

The Relationship between Preoperative Educational Session and Anxiety Level among Women Undergoing Cesarean Section: A Scoping Review

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ABSTRACT

Context: Anxiety is felt in women undergoing elective cesarean section. In obstetric patients, literature has reported a higher level of preoperative anxiety than the general surgical population. One of the commonest surgical procedures in obstetrics is Caesarean section (CS). Preoperative anxiety has been described as being associated with several adverse physiological and psychological effects.

Aim: This review aimed to determine the relationship between preoperative educational sessions and anxiety levels among women undergoing cesarean section.

Methods: The search strategy of this study relies on some of the electronic bibliographic databases under the Medicine, Nursing, and Health Sciences departments. Various databases have been used to include different perspectives in the findings, CINAHL, Ovid MEDLINE, Pub Med, and Embase databases used to collect primary articles for this study.

Results: The current review of the literature included seven quantitative studies that fulfill the inclusion criteria. The included studies revealed the intervention used as mental health training (one study), video is used in three studies, and health instruction five studies, with two studies used both video and health instruction. In terms of the effect of preoperative sessions on anxiety level, four out of seven studies reported a decrease in the anxiety level while the remaining three studies reported a non-significant effect of educational intervention in decreasing the women's anxiety.

Conclusion: Most of the reviewed studies indicated that preoperative education intervention could positively impact anxiety levels among women undergoing CS make the reviewed theme open for further randomized control intervention studying.

Keywords: Preoperative anxiety, caesarean section. preoperative education

1. Introduction

Anxiety is an uncomfortable mental condition that can cause patients to avoid certain procedures while undertaking the scheduled surgical operation. Anxiety can be characterized as feelings of stress, anticipation, nervousness, fear, and high autonomic activity varying in degree and intensity that fluctuation over time (*Akinsulore et al., 2015*).

Preoperative anxiety has been described as being associated with several adverse physiological and psychological effects. It was found that patients with preoperative anxiety needed a large dose of anesthesia, had higher postoperative pain, increased analgesic intake, increased morbidity, extend recovery, and prolonged hospital stay (*Woldegerima et al., 2018*).

The average prevalence of preoperative anxiety identified in the studies is 60-80 percent in the western population, but a wider range of 11-80 percent was found in the same study (*Woldegerima et al., 2018*).

Anxiety is felt in women undergoing elective cesarean section (*Heppet et al., 2016*). In obstetric patients, literature has

reported a higher level of preoperative anxiety than the general surgical population. One of the most common surgical procedures in obstetrics is Caesarean section (CS) (*Maheshwari & Ismail 2015*).

According to the World Health Organization, caesarean greater than 10 percent at a population level are not correlated with decreases in maternal and newborn mortality rates. Caesareans on maternal requests were recorded at levels of 1–48 percent of all caesareans in the public sector units, and up to 60 percent of all caesareans in the private sector, particularly in urban high-income areas (*da Silva Charvalho et al., 2019*).

The methods to reduce anxiety are divided into two groups of pharmacological and non-pharmacological methods. Non-pharmacological methods include pre-treatment counseling, effective verbal communication, systemic desensitization, and hypnosis. Several studies have shown that scent therapy (e.g., orange fragrance), music therapy, and auricular and body acupuncture have also effectively controlled the anxiety of the patients (*Rohani, 2016*).

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Research has shown that awareness and information affect individuals' ability to identify critical points and improve comprehension and interpretation of them. Meanwhile, information shortages cause fear and anxiety that impact decision-making negatively (Khedr & Shams Eldeen, 2017).

2. Significance of the study

This review of the literature aims to critique the works published and use them as a representative of the research studies that have identified the relationship between preoperative educational sessions and anxiety levels among women undergoing cesarean section from different aspects. The use of the systematic type of review will be the analysis of the published materials up to date. Considering that, this research focuses on exploring the impact of the educational intervention and the issues associated with the preoperative educational session and anxiety level among women undergoing a cesarean section. It is crucial if the researcher familiarizes with past experiences in the cesarean section's events and how they were handled to develop new strategies that would reduce the anxiety level. It can be through identifying the relationship between concepts of the nursing role in education and women with

3. Aim of the study

This review aimed to determine the relationship between preoperative educational sessions and anxiety levels among women undergoing cesarean section.

