

Original Research Article

Views of Surgical Nurses Regarding Handling the Psychosocial Problems of the Patients

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ABSTRACT

The aim of this study was to identify the views of surgical nurses regarding handling the psychosocial problems of the patients. This study was conducted based on qualitative design with 13 surgical nurses who working at the surgical clinics of hospital in Turkey. Three themes formed from analysis of the data of this study: “Surgery: A trauma experience; the magic of having psychosocial skills; the self-empathy of the nurse”. The results that consideration of the psychosocial problems of the patient along with the physical disorder by the nurses can increase patient comfort and accelerate the recovery process. Hence, training programs should be planned to improve the psychosocial skills of nurses in solving and managing such psychosocial problems.

Key words: psychosocial nursing, nursing care, surgery, qualitative research.

INTRODUCTION

Surgery can cause behavioral, physiological and psychological symptoms such as irritability, aggression, anger, fear and pain. [1] These reactions to surgical procedures by the patients may be temporary, but can sometimes become chronic and lead to difficulties for the patient and the family. [2] Noticing these reactions in the early stage decreases the hospitalization duration and the frequency of psychiatric symptoms while increasing the life satisfaction of the patient and the family. [3-5] In addition, surgery can suppress the immune system by increasing the stress level and alter hormone secretion, affecting the reaction of the body to the disease. And, a change in body image can lead to the emergence of weakness, despair and anxiety symptoms in surgical patients. And as a result, these symptoms being seen in patients admitted for a surgical procedure

can increase the complication incidence by negatively affecting wound healing, pain perception, nausea and vomiting, and adaptive coping skills. [6] To prevent these adverse effects, the nurses should determine the psychosocial needs of the surgical patient and the family before, during and after the surgery, to plan the care and evaluate the results. Because, determining of the psychosocial needs of surgical patients and meeting of their needs may reduce the difficulties that patients may experience.

The psychosocial care provided by the nurse includes interventions necessary to help the individuals who have difficulty coping with the emotional areas of the disease, the life crises affecting health and healthcare, and psychiatric disorders. [7] Professional nursing evaluates the patient and the environment as a whole and necessitates providing psychosocial care.

Nurses can support the patient in coping with the problems and providing psychosocial care can help develop the patient's adaptive coping skills. [7] Therefore, it is important for surgical nurses to evaluate the psychosocial reactions of the patients to their diseases and to interpret and manage them in terms of them being aware of their own skills. As a result of all this, in the study, we aimed to identify the views of surgical nurses regarding handling the psychosocial problems of the patients.

MATERIALS AND METHODS

Study design

This study was used a qualitative methodology with phenomenographic design as it allows for an exploration that nurses experience regarding the psychosocial problems of the surgical patients. The study was approved by Ethics Committee (11542).

Participants

The study was carried out with 13 nurses working in surgical clinics at a research hospital in Turkey in May 2016. A simple random sample was applied. The participants' aged was 22-41 years (34.07 ± 5.64). There were 10 (76.9%) females and 3 (23.1%) males and 8 married (61.5%) and 5 single (38.5%) participants.

Data collection

The data were collected by asking semi-structured questions. All interviews were conducted in Turkish. The surgical nurses were asked the following questions: "What are your opinions about the problems to be experienced by your patients due to surgery?"; "What is your evaluation about the psychosocial problems of your patients?" and "How would you prefer your psychosocial problems to be evaluated if you were the patient?" to evaluate the opinions of the surgery nurses as regards the aim of the study. Each interview lasted approximately 15-20 minutes. The interviews were typed by researchers by the time at interview.

Data Analysis

Colaizzi's phenomenological approach, [8] a qualitative data analysis method, was used by first transcribing the interviews verbatim. The researchers of the study independently read the oral description to understand the participant better, which was followed by determining significant statements and phrases related to study objectives. The meanings of the statements and phrases were evaluated and were merged to create themes. Then, taking the data analysis results into consideration, a description of the patient experience was developed. In order to get more credible results, another investigator also evaluated transcripts. The investigators independently extracted major transcript categories. After the comparison of the coding, only minor differences generally related to the words chosen were found. Following this step, we reached a final version and had one theme for each view by merging similar statements. One major theme that reflected a common view of the participating subjects was finally formulated. Member checking enabled final validation. Following the analysis made in Turkish, its translation was made into English by preserving the original meaning. Back-translation of the English text into Turkish was then made by a bilingual speaker to have accuracy. The two translations were found to match as regards the original Turkish meaning.

