

Determinant factors of the anxiety and mechanisms of coping on general surgical procedures

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Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Sampaio, C. E. P., Ribeiro, D. d. A., Marta, C. B., Junior, H. C. S., Rose, E., & Francisco, M. T. R. (2013). Determinant factors of the anxiety and mechanisms of coping on general surgical procedures. *Revista de Pesquisa: Cuidado é Fundamental Online*, 5(4), 547-555. <https://doi.org/10.9789/2175-5361.2013v5n4p547>

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RESEARCH

DETERMINANT FACTORS OF THE ANXIETY AND MECHANISMS OF COPING ON GENERAL SURGICAL PROCEDURES
FATORES DETERMINANTES DA ANSIEDADE E MECANISMOS DE COPING EM PROCEDIMENTOS CIRÚRGICOS GERAIS
FACTORES DETERMINANTES DE LA ANSIEDAD Y MECANISMOS DE COPING EN LOS PROCEDIMIENTOS QUIRÚRGICOS
GENERALES

Carlos Eduardo Peres Sampaio¹, Dayane de Araujo Ribeiro², Cristiano Bertolossi Marta³, Helio Casemiro Seabra Junior⁴, Elizabeth Rose⁵, Marcio Tadeu Ribeiro Francisco⁶

ABSTRACT

Objectives: identify the determinant factors of the increase of anxiety in patients in the preoperative period; determine the mechanisms of coping most used by the surgical patients. **Method:** exploratory study, descriptive, qualitative involving 19 patients hospitalized in the Surgical Clinic of a University Hospital in the city of Rio de Janeiro during the period of November-December 2011. Data were collected through semi-structured interviews and were analyzed through Bardin's content analysis. **Results:** The study demonstrates that the factors that increase the anxiety in surgical patients were the surgical procedures and the worry for their families. For the main strategies used by the patients during the preoperative were faith and hope. **Conclusion:** Thus, we identified the main feelings about the surgical procedure involved, leaving health professionals intervene, and promoting improved care about the stressing environment experienced by the patient. **Descriptors:** General surgery, Anxiety, Psychological adaptation, Nursing.

RESUMO

Objetivos: identificar os fatores determinantes do aumento da ansiedade dos pacientes no período pré-operatório; determinar os mecanismos de coping mais utilizados pelos pacientes cirúrgicos. **Método:** estudo exploratório, descritivo, qualitativa que abrangeu 19 pacientes internados nas enfermarias de Clínica Cirúrgica de um Hospital Universitário do Município do Rio de Janeiro no período de novembro a dezembro de 2011. Os dados foram coletados através de entrevistas semiestruturadas e examinados através da análise de conteúdo de Bardin. **Resultados:** Percebeu-se que os fatores que aumentam a ansiedade dos pacientes cirúrgicos foram à ansiedade dos procedimentos cirúrgicos e preocupações com os familiares. As principais estratégias utilizadas pelos pacientes no pré-operatório para reduzir a ansiedade foram à fé e a esperança. **Conclusão:** Desta forma, foram identificados os principais sentimentos envolvidos sobre o procedimento cirúrgico, cabendo os profissionais de saúde intervir, promovendo uma melhora da assistência acerca do ambiente estressor vivenciado pelo paciente. **Descritores:** Cirurgia geral, Ansiedade, Adaptação psicológica, Enfermagem.

RESUMEN

Objetivos: identificar los factores determinantes del aumento de la ansiedad en los pacientes en el período preoperatorio; determinar los mecanismos de coping más utilizados por estos pacientes. **Método:** Estudio exploratorio, descriptivo, cualitativo con 19 pacientes hospitalizados en la Clínica Quirúrgica de un hospital universitario en Río de Janeiro, en noviembre a diciembre de 2011. Los datos fueron recogidos de entrevistas semiestructuradas y tratados por el análisis de contenido de Bardin. **Resultados:** Comprendió que los factores que aumentan la ansiedad de pacientes quirúrgicos fueran la ansiedad de los procedimientos quirúrgicos y las preocupaciones con los familiares. Las principales estrategias utilizadas por los pacientes durante el preoperatorio para reducir la ansiedad fueron la fe y la esperanza. **Conclusión:** Hemos identificado los principales sentimientos envueltos sobre el procedimiento quirúrgico implicado, dejando intervenir los profesionales de la salud, la promoción de mejora de la atención sobre el factor estresante vivido por el paciente. **Descritores:** Cirugía general, Ansiedad, Adaptación psicológica, Enfermería.

