

# The Effect of Visiting Surgical Patients in the Postanesthesia Care Unit on Family Members' Anxiety: A Prospective Quasi-Experimental Study

Athina Patelarou, MSc, RN, Evangelos Melidoniotis, MSc, RN, Maria Sgouraki, MD, Maria Karatzi, MD, Xenia Souvatzis, MD, PhD

---

**Purpose:** Surgical procedures pose stressful events for patients and their family members. The main purpose of this study was to determine if visiting patients in the postanesthesia care unit (PACU) would reduce the anxiety levels of Greek patients' family members.

**Design:** A prospective study with a one-group quasi-experimental pretest/post-test design was used.

**Methods:** Situational anxiety of surgical patients' relatives was assessed using the state subscale of the State-Trait Anxiety Inventory (STAI; Greek validation) at the beginning of the surgical procedure and again after their visitation of patients in the PACU.

**Findings:** STAI scores were significantly higher preoperatively (57 [23-80]) than postoperatively (51 [21-77];  $P = .000008$ ). Clinically significant levels of anxiety were present in 76% and 58% of the participants, pre- and postoperatively, respectively.

**Conclusions:** Although postoperative STAI scores were reduced, family visitation in the PACU did not sufficiently reduce the anxiety of Greek family members to clinically acceptable levels.

**Keywords:** anxiety, surgery, family visitation, research, perianesthesia nursing.

© 2014 by American Society of PeriAnesthesia Nurses

---

**HEALTH CARE WORKERS**, particularly those who work in the surgical setting, are accustomed to surgical procedures. In contrast, surgical procedures pose stressful or threatening events for patients and their family members.<sup>1,2</sup> Surgical patients' spouses exhibit high levels of anxiety and find it difficult to think hopefully while staying

in the waiting room.<sup>3,4</sup> Family members may even consider the possibility of death as a usual outcome throughout the surgical procedure.<sup>5</sup> The family unit represents an important structure in the emotional encouragement and support of the patient. However, when family members feel anxious, depressed, or unable to cope with the event, they

---

Athina Patelarou, MSc, RN, Staff Nurse, and Evangelos Melidoniotis, MSc, RN, Staff Nurse, Department of Anaesthesiology, University Hospital of Heraklion, Crete, Greece; Maria Sgouraki, MD, Resident in Anesthesiology, Department of Anaesthesiology, University Hospital of Heraklion, Crete, Greece; Maria Karatzi, MD, Staff Anesthesiologist, Cardiothoracic Intensive Care, St George's Healthcare NHS Trust, London, United Kingdom; and Xenia Souvatzis, MD, PhD, Consultant Anesthesiologist, Department of Anaesthesiology, University Hospital of Heraklion, Crete, Greece.

*Conflict of interest:* None to report.

Address correspondence to Xenia Souvatzis, Department of Anaesthesiology, University Hospital of Heraklion, PO Box 1352, GR 71110 Heraklion, Crete, Greece; e-mail address: [x.souvatzis@gmx.de](mailto:x.souvatzis@gmx.de).

© 2014 by American Society of PeriAnesthesia Nurses  
1089-9472/\$36.00

<http://dx.doi.org/10.1016/j.jopan.2013.08.004>

unintentionally transfer these feelings to the patient.<sup>2,6</sup> Preoperative instructions of the surgical patients' family members are not routine, although there is early evidence that these instructions might have beneficial results.<sup>7,8</sup> Specifically, the provision of information and explanation of events might reduce fear, stress, and uncertainty for both patients and their family members.<sup>9,10</sup>

## Purpose

Various US studies indicate that intraoperative progress reports to family members minimize their anxiety, enhance their sense of control, and increase their cooperation with health care workers.<sup>11-15</sup> The purpose of this study was to determine the anxiety levels of Greek patients' family members during the surgical procedure. The major hypothesis was that visiting patients during their stay in the postanesthesia care unit (PACU) would reduce family members' anxiety levels. Secondary aims were to investigate the correlation of family members' anxiety with their demographic data, with characteristics of surgical patients and details of the surgical procedure, and to determine aspects of high anxiety.

## Methods

### Ethics

Ethical approval for this study was provided by the Scientific Committee of the University hospital in Greece, where the study was conducted. Written informed consent was obtained from all study participants. Permission to use the Greek version of the State-Trait Anxiety Inventory (STAI) was also obtained.

### Design

A one-group quasi-experimental pretest/post-test design was used.

### Sample

Adult family members of patients undergoing same day surgical procedures at one 800-bed public tertiary hospital in Greece were eligible to participate. The participants had to be available in the waiting room; aged between 18 and 99 years; able to speak, read, and understand the Greek language; identify themselves as a family member of the patient; and

consent to participate. Systematic sampling was applied with selection of family members of every fourth patient scheduled on the operating room list during normal working hours.

A power analysis was performed a priori with the results of 12 pilot family members using G\*Power 3 (Institute of Cognitive and Industrial Psychology, Faculty of Mathematics and Natural Sciences, Heinrich-Heine-University, Düsseldorf, Germany).<sup>16</sup> Based on a (mean  $\pm$  standard deviation) STAI score of  $55 \pm 16$  during the first measurement at the beginning of the surgical procedure and  $50 \pm 12$  during the second measurement in the PACU, a correlation coefficient of 0.5 between the groups, an alpha error of 0.05, and a power of 0.80, a sample size of 71 was calculated to yield a statistically significant difference. To allow for possible dropouts, the final sample size was increased by 10% to 78.

### Measurements

Temporary anxiety was evaluated using the state-anxiety portion of the STAI Form Y.<sup>17</sup> The Greek validation of the state subscale was used, which is considered as having a high reliability and validity.<sup>18,19</sup> The state subscale consists of 20 statements in which participants are asked to rate their feelings of anxiety on a four-point Likert scale. Responses are summed over the statements, yielding a range from 20 to 80. The score is positively correlated with the degree of anxiety.

Noninvasive blood pressures of family members were measured with an electronic wrist blood pressure monitor using the oscillometric method, applied on the left wrist against bare skin. The device used complied with the EU Medical Products Directive 93/42/EC, the German medical products act, and European standards EN1060-1 (noninvasive blood pressure monitors, Part 1: general requirements) and EN1060-3 (noninvasive blood pressure monitors, Part 3: Supplementary Requirements for Electromechanical Blood Pressure Measurement Systems). The same device was used to determine heart rates. Participants were asked to sit down and rest for approximately five minutes before the measurement, and to keep still and not to talk during the measurement. Their left arm was supported on an arm rest and the cuff was level with their heart.

Download English Version:

<https://daneshyari.com/en/article/2669585>

Download Persian Version:

<https://daneshyari.com/article/2669585>

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