

## Strategies For Reducing Anxiety in Pre-Operative Adult Patients

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### **ABSTRACT**

*The paper is aimed at reducing pre-operative anxiety in adult patients. Pre-operative anxiety is the fear or anxiety experienced by patient preparing for surgery. The study was a descriptive survey research design. It was guided by one research question. The population of the study was 238 doctors and nurses working in the surgical wards of Chukwuemeka Odumegwu Ojukwu Teaching Hospital Amaku, Awka, Anambra State, Nigeria. The entire population was used for the study. The instrument for data collection was questionnaire. The instrument was validated by two experts from the Department of Adult and Continuing Education and Science Education respectively, all from Nnamdi Azikiwe University, Awka. Data collected were analysed using Mean statistics and Standard deviation. The findings of the study show that all the twelve items except two were accepted as strategies for reducing pre-operative anxiety of adult patients. The respondents disagreed with " helping patient to accept that he is anxious"(2.48) and " massaging of patients hand before surgery" (2.49) ,as strategies for reducing anxiety. Based on the findings, it was recommended that surgical teams should take it, as a matter of duty, to explain to patient every bits of procedure they want to carry out on a patient*

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**Keywords:** Strategy, Anxiety, Pre-operative, Adult, Patient

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## INTRODUCTION

Pre-Operative anxiety is the anxiety patient experiences before surgery. Anxiety is a phenomenon many people express in many ways. It may be referred to, as a feeling of worry, fear, nervousness, uncertainty, unease about something with an uncertain outcome. Adult patients going in for surgery express anxiety in one way or the other. Some may be irritating and uncooperative, others may be moody and calm. Surgery causes anxiety in many patients because (1) the patients will be undergoing an unknown experience, for example, anaesthesia, (2) the patient is away from home, (3) the patient can suffer pain and discomfort, (4) the patient can also suffer complications or even death (Palmira & Catarina, 2022). Merriam Webster (2022), defined anxiety as an abnormal and overwhelming sense of apprehension and fears often marked by, physical signs (such as tension, sweating and increased pulse rate), by doubt concerning the reality and nature of the threat and by self-doubt about one's capacity to cope with. National Library of Medicine (2020) defined anxiety as a feeling of fear, dread and uneasiness, characterized by sweating, restlessness, tense and rapid heartbeat. However, National Health Service (NHS) (2022) stated that anxiety is a feeling of unease, worry, fear about something. It can be mild or severe. The author opined that everyone feels anxiety at some point or the other in their life. Konkel (2023), submitted that anxiety is a feeling of nervousness, unease or worry that occurs in the presence of an imminent threat. It differs from fear, which is the body's natural response to immediate danger. The American psychological association (APA) (2023), defines anxiety as an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. Holland (2022), believed that anxiety is one's body's natural response to stress. He noted that anxiety is a feeling of fear or apprehension about what is to come. For example, going to a job interview or giving a speech on the first day of school may cause some people to feel fearful and nervous. However, one thing is common among all these definitions fears, uncertainties, uneasiness of mind and apprehension. In order to maintain the mental equilibrium of a patient going in for surgery, it is important to know some of these fears and apprehensions before the surgical procedure and ways of reducing them in a pre-operative patient.

According to Roof and Hodkinson in Chieke (2001), in the olden times, surgery was done in without anaesthesia, blood transfusion and antibiotic cover. Patient could also die from surgical shock due to pains and loss of blood during or immediately after surgery. If the patient survives the first four days post-operatively, then he could succumb to severe infection which would only lead to his untimely death. Because of these, surgery was only performed as a last resort. But in these days of modern technology and better facilities in our hospitals, patients' anxiety and fears do not dwell largely on death due to pains or blood loss but more on the outcome of surgery generally --- will the surgery be successful or not? will it be an end to his problem or not?. How to pay the hospital bill after discharge and probably how to feed and pay the school fees of children at home. Will this surgery render him permanently disabled? These and more are some of the fears and anxieties expressed by pre-operative adult patients.

Roof and Hodkinson (1978) and University of Minnesota (2023) stated that in recent years there are many developments that could contribute greatly to the patient's safety both in the surgical ward and in the operating theatre. He argued that allowing patients to interact with their fellow

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patients of similar problems will go a long way in reducing pre-operative anxiety. He also stated that training patients in such things as post anesthetic breathing exercises, the use of urinals and bedpans and the importance of drinking adequate fluid by the nursing staff will help in reducing stress and anxiety in the immediate pre-operative phase. The importance of psychological preparation, explaining of procedures, being kind to patients, cannot be over emphasized in reducing pre-operative anxiety, University of Michigan (2021), submitted that anxiety has been found to have a lot of influence on prospective surgical patients. For instance, in their study on the attitude of Nigeria women towards caesarian section. Most of the women interviewed, expressed ignorance and uncertainty as to what caesarian section is all about. The author pointed out, then, that there is need for obstetricians to explain more in details to pregnant mother booked for caesarian section what caesarian section is, and this will help greatly to reduce tension and fear in patients going in for such surgery. All of us have fears. Fears create tension and the tense; fearful patient is a bad surgical risk. So, it is the duty of all nursing staff, both in the surgical ward and in the operating theatre to make sure that anxiety is reduced to a minimum in the pre-operative patients as this will help in reducing post operative complications.

