

Assessment of patients' psychosocial needs by surgeons

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Abstract

Aim: This study was conducted to identify the views of surgeons regarding the assessment of patients' psychosocial needs and how these needs were addressed.

Material and Methods: A qualitative descriptive design was used in the study. The views of fifteen surgeons working in the surgery clinics of a research hospital in Turkey were evaluated with a qualitative pattern by using semi-structured questions.

Results: Data analysis of individual interviews revealed two main themes: (1) Psychosocial needs are important, (2) Psychosocial needs should be met. It was emphasized the importance of assessing patients' psychosocial needs. The surgeons pointed out using various methods to meet the psychosocial needs of their patients. They listened to the patients and tried to understand and empathize with them regarding their present psychosocial problems.

Conclusion: The results of the study are remarkable for their emphasis on the importance of the assessment of patients' psychosocial needs from the surgeons' point of view. If the psychosocial needs of surgical patients are assessed, anxiety and depression may be prevented. Furthermore, such an assessment could help patients' pre- and post-surgery adjustment, thus exerting a positive effect on patient recovery.

Keywords: Patient assessment; psychosocial care; surgical treatment.

INTRODUCTION

When patients are diagnosed with disease or illness, it is not without a psychological effect. Patients often feel threatened and may experience a range of emotions such as fear, sadness, anger, depression, unhappiness, and loss of control. Their reactions will be influenced by earlier life experiences, coping strategies and personality. Denial, non-compliance with treatment, aggression and suicide threats are a few non-adaptive responses that health professionals may encounter in patients. These reactions are usually temporary and decrease in time. However, some patients can develop chronic non-adaptive behavioral responses in stressful situations. There is no way to determine during the first meeting with a patient whether their response to stress is temporary or permanent (1, 2). Thus, early identification of patients' psychosocial needs is very important and can be provided by surgeons who can identify early symptoms and recommend the necessary professional help. Health professionals can assist patients in learning more effective responses to their changed health status and surgical procedures, thus

contributing to a more positive and quicker recovery. The literature regarding the psychosocial needs of patients who have undergone surgery reveals that their needs were often based on the opinions, perceptions, and attitudes of nurses (3,4). Few studies have investigated the attitudes, opinions or evaluations of the surgeons regarding the psychosocial needs of their patients (5). Other studies have identified the psychological reactions to surgical procedures of the patients (6,7). This study is important as it investigates surgeons' direct attention to their patients' psychosocial reactions to their diseases and interprets patients' self-management.

When patients must undergo surgery for an illness or chronic disease, they often experience several psychological changes. They may develop depression and anxiety which can create mental, emotional, social and psychological changes (8). Furthermore, surgical procedures can increase the incidence of psychiatric disorders due to the risks of morbidity and mortality and, threats to the patient's life and safety. Thus, surgical procedures are a major cause of trauma and stress for

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patients (8). When the patient experiences stress, the central nervous system, endocrine system and immune system are activated, and a response is formed. This can cause a delay of wound recovery, increases in patient pain sensation and post-operative complications, prolonged length of hospital stay, high healthcare costs, and several psychosocial problems in the patient and the family (8-10).

Psychosocial evaluation encompasses assessing patients' many individual characteristics like age and gender, and patients' response to surgical intervention. It also involves emotional and social evaluation including patients' psychological reactions to their disease, pain, fears and social support systems (11-13). Also, there may be some differences depending on the patient's perception of the surgical intervention. Surgical procedures can cause psychosocial difficulties for some patient and their family members (13-15). For example, the patient in an organ failure of surgical intervention is hoping for her/his transplant (16); a reconstructive surgery may be at the forefront of feelings of happiness (17). Therefore, patients may have psychosocial needs at different levels according to the perception of surgical intervention. This study was conducted to identify the views of the surgeons regarding the assessment of the psychosocial needs of patients and how these needs were addressed.

MATERIAL and METHODS

This study was planned as a descriptive study with a qualitative design and semi-structured questions. A maximum diversity sampling method was used for purposeful sampling methods. In order to obtain more data, surgeons who were different from each other in characteristics such as level of education, years worked, unit worked, and position worked were provided for sampling. Data collection was terminated at the end of the fifteenth interview as the data began to recur. The study was conducted with fifteen volunteer participant surgeons at a research hospital in Turkey in May 2016.

