A STUDY TO IDENTIFY THE PERCEIVED STRESSORS OF POST CORONARY ARTERY BYPASS GRAFT PATIENTS IN CARDIAC SURGERY INTENSIVE CARE UNIT

PROJECT REPORT

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2005

CERTIFICATE

Certified that this study to identify the perceived stressors of post coronary artery by pass graft surgery patients is a bonafide work of Remya. R. Chandran at the Sree Chitra Tirunal Institute of Medical Science and Technology.

Submitted in partial fulfillment of the requirement for the diploma in vascular and thoracic nursing from the Sree Chitra Tirunal Institute of Medical Science and Technology.

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CHAPTER –I

Introduction

Stress is a part of every day life and requires some sort of adjustment from the part of individual. Stress can be defined as a negative emotional experience accompanied by predictable, biochemical, physiological, cognitive and behavioural changes that are directed either toward altering the stressful event or accommodating to its effects. Stressors are demand placed on the individual stress from a number of sources. These sources represent three basic categories frustration, conflict and pressure.

Background of the study

People respond very differently to stress. Stress response of the body is somewhat like an airplane readying for take off. Virtually all systems are modified to meet the perceived danger.

Things that create stress are called stressors. It can happen out side of body or in mind. For something to be stressful, the event must be threatening to the person in some way. Usually a stressor is threatening when it will have a big impact on that person.

Stress may have a direct effect on illness it may interact with pre-existing vulnerabilities and it may adversely affect health habits. But still there will be much individual variability in which stress causes illness, or not. This is because stress moderators enable people to cope with stress differently.

However, particularly vulnerable populations especially children, the elderly, hospitalized patients do seem to be adversely affected by the stressors. They may show signs of helplessness and difficulty in performing tasks. (S. Cohen et1978).

S. Cohen and Williamson (1988) using a measure of perceived stressors found the relationship between stress and health behavior. In their study, people who reported they were under more stress are getting, less sleep being less likely to eat breakfast, consuming more alcohol and using more drugs more frequently. This study shows, health habits are altered by stress, then illness may be a consequence.

Need for the Study

People vary so much in what they consider to be stressful, many researches feel that perceived stress is a better measure of stress than an instrument that measure whether people have been exposed to particular events (S.Cohen, Kamarck and Mermelsterin, 1983).

Researchers suggests that perceived stressors predicts a broad array of health outcomes. (Lobel, Dunkel, Schetter and Scrimshaon 1992)

Individuals react differently to stressors. How one person react in response to stress may be very different than some one else. However people tend to repeat the way they react from situations to situations. Some individual may be more sensitive to some stressors than the others. Once the stressor is removed, the stress response disappears.

Stress may have effect on physiological system. Such as heart, blood vessels, immune system, lungs, digestive system, sensory organs and brain. To the extent stress affect these pathways and cause illness. Stress can produce physiological as well as psychological changes conductive to the development of illness, precursors (fore warnings) of illness such as fatigue and achiness can develop. If it is untreated, can lead to illness.

A study was conducted by Balawaji Reuben et al (1991) to identify the hospital experience perceived as stressful by patients during the period of hospitalizations in the maternity health care institutions at Nigeria. The sample composed of 100 patients with in the age group of 20-69 yrs. Hospital stress rating scale of 40 items was used to elicit the response at patients. Findings of the study revealed that 37 of the 40 events were rated very high stress.

Folkman, Schacter and 'Lazahus, (1979); H. Len Venthal and Nerenz, 1982, Pearlin and Schooter (1978), have studied coping strategies on even more specific way of understanding how people manage stressful events. Two general types of coping strategies can be distinguished, problem solving efforts and emotions focused. Researchers have questioned whether resources affect coping directly by improving a person's ability to cope with both low and high levels of stress or whether resources act primarily as a buffer against stress. In this latter view, resources may have little effect on a person's coping success at low levels of stress, but may become important at high levels of stress (the buffering hypothesis).

Considering the above factors the investigator felt that there is a need to identify the perceived stressors of post CABG patients in CSICU.

Statement of the problem

A study to identify the perceived stressors of post coronary artery bypass graft surgery, (CABG) patients in cardiac surgery Intensive Care Unit (CSICU), SCTIMST.

Objective of the study

1. To identify the perceived stressors of past CABG patients
2. To rank the perceived stressors identified according to the frequency of occurance.
3. To determine the associations between the perceived stressors identified and demographic characteristics of post CABG patients such as
    - Age
    - Sex
    - Education
    - Occupation
    - Family Income
    - Previous experience in ICU
    - Type of procedure
    - Complications

Operational Definitions

Perceived Stressors:-

Refers to various factors perceived by the patients and expressed verbally in response to the interview schedule constricted for the purpose. These factors includes, environmental, physical and psychological.

Post CABG patients

Refers to all patients who had undergone coronary bypass graft surgery and admitted in the cardiac surgery ICU.

Assumptions

1. All patients who are admitted will experience stress during their hospitalization.
2. the frequency of occurrence of stressors will differ from patients to patients.

Limitations of the study

1. Malayalam speaking patients are included in the study.
2. It is restricted to post CABG patients admitted in CSICU of SCTIMST.

Projected outcomes

Findings of the study will help to identify the perceived stressors of post CABG patients in CSICU.

Summary

This chapter deals with background of the study, need for the study, the statement of problem, objectives of the study, operational definitions, assumptions, limitations of the study and projected outcomes.

CHAPTER II

Review of Literature

Introduction

Related literature was reviewed in depth, so as to broaden the understanding of the selected problem. The idea was to develop a deeper insight in to the problem area, and to identify the perceived stressors of post CABG patients in CSICU and to rank the perceived stressors according to their frequency and occurrence. An attempt has been made to review and discuss the research and non research literature and their findings related to the present study.

Studies on clients perception of stress towards hospitalizations

A study was conducted by Bolu Waji Reuhen et al (1991) to identify the hospital experience perceived as a stressful by patients during the period of hospitalizations in the maternity health care institutions at Nigeria. The sample composed of 100 patients with in the age group 20-69 years. Hospital stress rating scale of items was used to elicit the responses of the patients. Findings of the study revealed the 37 of the 40 events were rated very high stress.

