



PERCEPTIONS OF SURGICAL PATIENT DURING PREOPERATIVE PERIOD CONCERNING NURSING CARE

PERCEPÇÕES DO PACIENTE CIRÚRGICO NO PERÍODO PRÉ- OPERATÓRIO ACERCA DA ASSISTÊNCIA DE ENFERMAGEM

PERCEPCIONES DEL PACIENTE QUIRÚRGICO DURANTE EL PERIODO PREOPERATORIO SOBRE EL CUIDADO DE ENFERMERÍA

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ABSTRACT

Objective: to describe the perception of surgical patients in the preoperative period concerning nursing care. **Method:** a qualitative study consisted of six patients hospitalized in the general surgical clinic of a public hospital in western Santa Catarina in March 2012, after approval of CEP SH / UDESC under number 220/2011. Data were collected through semi-structured interviews and analyzed with the technique of Content Analysis. **Results:** from process analysis, four categories emerged: << Knowledge about the surgical procedure >>; << >> Care and nursing; << Feelings identified in the preoperative period >> and << nursing contribution to patient's coping in preoperative period>>. **Conclusion:** understanding the perception of surgical patients in the preoperative period can aggregate subsidies to highlight one of the ways to assist them is through the systematization of nursing, allied to a routine of orientations held by the nurse's clinical surgery. **Descriptors:** Surgical Operative Procedures; Perioperative Care; Nursing Care.

RESUMO

Objetivo: descrever a percepção do paciente cirúrgico no período pré-operatório acerca da assistência de enfermagem. **Método:** estudo qualitativo, constituído por seis pacientes internados na clínica cirúrgica geral de um hospital público no oeste catarinense em março de 2012, após aprovação do CEP SH/UDESC sob o número 220/2011. Os dados foram coletados por entrevista semiestruturada e analisados com a técnica de Análise de Conteúdo. **Resultados:** do processo de análise emergiram quatro categorias: << Conhecimento acerca do procedimento cirúrgico >>; << O cuidado e a enfermagem >>; << Sentimentos identificados no período pré-operatório >> e << Contribuição da enfermagem para enfrentamento do paciente no período pré-operatório >>. **Conclusão:** a compreensão da percepção do paciente cirúrgico no período pré-operatório pode agregar subsídios para destacar que uma das formas de prestar assistência é por meio da sistematização da assistência de enfermagem, aliada a uma rotina de orientações, realizada pelo enfermeiro da clínica cirúrgica. **Descritores:** Procedimentos Cirúrgicos Operatórios; Assistência Perioperatória; Cuidados de Enfermagem.

RESUMEN

Objetivo: describir la percepción de los pacientes quirúrgicos en el período preoperatorio sobre el cuidado de enfermería. **Método:** estudio cualitativo consistió en seis pacientes hospitalizados en la clínica de cirugía general de un hospital público en el oeste de Santa Catarina, en marzo de 2012, tras la aprobación de CEP SH / UDESC bajo número 220/2011. Los datos fueron recolectados a través de entrevistas semi-estructuradas y analizados con la técnica de Análisis de Contenido. **Resultados:** del análisis de procesos emergieron cuatro categorías: << el conocimiento acerca del procedimiento quirúrgico >>; << El cuidado y la enfermería >>; << Sentimientos identificados en el preoperatorio>> y << la contribución de la enfermería para el enfrentamiento del paciente en el período preoperatorio>>. **Conclusión:** la comprensión de la percepción de los pacientes quirúrgicos en el período preoperatorio puede generar subsidios para entender que una de las maneras de ayudarles es a través de la sistematización de la enfermería, aliada a una orientación de rutina, mantenida por el enfermero de la clínica. **Descriptor:** Procedimientos Quirúrgicos Operativos; Cuidado Perioperatorio; Cuidados de Enfermería.

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INTRODUCTION

Perioperative nursing is a term used to describe a variety of nursing functions associated with the surgical experience¹. It comprises three phases of the surgical experience: preoperative, intraoperative and postoperative. Each phase begins and ends at a particular point in the sequence of events that constitutes the surgical experience, and each comprises a wide range of activities that the nurse performs using the nursing process (NP) based on standard practices².

