

THE NEED FOR SECURITY AND SAFETY IN CONNECTION WITH A PLANNED SURGERY

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Abstract

Basics: Planned surgery always affects a patient's need for security and safety. A key role in the patient's situation is played by nurses who, using their competencies, are the closest persons to help the patients fulfil their need for security and safety.

Goals: Find out how planned surgery impacts the need for patients' security and safety and the impact of general nurses on meeting these patients' needs.

Methods: A qualitative research method using an in-depth interview was used for the research. After audio recording and its transcription, paper and pencil open content analysis was performed to create categories and subgroups. The research group consists of six patients (three males, three females) aged 25–75 from a standard surgical ward of a South Bohemian hospital who were admitted for a planned surgery a day earlier, and five general nurses working there (aged 32–41, with 10–21 years of experience, two gained qualifications at university, others at secondary school before changing the educational system).

Results: Research has shown that planned surgery negatively affects the patients' need for security and safety, regardless of their previous experience. General nurses have a great influence on the elimination of patients' fears and negative feelings, when they treat their patients as equal partners, approach them individually, inform them about all nursing procedures and practices, choose a peaceful and helpful way of communication and approach them with empathy. Nevertheless, general nurses have incomplete knowledge in the field of therapeutic communication.

Conclusion: To reduce the negative impact that surgical treatment has on a patient's need for security and safety, it would be appropriate to initiate patient education as soon as it is decided that their illness will be treated in this way.

Key words: information; education; therapeutic interview; fear; education

INTRODUCTION

An important influence on how the patient will feel before a planned surgery is surely their previous experience with such an

intervention and what experience or how serious their illness is (Jobánková 2003, Yilmaz et al. 2011). Sufficient information about what the patient is awaiting is most important for their need for security and

safety (Tomagová et al. 2008). Satisfaction of the need for security and safety brings a feeling of a stable and safe life that has certain rules. A person does not feel fear or anxiety; the situation is at least partially under control and they do not feel threatened. They are satisfied with their self-sufficiency; they feel trust, hope and faith. These experiences are enhanced and supported by the necessary information and stimuli and a sense of good orientation (Tomagová et al. 2008). Therefore, upon admission, patients receive a range of documents to sign, which inform them in detail about the stay, the course of treatment and the surgery (Janíková and Zeleníková 2013). Their amount and comprehensibility may not be acceptable to each patient and the effect is questionable. However, also very important is the role of the general nurse, who is the first person the patient can turn to, and from whom they expect help, understanding and support in their difficult life situation (Kapounová 2007). General nurses should be able to respond appropriately to the patients' psychological response to a new situation that leads to an imbalance in the need for security and safety, and should be helpful in coping with this stressful situation (Zacharová et al. 2010). They have to be able to communicate with the patients correctly, gain their trust, listen to them, and encourage them not to be afraid of confiding their fears and feelings (Venglářová and Mahrová 2006). In planned interventions, nurses in their roles of educators should help (using effective communication skills) to guide the patient through the process of change that they will have to undergo in relation to the surgery. However, the time and space needed for this activity (Nicholls and Wilson 2006) are sometimes insufficient and the need for security and safety can be lost. If this need is not met, life stability is disturbed, one is mentally and physically hurt, feels threatened by the surroundings and a psychic response occurs in the form of fear, anxiety, anger or sadness (Trachtová et al. 2013).

Our aim was to find out how planned surgery impacts the need for patient security and safety; and furthermore, to determine the impact of general nurses on satisfying the need

for security and safety of the patient in relation to a planned surgical performance.

MATERIALS AND METHODS

Qualitative research was chosen using a semi-structured interview of our own design. The research was conducted in the second week of March 2016 over a period of three days at a standard surgical department of a district hospital in the South Bohemian region. The nursing officer of the hospital gave her permission to carry out the research (and her consent is available to the author). The respondents were first informed about the topic and the purpose of the research. All respondents were assured that their anonymity would not be compromised and the recordings would be used only for the purpose of transcribing the interviews. The respondents agreed to the interview and for it to be recorded on recorder. The recorded conversations were transcribed into text and subsequently printed. Printed conversations were first read out several times, and data analysis was performed by a hand-coded method, also referred to as the paper/pencil method (Švaříček et al. 2014). In the analysis of the data, words and phrases enounced by the respondents in the conversations were searched and encoded and categories and subcategories were created.

