



CAREGIVER PERSPECTIVES ON PAEDIATRIC OPHTHALMIC SURGERY IN GHANA: A QUALITATIVE STUDY

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ABSTRACT: *Aim: This study explored caregivers' perspectives regarding postoperative child behaviour, the recovery process, and communication with healthcare providers following ophthalmic surgery in a Teaching Hospital in Ghana.*

Methods: A qualitative exploratory design was adopted. Seventeen caregivers of paediatric ophthalmic surgery patients were purposively selected. Data were collected through semi-structured interviews and analysed using thematic analysis. Interviews were audio-recorded, transcribed verbatim, and coded inductively to identify emerging themes.

Results: Caregivers reported a range of postoperative behaviours, including anxiety, pain, and changes in sleep patterns. The recovery process was perceived as challenging due to a lack of clear guidance and support. Effective communication from healthcare providers was highlighted as a critical factor influencing caregivers' confidence and ability to manage postoperative care. However, many caregivers experienced gaps in information and communication.

Conclusion: Effective communication influenced caregivers' perspectives on post-operative behaviours such as pain, anxiety and changes in sleep patterns. Interventions focused on caregiver education and emotional support may bridge existing care gaps and promote more effective postoperative management.

KEYWORDS: Caregiver perspectives, Communication, Paediatric ophthalmic surgery, Postoperative care, Qualitative research.



INTRODUCTION

Paediatric ophthalmic surgeries are vital for preserving or restoring vision in children, yet the postoperative period often presents significant challenges for caregivers. While the focus is typically on surgical outcomes, caregivers are central to managing the child's recovery at home, where they frequently encounter emotional stress, behavioural changes in the child, and inadequate postoperative guidance (Velhote et al., 2016; Hamilton et al., 2018).

The emotional landscape surrounding paediatric surgery is characterised by significant worry and apprehension. This apprehension often stems from uncertainties regarding the postoperative phase, leading to heightened levels of anxiety, demonstrating a reciprocal interaction between caregivers' anxiety and children's anxiety, resulting in a complex web of emotional distress (Yun et al., 2015; Al-Maghairah et al., 2016).

In paediatric healthcare, ophthalmic surgical interventions have become pivotal in ensuring the visual well-being of young patients (Lueder et al., 2023). The postoperative phase following such surgeries holds significant importance, particularly as children return to the comfort of their homes to embark on the path of recovery (Lueder et al., 2023). This juncture not only shapes the trajectory of their healing but also influences the mental and emotional state of their caregivers.

As the dynamics of healthcare delivery continue to evolve, innovative approaches that extend beyond hospital confines are emerging (Sisson et al., 2022; Alle et al., 2022; Basilious et al., 2022). This study explored the various perspectives of caregivers in paediatric postoperative ophthalmic care at a teaching hospital in Ghana. The ultimate goal is to contribute valuable insights that can inform targeted interventions and improvements in paediatric postoperative care practices.

Methods

This study used qualitative methods to gather data in an exploratory descriptive manner to gain in-depth insight into caregivers' perspectives on paediatric ophthalmic surgery.

The study was conducted at the Komfo Anokye Teaching Hospital (KATH) Eye Centre in Ghana. KATH serves as the referral centre for patients from the middle belt of Ghana, as well as regions to the east, west, and north of the country. The paediatric ophthalmology clinic performs surgeries for strabismus, cataract, glaucoma, and other paediatric ocular malformations. The study population consisted of caregivers entrusted with the well-being of paediatric patients undergoing ophthalmic surgery at KATH during the study period. The data collection period was between 1st June, 2024 and 30th June, 2024.

Inclusion criteria: Primary caregivers of children (age <18 years) who have undergone ophthalmic surgery within the past 4 weeks before the study began. The surgery should be the first ophthalmic surgery the child has received or will receive.

Exclusion criteria: Caregivers whose children received corrective or secondary surgery, or children with severe secondary health conditions that may affect the study outcomes.



Sampling and Sample Size

Purposive sampling was used to recruit caregivers whose children had been scheduled for or had undergone paediatric ophthalmic surgery and who met the study's inclusion criteria. Eligible caregivers were identified through a review of the paediatric ophthalmic surgery schedule and patient records. Recruitment took place at the paediatric ophthalmology outpatient clinic. Eligible caregivers were approached after their clinical consultation or during admission, provided with information about the study, and invited to participate. Those who expressed interest and provided written informed consent were enrolled in the study. A total of seventeen (17) caregivers were interviewed. Data saturation was reached after the fourteenth interview, when no new themes emerged; however, three additional interviews were conducted to confirm thematic saturation and enhance the robustness of the findings.

