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Original research article

Patients' anxiety during the perioperative care from the point of view of the nursing staff and patients



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ABSTRACT

Aims: The aim of this research is to examine what kind of socio-demographic factors may have an influence on the degree of a patients' anxiety. It also deals with how successfully nurses are able to judge the possible reasons and extent of the patients' anxiety, as well as what kind of similarities or differences are shown in the opinions of the nursing staff compared to the subjective judgement and opinions of the patients. Furthermore, it was also examined how often similar focus points might appear in case of nurses' and patients' opinions in relationship to the treatment of stress and anxiety.

Methods: The method of this research is in the form of questionnaires (patients – $n_p = 70$, nurses – $n_n = 19$). Patients filled in an individually designed questionnaire and a questionnaire of a Scale of Anxiety and Depression. The figures were analysed with descriptive and deductive statistical methods.

Results: In 67% of the cases the extent of the patients' anxiety was considered to be an abnormal rate. The degree of anxiety did not show any significant relationship with the ways of practising religion, with marital status and with previous surgeries, but it was connected with the fact with whom the patient was living together with ($p \leq 0.014$). Nurses assessed the efficiency of applying the methods of reducing anxiety at a much better rate than the patients did.

Conclusions: The role of reducing the patients' preoperative anxiety must be emphasised and in which the appropriate family background also plays an important part. The period of hospital care before an operation is quite short and the nursing interventions become routine work. Nurses are not fully aware to what extent patients are consumed with anxiety in connection with nursing interventions.

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Introduction

During the period around surgery, the patients' sensation of stress and pain becomes increased which induces the so-called "negative trance", an altered state of consciousness. At that time, the patients' sensation narrows down and in addition, patients react more sensitively and impulsively to any verbal or non-verbal signals of the environment [1]. It is obviously a special state; thus, if that is recognised and treated in an appropriate way, the entourage can successfully improve both a patient's preoperative and postoperative conditions. During this period, the referential staff plays the most essential role. (In our case this term includes the health care workers, doctors, nurses, etc.) Patients spend most of their time in the hospital with the nurses, when compared to other members of the health care team. Furthermore, they also have the closest relationship with them. That is the reason why the behaviour of the nursing staff has an increased impact on the patients' feelings of anxiety and fears during this sensitive nursing period. When a nurse is impatient, moody, inconsiderate, nervous or does not attend to the patient or gives the patient the "cold shoulder", the patient's already increased sensation of anxiety and stress continues to rise. In general, in such a situation a patient is highly at the mercy of the nursing staff and of all the suppliers.

Theoretical background

The feeling of anxiety is one of the most important concomitant symptoms of physical and psychological diseases. It can be seen as a complex organic reaction that occurs only in situations considered to be dangerous. The period around surgery is an example of this, as a patient is involved in a situation that is appraised to be negative.

Numerous studies have emphasised the importance of monitoring anxiety and this has been verified by a wide variety of testing methods in relationship to being able to indicate the degree of anxiety (such as State Trait Anxiety Inventory, Hospital Anxiety and Depression Scale, Visual Analogue Scale, Amsterdam Preoperative Anxiety Information Scale, Multiple Affect Adjective Check List). Other methods, including the analysis of the plasma cortical level, catecholamine urine tests, taking blood pressure or pulse, are also used to assess the degree of anxiety [2].

Research has shown that a more speedy recovery can be reached with the help of applying conscious communication and anxiety reducing methods, thus, the sensation of pain decreases, the patient's compliance improves, less complications occur, the demand for medication is decreased, the duration of hospitalisation is shorter and, therefore, the health care can become more economical [3]. Patients' conscious preoperative preparation performed by nurses reduces their sensation of anxiety significantly [4]. The nurses' appropriate behaviour results in the patients feeling more satisfied [5].

In the frame of a study that aimed to examine 217 patients, answers were sought for the question whether there was any connection between the factors of age, sex, the complex nature of the surgery, previous operations and the feeling of anxiety. Results showed that 18.9% of patients (exactly 31% of female

patients and 10.6% of male patients) felt anxiety. With the exception of the most serious of the intended surgery, no further factors could be connected with the degree of angina. The demand for information showed a correlation with the patients' age (particularly in case of elderly) ($r = 0.21, p = 0.002$) [6].

The research conducted by Matthias and Samarasekera [2], proved that the increased sensation of anxiety could be experienced in case of patients demanding more information, female patients and of those who had not had previous surgical interventions. Female patients had a significantly higher sensation of anxiety; patients that had already begun feeling anxiety beforehand and preferred waiting with a family member or a friend as well as talking with other patients [7]. Feeling anxiety before surgery can obviously be related to demographic factors and the grade of partnership support [8].

In a Swedish survey, the sensation of anxiety, depression and pain was examined relating to a year before and after surgery in case of patients waiting for hip replacement. Patients born abroad had more problems with self-sufficiency before and after surgery ($p = 0.01$), therefore more had an increased sensation of angina and depression ($p = 0.02$), as well as of pain (VAS, $p = 0.04$) which was experienced in their cases more than in cases in which the patients who were born in Sweden. One year after surgery, the standard of self-sufficiency was reduced ($p = 0.008$) in cases of patients born abroad. Furthermore, they still complained about an increased sensation of pain (VAS, $p = 0.02$) [9].

Fifty-nine percent of patients worried about the pain after surgery, 46% of patients were anxious about recovery after surgery, 33% of patients were concerned about the pain during surgery and 30% of patients were bothered about the attentiveness of the nursing staff [10].

A Taiwanese study examined the connection between the sensation of anxiety and of pain and nursing interventions around the time of surgery in cases of patients waiting for abdominal surgery. This research found that the sensation of anxiety before the operation was significantly reduced in cases involving the examined group ($n = 30$) and their pain attitudes after surgery also improved remarkably, as well as their sensation of postoperative pain was minor four hours after surgery and remained minor in the first 24 h. In case of this analysed group, mobilisation could be started at an earlier time [11].

In the frame of a study that was carried out in the United States of America, nurses ($n = 2500$) were asked to answer two open-ended questions in connection with how they could observe patients' anxiety and what kind of methods could be used in order to reduce this. The rate of answering these questions was rather low, only 31.6% (accurately 593 nurses) gave answers. On the basis of the given answers, four categories, including physical signs, behaviour, emotions and social signs, were created to understand the sensation of anxiety. Strategies for reducing the feeling of angina, which were applied by the nursing staff or with the help of which patients' anxiety could be lessened, were divided into three groups. The following groups were established: provisioning techniques, providing information and mental support [12].

A survey, which was carried out in cases of patients waiting for laparoscopic cholecystectomy, emphasised that informing

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