Mothers' Care for Their Children with Minor Surgeries

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Abstract

Background: Mothers' care is very important for children with minor surgeries. So, mothers need to understand the condition of their children and learn about the care of children with minor surgeries, which are procedures that allow children to return home on the same day, and complications are also very rare following minor surgeries. **Aim:** To evaluate mothers' care of their children with minor surgeries. **Design:** Descriptive research design. **Setting:** Surgical Out-Patient Clinic, Specialized Pediatric Hospital in Benha City. **Sampling:** A simple random sample of 218 mothers and their children. **Tool:** One tool was used in this study. Structured interviewing questionnaire to assess personal characteristics of mothers, personal characteristics of children, current medical history of children, mothers' knowledge about minor surgeries and reported practices about postoperative care towards their children. **Results:** 47. 7% of the studied mothers aged between 30 and 40 years old, 51.8% of the studied children aged less than five years and 78.9% of them were males. 51.1% of the studied children with minor surgeries had chest allergies and 90.9% had other previous admissions of minor surgeries. 60% of studied children had follow up after one week post discharge from minor surgeries. Also 10.5% had inguinal hernia (bilateral) and 9.1% had umbilical hernia also circumcision. 46.8% of studied mothers had an average knowledge level about minor surgeries. 84.90% of the studied mothers had satisfactory total reported practice levels regarding minor surgeries. **Conclusion:** There was a approximately two fifths of the studied mothers had average total knowledge and the majority of them had satisfactory total reported practice levels regarding minor surgeries, and there was a positive highly statistically significant correlation between the total knowledge score and total reported practice score of mothers regarding minor surgeries (p=<0.001). **Recommendation:** Develop and implement health educational program to increase mothers' knowledge and practices about care for their children with minor surgeries.

Keywords: Mothers' care, Children, Minor surgeries

Introduction

Surgeries are a stressful experience for children and their parents because of its impact on the child's physical, environmental, social and psychological functioning. Therefore, pre-operative preparation is essential, not just by administering medications but also by facilitating postoperative recovery and home care **(El Mwafie& Abduallah, 2020)**.

Minor surgical procedures are defined as a set of procedures in which short surgical techniques are applied on superficial tissues, usually with local anesthesia, and minimal complications, that typically do not require postoperative resuscitation and need minimal equipment, many of which are used daily, and can be quickly and safely performed in a short amount of time (**Chen et al., 2024**).

Children are usually healthy with little comorbidity, and the psychosocial benefits to the child and their family, avoiding a prolonged hospital stay, are well documented. The advantages of minor surgeries for children are less time away from home, allowing the

child to sleep in their bed that night, reduced disruption to family routines and sibling care, reduced nosocomial infections, early mobilization, early return to school, and reduced surgical waiting lists **(Curran et al., 2020)**.

Mothers are responsible for preparing their child, making decisions and providing support throughout the minor surgeries service chain. The child's family must understand what will happen during the minor surgeries. Therefore, the starting point for preparing for minor surgeries should be increasing the children and mother's knowledge, smooth cooperation, and social support. **(Lööf & Lönnqvist, 2022).**

Community health nurses play an important role in supporting mothers to care for children through managing the knowledge and skills development through mothers' education. Nursing services include patient triage, case management, education, counseling, diagnosis, and record of children' information about compliance with drug administration; the doctor may prescribe antibiotics to reduce the risk of infection and painkillers to manage any discomfort after surgeries. For wound care and prevention of infection, it is important to keep the incision sites clean and dry for healing. Watch out for redness, swelling, or discharge that could be due to an infection. Sore throat, bleeding as well as postoperative airway clearance and a rapid return to normal fluid and food intake, also, proper nutrition, drinking and eating again will be started off slowly, with clear liquids, such as water and apple juice. Physical activity and gentle exercise can also help with recovery. Minor surgeries for children require excellent nursing care that responds to the needs of children and mothers **(Okpara, 2020; Waard et al., 2021)**.

