IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 23, Issue 10, Ver. 3 (October. 2018) 59-65
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

The Impact OfTomophobiaOn Professionalism Among Nurses In Public Health Institutionsof Enugu State, Nigeria

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Abstract: Tomophobic experience is characteristically human irrespective of differences in their degree of manifestation. However, scholars have not assessed its impact on professionalism among nurses. This paper investigates its impact on the professional practices of nurses in Enugu state of Nigeria public health institutions. The study adopts survey methods wherein 270 respondents were selected as study sample. The data generated was analyzed using tables, percentage, and SPSS version 20.0 tools. The results of analyses reveal that nurses were affected by surgical patients' fears, pains and sorrows; and that this impact has negative relationship with their professional practices. They adopt coping mechanism such as aggressive approach, indifference, insensitivity, avoidance of close relationship etc. among other things, this paper recommends work-shifting of nurses across the healthcare departments, and stakeholders efforts to develop corporate coping mechanism through seminars and workshops, and policies.

Key Words:tomophobia, nurses, surgery, patients, and professionalism

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Date of Submission: 04-10-2018 Date of acceptance: 16-10-2018

I. INTRODUCTION

The inherent pain or discomfort, the diagnosis and prognosis that are associated with surgery tend to create sustained anxiety/fear in patients[1].Anxiety as used here refers to "an unpleasant emotional state or condition which is characterized by subjective feelings of tension, apprehension and worry and by activation or arousal of the autonomic nervous system"[2].This anxiety is also generatedbyanticipation of failure of anesthesia, power failure, the risk of infection, the uncertainty of the outcome of the medical procedures involved in the surgery and its consequences[3,4,5]. This preoperative anxiety/fear, which is generally known as Tomophobia, is medically defined as fear of surgery.Most patients that are booked for surgery manifest a feeling of dread or panic, rapid heartbeat, shortness of breath, and trembling and/or fidgeting that sometimes lead them to avoid or postpone the surgery[6].

Avalanche of research findings demonstrate that in spite of variations in culture, level of education, profession, age, gender, level of development, and infrastructural development among others, more than 80% of surgical patients experience Tomophobia[7,8.9.10].The point of departure in the various research findings has been the degree of differences in the manifestation of Tomophobia in patients as a result of these factors, medical personnel, that is, doctors and nurses inclusive. The doctors and nurses were faced with the dual problems of their individual vulnerability to tomophobia and managing their patients suffering from it also. Doctors only give appointment and perform the surgery but nurses by the foundation of their profession and ethical standards'requirements care for the patients from the day of their booking till their discharge after operation[11].They create relationship with the patients during the preoperative, operative and postoperative periods that establish trust and reliance[12]. It enables them to identify the needs of the patients, perceive their fear, anxiety, and doubts, and provide qualityadvocacy, education, help and support during their surgery and admissions.

Professionally, Nurses bear the burden of patients' pre-surgical anxiety when they themselves are the most vulnerableto tomophobiaamong medical professionals[13]. They provide personalized patient-centered care in a manner that satisfies the unique needs,age, education, and culture of the patient. Thus, they witness the pain, trauma, and suffering of these patients in addition to their own individual anxiety. This can and does generate the risk for compassion fatigue among Nurses[14,15,16,17,18]. Compassion fatigue, whichis defined as,"the exhaustion thatnurses have while watching their patients go through a crippling illness or trauma"[19], has a high cost when it is fully demonstrated. It may lead to performance issues in the hospital or burnout[20]. Its symptoms include anger, cynicism, sarcasm, apathy, dreams, flashbacks, feelings of being overwhelmed, hopelessness, and

irritability.Nevertheless, available research works and/or findings are bereft of the actual impact of tomophobiaas manifest in nurses as well as their patients on their professional practices in Nigeria, specifically Enugu state. This study attempts to fill this gap by pursuing answers to the following questions: Are nurses in Enugu state of Nigeria affected by surgical patients' tomophobic experiences? Has the impacts of surgical patients' tomophobic experiences influenced the professional practices or roles of nurses in Enugu state, Nigeria?

II. MATERIAL AND METHODS

Research design: This cross sectional survey study was carried out on patients and nurses in the theater/surgical Department/units of University of Nigeria Teaching Hospital (UNTH), Ituku/Ozalla, National Orthopedic Hospital, Enugu (NOHE), and Enugu State University of Science and Technology Teaching Hospital(ESUTH), Parklane Enugu from January to June 2019.

