

**PERCEPTIONS ON ANXIETY ASSESSMENT OF OPERATIVE NURSES:
IMPLICATIONS FOR ESOPHAGOGASTRODUODENOSCOPY
PATIENTS AT QUIRINO MEMORIAL MEDICAL CENTER**



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Perceptions on Anxiety Assessment of Operative Nurses: Implications for Esophagogastroduodenoscopy Patients at Quirino Memorial Medical Center

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Abstract. This study examined operative nurses' perceptions of anxiety assessment and its implications for patients undergoing esophagogastroduodenoscopy (EGD) at Quirino Memorial Medical Center. Pre-procedural anxiety is a critical factor that can influence patient cooperation, procedural tolerance, and clinical outcomes. Using a quantitative descriptive design, data were collected from operative nurses through a validated researcher-developed questionnaire. Descriptive statistics (frequency, percentage, weighted mean) and inferential analyses were employed to determine the level of perception and to examine differences across demographic variables, including age, civil status, educational attainment, length of service, and area of assignment. Findings revealed that nurses demonstrated an overall positive perception of anxiety assessment ($M = 4.09$), indicating strong recognition of its role in enhancing patient preparedness and improving procedural outcomes. Early identification of anxiety was perceived as essential for promoting patient cooperation, while unmanaged anxiety was acknowledged to potentially compromise procedural success. However, limited formal training in anxiety assessment was identified as a gap. Statistical analysis further showed no significant differences or relationships between nurses' perceptions and their demographic profiles, suggesting a consistent professional understanding across groups. The study underscores the importance of strengthening anxiety assessment as a core component of pre-procedural nursing care. It highlights the need for institutional policies, standardized assessment tools, and continuing professional development programs to enhance nurses' competencies. The findings contribute to the improvement of patient-centered care practices and support evidence-based interventions aimed at optimizing clinical outcomes in endoscopic procedures.

Keywords: anxiety assessment; esophagogastroduodenoscopy; nurse perception; perioperative nursing; pre-procedural care

Introduction

Esophagogastroduodenoscopy (EGD) is a widely utilized diagnostic and therapeutic endoscopic procedure that enables visualization of the esophagus, stomach, and proximal duodenum. It plays a critical role in the diagnosis and management of various gastrointestinal conditions, including dysphagia, gastrointestinal bleeding, peptic ulcer disease, and gastroesophageal reflux disease (Ahlawat & Ross, 2019; Sawathanon et al., 2022). Due to its clinical significance and effectiveness, EGD remains one of the most frequently performed procedures in modern gastroenterological practice.

Despite its clinical importance, anxiety among patients undergoing EGD is a common and well-documented concern. Pre-procedural anxiety often stems from fear of pain, discomfort, unfamiliar medical equipment, uncertainty regarding diagnostic outcomes, and perceived procedural risks (Behrouzian, 2017;

Duff, 2024). Evidence suggests that unmanaged anxiety may adversely affect patient cooperation, increase procedural difficulty, and compromise overall clinical outcomes (Kisieleska et al., 2025; Pereira et al., 2016). Consequently, the assessment and management of anxiety have become essential components of pre-procedural care, particularly within nursing practice.

Operative nurses play a pivotal role in addressing patient anxiety through early identification, therapeutic communication, and the implementation of supportive interventions. Their direct and continuous interaction with patients positions them as key providers of emotional support and patient education (Pratiwi et al., 2021; Stucky & Vortman, 2022). Effective anxiety assessment not only enhances patient preparedness but also contributes to improved procedural compliance and patient satisfaction. However, the extent to which anxiety assessment is consistently applied in clinical settings may depend on nurses' perceptions, knowledge, and training.

In healthcare institutions, nurses' perceptions of anxiety assessment significantly influence its integration into routine clinical practice. Positive perceptions are associated with more consistent implementation and improved quality of care, whereas limited awareness or inadequate training may result in inconsistent practices (Anzalone et al., 2025). Understanding these perceptions is therefore essential in identifying gaps, strengthening institutional policies, and enhancing evidence-based nursing interventions.

In this context, the present study aimed to examine the perceptions of operative nurses regarding anxiety assessment and its implications for patients undergoing esophagogastroduodenoscopy at Quirino Memorial Medical Center. The findings of this study are expected to contribute to the development of improved nursing practices, standardized assessment protocols, and policy enhancements that support high-quality, patient-centered care in endoscopic settings.

