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AVANT-PROPOS

Afrique, Langues et Cultures (ALAC) fait son petit bon homme de chemin. Voici son troisième numéro, trois ans après son lancement. Elle s'affermi progressivement, et sa vocation internationale s'affirme davantage.

A la recherche de la construction de sa notoriété, elle souhaite réussir le pari de thématiser un de ses prochains numéros (si ce ne sont, les prochains), mais sa banque d'articles n'est pas encore suffisamment pourvue.

Je vous invite donc à contribuer en masse, dans les domaines de la Diversité culturelle, du Dialogue interculturel, de la Culture et Développement, de l'Art et la Musique, des Rites et l'Initiation, des Langages et les Langues, de la Culture et l'Éducation.

Alors, à vos plumes pour la prochaine parution de janvier 2014, qui portera le numéro 4, et sera peut-être consacrée à un des thèmes évoqués, ci-dessus.

Professeur Jérôme KWENZI-MIKALA
Coordinateur Scientifique de la Chaire Unesco
sur l'Interculturalité et Directeur de la publication

:

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CONTRIBUTION TO THE IMPROVEMENT OF
PRE-SURGERY PSYCHOLOGICAL
PREPARATION : CASE STUDY OF ABOMEY-
CALAVI AND BANTÈ ZONAL HOSPITALS IN
BENIN

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Abstract : Pre-surgery psychological preparation in hospitals is far from being a reality in our country. A study conducted in two hospitals, one based in the north of Benin and the other in the south of the country, showed that 93% of health agents do next to nothing to psychologically prepare users mainly patients and even less their entourage for the challenge ahead. As a consequence, the present study has observed that their reactions are dominated by strong anxiety and fear. A solution to this problem could lie in building the capacity of the health agents and ultimately in advocating the involvement of psychologists in hospitals.

KEYWORDS: SURGERY, PSYCHOLOGICAL PREPARATION, FEAR, ANXIETY, COMPLICATION, PRE-SURGERY.

Résumé: La préparation psychologique préopératoire dans les hôpitaux est loin d'être une réalité dans notre pays. Une étude menée dans deux hôpitaux, l'un basé dans le nord du Bénin et l'autre dans le sud du pays, a montré que 93% des agents de santé ne font quasiment rien pour préparer psychologiquement les usagers principalement les patients et encore moins leur entourage par rapport au défi à relever. En conséquence, la présente étude a observé que leurs réactions sont dominées par une grande anxiété et de la peur. Une des solutions à ce problème pourrait se situer dans le renforcement des capacités des agents de santé et, en dernier recours, la participation de psychologues dans les hôpitaux.

MOTS-CLÉS: CHIRURGIE, PRÉPARATION PSYCHOLOGIQUE, PEUR, ANXIÉTÉ, COMPLICATION, PRÉ CHIRURGIE.

Introduction

Human beings have the longest period of immaturity of all species. They grow within a community, a culture and a nation. As a result, culture and environment have a greater influence on them than on any other species ". In addition, the vulnerability of social layers in Benin requires more attention and protection. "Oh Africa! my dear continent. While everyone else is working, you sleep," writes Senegalese poet Leopold Sedar Senghor in one of his collections of poetry. This outcry of despair always has its echo through time and space in Africa. It more and more appears that these words are meaningful if we consider Africa's delay compared to developed countries. This delay is socially illustrated by increasingly reduced life expectancy, material poverty justifying the fragility of Africans and probably causing his downfall in the afterlife. Human resources serious lack financial resources. Despair has also hit the health field and there is always an uncertainty in the delivery of medical care. Anxiety and fear are the daily lives of people.

That lethargy of the black continent is also noted through the lack of a good service provision in some areas like psychology: a science of rare transversality and which, should we say, is needed in all areas. In reality, this science is virtually nonexistent. Medical science in its surgical interventions, can only provide a good service (do a good job) when it operates in close partnership with psychology given psychological connotation of the concept of surgery. It is therefore easy to understand why panic may seize the patient when he hears from his doctor: "you need surgery." But in reality does this fear not arise from the lack of good psychological preparation?

