Validity and Reliability of the Czech Version of the Amsterdam Preoperative Anxiety and Information Scale (APAIS)

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Purpose: The purpose of this study was to validate the Czech version of the Amsterdam Preoperative Anxiety and Information Scale (APAIS) in adult patients undergoing elective surgery.

Design: A cross-sectional study.

Methods: Data were collected from July 2012 to January 2013. For reliability and validity testing, two instruments measuring preoperative anxiety were administered to the participants on the same occasion, (APAIS and the Spielberg State Anxiety Inventory (STAI-S)). The sample consisted of 344 patients undergoing elective surgery.

Findings: Reliability of APAIS anxiety subscale measured by Cronbach’s alpha was 0.91. Reliability of APAIS information subscale measured by Cronbach’s alpha was 0.78. The APAIS anxiety subscale correlated significantly with the STAI-S (0.69). Women scored significantly higher on anxiety scales than men.

Conclusions: APAIS may be a useful tool to measure preoperative anxiety in Czech patients undergoing elective surgery.

Keywords: anxiety, preoperative period, questionnaires, test anxiety scales.

PREOPERATIVE ANXIETY IS frequently experienced by patients undergoing surgery. Some degree of anxiety is a natural reaction to the unpredictable and potentially challenging circumstances typical of the preoperative period, especially during the patient’s first few surgical experiences. However, excessive degrees of preoperative anxiety can lead to pathophysiological responses. Preoperative anxiety has been the focus of research for many years. It is well known that anxiety affects patients in different ways—it can affect them not just at a physiological level, but also at a psychological level. High levels of anxiety can affect the patient’s healing processes. Anxiety causes a wide range of physical responses including elevated heart rate, blood pressure, and temperature. Patient may also need more medication to maintain an adequate level of sedation during a procedure and increased analgesia to relieve the pain.

It is important to assess individual levels of preoperative anxiety to provide appropriate psychological interventions. To evaluate subjective complaints such as anxiety, use of a validated...
psychological instrument is essential. Anxiety is assumed to be an important determinant of the patient experience during the perioperative period, but there is still lack of studies on that topic in Central European countries.

In recent years, several instruments have been used to measure patients’ level of preoperative anxiety. Some of them are nonspecific regarding the type of surgery: Hospital Anxiety and Depression Scale, Spielberg State-Trait Anxiety Inventory (STAI), the Coping with Surgical Stress Scale, or Visual Analog Scale. Some of them are intervention specific such as Bypass Grafting Fear Scale. Only a few instruments are available for assessment of surgical fear, such as the Amsterdam Preoperative Anxiety and Information Scale (APAIS) or Surgical Fear Questionnaire.

The STAI is one of the most widely used measures of subjective anxiety. The STAI consists of two separated scales: the STAI state anxiety scale (STAI-S) and the STAI trait anxiety scale. State anxiety refers to a transitory emotional condition with subjective feelings of worry, tension, nervousness, and apprehension. While trait anxiety describes relatively stable differences in individuals’ proneness to anxiety, state anxiety may differ in intensity over time depending on the nature of the situational stress. The STAI-S consists of 20 items that measure anxiety at a given point in time, with the lowest score at 20 and the highest at 80. Subjects respond to each STAI-S item by rating themselves on a four-point scale. Higher scores indicate greater anxiety. Internal consistency coefficients for the scale have ranged from 0.86 to 0.95. STAI has been used extensively in a number of chronic medical conditions. The STAI-S scale has been also used for measuring patient anxiety in the preoperative phase, although this scale is not explicitly developed for preoperative anxiety.

Identifying the quick, easy to use, and the most efficient tool to measure preoperative anxiety in fast-paced clinical environments may be beneficial for clinicians and for researchers.

The APAIS is a questionnaire developed in 1996 by the Dutch group of Moerman and colleagues. APAIS consists of six items rated on a five-point Likert scale. APAIS represents two scales: anxiety (items 1, 2, 4, and 5) and need for information (items 3 and 6). Besides the original Dutch version, English, Japanese, German, Thai, and French versions have all been published. APAIS has frequently been used in international research for measuring patient state preoperative anxiety. The Cronbach’s alphas for the anxiety and information scale of APAIS are 0.86 and 0.68, respectively. The APAIS has not previously been validated in Czech patients undergoing elective surgery.

Methods

Aim

The purpose of this study was to validate the Czech version of APAIS in adult patients undergoing elective surgery.

Design

A descriptive cross-sectional study design was used.

Study Participants

The study population included 344 (239 females and 105 males) Czech-speaking patients undergoing elective surgery in the surgical department and department of gynecology of a selected hospital located in the East of the Czech Republic. The following criteria were used for selecting the patients to be included in the study sample: (1) to be aged 18 years and above, (2) to have consented for participation in the study, (3) to be scheduled for operation the following day, and (4) to be able to communicate in Czech.

Materials and Procedures

Data were collected from July 2012 to January 2013. The instruments were administered preoperatively in the afternoon 1 day before surgery. Patients were asked by the examiners (six trained anesthesiologic nurses) to fill out the questionnaire. From the 400 questionnaires distributed, a total 344 of questionnaires had fewer than 5% incompletes and were used in the statistical analysis. Only the available data were used in the statistical analysis.
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