Gwen van et al (as cited in the International Journal of Nursing studies) examined the stress of hospitalization in AIDS patients and assessed the extend to which the patients perception of stress differed in the two different patients delivery system. The sample comprised of 310 patients from

four special care units and five integrated units of Los Angels and San Francisco in U.S.A. A version of the volices hospital stress rating scale was used. The sampling technique adopted in this study was random sampling method. Findings of the study revealed that special care unit patients had lower total hospital scores compared to the integrated unit patients. A significant difference (P=0.008) was found in terms of the number of stressors experienced. This study high lights that the patient admitted in a general care unit perceive stress of hospitalization highlights that the patient admitted in a general care unit perceive stress of hospitalizations higher than the special care unit patients, since these patients are usually affected by the discriminating treatment the feelings of abandonment and ambiguity of care.

An exploratory study carried out in Canada by Shila. E.M. and Ruth.C.M (1986) to assess whether the nurse accurately identified the perceived stress in post operative patients. 41 patients who had undergone. Open heart surgery and nurses from the two nursing units had been selected for the purpose of study. Total hospital stress scores was computed for each nurses and patients by assigning rank scores. The B.T volicer hospital stress rating scale was utilized for the purpose. The findings of the study revelaed that the nurses estimate of patients psychosocial stress mean score was comparatively higher than the patients stress mean score. This indicate the nurses rated the patients psychosocial stress higher than the patients.

Studies related to stressors associated with hospital

Sarojini (1993) conducted a study to determine the stressful factors and coping methods of patients admitted with coronary heart disease in CMC hospital, Vellore, fifty patients above the age of 25 yrs admitted for 1st time in the hospital were selected for the study. The standardized scale of B.J Volicer, MA Isenberg, and M.W Burns was modified to study the stressful factors. Data was collected by interview technique the findings of this study revelaed that majority of the patients (74%) felt lack of informations as the most stressful factors. The coping method adopted by (62%) of patients "Hoping that things will get better" and "praying to God" was adopted by (58%) of the patients. The other stressful factors identified in this study were threat of severe illness and problem with medications. This study has given a clear view of sample size, criteria for sample selections and the settings of the study.

A study was conducted on 64 woman who had undergone mastectomy to identify the stressors their levels of stress coping strategies and coping effectiveness (Rost. S. 1990). The data was collected using structured interview, coping effectiveness was measured by Mc Netts coping effectiveness questionnaire. (The treatment effectiveness stressor had the highest mean level of stress). The result of the study also revealed that there was significant difference in the level of stress among the following the stressors. Hope for cure, treatment-effectiveness, fear of unknown, progression of disease and pain.

Studies Related to Stress

Latour Perez J, Gutierrez Vicent, Reigterrera, Ribera Domened conducted a study in (1994) about construction and validation of an index of psychosocial adjustment in ICU without interviewing the patient. One of the main obstacles for their study is the difficulty of the measurement of psychosocial factors in the critical care environment. The objective of this study is to build up and validate an instrument to assess the psycho-social adjustment in critical care patients. They have studied 214 adult patients admitted to the ICU in a public hospital with 420 beds. None of them was in coma or showed signs of encephalopathy or acute psychosis. Each patient was independently evaluated by 2 nurses. That rated 15 variables related to the patient's psycho-social environment without direct interview of the patient. The inter-observer concordance in the assessment of the different items was always higher than 0.4. Critical care nurses can reliably asses some psychosocial variables in critical care patients. These assessments allows the building of a scale of psychosocial adjustment in the ICU applicable to a wide variety of critical patients and that does not requires direct interview of the patient.

Cults hertson B.H. Hulla, Starchanal (2004) conducted a study regarding post traumatic stress disorder after critical illness, requiring general intensive care. Their objective is to determine the incidence and severity of symptoms relates to the diagnosis of post traumatic stress disorder in a cohort of general ICU patients. They conducted the study in a general ICU on a teaching hospital in Northern Scotland. 78 survivors of patients in general

ICU were used as a samples. Interview of patients were conducted 3 months after ICU discharge and asked to complete telephone assessment of Davidson Traumatic scale. The overall score was also related to patient's reporting having visited a G.P or a mental health professional for psychological distress after ICU discharge. High incidence of symptoms consistent with post traumatic stress disorder 3 months after discharge. Further research and generalization between ICU staff and family practitioner and mental health practitioners are required better identification of individuals at risk and reduce psychological morbidity in this group.

Berghom-Engberg I, Haljamuch (1998) conducted a study about the communication process with ventilator patients in the ICU as perceived by the Nursing staff. In their study intensive care unit nurses were interviewed about their experiences and opinions of the communication process with ventilator treated patients. Nurses with limited ICU experience considered the initial contact with a new critically ill ventilated patient is more frustrating than experienced ones. The nurses thought that the content of the communication commonly requested by a patient was dominated by factors related to the clinical condition, prognosis and reassurance that the situation was under control. Factors considered to limit the communication and to create feeling of uncertainty and stress for nurses with an ICU experience of less than 5 years were work load, unstable condition of the patient, impaired communication with the patient and their own personal problems or worries. Failure to understand a ventilated patient could induce feelings of incompetence, stress and sometimes even despair. This study shows that there

are many factors, in addition to ICU experience that may influence the ability of an ICU nurse to establish and maintain a well functioning communication with ventilated patients and the likelihood of doing so.

Hansell. H.N (1984) studied the behavioural effects of noise on man, the patient with "intensive care unit psychosis". Their research has demonstrated that noise levels can greatly affect sleep stage progression as well as the frequency of wakenings in normal subjects during brief testing session. Clinical research studies have reported the excessive noise levels in everyday ICU equipment and procedures such as hypothermia, blankets, ventilators and intermittent positive pressure breathing, yet when patients were pulled about the most disturbing noises, staff conversation and personnel activity were ranked among the highest specific issues regarding current practice, staff behaviour and structural design were addressed. Thus they found familiarity with behavioural and clinical research regarding noise and its effect on man's behaviour can serve as a guideline to the improvement of the quality of care that the critically ill patient receives.

Stephen J Cavanrgh, John Snaje, Anne ellis (1992) conducted an exploratory study on occupational stress in neurosurgery. Occupational stress in nursing has been a popular topic for investigation. In particular comparisons between practice area such as the intensive care unit and medical surgical unit have attempted to identify what factors on stressful and whether some nursing environments are more stressful than others. Study examined aspects of nursing perceived an stressful by staff members working in ICU and medical surgical units in a neuroscience centre. Findings suggested that

patient care, communication, workload, management and supervision, organizational and personal circumstances are major success of stress. This findings are kept with studies of stress conducted in national and international non surgical nursing practice area.

