

Assessment of the Anxiety Level among Patients Undergoing Surgery at a Selected Hospital, Puducherry

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ABSTRACT

Background: Anxiety is an emotional condition characterized by fear, uneasiness, and worry over potentially dangerous situations, as well as a physiological state of awareness. Surgery is a severe procedure that is often accompanied by bleeding, discomfort, and the danger of morbidity or death. As a result, preoperative anxiety is frequent, and the reported prevalence of preoperative anxiety among patients undergoing various types of surgery ranges from 60 to 90%. The objectives of the study were to assess the anxiety level among patients undergoing surgery and to associate the anxiety level with selected demographic variables.

Materials and methods: Descriptive research design was used for the study. The study population was patients who were undergoing surgery admitted to a tertiary care hospital. A purposive sampling technique was used to select 40 patients from the surgery ward. The demographic data were collected from the samples and Beck Anxiety Inventory Scale was administered to assess the anxiety level among patients undergoing surgery.

Result: The result revealed that out of 40 samples, 26 (65%) had severe anxiety, 10 (25%) had moderate anxiety, and 4 (10%) had a low level of anxiety. It shows that majority of the adults had anxiety while undergoing surgery.

Keywords: Adults, Anxiety, Preoperative, Surgery.

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INTRODUCTION

Anxiety is characterized by sensations of tension, unease, anxiety, fear, and increased autonomic activity of various intensity. The preoperative phase is marked by anxiety-inducing situations that cause a patient's psychological, cognitive, and physiological responses.^{1,2} Anxiety is an emotional condition characterized by fear, uneasiness, and worry over potentially dangerous situations, as well as a physiological state of awareness.³

One of the possible reasons for unwarranted operation cancellations is anxiety. According to certain studies, the total prevalence of anxiety during a preoperative period in the Western population is in the range of 60–80%, however, some researchers found a wider range of anxiety from 11 to 80%.^{4,5} Surgery is a difficult process that normally requires time to recuperate from. Pain, bleeding, and the risk of morbidity or death are all linked to this condition. As a result, preoperative anxiety is frequent, and the reported prevalence of preoperative anxiety ranges from 60 to 90% among patients undergoing various types of surgery.⁶

Anxiety before surgery can have major repercussions, increasing the risk of postoperative complications, such as pain, longer hospitalization, delayed recovery, and death.⁷ Fear of pain, physical harm, complications, and other factors are all major reasons for preoperative anxiety and death. Furthermore, there are concerns regarding the loss of physical abilities, capacity, as well as concern for family members children.^{8,9}

Surgical intervention, according to psychological hypotheses, is mental stress that requires intervention. Pharmacological and nonpharmacological therapies have been demonstrated to lessen the amount of preoperative anxiety. Spiritual activities, music, information, and social support are some of the ways used.^{10–12}

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NEED FOR THE STUDY

One of the elements that cause worry is major life changes, and one of these changes is surgery. The patient is admitted for surgery, regardless of their ailment, is prone to experience anxiety during their stay in the hospital. Prolonged anxiety causes stress, which can injure the patient and impede recovery if it goes unnoticed.¹³ Anxiety is a challenging concept in the care of preoperative. Anxiety is common among patients anticipating elective surgery, and it is usually considered as a normal reaction.

Preoperative anxiety has unfavorable anesthesia effects as well as delays recovery from anesthesia and surgery. Surgery is a psychologically stressful experience that requires proper assessment and help them in coping responses. Stress occurs when a situation has appraised as demanding and as having the potential to exceed coping resources.¹⁴

Many patients experience 60–80% of substantial anxiety prior to operation. An elevated level of anxiety before surgery is associated with pathophysiological responses, such as

dysrhythmias, hypertension, palpitations, and may cause patients to refuse to accept planned surgery.^{15,16}

Preoperative anxiety is associated with the effects, such as difficulty in accessing intravenous line, jaw relaxation delayed and coughing during induction of anesthesia, autonomic fluctuations, and increased need of anesthesia. It has also been correlated with pain threshold, nausea and vomiting in the postoperative period, increased risk for infection and delayed recovery.^{17,18}

Ebirim and Tobin conducted a cross-sectional study on factors responsible for Preoperative anxiety in patients undergoing elective surgery at University Teaching Hospital.¹⁹ One-hundred and twenty-five eligible adults admitted for elective surgical procedures within a 6-month study period were selected as a sample. The demographic variables and the anxiety questionnaire were given to the study participants before the day of the surgery. The results revealed that 90% of the participants had at least one or more factors that causing anxieties in the preoperative period. The most common reason for anxiety was the chance of surgery being postponed (69.6%), (64%) had a fear that mistakes may happen during the surgical operation resulting in harmful effects, (63.2%) had fear of not receiving enough support and attention from care givers, and (58.4%) had fear of "not waking up" after surgery. The respondents had minimal worry about having postoperative nausea and vomiting (8%). Out of 125 participants, 27.1% of male and 40.9% of female participants were significantly anxious. Only previous surgical treatment was significantly associated with lower levels of preoperative anxiety at $p < 0.05$. There was statistically no significant in gender differences.²⁰

Newer hospital environment, waiting time of surgery, postoperative pain, fear of one's life, nil per oral, transfusion of blood, unknown fear, getting injured with needles, and awareness during surgery were the significant factors responsible for increased preoperative anxiety in women as compared to males.^{19,20}

OBJECTIVES

- To assess the anxiety level among patients undergoing surgery.
- To associate the anxiety level with selected demographic variables.