Problematic

Pre-surgery psychological preparation can be defined as a health care service through which the patient receives important information about the surgery he is about to undergo¹. This information shall include several components. Among other things, there is the time and place of the surgery, the duration of hospitalization and especially advice that enhance patient confidence. This preparation has a critical importance considering the service that it can provide for the candidate to surgery, since we know that psychological preparation ahead of surgery and convalescence said operation will help patients cope more effectively with surgery. Thus, the lack of psychological preparation no doubt leaves the patient under a heavy burden of suffering both physically and mentally. That is the reason why Millat wrote in his book 'psychological dimension and surgery: "the patient who has to undergo a surgery, physically and mentally faces the

¹ Dr Joel Katz et Dr Dean Tripp, feuillet d'information de la Société canadienne de psychologie , de l'Université York et de l'Université Queen's, respectivement.. Mars 2009.

anguish of imminent and announced danger, the prospect of pre-surgery dependency, the weight of an essential diagnostic truth, uncertainty about the outcome ..."².

If announcing to the patient an impending surgery can cause psychological disorders, ranging from stress to generalized anxiety, wouldn't a good psychological preparation be beneficial to the latter?

It is that question which justifies the choice of the subject of this article: Contribution to the improvement of pre-surgery psychological preparation: case study of Abomey-Calavy and Bantè zonal hospitals in Benin.

Several previous studies before this indicate to us that mental preparation is a prerequisite for a successful surgery "appropriate information, dosed according to the patient allows reducing by almost 50% post-surgery algesic consumption."³

We chose the north and the south of Benin as geographical area for this study as the target population and two hospitals with regard to the limitation of our means of investigation; likewise we chose to opt for a joint sampling and also because that population displays almost the same characteristics as those of hospitals in other cities of Benin. Consequently, the results of this study will undoubtedly have a national influence and can be transposed to the whole country.

In our study, we will use the concepts and theories of social and clinical psychology. Thus, we will address the issue in the light of concepts such as anxiety, escape, perceptions, attitudes and social representations. We aim to overcome the mechanical approach used in the hospitals chosen for this study as is the practice in most cities of the country in the provision of pre-surgery psychological preparation.

To achieve our goal, we hypothesized that:

- The reaction of the patients depends on how the surgery is announced.

Our resolution process will initially consist in exposing the methods after the development of a theoretical and conceptual framework, and then presenting results followed by a discussion.

² Millat. B, Dimension psychologique et chirurgie : In Ferragert E, colson P. éd la dimension de la souffrance en chirurgie et réanimation, Paris Masson, 1996. Pp 21-31.

³ Conseiller C Ortega D, la douleur post opératoire, in conseiller C. Bruxelles, éd douleur et analgesie post opératoires et ossteticales, Paris Masson,1991. Pp 13-31.

Theoretical and conceptual frameworks

Contribution to the improvement of pre-surgery psychological preparation: case study of Abomey-Calavy and Bantè zonal hospitals (Benin) is a research topic that is at the crossroads of several disciplines in general and of psychology in particular. To understand it better, we must therefore place it in its theoretical and conceptual framework. Here we will use the concepts of social psychology and those of clinical psychology. Fear as a behavioral response of the patient following the announcement of a surgery compels us to look at the phenomenon in the light of concepts such as anxiety and flight. But considering fear as a behavior of a patient awaiting surgery, we can only better understand the problem by resorting to theories of social psychology such as the implicit theories of personality, social perception, attitudes, social representations and responsibilities. But we discuss only a few, those that seem most relevant to this study.

Fear related to surgery often leads to an attitude of flight, a concept of clinical psychology. A behavior of flight always follows anxiety. An example, a patient who adopts a behavior of flight because of pending surgery needs the psychologist's understanding of his anguish, the latter must find the right words to enhance his morale and assist him in accepting the surgery. This involves what we call psychological care, and in the present case, pre-surgery psychological care. Indeed, the saying "Tell me about your phobia and I'll tell you what makes you afraid." better indicates that there is a stimulus-response relationship (response) in the phenomenon observed on the potential candidate to surgery. Understanding this relationship requires the use of the concept of attitude which appears to be essential to explain the relationship between stimulus and response. This concept tells us that functionally, individual behavior is not explicable. For a patient to easily accept to be operated, he must first have a positive attitude toward the surgery. We use social representations as a theory here because they include several elements such as attitudes, opinions, beliefs, ideological values which, as well, find a place in the phenomenon studied (the research topic). Thus, the reaction of the potential candidate to surgery also depends on his perception of things, his conception of life, his ideologies and culture. Take for example a Beninese patient. His social representations cannot be the same as those of a French patient because of the difference in the factor 'culture'. Therefore, the psychological connotation of surgery will not be the same for them. The psychologist as an informed observer consequently needs to be aware of how to defuse the anxious situation of the patient in order to better prepare him to accept surgery.

