



An assessment of the preoperative information given to patients in the province of Karaman¹

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Abstract

The purpose of this research was to determine the status of information provision for patients in the preoperative period. Two hundred fifty patients undergoing surgery in the Karaman Public Hospital. A questionnaire prepared by the authors based on information in the literature and consisting of questions intended to determine patients' sociodemographic characteristics and the preoperative provision of information was used as a data collection tool. Data were expressed as number, percentage, mean and standard deviation. Mean age of patients was 45 ± 21.08 years. We determined that 47.2% had been given information concerning preoperative procedures and preoperative preparations, and that 7.6% had been given this information by nurses. In the light of the study findings, we conclude that physicians and nurses need to be more proactive in providing patients with preoperative information and that, considering the forgetfulness factor, such information should also be provided in written form.

Keywords: patient education; information requirement; preoperative nursing; preoperative period; surgical nursing

Introduction

The provision of information to patients and families in the preoperative period is of the greatest importance, since being scheduled to receive surgical treatment is a frightening, stressful and unfamiliar situation for most patients (Aksoy, 2012). Information provided preoperatively contributes to the patient knowing what will happen at each stage of a surgical procedure, and to improving physical and psychological well-being and also surgical outcomes (Erdil & Elbaş, 2000; Kane, 2000; Yavuz, 2011; Dönmez & Özbayır, 2008; Özbaş, 2011). Guidelines published by the

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Joint Commission on Accreditation of Healthcare Organizations (JCAHO) also contain information and principles related to information to be given to patients and families on the subjects of the operation concerned, the recovery process, sutures, dressings, drains, feeding tubes, pain control and diet.

The European Office of the WHO (World Health Organization) stresses the importance of health education in ‘everyone achieving health targets,’ and emphasized that nurses are all health instructors. It also describes the provision of health education for patients and families as one of nurses’ health education responsibilities. The nurse assumes primary responsibility for clarifying information given by physicians and the rest of the health team that is necessary for overcoming problems (Taşocak, 2007; Kaya, 2009). Being capable of assisting with providing information, using pamphlets, written recommendations and other materials on the subject and facilitating patient compliance and comprehension all increase the effectiveness of education as the nurse discharges this professional role (Aksoy, 2012). Failure to provide sufficient information in the preoperative period leads to emotional difficulties, such as concerns over the decision to operate and waiting period, anxiety, fear of pain and uncertainty over the future, depression, anger and inability to perform personal functions after surgery. The risk of postoperative complications increases as a result, and lengths of hospital stay are prolonged (Kane, 2000; Özbayır et al, 2003; Oğuzalp et al, 2010; Yavuz, 2011).

Patients who receive well-planned preoperative information have lower analgesic, antiemetic, sedative and hypnosis requirements, have shorter postoperative hospital stays and increased satisfaction, are better able to cope with the effects of surgery and heal faster, meaning that they are able to return work and daily life earlier (Sayın & Aksoy 2000; Şendir, 2000; Yılmaz, 2002; Oetker-Black et al, 2003; Walker, 2007; Çetinkaya & Karabulut, 2010; Gräwe et al, 2010; Jjala et al, 2010; Yavuz, 2010; Aksoy, 2012). However, studies have reported that individuals undergoing surgery need more information than they receive (Dolgun & Dönmez 2010; Şendir & Babadağ, 2000; Türgay, 2011), that the information provided is complex and difficult to understand (Hopper et al., 1995, Hopper et al., 1998, McCormack et al., 1997, Lynöe et al., 1991) and that patients may be unable to remember it. Many authors therefore say that information should be given in combined verbal and written form (Guillod 1995, Meuli and Kuhn 1995, Payllier 1995, Haller et al., 1999, Kessler et al., 2000).

Despite the great importance of preoperative education, the number of studies assessing the provision of preoperative information by nurses, in both the Turkish-language and foreign literature, is very low. This research was therefore intended to assess the provision of preoperative information for patients in surgical departments.

Materials and methods

Type, place and date of research

The study population of the descriptive and cross-sectional study consisted of patients undergoing surgery in Karaman Public Hospitals Union General Surgery, Urology, Orthopedic, Ear, Nose and Throat and Gynecology departments. The research sample consisted of patients meeting the inclusion criteria between 1 March and 30 May, 2013.

The inclusion criteria were;

- Age 18-65,
- No diagnosis of mental or psychological disease and not using drugs for such reasons,
- Surgery being elective,
- Willingness to participate in the study.

