

Preparación preoperatoria: la percepción de la persona que se somete a una cirugía programada

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Abstract

Objective: This study aimed to identify elective surgery patients' perceptions of their preoperative preparation. **Methods:** A qualitative, exploratory study was carried out. Ten semi-structured audio-recorded interviews were conducted with people who had undergone elective general surgery in the last six months at a university hospital in central Portugal. The content analysis technique was used to analyze the data. **Results:** Five thematic units emerged: perception of the surgical experience, perceived feelings/emotions, information needs, expectations towards preoperative nursing care, and perspectives on the existence of a nursing consultation. They were subdivided into several categories and subcategories. **Conclusions:** Surgery is still considered a traumatic experience, and the surgical environment causes stress. This study reinforces the relevance of nurses in the preoperative preparation of patients and can contribute considerably to structuring a nursing consultation.

Keywords: Perioperative nursing. Preoperative care. General surgery.

Introduction

Surgery is a new reality that causes profound changes in every individual's life and significantly impacts patients' and their families' well-being, health, and essential living standards.¹

Surgery, which may be considered a health-illness transition, is associated with a sudden change in role performance resulting from the change in health status. Some properties of this transition have been identified, such as awareness, engagement, and change. These aspects require the nurse's special attention for the patient's smooth and adapted experience. Through health education, nurses should empower individuals and help them adopt strategies to best cope with surgery.²

On the other hand, nurses are legally and morally bound to inform the patient about preoperative nursing care using an accessible language, thus contributing to the surgical patient's safety and anxiety reduction.¹

Preoperative nursing care involves identifying patients' needs and risk factors associated with surgery and the perioperative period. A study³ conducted focus group interviews with nurses. Four main themes emerged during the preoperative evaluation: patient vulnerabilities, multidimensional

communication, managing patients' expectations, and nursing's role in compensating for gaps.

With the research question "What are the preoperative nursing care needs of elective general surgery patients?" this study aimed to identify patients' perceptions of their preoperative preparation, main concerns about the surgical experience, expectations towards preoperative nursing care, and information needs.

Methodology

The structure of this article followed the Consolidated criteria for reporting qualitative studies (COREQ) checklist.⁴

A qualitative, exploratory study was conducted, following all the assumptions in this type of research. Approval was obtained from the Ethics Committee of a Hospital and University Center (074/CES-CHUC-138-18).

The inclusion criteria for selecting the participants were: being 18 years of age or older, speaking Portuguese, having good hearing acuity and no mental disorders, and having undergone elective general surgery (medium and major surgery) in the last six months. Participants were selected on the day they had their first postoperative consultation, having met the inclusion

criteria, so a convenience sample was obtained. All participants agreed to participate in the study and gave their written informed consent before the beginning of the interview. Ten semi-structured interviews were carried out using a script in person at an office for this purpose. Data were collected with only audio recordings.

The interviews lasted, on average, 15 minutes and were transcribed by one of the researchers. All audio files were coded and will be destroyed after acceptance for publication. The content analysis of the transcribed interviews was carried out without software support and following Bardin's assumptions.⁵⁻⁷

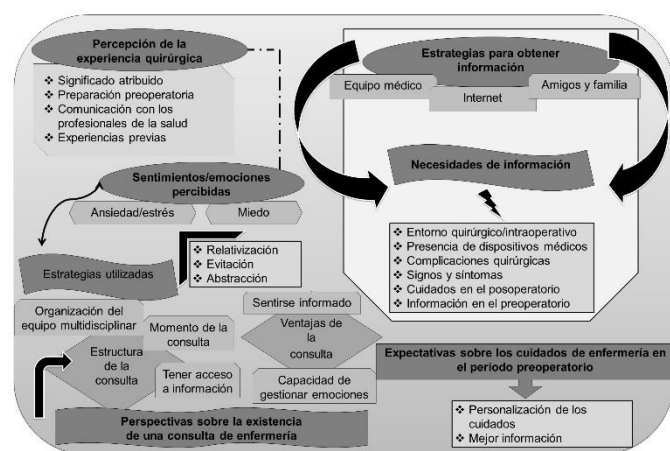
The interviewer met periodically with the rest of the research team to organize and analyze the main themes addressed by the participants.

Results

Ten patients participated in the study, six men and four women, with a mean age of 65. Half of the participants had finished primary school; most were retired and lived in rural areas. Regarding marital status, half of them were married or living with a partner.

