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Perioperative Pre-Visit and Cooperation of Surgical Patients in University of Port- Harcourt Teaching Hospital, Rivers State

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Abstract

A well-planned Peri-Operative pre-visit enhances a good rapport between the operating room nurse and the patient. This study examined perioperative pre-visit and cooperation of surgical patients in University of Port-Harcourt teaching hospital, Rivers State. The study adopted a descriptive survey design. The population of the study consisted of 512 patients that had undergone surgery in University of Port Harcourt Teaching Hospitals out of which 235 were selected using the simple random sampling method. The instrument for data collection was a semi-structured questionnaire. Data were analyzed using percentage, mean and ANOVA. The result showed that 17.8% of patients indicated that they were visited in their ward by peri-operative nurses, 15.5% were visited before the surgery while 4.9% were visited after the surgery. Only 13.3% indicated that they were given explanation but only 12.4% understood the explanations given. More of the 70.2% of the respondents who were pre-visited knew the expected outcome of the surgery, 88.9% found it easy to cooperate or follow instruction from the surgical team, 84.4% had confident on the surgeons. The result showed that, there was a significant relationship between perioperative pre-visit and the co-operation of the surgical patient. [$F(1,198) = 5.953$, $p<0.05$]. It was concluded that, pre-operative pre-visit to surgical patients makes them to know and understand what to do after surgery, it helps in easy cooperation of patients with the surgical team. It was recommended among others that peri-operative nurses should ensure they visit their surgical patients in the ward for counselling before taking them to the theatre. Also, the surgical team should also ensure they secure the cooperation of the patients before taking them to the theatre.

Keywords: *Cooperation, Patients, Perioperative, Pre-visit, Surgery.*

Introduction

Ancient times revealed the Egyptian papyri chronicled the progress of medicine and surgery up to 1600 BC. Other influences on the historic development of surgery came from the Babylonian law; the Code of Hammurabi (1955-1913 BC). According to this law, retributive justice awaits the surgeon if a patient died after a surgical procedure; this is carried out in form of amputating the surgeon's right hand. Ancient Persians had to perform successful procedure on three infidels (those considered as inferior) before being recommended and/or pronounced as competent to practice surgery. Surgery was not considered a true medical discipline until the era of the physician Claudius Galen (130-200) who is considered the father of experimental physiology. Despite his contribution, surgery remained a primitive practice and lacked a scientific base for the next 1200 years. Surgeons and barbers of thirteenth and fourteenth century in England belong to the same professional guild until 1540, when barbers agreed to confine their surgery practice to dentistry. These combined groups were dissolved in 1745, and by 1800 the Royal College of Surgeons of London was chartered. John Rardy led the movement and broke the surgeon company and formed the company of surgeons of London (Meeker & Rotrock, 1999).

John Hunter (1728-1793) founded experimental surgery and made a collection of 13,000 of various animals that he used as comparison. He is rewarded in the surgical world

up till date. In an attempt to control sepsis, Joseph Lister (1818-1912), Louis Pasteur (1822-1885) contributed to bacteriology; Morton (1819-1868) used ether to relief pain; all these brought about a revival of interest in surgery and gave to it a newfound professional dignity.

It will be injustice to conclude medico-surgical history without making reference to one that is referred to as 'The Father of medicine' Hippocrates, He is recognized as the medical authority since 2,000 years. In his writings, he advocated so many methods in the treatment of fractures. Almost all the principles of treating fractures currently followed are included in his book. On fracture, he advocated immobilization of fractures as much as possible to prevent atrophy and many others (Meeker & Rotrock, 1999).

Almost all surgeries whether emergency or planned minor, moderate, or major results in some physical trauma in the patient, hence the need for conscientious preoperative visit which will help the client in the attainment of optimum psychological adjustment that would enhance satisfactory operative process. This will help reduce the possibility of irreversible post-operative complication. Also, anxiety in elevated level of stress emits chemicals such as adrenaline and cortisone which have serious long-term effect on the body. Prolonged anxiety leads to decreased wound healing, decreased immune response, increased risk of infection and electrolyte disturbance. Other possible complications include but not limited to: Anxiety, Depression, Digestive problems, Headaches, Heart disease, Sleep problems, Weight gain, Memory and concentration impairment (Mayo Clinic Staff, 2019).