Research group

The research group consisted of six patients from a standard surgical department of a South Bohemian hospital who were admitted for a planned surgery a day in advance. Three respondents were men and three respondents were women. The respondents' age ranged from 25 to 75 years. The research team also consisted of five general nurses working at a district hospital in the South Bohemian region at the same surgical standard department, to which the patient respondents were admitted. The age of the respondents – general nurses ranged from 32 to 41 years. The length of practice of the respondents – general nurses was 10 to 21 years. Two respondents – general nurses had higher education, others gained their qualification before changing the education system.

RESULTS AND DISCUSSION

Bártlová and Matulay (2009) consider the need for security and safety as one of the main needs of a person. Trachtová et al. (2013) demonstrate that if the need for security and safety is not met, life stability becomes disturbed, the person is physically and mentally depressed, they feel threatened by their environment and there is a psychic response that comes in the form of fear, anxiety, anger or sadness. Hospitalization in a surgical department is one of the life changes that cause patient's anxiety (Yilmaz et al. 2011). Batista dos Santos et al. (2014) indicate that surgery is often perceived not only as an unknown but also as a terrifying reality. Respondents – patient testimonies were created in the following categories: **Patient's mental state before planned surgery** with the subcategories of *Feelings and concerns, Confusion*; **Experience** with the subcategories of *Past, New situation*; **Information** with the subcategories of *Type of information, Awareness*; **Safety and security from patients' perspective** with the subcategories of *Personnel, Personal*; **Ensuring Security and Safety** with the subcategories of *Approach of general nurses, Recommendations*. The testimonies of the respondents – nurses gave basis for the following categories: **The need for security and safety from the perspective of nurses** with the subcategories of *Defining, Factors*; **Satisfying patients' need for security and safety** with the subcategories of *Current status, Time factor*; **Steps of general nurses in securing the need for security and safety** with the subcategories of *Detection, Reaction*; **Communication** with the subcategories of *Mode of communication, Type of information, Therapeutic interview*; **Education** with the subcategories of *Opinion on educational, Seminars and courses*.

The category of **Patients' mental state before planned surgery** outlined how the respondents feel, what they deal with in their thoughts, what ideas they have the day before surgery, and whether their concerns are shared with a nurse. It is not surprising that the mental state and thoughts of the respondents were expressed by a variety of fears and uncertainties of something unknown, e.g.: "I'm worried about how I will feel after the anesthesia..." "I'm afraid I will be sick after

the anesthesia." "... one is afraid if he wakes up at all ..." "... there is always a risk, and one becomes aware of it in this situation." "... I am worried about the outcome of the surgery." We asked whether respondents confided their worries (in a difficult situation) to a nurse who should – as the closest professional – be competent in these situations (Šamánková et al. 2006). According to Bártlová (2005), a general nurse is a person who the patient has the closest relationship with and is always close to him or her. However, we found that the respondents do not confide their fears and unpleasant experiences to their nurses, because they feel that nurses do not have time and they want to have more time and peace to talk to them: "... I did not tell them, they have enough work of their own." "I haven't told them yet, I thought I would wait until I was going to sleep, maybe later it will be quieter and I will not distract them." Based on the knowledge of the feelings of patients undergoing surgical treatment (Jobánková 2003, Berth et al. 2007, Batista dos Santos et al. 2014), the nurse should actively offer his or her support to prevent or reduce the negative emotions of patients (Tóthová et al. 2014, Špirudová 2015), and not wait for their queries.