4. Methodology

4.1. Research Questions

Table (1): Initial search as per the CINAHL database using keywords/synonyms and Boolean operators.

PICOT	CONTENT	PICOT QUESTION
P	Women Undergoing Cesarean Section	Among women undergoing cesarean section, how does preoperative educational session affect an anxiety level?
I	Preoperative educational session	
C	Not applicable	
O	Reduction of anxiety level	
T	Before Cesarean Section	
Type	Intervention of the PICOT question	

4.2. Search Strategy

This study's search strategy relies on some of the electronic bibliographic databases under the Medicine, Nursing, and Health Sciences department. Various databases have been used to include different perspectives in the

findings, CINAHL, Ovid MEDLINE, PubMed, and Embase databases used to collect primary articles for this study. Hence, these databases are valuable in searching for a wide range of journals that address several academic kinds of literature. Besides, they contain original academic studies that focus on healthy subjects and particularly in the nursing area (Electronic Resources, 2013). Recent articles were collected between January 2008 and July 2020 considering the inclusion and exclusion criteria.

4.3. Keywords

Table (2): Keywords as per the Pub Med database.

Population	Phenomena of interest	Context
"cesarean section "[MeSH Terms] OR " cesarean section "[All Fields] OR " cesarean section ("cesarean section "[MeSH Terms] OR "nurses"[All Fields] OR "nurse"[All Fields])	"cesarean section "[MeSH Terms] OR " cesarean section "[All Fields] OR ("cesarean section "[All Fields] AND " cesarean section "[All Fields]) OR " anxiety issues"[All Fields]	" cesarean section "[MeSH Terms] OR " cesarean section "[All Fields] OR " cesarean section "[All Fields]

Table (3): Initial search as per the CINAHL database using keywords/synonyms and Boolean operators.

P	I	Co
Cesarean Section	Anxiety experience	anxiety
Cesarean Section	Anxiety experiences	anxiety
Cesarean Section		
OR	OR	OR
Nurses	anxiety issues	cesarean section
Nurse	anxiety issue	cesarean section
Nursing		
OR	OR	OR
Labour nurse	Anxiety care	cesarean section
Labour nursing		cesarean section
Labour nurses		cesarean section
OR	OR	OR
nurse educator	anxiety	Nursing care
nurse educator	anxiety	Nursing care
nurse educator	anxiety	



