



Faculty of Medicine and Health Sciences

**PATIENTS' PERCEPTIONS ON THE IMPORTANCE OF PRE-
OPERATIVE VISIT CARRIED OUT BY PERIOPERATIVE NURSE
FOR PATIENTS GOING FOR SURGERY**

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Bachelor of Nursing with Honours
(Nursing)
(2008)



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This research report is part of the final year project is submitted in partial fulfillment of the requirements for the Degree of Bachelor of Nursing with Honours

Faculty of Medicine and Health Sciences
UNIVERSITY MALAYSIA SARAWAK
(2008)

ABSTRACT

The present study was undertaken to assess the importance of pre-operative visits carry out by perioperative nurse through patients' perception.

A questionnaire survey of 31 items was developed and completed post-operatively by 30 respondents. Included in this study were 9 respondents from the discipline of gynecology, 8 respondents from general surgery discipline, 7 respondents from the discipline of orthopedic, 4 respondents are from ENT discipline whilst only 2 respondents are from Neurology discipline with a mean age of 23.3 and 26.7 years, respectively.

The results indicated that majority of patients being admitted for scheduled surgery in Sarawak General Hospital do received a pre-operative visits but were only visited by the doctor, anesthetist and only few were visited by the nursing staff who were trained to carry out perioperative care. Those patients who do receive visits are also unlikely to be assessed using a structured pre-operative visits regimes with research evidence in relation to the effectiveness of information giving. When forthcoming surgeries are discussed, it is important that patients realize that they are being cared for by the perioperative nurse in the aspect of physical and psychological care. Efforts must be taken to educate the perioperative nurse of the importance of their role in perioperative care prior to surgery. This should enhance the professional image of perioperative nurse thus improve patient confidence and quality of care provided.

ACKNOWLEDGEMENT

Without the help and the support of a number of people it would not have been possible to prepare this report. First, I would like to express my appreciation to Madam Shanui Shabas, my research supervisor for her patience and advice in guiding me through the process of this research study.

This report would not have been possible without the guidance of my course coordinator Madam Rosalia Saimon who had help me a lot in utilizing the SPSS and effort in helping in seeking for approval from the Ministry of Health and I would like to take this opportunity to thank her.

My sincere thanks also go to my husband for his encouragement and belief in me. Not forgetting my children for being supportive in many ways while I completed this study.

I would also like to thank Dr. Raja Lope, Health Director of Sarawak General Hospital, Matron Asma Sebli and Puan Sithy Harjieah for their permission to conduct this study in the selected ward. My sincere thanks also go to Nursing Sister Fauziah Jali, and Staff Nurse Kasmawaty both of Operation Theater, Sarawak General Hospital who provided me with the data showing the incidence of cancellation of elective operations in Sarawak General Hospital.

Finally, I would like to thank everyone else who contributed to this reporting one way or another, specially the many anonymous respondents who took the time to complete the questionnaire.

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CHAPTER I

INTRODUCTION

Background of the study

Perioperative caregivers should always be prepared for the unexpected because surgery cannot be considered completely safe all of the time, and patient's outcomes are not always predictable. According to Fortunato (2000), each patient and each procedure is unique and assert that pre-operative preparation is done to ensure that patient is safe prior to, during and after surgery.

Surgery is the branch of medicine that encompasses pre-operative preparation, intra operative judgment and management, and postoperative care of patients. These cares can be accomplished by perioperative nurse, who are trained to carry out perioperative care and in particular to carry out pre-operative visits for patients going for surgery. In addition, Fortunato (2000), assert that pre-operative visits allow the nurse to communicate with the patients at least one to two days before the surgery.

Pre-operative visits have potentials advantages in several areas. If carried out effectively it facilitates in timely nursing assessment on the patient's physical and psychological aspects and giving of adequate information in regard to the surgery. In addition to that it allows all documentation on the test results to be evaluated and placed accordingly thus

enabling the correct planning of perioperative care. Pre-operative visits contribute to adequate physical and psychological preparation of patient prior to surgery thus will influence the success of the perioperative phase. For example, it improves and individualise intra-operative care and efficiently reduces delay or cancellation of surgery. Patient must be treated with privacy, dignity and respect at all times in that nurses also need to provide equitable and appropriate care with respect to cultural, religious, ethnic and racial beliefs (NATN, 1999). In the preparation stage patients should be admitted one or two days prior to the surgery to allow the patient to be adequately assessed and prepared. In doing so it provides a more positive perioperative experience for patients, their family members and the perioperative team.

