

## **CHAPTER V**

### **SUMMARY DISCUSSION AND RECOMMENDATION**

#### **Summary of the Research Results**

The objectives of the research on the topic “The Results of Giving the Systematic Health Education Program toward the Level of Pre-operative Anxiety” are as follows:

1. To compare the levels of the pre-operative anxiety of the experimental and the control groups of the abdominal surgical patients.
2. To compare the post-operative complications of the experimental and the control groups of the abdominal surgical patients.
3. To enquire the experimental group of the abdominal surgical patients about their opinions toward the operating room services after they are given the systematic health education program.

#### **The Hypothesis of the Research**

1. The levels of the pre-operative anxiety of the abdominal surgical patients who were given the systematic health education program were lower than those of the ones who were given general information by the routine nursing personnel.

2. The post-operative complications of the abdominal surgical patients who were provided with the systematic health education program were less than those of the ones who were given general information by the routine nursing personnel.

### **The Population**

It consisted of the abdominal surgical patients admitted at Thungsong Hospital, Thungsong District in the province of Nakornsithamarat between July-November 2003.

### **The Sample Group**

The sample group recruitment was by the drawing lots and divided into 2 groups: the experimental group and the control group with 60 patients each.

The population had to be the most similar in the following characteristics:

1. They had to be the same gender.
2. The age gap wasn't over 5 years.
3. The levels of education were divided into 4 groups: primary, high school, diploma, and Bachelor's degree or higher.
4. They had to develop the same disease.
5. They had to undergo the same kind of operation, or close to.

## The Tools Used in the Research

1. There were 4 teaching plans on the topic “Giving the Systematic Health Education Program”.

Each teaching plan consisted of the following contents:

1. the relaxation practice skills.
  2. the patients’ pre-operative preparation.
  3. the post-operative self-practices.
  4. the post-operative self-practices at home.
2. The brochures based on the systematic health education program consisted of the contents and illustrations about:
    1. the relaxation practice skills.
    2. the patients’ pre-operative preparation
    3. the post-operative self-practices.
    4. the post-operative self-practices at home.
  3. The anxiety-measuring form for the patients who were waiting for the operation consisted of 2 parts as follows:

Part I : It was asking the patients about their personal data, consisting of gender, age, marital status, religion, education, occupation, monthly family income, and disease diagnoses.

Part II : The State Anxiety Inventory (SAI) were based on the rating scale and divided into 4 levels:

not at all	= 1 point
some what	= 2 point
moderately so	= 3 point
very much so	= 4 point

4. The questionnaires on the patients' opinions toward the operating room services were based on the rating scale and divided into 5 levels:

Lowest	(the least satisfied)	= 1 point
Low	(a little satisfied)	= 2 point
Moderate	(moderately satisfied)	= 3 point
High	(very satisfied)	= 4 point
Highest	(the most satisfied)	= 5 point

and there were 7 questions in the questionnaires namely:

1. Were you satisfied to be able to easily contact the surgical personnel?
2. Were you satisfied with the surgical personnel' attention and verbal politeness?
3. Were you satisfied with the surgical personnel enthusiastic assistance?
4. Were you satisfied with the surgical personnel' s prompt services?
5. Were you satisfied when the surgical personnel provides you with the knowledge on diseases, the stages of an operation, the objectives of the operation, and the post- operative self- practices?
6. Were you satisfied when you were closely taken care of by the surgical personnel ?
7. Were you satisfied when the surgical personnel help you to reduce the pre – operative anxiety?

## **The Implementation of the Experiment**

The researcher had chosen the abdominal surgical patients whose qualification matched the requirements as follows:

1. The patients learned of the date and the time of the operation in advance.
2. The patients were 20 years old or more.
3. The patients had no hearing and speaking problems.
4. The patients were diagnosed and contended by the doctors that they had no neurotic or psychotic background.
5. The patients had not been prescribed the anxiety suppressant, or tranquilizer before and after they were visited by the surgical nurses.
6. The patients had no operative experiences, and had not been provided with the knowledge of how to reduce anxiety before.
7. The patients were willing and pleased to give the co-operation in this research.

