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SCIENTIFIC ARTICLE

Effect of video-based education on anxiety and satisfaction of patients undergoing spinal anesthesia

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KEYWORDS

Video information;
Spinal anesthesia;
Anxiety;
Satisfaction

Abstract

Background: Providing sufficient information during a preanesthetic interview may help improve patient understanding and decrease anxiety related to spinal anesthesia. We investigated the effect of video-based education on anxiety and satisfaction in patients about to undergo spinal anesthesia.

Methods: A total of 198 patients scheduled for minor elective surgery under spinal anesthesia were prospectively enrolled. The State-Trait Anxiety Inventory (State-Trait Anxiety Inventory/State and State-Trait Anxiety Inventory/Trait) questionnaires and visual analog scale were used to measure anxiety levels before the standard anesthesia evaluation was initiated. Then, 100 patients in Group 1 received written, verbal, and video-based education, whereas 98 patients in Group 2 received only written and verbal instructions regarding spinal anesthesia. Then all participants completed the State-Trait Anxiety Inventory/State and visual analog scale to evaluate anxiety. Finally, a 5-point Likert scale was used to measure satisfaction during postoperative period.

Results: No differences were found in the State-Trait Anxiety Inventory/State, State-Trait Anxiety Inventory/Trait, or visual analog scale scores between the two groups before the information period. The State-Trait Anxiety Inventory/State scores evaluating anxiety during the post-information period were differed in both groups and they found as 36.5 ± 10.0 in Group 1 and 39.6 ± 8.6 in Group 2 ($p = 0.033$). The 5-point Likert scale scores to measure satisfaction were stated as 4.5 ± 0.6 in Group 1 and 3.5 ± 1.2 in Group 2 ($p < 0.001$).

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PALAVRAS-CHAVE

Informação via vídeo;
Anestesia espinal;
Ansiedade;
Satisfação

Conclusions: Providing video-based information during the preanesthetic interview alleviated anxiety and increased satisfaction in patients undergoing spinal anesthesia.

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Efeito de informações por meio de vídeo sobre a ansiedade e satisfação de pacientes submetidos à anestesia espinal

Resumo

Justificativa: Fornecer informação suficiente durante uma consulta pré-anestesia pode aumentar a compreensão do paciente e diminuir a ansiedade relacionada à anestesia espinal. Investigamos o efeito do fornecimento de informação via vídeo sobre a ansiedade e satisfação em pacientes prestes a serem submetidos à anestesia espinal.

Métodos: No total, 198 pacientes agendados para cirurgias eletivas de pequeno porte sob anestesia espinal foram inscritos prospectivamente. Os questionários de avaliação de Estado e Traço de ansiedade (State-Trait Anxiety Inventory/State e State-Trait Anxiety Inventory/Trait) e uma escala visual analógica foram utilizados para medir os níveis de ansiedade antes da avaliação padrão da anestesia ter sido iniciada. Em seguida, 100 pacientes do Grupo 1 receberam informação por escrito, verbal e via vídeo, enquanto 98 pacientes do Grupo 2 receberam apenas informação por escrito e verbal sobre a anestesia espinal. Em seguida, todos os participantes responderam os inventários de Estado e Traço de ansiedade e a escala visual analógica para avaliar a ansiedade. Por fim, a escala de Likert de 5 pontos foi usada para medir a satisfação durante o período pós-operatório.

Resultados: Não houve diferença nos escores dos questionários de Estado e Traço de ansiedade e da escala visual analógica entre os dois grupos antes do período de informação. Os escores do de Estado e Traço de ansiedade que avalia a ansiedade durante o período pós-informação foram diferentes em ambos os grupos: $36,5 \pm 10,0$ no Grupo 1 e $39,6 \pm 8,6$ no Grupo 2 ($p = 0,033$). Os escores da escala Likert de 5 pontos para medir a satisfação foram: $4,5 \pm 0,6$ no Grupo 1 e $3,5 \pm 1,2$ no Grupo 2 ($p < 0,001$).

Conclusões: Fornecer informação via vídeo durante a consulta pré-anestésica aliviou a ansiedade e aumentou a satisfação em pacientes submetidos à anestesia espinal.

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Introduction

Surgical patients often experience preoperative anxiety, which is believed to begin as soon as the surgical procedure is planned.^{1,2} Fear related to anesthesia and its implications is an important source of this anxiety.³ In a study that evaluated the public's fears and perceptions about regional anesthesia, approximately one-third of patients were very concerned about permanent paralysis, back injury, pain, the needle used for anesthesia, and being awake during the procedure.⁴ Therefore, information provided by the anesthesiologist during the Preanesthetic Interview (PAI) may play an important role in eliminating such misconceptions about spinal anesthesia. In addition, reducing the preoperative anxiety level may be associated with better outcomes.⁵

However, the ideal way to provide anesthesia information remains unclear. Several studies have reported that video-based education results in better patient satisfaction and improves a patient's understanding regarding the anesthesia procedure compared to verbal information alone or a combination of verbal information and a brochure.⁶⁻⁹

In the present study, we investigated the effect of video-based education on anxiety and satisfaction in patients undergoing spinal anesthesia.

Methods

Questionnaires

The self-reported State-Trait Anxiety Inventory (STAI) was used to measure anxiety levels in patients. The STAI contains two separate 20 item multiple choice subscales that assess state anxiety (STAI-S; state-situational anxiety) and trait anxiety (STAI-T; trait-based anxiety).¹⁰ The STAI-S measures how the patient feels at the moment, whereas general feelings are evaluated by the STAI-T. Turkish validation of the STAI was performed by Oner and Le-Compte.¹¹ The overall score is 20–80. An STAI score ≤ 35 indicates no anxiety, scores of 36–41 indicate moderate anxiety, and scores ≥ 42 indicate severe anxiety.¹² Thus, higher scores indicate a higher anxiety level. The STAI forms are shown in [Appendix 1](#). Patients were asked to complete the STAI-T only during the PAI,

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