The need for security and safety is enshrined in the Charter of fundamental rights and freedoms, which divides it into the need to avoid threats, the need for self-sufficiency, trust, hope and belief, the need for health protection, information and orientation, the need for stimuli, peace and tranquillity, and the need to own and accumulate property (Trachtová et al. 2013). Šamánková et al. (2006) say that the need for security and safety is also related to truth, and that the patient should feel informed about all the facts and should be able to ask and talk about their doubts. Walker (2002) says that providing information can negatively reduce patients' stress. The answers clearly show that the respondents were satisfied with the information provided in general, and some of them also described some specific areas: "I would say all of them – about surgery, about anesthesia, how it all will be." "... about surgery, how is it done, the diet, how long I'm going to be in the hospital, or the anesthesia. I also signed an agreement where there is a lot of information, also about the risks." Only one respondent said: "I need more information

about the particular surgery...” We assume that the predominant expressed satisfaction of the responding patients is due to the fact that half of them have experience from previous surgeries, as we have found out in the category of **Experience**. We did not explicitly investigate whether this experience affected their level of fear, preoccupations or anxiety when this was not a completely unknown and unexpected situation for them. The addressed respondents – general nurses expressed very similar views in the category of **the need for security and safety from the nurse’s perspective**. That is, in order to ensure the need for security and safety before surgery, information is essential: *“I think security and safety in this case is connected with sufficient information so that the patient knows what is going to happen...”* *“... I would define it as sufficient information...”* They also recognize the necessity of a nurse’s presence as well as contact with family members: *“I think it is best for the patient when they know where they are going to, if they know the department and, of course, if they know the nurses...”* *“... The patient’s family has a lot of influence; their background and the relationships with individual members.”* The nurses repeatedly confirmed that they were providing information. They are quite happy with the way they inform patients, though they add that not enough time is usually available for handing out the information effectively: *“There are days when patients receive enough time, but unfortunately there are days when more time is needed, especially for more anxious patients, who need to communicate more, sit down and talk in peace.”* Thus the opinions of the nurses coincide with the opinions of many authors dealing with this issue, which among others include: Jacobs (2000), Venglářová and Mahrová (2006) and Špatenková et al. (2011).

In order to ensure that the respondents feel safe, they also need, in addition to information, the presence of general nurses, doctors and family. They are the people who, in their opinion, warrant this need: *“Just the nurses you meet during the day and I believe they will take good care of me and the doctors, I believe in their abilities.”* *“... have the opportunity to call my family, which fortunately possible here.”* The attitude of the nurses and other staff, as well as the way in which infor-

mation is provided and explained, are important factors for the feeling of security and safety (Tóthová et al. 2014). Walker (2002) also emphasizes the importance of the emotional and psychological preparation of adult patients before surgery: *“Surely to know as much as possible about what awaits me. My family and contact with them.”* Also, nurses tend to consider the family to have a positive effect on the patients’ sense of security and safety: *“... the patient’s family background and the relationships with its individual members has a big impact.”* At first glance, to ensure security and safety, the results highlight the importance of providing information. In a more detailed analysis of the respondents’ testimonials, we find that the responses include references to other factors or principles of professional communication with patients, expressed by both patients and nurses, which influence the need for security and safety. Safety and security are a part of the psychosocial needs that are accompanied by emotional experiences. Trachtová et al. (2013) report that the degree of satisfying or not satisfying this need has an impact on the physiological-biological aspect of the whole human organism because it supports the function of individual organs. Similarly, Křivohlavý (2009) describes the salutogenic effect of experience. In the case of our research sample, this concerns the balance of the need for certainty and safety, and its influence on the course of healing and convalescence after surgery. On the basis of the results obtained, we find that the role of environment, relationship, approach, empathy and communication of nurses are professional interventions of nurses which facilitate the satisfying of the need for security and safety, which proves what Jacobs (2000) and Dart (2011) express. It is the competence of the general nurse, who works to reduce the level of fear, anxiety, uncertainty and also has an impact on the feeling of dignity, shame and identity (Tomagová et al. 2008).

