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”ONE PUTS ONE’S CHILD’S LIFE IN THEIR HANDS”

Parents’ experiences of their child’s first anaesthetic in day surgery

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ABSTRACT

Background: Parents play an important part in their child's anaesthesia. When a child has to receive anaesthesia it is of great importance that parents are there by his/her side, being as children depend on the support from their parents. Many parents worry and experience fear before their child's anaesthesia and earlier studies show that there is a correlation between a worried parent and a worried child.

Aim: The purpose was to illustrate the meaning of being a parent at one's child's first anaesthesia in day surgery.

Method: A descriptive qualitative study was chosen. Six parents were interviewed and data was analyzed with inspiration from phenomenology.

Result: The phenomenon "a child's first anaesthesia in day surgery as experienced by parents" is based on the following components; ambivalence between worry and relief, a feeling of losing control, needing to be prepared, being able to be present and a need of emotional support.

Conclusion: Specific individually adapted information with a compulsory pre-operative visit, presence and participation from, if possible, both parents at their child's anaesthesia but also designated staff from the anaesthetic team to focus solely on supporting the parents at their child's anaesthesia induction can improve the conditions for security.

Keywords: Child anaesthesia, Day surgery, Experience, Parents, Phenomenology.

INTRODUCTION

The number of children who are operated on in day surgery increases steadily in proportion to the development of surgical techniques and improvements in anaesthesiological methods.

Parents play a major role in paediatric anaesthesia and the expectations are that they will be able to support their child. Difficulties in providing support can, however, arise when the natural caring is disturbed in some way. This can be due to the parents finding themselves in a vulnerable position and feeling worry and uncertainty.

BACKGROUND

Parents often experience worry when a child is to be anesthetized. Scrimin, Haynes, Altoè, Bornstein and Axia (2009) show that 47% of parents are worried and 26% have symptoms of stress. Parents' worry, when a child is to be anaesthetized, is at its highest level for the anaesthesia induction. This is the point in time when the child under the influence of the medication is placed in a reversible unconscious state, and when they have to leave their anaesthetized child in the operating theatre (Kain et al., 2003). The child's worry can be reduced by working to prevent the parents' worry (Fortier, Del Rosario, Martin & Kain 2010; Li, Lopez & Lee 2007).

A lack of information causes the parents to feel that it is difficult to inform their children about what is going to happen at the hospital, but at the same time the parents state that a lot of information can cause the children to be worried. This statement is not, however, confirmed by the children themselves as they think that they do not receive sufficient information (Runeson, Mårtensson & Enskär 2007). Children feel that it is important to be able to understand themselves and to prepare themselves for the treatments and when they receive information they feel that they are being treated as a person with rights (Coyne 2006).

The level of preparation that the parents have is to a great extent related to the information they receive (Himes, Munyer & Henley 2003). More than half of all parents want to have more information about pre-medication, anaesthesia induction, side effects and post-operational pain alleviation (Wisselo, Stuart & Muris 2004).

Kain, Caldwell-Andrews, Maranets, Nelson and Mayes (2006) have, in a literature review, focused on parents' participation during a child's anaesthesia and found that worried children who have calm parents are significantly less worried prior to anaesthesia induction. On the other hand parents who themselves are worried should not participate when their child is to be anaesthetized being as their presence does not make any difference for the child. It is, however, routine procedure in Sweden that a parent is present when his/her child is to be anaesthetized. Previous research into parents' experiences of their child's anaesthesia has mainly been carried out with quantitative measures. This article focuses on the description of a child's first anaesthesia in day surgery.

AIM

The aim of the study was to illustrate the meaning of being a parent at one's child's first anaesthesia in day surgery.

METHODS

A descriptive qualitative approach inspired by phenomenology was chosen for the study.

