

A DESCRIPTIVE SURVEY TO IDENTIFY THE
PREOPERATIVE CONCERNS OF ONE HUNDRED PATIENTS

by

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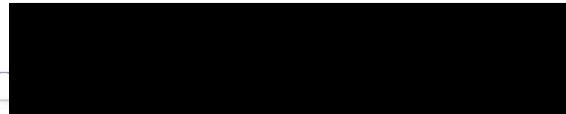
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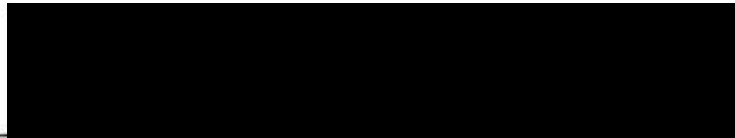
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CHAPTER I

INTRODUCTION

Statement of the Problem

The psychological care of patients in many respects, is the no man's land of surgery. (2) Nurses have been taught that the patients' psychological needs are major areas of responsibility, but the fears and concerns of the patient go unrecognized.

Most patients who enter the hospital for a surgical procedure are apprehensive for various reasons. These apprehensions can be very harmful because they can produce pathological changes which could have great bearing on the patient's recovery and survival. If postoperative complications are to be minimized, skilled and conscientious physical and psychological preparation of the surgical patient is of crucial importance. (4)

Since the nurse realizes the important influence attitudes and emotions have on her patient's reaction to surgery and his recovery from it, she must make an effort to discover what his reactions are. (16)

This study is directed towards identifying the preoperative concerns of a selected group of patients.

Purpose of the Study

The purposes of the study were:

1. To identify the preoperative concerns of 100 surgical patients the day before they were scheduled for a surgical procedure.
2. To determine whether male patients have fewer concerns than female patients.
3. To determine if there is a relationship between the type of surgical procedure and the number of concerns.

Hypotheses

The following general null hypothesis was made:

Preoperative patients have no identifiable concerns.

Two hypotheses stemming from the main hypothesis were:

1. There is no difference between the number of concerns that the male and female preoperative patients have.
2. There is no relationship between the type of surgical procedure and the number of concerns.

Limitations

1. The study was limited to a selected group, namely all patients over the age of 21 who were scheduled for elective surgical procedures requiring an over-night stay in the selected hospital, until 100 patients had participated. Other criteria included: ability to read and write, willingness to participate, and not being critically ill.
2. These data were obtained by means of a written questionnaire.
3. No attempt was made to evaluate the care of the patients. The study was concerned with identifying the concerns of the preoperative patient.
4. It is recognized that certain cultural factors or personalities of patients may influence the number or nature of the stated concerns, but it is beyond the scope of this study to identify these factors. It is further recognized that a study of such influences might be of prime importance in identifying the needs of patients during the preoperative period.
5. The results of this study must be considered as applying only to this group of patients at this time.

Assumptions

For the purposes of this study it was assumed that:

1. It is important for the patients' welfare to identify the concerns of preoperative patients.
2. The preoperative preparation of the patient contributes toward better postoperative recovery.
3. The selected data collecting tool would be appropriate for identifying the patients' preoperative concerns.
4. During the course of the study no untoward factors would be operating which would alter the responses to the questionnaire.

Significance of the Problem

In this age of modern medicine, surgical procedures are ordinary every day events. The mass communication media of this country have made the operating theatre a source of commonality. Many magazines and newspapers have articles about some surgical procedure. The television programs give the lay audience the drama and excitement they crave, but not always the true facts about operative procedures. Prospective surgical patients come to the hospital with erroneous ideas based on experiences of friends, relatives, television programs and popular magazines. Because nurses and physicians become

accustomed to daily surgical procedures, they may fail to recognize the negative aspects such ideas have on preoperative patients.

The patient's response to knowledge of the diagnosis and his behavior as a patient will have significance for the surgical treatment and his later adjustment. (27) If the nurse could identify the concerns of the patient preoperatively, she could help him to have a more satisfactory postoperative period.

It is hoped that the results of this study will be of interest and assistance to those who are concerned with surgical patients.

Procedure for Solution

Sources of Data

The primary sources of data were responses obtained from the 100 study patients through the use of a questionnaire.

(Appendix B)

The secondary sources of the data were obtained from related literature and studies pertaining to the preoperative care of patients.

Procedure

The steps whereby this study was developed may be described as follows:

1. In order to develop a frame of reference, the literature was searched for references on the care of surgical patients, the expressed feelings of surgical patients, and the studies and statistics pertaining thereto.
2. Unstructured interviews were sought with one instructor of medical-surgical nursing and with the director of nursing service at the selected hospital to discuss the feasibility of the study in the institution. A letter of introduction from the thesis adviser was presented to the nursing service director. (Appendix A)
3. The problem was defined and delimited.
4. The purposes of the study were established.
5. The assumptions were identified and hypotheses were formulated.
6. The validated data collecting device developed by Miller was slightly modified for use in this study. (20) The same questions were used but they were reworded to make the device self administered rather than using an interviewer. The author had suggested that the study be replicated in a private hospital.
7. A letter asking permission to conduct the study was sent to the director of nursing service. Enclosed was a post card for the director to sign to indicate her willingness

to participate in the study. (Appendix A)

8. Permission was granted.
9. A pilot study was carried out on March 10, 1968 at the selected hospital to determine the feasibility of the study and to determine the reliability of the items utilized in the questionnaire. The results were analyzed and one part of one question was deleted before proceeding to the main study.

A split half reliability test was applied to items five to sixteen using the Spearman rank order correlation coefficient. The Spearman rank order correlation coefficient, rho was .42. Since this was the result from splitting the test, a correction was made by using the Spearman-Brown prophecy formula. The coefficient obtained was .73. According to Fox (9) some published research in the social sciences has been accepting reliability standards as low as .50 and .60 although .70 is more generally accepted as the minimum level of reliability. These data were not included in the final study. The pilot study summary may be found in Appendix C.

10. The main study was undertaken on March 19, 1968. The names of all patients 21 years of age and over, able to read and write, not critically ill, willing to

participate and admitted for elective surgery the next day were chosen. Each patient selected was visited in his room and was given the questionnaire to answer. The answered questionnaires were picked up within thirty minutes after they were distributed. This was continued until 100 adult patients, 50 men and 50 women, had participated.

