

Perception/satisfaction of patients undergoing surgical re-approaches regarding perioperative nursing interventions: a case study

Percepción/satisfacción de pacientes sometidos a reabordajes quirúrgicos con respecto a las intervenciones de enfermería perioperatorias: estudio de caso

Percepção/satisfação dos pacientes submetidos a reabordagens cirúrgicas quanto às intervenções de enfermagem no perioperatório: um estudo de caso

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Abstract

The aim was to analyze the influence of nursing interventions performed in the immediate pre and postoperative periods on the anxiety of patients undergoing repeat vascular surgeries. Exploratory, descriptive, mixed approach, case study type. Held at a university hospital located in the state of Rio de Janeiro. An instrument used to assess anxiety, the State-Trait Anxiety Inventory (STAI) and a semi-structured interview instrument were applied. Data analysis was performed using Content Analysis. The low level of anxiety was what stood out the most for STAI in both operative periods. When comparing the operative periods, the STAI-Trace presented an increase of 33% more in the high level of anxiety and 22% for the STAI-State. The study showed that recurrent submission to a surgical procedure, especially amputation surgeries, can cause more emotional damage to the patient than a more invasive surgery. The nurse has a vital participation in the process of rehabilitation, autonomy and self-care of the individual in his new condition, thus empowering the user to break paradigms about amputation.

Descriptors: Perioperative Nursing; Anxiety; Nursing Care; Operative Surgical Procedures.

Resumen

El objetivo fue analizar la influencia de las intervenciones de enfermería realizadas en el pre y postoperatorio inmediato sobre la ansiedad de pacientes sometidos a reintervenciones vasculares. Exploratorio, descriptivo, enfoque mixto, tipo estudio de caso. Realizado en un hospital universitario ubicado en el estado de Río de Janeiro. Se aplicó un instrumento para evaluar la ansiedad, el Inventario de Ansiedad Estado-Rasgo (STAI) y un instrumento de entrevista semiestructurada. El análisis de datos se realizó mediante el análisis de contenido. El bajo nivel de ansiedad fue lo que más destacó por STAI en ambos periodos operatorios. Al comparar los periodos operatorios, el STAI-Trace presentó un aumento del 33% más en el nivel de ansiedad alto y del 22% para el STAI-Estado. El estudio mostró que la sumisión recurrente a un procedimiento quirúrgico, especialmente cirugías de amputación, puede causar más daño emocional al paciente que una cirugía más invasiva. El enfermero tiene una participación vital en el proceso de rehabilitación, autonomía y autocuidado del individuo en su nueva condición, empoderando así al usuario para romper paradigmas sobre la amputación.

Descriptoros: Enfermería Perioperatoria; Ansiedad; Cuidado de Enfermera; Procedimientos Quirúrgicos Operativos.

Resumo

Objetivou-se analisar a influência das intervenções de enfermagem realizadas nos períodos pré e pós-operatório imediatos, na ansiedade dos pacientes submetidos a cirurgias de repetição vasculares. Estudo exploratório, descritivo, abordagem mista, do tipo estudo de caso. Realizado em hospital universitário localizado no estado do Rio de Janeiro. Aplicou-se instrumento utilizado para avaliar a ansiedade, o Inventário de Ansiedade Traço-Estado (IDATE) e instrumento de entrevista semiestructurada. A análise dos dados foi realizada através da Análise de Conteúdo. O nível baixo de ansiedade foi o que mais se destacou pelo IDATE nos dois períodos operatórios. Quando comparados os períodos operatórios, o IDATE-Traço apresentava variação de 33% a mais, no nível alto de ansiedade e 22% para o IDATE-Estado. O estudo evidenciou que a submissão recorrente a um procedimento cirúrgico, especialmente as cirurgias de amputação, podem causar mais danos emocionais ao paciente, do que uma cirurgia mais invasiva. O enfermeiro tem vital participação no processo de reabilitação, autonomia e autocuidado do indivíduo em sua nova condição, empoderando assim o usuário na quebra de paradigmas sobre a amputação.