Research Questions

This study aimed to determine the perceptions on anxiety assessment of operative nurses and its implications for esophagogastroduodenoscopy patients at Quirino Memorial Medical Center.

Specifically, it sought to answer the following questions:

1. What is the demographic profile of the respondents in terms of:
 - 1.1 age;
 - 1.2 civil status;
 - 1.3 highest educational attainment;
 - 1.4 length of service in QMMC; and
 - 1.5 current area of assignment?
2. What is the level of perception of operative nurses on anxiety assessment?
3. Is there a significant differences and Relationship in the perception of operative nurses on anxiety assessment when grouped according to their demographic profile?

Scope and Delimitation of the Study

This study focused on the perceptions of operative nurses regarding anxiety assessment and its implications for patients undergoing esophagogastroduodenoscopy at Quirino Memorial Medical Center. The respondents were operative nurses directly involved in endoscopic and perioperative patient care. The study considered selected demographic variables such as age, civil status, educational attainment, length of service, and area of assignment. It examined nurses' perceptions but did not measure the actual anxiety levels of patients, nor did it include physicians, non-operative nurses, or patients as respondents. The findings were based on data collected through a researcher-made questionnaire and are limited to the participants of the study; therefore, they may not be generalizable to other healthcare settings.

Literature Review

Anxiety is a common psychological response among patients undergoing invasive and diagnostic medical procedures, including endoscopic interventions such as esophagogastroduodenoscopy (EGD). Pre-procedural anxiety often arises from fear of pain, uncertainty about procedural outcomes, and misconceptions regarding possible complications (Behrouzian, 2017; Pereira et al., 2016). Evidence indicates that unmanaged anxiety can adversely affect a patient's willingness to undergo procedures, increase subjective discomfort, and negatively influence overall procedural experience (Kisieleska et al., 2025).

Research has also identified a range of emotional and physiological manifestations associated with pre-procedural anxiety, including restlessness, difficulty concentrating, increased heart rate, rapid breathing, sweating, and elevated blood pressure (Duff, 2024; Stucky & Vortman, 2022). These manifestations not only complicate clinical preparation but may also increase the need for sedation or additional reassurance, thereby placing additional demands on healthcare providers (Pratiwi et al., 2021). Such symptomatic responses underscore the importance of early recognition and management of anxiety in procedural settings to optimize both patient comfort and clinical outcomes.

Within nursing practice, anxiety assessment is recognized as an essential component of holistic and patient-centered care (Anzalone et al., 2025; Pratiwi et al., 2021). Nurses, particularly those involved in

perioperative and endoscopic care, spend considerable time with patients prior to procedures, placing them in a unique position to detect both verbal and nonverbal indicators of anxiety. Their role typically encompasses evaluating emotional status, providing clear explanations of the procedure, establishing therapeutic rapport, and implementing supportive interventions designed to mitigate anxiety (Stucky & Vortman, 2022). When nurses effectively integrate anxiety assessment into pre-procedural care, patients tend to feel more informed, emotionally supported, and prepared for the intervention (Pratiwi et al., 2021; Pereira et al., 2016).

A growing body of evidence supports the assertion that comprehensive anxiety assessment contributes to better procedural compliance, enhanced communication between patients and healthcare providers, and increased patient satisfaction (Kisielewska et al., 2025; Anzalone et al., 2025). In the context of EGD specifically, anxiety assessment allows operative nurses to tailor communication and care strategies to individual patient needs, thereby improving cooperation during procedures and potentially reducing procedure-related complications. These findings align with the aims of the present study, which seeks to understand how operative nurses perceive anxiety assessment and how their perceptions may inform policy enhancement and clinical practice improvements at Quirino Memorial Medical Center.

Methodology

Research Design

This study employed a quantitative descriptive research design. This design was used to determine the perceptions of operative nurses on anxiety assessment and to describe the relationship of such perceptions with selected demographic variables.

Sampling Design

The study utilized a non-probability sampling technique. Respondents were selected based on their availability and relevance to the study, particularly those operative nurses assigned in areas involved in patient care for esophagogastroduodenoscopy and related procedures.

Research Locale

The study was conducted at Quirino Memorial Medical Center, a government healthcare institution where esophagogastroduodenoscopy procedures are performed and where operative nurses provide pre-procedural and intra-procedural care to patients.

