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"A study to identify the discomforts as verbalized by patients during the post operative period of CABG surgery, admitted in K.L.E.S's hospital, Belgaum".

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Abstract: *The study determines the discomfort as verbalized by patients during the post operative period of CABG surgery. Tools used for assessment are Socio-demographic data of the patient and structured questionnaire to assess the level of discomfort. Sample of the study comprised of 60 post operative surgery patients admitted in K.L.E.S's hospital, Belgaum. Scrutinizes revealed that on 1st postoperative day, 58 (98%) subjects had discomfort in relation to catheters, 34 (56%) of subjects had discomforts related to temperature, 26 (43.33%) had discomforts due to noise.*

Keywords: *CABG Surgery, Discomfort, Post operative period, Socio-demographic data.*

I. Introduction

The study summarizes the discomfort as verbalized by patients during the post operative period. During illness and hospitalization patients are subjected to situations and circumstances that cause discomfort. In fact the incidence of disease and the necessity for hospital admission are the major factors of physiological and psychological distress. Fear, anxiety, denial, depression and responses to physical illness are a real source of discomfort. For the patient, decision to undergo surgery stands as a moment of crisis in life. Regardless of its purpose, a surgery is always a stressful for the patient. Uncertainly as to the outcome of the operation, fear of changed body image, fear of anesthesia are some of the factors adding to the physical stress of the patient[1]. So meeting the comfort needs is an integral part of nursing care. More than any other member of the health team it is the nurse who plays important role in promoting comfort for patients in all situations.

II. Headings

Comfort is a complex construct in which nurses claim a disciplinary interest. The structure of comfort is complex because it entails a multidimensional, personal experience with differing degrees of intensity[2]. The history of comfort as a Nursing Diagnosis reveals the definitional difficulties associated with this complex construct. In the classification scheme developed by the North American Nursing Diagnosis Association (NANDA) diagnoses are based on patient's needs or deficits[3,4]. A nurse is judged always by her ability to make her patient comfortable. Comfort is both physical and mental, and nurses responsibility does not end with physical care" Skill full nurse is always judged by her ability to make her patient comfortable. There is no doubt that nurses in cardiac care units demonstrate greater skill in handling equipment and monitoring patients than in earlier times. But we cannot ignore the fact that the patient's individual needs have to be identified and take care of if we believe in good patient care[5].

III. Indentations And Equations

The conceptual framework for this present study was based on the Katherine Kolcaba's Theory of Comfort. The sample of the study comprised of 60 post operative CABG surgery patients, admitted in intensive thoracic unit, K.L.E.S's Hospital and Medical Research Centre, Belgaum. Purposive sampling technique was used to draw the sample for the research study. The tools developed and used for the data collection were Socio-demographic data of the post operative CABG surgery patients, on six postoperative CABG surgery patients by structured interviews schedule. Five experts validated the content of the tool and it was found to be reliable and feasible. The reliability of the tools was established by Spearman's Brown Prophecy Formula it was found reliable and the calculated value is 0.99.The pilot study was conducted as a part of major study. Tools proved to be comprehensive, feasible and acceptable. The main study (data collection) was conducted from 15th January 2003 to 15th February 2003, after obtaining permission from the concerned authorities, rapport was developed with the sister in charge and the staff of the ITCU, Cardiac private and general ward.. Every day the investigator visited the patient's pre-operatively in order to develop rapport with them, so that post-operatively the selected patients would respond adequately in an atmosphere of familiarity and trust. The data collected by structured interview schedule method and the collected data was analyzed. The data gathered were analyzed and

interpreted according to the objectives. Descriptive statistics used were frequency, percentage, mean, percentage score, and standard deviation. Further inferential statistics like Paired t-test was used to test the hypothesis at $p< 0.05$ level of significance and the data obtained are presented in the graphical form.