Phillips (2007) assertions are that basic life-sustaining needs have the highest priority and they have to be considered when preparing patients for surgical interventions. This assertion proposes that complete pre-operative physiological assessment and preparations are vital before the patients are brought to the perioperative environment.

Kinley, Czoski, George, McCabe, Primerose, Reilly et al (2001), proposed that pre-operative assessment of patients takes a place in several stages. He asserts that anaesthetist assessments will confirm the general health state and the problems that specifically concern the choice of anaesthetic and are the definite stage at which the patient's fitness for operation is decided. However, the assessment performed on the evening of the surgery often allow little time for return of the test results. Whilst, pre-operative assessment by the attending surgical doctor often perform traditionally on admission includes; a full general and disease-specific, medical history of the patient's health, a physical examination and ordering of necessary investigations. However, a

separate nursing assessment upon admission includes giving and reinforcement of information, and preparation of patient for surgery. Hence, allowing plenty of time for interpretation of the return test results, evaluation of the patient's level of information understanding and condition prior surgery.

In view of physical preparation, it is important to ensure that patients understand the purpose of fasting and abide to the instruction to prevent any complications intra-operatively for example, vomiting during the administering of general anaesthesia which can lead to aspiration pneumonia. Whilst, the anaesthetists' assessments of patient for fitness to receive anaesthesia and asked if a patient has ever developed undesired or adverse reaction to anaesthesia are carried out to prevent the incidence of death of patient while undergoing surgery. The research findings on issues such as death occurring while undergoing surgery has been reported by a group of nurses from Health and Nursing College of Australia (2006). This report indicates that death can be prevented if the patient is adequately prepared physiologically prior to surgery.

In view of psychological preparation, most patients are somewhat fearful of surgery. Hayward (1975) stated that, the extent to which they fear surgery depends on their personality, general responses to stress, mental health, past experiences with surgery and preconceptions about surgery and anaesthesia. Hence, providing psychological preparation provides emotional support and thereby minimising patients and family's anxiety. Fortunato (2000) asserts that a surgical patient actually perceives that they are in death-defying situation when they felt that they are about to loss their life, body parts, or function and by unfamiliar perioperative environment. This statement thus suggests it is of vital important for the nurse to assess patients' level of anxiety and explore the

valid precipitating factors of the anxiety. Thus, and appropriate measures and information can be applied in answering to patients specific needs. Walsh (1997) stated that providing information minimises patients' anxiety by increasing feeling of control.

In addition, the pre-operative preparation should also be preceded by series of test. This is one of the most important assessment parameter that should be performed. Patients admitted for any form of surgery should have a routine blood sample biochemical profile count and blood sample for grouping and cross-matching where significant blood loss is anticipated. The need for electrocardiograms (ECG) and chest x-ray in suspicious finding over patient's health and patients over 45 years old should be considered and discussed with the physician and the anaesthetist concern. The results and reports of these tests should be reviewed and filed in the notes the day before the operation.

In addition, confirmation of diagnosis and ascertaining the consent for surgery is of the vital role of perioperative nurse. The patient's notes must be consulted to confirm the diagnosis and to ascertain that the consent has been signed for the correct operation and that the operation site has been marked and confirmed with the patient. Thus, avoiding or preventing an adverse event, such as wrong site surgery, occurs. Perioperative nurses are in a unique position to help prevent such tragedies who must act as patient advocates to ensure that wrong site surgery does not happen (Phillips 2007)

It is very important for a perioperative nurse, and in collaboration with other surgical team members (surgeon and anesthetist), to do pre-operative visit for patient going for surgery in order to;

- i. Facilitate coordination of the services;
 - Due to the delay of surgery because of the reason like laboratory test abnormalities such as patient having low haemoglobin or abnormal blood biochemistry results and missing medical information such as consents and laboratory or diagnostic test information.
 - Due to the cancellation of surgery attributing to unforeseen medical conditions such as upper respiratory infection or abnormal electrocardiograms.
 - In an emergency surgery where pre-operative assessment and preparation cannot be properly done, a quick and relevant assessment is to done in Operation Theater.

- ii. Facilitate adequate patient preparation such as;
 - Physiological preparation
Perform a thorough assessment and correct documentation of all the findings which are significant for the data and intervention baseline. Instructing the patient clearly so that he/she fasts adequately and ensuring that the patient abides by the instruction. Instructing clearly and ensuring that the patient remove undesired items prior to operation such jewellerys, prostheses, nail polish and undergarment. The rationale for those instructions must be explained clearly to the patient.
 - Psychological preparation
Anxiety level, stress and pain can be minimised by good pre-operative information. In turn, it reduces anxiety and shortens hospital stay.