First, this study received necessary ethics approval from the Ethics Board at the University. In addition, the participating were informed about the purpose of the study and interviewed individually. Data were collected by asking semi-structured and open-ended questions. All interviews were conducted in Turkish. The questions were: "What do you think about the problems that your patients experience or may experience due to surgical procedures?" "In what areas do you have difficulties in meeting the psychosocial needs of patients?" "What are your suggestions to meet the psychosocial needs of your patients?" "If you were the patient, how would you that you might handle your psychosocial problems?" The answers were used to determine the views of the surgeons for this study. Each interview lasted about 35 minutes.

Qualitative study data were analyzed by examining the transcribed verbatim interviews. The phenomenological data analysis approach was used for this analysis.

Participants' oral descriptions were read separately by the investigators to gain a general understanding. Significant statements and phrases related to the study objectives were identified and meanings were formulated which were then organized into themes. Data analysis results were integrated into a description of the experience. The transcripts were then examined repeatedly by the investigators to ensure the credibility of the analysis. The major categories in the transcripts were identified by two independent investigators. The coding was compared separately. Only minor differences were found, generally due to the words chosen. Following discussion, a final version was produced. The themes were used for different opinions after similar statements were merged. The analysis then led to one major conclusion that reflected similar opinions. Member checking was then used for the final validation (18). Once Turkish data analysis was completed, participant statements were translated into English while retaining the original meaning. The English translation was then back-translated into Turkish by a bilingual speaker and checked to make sure that the original translation was accurate. Finally, the two translations were matched regarding the Turkish version's original meaning.

RESULTS

Characteristics of surgeons

The age range of the surgeons in the study was 27-52 years with a mean age of 37.53 ± 9.55 years. There was one (6.7%) female surgeon and fourteen (93.3%) male surgeons.

Views regarding the psychosocial needs of surgical patients

Two main themes were formed after the analysis of quantitative data:

1. Psychosocial needs are important.
2. Psychosocial needs should be met.

Theme 1. Psychosocial needs are important

The surgeons in our study stated that the assessment of patients' psychosocial needs is important as they affect the recovery process. They stressed that addressing psychosocial problems helps patients to adapt to the disease process, as this positively affects the postoperative recovery and the patient-surgeon relationship. When the statements that the psychosocial needs are important were analyzed, the following sub-themes reached and the statements of surgeons are given below.

- Psychosocial care improves healing
- Psychosocial care increases the success of surgery

Theme 1.1. Psychosocial care improves healing

"...Psychiatric symptoms can develop if the patient has negative perceptions regarding the disease. The development of problems such as depression and anxiety can result in a decrease in the patient's desire to eat. This can delay the recovery of the wound..." (Participant 1, age 29).

"...Psychosocial problems may negatively affect the treatment as they may also have adverse effects. The adverse effects have more influence on the treatment..." (Participant 4, age 30 years).

"...The compliance of the patient with treatment is affected positively when the emotional state is positive..." (Participant 7, age 39).

"...I see that patients who are psychologically well recover more quickly..." (Participant 10, age 50).

"...A positive social status and high motivation contribute positively to the patient's recovery process and will allow the team to do their job in a more relaxed and harmonious way..." (Participant 12, age 50).

Theme 1.2. Psychosocial care increases the success of surgery

"...The psychosocial situation of the patient affects the preoperative and compliance and thus the course of the treatment, because treatment does not only consist of surgery. The existing stress of the patient has a direct effect on the prognosis of the disease..." (Participant 3, age 27).

"...The presence of psychosocial problems can create problems for the patient to understand the intervention to be performed. Besides, I believe that the psychosocial problems of the patient affect the recovery process in the postoperative period..." (Participant 5, age 29)

"...One of the most important issues in the postoperative period is psychosocial problems. These occur due to inadequate treatment of patient psychology or an actual complication of the patient that delays recovery. ..." (Participant 8, age 51).

"...Handling the psychosocial problems of the patient is at least as important as the surgery to be performed. The psychological and emotional preparation of the patient for the surgery and providing this support after surgery are important because psychological problems can decrease the patient's capacity to adapt to the disorder..." (Participant 13, age 47).

"...Psychosocial status of the patient should be normal before the surgical intervention can be performed. Psychosocial problems play an important role for the patient to adapt to treatment at every stage of the surgical intervention. Both the physicians and patients should be psychologically prepared for the surgery and should work together as a team..." (Participant 14, age 52).

"...The possible surgical complications and whether the patient gets rid of cancer can cause the patient to experience a dilemma. The patient should be encouraged and supported to participate in the treatment process. Otherwise, difficulties can be experienced in the maintenance and resolution of the negative results that may occur..."(Participant 15, age 44).

Theme 2. Psychosocial needs should be met.