The data has been organized and analyzed under the following headings:

1) Socio-demographic data in relation to age, gender, educational status, habitat, occupation and marital status.
2) Distribution of subjects according to the physical discomfort on 1st and 3rd postoperative discomfort.
3) Distribution of subjects according to the physiological discomfort on 1st and 3rd postoperative discomfort.
4) Distribution of subjects according to the psychological discomfort on 1st and 3rd postoperative discomfort.
5) Mean, SD, Mean difference and paired't' value of the physical, physiological and psychological discomfort of the 1st and 3rd postoperative discomfort.

The above headings are described in the figures and tables section.

IV. Figures And Tables

Table 1:

Distribution of subjects by socio-demographic variable

Discomfort related to areas	**1st POD**		**3rd POD**	
	Mean	**%**	**Mean**	**%**
Bed	21	35.35	5	8.33
Catheters (Chest tubes / SRC)	58	98	17	28.33
Electronic appliances	17	28.33	0	0
Noise	26	43.33	16	26.33
Temperature	34	56	0	0
Light	17	28.33	4	6.66
Any other environmental factors	11	18.33	13	21.66

N=60

Table 2:

Distribution of physical discomforts on the 1st day and 3rd post-operative day (POD)

Sample Characteristics	**Frequency**	**%**
A. Gender		
• Male	52	86.66
• Female	8	13.33
B. Age (in years)		
• 40-49	10	16.66
• 50-59	23	38.33
• 60 and above	23	45
C. Educational Status		
• Post Graduate	5	8.33
• Graduate	13	21.66
• Higher Secondary	16	26.66
• Secondary	11	18.33
• Primary	14	23.33
• No Formal	1	1.66
D. Habitat		
• Rural	7	11.66
• Semi Urban	29	48.33
• Urban	24	40
E. Occupation		
• Skilled	7	11.66
• Semiskilled	42	70
• Unskilled	6	10
• Retired	5	8.33
F. Marital status		
• Married	59	98.33
• Single	1	1.66

Figure 1:
Distribution of physical discomforts on 1st And 3rd post-operative day (POD)

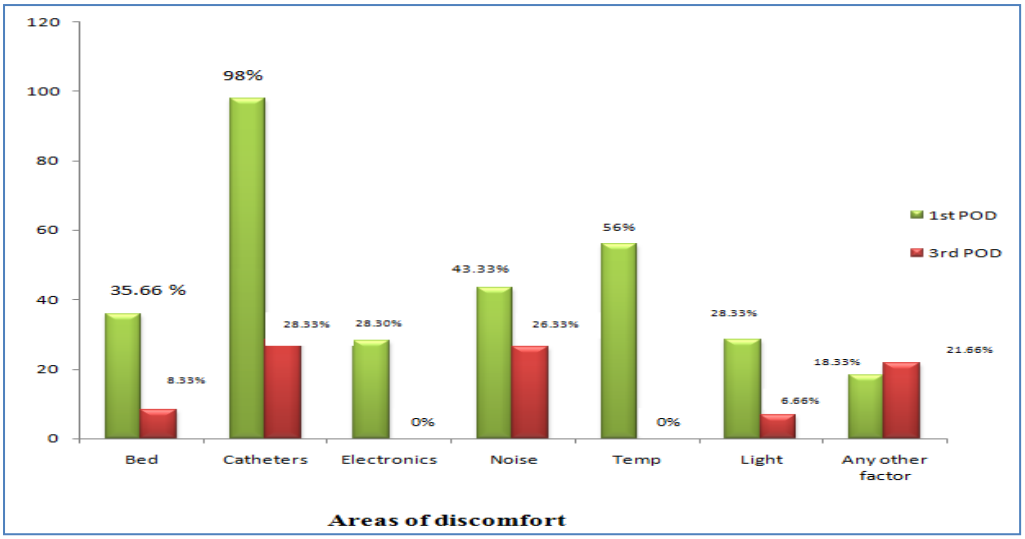

Table 3:
Distribution of physiological discomfort on 1st and 3rd post-operative day (POD)