Research Participants

The participants of the study were operative nurses working at Quirino Memorial Medical Center. These respondents were chosen because of their direct involvement in the assessment and care of patients undergoing procedures where anxiety may influence patient response and procedural outcomes.

Research Instrument

The study used a researcher-made questionnaire. The instrument included two parts: the first part gathered the demographic profile of the respondents, while the second part assessed their perceptions on anxiety assessment. The questionnaire was subjected to validation and reliability testing prior to its administration.

Data Gathering Procedure

Before the conduct of the study, the researcher secured the necessary approvals from the proper hospital authorities. After permission was granted, the researcher administered the questionnaire to the identified respondents. The purpose of the study was explained clearly to the participants, and they were given enough time to answer the instrument. The accomplished questionnaires were then collected, checked, tabulated, and prepared for statistical analysis.

Results and Discussions

Problem 1: What is the demographic profile of the respondents in terms of age, civil status, highest educational attainment, length of service in QMMC, and current area of assignment?

Table 1. Demographic Profile of the Participants

Variable	Category	Frequency	Percentage
Age	21–30 years old	11	22.0%
	31–40 years old	29	58.0%
	41 years old and above	10	20.0%
Civil Status	Single	33	66.0%
	Married	17	34.0%

Highest Educational Attainment	Bachelor's Degree	49	98.0%
	Master's Degree	1	2.0%
Length of Service	1–5 Years	39	78.0%
	6–10 Years	4	8.0%
	10 Years and Above	7	14.0%
Current Area of Assignment	Surgery Ward	10	20.0%
	Medicine Ward	10	20.0%
	Operating Room	10	20.0%
	Medicine Extension	10	20.0%
	Phase 9 General Wards	10	20.0%

Table 1 presents the demographic characteristics of the 50 operative nurse participants in this study. A majority of respondents were between 31 and 40 years old (58.0 %), indicating that most nurses fell within the middle adult age category, which is often associated with clinical maturity and practical experience in patient care (Labrague et al., 2018). The 21–30 age group represented 22.0 %, while 20.0 % were 41 years and above, suggesting a relatively balanced mix of early-career and experienced practitioners. In terms of civil status, two-thirds of the respondents were single (66.0 %), and one-third were married (34.0 %), a distribution that reflects general nursing workforce demographics in many clinical settings and may influence work–life balance and professional engagement (Adams & Bond, 2000). With regard to educational attainment, nearly all respondents held a bachelor's degree (98.0 %), with only one nurse (2.0 %) possessing a master's degree, suggesting that the sample largely represents the foundational professional qualification required for clinical nursing practice, consistent with findings that bachelor-prepared nurses demonstrate stronger clinical judgment and patient care competencies (Aiken et al., 2014). Length of service data showed that the majority of respondents (78.0 %) had 1–5 years of service, indicating that most participants were relatively early in their institutional tenure but actively engaged in clinical responsibilities. Only 14.0 % had more than 10 years of service, and 8.0 % had served 6–10 years, suggesting a workforce with a blend of fresh and seasoned perspectives. Previous research indicates that length of service often correlates with clinical confidence and proficiency in specialized care tasks, including patient assessment and communication (Benner, 1984). Finally, the distribution across clinical units was equal, with 20.0 % of respondents assigned to each of the Surgery Ward, Medicine Ward, Operating Room, Medicine Extension, and Phase 9 General Wards. This even representation across key units enhances the breadth of perspectives on anxiety assessment practices, reflecting operational diversity in pre-procedural and perioperative care settings. The demographic profile demonstrates a workforce that is predominantly early-to-mid career, professionally qualified, and widely distributed across clinical areas relevant to esophagogastroduodenoscopy patient care, thus providing a comprehensive context for interpreting perceptions of anxiety assessment among operative nurses.

Problem 2: What is the level of perception of operative nurses on anxiety assessment?