All phases are important for the care of the surgical patient, but the preoperative phase is highlighted since patients are most vulnerable in their needs, both physiological and psychological, making them more vulnerable to emotional imbalance. At this stage, the nurse has a vital role to guide the patient and prepare him for the procedure, since the nurse has the chance of getting to know him, raise problems and needs, provide information that will certainly help to minimize their fears and insecurities¹.

The welfare of the surgical patients should be the main goal of the nursing staff who will take care of them and is also responsible for their preparation, establishing and developing multiple nursing care according to the specific surgery. These cares include physical and emotional preparation, guidance, assessment and referral to the surgical center, in order to decrease the surgical risk, promote recovery and prevent complications postoperatively.³

The preoperative nursing visit is characterized as the beginning of the systematization of nursing care. It consists of following the patient from admission to post-surgical discharge. The nurse should be alert to any changes that may occur. To perform this, the nurse collects information regarding the patient and identifies needs to make the nursing care individually and effectively in order to provide a safe and effective recovery.⁴

The surgical procedure is a technique activity practiced by a specialized team according to the health problem; it is an unknown act experienced by the patient who may have different feelings before surgery, such as discomfort, anxiety, physical and emotional stress. Hence care nursing should be performed with previous planning so that the feelings experienced at this point may not intensify, but should be mitigated.⁴

Every surgical procedure, regardless of its complexity, may be followed by anxieties, doubts and fears, which makes it a complex

and stressful event for the patient. The emotional imbalances caused by this event may lead the patient to a series of internal conflicts that may help increase his anxiety before the event. Therefore, preoperative care provided to the patient seeks the welfare of the patient and decreases stress levels and negative feelings in relation to surgical anesthesia.^{1,3,5}

OBJECTIVES

- To describe the perception of surgical patients in the preoperative period regarding nursing care.
- To identify feelings experienced by surgical patients, as well as key care provided by nursing staff during this period.

METHOD

Qualitative study with a descriptive layout. One of the characteristics in a descriptive research is the standard technique of data collection which is mainly performed through interviews and systematic observation. Qualitative research is a research method that is based on the belief that reality is based on perceptions, which differs from person to person and over the ages.⁶

We used a semi-structured interview in this study. This data collection strategy allows the interviewer more flexibility, since the interviewer is able to change the order of questions and he has complete freedom to make interventions, according to the progress of the interview.⁷

The interviews were conducted during the month of March 2012, with six patients hospitalized in the general surgical clinic of a public hospital in western Santa Catarina, both genders, aged between 18 and 65 years old who had undergone elective surgery in March 2012, regardless of the county of origin or anatomical region operated. Exclusion criteria were considered in this study to all patients at seclusion for matters relating to illness.

The selection of samples was made in the records of the general surgical clinic intentionally seeking patients who met the inclusion criteria.

After identifying the possible participants, the researchers contacted the patients, explaining the objectives and methodology of the survey and after the verbal acceptance, they requested signatures for the Term of Consent.

After the formal authorization, the researchers conducted semi-structured interviews. We conducted a total of six

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interviews, through progressive additionality of new participants up to the point of 'theoretical saturation', and we decided to terminate the study since we reached the goals. All interviews were recorded and later transcribed on the appropriate form, identified by Arabic numerals in increasing order according to the order of participation in the research. As a safety measure we did double typing of data.

The data collected were the primary source for interpreting the information; we used as a basis the speech of participants. These were analyzed with the method of content analysis. "Content analysis starts on a foreground literature to achieve a deeper level: one that goes beyond the obvious meanings."⁸

The study was conducted in compliance with the ethical and legal aspects, guaranteed by Resolution 196/96 and 251/2007 of CONEP - National Council on Ethics in Research after approval and opinion of CEPISH / UDESC under number 220/2011.

RESULTS AND DISCUSSION

Analyzing the socio-demographic profile of respondents, three were females and three males, predominantly aged between 30 and 49 years, mostly farmers with primary education, and marital status were to an equality between married and divorced.