METHODOLOGY

A quantitative research approach and descriptive design were used for the study. Population of the study was the adult patients who undergoing surgery admitted in a tertiary care hospital. A purposive sampling technique was adopted to select 40 preoperative patients from surgery ward who fulfills the inclusion criteria. The inclusion criteria include both male and female between the age-group of 40–60 years who got admitted for elective surgery and those who were willing to participate in the study. The researcher obtained informed consent and formal permission from the study participants. The purpose of study was explained to all the samples. The demographic data were collected from the samples by using the interview technique. Assessment of anxiety was done by using Beck Anxiety Inventory Scale. Descriptive and inferential statistics (Chi-square) were used for the study.

RESULT

The majority of the samples 18 (45%) belong to the age-group of 51–60 years, 10 (25%) belongs to the age-group of 41–50 years. With regard to gender, 17 (42.5%) were females and 23 (57.5%) were males. In religion, 28 (70%) were Hindu and 8 (20%) were

Christian. In nature of occupation all the samples in women 17 (42.5%) were house wives, 10 (25%) were self-employed in male. Out of 40 samples, 30 (75%) had no previous history of surgery, and 10 (25%) had previous history of surgery. Regarding the hospital stay, the majority of the samples 20 (50%) stayed >3–5 days of hospitalization before surgery. On the basis of name of surgery, 11 (27.5%) patients undergoing ureterorenoscopic lithotripsy.

Figure 1 shows the level of anxiety among patients undergoing surgery. Out of 40 samples, 26 (65%) had severe anxiety, 10 (25%) had moderate anxiety, and 4 (10%) had a low level of anxiety. It shows that majority of the patient undergoing surgery had severe levels of anxiety.

In association, there is no significant association between the anxiety level and demographic variables like age, gender, religion, occupation, previous history of surgery, and name of surgery.

DISCUSSION

Surgery can recover health and even save lives, but it is normal to be nervous the day or two well before the procedure. Physical symptoms of anxiety include a racing or beating heart, an uneven pulse, nausea, and insomnia. Because these symptoms may be misinterpreted as a sign that the condition is worsening, they can sometimes generate further anxiety.²⁰ Inpatients frequently experience preoperative anxiety.

The present study report reveals the various levels of anxiety among patients before surgery. Out of 40 sample, 26 (65%) had severe anxiety, 10 (25%) had moderate anxiety, and 4 (10%) had a low level of anxiety. It shows that majority of the patient undergoing surgery had severe levels of anxiety. There is no significant association between the anxiety level and demographic variables like age, gender, religion, occupation, previous history of surgery, and name of surgery.

LIMITATIONS

- The present study was limited to 40 samples.
- The data collection period was only 1 week.
- In this research, I have administered Beck Anxiety Inventory Scale and it would be better if applied with another anxiety scale.

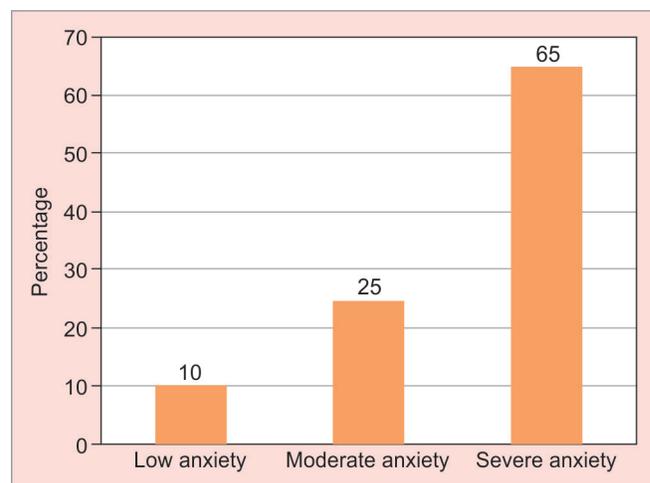


Fig. 1: Level of anxiety among patients undergoing surgery

RECOMMENDATIONS

- Research can be conducted on specific interventions to reduce preoperative anxiety.
- Research can be conducted with a large sample.

CONCLUSION

The study concluded that 65% of the patients had severe anxiety. It shows the majority of the sample had anxiety before undergoing surgery.

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