11. The study was described, the data were compiled, analyzed, and interpreted.
12. The study was summarized, conclusions drawn and recommendations made for further study.

Overview

The remainder of the study is divided into three chapters. Chapter II contains a review of the literature and studies pertinent to the present study. Chapter III includes the method of the study, a description of the findings, and an interpretation of the data. Chapter IV is the summary of the study with conclusions and recommendations for further investigation.

CHAPTER II

REVIEW OF LITERATURE AND RELATED STUDIES

Psychological Preparation of the Preoperative Patient

The literature was searched for information regarding preoperative patient care. The nursing literature seems to emphasize the emotional factors involved in illness and especially the specific anxieties which surgical patients experience. (19)

The purpose of care during the preoperative period has been described by Shafer et al. as the time in which the patient is prepared both physically and psychologically to withstand the effects of anesthesia and surgery. (25)

According to Dumas (5), the need for psychological preparation for surgery is probably as great as the physical preparation. The degree of stress experienced by the patient varies from person to person, so the nurse must be alert to the needs of each person as an individual. Beland feels that despite the virtual impossibility of eliminating psychological stress, much can be done to minimize it. (2)

Becoming a hospital patient is very difficult because of the

dramatic change in environment, disruption of personal routines, separation from the family, and diminuation of individuality. According to Hungler (13) these changes are not only disturbing, but are compounded with anxiety about the outcome of the illness and hospitalization. Aasterud and Tarnover (1, 27) agree that the indignities a patient suffers in a hospital would never be tolerated in any other setting since few people would volunteer to have themselves poked, prodded, turned, and denied food, companionship and privacy. The patient simply has to have complete faith and trust in people who are essentially strangers in a strange environment.

Hospitalization can be a new and baffling experience which forces the patient into a new role, one of dependency. Under the direction of the physician, the nurse is responsible for helping the patient to accept his new role with a sense of security, assurance and trust. Johnston feels that the nurse can help the patient attain this goal by formulating a psychologically sound nursing care plan which keeps the individuality of the patient in mind. (14)

Leib (18) suggests that being in the care of a hospital staff may cause a loss of self respect and self-sufficiency of varying degrees. In allowing others to meet one's needs, the patients' attitude toward this dependence may range from humiliation, shame, rebellion and guilt, to acceptance of the

situation as expedient, to finding relief and comfort in allowing others to do all the work, the so-called "hospitalitis" syndrome.

Shafer (25) stated that even if patients do not express it, almost all of them have some fear of surgery. The fear can be based on something they have heard about from friends, it can be the fear of the unknown, the fear of death, or it may be the fear of diagnosis. Whatever the fear, the nurse may be able to help the patient by giving him the opportunity to ask questions and discuss his feelings. By talking with the patient before surgery the nurse can help to avert complications. (29)

Ideally a member of the health team should begin the preparation of the patient from the moment of the decision to operate until the time of the actual incision. (5) Krumanocker has stated:

The relationship between the patient and the health team cannot be emphasized too strongly, since the initial impression created by the team will be a lasting one for the patient. (16)

Kennedy states, "Fear is a natural phenomenon of the preoperative period." If the nurse is knowledgeable about the dynamics of behavior, she can pick up clues that may indicate whether the patient needs further help concerning his fears of the impending procedure. According to Aasterud (1), the patient with a low level of preoperative fear may be intellectually denying the

danger. This lack of preoperative fear may be due to inadequate advance preparation from doctors and nurses.

Eckenhoff (6) indicated that most hazards would be avoided with careful psychological as well as physical preparation of the surgical patient. The relation of apprehension to death is obscure, but any statement by a patient that he is going to die, should give rise to concern among those responsible for him. Many surgeons are most reluctant to operate on a patient who is convinced that he will not survive the ordeal. In fact, it is believed that such a patient has very little chance of recovery from a major operation according to Skipper and Leonard. (26)

Johnston (14) describes fear as the usual reaction to surgery. Fear of the unknown, of death, cancer, pain, anesthesia and mutilation are the usual fears. The most common manifestations of these fears are (1) depression; (2) anxiety; and (3) apathy. The nurse's role includes learning what the fears and their causes are, then to rectify the causes if possible or relay the information to the physician. It is believed that anxiety can cause disruptive postoperative physiological symptoms according to Rothberg. (22) The importance of preoperative teaching should never be underestimated as it helps make the patient a better surgical risk by reducing fear and smoothing the postoperative period.

In a study reported in The New England Journal of Medicine, Egbert, Battit, Welch and Bartlett discussed, "Reduction of Post-operative Pain by Encouragement and Instruction of Patients." The effect of encouragement and education on 97 surgical patients was studied. The experimental group of patients was taught about what to expect in the postoperative period including how to relax, how to take deep breaths, and how to move so they would remain more comfortable after their operation. Comparing these patients with a control group of patients, the investigators found that they were able to reduce postoperative narcotic requirements by half in the experimental group. It was also found that the experimental patients could be discharged two and seven-tenths days before the control group which received the regular preoperative routine.(7)

In an on-the-job practical research study reported by Healy in The American Journal of Nursing in January of 1968, it was shown that an experimental group of patients who were given complete preoperative instruction required less narcotics and were able to be discharged sooner than the control group which had the usual preoperative care. This project was carried out over a four month period and involved 321 patients. (12) This study seems to substantiate the study by Egbert and others. (7)

In another study reported in The American Journal of Nursing

"Postoperative Patients Evaluate Preoperative Instruction," Weiler described the investigation which took one year and involved 110 open heart surgery patients. In a questionnaire-type interview, the patients answered questions designed to elicit what they perceived as essential preoperative information. It was found that 83 of the patients considered their preoperative preparation adequate; however, all but 16 would have added other information to the instruction. It appeared that the areas of instruction most important to this group of patients were deep breathing and coughing techniques; information about pain, oxygen and chest tubes; information about intensive care; information about visiting times and communication of information to relatives. (30)

As reported by Elman (8), surgical patients frequently suffer from fear, ignorance, apprehension, resentment, often even terror, all of which are harmful because they produce pathological changes. Even economic problems can jeopardize peace of mind. These states can increase postoperative vomiting, urinary retention, lower the pain threshold and increase anorexia.