Hoyle (2015) and Kishi, Swigart, Meller, Kathol & Thurber (2016) stressed that anxiety is one of the reasons for psychiatric consultation. The patient may be so apprehensive that he finds it difficult to co-operate with diagnostic procedures. He expresses fear of death before or during surgery which disturbs the surgeon. The patient also expresses fear of going mad or losing control or of impending danger. As a result, he may refuse to give his consent for surgery and may run away from the hospital. At other times, due to irrational fear of impending doom, he signs against medical advice and leave the hospital. This reaction leads to serious delay for the patient who has a life-threatening illness – common findings in the history of chronic anxiety and over reaction to stress.

Wayne (2023) indicated that disturbed body image, perceived loss of function and lack of understanding of the implications of the loss may be a source of fear, anxiety and grief to an individual patient waiting for surgery. The goal is for the patient to begin to resolve grief, reduced anxiety and identify personal strengths which can be used in re-establishing independence. She went on to say that the response - fear and anxiety are normal and the patient may experience a combination of these. But the nurse in co-operation with other health team members, for example, social workers, psychologists, will work towards helping him to achieve this goal of reducing anxiety and re-establishing independence. She mentioned that fear is a specific response to a situation and can be identified by the patient, but the causes of anxiety are often non-specific, the patient may only be able to describe feelings of uneasiness, tension and or uncertainty. Alteration in the body image can occur as a result of functional loss, loss of a limb or body part or an alteration in physical appearance. The intensity of the anxiety reaction depends upon the value the patient placed on what has been lost or will about to be lost. The nurses' ability and skill in interviewing, listening, supporting and reporting findings accurately are required if the patients' needs and concerns are to be identified, managed expediently and effectively. The expected outcomes include the patient's ability to:

1. Identify and discuss his or her fears.

2. Begin to identify the meaning of the loss to him or her.
3. Begin to plan in collaboration with the team and family members, the care and activities to follow discharge.
4. Identify strengths which will assist in a meaningful and fulfilling lifestyle.
5. Participate fully in the rehabilitation programme.

Suchana (2011), believes that a good orientation of the patient to his impending surgery will go a long way in alleviating his anxiety. He posited that if patients were taught what to do and what to expect during impending surgery, with examples such as patients around them, fears, apprehensiveness and anxieties may be minimized. Palmira and Catarina (2022), seems to agree with Suchana. The authors opined that it is important to explain hospital routines, procedures and information about patient's illness and treatments to reduce anxiety on admission. Explaining procedures and educating patients on his impending surgery and its outcome, he continues, will help to reduce anxiety in a pre-operative patient and help him to be cooperative with nursing staff. It is a known fact that anxiety may manifest itself as uncooperative behavior.

Beare and Myers (1990) and Nersessian (2013) , however, asserted that the nurse can readily determine the patients level of anxiety by behaviors observed but to facilitate the patient's wellbeing, is necessary for the nurse to determine the cause or causes of the anxiety. The causes of anxiety, she went on, may be analyzed from several theoretical perspectives – psycho-anxiety theorists such as conflict between the id and instincts and the superego or conscience, underscored by the original anxiety of the birth trauma where as interpersonal theorists argue that anxiety arises from the fear of disapproval and lack of emotional bonding. Other theorists regard anxiety as a behavioral response to blocked goals (behavioral models) or a neuro-chemical reaction to frustration (biological model). Despite the multiple theoretical views, there is a, general agreement that anxiety arises where a person encounters a threat.

Bearae and Myers (1990) and Nersessian (2013) suggested that, in order to reduce anxiety, the nurse must try to discover the cause of the threat and its meaning to the patient. A person with terminal illness may be anxious family responsibilities, not, death. The nurse must never make themistake of assuming that patients share her view. A nurse may believe that discharge from the hospital is a wonderful experience, but it may be anxiety provoking for the patient who must now cope with illness at home without necessary resources. This nurse will also help the patient identify options and strategies for reducing anxiety.

Georget and Nicoleta (2019) believed that giving information and teaching patients coping strategies reduce anxiety. What can he do to exert some control over a portion of the situation? What can he fix and what must he let go. Teach him progressive relaxation or meditation. If unskilled in these techniques, the nurse can refocus the patient on the positive or on another activity. Occupational activities such as puzzles, music and art can help the patient refocus.