PRISMA 2009 Flow Diagram

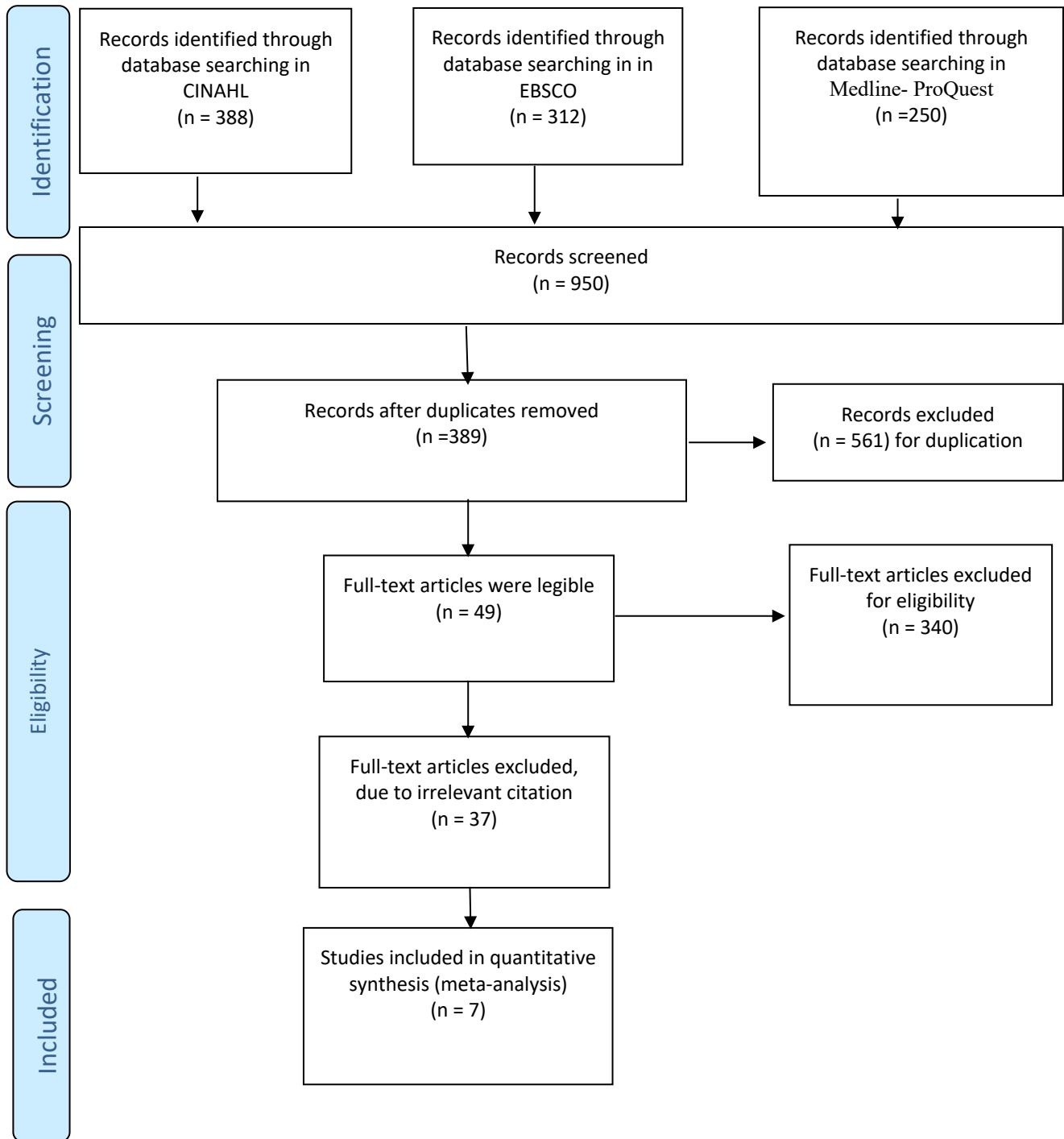


Figure (1): Preferred Reporting Items for Systematic Reviews and Meta-analysis (Moher et al. 2009). The PRISMA Group.

4.4. Quality assessment

Two separate reviewers evaluated the final studies included in this review for quality scoring using the method established by Hawker et al. (2002). The quality assessment scored from 4, which showed good quality, to 1, which showed poor quality. This 9-point tool covers many quality aspects, including abstract and title, introduction and objectives, methodology and sampling

techniques, data analysis, ethics or bias, results and findings, generalizations, usefulness, and implication (Hawker et al., 2002). The total scores were gathered after assigning the scores to each component that fall under one of the following categories: good (28-36 points), fair (19-27 points), and poor (9-18 points). The findings for this quality evaluation were that all studies reviewed were good, except that one study had fair quality due to usefulness and implications difficulties.

Table (4): Scope review theme and subthemes

Theme	Subtheme	Author name/publish year
Types of intervention used		
	Mental Health training	Akbarian et al. (2018).
Education intervention	Video	Eley et al. (2013), Khedr & Shams Eldeen (2017), Salzwedel et al. (2008).
	Health instruction	Khedr & Shams Eldeen (2017), Haapio et al. (2016), Kızıllırmak & Başer (2016), Omondi (2017), Salzwedel et al. (2008).
Effect of preoperative education on anxiety		
Effect	Effect	Akbarian et al. (2018), Khedr & Shams Eldeen (2017), Haapio et al. (2016), Kızıllırmak & Başer (2016).
	No effect	Eley et al. (2013), Omondi (2017), Salzwedel et al. (2008).