After conducting exploratory careful reading of the interview transcripts, we sought convergent divergent points in the words of each participant. From these analyses, four categories emerged: Knowledge about the surgical procedure, Nursing care; Feelings identified in the preoperative period and contribution of nursing to patient's coping in the preoperative period, which revealed the perceptions of these patients during the preoperative period.

• Knowledge about the surgical procedure

This category seeks to show the knowledge that the research participants had about the procedure in which they would be submitted.

All participants claimed to know which procedures they had been submitted, but differently. Some knew the technical terminology, others identified the location of the procedure, but they did not make clear if they really knew how the surgery had been made, and others were able to describe how the procedure was performed.

The preoperative period is composed of a set of actions aimed at identifying possible disturbances in the patient, thereby reducing surgical risks, and at this point, it is the

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responsibility of the nursing staff to adequately prepare the patient for surgery according to the type and size of the surgery. The preoperative visit is the first step and aims to educate the patient and his family, explaining routines, procedures, his arrival to the operating room, how and what will be done and how he will recover after the procedure, clarifying their questions and their families' in a preventive manner.⁹

When asked whether they had received information about the surgery that had been performed, all participants responded positively, however, only by medical professionals, not citing the nursing staff, as the lines:

Yes, above all, by the doctor. (Participant 1)

Yes, the doctor advised me. (Participant 3)

This finding matches findings of another study¹⁰ which shows that when the patient is asked about the orientation of the preoperative surgery, many patients cite doctor's guidance, even when nothing was asked specifically about the doctor, which reinforces the "status" of the physician as more qualified and more knowledgeable, since he is the one who holds power over the patient's body at the time of surgery.

The welfare of the surgical patients should be the main goal of the nursing staff who attends and is responsible for patient preparation, establishing and developing various actions for nursing care according to the specific surgery. These cares include, physical and emotional preparation, guidance, assessment and referral to the surgical center.³

Based on the participants' speech and the literature, we realize how difficult it is for nursing to communicate with patients, to demonstrate their knowledge and be appreciated for it. Communication is an essential tool for the nurse to deal with the patient who is in the preoperative period. Through communication, the nurse can identify how the family and the patient react to the illness, how they feel about hospitalization and the actual surgical treatment. Thus, it is believed that with good nurse-patient communication it is possible to develop an individualized care, planned and based on the desires and expectations of the patient regarding the surgical procedure.

Attention to surgical patients should involve all needs throughout the preoperative period. The nursing staff is responsible for conducting all the care to be provided in an integral and individualized form, taking into account the health status of the patient, type of surgery, the routine of the institution, as

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well as performing them with expertise to meet the needs due to surgery, in order to decrease the surgical risk, promote recovery, prevent complications postoperatively, since these may be associated with inadequate preparation in the preoperative period.³

The guidance to the patient about the surgical process is crucial for a successful treatment, and the nurse plays an important role encouraging patients to adhere to treatment regimens and becomes the main source of information necessary for confronting the surgery.¹¹

The preoperative period is a very important step, because the patient is shaken by information about their disease and surgery to which they will be submitted. The preoperative evaluation, done by nurses, provides information to the patient, checking their questions about the surgical anesthetic procedures, and besides being an act of help and learning in which nurse and patient interact, it searches the solution of problems through an individualized quality care and through the development of a care plan.^{4,12}

● Care and nursing

In this category, we discuss the relationship of nursing care to surgical patients in the preoperative period. Most participants reported that they were closely followed in the period before surgery, but some do not define by whom this care was performed. Others say straight away 'nurses', which raise some questions whether they are really referring to nurses or other nursing categories, showing again a communication failure between the binomial nurse-patient.

It is through communication and orientation of nurses in the preoperative period that the link is established and the patient feels more confident and secure, thereby reducing anxiety and suffering.

It is known that nursing has as a working tool which is care. Historically, nurses stood out by taking good care of their patients in an organized, disciplined way and with scientific knowledge.¹³ Care, and all the concepts inherent to it (health, comfort, help), guided their clinical practice before becoming part of nursing theories.

