

Original Article

## PRE-OPERATIVE ANXIETY IN PATIENTS ADMITTED FOR ELECTIVE SURGERY IN KING SAUD HOSPITAL, UNAIZAH, AL-QASSIM KINGDOM OF SAUDI ARABIA

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### ABSTRACT

**Objective:** To assess the Pre-Operative Anxiety and to further the planning of health education and counseling programme.

**Background:** Hospitalized patients generally feel frightened and vulnerable at the thought of impending surgery which can produce fear and anxiety related to pain perception. Pain can grow out of proportion to its physical intensity due to unfamiliar environment, loss of privacy, separation from social structure or communication difficulties due to cultural and/or language barriers. Patients may perceive the day of surgery as the biggest and the most threatening day in their lives. Studies show, (depending upon the intensity of inquiry), that from 40% to 85% of patients are apprehensive before surgery. It is claimed that an informative and comforting pre-operative visit may replace many milligrams of anxiolytic medication.

**Methodology:** A survey form was designed to record the patient's point of view. One hundred consecutive patients > 12 years of age belonging to both sexes admitted for elective surgery were enrolled for interview.

**Results:** Fifty five percent of the total number of patients expressed the fear of operation. The younger age group (< 38 years) were more apprehensive compared to elderly. The differences in this degree of fear did not correlate with the gender or level of literacy.

**KEY WORDS:** Pre-operative Anxiety – Health Education.

### INTRODUCTION

Anxiety is a constant motivating factor in life and can warn people when their well-being is threatened.<sup>1</sup> A level of 'normal'

anxiety in an individual's coping abilities is necessary for health. It can be a response to or a cause of stress. Anxiety due to hospital admission produces imbalances in homeostasis which elicit a physiological and psychological response that can compromise recovery.<sup>2</sup>

Anxiety is present in most surgical patients to a certain degree. Anxiety is the uneasiness and apprehension the patient feels without being able to identify the precise cause. Anxiety interferes with the patient's ability to concentrate, recall information and process new information. In pre-operative patient, anxiety may be due to threats to the patient's self-concept, socioeconomic status, role functioning, pattern of interacting or fear of dying.<sup>3</sup>

The surgical patients may be anxious about the way the surgical intervention will alter essential values and life goals. Clues that the patient is experiencing high levels of anxiety are

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increased heart and respiratory rates, elevated blood pressure, voice and hand tremors, insomnia and poor eye contact. He may be able to say he is "up tight" or nervous or express concern about changes in his life.<sup>4</sup>

Patients may perceive the day of surgery as the biggest and the most threatening day in their lives. The impending surgery can produce fear and anxiety greater than the pain perception.<sup>5</sup> This may be due to unfamiliar alien environment, loss of freedom, separation from social structure and communication difficulties due to cultural and/or language barriers. A study by Egbert et al showed that on an average, 57% of patients felt anxious before operation. Female patients were more likely than the male patients to be anxious before surgery.<sup>6</sup>

An informative and comforting preoperative visit to the patient by the treating doctor, anaesthetist and theatre nurse, may replace many milligrams of anxiolytic medication.<sup>7</sup> In one study, the level of anxiety was measured daily from 4 days before hospital admission to several days after surgery. Anxiety was high before admission, between admission and surgery, and two days after surgery.<sup>8</sup> The preoperative visit was more effective than an "informative booklet" given to the patients, the day before surgery. The leaflet "going to operation

theater" explains to the patients the procedure from his or her transfer to the operating room and return to the ward.

Studies showed that psychological preparation could not accomplish everything and did not relieve all anxiety. Use of analgesics or sedative drugs have also not met with consistent success. However psychological relaxation techniques such as distraction and imagery have significantly reduced the anxiety levels.<sup>9</sup>

## PATIENTS AND METHODS

It was a prospective study made over a period of 3 months. One hundred consecutive patients more than 12 years of age, belonging to both sexes were enrolled for interview. All of them were admitted for elective surgery. The patients admitted for Gynaecological, Obstetric and Paediatric surgery were excluded from this study. A questionnaire was prepared in collaboration with Department of Health Education, Surgery, Anaesthesia and Nursing. The questionnaire comprises of demographic data and twelve questions. (See Appendix)

The questionnaire was supplied to a Senior Nursing Supervisor who interviewed all the above patients individually on the day before the scheduled surgery for each patient. (Table-I)

TABLE - I: Frequency of responses

S.No. Questions Asked	Yes		No		No Response	
	Frequency	%	Frequency	%	Frequency	%
1. Do you know the type of surgery to be performed on you?	85	(85)	15	(15)	-	-
2. Have you been explained about it in all details?	62	(62)	38	(38)	-	-
3. Would you like to know about the details of the procedures to be performed on you?	64	(64)	35	(35)	1	(1)
4. Are you scared of the operation?	55	(55)	43	(43)	2	(2)
5. Do you think that your anxiety would have been lessened by somebody's detailed explanation to you regarding the operation?	51	(51)	45	(45)	4	(4)
6. Did you get admitted in the hospital before?	66	(66)	34	(34)	-	-
7. Past history of operation?	45	(45)	52	(52)	3	(3)

## RESULTS

Total number of patients interviewed were 100. The percentage of males and females was equal i.e. 50%. 18% of the patients were single compared to 81% who were married (one widow). 22% of patients were illiterate. The remaining had various levels of literacy from the primary education to the University level. The patients at the secondary and University level constituted the main bulk at 17% and 23%. The predominant occupation among these patients were employees (20%), teachers (12%) and house wives constituted 23% of the total number of patients. Patients admitted for major general surgical procedures accounted for 63% of the total operations and 18% for orthopaedic and the miscellaneous surgeries. 15% of the patients interviewed, were not aware of the type of surgery. The gender of the patients, who were ignorant of the surgery were not significant (8 males and 7 females).

