

A Study to Evaluate the Effectiveness of Therapeutic Communication Technique in Reducing the Anxiety Among Clients Undergoing Hysterectomy in Selected Hospital at Meerut

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Abstract

The study focused on evaluating the effectiveness of therapeutic communication in reducing anxiety among clients undergoing hysterectomy.

Objectives:

1. To assess the level of anxiety among the clients undergoing hysterectomy.
2. To assess and evaluate the level of anxiety among the clients undergoing hysterectomy before and after the administration of therapeutic communication technique
3. To compare the level of anxiety among the clients undergoing hysterectomy in the experimental and non experimental group.
4. To find out the association between post test level of anxiety with their selected socio demographic variables.

Methodology: to find out the effectiveness of the therapeutic communication technique in reducing anxiety among the clients undergoing hysterectomy, the quantitative research approach is found to be the most effective. Quasi experimental research design was adopted for the study.

Result: the study data showed that both the experimental and control group had moderate level of anxiety, which was reduced in the experimental group after giving therapeutic communication technique intervention.

CHAPTER 1

INTRODUCTION

Communication is defined as the interaction between two or more people expressing their views, opinions, suggestions or any other emotional feelings. Effective communication is an integral part in nursing career, a large part of a nursing career involves both verbal and non verbal transmission of information to the patient and to the health care team members and vice versa. But somewhere in the race of providing updated technology in the field of healthcare services we the health care members are lacking in communicating with the patient or even knowing them other than their medical condition.

Therapeutic communication will help the nurse to focus on properly communicating with the patient, showing greater interest in information giving and decision making process regarding the patient care. It reinforces the nurse patient relationship and makes the nurse to appear more approachable and thus helps in cutting the nurse patient barrier which can arise because of cultural or language differences. Therapeutic communication includes reflection, focusing, sharing perceptions, silence, theme identification, humour, informing, suggesting, confronting, role playing and broadcasting and the usage of these by the nurses will help her to figure out what is going on in the patient's mind.

According to the National Family Health Survey (2015-2016), that studied the prevalence of hysterectomy for the first time, 3.2 per cent women, between 15-49 years had had a hysterectomy. The prevalence of the procedure among women in the age of 30-39 years was found to be 3.6 per cent.

Epidemiological studies have reported that over 90% of the hysterectomy cases are performed because of any benign conditions. For example premenopausal women go for this surgery to alleviate bothersome gynaecological conditions including dysfunctional uterine bleeding, endometriosis and uterine fibroids whereas postmenopausal women undergo hysterectomy to repair a prolapsed uterus or any other pelvic organ. Hysterectomy is one of the most commonly practised gynaecological surgery required for a number of gynaecological disorders. Hysterectomy causes psychological morbidity typically includes depression, anxiety and stress related symptoms. The psychological co-morbidity related to hysterectomy can be triggered by the negative perception of the client related to body image, femininity, youth as well as loss of child bearing capacity.

Today the health care delivery system is becoming more of the client oriented, the client satisfaction as well the quality of services provided are turning out to be the matter of at most importance, hence it becomes very essential for the nurse or the health care delivery team to know their patient in a better way which can be well accomplished by effectively communicating with them which in turn will also help the nurse to effectively plan for the individualized patient care. The therapeutic communication techniques can be easily practised along with any other routine care and thus the health care members will be able to heal the patient both physically and psychologically.

BACKGROUND OF THE STUDY:

“Women you are magnified for the womb that shelter and nourish the seed of life”. It is the womb that raise the women to the phase of motherhood, thus any gynaecological surgery may create the same psychological disturbance as it will be dealing directly with their reproductive system.

The studies conducted have shown that the anxiety was found among the pre as well as post operative hysterectomy patients, but when compared the level of anxiety was found more in the pre operative hysterectomy clients than the post operative clients as well as if the pre hysterectomy clients are given teaching as well the knowledge about the post operative care the level of anxiety reduces further. These anxieties if left unattended may lead to further depression or any other psychological disturbances in the client in near future. It is also seen that women who are given pre operative cognitive training regarding the surgery, the post operative care needed and the life style she will be leading after the surgery has uplifted the confidence in women undergoing the surgery and their post operative results are also satisfactory in terms of vital signs, pain tolerance and early discharge.

Particularly hysterectomy is a surgical procedure that fundamentally influences the quality where in the operated individual perspectives herself, lowers self esteem and brings about changes in the exceptional

of existence even as a postmenopausal woman, who has finished her conceptive phase may additionally view hysterectomy as the elimination of an organ that has & turned as terrible, a young woman might also have a completely distinctive perspective they want health care provider can give practical advice on several issues as giving details about the surgery involve the client in planning for herself and also can take benefit of the opportunity to offer some valuable and beneficial fitness wellbeing training guidance, recommendations and advancements.

The data also shows that women show more anxiety towards hysterectomy because of their fear of any mishappenings post surgery specifically in their sexual life but the contribution of the partners in understanding the surgery as well as the post operative care needed have shown better results in reducing the anxiety both pre and post operatively. Researches have shown that the women after the hysterectomy surgery have reported many psychological disturbances in the form of palpitations, anxiety, restlessness and breathlessness. They also verbalized the effect of having this surgery on their self esteem, how they feel low and unwanted by their family.

Dr. Shruti S. Pansare (2017) did a study to assess the perceptions of Indian women on hysterectomy, with the objective of assessing the impact of pre-operative education on post operative psychosocial health. 96 women were selected for the study divided into two halves in which one received the pre operative education and the other half just the routine advices. The perception of the women were assessed on the basis of self structured questionnaire. As the result of the same the intervened group were satisfied with the surgery and well adapted the post operative effects and returned to their normal routine quite easily and faster and was also well adjusted with the post operative bodily changes.

NEED OF THE STUDY:

Anxiety is defined as the most continuous and extensive psychological issues seen especially in gynaecological malignancies. Surgery is the major factor of life changes that causes anxiety and further hospitalization adds up the level, the prolonged exposure to this much level of anxiety produces stress and thus can result in severe psychological disturbances. With the increasing cases of hysterectomy and low staff ratio, the workload on the staff nurses have increased many fold resulting in communication gap between the staff and the patient which is leading to unattended and unanswered queries of the patient before any surgery causing major psychological stress after the surgery. Women confront many of the physical problem and medical issues such as depression, anxiety, haemorrhage, deep vein thrombosis, wound infection, bowel problems and these problems have a negative impact on the functional status and consequently the quality of life.

Therapeutic communication is formed from the first encounter of the patient with the health care team member and this interaction is turning weak nowadays and in return the patient's are not satisfied with the level of care given and on the other hand the care givers have very less knowledge about their client . Hence for achieving good therapeutic results an effective communication should be there between the care givers and care receivers.

For this purpose, Peplau's interpersonal theory was used and an environment of good therapeutic communication was developed. According to this theory to achieve a good patient care , the communication between the nurse and the patient should be effective. Peplau via his theory has shown the relationship of good therapeutic communication, this theory provides framework for the nurses to achieve good therapeutic communication with the patient.

According to Pinar (2011) the data supplied frequently does not clearly mentions about any restorative process that can be practiced to prevent the patients from the after effects of any surgery that can disturb them psychologically so it becomes very essential for the health care members to counsel the patients before the surgery. The patients who were given the instructions before the surgery will acquire proper and sufficient knowledge regarding the surgery and they will also show up a positive attitude towards the therapeutic process and they also appear less anxious with lessened negative psychological and passionate feelings such as irritation, aggression, lack of awareness and despair.

The researcher after going through the details of all the above mentioned studies and personally had live examples where the patient suffered because of inadequate information given to the them regarding the surgery at the time of taking consent , decides to assess the impact of therapeutic communication technique in reducing the anxiety among the clients undergoing hysterectomy as well as will focus on the patient need thus practising individualized patient care. This can be the first and the most important part of nursing care i:e knowing the fears, the expectations and also the queries your patient might be carrying to the operation table which could have been sorted out easily with a simple talk and by a caring approach by the health care team member towards the patient.

STATEMENT OF THE PROBLEM

“A STUDY TO EVALUATE THE EFFECTIVENESS OF THERAPEUTIC COMMUNICATION TECHNIQUE IN REDUCING THE ANXIETY AMONG CLIENTS UNDERGOING HYSTERECTOMY IN SELECTED HOSPITAL. MEERUT”

OBJECTIVES:

- To assess the level of anxiety among the clients undergoing hysterectomy.
- To assess and evaluate the level of anxiety among the clients undergoing hysterectomy before and after the administration of therapeutic communication technique.
- To compare the level of anxiety among the client undergoing hysterectomy in the experimental and control group.
- To find out the association between post test level of anxiety with their selected socio-demographic variables.

OPERATIONAL DEFINITIONS:

Evaluate:

According to oxford dictionary- to form an opinion of the amount, value or quality of something after thinking about it carefully

For the study- It denotes to determine the extent of anxiety reduction among clients undergoing hysterectomy before and after administering therapeutic communication technique by using standard STRUCTURED SPIELBERGER'S STATE ANXIETY SCALE.

Effectiveness:

According to oxford dictionary -the fact of producing the result that is wanted or intended; the fact of producing a successful result

For the study - It refers to the desired changes brought about by the therapeutic communication technique in reducing anxiety among client undergoing hysterectomy.

Therapeutic Communication:

According to oxford dictionary - the activity or process of expressing ideas and feelings or of giving people information, designed to help treat an illness

For the study- face to face interaction with the patient for 30mins for 3 to 4 consecutive days that focuses on advancing the physical and emotional wellbeing of the client.

Anxiety:

According to oxford dictionary- the state of feeling nervous or worried that something bad is going to happen

For the study- a feeling of worry, nervousness, or unease about something with an uncertain outcome.

Hysterectomy Patients:

According to oxford dictionary - a medical operation to remove a woman's womb.

For the study- client posted for hysterectomy. (complete or partial removal of the uterus).

RESEARCH HYPOTHESIS:

All hypotheses will be tested at 0.05 level of significance.

H1: There will be significant difference between level of anxiety among the clients undergoing hysterectomy before and after the administration of therapeutic communication technique as evidenced by standard **STRUCTURED SPIELBERGER'S STATE ANXIETY SCALE**

H2: There will be significant association between the post test levels of anxiety among the clients undergoing hysterectomy with selected socio demographic variables.

ASSUMPTIONS:

Therapeutic communication technique may help in reducing the level of anxiety among the clients undergoing hysterectomy.

DELIMITATION:

The study is delimited to clients posted for hysterectomy.

The clients who are willing to participate in the study.

INCLUSION CRITERIA:

- Women admitted for hysterectomy.
- Women between the age group of 26 to 55 years.
- Women who are able to communicate in Hindi and English
- Women who are willing to participate in the study.

EXCLUSION CRITERIA:

- Women readmitted after hysterectomy.
- Women having any psychiatric history or complaint.

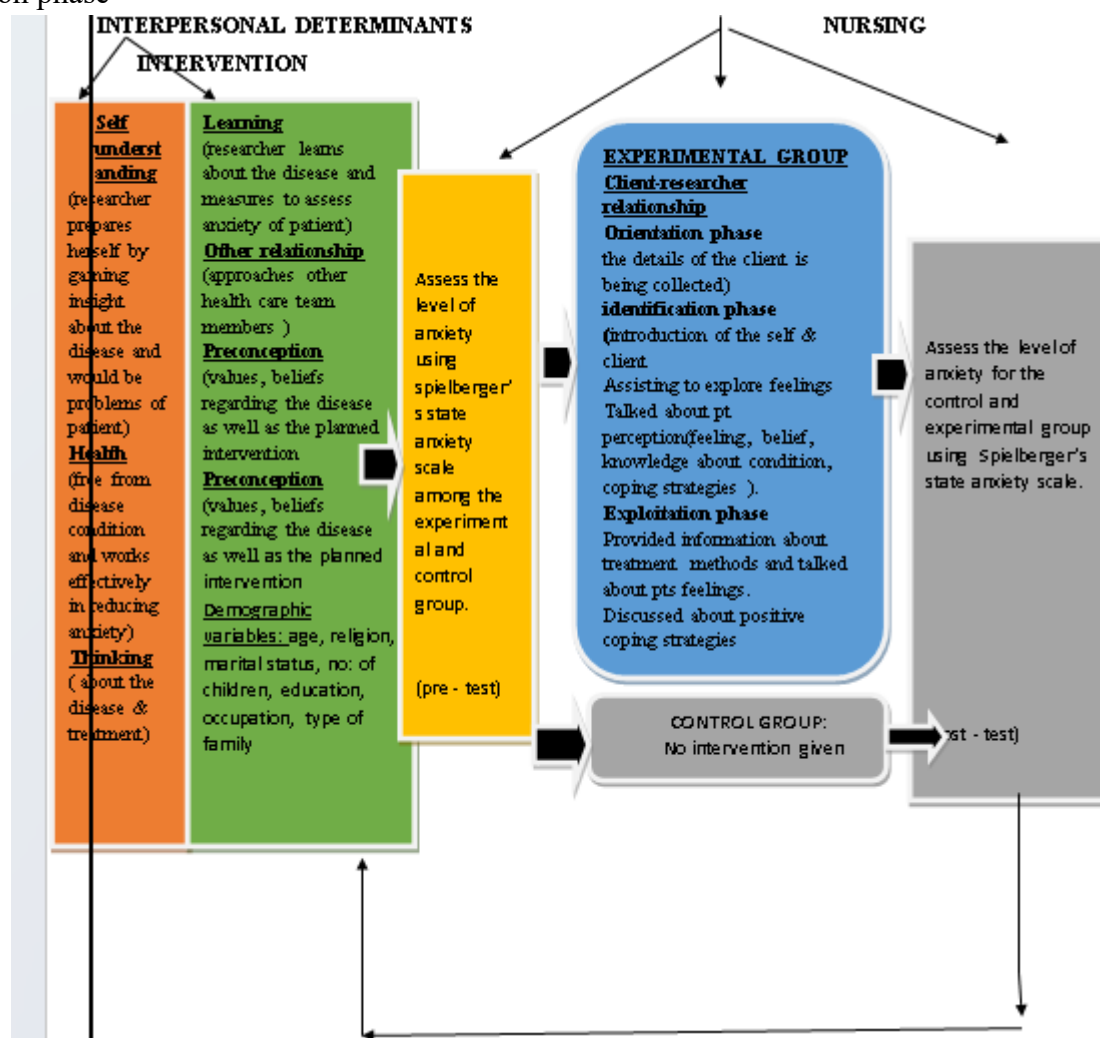
CONCEPTUAL FRAMEWORK:

Hildegard E Peplau inductive theory was used to establish a simple convenient purposeful therapeutic communication. The nurse-patient communication is an essential element of this theory. According to

Peplau theory, the purpose of nursing care is to achieve a common good nurse-patient communication. According to Peplau, poor nurse – patient communication is the cause of lot many problems in nursing. Peplau refers to the importance of therapeutic communication with patients and its important role in reducing anxiety. In fact, this theory provides a framework for nurse-patient communication. Following this framework, the nurse will be able to respond communication needs of patients through establishing a good therapeutic communication with patient.

