

FACTORS RESPONSIBLE FOR STRESS AMONG THE PRE-OPERATIVE CLIENTS

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Abstract

Statement

'A study to assess the factors responsible for stress among the pre-operative clients admitted in PRH Loni.'

Objectives:

1. To assess factor responsible for stress among pre-operative client.
2. To find association between factors responsible for stress and selected demographic variables.

Research methodology:

A cross sectional survey approach with descriptive research design was used. Sample consists of 30 pre-operative clients; selected by simple random sampling from Pravara Rural Hospital. Structured questionnaire on factors responsible for stress; consists of 28 items related to communication; outcome, OT and anesthesia; finance and Miscellaneous.

Results:

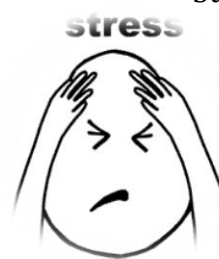
Demographic findings of a study shows that 50% of the participants belonged to the age group 49 yrs and above, 73.33 % were female, 53.33 % were illiterate, 50 % of the participants were farmer, 53.33% were living

in nuclear family, 50% having family income below Rs. 3000/ month, 40% respondents were from female surgery ward, 53.33% were not having past history of surgery and 70% were not having information regarding management of stress. . In the aspect of factors related to OT and anesthesia mean score was 82.67% and Outcome of surgery mean score was 80.85%. There is no significant association between selected demo graphic variables and factors responsible for stress.

Key words:

Stress and preoperative clients.

Introduction:



Stress response in humans is an important means of adapting to altered environmental conditions and a prerequisite for responding to potential threats. Preoperative stress is a challenging concept in the preoperative care of patients. Most patients awaiting surgery experience stress and it is widely accepted as an expected response. It begins as soon as the surgical procedure is planned and increases to maximal

intensity at the moment of entering the hospital. Patients may perceive the day of surgery as the biggest and the most threatening day in their lives. The degree to which each patient manifests anxiety related to future experiences depends on many factors. These include age, gender, type and extent of the proposed surgery, previous surgical experience, and personal susceptibility to stressful situations. Some degree of a stress is a natural reaction to the unpredictable and potentially threatening circumstances typical of the preoperative period, especially for the patient's first few surgical experiences. Studies have shown that high preoperative anxiety levels can lead to increased postoperative analgesic requirement, prolonged hospital stay, significant contribution to adverse preoperative outcome and poor patient satisfaction.

Hypothesis:

H₀: There is no significant association between the factors responsible for stress among the pre-operative client with their selected demographic variables.

Assumption:

It is assume that

1. Pre-operative client are more prone to stress.
2. Demographic variable that is age, sex, financial status, outcome of surgery, communication among the client and health care provider responsible for stress.

3. There may be a relationship between demographic variable and factor responsible for stress among the pre-operative client.

RESEARCH METHODOLOGY:

RESEARCH DESIGN:



Descriptive Study design with survey approach.

Setting of the study:

Present study was conducted in PRH Loni. (Surgery, Ortho and Gynecology ward.)

Sample:

Sample consists of 30 pre-operative clients from surgery, orthopedic and gynecology ward.

Sample size:

Sample size consists of 30 pre-operative clients who fulfill the inclusion criteria.

Sampling technique:

Simple random sampling (Lottery method).

Inclusion criteria:

1. Pre-operative client above the age group of 18.
2. Pre-operative client those who are willing to participate in this study.
3. Pre-operative client from surgery, orthopedic and gynecology ward.

Tools and Technique for data collection:

Structured interview schedule used to collect the data from pre-operative client which consists of two sections.

Section A: Items related to Socio demographic data

It consists of 9 items related to age, sex, education, occupation, monthly income, and type of family, previous history of surgery, ward and information regarding management of stress.

Section B: Structured questionnaire on factors responsible for stress.

It consists of 28 items related to communication, outcome, OT & anesthesia, finance and miscellaneous.

Table showing 28 items related to communication, outcome, OT & anesthesia, finance and miscellaneous.