Materials and methods

In order to realise this study, we have used these subjects such as :

- Human resources
- Office supplies (paper, pen, paper shirt ...)
- Computer
- A car

The study initially consisted in directly observing the reaction of some patients (eleven patients) and their families to the announcement of surgery.

In a second step, two questionnaires were administered. A questionnaire was administered to health agents (hospital employees) and a second questionnaire to patients. This approach allowed us to follow (or evaluate) several variables such as:

Qualitative variables:

- Reactions of patients to the announcement of the surgery
- Content of the pre-surgery preparation
- Opinion of patients on pre-surgery psychological preparation.

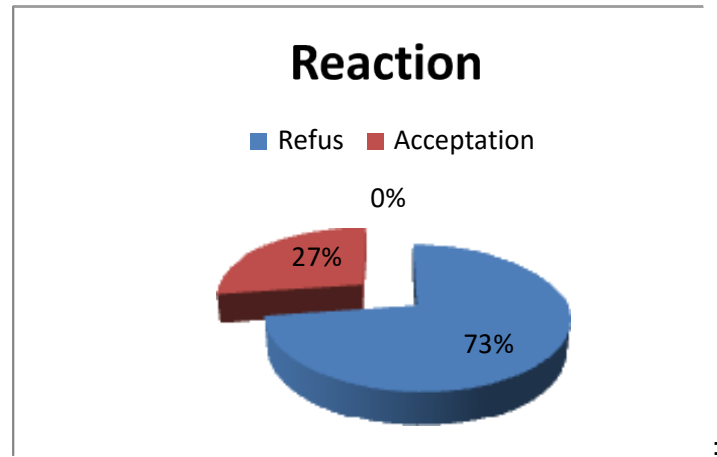
Quantitative variables (relating to target populations)

- Number of patients who have shown a major psychological value behavior.
- Number of health agents involved in the process
- Number of psychologists employed
- Number of stakeholders wishing an improvement.

Results:

This approach allowed us to obtain the following results:

Figure 1: Distribution of patients according to their reaction to the announcement of the intervention.



The majority of the patients observed initially refuse surgery.

Table 1: Distribution of patients according to the nature of their reaction

N°	Nature of the reaction	Number	%
1-	Sharp reactions of the patient or his/her entourage	09	82,80%
2-	Resignation	02	17,20%
3-	Total	11	100%

This table shows that all patients have a psychological reaction to the announcement of the intervention, the majority of which has a sharp reaction ranging from the refusal to flight.

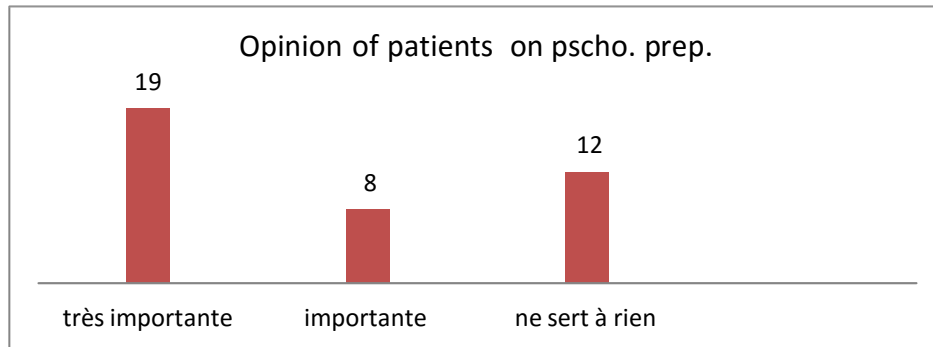
Table 2: Distribution of the health staff involved in the pre-surgery process

N°	Professional Category	Number	%
1-	Physician / Surgeon	03	9,08%
2-	Anesthesiologist	02	6,07%
3-	Nurse / Midwife	23	69,70%
4-	Caregiver	05	15,14%
5-	Total	33	100%

We notice at first glance that neither hospitals has a specialist in psychology. Then we note that all classes involved in the pre-surgery process were taken into account in the study. Plus a clear domination of nurses and midwives who are more involved in the processes of care besides patients and a disproportion with caregiver (who elsewhere seem to be often paired with nurses). The nurse is the person present at all stages of care. This may mean that the responses or behaviors described are consistent with the reality of daily practice.

Figure 2: Distribution of patients on their perception of psychological preparation.