Data collection form

The study data were collected at face-to-face interviews using a two-part questionnaire prepared in the light of the literature (Bernier et al, 2003, Bulut, 2011, Özbaş, 2011; Yavuz 2011; Carpenito-Moyet, 2012; Aksoy et al., 2012). The first part of the questionnaire contained 8 questions inquiring into patients' health and sociodemographic characteristics, and the second consisted of 35 questions inquiring into receipt of preoperative information.

Data analysis

Data analysis was performed on Statistical Package for the Social Sciences (SPSS) software. Data were expressed as number, percentage, mean and standard deviation.

Ethical issues

Written approval for the study was granted by the Karaman Public Hospitals Union, and verbal consent was obtained from patients. All patients agreeing to take part and their families were informed about the aim of the study, the methodology and its expected benefits.

Results

Mean age of the patients in this study was 45 ± 21.083 . Examination of patients' sociodemographic characteristics revealed that 70.8% were married, 50.8% were women, 54.8% were primary or middle school graduates, 41.2% were housewives. 93.2% had social security and 87.2% lived with their families (Table 1). In addition, 70.4% of patients had no chronic disease, 53.6% had previous experience of surgery, 47.2% of previously operated subjects had received preoperative information and 7.6% had received that information from nurses (Table 2). We also

determined that 95.2% of patients had received preoperative education regarding their current operations, and that nurses+physicians had provided 60% of this (Table 2).

Examination of the information provided in the preoperative period and the mode of provision revealed that 94.4% of patients had received verbal information about the type of surgery to be performed, 92.8% about preoperative fasting, 89.2% about preoperative intestinal preparation, 88.4% about preoperative tests, 86.4% about preoperative treatments, and 84.8% about permission for surgery (Table 3). A further 88.4% of patients had received written information about preoperative tests and 39.6% about the operating theater.

Discussion

Patients who do not receive adequate preoperative information experience various emotional difficulties both before and after surgery. These include problems such as anxiety, fear of pain, fear of the unknown and the future, depression, anger and inability to perform personal functions after surgery. Preoperative education is therefore an important marker of the quality of surgical patient care. Nurses' being in possession of up-to-date information on the subject of patient education, the presence of sufficient infrastructure in institutions, awareness of the importance of the subject and planned patient education all increase the quality of care. The findings from this study are discussed below in order to determine the provision of preoperative information to patients in that context.

Both physicians and nurses provided information for 60% patients concerning preoperative procedures and preparations. Similarly, Dolgun and Dönmez (2010) reported that 42% of patients received information from both physicians and nurses, while Gürlek and Yavuz (2013) cited a figure of 61.9%. Özbayır et al. (2003) reported that 59.15% of patients received information about surgery from physicians only, while Aygül and Ulupınar (2012) cited a figure of 72.3% and Kutlu and Çetinkaya (2004) reported that 'the majority' of patients received information from doctors alone. When nurses attach importance to and perform patient instruction, patients then assume responsibility for health care and are able to share anxieties and better comprehend the information provided. The levels of information provision in this research and other studies therefore appears to be insufficient.

Fifty percent of patients were given information about the items they needed to bring to hospital (Table 3). Dolgun and Dönmez (2010) reported that 66.7% of patients were informed what to bring with them to hospital, while Gürlek and Yavuz (2013) cited 77.7%. These findings are in agreement with our own results. In terms provision of information concerning preoperative

tests, 88.4% received such information (Table 3). Dolgun and Dönmez (2010) reported a figure of 59.4% of patients and Gürlek and Yavuz (2013) of 85.7%.

Informed preoperative consent has to be obtained from patients by law in order to protect their rights, autonomy and privacy. The nurse's ethical responsibility within the context of informed consent, acting as the patient's protector, permits the patient to understand information and take autonomous decisions. We determined that 84.8% of patients received information about consent forms for surgery (Table 3).

In this study, 64.4% of patients received information about where they would be taken after surgery (Table 3). Gürlek and Yavuz (2013) reported that 58.7% of patients were given such information, while Dolgun and Dönmez (2010) cited 55.1%. In addition, 69.6% of patients in this study were given information concerning postoperative nutrition and diet (Table 3). Similarly, Dolgun and Dönmez (2010) reported that 66.7% of patients received such information, with Gürlek and Yavuz (2013) citing 60%.

Our study showed that 53.6% of patients received information about postoperative deep respiration coughing exercises (Table 3). Kutlu and Çetinkaya (2004) reported that 9.3% of nurses taught patients deep respiration coughing exercises in the preoperative period, while Dolgun and Dönmez (2010) reported that 31.9% of patients received such information while Gürlek and Yavuz (2013) reported a figure of 22.2%. Although our findings for respiration and coughing exercises were higher than those of other studies, considering the potential complications that may develop if these activities are not performed after surgery, we think that the level is still low.