Hackett states that the atmosphere of a hospital seldom encourages expression of anxiety by the patient; consequently most preoperative patients appear calm when in reality they may be quite concerned. The patient needs to be told what to expect

but he also needs someone to evaluate his ability to withstand the approaching psychologic stress. The well prepared patient should feel a degree of anxiety appropriate for the surgical procedure. His confidence in the surgeon should counter balance some serious misgivings. (10) He should be hopeful about the outcome of the surgery without being sure that it will succeed. (10) Adequate preparation will make patient and surgeon understand and trust each other facilitating a healthy emotional response to the situation. (22)

Reiter states, "I have had the satisfaction of seeing how much a few words of explanation and reassurance have helped some patients over the impending hurdles." (21)

According to Harrison, the strongest weapon in overcoming the fears of the patient and his family is the truth presented with gentleness and tact in an unhurried manner. (11) It is the obligation of those concerned with the preoperative patient to help him combat fear with every means at their disposal.

Related Nursing Studies

There has been little research which could help nurses know what kinds of preoperative fears and concerns to expect in their patients, even though the nurse is faced with a great deal of responsibility for the patient's psychological preparation.

Miller, Patricia Mae. A Descriptive Survey to Identify and Compare the Concerns of Preoperative Patients. Unpublished Master's Thesis, The University of Washington, Seattle, 1965. (20)

In this study a total of 60 patients were interviewed using a structured interview guide. The interview guide was constructed to parallel the specific categories of concerns described in the literature. The study was conducted in a 325 bed federal hospital. It was felt that the use of this hospital would control the concern of financial burden due to hospitalization. The patients, between the ages of 20 and 50, were placed in two groups depending on the type of surgical procedure they would be having. The severity of the surgery determined in which group they would be. The comparison groups did not differ significantly in relation to marital status, sex, previous hospitalization, or previous surgery. The population consisted mainly of married males who had experienced previous hospitalization and surgery with a mean age of 38 years. Differences in responses were statistically significant in six out of 12 questions. Forty-two of 60 patients mentioned pain as a source of concern. Another major area of concern was "fear of the unknown." Of the 22 who verbalized this concern, 18 stated that they had been told what was needed to prepare them for surgery. Not knowing if the surgery would be successful was another area of great concern although all of

the patients expressed confidence in their surgeons. The findings indicated that patients undergoing less severe surgical procedures tend to be as concerned as those having major surgery. On the basis of the findings it was recommended that similar studies be done in a private hospital where the financial situation would be different, and that an exploration be made of the concerns that occur between the time surgery is recommended and the time it is performed.

Leach, Marilyn Anne. A Survey of Eighty Surgical Patients Regarding Their Preoperative Preparation in One Selected Hospital in Oregon. Unpublished Master's Thesis, The University of Oregon School of Nursing, Portland, 1964. (17)

The data for this study were obtained by using a check list which included a list of activities that are considered to be a part of preoperative teaching and two questions which dealt with worries of the patient. There was also an open ended question for comments regarding preoperative preparation. Eighty adult postoperative patients who had had surgery within ten days preceding the interview participated. After asking the patient who had given him preoperative instruction on certain listed activities, the interviewer made check marks in the appropriate column. The columns on the list included: doctor; registered nurse; registered nurse offered; student nurse; practical nurse;

nurse aide; and other. It was concluded that although the necessity for preoperative preparation has been recognized for a long time, there is evidence that the registered nurse is overlooking the important function of preoperative preparation. It was also found that the patient knew more about the preoperative phase than the postoperative phase of his nursing care. The sex of the patient and type of operation did not appear to influence the amount of preoperative instruction. One of the recommendations for further study was to conduct a survey of preoperative patients to discover what their concerns are and how well they are prepared for their surgical procedures.

Sadlick, Marie L. Two Patients' Psychological Preparation for and Perception of Experiences Associated with Surgery. Unpublished Master's Thesis, The University of Washington, Seattle, 1961. (24)

The Selection of the two patients in this study was dependent on the following criteria: (a) the surgery had to be elective; (b) the surgery had to have a predicted "happy" outcome in order to reduce the anxiety producing effect of the disease; (c) the physician had to give his consent to work with the patients. The two patients were studied in the physicians' office, in the hospital and after discharge from the hospital. The case study method using participant observation for data gathering was used. The

investigator planned an orientation, based upon the needs of each individual, for information and reassurance to specific experiences which were reported in the literature as potentially frightening to patients. Observations were made during these experiences to check for the presence or absence of anxiety. The nurse investigator accompanied the patients to the hospital following their admission, cared for them during the evening and morning before surgery, and in each case accompanied the patients to surgery and observed until the patient was under the anesthesia. Following surgery, the investigator cared for the patients during their first postoperative evening and during the morning of the first, second, and third postoperative days.

Findings of the study were related to the questions: (1) what concerns did the patient have before hospitalization, (2) what manifestations of anxiety did the patients show preoperatively and postoperatively, (3) how did the patient perceive experiences during hospitalization, and (4) what experiences did the patient recall as being frightening or disturbing after return home.

Both patients anticipated that surgery would be upsetting and frightening. Both feared cancer, feared dying, were worried about finances and were concerned about being "good" patients. They were upset by procedures done without their knowledge or consent postoperatively and objected to injections

given without warning. Both patients showed behavioral manifestations of anxiety such as repetitive questioning, hostility, irritability, unsteadiness of voice and tremor. One of the patients had a fear of needles, although he showed no concern over injections except when given without warning. One of the participant's reactions to medication was complicated by a preconception of her own reaction to sedatives. After hospital dismissal both patients showed a decrease in anxiety when talking or engaged in activity.

The main implication for nursing elicited from this study was that a planned orientation seemed to minimize the concerns regarding preparation for surgery. However, the small number of participants and the absence of a control group would deter generalizing about the results.

Summary of the Reviewed Literature and Related Studies

The review of literature has revealed the preoperative patients' need for psychological preparation for surgery. The role of nursing intervention has been shown as a means of relieving anxieties.

The findings of the related studies indicated that although nurses are aware of the need for preparation for surgery, the amount of preparation given is not always adequate.

CHAPTER III

REPORT OF THE STUDY

Introduction

This study was undertaken for the purpose of identifying the preoperative concerns of 100 surgical patients the evening before their scheduled surgical procedure, to determine whether there is a difference between male and female patients in the number of concerns they have and to determine if there is a relationship between the type of surgical procedure and the number of concerns.

