Preoperative death anxiety among surgical patients at Al-Gamhoria and 22nd May Hospitals- Aden

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Abstract

Surgery is sometimes a necessary and inevitable solution because it is the only resort for healing, and surgical intervention is a routine matter for the medical staff, but it may be a terrifying specter for the patient, especially the one who undergoes it for the first time as a result of the physiological and biological imbalances that occur to the patient and as a result of the damage caused by it. This study aimed at measuring the death anxiety among patients who are about to undergo surgery.

This is a descriptive study with (62) patients were admitted in the Surgical Department at Al-Gamhoria Teaching Hospital and 22nd May Hospital in Aden Governorate, who were targeted with a self-administered questionnaire applied for this purpose in the period from 22/06/2021 until 21/09/2021. Each questionnaire statement was given a weight (1: Yes, or 0: No) to estimate the significance of the statement, these weights are reflected in the levels of death anxiety, and for interpretation of the arithmetic means, the degree of presence of those levels were judged according to the following scale: (1- 16) degree is a weak level of death anxiety, (17- 33) degree is a moderate level of death anxiety, and (34- 50) degree there is a highly level of death anxiety.

Around two thirds of the patients reported a moderate level of preoperative death anxiety. Death anxiety was reported more high by female patients, and those in the age group 60 and more, amongst illiterate and primary education patients, and with patients of gynecologic and orthopedic surgeries.

In this study, the preoperative death anxiety was high among female patients, in the age group 60 and more, amongst illiterate and primary education patients, and with patients of gynecologic and orthopedic surgeries. The current study recommended that patients need to be assessed regularly for anxiety during the preoperative visit and appropriate anxiety reduction methods should be introduced through mental and psyche health professionals.

Keywords: Death anxiety, Preoperative, Surgery, Al-Gamhoria Teaching Hospital, 22nd May Hospital, Aden, Yemen.

Introduction

WHO has reported that the number of surgeries is witnessing a tremendous increase annually worldwide, as a result of the high incidence of diseases such as cardiovascular disease, cancer and surgical injuries. Therefore, strategies have been developed to provide safety in surgical care services in order to save lives and help them prevent disability and reducing the number of deaths around the world.(29)

Diseases are among the most important problems facing human societies and leading to a physical and psychological imbalance for the individual, which further exacerbates them and thus the necessity of treatment, some recover after a drug dose, while others require different and alternative solutions to treat these diseases.(30)Surgery is sometimes a necessary and inevitable solution because it is the only resort for healing, and surgical intervention is a routine matter for the medical staff, but it may be a terrifying specter for the patient, especially the one who undergoes it

for the first time as a result of the physiological and biological imbalances that occur to the patient and as a result of the damage caused by it,[22] and the surgery is defined by the medical dictionary (1999) as all surgical applied interventions to a living person, by special means, with the necessity of a decision permitting surgical intervention.[5]

WHO has confirmed that the surgery includes multiple procedures in the operating room that involve incision, excision, adjustment or suturing of tissues, which usually require the use of partial (local) or general anesthesia or the administration of deep-acting sedatives to control pain. [6]

It is estimated that 63 million people receive surgical treatment annually because of their injury, 10 million other surgeries are performed to avoid complications of pregnancy and another 31 million operations are performed to treat malignant tumors, according to the WHO[6]Despite its positives,an individual has some fears and obsessions that permeate his thinking as unsafe surgical care causes massive damage and has major implications for public health. It threatens the security and safety of the individual and his physical health due to the operation of the surgery, as well as threatening his psychological well-being, increasing his fears and anxiety.[31,10]

Surgical care has been an essential component of health care that has been provided around the world for more than a century. As the number of injuries and diseases continues to rise, the impact of surgical intervention on public health will also grow, as estimates made by the WHO in 2008 indicate that 234 million major surgeries are performed worldwide annually, an average of one operation per 25 live persons. [32]Although the distribution of surgical services is unequal because 30% of the world's population have benefited from (75%) of major surgeries, the issue of access to high-quality surgical care remains a dilemma in many parts of the world, although surgical interventions can be highly cost-effective with the number of lives that can be saved and the number of disabilities that can be avoided, surgery is often the only treatment that reduces disability and the risk of death from common conditions.[8]

