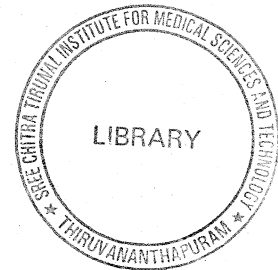


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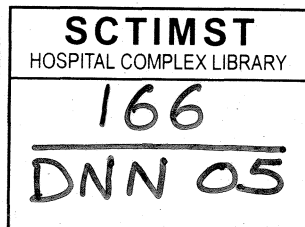
A Study to assess the pre-operative and post
operative State and Trait anxiety of Patients
undergone surgery for Sub Arachnoid Hemorrhage
in SCTIMST at Trivandrum

PROJECT REPORT

Submitted by
SIBLE GEORGE



in
Partial fulfillment
of the requirements for the
Diploma in Neuro Nursing



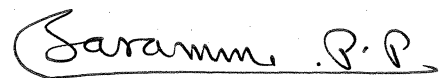
Sree Chitra Thirunal Institute of Medical Science and Technology
Trivandrum
04-11-2005

Certificate

This is to certify that this study aimed at assessing the pre-operative and post operative State and Trait anxiety of patients undergone surgery for Sub Arachnoid Hemorrhage (SAH) is a beneficial work done by Sible George at the Sree Chitra Thirunal Institute of Medical Science and Technology, submitted in partial fulfillment of the requirement for the Diploma in Neuronursing

Place: Trivandrum

Date: 04-11-2005



16.11.05
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ACKNOWLEDGEMENT

First of all let me thank 'God Almighty' for the unending love, care and blessings especially during the tenure of this study.

This study has been undertaken and completed under the inspiring guidance of Mrs. P.P. Saramma, Lecturer in Nursing Sree Chitra Thirunal institute of Medical Science and Technology, Trivandrum. The investigator expresses sincere gratitude for her enlightening and sustained guidance.

With profound sentiments and gratitude the investigator acknowledge the encouragement and help received form the following persons for the successful completion of this study.

Investigator expresses her sincere gratitude to Dr. A. V. George, Registrar, SCTIMST for his valuable support.

The investigator is thankful to Dr. Bhattacharya, Head of the Department, of Neurosurgery, SCTIMST; Dr. Suresh Nair, Senior Professor of Neuro Surgery for their help in the completion of this project. The investigator takes this opportunity to express sincere thanks to Mr. Jayachandran Clinical Psychologist, SCTIMST, for his unending help and timely advices during the course of this study.

The investigator is grateful to Sr. Rosamma, ward sister in Neurosurgery ICU and all other staff members of Neurosurgical ICU and Neurosurgical ward.

The investigator sincere gratitude to all the SAH patients who whole heartedly co-operated with this study.

The investigator thankful to all the members of the Library staff of Achuthamenon Centre, SCTIMST, Trivandrum for granting permission to utilize the library and computer facilities.

Finally I wish to express my deep gratitude to my uncle Mr. P. I. Paul, Lecturer, Mar Ivanios College, and aunt Mrs. Janise Paul, Lecturer, St. John's Higher Secondary School, for this help and support which enabled me to complete this work successfully to all friends who helped directly or indirectly throughout the research work.

Finally, I thank all my friends in SCTIMST who extended their valuable help and love during this study.

Trivandrum

04-11-2005

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Sible George

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INTRODUCTION

Background of the study

Subarachnoid hemorrhage (SAH) is a medical emergency. It is a condition in which bleeding into the subarachnoid space. SAH is a serious condition with high mortality and morbidity. It is most often developed from traumatic brain injury, intracranial aneurysms and arterio venous malformations. SAH is also due to hyper tension, atherosclerosis aging process and stress.

Increased intracranial pressure, irritation of the meninges, nuccal rigidity, ipsilateral dilated pupil, deteriorating level of consciousness, hemiparesis or hemiplegia and abnormal posturing are the signs commonly seen.

Injury and tear of cerebral blood vessels can cause vasospasm resulting in foccal ischemia, intracranial hematoma and mass or localized cerebral edema.

Patients notified of the presence of intracranial aneurysms may become anxious because of the fear of rupture. Pre operative vascular risk factors were as follows; hyper lension DM and hyper lipidemia.

The investigator prospectively investigated the anxiety of patients with Subarachnoid Hemorrhage before and after surgery. The study was done in order to assess the anxiety level of patients admitted with SAH. This was done with the help of *Speilberg's standardised multiple choice questionnaire* and *self prepared health education pamphlet*.

Need and significance of the study

Subarachnoid hemorrhage is one of the medical emergencies with high mortality and morbidity. The investigator notified that the patients with SAH usually become more anxious because of the fear of rupture. Most of the patients are very much tensed about their disease

condition and this mental state will definitely affect the outcome. Considering all these factors, the investigator felt that it was highly needed to assess the pre-operative anxiety level of the patients and give them proper health teaching to reduce pre as well as post operative anxiety.

Statement of the problem

A study to assess of the effect of pre-operative teaching to reduce the anxiety in patients with SAH.

Definition of terms

Pre-operative teaching: health teaching given before surgery

Anxiety: It is a state in which a feeling of apprehension, worry and uneasiness

SAH: It is a condition in which and bleeding into the subarachnoid space

Objectives of the study

1. To determine the anxiety level of patients with SAH before and after health teaching.
2. To find out the effectiveness of health teaching to reduction in anxiety scores as expressed by the patients.

Methodology

This was an experimental study (one group pre test and post test). The investigator first assesses the anxiety level of the patients pre operatively with standardised Speilberg's state and trait anxiety inventory. After assessing the anxiety level the investigator gives health education by using self prepared health education pamphlet. This health education pamphlet was approved by experts of SCTIMST. The health education was based on disease condition, surgery, pre and post operative care, follow up and was of 15-20 minutes duration. In this study total sample was 20 patients.

Limitations

This study was limited to

1. The patients who are speaking Malayalam.
2. The patients who are conscious, oriented and co-operative

Summary

This chapter deals with introduction background of the study, need and significance of the study, statement of the problem, definition of terms, objectives of the Methodology and limitations.

