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Research Article

A STUDY TO ASSESS THE PRE-OPERATIVE STATE ANXIETY AMONG PATIENT UNDERGOING UROLOGY AND NEPHROLOGY SURGERY AT SELECTED HOSPITAL, THRISSUR

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ARTICLE INFO	ABSTRACT	
Article History: Received 20 th May, 2016 Received in revised form 29 th June, 2016 Accepted 30 th July, 2016 Published online 28 th August, 2016	A non experimental, descriptive study was carried out to assess the pre-operative state anxiety among patients undergoing urology and nephrology surgery. Sample size for the present study consists of 30 in-patients who was admitted in male and female ward for renal surgery under urology and nephrology department. Non probability convenient sampling technique was adapted for the selection of samples. The tool was prepared by reviewing literature. Based on that standardized Spielberg state anxiety scale was selected to assess the anxiety level of the samples.	
Key Words:	The present study revealed that majority of samples, 73% had moderate anxiety, 24% of samples	
Anviety Spielberg state enviety scale	had mild anxiety and 3% of samples had severe anxiety among patients undergoing nephrology and	

Anxiety, Spielberg state anxiety scale, nephrology surgery, urology surgery

urology surgery. The study also revealed that there was a significant association between the level of pre-operative state anxiety on the one day before the surgery and on the day of surgery.

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INTRODUCTION

Surgery can be defined as the art and science of treating diseases, injuries and deformities by operation and instrumentation. Surgery is a modality of treatment that has been attempted for thousands of years. Early surgeries were directed at obvious remedies such as pulling teeth or incising purulent wounds. The nurse assumes an active role in caring for the client before, during and after the surgery. Modern surgery is greatly facilitated by the discoveries of anesthetic agents, x-rays and antibiotics and by a greater understanding of principles of microbiology to prevent infection and the knowledge of blood types to facilitate blood replacement. Surgery may be a carefully planned event (elective surgery) or may arise unexpectedly (emergency surgery).

Today many forms of surgeries are available for much type of renal diseases. The most important of this significant renal operations remains nephrectomy or complete removal of kidney, renal calculi removal surgery etc. Anxiety is a normal adaptive response to the stress related to surgery and can occur at any time throughout the surgery. Potential sources of anxiety include anticipation of impending surgery pain, changes in body image or function, role changes, family concerns or potential alteration in life style. Previous surgical experiences may positively or negatively affect the patient level of anxiety. Anxiety may be decreased if the patient views the surgery to

have positive results, such as curing the disease, relieving discomfort or creating a more attractive physical appearance. Surgery is always an event which produces anxiety in patients. Spielberg state anxiety scale is one of the most frequently used measures of anxiety in applied psychology research. It is a reliable and sensitive measure of anxiety. Pre-operative state anxiety is very common for patients undergoing surgery. Researcher had met many patients in the ward with the same. So the researcher is interested to assess the pre- operative state anxiety level for patients undergoing urology and nephrology surgery by using Spielberg state anxiety scale.

Statement of the Problem

A study to assess the pre-operative state anxiety among patient undergoing urology and nephrology surgery at selected hospital, Thrissur.

Objectives

- To assess the level of pre-operative state anxiety among patients undergoing nephrology and urology surgeries.
- To associate the level of pre-operative state anxiety among patients undergoing nephrology and urology surgery with their selected demographic variables.

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Hypothesis

• H₁: There is significant association between the anxiety level of patients undergoing nephrology and urology surgeries with their selected demographic variables.

METHODOLOGY

It was a hospital based descriptive and non experimental study that was carried out in the in-patient department (IPD) of Aswini Hospital, Thrissur. A sample comprising of 30 inpatients who were admitted in male and female wards for nephrology and urology surgeries in the age group of 20 years and above was taken up for this study. Non probability convenient sampling technique was adapted for the selection of samples. The tool was prepared by reviewing literature and modifying Spielberg state anxiety scale which was selected to assess the pre-operative state anxiety of patient.

Research design

Research design used for the study is non experimental and descriptive.

Variables

Demographic variable: Demographic variables are age in years, gender, religion, income, occupation, marital status, educational status, prior knowledge about surgery and information.

Research setting: The study was conducted in the in-patient department of Aswini Hospital, Thrissur.

Population: Patients who were admitted for renal surgery under urology and nephrology department in Aswini hospital, Thrissur.

Sample: The sample of the study comprises of 30 patients who were admitted in male and female ward in Aswini Hospital for renal surgery under nephrology and urology department in Aswini Hospital, Thrissur.

Development of tool: The instrument was prepared and modified by reviewing literature based on that standardized Spielberg state anxiety scale was selected to assess the anxiety level of the patient.

Description of tool: The research tool consisting of 2 sections The Spielberg state anxiety scale was used to assess the anxiety level.

Part I: Consist of selected demographic variables.

Part II: Consist of modified Spielberg state anxiety scale.

Validity of tool: The tool content was validated by experts from the medical surgical department in the field of nursing for the adequacy of content and sequence. Based on expert suggestion, the tool was modified for the present study and the anxiety is rated as mild, moderate and severe according to Spielberg state anxiety scale.

Procedure for data collection: The data collection was done after getting permission from the ethical committee and institutional heads of Aswini Hospital, Thrissur. We started the data collection from 08-06-15 to 12-06-15. First the researcher collected the data from 30 patients who got admitted in wards. The researcher established a good rapport with patient and

explained the purpose of the study and requested their full cooperation and confidentiality was ensured

Plan for data analysis: Data were organized, tabulated and analyzed based on the objectives of the study. Collected data were analyzed by descriptive and inferential statistics.

Findings of the Study

Overall 24% of samples had mild anxiety, 73% of samples had moderate anxiety and 3% of samples had severe anxiety. The study also revealed that there was a significant association between the level of pre-operative state anxiety on the one day before the surgery and on the day of surgery

Table 1 Distribution of population according to the level
of anxiety

SI No.	Level of anxiety	Frequency (N=30)	Percentage (%)
1	Mild anxiety	7	24
2	Moderate anxiety	22	73
3	Severe anxiety	1	3

The above table: 1 shows distribution of population according to the level of anxiety. Out of 30 samples, 73% having moderate anxiety, 24% had mild anxiety and 3% had severe anxiety.

Table 2 Distribution of anxiety on the time of data
collection

concetion							
Sl No	Time of data collection	Frequency Percentage		Table Chi- squire Value			
		(N=30)	(%)	squire value			
	One day before the	20	37				
1	surgery	20	51	3.841			
		10	63	3.693			
2	On the day of surgery	10	05				

Table: 2 show distribution of anxiety on the day of surgery and one day before surgery. Out of 30 samples, 63% of anxiety was noted on the day of surgery and only 37% of anxiety was noted on one day before the surgery.

CONCLUSION

This study highlighted that the level of preoperative state anxiety among patients undergoing nephrology and urology surgery had moderate anxiety, and also a significant portion have a severe anxiety. Currently the nurse educator can encourage the students to conduct teaching program for those people posted for nephrology and urology surgeries. The nurse educator can provide in-service education to nursing personal to update their knowledge in terms of preoperative preparation, pain, anesthesia, outcome of surgery and complication and so they can impart this knowledge in health educating the patient

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