The therapeutic communication will consist of following four phases:

- Orientation phase
- Identification phase
- Exploitation phase
- Resolution phase



A review of related literature is an essential aspect of scientific research. It involves the systematic identification, location, scrutinizing and summary of the written material that contains information on research problem.

According to Hungler and Polit the term “Literature Review” is used in two ways by research community .The term is also used to designate or written summary of the state of the art on a research problem

Literature relevant to present study is mentioned under the following headings:-

Section I: Studies related to Hysterectomy.

Section II: Studies related to Anxiety among Hysterectomy women.

Section III: Studies related to effectiveness of therapeutic communication techniques in reduction of anxiety.

Section I: Studies related to Hysterectomy:-

Ranjan Kumar Prusty, Chetan Choithani 2018, conducted a study to assess the predictors of hysterectomy among the married women 15 to 49 years in INDIA. The data for the study was taken from India's District Level Household Survey that involved a sample of 3,16,361 married women in the age group of 15 to 49 years spread across 21 states and union territories of India. The study estimated the number of women undergoing hysterectomy ranged from 2 to 63/1000 across different states. The proportion of women below 40 years of age who had hysterectomy was much higher in the southern states of Andhra Pradesh (42%) and Telangana (47%)

Shuchi Jain, Shruti S. Pansare 2017, conducted a quasi experimental study to assess the perception of Indian women on hysterectomy. 96 samples were selected for the study among which the experimental group was given pre operative education whereas the other group had the normal routine care. With the help of a questionnaire the perception of the women were assessed. As the result of the study the group of women who received pre operative teaching showed better positive attitude towards the surgery than the ones who received routine care. The intervened group were more satisfied with the post hysterectomy outcome.

Andrew S. Bossick 2015, conducted a study to assess the post surgery perceptions of hysterectomy patients. The study was performed at Henry Ford Health System in Detroit. The data were collected through structured focus groups with 24 post hysterectomy women in order to identify PCOs to employ in a subsequent cohort study of hysterectomy surgery. Women who had hysterectomy revealed their pre and post operative perceptions. The data suggested an increased need for education and empowerment in the decision making process, while expanding on information given for post operative expectations and somatic changes that occur post hysterectomy.

Vazque Z J. 2008; conducted a transversal, retrospective study to identify the incidence rate, indication as well as the complications of hysterectomy within the high risk group. The medical records of 103 patients who had undergone hysterectomy were studied and the incidence, complications were related with their socio demographic variables and were expressed in frequency, percentages. As a result of the study 8 within 1000 population of obstetric consultations were posted for hysterectomy and the post operative of the surgery was very much effective and satisfying to the women.

Sken Z. 2004, conducted a study to explore women's view of decision making related to hysterectomy, for the study purposive sampling was used for a sample size of 200 patients of hysterectomy. The patients were interviewed later, out of the total samples 97% reported satisfaction with the decision made by them. The study concluded that the women are adequately informed and well involved in the decision made

Garry R, et al.(2004) conducted a study to assess the significant difference between the abdominal and vaginal hysterectomy. 1380 samples were selected via randomization technique in the selected hospital UK. Among the samples 876 had undergone abdominal hysterectomy and the remaining 504 underwent laparoscopic hysterectomy. When compared for the after effects or risk factors, the laparoscopic hysterectomy showed more risk factors and also takes longer time to be performed.

Thakar R, et al(2003) conducted an evaluative study to assess the changes in health status and quality of life and psychological outcomes in their life. For the study he took 179 samples of women undergoing hysterectomy either total or subtotal for any benign disease condition. The samples were selected randomly and interviewed. The result of the study concluded that after hysterectomy the women showed an improvement in their quality of life as well as their psychological outcomes.

Section II: Studies related to Anxiety among Hysterectomy women:-

Tomor Harnod (2018) conducted a population based cohort study to associate increased risk of depression among the hysterectomy patients. Using the National Health Insurance Research database of Taiwan, the researcher investigated a total sample size of 7872 patients who had hysterectomy. The control group comprised of women who never had the surgery. The samples were selected randomly and interviewed. The result of the study showed the overall incidence of depression was 1.02 in the experimental group and 0.66 in the control group. Hence concluding that hysterectomy can be a predisposing factor for depression.

Kanchan Patil et al (2017) conducted a study to correlate anxiety with the clients posted for hysterectomy. A cross sectional, non randomized, single interview study carried out in gynaecological unit of tertiary care hospital. 30 consecutive patients posted for hysterectomy were selected for the study. Each patients were interviewed individually using a semi structured performa. Standard anxiety scale HAM-A was used to gather the anxiety score. The result of the study showed that the majority of the participants expressed psychological disturbances in the form of palpitations, breathlessness, anxiety etc.

Kale Iertola et al (2015) conducted a study to assess the psychological problems among the hysterectomy women, 65 women were assessed for four symptoms of depression or anxiety using the standardized scales of Beck's Depression Inventory, Taylor's Manifest Anxiety Scale. The assessment was done both pre and post operatively. The result of the study showed the women of younger age to be more depressed or anxious as compared to women of later age as well the unmarried, single or divorced women were found to be more tensed before surgery. Hence to conclude the researcher says that the anxiety among the hysterectomy women depends on certain selected demographic variables.

Pietro Gambadauro et al (2014) conducted a study to assess the level of anxiety among the women undergoing hysteroscopy. 99 samples were randomly selected for the study. The level of anxiety was measured with the help of STAI scale. The result of the study showed 13% of the overall samples had moderate to severe anxiety that resulted into post operative, more pain and discomfort as compared to the others.

Lalinec-Michan M, Engelsmann T (2002) conducted a study to assess the level of anxiety, depression and fear among women regarding hysterectomy in selected hospital of united kingdom. A sample of 102 women undergoing hysterectomy were selected through random selection. They were interviewed pre operatively and were asked to fill out the Spielberger's State Trait Anxiety Scale. The result showed that the women who had a high score in the scale were more likely to be depressed both before and after the operation and the same was seen more in those women who were emergency posted for hysterectomy.

Thomton EW, Mcqueen, Rosser R, Kncale T, Dixon K.(2003) conducted a study to assess the mood changes of women undergoing hysterectomy in relation to cognitive pre disposition and familial support in selected hospitals of united kingdom. The level of anxiety and depression were measured with the help of a questionnaire among 89 women selected randomly who were posted for the surgery 3 weeks

later. The result showed that around 54% of the sample reported anxiety and around 26% were found to have depression at clinical levels during the pre operative period. It also implicated that the post operative outcomes were directly related to the mood changes that the women undergo during the pre operative phase of the surgery.

Kain ZU, Sevarino F, Alexander GM, Pincus S, Mayeshe (2002) conducted a study to assess the relation of pre operative anxiety with the post operative pain among the women posted for hysterectomy surgery in selected hospital of New Haven, USA. A sample of 150 were selected for the study through randomization. Pre operative interview was done by the researcher assessing their anxiety, coping strategy and perceived their stress with the help of questionnaire. The result of the study showed that the pre operative anxiety showed a close relation with the post operative chain of events that has an effect on the post operative response.

Carr E, Brockbank K, Allen S, Strike P (2006) conducted a study to assess the patterns and frequency of anxiety pre and post operatively among the women undergoing hysterectomy surgery in selected hospital of United Kingdom. For the study mixed research approach was used, with random selection of the sample. A total of 175 samples were selected for the study. Anxiety was assessed using the Spielberger's State Anxiety Scale before and after the surgery. The study found a higher level of anxiety pre operatively and also concluded that if the pre operative anxiety is addressed on time may help in the reduction of post operative anxiety and other related complications.

Yen JY, et al (2008) conducted a quasi experimental research study to evaluate the risk factors of major depressive disorders and the psychological impact of recent hysterectomy. Randomized sample of 68 women posted for hysterectomy were selected for the study. Data regarding the anxiety, body image, sexual functioning were collected one week prior to the surgery and one month after the surgery. The result clearly showed that the women who had previous emotional problem, proper body image, sexual functioning and high stress are at more risk for post operative major depressive disorder.

Section III: Studies related to effectiveness of therapeutic communication technique in reducing anxiety:

Mahbobeh Abdolrahimi et al (2017) conducted a study to assess the relation of therapeutic communication in nursing students. A literature review was conducted using the keywords such as "nursing student" "patient" and "therapeutic communication", after extracting concept definitions and determining characteristic features, therapeutic communication in nursing students were defined. Then the sample cases were antecedents, consequences and empirical referents of concepts were determined. After assessing around 30 articles it was concluded that besides the routine nursing care if the nursing students as well as the staff practice therapeutic communication the recovery of the patient gets fastened.

Hanan El Sayed et al (2017) conducted a quasi experimental study to assess the effect of pre operative teaching in reducing the anxiety among the clients undergoing hysterectomy. 100 samples were selected for the study with the help of purposive sampling technique. The level of anxiety was measured for both the experimental as well as the control group with the help of standardized anxiety scale (Beck anxiety scale). The experimental group was given pre operative teaching along with the normal nursing routine whereas the control group only had the nursing routine with no pre operative teaching. The result of the study showed that the group with the pre operative teaching showed less anxiety as compared to the one with no pre operative teachings.

Ali Fakhr Movahedi et al (2016) conducted an exploratory study to assess the role of nurse's communication role in nurse patient relationship. The study was qualitative where the data was collected in an interview method, sample size was 23 nurses, patients and their families admitted in the surgery ward of selected hospital in Iran. After analyzing the study the researcher concluded that the nurse's role in patient care is designed according to the patient's need. Hence if the need or demand of the patient is well clarified before the surgery or during admission it will be a great help to plan the individualized care for the patient.

Norvin T Miguel (2014) conducted a study to assess the relationship of therapeutic communication technique of the staff nurses with the medical patients. Descriptive-co relational design with questionnaire was used to collect the data. 129 staff nurses and 331 medical patients were selected for the study with the help of purposive sampling technique. The data collected were used to show the therapeutic relationship developed by the staff nurses. The result of the study showed that the technique of empathy was missing out by the staff nurses while developing the bond other than that the concept of therapeutic relationship was different for both the nurses as well as the staffs.

Cheung LH, Callaghan P, Chang AM (2013) conducted a quasi experimental study to assess the effect of cognitive intervention with information regarding surgery given pre operatively with the post operative outcomes of women undergoing hysterectomy. 96 samples were selected randomly where 48 were in the experimental group and 48 in the control group. The experimental group was given cognitive intervention along with the information whereas the control group was given only the routine advices. The group that received the cognitive intervention showed less post operative anxiety score, lower pain scores and higher level of satisfaction than the control group.

Sharma B (2007) conducted a descriptive study to assess the level of satisfaction of patient regarding the nursing care(in terms of both services and emotional support) being provided to them. Sample sizes of 40 patients were selected via convenient sampling technique. Data were collected with the help of semi structured interview. The result showed that the level of satisfaction was found high among the patients who were continually updated about their treatment regimen.

Irma P.M et al (2007) conducted a study to evaluate the communication training programmes in nursing care. 14 studies based on the impact of therapeutic communication on patient care satisfaction was evaluated in this study. The selected study were screened on several independent, process and outcome variable which can give more effective explanations for the training programs of the nurse's effective care. On the whole the study revealed limited effect of communication training program on the nurse's skill or behavioral changes in practice.

San V Naryanan, Lovely Thomas, Jayashree AS, Deepa Ninan, Philomina (2007), conducted a quasi experimental study to assess the pre operative stress among the women undergoing hysterectomy. A sample of 20 patients were randomly selected from selected hospital in Kerala. Pre test was conducted and the stress level was calculated, the experimental group were then intervened with the knowledge regarding the surgery as well as solved their other queries regarding the admission or any procedure. After four hours the post test was conducted. The result of the study clearly shows that the pre operative knowledge giving in a therapeutically manner regarding the surgery definitely helps in reducing the anxiety among the women undergoing the surgery.

Kiyohasa LY(2004) conducted a quasi experimental study to assess the relationship between anxiety regarding surgery with the surgery information given prior to the surgery. A sample of 150 patients were randomly selected for the study. The anxiety was assessed with the help of Spielberger's State Anxiety

Scale along with interview of all the sample. The result of the study showed that the unfamiliarity with the surgery results in increase level of anxiety whereas the knowledge regarding the surgery helped in reducing the anxiety level of the patients before surgery.

Junaid masood, halen forristal, Robert cornes et al,(2007) conducted a questionnaire study on audit of patients satisfaction and anxiety in relation with the nursing care in terms of counseling and emotional support. The questions were concerned with the provision of information and the patient's satisfaction regarding the nursing services provided. The result showed that the patients who had received good emotional support from the nurses as well as good knowledge regarding their treatment showed less anxiety and better patient satisfaction regarding nursing service.

Perla, Lisa (2003) conducted a quasi experimental study on the evaluation of communication between the nurses and the patient. 21 nursing staff and 16 patients participated in the study. Pre test was done via semi structured interview and the intervention was carried out for 5 weeks, the post test was done on the 10th week. The result of the study showed that effective communication can help the nursing staff to enhance their nursing practice as well as their job satisfaction.

CHAPTER 3

Methodology:

The methodology is the most important part of research as it is the framework for conducting a study. It indicates the general pattern for organizing the procedure together with valid and reliable data for an investigation.

This chapter deals with the methodology adopted to assess the effectiveness of therapeutic communication technique in reducing the level of anxiety among the clients undergoing hysterectomy in a selected hospital, Meerut.

3.1 Research Approach

The research approach is the broad based procedure for the collection of data in a particular situation. A research approach tells the researcher that what data is to be collected and how to analyze them. It is the overall plan of the researcher to carry out the research.

Pilot and Back (2011) stated that the evaluation research is an applied form of research that involves to find out how well a procedure, program, knowledge or a policy is working, this is to assess and evaluate the success of any program.

In this context to find out the effectiveness of the therapeutic communication technique in reducing the anxiety among the clients undergoing hysterectomy, the quantitative evaluative research approach is found out to be effective.

3.2 Research design:

Research design is considered as the backbone of the study as it determines how the study will be proceeding, when and how the pre test and post test has to be conducted, and when the intervention(if any) has to be applied, in a way it can be considered as a blueprint of the study.

Kothari (1998) stated that research design is the overall plan for addressing research question including specification for enhancing the integrity of the study.