Thirty-eight percent (38%) of the total number of patients have claimed that they were not explained about the surgical details. Here also the gender of the patients was not significant (20 males & 18 females). 55% of the total number of patients expressed the fear of operation. The younger age group (<38 years)

TABLE - II  
Your fear could be due to?  
(n=100)

	Frequency	%
Change of Environment	3	(3)
Fear of Surgery	32	(32)
Fear of Anaesthesia	19	(19)
Fear of pain	13	(13)
Fear of complications	5	(5)
Fear of being out of work	1	(1)
Fear of Physical disability	1	(1)
All of above	26	(26)

were more apprehensive (42 out of total 55) compared to elderly. There was no gender difference nor was there any difference with different levels of literacy. When further questioned about the real cause of fear, the reason are given in Table-II. Sixty-six patients in this study, had previous hospital admissions out of which 45 had surgeries. 38 out of the above 45 have expressed then anxiety inspite of prior hospital admission and operation.

A significant number (40%) had not been contacted by anybody to explain the procedure of the operation. Another significant number (43%) did not express their fear of surgery to any body (Table-III).

TABLE -III  
Have you expressed this fear to  
any one of the following?  
(n=100)

	Frequency	%
Relatives	22	(22)
Doctor	26	(26)
Nurse	4	(4)
Friends	4	(4)
Other patients	1	(1)
Nobody	43	(43)

## DISCUSSION

Surgery is a stressful experience as it involves a threat to body integrity and sometimes a threat to life itself. Pain frequently occurs. Surgery may produce both physiologic and psychologic stress reactions. The physiologic stress reaction is directly related to the extent of the surgery that is the more extensive the surgery, the greater the physiologic response.<sup>10</sup> The psychologic response however is not directly related. Persons differ in the way they perceive the meaning of surgery and thus they respond in different ways. There are however some common fears and concern. Some of the fear underlying pre-operative anxiety are elusive



and the person may not be able to identify the cause<sup>11</sup>. Fear of the unknown is most common. If the diagnosis is uncertain, fear of malignancy is frequent, regardless of the probability of occurrence. Fears concerning anaesthesia are usually related to dying, "going to sleep and never waking up" some persons are concerned about what they will say when they are awakening from anaesthesia, fears concerning pain, disfigurement or permanent disability may be realistic and may be influenced by myths, lack of information or lurid stories told by friends<sup>12</sup>.

Persons with anxiety so high that they cannot talk about and begin to cope with their anxiety before surgery frequently experience difficulty in the post operative period. They are more apt to be angry, resentful, confused, or depressed. They are also more vulnerable to psychotic reactions than are persons with lower level of anxiety. Lack of any emotional response to surgery may indicate denial, this precludes dealing with and coping with the anxiety before surgery. Some anxiety enables the individual to identify and begin to cope with feelings<sup>13</sup>.

Various studies have shown that, about 40- 85% patients (depending upon the intensity of inquiry) were apprehensive before surgery. The highest levels of anxiety were noted in females and patients undergoing major surgery.<sup>14</sup> These results are comparable to our study of 100 patients out of whom 55 expressed the fear of surgery. However in this study, the gender of the patients was not significant, which could probably be due to higher levels of literacy among the female population studied. (in this Gassim region). Even though some studies did not show any difference in anxiety with regard to age, social status, nature of the operation or previous hospital experience, our study has shown that the younger age group (<38 years) were more apprehensive. Significantly 38 out of the 45 patients who had previous hospital admission and surgery were anxious even though it is not due to previous bad experience with hospital. These patients did not feel that their anxiety was not relieved by any of the familiar factors. In this hospital

we followed the regular practice of explaining the diagnosis and the surgery to be performed, by the surgeon during the time of admission to the ward followed by the visit of Anaesthetist on the evening before the day of elective surgery for preoperative evaluation to most of the patients.

Studies have shown many ways of reducing anxiety such as an informative and comforting preoperative visit (Psychological preparation) to the patient by the treating doctor, Anaesthetist and the theatre nurse<sup>5</sup>. This is more effective than an "information booklet" given to the patients before surgery. This 'booklet' explains to the patient the procedure for his or her transfer to the operating room and return to the ward<sup>15</sup>. The psychological preparation alone could not accomplish everything and did not relieve all anxiety. Psychological relaxation techniques such as distraction and imagery have significantly reduced the anxiety levels<sup>7</sup>.

#### APPENDIX: QUESTIONNAIRE

1. Do you know as to what type of surgery is to be performed on you?
2. Have you been explained all the details of the surgery?
3. Are you scared, anxious about the operation?
4. If yes, can you please quantify (little / moderate / severe)?
5. Have you expressed this scare anxiety to any of the following (relatives / doctors / nurses / social workers / friends)?
6. During hospitalization has any of the following contacted you to explain the procedure of operation (doctor / nurse / social worker / no body)?
7. Do you like to know about the details of procedures?
8. Would your anxiety be less by detailed explanation regarding the operation?
9. What is your anxiety due to change of environment, fear of surgery, fear of anaesthesia, fear of pain, fear of complications, fear of being out of work, fear of physical disability?
10. Did you get admitted in hospital before?
11. If yes, did you have any operation done?
12. Did you experience any problem then?

## CONCLUSIONS

This study shows a high incidence of preoperative anxiety in patients who are hospitalized for surgery. The younger age group in particular is more prone to anxiety. Establishment of preoperative counseling clinics at all the hospitals in the country, comprising of the treating doctor, anaesthetist, theatre nurse and a social worker will go a long way in reducing the pre-operative anxiety considerably.

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