





Thank you to my supervisors, Prof NC van Wyk and Prof R Leech, for your patience, guidance and support. I have benefited greatly from your wealth of knowledge and meticulous editing. I am extremely grateful that you took me on as a student and continued to have faith in me over the years.

I would like to thank Dr H Engelbreght who allowed me to use his educational guideline as a basis for my study.

Thank you to Cure Day Hospital for facilitating my research throughout the years. Without all the staff's valuable input it would have been impossible to complete this research.

Finally, Marius. You were always there, wherever and whenever that was. Each midnight draft, each early morning rant, each time I cried and screamed I would never, ever write again. Your name should be on this thesis as much as mine.















































improving children's healthcare status, they were committed to make valuable contributions (Sauers- Ford et al. 2015: 123).

#### **2.4.2 Theme 2: Primary Caregivers' perspectives on the use of post-tonsillectomy emergency care**

Primary caregivers experience the Emergency Department as the most appropriate health care entity for its immediate reaction time, experienced staff and state of the art resources. First time parents with young infants regularly visit the Emergency Department for reassurance because they are often more worried, stressed and less confident than older parents who have more than one child (Ogilvie, S., Hopgood, K., Higginson, I., Ives, A., Smith, J, E. 2016:1,2,9). The most common paediatric emergency room diagnosis is upper respiratory infection, fever and otitis media all of these diagnosis are well within the scope of primary health care. Studies indicate that the highest paediatric users of emergency departments are in the 0 years to 3 years' age range (Davis, T., Meyer, A., Beste, J., Batish, S. 2018:551).

Primary caregivers often struggle to obtain proper healthcare for their children because of limited transportation and rising financial costs. They visit the Emergency Departments with expectations of non-judgmental environments that are attentive to their children's healthcare needs (Pickner, W, J., Ziegler, K, M., Hanson, J, D., Payne, N, R., Zook, H, G., Kharbanda, A, B., Weber, T, L., Russo, J, N., Puumala, S, F. 2018:945). However, preferences and expectations of primary caregivers is often not met in high stress Emergency Departments. These unmet expectations have a negative impact on patient satisfaction and results in them not returning for follow up appointments (Curran, J., Cassidy, C., Chiasson, D., MacPhee, S., Bishop, A. 2017:63).

In an effort to improve healthcare outcomes and meet expectations of care, home based primary care programs are implemented. These programs provide primary caregivers with the opportunity to interact with healthcare providers over the phone, through emails or in person. This results in a decrease in Emergency Department visits. (Shafir, A., Garrigues, S, K., Schenker, Y., Lefte, B., Neil, J., Ritchie, C. 2016:1622,1623).

### **2.4.3 Theme 3: The impact of a tonsillectomy procedure on a paediatric patient's quality of life**

Tonsillectomies are common surgical procedures with an ever increasing evidence base for its positive surgical use and improvements in quality of life. There are several indications for tonsillectomies that negatively affect the quality of life of paediatric patients and their families. The main indications are: obstructive sleep apnoea, recurrent streptococcal throat infections, recurrent middle ear infections and hearing loss (Torretta, S., Rosazza, C., Pace, M, E., Lofrida, E., Paola, M 2017:1).

Recurring throat infections and sleep disordered breathing negatively affects paediatric patient's quality of life with decreased school attendance and multiple hospital visits (Kao et al. 2017:2399). Recurring throat infection is described as more than seven episodes of sore throat in the preceding year.

The condition 'tonsillitis' is often used synonymously with sore throat or streptococcal throat infections without proper diagnosis and testing. These symptoms may or may not have a tonsillar origin and it is possible that many cases have alternative explanations. Based on the symptoms presented the tonsillectomy procedure is subsequently performed to improve the paediatric patient's quality of life. Most patients that undergo the tonsillectomy procedure experience improvements in quality of life within the first postsurgical year. Much more so than compared to the paediatric patients that have not received the surgery. Unfortunately, however, these benefits do not always persist over time (Morad, A., Sathe, N, A., Francis, D, O., McPeeters, L., Chinnadurai, S. 2017:2,7,10).

Initial indications for a tonsillectomy procedure were primarily infection due to lack of antibiotics and life threatening complications (Greig, S. 2017:1065). Obstructive sleep-disordered breathing and obstructive sleep apnoea has replaced recurrent throat infections as the primary indicators for tonsillectomies. Enlargement of tonsils and adenoids that cause significant airway obstruction is the most common cause of obstructive airway disorder in paediatric patients (Turkoglu, S., Somuk, B, T., Sapmaz, E., Bilgic, A. 2019: 232). Obstructive sleep apnoea is associated with significant long and short term health and quality of life concerns. Paediatric patients that suffer from obstructive sleep disordered breathing and apnoea often present with the following: a decrease in IQ, longer and more frequent sleeping patterns, emotional liability, decreased attention span, small stature and decreased bladder control at night (Chinnadurai, S. 2019). Most













































































































































































































































































