For the study the researcher has adopted the quasi experimental (non equivalent control group design). Schematic representation of the research design:

Group	After getting admitted for the surgery		Before going for the surgery
	Pre test (p1)	Treatment(x)	Post test(p2)
Experimental Group	To assess the level of anxiety among the clients undergoing hysterectomy. (day 1)	Implementation of therapeutic communication technique to assess the effectiveness on the level of anxiety (day 2,3)	To assess the level of anxiety after the implementation of therapeutic communication technique. (day4)
Control group	To assess the level of anxiety among the clients undergoing hysterectomy.	-----	To assess the level of anxiety without the implementation of therapeutic communication technique.

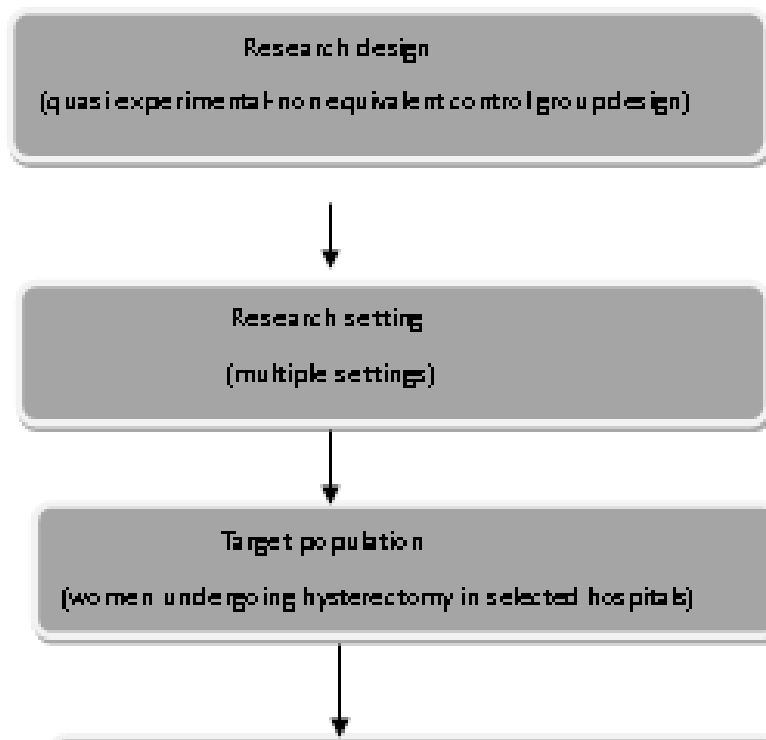
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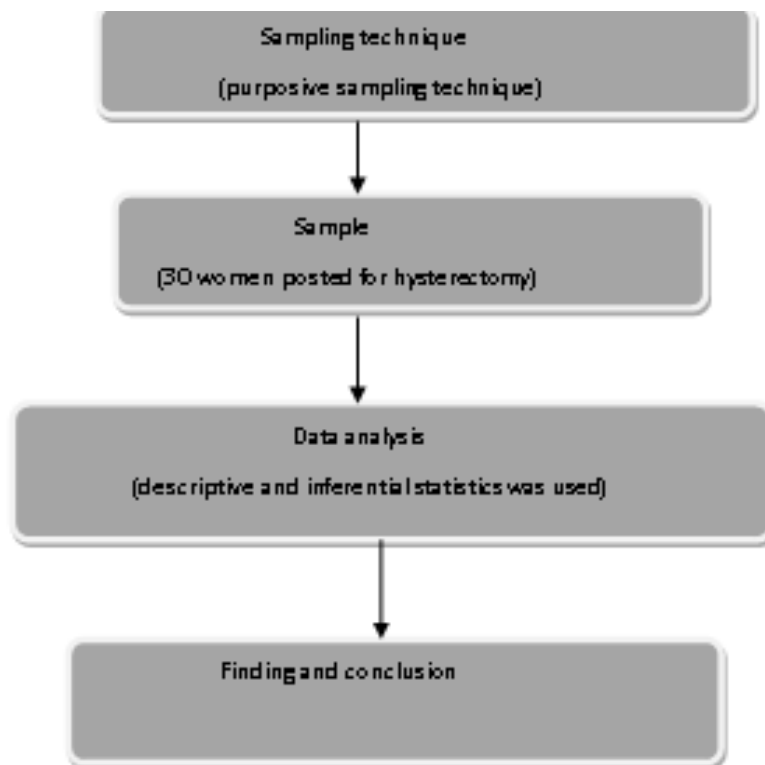
P1: pre test assessing the anxiety level of clients undergoing hysterectomy

X: the intervention of the therapeutic communication technique

P2: post test assessing the level of anxiety among the clients undergoing hysterectomy

Schematic diagram of research design:





3.3 VARIABLES:

According to Sharma S.K.(2011) "Variables are attribute or characteristics that can have more than one value".

Kothari CR (2002). A concept which can take in different quantitative value is called as variables.

INDEPENDENT VARIABLES:

According to Polit and Hungler (1999) the independent variables that is believed to care or influence the behaviour and ideas.

The independent variables is a condition or characteristics that the researcher manipulates or control in an attempt to ascertain their relationship to observed phenomenon.

In this study, **independent variable is the therapeutic communication technique.**

DEPENDENT VARIABLE

"It is response, behaviour or outcome that the researchers want to predict or explain changes in the dependent variable are presumed to be caused by the independent variable".

In this study dependent **variable is the level of anxiety among the clients undergoing hysterectomy.**

EXTRANEOUS VARIABLE

The undesirable variables are known as the extraneous variable or in other words anything other than the independent and the dependent variables that can influence your study is termed as the extraneous variable.

In this study the extraneous variable will be the other health care professionals or any source of information other than the researcher herself that will impart any information to the client regarding the surgery or answering any of her query.

3.4 SETTING OF THE STUDY

According to pilot and back(2011) "setting is a physical location and condition in which data collection takes place in the study". The selection of appropriate set up is important because the set up can influen-

nce the way people behave or feel and how they respond.

The present study was conducted in multiple setting:

- FALAH E AAM HOSPITAL
- BHUPAL HOSPITAL
- MUSKAN HOSPITAL

Criteria for the selection of the hospital:

1. Administrative approval and expectation of co-operation for the study.
2. Familiarity with the study
3. Geographical proximity of the setting
4. Feasibility to conduct the study
5. Easy access to subjects.

3.5 POPULATION

pilot and back(2011) described population as the entire aggregation of cases that meet at designated set of criteria. The need to describe the population of the study arises because of the specification of the application of the result of the study.

The conclusion of research study is based on the data obtained from the accessible population and the statistical inferences made out of the collected data.

In this study the population will be the women undergoing hysterectomy in the selected hospitals at Meerut.

3.6 SAMPLE:

A sample is a small portion of the population selected for the observation and analysis.(Polit and Hungler)

The sample of the study consists of the women undergoing hysterectomy in the selected hospitals at Meerut.

3.7 SAMPLING TECHNIQUE:

Sampling technique is defined as the technique used for selecting samples or representative units from the population. (B.T. Basvanthappa)

For the study purposive sampling technique has been used.

3.8 SAMPLING SIZE:

Total 30 samples were selected for the study. 15 for the experimental group and the remaining 15 for the control group.

3.9 CRITERIA FOR SAMPLE SELECTION:

Inclusion criteria:

- Women admitted for hysterectomy.
- Women between the age group of 26 to 55 years.
- Women who are able to communicate in Hindi and English
- Women who are willing to participate in the study.

Exclusion criteria:

- Women readmitted after hysterectomy.
- Women having any psychiatric history or complaint.

3.10 TOOLS FOR DATA COLLECTION:

Tool 1: socio demographic data of the clients undergoing hysterectomy consisting of age, religion, marital status, education, occupation, no: of children, type of family, any surgery before, previous knowledge regarding hysterectomy.

Tool 2: Spielberger's structured state anxiety scale to assess the current level of anxiety among the clients undergoing hysterectomy.

3.11 DATA ANALYSIS METHOD:

Data analysis will be done by descriptive (mean, frequency, percentage and standard deviation) and inferential (chi square test, paired t test) statistics. Frequency and percentage distribution will be done to analyze demographic variables. Mean and standard deviation will be used to assess the level of anxiety among the women undergoing hysterectomy. Both paired and unpaired t test will be used to assess the effectiveness of therapeutic communication technique among the experimental as well as the control group for the study. Chi square test will be used to find out the association between the level of anxiety with the socio demographic variables.

3.12 DEVELOPMENT AND DESCRIPTION OF TOOL:

Tools are the procedure or instruments used by the researcher to collect data. The tool is prepared according to the objectives of the study with the support from the review of literature which provides with adequate content for the tool.

The most important aspect of any research is the collection of appropriate information, which would provide necessary data to answer the question raised in the study.

Tool 1: socio demographic data of the clients undergoing hysterectomy consisting of age, religion, marital status, education, occupation, no: of children, type of family, any surgery before, previous knowledge regarding hysterectomy.

Tool 2: Spielberger's structured state anxiety scale to assess the current level of anxiety among the clients undergoing hysterectomy.

The State-Trait Anxiety Inventory is one of the first tests to assess both state and trait anxiety separately. Each type of anxiety has its own scale of 20 different questions that are scored. Scores range from 20 to 80, with higher scores correlating with greater anxiety.

Each measure has a different rating scale. The 4-point scale for S-anxiety is as follows: 1.) not at all, 2.) somewhat, 3.) moderately so, 4.) very much so.

Positive Statement:

- Not at all -4
- Some what -3
- Moderately so - 2
- Very much – 1

Negative Statement [Reverse Score]

- Not at all - 1
- Some what - 2
- Moderately so - 3
- Very much – 4

Scoring: Mild anxiety- 20 to 39

Moderate anxiety- 40 to 59

Severe anxiety- 60 to 80

3.13 CONTENT VALIDITY:

According to Kothari (2006), Content validity refers to the extent to which a measuring instrument provides adequate coverage of the topic under study. Content validity represents the universe of content or the domain of the gain construct. The universe of content provides the frame work and basis for formulating the items.

In order to obtain the content validity the tools were sent to 7 experts from the field of nursing as well as medical professionals. They were selected on the basis of their experience, expertise and interest. They were required to judge the relevancy, objectivity and appropriateness of the content area. No such significant suggestions were given by the expertise except for the addition of one extra variable (any surgery before) was added to the demographic tool after the discussion with the guide.

3.14 THERAPEUTIC COMMUNICATION TECHNIQUE:

Is defined as the face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient. Nurses use **therapeutic communication** techniques to provide support and information to patients.

The techniques include:

1. Listening
2. Broad opening
3. Restating
4. Clarification
5. Reflection
6. Humour
7. Informing
8. Focusing
9. Sharing perception
10. Theme identification
11. Silence
12. Suggesting

3.15 RELIABILITY OF THE TOOL:

According to Kothari (2003), the test of reliability is an important test of sound measurement. A measuring instrument is reliable if it provides consistent results. Pre testing and establishing reliability is the process of measuring the effectiveness of an instrument. The purpose is to reveal problems relating

to answers, compiling and returning the instrument and to point out weakness in the administration of the instrument.

The STAI tool is a standardized tool for assessing the anxiety level of the person in the current scenario. The reliability of the Hindi tool used for the study is 0.85

3.16 PILOT STUDY:

The purpose of the pilot study was to find out the practicability and feasibility of conducting the study and deciding the plan for data analysis. Before starting with the pilot study the administrative approval was taken from the respective hospitals. The pilot study was conducted from **25-03-2019 to 10-4-2018** among clients undergoing hysterectomy surgery.

On the first day the pre test was done with the help of STAI, followed by the intervention for 3 days comprising of interactive session of around 30 to 40 minutes. The post test was obtained one day prior to the operation of the women.

3.17 PROCEDURE FOR DATA COLLECTION:

EXPERIMENTAL GROUP

- The researcher introduced herself and the purpose of study was explained to the client posted for hysterectomy.
- The clients were explained about the nature of the study and their expected participation.
- Informed consent was taken and Confidentiality was assured.
- To obtain free and frank response the purpose of the study was explained.
- On 1st day of their admission to the ward for the surgery the pre test was obtained followed by the initiation of the working phase of the therapeutic communication.
- The interaction with the clients started from the first day itself keeping in mind the therapeutic communication technique.
- On day before the surgery the post test was obtained from the same sample.

STEPS: CONTROL GROUP

- The researcher introduced herself and the purpose of study was explained to the client posted for hysterectomy.
- The clients were explained about the nature of the study and their expected participation.
- Informed consent was taken and Confidentiality was assured.
- To obtain free and frank response the purpose of the study was explained.
- On 1st day of their admission to the ward for the surgery the pre test was obtained.
- On day before the surgery the post test was obtained from the same sample.

3.18 PLAN FOR FINAL DATA ANALYSIS:

The data was entered into the master sheets. Keeping in view the objectives of the main study, the descriptive and the inferential data analysis was done.

The collected data has been organized, tabulated and analyzed by using the descriptive(mean, standard deviation, mean score and percentage) and inferential(paired and unpaired t test and chi square)statistics.

SUMMARY:

This chapter dealt with the methodology undertaken for the study. It includes research approach, research design, setting of the study, variables, populations, samples and sampling technique, description of the tool, pilot study, data collection procedure and the plan for data analysis.

Chapter IV**DATA ANALYSIS AND INTERPRETATION**

Research is based on its type of design and the used statistical technique to achieve the main aim of scientific evaluation of empirical findings in nursing sciences. However, the type of research study and statistical analysis of the data should be decided on the basis of its proposed aims, objectives and the availability of the resources in addition to ethical consideration. Scientific methods of statistical analysis provide very effective data for understanding and in-depth study of any branch of knowledge such as nursing. It facilitates interpretation of facts and application in nursing science.

According to Pilot & Beck statistical procedure enables the researcher to organize, analyze, interpret, evaluate and communicate numerical information meaningfully. This chapter deals with the evaluative result of the study to find the effectiveness of therapeutic communication technique in reducing anxiety among the clients undergoing hysterectomy.

Objectives:

- To assess the level of anxiety among the clients undergoing hysterectomy.
- To assess and evaluate the level of anxiety among the clients undergoing hysterectomy before and after the administration of therapeutic communication technique.
- To compare the level of anxiety among the client undergoing hysterectomy in the experimental and control group.
- To find out the association between post test level of anxiety with their selected socio-demographic variables.

Hypothesis:

All hypotheses will be tested at 0.05 level of significance.

H1: There will be significant difference between level of anxiety among the clients undergoing hysterectomy before and after the administration of therapeutic communication technique as evidenced by standard **STRUCTURED SPIELBERGER'S STATE ANXIETY SCALE**

H2: There will be significant association between the post test levels of anxiety among the clients undergoing hysterectomy with selected socio demographic variables.