RESULTS

Three themes formed from analysis of the qualitative data of our study:

1. Surgery: A trauma experience.
2. The magic of having psychosocial skills.
3. The Self-Empathy of the Nurse

Theme1. Surgery: A trauma experience

When the participants in our study were asked their views regarding the problems experienced by the patients due to their surgical disorders, they expressed that surgery was a trauma. They reported that the patients experienced fear, anxiety and uneasiness due to the problems experienced

as a result of surgery and were afraid of being dependent.

“...I see that the patient has major concerns when sending him/her to surgery. Surgery makes patients very anxious. I catch their timid glances. They wait quietly without asking too many questions. They listen carefully to other talking about them...” (Participant 1, 30 years old, female)

“...We commonly see that patients are affected from the disorders that require a surgical procedure. The effect of the trauma experienced by the patient and the disruption in body integrity and the pain in particular causes psychological problems such as introversion, becoming aggressive, anger and sadness in the patients. Psychosocial problems make the treatment of the patient difficult. They also decrease compliance with treatment. Patient compliance with treatment supports wound healing and decreases contractures. The patient with disturbed psychology eats less or vomits what he/she eats and the fluid intake is reduced. This delays healing of the patient's wound and increases the risk of infection...” (Participant 3, 37 years old, female)

“...Disease leads to a negative situation such as loss of the usual role, being dependent on another person, and feeling inadequate. When the surgical dimension is also added, the disruption of tissue integration, and the tissue and organ loss will increase stress and anxiety even further...” (Participant 4, 37 years old, male)

“...When it is decided to perform surgery for the patient's disorder, fear of surgery, fear of not recovering fully, fear of pain, and the change in many lifelong habits for health such as having to use medication all the time and change in feeding habits leads to a negative perception...” (Participant 5, 34 years old, female)

“...Surgical procedures decrease the pain threshold of the patients...” (Participant 6, 41 years old, female)

“...Surgery is a trauma for the patients. Ignoring the physical requirements of the patient such as pain control, and not providing adequate information causes the patient to experience more psychosocial problems. Emergency surgery especially makes the patient very anxious...” (Participant 7, 28 years old, female)

“... It disrupts the social and psychological compliance of the patient. The stress experienced by the patient disrupts his/her adaptation...” (Participant 8, 41 years old, female)

“...Surgery affects the patient negatively. For example, patients who undergo cystectomy spend their life dependent on a bag. Therefore, becoming dependent causes the patient to be negatively affected both environmentally and mentally...” (Participant 9, 22 years old, female)

“...Surgical patients have very prominent fears before as well as after the surgery...” (Participant 11, 28 years old, male)

“...The patients can feel in an unknown situation in every surgery...” (Participant 12, 35 years old, male)

“...If certain surgeries are known to cause more complications, the patient experiences the fear even more...” (Participant 13, 34 years old, female)

Theme2. The magic of having psychosocial skills

When the nurses were asked how they handled the psychosocial problems of the patients, surgical nurses stated that they believed observing the patients, listening to them and meeting their information requirement could contribute to the psychological well-being of the patients. They also drew attention to the importance of empathy. The nurses reported good communication with the patients, sparing time for them and being patient to have a positive effect.

“...I talk to my patients. I can understand from what the patient says that he/she experiences intensive anxiety related

to the surgery. I try to control their excitement and fear in this way. Thus, I think that the way the patient speaks gives me a hint.....” (Participant 2, 37 years old, female)

“.... I think that when I touch the shoulder of the patient who is about to undergo surgery and ask whether he/she is afraid, showing I am interested, it makes him/her smile and comfortable for a moment. When I provide information to the patients before the surgical intervention, it makes me happy to see their uncertainty decreases and their fears disappear. Besides, the patient's depression also decreases....” (Participant 4, 37 years old, male)