National library of Medicine (2022), emphasized the importance of allowing patients relations to visit him while in hospital. They stressed that visitation and effective communication relieve anxiety in pre-operative patient. In the same vein, the Houston Baptist University (2023) believed

in the magic of medication. They underscored the wonders anti anxiety drugs such as diazepam and librium can do to reduce anxiety. Bailey (2010), submitted that preoperative education such as teaching patient on the causes and prognosis of his diseases, side effects of medication; explaining procedures and hospital routines to patients will go a long to reducing anxiety in pre-operative patients.

According to Valentin (2022), there are four level of anxiety – Mild, Moderate, Severe and panic levels.

**Mild anxiety:** Mild anxiety impacts a person's emotions, relationships ability to socialize and perform at school or work (Valentin (2022), But, Better help Editorial team (2023), posited that mild anxiety may or may not be classified as clinically significant and may or may not impact on individual's daily functioning. A person with mild anxiety may be seen as being shy, self-conscious and even a little awkward. A person of mild anxiety can be also alert, productive and motivated. This level of anxiety is considered normal and beneficial to high functioning. (Mozes, 2022)

**Moderate Anxiety:** Moderate anxiety produces some discomfort, preoccupation and restlessness. The person experiencing moderate anxiety is less able to learn, focus or produce work.

**Severel Anxiety :** The third level of anxiety is severe anxiety, in which pacing, insomnia, trembling, tachycardia and irritability are observed (Better Help Edition, 2023). Physiological symptoms of increased blood pressure, pulse and respiration, diaphoresis, anorexia, dry mouth and dilated pupils are also evident.

**Panic Anxiety:** This is the final level of anxiety. In panic anxiety, the individuals affected experience a loss of control, becomes disorganized and is resistant to directions. He or she may experience sudden sense of extreme fear, even fear of death and sense of doom. Anxiety may be conceptualized as existing as a continuum, from mild to panic. The nurse can readily determine the patients level of anxiety by behaviors observed. However, to facilitate the patients wellbeing, it is necessary for the nurse to determine the cause of the anxiety.

Anxiety can be differentiated by levels as well as types. The types of anxiety, according to, WebMD Editorial Contributors (2023) are generalized anxiety disorder, panic disorder, social anxiety disorder, specific phobia, agoraphobia etc. However, Beare and Myers in Chieke (2001) listed four types of anxiety as, Signal, State, Trait and Free-floating anxiety.

**Signal Anxiety:** According to the author, the anxiety that the nurse observes in the patient is the signal anxiety. Often the source of the anxiety is not consciously realized but triggered or signaled by unconscious. This type of anxiety may be caused by a memory of a past event, anticipation of danger or subconscious feeling of being threatened.

**State Anxiety:** State anxiety is more situational and refers to a specific situation or event. Once the situation or event is eliminated, the anxiety resolves. State anxiety is usually short-lived.

**Trait Anxiety:** Trait anxiety refers to the overall amount of anxiety that persons carry with them at all times. When an individual describes another as being “uptight” or “high strung”, he may be referring to the phenomenon of trait anxiety.

**Free-Floating Anxiety:** The fourth type of anxiety is free-floating anxiety. It is constant anxiety accompanied by a fear or dread. Often, free-floating anxiety manifests itself as compulsive ritualistic behaviors, such as, hard-washing or avoidance behaviors, such as phobias.

The respondents in this study were the Doctors and Nurses who work in the surgical wards of Chukwuemeka Odumegwu Ojukwu Teaching hospital, Amaku, Awka in Anambra State, Nigeria. They were chosen for this study because they are specialists in the area. They can have in-depth insight of the strategies in reducing pre-operative anxiety and therefore be able to answer the questionnaire correctly.

### **Statement of the Problem**

Most pre-operative patients express anxiety in various forms. It is either in the form of restlessness, fear or in the form of poor appetite. They do this either in the ward before surgery or in the operating theatre. The researcher observed that most patients who came into the main theatre of Chukwuemerie Odimegwu Ojukwu Teaching Hospital Amaku, Awka show signs of restlessness, depression, panicking and sweating. At times when checked, they tend to have high blood pressure. Some patients even run away from the hospital ward because of fear of outcome of surgery. As a result, the researcher deems it necessary to find out the strategies for reducing anxiety in pre-operative adult patients of Chukwuemeka Odumegwu Ojukwu Teaching Hospital, Amaku, Awka.

### **Research Question**

One research question guided the study;

1. What are the strategies for reducing anxiety in pre-operative adult patients in Chukwuemeka Odumegwu Ojukwu Teaching Hospital, Amaku, Awka.