Presentation of data:

The collected data was tabulated, organized and analyzed using descriptive and inferential statistics as follow:

Section I: Description of the demographic variables of the samples

Section II: Analysis of the pre test and post test score level of anxiety among the samples

Section III: Association between the post test level of anxiety among the samples with the socio demographic variables.

Section I: Description of the demographic variables of the samples

Table 1: Frequency and percentages distribution of socio-demographic characteristics in experimental and control group among the clients undergoing hysterectomy

S.no	Socio-demographic variables	Experimental group N= 15		Control group N= 15	
		f	%	f	%
1.	Age in year				
	26 - 30	0	0	0	0
	31 - 40	0	0	5	33.33
	41 - 50	11	73.33	6	40
	51 - 55	4	26.67	4	26.67
2.	Religion				
	Hindu	11	73.33	12	80
	Christian	0	0	0	0
	Muslim	4	26.67	3	20
	Sikh	0	0	0	0
	Others	0	0	0	0
3.	Marital status				
	married	12	80	14	93.33
	unmarried	0	0	0	0
	divorcee	0	0	0	0
	widow	3	20	1	6.67
4.	No: Of children				
	Two or more	14	93.33	14	93.33
	one	1	6.67	1	6.67
	none	0	0	0	0
5.	Education				
	No formal education	4	26.67	4	26.67
	Primary education	4	26.67	3	20
	High school	2	13.33	3	20
	Higher secondary	5	33.33	3	20
	PG/degree holder	0	0	2	13.33
6.	occupation				
	Govt. employee	0	0	0	0
	Private employee	2	13.33	0	0
	Self business	0		1	6.67
	unemployed	13	86.67	14	93.33
7.	Type of family				
	Nuclear family	12	80	11	73.33
	Joint family	3	20	4	26.67
	Extended family	0	0	0	0
8.	Any surgery before				

	yes	3	20	5	33.33
	no	12	80	10	66.67
9.	Previous knowledge regarding hysterectomy				
	Health worker	0	0	3	20
	Family	1	6.67	0	0
	friends	4	26.67	6	40
	No information	10	66.67	6	40

Data presented in table depicts in experimental group that:

- The data represented in table-1 shows that, 0% were in age of 26 to 31 yrs, 0% in the age group 31 to 40 years, 11(73.33%)were in age of 41 to 50yrs, 4(26.67%) were in the age group 51 to 55 years.
- As per the religion 11(73.33%) were Hindu, none from Christian, Sikh and others, and 4(26.67%) were from Muslim.
- As per the marital status 12(80%) were married, none were unmarried or divorcee, and 3(20%) were widow.
- As per the number of children 14(93.33%) were having two or more children, 1(6.67%) were having one child and none were from the category of no children.
- As per education none were from degree holder/PG, 4(26.67%) were having no formal education, 4(26.67%) were having primary education, 2(13.33%) had education till the high school, 5(33.33%) were having higher secondary education.
- As per occupation 0 were government employee, 2(13.33%) were private employee, 0 from self business and 13(86.67%) were unemployed.
- As per type of family 12(80%) were from nuclear family, 3(20%) were from joint family and none were from extended family.
- As per the occurrence of any surgery before 3(20%) had some other surgery before and 12(80%) never had any surgery before.
- As per the previous knowledge regarding hysterectomy 1(6.67%) had the knowledge from their family, 4(26.67%) had the knowledge from friends and 10(66.67%) had no knowledge regarding hysterectomy.

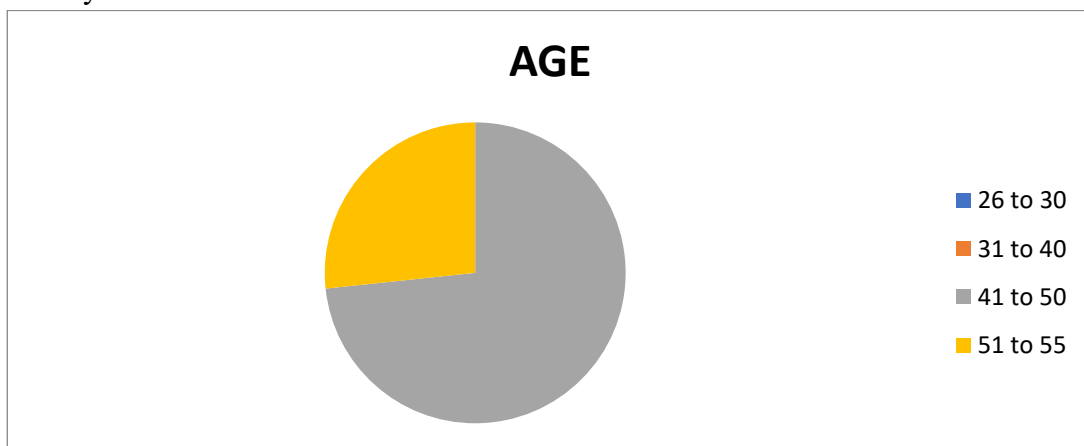


Fig: 1.1 The above pie diagram depicts the percentage distribution of age among the clients in the experimental group.

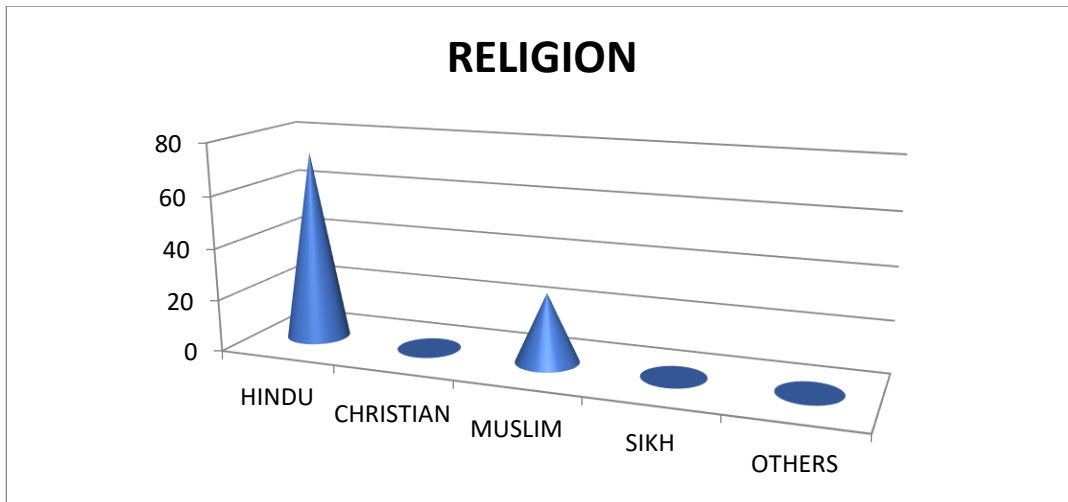


Fig : 1.2 The above pie diagram depicts the distribution of religion among the clients in the experimental group.

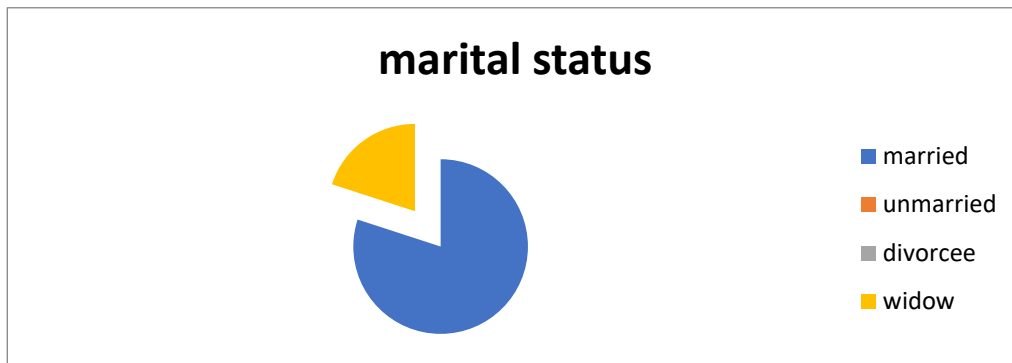


Fig: 1.3 The above pie diagram depicts the percentage distribution of clients according to their marital status in the experimental group.

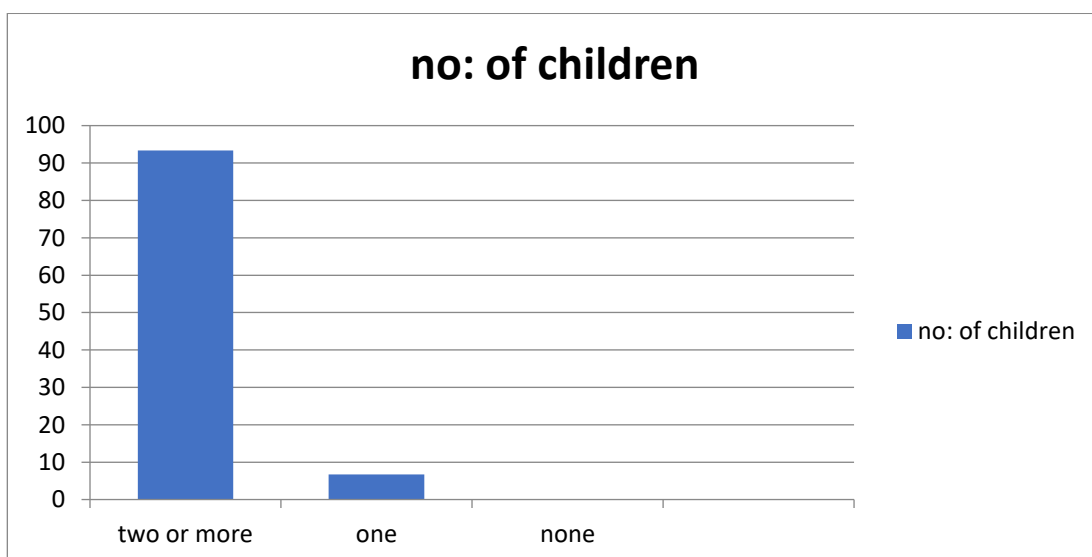


Fig: 1.4 The above pie diagram shows the percentage of the no: of children the clients in the experimental group have.

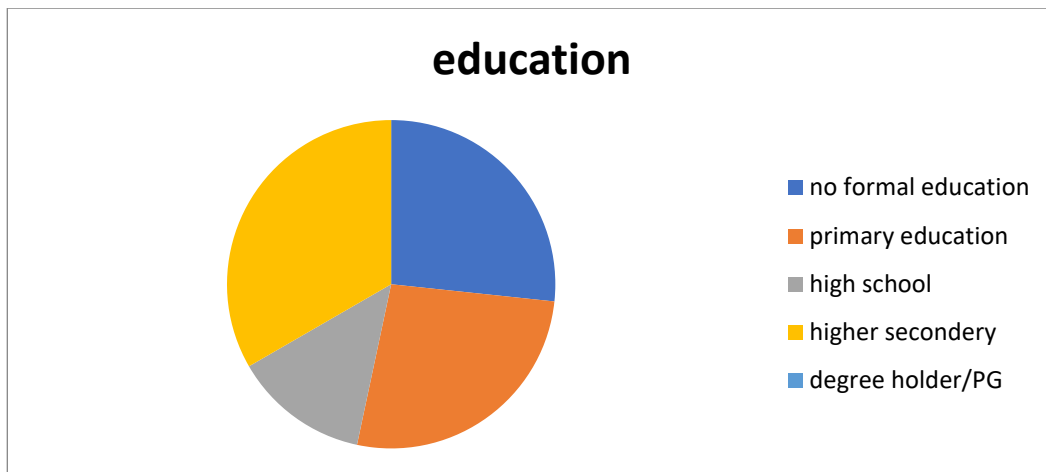


Fig: 1.5 The above pie diagram shows the percentage distribution of the clients in terms of education among the experimental group.

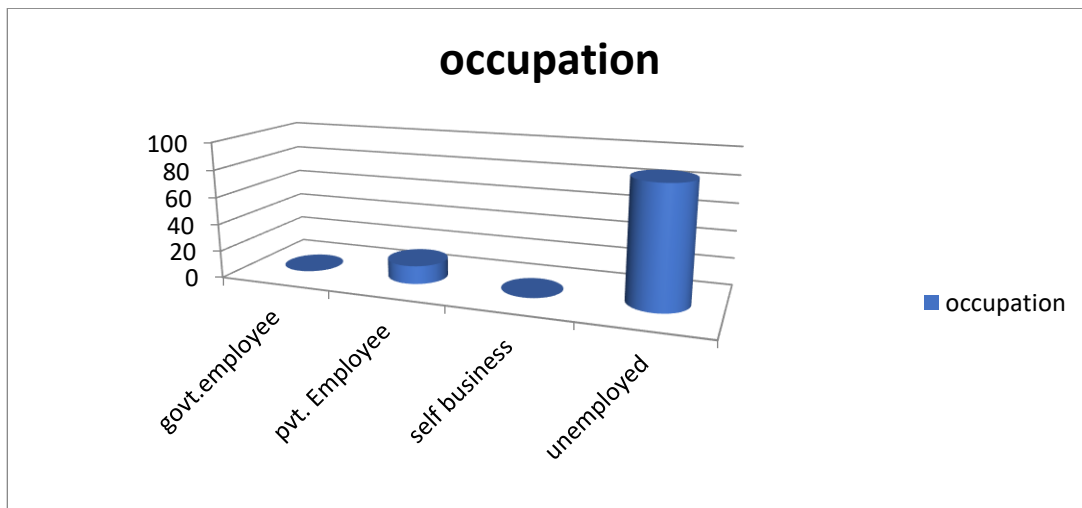


Fig: 1.6 The above pie diagram shows the distribution of occupation among the clients in the experimental group.