Descritores: Enfermagem Perioperatória; Ansiedade; Cuidados de Enfermagem; Procedimentos Cirúrgicos Operatórios.



Thus, the objective of this study is to analyze the influence of nursing interventions performed in the immediate pre and postoperative periods, on the anxiety of patients undergoing repeat vascular surgeries.

Methodology

Exploratory study, mixed approach of the case study type carried out in the vascular inpatient unit of a university hospital located in the city of Rio de Janeiro. This unit has 15 beds, 8 male and 7 female beds and, in 2021 (January to July), it performed 58 vascular surgical hospitalizations, including 22 with programmed amputation/disarticulation of lower limbs.

The study sample consisted of 9 patients hospitalized for vascular surgery, approached by the researcher in the pre and postoperative periods, through non-probabilistic convenience sampling. The following inclusion criteria were established: patients aged 18 years or older, lucid and who agreed to participate in the research.

Data collection took place from February to August 2021 and, simultaneously, changes in the hospitalization flow of these patients occurred. These changes are related to the redirection of anesthetics to the sectors of care for patients with COVID-19 and the consequent cancellation of several surgeries, which affected the total number of patients included in the study.

In this sense, there were 05 (five) losses, 03 (three) due to disorientation, 01 (one) due to patient refusal and another due to death in the postoperative period.

The collection took place through the application of an instrument used to assess anxiety, the State Trait Anxiety Inventory (STAI) implemented in the pre and postoperative period together with a questionnaire with open and closed questions about nursing interventions in the preoperative period, constructed by the authors.

The STAI is a self-report composed of two parts, each containing 20 items that highlight the types of anxiety such as trait and state, establishing low, medium and high levels of anxiety according to the total score that varies from 20 to 80 for each scale⁸.

The first part of the STAI Status indicates the individual's moment of distress and the STAI Trace indicates each individual's tendency to react to tensions. The applied questionnaire also contained sociodemographic variables, related to the current situation and open questions about the influence of the nursing intervention on the anxiety of the patient who underwent vascular surgical re-approaches. The application of the instruments took place in person, respecting the pandemic moment and using the necessary personal protective equipment to protect both the interviewed patients and the researchers.

The IDATE and sociodemographic data, to raise the profile of the assisted clientele, were measured through the

Introduction

The surgical procedure is a manual or instrumental intervention in the patient's body that is characterized as a therapeutic process that is linked to factors that trigger emotional distress in the preoperative period, such as fears and anxieties regarding the proposed surgeries¹.

Hospital admissions in Brazil, in 2019, totaled about 11 million, with emphasis on the Southeast Region with 39.63% of these hospitalizations. The state of Rio de Janeiro, more specifically, presented 5.94% of hospital admissions, which is equivalent to more than 682 thousand admissions, among which 45.01% were caused by the group of surgical procedures².

Among the surgical procedures we have amputation, which is a procedure that aims to remove the injured limb, whether due to a clinical condition or trauma, which is a therapeutic possibility of rehabilitation that aims to improve the function of the amputated region³.

Analysis carried out in a tertiary hospital in the city of Itajubá, in the State of Minas Gerais, confirms the impact of lower limb amputations, when in a total of 109 amputation procedures performed, 59 were major, it still has a predominance of involvement in males (65%)⁴.

The most common surgeries, among the 3,036 records of disarticulation, according to the Hospital Information System (SIH), between January and July of 2021, in the state of Rio de Janeiro were, respectively: 42% of lower limbs (1,272 cases), 40.55% fingers (1,231 cases), 15.52% foot and tarsus (471 cases), 15.52% hand and wrist (30 cases), 0.6% upper limbs (20 cases), 0.4% coxofemoral (11 cases), 0.03% interlinear-abdominal (1 case)².