A well-planned Peri-Operative pre-visit enhances a good rapport between the operating room nurse and the patient. This happens as the nurse uses her communication skills in the interactive process, reassuring and empathizing with the patient which leads the patient to cast their trust on the nurse, asking questions about the procedure and expressing their fears about the surgery. This gives the operating room nurse the opportunity to learn more about the patient, observe the patient's behaviour directly before assuming responsibility for the care of the patient. The nurse achieves that by asking and responding to probing questions about the client. It creates a therapeutic nurse-client relationship between the client and the nurse. (Meeker & Rotrock, 1999).

Patients' cooperation during the surgical process is paramount to the success and outcome of such process but, some may find it difficult to cooperate adequately if they are not pre-informed about what the process and sure of the date of the surgery. Day-of-surgery cancellations is another issue that preoperative nurses face, (Ming Teh et al. 2016). Dimitriadis, Iyer and Evgeniou (2013) viewed day-of-surgery cancellations as a global issue that lead to: decreased revenue, wasted resources, decreased training opportunities for staff, and effects on the clients' psychology, finances and social life. Also, according to Rajender, and Ritika, (2012), 2.1% of surgical cases were cancelled due to patient not being ready sequel to anxiety and other challenges. Thus, the need for a structured Peri-operative pre-visit by the Peri-operative Nurses to decrease the risk of anxiety, and recovery period as well as to secure the cooperation of the patients. Despite the recognized significance of pre-visit interventions in perioperative care, there is a gap in understanding the specific impact of these interventions on the experiences and outcomes of obstetric and gynaecological surgical patients. While existing literature has explored the impact of pre-visit interventions in various healthcare contexts, there is a need for a focused investigation into the perceived impact of these interventions on anxiety alleviation, extent to which obstetric/gynaecological surgical patients, and perceived impact of pre-visit on the patients' cooperation/expectation about the surgical outcome, perceived impact of pre-visit on recovery period among Obstetric/Gynecological Surgical Patients and perceived impact of pre-visit on the alleviation of anxiety expressed by Obstetric/Gynecological Surgical Patients. Understanding the specific needs and experiences of this patient population in the perioperative period can provide valuable insights for optimizing pre-visit interventions and improving patient-centered care in obstetric and gynecological surgical settings." This problem statement sets the stage for a study that aims to explore the extent of perioperative pre-visit and cooperation of surgical patients. The study provided answers to the following research questions:

1. What is the extent to which obstetric/gynaecological surgical patients were pre-visited by peri-operative nurses before surgery in UPTH?
2. What is the perceived impact of pre-visit on the patients' cooperation/expectation about the surgical outcome?

Hypothesis

1. There is no relationship between perioperative pre-visit and cooperation of Obstetric/Gynaecological Surgical Patients in UPTH.

Methodology

A descriptive survey design was used for the study. The population of the study consists of 512 patients that were registered for surgery in University of Port Harcourt Teaching Hospital. An average of eight (8) surgeries are done per day, and in an estimate of 64 days a total of 512 patients was attended to. The inclusion criteria include

patients that are booked for and have undergone surgery, that are stable and due for discharge. The exclusion criterion included those that are not undergoing surgery, and those who are not in the hospital. The sample size for the study was 235 which was selected using the systematic sampling technique. This method was used to sample the available respondents at the time of data collection, whereby every second position persons in the patient's records were picked. Structured questionnaire was utilized to collect data from respondents. The questionnaire comprised two sections, section A to collect demographic data of the respondents and section B collected data on 'Extent of Peri-Operative Pre-visit and Cooperation of Patients. Questions were both open ended and closed ended. The reliability was tested using the Cronbach alpha and a reliability coefficient of 0.72 was obtained. Data were collected by administering the instrument for data collection. Data collection was done between 6 to 10 weeks from the date of ethical approval. Data was analyzed with the aid of the Statistical Package for Social Sciences (SPSS) version 23 software. Percentage, mean, ANOVA and regression at 0.05 level of significance were used for the statistical data analysis. Permission/clearance from the Ethical/legal department was sought via the ethical committee of the hospital, same was granted. Names were not reflected on the questionnaire and confidentiality of all respondents was assured.