The participants in our study reported that they used

various methods to meet the psychosocial needs of the patients. They reported that listening and understanding the patient was usually the most important. The surgeons reported that they refer their patients to a psychiatrist or psychologist when necessary. On the other hand, they stated that their ability to address a patient's psychosocial problems is at times hindered. This has been due to the presence of communication problems created by the low socio-economic level of the patients and the limited time available for solving these problems. The surgeons in the study reported that they first listened the patients and tried to understand and empathize with them regarding the present psychosocial problems. They stated that listening and trying to understand the patient could help to decrease the anxiety and fear of patient. However, when necessary, surgeons requested a psychiatric consultation for the patient. When the statements that the psychosocial needs should be met were analyzed, the following sub-themes reached and the statements of surgeons are given below.

- To listen, to understand, to empathize with and professionally help the patient
- Difficulties while solving psychosocial problems
- If the surgeon were in the patient's place

Theme 2.1. To listen, to understand, to empathize with and professionally help the patient

"...They usually feel better when we talk to the patients and ...request a psychiatric consultation" (Participant 1, age 29).

"...a psychiatric consultation for patients who will be hospitalized for a long time.... I listen to the patients and try to do my best ..." (Participant 2, age 30).

"...I try to listen to the psychosocial problems of the patients and try to establish empathy..." (Participant 3, age 27).

"...If the patient has concerns about the surgical procedure and their illness, I explain these in detail and make sure the patient understands the situation and is motivated for the treatment..." (Participant 7, age 39).

"...first they should be listened to...If the patient has a previously known disorder, I would request a psychiatric consultation..." (Participant 9, age 31).

"...I try to plan each stage of the treatment directly with the patient. I try to prepare the patient for the surgical interventions and make sure he/she understands the disorder and try to help the patient understand the procedure to be performed and what will be experienced after surgery. I explain these details and listen to the patient..." (Participant 14, age 52).

Theme 2.2. Difficulties while solving psychosocial problems

"...I want to handle the psychosocial problems of the patient. However, I think that they are not handled adequately because the patients usually have too many

health problems, and it is difficult to provide the necessary training for the patient if the educational level is low. On the other hand, a large number of patients has a negative effect on handling psychosocial problems. Furthermore, the constant activity of patients' numerous visiting relatives together with patients' financial concerns make it difficult for me to handle the psychosocial problems of the patients..." (Participant 6, age 29).

"...The lack of sufficient emotional contact or bonding in the surgical-patient relationship in the present intensive working environment is an important problem. Surgeons should create opportunity and time for this. A surgeon-patient relationship that is only mechanical will damage the respect and confidence felt towards the surgeon..." (Participant 8, age 51).

Theme 2.3. If the surgeon were in the patient's place

"...I would prefer a treatment where more time is devoted to the patient, and I would prefer the patient to be informed in detail..." (Participant 2, age 30).

"...I would want the patient's psychology to be understood and to be treated in a polite manner. ..." (Participant 3, age 27).

"...I first would like to be listened to and, if necessary, I would want to be referred for a psychiatric consultation depending on the urgency of the matter..." (Participant 4, age 30).

"...I would want a proper referral and psychiatric support regarding my problems..." (Participant 5, age 29).

"... I think that the psychosocial problems of the patients can be handled properly if the healthcare staff and patients can be more tolerant towards each other..." (Participant 6, age 29).

"...What the patients want most is for others to be interested in them and to see that the surgeon understands them. Patients should feel that the surgeon supports them and is sincerely interested. The important part of the treatment is to trust the surgeon..." (Participant 8, age 51).

"...I would want to share all my problems with the surgeon.I would want the surgeon to smile and be interested. I would like to know that they are concerned about my problems..." (Participant 10, age 50).

"...I would also want my own problems to be solved by the psychiatrist..." (Participant 11, age 45).

"...I would like to be in contact with a team who listened to me..." (Participant 12, age 50).

"...I would want to be informed sufficiently about the disease, to be allocated enough time ..." (Participant 13, age 47).

DISCUSSION

The interventions experienced in a patient's body by surgical procedures can cause physical as well as various psychosocial changes. Assessing the psychosocial

needs of patients scheduled for surgery is important in determining their ability to cope with any possible adverse effects (19). Theobald et al., in their study which investigated the psychosocial factors of recovering coronary artery bypass graft patients, found that patients experienced several mental and emotional problems in the postoperative period (13).