Phenomenology

The focus in a phenomenological research approach is on an individual's lived experiences and descriptions. The body in a phenomenological perspective is seen as a subject, which means that the body is full of memories and feelings and can create meaning. Everything that a person experiences has a meaning and has its origin in the lifeworld. It is the experience of a phenomenon that is to be captured in phenomenology, and openness, flexibility and sensitiveness is needed in order to do justice to the natural experience. By using phenomenology the researcher wants to describe the world he/she studies with as exact a description of the phenomenon as possible. The researcher has to assume a critically reflective attitude (Giorgi 2009).

Data collection

Interviews were used as the data collection method being as this is suitable for describing people's experiences.

Sample

The inclusion criteria for the study were parents who had children under 18 years of age who had been anaesthetized for the first time in day surgery. The parents were also to be able to understand and speak the Swedish language. Five mothers and one father participated in the study. All the parents were cohabiters, their children were between one and seven years of age and had received ear, nose and throat day surgery and been anaesthetized as a medium-sized hospital in southern Sweden.

Procedure

After receiving approval from the chief medical officer for the ward, contact was established with a nurse from the children's recovery room, who assisted in the sampling in accordance with the study's criteria. The request for participation in the study was made when the child was to be discharged and the parents received an information letter. The nurses working on the recovery ward provided the first author with names and telephone numbers in order for contact to be made.

The parents, who had consented to participate in the study, were contacted by the first author by telephone, after the visit to the operating theatre, in order to provide further information orally. All the children had received premedication and each child's anaesthetic induction was by inhalation. The parents were present up to and including the anaesthetic induction. All the parents had received the standard written information but had not taken the opportunity offered to them to visit the operating theatre prior to the operation.

The informants chose both the time and the place for the interviews, which in four cases took place in their own homes and in two in a room at the hospital. The interviews lasted between 20 and 45 minutes, were audio-taped and were carried out within three weeks of the child being anaesthetized. The interviews commenced with an open question: "Can you describe your experience when your child was going to be put to sleep?" The parents were encouraged to speak as openly as possible in order to gain a clear and detailed description of the phenomenon and follow-up questions were put, such as "can you tell me more about that?". The first author transcribed the interviews verbatim soon after they took place. A pilot interview was carried out in order for the author to gain an impression of whether the question

was easy to understand and corresponded to the aim of the study. The pilot interview was included in the study.

Analysis

The aim has been to carry out the analysis with a phenomenological perspective in accordance with Giorgi's human science method (2009). The initial phase of the analysis consisted of several readings of the material in order to gain a sense of the whole. The text was then divided into meaning units and the meaning was clarified in the units by having the phenomenon "parents' experiences of their child's first anaesthesia in day surgery" in focus. In order to verify whether the transformation of the text had not lost its original meaning the original text was regularly checked. The first author used imaginary variations in this phase in order to be able to distinguish the phenomenon. This process entails attempting to vary the phenomenon until the most exact description of the meaning emerged without the phenomenon being changed. A core feature of the process includes the application of the critical approach that the phenomenological reduction demonstrates, and entails bridling one's pre-understanding so that one's own values or interpretations do not influence the analysis.

The general structure was achieved by rereading the transformed units several times and comparing them with each other in order to discover patterns. The general structure could finally be seen as a new whole by understanding the meaning of the relationship between the transformed meaning units. Quotations from the meaning units exemplify the description of the general structure. Where parts of a longer quotation have been omitted, these are marked with "//". The nursing staff are termed nurse in the results section.

Ethical considerations

The study has been approved by the Regional Ethical Review Board for south east Sweden (Reg.nr. EPK 56-2010) and conformed to the principles outlined in the Declaration of Helsinki (World Medical Association Declaration of Helsinki, 2010).

