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The Circulating Nurse's Role in Decreasing Fear to Patient and Designated Family Member Prior to a Surgery Under Anesthesia

MAGNET RECOGNIZED

AMERICAN NURSES CREDENTIALING CENTER

An academic affiliate of the **FIU** Herbert Wertheim College of Medicine

Claudia Chanes, BSN, RN, CNOR and Jimmy Cotton BSN, RN

Background

Patients and family members who undergo surgery experience fear and anxiety prior to their surgical procedure. Fear is an emotion specific to a danger source (surgery under anesthesia). Guidelines for perioperative practice by the Association of PeriOperative Registered Nurses 2017 suggest that circulating nurses should help patients and family members decrease fear of surgery. By decreasing fear, circulating nurses can successfully prepare patients and their family members for surgery.

Purpose

The goal of this evaluation research study was to assess the perceptions of patients' and caregivers' fear of having surgery under general anesthesia pre/post the implementation of an evidence-based emotional support checklist.

Evidence-based Emotional Support Surgical Checklist

Literature reviews
have identified areas
where empathy, active
listening, good
communication and
emotional support are
decreasing fear in
patient and family
members, for this
reason they have all
been implemented in
the checklist used in
this study (Figure 1).

Evidence-based emotional support surgical checklist For

the present moment. Offer spiritual support such as pray with them.

Use AIDET (Acknowledge, introduce, duration, explains, and thank)

¹ Smiles and keep eye contact with the patient and designated family member (them) at all the times in a calm atmosphere and natural way. Show kindness, it is contagious. Tell them that you have the OR ready for the surgery and everything that is needed. Avoid words such as: breathing through a mechanical ventilator, cutting or knife/scalpel. "All is well" "You are safe"

²Sit down to be on patients' level next to the patient's bed. Promote positive thoughts. Stay in

Give a gentle touch and a way to provide comfort such as: hands or shoulder. Ask may I?
 Engage in conversation with the patient and their family and shows positive body language and effective communication. Promote that safety is your number one priority.

⁵ Listen intently and closely to patients concerns and questions by addressing their fear. If necessary contact the surgeon and anesthesiology. Praise and encourage doctors and nurses.
⁶ Reassuring approach/ attitude. Allow time for verbalization and expressing of fears.
⁷Listen for hidden meaning in patient's comments "how if". Involve relatives by answering their questions about post-surgery/ PACU and F/U. My role as a RN is to be your advocate.
⁸Provide care with simple gestures such as offering a warm blanket or, offering a juicy or crackers to family members. Tell them "I am there for you" "I will be your eyes, and ears".
⁹ Empathy, put yourself in the patient's shoes. Tell them that OR nurses are like a guardian, someone who watches, protects and makes sure that the standards are followed in the operating

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Figure 1:Evidence-based emotional support surgical checklist

VARIABLE	PATIENTS (n=75) n (%)	DESIGNEES (n=75) n (%)
SEX		
Female	44 (58.7)	41(54.7)
Male	31(41.3)	34(45.3)
AGE,		
18-24	24(32.0)	25(33.3)
46-24	24(32.0)	33(44.0)
+65	27(36.0)	17(22.7)
ETHNICITY		
Asian	2(2.7)	1(1.3)
Black	9(12.0)	10(13.3)
Hispanic	35(46.7)	38(50.7)
White	29(38.7)	26(34.7)
EDUCATION LEVEL		
College	40(53.3)	40(53.3)
High school	35(46.7)	35(46.7)
MARITAL STATUS		
Married	48(64.0)	50(66.7)
Single	27(36.0)	25(33.3)

Table 1: Sample demographic data

VARIABLE	MEAN±SD	P-VALUE
SYSTOLIC		
Pre	136.90±20.64	p <.001
Post	128.58±16.71	
DIASTOLIC		
Pre	76.40±10.22	p <.083
Post	74.32±10.17	
HEART RATE		
Pre	81.00±14.07	p <.001
Post	75.90±11.76	
RESPIRATORY RATE		
Pre	19.36±2.10	p <.001
Post	17.54±1.69	

Table 2: Patient physiological outcomes

VARIABLE	MEAN ± SD	P-VALUE		
FEAR Patient				
Pre	6.81 <u>+</u> 2.08	p <.001		
Post	4.0 <u>+</u> 2.44			
FEAR Designee				
Pre	7.867 <u>+</u> 2.08	p < .001		
Post	3.34 <u>+</u> 3.11			
Table O. Dationt and design at all families				

Table 3: Patient and designated family member fear rating

Methods

This evaluation research study used a quasi-experimental pre/post single group design measuring perceptions of fear of surgery for and his/her caregiver to be collected using a researcher-developed questionnaire and objective physiological measures of patients. The data was collected from March 2017 to October 2017 and there were 75 patients and 75 designated family members who participated. Statistical analyses were performed using SPSS. Frequencies and measures of central tendency and dispersion were used to describe the sample. For each scale the total score was calculated. In addition, bivariate analyses were done by using paired sample *t* test, Pearson correlation (*r*). A p-value level of less than 0.05 was the criterion for the statistical significance in the study.

Results

Results: Table 1 identifies the demographic data of the sample. Systolic blood pressure, heart rate, and respiratory rate statistically significantly decreased post the EBP intervention (see Table 2). Both the patients and designated family members Likert scale rating (1-10) of fear statistically significantly decreased post the EBP intervention (see Table 3).

Implications for Practice

Results of this study could be used to show how nurses significantly and positively influence pre-operatively in the well-being of patients and designated family members. By using the checklist the circulating nurses should have adequate knowledge, skills and a positive attitude to be able to help patients and family members to move forward on the journey through surgery.

References

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