Table 2. Perception of Preoperative Nurses on Anxiety Assessment

Perception of Preoperative Nurses on Anxiety Assessment		Mean	SD	Verbal Interpretation
1.	I feel confident in my knowledge of the physical signs and symptoms of anxiety.	4.24	0.56	Agree
2.	I feel confident in my knowledge of the emotional signs and symptoms of anxiety.	4.26	0.56	Agree
3.	I am knowledgeable of the different types of anxiety assessment tools that are developed.	3.94	0.65	Agree
4.	Anxiety assessment is always a part of my initial preoperative assessment.	4.24	0.66	Agree
5.	I feel confident in my ability to accurately assess anxiety.	3.92	0.67	Agree
6.	I implement interventions, other than medication, to help reduce anxiety for patients who are anxious before surgery.	4.22	0.87	Agree
7.	I understand the importance of assessing anxiety before the EGD procedure.	4.34	0.65	Agree
8.	Anxiety assessment is part of our standard pre-operative protocol for EGD.	4.22	0.58	Agree
9.	I believe that unmanaged anxiety can affect the outcome of EGD procedures.	4.44	0.74	Agree
10.	I have access to resources or guidelines for managing pre-procedural anxiety.	3.78	0.69	Agree
11.	I am confident in using anxiety assessment tools in clinical practice.	3.82	0.57	Agree
12.	I can identify common signs and symptoms of pre-procedural anxiety.	4.00	0.57	Agree
13.	I am familiar with the psychological impact of anxiety on patients undergoing EGD.	4.00	0.98	Agree

14. I have received formal training on how to assess anxiety in preoperative patients.	3.36	0.87	Neutral
15. I regularly document anxiety-related findings during preoperative assessments.	3.82	0.70	Agree
16. I feel supported by my institution in addressing patient anxiety before procedures.	4.20	0.59	Agree
17. I am aware of evidence-based practices for managing preoperative anxiety.	4.02	0.70	Agree
18. I collaborate with other healthcare professionals to address patient anxiety before EGD.	4.14	0.58	Agree
19. I believe that early identification of anxiety improves patient cooperation during EGD.	4.56	0.66	Strongly Agree
20. I feel confident in educating patients about anxiety and coping strategies before their procedure.	4.34	0.40	Agree
Overall Mean	4.09	0.53	Agree

Table 2 presents the perceptions of preoperative nurses regarding anxiety assessment. The overall mean of 4.09 (SD = 0.53) was verbally interpreted as “Agree,” indicating that the respondents generally held a positive perception toward anxiety assessment in preoperative care for patients undergoing esophagogastroduodenoscopy (EGD). Among the indicators, the highest-rated item was, “I believe that early identification of anxiety improves patient cooperation during EGD,” which scored a mean of 4.56, verbally interpreted as “Strongly Agree.” This reflects a strong recognition among nurses that early identification of anxiety contributes to better patient cooperation and procedural success. Another highly rated statement, “I believe that unmanaged anxiety can affect the outcome of EGD procedures,” obtained a mean of 4.44, demonstrating that respondents were aware of the potential negative impact of unassessed or unmanaged anxiety on patient outcomes. Other items receiving high agreement included understanding the importance of assessing anxiety prior to EGD and confidence in educating patients about anxiety and coping strategies (both mean = 4.34). These findings align with literature emphasizing that pre-procedural anxiety assessment and patient education are essential components of patient-centered care and contribute to improved clinical outcomes (Kain et al., 2007; Lee et al., 2015). On the other hand, the lowest-rated item was, “I have received formal training on how to assess anxiety in preoperative patients,” with a mean of 3.36, verbally interpreted as Neutral. This suggests that although nurses recognize the importance of anxiety assessment, formal institutional training in this area may be limited, highlighting a need for structured education programs, workshops, or continuing professional development sessions to enhance nursing competencies in preoperative anxiety management (Rezaei et al., 2020). These findings indicate that preoperative nurses perceive anxiety assessment as a crucial aspect of holistic and quality nursing care. Their positive perceptions underscore the role of operative nurses in observing, assessing, and managing patient anxiety, which is critical in ensuring patient cooperation, procedural efficiency, and improved clinical outcomes during EGD procedures.

Problem 3: Is there a significant differences and Relationship in the perception of operative nurses on anxiety assessment when grouped according to their demographic profile?

Table 3. The Significant Differences and Relationship in the Perception of Preoperative Nurses on Anxiety Assessment when grouped according to their demographic profile.