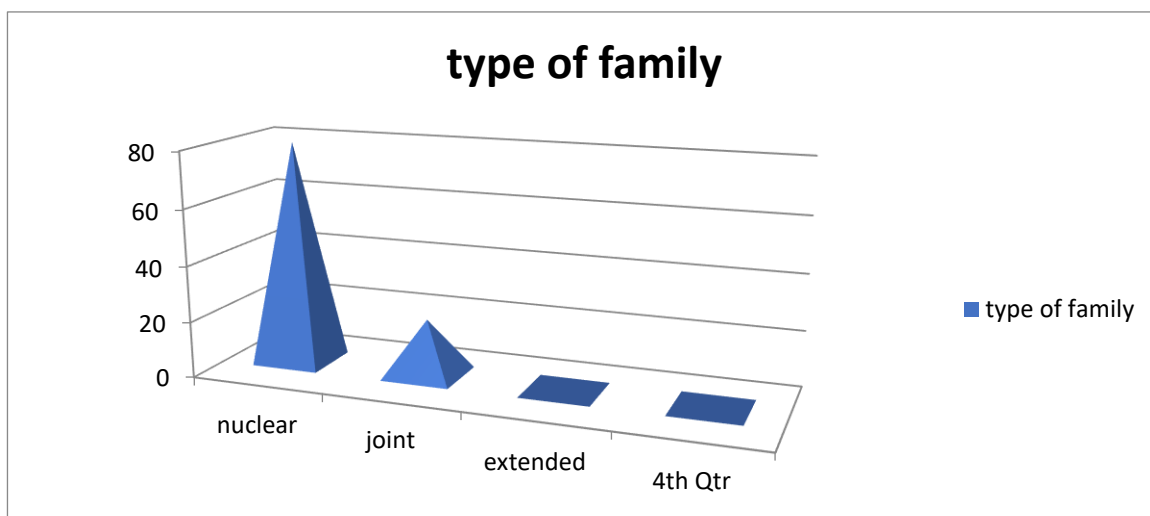


Fig: 1.7 The above pie diagram shows the percentage distribution of the type of family the clients from the experimental group belong to.

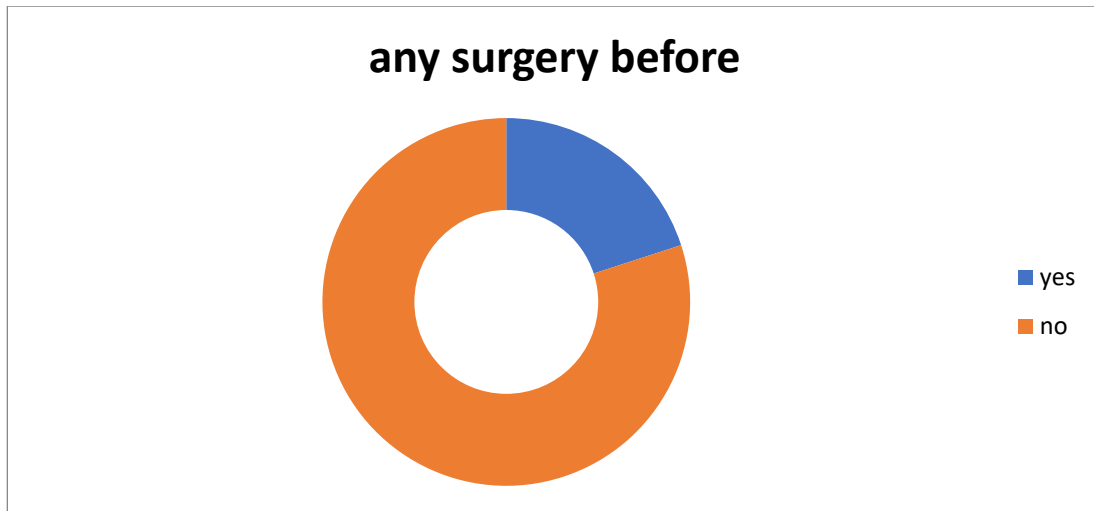


Fig: 1.8 The above pie diagram shows the percentage distribution of the clients in terms of having any surgery before in the experimental group.

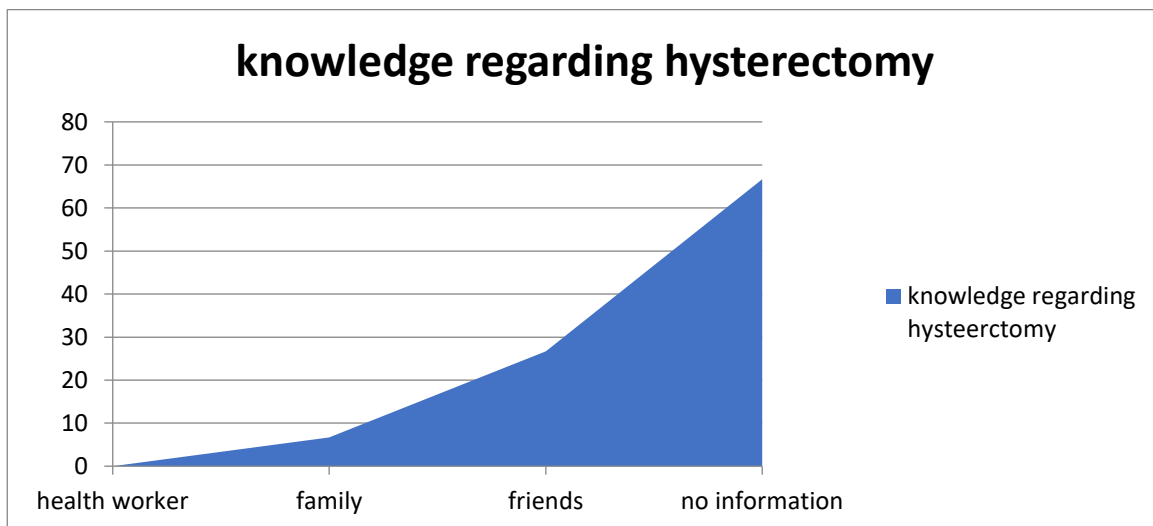


Fig: 1.9 The above pie diagram shows the percentage distribution of the clients in terms of having knowledge regarding hysterectomy in the experimental group.

Data presented in table depicts in control group that:

- The data represented in table-1 shows that in this group 0 were in age of 26 to 31 yrs, 5(33.33%) in the age group 31 to 40 years, 6(40%) were in age of 41 to 50yrs, 4(26.67%) were in the age group 51 to 55 years.
- As per the religion 12(80%) were Hindu, none from Christian, Sikh and others, and 3(20%) were Muslim.
- As per the marital status 14(93.33%) were married, none were unmarried, and divorcee, 1(6.67%) was widow.
- As per the number of children 14(93.33%) were having two or more children and 1(6.67%) were having one children and none from the category of no children.

- As per education 4(26.67%) had no formal education, 3(20%) were having primary education, 3(20%) were having high school education, 3(20%) were higher secondary and 2(13.33%) from post graduate course.
- As per occupation 0 were government employee, 0 private employee, 1(6.67%) from self business and 14(93.33%) were unemployed.
- As per type of family 11(73.33%) were from nuclear family, 4(26.67%) were from joint family and none from the extended family.
- As per the occurrence of any surgery before 5(33.33%) had some other surgery before and 10 (66.67%) never had any surgery before.
- As per the previous knowledge regarding hysterectomy 3(20%) had the knowledge from health care workers, 6(40%) had the knowledge from friends and 6(40%) didn't had any knowledge regarding hysterectomy.

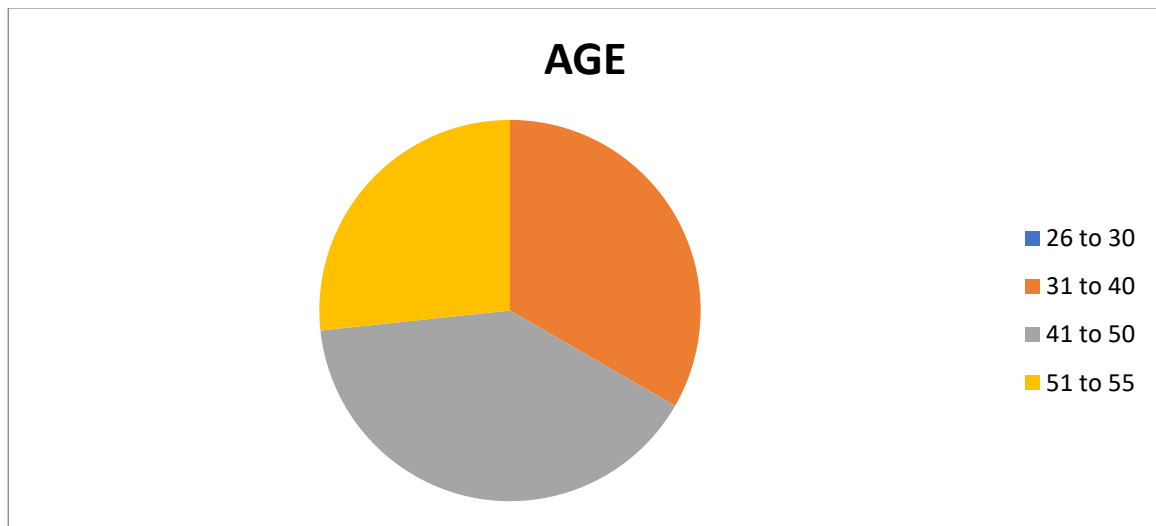


Fig: 1.1a The above pie diagram shows the percentage distribution of the clients according to their age in the control group.

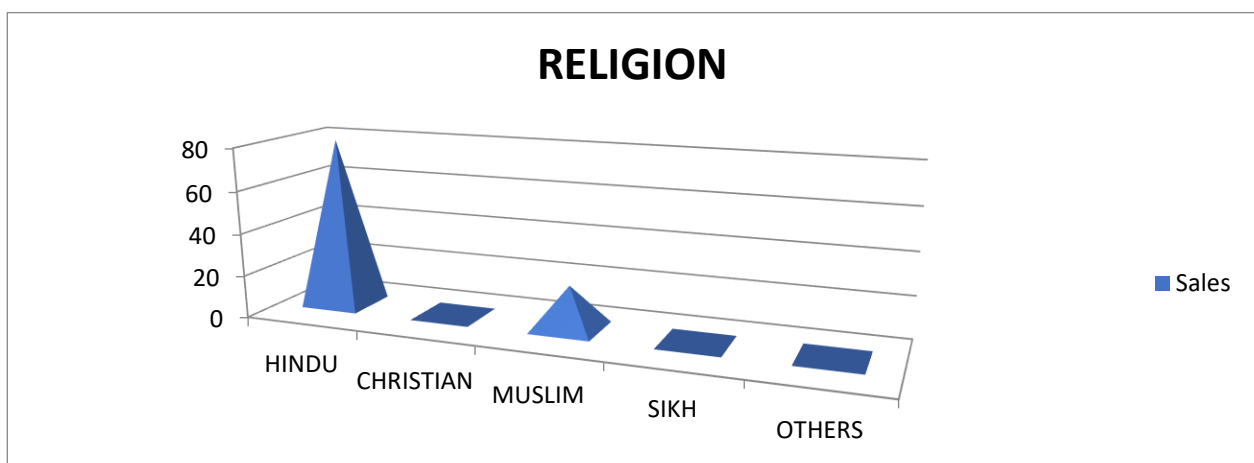


Fig: 1.2b The above pie diagram shows the percentage distribution of clients according to their religion in the control group.

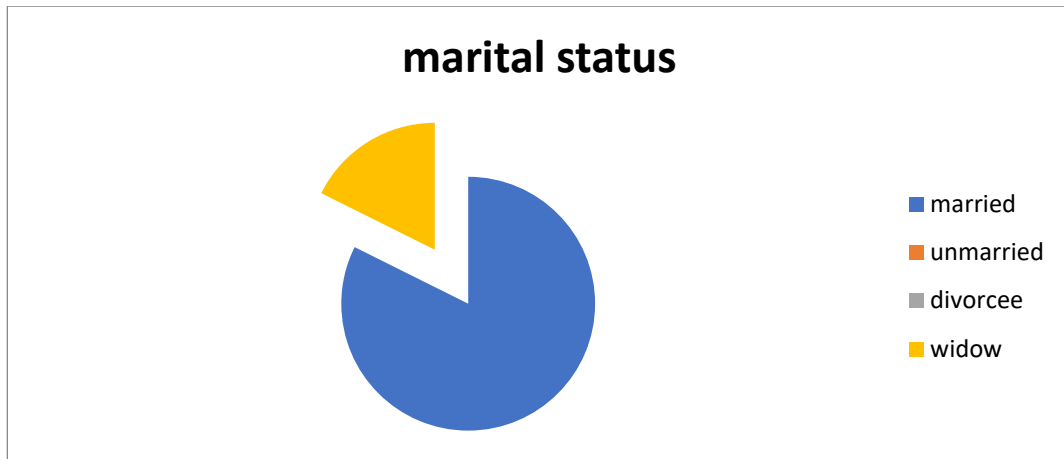


Fig: 1.3c The above pie diagram depicts the percentage distribution of clients according to their marital status in the control group.

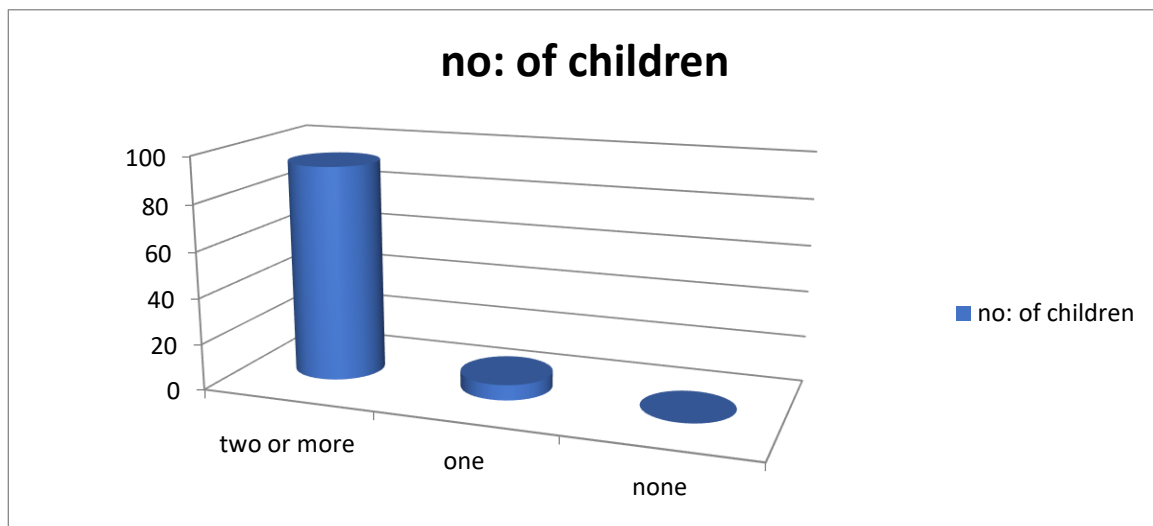


Fig: 1.4d The above pie diagram shows the percentage of the no: of children the clients in the control group have.