The study was conducted to identify surgeons' views regarding the assessment of the psychosocial needs of patients and how these needs were addressed. Results revealed that surgeons believe that assessing and meeting the psychosocial needs of patients prevents anxiety and depression, increases patient adaptation both before and after surgery and has a positive effect on patient recovery. The surgeons stated that the patient may simply stop communicating, anxiety and depression can develop, the patient's appetite can decrease, the recovery can be delayed, and the length of hospital stay can be prolonged if the psychosocial needs of the patient are not met. Furthermore, the surgeons reported that the mental state of patients affects their compliance with the surgical procedures. Similarly, Alonso et al. reported that unassessed or untreated psychosocial problems in patients who had undergone surgery for temporal lobe epilepsy decreased patients' compliance with medical recommendations regarding their health needs, this, in turn, negatively affected patients' quality of life after surgery (20). Yim et al. determined that, study with patients who had undergone prostate surgery, the anxiety and depression levels were high in patients with low socio-economic status, and their quality of life worsened (15). Basak et al. reported that psychosocial problems in surgical patients can prolong hospitalization by delaying the recovery (8). In addition, Tsuchiya and Takahashi, in their study which investigated the psychosocial status of patients after breast surgery, reported that surgical complications increased patients' anxiety and depression levels, negatively affected their body image, and affected their quality of life (21).

The participants in our study reported that the family status of cancer patients needing surgery should also be evaluated. This is also reported in the study of Lee et al., which found that cancer patients had certain financial, emotional, intrapersonal relations and care needs, and as the socio-economic level decreased, the need for emotional support increased (22). Our own study results also concluded that surgeons believe the patient's psychosocial needs influence the recovery process. Faller et al. also reported that a third of the cancer patients in their study required psychosocial support (23).

In efforts to meet the psychosocial needs of their patients, we concluded that the surgeons in our study often listened to the patients and tried to understand them by putting themselves in their place. However, they admitted that they usually did not have the necessary time to listen to their patients. Still, most of the surgeons tried to help the patients with psychosocial needs by arranging a

psychiatric consultation for them. Similarly, Basak et al. reported that healthcare professionals should assess surgical inpatients and provide information, listen to them and direct them to social therapy as the first step in addressing potential psychiatric problems. They found that such measures could decrease the level of psychopathology that may develop in surgical patients (8). In their study on the psychosocial state of patients undergoing aesthetic breast surgery, Nikolić et al. reported that a preoperative psychiatric consultation would decrease the risk of possible postoperative psychosocial problems (24).

Another conclusion of our study is that surgeons believe that if they were in the place of their patients, they would recommend that the patients' primary physician listen to them.

Surgeons felt it was the responsibility of patients' primary physician to listen to the patient and that surgeons are not able to do this because of their heavy workload. Empathetic healthcare professionals can facilitate the identification of patients' psychosocial needs and make recommendations to meet these needs. Studies on empathy are usually conducted with nurses (25, 26), and there are only a few studies with physicians in the literature. Butalid et al. reported that in recent years, the physicians have noticed patients' hidden psychosocial problems in addition to the physical ones (27). Compared to their previous study, which investigated the changes between 1977 and 2008 in the physician-patient relationship regarding patients' psychosocial problems, the empathy skills of the physicians had decreased (27). Understanding and meeting patients' psychosocial needs requires inquiry into many aspects of their lives. Important components of such an inquiry encompass patients' important relationships, whom they live with, accessible support systems, marital status, occupation, work, religion and lifestyle, normal coping patterns, their understanding of the current illness, personality type, and history of previous psychiatric disease. Additional aspects to be considered include encouraging the patient to remain positive, the patient's coping skills, informing the patient and the family, increasing the quality of life, reducing pain, maintaining cognitive functions and preventing the loss of coping abilities (1,12). If needed, the patient may have to be referred to a healthcare professional such as a psychiatric specialist or psychologist. An assessment by psychiatric professionals can help patients facilitate more positive responses to their changed health status (11,28). As reported in the literature, our results also indicate that surgeons are aware of the importance of assessing and meeting the psychosocial needs of their patients. They understand that patients' health status and quality of life can be improved by addressing these aspects of their patients' health. Yet, regrettably, surgeons report that their schedules allow little time for giving patients the attention they truly need to have their psychosocial needs

assessed and met.

CONCLUSION

The results of our study show that surgeons are challenged by the problems of the country's health and social systems, despite the desire to assess and meet the psychosocial needs of patients. Surgeons have reported that the heavy workload leaves them very little time to assist patients with psychosocial problems. Nonetheless, the results of this study are revealing in that they emphasize the importance of surgeons' awareness and perspective regarding the assessment of patients' psychosocial needs. The limitation of this study was that it was carried out only one hospital.

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