CHAPTER III

Research Methodolgy

Introduction

Methodology is a way of systematically solve the problem. It may be understood as a science of studying how research is doing scientifically (C.R. Kothari, 1990).

This chapter provides a brief description of different steps taken to conduct this study. It include research approach, the research design, the setting, the sample and sampling technique data collection and description of tools, pilot study and plan for data analysis.

Statement of the problem

A study to identify the perceived stressors of post coronary artery bypass graft surgery patients in cardiac surgery intensive care unit in SCTIMST.

Objectives:-

- To identify the perceived stressors of post CABG patients
- To rank the perceived stressors identified according to frequency and occurrence.
- To determine association between the stressors and demographic characteristics of post CABG patients such as age, sex, education,

occupation, family income (monthly) previous ICU experience, type of procedure and complications.

Research approach

To accomplish the objectives of the study, we used the survey approach. The study area was intended to identify the perceived stressors of post CABG patients.

Research Design

Research design is concerned with overall frame work for conducting the study. It help the researcher in selection of subjects, objectives to be formulated and the type of statistical analysis to be used to interpret the data. The research design selected for the present study was descriptive explorative design.

Population

The population for this study was patients, who had undergone CABG at SCTIMST, Tvpm.

Settings of the study

The study was conducted in cardiac surgery intensive care unit, SCTIMST. The ICU got a capacity of 14 beds. Daily nearly 2 CABG were done here. This areas was selected for the study because of the availability of the subject and feasibility of conducting the study.

Sample and sampling techniques

Purpose sampling technique was used to select samples for the study.

Criteria for Sample collection

Inclusion criteria

Patients who

1. were willing to participate in the study
2. can understand and speak Malayalam.

Exclusion criteria

1. Post CABG patients, who were professional in medical and nursing field.

Data Collection

The data were collected from the cardiac surgery ICU. Formal permission was obtained from the authorities of SCTIMST. Period of data collection was from 2nd September to 30th September 2005.

The investigator was introduced to the patient about the purpose of the study and the confidentiality of their responses were assured. The time take for completion of the interview was 10 to 15 mts.

Data collection Tools

The tool considered of two sections

Section A: It deals with demographic data

Section B: It deals with perceived stressor scale.

Description of the tools

Section A: It comprised of demographic characteristics of post CABG patients, such as age, sex, education, occupation, family income, previous ICU experience, type of procedure and complications.

Section B:

It consist of 27 question. The questions in this scale ask post CABG patients about feelings and thoughts during hospitalization. In each case they will be asked to indicate how often they felt or though a certain way. Although some of the questions are similar, there are differences between them and they should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up number of times they felt a particular way, but, rather. Indicate the alternative that seems like a reasonable estimate. Score given were 0,1,2,3,4.

0 - Never

1 - mild

2 - moderate

3 - severe

4 - very severe

Pilot study

A pilot study was conducted in cardiac surgical ICU on 4 post CABG patients. The purpose was to find out the feasibility of the study. The pilot study participants were excluded from the main study. The pilot study results didn't show any major fault in the study.

Plan for Data Analysis

A plan for data analysis was developed by the investigator after the pilot study in terms of descriptive and an inferential statistics.

Summary

This chapter deals with introduction, statement of the problem, objectives, research approach, research, research design, population, setting of the study, sample and sampling techniques, criteria for sample collection, data collection tools, description of the tools, pilot study and plan for data analysis.

CHAPTER IV

Data Analysis and Interpretations

This chapter deals with analysis and interpretation of data collected from 20 samples of post CABG patients to identify the perceived stressors.

Objectives of the study

1. To identify the perceived stressors of post CABG patients
2. To rank the perceived stressors identified according to the frequency of occurance.
3. To determine the association between the perceived stressors identified and demographic characteristics such as

- Age
- Sex
- Education
- Occupation
- Family Income (monthly)
- Previous ICU experience
- Type of procedure
- Any complications

Presentation of findings

The analysis of data were organized and presented under the following headings

1. Description of sample characteristics
2. Description of perceived stressors identified among post CABG patients
3. Ranking of perceived stressors identified according to the frequency of occurrence.
4. Association between perceived stressors identified and selected demographic charactertistics.

Description of sample characteristics

Samples of 20 post CABG patients were selected for the study. The demographic data included were age, sex, education, occupation, family income, previous experience in ICU, type of procedure and complication.

Table : 1

Distribution of sample according to the demographic characteristics

Demographic characteristics	**F**	**%**
Age (in years)		
<40	1	5
41-50	6	30
51-60	10	50
61-70	3	15
>70	0	0
Sex		
male	18	90
female	2	10
Education		
Illiterate	1	5
Primary education	3	15
High school	5	25

Demographic characteristics	**F**	**%**
Predegree	4	20
Higher education	7	35
Occupation		
Working	14	70
Not working	6	30
Family income (monthly)		
Below Rs. 400/-	1	5
Between 401-700	0	0
Between 701-1300	1	5
Between 1301-2000	2	10
Morethan 2000	16	80
Previous ICU experience		
Hospitalized	20	100
Not hospitalized	0	
Type of surgery		
Emergency	2	10
Elective	18	90
Complications		
Yes	8	40
No	12	60

The data presented in table – I shows that 50% of post CABG belongs to 51-60 age group. Majority of patients (90%) were males, 35% patients have higher education, 70% of patients are working. 80% of patients monthly income was more than 2000. All patients had previous ICU experience 90% of post CABG was done electively, 60% of cases had no complications.

- The same findings as presented in table I are shown in figure I as bar diagram, representing distribution of sample according to the age.
- The same findings as presented in table – I are shown in figure 2 as pie diagram, representing distributions of sample according to sex.
- The same findings as presented in table I are shown in figure 3 as bar diagram representing distributions of sample according to educational status.
- The same findings as presented in table-I are shown in figure 4 as pie diagram, representing distribution of sample according to occupation.
- The same findings as presented in table –I are shown in figure 5 as bar diagram, representing distribution of sample according to monthly income.

- The same findings as presented in table –I are shown in figure 6 as bar diagram, representing distribution of sample according to type of procedure.
- The same findings as presented in table – I are shown in figure 7 as bar diagram representing distribution of sample according to complications.