## **The Sample Group**

The sample group was recruited by the calculation formula, turning out to be 58 patients. The researcher divided the sample groups into a experimental and a control group with 60 patients. The patients in each group had to have the most similar characteristics in the matter of gender, age (the age gap was not more than 5 years), the levels of education (primary, high school, diploma, and Bachelor's degree or higher), and the same kind of an operation or close to. The means to put the population of the sample group into the experimental and the control group was by drawing lots. Each group consisted of 60 patients. The researcher then carried out the experiment by

applying the anxiety-measuring form before and after giving the systematic health education program to the experimental group while doing the same things with the control group except for giving them the systematic health education program.

### **The Data Analysis**

The collected data were analyzed by using the SPSS Window Program to find the frequency, the percentage, the mean and the standard variables, and the hypothesis test was calculated by the Chi-square and t-independent model.

### **The Conclusion of the Research Outcome**

1. The level of pre-operative anxiety of the experimental group of abdominal surgical patients who were given the systematic health education program was different from that of the control group who were given routine nursing care with the statistic significance at the level of .05, which was in line with the hypothesis.
2. The post-operative complications of the abdominal surgical patients of the experimental group who were given the systematic health education program were different from those of the control group who were given general information by routine nursing personnel without the statistic significance at the level of .05, which wasn't in line with the hypothesis.
3. The overall opinion scoring toward the operating room services of the experimental group was in the level "high". ( $\bar{X} = 3.70$ )

## **The Discussion of the Research Outcome**

The result of the comparison of the levels of the pre-operative anxiety of the abdominal surgical patients before the experiment of the experimental group was different from that of the control group without the statistic significance at the level of .05, but when comparing the level of the pre-operative anxiety of the abdominal surgical patients after the experiment between the experimental group and the control group, it was found out that there was difference with the statistic significance at the level of .05.

The reasons that caused the abdominal patients who were given the systematic health education program had the lower levels of anxiety than the ones who were given general information by the routine nursing personnel were that giving the systematic health education programs, such as the relaxation practices and the close attention of the nursing personnel could help the patients to lessen the anxiety more than the group of patients who had not been given the systematic health education program. Also the outcome of this research turned out to be relevant to the concepts of Nantaporn sansiriphun (1997) study the effect of pre-cesarean section visits by operating room nurse on anxiety of pregnant women. The sample consisted of 50 term pregnant women who were admitted for undergoing cesarean section at Obstetric and Gynecology Operating Unit of Maharaj Nakorn Chiang Mai Hospital. Subjects were purposively selected and were randomly and equally assigned into the experimental and control groups. Subjects in both were matched according to the education level and the special antenatal received. Subjects in experimental group were visited as planned, by the researcher at which a Preoperative Handbook was also provided, whereas subjects in

the control group received only a routine nursing care. The results of this study revealed that the anxiety of subjects in the experimental group, either being at ward a day prior to operation or being in operation room just before the operation, was statistically significantly lower than that of the control group ( $p < 0.01$ ). Saichol Junwijit (1996) study the effects of educational and relaxation program on postoperative recovery in renal surgical patients who were admitted in male urological and female surgical ward at Buddhachinaraj hospital in September 1995 to March 1996. The samples were selected by purposive sampling: the first 10 samples were control group, the second 10 samples were first experimental group and the third 10 samples were second experimental group. The control group were received the routine nursing care while the first experimental group received the educational & relaxation program. The results of the study revealed that:

1. The renal surgical patients who received educational and relaxation program demonstrated statistically significant higher in physical recovery scores than those who received only the educational program and the routine nursing care ( $p < .05$  and  $.001$ ), the patients who received the educational program demonstrated statistically significant higher in physical recovery scores the those who received the routine nursing care. ( $p < .05$ )
2. The renal surgical patients who received the educational and relaxation program demonstrated statistically significant higher in mental & emotional recovery scores than those who received only the educational program and the routine nursing care ( $p < .01$  and  $.001$ ), the patients who received the educational program demonstrated statistically significant higher in mental



& emotional recovery scores than those who received the routine nursing care. ( $p < .01$ )