- iii. To facilitate two-way communication of information between patient, family members and nurse regarding surgery i.e. adequate information and clear instruction such as nil per oral (NPO) instruction. Patient's family members are allowed to be with him/her during perioperative phase to aid in emotional support.

Problem Statement

Currently, there has been a noticeable number of start time delays, postponing and cancellations of elective operations in Sarawak General Hospital. The problem contributed to cancellation of elective operations is due to unstructured pre-operative visits regime thus contributing to inadequate preparation pre-operatively both in physical or psychological aspect.

Research objective

Thus this study will explore patients' perception on the importance of pre-operative visit carry out by perioperative nurse for patient going for surgery. Thus, the research title is suggested to find out whether the perceptions of patients tally with the current practice and the possible additions of new ideas for improvement.

The general objective of the study is to evaluate patient's perception on the effectiveness of carrying out pre-operative visit by a perioperative nurse for patient going for surgery.

Specific objectives:

1. To evaluate whether patients receive health assessment pre-operatively.
2. To determine whether patients receive pre-operative information.
3. To determine whether patients receive post-operative information.

4. To determine whether patients being prepared psychologically before going for surgery.
5. To explore patient's most fear of the surgery.
6. To evaluate patient's views regarding care rendered by medical staffs.
7. To find out the specific information patient wish to know prior to surgery.
8. To explore nurses specialty roles, in perioperative care.

For this research, the word "perceptions" refers to the patients' view of the importance of pre-operative visit evaluating through the comprehensiveness, effective and adequacy of the pre-operative preparation of patient (Copp.1988)

Significance of the study

The result of the study will provide a basis for improving pre-operative visits regimes for patients going for surgery and to enhance quality perioperative care throughout the perioperative phase.

Hypotheses

Adequate preparation of patient physically and psychologically prior to surgery will influence the success of the perioperative phase.

Theoretical Framework

This study adopted The Roy Adaptation Model. Roy identifies that The Person, a recipient of nursing care as an Adaptive System (Roy, 1991).The Roy Adaptation Model presents a conceptual framework that systematically examines a customary coping and adapting pattern of a person to different environments and stimuli. The main

goal of the theory is distinctively urge that nurses need to identify the demands placed on their clients and how clients adapt to these demands. With that nurses should be able to anticipate the impact of the demands that affect the client physiologically and sociologically and assisting them to response positively towards these demands.

Conceptual Definitions

Following are the defined conceptual used in this study.

Pre-operative visit:

Pre- operative visit is a purposeful patient-nurse interaction. It continues throughout the phases of the nursing care whereby the nurse gets to know the patient and commences her assessment on the patient. The assessment includes physiological and psychological assessment and the documenting of her finding accurately as a basis for references by other health care professional (Phillips, 2000).

Perioperative nurse:

A trained perioperative registered nurse who is knowledgeable and skillful in the care of patients and family members undergoing operative and other invasive procedures (Barnett, 2005).

Perioperative Phase:

Perioperative phase refers to the total surgical experience that includes pre-, intra- and post-operative phases of the patient's surgical journey (Phillips, 2007).

Perioperative Care:

Perioperative care begins when decision for surgical for surgical intervention is made and ends when the client is transferred to the operation suite. The scope of nursing during this time could include baseline evaluation of patient (Avidan, Harvey & Ponte, 2003).

Surgical Patients:

These are patient who are diagnosed with disease or injury that requires them to undergo surgery.

Pre-operative Checklist:

It is a document the nurse uses to assess patient to determine that the patient has been well prepared prior to surgery so as to ensure the safe administration of anaesthesia and continuance of the surgical procedure.

Giving information:

Refers to nursing activities that include giving adequate and appropriate information regarding the patient's surgery (Copp, 1988).

Written Consent:

Written consent provides documentary evidence. For the consent to be valid there must be informed of the procedure, its expected outcomes, benefits, potential risk and alternatives. The perioperative nurse must check patient understands of the procedure to safeguard their autonomy (NATN, 1999).

Nil per oral status (NPO):

Patients must fast preoperatively to minimize the risk of inhaling gastric contents while under anaesthesia which could be fatal if it does happen. Dean and Fawcett (2000) recommended that fasting time for fluid should not be less than 2 hours or 4 hours while solid food should not less than 4 hours or more than 6 hours.

Removal of Dentures/State of teeth:

Dentures, caps, crowns or even loose teeth can become dislodged or damaged during intubation and may compromise the airway.