Procedures

A review of the literature and related studies was made to find information regarding preoperative preparation of the surgical patient. Following the review, a questionnaire, to collect data, regarding preoperative patient concerns, was chosen. The questionnaire, as modified, was based on the study by Miller. (20) The self administered test consisted of 16 questions, 15 of which could be answered by checking yes or no. The questions were designed to explore the categories of preoperative concerns

described in the literature. An open-end question was included to allow the patient to express any concern that was not included in the other questions.

The population was comprised of 100 preoperative patients in the selected hospital, 50 men and 50 women. Anonymity of both hospital and patients was maintained throughout the study.

The variables within the population included the patient's sex, prior hospitalization, and type of surgery. Surgical procedures were placed in two categories; abdominal-thoracic, and other.

The study was developed as outlined in Chapter I. The research method was the descriptive survey of non-experimental design using nominal data. A sample of the data gathering device will be found in Appendix B.

The Setting

The hospital chosen for the study was a 161 bed general hospital, without an obstetrical unit, located in a metropolitan area. There were both medical and surgical patients in each of the nursing units although four of the eight units were for special types of surgical patients; rectal, urological, eye and pediatric. The surgical service averaged 550 operations a month. Patients were cared for by their own private physicians and by registered

nurses and licensed practical nurses employed by the hospital. Baccalaureate nursing students and practical nurse students were receiving a part of their clinical practice in the participating hospital.

Pilot Study

A pilot study was carried out on ten patients in the selected hospital to test the reliability and clarity of the tool. The purpose of the study and questionnaire was explained to each patient individually. After the participants finished the questionnaire they were asked if they had any difficulty in answering the questions and if the items were clear. After three patients reported, a part of one question was deleted because it was repetitious and confusing. The remaining patients were tested with the revised questionnaire and experienced no difficulties. The reliability coefficient was .73 as reported in Chapter I. The pilot study summary was not included in the total data collected but is shown in Appendix C.

Findings

To meet the criteria for the study, all the patients selected were 21 years of age or older, able to read and write, willing to participate, and not critically ill. All patients who met

the criteria were asked to participate until 50 men and 50 women had been chosen. Each of the patients who met the criteria was approached after admission to the hospital. An explanation of the study was given and they were asked to participate. The patients were asked for their help in the on-going effort to strengthen and improve nursing care by participating in the study. The patients were encouraged to answer all questions and it was emphasized that there were no right or wrong answers. Only two people declined to participate and this was because of poor eyesight. They asked the investigator if the questions could be read to them and an oral answer be given, but it was felt that they might not answer in the same manner that they would if their answers were completely anonymous, therefore they were omitted.

It was interesting to note that the surgery schedule of the hospital consistently included more women than men during the study period. On several days, the investigator found no men on the list even though the operating room was carrying a full schedule.

Item 1 asked if the patient had been a patient in a hospital before. Forty-two men and 40 women reported previous hospitalization. In Miller's study, 53 out of 60 patients reported previous hospitalization. The number of patients' responses regarding prior hospitalization and the sex of the patients is shown in Table 1.

Table 1. Distribution of 100 Preoperative Patients in a Selected Hospital According to Previous Hospitalization and Sex

Previous Hospitalization (1)	Male (2)	Female (3)	Total (4)
Yes	42	40	82
No	<u>8</u>	<u>10</u>	<u>18</u>
Total	50	50	100

Item 2 was concerned with the reason for coming to the hospital at this time. This item elicited quite a wide variety of answers. As in Miller's study (20), the accuracy with which the present purpose of hospitalization was described varied in completeness but was essentially correct in terms of the scheduled surgical procedure. As Leach did in her study (11), the surgical procedures were divided into two groups; abdominal-thoracic, and others. Of the 100 respondents, 34 were classified as abdominal-thoracic and 66 as other. Included in the abdominal-thoracic group were: 16 inguinal hernia repairs; a supra pubic prostatectomy; 2 abdominal hysterectomies; a gastrotomy; a Marshal-Marchetti procedure; a colostomy revision; a cystocele repair; a rectosigmoidectomy; 3 cholecystectomies; a left colotomy; 3 D & C's; and 3 hiatal hernia repairs. The other group included: 2 hemorrhoidectomies; anal

fissure repair; 4 cataract excisions; 4 tympanoplasties; 6 stapedectomies; 8 ano-rectal plasties; 3 breast biopsies; 2 radical neck dissections; 2 bone grafts; lymph node resection; 2 nasal septal reconstructions; left axilla biopsy; laminectomy; excision neck mass; arthrodesis; right ulnar nerve repair; Dupuytren's; muscle repair of eye; excision of bone cyst; open reduction of left femur; shoulder arthrotomy; 3 procedures involving removal of screws or nails or plates in an extremity; thyroidectomy; excision of epithelioma on nose; an elbow bursectomy; wrist fusion; parotidectomy; clavicle resection; 2 spinal fusions; breast tumor removal; 2 repairs for squint; renal exploration; 3 tonsilectomies; and a removal of an eye tumor.

In item 3, it was found that 49 women felt that it was important to have the treatment for which they were entering the hospital while one felt it was not important. Forty-eight men felt that the treatment was important, one did not and one did not answer.

Table 2 shows these findings.

Table 2. Distribution of 100 Preoperative Patients Responses Concerning the Importance of the Treatment for Which They Entered the Hospital

Treatment Important (1)	Male (2)	Female (3)	Total (4)
Yes	48	49	97
No	1	1	2
No Answer	<u>1</u>	<u>0</u>	<u>1</u>
Total	50	50	100

Item 4 posed the question, do you believe that you had a personal choice in deciding whether or not to have the treatment? Forty-four male respondents and 43 female respondents indicated that they felt they had a choice. Six male patients and seven female patients felt they had no choice in the matter. This distribution is shown in Table 3.

Table 3. Distribution of Responses of 100 Preoperative Patients Concerning Whether They Felt They Had a Choice in Deciding to Have Their Surgical Procedure

Choice of Treatment (1)	Male (2)	Female (3)	Total (4)
Yes	44	43	87
No	<u>6</u>	<u>7</u>	<u>13</u>
Total	50	50	100

Item 5 dealt with the patients' general feeling of concern over being hospitalized for surgery. When asked if they felt concerned about having surgery, 61 patients answered affirmative, 35 negatively, and 4 did not respond. Of the 61 affirmative answers, 32 were men and 29 were women. Four women did not answer. Even though some of these patients stated that they were not concerned they answered affirmatively in subsequent items. Others said that they were concerned but answered negatively to all or some of items 6 through 16. Many presurgical patients have mixed up ideas caused by many sources of psychological influence. According to Bird (3), intellectual functioning often drops to near zero when one is anxious. Table 4 depicts these data.