5. Results

The thematic analysis was used to categorize the collected studies into themes. The themes included two major themes. The first theme is the type of educational intervention used with its major subthemes of mental health training, video, and direct health instruction.

The second theme was for the intervention's effect on the studied subjects in terms of effect or no effect. A research discussion started distinctly for each theme.

5.1. Types of Educational Intervention

Many patients experience substantial anxiety before operation (Oldman et al., 2004). Increased anxiety before surgery is associate with pathophysiological responses such as hypertension and dysrhythmias and may cause patients to refuse planned surgery. Anxiety also boosts the need for anaesthetic medications to induce unconsciousness. Anxiety may also deteriorate pain tolerance among patients and increase postoperative analgesia requirements. Anxiety can reduce patients' general satisfaction with perioperative treatment (Jlala et al., 2010). The optimal way to pass this knowledge on is unknown. Conflicting results may have arisen because of differences in methodology, multimedia format, measurement tools, and variability in study populations.

5.1.1. The effects of The Mental Health Training Program

Concerning the Mental Health Training Program's impact, a randomized clinical trial has been conducted with 120 pregnant women in health centres in Isfahan, Iran. This study focused on comparing the impact of mental health training on stress, anxiety, and depression within two groups

of couples and pregnant women. This study demonstrates that the training in the intervention groups, particularly the couple's group, showed significant improvement in the domains of pregnant women's stress, anxiety, and depression (Akbarian et al., 2018).

5.1.2. Health Instruction

An Egyptian study was carried out in assessing the impact of health instructions on overcoming pregnant women's fear of normal delivery and preferences for cesarean delivery. A purposive sample of 64 pregnant women was chosen based on the inclusion criteria, and the outcome showed that 32 out of the total 64 pregnant women preferred elective CS. However, the study was limited in Antenatal Clinics of Obstetrics and Gynecology Center in Egypt, which cannot be generalized to other populations (Khedr & Shams Eldeen, 2017).

Another study conducted in Kenya using a descriptive cross-sectional survey through a systematic sampling method was conducted on 60 patients with an emergency caesarean section and recuperated in the postnatal wards to identify patients' satisfaction with nursing care. Nevertheless, patients experiencing an emergency caesarean section in the study were highly satisfied with the preoperative nursing educational care delivery despite being very anxious, particularly in the preoperative period and regardless of demographic characteristics and the hospital's nature where care was delivered (Omondi, 2017). The study has some limitations because the participants were expected to use a recall method to express their preoperative anxiety levels, which could not be evaluated before surgery owing to

the emergency condition. Besides, the study outcomes are limited to the two study settings selected.

Regarding the effect of educational intervention on the studied subjects' anxiety level, a randomized controlled study aimed to measure nursing education's effectiveness in preoperative phase on the anxiety and postoperative outcomes (Khedr & Shams Eldeen, 2017; Omondi, 2017). The findings revealed that almost two-thirds of the lecture group and more than four-fifths of the video group preferred standard vaginal delivery, and their fear level was decreased after intervention with statistically significant differences.

A randomized controlled trial (RCT) has been conducted in Finland to examine how childbirth education's prolonged intervention impacts the first-time mother's fear of childbirth and its expression during pregnancy.

A number of 659 nulliparous members were selected before week 14 of gestation through the first ultrasound screening at the maternity hospital's outpatient clinic. The findings showed that the prevalence of fear of childbirth is extremely higher than the number diagnosed. This finding means that some fearful women remain without aid. Moreover, the holistic approach of getting to know the future place of birth helps mothers imagine the actual birthing condition and positively impact the mothers' conditions (Haapio et al., 2016).