Data Instrument and Analysis

Data were collected using an interview guide developed by the research team based on the study objectives, a review of the relevant literature, and consultation with experienced researchers in paediatric ophthalmology and qualitative research. The guide was reviewed for content relevance and clarity before data collection. (see Supplementary File 1).

The interview guide was pilot tested with two caregivers who met the inclusion criteria but were not included in the final analysis. Minor revisions were made to improve question clarity and flow. The guide included both sociodemographic items and open-ended questions exploring caregivers' perspectives on children's postoperative behaviour, recovery, and communication with healthcare providers. All interviews were conducted by the first author (CA), an ophthalmic nurse with prior training in qualitative interviewing and no prior clinical relationship with the participants. Interviews were conducted face-to-face in a private consultation room within the Eye Centre. Interviews were conducted in English or Twi according to participants' preference.

Interviews lasted between 30 and 60 minutes, with clarifications provided to ensure mutual understanding. Audio recordings of interviews were transcribed verbatim and reviewed for accuracy alongside field notes. Data collection and analysis were conducted concurrently using reflexive thematic analysis to identify, analyse, and interpret patterns in the data as described by Braun and Clarke (Braun & Clarke, 2006). This iterative process allowed for the refinement of interview questions and the verification of emerging themes and subthemes, helping determine data saturation. Each transcript was first read in full, then examined line by line to identify codes reflecting caregivers' behaviours and experiences (Mayan, 2023). Similar statements were compared across interviews, and common codes with supporting quotes were organised into categorised files. Two members of the research team (AA and EA) independently coded the transcripts. Coding decisions were compared and discussed until consensus was reached. Where differences arose, they were resolved through discussion and repeated examination of the transcripts. Data were managed and coded using NVivo 14. Themes and sub-themes were developed by examining relationships among categories and refined through repeated readings.



Rigour

To ensure methodological rigour, the study adhered to four key trustworthiness criteria: credibility, transferability, dependability, and confirmability (Ahmed, 2024). Credibility was established through peer debriefing, analytical triangulation, prolonged engagement with participants, negative case analysis, and member checking. Transferability was supported by providing detailed descriptions of participant characteristics to aid comparison in future studies. Dependability was maintained through an audit trail, peer debriefing, and member checking. Confirmability was ensured by continuously verifying the data throughout the collection and analysis process.

Ethical consideration

Ethical approval was obtained from the KATH Institutional Review Board (IRB) (KATH IRB/AP/041/24). This study adhered to the tenets of the Declaration of Helsinki. A patient information leaflet was issued to caregivers and was explained thoroughly to them in the local language (Twi) or English for easy understanding. Informed consent was obtained from the participants. Participants were assured of the confidentiality and anonymity of the information obtained.

RESULTS

Characteristics of Study Participants

A total of seventeen caregivers were interviewed. Sixteen (16) of the caregivers in the study were female, and only one was male. The caregivers' ages ranged from 20 to 50 years. The largest age group was 31 to 40 years, representing 41.2% of the caregivers. All caregivers were married. The majority of the children of caregivers were males and between the ages of 4 and 7 years (52.9%). The types of surgery performed varied, with the most common being cataract surgery (58.8%). The summary of participants' characteristics is illustrated in Table 1.

Table 1: Characteristics of participants and their children

Respondent	Age of Respondent	Sex of Respondents	Education	Occupation	Relation to child	Age of Child	Sex of Child	Type of surgery performed for the child
RE001	31	F	Tertiary	Teaching	Mother	3	M	Cataract surgery
RE002	41	F	Tertiary	Teaching	Mother	5	F	Cataract Surgery
RE003	50	M	Tertiary	Teaching	Father	8	M	Cataract Surgery
RE004	35	F	Tertiary	Teaching	Mother	4	M	Glaucoma Surgery
RE005	27	F	Primary	Unemployed	Mother	8	M	Corneal repair
RE006	42	F	Primary	Trading	Mother	4	M	Squint surgery