Surgical re-approach in amputation occurs frequently in the lower limbs, as observed in the vascular surgery service of a hospital located in the State of São Paulo, where, of the 79 patients who underwent surgery for total or partial lower limb amputation, 25, 3% needed re-approach⁵.

In addition to this problem, in the year 2021 between January and August, Brazil presented 22,828 thousand procedures for amputation/disarticulation of lower limbs, standing and tarsus, with the State of São Paulo having 20.65% of this total, followed by Minas Gerais 10.21%, Bahia 9.16% (northeast region) and in fourth place the state of Rio de Janeiro with 8.89%. The Southeast Region being the most prevalent with 41.84%, for performing these procedures².

The patient who needs to be hospitalized experiences a sudden change in daily habits, starting with the withdrawal from family and community, there is a greater chance of confusion of feelings and behaviors of vulnerability. In addition to physical pain, they present stressful conditions from the hospital environment, anxiety about the possible procedure to be performed, fear of death, concern to inform relatives about the diagnosis and stress due to the invasive procedures that the routine of the sector has⁶.

Added to the natural anxiety of the surgical procedure, the reproach process intensifies pain in the postoperative period, given that pain is an expected event in



Oliveira CL, Bosco PS, Coutinho VL, Rodrigues MAA, Santos MVF, Souza EAS 78% (n=7) were male and 22% (n=2) were female. Retirees represent 56% (n=5) of the sample and 22% (n=2) ended their work activities for health reasons specifically related to vascular issues.

The predominant age group is 60-70 years old, with 56% of the samples and 44% in the 70-80 age group.

The diseases and health problems with the highest incidence, according to data collected from the patient's medical records, are Diabetes Mellitus (DM) and Systemic Arterial Hypertension (SAH) with a predominance of 100% of respondents. In addition to these, 78% of the subjects still had other types of associated comorbidities.

The analysis of qualitative data took place through Content Analysis, as previously described, being possible to identify 73 Urs distributed in 02 categories, namely: 1) Interventions of the nursing team in the perioperative period with 76.71% (56) of the number of categories found and; 2) Feelings expressed in relation to the surgical approach with 23.29% (17) of the number of categories, by the analysis of registration units (Urs).

Interventions of the nursing team during the hospital period

In this category, it was possible to identify, according to the patients' reports, that they did not receive guidance on the surgical procedure by the nursing team.

