http://www.cjmb.org

Open Access Review Article

Crescent Journal of Medical and Biological Sciences
Vol. 1, No. 1, Winter 2014, 1-3

eISSN: 2148-9696

Stressors in Patients Undergoing Cardiac Surgery and Attitudes of Nurses and Patients

Mitra Mousavi Shabestari[1], Razieh Parizad[1]*

Abstract

Objective: Cardiac surgery is an important event an individual's life and can cause the collapse of the economic, personal, and professional life of the person and impair their physical functioning. Fear, anxiety, depression, and other mental health problems may be experienced by the operated patient. Assessment of the causes of anxiety and stress requires the awareness of nurses and patients of these factors which differ from each other. The aim of this review study was to examine nurses' views regarding stressors of coronary artery bypass surgery.

Materials and Methods: This research was a review study and was conducted by reviewing the literature related to this topic and also visiting the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, and other authentic websites.

Results: It is better that nurses and patients have an open relationship at any given time and nurses encourage the patients to speak about their anxiety. Evaluating patients' perception of fear and anxiety may help identify patients at risk of substantial psychological stress.

Conclusion: According to previous studies, in general, the assessment of individuals should be one of the goals of nursing care so that appropriate trainings can be provided according to the needs of patients and patients can be assisted in coping with stressors.

Keywords: Attitude of Nurses and Patients, Cardiac Surgery, Stressors

Introduction

Statement of the problem

Cardiac surgery is an important event in an individual's life and can cause the collapse of the economic, personal, and professional life of the individual, and impair their physical functioning. Fear, anxiety, depression, and other mental health problems may be experienced by the operated patient (1). Patients consider coronary artery bypass surgery as an interference with their life and have trouble in adjusting with routine hospital care. They feel stressed and that they lack control over their lives (2). Concerns of patients undergoing coronary artery bypass include success chances of surgery, waiting period before the surgery, fear of death, previous negative experiences in the hospital, fear of the recovery process, fear of pain and discomfort of surgery, concerns about loss of appetite, fatigue, sleep disorders, resumption of normal life, activities after surgery, cardiac monitoring, drug addiction, length of hospitalization, and hospital costs. Patient training during nursing of surgical patients is essential. Patients who receive training have decreased stress levels and their length of hospitalization is reduced (3). Arthur et al. have suggested that long period of time of waiting for coronary bypass surgery resulted in the deterioration of the patient's emotional state and physical activity (4). Identifying the stress factors in patients undergoing coronary artery bypass graft (CABG), particularly stressful factors that are associated with anxiety, is important for nurses because it helps in the ranking and performing of effective actions. Therefore, it is essential to evaluate the patients knowledge of stressors related to coronary bypass surgery (5). It is of some

Received: 4 Sep 2013, **Revised**: 17 Oct 2013, **Accepted:** 18 Dec 2013, **Available online:** 15 Jan 2014

[1] Cardiovascular Research Center, Tabriz University of Medical Sciences, Tabriz, Iran
*Corresponding Author: Razieh Parizad, Cardiovascular Research Center, Tabriz University of Medical Sciences, Tabriz, Iran
Tel: +98 9143134453, Email: r_parizad2003@yahoo.com

importance to identify the stress level of patients and their concerns related to coronary artery bypass surgery. Studies showed that training patients increased their symptomatic relief after surgery (2). Anxiety and patients' feelings should be the main emphasis of patients' education. Insufficient information can lead to increased mental distress in patients. However, gathering information about the disease helps the patient gain a sense of self-control (6). It is believed that nursing is a profession that performs general care based on a systematic program using the science of nursing. Nurses can perform healthcare based on regular attendance, their knowledge, and the evaluation, management, and maintenance of the patient with other healthcare team members. Health is perceived by the patients, thus, patients' awareness of health and stressors is critical for providing them with meaningful care and healthcare programs (7). With the advancement of collaboration between nurse and patient and care based on their complementary conceptual understanding, any contradiction between the nurses' and patients' understanding can be avoided (8).

Conclusion

The study by Parvan et al. showed that intrapersonal stressors of coronary artery bypass surgery were perceived more by the patient than interpersonal and extrapersonal stressors (9). In the study by White, correlation analysis showed that there was a weak relationship between the subsystems of intrapersonal, interpersonal, and extrapersonal stressors, and patients and nurses awareness of these factors (10). The results of the study by Carr and Powers on nurses' and patients' awareness of stressors associated with coronary artery bypass surgery showed that, regarding the scores of stressors and social and demographic characteristics of patients, there was a positive relationship between the length of hospitalization before the surgery and high scores of stress (11). Moreover, the study by Parvan et al. showed that nurses using consultative skills can facilitate patients' recovery and adjustment (12).