Variable	Statistical Value	Sig. Value	Interpretation
Age	F = 0.021	0.980	Not Significant
Civil Status	t = 1.187	0.241	Not Significant
Highest Educational Attainment	t = 0.108	0.915	Not Significant
Current Area of Assignment	F = 0.856	0.497	Not Significant
Age and Perception	r = -0.016	0.911	Not Significant
Highest Educational Attainment and Perception	r = -0.016	0.915	Not Significant
Length of Service and Perception	r = -0.165	0.253	Not Significant

Table 3 presents the analysis of significant differences and relationships in the perception of preoperative nurses on anxiety assessment based on selected demographic variables. The results revealed that age (F = 0.021, p = 0.980), civil status (t = 1.187, p = 0.241), highest educational attainment (t = 0.108, p = 0.915), and current area of assignment (F = 0.856, p = 0.497) were all not significant at the 0.05 level. This indicates that there were no statistically significant differences in perceptions of anxiety assessment among preoperative nurses when grouped according to these demographic characteristics. Similarly, correlation analysis showed negligible relationships between perception and selected demographic variables: age (r = -0.016, p = 0.911), highest educational attainment (r = -0.016, p = 0.915), and length of service (r = -0.165, p = 0.253), all of which were not statistically significant. Although these correlation values suggest minor inverse trends, they are too weak to be considered meaningful. These results imply that the perception of preoperative nurses regarding anxiety assessment is generally uniform and consistent, independent of age,

educational background, civil status, length of service, or area of assignment. The findings are consistent with prior studies that suggest professional training, shared clinical guidelines, and institutional protocols contribute more significantly to nurses' perceptions and practices than demographic factors. For example, Al-Sulami et al. (2019) reported that nurses' knowledge and adherence to preoperative anxiety protocols were consistent regardless of age or educational level. Likewise, a study by Khaleghi et al. (2021) found that demographic variables did not significantly influence nurses' attitudes toward patient-centered anxiety assessment. Furthermore, Kain et al. (2007) highlighted that standardized institutional practices and training programs ensure uniform competence among nurses in pre-procedural anxiety management, thereby minimizing the influence of individual demographic differences. Overall, these results indicate that operative nurses at Quirino Memorial Medical Center share a uniformly favorable perception of anxiety assessment, suggesting that professional understanding, clinical experience, and institutional policies collectively play a more substantial role in shaping perceptions than individual demographic characteristics. This consistency supports the implementation of standardized protocols and continuing professional development programs to maintain high-quality preoperative care for patients undergoing esophagogastroduodenoscopy (EGD).

Ethical Considerations

This study observed the fundamental ethical principles in the conduct of research. Permission was secured from the appropriate hospital authorities before data collection. The respondents were informed about the purpose of the study, the nature of their participation, and their right to decline or withdraw at any time without penalty. Informed consent was obtained from the participants prior to answering the questionnaire. Confidentiality and anonymity were maintained throughout the study by ensuring that the identities of the respondents were not disclosed in any part of the research. All data gathered were used solely for academic and research purposes. Respect for the dignity, privacy, and welfare of the respondents was strictly upheld during the entire research process.

Conclusion

Based on the findings of the study, it was concluded that operative nurses at Quirino Memorial Medical Center generally have a positive perception of anxiety assessment. They recognize its importance in the care of patients undergoing esophagogastroduodenoscopy, particularly in promoting emotional preparedness, patient cooperation, and improved procedural experience. The study further concluded that selected demographic variables did not significantly influence nurses' perceptions on anxiety assessment. This suggests that the respondents generally shared similar views regarding the importance of anxiety assessment regardless of their demographic characteristics. In general, the study affirms that anxiety assessment is a valuable nursing responsibility and should be strengthened as part of standard pre-procedural care for esophagogastroduodenoscopy patients.

Recommendations

Based on the findings of the study, it is recommended that hospital administrators strengthen institutional policies on anxiety assessment for patients undergoing esophagogastroduodenoscopy to ensure its consistent integration into clinical practice. Operative nurses should be provided with continuous education and training programs to enhance their competencies in recognizing and managing patient anxiety effectively. The adoption of standardized assessment tools and guidelines is also encouraged to promote uniformity and accuracy in nursing practice. Additionally, nurse managers should support regular monitoring and evaluation of anxiety assessment practices across operative and endoscopic care settings to maintain quality patient care. Lastly, future researchers are encouraged to conduct further studies involving patients and other healthcare professionals, as well as explore additional variables, to broaden the understanding of anxiety assessment in clinical settings..

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