Removal of prosthesis:

Prosthesis such as wigs, contact lens, false eyes and artificial limbs should be removed prior to surgery and retained on the ward for safe keeping. However, hearing aids and eye glasses are essential for use by the patient to communicate with theater nurses but they should be removed and kept when the patient is about to be anaesthetized.

Removal of jewellery:

Wearing jewellery may interfere with electrical-compliance machine such as diathermy machine used in surgery. Since wearing of necklace may compromise the airway, it should be removed. However, certain jewellery is worn for cultural or religious reasons and may cause offence if removed. Thus, nurses must respect and be mindful of patient's cultural or religious beliefs.

Allergies:

Identify allergies to drug and food to minimize the risk for patient during surgery.

Patients' adverse reactions to anaesthesia or blood transfusion must be noted as an anticipative action.

Medical and Nursing records:

All medical and nursing records should accompany the patient to the operating theatre so that an accurate assessment of the patient's history can be made for the delivery of safe perioperative care. Documentation should include results from investigations completed at preoperative assessment, blood test-ray and baseline observations (NATN, 1999).

CHAPTER II

LITERATURE REVIEW

Introduction

In this chapter literature on the topic was reviewed. It highlights the importance of preoperative visit for patient planned going for surgery as documented in the literature.

A review of health-related literature revealed few articles that varied in describing and highlighting the benefits of pre-operative visit and view pre-operative visits as important procedure that can assist in eliminating potentials dangers while patients undergo surgery.

It was reported that patients who received structured pre-operative visit had a smooth transition to recovery post-operatively. The rationales are to be able to obtain a specific and general baseline data regarding the patients' preoperative condition thus enabling the correct planning of perioperative care. In addition, any changes that occur during the preoperative or perianesthesia care period can be easily detected and immediate actions can be taken (Fortunato, 2000).

The pre-operative preparation also will assist in eliminating process gaps for examples low information and understanding level of the patients thus identifying opportunities to improve organizational communication, patient care and satisfaction. These can be

achieved through developing standardised pre-operative visit regimes in order to create common practice routines to reduce errors, improve staff education, and reduce organizational cost from uncalled for delays, cancellations and postponement of surgery (Fortunato, 2000).

Pre-operative visit

Coleman and White (2001) conducted a small scale of qualitative research involving six nurses from all theatre units in Wales's General hospital. The study they conducted examined whether these units had pre-operative visits regimes, constraints and barriers to pre-operative visits and nature, timing and staffing of any visits that were undertaken. They believed and claimed that pre-operative visits are of benefit to both patients and staff by fostering a meaningful nurse-patient relationship thus reducing professional isolation and enhancing greater job satisfaction. The result shows that only (10 %) of all patients going for surgery received a visit. However, even if the patients do received the visit, it was carried out in rather unstructured fashion.

BMC Health Services Research, Canada (2006), highlighted that the pre-operative visit could assist in achieving goals of equitable access and optimal patient care. The study they conducted explores the likelihood of patients visiting the pre-operative assessment clinic prior to surgery. Unfortunately, their finding demonstrates that the likelihood of patients visiting the pre-operative assessment clinic prior to surgery decreases as due to the long distances to the clinic. Thus, they suggest that pre-operative visit plays a vital role in preparing patients before surgery because planned surgical procedure would be delay or even cancelled if the patient does not attend the pre-operative assessment clinic due to the long distances to the clinic.

Pre-operative health assessment

In relation to that, (Fortunato, 2000) recommended the use pre-operative assessment tool introducing by The Association of Operating Room Nurses (AORN), in 1981 in assessing patients before surgery. The pre-operative phase involves in assessment and planning and the pre-operative assessment activity has three standards which include data collection, assessment data analysis in determining diagnosis and outcome identification. Whilst, the planning activity is to develop a plan of care that prescribes interventions in attaining expected outcomes. The intra-operative phase involves the implementation of interventions identified in the plan of care. The post-operative phase includes evaluation of the patient's progress toward the attainment of outcomes. The nursing activities inherent in each standard are incorporated in the nursing process during the three phases of the surgical patient's experience.

Barnett (2005) asserts that pre-operative assessment is critical in creating a safe and efficient experience for patient and states that the purpose of this pre-operative assessment is to identify potential problems that could contribute to surgical morbidity and to develop a plan to return patients to presurgical levels of functioning as soon as possible. She recommended that the pre-operative visit should be done before the day of scheduled surgical procedure to allow time to address the health problem encounter, educate patient, order of special laboratory test and refer the patient for certain consultation as needed.

Pre-operative and post-operative information

Reviewing The Roy Adaptation Model, Roy presents the adaptive system by referring adaptation as the adjustment of an individual to internal and external environment,