Preparation for surgery includes preparing the patient psychologically and physically, preparing the necessary tools and machines during the operation according to the required surgery, and then supervising the patient's nursing after the surgery is over. As for preparing the patient, it includes calming him and preparing him to withstand the hardships of surgery from a psychological point of view.The phase of day before surgery is important to take all information about the patient and the responsibility of informing the patient about every abnormal situation that it has its damages in the future. When a patient undergoes surgery suddenly and when he is in an unknown environment, he often witnesses legitimate anxiety, so a short meeting with the surgeon, medical staff and nurses is necessary to gain the patient’s confidence when undergoing surgery in the future and when entering the patient to the operating room is prepared by sterilizing the place where the operation will take place, and preparing him for the surgical operation by preparing all the required surgical tools and machines according to the type of surgery.[27]

Every surgical operation constitutes anxiety (aggression) with consequences similar to those that can be observed after an accidental trauma. These consequences depend on the patient’s physiological state, both on his biological balance and on his defense mechanisms against sepsis.[23] A person is destined to live this anxiety that is associated with his life, and death is the primary source of anxiety and there are those who consider fear of death as the primary source of anxiety. Based on the idea of man’s love for survival, but to a different degree from one person to another according to the factors that interact together to give rise to death anxiety, which defines it as an unpleasant emotional experience revolving around death and related issues, and this experience may precipitate the death of the individual himself.[23]Depending on the severity of death anxiety and the intensity of the dominance of the idea of death over a person's thinking, a distinction can be made between two types of death anxiety: Acute death anxiety, which is associated with real-life changes such as the death of a close relative or severe illness, and Chronic death anxiety, which is positively related to the degree of nervousness of the individual.[23,13]

As for the causes of death anxiety from the psychologists' point of view as seen by (Kastenbaum & Costa), it is the fear of annihilation or full crushing and self-lost. [3]According to (Masterman)the cause of death anxiety or fear of self-lost is attributed to the circumstances surrounding the individual such as illness, accidents, natural disasters and others.[7]

A variety of fears can cause preoperative anxiety. They include fear of the unknown, surgical failure, anesthesia, loss of personal identity, recuperation around strangers, pain, loss of control, death, unsuccessful recovery and strange environment.[12]

It is strange that (Baker and Brunner) viewing the fear of death as an inherited, innate fear, as it may be due to worldly reasons such as hatred and strangeness of the corpse, social contagion of grief, civilized disgust, shock, imagination of decomposition or rotting.[12,4]As (Schultz) also mentioned that among the causes of death anxiety is fear of physical suffering and pain when dying, fear of humiliation as a result of physical pain, the effect of death on those who will be left by the person from his family, especially young children, fear of divine punishment (especially religious people) and fear of nothingness.[25,2]

Generally, Anxiety can cause physiological responses such as tachycardia, hypertension, elevated temperature, sweating, nausea, and a heightened sense of touch, smell, or hearing. A patient may also experience peripheral vasoconstriction which makes it difficult for the hospital staff to obtain blood. [21]Anxiety may cause also behavioral and cognitive changes that result in increased tension, apprehension, nervousness, and aggression. [21]Some patients may become so apprehensive that they cannot understand or follow simple instructions. Some may be so aggressive and demanding that they require constant attention of the nursing staff.[15]

The importance of this study is getting acquainted with one of the segments in the Yemeni society that suffers from a lack of academic interest as well as a scarcity in studying their psychological and social aspects, it also meets a scientific necessity due to the lack of researches on this group and the wide spread of death anxiety, which is one of the problems that every individual suffers from. On the other hand, this study will provide new data based on its results, to reveal some aspects of the personality of the individual who will undergo surgery and the privacy of his psychological state during this period and try to understand it.

The study aimed at identifying the prevalence of death anxiety among patients before the operation and whether there are differences in death anxiety among patients who are approaching the surgery according to gender, age and the type of operation required.

Methods

A descriptive cross sectional study was conducted in Surgery Departments at Al-Gamhoria Teaching Hospital and 22nd May Hospital in Aden Governorate from 22/06/2021 until 21/09/2021.