Organisation of the report

Chapter II deals with the summary of related studies reviewed. Chapter III deals with the Methodology of this study. Chapter IV contains analyses and interpretation of the findings. Chapter V consists a summary conclusion, implication and limitations of the study and recommendations. This report also includes a selected bibliography and appendix.

REVIEW OF RELATED LITERATURE

Revue of literature is an important aspect of any research project from beginning to end. It gives character insight into the problems and helps in selecting methodology, tool and analysing data. With these in view an intensive review of literature has been done. Related literature was reviewed in depth so as to broaden the understanding of the selected problem.

Morns Paul Graham (2004) conducted a study related to anxiety and depression after spontaneous SAH. The main objective of this study was to find out the emotional outcome after SAH. This study assessed the levels of anxiety and depression among SAH survivors and related these to clinical indices. The method used for this study was 70 SAH patients from 9 consecutive series of neuro surgical admissions participated in semistructured assessment of functional outcome. 52 of the patients also returned standardised measures of emotional outcome also. These data were compared with clinical indices collected during the initial hospital admission. Results of this study showed that moderate to severe levels of anxiety were present in 40% of the patients 16 months after hemorrhage with approximately 20% experiencing moderate to severe levels of depression. Although, anxiety was more likely to be reported at interview by those with an SAH of fisher grade IV. The standardised measures of anxiety and depression were not associated with severity of hemorrhage or any other clinical variables. Both anxiety and depression were significantly associated with outcome indices, such as return to work and engagement in social activities. Researcher concluded that anxiety is a significant and lasting problem for approximately 40% survivors of SAH. It is suggested that measures taken to prevent or treat such anxiety among survivors of SAH may serve to significantly improve the functional outcome.

Otawara Y and ogasawara K (2004) conducted a study related to anxiety before and after surgical repair in patients with a symptomatic unruptured intracranial aneurysm. The background of the study was that the ruptured intracranial aneurysm is a serious condition

with high mortality and morbidity. Patients notified of the presence of the unruptured intracranial aneurysms may become anxious because of fear of rupture. Researcher prospectively investigated the anxiety of patients with unruptured intracranial aneurysm before and after surgery. The study was done on 30 men and 24 women, aged 32 to 70 years, who underwent surgical repair of aneurysms. The anxiety of the patients was assessed one month before and after surgery using the Japanese version of the state and trait anxiety inventory after surgery. The result was that the trait anxiety scores which refer to stable personality factors and the general level of fearfulness, did not change significantly after surgery. In contrast, the state anxiety scores which refer the situation decreased significantly after surgery. Only the pre operative high state anxiety scores among the multiple variables were associated with significant decrease in state anxiety after surgery. Researcher concluded that the anxiety of patients with asymptomatic unruptured intracranial aneurysms may deserve in deciding whether to treat the aneurysms.

Morita Y Sanki (2001) conducted a study to assess the effect of walking into the operating room on pre operative anxiety.

80 non pre medicated patients scheduled in elective surgery were randomly divided into two groups based on how they were transported into operating room. One group was carried on a stretcher and other entered on foot under their own power. A subjective assessment of anxiety performed by using a state and trait anxiety inventory failed to show any significant increase in the level of anxiety in the operating room as compared to the day before surgery for any of the group. The researcher concluded that walking into the operation theatre has no significant influence on pre-operative anxiety level.

Greeve R. J. (1999) done a study related to the day surgery pre operative anxiety and reduction coping strategies. Hospitalization even in patients who are faced with prospect of surgery is known to cause anxiety. One may therefore expect some degree of anxiety in patients attending for day surgery. Anxiety provokes a physiological stress response which impedes the healing process. Thus the reduction of pre operative anxiety is widely accepted in part of nursing care. This article investigated the coping strategies that patient adopt and the

suitability of current anxiety reduce interruption. It argued that individual coping style do not remain static but adapt according to need. The therapeutic potential of the none patient relationship in anxiety reduction is being over shadowed by uncertainly reduction approach which place disproportionante emphasis on the provision of information.

Berry E Jones (1991) did a study related to the outcome of SAH on analysis of surgical variables cognitive and emotional sequelae related to SPECT scanning. The was done on a group of 48 patients consecutive apart from exclusion from a one year series of 60 cases of aneurysmal subarachnoid. It was reviewed in respect of clinical and radiological features, surgical management, clinical outcome, psyshological distress and psychometric status. The neuro - psychological assessment being compared with closely matched group of controls. The post operative assessment being accompanied by a SPECT scan. A review of those features which have a bearing on cognitive outcome failed to show significant difference on cognitive tests. There was however a cognitive deficit shown by the patient group as a whole when compared to the controls. Thus the SAH initial insult itself would appear to be the essential factor in the production of persistent deficit.

Spalder N. J. (2004) conducted a study related to reducing anxiety by pre-operative education and make the future familiar Pre-operative education widely used by occupational therapist all over the world to help the patient for their impending surgery and post operative needs. The purpose of this research was to gain an understanding how the pre operative education process is beneficial in reducing anxiety of patients with awailing surgery. The participants in this study were a convenient sample of health care professional who presented information on pre operative education during 9 month data collection period and the sample of patients who attended the programme. The data were collected from observing 5 pre operative education programmes; 26 written patient evaluations, 16 interview with 7 patients of education, observation 3 teams meetings, 20 interviews of 10 participants and documentation pertaining to the programme. From the result it seemed that patient education can reduce anxiety by making the unknown familiar. Such patients will encounter during and after surgery giving an oportunigy to meet the staff who will be caring for them and familirising patient with environment they are going to meet in the hospital.

Powel J. Kitchen N (2004) Conducted a study to evaluate the functioning 18 months after surgery of 49 patients with good neurological recovery following aneurysmal subarachnoid hemorrhage and to determine the extent of any improvements in disturbance of mood cognitive function and level of activity and participation previously observed at 9 month follow up. The method used was SAH patients matched for age, gender and occupation with healthy control participants completing quantitative measures of mood and activity participating and a brief cognitive assessment battery.

