
**INTEGRATING ACCEPTANCE COMMITMENT THERAPY AND
THERAPEUTIC RELATIONSHIP TO PREVENT POST TRAUMATIC
STRESS DISORDER IN PATIENTS FOLLOWING SURGERY: A
LITERATURE REVIEW**

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Abstract

Post-Traumatic Stress Disorder (PTSD) may occur in patients following surgery. This condition presents the following symptoms such as nightmares, flashbacks, anxiety, and uncontrollable thoughts related to the event. Specific therapy is needed to deal with these health issues. However, a study investigating the acceptance of commitment therapy and the therapeutic relationship is rare in the literature. Therefore, the study proposes to assess the effectiveness of these therapies among patients after surgery. A literature review has been conducted to achieve the objective of the study. The finding indicates that acceptance commitment therapy and therapeutic relationship have opportunities to prevent PTSD. Clinical nurses are encouraged to use these therapies during perioperative care. Further studies are urgently needed to assess the effectiveness of therapies in a specific surgery case.

Keywords: Post-Traumatic Stress Disorder; surgical treatment; acceptance commitment therapy; therapeutic relationship; psychiatric nursing

INTRODUCTION

Post-traumatic stress disorders (PTSD) commonly occur in patients following surgery elevating rates in specific surgical patients (LaRose, Cunningham, Paniagua, & Gage, 2022). The etiology of PTSD is intraoperative awareness, uncontrolled of high-risk surgery, psychiatric history, dissociation, complications, medication during surgery, pain, and delirium (El-Gabalawy et al., 2019). The prevalence of PTSD after surgery or hospitalization is estimated at 20% of patients (Whitlock et al., 2015). PTSD after surgery may have a different clinical symptom from the original concept of PTSD. Theoretically, the stress response to critical illness, trauma, surgery, and burns encompasses the changes in metabolic processes (Finnerty, Mabvuure, Ali, Kozar, & Herndon, 2013). Therefore, a comprehensive assessment of risk factors before operative along with symptoms of stressor should be initiated in early after operative care (Rawashdeh, Al Qadire, Alshraideh, & Al Omari, 2021).

The important experience of undergoing surgery patient is a trauma significant to result in PTSD for several patients. Several complementary interventions may help when PTSD occurs in the courses of perioperative stages. The Interventions that effective for reducing the high risk of PTSD are providing appropriate control, giving patients adequate information, intensive case management, and behavioral techniques (Deatrich & Boyer, 2016). Using a

specific anesthesia (e.g., sevoflurane) agent may reduce the risk factor of PTSD (Zhong et al., 2022). Offering screening and support would benefit from a raised awareness of the potential for post-traumatic stress disorders (Turgoose et al., 2021). Intervention at around 3 months post-trauma may be appropriate as they require more immediate support (Diamond et al., 2022). Pharmacotherapy and psychotherapy are effective in treating preventing and disability-enhancing risk factor identification for PTSD (Joseph et al., 2020).

Previous studies investigated psychosocial approaches which were known to contribute a positive impact on patients' mental health. However, there is a paucity of information on the relationship between Acceptance commitment therapy and therapeutic relationship among patients. These therapies seem to be a promising strategy to deal with PTSD because they may help the patients generate adaptive coping with surgery conditions. Therefore, the study aims to assess the benefits of these therapies in patients following surgery. We expected that the finding will help the surgical nurses provide comprehensive intervention against PTSD in the perioperative room.

METHOD

The literature review was chosen to achieve the objective of the study. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) were utilized for the study selection process. Several online databases were included, for example, PubMed, ScienceDirect, EBSCO, Springer, Google, and Google Scholar. The search criteria were articles in English and Bahasa, discussing acceptance commitment therapy and therapeutic relationship in patients with surgery, primary review studies, a fully complete of study design, and publications dated 2000 to 2022. Keywords were as follows: '*acceptance commitment therapy and therapeutic relationship patients with surgery*', '*acceptance commitment therapy patients with surgery*', '*post-traumatic stress disorders patients with surgery*', '*therapeutic alliance patients with surgery*' and '*acceptance commitment therapy therapeutic relationship post-traumatic stress disorders patients with surgery*'.

A total of 94 articles were obtained and presented on a data process analysis using a PRISMA flow diagram (Figure 1). The data selected from the studies were assessed according to the article detail (title, journal, year of publication) as well as research details. The browse process was focused on considering the criteria to minimize duplication. The researcher looked for studies that were focused on the main goal of the study, which was to find out about the different titles and abstracts that were found. All studies focusing on Acceptance Commitment Therapy and Therapeutic Relationships were collected ($n = 94$). Some of the articles you copied were not relevant to the topic, so we had to delete them, not discussing the Acceptance of Commitment Therapy and Therapeutic Relationship in detail, and editorial and book chapters ($n = 32$). Second, the remaining articles ($n = 64$) were also screened and then disregarded after considering titles and abstracts ($n = 25$). Third, screening full text by considering criteria ($n = 39$), then articles were excluded due to failing to meet the criteria ($n = 32$). Fourth, 7 articles discussing Acceptance Commitment Therapy and Therapeutic Relationships were included, compared then analyzed (Table 1).