Significance of the study

The prevalence of minor surgeries was 55% in Egypt in 2015 according to the Ministry of Health which reflects the daily cornerstone of nursing care and needs more attention in caring for children under minor surgeries. So, the present study is very important to enhance the knowledge and practices of mothers regarding postoperative care for children with minor surgeries **(Abdel Fatah et al., 2022).**

Aim of the study:

This study aimed to assess mothers' care for their children with minor surgeries.

Research questions:

1. What is the studied mothers' level of knowledge regarding minor surgeries?
2. What are the studied mothers' reported practices regarding the care provided to their children for post-minor surgeries operation?
3. Is there a correlation between the knowledge of mothers and their reported practices regarding their children post-minor surgeries?

Research design:

A descriptive research design was used to carry out this study.

Setting:

This study was conducted at the Surgical Out-Patient Clinic, Specialized Pediatric Hospital in Benha City.

Sampling:

A simple random sample was used in this study. The total number of mothers was 480 with their children undergoing minor surgeries in the last year 2024.

The sample size was calculated using the following equation.

$$n = \frac{N}{1+N\,(e)^2}$$

The sample size = 218.

Tools of data collection

One tool was used to collect the data:

Tool I: A structured interviewing questionnaire: It was developed by the researchers based on a literature review of the current and past

available national and international references about mothers' care of their children with minor surgeries by using a journal, textbooks and internet search and written in simple clear Arabic language: It was composed of close-ended questions under the following four parts:

Part I: A: Personal characteristics of mothers, which consisted of 3 close-ended questions included age, level of education and occupation.

B: Personal characteristics of children, which consisted of 4 close-ended questions age, sex, child ranking and level of education.

Part II - It was designed to assess the past medical history of children and Current medical history which included 3 close-ended questions; chronic disease, previous hospital admissions and type of previous operation.

Part III: A - Mothers' knowledge about minor surgeries which included 6 close-ended questions: Meaning, types, advantages, precautions, disadvantages and complications of minor surgeries.

Scoring system:

Mothers` knowledge was calculated as follows 2 score for complete correct answer, while 1 score for incomplete correct answer, and 0 for don't know answer. The final score for each knowledge domain was calculated by dividing the sum by the total number of items. These scores were converted into a percent score. The total knowledge score of minor surgeries = 12 points was considered good if the total score equals ≥75 % (≥9 points), Average if the total score equals 50- <75% (6-<9 points) and poor if the total score equals <50% (<6 points).

Part IV: Concerned with mothers' reported practices about postoperative care towards their children which included 65 measures divided into 9 categories as following hand washing 10 measures, wound care13 measures, rest and sleep 5 measures, nutrition 3 measures, activities 3 measures, precaution of coughing and sneezing 2 measures, giving treatment to the child orally 18 measures, personal hygiene 6 measures and cleaning the house 7 measures.

Scoring system:

The scoring system for mothers` reported practices was calculated as follows 1 score for done and 0 for not done practicing. The score of the items was summed- up and the total was divided by the number of the items, giving a mean score. These scores were converted into a percent score. The total score of reported practices = (65 points) was considered satisfactory if the score of the total practices ≥60% (≥39 points), and unsatisfactory if the score of the total practices < 60% (<39 points).

Content validity of the tools:

Content validity of the tool was done by five of the Faculty of Nursing, Benha University Staff Nursing experts from the Community Health Nursing Specialties, who reviewed the tools for clarity, relevance, comprehensiveness, and applicability and gave their opinions.

Reliability of the tool:

The reliability of the tool was applied by the researchers for testing the internal consistency of the tool. The reliability was determined by the Cronbach Alpha coefficient test, which revealed that the tool consisted of relatively homogenous items, as indicated by the moderate to high reliability of the tool. The internal consistency of the knowledge was **0.88,** while practices were **0.91**.

