delay [...] So, it was more tense. (Mística)*

The perioperative period is permeated by difficult moments. Feelings of fear and anguish may emerge, not only in individuals who will undergo surgical procedures, but also in their families<sup>20</sup>. Families of adults in perioperative hip arthroplasty surgery reported feeling anxious about the time of surgery<sup>21</sup>. The separation during surgery<sup>22</sup>, uncertainty about the outcome<sup>22</sup> and the duration of surgery<sup>22,23</sup> are factors causing anxiety.

Agente Carter showed desperation, specifically regarding the duration of surgery:

*It took him so long that it was already noon and he had not come yet, I was desperate. (Agent Carter)*

Anxiety can have a negative effect on the family by affecting its functioning and interfering with the coping and forms of patient support. This feeling is more intense during the surgical procedure while in the waiting room<sup>22</sup> expecting information<sup>20</sup>, which was also explicit in this study.

However, anxiety is not restricted to the intraoperative period, and may emerge after surgery:

*I was anxious afterwards ... that the ... the nurse went there to say he was already in the room [...] Due to the anesthesia, I became super nervous later [...] My feet began to sweat [...] after he left and arrived in the room was that ... I got really agitated. I thought he was going to get in the room and I would be able to stay with him there. And it is not so. (Xena)*

A study conducted with families of Greek patients undergoing surgeries showed that anxiety remains in the postoperative period. Even the family members who visited their relatives in the post-anesthetic unit did not have their anxiety diminished<sup>24</sup>.

Although the difficulties reported by participants of this study and in the literature<sup>20-24</sup> are considered intrinsic to the surgical process, participating in a clay workshop during that time allowed new feelings, which will be presented in the next category.

### **Beyond the surgical procedure - experiencing new feelings during the clay workshop.**

By attending the clay workshop while the child was in surgery, families revealed new feelings, such as calmness, tranquility, and relaxation.

*[...] as we model the clay, we become calmer. It brings some peace of mind like this ... You do not think about it too much. You think about staying calmer. It brings tranquility. It is a kind of therapy [...] it was relaxing. I relaxed a bit there. (Arwen)*

Communicational interventions with families of surgical patients have proven efficiency in reducing anxiety. Preoperative guidelines were offered through an information card containing the date of procedure, explanation and approximate duration of the surgery, information about the waiting place, available facilities and update of the patient's health status<sup>25</sup>.

There are also environmental interventions, such as the importance of a suitable waiting room for the family. The proximity between the waiting room and the surgical center, availability of water and glasses, besides a calm and silent atmosphere were aspects that favored the experience of companions<sup>26</sup>.

In addition to communicational and environmental interventions aimed at meeting the families' needs, there are artistic interventions called art therapy. In a study with families of children with cancer, through drawing, they could reveal feelings of pain, frustration, hope and gratitude with the support of extended family and health professionals<sup>9</sup>. In another study with families of adult cancer patients, was found reduction of anxiety, stress, and negative emotions<sup>11</sup>. An artistic intervention program helped siblings of children with cancer improve self-esteem, reduce somatic symptoms, aggression, and emotional instability<sup>27</sup>.

The families participating in this study reported that the artistic intervention (clay workshop) facilitated the period of waiting for the end of the surgery and was a moment of distraction.

*[...] and we were there, it was so fast, then, I saw that it had already been an hour and twenty [...] for me, it was very good. [...] by the time you arrived, I was crying and it was like... it distracted my mind. [...] it helps a lot to focus on something else, to distract ... it distracts a lot REALLY [emphasis added by researcher]. (Mantis)*

*I think it was really good, this workshop thing. It was very important at the time of ... waiting. It was very good. (Natasha Romanoff)*

Mulher Gato even realized that in the artistic intervention, it was possible to transfer nervousness and stress to the clay.

*[...] I was saying that in the beginning, I was kneading the dough, you know? It seems that I passed everything to the dough, the nervousness, the stress [...] (Mulher Gato)*

From the perception of families, the clay workshop also allowed exchange of experiences, which was considered a unique moment that also benefited the child.

*[...] with other companions by my side also doing it, people exchanging experiences, talking [...] (Mulher Elástico)*

*[...] some people did not even want to participate. Then, suddenly, they started to join, join, there were three, four at the table. To me that is, you know, very good. This is called union, understanding, friendship. (Princesa Leia)*

Although in the literature there are evidences of studies using artistic interventions with families<sup>9,11,27</sup>, there is no evidence of these interventions especially with families of children in the perioperative period. Furthermore, these studies have no reports of difficulties during participation in the proposed interventions, which was reported by participants in this study regarding the ability to focus on the activity at the expense of concern.

*Only that at the time I could not do anything, I was very ... my head was more on him. He was inside, my head on him, I could not do anything, then, I got to make that small ball [referring to the object modeled with the clay]. (Lara Croft)*

Although Lara Croft reported she was unable to participate effectively in the clay workshop, the other participants understood it as a form of family care.