Furthermore, a Turkish study was conducted in the maternity hospital with 99 primigravida women, 50 in the focus group, and 49 in the control group. The study aimed to determine the effect of educational intervention regarding the delivery situation, labour, and coping mechanisms concerning the fear of the pain of childbirth in primigravida women. The method of the study was experimentally applying pre-post-tests within a control group. The findings showed that there was no significant difference in the first interview session, while a significant improvement was found with the following educational intervention (Kızıllırmak & Başer., 2016).

5.1.3. Educational through Information Video

An Australian study aimed to evaluate the effect of using a video to provide information about neuraxial blockade with patients having regional anaesthesia for elective caesarean section. The data collected through the questionnaire consists of 22 items, mainly designed to evaluate maternal satisfaction with neuraxial anaesthesia. Surprisingly, the findings illustrated that using a video about neuraxial anaesthesia, which showed at the anaesthetic appointment before the elective caesarean section, did not decrease maternal anxiety either improve postoperative satisfaction or alter the duration of the anaesthetic interview (Eley et al., 2013).

This study's limitation has exclusion criteria in including patients less than 18 years of age and those incapable of understanding English. It might lead to the exclusion of those who may have profited most from this implementation. Selection bias occurred, too, with some patients rejected to participate, citing anxiety as the cause. If it was done as

routine care, those patients might have benefited from seeing the video rather than as part of a research objective. Similarly, a randomized controlled trial was conducted in Germany. It demonstrated that using an anaesthetic information video before the anaesthetic interview extends the following interview duration, apparently by enhancing the medical staff's closer questioning about video content (Salzwedel et al., 2008).

5.2. Effect of Preoperative Education on Anxiety

Akbarian et al. (2018) reported that the mean average of anxiety, stress, and depression in the two intervention groups reduced after the intervention. Some limitations have presented in this study that a possible influence of personal differences on stress, depression, and anxiety, though the authors attempted to manage the impact of individual variations to some extent by random distribution.

Khedr and Shams Eldeen (2017) reported that approximately two-thirds of the lecture group and more than four-fifths of the video group favour standard vaginal delivery, and their fear level decreased with statistically significant differences between both groups after the educational intervention.

Haapio (2016) reported that the prevalence of fear of childbirth is significantly higher. The intervention group mothers had less anxiety concerning childbirth experience than those in the control group. Fear also affected the mothers in the intervention group in their daily living activities less than the mothers in the control group.

Additionally, Kızıllırmak & Başer (2016) stated that no substantial difference was observed in the first interview session between the research W-DEQ-A scores and the control groups. The mean W-DEQ-A pre-education score was 61.1, while in the study group, it was 42.0 post-education. The W-DEQ-A score for post-education was 58.5 in the control group while 42.0 in the study group.

In contrast, Eley et al. (2013) reported no statistically significant difference between the group (C) who obtain routine care and group (V) who received the educational intervention. Group C and group V were similar in terms of demographic and anaesthesia data. There was no difference in anxiety score, maternal satisfaction score, or interview duration between the two groups.

Omondi (2017) added that the public hospital participants were more satisfied with the nurse's knowledge of what is anticipated before and after surgery compared to the private one. Patients experiencing an emergency caesarean section in the study were highly satisfied with the preoperative nursing educational care delivery despite being very anxious.

In the same line, the results of Salzwedel et al. (2008) revealed no significant differences in anxiety levels and patient satisfaction among the three groups. However, patient knowledge was significantly higher in the video groups compared with the no-video group.

6. Discussion

Pregnancy is an important time in a woman's life, involving the interplay of physiological and psychological changes (Akbarian 2018; Sun, 2019). Pregnancy-related fears and worries are among the most common emotional problems that lead to anxiety (Westerneng, 2017). Pregnancy-associated with anxiety is considered a potential factor for choosing the CS procedure. In the past few years, the number of cases of CS is increasing worldwide. A more significant number of preoperative anxieties are being recorded in obstetric patients than patients with general surgery (Khedr & Shams Eldeen 2017; Omondi, 2017; Renuka 2016; Vogel, 2015).