“....When I show interest in what the patient says and ask questions and make an observation, I understand the situation of the patient better. When I listen to the patient and I make the patient feel that I care for him/her, the patient's satisfaction increases and both the patient and the family are happy. I see that antidepressants are constantly ordered for the patients. I think there are not necessary. We just have to spare time for the patient....” (Participant 5, 34 years old, female)

“ ... When you have a good rapport with the patient, it becomes easier for the patient to reveal personal information. I primarily try to listen to the patient. The unsolved issues end up being solved. First, I ask open-ended questions to the patient to find out the source of the problem and listen. When a detailed history is obtained, the source of the patient's problem becomes clear....” (Participant 9, 22 years old, female)

Theme3. Self-empathy of the nurse

The participants in our study expressed that they would first want others to show interest in them if they were the patient. They said they may expect nurses providing care to be compassionate, to provide information and to listen to them. They would need someone who can help them at the moment they lose their coping

skills and they thought that it would be important for that person to be a nurse.

“...I would like to be treated by taking my psychology into account. I would like my problems to be solved. Someone that understood, listened and empathized would make me feel good. I make observations. I can quickly detect the feelings of the patient. I sometimes listen to the patient and try to share his troubles. As a result, I see that the patients try to do what I say....” (Participant 3, 37 years old, female)

“...You are at an inpatient clinic where there are many different surgical patients you do not know or recognize. You suffer uncertainty and anxiety related our surgery. You have your family with you, but they do not have much information. They just try to boost your morale and hold your hand. However, these will not relieve you after a while. You search for someone who will answer your questions; this can be a nurse and you trust him/her because he/she thinks for you and the answers he/she provides to the questions you are thinking will significantly decrease the anxiety and stress created due to uncertainties....” (Participant 4, 37 years old, male)

“...I would like to be provided support towards the solving the problems, to be provided given supporting information. This would facilitate solving my illness and the problems I may experience related to my disorder....” (Participant 5, 34 years old, female)

“...To obtain help when I lose my coping skills prevents me from suffering more difficulties...” (Participant 6, 41 years old, female)

“....It would be good to have someone listening to me, exchanging views and finding solutions to my problem. To be included in social activities and to be provided information on the procedures to be performed would make me feel cared and valued. Smiling faces and unrushed behavior have a positive effect on me....” (Participant 10, 39 years old, female)

“...The psychosocial status significantly affects the acceptance of

disease and the treatment at a later stage by the patient. The treatment process will be more difficult and unbearable for me as long as I do not accept the disease. The communication style is very important. Attitude is very important while speaking and being given support; I would like to be directed to therapy sessions and my coping skill would increase in that way...” (Participant 12, 35 years old, male)

DISCUSSION

Providing psychosocial care requires a combination of psychosocial evaluation skills, experience in performing mental state examinations, and using therapeutic communication. The needs, problems, and current or potential problems of the patient can be identified with psychosocial evaluation and patients with high risk in terms of more serious problems can be identified. The first skill used by the nurse to perform a psychosocial evaluation is to adapt to the patient and establish a relationship. Showing interest in what the patient says and deciphering his/her experiences enables ensuring the patient benefits from professional nursing care. Care provided for present or potential psychosocial problems of surgical patients can contribute to their well-being by increasing their skills of coping with such problems. [7,9]

Our study conducted to identify the views of the surgical nurses regarding handling the psychosocial problems of the patients revealed that nurses thought of surgical interventions or procedures as a trauma experience. They felt that this could lead to fear anxiety, pain, suffering and feeling of obscurity in the patient and the family and increase their stress. The nurses also stated that this resulted in patients having difficulty in adapting to the surgical experience and experiencing psychological symptoms such as anger and introversion. Similar to our study, BÄCKSTRÖM, Wynn and SØRLIE (2006) reported that their subjects experienced fear, isolation and anxiety in their study investigating the

experiences of coronary bypass patients regarding the preoperative care and treatment. [10] The patients were reported to often experience pain and fear similar to our study by Maillard, Elia, Haller, Delhumeau and Walder (2015) in their study investigating the life quality of the patients before and after the surgery. [11] SACHEZ et al. (2016) studies patients who had undergone heart transplantation [12] and Tsuchiya and Takahashi (2016) studied the psychosocial effect of lymphedema after breast surgery with both reporting that the anxiety and depression levels of the patients had increased and the life quality was affected negatively. [13] SACHEZ et al. (2016) recommended that a psychosocial evaluation of the patient should be conducted before the surgery and psychotherapy and psychopharmacological therapy provided when necessary. [12] Alonso et al. (2015) reported in another study that the psychological problems of the patients decreased post-operative life quality and compliance skills. [14]