The nursing staff in charge of care must have as its main objective, recognize and define the most appropriate nursing care to surgical patients in the period before, during and after surgery. Therefore, the nurse is responsible for the planning of nursing care, which relates to the physical and emotional needs of the patient, as well as guidance

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regarding surgery and physical preparation necessary for surgical intervention.^{3,14}

Only one participant stated that he was not followed during this period and what he said highlights the fragility left by the nursing staff regarding the care.

I did not feel cared for. Here, before surgery, almost nothing was done. I showed up the day before and in the next morning I was having the operation. I just came here and stayed in bed. (Participant 6)

In this regard, there are still shortcomings with regards to nursing care in the preoperative period³. Thus, it is believed that there should be a higher quality level of care, establishing the communication process and assessing the real needs of care that each patient needs.

Nursing care identified by respondents were more procedural in nature, according to the answers we realize that the vast majority of care identified concerns the application of techniques, ie procedures in which the patient is touched, namely: drug administration, intravenous therapy, catheterization, measurement of vital signs and performing dressings, even though performing dressings is a postoperative care.

It is evident in the study that the patients find it difficult to understand that nursing care goes beyond technical actions.

Among the responsibilities of the nurse in patient preoperative care, perform actions like: skin preparation, shaving, oral and body care, keep fasting; administer and explain the purpose of premedication; attach exams complementary to medical records; provide the apron and cap to the patient and check vital signs.¹⁵

Some believe to be of a nurse the task of investigating whether there are allergies to medicines, food or latex, removal of dentures, loud and enamels; previous intestinal and bladder emptying; help with doubts and anxieties; tell the patient that he may feel discomfort due to pain, positioning or by bed rest.¹⁰ These nursing care provided in the preoperative period by the nurse or often delegated to other categories of nursing are extremely important to decrease the surgical risk, promote recovery and prevent postoperative complications.

Preoperative nursing care provides the patient an understanding of the surgery and prepare him both physically and psychologically for the surgery. These actions aim the promotion of health provided in the pre-operative period which aims the maintenance of health, prevention of complications, and reduction of surgical risk,

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resulting in positive aspects for the patient after surgery.¹⁶

There are several nursing actions to be performed in the preoperative period,¹⁷ such as to orient and train the patient about breathing and physical exercises.

We see that patients find it difficult to identify nursing care in the preoperative period, since more than one patient mentioned cares which belonged to the postoperative period, which clearly shows a confusion between these two moments. Regarding the cares that were not reported by the study participants, we can intuit that maybe they did not remember to mention or the nursing staff did not perform them.

Some studies state that preoperative guidelines are ritualized. This is one of the possible factors that lead patients to not remember the instructions received, since they are similar for all patients, regardless of the type of surgery being performed.¹⁰ They also point out the lack of specific preparation for this activity, too much use of technical language, the patient's passivity, as well as their state of anxiety which can make it harder to keep information.

We notice that there is a deficiency in respect of care provided in the preoperative period by the nursing staff, including nurses who are not in that service. In this context, it can be inferred that factors such as work overload and deficiency in the number of human resources may lead to failures in care, which impact the recovery, safety and patient satisfaction.

One of PIPO's (Programa de Instrução Pré-operatório - Pre-operative Instruction Program) goal is the relationship between the nurse and the patient, ensuring efficient communication, identifying fears and concerns to support and develop favorable conditions for individual adaptation and the help with doubts.¹⁶

The relationship between the nursing staff and the patient is very important since the success of the operation is related to how the physical, emotional, social and spiritual needs of the patient are met. Therefore, it is essential to strengthen the dimensions that make up this professional practice.

● Feelings identified in the preoperative period

During the course of life, sometimes people are affected by experiences that require adaptation and to cope with the situation experienced. There are diseases that will require surgery, causing the individual to experience a crisis situation. The sick person

has his/her physical balance shaken, there's a demand for a new psychological structure to support this moment. Only this is enough to create anxiety, fear, nervousness, anxiety and insecurity in the surgical patient.¹

It is worth mentioning that in case of illness and specifically in the case of this study, the need for surgery shows a moment of physical and biological crisis for the patient, but we must not forget that he/she still experiences an emotional crisis that also affects the family, which may occur in different ways.