The pregnant women undergoing CS experienced varying levels of anxiety, along with different symptoms. Some of the factors contributing to anxiety include cultural diversity, type of CS, previous anesthesia experience, and preoperative knowledge. A study has reported anxiety of being aware during surgery as one of the most common causes for choosing general anesthesia, but whether higher levels of preoperative anxiety affect women's choice to refuse regional anesthesia yet needs to be determined (Maheshwari & Ismail, 2015).

If pregnant women properly have been educated about the pros and cons of the procedure, the anxiety levels might be controlled. Bansal (2017) noted that a higher level of preoperative anxiety was identified in obstetric patients than the general surgical population. The current systematic review identified seven studies on women undergoing cesarean section and experiencing anxiety due to surgery. This review aimed to determine the relationship between preoperative educational sessions and anxiety levels among women undergoing cesarean section.

Preoperative education can be used to decrease patient anxiety and, eventually, discharge time. Providing preoperative education could enhance patients' knowledge and significantly reduce their anxieties and concerns about the surgical experience, helping them stay calm and face the situation in a positive manner (Bisbey, 2017). Provision of preoperative information can alleviate patients' anxiety (Hughes 2002).

The outcomes of Akbarian et al. (2018) research demonstrated that mental health training showed a significant improvement in the domains of pregnant women's stress, anxiety, and depression. This finding is supported by Aklidis et al., (2017), who study the effect of the anaesthesia methods on preoperative anxiety in parturients scheduled to undergo elective caesarean surgery. Their study emphasized that it is essential to know the degree and causes of anxiety for understanding a patient's psychology. In the preoperative period, patients have anxiety associated with many factors. In addition to general concerns about their health and surgery, uncertainty, becoming distant from home and family, and interrupted daily routines. They also have anesthesia-related concerns such as unsuccessful recovery, postoperative pain, and intraoperative awareness. These concerns become more severe in pregnancy than in any other situation.

This finding is supported by Nilson et al. (2019), who conducted a secondary analysis from a randomized control study. They denoted that postoperative recovery is highly dependent on the preoperative mental and psychological state of patients offering a strong message for surgeons, anaesthetists, and nurses to remember. A significant effort must be made to evaluate and register the physical and mental state of patients undergoing anaesthesia and surgery as part of the regular preoperative evaluation.

Variable findings were reported by the current examined studies regarding health instruction's effect on patient anxiety levels. Khedr and Shams Eldeen (2017); Haapio et al. (2016); Kızıllırmak and Başer (2016); Omondi (2017); Salzwedel et al. (2008) used health instructions to reduce patient anxiety. Khedr and Shams Eldeen (2017); Haapio et al. (2016); Kızıllırmak and Başer (2016) found a positive effect of the health instruction on patient anxiety. These findings were in agreement with Deklava (2015); Koelewijn (2016), who reported that women who undergo a specific educational session before their delivery have lower anxiety levels compared to other pregnant women with no educational session at all.

On the other hand, Omondi (2017); Salzwedel et al. (2008) stated that no effect, which was consistent with a study done by Ortiz et al. (2015), showed that patient education did not minimize surgical anxiety. This finding might be attributed to the timing of starting the educational instruction or the instructional method used. On the other hand, a study conducted by Ortiz et al. (2015), showed that patient education handouts increased patient satisfaction about their knowledge of the preoperative procedure but did not decrease the anxiety related to surgery.

Eley et al. (2013); Khedr and Shams Eldeen (2017); Salzwedel et al. (2008) used video-assisted instruction while providing preoperative information. Khedr and Shams Eldeen (2017) reported a significant role of preoperative information on postoperative anxiety, while Eley et al. (2013) and Salzwedel et al. (2008) reported no effect.