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INTRODUCTION

Surgical treatment is required to correct diagnosis and treatment, among other important aspects to the maintenance and improvement of life. However, it is a moment that develops great anxiety and fear to patients facing the unknown, the success of the surgical procedure and separation from family. Anxiety is a physiological response to the stress experienced by the individual, needed to face risky situations.¹

Surgical experience lived psychobiological triggers a process that includes cognitive appraisal of the event (it takes into account the symbolism of the situation for the individual) which resizes this experience. The person, depending on their personal characteristics coping strategies that can become able to reduce or end the problem.²

There is a correlation between the anxious state to various physiological changes resulting from any perceived threat. The patient can present a number of common manifestations of anxiety: dry mouth, sweating, palpitations, vomiting, chills and other biological changes such as increased blood pressure, respiratory and heart.³

Anxiety is an adaptation and simultaneously a stressor, such as running adaptation in the sense that it is a response to an imbalance in the system and initially reduces the voltage level obscuring the nature of the stressor. However, its existence is a sign that the system is having trouble keeping his balance and, accordingly, performs a valuable function.⁴

The situations of stress and anxiety favor the development of adaptations (Coping), created by the patient. Coping strategies have been linked to situational factors, which consider behaviors or thoughts to deal with stressors. Strategies can be classified into two types depending on their function: problem-focused coping and emotion-

focused coping. The emotion-focused coping is defined as an effort to regulate the emotional state that is associated with stress, or is the result of stressful events. These coping efforts are directed to a somatic level and / or a level of feelings, aiming to change the emotional state of the individual. For example, smoking a cigarette, take a tranquilizer, watch a comedy on TV, go for a run, are examples of strategies aimed at a somatic level of emotional tension.⁵ The function of these strategies is to reduce the unpleasant physical sensation of a state of stress.

The problem-focused coping is in an effort to act in the situation that gave rise to stress, trying to change it. The function of this strategy is to change the existing problem in the relationship between the person and the environment that is causing the stress. The action of coping can be directed internally or externally. When the problem-focused coping is directed to an external stress, includes strategies such as negotiating to resolve an interpersonal conflict or require practical help from others. The problem-focused coping is directed internally, usually includes cognitive restructuring, for example, resetting the stressor element.⁵

The importance of problem-focused coping and emotion-focused may vary in response to different types of stress or different points in time. For those two categories, are easily noticed at first, but its effects can be confusing. The emotion focused coping may facilitate focused coping problem by removing the tension and similarly focused coping problem can decrease the threat, thus reducing the emotional voltage.⁶ Both coping strategies are used for virtually every stressful episodes and the use of one or another may vary in effectiveness depending on the different types of stressors involved.⁷

Studies indicate that age may influence the development of different styles of coping, being

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demonstrated when compared to younger individuals; the elderly showed the development of more mature defense mechanisms. However, it was realized that the development of coping strategies did not differ between them.⁸

The coping is understood as a strategy developed to stressful situations. It is a cognitive and behavioral effort made to master, tolerate or reduce external and internal demands and conflicts among them. Assuming that the individual beliefs translate the ideas and judgments about the reality experienced and standards underlying the behaviors serving as a guide in understanding the meaning of reality, it is possible to assume that both have influence on the coping and thus establish close relations with the process. The coping, besides representing the features of the individual to overcome the problem or reduce anxiety, it also represents an attempt by the individual to exert some control over the hospital where he is located, linking with it more adaptive. It is understood that many patients experience a feeling of apprehension by that will undergo surgery and is in a state of stress and strain.⁵

The nurse's role in the social and technical unit of the surgical center, it becomes more important every day not only for the management of the environment, but also by the ability, as you need to link the human aspects, as detailed in patient care as an individual unique in both its particulars and nuances of interpersonal relationships, usually hampered in work units closed and dynamic, in which professionals from all backgrounds interact and mutually interdependent.⁹ The nurse provides care and have an integral vision of the human needs of the patient and his family for this professional needs of both scientific knowledge to carry out their activities in an orderly and systematic.¹⁰

In the face of so much evidence of increased anxiety in surgical patients, it is crucial
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to understand the factors that trigger anxiety and the coping mechanisms most used. Therefore, this study may contribute to nursing care in that, knowing the actions that interfere with patient's anxiety, we have the opportunity to enhance and develop the constructive actions, supporting the role of nurses in the operating room, because even, the fact is that surgery and anesthesia are still considered as stimuli that trigger emotional disorders in individuals. In addition, benefit the patient, which will have its perioperative nursing care individualized and integral.