3. The post-operative complication condition of the abdominal surgical patients who had been given the systematic health education program was less than the patients who hadn't especially the digestive complication. The reasons were that the patients given the systematic health education program were instructed to turnover their bodies from left to right causing the circulation of the blood, preventive the bed sore , stimulating the lung expansion, quickening the operative wound, and aiding the digestive organs to move more rapidly. The other items, such as 1.) the respiratory complication 2.) the blood circulation 3.) the urinary tract 4.) the operative wound, and 5.) the fever condition, were not different between the group with systematic health education program and the group without it. Moreover, it was found out that the incidence rates from the post-operative complications of the experimental group were lower than those of the control group. This study is relevant to the study of Cupples, S.A., 1991. "Effect of Timing and Reinforcement of Pre-operative Education on Knowledge and Recover of Patients Having coronary Artery Bypass Graft Surgery ", which contended that giving the information to the patients after the operation could prevent complications, and the physical, mental, and emotional states could return to normal states more quickly. According to Miller, K.M., 1987, "Deep Breathing Relaxation." A Pain Management Technique, it was found out that giving information could decreased the blood pressure, the pulse rates, the respiratory rates, the pain, the post-

operative misery, and the post-operative complication. Based on the study of Hathaway, D., 1986, it was found out that giving the information by steps, continuously, and with distinct guidelines would cause the maximum result because they would make the patients confident, and give the post-operative co-operation.

4. The opinion scores toward the services of the operating room services after being given the systematic health education program of the experimental group were at the “high” level ( $\bar{X} = 3.70$ ). When considering the scoring of the levels “high” and “the highest” (4-5 points), the researcher found out that the experimental group had the three most favorite items namely :
  1. Were you satisfied when the surgical personnel help you to reduce the pre – operative anxiety? ( $\bar{X} = 4.15$ ).
  2. Were you satisfied when the surgical personnel provides you with the knowledge on diseases, the stages of an operation, the objectives of the operation, and the post- operative self- practices? ( $\bar{X} = 4.01$ ).
  3. Were you satisfied with the surgical personnel enthusiastic assistance? ( $\bar{X} = 3.85$ )

It appears that giving the systematic an orderly knowledge can enable the patient to get the correct and sufficient data, to undergo to smooth teaching process, and to have good out the medical self-practices. Applying the knowledge-providing program can be done by means of the learning/ teaching processes to disseminate the now knowledge to the patients so that the can their beliefs and attitudes in a proper way. According to the study of Wanida Intaracha (1995), it was found out that giving

the knowledge can make the patients change their beliefs, causing the changes of the behaviors. They will accept the medical assistance, and they take more care of themselves. According to the study of Kelly and Lewis, (1987), the systematic learning plans will cause the changes of the knowledge, attitudes, and the practices which will bring about the best health status to an individual, the family, and the community.

### **General Recommendations**

1. The health education work in the hospital should be organized to have a distinct role. There should be a co-operation among the doctors, the nurses, health educators, and the personnel involved to produce the media and handouts to disseminate the advice and information to the abdominal surgical patients.
2. The results of the research point out that giving the systematic health education program to the abdominal surgical patients can make them less worried than the patients who were given general information by the routine nursing personnel. Above all, some patients may feel relaxed, comfortable, secure, self-confident, and content, etc. Therefore, the nursing personnel together with the hospital executive regard it as a duty to use the systematic health education program with every surgical patient.
3. The nursing personnel should take it as a duty and regard it a role in doing the nursing practices in order to give the patients the mental care together with other assistances. They should not only focus on the physical aspect, but try to find a way, and be interested in solving the mental problems.

Moreover, they should develop the communicative skills of the patients in order to reduce their anxiety.

### **Recommendations for the Research**

1. The researcher should the systematic health education program via the media, visual aids, and different anxiety-reducing techniques to develop the better and more complete health education programs.
2. There should be a research that can follow up the post-operative rehabilitation of the patients who are given a systematic health after they are taken home.
3. There should be a comparative study of the results of the knowledge-providing program together with the anxiety-relaxing practices with every kind of operative patients so that the results of the study will be more comprehensively used in the future.
4. There should be a study of the effectiveness of the medical practices to reduce the anxiety so that the assistant surgical personnel can use them with the patients in terms of convenience, worthiness, worthwhile ness, the ease and the difficulty of the practices, the suitability to the workplace, and the personnel 's competence to apply those medical practices.