Table 4. Distribution of Responses of 100 Preoperative Patients Regarding General Feeling of Concern at Being Hospitalized for Surgery

Concerned about Being Hospitalized (1)	Male (2)	Female (3)	Total (4)
Yes	32	29	61
No	18	17	35
No Answer	<u>0</u>	<u>4</u>	<u>4</u>
Total	50	50	100

Items 6 through 15 sought information about specific concerns paralleling those mentioned in the literature such as fear of the unknown, fear of diagnosis, fear of pain, fear of destruction of body image, fear of disruption of plans of life, separation from normal environment, and fear of death. (3, 4, 8, 10, 14, 20, 22, 27, 28) Seven men and eight women expressed concern over what would be necessary to prepare them for surgery. Two women gave no answer to this item. Forty-three men and 40 women stated no concern over surgical preparation. Since there were few positive answers to this item it might be speculated that this was due to the high number of participants who acknowledged previous hospitalization. Another possibility as stated by Aasterud (1), was that preoperative patients tend to hold back their feeling because they feel a necessity to

"cooperate" in order to recover. Table 5 shows these findings.

Table 5. Distribution of Responses Regarding 100 Preoperative Patients' Concerns About Their Surgical Preparation

Concerns about Surgical Preparation	Male (1)	Female (3)	Total (4)
Yes	7	8	15
No	43	40	83
No Answer	<u>0</u>	<u>2</u>	<u>2</u>
Total	50	50	100

Item 7 sought information regarding the patient's concern about not knowing what the postoperative period would be like. This is described as the fear of the unknown in the literature. Seventeen men and 15 women expressed this concern, while 33 men and 34 women stated that they were not concerned. One woman did not answer this item.

The number of previous hospitalizations for surgical procedures was not a part of the questionnaire. Probably some of the 82 who admitted previous hospitalization had had surgery of some sort which might account for the high number of negative answers. However, the possibility also exists that a previous surgical experience might tend to make the patient dread

subsequent experiences even more. Sadlick (24) mentioned this as a source of great fear for one of the patients in her study. Table 6 depicts the distribution of answers for item 7.

Table 6. Distribution of Responses Regarding 100 Preoperative Patients' Concerns About Their Postoperative Period

Concern Regarding Postoperative Period	Male	Female	Total
(1)	(2)	(3)	(4)
Yes	17	15	32
No	33	34	67
No Answer	<u>0</u>	<u>1</u>	<u>1</u>
Total	50	50	100

The patients concern about the results of surgery was the information desired in item 8. Twenty-nine men and 24 women expressed concern while 21 men and 24 women were not concerned. Two women did not answer the question. The number of men and women answering affirmatively to the previous item was less than the number answering yes to this item. It seems that being concerned about the postoperative period and the results of surgery would go together. However, fear of the unknown may be the prime concern in the previous item while the fear of diagnosis may be the main concern in item eight. This information is shown on Table 7.

Table 7. Distribution of Responses Regarding 100 Preoperative Patients' Concerns About the Results of Surgery

Concern Regarding Results of Surgery (1)	Male (2)	Female (3)	Total (4)
Yes	29	24	53
No	21	24	45
No Answer	<u>0</u>	<u>2</u>	<u>2</u>
Total	50	50	100

Item 9 dealt with the patients' concern of having an anesthetic. Seven women and 12 men expressed concern; other responses were negative. Table 8 shows these findings.

Table 8. Distribution of Responses Regarding 100 Preoperative Patients' Concerns About Having an Anesthetic

Concern Regarding Anesthetic (1)	Male (2)	Female (3)	Total (4)
Yes	12	7	19
No	<u>38</u>	<u>43</u>	<u>81</u>
Total	50	50	100

The patients' concern about pain after surgery was explored in item 10. Sixteen men and ten of the women expressed concern; others responded in the negative. Pain was mentioned as a main source of concern in Miller's study. (20) The mention of pain was brought about by probe questions of the interviewer which may have been the reason for the great degree of expressions of concern.

Table 9 shows this distribution.

Table 9. Distribution of Responses Regarding 100 Preoperative Patients' Concerns about Pain After Surgery

Concern Regarding Pain	Male	Female	Total
(1)	(2)	(3)	(4)
Yes	16	10	26
No	<u>34</u>	<u>40</u>	<u>74</u>
Total	50	50	100

Item 11 sought information about the patient's concern about his physical appearance after surgery. It was interesting to note that few patients expressed this concern. Of the 9 answering affirmatively, only 4 were having procedures which might be considered disfiguring. Two were having surgery for squint, one for excision of a neck mass, and one was having a breast biopsy with the possibility of a radical mastectomy. Of the other 5, 2 were

scheduled for abdominal surgery, 1 for rectal surgery, 1 for a clavicle resection and 1 for a hiatal hernia repair. Four men and 5 women answered in the affirmative while 2 women failed to respond to this item. Table 10 depicts these data.

Table 10. Distribution of Responses Regarding 100 Preoperative Patients' Concerns About Their Physical Appearance Following Surgery

Concern Regarding Physical Appearance	Male (1)	Female (3)	Total (4)
Yes	4	5	9
No	46	43	89
No answer	<u>0</u>	<u>2</u>	<u>2</u>
Total	50	50	100

Item 12 asked whether the patient thought the treatment he would be having would influence his employment. Eighteen men and 8 women answered in the affirmative. Others responded in the negative; 1 woman did not answer. There might be several reasons for the low number of affirmative answers. Since these were all private patients, it is possible that many of the patients were retired or semi-retired since it seemed that many of the men were in their sixties; although ages were not reported in this study. Still another possibility might be that since these

surgical procedures were elective, employed patients may have taken earned sick time or vacation time to be absent from their work. In Miller's study (20), concerns about employment were not of prime importance. Table 11 shows this information.