RE007	38	F	Tertiary	Farming	Mother	5	F	Cataract Surgery
RE008	29	F	Primary	Trading	Mother	5	F	Glaucoma Surgery
RE009	29	F	Primary	Hair dressing	Mother	3	M	Glaucoma surgery
RE010	30	F	Primary	Farming	Mother	6	M	Corneal repair
RE011	31	F	Tertiary	Event planning	Mother	7	M	Cataract surgery
RE012	25	F	Secondary	Trading	Mother	2	M	Enucleation (Retinoblastoma)
RE013	39	F	Tertiary	Teaching	Mother	7	M	Cataract surgery
RE014	30	F	Secondary	Trading	Mother	2	M	Cataract surgery
RE015	45	F	Tertiary	Civil Servant	Mother	5	M	Cataract surgery
RE016	43	F	Primary	Trading	Mother	10	F	Cataract surgery
RE017	36	F	Tertiary	Teaching	Mother	10	M	Cataract surgery

Main themes

Three (3) major themes were constructed from the analysis of the interviews. These were: the behaviour of children, the recovery process, and communication from healthcare providers. Under the behaviour of children, 2 subthemes emerged: preoperative behaviour and postoperative behaviour. Under the recovery process, 3 subthemes emerged: physical recovery, caregivers' satisfaction with recovery, and caregivers' expectations of recovery. Under communication from healthcare providers, 2 subthemes emerged: satisfaction with postoperative care instructions and support systems during recovery challenges. The themes have been summarised in Table 2.

Table 2: Summary of themes

Number	Themes	Subthemes
1	Behaviour of children	1. Preoperative behaviour 2. Postoperative behaviour
2	Recovery Process	1. Physical recovery 2. Satisfaction with recovery 3. Expectations of recovery
3	Communication from healthcare providers	1. Satisfaction with postoperative care instructions 2. Support systems during challenges



Theme 1: Behaviour of Children

This theme reflects caregivers' observations of their children's behaviours before and after ophthalmic surgery. Two subthemes emerged: Preoperative Behaviour and Postoperative Behaviour.

Preoperative Behaviour

Caregivers reported a range of behaviours prior to surgery. While some children were described as generally healthy, active, and developmentally typical, others exhibited reduced physical activity and coordination - likely due to visual impairment. Observable signs included eye squeezing, altered gaze, and difficulty recognizing objects or people from a distance.

"He started squeezing his eyes when looking at something. We thought he was faking that gesture until he started turning his mouth along with squeezing his eyes before we realized something was wrong." (RE003, 50yrs)

"For my boy, he is very active. I noticed that he normally falls whenever he's playing with his colleagues. He walks a little and then falls." (RE013, 39yrs)

Postoperative Behaviour

Caregivers noted mixed behavioural outcomes following surgery. Many reported improvements in vision and a reduction in earlier symptoms. However, a number also observed negative behavioural shifts such as increased irritability or frustration.

"After the surgery, he couldn't see that much, but as days went by, his sight improved, though it wasn't perfect. His initial gestures when looking at things also reduced." (RE003, 50yrs)

"She became a little irritable and easily gets angry after the surgery." (RE016, 43yrs)

Theme 2: Recovery Process

The recovery process, as described by caregivers, involved a combination of physical improvement, emotional responses, and evolving expectations. Three subthemes were identified: Physical Recovery, Satisfaction with Recovery, and Expectations of Recovery.

Physical Recovery

Many caregivers observed tangible improvements in visual function shortly after surgery. Children who previously could not perceive light or struggled with bright environments showed enhanced visual responses over time.

"It wasn't easy because after the surgery, her eyes couldn't absorb light. When you brought her to the operating room, she could barely open her eyes... but now it's better." (RE002, 41yrs)

"His recovery process concerning the eye has been good. He couldn't perceive light. Since we reported here and did the operation, he can perceive light." (RE005, 27yrs)



Satisfaction with Recovery

Overall, caregivers expressed a high level of satisfaction with their children's recovery. Improvements in vision were often linked to positive emotional and academic outcomes, including improved confidence and school performance.

"I can see that his overall recovery is good because the enthusiasm in him is coming back... now that the sight has improved, he performs better." (RE003, 50yrs)

"He has regained strength. He was initially supported when walking, but he can now walk alone. The recovery process is better than before." (RE004, 35yrs)

Expectations of Recovery

Caregivers expressed hopes that their children would regain both functional and aesthetic normalcy post-surgery. For many, these expectations were rooted in the desire for their children to be free from stigma or limitations.