<i>Factors inducing stress</i>	<i>Yes</i>	<i>No</i>
Communication		
1. Do doctors explain the procedure to you?		
2. Are you satisfied with the explanation given by doctor?		
3. Are nurses solving your doubts regarding surgery?		
4. Whether health care provider gives preoperative teaching?		
5. Do you understand the explanation given by the health care provider?		
6. Do they explain the preoperative procedure that you have to undergo?		
7. Do they communicate the test result of the preoperative test?		
8. Do your close relatives supports you during hospitalization?		
Outcome		
1. Unsuccessful surgical operation Causing stress in you?*		
Complications from anesthetics Drugs*		
2. Not waking up after surgery*		
3. Postoperative nausea and vomiting*		
4. Possibilities of postoperative pain causing stress in you.*		
5. Possibilities of postoperative infection causing stress in you.*		
7. Do you feel outcome of surgery will reduce your ability to discharge your duty? *		

Factors related to OT and anesthesia		
1. Harm from mistake during surgery*		
2. Intra-operative analgesia not long enough*		
3. Inadequate postoperative analgesia*		
4. Ineffective intra-operative analgesia*		
5. Nakedness on the operative table*		
6. Unfamiliar surrounding*		
Finance		
1. Are you the only earning member in your family?*		
2. Financial loss due to hospitalization makes you stressful?*		
3. Are you helped by NGO or govt. organization for expenditure of surgery?		
4. Difficulty in paying hospital bill.*		
Miscellaneous		
1. Blood transfusion*		
2. Hospital smells and noises?*		
3. Insufficient attention from care providers.*		

The items placed on checklist. The checklist consists of 28 items to judge Yes and No. For every negative (*) items for Yes response 1 and No 0 score is given and for every positive items for Yes response 0 and No 1 score is given.

Data collection procedure:

Ethical consideration:

From institutional ethical committee and from institutional research committee problem statement and tool was approved. Prior to collection of data written permission obtained from medical superintendent of PRH Loni. The purpose of the study explained to client with self introduction and then informed consent obtained to participate in the study.

Preliminary requisite before interview schedule:

1. Patients were made to feel comfortable.
2. Purpose of the study was explained to the participants.
3. Sufficient time was provided for the response of client

Results:

Findings related to socio demographic data.

- Demographic findings of a study shows that 50% of the participants belonged to the age group 49 yrs and above,
- 73.33 % were female,
- 53.33 % were illiterate,
- 50 % of the participants were farmer,
- 53.33% were living in nuclear family,
- 50% having family income below Rs. 3000/ month,
- 40% respondents were from female surgery ward,
- 53.33% were not having past history of surgery
- 70% were not having information regarding management of stress.

Table showing Aspect wise mean response of respondents on factors responsible for preoperative stress among the clients

N-30

Sr. No	Factors inducing stress	State ments	Max score	Response	
				Mea n	Mean %
1	Communication	8	8	4.33	54.12
2	Outcome	7	7	5.66	80.85
3	Factors related to OT and Anesthesia	6	6	4.96	82.67
4	Finance	4	4	3.1	77.5
5	Miscellaneous	3	3	2.06	68.67
	Total	28	28	20.11	71.82

Above Table Reveals that aspect wise mean response of respondents on factors responsible for preoperative stress among the clients. OT

and anesthesia mean score was 82.67%, Outcome of surgery mean score was 80.85%, Finance related mean score was 77.5%, Miscellaneous related mean score was 68.67% and communication related score mean score was 54.12%. The total mean score was 71.82%. It can be concluded that factors related to OT ant anesthesia are highly responsible for stress among the preoperative client followed by outcome of surgery, finance, Miscellaneous and communication.

Association between factors responsible for stress and selected demographic variables at 5%
There is no significant association between selected demo graphic variables and factors responsible for stress at 5%, so null hypothesis are accepted.

Discussion:



For many patients surgery is a life event of dramatic significance, which disrupts their personal,

professional, and economic lives, besides having physical effects. The patient enters the operation room with fear and anxiety. The findings of this study showed that most of the patients awaiting surgery experienced high levels of preoperative stress. Factor responsible for stress among the preoperative clients was OT and anesthesia (82.67%) and Outcome of surgery (80.85%). These findings are supported by study which revealed that the prevalence rates for fear of complication

(87%), results of operations (82.4%) and fear of postoperative pain (78.8%) (Preoperative anxiety before elective surgery, Massod Jawed & Asim Mushtaq). Kindler et al reported a preoperative anxiety score of 33 millimeter (mm) for surgery and 29 mm for anesthesia by VAS.

Implications:



Nursing Education:
Nursing educators can educate health workers about management of stress.

Nursing Service:

Nurse can implement different screening technique to assess the stress and implement different methods to reduce the stress.

Nursing Research: Nurse Researchers can undertake more extensive studies based on the findings and methodology of this study.

References:

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World Health Day - 7 April 2013

World Health Day is celebrated on 7 April to mark the anniversary of the founding of WHO in 1948. Each year a theme is selected for World Health Day that highlights a priority area of public health concern in the world.

The theme for 2013 is high blood pressure.

Goals

Greater awareness, healthy behaviours, improved detection, and enabling environments

The ultimate goal of World Health Day 2013 is to reduce heart attacks and strokes.