The content analysis of the interviews revealed thematic units such as perception of the surgical experience, perceived feelings/emotions, information needs, expectations towards preoperative nursing care, and perspectives on the existence of a nursing consultation (see figure 1).

Figure 1. Schematic representation of the phenomenon under study



The interviewees' "perception of the surgical experience" was based on the meaning they gave to it, preoperative preparation, communication with health professionals, and previous surgical experiences.

When asked about their surgical experience, participants gave, on the one hand, a positive meaning based mainly on the relationship established with health professionals and, on the other hand, a negative meaning due to the unpredictability of the experience and the context itself:

in the operating room, they started talking to me and distracting me, and that relaxed me a bit (I10)

it was all of a sudden (...) I didn't even have time to think about it (I1)

The experience of having surgery is never good (...) The environment stressed me a bit (I8)

When referring to their "preoperative preparation," participants mentioned the auxiliary diagnostic tests performed, the physical preparation for surgery, and the suspension of the usual medication regime. They valued the importance of doing specific tests before surgery and of correct physical preparation:

(...) I had to do tests before surgery, so I was admitted (...) I did the necessary tests (I8)

I took a bath, and they put compression stockings on me and gave me the medication (I7)

Some interviewees expressed some concern about the suspension of their medication regime due to surgery:

I have depression, and because they didn't give me my usual medication, I had a bad time the first few days (I3)

The participants' perception of the surgical experience was also influenced by how communication with nurses was established:

As I arrived at the ward, the nurse that was responsible for me gave me some information, but not much else (I8)

Moreover, previous surgical experiences and how they had been performed also contributed to how the surgical experience was described:

I thought that if I had already had a colonoscopy with anesthesia, the surgery would be easy for me (I10)

The interviewees' "perceived feelings/emotions" were mainly anxiety/stress and fear. In addition, they referred to the strategies used to deal with these feelings.

Most respondents admitted that they felt anxious, particularly when it was their first surgical experience. The unknown was the major concern for the surgical patient:

I was very anxious (...) Being the first time, we never know (...) it was my first surgery ever, that's why I think it was a bit traumatic (I5)

Besides anxiety, participants even reported feeling afraid of several aspects related to the surgery, such as possible complications, anesthesia, and even death:

I was also worried about (...) what would happen to me (I4)

The anesthesia and the fear of not waking up (I10)

In a situation like this, we think, "I don't know if I'll come out of this alive" (I10)

The analysis of the participants' speeches also allowed identifying some strategies used by them to deal with the fear and anxiety, such as relativization, avoidance, and absence of mind:

I am very disconnected from everything, even from life (I6)

I was already afraid, if I asked questions, they could tell me something I didn't like (...) I preferred not to know (I7)

When we go through a situation like this, we have to disconnect from everything around us and think of the good things in life (I10)

The interviewees also identified their "information needs," including the aspects that should be addressed and the most commonly used strategies to get information.

Thus, the information needs mentioned related to the description of the surgical environment, the possible presence of medical devices after surgery and associated sensations, aspects related to the preoperative period, possible surgical complications, possible signs and symptoms arising from surgery, and postoperative care:

No one had explained to me what the environment was like downstairs in the operating room (I3)

(...) I knew I would have a drain placed, but I didn't know what a drain was (I3)

(...) what will happen to me, what may happen, what problems do I have or may I have in the future (I4)

(...) What would happen to me after surgery? How would I feel (...) I have symptoms that I do not know how to define (...) (I1)

My biggest concern was the diet that I had to follow after surgery. No one informed me about that (I4)

I was not given any information about the surgery (I9)

Concerning the strategies used to get information, nurses were never mentioned as a potential source of information. This information was usually obtained from the medical team, namely the surgeon, the Internet, and friends or family:

I asked one of the doctors about the aspects I was curious about (...) The rest I read on the Internet (I5)

(...) I also have cousins who are nurses (...) with doctor friends as well (I6)

The “expectations towards preoperative nursing care” described by the participants focused on person-centered care and better information. On the one hand, participants emphasized attitudinal aspects and the importance of nurses establishing an empathic relationship with patients to reassure them. On the other hand, they considered that nurses should be expected to demonstrate skills that promote person-focused communication to allow for the expression of doubts and fears:

The monitoring and clarification by nurses are vital for the patient (...) Before admission, I had no contact with any nurse before surgery, but I believe it would be necessary (I4)

I think that they should reassure us a little bit (I8)

It is necessary to know how to communicate (...) The education level is a key indicator of the type of communication that I will establish with the patient (...) The art of communicating is fundamental (I6)