"I was hoping that everything would go back to normal... that when you look at her eyes, you won't see that there is something there. I was hoping that things would be fine, and now, she's fine." (RE002, 41yrs)

"We were not happy with the way he bends his head when looking at things, but now I have good expectations." (RE006, 42yrs)

Theme 3: Communication from Healthcare Providers

This theme focuses on caregivers' perceptions of the quality and effectiveness of communication with healthcare providers. Two subthemes emerged: Satisfaction with Postoperative Care Instructions and Support Systems during Challenges.

Satisfaction with Postoperative Care Instructions

Caregivers generally appreciated the clarity and thoroughness of instructions received after surgery. These guidelines not only aided in postoperative care but also provided reassurance and emotional support.

"I was given instructions not to allow my son to rub his eyes after the surgery. That made me a little uncomfortable, but now everything looks good." (RE006, 42yrs)

"I believed in God that everything would be fine after the instructions. Even the doctor asked about my church, and I said Pentecost. I believed she would be fine." (RE016, 43yrs)

"The health workers made me understand things well... I am educated but didn't want to stretch on the issues about my son." (RE017, 36yrs)

Support Systems during Challenges

In navigating difficulties during recovery, caregivers leaned on various forms of support, including family members, healthcare professionals, and spiritual beliefs. Nurses and eye clinic staff often played a critical role in providing accessible and empathetic communication.



“The one that I informed was my husband. He assured me that anything they will do for my son, he will go by it.” (RE001, 31yrs)

“It was always the nurses that we contacted because they gave us a number to call... if we wanted to talk to the doctor, then they connected us through.” (RE002, 41yrs)

“When we come for review, we make friends with some of the nurses... we put some of the challenges before them... They keep encouraging us that it's the only process that will help healing faster.” (RE013, 39yrs).

DISCUSSION

Our findings support the behavioural patterns identified by Power et al. (2012), who outlined key postoperative behavioural concerns such as separation anxiety, aggression, and sleep disturbances. Caregivers in our study observed similar issues, particularly in the immediate days following surgery. Younger children were especially prone to such behaviours. Encouragingly, most caregivers noted gradual improvement over time, suggesting that with adequate support, children adapt relatively well to the postoperative transition.

As reported in our study, caregivers often felt unprepared for the behavioural changes in their children and were unsure how to manage them. This was especially evident during the initial postoperative period, where unfamiliar behaviours such as irritability or restlessness raised alarm. The lack of clear anticipatory guidance from healthcare providers may have contributed to this anxiety. Echoing the work of Engelen et al. (2023), the need for individualized pain management education was apparent, as unmanaged pain and the inability of younger children to articulate discomfort compounded caregiver stress.

Interestingly, many caregivers reported positive behavioural changes following successful surgical outcomes. Children who had previously shown visual compensatory behaviours such as head tilting or squinting were described as more confident, engaged, and socially interactive post-surgery. This finding supports the conclusions of Vijayalakshmi & Njambi (2016), who noted that functional improvements in vision can lead to enhancements in psychological and social well-being. These outcomes not only improved the child's quality of life but also alleviated caregiver burden, fostering a more optimistic perception of the surgical intervention.

Nonetheless, long-term emotional concerns remained for a subset of caregivers. While vision may have improved, lingering worries about their child's emotional adjustment persisted, particularly where postoperative behavioural changes extended beyond the early recovery phase. As Vijayalakshmi & Njambi also noted, psychosocial outcomes post-surgery can include prolonged mood disturbances and anxiety, emphasizing the need for long-term psychosocial support mechanisms in paediatric ophthalmic care.

Caregivers' adaptive strategies played a vital role in the recovery experience. Those who employed structured routines, sought additional professional advice, or utilized emotional support resources generally reported higher satisfaction. Conversely, caregivers without such support networks reported feeling overwhelmed and uncertain.



Some caregivers integrated spiritual beliefs or traditional practices into their child's recovery journey, while others adhered strictly to biomedical protocols. Understanding and respecting these culturally grounded practices are essential for fostering trust and encouraging adherence to postoperative care instructions. Healthcare professionals should, therefore, be trained in cultural competence to engage caregivers respectfully and develop culturally sensitive care plans.