RESULTS

General structure

The parents' desire is to protect their child from worry as the child is in an unfamiliar environment and they experience their child's first anaesthesia in day surgery as an overwhelming feeling when a new unpredictable situation appears and everyday life changes. The phenomenon is revealed in ambivalent thoughts that are formed in terms of relief about regaining health but at the same time worry and uncertainty arise due to the unknown in the situation. The worry manifests itself most strongly at the time of the anaesthesia induction when feelings of losing control are experienced. Preparation in the form of information and participation, the presence of the other parent but also emotional support, are needed in order to regain control and security. Emotional support comprises an encounter that is characterized by trust and security and if the emotional support is not forthcoming then feelings of loneliness and insecurity arise.

Ambivalence between worry and relief

The parents experience relief and deliverance in that the operation is to help the child and that the trying time with illness and pain will soon be over. By thinking that the child will soon be well again makes it easier for them to cope with more difficult and worrying thoughts, which

consist of an uncertainty about what will and can happen to the child *you don't know what it will be like and what the child looks like when it falls asleep. It feels a bit scary, almost as they are dying.* The parents are worried about the operation and possible complications that can arise but are most of all worried about the anaesthesia and in particular the induction.

The process of falling asleep can go quickly and smoothly, but can be experienced as taking a relatively long period of time, and seeing one's child trying to get free was experienced as being unpleasant. *She breathed so strangely, it sounded strange, just as though it was difficult to breathe. It sounded awful.* The parents have a feeling of not really knowing what will happen when the anaesthesia is induced and this strengthens the fear. An uncertainty and worry exists due to all the technical equipment, which the parents think signals that something is wrong, when the anaesthesia is to be induced, and then they worry about, *the apparatus makes a noise, you are not familiar with it, you just see all the curves.* The parents want to protect their children and want to have information about the technical equipment in order to understand what is happening.

The parents do not feel that their child is worried prior to the anaesthesia and say that this is due to the child being so young and that the child trusts the parents' knowledge and ability to provide security and stability.

Feeling of losing control

A sense of powerlessness is felt by the parents based on their feeling of not having control over the situation prior to the child receiving anaesthesia. They feel that it is difficult to let go and a sense of vulnerability emerges. *I lose control because I don't really know what*

everything is about, all the things that are there. Then there is also the fact that I don't trust those that are there, that's how I felt

When the child is asleep parents feel that the nurse wants them to leave the operating theatre quickly. The parents are not really prepared for this and feel that they do not receive any explanation for this. *It is an unpleasant feeling for a parent. They only say that she is sleeping now and that we should leave. You feel that tears start to run, you can't stop it. It just happens.*

Information is needed throughout their stay and the parents experience the waiting time, when the child is in the operating theatre, as quite tiresome, particularly when the nurse gives them a time and that time is extended and no one informs them why there is a delay before the child comes to the recovery ward. The uncertainty is taxing and the parents start to think that the child has suffered from complications during the anaesthesia or the operation. The parents emphasize that it is important for them to be informed of any delays. *They said that it would take ten minutes but I think that it took 20-25 minutes before anyone came to fetch me. Then I started to wonder a little, if something had happened ...*

The parents feel that there are limitations, when it is an unfamiliar situation, in not being able to have control and just having to accompany the staff. The parents feel that they are safe with the nurses and that they are trustworthy but there is still some scepticism. *You feel that you are very small here at the hospital. You put your child's life in their hands and have to assume that they know what they are doing//you don't really lose that feeling that they are taking control.*

Needing to be prepared

Information was seen as the most essential factor for being able to cope with the situation. It was seen to be valuable to have time to prepare oneself at home with the help of written information. *We have read the brochures with the pictures many times//she has come and wanted us to read the book//but it would have been good with an extra page of information for the parents.* The parents mostly want to have information that more specifically concerns anaesthesia. They also want to be able to have telephone contact with a nurse, who is specially trained in anaesthesia, if questions should arise prior to the anaesthetic. The parents know that it is possible to visit the operation ward and to get more information but feel that their child is too young to be able to assimilate that information, but point out that they themselves would probably have benefitted from making such a visit prior to the operation. The parents that there is a lack of time to do this as the pre-operative visit is only available once a week.