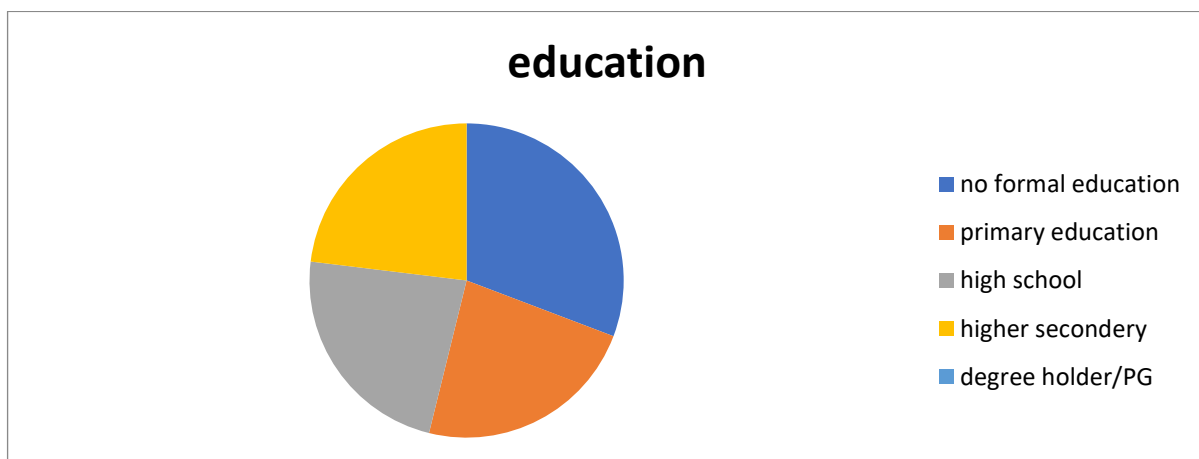


Fig: 1.5e The above pie diagram shows the percentage distribution of the clients in terms of education among the control group.

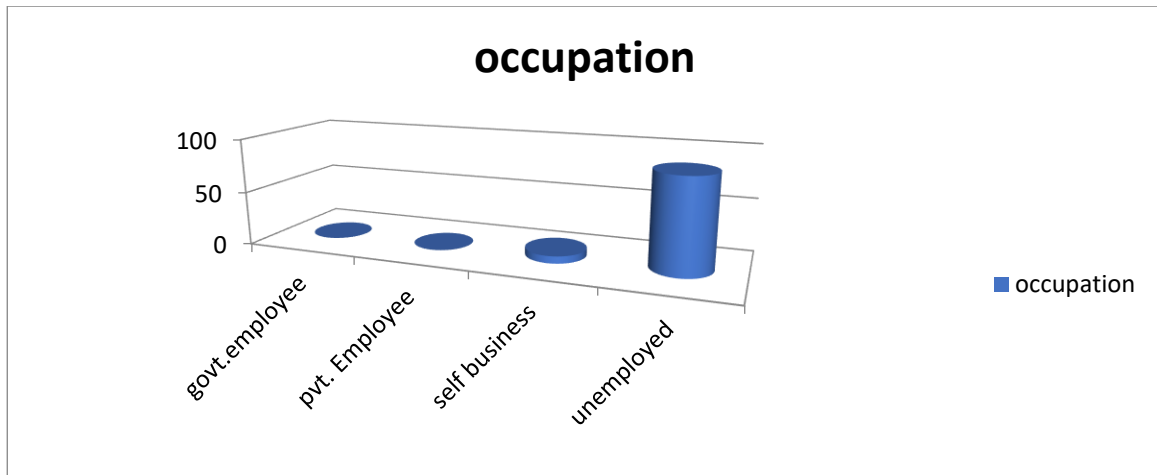


Fig: 1.6f The above pie diagram shows the distribution of occupation among the clients in the control group.

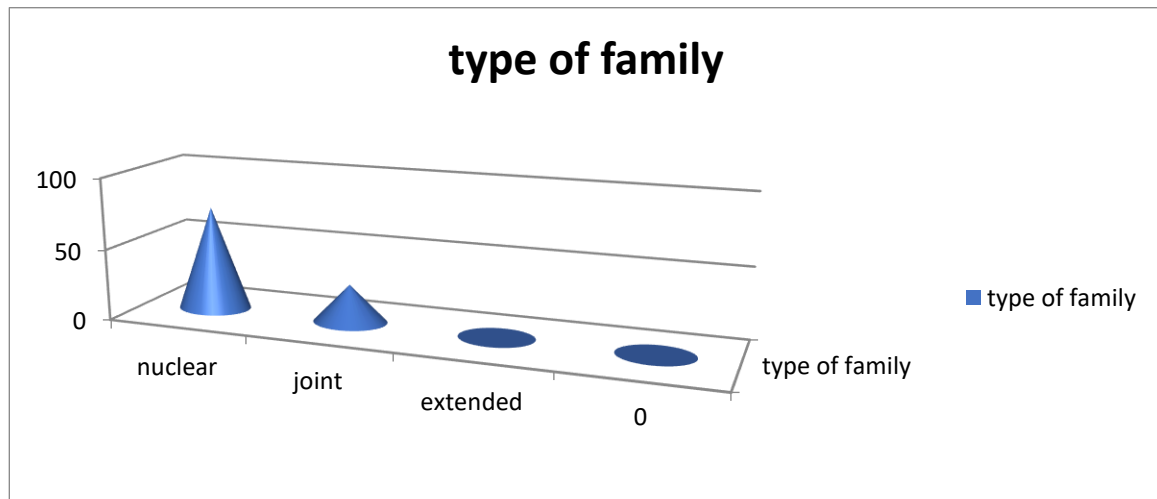


Fig: 1.7g The above pie diagram shows the percentage distribution of the type of family the clients from the control group belong to.

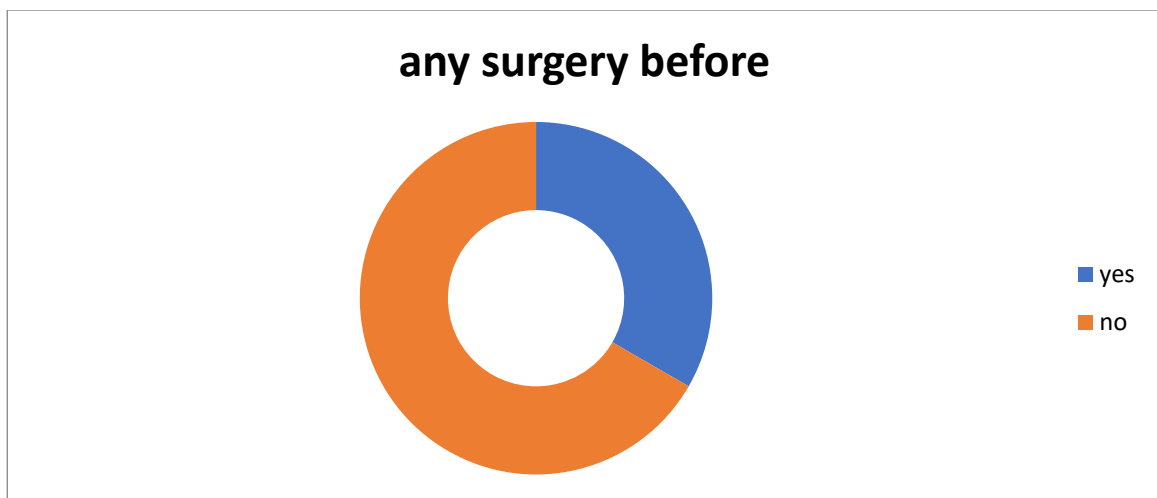


Fig: 1.8h The above pie diagram shows the percentage distribution of the clients in terms of having any surgery before in the control group.

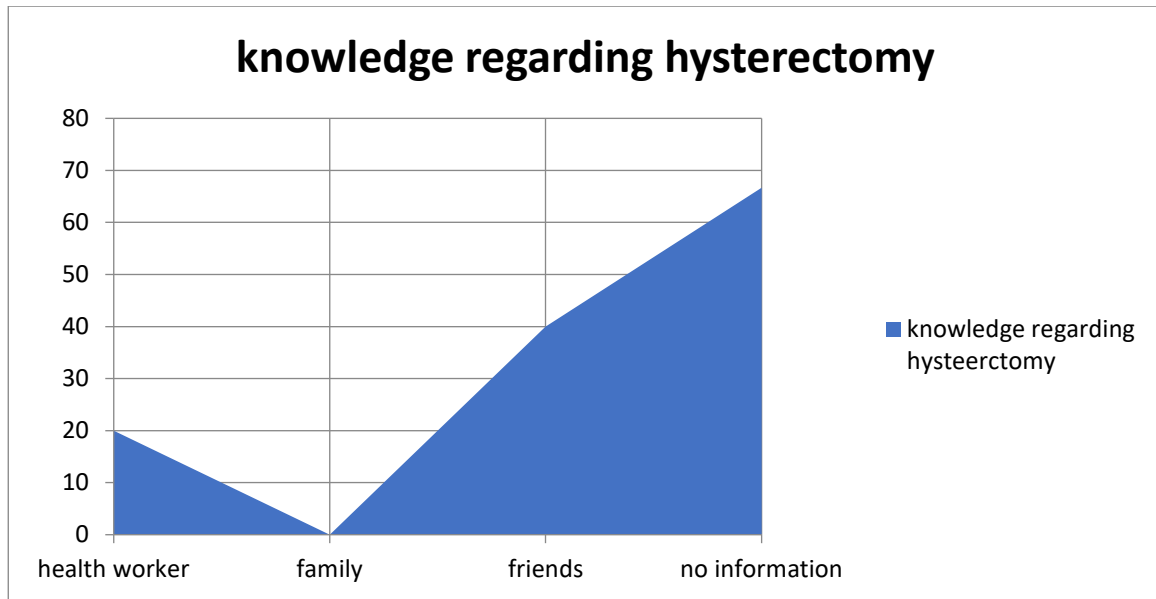


Fig 1.9 I The above pie diagram shows the percentage distribution of the clients in terms of having knowledge regarding hysterectomy in the control group.

Section II: Analysis of pre test and post test level of anxiety score among the clients undergoing hysterectomy

This section deals with the details of pre test and post test level of anxiety score, which was measured with the help of standardized anxiety scale STAI.

Tool -2(a)

Table 2(a) Frequency and percentage of pre-test and post-test score of anxiety level of clients undergoing hysterectomy in experimental group

S.no.	Level of anxiety	Experimental group			
		Pre-test		Post-test	
		f	%	f	%
1.	Mild anxiety	6	40	8	53.33
2.	Moderate anxiety	9	60	7	46.67
3.	Severe anxiety	0	0	0	0

The above data shows that the pre test of the experimental group had the maximum of moderate anxiety 9(60%) which eventually reduced to 7(46.67%) in the post test showing the effectiveness of the therapeutic communication technique.

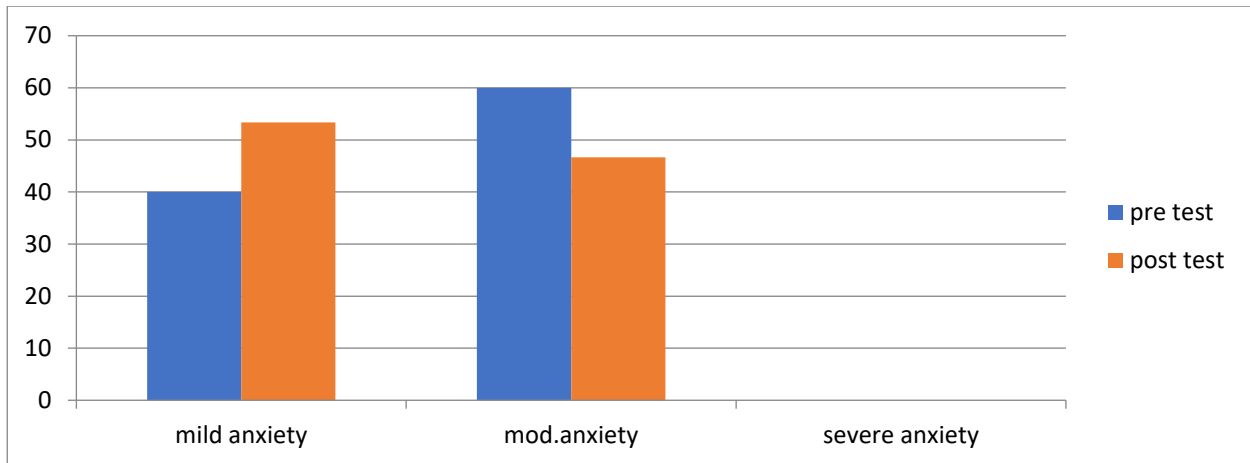


Fig: 2(a) - The above bar diagram depicts the distribution of anxiety in the pre and post test of experimental group.

Tool -2(b)

Table 2(b) Frequency and percentage of pre-test and post-test score of anxiety level of clients undergoing hysterectomy in control group

S.no.	Level of anxiety	control group			
		Pre-test		Post-test	
		f	%	f	%
1.	Mild anxiety	7	46.67	5	33.33
2.	Moderate anxiety	8	53.33	9	60
3.	Severe anxiety	0	0	1	6.67

The above data shows that the maximum frequency in the pretest was 8(53.33%) in the control group which increased to 9(60%) in the post test showing the increase in the anxiety level.

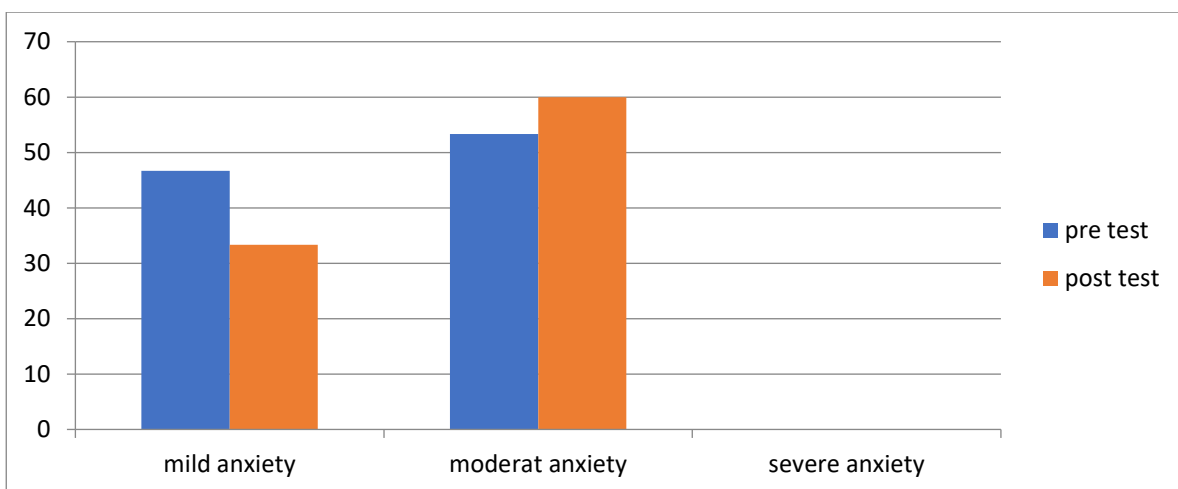


Fig 2(b) - The above bar diagram depicts the distribution of anxiety in the pre and post test of control group.