Table 11. Distribution of Responses Regarding 100 Preoperative Patients' Concerns About the Influence of Surgery on Employment

Concerns Regarding Employment (1)	Male (2)	Female (3)	Total (4)
Yes	18	8	26
No	32	41	73
No Answer	<u>0</u>	<u>1</u>	<u>1</u>
Total	50	50	100

The effect of surgery on family relationships was the subject of item 13. Apparently most of the patients were not concerned since 42 women and 39 men answered no. Eleven men and 7 women answered yes; 1 woman did not answer.

This distribution is shown in Table 12.

Table 12. Distribution of Responses Regarding 100 Preoperative Patients' Concerns About the Effect of Surgery on Family Relationships

Concern Regarding Family Relationships (1)	Male (2)	Female (3)	Total (4)
Yes	11	7	18
No	39	42	81
No Answer	<u>0</u>	<u>1</u>	<u>1</u>
Total	50	50	100

The effect of the surgical procedure on the patient's recreational activities or hobbies was the concern in item 14. Nineteen men and 15 women stated concern; others replied in the negative. This information is shown in Table 13.

Table 13. Distribution of Responses Regarding 100 Preoperative Patients' Concerns about the Effect of Surgery on Recreational Activities and Hobbies

Concern Regarding Recreation and Hobbies (1)	Male (2)	Female (3)	Total (4)
Yes	19	15	34
No	<u>31</u>	<u>35</u>	<u>66</u>
Total	50	50	100

In answer to item 15, 26 men and 18 women felt that their surgical procedure was serious. Three women did not answer. To most nurses the operation is such a standard feature of their daily lives that it requires effort to see that for the patient and his family surgery is a frightening, serious threat. Beland (2) has stated that the perception of the personnel to the proposed procedure and its consequences may be quite different from that of the patient. The data for item 15 are shown in Table 14.

Table 14. Distribution of Responses Regarding 100 Preoperative Patients' Concerns About the Seriousness of Their Surgical Procedure

Concern Regarding Seriousness of Surgery (1)	Male (2)	Female (3)	Total (4)
Yes	26	18	44
No	24	29	53
No Answer	<u>0</u>	<u>3</u>	<u>3</u>
Total	50	50	100

Item 16 was an open end question which drew 15 responses. The patients were asked to express concerns that were not mentioned in the questionnaire. Eight men and 7 women answered this item. The concerns stated were as follows:

"I hope they don't dry me out like the last time. The dry throat and mouth and not allowed any water was unbearable. This is really the only thing I dread. "

The next three answers were all concerned with finances. It was interesting to note that none of the patients in Miller's study (20) expressed this concern. Miller felt this was due to her choice of a veterans hospital for her investigation. A recommendation for further study suggested replication in a private hospital to see if the cost of treatment was a concern. Elman has stated that peace of mind before and after surgery may be jeopardized by economic problems. (8)

"How much my insurance will cover. "

"Concerned about cost of hospital, doctor and operation. "

"How to pay for the high cost of treatment. "

The fear of the unknown seemed to influence some of the responses.

"I've never had eye surgery before and I just don't know what to expect. "

"I don't know what will happen during surgery that is what all they do in the operating room. "

"Concerned about how things will go during surgery. "

"If it is a patient's first experience in surgery, it might ease his concern to describe briefly what will happen to him. Not

knowing can be a worry. "

"Why do I have to stay in a hospital for three days over a simple wrist? "

Perhaps this patient needed further explanation of the type of procedure he was having since what he termed a "simple wrist" was in fact a bone graft operation.

The fear of death was the concern of one patient.

"Successful or not I just want to survive it. "

"Will they shave my eyebrow and cut my eyelashes? "

The patient who expressed this concern answered yes to item 11 which stated that she was concerned about her physical appearance after surgery.

"I have a fear of being strapped down during surgery. "

"Worried about my child who is at home. "

"Ease up on my nervous condition so I can work more efficiently on my two hobbies. "

The final concern seems a little vague, but it can be speculated that the patient might have been concerned about adverse effects to local anesthetic.

"Side issues of reaction to saddle blocks. "

Analysis of Data

The total positive and negative responses were compared

in items 5 through 16. The values of chi square for significance of difference was tabulated using the formula:
$$X^2 = \frac{N[(ad) - (bc)]^2}{(k)(l)(m)(n)}$$
 with one degree of freedom at the 0.05 level of significance.

Table 15 shows the responses of 100 patients to questions 5 through 16 and the chi square of each. Statistical analysis of the data showed that the difference between concerns of male and female patients was not significant except for item 12. For items 5 to 16, with the exception of item 12, it was necessary to accept the null hypothesis:

There is no difference between the number of expressed concerns that male and female preoperative patients have.

The item 12 findings were significant, therefore the null hypothesis was rejected. Item 12 asked whether the patient thought the treatment he would be having would influence his employment. It might be postulated that the employment of the man (in the family household) seems to be of extreme importance to the male image in our society. Perhaps this accounts for the significant showing in item 12. It should be reported that no men from minority groups were participants in the study due to the fact that none was scheduled for surgery during the investigation.

Table 15. Responses of 100 Patients to Items Regarding Pre-operative Concern and the Chi Square of Each

Question (1)	Male (2)			Female (3)			X ² (4)
	Yes	No	N. A. *	Yes	No	N. A. *	
5	32	18	0	29	17	4	0.0095
5	7	43	0	8	40	2	0.1343
7	17	33	0	15	34	1	0.1298
8	29	21	0	24	24	2	0.6311
9	12	38	0	7	43	0	1.6244
10	16	34	0	10	40	0	1.8711
11	4	46	0	5	43	2	0.1715
12	18	32	0	8	41	1	4.9461**
13	11	39	0	7	42	1	0.9900
14	19	31	0	15	35	0	0.7130
15	26	24	0	18	29	3	1.8352
16	8	42	0	7	43	0	0.3322

* No Answer

** P < .05

Table 16 depicts the responses of 100 patients to questions 5 through 16 based on the type of surgical procedure, abdominal-thoracic or other. A chi square was computed for each of the twelve items using the same formula as previously stated. Statistical analysis showed that there was no significant difference between the type of surgical procedure and number of expressed concerns with the exception of item 5. Therefore the null hypothesis was accepted with the exception of item 5.

The findings for item 5 were significant therefore the null hypothesis:

There is no relationship between the type of surgical procedure and the number of concerns was rejected.