In the category of **Ensuring security and safety**, the respondents – patients say, *“It’s just the willingness and attitude of nurses and doctors, because when they treat you nicely you feel a little better and you do not feel completely distant.”* *“... calmness and optimism.”* In the category of **Communication**, the respondents – general nurses emphasize how they communicate with patients

to ensure security and safety. It is clear that they are aware and trying not only to pass on the information but also to do it in a way that encourages, calms and motivates patients: *"... To explain everything so as to make it understandable, to try to tune him positively and to please him..."* *"I respond to the patients' need for security and safety by talking, touching, explaining everything to him."* *"... There are at least two of us, and we will solve everything ..."* *"... relax a bit the atmosphere, find out the patient's nature and then I communicate with him."* *"... somewhere quiet..."* *"We will explain..."* To what extent this approach can be applied is unfortunately affected by the current situation and by the lack of time that both nurses and patients feel. They say: *"Well, of course, at rest, not in a hurry and with a nice approach."* *"... well, again the time, but there is usually not enough."* *"... apparently in privacy and with enough time."* *"... such a conversation would certainly require more time and peace."* *"Interview in a quiet environment with plenty of time for the patient."* *"Especially it should be led positively..."* *"... we try to stay in the positive level, even though it is not always possible."* The need for time and the right environment for the transfer of information and the realization of the educational process, in which the patient is prepared and learns something new after surgery, is treated by Dart (2011) as well as Špiridová (2015).

Published research studies show that in other countries the need for security and safety in nursing care is much more intense and erudite than in our country. Yet in 2000, Kindler et al. used a visual analogue scale which is, according to their findings, an effective tool for measuring pre-operative anxiety in connection with anaesthesia. Ten years ago, Berth et al. (2007) monitored preoperative anxiety by means of an information scale (AP AIS). According to Tóthová et al. (2014), efficiently conducted "evaluation" – as the first phase of the nursing process, is inherently connected with the method of nursing work – this is the nursing process, which includes the educational process including therapeutic communication. Where the professional method of nursing works, or it is realized, nurses will find changes in the needs to intervene. Not only in general, but as described by McArthur-Rouse and Prosser (2008), also in such a particu-

lar group of patients like acutely ill patients arriving at a surgical department. The issues of the role of nurses – educators, their approach and the use of their educational process can be found in the publications of Walker (2002), Kadlecová (2009), Dart (2011) and AbuAlRub and Abu Alhijaa (2014). It seems appropriate to ensure pre-operative preparation in an outpatient form before admission to the surgery. Sadati et al. (2013), in their randomized study, state that communication of the nurse with the patient before surgery can reduce anxiety and postoperative complications. In pre-operative training centres, nurses could concentrate directly on particular patients, hand over the necessary information, respond to their needs and give them feedback. In the South Bohemian region there is no educational department in any hospital yet, but some facilities are already dealing with this problem and are preparing a project that they would like to put into practice. Only in Prachatice (in the orthopedic department) is one day per week assigned to the education of patients before total hip and knee replacement. Taking into account the research method and the size of the research group of our research, it would be appropriate to carry out a quantitative survey in order to discover the possibilities for the implementation of these educational centres in the system of hospital surgical care.

CONCLUSION

To satisfy the need for security and safety in preoperative nursing care, it is important not only to provide information, but also to communicate therapeutically, which significantly contributes to the reduction of fear, anxiety and fear. Nurses satisfy this need by providing information with a gentle approach and try to give a therapeutic response to the manifestations of patients. Patients find the attitude of nurses necessary in satisfying the need for security and safety. Although the results of the qualitative survey were favourable, we see possibilities for improving the quality of care in the preparation of general nurses for the application of the therapeutic interview skills and the conditions for their realization. There is an option to educate patients in outpatient form. If there was more time to think

and to get information then patients would be prepared better psychologically. This would not only reduce fears over the planned operational performance, but would also eliminate deficiencies in the awareness of patients and the occasional lack of time the research points out.

CONFLICT OF INTEREST

The authors have no conflict of interest to disclose.

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