Through this research was identified in patients in the preoperative period, the main feelings involved on the surgical procedure, leaving health professionals intervene, promoting a change or improvement of the care about the environment stressor experienced by the patient.

So we were prepared the following specific objectives:

- Identify the determinants of increased anxiety of the patients in the preoperative period;
- Determine the coping mechanisms used by most surgical patients;

METHODOLOGY

Type of study and research scenario

This is a descriptive exploratory study with a qualitative approach because it facilitates the collection of data necessary for the development of research, by describing the phenomenon being possible to delineate events, situations and quotes that favor the interpretation and analysis of information. Choose this method means that qualitative research allows a closer approximation to the subject and object of study, allowing the insertion of the researcher in the context to be searched.¹¹

One way to standardize data collection is the application of descriptive research that are able to describe the characteristics of a given population and the relationship between your

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variables, while the present exploratory research in order to develop, clarify and modify ideas.¹²

Qualitative research is based on the dynamic relationship between the real world and subject, ie, an indissoluble link between the objective world and the subjective. This approach will enable the understanding and description of such phenomenon, based on the statements of the patients themselves subjected to surgery.¹³

The location selected for data collection were the clinical surgical wards 1 and 2 female, 4 and 5 male at a university hospital in the city of Rio de Janeiro. Were applied to semi-structured interviews to assess the adaptations created by patients against surgery (coping), applied the day before surgery.

We have established a sample consisting of 19 patients, of this total, 13 male patients and 06 female patients. The criteria for inclusion in the study were: agree to participate voluntarily in the study by signing the Informed Consent Form (ICF) and is admitted in the wards of the surgical clinic and have aged 18 years.

Data collection was conducted during the period November to December 2011. The technique for data collection consisted of semi-structured interview. The interview was semi-structured in applied clinical surgical wards 1 and 2 (women) and 4:05 (men) in the preoperative period.

The choice of the questionnaire gave up because it is a technique that has the advantage of allowing the collection of more specific, more real, since the participant feels more confident about the anonymity. In addition, to ensure uniform evaluation of the responses.¹⁴

This study involved by humans, was submitted to the Ethics Committee in Research of the University Hospital Pedro Ernesto, Opinion CEP / HUPE 3014, according to Resolution 196/1996 of the National Council of Health Ministry of Health (Brazil) obtaining favorable to their development. J. res.: fundam. care. online 2013. out./dez. 5(4):547-55

Thus, before the interviews, was formalized the patients consent to participate in research and scientific use of the information, by signing the consent form. Was assured anonymity to the subjects, as well as full freedom of response, the participant may discontinue participation at any time without any injury reportedly in Resolution 196/96 CNS / MS.

First, we collected data related to the profile of patients, such as age, sex, kinship, previous performance of surgical procedures. The script semi-structured interview was applied the day before the surgery, which was recorded and transcribed in full.

The data were subjected to content analysis, after the delimitation of its themes binders grouped into categories, and by similar differences. The analysis aims to better understand the data, as will be analyzed in light of the thematic content analysis of the statements of the subjects observed the following steps: careful reading of the collected, identification of themes that emerge, categorization, grouping of related topics and categories and analysis of the results obtained. Finally, we performed the comparison with the literature and proposed inferences from significant and valid. To protect the anonymity of participants, their lines were identified by abbreviations of the names of the deponents.¹³

RESULTS AND DISCUSSION

Characterization of the subjects interviewed

The sample consisted of 19 patients with this total, 13 male patients (68.4%) and 06 female patients (31.6%). In terms of age we found 01 patient aged 20-30 years old (5.2%), 02 patients aged 31-40 (10.5%), 04 patients aged 41-50 (21%), 06 patients aged 51-60 (31.5%), 03 patients aged between 61 and 70 years old (15.8%), 02 patients aged between 71 and 80 (10.5%) and 01 patient aged between 81 and 90 (5.2%). Thus, we see with

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the above data the prevalence of patients aged 51-60 years old showing a middle-aged population.

