

**PATIENTS' COPING
STRATEGIES
BEFORE AND AFTER
THE ABDOMINAL
SURGERY:
A QUESTIONNAIRE
SURVETY**

Takehiko Ito
(Wako University)
take@wako.ac.jp
Mizue Shiromaru
(Showa University)

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Purpose

- The coping studies before and after surgeries have been mainly dedicated to the operation on the heart ¹⁾ ²⁾ , whereas those for abdominal surgeries are very few ³⁾ ⁴⁾ . In the present study, we report the quantitative evaluation of coping strategies of the patients before and after the abdominal surgery.

Methods

- Totally, 103 patients in a ward in a university hospital were studied. The patients in the ward were mostly under treatment of the digestive system disease. Participants were 66 men (64.1%) and 37 women (35.9%); the age mean was 59.6 ± 12.7 years old. From July 1, 2003 to May 31, 2004, the questionnaires were handed to the patients asking to fill it by themselves before surgery (2-3 days before) and after (2-3 days after the time of waking up). The filled questionnaires were collected directly by the researchers. The questionnaire was consisted of the following items: (1) The attribute (sex, age, an operative method) of the patient; (2) In accordance with the preceding studies, 58 items were selected from the well-established four measures; Jalowiec Coping Scale ⁵⁾, Daily Coping Assessment ⁶⁾, Ways of Coping Questionnaire(WOC) ⁷⁾, and COPE ⁸⁾.
- The scores of the answers are as follows: "completely disagree" = 1, "slightly disagree" = 2, "agree" = 3, and "completely agree" = 4. The high score indicates the frequent use of the coping.

Ethical considerations:

- We explained orally and with documents that no disadvantages will be imposed irrespective of participation or nonparticipation in the research and that the private information will be strictly protected. In addition, we explained in advance the purpose of the study to the person in charge of the hospital and admitted that there was no ethical problem

Analysis:

- We compared the average of the post-operative score with a preoperative score to analyze the relations between the coping item about the surgery and performed t test and variance analysis of the iteration measurement. The level of significance was assumed to be less than 5%, and SPSS15.0 J was used for the statistics software.

Results:

- Of the participants, 60 people or 58.3% were below 65 year-old, and 43 people or 41.7% were over 66.
- According to operative methods, those by abdominal operation were 51 (49.5%) participants, endoscope operation 52 (50.5%).
- Of their diseases, malignant tumors patients were totally $N = 69$ (67%) which included colorectal cancer $N = 31$ (30.1%) and gastric cancer $N = 25$ (24.3%). Non-cancer patients were $N = 34$ (33%).
- The items of coping strategies for the pre and post surgery were calculated: Among 58 items, the number of the items of which scores were 3.0 or higher were 17 at pre-operation period, but only 2 items at post-operation period. The coping strategies were much more used before the operation than after.

Results

- The averaged scores of overall items were 2.73 ± 0.38 at pre-surgery and 2.63 ± 0.37 at post-surgery with a significant difference ($p < .05$).
- For the items “To ask the doctors and nurses for the relief from pressure of the surgery” and “To do what they can do for the best result”, the scores at pre-surgery period were significantly higher than at post-surgery ($p < .05$ for each).

Table 1 Coping strategies; Pre- & post operation

Coping Question Items	Pre-operation Mean (SD)	Post-operation Mean (SD)	<i>P</i>
Average of 58 items	2.73 (.38)	2.63 (.038)	*
To trust doctors and nurses and leave everything to them.	3.79(.47)	3.07 (1.12)	**
To do what they can do for the best results	3.50(.67)	2.95 (1.00)	**
To accept my situation as a part of life.	3.48(.72)	2.91 (1.05)	**
To accept my situation positively with hope of recovery	3.42(.73)	3.07 (1.04)	