Sources of data: The research relied on primary and secondary sources. For primary sources,structured questionnaire was used while in secondary sources, the research relied on relevant and accessible publications such as textbooks, journals, unpublished materials, monographs, conference and workshop papers, and internet materials.

Study Location: The study was carried out in the surgical wards and nurses' office located in the same ward and in the theatre across the three health institutions.

Sample size: A total 270 adult respondents (comprising of 52 nurses and 218 patients both male and females) of ≥ 18 years of age served as the study sample.

Sample size calculation: The study adopted all the admitted surgical patients and nurses on duty in the study location within the period of the study as sample.This is because the number is manageable.

Subjects and selection method: The study sample was drawn from patients who were booked and are waiting for surgery, patients that are recuperating after surgery, and the nurses taking care of them in the three study areas.

Inclusion criteria:

1. Patients that were booked and have registered for surgery but were in cue waiting for their own time.
2. Either sex.
3. Aged ≥ 18 years.
4. Professionally registered nurses.
5. Nurses working as employee of the medical institutions studied and posted to surgical wards and theatre.
6. Demonstrated willingness to participate in the research.

Exclusion criteria:

1. Mentally incapacitated Patients with genetic disorders.
2. Unconscious patients.
3. Patients undergoing surgery at the time of data gathering.
4. Patients that could neither write nor speak.

Validity of instrument of data collection: A total of 9 evaluators comprising of 3 psychologists, 3 medical doctors, and 3 nursing officers from the Department of Psychology, General Hospital Onitisha and Amaku Teaching Hospital, Awka validated the instrument. Any item in the questionnaire that did not have 80% acceptance by the evaluators was discarded.

Reliabilityof instrument of data collection: Test re-test method was used.20 copies of the questionnaires were administered to similar respondentsand setting at NnamdiAzikiwe University Teaching Hospital Nnewi and Chief EmekaOdumegwuOjukwu University Teaching Hospital, Amaku – Awka both in Anambra state. After an interval of three weeks, the questionnaires were re-administered to the same respondents. The two set of responses or scores obtained were correlated using the Pearson Product Moment Correlation (r) and a co-efficient of reliability of 0.95 was obtained. This shows that the instrument is reliable for data collection.

Procedure methodology: After obtaining a written informed consent, a structured questionnaire was designed and used to collect the data from the respondents with the assistance of nurses. The questionnaire was divided into two sections to generate information concerning: [a] Socio-demographic variables such as age, gender, and education, and [b] Questions related to tomophobia and nurses professional practices.This section is further divided into two wherein the first four questions were answered by nurses only while all the respondents answered questions 5-10 in the second part. Responses tothe questions were organized on a five likert-like options format of Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree. The values of these responses or scoring pattern are as follow: Strongly Agree = 5 points; Agree = 4 points; Undecided = 3 points; Disagree = 2 points; Strongly Disagree =1 point.

Data analysis: In pursuit of central tendencies, mean, and deviations, the data generated was analyzed using tables, percentage formula, and SPSS version 20 (SPSS Inc., Chicago, IL). Decision were taken based on the standard that mean difference is significant at ≥0.05.

III. RESULTS

Table no 1: Socio-demographic data of respondents' Gender and Age

s/n	Particulars of respondents	TotalNo.	Gender		Age in years				Education			
			Male	Female	18-27	28-37	38-47	48 & above	WAEC& ND	B.Sc /BA Degree	PGD & Masters	PhD
1	Nurses	52	12	40	13	18	10	11	nil	44	8	nil
2	Surgical patients	218	84	134	47	61	76	34	83	116	11	8
Total		**270**	**96**	**174**	**60**	**79**	**86**	**45**	**83**	**160**	**19**	**8**

Source: Field Work, 2018

Table no 1 reveals male respondents (35.6%), females (64.4%), age bracket of 18-27(22.2%), 28-37(29.3%), 38-47(31.9%), and 48 and above (16.6%), while the levels of respondents certificate possession shows WAEC and ND (30.7%), B.Sc./BA degrees(59.3%), PGD and Masters(7.0%), and PhD(3.0). considering the dominant position in the literature, which holds that females, higher educated people,and older people exhibit higher level of tomophobia[21,22,23,24,25,26], the sample is highly objective for the present study.

