

**STRESSORS AMONG SURGICAL PATIENTS:
A COMPARATIVE STUDY**

Thesis

Submitted For Partial Fulfillment of Master Degree
In Nursing Services Administration

By

Sabah Mahmoud Ahmed

610.73678

S. M

68676

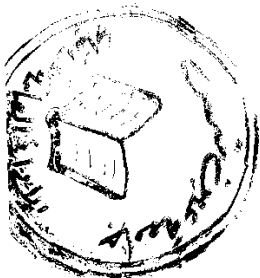
Supervised By

Dr. Fatma Hamdy Hassan

*Assis. Professor of Nursing Services Administration
High Institute of Nursing
Ain Shams University*

Dr. Samia M. Abd Alla Adam

*Lecturer of Nursing Services Administration
High Institute of Nursing
Ain Shams University*



**High Institute of Nursing
AIN SHAMS UNIVERSITY**

1999

Handwritten signature/initials



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

«قالوا سبحانك لا علم لنا
إلا ما علمتنا إنك أنت
العليم الحكيم»

صدق الله العظيم

(البقرة آية ٣٢)

ACKNOWLEDGMENT

I would like to seize the opportunity to express my deepest gratitude and sincerest appreciation to Professor Dr. Fatma Hamdy, Professor of Nursing Services Administration, High Institute of Nursing, Ain Shams University, for giving me the honor of supervising this work. I am greatly indebted to her continuous guidance and giving me much of her time and effort to fulfill this work.

I would also like to express how much grateful I am to Dr. Samia Mohamed Abd Alla Adam, Lecturer of Nursing Services Administration, High Institute of Nursing, Ain Shams University, for her most valuable advice, kind supervision and for the time she offered me to fulfill this work. I am also greatly indebted to her continuous encouragement and guidance.

I am deeply obliged to Professors Dr. Samir Abd.El-Fatah, Professor of Psychology, Faculty of Literature, Ain Shams University, for his kind help and also Dr. Mohammed Diaa specialist in Orthopedic Surgery, Polymilities Institution, for his most valuable advice.

I wish to show my gratitude to all the surgical personnel, medical and nursing staff with particular recognition to the surgical patients in the studied hospitals.

This work could never have been completed without the help of my Directors at the High Institute of Nursing, Suez Canal University Professor Dr. Mosa Abd-El Hamid and Dr. Huda El Gawly. For their continuous paternal help.

Finally, my profound appreciation and thanks to my family for their constant encouragement to finish this work

The candidate
Sabah Mahmoud Ahmed
1999

<i>CONTENTS</i>	<i>page</i>
- INTRODUCTION AND AIM OF THE STUDY.	1-5
- REVIEW OF LITERATURE.	6-35
I- Definition of stress	6
- Causes of stress.	7
- Signs and symptoms.	7
- Stress of responses.	7-8
- Concept of psychological stress.	8
- Concept of Physiological stress.	9
- General effects of stress.	10-11
- Concept of coping.	11
- Definition of coping.	11
- Coping techniques.	11
- Types of coping strategies.	12
- Cognitive restructuring.	12
- Defense mechanism.	12
II- Factors contributing to stress:	13
1-External factors.	13
- Ward environment.	13
- Attitudes of health cares provider's.	14-16

- Nurse- patient communication.	16-17
- Physician- patient communication.	17-19
2-Internal stressor.	20-21
- Sleep disturbance.	21-22
- Pain.	22-24
- Other disturbance.	24-25
III-Role of Nurse In:	25
- On admission	25
- Pre- operative period.	27-30
- Intra-operative period.	33-34
- Post operative period.	34
-SUBJECTS AND METHODS.	35-45
-RESULTS.	46-98
-DISCUSSION.	99-119
-SUMMARY AND CONCLUSION.	120-122
-RECOMMENDATIONS.	123-125
-REFERENCES.	126-146
-APPENDICES.	6-18
-ARBIC SUMMARY.	1-5