Study sample

According to the researchers' knowledge that there are no precise and accurate numbers for each month or every period, the surgeries are not time-limited, so the accidental (intentional) sample was taken, which is: "The sample on hand and depends on the researcher's choice of the sample that is easy to obtain".[20] In the same context, "The intentional method for selecting the research sample is acceptable in some situations, such as the difficulty of obtaining a sample from a difficult-to-reach population.[16]

Accordingly, the study tool was distributed to all patients coming to the surgery twenty-four hours before the operation. A total of 62 patients were included in this study.

Study tools

A self-administered questionnaire was developed by referring to previous studies.[8, 1]Significant credibility and consistency were achieved for the purpose of the present study. The questionnaire consists of two parts:

1- Personal data of patients (gender, age group, educational status and type of surgery).
2- Fifty statements measuring the levels of death anxiety of the study sampling.

Each questionnaire statement was given a weight (Yes or No) to estimate the significance of the statement as follows: (1: Yes, 0: No), these weights are reflected in the levels of death anxiet and, for interpretation of the arithmetic means, the degree of presence of those levels were judged according to the following scale:(1- 16) degree is a weak level of death anxiety, (17- 33) degree is a moderate level of death anxiety, and (34- 50) degree there is a highly level of death anxiety.

Data analysis

The data were collected and analyzed using Statistical Package for the Social Sciences (SPSS) version 23. Descriptive and inferential statistical analyses were made. Chi square test (X^2) was be used to test the significance and differences between the different variables of study. A Critical P-Value of 0.05 was considered as statistically significant.

Ethical consideration

This study was approved by the Research and Ethics Committee at the Faculty of Medicine and Health Sciences, University of Aden , and also approved by the administration of Al-Gamhoria and 22nd May Hospitals to conduct the research. The interview was conducted after obtaining a verbal informed consent from each participant. Every patient has been assured for the confidentiality of the data and the utilization of the study purpose. To assess the clarity and the possibility of applying the study tools to collect data, the pretest study was conducted on 5% of the respondents who were later excluded. It is worth noting that the researchers have no conflict of interest.

Results

A total of 62 patients were included in the study during the period extending from 22/06/2021 until 21/09/2021. As presented in Table (1), the males constitute 35 (56.5%), while the females were 27 (43.5%).Regarding the age, around third (32.3%) and quarter (24.2%) of the patients were among the age group of (20- 29 years) and (60 years and above) respectively. The higher percentage (35.5%) of patients were secondary school graduates, followed by university and illiterate (21.0%).Twenty-three (37.1%) of the patients were underwent the general surgery, followed by urologic surgery, gynecologic surgery, orthopedic surgery (16.1% respectively) and the vascular surgery (14.5%).

Table 2 reveals that the low level of death anxiety was the highest among male patients (71.4%), moderate level 54.8% and high level 33.3%, while the high level of death anxiety was highest among female patients (66.7%).By Chi square test of comparison proportion, it was found that no statistically differences between gender of patients (X^2=2.631; P= 0.268).

Regarding the levels of death anxiety according to the age group of patients, Table 3 demonstrates that 50.0% in the age group 20-29 had low level of death anxiety, while it was higher among patients in age the group 60 and more 33.3%.This difference was no statistically significant (X^2=3.453; P= 0.903).

As seen in Table 4, the high level of death anxiety was higher amongst illiterate and primary education patients with the same percentage of 33.3%, while it was 0.0% among university patients. However, the low level of death anxiety was higher among secondary patients (42.9%). By Chi square test of comparison proportion, it was found no statistically differences between the educational status of patients (X^2=11.014; P= 0.201).

Table 5 reveals that are death anxiety was high among (33.3%) of patients with gynecologic and orthopedic surgeries, while it was 0.0% within general surgery and in which patients have a low level of death anxiety (57.1%), and a moderate level of death anxiety(35.7%). This difference was no statistically significant (X^2=9.575; P= 0.296).

