



Original article

National Survey on Patient's Fears Before a General Surgery Procedure[☆]



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Objective: To assess the magnitude of the different causes of anxiety in patients and families, facing surgery.

Methods: Cross-sectional multicenter national survey recruiting 1260 participants between patients and companions, analyzing the impact of 14 areas selected based on scientific publications aimed at the general public, concerning patients and/or companions, focused on concern about surgery. Patient sex, age, type of surgery (minor/major) and expected inpatient or ambulatory surgery were analysed. For the companions sex and age, and relationship to patient were analysed. In both cases it was assessed based on a unidimensional scale of 0–10, with 0 being be minimal cause for concern and 10, maximum.

Results: The most prominent have been the fear of the unknown, possible complications, the impact on quality of life, the accuracy of diagnosis and possible malignancy of the disease, as well as anaesthesia and pain control. There are significant differences in the involvement of patients and companions; and are also differences by sex and age of the patient; type of surgery (minor/major) and expected hospital admission or not.

Conclusions: The patient faces surgery with a number of fears that can be reduced with increased information.

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◇ The list of co-workers may be found in [Appendix A](#).

Encuesta nacional sobre los temores del paciente ante una intervención de cirugía general

R E S U M E N

Palabras clave:
Temor
Intervención
Cirugía
Encuesta
Pacientes
Acompañantes

Objetivo: Valorar la magnitud de las diferentes causas de inquietud en pacientes y familiares, de cara a la intervención quirúrgica.

Métodos: Estudio transversal mediante encuesta multicéntrica nacional, que reclutó a 1.260 participantes entre pacientes y acompañantes y analiza el impacto de 14 aspectos seleccionados a partir de publicaciones científicas y dirigidas al público general, referidas a pacientes o acompañantes, como causa de esta inquietud ante las intervenciones quirúrgicas. Del paciente se indicaba sexo, edad, tipo de cirugía (menor/mayor) e ingreso previsto o no. Del acompañante, sexo y edad, así como parentesco con el paciente. En ambos casos se valoró a partir de una escala unidimensional del 0 al 10, en la que el 0 correspondía a ser mínima causa de inquietud y 10, máxima.

Resultados: Las más destacadas han sido el miedo a lo desconocido, a las posibles complicaciones, a la afectación de la calidad de vida, la veracidad del diagnóstico y posible malignidad de la enfermedad, así como a la anestesia y control del dolor. Hay diferencias significativas en la afectación de pacientes y acompañantes, así como también se aprecian según el sexo y edad del paciente, tipo de cirugía (menor/mayor) e ingreso previsto o no.

Conclusiones: El paciente se enfrenta a la cirugía con una serie de temores que pueden reducirse con una mayor información.

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Introduction

The emotions of fear and anxiety are inherent in human beings. They are generally expressed when patients are going to be subjected to surgery. Although they are controlled, surgical operations are still a form of attack that is accompanied by discomfort and may give rise to complications, which is the chief fear of patients and their families. There may be multiple fears (fear of the unknown, fear of never waking up or of waking up half-way through the operation, fear of technical errors during surgery and fear of pain, etc.). These fears may cause psychological stress that affects the result of the operation itself.

More than four and a half million operations of different degrees of importance are carried out in Spain every year,¹ so that many citizens are either operated on in a year or were beforehand, or have a family member who received surgical treatment. In this situation worries emerges which do not always correspond to reality. Nevertheless, they always merit full attention.

We have to offer quality of care at an optimum professional level that is in line with available resources and which aims to ensure the satisfaction of users (patients) and professionals (surgeons).^{2,3}

Due to this the Spanish Association of Surgeons (AEC) and the Quality Management department of the AEC planned to implement this project, with the following objectives:

- To evaluate the magnitude of the different causes of concern for patients and their families in connection with general surgical operations.
- To compare the different viewpoints of patients and those accompanying them.

- To characterise the degree of patient worry according to operation type and their profile.
- To involve patients, those accompanying them and surgeons in the quality of care in general surgery.
- To identify areas for improvement so that the AEC is able to establish and publish a suitable action plan.

Methods

This project commenced in November 2013 with a systematic bibliographical search using Google Scholar of scientific and other sufficiently trustworthy publications aimed at the general public for articles describing the main causes of concern for patients and those accompanying them. After this, the scientific committee selected 14 (10 general articles and 4 articles specifically about anaesthesia) from all of the preselected ones. All of these articles have a degree of scientific evidence of III or IV according to the criteria of the National Health and Medical Research Council (NHMRC).

The minimum calculated sample size was 385 for each case, patients and those accompanying them, adjusted to a general size of 4 500 000 based on the annual number of surgical operations in Spain,¹ from minor to major, with or without admission, with a level of confidence for the sample of 95%, a 5% margin of error and an estimated level of heterogeneity of 50%.

In January 2014, the AEC invited all resident tutors and heads of General and Digestive Surgery departments to designate residents or staff to take part in the study. The notification was then published in the bulletin that was also sent out to all members.

Each participant joined the study through a dedicated e-mail address, filling out a document transferring the results

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