An equally important theme was the quality of communication between caregivers and healthcare providers. Caregivers emphasized a need for more detailed, timely, and clear information, particularly regarding pain management, expected behavioural changes, follow-up schedules, and warning signs of complications. This mirrors Hamilton et al.'s (2018) findings on the informational gaps faced by caregivers and the subsequent anxiety these gaps generate. Furthermore, insights from Abuqamar et al. (2016) highlight the importance of transparency, empathy, and caregiver involvement in the care process. Our study confirms that caregivers feel reassured and more in control when healthcare professionals provide consistent updates, show empathy, and actively involve them in decision-making and postoperative care routines.

The study had few limitations; differences in the type of surgery, severity of the underlying condition, and postoperative complications may have influenced caregivers' experiences. This variability was not systematically controlled for, which may affect the consistency and interpretation of the findings. Also, caregivers who were more engaged or had stronger opinions may have been more likely to participate, potentially skewing the findings toward more vocal or involved respondents. The study was conducted at a single tertiary referral hospital, which may limit the applicability of the findings to other healthcare settings or regions with different patient populations and service delivery models. Participants were recruited using purposive sampling, a method appropriate for qualitative inquiry but one that may not capture the full range of caregiver experiences.

CONCLUSION

Effective communication influenced caregivers' perspectives on post-operative behaviours such as pain, anxiety and changes in sleep patterns. By enhancing communication and providing robust support systems, healthcare providers can ensure a more positive recovery experience for both children and their caregivers. These insights should inform policy development, staff training, and future interventions aimed at improving postoperative care in paediatric ophthalmology.

RECOMMENDATIONS

The findings of this study highlight the importance of providing comprehensive, family-centred perioperative care for caregivers of children undergoing ophthalmic surgery. Healthcare providers should strengthen preoperative counselling, provide clear and consistent communication throughout the surgical process, and offer postoperative education that addresses caregivers' concerns and expectations. These measures may help reduce anxiety, improve caregiver preparedness, and enhance the overall surgical experience.



Future research should include multicentre qualitative studies involving caregivers from different geographical and healthcare settings to explore whether similar experiences exist across diverse contexts. In addition, mixed-methods or longitudinal studies could further examine how caregivers' experiences evolve over time and evaluate interventions designed to improve caregiver support and satisfaction during the paediatric ophthalmic surgical journey.

AUTHORS' CONTRIBUTIONS

CA contributed to data curation, methodology, and original draft; YO contributed to review & editing, validation, and supervision; DF contributed to data curation and supervision; AA contributed to study analysis and interpretation of the manuscript; EA contributed to the study conceptualization, study design, and supervision.

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AVAILABILITY OF DATA AND MATERIALS

Any additional data are available upon request from the corresponding author.

ETHICS DECLARATION

Ethical approval and consent to participate

This study adhered to the tenets of the Declaration of Helsinki. Ethical approval was obtained from the KATH Institutional Review Board (IRB) (KATH IRB/AP/041/24). Informed written consent was obtained from all subjects.

COMPETING INTERESTS

The authors declare no competing interests.

REFERENCES

- Ahmed, S. K. (2024). The pillars of trustworthiness in qualitative research. *Journal of Medicine, Surgery, and Public Health*, 2, 100051.
<https://doi.org/10.1016/j.glmedi.2024.100051>
- Al-Maghaireh, D. F., Abdullah, K. L., Chan, C. M., Piaw, C. Y., & Al Kawafha, M. M. (2016). Systematic review of qualitative studies exploring parental experiences in the