Table no2: Results of SPSS Analyses of responses to questions

Sn	Research questions	Grand Mean	Standard Deviation	Standard Error	Tests of Between-Subjects Effects	Sig.	Pairwise Comparisons
1	The needs, fear/anxiety, doubts, agony, and pains being exhibited by surgical patients, which you attend to keep you upset and annoyed even after work.	4.04	1.137	.162	65.923	.985 & .000	@ 95% confidence Interval, no adjustments
2	The needs, fear/anxiety, doubts, agony, and pains being exhibited by surgical patients have orchestrated the feelings of being overwhelmed and hopeless in your profession.	4.21	1.109	.156	62.673	.558 & .000	@ 95% confidence Interval, no adjustments
3	You always experience flashbacks and dreams about the manifest fears, agony, and pains exhibited by surgical patients in your hospital.	4.21	1.109	.156	62.673	.558 & .000	@ 95% confidence Interval, no adjustments

4	You are traumatised each time you hear or see a surgical patient battling with pains and crying due to agony.	4.14	.918	.056	226.652	.262 & .000	@ 95% confidence Interval, no adjustments
5	Most of the nurses in the hospital wear aggressive look while attending to surgical patients	4.14	.918	.056	226.652	.262 & .000	@ 95% confidence Interval, no adjustments
6	Due to nurses experiences with surgical patients, they appear sarcastic sometimes in their relationship with them and their relations	4.30	.945	.058	240.296	.226 & .000	@ 95% confidence Interval, no adjustments
7	Most of the nurses in the surgical wards exhibit apathy to patients needs and plight most of the time.	4.44	.949	.058	242.430	.042 & .000	@ 95% confidence Interval, no adjustments
8	Most of the nurses avoid the usual cordial relationship with surgical patients and personalised counselling that are meant to assist/ support them through pains.	4.44	.949	.058	242.430	.262 & .000	@ 95% confidence Interval, no adjustments
9	In spite of manifest pains exhibited by surgical patients, nurses are consistently devoted to ameliorate their agony through cares and assistance	2.30	1.300	.074	454.700	.000	@ 95% confidence Interval, no adjustments
10	Most of the nurses posted to the surgical wards are insensitive to patients' agony, needs and proper medication	4.30	.945	.058	240.296	.226 & .000	@ 95% confidence Interval, no adjustments

Source: SPSS analysis of responses to questions

IV. DISCUSSION

In tables 2 above, the results of the SPSS analyses of the mean of responses to question 1 reveals a total grand mean of 4.04 with a standard deviation of 1.137.Its Tests of Between-Subjects Effects reveal the mean differences of .985 and .000 whose pairwisecomparism carried out to determine the level of adjustment on the bases of their mean differences reveals no adjustments. Consequently, the grand mean response of 4.04, which represents 'agreed' in our likert scale measure, is hereby upheld. Therefore, the needs, fear/anxiety, doubts, agony, and pains being exhibited by surgical patients upset and annoy nurses even after work. This finding has

been made earlier[27] though in a different culture, location and region. Similarly, SPSS analysis to question 2 reveals a total grand mean of 4.21 with a standard deviation of 1.109. Its Tests of Between-Subjects Effects reveal the mean differences of .558 and .000 whose pairwisecomparism carried out to determine the level of adjustment on the bases of their mean differences reveals no adjustments. Consequently, the grand mean response of 4.21, which represents 'agreed' in our likert scale measure, is hereby upheld. Therefore, the needs, fear/anxiety, doubts, agony, and pains being exhibited by surgical patients have orchestrated the feelings of being overwhelmed and hopeless in your profession. This validates earlier findings[28, 29] made by scholars in different settings, locality, and culture. Similar positive affirmation was reveals by analysis of responses to question 3 on nurses' flashbacks and dreams experiences about the manifest fears, agony, and pains exhibited by surgical patients with a total grand mean of 4.21. This finding agrees with earlier made by scholars in different settings, locations and areas. Further, the analyses reveal a total grand mean of 4.14 with a standard deviation of .918Thepairewisecomparism carried out to determine the level of adjustment on the bases of their mean differences in the Tests of Between-Subjects Effects reveals no adjustments. Consequently, the grand mean response of 4.14, which represents 'agreed' in our likert scale measure, is hereby upheld. Therefore, nurses are traumatized each time they hear or see a surgical patient battling with pains and crying due to agony. This finding is in line with earlierfindings[30] made by scholars though in a different culture, location and region. Consequently, these findings show that the human character or aspect of nurses is seriously affected by the manifestation of tomophobia among surgery patients, which they take care of.Therefore, surgical patients'tomophobic experiences inflict considerable level of psychological and emotional harm on critical care nurse in Enugu state public health institutions.