So and Chan in 2004 conducted a study on perceived stressors of the critical care unit (CCU) and 50 patients and 111 nurses participated in this study (13). They were asked to complete the Intensive Care Unit Environmental Stressor Scale (ICUESS) 48 hours after hospital discharge. They found that the most common stressors reported by patients and nurses consisted of the tubes that was the major cause of stress for both groups, lack of self-control was the second stressor for patients and ninth for nurses, lack of sleep was the third stressor for patients and eleventh stressor for nurses, and hearing unfamiliar voices was the fourth and thirst was the fifth stressor for the patients. Hweidi conducted a study on Jordanian patients' perception of stressors of the intensive care units (14). To measure the patients' stressors, the Arabic version of the ICUESS tool with 42 items was used. The 165 participants were asked to fill out the questionnaires 2-3 days after discharge. In this study, there were more concerns regarding physical stressors than environmental and psychological stressors (14). Having tube in the mouth and nose was the first stressor, having pain was the second stressor, inability to sleep and hearing unfamiliar voices was the third stressor, thirst was the fourth stressor, and lack of self-control was the fifth stressor identified. Therefore, it is better that nurses and patients have an open relationship at any given time and nurses encourage the patients to speak about their anxiety. Evaluating patients' perception of fear and anxiety may help identify patients at risk of substantial psychological stress. Nelson showed that anxious and tense patients may make slower improvement post-operatively due to psychological and physiological stress (15). Health care professionals also give social support to heart patients through patient training (16,17). Here, the quality of patient education means the patient is satisfied with the education received (18). Depression occurs when are severe and ongoing anxieties, fears, and discouraged mood (19). Gallo et al. showed that heart patients with concern and depression have only a limited ability to use the counseling and support presented to them (20).

Ethical issues

The study has been approved by the local ethics committee.

Conflict of interests

We declare that we have no conflict of interests.

Acknowledgments

We have no acknowledgments to disclose

References

1. Petry JJ. Surgery and complementary therapies: a review. Altern Ther Health Med 2000; 6: 64-74.
2. Ozer N, Akyil R, Yurttas A. The effect of education on the stress levels in patients undergoing coronary artery bypass graft surgery. Pak J Med Sci 2010; 26: 282-7.
3. Yarcheski A, Knapp-Spooner C. Stressors associated with coronary bypass surgery. Clin Nurs Res 1994; 3: 57-68.
4. Arthur HM, Daniels C, McKelvie R, Hirsh J, Rush B. A Preoperative Program for Patients Awaiting Coronary Artery Bypass Graft (CABG) Surgery. Ann Intern Med 2000; 133: 253-62.
5. Gallagher R, McKinley S. Stressors and anxiety in patients undergoing coronary artery bypass surgery. Am J Crit Care 2007; 16: 248-57.
6. Hanisch P. Informational needs and preferred time to receive information for phase II cardiac rehabilitation patients: what CE instructors need to know. J Contin Educ Nurs 1993; 24: 82-9.

7. Chitty KK. Professional Nursing: Concepts & Challenges. 4th ed. Philadelphia, PA: Elsevier Saunders; 2005.
8. Neuman BM, Fawcett J, editors. The Neuman Systems Model. 4th ed. New York, NY: Prentice Hall; 2002.
9. Parvan K, Zamanzadeh V, Lak DS, Mousavi SM, Safaie N. Patient's Perception of Stressors Associated with Coronary Artery Bypass Surgery. J Cardiovasc Thorac Res 2013; 5: 113-7.
10. White RM. Nurse-Patient Perception of Stressors Associated with Coronary Artery Bypass Surgery [MSc Thesis]. Reno, NV: University of Nevada, Reno; 1998.
11. Carr JA, Powers MJ. Stressors associated with coronary bypass surgery. Nurs Res 1986; 35: 243-6.
12. Parvan K, Zamanzadeh V, Lakdizaji S, Mousavi Shabestari M. Nurse's Perception of Stressors Associated with Coronary Artery Bypass Surgery. J Care Sci 2012; 1: 237-43.
13. So HM, Chan DS. Perception of stressors by patients and nurses of critical care units in Hong Kong. Int J Nurs Stud 2004; 41: 77-84.
14. Hweidi IM. Jordanian patients' perception of stressors in critical care units: a questionnaire survey. Int J Nurs Stud 2007; 44: 227-35.
15. Nelson S. Pre-admission clinics for thoracic surgery. Nurs Times 1995; 91: 29-31.
16. Martin CG, Turkelson SL. Nursing care of the patient undergoing coronary artery bypass grafting. J Cardiovasc Nurs 2006; 21: 109-17.
17. Rantanen A, Kaunonen M, Astedt-Kurki P, Tarkka MT. Coronary artery bypass grafting: social support for patients and their significant others. J Clin Nurs 2004; 13: 158-66.
18. Theobald K, McMurray A. Coronary artery bypass graft surgery: discharge planning for successful recovery. J Adv Nurs 2004; 47: 483-91.
19. ZUNG WW. A self-rating depression scale. Arch Gen Psychiatry 1965; 12: 63-70.
20. Gallo LC, Malek MJ, Gilbertson AD, Moore JL. Perceived cognitive function and emotional distress following coronary artery bypass surgery. J Behav Med 2005; 28: 433-42.

Citation: Mousavi Shabestari M, Parizad R. **Stressors in Patients Undergoing Cardiac Surgery and Attitudes of Nurses and Patients**. Crescent J Med & Biol Sci 2014; 1(1): 1-3.