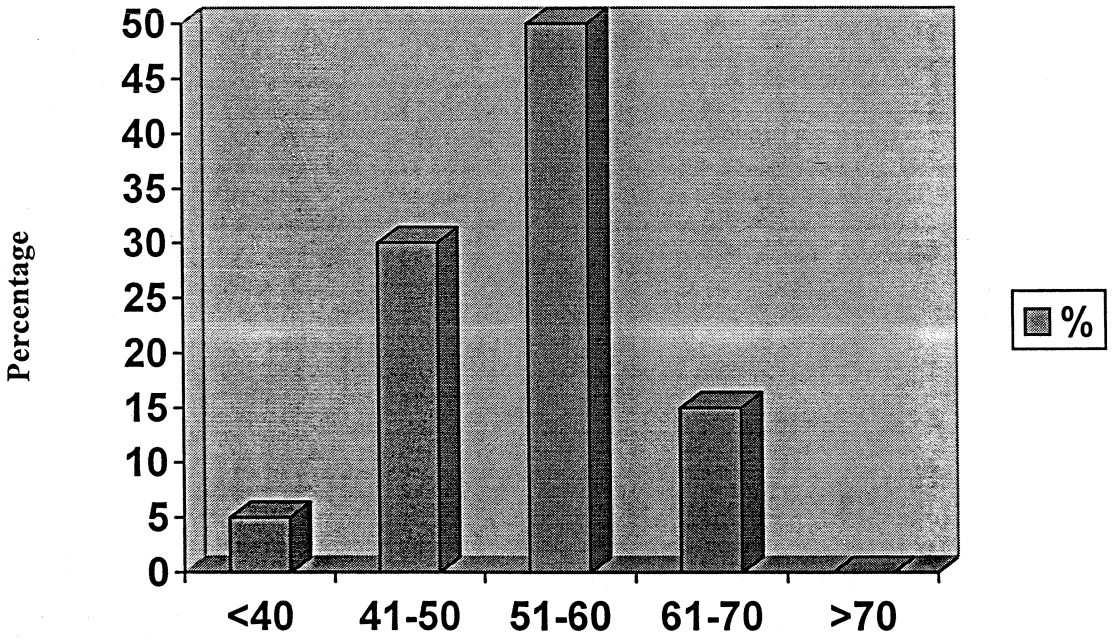

Figure I: Percentage distribution of age of post CABG patients in years

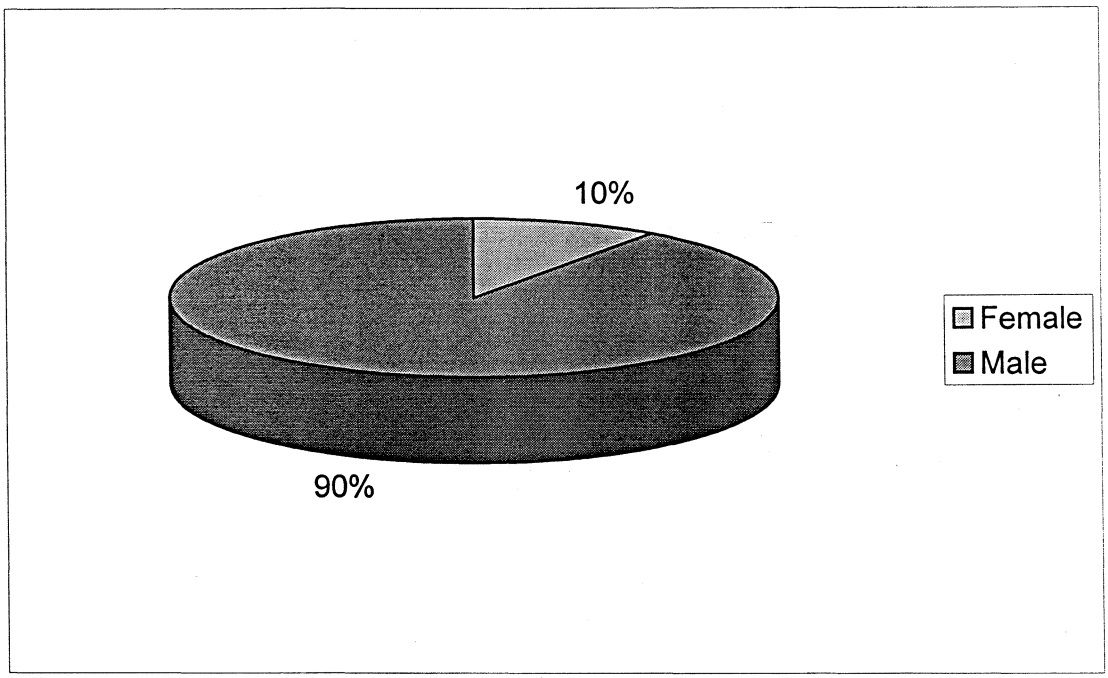

Figure 2: Percentage distribution of sex of post CABG patient.

