

CHAPTER 1

INTRODUCTION

Background

Pre-operative anxiety remains to be a major problem in surgical patients. It has been accepted as a nursing diagnosis and has been defined as a vague and uneasy feeling to surgical patients (Kim, McFarland, & McLane, 1991; Shuldham, Cunningham, Hiscock, & Luscombe, 1995). Causes of pre-operative anxiety mostly relate to patients' concerns of anesthesia, operation, pain, and unconsciousness (Mitchell, 2000). Studies found that considerable pre-operative anxiety correlated with post-operative anxiety and post-operative pain, wound healing, and delay of recovery (Caumo, Broenstrub, & Fialho, 2000; Caunt & Edward, 1992; Lan, 1999). Studies have reported increasing knowledge and various advanced interventions to relieve pre-operative anxiety. However, surgical patients experiencing pre-operative anxiety are ineffectively managed (Manias, 2003; Mitchell, 2000). Pre-operative anxiety needs to be well managed by improving nursing care in surgical wards.

Surgical nurses are expected to play a major role in reducing pre-operative anxiety and this is considered as significant caring practices for surgical patients. Nurses usually follow the standard of surgical care through nursing process (Dietrick-Gallagher, Palomano & Carrick, 1994; Leinonen & Leino-Kilpi, 1999; Manias, 2003). Effective caring practices in reducing pre-operative anxiety include dissemination of information, and pre-operative visits (Mitchell, 2002). The caring practices in reducing pre-operative anxiety need to be enhanced to meet patients' expectation.

Further enhancement of caring practices in reducing pre-operative anxiety requires for reflective practices. Caring practices can be reflected from surgical nurses' own practices (Leinonen & Leino-Kilpi, 1999). Nurses considered self-evaluation of practices to be either useful or very useful for constantly reviewing their professional practice (Paget, 2001). It also helped nurses to expand and develop their clinical knowledge and skills (Dewing, 1990). This also resulted in improving patient care as the central focus for caring practices (Davies, 1995).

Studies of caring as perceived by nurses and patients in cancer, surgical and intensive care unit settings showed that the findings were incongruent (Larson, 1987; von Essen & Sjoden, 1991a; Rosenthal, 1992). Those studies have been conducted by employing caring concept developed by Larson (1984) and measured caring in cancer, surgical, and ICU settings. Moreover, other studies have explored caring by using Transpersonal Caring Theory (Watson, 1979) in cancer and perioperative care. Other studies have focused on caring as perceived by cancer patients (Cronin & Harrison, 1988a), by surgical patients (Burchiel, 1995; Parsons, Kee, & Gray, 1993), and by perioperative nurses (McNamara, 1995). These studies used a questionnaire, namely Caring Behaviors Assessment, which consists of seven subscales (Cronin & Harrison, 1988a). However, previous studies have not identified caring practice in reducing pre-operative anxiety from the perspective of nurses and of patients.

Studies have been conducted for exploring caring practices in reducing surgical anxiety. The finding revealed that assessment-evaluation of anxiety was a major concern for surgical nurses, as they had to make clinical judgments in using anti anxiety drugs (Manias, 2003). Furthermore, Pre-operative teaching and visits

must be emphasized in nursing intervention of anxiety (Bernier, Sanares, Owen, & Newhouse, 2003; Martin, 1996; Mitchell, 2003; Mordiffi, 2003).

Watson's caring concept focuses on transpersonal caring relationship as a moral ideal to have the excellent care. Caring concept is implemented to achieve a primary goal: quality patient care. A transpersonal caring relationship between nurses and patients acts for a mutually fulfilling caring experience to meet the patients' needs efficiently (Watson, 1994).

In Banyumas, a large district in Central Java, the centers of surgical care in three main hospitals have started a policy of quality assurance since 2002. From the researcher's and the surgical nurses' experience, pre-operative anxiety remains an important issue in caring for surgical patients. Initial assessment of caring practices in reducing patients' pre-operative anxiety in the surgical wards is needed for understanding quality of care in order to achieve continuous quality improvement for pre-operative patients. The congruence of nurses' perception and patients' perception of caring practices in reducing pre-operative anxiety can achieve good quality of care for pre-operative patients. This study aims to describe the level of caring practices and to examine the differences between caring practices in reducing patients' pre-operative anxiety as perceived by surgical nurses and patients. The findings of this study helped nurses improve their own caring practices in pre-operative anxiety patients, provide initial information of pre-operative care quality, and allow developing further interventions in pre-operative patients.