Table 16. Distribution of Responses of 100 Preoperative Patients to Twelve Items Based on the Type of Surgical Procedure and the X^2 of Each

Question (1)	Abdominal-Thoracic		Other			X^2 (4)
	Yes (2)	No	Yes	No	N. A. *	
5	32	10	29	25	4	5.1567**
6	7	39	8	44	2	0.0005
7	13	31	19	36	1	0.2794
8	24	18	29	27	2	0.2773
9	11	34	7	48	0	2.3022
10	11	33	15	41	0	0.0408
11	5	38	4	51	2	1.8221
12	11	33	15	40	1	0.0652
13	6	37	12	44	1	0.9136
14	12	32	22	34	0	1.5846
15	23	19	20	35	3	3.2664
16	5	39	9	47	0	0.4535

* No Answer

** $P < .05$

The summary of the study, the conclusions drawn, and the recommendations for further studies will be stated in Chapter IV.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER STUDY

Summary

This study was a descriptive survey undertaken for the purpose of identifying the preoperative concerns of 100 surgical patients the day preceding their scheduled procedure, to determine whether male patients have fewer concerns than female patients, and to determine if there is a relationship between the type of surgical procedure and the number of concerns. A questionnaire was modified from an original study to obtain desired information. (See Appendix B)

After delineation of the study and search of the literature, data were collected using a questionnaire based on a study by Miller. On the basis of data obtained, it appeared that preoperative patients had concerns paralleling those mentioned in the literature.

It had been hypothesized that there would be no difference between the number of concerns that male and female preoperative patients had and there would be no relationship

between the type of surgical procedure and the number of concerns. Accordingly, the null hypotheses were accepted with the exceptions of:

- (1) Item 12, influence of surgery on employment:
findings were significant between male and female concerns about their employment.
- (2) Item 5, concern about entering hospital for treatment:
findings were significant for the general over-all concern about surgery between the type of surgical procedure and the number of concerns.

Conclusions

On the basis of information obtained from 100 preoperative patients' responses to a questionnaire, no widespread generalizations could be made due to the selectiveness of the setting.

These conclusions are limited to the data obtained from this study.

1. The purposes of the study were fulfilled.
2. The concerns expressed were comparable with those mentioned in the literature.
3. The patient's sex did not influence the number of expressed concerns except in the area of employment.

4. The type of operation did not influence the number of expressed concerns except that patients having abdominal-thoracic surgery tended to express more general concern than others.
5. Since a comparatively small number of variables were included in the study, the need for a more refined analysis of the varying factors was recognized.
6. The findings of this study substantiated those of previous researchers.

Recommendations for Further Studies

Based on the findings and conclusions of the study, the following recommendations for further study are made:

1. A replication of the study in a similar setting with more attention to variables such as age, previous surgery, and educational level.
2. A similar study could be done using a revised survey form which would facilitate increased statistical manipulation of the data.
3. Conduct a study using an experimental and a control group of preoperative patients. The experimental group

would have a structured care plan including planned preoperative instruction while the control group would have no planned teaching. This could be followed with a comparison of the postoperative periods of each group.

4. Conduct a survey of registered nurses to see what they perceive as their role in preoperative preparation.

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APPENDICES

APPENDIX A

CORRESPONDENCE

LETTER OF INTRODUCTION

University of Oregon School of
Nursing
3181 S. W. Sam Jackson Park
Road
Portland, Oregon 97201
February 15, 1968

Director of Nursing Service
Hospital
Portland, Oregon

Dear

Helen Sinclair is a regularly enrolled graduate student
at the University of Oregon School of Nursing. Any assistance
you can offer Mrs. Sinclair will be greatly appreciated.

Yours sincerely,

Lucile Gregerson
Thesis Adviser

LETTER OF EXPLANATION

3414 N. E. Bryce
Portland, Oregon 97212
February 22, 1968

Director of Nursing Service
Hospital
Portland, Oregon

Dear

As you know from our discussion on Thursday, February 15, 1968, I am undertaking a study of the preoperative concerns of patients. I hope to begin the project during the week of February 26 if this is convenient for you. A self-addressed post card is enclosed for you to indicate your willingness to participate in the study. Upon completion of the project, a copy of the written report will be given to you for the hospital library.

Yours sincerely

Helen Sinclair, R. N.

SAMPLE OF INFORMATION ON POST CARD

I am willing to have Helen Sinclair do a study on the
preoperative concerns of patients at _____
Hospital.

Director of Nursing Service

APPENDIX B

DATA GATHERING TOOL

QUESTIONNAIRE

Please check: Male _____ Female _____

1. Have you ever been a patient in a hospital before?
Yes _____ No _____
2. What is the reason for coming to the hospital now?

3. Is it important to you that you have the treatment for which
you are entering the hospital? Yes _____ No _____
4. Do you believe that you had a personal choice in deciding
whether or not at all to have the treatment?
Yes _____ No _____
5. Sometimes when a person is entering the hospital for
treatment he describes himself as feeling concerned.
Would you say you felt this way? Yes _____ No _____

After reading the following phrases, place a check beside the
answer which most describes the way you feel now.

6. Concerned because I don't know what is needed to prepare
me for surgery Yes _____ No _____
7. Concerned because I don't know what it will be like after
surgery. Yes _____ No _____
8. Concerned about the results of surgery. Yes _____ No _____
9. Concerned about an anesthetic. Yes _____ No _____
10. Concerned about pain after surgery. Yes _____ No _____
11. Concerned about your physical appearance after surgery.
Yes _____ No _____
12. Do you think that the treatment you will be having will
influence you in your employment? Yes _____ No _____

13. Do you think the treatment will have an effect on your family relationships? Yes _____ No _____
14. Do you think the treatment will have an effect in your recreational activities or hobbies? Yes _____ No _____
15. Would you say that having this treatment is serious? Yes _____ No _____
16. Are there any other concerns you have that have not been mentioned? Yes _____ No _____

Would you describe them? _____

APPENDIX C

SUMMARY OF PILOT STUDY DATA

SUMMARY OF PILOT STUDY DATA

Please check: Male 3 Female 7

1. Have you ever been a patient in a hospital before?
Yes 8 No 2
2. What is the reason for coming to the hospital now?
3. Is it important to you that you have the treatment for which
you are entering the hospital? Yes 6 No 4
4. Do you believe that you had a personal choice in deciding
whether or not at all to have the treatment? Yes 10 No 0
5. Sometimes when a person is entering the hospital for treat-
ment he describes himself as feeling concerned. Would you
say you felt this way? Yes 6 No 4

After reading the following phrases, place a check beside the
answer which most describes the way you feel now.