Moreover, the participants also expressed a desire for better information, more detailed information, that meets their information needs:

Maybe more detailed information (...) sometimes, when asking specific questions, I had to wait for the doctor to come (...) nurses themselves should inform us, which is part of their responsibilities (I5)

Some issues should be better explained (I8)

Finally, when asked about their “perspectives on the existence of a nursing consultation,” interviewees referred to its structure and advantages. According to their statements, a possible preoperative nursing consultation should coincide with other trips to the hospital, be structured taking into account the multidisciplinary nature of the perioperative period, and allow patients to have access to relevant information:

If there is an anesthesia consultation, I think it has to be coordinated so that we don't have to come here twice (I5)

I think that the team should consist of a doctor and a nurse. It seems to me that, given the specificity of the nurse and the doctor, each one will have their area and will be able to explain specific situations to the patient more easily (...) While the nurse was busy, the doctor would be free for other issues (I4)

I think it should be used to inform us of everything (...) I still have so many doubts (...) I thought that I should have been told certain things that they didn't tell me and I needed to know (I1)

The main “advantages of the consultation” mentioned by interviewees include feeling informed and having greater

emotion manageability. Much importance is put on information and the benefits of knowledge. Also, the nursing consultation will allow for the patient's better emotional preparation, reassuring them and making them psychologically fitter to face surgery:

A nursing consultation would be essential to inform us to better prepare us for what is going to happen (I3)

They should focus on the psychological preparation of the person because, in these situations, everything happens so fast. A consultation like that for psychological preparation would help a lot (I8)

Discussion

In a study⁸ with patients undergoing prostatectomy and their families, the authors highlighted the importance of informing the patient about their surgery so they can have an active role in their health. A preoperative class was developed to explain the preparation steps for surgery and precaution measures regarding medical devices (urinary catheter, venous catheter), to teach how to deal with minor complications after discharge, and to discuss when to use health services. Our study participants also mentioned that these aspects met their information needs. The authors concluded that the intervention significantly reduced anxiety levels, increased confidence in the immediate postoperative period, and increased satisfaction at discharge. The perioperative period's various phases, discharge procedures, dietary care, smoking habits, hygiene care, ability to drive vehicles, and resumption of professional activity are not always sufficiently detailed in preoperative preparation.⁹ Assessment of the anxiety level, as an aspect of preoperative preparation, is strongly recommended in the literature.¹⁰

Person-centered nursing believes that people are reflective human beings capable of making rational choices.¹¹ However, this ability depends on contextual aspects such as communication in healthcare. Preoperative information provided by nurses can help patients to alleviate their anxiety and improve their self-care skills. Patients should also prefer to receive information before admission so that they are prepared for hospitalization.¹²

Information provided by nurses helps to increase patient satisfaction, reduce anxiety, and promote a speedy recovery at home. The procedure of informing the surgical patient has changed in content and form. The current approach is task-focused, with limited opportunities for dialogue between the nurse and the patient and for the patient to ask questions.¹³ Hence, the nurse needs to use a structured approach in preoperative preparation, namely through a nursing consultation, given that providing information that meets the patient's interests and doubts during meetings of limited duration is one of the challenges of elective surgeries. Our study shows that nurses are not considered a source of information, reflecting this reality.

Communication is essential since the nurse should ensure that the patient understands the information. Patients are often informed about aspects of the perioperative period, but this knowledge is not consolidated.⁹ How information is transmitted also influences understanding, as patients report that the assimilation process is easier for them in person compared to the telephone call, for example.¹⁴ However, evidence shows that the telephone route, used by nurses to complement face-to-face

meetings, allows identifying the risk of postoperative complications and implementing preventive interventions.¹⁵

This study has some limitations, namely the small sample size, despite being a qualitative study and that data saturation was reached. In addition, the participants were recruited from a single hospital center, so preoperative preparation did not have the same variability compared to the possibility of the study being multicenter.

Conclusions

This study can contribute substantially to the development and improvement of perioperative care. The perceptions of the elective general surgery patient about their preoperative preparation are diverse, depending on their previous experiences,

information needs, and emotional state. The surgical experience is still a moment of great anxiety, hence the importance of the emotional support provided by nurses in the preoperative period.

Patient empowerment in terms of knowledge is essential to make them aware of the perioperative moment and for nurses to involve them in the whole process. The nursing team should develop communication skills to identify the patient's literacy level and information needs, aiming at a personalized approach, which should be face-to-face whenever possible.

Thus, we believe that this study contributes to structuring the preoperative nursing intervention through a nursing consultation.

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