

Preoperative Stress: An Operating Room Nurse Intervention Assessment

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Purpose: *The purpose of this research study was to determine the effect of preoperative visits by the operating room (OR) nurse on patient stress levels before undergoing surgery.*

Design: *This research was a quasi-experimental study.*

Methods: *The research sample included patients (N = 179) who were hospitalized for surgery during 6 months in the general surgery department of a public hospital in the Eastern Black Sea Region. The OR nurse, part of the medical staff for surgery, visited patients in the experimental group 1 day before surgery. The OR nurse collected information that was consistent with the requirements of the patients. Patients in the control group were provided with preoperative care that was consistent with hospital procedure. Research data were collected using question forms, patient satisfaction scores, and Burford Distress Thermometer scale. Statistical evaluations included t tests and receiver operating characteristic analysis for independent groups.*

Finding: *Most patients stated that they felt stressed because of the impending surgery. Patients made the following most common statements of the factors that caused stress; fear of unknown, anesthesia phobia, and fear of OR environment and complications that may occur during surgery. Patients in both groups experienced a significant decrease in postoperative stress levels. The perceived distress in the experimental group was significantly lower than the control group during the postoperative period. Patients in the experimental group reported that the OR nurse's visit effectively minimized their stress levels.*

Conclusions: *OR nurse visits to patients before surgery contributed to decreased preoperative stress levels.*

Keywords: *surgical intervention, perioperative nursing, distress, care, preoperative.*

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Conflict of interest: None to report.

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ANXIETY, STRESS, AND FEAR are the physiological and psychological responses of the body to a perceived threat, and these responses are common experiences for most patients who undergo surgery. Studies on preoperative stress and anxiety have attracted the attention of researchers for many years, and the subject still remains pertinent.¹⁻³ Previous studies demonstrated that 10% to 30% of patients hospitalized because of nonsurgical reasons have anxiety, but this percentage rises to 60% to 80% in patients who will have surgery.^{4,5} Patients who learn that they will have surgery have fear, and their

unfamiliarity with the surgery and postoperative period causes stress.⁶ Preoperative anxiety is a normal reaction that begins during planning for surgery and increases at hospitalization. However, some studies found that 5% of surgical patients had a level of anxiety that resulted in a denial of treatment.⁷

Preoperative stress negatively affects every step of the perioperative process by increasing the body's physiological stress response. A high stress level increases intraoperative anesthetic drug requirements, complicates pain control during the postoperative period, increases complication rates and patient dissatisfaction, extends the duration of hospitalization, and increases costs.⁷⁻¹⁰ Stress also weakens the immune system and increases the risk of infection.¹¹

Each patient experiences different levels of stress regardless of the type of surgery, and the variables are the factors that cause stress. Many factors affect the experience of stress in the preoperative period. Stress is a personal feeling that is associated with features, such as the person's age, gender, previous hospital experience, and the ability to cope with stress.¹² Other factors, such as the fasting period, surgical waiting period, the type of surgery, uncertainty about the surgery, isolation from a social environment, concerns about not waking after surgery, and loss of identity and control during anesthesia, are among the factors that cause stress in patients during the preoperative period. Intraoperative complications and postoperative fear of pain are also powerful sources of stress.^{13,14} The nature of the operating room (OR) environment, surrounding medical tools, limited communication because of the patient's unfamiliarity with the staff are also factors that trigger stress, but lack of knowledge and fear of the unknown are the most common surgical stressors.^{3,15}

Insufficient knowledge during the preoperative period increases patient anxiety.¹¹ Information and psychological support to patients during this period reduces intraoperative and postoperative complications and positively affects the postoperative healing process.^{11,12} Studies of the effect of preoperative information or education on the patient's emotional state are available in the literature.^{6,16} Previous studies suggest that

preoperative education reduces anxiety and pain levels, postoperative complications, and delays in surgery.^{17,18}

Nurses play a key role in perioperative patient care. Preoperative education by nurses reduces patient stress and increases self-care strength and compliance.^{18,19} Some studies conclude that preoperative anxiety levels are high, but a nurse's approach and patient education effectively reduce anxiety levels.^{9,16}

Surgical nursing is not always considered "real" nursing care by other nurses. OR nurses are sometimes called names, such as technician and robot, which imply that they are not responsible for patient care.^{7,20} However, surgical nursing is a specialty that requires the provision of safe and effective nursing care using cognitive and social skills. Surgical nursing has undergone significant changes with dizzying speed because of improvements in surgical techniques in recent years. This specialty now requires extremely complex special skills, medical knowledge, and advanced surgical techniques.²⁰ The preoperative visit of the OR nurse is one method to psychologically support and educate patients.⁹ Visits of OR nurses during the preoperative period create an environment that allows patients to express their thoughts, feelings, and expectations. This visit increases a patient's confidence in the surgical team and reduces fears about the operating environment. Wade et al²¹ found that the provision of information to patients affected postoperative complications and reduced anxiety and pain.^{16,21}

Many studies in Turkey and other countries have investigated the causes and consequences of stress and anxiety during the perioperative period. However, studies showing an effect of OR nurse visits on stress are limited, and these studies are not available in Turkey. The present study determined the effect of preoperative OR nurse visits on patient stress regarding the operation.

Methods

Design

The study was a quasi-experimental study.

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