West et al. (2014) reported a similar finding when studied the effect of an instructional video in Spanish on self-reported anxiety, knowledge about general anaesthesia procedures, and satisfaction with the preoperative anaesthesia process in patients requiring a Spanish interpreter. The study reported that the addition of an instructional video in Spanish to a pre anaesthesia interview decreased anxiety and increased patient satisfaction. Also, Gadler et al. (2016) reported that a take-home educational video supports patient knowledge retention, reduces patient anxiety, increases patient satisfaction, and saves postoperative provider time.

Written information has been used as an effective way of delivering information to patients (Crow & Henderson, 2003), but not all patients are literate enough to read and understand an information sheet. Besides, patients will retain information to a variable extent. Multimedia information (in the form of a video) has been the subject of randomized controlled studies, and the value of this form of information in decreasing patients' anxiety before surgery has been demonstrated (Lee & Gin, 2005). However, these effects

were small and not supported by other studies (Salzwedel et al., 2008).

Nonetheless, women undergoing caesarean section facing a particularly challenging process with considerable needs imposed on supportive care from holistic view research and practice (Maheshwari & Ismail, 2015). However, the current study researcher totally agrees with the results that show a significant improvement after the educational intervention towards women undergoing caesarean section.

7. Conclusion

A review of previous studies on the relationship between preoperative educational sessions and anxiety levels among women undergoing caesarean section declared a dearth in studies focusing on this area. Furthermore, many studies indicate that preoperative education intervention has a beneficial impact on anxiety levels among women undergoing CS.

8. Recommendations

Most similar studies were carried out in western countries. Thus, replicating this study on a larger sample through both quantitative and qualitative methods in different settings in Saudi Arabia. It is required to assist with analysing factors that influence the anxiety level among women undergoing a caesarean section. These are particularly important in Saudi Arabia in general. Thereby, it is imperative to ensure adequate care, particularly education, to diverse groups of patients.

The number of studies established over the last five years was inadequate, and it was considered a limitation for this review. Besides, it was not discussing all types of educational interventions. It is recommended that nurses working with such cases are required to have the knowledge and skills to provide a high quality of educational interventions to decrease anxiety and maintain women's satisfaction.

Moreover, further studies are required to conduct Saudi Arabia to accurately identify the impact of educational intervention on Saudi women undergoing caesarean section. Therefore, a future study that includes all prior studies provides clear evidence of the impact of preoperative anxiety on women undergoing CS. Besides, future studies need to study the midwife roles in providing preoperative educational session. Future studies suggest assessing the effect of preoperative anxiety on mother decisions regarding the way of delivery. Also, to evaluate the barriers of the midwife to provide adequate education to the mother before delivery.

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Table (5): A summary for the included studies.

Author	Study aim	Study design	Sample	Settings	Instrument	Result
Akbarian, et al. (2018).	This study focused on comparing the impact of mental health training on stress, anxiety, and depression within two groups of couples and pregnant women.	A randomized clinical trial. The intervention groups received four mental health preparation sessions regarding pregnancy.	A convenient sample of 102 pregnant women, randomly divided into three groups of couples (34 pregnant women in each group).	Health centers in Isfahan Iran	Data were collected using the DASS-42.	The results of this research demonstrate that the training in the intervention groups, particularly the couples' group, shown significant improvement in stress, anxiety, and depression in pregnant women.
Eley, et al. (2013).	To evaluate the effect of using an information video about neuraxial blockade with patients having regional anaesthesia for elective caesarean section.	Prospective randomized trial The video of four and a half minutes duration was used as an intervention in this study.	One hundred forty-three women randomized to undergo usual care (Group C) or view a video and undergo usual care (Group V).	Maternity anesthetic clinic	Spielberger State-Trait Anxiety Inventory7 (STAI) Maternal Satisfaction Scale for Caesarean Section8 using a seven-point Likert scale.	Group C and Group V were similar in terms of demographic and anaesthesia data. There was no difference in anxiety score, maternal satisfaction score, or interview duration between the two groups.
Khedr, Shams Eldeen (2017).	To evaluate the effect of healthy instructions on reducing pregnant women's fear of normal delivery and preferences for cesarean delivery.	Quasi-experimental research design.	A purposive sample of 64 pregnant women was recruited and divided randomly into two equal groups, 32 in each group Group 1 received healthy instructions through video. Group 2 received healthy instructions through the lecture.	Antenatal clinics of Obstetrics and Gynecology Center of Mansoura City.	The structured interviewing questionnaire, Childbirth Attitudes Questionnaires, Fear Associated Factors Questionnaire.	findings showed that about two-thirds of the lecture group, and more than four-fifths of the video group preferred normal vaginal delivery and their fear level were decreased after educational intervention with statistically significant differences between both groups.
Haapio, et al. (2016).	This study evaluates how extended childbirth education affects first-time mothers' fear	A randomized controlled trial (RCT) of childbirth education was done by midwife-led	659 nulliparous members assigned randomly into an	Maternity's hospital outpatient clinic.	Questionnaire 'Feelings of Fear and Security Associated	The findings showed that the prevalence of fear of childbirth is significantly higher. The mothers in the intervention group had less childbirth-related fear than those in