Tool -2(c)

Table 2(C) Mean and standard deviation of pre-test and post-test of the scores of anxiety of experimental group

Experimental group	Mean	Standard Deviation
Pre-test	44.47	8.14
Post-test	40.27	6.38

Data represented in table shows that the mean of the post test in the experimental group is 40.27 which is less than the pre test of 44.47 showing the reduction in the level of anxiety as a result of the therapeutic communication technique used for this group.

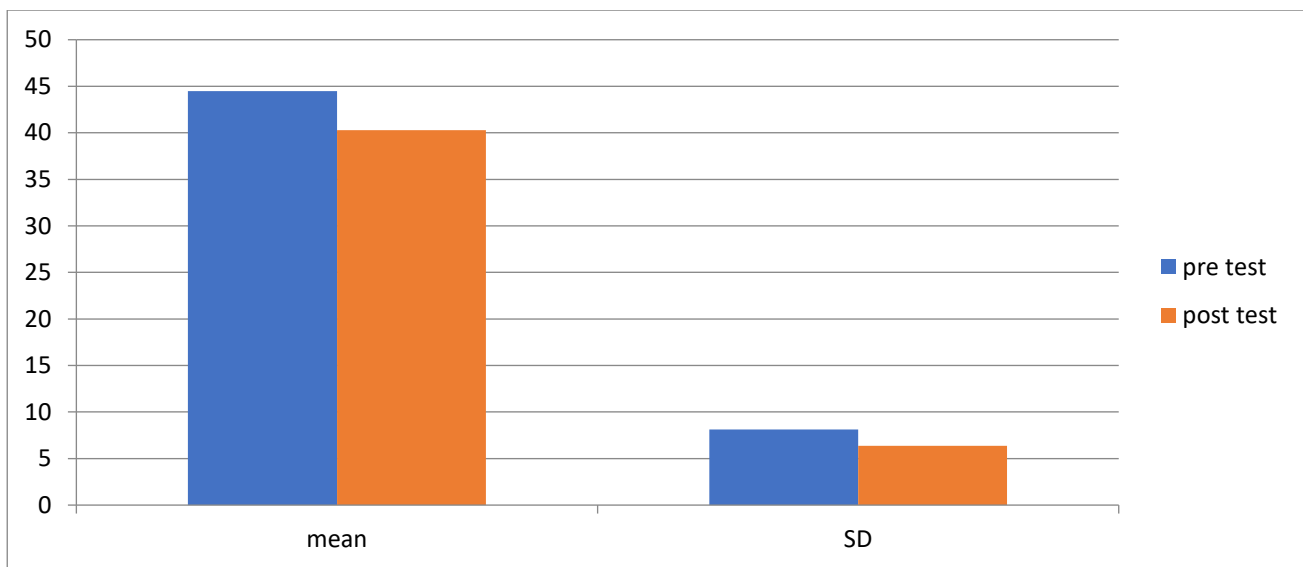


Fig 2(C) - The above histogram depicts the distribution of mean and SD of the pre and post test of the experimental group.

Tool -2(d)

Mean and standard deviation of pre-test and post-test of the scores of anxiety of control group

Control group	Mean	Standard Deviation
Pre-test	44.4	7.44
Post-test	47.07	6.99

Data represented in the table shows that in the control group the pre test score of 44.4 increased to 47.07 during the post test showing the increment in the level of anxiety.

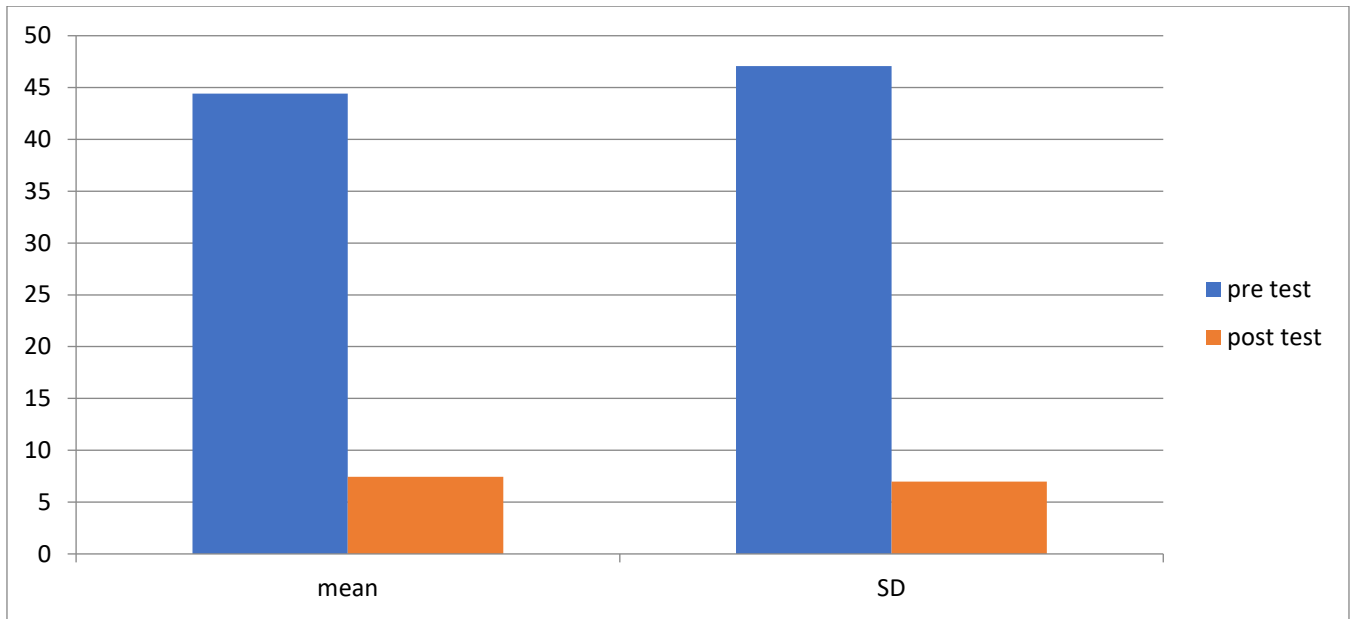


Fig: 2(d) The above histogram depicts the distribution of mean and SD of the pre and post test of the control group.

Table – 2(e)

Mean, mean difference, standard deviation of difference, standard error of mean difference and ‘t’ value of pre-test and post-test of the scores of anxiety among the experimental and the control group.

Level Of anxiety among the experimental group. N= 15	Mean	Mean difference	SD	SE	t
Pre-test	44.47	4.2	8.14	2.67	5.14
Post-test	40.27		6.38		
Level of anxiety among the control group. N= 15					
Pre-test	44.4	2.67	7.44	2.64	3.02
Post-test	47.07		6.99		
					p = 0.000075
					p = 0.00459

Data in the table represents shows that in the experimental group the post test level of anxiety was less than the pre test level of anxiety showing the effectiveness of the therapeutic communication technique. The mean difference of experimental group is 4.2 which is greater than the control group 2.67. The calculated t value is 5.14 at df 14 which is more than tab 1.76 at 0.05 level of significance showing the effectiveness of therapeutic communication technique in reducing anxiety.

Table: 2(f)

To compare the level of anxiety among the experimental and the control group

Experimental group	mean	SD	t test(cal.)	t test (tab)
	40.27	6.38	2.69 p = 0.119	1.70
Control group	47.07	6.99		

The table above shows that the calculated t value (2.69) is more than the 1.70(tab), proving the research hypothesis H1 to be accepted. It can be inferred from the finding that the therapeutic communication technique is effective in reducing the level of anxiety among the experimental group.

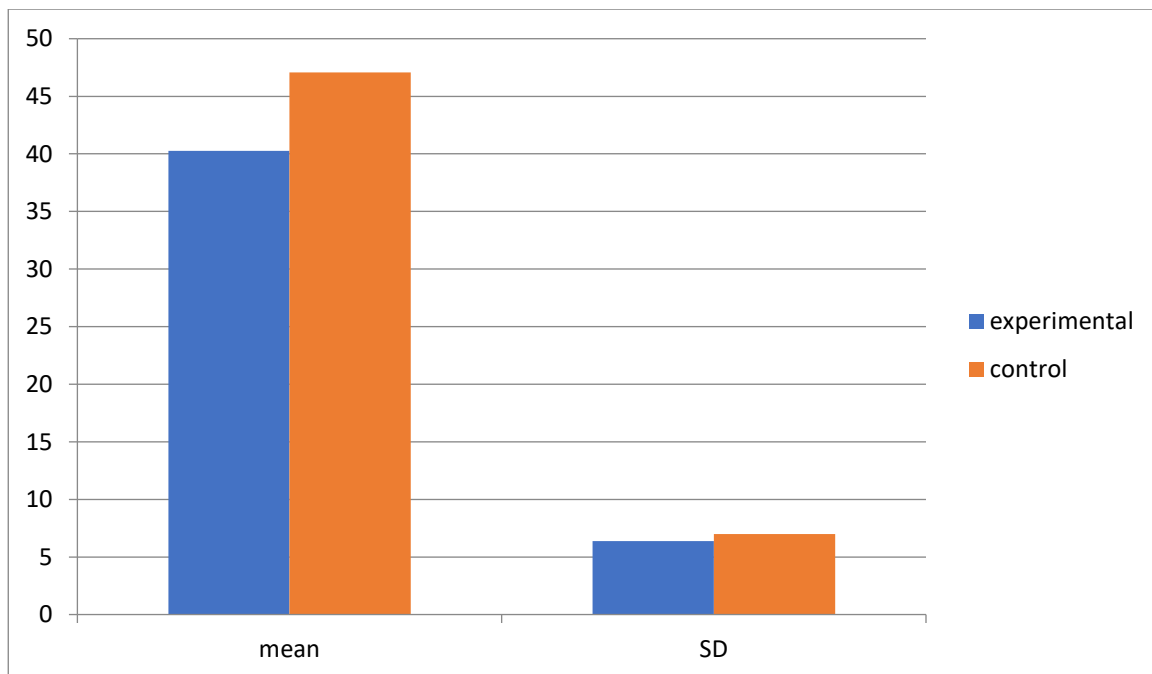


Fig: 2(e) The above histogram depicts the mean and SD of the post test of experimental and the control group.

Chi square values showing association between post–test anxiety score of experimental group with selected demographic variables of clients undergoing hysterectomy

S.N	Selected variable	Demographic	Level of anxiety			Chi square value		df	Significant /not significant
			mild	moderate	severe	Cal.	Table		
1.	Age in years					0.024	3.84	1	P= 0.875 NS
	a.	26 to 30	0	0	0				
	b.	31 to 40	0	0	0				
	c.	41 to 50	6	5	0				
	d.	51 to 55	2	2	0				
2.	Religion					1.028	3.84	1	P= 0.310 NS
	a.	Hindu	5	6	0				
	b.	Christian	0	0	0				
	c.	Muslim	3	1	0				
	d.	Sikh	0	0	0				
	e.	others	0	0	0				
3.	Marital status					0.602	3.84	1	P= 0.437 NS
	a.	married	7	5	0				
	b.	unmarried	0	0	0				
	c.	divorcee	0	0	0				
	d.	widow	1	2	0				
4.	No: of children					1.22	3.84	1	P= 0.268 NS
	a.	two or more	8	6	0				
	b.	one	0	1	0				
	c.	none	0	0	0				
5.	Education					3.75	7.81	3	P= 0.289 NS
	a.	no formal education	2	2	0				
	b.	primary education	2	2	0				
	c.	high school	0	2	0				
	d.	higher secondary	4	1	0				
	e.	PG/degree holder	0	0	0				
6.	Occupation					2.019		1	P= 0.155 NS
	a.	Govt. employee	0	0	0				
	b.	Private	2	0	0				

	employee					3.84		
	c. Self business	0	0	0				
	d. unemployed	6	7	0				
7.	Type of family							P= 0.0062
	a. nuclear	2	10	0	4.57	3.84	1	S
	b. joint	3	0	0				
	c. extended	0	0	0				
8.	Any surgery before							P= 0.437
	a. yes	1	2	0	0.602	3.84		NS
	b. no	7	5	0			1	
9.	Previous knowledge regarding hysterectomy							P= 0.437
	a. health worker	0	0	0				NS
	b. family	1	0	0	0.937	5.99	2	
	c. friend	2	2	0				
	d. no information	5	5	0				

The data presented in table shows that there was significant association between post-test level of anxiety among the clients in the experimental group and the type of family they belong to. Hence it defines the acceptance of research hypothesis H2.

Chi square values showing association between post–test anxiety score of control group with selected demographic variables of clients undergoing hysterectomy

S.N	Selected variable	Demographic	Level of anxiety			Chi square value		df	Significant /not significant
			mild	moderate	severe	Cal.	Table		
1.	Age in years	a. 26 to 30	0	0	0	2.67	9.49	4	P= 0.613 NS
		b. 31 to 40	2	2	1				
		c. 41 to 50	2	4	0				
		d. 51 to 55	1	3	0				
2.	Religion	a. Hindu	4	7	1	0.246	5.99	2	P= 0.88 NS
		b. Christian	0	0	0				
		c. Muslim	1	2	0				
		d. Sikh	0	0	0				
		e. others	0	0	0				

3.	Marital status							P= 0.699
	a. married	5	8	1				
	b. unmarried	0	0	0	0.714	5.99		
	c. divorcee	0	0	0				NS
	d. widow	0	1	0			2	
4.	No: of children							P= 0.699
	a. two or more	5	8	1				
	b. one	0	1	0	0.714	5.99	2	NS
	c. none	0	0	0				
5.	Education							P= 0.412
	a. no formal education	1	3	0				
	b. primary education	1	2	0	6.093	12.59	8	NS
	c. high school	0	2	1				
	d. higher secondary	2	1	0				
	e. PG/degree holder	1	1	0				
6.	Occupation							P= 0.0059
	e. Govt. employee	0	0	0				
	f. Private employee	0	0	0	8.638	5.99	2	S
	g. Self business	1	0	0				
	h. unemployed	3	10	1				
7.	Type of family							P= 0.765
	d. nuclear	4	6	1				
	e. joint	1	3	0	0.533	5.99	2	NS
	f. extended	0	0	0				
8.	Any surgery before							P= 0.438
	c. yes	1	4	0	0.6	3.84		
	d. no	4	5	1			2	NS
9.	Previous knowledge regarding hysterectomy							P= 0.615

e. health worker	1	2	0					
f. family	0	0	0	2.66	12.59	4	NS	
g. friend	3	3	0					
h. no information	1	4	1					

The data presented in table shows that there was significant association between post-test level of anxiety among the clients in the control group and the occupation they practice. Hence it defines the acceptance of research hypothesis H2.