Ethical consideration

Ethical written approval was obtained from the Research Ethical Committee in the Faculty of Nursing, Benha University. Oral informed consent was obtained from mothers after a complete description of the purpose and nature of the study to obtain their acceptance as well as to gain their cooperation. They were informed about voluntary participation and the right to withdraw from the study at any time.

Moreover, mothers were assured that all gathered information was kept confidential and was used only for the study.

Pilot study:

The pilot study was conducted on10% of mothers (22) who had taken in one month and a half. The pilot study was aimed to test the content, clarity, applicability and simplicity of the tool. The estimated time needed to fill out the questionnaire was about 30-45 minutes. There is no modifications were made, so the pilot study sample was included in the total sample.

Fieldwork:

Data was collected over 6 months from the beginning of February 2024 to end of July 2024. The researcher visited the selected study setting two days per week. Those days were Tuesday and Thursday from 9:00 am to 2:00 mid-day, The researcher chose these days because increase in the frequency of children on these days. The average time needed for the questionnaire was around 30/minutes, and the average number interviewed at the surgical outpatient clinic at a Specialized Pediatric Hospital was 3-5 mothers/day depending on the responses of the mothers.

Statistical analysis:

All data collected were organized, tabulated and analyzed using appropriate statistical tests. The data were analyzed by using the Statistical Package for Social Science (SPSS) version 21 which was applied to calculate frequencies and percentages, mean and standard deviation, as well as test statistical significance and associations by using the Chi-square test (x^2) and linear correlation coefficient (r), and matrix correlation to detect the relation between the variables (P value).

Significance levels were considered as follows:

Highly statistically significant $P < 0.001$

Statistically significant $P < 0.05$

Not significant $P > 0.05$

Results:

Table (1): Reveals that; 47. 7% of the studied mothers their age between 30 to less than 40 years old with a **Mean ±SD 36.51±5.44** years, 44.0% of them had secondary school education and 59.1% of them working.

Table (2): Demonstrates that; 51.8% of the studied children their aged less than five years and 78.9% of them were males. Also, 42.2% of them were the second child rank and 68.8% were at the nursery level of education.

Table (3): Indicates that; 51.1% of the studied children with minor surgeries had chest allergies and 90.9% had other previous admissions of minor surgeries.

Table (4): Indicates that; 60% of studied children had follow up after one week post discharge from minor surgeries. Also 10.5% had Inguinal hernia (bilateral) and 9.1% had umbilical hernia also circumcision.

Figure (1): Illustrates that; ٣٦.٧% of studied mothers had good total knowledge about minor surgeries, 46.8% of studied mothers had average total knowledge, and 16.5% of them had poor total knowledge.

Figure (2): Illustrates that; 84.9 % of the studied mothers had satisfactory reported practices regarding their children with minor surgeries, while 43.6% of the studied mothers had unsatisfactory practices regarding their children with minor surgeries.

Table (5): Shows that; there was a positive statistically significant correlation between the studied mothers` total reported practices and total knowledge about minor surgeries.

Table (1): Personal characteristics of studied mothers (n=218).

personal characteristics of studied mothers	No.	%
Age		
< 20	9	4.1
20<30	84	38.5
30<40	104	**47.7**
> 40	21	9.6
Mean ±SD 36.51±5.44		
Level of education		
Secondary education	96	44.0
University education	95	43.6
Postgraduate studies	27	12.4
Occupation		
Working	130	**59.1**
Housewife	88	40.9

Table (2): Personal characteristics of studied children (n=218).

Personal characteristics of studied children	No.	%
Age		
<5	113	**51.8**
5 < 10	73	33.5
> 10	32	14.7
Mean ±SD 2.62±1.54		
Gender		
Mal	172	**78.9**
Female	46	21.1
Child ranking		
The first	82	37.6
The second	92	**42.2**
The third	24	11.0
The fourth	20	9.2
Level of education		
Nursery	150	**68.8**
Primary school	39	17.9
Secondary school	29	13.3

Table (3): Medical history of studied children (past medical history) (n=218).