Discussion

The current study showed that the low level of death anxiety was higher among male patients than female patients who are appearing high death anxiety before the surgery and this is consistent with the study of Thoroson and Powell in the USA which showed that women tend to be more afraid of death than men.[11]and this can be explained that women might have higher death anxiety levels than men since they have more tendency for emotional responses such as fear and anxiety and are not able to hide their feelings. A related example is Hirschberger, Florian, & Mikulincer's who found that males responded to death anxiety by withdrawing emotion and compassion, whereas females respond by increasing compassionate responses. [14]

The results of the current study showed that patients in the age group 20-29 had low level of death anxiety and high level of death anxiety was among patients in the age group 60 and more, and this is inconsistent with the study of Furer and Walker which found that , while death anxiety seems to surface in both women and men during their 20s, women also experience a second surge of thanatophobia when they reach their 50s.Young people are just as likely to experience death anxiety as elderly people,[28] another related study is Krlchyk & Trainer who found that during the younger years (20 years), anxiety about death often begins to spread. However, during the advanced stage of life, the middle years (40-60 years), death anxiety rises to its highest levels when compared to all other age groups. [9]Surprisingly, levels of death anxiety declines in old age (65 years and older). This contradicts most people's expectations, especially with regard to all the negative connotations that younger people have about aging and the aging process.[9]

The current study demonstrated that the high level of death anxiety was higher among illiterate and primary education patients, while the low level of death anxiety was higher among secondary school graduates' patients. These findings are consistent with the study of Faisal A et al(9), which indicated that there is a correlation between education level, death anxiety and death, such that illiterate and poorly-literate people experience death anxiety more than educated individuals,There are reverse results which conducted by Mutran EJ et al., showing that individuals with higher education are willing to live longer than those with lower education, so they are more fearful of death. [18]

The present study illustrates that the 33.3% of patients with gynecologic and orthopedic surgeries here a high level of death anxiety, while low level within general surgery. This is consistent with the study of Ryamukuru1 et.al, in Rwanda which showed that patients awaiting orthopedic surgery , were 10 times more likely to have clinically significant pre-operative death anxiety, [33] and another study of Zhang et.al., in China which showed that patients undergoing gynecologic surgery , such as laparoscopic hysterectomy , have preoperative death anxiety.[24]This can be explained by the fact that the complex operations in those two surgical types are caused by incurable and dangerous diseases, chances of their success are not guaranteed, requiring professional medical, anesthesia, and nursing staff, and high quality of human and financial capabilities, all these may increase the level of anxiety among patients who are about to undergo surgery in such departments. [17, 19]

Conclusions

In the current study, the prevalence of preoperative death anxiety was high among female patients in the age group 60 and more, among illiterate and primary education patients, and with patients of gynecologic and orthopedic surgeries. Those Patients need to be assessed regularly for anxiety during the preoperative visit and appropriate anxiety reduction methods should be

introduced through mental and psyche health professionals, also conducting future studies that include other variables such as private hospitals, social support, religiosity…etc.

Table 1: Personal characteristics of the study sample		
Item	(n = 62)	
	№	%
- Study Location:		
Al- Gamhoria Hospital	32	51.6
22nd May Hospital	30	48.4
- Gender:		
Male	35	56.5
Female	27	43.5
- Age group (years):		
20-29	20	32.3
30-39	8	12.9
40-49	10	16.1
50-59	9	14.5
60 and above	15	24.2
- Educational status:		
Illiterate	13	21.0
Primary	6	9.7
Preparatory	8	12.9
Secondary	22	35.5
University	13	21.0
- Type of surgery:		
General Surgery	23	37.1
Urologic Surgery	10	16.1
Gynecologic Surgery	10	16.1
Vascular Surgery	9	14.5
Orthopedic Surgery	10	16.1

Table (2): Levels of Death Anxiety according to gender of respondents							
Gender	Levels of Death Anxiety						(X^2) Test
	High		Moderate		Low		
	№	%	№	%	№	%	
Male	2	33.3	23	54.8	10	71.4	X^2=2.631; P= 0.268
Female	4	66.7	19	45.2	4	28.6	
Total	6	100	42	100	14	100	

Table (3): Levels of Death Anxiety according to age group of respondents.							
Age Group	Levels of Death Anxiety						(X^2) Test
	High		Moderate		Low		
	№	%	№	%	№	%	
20-29	1	16.7	12	28.6	7	50.0	X^2=3.453; P= 0.903
30-39	1	16.7	6	14.3	1	7.1	
40-49	1	16.7	7	16.7	2	14.3	
50-59	1	16.7	7	16.7	1	7.1	
60 and <	2	33.3	10	23.8	3	21.4	
Total	6	100	42	100	14	100	