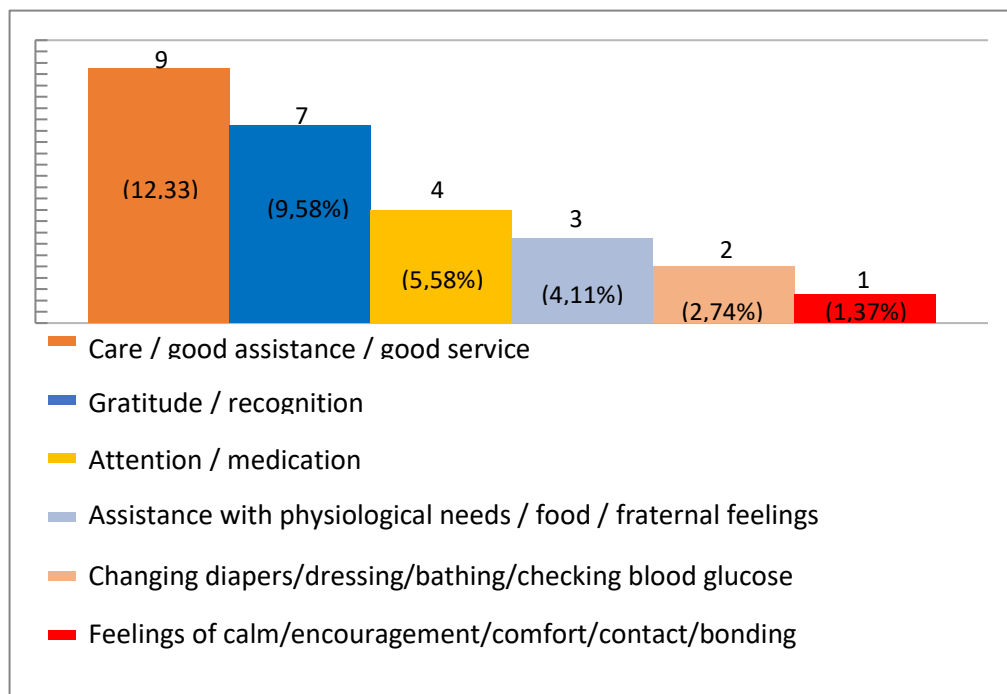
applicability of the results obtained during the research through the Microsoft Excel[®] Software and the analysis of qualitative data took place through the Content Analysis having as stages: 1) initial reading of the transcribed questionnaires, in which the part that mentioned the nursing interventions carried out in the pre- and postoperative periods from the perspective of patients undergoing surgical re-approaches is highlighted; 2) the questions were grouped in the form of running text so that there was a floating reading, in which the registration units (RUs) were defined, in this way we selected sentences that were similar, grouping them by color differentiation (Unit of meaning) and numbers (theme or unit code) so that, from this, the unit number of records was accounted for in each interview, so that we could arrive at a total of UR for each Unit of Meaning. After performing the thematic analysis of the UR, the categorical analysis of the text was carried out, a step that consists of grouping the units of meaning into categories⁹.

The present study was approved by the Research Ethics Committee, under the number CAAE 40875320.7.0000.5282, Version 2, in accordance with the Resolutions of the National Health Council No. 466/2012 and No. 510/2016^{10,11}.

Results and Discussion

According to the sample number collected in this study, referring to patients hospitalized for vascular surgery,

Graph 1. Quantitative referring to the number of categories within the RUs applied for the "Nursing team interventions during the hospital period", regarding the assistance / actions of the nursing team during their hospitalizations. Rio de Janeiro, RJ, Brazil, 2021 (n=9)



However, 19.18% point out that the nurse's action, according to Graph 1, is guided by care activities, such as referring to bathing, changing diapers, helping with feeding, checking blood glucose, administering medication or

dressing and 21.91 % emotions of satisfaction (12.33% care/good assistance/good service and 9.58% gratitude/recognition). None of the subjects points out the



preoperative nursing visit as a nurse's activity and that it has been carried out during their hospitalization.

Nursing is a holistic field, that is, it takes care of the individual as a whole, aiming at the bio-psycho-socio-spiritual needs of the human being. In order to offer dignified care through the promotion, recovery of health and prevention of pathologies, in order to meet the needs of the assisted individual and the family in an integral way¹².

In this way, the nurse's role is expressed in the execution and evaluation of nursing care services for the hospitalized individual, also emphasizing that there is a responsibility for planning, organizing and coordinating care that are not as viewed as direct care¹³.

The implementation of the Systematization of Perioperative Nursing Care (SAEP), which includes the preoperative, intraoperative and postoperative phases, supported by Resolution No. organizational planning, which provides better quality of care to the surgical patient, in an

Having said that, study¹⁵ shows that, since the professional nurse is closer to the patient, it is he who will mediate between the assisted individual and the multiprofessional team, which is different from the findings found in the present research.