Past medical history	No.	%
Chronic disease (n=90) *		
Chest allergy(bronchial asthma)	46	**51.1**
Diabetes	10	11.1
Congenital heart disease	21	23.3
Others**	13	14.4
Previous admission for ODS (n=143) *		
Adenoidectomy	1	0.6
Inguinal hernia	5	3.4
Umbilical hernia	3	2.0
Excision of skin tags	4	2.7
Others***	130	**90.9**

*** The answer is not mutually exclusive.**

** **Others** (Obesity, Visual impairment and Arthritis)

*** **Others** (Circumcision, Excision of congenital nevus, Congenital defects of the urethra, Absces at Chen, Absces at head and Undescended testicles)

Table (4): Medical history of studied children (current medical history) (n=218).

Current medical history	No.	%
Time of undergoing operation/week		
< 1	131	**60.0**
>1: < 4	59	27.0
+4	28	12.8
Type of operation		
Umbilical hernia	20	**9.1**
Inguinal hernia(right)	7	3.2
Inguinal hernia(left)	11	5.0
Inguinal hernia(bilateral)	23	**10.5**
Circumcision	20	**9.1**
Congenital defects of the urethra	15	6.9
Repair Circumcision	12	5.5
Septoplasty	9	4.2
Appendectomy	5	2.3
Excision of skin tags	19	8.8
Colonoscopy	6	2.8
Undescended testicles	12	5.5
Absces at arm	3	1.3
Absces at Chen	2	0.9
Absces at head	2	0.9
Hemangioma injection	9	4.2
Tonsillectomy	15	6.9
Tonsillectomy – Adenoidectomy	13	5.9
Thoracic sympathectomy	7	3.3
Excision of congenital nevus	8	3.7

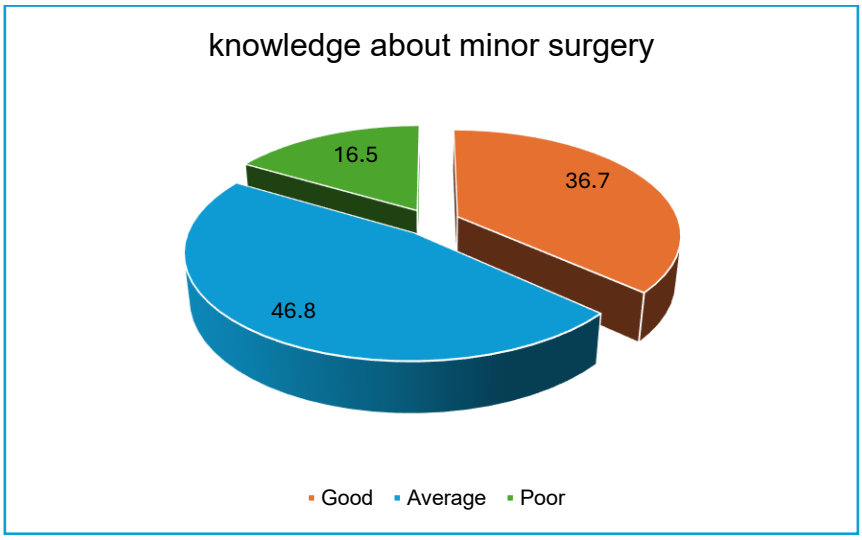

Figure (1): Percentage distribution of total knowledge of studied mothers about minor surgeries (n=218).

