Examination of the Relationship Between Elective Surgical Patients’ Methods for Coping With Stress and Sleeping Status the Night Before an Operation

Zeynep Karaman Özlü, PhD, RN, Özlem Şaban Altun, PhD, RN, Zeynep Olçun, MSc, Merve Kaya, MSc, Atife Yurttas, PhD, RN

Purpose: This study was conducted to examine the relationship between elective surgical patients’ methods for coping with stress and sleeping status the night before an operation.

Design: This research was a descriptive and correlational study.

Methods: The study was conducted between November 2016 and February 2017 with 132 patients who were waiting to undergo elective surgery in the surgery clinics of a university hospital. The data were collected using a personal information form, the Richards-Campbell Sleep Questionnaire (RCSQ), and the Ways of Coping Inventory (WOC).

Findings: This study indicated that the mean RCSQ score of the male patients and patients who were hospitalized at a cardiology clinic and experienced no situation that interrupted sleep the night before the operation was higher, and the difference was statistically significant (P < .05). Patients obtained a mean score of 46.31 ± 32.21 on the RCSQ. A positive significant relationship was found between the mean scores of the self-confident approach, optimistic approach, and receiving social support, which are subscales of the WOC, and the total mean score on the RCSQ (P < .01). A negative significant relationship was found between the mean scores of the helpless approach and the submissive approach subscales of the WOC, and the total mean score on the RCSQ (P < .01).

Conclusions: The results of this study showed that the approaches that the patients waiting for elective surgery used to cope with stress affected their nocturnal sleep status.

Keywords: elective surgery, stress, coping with stress, sleep.
ELECTIVE (PLANNED) SURGERY means pre-planned surgical interventions, which require making an appointment and a preparation process. Although these operations are planned in advance and there is a preparation process, they affect patients’ psychology. Patients waiting for elective surgery can experience a great amount of anxiety and fear because of the possibilities of negative outcomes, such as becoming permanently disabled, losing the ability to work, immobility, and even death, as a result of the surgery. This fearful and anxious wait can result in the patients’ perception of the surgery to be a great stressor.

Stress includes all the physical, mental, emotional, and behavioral reactions of an organism when it feels a threat for its physical and psychological borders. Although the physical reactions of individuals against stress may be the same, events may vary among individuals at the psychological level, depending on factors such as personality and environment. Depending on this variance, each individual uses a different style when coping with stress. Approaches toward coping with stress consist of the reactions individuals show to resist the actions or factors that cause stress for them. If the process of coping is successful, stress can be brought under control. If this process is unsuccessful, then the possibility of having mental and physical problems increases, as well as the possible deterioration of social relationships.

Thus, patients who undergo surgical procedures may have fewer risks for experiencing stress or stress-related problems if they have the proper coping attitudes.

It is important that patients meet their basic needs when they try to cope with the stress of elective surgery, therefore normal sleep and rest is crucial. However, the patients who do not exhibit the healthy coping approaches when experiencing stress because of surgery may have sleep problems. Sleep is the time when general arousal is very low and the parasympathetic system is active. General arousal is very high and the sympathetic nervous system is active in people who are under stress. The sympathetic nervous system stimulates the sleep center in the frontal hypothalamus and thereby causes problems regarding the duration, depth, and quality of sleep.

Sleep problems due to stress cause the cortisol circadian rhythm to become irregular. Plasma cortisol has a 24-hour circadian rhythm cycle. This cortisol rhythm follows an up and down graphic during a day. The cortisol level is at a maximum during the hours after waking up in the morning. It gradually reduces throughout the day and reaches the minimum during nighttime sleep. Cortisol, also called the stress hormone, increases as the stress level increases. Therefore, a circadian rhythm disorder develops in people who are having difficulties coping with their stress because of the increased cortisol level.

Although there are studies showing a relationship between stress levels and sleep, the literature includes only a limited number of studies that analyze the relationship of stress-coping approaches to sleep status. Therefore, the data obtained from this study will help determine the relationship between the methods used by elective surgery patients to cope with stress and their sleep status, and make an important contribution to future studies. This study was conducted to determine the relationship between elective surgical patients’ methods for coping with stress and sleeping status the night before the operation.

Methods

Study Design, Population, and Sampling

This is a descriptive and correlational study. The study population consisted of 185 patients who were to be operated in the surgical clinics of Atatürk University Yakutiye Research Hospital between November 2016 and February 2017. No specific sample was selected because the aim was to include the entire population; 132 patients who met the inclusion criteria constituted the sample.

INCLUSION CRITERIA.

1. Being older than the age of 18 years.
2. Being conscious.
3. Volunteering to cooperate with the study and be communicative.
4. Not having a cognitive or mental disorder.
5. Being included in the first or second group in the American Society of Anesthesiologists’ (ASA) Physical Status Classification System.
6. Being among the elective surgery cases who were going to receive general anesthesia.
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