In the STAI analysis, both for the STAI-State scale and for the STAI-Trait, the variation of results between the operative periods in the low level of anxiety followed the same pattern of growth, with no change between the values, remaining constant in the percentage of 55.56% of the patients interviewed. Succeeding the relevance by the percentage difference in each STAI instrument, referring to the average and high levels of anxiety in the operative periods. As we can see in the following table:

Table 1. STAI-State and STAI-Trait analysis levels of anxiety in patients who underwent vascular surgical approaches pre- and postoperatively. Rio de Janeiro, RJ, Brazil, 2021 (n=9)

Tipos de ansiedade	ESTADO				TRAÇO			
	PRE	POS	N(%) PRÉ	N(%) PÓS	PRE	POS	N(%) PRE	N(%) POS
Baixo	5	5	55,56	55,56	5	5	55,56	55,56
Médio	4	2	44,44	22,22	4	1	44,44	11,11
Alto	0	2	0	22,22	0	3	0	33,33
Total de questionários avaliados	9	9	100	100	9	9	100	100

In this sense, most of the interviewed patients reported pain in the preoperative period, in which they showed 0% of anxiety at a high level in this operative period, according to the STAI. Since in each STAI scale there was a relative percentage regarding anxiety in the postoperative period, so in STAI-State it was represented with a variation of 22.22% for the moment of distress of these individuals and in STAI-Trait it was represented with 33.33% for the individual tendency that each one reacts to tensions.

Thus, anxiety is an emotional state that interferes with the individual's response to the perception of pain and the need, or not, of pharmacological interventions¹⁶.

Thus, we have a variation of anxiety in the average level, from 44.44% of the patients interviewed to 22.22% of the patients in the postoperative period in the STAI -State scale. Regarding the high level of anxiety, the variation ranged from 0% of patients in the preoperative period to 22.22% of patients in the postoperative period on the same STAI scale. Thus, it is understood that a variation of 22% in the high level of anxiety indicates the gradual increase in the individual's moment of distress.

Similarly, for the STAI-Trait scale, the variation in anxiety in the mean level was from 44.44% of patients in the preoperative period to 11.11% in the postoperative period. Moreover, at the high level of anxiety on this same scale, there was a variation from 0% of patients in the preoperative

period to 33.33% of patients in the postoperative period. Thus, it is understood that the variation of 33% more in the high level of anxiety indicates the individual tendency with which each individual reacts to tensions.

Thus, with the results found regarding the average level of anxiety, it highlights the need to develop nursing interventions to reduce anxiety in the preoperative period and, therefore, reduce the incidence of pain and other problems that can be exacerbated by anxiety. , during the postoperative period¹⁶.

That said, with the use and analysis of the study in the practical field, there was a need for the nursing team to provide further clarification on the surgical procedure for the patient, explain about the surgical flow, offer comfort and reduce damage in the ward, establish multiprofessional support, provide guidance on physical and dietary restrictions and what should be done throughout the recovery process, establish family contact; in addition to monitoring vital signs, administering medications, changing dressings, offering the diet and encouraging personal hygiene.

Since, the assistance of the nursing professional is directly linked to the dimensioning of people, since a smaller number of professionals can lead to work overload, causing the inconsistency and illness of professionals in the sector.



This is an action that is directly linked to the commitment of patient safety¹⁷.

In the elderly public, anxiety becomes directly connected to negative feelings about reality and questions about their individual capabilities, since it ends up being a limitation due to the senility of the individual¹⁸.

High levels of anxiety lead to a decline in quality of life in the areas of vitality, in the social sphere and in withdrawal from society¹⁹.

Uma vez que a imagem corporal é alterada, o indivíduo passa por diferentes estágios do trauma, com frustrações, devido a uma desordem emocional, na qual ele precisa lidar com o estigma da sociedade como um todo, bem como seus próprios sentimentos²⁰.

The individual, when he needs help from another person, feels incapable of exercising his autonomy, accompanied by feelings such as shame and sadness of his body, which has undergone an invasive surgical change such as amputation, which causes the sensation of incompleteness and uselessness²¹. It should be noted that there was no clinical psychology role in the unit during data collection.

It can also be noted that the highest levels of anxiety in the STAI were found in the postoperative period, with a higher incidence in the male population.

There was variation in the levels of anxiety when the preoperative period with the postoperative period.