LIST OF TABLES

Tables	Page
(1) Demographic characteristics of the care providers in the studied hospitals.	47
(2) Demographic characteristics of surgical patients in the studied hospitals.	49
(3) Scores related to agreement on stressor factors as reported by studied patients.	51
(4) Scores related to agreement on departmental stressor as reported by studied patients.	53
(5) Scores related to agreement on patient's orientation as reported by studied patients.	55
(6) Scores related to agreement on pre-operative stressor as reported by studied patients.	57
(7) Scores related to agreement on post-operative stressor as reported by studied patients.	59
(8) Scores related to agreement on patient's prognosis as reported by studied patients.	61
(9) Scores related to agreement on intra-personal stressor as reported by studied patients.	63
(10) Scores related to agreement on the presence of other patient's items as reported by studied patients.	65
(11) Scores related to agreement on stressor factors as reported by studied physicians.	67
(12) Scores related to agreement on departmental stressor as reported studied physicians.	69
(13) Scores related to agreement on patients' orientation as reported by studied physicians.	71
(14) Scores related to agreement on pre-operative stressor as reported by studied physicians.	73
(15) Scores related to agreement on post-operative stressor as reported by studied physicians.	75
(16) Scores related to agreement on patient's prognosis as reported by studied physicians .	77

(17) Scores related to agreement on intra-personal stressor as reported by studied physicians.	75
(18) Scores related to agreement on the presence of other patient's items as reported by studied physicians.	81
(19) Scores related to agreement on stressor items as reported by studied nurses.	83
(20) Scores related to agreement on departmental stressor as reported by studied nurses.	85
(21) Scores related to agreement on patient's orientation as reported by the studied nurses.	87
(22) Scores related to agreement on pre-operative stressor as reported by studied nurses.	89
(23) Scores related to agreement on post-operative stressor as reported by studied nurses.	91
(24) Scores related to agreement on patients as reported by studied nurses.	93
(25) Scores related to agreement on intra-personal stressor as reported by studied nurses.	95
(26) Scores related to agreement on the presence of other patients as reported by studied nurses.	97

INTRODUCTION & AIM OF THE STUDY

INTRODUCTION

Hospitals are stressful places even when one is not ill. Nurses, as a part of the health care team, may and should be aware of some of the problems encountered by patients and their families. (**Frances, 1995**). It is generally recognized that the stress of hospital treatment can impede the recovery of patient and in some cases causes potentially life threatening physiological changes. Previous studies have indicated that nurses don't accurately perceive worry, anxiety, and stress in-patients (**Biley, 1989**).

As pointed out by **Baillier, (1989)**; **Gray and Smeltzer, (1990)**; **Taylor, (1990)**; and **luckmann and Sorenson, (1994)**; many psychological and physiological factors cause neurochemical changes within the body. Some of psychological factors include: anxiety, pain, tissue damage, blood loss, anesthesia, and the unknown is one of the most important causes of pre-operative anxiety in patients who otherwise are mentally stable.

According to **Wilson-Barnett, (1978)**; pre surgical stress can disrupt the recovery phase and can reduce psychological well being and medical compliance. So, **Derek and Poppy, (1995)**; stated that, surgery is distinguished from other medical procedures in that actual invasions of the patients body space occur. All surgical patients still have fears of being cut fears of anesthesia and unconsciousness,

Introduction

fear of pain, disability and perhaps death. So, **Taylor, (1990)**; defined fear as a response to a real stressor that threatens the system's existence. As reported by **Brunner and Suddarth, (1996)**; patients facing surgery are beset by fears, including fears of the unknown, of death, of anesthesia, of cancer.

Hospitalization, regardless of disease, is known to provoke anxiety in the patient admitted for even a minor surgery. If unrecognized, prolonged anxiety creates stress, which may subsequently harm the patient and delay recovery. **Redman, (1981)**; defined anxiety as an emotional reaction to real or imagined stress from the psychosocial environment. **Redman, (1980)**; and **Okasha, (1989)**; added that, anxiety is manifested by increased verbalization, inability to concentrate muscular rigidity, palmer sweating and tackycardia.

Anxiety serves, as a stressor in that, unlike any other emotion is always perceived as negative. Thus, its presence' thrusts the system into a state of stress, sometimes compounding rather than relieving the original stress (**Taylor, 1990**).

Anxiety has been accepted as a nursing diagnosis and has been defined as a vague, uneasy feeling, the source of, which is often nonspecific or unknown to the individual. Finally, the anxiety experienced by patients undergoing surgical procedures is well documented and may affect the outcome of any operation. (**Finnis, 1980**).