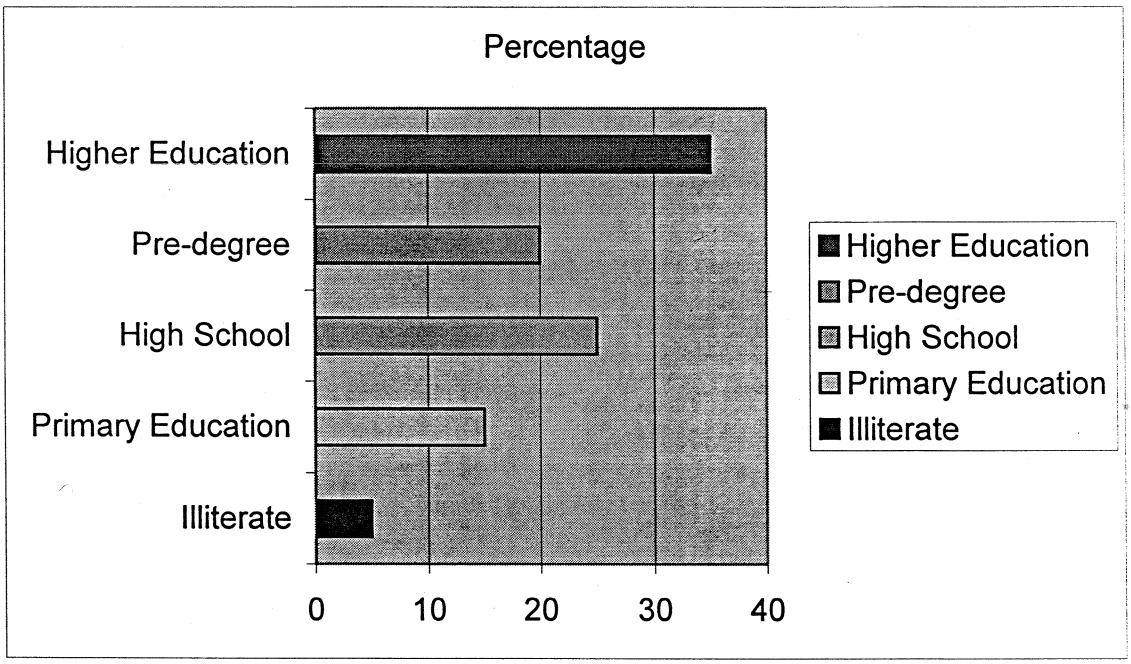

Figure – 3: Percentage distribution of education of post CABG patients

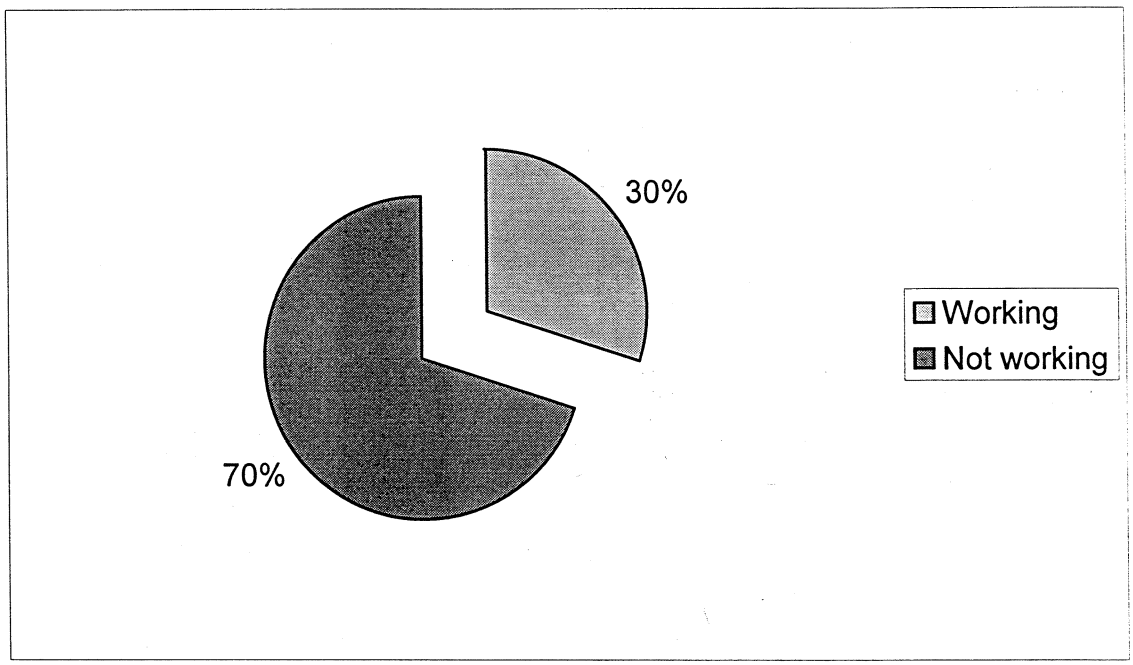

Figure – 4: Percentage Distribution of Occupation of Post CABG Patients

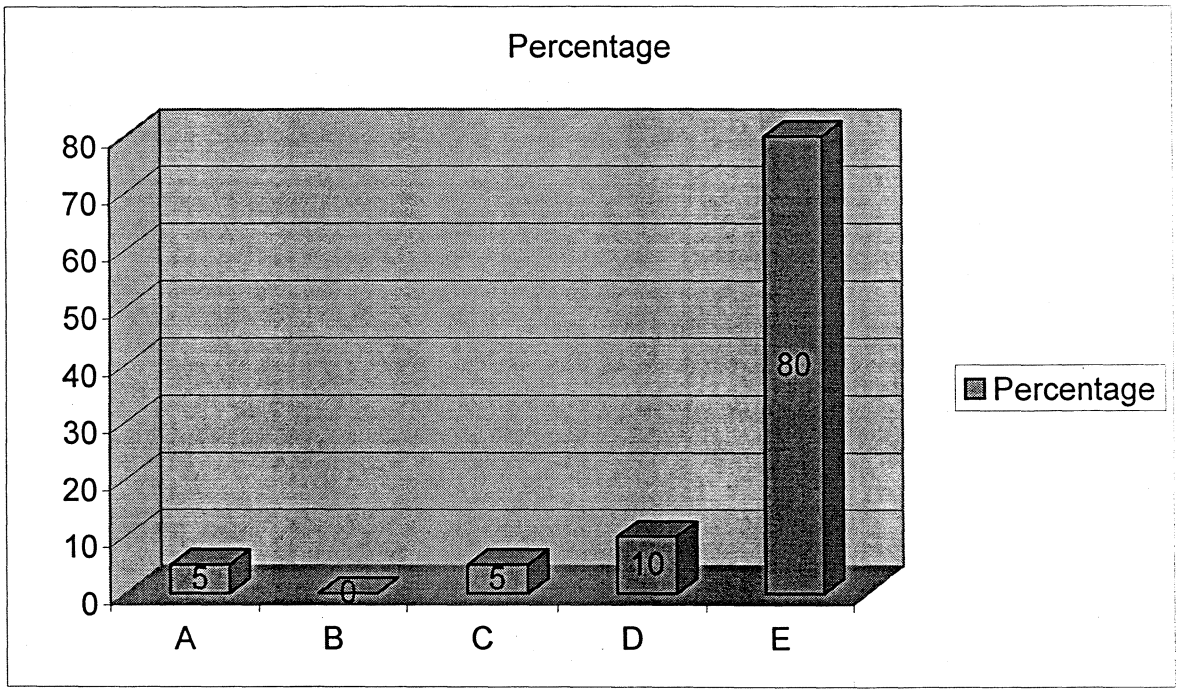

Figure-5: Percentage distribution of monthly income of the post CABG patients

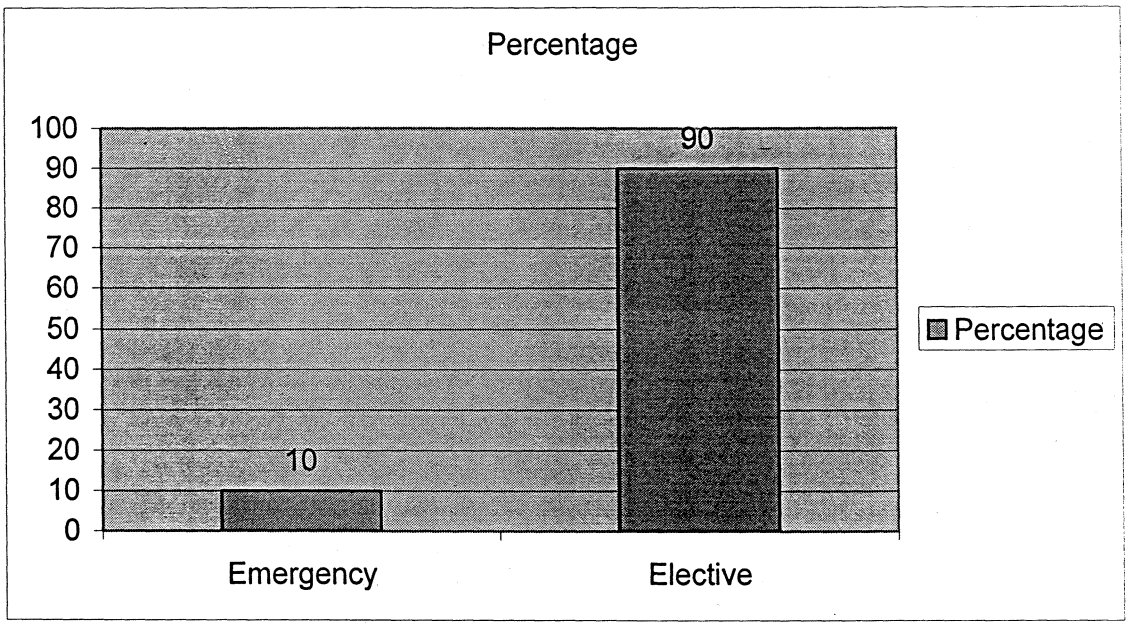

Figure – 6: Percentage distribution of type of surgery of post CABG patients

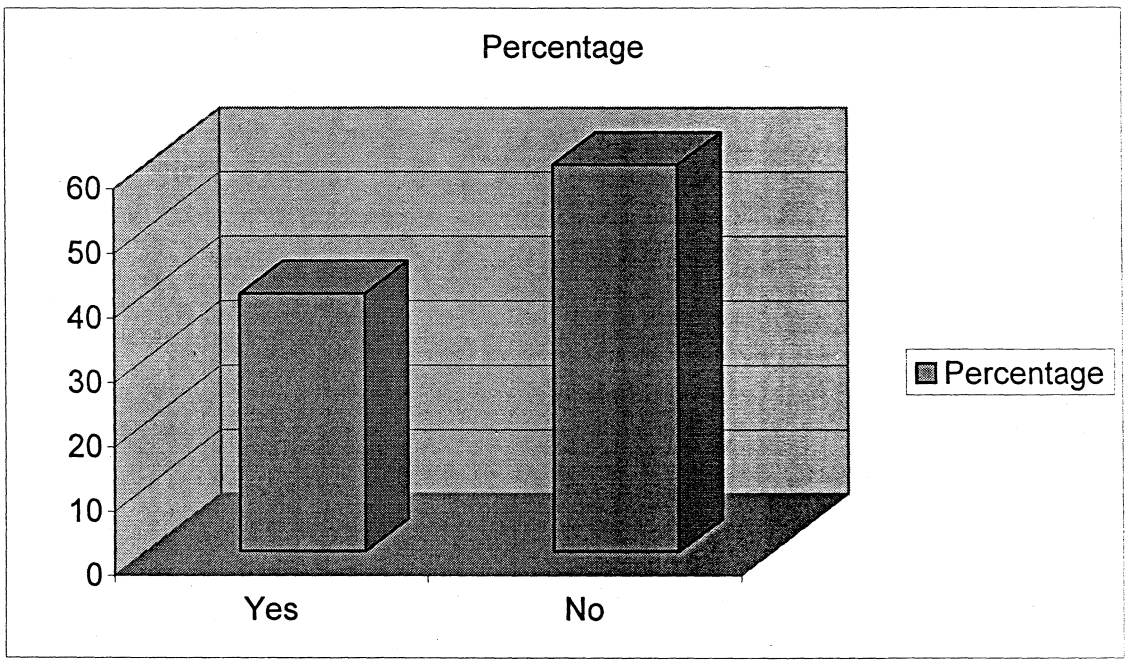

Figure - 7: Percentage distribution of complications of post CABG patients

Description of the perceived stressors identified among post CABG patients

This section deals with perceived stressors identified among post CABG patients

Table 2

Description of the perceived stressors identified among post CABG patient

	Stressors	No		Mild		Moderate		Severe		Very severe	
		F	%	F	%	F	%	F	%	F	%
1.	Being disturbed by thirst during on the respiratory machine	10	50	7	35	3	15	0	0	0	0
2.	Having discomfort in meeting basic needs on the bed	1	5	7	35	9	45	2	10	1	5
3.	Not able to communicate being in a respiratory machine	7	35	10	50	2	10	0	0	0	0
4.	Being awakened as a cause of bright light during sleeping hours	1	5	2	10	10	50	7	35	0	0
5.	Having to stay in bed with several tubes	0	0	0	0	0	0	11	55	9	45
6.	Having discomfort due to chest physiotherapy	0	0	1	5	6	30	10	50	3	15
7.	Any fear related to the unfamiliar places	14	70	1	5	3	15	2	10	0	0
8.	Having fear, while seeing emergencies near by	12	60	1	5	4	20	3	15	0	0
9.	Being disturbed by alarms of monitors and various instruments	4	20	10	50	6	30	0	0	0	0
10.	Being disturbed as a result of loud talk of nurses and others	15	75	5	25	0	0	0	0	0	0
11.	Having to stay in bed on the same room whole day	0	0	3	15	11	55	6	30	0	0
12.	Having a patient at your bedside who is unfriendly to you	16	80	4	20	0	0	0	0	0	0
13.	Having a nurse or physician talk about you in a language that is not clear to you	5	25	4	20	5	25	6	30	0	0

