



Relief from anxiety using complementary therapies in the perioperative period: A principle-based concept analysis



Candace B. Jaruzel*, Teresa J. Kelechi

Medical University of South Carolina, Charleston, SC, USA

ARTICLE INFO

Article history:

Received 17 January 2015

Received in revised form

8 March 2016

Accepted 11 April 2016

Keywords:

Relief

Anxiety

Perioperative care

Perioperative period

Complementary therapy

ABSTRACT

Aims and objectives: To analyze and clarify the concept of providing relief from anxiety using complementary therapies in the perioperative period utilizing the epistemological, pragmatic, linguistic and logical principles of a principle-based concept analysis to examine the state of the science.

Background: The majority of patients scheduled for surgery experience anxiety in the perioperative period. Anxiety has the potential to limit a patient's ability to participate in his or her care throughout their hospitalization. Although medications are the conventional medical treatment for anxiety in the perioperative period, the addition of a complementary therapy could be an effective holistic approach to providing relief from anxiety.

Design: Principle-based concept analysis.

Methods: In 2015, strategic literature searches of CINAHL and PUBMED using keywords were performed. Fifty-six full text articles were assessed for eligibility.

Results: Twelve studies were used in the final analysis to clarify the concept of relief from anxiety using complementary therapies in the perioperative period.

Conclusion: This analysis has clarified the maturity and boundaries, within the four principles of a principle-based concept analysis, of the concept of relief from anxiety using complementary therapies in the perioperative period. A greater understanding of relief from anxiety using complimentary therapies in the perioperative period as an adjunct to conventional medicine will allow perioperative nurses and anesthesia providers to modify and specify the plan of care for their surgical patients. The use of complementary therapies for relief in the perioperative period appears to be an area of promising research and treatment for patients, families and providers.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

One of the top priorities of Registered Nurses and Certified Registered Nurse Anesthetists is to prevent and/or manage anxiety in the perioperative period. Unfortunately, there is no consensus on conceptual and operational definitions of relief from anxiety, and there are a limited number of definitive measures specific to anxiety for surgical patients receiving care in the perioperative period. These gaps make it difficult to have a comprehensive understanding of what it means to the patient to have relief from anxiety and to identify the best approaches to anxiety relief in patients undergoing surgery.

The term *relief* has been used in numerous settings throughout history. Relief of anxiety for surgical patients in the perioperative period is a topic of interest to those providing perioperative care. *Anxiety* is defined as “a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome” [1]. To date, no studies have directly reported relief in regard to anxiety in the perioperative period. Instead words and phrases, such as *prevention*, *reduction*, *minimization*, *effects of*, and *decreased levels*, concerning anxiety for surgical patients are the terms used in various studies in the preoperative and postoperative setting.

The definition of *relief* in *The Oxford English Dictionary* [1] is “ease or alleviation given to or received by a person through the removal or lessening of some cause of distress or anxiety; deliverance from what is burdensome or exhausting to the mind; mental relaxation; ease from, or lessening of, physical pain or discomfort; an agreeable change of object to the mind or one of the senses.” *Tabor's*

* Corresponding author.

E-mail addresses: jaruzel@musc.edu (C.B. Jaruzel), kelechtj@musc.edu (T.J. Kelechi).

Cyclopedic Medical Dictionary [2] defines *relief* as “the alleviation or removal of a distressing or painful symptom.” Kolcaba’s mid-range theory of comfort defines relief as a state of having a specific discomfort mitigated or relieved [3,4]. Thereby, to provide relief an action must be taken to relieve. *Relieve* is defined as: “to raise (a person) out of some trouble, difficulty, or danger; to rescue, succor, aid or assist in straits; to deliver from something troublesome or oppressive; to ease or free (a person, the mind, etc.) from sorrow, fear, doubt, or other source of mental discomfort; to give (a person, part of the body, etc.) ease or relief from physical pain or discomfort; to ease or mitigate (what is painful or oppressive); to render less grievous or burdensome” [1].

Complementary therapies combined with conventional medical treatment could offer an effective, holistic, and beneficial approach to provide relief from distressing symptoms, especially anxiety, a common distressful symptom experienced by up to 80% of surgical patients in the perioperative period [5]. Using a principle-based method of concept analysis as described by Penrod and Hupcey [6], the purpose of this manuscript is to explore the concept of relief from anxiety using complementary therapies for surgical patients within the perioperative period. Exploration of the concept through the tenets of a principle-based analysis to clarify the maturity and boundaries of the epistemological, pragmatic, linguistic and logical principles will assist in the advancement of the concept of relief from anxiety using complementary therapy according to the current state of the science [6]. A principle’s maturity is described by the concept’s level of development based on the current state of the science. Concepts are mature within a principle when they are clearly defined and differentiated from other concepts (epistemological) and are applicable and useful for scientific inquiry (pragmatic) [6]. A principle’s boundaries describe a concept within a context. A concept will *hold its boundaries* if it is used consistently and appropriately within a context (linguistic) or be unable to *hold its boundaries* when the concept becomes blurred when positioned with other concepts (logical) [6].