#### **Understanding the clay workshop as a form of family care**

The families who participated in the clay workshop understood it beyond a distraction strategy, but also as a form of care. Galadriel was alone waiting for the child's surgery and felt comforted while attending the workshop.

*[...] this was the first time I was alone waiting for her. All of her other eight surgical interventions I had someone accompanying me [...] It was as if it replaced that companion I did not have there at the time. So I thought it was pretty cool. [...] some moments of relaxation must be constant, so that we get used that it will not be so difficult to wait, in case there is a next time. That we will have support, will have comfort, will have a distraction. (Galadriel)*

When talking about care of hospitalized children, the family must be included, since children and family are inextricably linked. However, in practice, the family is not the focus of nursing care yet, because the purpose of relationships established between nurses and families of hospitalized children concerns the transmission of information about the hospital environment and collection of data on the state of the child<sup>28</sup>.

Although families collaborate in child care, their needs cannot be neglected. Families of hospitalized children reported difficulties related to the hospital environment, the work process of the institution, professionals' posture and the child's disease itself<sup>29</sup>. They emphasized the importance of user embracement by health professionals, and appreciated when professionals introduced themselves, called them by their names, when they were received with smiles and had their demands heard<sup>30</sup>.

Thus, is demonstrated the importance of interventions for families of hospitalized children in any situation, including during the intraoperative period. In this study specifically, we sought to highlight artistic interventions with families, such as the clay workshop offered to families of children in the intraoperative period. According to the Report of the Royal Society of Public Health of England, art can help in the great challenges of the health area<sup>31</sup>.

Being at the hospital facing an uncertain situation and without support from relatives/friends can trigger painful feelings. The same can happen when the family is repeatedly exposed to the same event<sup>32</sup>. In this context, families understood the clay workshop as a strategy for the humanization of care.

*I found it very important [...] in my opinion, and I am always in hospitals, what is lacking in hospitals is humanization. Because I, I really see the difficulty of parents, right? We are not here because we want to, we are here because we need it, and most health professionals do not seem to see this. (Capitã Marvel)*

Engaging in art activities provides a sense of wellbeing because it helps people to find meaning in their lives by turning negative feelings into hope<sup>33</sup>. The clay workshop provided wellbeing to families hence, they wanted to participate again, make this strategy available to other health institutions and families, not just families of children.

*I liked it a lot, I think it should continue and be available in other places, not only for families of children, but also for families of adults, 'cause sometimes the situation is A LOT [emphasis given by the researcher] worse, right? But for everyone, I think it should be available for everyone. (Agente Carter)*

Although the perioperative period is permeated by feelings of anxiety and fear for those involved, when there is support from the health team during the child's hospitalization, there is greater security and satisfaction of the family<sup>29</sup>. Families who experienced the transfer of the child from the intensive care unit to the surgical unit were supported by nurses that demonstrated confidence in the care the family would perform later<sup>34</sup>.

When receiving care through the clay workshop, feelings such as user embracement and comfort were internalized by families:

*And this is an initiative with which I felt comforted by the hospital, I felt that at that moment, someone thought of me. (Capitã Marvel)*

By understanding the clay workshop as care, families reported gratitude for having experienced a lighter intraoperative period of the child with less anxiety.

*I, I thank you very much, because ... [...] I have not been through this experience, being in such a HARD time [emphasis given by the researcher] and having someone like that helping, talking, distracting, never! (Mantis)*

The speeches show the clay workshop fulfilled its function of making the moment less stressful and promoting care to families of children in the intraoperative period. According to Capitã Marvel, the meaning of the clay workshop went beyond the period of children's hospitalization.

*So much so that I'm going to frame it, we'll frame it and we'll put it in her little room. (Capitã Marvel)*

Thus, the clay workshop artistic intervention promoted user embracement and humanized care to families of children in the intraoperative period, which leads to its consideration as a viable strategy to be developed with families in any care environment.

## CONCLUSION

The perioperative period has been permeated by anxiety and fear of those involved, especially when it comes to children, who are considered more fragile than adults. In this context, the clay workshop provided new feelings such as calmness and tranquility, and brought distraction to a moment of tension. Note that the clay workshop is easy to apply and inexpensive.

Artistic interventions with families are performed by health professionals, including nurses, but there is no evidence of these interventions during the intraoperative period. At no time in this study, the participating families alluded to the clay workshop as nursing care, but only as care, without mentioning who would promote it.

Thus the importance of nurses appropriating from techniques, such as artistic techniques, in order to offer quality care to patients and their families, and reinforce the need for research in the intraoperative period with artistic interventions, which will serve as theoretical subsidy for the nursing practice.

This study was limited to one of several artistic interventions with families (mostly mothers) experiencing a specific moment of child hospitalization. It enabled a view of new studies including other family members and use varied interventions. Furthermore, in order that nurses actually become a source of support for families, they need to rethink their practice beyond physical care.

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