Figure 1. Article selecting process

RESULTS

Table 1. Study finding

No	Author and year of publication	Participants	Method	Comparison therapy (If any)	Outcomes
1	Cojocaru et al., 2021	Post-surgery	Review	None	ACT reduce the risk of PTSD
2	Mohamadi, Mirzaian, & Dousti, 2019	Cardiac surgery	Quasi-experimental study	Usual care	ACT improve psychological outcomes
3	Weineland, Arvidsson, Kakoulidis, & Dahl, 2012	Bariatric surgery patients	RCT	Usual care	ACT improve psychological outcomes
4	Paolucci et al., 2019	Patient with breast cancer	RCT	Usual care	Therapeutic Alliance improve feeling of comfortable
5	Vitomskyi, Balazh, Vitomska, Martseniuk, & Lazarieva, 2021	Patients with cardiac surgery	Observational study	None	Therapeutic Alliance correlate with improved outcomes
6	Miano, Di Salvo, & Lavaggi, 2021	Patients with genital cosmetic surgery	Case study	None	Therapeutic Alliance prevent negative outcomes
7	Erci, Sezgin, & Kaçmaz, 2008	Patients in perioperative stages	RCT	Usual care	Therapeutic Alliance reduce anxiety

DISCUSSION

PTSD is a well-characterized and disabling consequence of injury affecting health outcomes such as rehospitalization, work, daily activities, and recovery. Patients experiencing physical trauma in particular events often need surgical treatment or intensive services. However, after surgical procedures, several patients suffer psychological distress or PTSD. Therefore, clinical psychiatric nurses, as frontline healthcare services, are recommended to consider using a clinical tool to promote early detection and management (Korman, Hijri-Rad, Goldberg, Leano, & Ellis, 2019). Even though the results are very limited in the literature. This present review study found that Acceptance Commitment Therapy and Therapeutic Relationships have potential benefits to reduce PTSD in patients following surgery. We hypothesized that a combination of these therapies will accelerate PTSD healing.

ACT is a type of mindful psychotherapy helping patients to focus on the recent moment, and accept thoughts and feelings without any judgment. This therapy may help to reduce and or prevent the risk of PTSD (Cojocaru et al., 2021; Mohamadi, Mirzaian, & Dousti, 2019).

Given the evolving body of randomized trials indicating the ACT's effectiveness, the National Institute for Health, and Care Excellence (NICE) guidelines integrated this intervention among psychological approach recommendations for chronic symptoms (e.g., surgery) (National Institute for Health and Care Excellence [NICE], 2021). The main point of ACT is acceptance of something that is out of control and commitment to performing something that is under control. ACT emphasized the patient to accept thoughts and emotions and then commit to changing the unhealthy behavior. A study has also been conducted on patients with bariatric surgery describing that ACT improves psychological outcomes (Weineland, Arvidsson, Kakoulidis, & Dahl, 2012). Again, the practical application of ACT is limited as the complex solutions require further investigation in patients with surgical procedures.

Another promising therapy that can be used for a patient following surgery is the Therapeutic Relationship. This therapy is positively associated with better clinical physiotherapy outcomes. Four conditions were known as being necessary points for a therapeutic relationship as follows: present, receptive, genuine, and committed (Miciak, Mayan, Brown, Joyce, & Gross, 2018). The condition represents the attitudes and intentions of healthcare professionals and patients (Paolucci et al., 2019; Vitomskyi, Balazh, Vitomska, Martseniuk, & Lazarieva, 2021). The study supports that adolescent-rated alliance predicts treatment outcomes better than therapist-rated alliance (Gergov, Marttunen, Lindberg, Lipsanen, & Lahti, 2021). Therefore, therapists must routinely use the therapeutic relationship with conventional therapy and evaluate its effectiveness. However, the combination therapy of Acceptance Commitment Therapy and Therapeutic Relationship has never been performed. This gap finding may help the nursing researcher to enhance the profession through participation in scientific inquiry.

CONCLUSION AND SUGGESTIONS

The combination between acceptance commitment therapy and a therapeutic relationship will accelerate the healing of PTSD among patients following surgery. The predictive factor should be assessed before entering the operating room. Clinical nurses are recommended to perform acceptance commitment therapy and therapeutic relationship when the symptoms of mental disorders are identified. Future studies are needed to identify the patients who are at high risk of PTSD and then determined the appropriate interventions for such cases.

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