Specifically, this concept analysis aims to clarify the concept of relief from anxiety in the perioperative period using complementary therapies as an adjunct to conventional medical treatment for surgical patients. A clearer understanding of the concept of relief from anxiety would allow anesthesia and perioperative providers to modify the plan of care for surgical patients experiencing anxiety. The objective is to add a better understanding of relief from anxiety for patients through the use of complementary therapies to enhance nursing care in the perioperative period.

2. Methods

2.1. Search questions

The questions that guided the review of the literature to address the concept of relief from anxiety in the perioperative period using a principle-based concept analysis are as follows: How would clarifying the concept of relief from anxiety using complementary therapies in the perioperative period change health care for both the patient and the provider? In surgical patients, has the addition of complementary therapies in the perioperative period compared to conventional medical treatment alone led to relief of anxiety or better outcomes? What have previous researchers used to define and measure relief? What complementary therapies to date have been investigated to relieve anxiety in the perioperative period?

2.2. Data sources

The Cumulative Index of Nursing and Allied Health Literature (CINAHL) and PUBMED databases were searched. Search terms

used in CINAHL were *anxiety*, *perioperative care* and *alternative therapies*. Each term was “exploded” to include all major sub-headings. The MeSH database for PUBMED was searched using *anxiety* [MeSH], *perioperative period* [MeSH], and *complimentary therapies* [MeSH]. PUBMED Clinical Queries was also searched using the terms *anxiety*, *complimentary therapies*, and *preoperative care*. Inclusion criteria for each database/search engine included: scholarly journals, research studies, and publication within the last 15 years. Exclusion criteria for each database/search engine that led to the final sample included Adult (19–44 years) and English language. A final result of 56 scholarly journal articles were retrieved for review. Twelve studies utilizing complementary therapies in the perioperative period for anxiety and published within the last 15 years were selected for inclusion to review for this analysis (Fig. 1).

2.3. Method

The most recent research on anxiety relief with complementary therapies in the perioperative period was analyzed using a principle-based concept analysis [6]. Findings of the 12 studies (7 randomized control trials, 1 quasi-experimental, 1 prospective experimental pretest/posttest, 1 group assignment study, 1 experimental 3-group design, and 1 questionnaire) were categorized by each principle (Table 1. Epistemological, Pragmatic, Linguistic, and Logical) as they contribute to the understanding of the strengths and limitations of the concept.

3. Results

3.1. Epistemological principle

The epistemological principle focuses on a clear definition and differentiation of a concept [6]. Relief from anxiety was described and measured by the researchers in each study reviewed (Table 1). Descriptions of relief included words such as *decline*, *decreased*, *lowered*, *reduced* and *reduction*. No conclusive definition of relief from anxiety using complementary therapies in the perioperative period was defined. In each of the 12 studies analyzed, relief from anxiety using complementary therapies in the perioperative period was not specifically differentiated from other concepts such as pain, Bispectral Index (BIS) technology to monitor level of anesthesia, and vital sign changes (i.e. heart rate, blood pressure, mean arterial pressure, respiratory rate). Measurement instruments included State Trait Anxiety Index (STAI), State Anxiety Index (SAI), Visual Analog Scales (VAS), Amsterdam Preoperative Anxiety and Information Scale (APAIS), urine epinephrine levels, and BIS (Table 1).

3.2. Pragmatic principle

The pragmatic principle focuses on the applicability and usefulness within the scientific realm of inquiry [6]. Each study reviewed described the applicability and usefulness of anxiety relief using complementary therapies within the perioperative period. In the perioperative period, Mitchell [7] found that while the majority of patients experience anxiety, it is more prevalent in female patients and those undergoing general anesthesia.

A number of complementary therapies are used in the perioperative setting that range from minimally invasive acupuncture to noninvasive music or guided imagery. Finding from two studies suggested that the use of acupressure points in the preoperative setting was statistically significant in decreasing anxiety and BIS ($p < 0.001$) [8] and reducing anxiety levels ($p < 0.001$) [9]. Acar, Cuvaz, Ceyhan, and Dikmen [10] found that acupuncture at the yintang point was statistically significant in reducing preoperative anxiety ($p = 0.018$) and Bispectral index levels ($p < 0.0004$). The use

Download English Version:

<https://daneshyari.com/en/article/2628316>

Download Persian Version:

<https://daneshyari.com/article/2628316>

[Daneshyari.com](https://daneshyari.com)