Conclusion

Studies have revealed deficiencies in preoperative information provision. Physicians and nurses need to be more proactive in information provision, and since written information is more permanent than verbal information, we think that both verbal and written information need to be given. We recommend that pre-and postoperative information provision be adjusted to the patient's requirements, readiness, age and level of education and that effective information can be provided with the development of educational materials for patients (such as pamphlets and videos).

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Table 1: Participants' sociodemographic characteristics

Variables (n= 250)	No.	%
Marital status		
Single	73	29.2
Married	177	70.8
Sex		
Male	123	49.2
Female	127	50.8
Educational level		
Literate	46	18.4
Primary/middle school	137	54.8
High school	44	17.6
University or above	23	9.2
Social security		
Yes	233	93.2
No	17	6.8
Income		
Income less than outgoings	86	34.4
Income equal to outgoings	161	64.4
Income exceeding outgoings	3	1.2
Household		
Living alone	74	9.6
With family	218	87.2
With friends	8	3.2

Table 2: Information about health and disease

Variables (n=250)	Yes	
	No.	%
Chronic disease	74	29.6
Previous experience of surgery	134	53.6
Receipt of information about surgery in previous operations	118	47.2
Who provided preoperative information in previous operations		
Nurse	19	7.6
Physician	29	11.6
Nurse+Physician	71	28.4
Provision of information about the current operation		
Who provided preoperative information in the current operation		
Nurse	40	20.8
Physician	52	20.8
Nurse+Physician	150	60.0

Table 3: Variables concerning information provided preoperatively

(n= 250)	Written		Verbal	
	No.	%	No.	%
Do you know when you will have your operation?	2	0.8	236	94.4
Were you informed what objects to bring to hospital?	3	1.2	125	50.0
Were you told how to store your valuable possessions?	1	0.4	114	45.6
Were you told about tests to be performed before your operation?	221	88.4	221	88.4
Were you informed about the surgical consent form?	15.0	6.0	212	84.8
Were you informed about treatments before surgery?	3	1.2	216	86.4
Was your preoperative routine drug or herbal medicine use evaluated, and were you told whether to change the dose or stop taking them altogether?	2	0.8	149	59.6
Were your cigarette and alcohol consumption evaluated and were you informed about when to stop taking them?	1	0.4	91	36.4
Were you informed about fasting before surgery?	2	0.8	232	92.8
Were you informed about preoperative intestinal preparation?	2	0.8	223	89.2
Were you informed about preoperative venous, or if necessary urinary catheter, and gastric tubes being inserted if necessary?	2	0.8	143	69.2
Were you informed about the waiting room before surgery?	1	0.4	113	45.2
Were you informed about the operating theater?	99	39.6	99	39.6
Were you informed about the members of the team responsible for your care?	1	0.4	122	48.8
Were you informed where you will be taken after surgery?	0	0	160	64
Were you informed about nutrition and diet after surgery?	1	0.4	174	69.6
Were you informed about the anesthetic to be used?	4	1.6	172	68.8
Were you informed about tubes and drains to be placed postoperatively?	2	0.8	91	36.4
Were you informed about postoperative pain?	2	0.8	204	81.6
Were you informed about postoperative soreness and dryness in the throat?	2	0.8	191	76.4
Were you informed about somnolence and forgetfulness after surgery?	0	0	191	76.4
Were you informed about nausea and vomiting after surgery?	0	0	192	76.8
Were you informed about deep breathing coughing exercises after surgery?	0	0	134	53.6
Were you informed about leg and foot exercises after surgery?	1	0.4	136	54.4
Were you informed about turning exercises after surgery?	0	0	130	52
Were you informed about walking exercises after surgery?	1	0.4	142	56.8
Were you informed about hospital rules?	0	0	139	55.6
Were you informed about undesirable conditions after surgery? (Problems such as pain in the wound site, swelling, reddening, increased temperature, leakage, increased body temperature or lethargy)	0	0	168	67.2
Were you informed about limitations after surgery (activities, nutrition, drug use, sexual activity)	0	0	188	75.2
Were you informed about surgical site care and dressings?	0	0	172	68.8
Were you informed what times your family can visit you after surgery?	0	0	165	66
Were you informed when you will be discharged?	0	0	147	58.8
Were you informed about bodily hygiene and when you can bathe after surgery?	0	0	124	49.6
Have you been told whom you can go to for check-ups, and when and how?	0	0.4	147	58.8
Have you been informed about the effect of your disease or operation on your work life and when you can return to work?	1	0.4	125	50