The results of analysis of responses to questions that seek to find out the impact of tomophobia on professional practices of nurses reveal that in question 5, a total grand mean of 4.14 with a standard deviation of 1.137 admitted that most of the nurses in the hospital exhibit aggressive look while attending to surgical patient.Thepairwisecomparism carried out to determine the level of adjustment on the bases of their mean differences reveals no adjustments. Thus, the grand mean response of 4.14, which represents 'agreed' in our likert scale measure, is hereby upheld. Although, this finding is in line with previous findings made by scholars, there are many other factors that can cause this such as family and marriage issues, environment, and personal traits among others. Similarly, analysis of responses to question 6 reveals a total grand mean of 4.30 with a standard deviation of .945. Thepairwisecomparism carried out to determine the level of adjustment on the bases of their mean differences i.e. .226 and .000 reveals no adjustments. Consequently, the grand mean response of 4.30, which represents 'agreed' in our likert scale measure, is hereby upheld. This implies that nurses appear sarcastic sometimes in their relationship with surgical patients due to tomophobic influence. In addition, analyses of responses to questions 7 and 8 reveals that a total grand mean of 4.44 with a standard deviation of .949 admitted that most of the nurses in the hospital exhibit apathy towards surgical patients' needs and requests, and avoid the usual cordial relationship with surgical patients and personalized counseling that are meant to assist/ support them through pains. The pairwisecomparism carried out to determine the level of adjustment on the bases of their mean differences reveals no adjustments. Thus, the grand mean response of 4.44, which represents 'agreed' in our likert scale measure, is hereby upheld.There is a wealth of evidence in the literature supporting this finding[31]. Confirming this finding, analysis of responses to questions 9 reveal a total grand mean of 2.30 with a standard deviation of 1.300 who disagreed that in spite of manifest pains exhibited by surgical patients, nurses are consistently devoted to ameliorate their agony through cares and assistance.The pairwisecomparism carried out to determine the level of adjustment on the bases of their mean differences reveals no adjustments, therefore the finding holds. Finally, analysis of responses to question 10 reveals that a total grand mean of 4.30 with a standard deviation of .945 agree that most of the nurses posted to the surgical wards are insensitive to patients' agony, needs and proper medication. The pairwisecomparismresult suggests no adjustment on the bases of their mean differences. Therefore, tomophobia among surgical patients has high level negative impact on the professional practices or conduct of nurses.

V. CONCLUSION

This study shows that in spite of professional trainings and field work experiences, nurses have no psychological and emotionalimmunityagainst the tomophobic experiences of surgical patients. The nurses are negatively affected by the surgical patients' experiences and this demonstrated strong negative influence on the professional practices of nurses as they device coping mechanisms in their work place. Such mechanisms, which contradict their professional ethics, are aggressive approach, apathy, avoidance of individualized relationship, insensitivity, and sarcastic behaviors etc.

The implication of these approaches or mechanism for nursing profession is damaging and dangerous.Not only that surgical patient and their relatives may and are developing phobia for nurses, there is the danger of experiencing an enormous shortage of professional nurses due to social phobia, unmitigated psychological and emotional afflictions they experience on the job. To forestall the possibility of this healthcare

emergency, nursing managers, psychotherapists, and administrators should continually organize workshops and seminars, and evolve policies on how to maintain adequate nursing turnover, and appropriate corporate response to nurses' psychological and emotional afflictions arising from tomophobia. In addition, the mental health of nurses should not be sacrificed for the sake of caring for too many surgical patients. Finally, the policy of compulsory work shifting of nurses across the various hospital departments, which will reduce the longevity of trauma associated with caring for surgical patients, should be introduced in public healthcare systems in Enugu.

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