The result showed that the patients exhibited some recovery of cognitive functioning though impairments and process recall persisted. Anxiety and depression symptoms were higher in patients than in control, but fewer than 20% scored in the clinical range on any questionnaire except for intrusive thought (22%), only three showed signs of full blown post traumatic stress disorder. Almost half showed elevated dependence on others for domestic activities and organisation and abnormally low levels of employments. Very little variations in outcome was predicted by demographic variables, neurological or cognitive impairment, prior life stress or mood. However levels of social activity and self organisation were related to persisting fatigue. Researcher concluded that the observed decline in intrusive thoughts and avoidance of overtime inconsistent with that seen after life threatening illness or trauma. The persistent reduction in independence and levels of employment may in some cases reflect considered life style adjustments rather than adverse unwanted changes and the need for focused rehabilitation.

Stegen G (1991) conducted a study related to the outcome and rehabilitation after SAH. 108 consecutive and unselected patients present with SAH due to cerebral aneurysms were treated with standardised regime. At 12 month after, they were investigated with questionnaire, physical exam and neuropsychological tests. In the background of comparatively low physical morbidity rate of 70% and mainly normal test result for concentration abilities, non verbal memory function. Word knowledge, logic and three dimensional through delay in rehabilitation was evidently manifested in increase anxiety personality changes inform of depression or aggression and lack of social contact were exacerbated by apparently inadequate post operative care. Therefore, a psychologist should be involved during the first 12 months of rehabilitation clinics should be held more frequently or access via phone to a neurosurgical

information centre should be provided. The presented follow up concept is suitable for practical reasons should be shortened.

Donald Martin (1996) conducted a study related to anxiety disorder the most common of all psychiatric illness and result in considerable functional impairment and daturas. State and trait anxiety is one of the most common features of anxiety. Statics vary widely but most agree that anxiety disorder are more common in women than in men by atleast 2 to 1 Individual face anxiety on a daily basics, anxiety which provide the motivation for achievement is necessary force for survival. The term anxiety is often used interchangeably with word stress. However they are not the same. The differentiation from state and trait is methdology sound. Researcher concluded that how anxiety increases presurgically and decreases post surgically signifies the importance of communication between the neuro surgeon and the patient and the family.

Gregory Fricchione (2004) conducted a study related to the generalized anxiety disorder. Anxiety disorders are the most prevalent psychiatric conditions in the United States including disorders involving substance abuse. Risk factor for generalised anxiety disorder include a family history of the condition of increase in stress and history of physical or emotional trauma. Traits such as nervousness and social discomfort may predispose people to both nicotine dependence and anxiety. Medical illness and certain invarious procedures are often associated win anxiety. Before making a diagnosis of generalised anxiety disorder practitioner should take a history and perform physical examination inorder to rule out medical cause of anxiety.

Summary

The review of literature on the above areas helped the invatigator to gain knowledge about the anxiety level of patients admitted with Sub arachoid hemorrhage and the effect of health teaching to better outcome.

The literature review also helps in the design of the study, development of tool, information about sample, data collection procedure and plan of analysis.

METHODOLOGY

This chapter deals with the research approach, research design, settings, the sample and sampling technique, development of tool, description of tool, pilot study, data collection procedure and plan of analysis.

Research approach

The objectives of the study were

-To determine the anxiety level of patients admitted with subarachnoid hemorrhage before and after health teaching

-To find out the effectiveness of health teaching to reduction in anxiety scores as expressed by the patients.

Research design

For fulfilling the objectives of the study the following design was utilized for collection and analysis of data.

Settings

The study was conducted in Sree Chitra Thirunal Institute of Medical Science and Technology, Medical College, Trivandrum.

The rationale for selecting this hospital is that the investigator is quite familiar with the hospital as she is doing diploma in neuro nursing in the same hospital further. This is one of the famous hospitals in India doing surgery for SAH.

Population

The population of the study was those patients who are undergoing surgery for SAH neuroma. 15 patients underwent surgery for SAH from 2005 August to October.

Sample and Sampling Technique

Pre and post techniques were used for selecting the sample and also observed pre operative anxiety levels were observed first and then health education was given. The post operative

reduction is anxiety levels as anxiety level was assessed. The data were compared to see whether there is any expressed by patients. Two stage sampling was used for the present study. In the first stage 2 samples were selected for pilot study. In the second stage 20 Patients selected for the study for 3 month duration. The total duration of the study period was from 2005 August to October.

Inclusion criteria

- Those patients more who are for SAH. DSA positive and posted for surgery
- Those patients who are co-operative, conscious, oriented
- Those patients who speak malayalam

Exclusion criteria

- Those patients who are admitted in the hospital but not posted for surgery
- Those patients who do not speak Malayalam

Development of tool

An extensive review and study of literature and journal articles helped in preparing items for the tool. Structured state and trait anxiety scale developed by speilberg health education pamphlet based as the literature prepared by the investigator were selected as tools for the study. The tools were scrutinized and approved by experts in Sri Chitra Thirunal Institute of Medical Science and Technology.

Description of tool

The tool used in the present study consists of the following parts:

Part I

This part contains items such as name age, sex educational status occupation, etc. to obtain personal identification of the patient.

Part II

It consistved of Speilberger's structured state and Trait anxiety inventory which is a popular instrument for measuring anxiety. It has been used previously in many researches on emotional reactions to surgery. It is written at a fourth grade reading level and can be completed in

approximately 10 to 15 minutes. This questionnaire consists of 36 items self reporting scale and has two parts - The state scale and trait scale. The state anxiety scale assesses feelings of apprehension, tension, nervousness and worry in terms of how respondents feel "right now" for the 18 questions on this scale. Possible responses are "not at all, Some what, Moderately so, and very much so". The trait anxiety scale reflects how people "feel generally" all the time. It includes statements such as "I am nervous. Possible answers for these 18 items are "almost, never, sometimes, often and almost always". The investigator used this structured anxiety scale for assessing pre-operative anxiety.

Part III

After assessing the anxiety level health education pamphlet was given to the patient and explained to them the items contained in it. The pamphlet contains details about the disease condition, pre-operative preparation, Intra operative events, post operative events, physical changes, nutritional intake, medication and followup.

Part IV

Post operatively the knowledge level is assessed with the same anxiety inventory and found out the effectiveness of health teaching.

Pilot Study

The study was started in 01-08-2005 after obtaining necessary permission from the authorities. The purpose of this study was to modify the original tools by checking the effectiveness. The pilot study gave more information about the research study. Two patients were taken for the pilot study. These patients are excluded from the main investigation. After making necessary corrections in the tool the main study conducted.