Summary:

This chapter deals with the analysis and the interpretation of the data collected through the anxiety scale as well as the demographic tool. The effectiveness of therapeutic communication technique was measured by the pre test and post test anxiety scores. The research hypothesis(H1) was tested. The association between the post test score and selected demographic variables were also analysed and interpreted.

CHAPTER – 5
RESULT AND DISCUSSION

The chapter discusses the main findings of the research study. For this study the data was obtained from the clients undergoing hysterectomy. In order to achieve the objectives of the study a Quasi – experimental design was adopted and a sample size of 30 clients were selected 15 each in experimental and the control group.

STATEMENT OF THE PROBLEM

“A STUDY TO EVALUATE THE EFFECTIVENESS OF THERAPEUTIC COMMUNICATION TECHNIQUE IN REDUCING THE ANXIETY AMONG CLIENTS UNDERGOING HYSTERECTOMY IN SELECTED HOSPITAL. MEERUT”

OBJECTIVES:

- To assess the level of anxiety among the clients undergoing hysterectomy.
- To assess and evaluate the level of anxiety among the clients undergoing hysterectomy before and after the administration of therapeutic communication technique.
- To compare the level of anxiety among the client undergoing hysterectomy in the experimental and control group.
- To find out the association between post test level of anxiety with their selected socio-demographic variables.

RESEARCH HYPOTHESIS:

All hypotheses will be tested at 0.05 level of significance.

H1: There will be significant difference between level of anxiety among the clients undergoing hysterectomy before and after the administration of therapeutic communication technique as evidenced by standard **STRUCTURED SPIELBERGER’S STATE ANXIETY SCALE**

H2: There will be significant association between the post test levels of anxiety among the clients undergoing hysterectomy with selected socio demographic variables.

MAJOR FINDINGS OF THE STUDY

The data was collected, analyzed and interpreted in terms of objectives . Descriptive and inferential statistics were utilized for the analysis of the data .

The level of significance set for testing the hypothesis was 0.05

1. Finding related to demographic characteristics among clients undergoing hysterectomy in the experimental and the control group.

- The data represented in table shows maximum of the sample in the experimental group were age group of (41- 50) years , 11(73.33%) and control group were age group of (41 – 50) years, 6(40%).
- As per the religion maximum of the sample in experimental group were Hindu 11(73.33%) and the control group were Hindu 12(80%).
- As per the marital status maximum of the clients were married in both experimental 12 (80%) and control group 14 (93.33%)
- As per the data collection the maximum clients had two or more children both in the experimental group 14 (93.33%) and the control group 14 (93.33%)
- As per the data the maximum clients had no formal education 4(26.67%) or primary education 4(26.67%) in the experimental group whereas in the control group the maximum number of the clients had no formal education 4(26.67%).
- As per the occupation the maximum percentage of the clients were unemployed 13(86.67%) in the experimental group and 14(93.33%) in the control group.
- As per the type of family maximum clients were from nuclear family in both experimental 12(80%) and the control group 11(73.33%).
- The data collected for any surgery before shows that the maximum number of clients had no surgery before both in the experimental 12(80%) and the control group 10(66.67%).
- The data collected for the knowledge regarding the hysterectomy the maximum had no knowledge in the experimental 10(66.67%) and in the control group maximum had no knowledge 6(40%) as well as 6(40%) had knowledge from friends.

II. Analysis of pre test and post test anxiety level among the clients undergoing hysterectomy both in the experimental and control group.

The anxiety level of the clients were assessed with the help of standardized tool for anxiety STAI , the state (X) scale comprising of 20 questions were administered to both the experimental and the control group. The post test score of the experimental group (40.27) is less than the pre test (44.47) showing the decrease in the level of anxiety, whereas in the control group the anxiety increased from 44.4 to 47.07.

The calculated t value (5.14) is greater than the tabulated value (1.76) showing the effectiveness of therapeutic communication technique. The unpaired t calculated (2.69) is greater than the t tab value of 1.7 at 0.05 level of significance showing the intervention to be effective. Hence the research hypothesis is accepted.

III. To find out the association of the post test anxiety score of the clients with the socio demographic variables.

The chi square test between the post test score and the selected socio demographic variables showed that there is significant association between the level of anxiety score and the selected socio demographic variable such as occupation and the type of family the client belongs to.

DISCUSSION

The finding of the study had been discussed in terms of objective, hypothesis and results obtained by other investigators in the same aspect.

On the basis of the objectives of the study and finding revealed that discussion can be framed as follows:

To assess the level of anxiety among the clients undergoing hysterectomy.

According to the present study both the experimental and the control group were having moderate level of anxiety (60% & 53.33% respectively) for the surgery which is supported by the study done by **Kanchan Patil (2017)** where the majority of the sample had moderate anxiety (36.67%) before the hysterectomy surgery.

Kanchan patil, abhijeet faye....et al (2017) conducted a co relational study to assess the anxiety in patients posted for hysterectomy. It was a cross sectional single interview study where they assessed 30 patients posted for the surgery using HAM scale. The mild anxiety was found in around 30%, moderate in 37% and was also found that these anxiety resulted to post operative pain and other complaints. Thus giving acceptance to the present objective.

To assess and evaluate the level of anxiety among the clients undergoing hysterectomy before and after the administration of therapeutic communication technique.

The current study showed the data where the pre anxiety in the intervened group (44.27) reduced to (40.27) after giving the intervention of therapeutic communication technique, which is supported by the study done by Solmaz Maghsoudi (2014)

The study was conducted on 74 patients divided into 37 each in the experimental and the control group. The anxiety was assessed using Hospital Anxiety And Depression Scale. Sessions of therapeutic communication was done for the intervened group. The collected data was analysed by SPSS. The result shows that the anxiety after the intervention reduced from (10.23 to 9.38) in the experimental group whereas in the control group the anxiety increased from 11.30 to 12.08.

Thus the objective of the study can be accepted.

To find out the association between post test level of anxiety with their selected socio-demographic variables.

- The association of the level of anxiety with the **age in years** of clients posted for hysterectomy. The **tabulated value was 3.84 (df = 1)** which is higher than the **calculated value of 0.024** at 0.05 level of significance, with p value of 0.875. Hence the age cannot be related with the level of anxiety.
- The association of **religion** with the level of anxiety, the **t calculated was 1.028** which is lesser than the **t tabulated (3.84) at df=1** with p value of 0.310. hence no statistical association found between the religion and level of anxiety.
- The association of **marital status** with the level of anxiety, the **calculated t value was 0.602** which is less than the **tabulated value of 3.84 at df = 1** with p value 0.437. hence no statistical association found between the marital status and the level of anxiety.

- The association between the **number of children** with the level of anxiety, **the calculated t value was 1.22** which is less than the **tabulated value of 3.84 at df=1** with p value of 0.268. thus no significant association found between the number of children and the level of anxiety.
- The association between **education** and the level of anxiety, the **tabulated t value (7.81)** is higher than the **calculated t value of 3.75 at df=3** with p value of 0.289. thus education level of the client posted for hysterectomy has no significant association with the level of anxiety.
- The association between **occupation** and the level of anxiety, the **tabulated t value (3.84)** is higher than the **calculated t value of 2.019 at df=1** with p value of 0.155. thus occupation of the client posted for hysterectomy has no significant association with the level of anxiety.
- The association between **type of family** and the level of anxiety, the **tabulated t value (3.84)** is less than the **calculated t value of 4.57 at df=1** with p value of 0.0062. thus type of family of the client posted for hysterectomy has significant association with the level of anxiety.
- The association between **any surgery before** and the level of anxiety, **the tabulated t value (3.84)** is higher than the **calculated t value of 0.602 at df=1** with p value of 0.437. thus type the history of any surgery of the client posted for hysterectomy has no significant association with the level of anxiety
- The association between **previous knowledge regarding the surgery** and the level of anxiety, the **tabulated t value (5.99)** is higher than the **calculated t value of 0.917 at df=2** with p value of 0.437. thus any previous knowledge regarding the surgery of the client posted for hysterectomy has no significant association with the level of anxiety

SUMMARY:

This chapter dealt with the discussion of the study with reference to the objectives, the supportive studies according to the objectives and the two hypothesis were retained in this study.

CHAPTER -6

SUMMARY, CONCLUSIONS IMPLICATIONS AND RECOMMENDATIONS

This chapter deals with the summary of the study, its major findings, conclusions, implication and recommendations. The implication for nursing practice, nursing education, nursing administration, nursing research have been stated and limitations of the study have been enumerated. Recommendations for future research in the field has also been presented.

SUMMARY OF THE STUDY

The present study was conducted with the aim of assessing the level of anxiety among the clients undergoing hysterectomy in the selected hospitals of Meerut and the effect of therapeutic communication technique in reducing the same.

OBJECTIVES OF THE STUDY

- To assess the level of anxiety among the clients undergoing hysterectomy.
- To assess and evaluate the level of anxiety among the clients undergoing hysterectomy before and after the administration of therapeutic communication technique.
- To compare the level of anxiety among the client undergoing hysterectomy in the experimental and control group.

- To find out the association between post test level of anxiety with their selected socio-demographic variables.

RESEARCH HYPOTHESIS

The hypothesis mentioned below will be tested at 0.05 level of significance.

H1: There will be significant difference between level of anxiety among the clients undergoing hysterectomy before and after the administration of therapeutic communication technique as evidenced by standard **STRUCTURED SPIELBERGER'S STATE ANXIETY SCALE**

H2: There will be significant association between the post test levels of anxiety among the clients undergoing hysterectomy with selected socio demographic variables.

The reviews related to the studies showing anxiety assessment helped the researcher to select the STAI scale specifically the state part for assess the level of anxiety among the clients. Further the literature guide the researcher in selecting the methodology, analysis and in the other steps of the study.

The conceptual framework adopted for the study was based on Hildegard E Peplau inductive theory which highlighted the importance of therapeutic communication in the better treatment of the patients. The theory is divided into four phases comprising of orientation, identification, exploitation and the resolution phase where the nurses divided their role and not only provide the physical care but also supports the psychological well being.

The research approach adopted for the study was evaluative approach. The research design for the presented study was Quasi experimental, pre-test post-test control group design. The independent variable in the study was therapeutic communication technique which was used to reduce the level of anxiety among the clients undergoing hysterectomy.

The study was conducted in the selected hospitals of Meerut. Total samples selected for the study were 30, 15 in the experimental group and 15 in the control group.

Structured interview schedule was used for the data collection from the clients comprising of the following parts:

Part 1: Consisting of items on sample characteristics such as age in years, religion, marital status, no: of children, education, occupation, type of family, any surgery before and any knowledge regarding hysterectomy.

Part 2: consisted of 20 standardized questions from the STAI scale used to assess the level of anxiety among the clients.

The content validity of the tool was obtained from 7 experts, 4 from the field of nursing and 1 gynaecologist, 1 psychiatrist, 1 clinical psychologist

After obtaining the formal permission, the data collection was done by the investigator from **10 May to 5 June 2019.**

CONCLUSION:

On the basis of the above findings of the study following conclusion could be drawn:

- The clients posted for hysterectomy had more number of moderate anxiety in both the experimental and the control group.
- The therapeutic communication technique was effective in reducing the level of anxiety among the experimental group, whereas in the control group the level of anxiety is seen to be increased prior to the surgery.

- There was a significant association between selected demographic variables and the post test scores of the client specifically the type of family and the occupation of the client.

NURSING IMPLICATIONS

According to WHO(2014): Mental health is defined as a state of well being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

A reproductive system in your body is all you have to develop into a whole human being or to have baby. The major part of the reproductive system is to ensure the survival of the species. Other systems in the body, such as endocrine and urinary system works to maintain homeostasis for the survival of the individual.

The findings of the present study have implications for nursing practice, nursing education, nursing administration and nursing research .

Nursing Practice:

- Its seen around that the stress factor of each individual is increasing day by day which when left unattended can result in many psychiatric problems namely depression.
- To remove the risk factor of any psychological disturbances the nursing staff should develop a good therapeutic communication skill so that the in depth discomfort of the patient can be taken out and used for the treatment of the patient.
- The nursing staff should be trained to manage the busy ward along with the patients psychological health, which can be practiced through therapeutic communication. So in service education regarding the prevention of many upcoming psychiatric diseases which can easily be prevented by therapeutic communication should be organized.
- The nursing staff of the hospitals mainly the pre and post operative wards should be trained to practice therapeutic communication technique during their shift.
- The medical health care team member should be competent enough to welcome all the queries of the patient and should look after that they are all cleared before the surgery.

Nursing Education:

- The nursing students should be taught about the importance of therapeutic communication and its importance in the planning of individualized patient care.
- Though considered simple the impact of well communicated patient care should be brought into limelight.

Nursing Administration:

- Nursing administrators can plan for campaign in the community as well in the outpatient department showing the details of hysterectomy as well the indications for the same.
- Nursing administrators should concentrate on workshop and in-service education regarding hysterectomy where the staffs can be well trained regarding the surgery as well as the techniques to explain the same to the patient so that the pre and post operative stress can be reduced.
- Nursing administrators can plan for some awareness programs explaining the myths behind the surgery and answering the communities queries.

Nursing Research:

- Nursing research is an essential aspect of nursing norms and a body of knowledge. There is a need to

conduct further research on the effectiveness of therapeutic communication technique among patients admitted in medical wards.

- Effectiveness of therapeutic communication technique in reducing the anxiety among the parents of children admitted in the paediatric ward.
- Nursing research should be directed towards further exploration and update in the field of therapeutic communication and its role in nursing staffs.
- The findings of this research study further emphasises on the importance of therapeutic communication in reducing the anxiety of the patients admitted in the hospital.

LIMITATIONS:

- This study was confined to a limited number of clients posted for hysterectomy 15 in the experimental and 15 in the control group. This limits the further generalization.

RECOMMENDATIONS:

- This study can be replicated in large samples so that finding can be generalized.
- A comparative study can be done to see the difference in the level of anxiety among the clients posted for hysterectomy in the private and government settings.
- A follow up study can be conducted to assess the knowledge of therapeutic communication skill among the nursing staffs of various wards.
- Study can be done to assess the effectiveness of therapeutic communication technique in reducing the anxiety among the relatives of psychiatric patients admitted for the first time in the psychiatric ward.