### **Research Method**

The design adopted for the study was descriptive survey research design. The area of the study was Surgical Wards in Chukwuemerie Odimegwu Ojukwu Teaching Hospital Amaku, Awka. The population of the study was eight seven (87) nurses and fifty-one (51) doctors, totaling, One Hundred and thirty eight (138) respondents. The entire population was used because the size was manageable. The instrument for the study was a researcher made questionnaire, titled, Strategies for reducing anxiety in pre-operative adult patient’s questionnaire (SRAPOAPQ). The SRAPOAPQ has twelve item structured on a 4 point rating scale of Strongly Agree (SA) 4 points, Agree (A) 3 points; Disagree (D) 2 points, Strongly Disagree (SD) 1 point. The instrument elicited responses on the strategies to reduce anxiety in pre-operative adult patients. The

respondents were asked to tick the weighted item that most suit them. The instrument was face and content validated by experts from the Department of Adult and Continuing Education and Department of Science Education, all in NnamdiAzikiwe University, Awka. A total of 138 copies of the questionnaire were distributed while only 131 copies were completed and returned, representing 94.9%. The data analysis was done based on the 131 copies of questionnaire completed and returned. In analyzing the data, Mean and Standard Deviation were used to analyze the research question. In respect of the decision rule, 2.50 mean points and above were regarded as Agree which means a strategy to reduce anxiety in pre-operative adult patients while 2.49 and below were seen as Disagree which means not a strategy to reduce anxiety.

Table 1: Mean Ratings of Doctors and Nurses on the Strategies to reduce anxiety in Pre-operative adult patients

N = ( 131)

S/N	Items on Strategies to reduce anxiety	X	S D	Decision
1	Help patient to acknowledge that he is anxious	2.48	0.94	Disagree
2	Encourage patient to verbalize his feelings	3.01	1.00	Agree
3	Discover the cause of the threat and its meaning to the patient	2.58	0.97	Agree
4	Teaching patient progressive relaxation or meditation	3.22	1.27	Agree
5	Allow patients' relatives and friends to visit him	3.60	0.91	Agree
6	Reassure patient that Doctors and Nurses will use modern technology to do the surgery	2.89	1.17	Agree
7	Listening and supportive nurses and doctors can help reduce patients anxiety	3.02	0.88	Agree
8	Good orientation of patient to his impending surgery eg. Introduce patient to those patient around him that are recovering	2.77	1.08	Agree
9	Explain procedure and routines before surgery	3.88	0.98	Agree
10	Giving information and teaching patient coping strategies reduces anxiety	2.56	1.05	Agree
11	Massaging a patients hand before surgery reduces anxiety	2.49	1.06	Disagree
12	Use of anti-anxiety drugs	3.55	0.96	Agree

### Discussion of Findings

The findings of the study show that explaining routines and procedures to patients before surgery is the most strategy (3.88) for reducing anxiety in pre-operative patients. Hospital routines,

diagnostic tests, consequences of illness and side effects of medication should be thoroughly explained to patients. Knowledge, generally, helps patients feel more control of his treatment regimen and well being. This is in line with Bailey (2010) and Suchana (2011), who emphasized that preoperative education including explanation of procedures and hospital routines help patient reduce anxiety before surgery.

The second most strategy is allowing patient's relations and friends to visit him (3.60). This view is supported by National Library of medicine (2022) which said that, among other things, visit to patient before surgery by relations and friends, and communications allay preoperative anxiety in adult patients. According to the findings of the research, the third method of reducing pre-operative anxiety is by medication. Houston Baptist University (2023) believed that by giving anti anxiety drugs, preoperative anxiety would be radically reduced. Equally, Christensen (2021) also corroborated the view that meditation and progressive relaxation (3.22) can reduce anxiety.

### **Conclusion**

Anxiety is one of the major factors that causes post-operative complications if not handled properly by the surgical team. Though the causes of pre-operative anxiety are many, some of them are fear of outcome of surgery, care of the family at home, cost of surgery, strange environment, no relation or friends to stay with the patient and general misconceptions about operations, amongst others. But if the strategies outlined here are tenaciously applied, it will go a long way to reducing anxiety in a patient preparing for surgery.

### **Recommendation**

Based on the findings of this study, the following recommendations were made:

1. The surgical team including doctors and Nurses, Psychologists and medical laboratory scientist , should explain every procedure they want to carry on the patient clearly and obtain consent from the patient. All the hospital routines should be explained to the understanding of the patient.
2. Patient's relations and friends should be allowed to visit the patient and chat with him. Visiting days and hours should be kept and observed in various hospitals ,and the days and hours should be made known to the patient and his relations and friends.
3. Anti-anxiety drugs should be kept and use in hospitals. It should be administered to patients as the need arises. Some of the anti-anxiety drugs are – Diazepam, Librium etc.



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