6. Concerned because I don't know what is needed to prepare
me for surgery. Yes 3 No 7
7. Concerned because I don't know what it will be like after
surgery. Yes 4 No 6
8. Concerned about the results of surgery. Yes 3 No 7
9. Concerned about having an anesthetic. Yes 1 No 9
10. Concerned about pain after surgery. Yes 3 No 7
11. Concerned about your physical appearance after surgery.
Yes 2 No 8
12. Do you think that the treatment you will be having will
influence you in your employment? Yes 6 No 4

13. Do you think the treatment will have an effect on your family relationships? Yes 1 No 9
14. Do you think the treatment will have an effect in your recreational activities or hobbies? Yes 3 No 7
15. Would you say that having this treatment is serious? Yes 8 No 2
16. Are there any other concerns you have that have not been mentioned? Yes 0 No 10

APPENDIX D

SUMMARY OF DATA

SUMMARY OF DATA

Please check: Male 50 Female 50

1. Have you ever been a patient in a hospital before?
Yes 82 No 18 N. A. 0
2. What is the reason for coming to the hospital now?
3. Is it important to you that you have the treatment for which you are entering the hospital? Yes 97 No 2 N. A. 1
4. Do you believe that you had a personal choice in deciding whether or not at all to have the treatment?
Yes 87 No 13 N. A. 0
5. Sometimes when a person is entering the hospital for treatment he describes himself as feeling concerned. Would you say you felt this way?
Yes 61 No 35 N. A. 4

After reading the following phrases, place a check beside the answer which most describes the way you feel now.

6. Concerned because I don't know what is needed to prepare me for surgery.
Yes 15 No 83 N. A. 2
7. Concerned because I don't know what it will be like after surgery.
Yes 32 No 67 N. A. 1
8. Concerned about the results of surgery.
Yes 53 No 45 N. A. 2
9. Concerned about having an anesthetic.
Yes 19 No 81 N. A. 0
10. Concerned about pain after surgery.
Yes 26 No 74 N. A. 0
11. Concerned about your physical appearance after surgery.
Yes 9 No 89 N. A. 2

12. Do you think that the treatment you will be having will influence you in your employment?
Yes 26 No 73 N. A. 1
13. Do you think the treatment will have an effect on your family relationships?
Yes 18 No 81 N. A. 1
14. Do you think the treatment will have an effect in your recreational activities or hobbies?
Yes 34 No 66 N. A. 0
15. Would you say that having this treatment is serious?
Yes 44 No 53 N. A. 3
16. Are there any other concerns you have that have not been mentioned?
Yes 15 No 85 N. A. 0
1. I hope they don't dry me out like the last time. The dry throat and mouth and not allowed any water was unbearable. This is really the only thing I dread.
 2. I've never had eye surgery before and I just don't know what to expect.
 3. Concerned about how things will go during surgery.
 4. How much my insurance will cover.
 5. Why do I have to stay in a hospital for three days over a simple wrist?
 6. I don't know what will happen during surgery, that is what all they do in the operating room.
 7. How to pay for the high cost of treatment.
 8. If it is a patient's first experience in surgery, it might ease his concern to describe briefly what will happen to him. Not knowing can be a worry.
 9. Concerned about cost of hospital, doctor and operation.

10. Successful or not, I just want to survive it.
11. Will they shave my eyebrow and cut my eyelashes?
12. I have a fear of being strapped down during surgery.
13. Worried about my child who is at home.
14. Ease up on my nervous condition so I can work more efficiently on my two hobbies.
15. Side issues of reaction to saddle blocks.

AN ABSTRACT OF THE THESIS OF

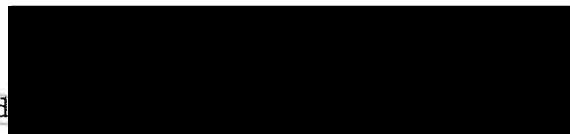
HELEN WIROSTEK SINCLAIR

For the MASTER OF SCIENCE IN NURSING EDUCATION

Date of Receiving this Degree: June 12, 1969

Title: A DESCRIPTIVE SURVEY TO IDENTIFY THE PRE-
OPERATIVE CONCERNS OF ONE HUNDRED PATIENTS

Approved



Lucile Gregerson, Associate Professor; Thesis Adviser

ABSTRACT

This study was a descriptive survey undertaken for the purpose of identifying the preoperative concerns of 100 surgical patients the day preceding their scheduled procedure.

Data were collected by the use of a questionnaire modified from an original study.

Findings

On the basis of the data obtained from the respondents to the questionnaire it appeared that their concerns paralleled those mentioned in the literature and in previous studies.

It had been hypothesized that there would be no difference between the number of concerns that male and female preoperative patients had and there would be no relationship between the type of surgical procedure and the number of concerns. Accordingly, the null hypotheses were accepted with the exception of:

- (1) Item 12, influence of surgery on employment: findings were significant between male and female concerns about their employment.

- (2) Item 5, concern about entering hospital for treatment: findings were significant for the general over all concern about surgery between the type of surgical procedure and the number of concerns.

Conclusions

Due to the selectiveness of the setting, no widespread generalizations could be made. On the basis of information obtained from responses to a questionnaire, the following conclusions were drawn:

1. The purposes of the study were fulfilled.
2. The concerns expressed were comparable with those mentioned in the literature.
3. The patient's sex did not influence the number of expressed concerns except in the area of employment.
4. The type of operation did not influence the number of concerns except that patients having abdominal-thoracic surgery tended to express more general concern than others.
5. Since a comparatively small number of variables were included in the study, the need for a more refined analysis of the varying factors were recognized.

6. The findings of the study substantiated those of previous researchers.

Recommendation for Further Studies

Based on the findings and conclusions of the study, the following recommendations for further study are made:

1. A replication of the study in a similar setting with more attention to variables such as age, previous surgery, and educational level.
2. A similar study could be done using a revised survey form which would facilitate increased statistical manipulation of the data.
3. Conduct a study using an experimental and control group of preoperative patients. The experimental group would have a structured care plan including planned preoperative instruction while the control group would have no planned teaching. This could be followed with a comparison of the postoperative periods of each group.
4. Conduct a survey of registered nurses to see what they perceive as their role in preoperative preparation.

Typed by Mary Doumitt