Data Collection

The data was collected from Neurosurgical ward and Neurosurgical ICU of SCTIMST. The period of data collection was from 1st August to 30th October, 2005.

The investigator introduced to those patients who were already passed for surgery and explained about the purpose of the study. After getting consent from the patients, anxiety level of patients was assessed with a help of spelberg's state and trait anxiety inventory. After this a

health education pamphlets were given to the patients and explained about. The patients were also given the opportunities to clear their doubts.

Post operatively the level of anxiety was assessed on the day before discharge by using the same structured anxiety scale and found out the effectiveness of health teaching in reducing the anxiety level.

Plan of analysis

A plan of data analysis was developed by the investigator after the pilot study. The data obtained from the study were subjected to statistical analysis.

Summary

This chapter deals with methodology, sample and sampling techniques and data collection and plan of analysis.

ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the analysis and interpretation of the data collected from 15 patients at Sree Chitra Thirunal Institute and Medical Science and Technology, Trivandrum.

Analysis is a process of organising and synthesizing data in such a way that project questions can be answered. The over all of analysis is to organize, structure and to elicit meaning from collected data.

Interpretation refers to the process of making sense of the results and the examining of the implications of the findings within a broader content.

The findings of the study were arranged and analysed under the following sections.

Section I: Distribution of data according to the demographic Variables

Section II: Distribution of data related to pre-operative and post operative state and trait anxieties according to the Speilberg's state and trait anxiety score in males and females.

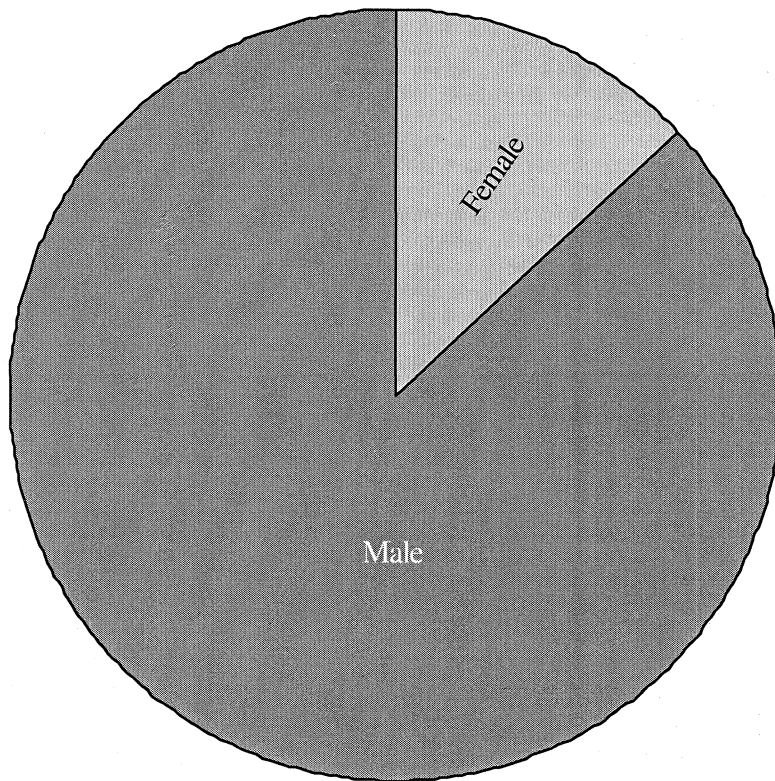
Section III: Distribution of data related to pre-operative trait and post operative trait anxiety according to the speibergs state and trait anxiety score in males and females.

Section 1. Distribution of Samples according to the demographic variables

Table I

a) Distribution of Samples according to Sex

Sl. No	Sex	Frequency	Percentage
1	Male	10	66.65%
2	Female	5	33.35%



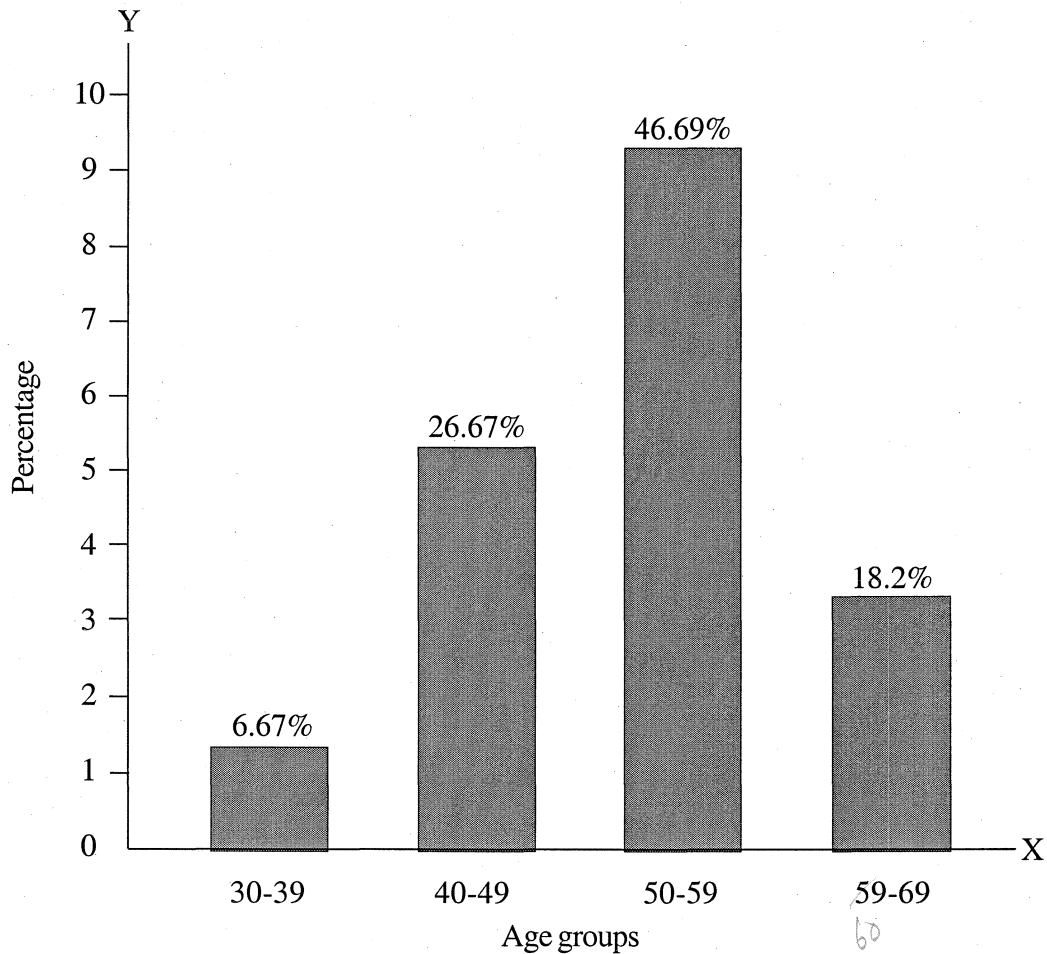
Data presented in table 1 reveal that 66.65% of the sampling population consisted of male patients and females were only 33.35%