- neonatal intensive care unit. *Journal of Clinical Nursing*, 25(19–20), 2745–2756.
<https://doi.org/10.1111/jocn.13259>
- Alle, Y. F., Akenaw, B., Seid, S., & Bayable, S. D. (2022). Parental satisfaction and its associated factors towards neonatal intensive care unit service: A cross-sectional study. *BMC Health Services Research*, 22(1), 1266. <https://doi.org/10.1186/s12913-022-08673-8>
- Abuqamar, M., Arabiat, D. H., & Holmes, S. (2016). Parents' perceived satisfaction with care, communication, and environment of the pediatric intensive care units at a tertiary children's hospital. *Journal of Pediatric Nursing*, 31(3), e177–e184.
<https://doi.org/10.1016/j.pedn.2015.12.003>
- Basilious, A., Villani, S., Jang, H., Kaberi, K. M., & Malvankar-Mehta, M. S. (2022). Quality of life and caregiver burden in pediatric glaucoma: A systematic review. *PLOS ONE*, 17(10), e0276881. <https://doi.org/10.1371/journal.pone.0276881>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Engelen, N., Heindl, L. M., Oppitz, F., Rokohl, A. C., Schumacher, C., & Leister, N. (2023). Pain therapy in children following ophthalmic surgery. *Der Ophthalmologe*, 120(7), 711–716. <https://doi.org/10.1007/s00347-022-01766-8>
- Hamilton, E. C., Saiyed, F., Miller, C. C., Eguia, A., Fonseca, A. C., Baum, G. P., ... Olutoye, O. O. (2018). The digital divide in adoption and use of mobile health technology among caregivers of pediatric surgery patients. *Journal of Pediatric Surgery*, 53(8), 1478–1493.
<https://doi.org/10.1016/j.jpedsurg.2017.11.041>
- Lueder, G., Galli, M., Cho, J. C. C., & Liegel, K. (2023). Pediatric ophthalmology scope of practice. *Journal of Binocular Vision and Ocular Motility*, 73(2), 53–54.
<https://doi.org/10.1080/2576117X.2023.2183628>
- Mayan, M. J. (2023). *Essentials of qualitative inquiry* (2nd ed.). Routledge.
<https://doi.org/10.4324/b23331>
- Power, N. M., Howard, R. F., Wade, A. M., & Franck, L. S. (2012). Pain and behaviour changes in children following surgery. *Archives of Disease in Childhood*, 97(10), 879–884. <https://doi.org/10.1136/archdischild-2011-300438>
- Sisson, B., Martin, M. J., & Ignacio, R. (2022). Pediatric surgery. In F. Moore, P. M. Rhee, & C. J. Rodriguez (Eds.), *Surgical critical care and emergency surgery*. Wiley.
- Velhote, A. B., Bohomol, E., & Velhote, M. C. (2016). Caregivers' reactions to preoperative procedures in outpatient pediatric surgery. *Einstein (São Paulo)*, 14(3), 403–407.
<https://doi.org/10.1590/S1679-45082016AO3624>
- Vijayalakshmi, P., & Njambi, L. (2016). Postoperative care for paediatric cataract patients. *Community Eye Health*, 29(94), 32–34.
- Yun, O. B., Kim, S., & Jung, D. (2015). Effects of a clown–nurse educational intervention on the reduction of postoperative anxiety and pain among preschool children and their accompanying caregivers in South Korea. *Journal of Pediatric Nursing*, 30(6), e89–e99.



Supplementary File 1

INTERVIEW GUIDE

Part 1: Demographic Characteristics of Child

Child's age: _____ years

Child's gender: ☐ Male ☐ Female

Child's level of education: _____

Type of surgery: ☐ Cataract ☐ Glaucoma ☐ Strabismus ☐ Other (please specify): _____

Part 1B: Demographic Characteristics of Caregiver

Caregiver's age: _____ years

Relationship to the child ☐ Mother ☐ Father ☐ Other (please specify): _____

Marital status of caregiver: Married ☐ Single ☐ Widowed ☐ Other (please specify): _____

Caregiver's occupation: _____

Number of children in the family: _____

Educational Level: Non-formal ☐ Primary ☐ Secondary ☐ Tertiary ☐ Other (please specify) _____

Employment Status: Employed ☐ Unemployed ☐ Student ☐ Retired ☐

Part 2: Caregivers' perception of postoperative behaviour of children

1. Before your child underwent the surgery, what were his / her behaviour?

Guide for follow-up questions (on behavioural types)

- Restlessness
- Irritability
- Mood swings
- Difficulty sleeping
- Appetite changes

2. Please describe any observed changes in your child's behaviour after the surgery.

3. What is your perception of the postoperative behaviour of children?



Part 3: Perception of caregivers of the child's postoperative recovery process

1. How do you see the general recovery process of your child?

Guide for follow-up questions

- Did you experience any challenges with the recovery process
- How satisfied are you with the recovery process
- Did you have any expectations for the recovery process

Part 4: Caregivers' perspectives on the level of communication from healthcare providers

1. Did you feel adequately informed about the postoperative care instructions for your ward?
2. During the period of challenges (If participants mentioned facing some challenges during the recovery phase), whom did you inform and by which means?
3. Were you satisfied with the level of communication/ education you received from the healthcare providers?
4. In what ways do you think communication from healthcare providers could be improved?