Reducing anxiety in elective surgical patients

In this article...
- What good communication is and why it is necessary
- Verbal and non-verbal communication
- Communication tools suitable in nursing
- Alleviating anxiety

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Abstract

Effective communication is the cornerstone of good healthcare. Poor communication can have serious consequences for patients and damage the nurse–patient relationship. This article explores how nurses can use communication tools with surgical patients to help relieve anxiety.

Poor communication with patients can have serious consequences and put lives at risk (Greenberg et al, 2007). It can also lead to healthcare professionals being unable to support patients or their families (Mullally, 2000).

Many preoperative patients research their conditions on the internet, while this can be helpful, they may become confused and anxious. Staff must address concerns by communicating in a way patients understand and providing information so they can make informed decisions.

The ability to put patients at ease and to communicate in a language they understand is vital (Rimer and Kreuter, 2006). Researchers have explored the communication skills healthcare staff can use, such as questioning, listening, summarising and closure (Harrison and Hart, 2006). Others have looked at the use of these skills to obtain information, reduce anxiety or ensure continuity of care (Berry, 2007). The most effective way of meeting patients’ needs is to tailor information to the individual (Rimer and Kreuter, 2006).

The relationship between patient and healthcare professional should be based on good communication; failure in this can have serious consequences for patients’ wellbeing (Stevens and Rogers, 2009).

Both verbal and non-verbal communication can convey information about feelings, ideas or knowledge. To understand communication, it is important to identify its three components (Box 1).

Verbal communication
Verbal communication uses the spoken word to acknowledge, amplify, confirm or contradict other verbal or non-verbal messages. This includes the tone and rate of speech, which can convey understanding, sympathy, empathy or acknowledgement.

Using technical language may hinder patients’ ability to make informed decisions. Speech that is hurried or in a disinterested tone will affect how information is perceived by patients. They may feel unable to ask questions, which may seriously affect their ability to make informed decisions (Klafta and Roizen, 1996).

Non-verbal communication
Non-verbal communication includes rapport, empathy and body language. Studies by Mehrabian and Ferris (1967) and Mehrabian and Wiener (1967) have concluded that 93% of communication is non-verbal. The importance of this was shown by Richmond et al (2001), who found that doctors who showed a high level of non-verbal immediacy, such as sitting forward or smiling, have a positive effect on patient satisfaction and on their perception of the quality of care. It also reduced patients’ fears of communication with their doctor.

It is possible to tell when someone is happy, sad or in pain by their appearance, and nurses can use these non-verbal signals when assessing and evaluating care. This is a skill they develop as they gain experience and knowledge (Benner, 1984). Patients see listening as one of the most important parts of communication; nurses should listen to what patients say so they understand what is actually being asked (Mullally, 2000).

Culture and communication
Thomas et al (2004) suggested cultural attitudes, beliefs and practices influence not only patients but also healthcare staff.

Cooper and Roter (2003) found that patients from ethnic minority groups were more likely to choose physicians from their own ethnic group, and view the quality of care provided by them favourably.

Consequently, healthcare training has incorporated culture into communication skills education (Spouse et al, 2008).

Nurses’ communication skills
Researchers have identified areas where good communication is vital, such as care satisfaction and adherence to treatment (Kennedy Sheldon and Ellington, 2008).
Tulsky (2005) suggests that patients have individual desires for information, and the only way to find these out is to ask them. When concerns are disclosed, distress is reduced and coping abilities are improved (Stanton et al, 2000). However, according to Florin et al (2005), only 50% of patients who express concerns have them acknowledged by nurses. Wilkinson (1991) suggests nurses are not confident in communicating with patients about their concerns, and Uiterhoeve et al (2008) indicate that nurses avoid responding to them.

**Communication tools**

Communication tools for preoperative assessment should be agreed between medical and nursing staff. They must be straightforward, easy to use and flexible enough to be of clinical value. They include:

- The Amsterdam Preoperative Anxiety and Information Scale (Moerman et al, 1996);
- The Hospital Anxiety and Depression Scale (Zigmond and Snaith, 1983);
- The Visual Analog Scale (Kindler et al, 2000).

These tools can help to identify which part of the procedure the patient is anxious about. If patients have concerns about the anaesthetic, giving them the opportunity to see the anaesthetist before the procedure may reduce anxiety. Explaining what will happen when they go to theatre, and when they return to the ward can reduce their fear of the unknown.

The five Is framework for effective communication (Box 1) enables nurses to address concerns in a logical way (Hamilton and Martin, 2007). It can be used to improve clinical practice by using patient feedback to examine practice and identify common themes. Patients are routinely admitted on the day of the surgery, so concerns need to be addressed at preoperative assessment.

**Conclusion**

How anxiety affects patients undergoing surgery is unique to the individual.

McCabe (2004) suggested that patient-centred communication is the bedrock of a positive nurse-patient relationship. Nurses have a responsibility to ensure they communicate as effectively as possible with patients and should use tools to help improve communication.

**References**


