

3-26-2018

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

Claudia Chanes

West Kendall Baptist Hospital, claudiach@baptisthealth.net

Follow this and additional works at: <https://scholarlycommons.baptisthealth.net/se-all-publications>

Citation

Chanes, Claudia, "The Circulating Nurse's Role in Decreasing Fear to Patient and Designated Family Member Prior to a Surgery Under Anesthesia" (2018). *All Publications*. 2714.

<https://scholarlycommons.baptisthealth.net/se-all-publications/2714>

This Conference Poster -- Open Access is brought to you for free and open access by Scholarly Commons @ Baptist Health South Florida. It has been accepted for inclusion in All Publications by an authorized administrator of Scholarly Commons @ Baptist Health South Florida. For more information, please contact Carrie@baptisthealth.net.

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).

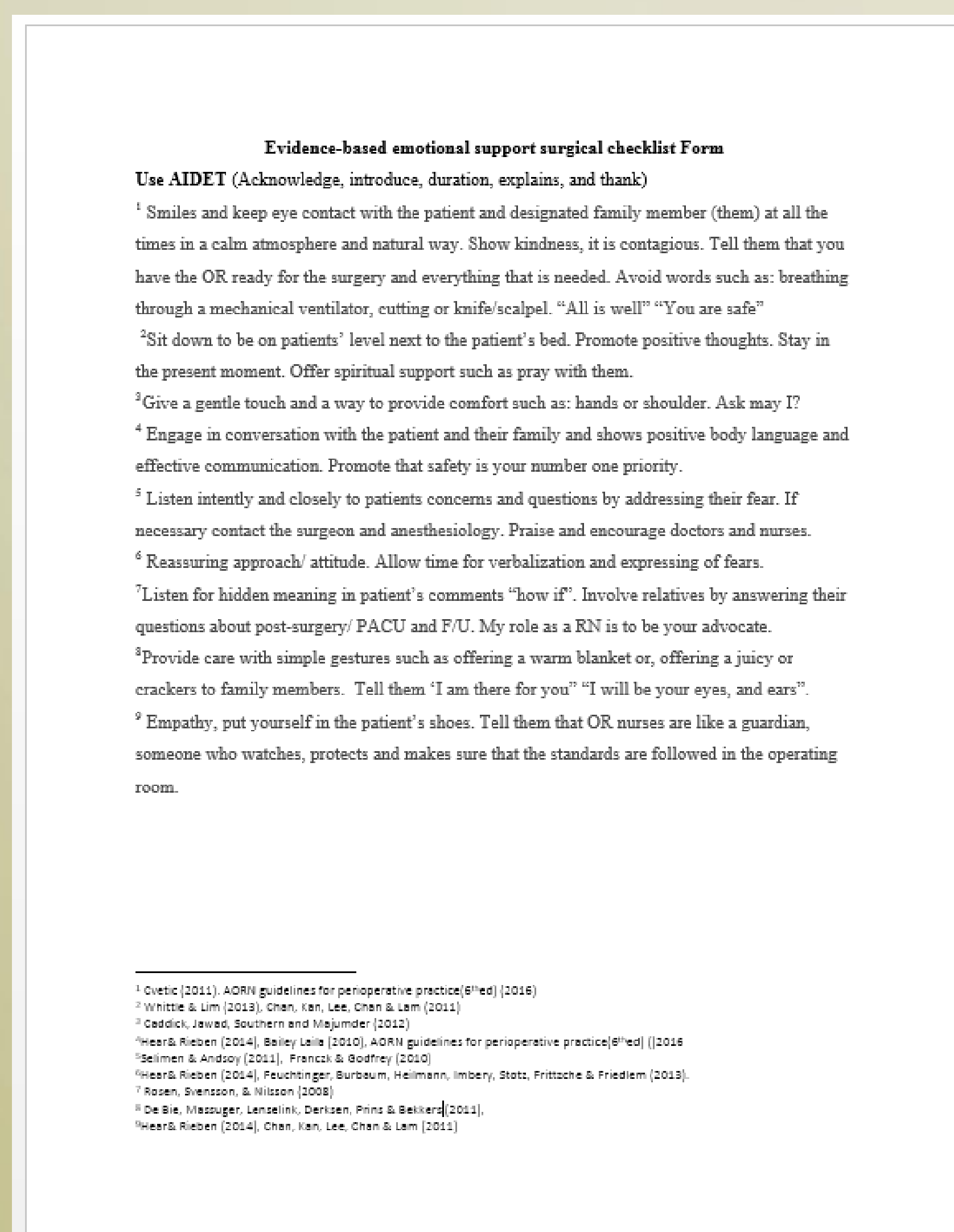


Figure 1: Evidence-based emotional support surgical checklist

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±2.08	p <.001
Post	4.0±2.44	
FEAR Designee		
Pre	7.867±2.08	p < .001
Post	3.34±3.11	

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

AORN Guidelines For Perioperative Practice (2017 Edition). Guideline Complementary Care Intervention 455-467.

Contact Information

claudiach@baptisthealth.net

jimmyc@baptisthealth.net