Participants reported preoperative period feelings: security, insecurity, fear and nervousness. In this sense, we can understand that the feelings experienced could be classified into positive and negative (greater).

Security is the state of being free from danger or threat, sure, conviction; stability in a certain condition or situation; lack of any sense of danger or protection; confidence in oneself or in others.¹⁸

Study participants reported that their security was based in faith and religion, trusting the physician in charge, and when they understood the surgery was simple. Nursing is not cited as a factor that triggers security.

Many patients seek strength, peace and hope in religion, saying that they 'have faith in God during this difficult time of anguish and distress'; they try to have positive feelings and thus believe that everything will be fine.¹⁹

The assistance of the nursing staff is critical to convey confidence and safety to the patient, which undoubtedly contributes to reduce their distress and anxiety before a situation of risk. It is necessary that professionals know how to identify, recognize the feelings that arise and also know how to interpret them, helping the patient, so that their feelings can be controlled and/or minimized, showing support and understanding, during the established relationship.^{1,14}

Previous experiences and procedures considered by patients to be simple help them to cope with the idea of surgery, because patients tend to demystify what happens during the surgery, the period of greatest fear, where they create fantasies about the surgical ward, anesthesia and death.²⁰

Sometimes it is inevitable for people to feel insecure when they undergo a surgical procedure. This experience often shows up as a threat not only to their physical, but also mental, because of the anxiety it can generate. As we can see:

I wasn't afraid, just insecure.
(Participant 2)

Participants realize they feel insecure because they do not know what is about to happen. Surgical procedure, for the patient, is one of the most critical and complex situations due to fear of the unknown and the complexity of the procedure, creating an experience of negative feelings such as anxiety and fear at both psychological and physiological. Thus, uncertain contexts make the patient feel insecure and anxious.¹

Fear is characterized by a disturbance of mood, concern with the idea of a real or perceived danger; emotional disturbance caused by real or perceived threat or the presence of something dangerous or strange.¹⁸

Hospital environment is unknown and scares surgical patients, modifying the customs and habits of the people, who do not know how to act; they lose their autonomy and become dependent on the nurses for daily activities. These feelings of loneliness, fear, nervousness and insecurity make the patient seek not only in close people, but also in the nursing staff: healing, security and affection.¹⁰

Another feeling identified in the preoperative study was fear, as in the example of the six participants who underwent the surgical procedure of Transurethral Resection of the Prostate (TURP).

I was afraid that something would go wrong.
(Participant 6)

Fear, in this case, was expressed by the patient due to the procedure, in this case, sexual dysfunction.

Regarding the feelings experienced by the patient before the waiting for the surgery¹, the fear of anesthesia (even though it avoids the pain, it consequently stops the control over one's own body), the consequences of the surgery, and even death, are the causes for anxiety and insecurity and, depending on the impact they can have on the patient, it can interfere with the course of the surgical procedure and recovery.

Negative feelings such as being nervous, fearful, stressful, anxious²¹, these are feelings identified in patients undergoing surgical and anesthetic procedures. It may affect the outcome of the surgery. Therefore, the approach to this patient works as operational strategy to minimize the consequences that may impact on quality of life after surgery. It is up to the nurse to develop and maintain a welcoming environment.²¹

Regarding being nervous, we received a comment.

I was kind of nervous, [...] I wasn't really afraid [...].(Participant 2)

In this case, one may interpret the nervousness as a manifestation of anxiety and insecurity.

Studies indicate²² that the key factors responsible for anxiety during surgery are injuries that may occur, fear of postoperative pain, family separation, fear of becoming incapable, fear of not waking up from anesthesia, fear of complications.

In this scenario, one may think that experiencing negative feelings in the preoperative period is a detrimental factor to the other surgical stages and can work as a distraction to register and seizure guidelines and other care provided by the nurse in pre surgery.

• Nursing contribution to assist the patient in the preoperative period

It emerged through speech contradictory points of care, in which some participants said that nursing 'helped to minimize surgical stress' and to others 'nursing was absent.'