Several ways of gathering information are used in order to be able to understand and prepare themselves. Parents want to know how the anaesthesia induction will be carried out and how the child will react, but also facts about the operation are important. Information is collected from the hospital, but also from social networks, particularly via personal relationships with staff within the health services, via one's own prior experiences and from media sources. Own experiences of being anaesthetized and from others close to them help the parents to be better able to understand what is going to happen.

The information that the parents receive from the anaesthetic nurse on the same day as the operation is experienced as being matter-of-fact and good but if something is missing in the information then a sense of insecurity is created. *It is surely just a routine and an everyday experience for them who have done it many times, but for me it's very difficult.* It is important

that the nurse realizes that it is a new and unique situation for the parents. The latter describe being present at their child's anaesthesia induction as a special experience and it is therefore necessary to receive comprehensible information.

Then you had to prepare yourself as best you could. I got good information beforehand that there could be some twitching and that she could breathe a little strangely//it was necessary to get such information otherwise you would as a parent be very scared if it wasn't it should be. The alternative is for the nurses to talk to the parents about it in the operating theatre. But then it's too late. Then you can be hysterical. If you believe that they are to fall asleep peacefully and then something like that happens. That's something that people would react to.

The parents state that it is of great importance that the nurse is flexible enough in order for the child to participate in the preparation and in the anaesthesia induction in a pleasurable and positive way. Security and trust are created when it is the same nurse who follows the child and the parents throughout the care process.

Being able to be present

Being able to be close to one's child as long as possible feels natural and secure for the parents and it means a lot to them to have that opportunity. They feel that it is important to be strong and steady for their child and think that it is important that a positive atmosphere is created around the child.

I thought that I could be a support for my child. That is my duty as a parent. So that's what I always try to be. I think that I was. You're supportive by just being there and being calm and assured.

The parents felt that it was important that the nurses trusted them, being as they know their child best and know how the child usually reacts. The parents want to be involved in the care of their child and they felt that there was an opportunity to participate in the preparation room when the situation concerned the way in which the child would take his/her preparatory relaxing medication. *The staff would never have been able to get him to take the drink if we had not been there. It doesn't work with people he doesn't know. He's sensitive for things like that.* The parents feel that they can participate in the decision-making in the operating theatre, for example about where the child should fall asleep – in their arms or on the surgical stretcher - and that felt secure.

The parents have a basic need to protect their child from worry and fear in all situations but in particular when the child is in a vulnerable environment ...*we do everything, even the difficult things together or things that are very difficult. So that there will be no fear for them. Even if it is hard I'm always there.*

Need of emotional support

It means a great deal to be taken care of in a professional manner when one, as a parent, feels worried and vulnerable. The parents experience that the nurse is friendly and professional in his/her nursing and that the nurse takes time with the child and the parent. *In particular a pleasant attitude and that is actually always the most important part of the care.* Small things

such as remembering the child's name are described as being very personal and considerate.

A sense of security is created when the nurse perceives the child as a unique person.

At the same time as the parents are supported well by the nurse, they experience a sense of loneliness just at the point in time when the anaesthetic is induced being as attention is mainly focused on the child. The parents feel that it is necessary that the child receives all the attention but wish that someone else in the operating theatre could care about them a little more ... *a little pat on the shoulder that can release my tension*. Worry and fear are most strongly expressed in the operating theatre and to receive support there is seen as being most important. *They were very good with my daughter and being as they were so good with her so it was through her that I thought that it was all right*.

The ideal is perceived as being when both parents can follow the child to the operating theatre. They feel that the support from the child's other parent is important as feelings can be discussed and a supportive hand that recognizes their feelings is close by ... *I had wished that he was with me but it went well*. There is a desire to share the worry. There is also an ambivalent feeling in both wanting to and not wanting to follow the child to the operation. If both parents have the opportunity to follow then the responsibility and worry can be shared, and the burden is lighter. The parents mean that they are in the same vulnerable position, being as the child is theirs together. It entails that they have the same aim and a similar understanding of the situation. *He said that I know that you are strong but if you had not managed it then I would have done*.