Description of the perceived stressors identified among post CABG patient

	Stressors	Never		Mild		Moderate		Severe		Very severe	
		F	%	F	%	F	%	F	%	F	%
14.	Any difficulty in taking food in this environment	3	15	12	60	4	20	1	5	0	0
15.	Having to stay without relatives	5	25	9	45	5	25	1	5	0	0
16.	Fear related to taking blood samples for investigation	12	60	6	30	2	10	0	0	0	0
17.	Not being enough money to pay for hospitalization	6	30	3	15	3	15	7	35	1	5
18.	Fear of inability to continue the job	4	20	6	30	5	25	2	10	3	15
19.	Fear of not having any family support	11	55	3	15	3	15	3	15	0	0
20.	Inadequate facility for worship	16	80	4	20	0	0	0	0	0	0
21.	Being in hospital during any family functions or festivals	17	85	1	5	1	5	1	5	0	0
22.	Fear related to frequent examinations or touching	7	35	6	30	5	25	2	10	0	0
23.	Not having your call answered by the staff or physician	14	70	6	30	0	0	0	0	0	0
24.	Feeling of left alone and no explanations for the health personnel's action	2	10	8	40	10	50	0	0	0	0
25.	Feelings that you have depended on others	0	0	3	15	6	30	9	45	2	10
26.	Thinking that your life style or normal activities might be changed after hospitalization	6	30	6	30	6	30	2	10	0	0
27	Having fear of dying	0	0	0	0	9	45	7	35	4	20

The data presented in the table – 2 shows that 45% post CABG were having very severe stress due to stay in bed with several tubes. 55% of post CABG patients having moderate stress due to having to stay in bed on the same

room whole day. 60% post CABG patients, were having mild stress due to having difficulty in taking food in that environment and 85% patients were having no stress due to being in hospital during any family functions or festivals.

Ranking of perceived stressors identified according to the frequency of occurrence.

This section deals with ranking of perceived stressors identified according to the frequency of occurrence.

Ranking of perceived stressors identified according the frequency of occurrence.s

Table-3

Ranking of perceived stressors identified according the frequency of occurrence.

N=20

Assigned Rank	Stressors	Mean percentage score
1	Having to stay in bed with several tubes	3.45
2.	Having discomfort due to chest	2.75
3.	Having fear of dying	2.75
4.	Being awakened as a cause of bright light during sleeping hours	2.15
5.	Having to stay in bed on the same room whole day	2.15
6.	Feelings that you have depended on others	2.5
7.	Not being enough money to pay for hospitalization	1.7`
8.	Fear of inability to continue the job	1.7
9.	Having a nurse or physician talk about you in a language that is not clear to you	1.6
10.	Feeling of left alone and no explanations for the health personnel's action	1.4
11.	Having discomfort in meeting basic needs on the bed	1.3
12.	Any difficulty in taking food in this environment	1.2
13.	Thinking that your life style or normal activities might be changed after hospitalization	1.2`
14.	Being disturbed by alarms of monitors and various instruments	1.1
15.	Having to stay without relatives	1.1
16.	Fear related to frequent examinations or touching	1.1
17.	Having fear, while seeing emergencies near by	.9
18.	Fear of not having any family support	.9
19.	Being disturbed by thirst during on the respiratory machine	.7
20.	Not able to communicate being in a respiratory machine	.7
21.	Any fear related to the unfamiliar places	.7
22.	Fear related to taking blood samples for investigations	.5

Ranking of perceived stressors identified according to the frequency of occurence

Assigned Rank	Stressors	Mean percentage score
23.	Being disturbed as result of loud talk of nurses and others	.3
24.	Being in hospital during any family functions or festivals	.3
25.	Not having your call answered by the staff or physician	.3
26.	Having a patient at your bedside who is unfriendly to you	.2
27.	Inadequate facility for worship	.2

The data presented in table 3 shows that the highest mean percentage score was 3.45% this was considered as a most stressful event. So 1st rank was assigned to 5th question ie Having to stay in bed with several tubes. The least mean percentage score was .2%. This was considered a least stressful event. So 27th rank was assigned to 20th question, ie Inadequate facility for worship.

Association between the perceived stressors identified and selected demographic characteristics

The sample size was inadequate to find out the association between perceived stressors identified and selected demographic characteristics.

Summary

This chapter describes interpretation of data through descriptive and inferential statistics. To identifying the perceived stressors of post CABG patients, descriptive and inferential statistical methods were used. The association between perceived stressors identified and selected demographic characteristics are not done because there was less sample.

CHAPTER V

Discussion, Summary, Conclusion, Implication, Limitations and Recommendations

I Discussion

The study identified the perceived stressors of post CABG patients

The study findings are discussed in this chapter

The first objective is the study is to identify the perceived stressors of post CABG patients. This study shows that 45% post CABG patients were having very severe stress due to stay in bed with several tubes. 55% of post CABG patients having moderate stress due to having to stay in bed on the same room whole day. 60% post CABG patients were having mild stress due to having difficulty in taking food in that environment and 85% patients were having no stress due to being in hospital during any family functions or festivals.

The second objective of the study is to rank the perceived stressors identified according to the frequency of occurrence. The current study findings shows that highest mean percentage score was 3.45%. This was considered as a most stressful event. The least mean percentage score .2%. And this was considered as a least stressful event.

Third objective of the study is to determine the association between perceived stressors identified and demographic characteristics of post CABG patients. The investigator didn't met this objective because of the less sample size.

II. Summary

The present study was aimed to identify the perceived stressors of post CABG patients

The objective of the study were:-

1. to identify the perceived stressors of hospitalized post CABG patients
2. To rank the perceived stressors identified according to the frequency of occurrence.
3. to determine the association between the perceived stressors identified and demographic characteristics of post CABG patients such as
    - age
    - sex
    - education
    - occupation
    - family income
    - previous ICU experience
    - type of procedure
    - any complications

The study assumptions were:

1. All the patients who are admitted will experience stress during their period of hospitalization especially in ICU.
2. the frequency of occurrence of stressors will differ from patient to patient.