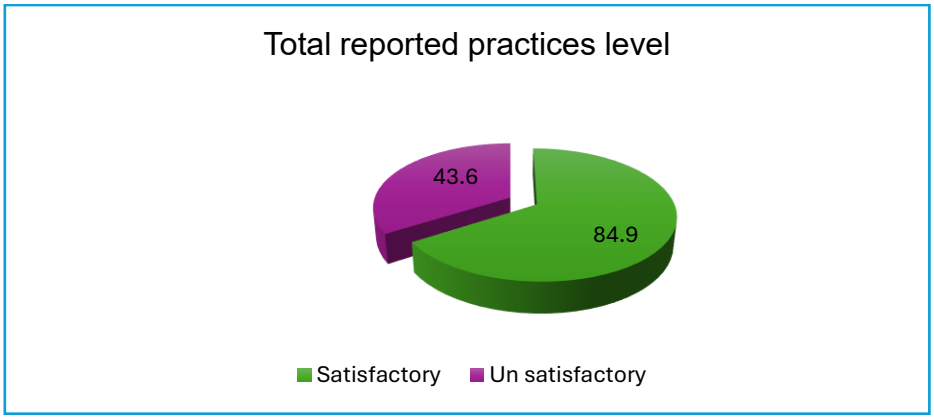

Figure (2): Percentage distribution of total reported practice level of studied mothers regarding their children with minor surgeries (n=218).

Table (5): Correlation between total knowledge and total reported practices among studied mothers (n=218).

Total reported Practices	Total Knowledge score	
	r	p-value
	.236	.035*

*** Statistically significant difference (P<0.001)**

Discussion:

Regarding personal characteristics of studied mothers, the current study revealed that approximately two fifths of the studied mother's ages ranged from 30 to less than 40 years with **Mean ±SD 36.51±5.44**. This result agreed with **Mohamed, (2019)**, who studied "Effect of Pre-designed Instructions for Mothers of Children with Hypospadias on Postoperative Complications at Cairo University, Egypt (n=60)", they reported half (50 %) of the children their mothers were aged 30 years to less than 40 years with mean age and standard deviation (36.89±5.11). This result disagreed with **Abd El-Salam et al., (2022)**, they studied "Impact of Pre-Operative Instructions Regarding Hypospadias Repair on Mothers' Knowledge, Practices and Selected Post-Operative Outcomes at Minia University, Egypt (n=100)". They reported that the majority (82%) of the studied mothers' ages ranged from 20-30 years with a mean age 27.9± 5.1.

As regards to educational level of mothers, the current study revealed that approximately two fifths of the studied mothers had graduated from secondary school. This study result was supported by **Abd El-Salam et al., (2022),** they reported that approximately two fifths (47.0%) of the studied mothers had completed high school. However, this study disagreed with **Mohamed, (2019)**, who found that third (33.4%) of the studied mothers were illiterate.

According to the occupational status of mothers, the current study showed that slightly less than three fifths of the studied mothers were working. This study finding was consistent with **Pazarcikci & Efe (2021)**, they studied the "effect of care program based on comfort theory on reducing parental anxiety in the pediatric day surgeries: a randomized controlled trial at Akdeniz University, Turkey (n =98)", who showed approximately two fifths (46.0%) were working. However, this study disagreed with **El Mwafie &Abduallah, (2020)**, who studied the "efficacy of predefined discharge instructions for mothers on the quality of life and postoperative recovery of their children after abdominal surgeries at Benha University, Egypt (n=80), they found that more than two thirds (72.5%) of mothers were not working.

As regards to personal characteristics of children, the current study illustrated that more than half of the studied children were less than 5 years old with **Mean ±SD 2.62±1.54.** The finding of this study corroborated with **Mohamed & Mahmoud, (2021)** who studied "Effect of Telenursing Intervention Program on Mothers' Knowledge about Postoperative Care for One Day Surgeries Children at Cairo University, Egypt (n = 60) "They reported that two fifths (41.3%) of them with mean age 2.74±1.91" were between the ages of 1 and less than 5. However, this study disagreed with **Sayed et al., (2024)**, who studied "Effect of Discharge Instructions for Mothers on Post-Operative Recovery of their Children with Abdominal Surgeries at Benha University, Egypt (n =150)" They found that two fifths (40.0%) of studied children were 6 < 8 years old with mean age 8.54±2.03.

