

ORIGINAL ARTICLE

Validation of the Turkish Version of the Surgical Fear Questionnaire

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Purpose: Preoperative surgical fear is an emotional reaction that can be observed in many patients who are waiting to undergo a surgical procedure. The Surgical Fear Questionnaire (SFQ) was originally developed to determine the level of fear in patients who are to undergo surgery; this study aims to translate the questionnaire into the Turkish language and to test the validity and reliability of this Turkish version.

Design: Methodological research model.

Methods: The population of this methodological study included the patients who presented to surgical clinics at a university hospital in Turkey between January and August 2016 and were scheduled to undergo elective surgery; the sample involved 405 patients who met the inclusion criteria.

Findings: Results of the analyses showed that the SFQ can be used with two subscales—the S subscale, which shows the short-term consequences, and the L subscale, which shows the long-term consequences of surgery. The mean score of the patients was 18.03 ± 11.44 on the former, 19.52 ± 11.87 on the latter; and 37.55 ± 21.11 for the entire questionnaire. The Cronbach's α coefficient was 0.96 for the SFQ-S subscale, 0.90 for the SFQ-L subscale, and 0.93 for the entire questionnaire.

Conclusions: In this study, the translated SFQ was found to have a similar structure to the original questionnaire and a high level of validity and reliability and therefore can be used in Turkey.

Keywords: Surgical Fear Questionnaire, reliability, validity, perioperative, surgical fear, preoperative.

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FEAR IS DEFINED as a strong emotional reaction, which arises from anxiety caused by the thought of an actual physical threat or danger that may harm one's well-being.^{1,2} Hospitalizations and diseases are among the significant events that negatively affect people's life. The fear and anxiety experienced before a surgery are regarded as the nervousness, stress, and dissatisfaction that patients feel due to the disease, anesthesia, surgery, or lack of certainty about what is going to happen.^{3,4} Preoperative surgical fear is an

emotional reaction that can be observed in many patients who are waiting to undergo a surgical procedure.⁵ The fear that most patients waiting for surgery express is accepted as normal. However, rising levels of fear and anxiety can lead to an increase in morbidity and mortality, a delay in wound healing, a prolonged hospital stay, or an increase in the risk factors related to surgery, such as receiving more anesthesia and the use of more analgesics after the surgery. Although the patients' reaction to surgery and disease varies from person to

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Conflict of interest: None to report.

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person, increasing levels of fear and anxiety within the preoperative period negatively affect compliance with the treatment plan, duration of treatment, and quality of life.^{4,6-11} During surgical operations, patients experience disparate emotions, such as the fear related to the lack of control over their own bodies and lives or to the loss of an organ or tissue, as well as the hope and expectation of recovering from their condition.^{2,12} Although the level of fear varies from patient to patient in the preoperative period, 60% to 80% of patients are reported to have moderate anxiety.^{13,14} The level of fear is affected by previous experiences of surgery and anesthesia, the type of operation, personal characteristics of the patients, duration of hospital stay in the preoperative period, and surgery type.^{6,12,15,16} The causes of fear and anxiety in patients include waiting for the surgical procedure, the potential results of the surgery, separation from family members, the concern of losing functionality, the unease of being dependent on others, and apprehension about the surgical procedure.^{14,17} Considering all these factors, therefore, the anxiety and fear should be clearly asked when evaluating patients before surgery, and the causes related to the fear and anxiety should be analyzed.¹⁸

Although there are studies in the Turkish literature regarding the general anxiety of patients, according to scales that have been tested for validity and reliability,^{19,20} there are no scales that have been tested for validity and reliability of preoperative fear. Therefore, this study aims to test the validity and reliability of the Surgical Fear Questionnaire (SFQ) translated to Turkish, the results of which are expected to contribute to nursing interventions made to eliminate the fear patients may experience while waiting for surgery.

Methods

Design

The methodological research model was used in this study, which was conducted between January and August 2016 with patients who were scheduled to undergo elective surgery in the surgical clinics at a university hospital in Turkey.

Participants

The population of this study consisted of the patients who presented to surgical clinics at a university hospital in Turkey between January and August 2016 and were scheduled to undergo elective surgery; the study sample involved 405 patients from within this population who met the inclusion criteria.

For inclusion in this study, patients had to be older than 18 years; in a conscious state; voluntarily consent to cooperate and communicate; not previously diagnosed with any mental disorders; be scheduled to have elective surgical procedure under general anesthesia; and be included in either Group 1 or Group 2, according to the categorization of the ASA (American Society of Anesthesiologists) Physical Status Classification (<http://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system>).

Data Collection

The data were collected through face-to-face interviews conducted after the patients were informed about the study and their oral consents were obtained. The data collection tools were administered to the patients the day before the surgery. It took approximately 10 to 12 minutes to complete the personal information form and the scales, which included the SFQ and the Hospital Anxiety and Depression (HAD) Scale. The parallel forms reliability method was used during data collection to determine the reliability of the SFQ, and HAD Scale was used as the second scale to assess the fear and anxiety level of the patients.

Data Collection Tools

PERSONAL INFORMATION FORM. This form features nine questions on the sociodemographic characteristics of the patients (surgical clinic, age, gender, marital status, family type, place of residence, occupation, income level, and ASA Physical Status Classification).

SURGICAL FEAR QUESTIONNAIRE. This questionnaire was developed by Theunissen et al⁵ in 2014 to determine the level of fear that patients expecting to undergo elective surgery had because

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