Table II

b) Distribution of Samples according to the age group

Sl. No	Age group	Frequency	Percentage
1	30-39	1	6.67%
2	40-49	4	26.6%
3	50-59	7	46.69%
4	⁶⁰ 59-69	3	18.2%

Scale : 5% = 1cm



Data presented in table 2 depict the age group wise distribution of the patients. The maximum number of patients (46.69%) belonged to the 50-59 age group and minimum number (6.67%) to the 30-39 group.

Table III

Percentage Distribution of State and Trait Anxieties of Males at
Pre Operative and Post Operative Stages

Age	State Anxiety (%)		Trait Anxiety (%)	
	Pre Operative	Post Operative	Pre Operative	Post Operative
40	49	39	39	38
47	54	34	57	59
53	51	38	39	38
53	50	38	47	48
54	52	36	47	45
56	49	32	47	49
58	50	37	44	42
58	48	36	39	38
62	50	30	49	52
64	51	36	39	42
Total	406 <i>501</i>	282 <i>356</i>	363 <i>447</i>	367 <i>451</i>
Average	51	36	45	45

Table IV

Percentage Distribution of State and Trait Anxieties of Females at
Pre Operative and Post Operative Stages

Age	State Anxiety (%)		Trait Anxiety (%)	
	Pre Operative	Post Operative	Pre Operative	Post Operative
37	50	34	44	41
42	48	34	49	52
46	52	36	38	38
52	40	31	44	43
60	49	34	47	45
Total	239	169	222	219
Average	48	34	44	44

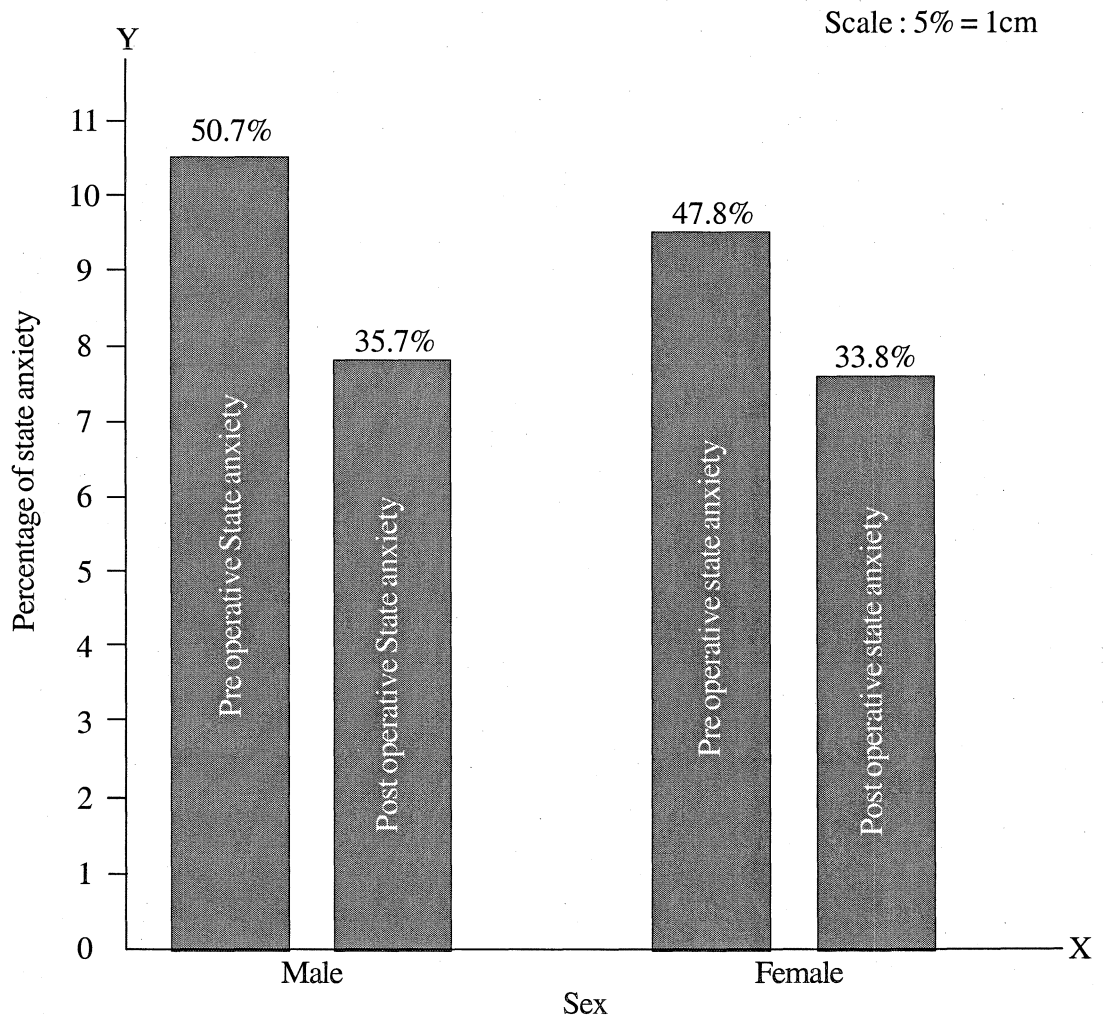
Section II

Distribution of data related to pre and post operative state anxiety according to the speilberg's state and trait anxiety score in males and females.