Regarding children's gender, this study's results showed that three quarter of them were boys. This finding was in line with **Abd Elkhair& Amin, (2023)**, who studied "Impact of Telenursing Program about Ventriculoperitoneal Shunt Care on Mothers' Knowledge and Complications Occurred among Children at Cairo University, Egypt (n=60)" they reported that more than half (56.7%) of the studied children were boys. However, this study disagreed with **Mohamed et al. (2022),** who studied the "Effect of the protocol of care for mothers on selected postoperative outcomes among their children

undergoing abdominal surgeries at Mansoura University, Egypt (n =60), they found that more than half (55.0%) of studied children were girls.

Concerning children's ranking, the current study results indicated that approximately two fifths of children ranked second. This study result was consistent with **Pazarcikci & Efe (2021),** they reported that less than half (48.0%) were the second child in ranking. This finding disagreed with **Mohamed et al., (2018)**, they studied the " Effect of play therapy on reducing one day surgeries Preoperative anxiety among children at Assiut University, Egypt (n=62)", they found that more than one third (38.7%) of children ranked 4th and more in ranking.

According to the educational level of children, this study illustrated that more than two thirds of them were at the nursery stage. This study result was consistent with **Gudnadottir et al., (2021)**, they studied "The effect of telephone counseling and internet-based support on pain and recovery after tonsil surgeries in children at Gothenburg University, Gothenburg, Sweden (n =100)", they reported that approximately two fifths (48.3%) were at nursery stage. This finding disagreed with **Abd Elkhair& Amin, (2023)**, they found that approximately two fifths (45.0%) of children were not yet enrolled.

Regarding to past medical history of studied children with minor surgeries, the current study's results indicated that more than half of children had chronic disease chest allergy (bronchial asthma). The finding of this study results corroborated with **Mohamed & Mahmoud, (2021),** they reported that approximately two fifths (47.4%) of the studied children had bronchial asthma. This study result disagreed with **Alsaigh et al., (2021)**, they studied "Day Surgeries Conversion: Rate and Possible Causes in King Fahad Specialist Hospital, Buraydah, Saudi Arabia (n =231)", they reported that the majority (81.8%) identified having associated chronic diseases, diabetes mellitus and hypertension were dominant.

The current study results indicated that most of children had previous admission (Circumcision, Excision of congenital nevus, congenital defects of the urethra, Absces at Chen, Absces at the head and Undescended testicles). This study result disagreed with **Alsaigh et al., (2021)**, who reported that majority (85.3%) had no previous history of day operation.

According to research question No. 1. What is the studied mothers' level of knowledge regarding minor surgeries? The current study revealed that, there were a marked improvement in total knowledge among studied mothers, the current revealed that approximately two fifths of the studied mothers had average total knowledge. This finding was consistent with **Sayed et al., (2024)**, they found that three quarters of their participants had average knowledge scores in the posttest rather than the pretest after the health awareness package. This might be due to the value of the educational intervention on improving knowledge level of studied mothers about minor surgeries.

According to research question No. 2. What are the studied mothers' reported practices regarding the care provided to their children post-minor surgeries operation? The current study revealed that, there were a marked improvement in total reported practice among studied mothers, the current study illustrated that the majority of the studied mothers had satisfactory reported practices regarding minor surgeries, and approximately two fifths of mothers regarding minor

surgeries had unsatisfactory reported practices. This study result was consistent with **Dawood & Younis (2025)**, who studied the " Effect of Video-assisted Teaching versus Teach Back Method on Mothers' Knowledge, Practice and Self-efficacy regarding Colostomy Care of their Children. " at Tanta University, Egypt (n =60), and reported that third (35.0%) of the studied mothers had unsatisfactory practices regarding minor surgeries and almost two thirds (65%) of mothers regarding minor surgeries had satisfactory practices. This might be due to all aspects of reported practices having a positive effect on participating mothers to provide proper care for their children post-operative minor surgeries and also, the active participation of studied mothers.