With respect to previous surgical experience, 09 patients had not undergone previous surgery (47.4%) and 10 patients have already performed (52.6%). The surgical time is characterized as stressful and responsible for the increased anxiety. The experience of the realization of surgery the patients may use different coping strategies and even change the degree of anxiety in the pre-operative¹⁵, presenting thus a determining factor to minimize anxiety at surgery. In another study, it can be seen that already have performed a surgery can trigger depending on the subjectivity of the patient, mixed emotions, generating confidence and hope and healing treatment, or insecurity and hopelessness.¹⁵

Among other findings in the literature, the results affirm the fact that the patient has already undergone positive experiences with relation to surgery does not alleviate the fear felt, ie, anxiety arises regardless of the number of surgeries that the patient has already undergone. No matter the complexity of the surgery, because even if a procedure is "technically" simple, it is able to mobilize anxiety. Each surgery is experienced as unique, always a new event, even in cases where the patient already knows the technical procedures.¹⁶ Among the inputs of the preoperative visit nursing performed by nurses was identified according to the scale of anxiety Spielberg a reduction in anxiety levels of patients who received preoperative visit nursing, compared with those who not receiving visits. Thus, it is evident the importance of nursing staff at the time of surgery.¹⁷

Analysis of the categories

1st Category - Factors and aspects that increase anxiety at surgery.

According to the results obtained in the semi-structured interviews, we found the main

aspects and factors that increase the anxiety of the patients in the preoperative period, and developed two sub-categorized: The anxiety of surgical procedures and concerns with family members.

The patient, and go through the changes caused by the process of surgical preparation, both physical and psychological needs arising from surgery, still faces a hitherto strange environment with unfamiliar people, where they perform procedures diverse and often incomprehensible, scary machines that generate expectations with consequent anxiety state and may remain until the time of completion of admission.¹⁸

Subcategory 1: The anxiety of the surgical procedure.

The data show that the majority of respondents (surgical patients) mentions increased anxiety linked to the surgical procedure, mainly due to factors, such as being the first surgical procedure and the proximity to the surgery.

In the statements of the deponents below, we can detect the stories that favor the development of anxiety, including:

[...] when it comes next to the time of the operation. (C.S. 30 years old).

The completion of the surgery [...] (M.L.A. 36 years old).

[...] know that will do the surgery. (A.L.R. 39 years old).

[...] blood pressure to the surgery. [...] (M.R.L. 58 years old).

In other studies in a surgical service, showed that 97% of patients had some degree of anxiety, being touted as more frequently, the surgical procedure, the standby unit in the surgical procedure and the possibility of an pain and comfort.¹⁹

Anxiety is a normal reaction to stress and threat or danger that can be caused by fear of death or disability. It usually occurs when an individual faces a change or the need to act differently than usual.¹

In this moment of tension and anxiety present during surgery, it is essential the participation of nurses because nursing care are able to minimize the anxiety before surgery, and the nurse, the most professional qualified to provide care to patients. Thus, this study contributes towards recognizing the fears that patients face in the preoperative period, in order to improve nursing care, minimizing postoperative complications.

The surgery patients undergoes major changes during the perioperative period, both physical and psychic, in response to thoughts and previous experiences that generate often feeling of uncertainty and fragility. The humanized aims to reduce or avoid anxiety that the anesthetic-surgical procedure can awaken the client, making it more secure and confident.²⁰

A humanized nursing care from the preoperative brings numerous benefits postoperatively because if the client sees the anesthetic-surgical so quiet, confident and aware of the procedures, will certainly have a much faster restoration. The quality of care provided to surgery patients is directly related to the role that the nurse meets the industry because if you have the option of establishing a therapeutic communication with the client and between the team and the client.²⁰

Subcategory 2: Concerns with the family.

Another aspect that increases the anxiety of the patients in the preoperative period is a concern with your family. Hospitalization is a challenge not only for the patient but also for the family, which somehow reaches the inpatient generating a feeling of distress in the preoperative period with their families who are distant. As seen in the reports, the concern with the family and with the disease, were identified as stressors:

[...] a concern with my family. (M. L. A. 36 years old).