Table V

b) Distribution of Samples according to the age group

Sl. No.	Sex	Percentage of Preoperative state anxiety	Percentage of Post operative State anxiety
1	Male	50.7%	35.7%
2	Female	47.8%	33.8%

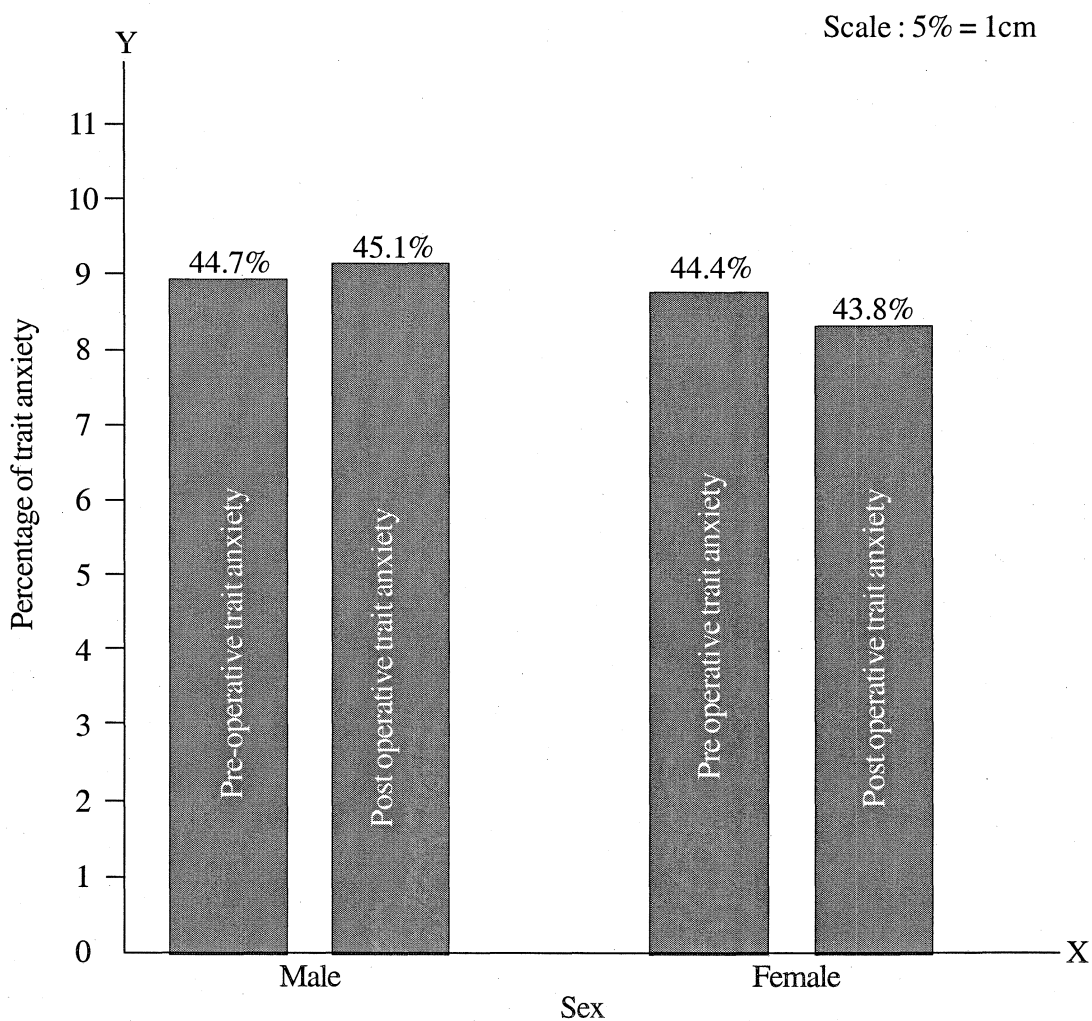


Data presented on the table 5 indicate that state anxiety of patients with subarachnoid hemorrhage significantly decreased after surgery by proper health education. It also shows a increased level in males than in females.

Section III- Distribution of data related to pre operative trait and post operative trait anxiety according to Speilberg's state and trait anxiety inventory.

Table VI

Sl.No.	Sex	Percentage of Preoperative Trait anxiety	Percentage of Post operative Trait anxiety
1	Male	44.7%	45.1%
2	Female	44.4%	43.8%



Data presented in the table 6 show that the trait anxiety scores did not differ significantly before and after surgery.

Table VII

Percentage Distribution of Average State and Trait Anxieties of Males and Females at Pre Operative and Post Operative Stages

Type of Anxiety	Percentage Distribution of Average State and Trait Anxieties of Males and Females		
	Males	Females	Average
State Anxiety (%) (Pre Operative)	51	48	50
State Anxiety (%) (Post Operative)	36	34	35
Trait Anxiety (%) (Pre Operative)	45	44	45
Trait Anxiety (%) (Post Operative)	45	44	45

Summary

The chapter dealt with analysis and interpretation of data collected from 15 care givers. Descriptive statistics were used for the analysis. Bar and pie diagrams were used to illustrate the findings of the study.

SUMMARY CONCLUSIONS AND RECOMMENDATIONS

This chapter gives a brief account of the present study including conclusions drawn from the findings and possible application of the results. Recommendations for future research and suggestions for improving the present study are also presented.

Summary

This study was undertaken to assess the anxiety level of patients admitted with sub arachnoid hemorrhage at Sree Chitra Thirunal Institute of Medical Science and Technology, Trivandrum.

The specific objectives of the study

1. To determine the anxiety level of patient admitted with subarachnoid hemorrhage before and after health teaching
2. To find out the effectiveness of health teaching to reduction in anxiety scores as expressed by patients.

Need of the study was the careful attention to the anxiety level of patients with sub arachnoid hemorrhage. Health education is one method of decreasing the anxiety level of the patients. The assessment of knowledge level about disease condition is also helpful in successful health education programmes.