of childbirth and its manifestation during pregnancy. intervention with low medicalization. intervention group (n = 338) or a control group (n = 321).

with Pregnancy and Childbirth. the control group. Also, fear influenced the mothers in the intervention group less in everyday life than the mothers in the control group.

There were three variables in the subscale of objects of fears: childbirth-related fears (8 items), fears relating to the child's and the mother's well-being (5 items), and Caesarean section-related fear (1 item)

The subscale manifestation of fears had three sum variables as well: stress symptoms (6 items), the influence of fears on everyday life (5 items) and wish to have a Caesarean section (2 items).

Kızılırmak, & Başer (2016).	To determine the effect of education given information about the delivery room, labor, and coping strategies with the fear of the pain of childbirth in primigravida women.	The method of the study was experimentally (pre/post-test) designed.	99 primigravid women with 50 in the study group and 49 in the control group.	A maternity hospital in a city of the middle region of Turkey.	Pregnant Introduction Form, Interview Form After Delivery, and version A of Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ).	No statistically significant difference was found in the first interview session between the study's W-DEQ-A scores and control groups. The mean W-DEQ-A pre-education score was 61.1, while in the study group, it was 42.0 post-education. The W-DEQ-A score for post-education was 58.5 in the control group while 42.0 in the study group.
Omondi (2017).	To identify patients' anxiety and care satisfaction among patients undergoing emergency caesarean section surgery regarding nursing care.	A descriptive cross-sectional survey.	Sixty patients' who had an emergency caesarean section and recuperating in the postnatal wards. The systematic sampling method	The survey was performed in two chosen urban-area hospitals. One hospital was private and used as the	Structured questionnaires and anxiety assessment instruments were self-administered.	Participants at the public hospital were more satisfied with the nurse's information about what is expected before and after surgery compared to private. Patients experiencing an emergency caesarean section in the study were highly satisfied with the

			was used to pick every second patient in the records list for admission to the postnatal ward.	benchmark; the other was public.		preoperative nursing educational care delivery despite being very anxious.
Salzwedel, et al. (2008).	To identify the effect of detailed, video-assisted anesthesia risk education on patient anxiety and the pre-anesthetic interview duration.	A randomized controlled study.	Two hundred nine consecutive preoperative patients, who visited the anesthesia clinic before significant operations. They were randomly assigned to one of three groups: no-video (Group 1), video-before-interview (Group 2), and video-after-interview (Group 3).	Anesthesia clinic of the University Hospital Hamburg-Eppendorf, Germany	After the interview, patient awareness about the procedure of anaesthesia, anaesthesia-related risks, and patient satisfaction was measured using standardized questionnaires.	There were no statistically significant differences between the three groups in anxiety levels and patient satisfaction. Compared with the no-video group, patient awareness was substantially more significant in the video group.
					Inventory of State-Trait Anxiety and Visual Analog Scale (Anxiety).	