Comfort and Hope in the Preanesthesia Stage in Patients Undergoing Surgery

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Purpose: *Comfort and hope have been identified as important components in the care of perianesthesia patients. The purpose of this study was to explore the relationship between comfort and hope in the preanesthesia stage in patients undergoing surgery.*
Design: *A descriptive cross-sectional survey was conducted with 191 surgical patients.*
Methods: *Data were collected using the Perianesthesia Comfort Questionnaire and Herth Hope Index.*
Findings: *Direct and significant relationships were observed between comfort and hope* ($P \leq .001$, $r = 0.65$). *Also, significant relationships were observed between educational level and marital status with comfort* ($P \leq .01$). *The relationship between educational level and hope was significant* ($P \leq .001$). *Significant relationships were also observed between gender and marital status with hope* ($P \leq .01$).
Conclusions: *Overall, this study showed that a significant relationship exists between comfort and hope. Additionally, some demographic characteristics influenced comfort and hope in these patients. Health care providers should arrange the environment in a way that allows the surgical patients to experience comfort and hope and recognize the impact of personal characteristics when caring for surgical patients, particularly in the preanesthesia stage.*

Keywords: *comfort, hope, preanesthesia, surgery, research.*

SURGERY IS A stressful event. The preoperative period is experienced as threatening and depressing by most patients. Patients may be preoccupied with their discomforts, the success of surgery, or their fear of anesthesia.[1] Discomfort leads to anxiety, and this high preoperative anxiety leads to physical problems.[2,3]

Comfort is a basic human need,[4] and there is a general expectation that when we need health care, our comfort will be considered.[5] Attaining comfort is conducive to better health outcomes.[6] Comfort has been identified as important to hospitalized patients and is a word that is frequently used to describe both physical and emotional aspects of the hospital experience.[7,8]

Comfort is a significant criterion for initial, ongoing, and discharge assessment and management of the perianesthesia patient.[8] A uniform

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definition of comfort is not evident in the literature. Many definitions exist but vary according to the author's perspective.[5] In this study, the definition of comfort by Kolcaba and Wilson[8] will be used, stated as "the immediate state of being strengthened through having the human needs for relief, ease, and transcendence met in four contexts of experience (physical, psychospiritual, sociocultural, and environmental)." Kolcaba[9] also characterizes discomfort as the opposite of comfort by placing the concepts along a continuum. Williams and Irurita[7] suggest that nursing was founded on the phenomenon of comfort and noted that "Comfort is a strengthening process. Patients who lack comfort are weakened individuals. Strengthening is necessary for healing." Kolcaba and Wykle[10] theorize that comfortable patients heal faster, cope better, and more thoroughly rehabilitate than do uncomfortable patients.

Many problems such as anxiety related to anesthesia and surgery, isolation from family, poor social support, and limited resources for ongoing care at home after discharge have negative effects on the surgical patients' comfort in the preanesthesia stage. Additionally, environmental factors such as cold, noise, chaos, bad odors, lack of privacy, uncomfortable stretchers, chairs, and beds lead to holistic discomfort in surgical patients in the preanesthesia stage. Therefore, attention to patients' comfort in this period is very important and can help to relieve anxiety, provide reassurance and information, and instill hope.[11] In other words, enhanced comfort is related to increased hope and can reduce complications related to high patient anxiety.[8]

Hope is central to life and is an essential dimension to successfully dealing with illness. Hope is needed by all persons throughout the life cycle and across the health illness continuum.[12] Hope and health are interactive; it is impossible to gain health without having hope.[13] Hope is the subjective probability of a good outcome for ourselves such as expecting a positive medical outcome.[14] There is considerable literature[15-18] seeking to define the concept of hope in relation to the experiences of illness and health care, but no universal definition of hope exists in the literature.[19]

For purpose of this study, we used Dufault and Martocchio's[20] definition of hope: "a multidimensional dynamic life force characterized by a confident yet uncertain expectation of achieving a future good which, to the hoping person, is realistically possible and personally significant." Hope provides comfort, encouragement, and an ability to look toward a more positive future.[21] It is a multidimensional construct that provides comfort while enduring life threats and challenges.[12] The main purpose of hope is to decrease emotional discomfort.[22] Threats to hope include pain, other uncontrolled symptoms, spiritual distress, fatigue, anxiety, social isolation, and loneliness.[12] Hope is vital to successful surgical outcomes,[23] and it seems that it has a critical role in the preanesthesia stage as it is considered to be a stress buffer.[24] Perianesthesia nurses have long known about the power of hope on surgical patients. Most perianesthesia nurses have conducted a preoperative assessment in which they found the patient depressed, hopeless, and expressing feelings of doom. Surgical teams may even cancel surgery if the patient feels these symptoms strongly.[23] Nevertheless, there have been very few studies about the relationship between hope and comfort in surgical patients, particularly in preanesthesia period.

Purpose

The purpose of this study was to explore the relationship between comfort and hope in preanesthesia patients. This study is a test of the second part of the Comfort Theory,[25] stating that higher comfort (measured by the Perianesthesia Comfort Questionnaire [PCQ]) is directly correlated with higher engagement in health-seeking behaviors (HSBs). The external behavior measured in this study was hope (measured by the Herth Hope Index [HHI]). The HSBs can be internal, external, or a peaceful death.[26] Internal HSBs are those physiological functions that occur inside the body that nurses cannot directly observe. Perianesthesia examples include internal wound healing or cell oxygenation. External HSBs are those functions that we can observe through our senses or instrumentation, such as ambulation, appetite, or hope (using conversation or a questionnaire). A peaceful death could be a HSB is that was the most realistic outcome. In most perianesthesia cases, however, this HSB is not relevant.[8]

Hope was measured in this study using the HHI. To determine the level of patient comfort and