The review of literature helped the investigator to gain knowledge about the anxiety level of patients admitted with sub arachnoid hemorrhage, and the effect of health teaching to better recovery.

A standardised Spielberg's state and trait anxiety inventory was used for assessing the anxiety level of the patients. After assessing the anxiety level of the patients a structured self prepared questionnaire was developed to give health teaching pilot testing was also done, prior to the main investigation.

The study was conducted in Sree Chitra Thirunal Institute of Medical Science and

Technology, Trivandrum, Kerala during the period 2005 August to October. The sample comprised of 15 patients admitted with sub arachnoid hemorrhage and also digital subtraction angiography positive.

The data obtained were analysed by using descriptive statistics. Both Bar and Pie diagrams were utilized to illustrate the findings of the study.

The major findings of the study

- The pre operative State anxiety of the patients reduced significantly by health teaching
- The trait anxiety did not change significantly after surgery by health teaching.

Limitations

1. Study was limited to the SCTIMST, Trivandrum.
2. The study was conducted only for patient admitted with sub arachnoid hemorrhage and also digital subtraction angiography positive.
3. The study was conducted only among Malayalam speaking patients.

Conclusions

Based on the findings of the study the following conclusion were drawn.

The measurement of the anxiety state after the diagnostic formulation and before surgery, and its evaluation after surgery is an excellent approach to those particular issues.

The differentiation of state and trait anxiety is methodologically sound.

Recommendations

The Following recommendation are made on the basis of the present study.

1. A similar study can be conducted in other health care institutions.
2. A study can be done to find out the effectiveness of planned health education in patients with Subarachnoid hemorrhage to reduce the anxiety level.

APPENDIX - 1

The point to be kept in mind before surgery for SAH

- SAH is a condition in which bleeding into the subarachnoid Space and it is completely cured by surgery.
- You need complete mental and physical rest before surgery.
- You will be fully informed of your illness before surgery.
- It is customary to admit SAH patients in the ICU
- Modern diagnostic technique such as CT scan and DSA will be done to assess the state of your disease.
- As a part of the preparation for surgery you will be kept nil orally after midnight and will be given intravenous fluid if you feel any tiredness.
- You can meet your relatives before going to the operation theatre.
- After the surgery you will be brought back to the ICU and your relatives will be informed about the details of the surgery.
- Visitors are not allowed in the ICU in the best interest of your health.
- You will be given narcotic drugs to relieve you of the slight pain you may experience as you recover from anesthesia.
- Routine procedure will be done to evaluate your health status regularly. Hence, you are advised to co-operate with the care givers even if you feel some inconvenience.
- Since you need complete rest after surgery the care givers will assist you to do daily activities.
- As it is not advisable to make movements, voiding of urine will be done with the help of catheter for a few days.
- To ensure fast healing the wound will be dressed everyday.

- Your diet will be fixed and provided by the hospital.
- Ordinarily, you will be shifted to ward 2 to 3 days after surgery and there you can meet your relatives for 2 hours everyday.
- Normally you will be discharged from the hospital into 7 to 10 days.
- You must follow the instructions of your doctor without fail.
- You should not make any lapse in taking medicines as advised by the doctor.
- Keep the wound clean and dry and if shows is any undesirable change not hestate to contact your doctor.
- Strictly follow the follow up schedule.

APPENDIX - 2

THE STATE TRAIT ANXIETY INVENTORY

(Adoption and Translation of Speilberger's State - Trait Anxiety Inventory)

നിർദ്ദേശങ്ങൾ

താഴെ കൊടുത്തിരിക്കുന്ന കാര്യങ്ങൾ ഇപ്പോൾ നിങ്ങൾക്ക് എത്രമാത്രം അനുഭവപ്പെടുന്നുണ്ടെന്ന് ഓരോ ചോദ്യത്തിനും ഉചിതമായ ഉത്തരത്തിനു നേരെ 'X' അടയാളത്തിലൂടെ രേഖപ്പെടുത്തുക. മനോഭാവങ്ങളിലും താല്പര്യങ്ങളിലും ഓരോ വ്യക്തിയും വ്യത്യസ്തനായിരിക്കുന്നു എന്നതിനാൽ ശരിയോ തെറ്റോ ആയ ഉത്തരങ്ങളില്ല. ഓരോ ചോദ്യത്തിനും നാല് സാധ്യതകൾ ഉത്തരങ്ങളായി കൊടുത്തിട്ടുണ്ട്. അവയിൽ നിങ്ങൾക്ക് യോജിക്കുന്നത് ഏതാണെന്ന് 'X' അടയാളപ്പെടുത്തി സൂചിപ്പിക്കുക.

ഇത് സമയപരിധിയില്ലാത്ത ഒരു ടെസ്റ്റ് ആണെങ്കിലും കഴിയുന്നതും വേഗത്തിൽ ചെയ്തുതീർക്കുവാൻ ശ്രമിക്കണം. ചോദ്യങ്ങളെക്കുറിച്ച് ചിന്തിച്ച് കൂടുതൽ സമയം കളയാതെ ഓരോ ചോദ്യവും വായിക്കുമ്പോൾ തോന്നുന്ന ആദ്യത്തെ പ്രതികരണം രേഖപ്പെടുത്തുക. എല്ലാ ചോദ്യങ്ങൾക്കും ഉത്തരം എഴുതുവാൻ പ്രത്യേകം ശ്രദ്ധിക്കുക. നിങ്ങളുടെ ഉത്തരങ്ങൾ പരമ രഹസ്വലമായി സൂക്ഷിക്കുന്നതാണ്.

ഈ ചോദ്യാവലിയിൽ നിങ്ങളുടെ പേര് നൽകണമെന്നില്ല. എന്നാൽ ഗവേഷണത്തിന് താഴെ പറയുന്ന വിവരങ്ങൾ നൽകുക.

- വയസ്സ്.....
- സ്ത്രീ/പുരുഷൻ.....
- വിദ്യാഭ്യാസ യോഗ്യത.....
- കുടുംബാംഗങ്ങളുടെ എണ്ണം.....
- വിവാഹിത(ൻ) / അവിവാഹിത(ൻ).....