DISCUSSION

Discussion of methodology

A descriptive phenomenological approach was chosen with the parents' lifeworld in focus. Interviews are the only way in which it is possible to gain access to a person's lifeworld (Kvale 1997). The aim of the study was achieved with the chosen method. The choice of phenomenology in preference to another qualitative method, such as hermeneutics, was based on the aim to describe the phenomenon on its own conditions and to not interpret the material with the help of a theory. Nurses on the recovery ward assisted in the sampling procedure, where during a two week period parents were asked if it was the first time they were there to have a child operated on and in which case if they could consent to being interviewed. A potential risk with the sampling procedure was that the staff had the opportunity to determine who they thought would be suitable to be interviewed. However being as the aim was to illustrate the meaning of being a parent the potential risk was not deemed to have any significance. The first author did not ask the parents herself and thus had no knowledge of any drop-out. Five of the six parents who participated were mothers and one was a father. The sample most probably reflects reality as Scrimin et al (2009) have reported that it is more often mothers, who are present at their child's anaesthesia. The result in the present study can, however, be influenced as previous research has shown that mothers are generally more worried for their children in this specific situation (Chorney & Kain 2010; Messeri, Capprillo & Busoni 2004; Scrimin et al 2009).

In a phenomenological analysis it is not the individual structures that should emerge but rather the general ones in order to clarify the phenomenon and make it transferable to other contexts (Giorgi 2009). A phenomenon is best illustrated through its depth rather than how many there

are who have experienced the same thing. Six parents were considered to be a sufficient number in the present study in order to gain material that had a rich meaning and for a general structure to be able to emerge. The aim was to conduct an open and flexible dialogue with the informants in order to gain a deeper insight based on the parents' lifeworld.

Discussion of results

Security and participation

The results in the present study demonstrate that the parents are worried when their child is to be anaesthetized, which confirms the results presented by Kain et al 2003, Li & Lam 2003 and Scrimin et al 2009. The experience of worry about and of losing control of one's child is a strong emotion and one that the parents experience when the anaesthetic is to be induced but in particular when they have to leave their sleeping child. The parents trust that the staff performing the anaesthesia will take care of their child in the best possible way, but there remains a sense of insecurity. The parents maintain that a loss of control generates a sense of powerlessness and a lack of participation that they are not used to. The feeling of security is according to Dahlberg and Segersten (2010) a basic feeling that is closely linked to self-esteem, knowledge and control. The parents' knowledge and understanding also constitute the pre-requisites for being able to experience participation. The challenge for the nurse is to be able to create participation but by giving the parents the main responsibility for the caring and allowing them to understand that it is only through being a parent with the ability to be comforting for their child that they participate.

It is necessary that the parents are prepared for the experience of the induction of the anaesthetic if they are to be present and the result indicates that information is also necessary for them to achieve a sense of control. The parents feel that they receive good information from the nurse when they come to the operation ward. However, the information they receive at the pre-operative phase is seen as being insufficient. Similar results have been seen in a study by Chorney & Kain (2010) where parents want more information and the parents who receive a more detailed information are not more worried than the parents who receive less information.

The parents in the present study did not take the opportunity to make a preparatory visit to the operation ward despite the possibility of doing so. The parents admitted, however, that it would have been useful if they had visited the ward and thus got a greater understanding and knowledge of what would happen. Previous research has shown that preparatory visits for children and parents generate less worry and more satisfied parents (Li, Lopez & Lee 2007; Li & Lopez 2008). Being as information is the core for the understanding but also for the creation of control and promoting participation, the health services must create opportunities for more generous opening hours for parents and children to come for pre-operative visits but also further develop the information so that the parent perspective is made visible. The parents' needs and wishes can emerge if the information is individually adapted. Information that is given too close in time to the anaesthetic can make it difficult for the parents to emotionally prepare themselves, it is thus necessary for the information to be given in good time prior to operation. Parents have to take a greater responsibility during day surgery as the period of treatment is short and a pre-requisite for it to work is that the pre-operative care includes the provision of good information.