According to research question No. 3. Is there a correlation between the knowledge of mothers and their reported practices regarding their children post-minor surgeries? Concerning to correlation between the studied total mothers' knowledge and total reported practices, the current study showed that there was a positive highly statistically significant correlation between total mothers' knowledge and their total reported practices of mothers regarding minor surgeries (P<0.001). This study results were agreed with **Dawood & Younis (2025)**, who found that there was a highly statistically significant correlation (p<0.002**) between total mothers' knowledge and their total reported practices pre and post-implementation of video-assisted teaching. This could be due to mothers' practices being directly influenced by their knowledge besides, knowledge is the baseline for the practices and essential to achieve best practices.

Conclusion:

Approximately two fifths of the studied mothers had average total knowledge and the majority of them had satisfactory total reported practice levels regarding minor surgeries, and there was a positive highly statistically significant correlation between the total knowledge score and total reported practice score of mothers regarding minor surgeries.

Recommendations:

- Develop and implement health educational program to increase mothers' knowledge and practices about care for their children with minor surgeries.
- Further study can be done with a large sample size of children to confirm and generalize the findings results of the study.

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رعاية الأمهات لأطفالهن الذين يعانون من العمليات الجراحية البسيطة

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تتحمل الأمهات مسؤولية إعداد أطفالهن واتخاذ القرارات أثناء الجراحة البسيطة والرعاية ما بعد العملية تتضمن الجراحة البسيطة إجراءات طفيفة التوغل ومنخفضة المخاطر،لذا هدفت هذه الدراسة إلى تقييم رعاية الأمهات لأطفالهن الذين يخضعون لعمليات جراحية بسيطة. وقد أجريت هذة الدراسة على ٢١٨ عينة عشوائية للأمهات اللواتي أجرى لأطفالهن عمليات جراحية بسيطة المترددين على العيادة الخارجية لجراحة الاطفال في مستشفى الاطفال التخصصي ببنها. حيث كشفت النتائج ٤٧,٧٪ من الأمهات المدروسات تتراوح أعمارهن بين ٣٠ و٤٠ عامًا، و٥١,٨٪ من الأطفال المدروسين تقل أعمارهم عن خمس سنوات، و٧٨,٩٪ منهم من الذكور. ٥١,١٪ من الأطفال المدروسين الذين خضعوا لعمليات جراحية بسيطة يعانون من حساسية الصدر، و٩٠,٩٪ لديهم حالات دخول سابقة أخرى للعمليات الجراحية البسيطة. ٦٠٪ من الأطفال المدروسين خضعوا للمتابعة بعد أسبوع واحد من الخروج من العمليات الجراحية البسيطة. ١٠,٥٪ لديهم فتق إربي (ثنائي) و٩,١٪ لديهم فتق سري وختان. ٤٦,٨٪ من الأمهات المدروسات لديهن مستوى معرفة متوسط عن العمليات الجراحية البسيطة. ٨٤,٩٠٪ من الأمهات المدروسات لديهن مستويات ممارسة مرضية فيما يتعلق بالعمليات الجراحية البسيطة. وقد لخصت النتائج على أن هناك ارتباط إيجابي ذو دلالة إحصائية عالية بين درجة المعرفة الإجمالية ودرجة الممارسة الإجمالية المبلغ عنها للأمهات فيما يتعلق بالجراحات البسيطة، و أوصت الدراسة تطوير وتنفيذ برنامج تثقيفي صحي لزيادة معرفة الأمهات وممارساتهن فيما يتعلق برعاية أطفالهن الذين يخضعون لعمليات جراحية بسيطة.