Objectives of the Study

1. To describe the levels of caring practices in reducing patients' pre-operative anxiety, as perceived by surgical nurses.
2. To describe the levels of caring practices in reducing patients' pre-operative anxiety, as perceived by patients.
3. To examine the differences between caring practices in reducing patients' pre-operative anxiety, as perceived by surgical nurses and patients.

Research Questions

1. What are the levels of caring practices in reducing patients' pre-operative anxiety, as perceived by surgical nurses?
2. What are the levels of caring practices in reducing patients' pre-operative anxiety, as perceived by pre-operative patients?
3. Are there differences between caring practices in reducing patients' pre-operative anxiety, as perceived by surgical nurses and patients?

Conceptual Framework

The framework for this study is based on Watson's concept of caring and caring practices in reducing pre-operative anxiety. Watson's caring concept connotes transpersonal caring relationship as a moral ideal rather than task-oriented behavior and an authentic caring relationship between nurse-patient to act for protection, enhancement, and preservation of patients' dignity. Human caring involves a will and a commitment to care, caring actions, and consequences that communicate caring to patients (Watson, 1979; 1988).

Cronin and Harrison (1988a) adopted a concept of nurses' caring behavior, which encompassed seven subscales conceptually congruent with Watson's carative factors (Watson, 1979; 1988). Carative factor is a term in caring concept instead of the term curative as commonly used in medicine field. These carative factors include (1) humanism-faith-hope-sensitivity, (2) development of helping-trust relationship, (3) expression of feelings, (4) interpersonal teaching-learning, (5) supportive-protective-corrective environment, (6) human-need assistance, and (7) existential-phenomenological forces.

To discover processes of caring practices in reducing patients' pre-operative anxiety, the seven carative factors are elaborated in two dimensions: assessment-evaluation and nursing intervention of pre-operative anxiety, as shown in Figure 1-1.

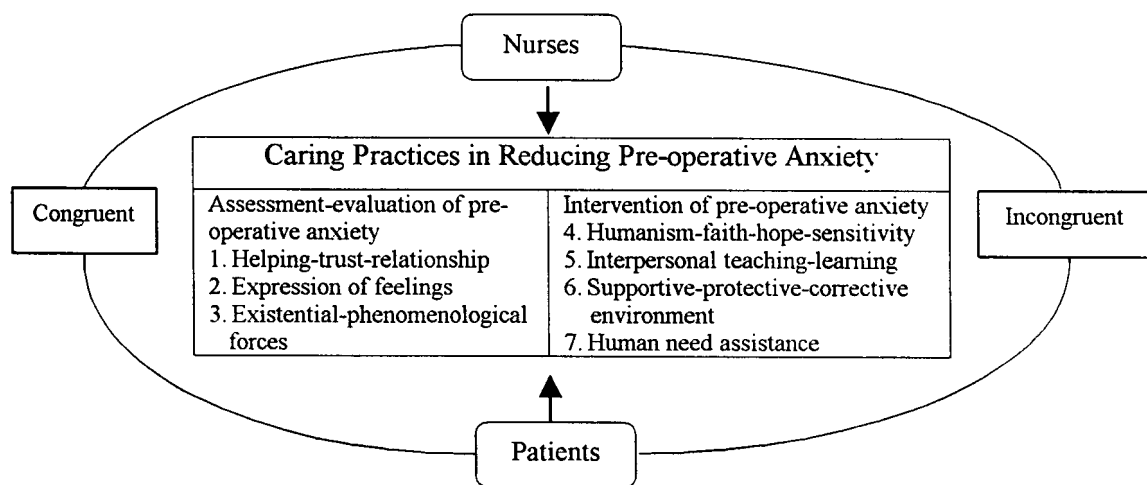


Figure 1-1 Framework of caring practices in reducing pre-operative anxiety

1. Assessment-evaluation of pre-operative anxiety

Assessment-evaluation of pre-operative anxiety refers to actions to determine or evaluate effects and the levels of pre-operative anxiety. The effects of anxiety include physical, perceptual, cognitive, and behavioral perspectives (Johnson,

1993). Assessment-evaluation covers three carative factors (Watson, 1979; 1988; 1999). Caring practices in relation to assessment-evaluation include helping-trust-relationship, expression of feelings, and existential-phenomenological forces. Helping-trust-relationship refers to making trust-relationship and effective communication with pre-operative patients (Cronin & Harrison, 1988a; Watson, 1988). Expression of feelings refers to sharing feelings of pre-operative anxiety. Existential-phenomenological forces refer to observation of pre-operative anxiety, coping method they use to reduce anxiety, and effectiveness of anti anxiety drugs.