To help the nurse treat the patient in a more human way, nursing care should be done in a humane way¹, the relationship between nurse and patient must be established and maintained. Nurses can influence the development of the surgical process through all its stages, since the nurse and the team, in general, are those who are most in contact with the patient, this may work as a good approach, if they are able to create a environment of confidence and security.

The nursing staff and the individual nurse have the central roles when it comes to help the patient cope with the pre-operative period. They have the chance to meet problems and needs of patients by providing information that will help to minimize their anxiety and fear. This nursing care is for planning intervention, individually, so that the patient may experience this time of surgery in tolerable conditions, making it easier to assist him through the remaining stages of the surgical process.

For those participants who said 'that nursing did not help', we asked them to expose how nursing could have helped them. Among the responses this stands out:

If they only gave us some information, it would be easier. They just said I had to be fasted. If they talked and explained the procedures, maybe we'd feel more relaxed.
(Participant 6)

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I don't know what they could have done
(Participant 2)

These statements make us think about the gaps that nursing leaves when there is no adequate assistance, good and individualized to patients in this situation.

The planning of nursing care to surgical patients is of utmost importance, because the success of this operation is linked to the way in which the patient's physical, emotional and spiritual demands are met. Therefore it is essential to strengthen the dimensions that comprise nursing care, focused on care. Quality nursing care to surgical patients is not often well done, and many patients do not feel prepared to face this situation. They end up going to the operating room with many doubts and fears.¹

Before surgery, nursing consultation helps to minimize anxiety, because the nurse explains how the surgery will be performed, addresses on preoperative and postoperative needs before surgery, in addition to stimulating feelings and fears and to encourage in the coping with the situation.²³

To make preoperative orientation effectible on patient recovery, it is necessary to commit the nursing staff with the patient both in the physical and in the psychological preparation for coping with surgery. Moreover, the instructions given before surgery contribute to the maintenance of health, prevention of complications and possible support for postoperative rehabilitation needs.¹⁶

CONCLUSION

Identify the perception of surgical patients in the preoperative period about nursing care becomes a challenge that may let the nurse to come closer and to recognize unexplored experiences.

Identified feelings in preoperative period were: security, insecurity, fear and nervousness. Research participants identified as being of nursing care: drug administration, intravenous therapy, catheterization, measurement of vital signs and conducting healing, even though the latter is a postoperative care. We may consider orientation care: bath and fasting.

We noticed by reports that 'nursing care of the physical preparation guidance to minimize the risk of postoperative complications' and 'psychological approach' were rarely performed.

Regarding the surgical procedure that participants underwent, they knew little about the surgery, since few knew the correct

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terminology, some described the procedure, while some only located the anatomic area compromised, evidencing a weakness in nursing care in the preoperative period.

In testimonials, guidelines on preoperative surgical procedures were performed exclusively by medical professionals, highlighting the need for nurses to be present and emphasize the guidelines about the surgical procedure with the patients. Not only it contributes to strengthening the nurse-patient relationship, it also reflects the quality of care provided.

Being in the hospital and about to undergo a surgery, patient's emotional state is affected; this may be characterized as a physical and psychological threat. An integral and individual approach, unhurried, which allows an interaction of knowledge and exchange of experiences may contribute significantly to help the patient to cope with the surgery, since given instructions reduce anxiety, fears and sorrows caused by the surgical procedure.

The research showed that during the preoperative period performed by the nursing staff there is an inconsistency of care, because for some patients, nursing 'contributes positively to face that moment of anguish' and for some, 'nursing was absent'.

Taking care of surgical patients is not easy. The preoperative period is a critical time for evaluating these patients because it is in it that anamnesis takes place and the points relating to surgery are addressed.

Understanding the way surgical patients think in the preoperative period may help to highlight that one of the ways to assist them is through the systematization of nursing, allied to routine orientations held by the surgical nurse.

Each patient is unique and therefore has unique characteristics, so it is critical that the nursing staff effectively establish communication with patients and families. They may also rely on something that allows qualifying/standardize and individualize the care and guidance in the preoperative period, thus promoting physical and psychological preparation of the surgical patient.

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