Discomfort related to areas	1st POD		3rd POD	
	Frequency	%	Frequency	%
Sleep	57	95	6	10
Pain	60	100	43	71.66
Difficulty in taking food	21	35	9	15
Dressing	59	98.33	29	48.33
Chest physiotherapy	25	41.66	7	11.66
Urinal / bedpan	34	56.66	6	10
Ambulation	22	36.66	53	86.66
Tolerance of food	4	6.66	5	8.33
Difficulty in using toilet	2	3.33	18	30
Activities making tired	46	76.66	32	53.33
Breathlessness, increased HR	15	25	6	10
Abdominal discomfort	3	15	20	33.33

Figure 2:
Distribution of physiological discomfort on 1st and 3rd post-operative day (POD)

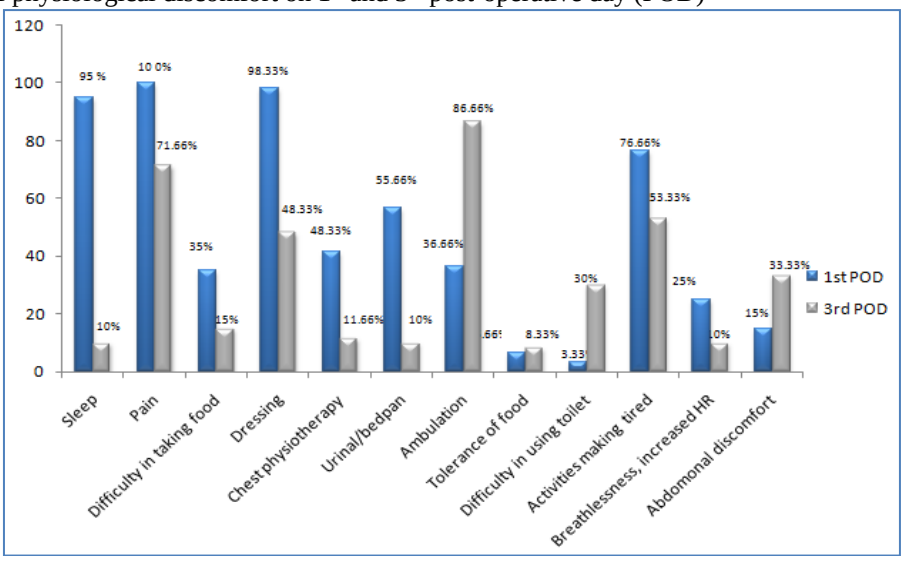

Table 4:

Distribution of psychological discomfort on 1st and 3rd post-operative day (POD)

Discomfort related to areas	1st POD		3rd POD	
	Frequency	%	Frequency	%
Anxiety	26	43.33	11	18.33
Nervousness	22	36	10	16.66
Tension	31	51.66	6	10
Unhappiness / Uneasiness	34	56.66	15	25
Fear related to finance	17	28.33	13	21.66
Fear related to future	24	40	10	16.66
Unmet information	20	33.33	12	20
Cry	10	30	13	21.66

Figure 3:

Distribution of psychological discomfort on 1st and 3rd post-operative day (POD)

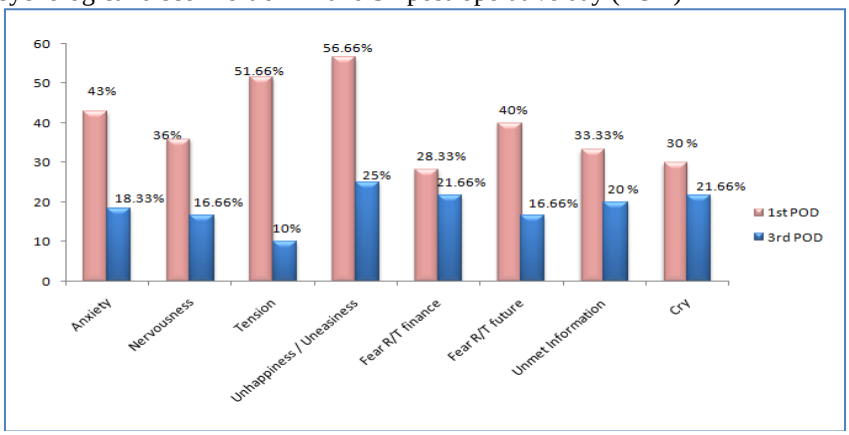

Table 5:

Mean difference of the physical, physiological and psychological discomforts of 1st and 3rd POD

Discomforts	1st POD		3rd POD		Difference		Paired 't' value	P
	Mean	SD	Mean	SD	Mean	SD		
Physical	3.06	1.27	0.91	0.99	2.16	1.24	13.012	.000000
Physiological	5.8	1.62	3.88	1.36	1.91	1.96	7.518	.000000
Psychological	3.2	1.21	1.5	0.87	1.25	1.25	10.121	.000000

Figure 4:

Mean difference of the physical, physiological and psychological discomforts of 1st and 3rd POD

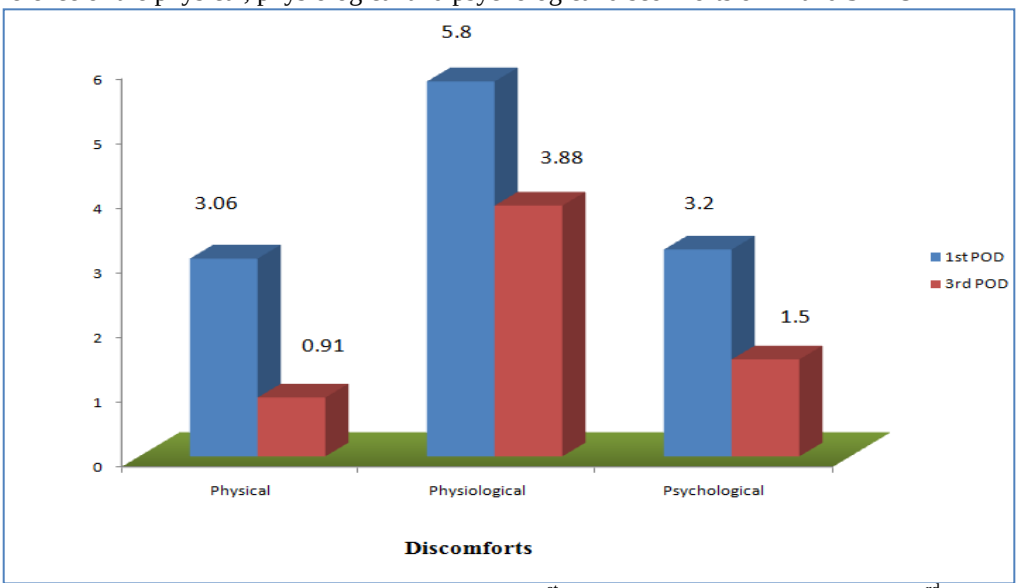

Table 5 reveals that the mean of physical discomforts on 1st POD was 3.06, whereas on the 3rd POD the mean score was 0.91 with a mean difference of 2.16 and the computed paired 't' value was found 13.012, which was statistically significant at 0.000000 (<0.001) level.

Regarding the physiological discomforts, the mean score of physiological discomforts on 1st POD was 5.8, whereas on the 3rd POD the mean score was 3.88 with a mean difference of 1.91 and the computed paired 't' value was found 7.518 which was statistically significant at 0.000000 (<0.001) level.

Mean score of psychological discomfort on 1st POD was 3.2, whereas on the 3rd POD mean score of psychological discomfort was 1.5 with a mean difference of 1.63 and the computed paired 't' value was found 10.121 which was statistically significant at 0.000000 (<0.001) level.

V. Conclusion

From the present investigation following have been concluded:

1) Study showed that 1st POD showed physiological discomforts were more than physical and psychological discomforts.
2) Study revealed that on 3rd POD physiological discomforts existed more than physical and psychological discomforts.
3) According to study
   - Physical discomforts in relation to catheter were high.
   - In physiological discomforts, pain and sleep were more.
   - In psychological discomforts uneasiness and anxiety were more.

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