Concern with my son at home [...] (M. J. C. O. 63 years old).

[...] concern about the disease that I have [...] (S. V. A. 57 years old).

It was noticed that the family has difficulty in dealing with the feelings generated by the surgery of a loved one. And it is precisely at this moment of greatest sensitivity, the patient should have the presence of the family in order to give emotional security, reassuring him and causing emotional tension is minimized.²¹

The family is concerned about the moments of separation and pictures or even watches the complex procedures and invasive techniques, perceived as aggressive, without receiving proper clarification.¹⁸

Because it is a time of difficult confrontation, it is important to clarify any questions the patient and their family about the surgery, so that in this way, feelings of concern are minimized or even eliminated. However, for this to be effected is important that nurses perform nursing care in full, it is indispensable to identify the concerns that plague patients, to offer care that can further reduce the tensions of the time of surgery.

2nd Category - coping mechanisms used by patients at surgery.

As one of the objectives of the study was to determine the coping mechanisms used by surgical patients, it was possible to detect, by the results obtained, the patients preoperatively, had a religious quest and hope as a strategy for adaptation to anxieties.

In the interviewees' statements described below, we can see the following reports:

[...] Believe in God, to hope. [...] (D.V. 58 years old)

[...] Have perseverance [...] (A. L. R. 39 years old)

Pray, watch tv to distract [...] (M. J. C. 63 years old)

In another study, patients when asked about the aspects that minimize anxiety, the patients with higher incidence information received from the nurse, the environment of the

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unit, the information received from the anesthesiologist, the permanence of these at his side during the surgical procedure.¹⁹ In addition, they stressed the need for faith and hope. Respondents have religion as a means of comfort, the explanation for the situation they are going through.

Religion provide an invaluable resignation in the face of their situation and existence, a multiple peace of heart, an ennoblement of obedience, and a happiness and pain more equal to his own, and a kind of justification of life everyday.²² can be seen in a survey, that through the assistance of nursing care and nursing staff must realize the need presented by patients and family valuing the influence of spirituality that helps provide comfort.²³

Spirituality and religion considered, for many people, reassuring agents that minimize stress and anxiety, are scientifically considered ways of coping (or coping) of stress.²⁴ is a way in which patients receive necessary support to face these experiences able at that time to have change as the increase of the beliefs or religious conversion.

In this sense, it is believed that nurses should be encouraged to maintain clear guidelines and objectives of the nursing activities related to the perioperative period, in order to elucidate the factors that trigger stress and anxiety, thus enabling better conduct of team members Nursing on the need to associate expertise with human values and concern to allow the participation of the patient, especially in relation to their privacy choices and minimizing anxiety. Professionals should be concerned not only with the physiological aspect, but also with the psychological aspect, seeking emotional balance parallel to the patient's physical recovery.²⁵

Importantly, the preparation of the patient is an effective measure to reduce the fears and anxieties of the patient, thus underlining the need J. res.: fundam. care. online 2013. out./dez. 5(4):547-55

for psychosocial interventions to minimize the emotional impact caused in the perioperative period. However, for adequate preparation, the nurse should consider the wishes of the patient about the surgery to his level of understanding, their individual characteristics, to identify hospitalizations stunted, the perception of the patient and his family about the situation being experienced.²⁶

CONCLUSION

This study pointed out the main aspects and factors that increase the anxiety of the patients in the preoperative period and the coping mechanisms used by patients at surgery, performed with 19 people, mostly men, who had performed surgical procedures.

Based on patient reports, it became clear that the factors that increase the anxieties of surgical patients are anxiety of surgical procedures and concerns with family members. In relation to the main strategies used by patients preoperatively to reduce anxiety were the faith and hope.

We highlight the importance of health professionals to undertake a visit nursing preoperative care of their assistance in promoting the development of a hospital environment enjoyable with the purpose of providing comfort to the patient. The nurse can recognize and interfere with patients' needs, giving support to their emotional difficulties and support, to the extent that one understands the subjectivities of them.

Given the above, it was possible to identify the main feelings involved on the surgical procedure, leaving health professionals intervene, promoting a change or improvement of the care about the environment stressor experienced by the patient.

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Received on: 29/05/2013

Required for review: no

Approved on: 15/08/2013

Published on: 01/10/2013