Table (4): Levels of Death Anxiety according to educational status of respondents.							
Educational Status	Levels of Death Anxiety						(X^2) Test
	High		Moderate		Low		
	№	%	№	%	№	%	
Illiterate	2	33.3	6	14.3	5	35.7	X^2=11.014; P= 0.201
Primary	2	33.3	4	9.5	0	0.0	
Preparatory	1	16.7	6	14.3	1	7.1	
Secondary	1	16.7	15	35.7	6	42.9	
University	0	0.0	11	26.2	2	14.3	
Total	6	100	42	100	14	100	

Table (5): Levels of Death Anxiety by type of surgery (n=62)							
Type of Surgery	Levels of Death Anxiety						*p*-value
	High		Moderate		Low		
	№	%	№	%	№	%	
General Surgery	0	0.0	15	35.7	8	57.1	0.424
Urologic	1	16.7	6	14.3	3	21.4	0.094
Gynecologic	2	33.3	8	19.0	0	0.0	**0.044***
Vascular	1	16.7	7	16.7	1	7.1	0.082
Orthopedic	0	0.0	15	35.7	2	14.3	**0.034***
*Statistically significant.							

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قلق الموت قبل الجراحة بين مرضى الجراحة في مستشفى الجمهورية ومستشفى 22 مايو- عدن

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الملخص

الجراحة في بعض الأحيان حل ضروري وحتمي؛ لأنها الملاذ الوحيد للشفاء، والتدخل الجراحي أمر روتيني للطاقم الطبي، لكنه قد يكون شبحًا مخيفًا بالنسبة للمريض، خاصة لمن خضع له لأول مرة نتيجة الاختلالات الفسيولوجية والبيولوجية التي تحدث للمريض وتنتج الأضرار بسببها.

هدفت هذه الدراسة إلى قياس قلق الموت بين المرضى الذين هم على وشك الخضوع لعملية جراحية.

هذه دراسة وصفية على (62) مريضًا أُدخلوا في قسم الجراحة بهيئة مستشفى الجمهورية التعليمي، ومستشفى 22 مايو بمحافظة عدن. واستهدفوا باستبيان يعبأ ذاتيًا، تم تطبيقه لهذا الغرض في الفترة من 2021/06/22 حتى 2021/09/21. حيث تم إعطاء وزن لكل فقرة في الاستبيان (1: نعم، أو 0: لا) لتقييم دلالة الفقرات، فإن هذه الأوزان تنعكس على مستويات القلق من الموت، وتفسر المتوسطات الحسابية، وكذلك الحكم على درجة وجود هذه المستويات وفقًا للمقياس الآتي: (1 - 16) درجة مستوى قلق ضعيف من الموت، (17 - 33) درجة مستوى قلق معتدل من الموت، كما أن (34- 50) درجة تدل على مستوى قلق عالٍ من الموت.

أفاد حوالي ثلثي المرضى عن مستوى معتدل من قلق الموت قبل الجراحة. كما كان مرتفعًا بين المرضى الإناث، وفي الفئة العمرية 60 وما فوق، وبين المرضى الأميين ومرضى التعليم الابتدائي، وكذلك بين مرضى جراحات النساء وجراحة العظام.

في هذه الدراسة، كان القلق من الموت قبل الجراحة مرتفعًا بين المريضات، في الفئة العمرية 60 وما فوق، وبين الأميين ومرضى التعليم الابتدائي، ومع مرضى جراحات النساء وجراحة العظام. حيث أوصت الدراسة الحالية بضرورة تقييم قلق هؤلاء المرضى بانتظام في أثناء الزيارة قبل إجراء العملية الجراحية، كما يجب تقديم طرق مناسبة للحد من القلق عبر المتخصصين في الصحة العقلية والنفسية.

الكلمات المفتاحية: قلق الموت، قبل العملية الجراحية، الجراحة، مستشفى الجمهورية التعليمي، مستشفى 22 مايو، عدن، اليمن.