നമ്പർ	പ്രസ്താവന	രീകലമില്ല	വല്ലപ്പോഴും	മിക്കവാറും	എല്ലായ്പ്പോഴും
1.	എനിക്ക് ശാന്തത അനുഭവപ്പെടുന്നുണ്ട്.	1	2	3	4
2.	എനിക്ക് സുരക്ഷിതത്വം തോന്നുന്നുണ്ട്	1	2	3	4
3.	എനിക്ക് മനോസമ്മർദ്ദം ഉണ്ടാകുന്നുണ്ട്	1	2	3	4
4.	എനിക്ക് ആശ്വാസം തോന്നുന്നുണ്ട്	1	2	3	4
5.	എനിക്ക് അസ്വസ്ഥത അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
6.	വന്നുചേരാവുന്ന നിർഭാഗ്യങ്ങളെക്കുറിച്ചുള്ള ആകുലചിന്ത എനിക്കിപ്പോൾ തോന്നുന്നുണ്ട്	1	2	3	4

നമ്പർ	പ്രസ്താവന	ഒരിക്കലുമില്ല	വല്ലഭ്യം	മിക്കവാറും	എല്ലായ്പ്പോഴും
7.	എനിക്ക് വിശ്രമം ലഭിച്ചതായി അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
8.	എനിക്ക് ഉത്കണ്ഠ അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
9.	എനിക്ക് സുഖം തോന്നുന്നുണ്ട്	1	2	3	4
10.	എനിക്ക് ആത്മവിശ്വാസം അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
11.	എനിക്ക് അധൈര്യം തോന്നുന്നുണ്ട്	1	2	3	4
12.	എനിക്ക് പിരിമുറുക്കം അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
13.	എനിക്ക് വിശ്രമം അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
14.	എനിക്ക് സംതൃപ്തി തോന്നുന്നുണ്ട്	1	2	3	4
15.	എനിക്ക് നിരാശ തോന്നുന്നുണ്ട്	1	2	3	4
16.	ഞാൻ പെട്ടെന്ന് വികാരക്ഷോഭത്തിന് അടിമപ്പെടുന്നുണ്ട്	1	2	3	4
17.	എനിക്ക് ആനന്ദം തോന്നുന്നുണ്ട്	1	2	3	4
18.	എനിക്ക് പ്രസന്നത തോന്നുന്നുണ്ട്	1	2	3	4

നിർദ്ദേശങ്ങൾ

ദൈനംദിന ജീവിതത്തിൽ അനുഭവപ്പെടാറുള്ള ചില കാര്യങ്ങൾ താഴെ കൊടുത്തിരിക്കുന്നു. അവ സാധാരണയായി നിങ്ങൾക്ക് എത്രത്തോളം അനുഭവപ്പെടുന്നുവെന്നത് ഉചിതമായതിനു നേരെ 'X' അടയാളത്തിലൂടെ രേഖപ്പെടുത്തുക.

19.	എനിക്ക് മനഃസുഖം തോന്നാറുണ്ട്	1	2	3	4
20.	എനിക്ക് പെട്ടെന്ന് ക്ഷീണം അനുഭവപ്പെടാറുണ്ട്	1	2	3	4
21.	എനിക്ക് കരയണമെന്ന് തോന്നാറുണ്ട്	1	2	3	4
22.	മറ്റുള്ളവരെപ്പോലെ സന്തോഷിച്ചിരിക്കുവാനുള്ള ആഗ്രഹം എനിക്കുണ്ട്	1	2	3	4
23.	പെട്ടെന്ന് തീരുമാനങ്ങൾ എടുക്കുവാൻ സാധിക്കാത്തതുമൂലം പല നഷ്ടങ്ങളും എനിക്കുണ്ടാകാറുണ്ട്	1	2	3	4
24.	എനിക്ക് വിശ്രമം അനുഭവപ്പെടാറുണ്ട്	1	2	3	4
25.	എനിക്ക് സ്വസ്ഥതയും ശാന്തതയും അനുഭവപ്പെടാറുണ്ട്	1	2	3	4
26.	എനിക്ക് വിഷമതകൾ വർദ്ധിക്കുകയും അവയെ തരണം ചെയ്യുവാൻ കഴിയാതെയും വരാറുണ്ട്	1	2	3	4

നമ്പർ	പ്രസ്താവന	ഒരിക്കലുമില്ല	വല്ലഭേശ്യാം	മിക്കവാറും	എല്ലായ് പ്പോഴും
27.	നിസ്സാരകാര്യങ്ങളെ കുറിച്ച് ഞാൻ ചിന്താകുലനാകാറുണ്ട്	1	2	3	4
28.	എനിക്ക് സന്തോഷമുണ്ട്	1	2	3	4
29.	സാധാരണ കാര്യങ്ങൾ കഠിനമായിട്ടെടുക്കുന്ന പ്രവണത എനിക്കുണ്ട്	1	2	3	4
30.	എനിക്ക് സുരക്ഷിതത്വം തോന്നാറുണ്ട്	1	2	3	4
31.	എനിക്ക് നിരാശ ഉണ്ടാകാറുണ്ട്	1	2	3	4
32.	എനിക്ക് സംതൃപ്തി തോന്നാറുണ്ട്	1	2	3	4
33.	അപ്രധാനമായ ചില ചിന്തകൾ എന്നെ വിഷമിപ്പിക്കാറുണ്ട്	1	2	3	4
34.	ജീവിതനൈരാശ്യങ്ങൾ ഗൗരവപൂർവ്വമെടുക്കുന്നു മനസ്സിൽ നിന്ന് അവയെ മാറ്റുവാൻ കഴിയാറില്ല	1	2	3	4
35.	സ്ഥിരചിത്തതയുള്ള വ്യക്തിയാണ് ഞാൻ	1	2	3	4
36.	അടുത്ത കാലത്തുള്ള എന്റെ സംരഭങ്ങളെ കുറിച്ചും താല്പര്യങ്ങളെക്കുറിച്ചും ആലോചിക്കുമ്പോൾ എനിക്കു മനോസമ്മർദ്ദമുണ്ടാകുന്നു	1	2	3	4

NB എല്ലാ ചോദ്യത്തിനും ഉത്തരം എഴുതിയിട്ടുണ്ടോ എന്ന് ഒരിക്കൽകൂടി പരിശോധിക്കുക.

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