A supportive encounter

A focal point for the organization of the health services is to support and promote the encounter between patient/parents and nurses. In the results, the parents describe their appreciation of the concern the nurse showed them and their child. They felt that the nurse has a significant role to play in providing emotional support. They felt that they had been seen, but at the same time maintain that the support should have been even greater at the time of the induction of the anaesthetic. An optimal preparation can be created for the parents for their child's anaesthesia induction. This can include a well thought-out perioperative plan for the whole team in the operating theatre, and staff being made available to support the parents. The nurses have an important duty in encouraging the parents to give their child support and in emphasizing the parents' resources, but also in confirming that their presence is appreciated and necessary. Voepel-Levis, Tait and Malviya (2000) maintain that parents are good at predicting how their child will react to the anaesthesia induction. In the result in the present study the parents emphasize, despite their worry, that they have the ability to support their child by being able to be close. This is confirmed by Himes et al (2003) and Tourigny, Chapados and Pineault (2005) where the parents describe themselves as being a support for their child but also for the staff on the anaesthetic ward.

Short encounters on the operation ward, due to limited available time, constitute a difficulty being as greater demands are put on the ability to satisfy the wishes for security and trust, which the parents and children have. In a care culture where time is of the utmost importance it is crucial that the nurse can still take time in order to enable the encounter to feel good. Both the child and the parents have a need for support and it is a whole family that needs to be cared for by the nurse when a child is to undergo anaesthesia. It is thus necessary to actively

involve parents in order to create the best possibilities for increasing the child's well-being and security in nursing care.

The parents' need for each other

It can be seen clearly in the results of the present study that the support from the nurse is not sufficient and the parents also want to have support from each other and want to be together when the anaesthesia is induced. They feel that the nursing staff can never fully replace the supportive function that the parents feel they have with each other. This is due to the family ties being strong and that they chiefly trust each other when their own child's care and safety is concerned. They express that it is not mainly to relieve the child's worry but that their own worry will be reduced and thus the support for the child will be more optimal. This is confirmed by Kain et al (2009), who show that the child's worry is not affected if one or both parents follow their child into the operating theatre, but that the parents' worry is reduced if both follow their child into the operating theatre.

Conclusion and implications

The results of the present study show that parents experience a number of thoughts and feelings about their child's anaesthesia. Both relief, worry and powerlessness but also security, support and confirmation are to be seen. The most prominent finding is that the parents' need for information, participation and support are crucial for the sense of security and control. This is necessary for the parents so that they will, in their turn, be able to support their child in the best possible way. It is especially important that the nurse aims to be attentive to the parents and to see the needs of the whole family in a nursing perspective. It is thus necessary for nursing staff to be given the specific task of being the parents' support at

the anaesthesia induction but also to give both the parents the opportunity to be together with their child, so that they can support each other.

Further research should be carried out from a lifeworld perspective. It would be valuable to study the phenomenon from a gender perspective, for example, why fathers do not follow their child for its anaesthesia to a greater extent. Furthermore there is a need to study how nurses experience the possibilities for supporting and giving information to parents during the short encounters that take place on an operating ward.

KEY POINTS

- Parents should be encouraged to be present and participate when their child is to be anaesthetized. It is better if both parents can be present when their child is to be anaesthetized.
- If it is possible the same nurse should be present throughout the child's perioperative phase.
- The staff on the anesthesia ward should be given the specific task of supporting the parents when their child is to be anaesthetized.
- Specific individually adapted information for the parents should be aimed for.
- Compulsory pre-operative visits are important for parents to become well-informed and well-prepared for their child's anaesthesia.

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