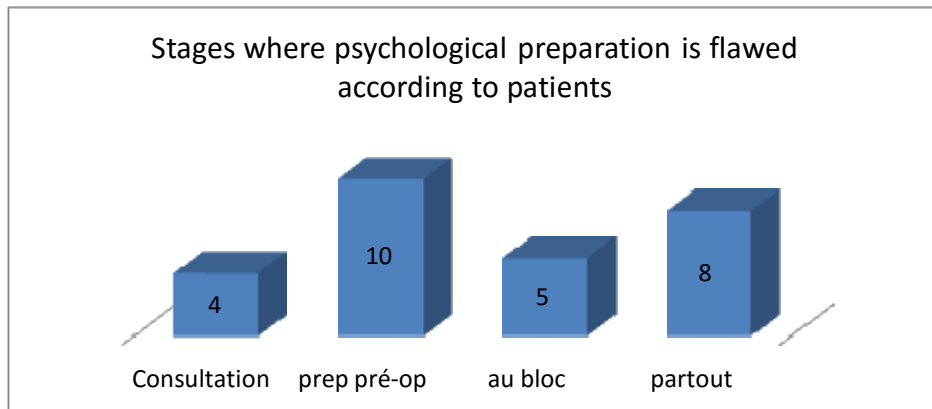
N = 39



Almost all patients interviewed say that pre-surgery psychological preparation is important or even very important for some of them. Others have also issued a negative opinion, which at first glance might indicate ignorance.

Distribution of patients who have a negative opinion on the psychological preparation

N = 27



The figure shows that no sector is appreciated in terms of psychological preparation by beneficiaries. This shows that at each stage it is necessary to incorporate changes. This is all the more important that each stage in pre-surgery preparation has its anxiety and stress capital that is injected into the circuit. For this, the solution should pass through the contribution of each at his level and according to his level of competence.

Discussion

A serious analysis of those few cases registered in both hospitals during the survey allowed us to gather opinions, to identify several reactions of high psychological content. Indeed, each patient, each patient's parent (relative) according to their gender, according to their level of education, according to their life experiences, depending on time and circumstances will react in a certain way. For Warner (1999), these reactions or behaviors can be grouped on a psychological level. This analysis could be based on the cognitive theory which has therefore sought to characterize not only the link between the stimulus and the behavioral response observed by the experimenter, but also the organization of internal processes involved in this behavior.

Generally it appears, from the reactions of different patients, some signs that are characteristic of depression according to Girolamo (2008) resulting in the behavior and psychology of the patient. These elements are not necessarily understood by stakeholders in the world of health.

In addition we easily notice that none of the two hospitals receives the services of a psychologist; like almost all hospitals in Benin. In addition, all the other corporations are well represented in the study. The absence (lack) of a psychological preparation time for patients and their families inevitably leads reactions very diverse one from other, going sometimes as far as total rejection of the surgery. This is confirmed by the opinion that patients have of the pre-surgery psychological preparation. They (69% of them) say it would be important. Also, the majority of patients criticize the content of the psychological preparation in all compartments of the surgery process. In fact, from the announcement of the intervention to the surgery table, a permanent emotion prevails: fear. The permanent presence of fear is also confirmed by Gbemayi, in his thesis (1988) where 67% of patients surveyed admitted to being afraid.

Prejudices and incidents or accidents on surgery table find their cause in the vast majority in the psychological state of the patient in the pre-surgery phase (CHOBLI, M., 1985). This is why a special place should be reserved for pre-surgery psychological preparation especially for major disabling or mutilating interventions. This can not be done without the intervention of a psychologist; as proposed by KOVEKO (2010) in Sweden. In addition, the presence of a psychologist in hospitals could provide a remedy to health agents who are generally under stress. This is why Christopher (2008) states that "psychological knowledge is essential in our societies." Finally, the deepening of this study may help us to see the pre-surgery reactions of these patients who are psychologically ill-prepared or to explore the psycho sociological factors that surround their emotions.

Conclusion

The study of pre-surgery psychological preparation reveals that this crucial step in a surgical process suffers enormous difficulties in hospitals in Benin. This is reflected in the response of patients to the announcement of the surgery from cries to rejections of the surgery and even to fatal anxiety attacks. It is therefore recommended that the intervention of a psychologist be integrated to the surgical process be it in pre-surgery phase or post-surgery phase (for care and support after a successful intervention). In truth, the psychological preparation will differ from one patient to another. According to Reinhold (2001), each patient has his background and upbringing, since all men are not alike. Otherwise, training of all actors involved in the pre-surgery process would be a great help.

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