Data collection tool used were

1. Demographic data
2. Perceived stressors scale

Major findings of the study

I. Perceived stressors of post CABG patients

This study shows that 45% post CABG patients were having very severe stress due to stay in bed with several tubes. 55% of post CABG patients having moderate stress due to having to stay in bed on the same room whole day. 60% post CABG patients were having mild stress due to having difficulty in taking food in that environment and 855 patients were having no stress due to being in hospital during any family functions or festivals.

II. To rank the perceived stressors identified according to the frequency of occurence

The current study findings shows that highest mean percentage score was 3.45%. This was considered as a most stressful event. The least mean percentage score .2%. And this was considered as a least stressful event.

III. Association between perceived stressors and demographic data of post CABG patients

The investigator didn't met this objective because of less sample.

III. Conclusion

1. 45% post CABG patients were having very severe stress due to stay in bed with several tubes. 55% of post CABG patients having moderate stress due to having to stay in bed on the same room whole day. 60% post CABG patients were having mild stress due to having difficulty in taking food in that environment and 855 patients were having no stress due to being in hospital during any family functions or festivals.
2. Second objective shows that highest mean percentage score was 3.45%. This was considered as a most stressful event. The least mean percentage score .2%. And this was considered as a least stressful event.

IV. Implication

The study has implication in various such as nursing practice, nursing education, nursing administration and nursing research.

Implication for nursing practice

1. the findings of the study enlighten fact identify the perceived stressors of post CABG patients

Implication for nursing education

1. The study has clearly proved that post CABG patients were having severe stress on some areas.

Implication for Nursing Research

1. Extensive research must be conducted in this area to identify the perceived stressors of post CABG patients
2. This study can be baseline for further studies to build upon.

Implication for Nursing Administration

1. Nurse administrators next plan for identify the perceived stressors of patients
2. clinical nurses and nurse educates should be identify the perceived stressors of post CABG patients

V. Limitation

The limitations of the study were

1. The study was done by only on the 20 samples hence generalization is possible only for selected samples.

2. Regarding sampling technique the researcher had planned to use random sampling technique but it was not possible hence purposive sampling was used. So generalization must be done cautiously.
3. The study was limited on CSICU on SCTIMST
4. Only Malayalam speaking patients were included in the study.

VI. Recommendation

1. A similar study can be done by using large group.
2. A study may be conducted to identify the effect of relaxation technique on perceived stressors and among post CABG patients.

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APPENDIX A

സമ്മതപത്രം

തീവ്രപരിചരണവിഭാഗത്തിലുണ്ടാകുന്ന ബുദ്ധിമുട്ടുകളെപ്പറ്റിയും മാനസിക സംഘർഷത്തെപ്പറ്റിയും ഉളള ഈ പഠനത്തിൽ സഹകരിക്കാൻ എനിക്ക് പൂർണ്ണമായും സമ്മതമാണ്. ഇത് ഒരു പഠനത്തിന്റെ ഭാഗമാണെന്നും ഈ വിവരങ്ങൾ രഹസ്യമായി സൂക്ഷിക്കുമെന്നും ഉറപ്പു തന്നിട്ടുണ്ട്.

എന്ന്

ഒപ്പ്

പേര്

APPENDIX B

DATA COLLECTION INSTRUMENTS

PART – I

DEMOGRAPHIC DATA

1. Sample No :
2. Name :
3. Age :

   a <40

   b- 41-50

   c- 51-60

   d- 61-70

   e- >70

4. Address
5. Education :

   a. Illeterate

   b. Primary Education

   c. High school

   d. Predegree

   e. Higher education

6. Occupation :

   a. working

   b. Not working

7. family's monthly income :

   a. Below Rs. 400/- (A category)

   b. Between 401-700- (B)

   c. Between 701-1300 (B1)

   d. Between 1301-2000 (C)

   e. Morethan 2000 (D)

8. Previous experience

   a. Hospitalized

   b. Not hospitalized

9. Type of Surgery

   a. Emergency

   b. Elective

10. Complications

   a. Yes

   b. No.

APPENDIX B

PART II

PERCEIVED STRESSORS SCALE

Perceived stressors scale was used to identify the perceived stressors of post CABG patients

Instruction

It consist of 27 questions. The questions in this scale were used to assess their feelings and thought during ICU stay. Although some of the questions are similar, there are differences between them and they should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is don't try to count up number of times they felt a particular way, but, rather. Indicate the alternative that seems like a reasonable estimate. Score given were 0,1,2,3,4

0-Never

1-Mild

2-Moderate

3-Severe

4-Very severe

PART III

Perceived Stressors Scale

	Stressors	0 Never	1 Mild	2 Moderate	3 Severe	4 very Severe
	PHYSICAL STRESSORS					
1.	Being disturbed by thirst during on the respiratory machine					
2.	Having discomfort in meeting basic needs on the bed					
3.	Not able to communicate being in a respiratory machine					
4.	Being awakened as a cause of bright light during sleeping hours					
5.	Having to stay in bed with several tubes					
6.	Having discomfort due to chest physiotherapy					
	ENVIRONMENTAL STRESSORS					
7.	Any fear related to the unfamiliar places					
8.	Having fear, while seeing emergencies near by					
9.	Being disturbed by alarms of monitors and various instruments					
10.	Being disturbed as a result of loud talk of nurses and others					
11.	Having to stay in bed on the same room whole day.					

Perceived Stressors Scale

	Stressors	0 Never	1 Mild	2 Moderate	3 Severe	4 very Severe
12.	Having a patient at your bedside who is unfriendly to you.					
13.	Having a nurse or physician talk about you in a language that is not clear to you					
	PSYCHOLOGICAL STRESSORS					
14.	Any difficulty in taking food in this environment					
15.	Having to stay without relatives					
16.	Fear related to taking blood samples for investigation					
17.	Not being enough money to pay for hospitalization					
18.	Fear of inability to continue the job					
19.	Fear of not having any family support					
20.	Inadequate facility for worship					
21.	Being in hospital during any family functions or festivals					
22.	Fear related to frequent examinations or touching					
23.	Not having your call answered by the staff or physician					
24.	Feeling of left alone and no explanations for the health personnels action					
25.	Feeling that you have depended on others					
26.	Thinking that your life style or normal activities might be changed after hospitalization					
27.	Having fear of dying.					