Problem focused

Stress = .10669

R² = .95773

Seldom usage

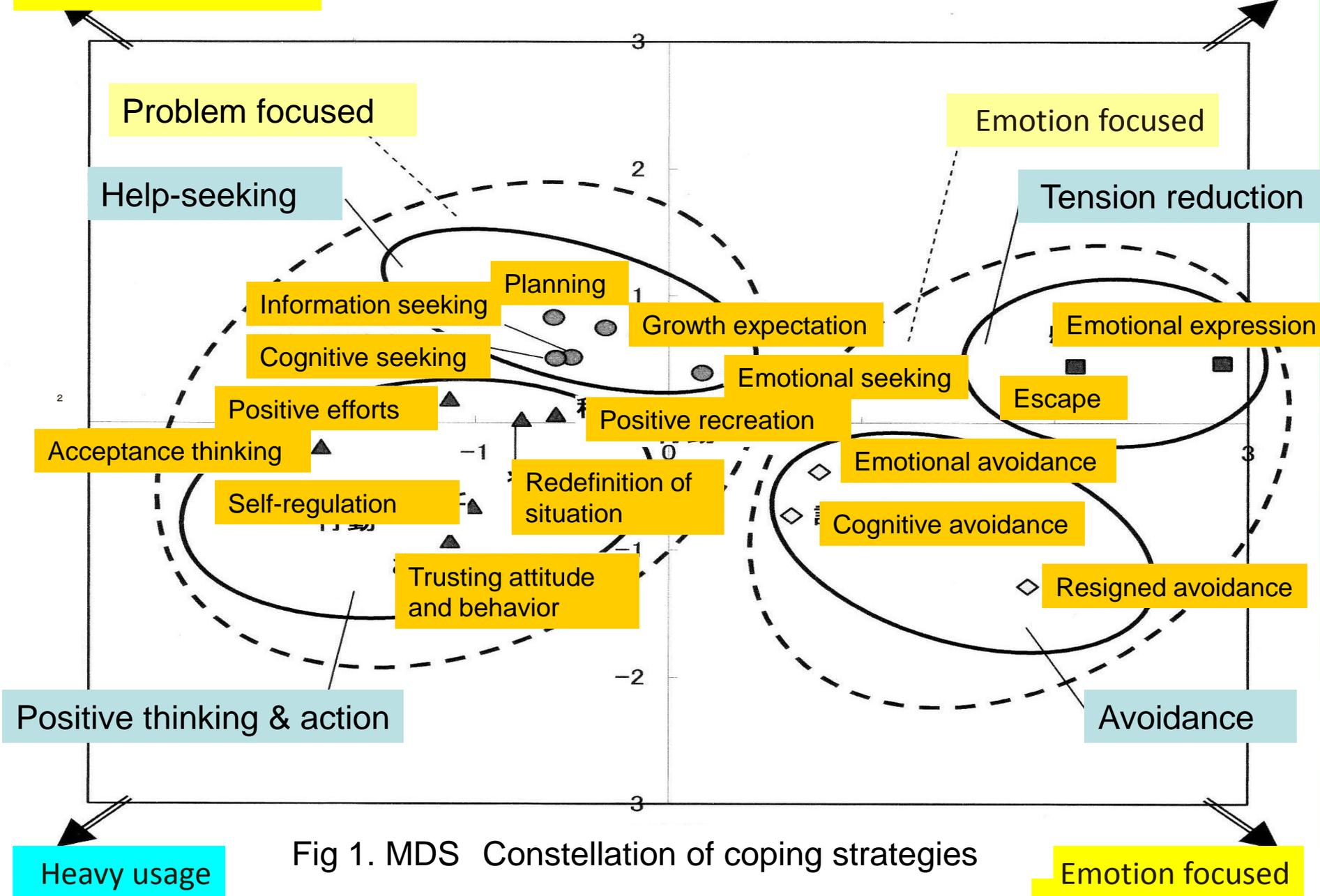


Fig 1. MDS Constellation of coping strategies

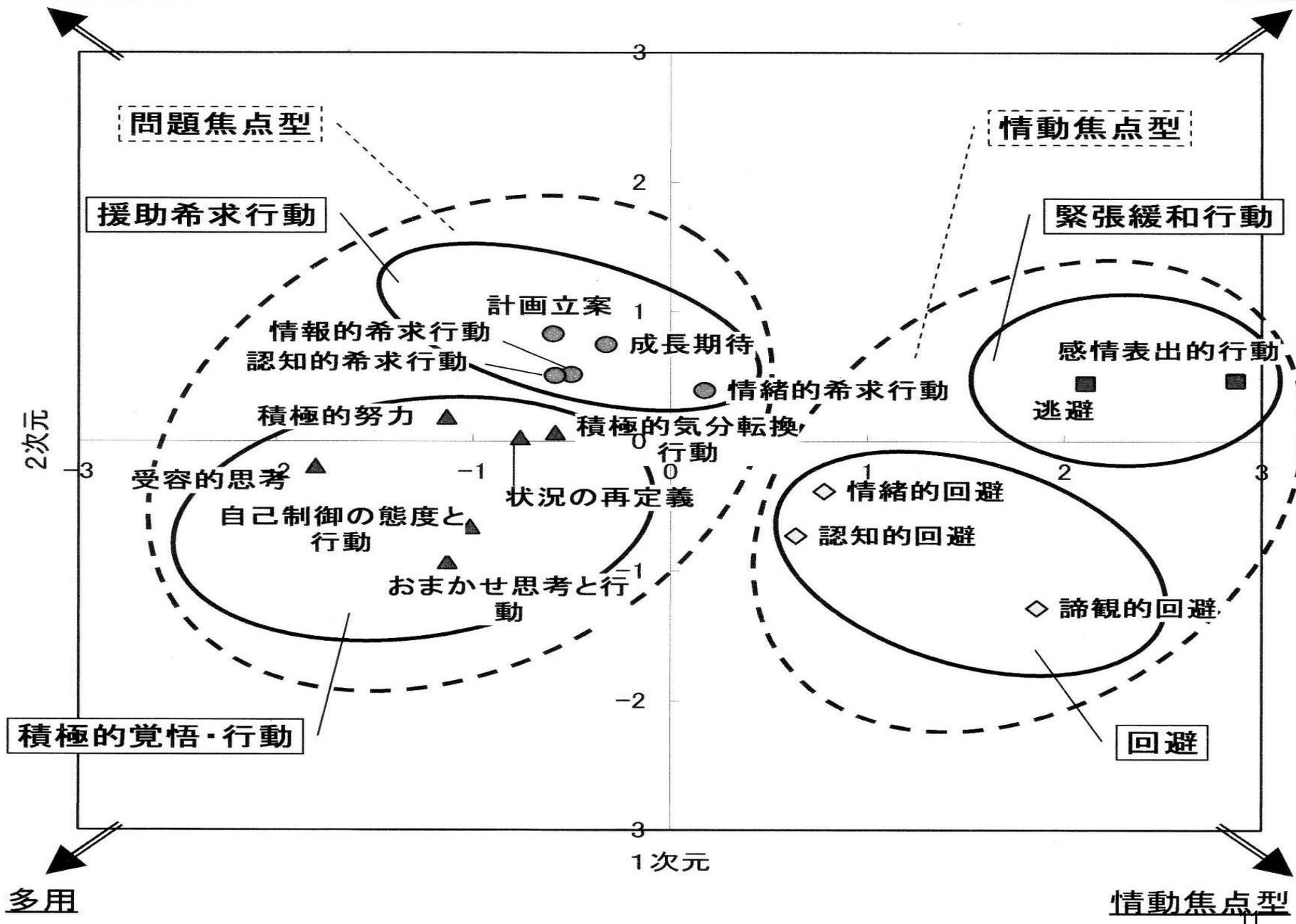
Emotion focused

問題焦点型

Stress = .10669

決定係数 = .95773

少用



情動焦点型

- As for coping strategies before surgery, the mostly used four items were: (1) To trust the doctors and the nurses leave everything to them. (3.79 ± 0.47), To do what they can do for the best results. (3.50 ± 0.67) (3) To accept my situation as a part of life. (3.46 ± 0.72), and (4) To accept my situation positively with hope of recovery (3.42 ± 0.73).
- Among coping strategies after surgery, the most frequently employed items were: (1) To trust the doctors and the nurses leave everything to them. (3.07 ± 1.12). (4) To accept my situation positively with hope of recovery (3.07 ± 1.04).

Discussion:

- The patients used more kinds of strategies more frequently at pre-operational period than at post-operational period. The surgery is an stressful event for the patients. Our results suggest that adequate nursing support is necessary for those patients with strong stress with anxiety. We also found that there were diverse coping styles according to individuals. It is difficult for nurses to grasp the patients' coping strategies accurately especially these days, because the timing of hospitalization often becomes as short as one day before the surgery.

- However the present study shows the importance of those mostly frequently used coping strategies for nurses to predict and support the future patients before and after the surgery. Before surgery, the patient's most utilized strategy was to trust medical staff including nurses. This suggests that it is important for nurses to respond to patients' expectations by providing informed consent, pre-operational orientation, necessary pre-surgery treatment, and so on,

Conclusion:

- Patients' coping strategies before and after the abdominal surgery were investigated by the questionnaire method. Our findings revealed what kind of strategies they use at each period. It is suggested that nurses' professional care is important both before and after the operation in order to lessen individual patient's stress and anxiety ⁹⁾ .

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