2. Nursing intervention of pre-operative anxiety

Nursing intervention of pre-operative anxiety refers to actions to lessen, or alleviate pre-operative anxiety. Nursing intervention includes non-pharmacological and pharmacological caring practices based on classification of carative factors (Watson, 1979; 1988; 1999).

Caring practices in relation to nursing intervention include humanism-faith-hope-sensitivity, interpersonal teaching-learning, supportive-protective-corrective environment, and human need assistance. Humanism-faith-hope-sensitivity refers to helping pre-operative patients, acknowledging patients' feelings, and promoting confident to deal with pre-operative anxiety. Interpersonal teaching-learning refers to dissemination of information regarding surgical procedure, behaviors related to what patients should do, possible sensory experience, operating-room environment, and early ambulation, pain and wound management in pre- and post-operative phase (Mitchell, 1994; Mordiffi, 2003; Xiuyue, 1999). Supportive-protective-corrective environment refers to pre-operative visits, disseminating psycho-educational information in during pre-operative phase (Cupples, 1991), considering spiritual

needs, and managing a calm environment. Human-need assistance refers to intervention, such as relaxation, music therapy, and medication in during pre-operative phase (Albert, 2001; Good, Stanton, Grass, Lai, Roykulcharoen, & Adler, 2001), and administration of anxiolytic premedication and sedative drugs.

Surgical nurses' perception and patients' perception of caring practices in reducing pre-operative anxiety indicates congruence or incongruence between parties. Discrepancies of nurses' perception and patients' perception indicate the quality of caring practices in reducing pre-operative anxiety. Meeting perception of both parties describes the quality of caring practices in reducing pre-operative anxiety and reversely.

Hypothesis

Caring practices in reducing pre-operative anxiety as perceived by surgical nurses and patients are significantly different.

Definition of Terms

Caring practices in reducing patients' pre-operative anxiety refers to surgical nurses' actions that need to be performed in order to lessen pre-operative anxiety for surgical patients. These include the practices in assessment-evaluation and nursing interventions. The questionnaires of caring practices in reducing patients' pre-operative anxiety was modified from Caring Behaviors Assessment (Cronin & Harrison, 1988b), which is composed of seven subscales: humanism-faith-hope-sensitivity, helping-trust relationship, expression of feelings, interpersonal teaching-learning, supportive-protective-corrective environment, human-need assistance, and existential-phenomenological forces.

Surgical nurses' perception of caring practices in pre-operative anxiety refers to surgical nurses' self-report regarding quality of caring actions that they perform to relieve pre-operative anxiety since patients' admission to operation date. The questionnaire for surgical nurses (Form 1) was used to assess nurses' perception of caring practices in reducing patients' pre-operative anxiety.

Pre-operative patients' perception of caring practices in pre-operative anxiety refers to pre-operative patients' self-report regarding quality of caring actions that they received from surgical nurses to relieve pre-operative anxiety since patients' admission to operation date. The questionnaire for patients (Form 2) was used to assess patients' perception of caring practices in reducing pre-operative anxiety.

Significance of the Study

The proposed study is expected to describe nurses' perception and patients' perception of caring practices in reducing patients' pre-operative anxiety. This study contributes to nursing practice, nursing education, and future research:

1. To develop guideline of caring practices in reducing patients' pre-operative anxiety by using caring actions, which are congruent between surgical nurses and patients.
2. To provide references for nursing students and clinical supervisors working in surgical ward to understand caring practices in reducing patients' pre-operative anxiety.
3. To be a major resource or a baseline of caring practice levels and the differences between surgical nurses' perception and patients' perception of caring practices in reducing pre-operative anxiety for future research.