Another result from our study was that nurses believed they could create a positive effect on the patients when they had professional psychosocial skills. The nurses who participated in our study believed that the patients could cope easier with their psychosocial problems, their fear decreased and the satisfaction of both the patient and the family increased when they handled the psychosocial problems of the patients and planned psychosocial care. They stated that while psychosocial problems affected treatment compliance and the recovery process negatively, providing psychosocial care to the patient increased compliance with the treatment, accelerated wound healing, decreased the possibility of psychological symptoms such as anger and depression and made it easier for the treatment team to work. Similar to our study results, Gao, Yao, Tsai and Wang (2009) reported that understanding the physical and psychosocial needs of patients who underwent a coronary artery bypass graft procedure and providing nursing care that

understood these needs was necessary and important in the prevention of patients experiencing distress. [15] The effect of the patient-centered empathic interview approach on pre-operative anxiety in ambulatory surgery patients was investigated by Pereira, Figueiredo-Braga and Carvalho (2016). [9] They reported that providing the patients the necessary information and using a patient-centered empathic interview approach decreased post-operative anxiety and pain and facilitated recovery after surgery compared to the patients who were not interviewed, with faster return to daily activities and higher patient satisfaction. [9]

It was concluded that if the participants were the patient themselves meaning that they were asked to perform self-empathy, they primarily expected others to show interest in themselves, the nurse to provide good care and act in an understanding manner while being a good listener. Our participants emphasized that they would need someone to decrease their anxiety and fear when they became ill and lost their coping skills and it would be important for this person to be a nurse. Our result is important in terms of creating awareness that the evaluation of the psychosocial problems of patients is important and necessary as determined when self-empathy was performed by the nurses or other healthcare staff. Empathy is the ability to see what is behind the externalizing behavior of a person and to understand the situation from the patient's point of view. Empathy means seeing the patient's point of view clearly while being emotionally detached from the person. [16] However, this emotional dimension cannot be ignored in case of self-empathy, as in our study. In contrast, it can be more important and realistic in terms of what the person experiences or feels for a deep understanding of an event or situation. The nurses can perceive what a patient can experience before and after the surgical procedure and what their expectations may be in a more realistic and natural manner in

this way and thus increase the quality of the care provided to the patients, especially by including a psychosocial evaluation in their nursing treatment and care procedures. Gorman and Sultan (2008) emphasized that establishing therapeutic communication with the patient will make it easier to understand the patient's problems and anxieties, [7] supporting our results. Therapeutic communication requires acceptance, respect, honesty, empathy and trust. [7] In our study, nurses emphasized that these therapeutic techniques are important in determining and meeting the psychosocial needs of the patient.

CONCLUSION

The results of this study conducted to identify the views of surgical nurses regarding handling the psychosocial problems of the patients are important to make sure nurses are aware of their role in solving the psychosocial problems of surgical patients. Our result was determined that surgical nurses be aware of the psychosocial problems of the patients. Also, the nurses emphasized that they believe that they can have a positive effect on the patient and they think that have a role in preventing the existing psychological symptoms and/or those arising from surgical procedures.

Surgery can cause several psychosocial problems and can have many negative effects on the patients. However, the psychosocial care provided by the nurses can contribute significantly to the continuation of the well-being of the patients. Finding a solution to the physical problems can be easier for the health care professional but evaluating and solving the psychosocial dimension require time and effort. The solution providers may also find it difficult to cope with their own emotions when solving such problems. Working with problems in the psychosocial area can therefore be ignored. Intervening in psychosocial problems first requires the nurse to be aware of his/her own feelings and have a multidimensional approach. Consideration of the psychosocial problems

of the patient along with the physical disorder by both the nurses and other health care staff can increase patient comfort and accelerate the recovery process. Our results emphasize the need to handle psychosocial problems and conduct a psychosocial evaluation. We also believe our study will act as a valuable reference for future studies evaluating issues related to whether an adequate psychosocial evaluation is performed.

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