STRESSORS AMONG SURGICAL PATIENTS:

A COMPARATIVE STUDY

Thesis

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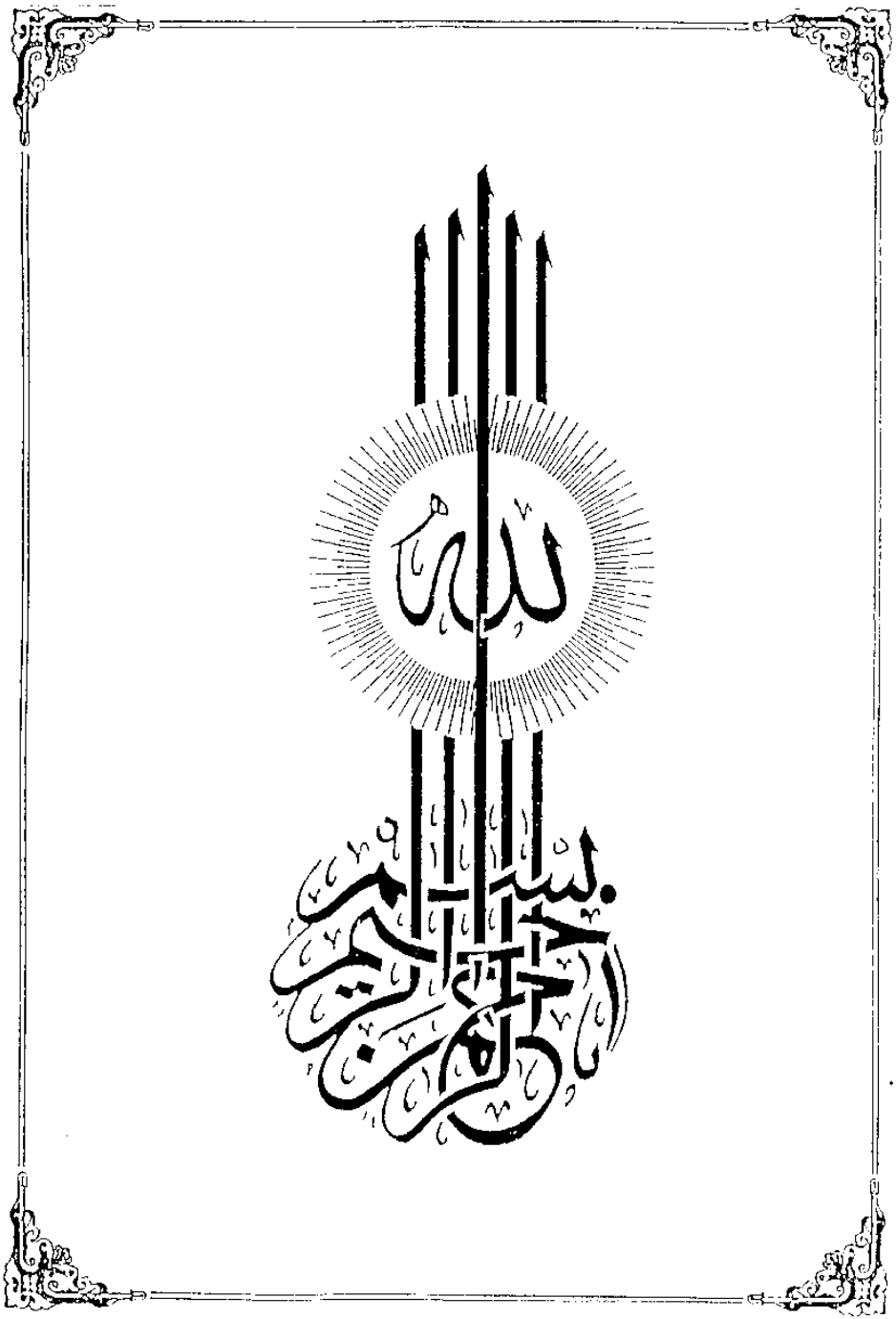

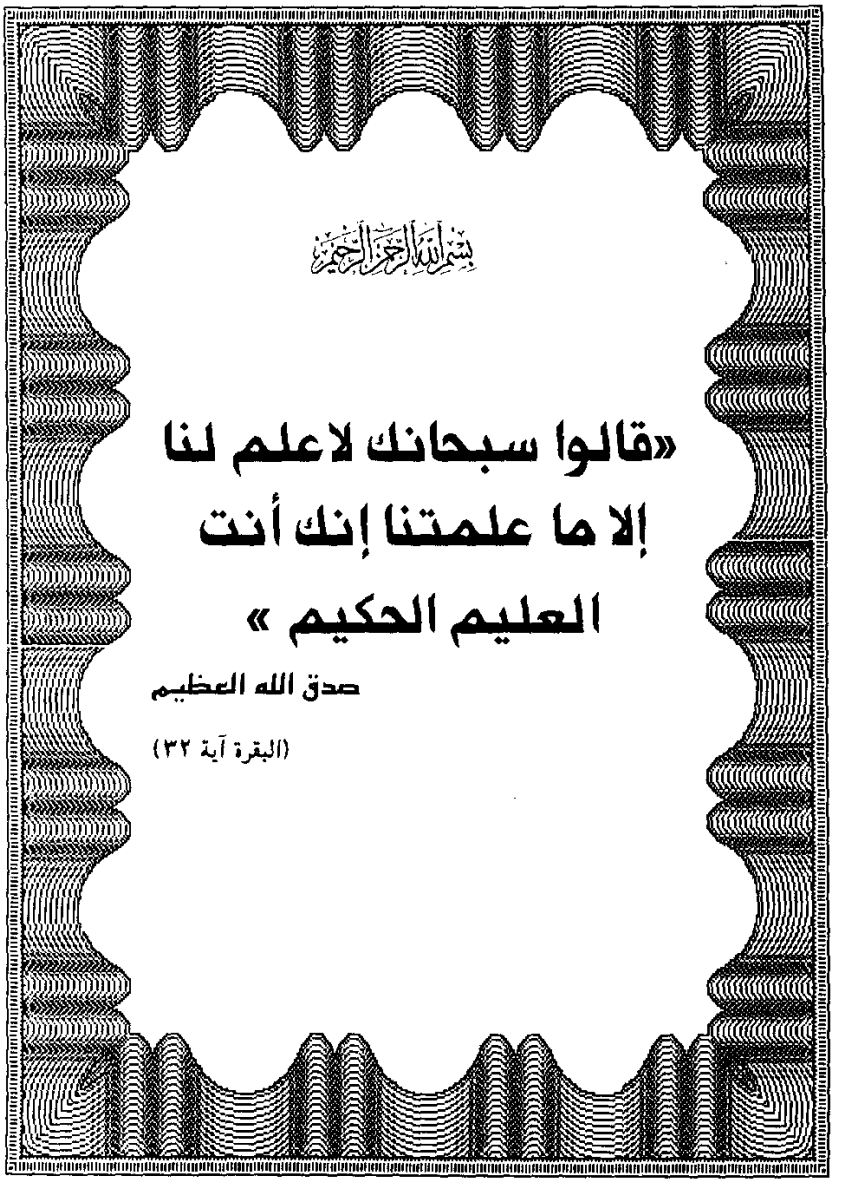

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The candidate
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INTRODUCTION

Hospitals are stressful places even when one is not ill. Nurses, as a part of the heath 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,

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).**