In STAI-State, a variation of 28.53% was found for the change in anxiety, from medium to high level and 14.33% from low to medium level. In the STAI-Trace, the variation prevailed in 42.86% from medium to high level.

In this way, nursing care related to anxiety is related to the so-called simple measures, such as a frank, friendly and clarifying dialogue, creating healthy bonds, favoring coping and reducing the stimuli generated by fear and anxiety¹⁴.

It is necessary to, in addition to enhancing multiprofessional follow-up, enable greater effectiveness and offer alternatives to mitigate or alleviate ongoing anxiety in the perioperative period, as well as its repercussions, such as pain, improvement in self-esteem, self-image and its degree of knowledge about their physical condition, as well as positively impacting the user's quality of life¹⁵.

Feelings expressed in relation to the surgical approach

Positive feelings, such as serenity, relief, relaxation and tranquility were the most listed. On the other hand, negative feelings such as demotivation, frustration, despair/nervousness, pain/fear, sadness, as something impacting/serious also emerged in the speeches of the analyzed users.

The nurse's role in the perioperative period will provide the surgical patient with the assistance and care needed at this unique moment. However, it is in the preoperative phase that the patient will be more fragile, both physiologically and emotionally. In this way, the nursing team will be responsible for identifying these feelings and for promoting interventions that guide and offer comfort to

In the postoperative period, nursing care must be carried out by monitoring and treating the individual who has undergone an anesthetic-surgical procedure, ensuring safety and comfort to the individual and to their families, preventing, detecting and attending to complications that come from this act, ensuring the quality of nursing care in the period in question²³.

Therefore, the implementation of the Systematization of Perioperative Nursing Care (SAEP) in the post-anesthetic recovery room (PACU), through humanized and holistic care, is essential, since the data collected will support decision making, so that interventions appropriate to the needs of each individual are implemented²⁴.

Nursing manages to highlight the role it performs in the promotion, prevention and recovery of the clientele's health. Cooperates so that there is qualified assistance with benefits for patients and the entire health team involved in the process²³.

Thus, the SAEP aims to help the patient and his family to understand the health problem, instructing them about the anesthetic-surgical process, in addition to minimizing the concern and anxiety of both, so that there is a good recovery of the patient undergoing a surgical procedure¹².

The greatest impact on the level of stress and anxiety occurred, in short, in the STAI-Trace, which assesses the tendency that each individual reacts to tensions, especially in the postoperative period.

It is understood that these individuals reflect on a new possibility of surgical re-approaches, which can cause greater loss of their autonomy and self-esteem.

In this way, the nursing intervention is urgent, since both the subject who will undergo the surgery and his family or support network point to a feeling of discouragement and uselessness towards society.

Final Considerations

The theme will help the nursing and multidisciplinary team to acquire knowledge about vascular surgical re-approaches and their emotional implications in the life of the patient who has suffered physical changes, with the aim of understanding the needs and weaknesses of this individual. In addition to being able to understand that recurrent submission to a surgical procedure can cause more emotional damage to the patient than a more invasive surgery.

This study has the weakness of being a single case study, however, it demonstrates the need for future research on the subject, since, in care practice, and there is still a gap between what is researched and what is applied.

In this sense, it is important to supply the research bases with technical-scientific knowledge about the nursing performance in the surgeries proposed by this specialty, making it possible to identify the weaknesses that the hospitalized patient is subject and how the nursing performance can alleviate such impacts.



Therefore, it is necessary for nurses to act in the perioperative period, with the implementation of the systematization of perioperative nursing care, with a view to providing emotional comfort, by clarifying the surgical procedure itself and its repercussions, promoting strategies of centered care in the patient, focusing on physical and mental rehabilitation and autonomy.

In this way, nursing is crucial to identify essential factors that help the individual in his/her rehabilitation, autonomy and self-care process, since it is the profession that establishes a link between patients/family/support networks and professionals, in their new condition, empowering the user to break paradigms about amputation.

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