Results

The results of the study are shown below:

Table 1: demography of respondents (n = 225)

Demography	**Percentage**
Age	
20 – 30	58%
31 – 35	50.6%
36 – 40	53.3%
45 and above	70%
Marital Status	
Married	51.3%
Single	41.7%
Religion	
Christianity	56.1%
Islam	28.6%

The result in Table 1 showed the age of the respondents pre-visited patients, 58% of the respondents were aged 20-30 years, 50.6% were aged 31-35 years, and 53.3% were aged 45 years and above, 51.3% of the respondents were married, and 41.7% were single, 56.1% visited and not visited respondents were, Christians and 28.6% were Muslims.

Table 2: Mean and standard deviation on Extent of Pre-visit/counsel by Peri-operative Nurses (Criterion mean=1.50; N = 225)

SN	**Items**	Yes	No	$\overline{X}$	**Std Dev**	**Decision**
1	I have been visited in the ward by a nurse from the theater	40 (17.8%)	185 (82.2%)	1.18	0.38	Low extent
2	I was visited before the surgery*	35 (15.5%)	190 (84.5%)	1.23	0.43	Low extent
3	I was visited after the surgery*	11 (4.9%)	214 (95.1%)	1.23	0.43	Low extent
4	I was given explanation about the nature of things by the nurse who visited	30 (13.3%)	195 (86.7)	1.13	0.34	Low extent
5	I understood the explanations given	28 (12.4%)	197 (87.6%)	1.12	0.33	Low extent
	Grand mean			1.14	0.35	Low extent

Guide: 1-2.49 = Low, 2.5-2.59 = Moderate & 3.0-3.49 = High extent, 3.5 -4.0 = very high extent. Criterion mean = 2.5

Table 2 shows the extent to which peri-operative nurses pre-visit/counsel their patients before surgery. The result showed that only 17.8% of patients indicated that they were visited in their ward by peri-operative nurses, 15.5% were visited before the surgery while 4.9% were visited after the surgery. Only 13.3% indicated that they were given explanation but only 12.4% understood the explanations given. The grand mean score of 1.14 indicates that the extent to which peri-operative nurses pre-visit/counsel their patients was low.

Table 3: Perceived Impact of Peri-operative Pre-visit on the Gynecological Surgical Patients' expectation/cooperation (N = 225)

Items	Yes F(%)	No F(%)
The Pre-visit made it easy for me to cooperate or follow instructions from the surgical team	158(70.2)	67(29.8)
The Pre-visit made me know the expected outcome of the surgery	200(88.9)	25(11.1)
The Pre-visit made me have confident on the surgeons	190(84.4)	35(15.6)
The Pre-visit did not change anything	40(17.8)	185(82.2)

Table 3 showed that more of the 70.2% of the respondents who were pre-visited knew the expected outcome of the surgery, 88.9% found it easy to cooperate or follow instructions from the surgical team, 84.4% had confident on the surgeons while 17.8% said the pre-visit made no impact in them.

Table 4: ANOVA result showing relationship between perioperative pre-visit and co-operation of the surgical patient.

Source of variance	**Sum of Squares**	**df**	**Mean Square**	**F-value**	**p-value**	**Decision**
Between Groups	.405	1	.405	5.953	.016*	H_o rejected H_a accepted
Within Groups	13.470	198	.068			
Total	13.875	199				

*Significant

Table 4 showed the ANOVA result of relationship between perioperative pre-visit and the co-operation of the surgical patient. The result showed that, there was a significant relationship between perioperative pre-visit and the co-operation of the surgical patient. [$F(1,198) = 5.953$, $p<0.05$]. Therefore, the null hypothesis was rejected, and the alternate hypothesis accepted.

Discussion of Findings

The findings of the study are discussed in sub-headings as given below:

The result showed that, the extent to which perioperative nurses pre-visit/counsel their patients was low. This result is not surprising because such observations were made prior to the study which was the drive behind this study to ascertain the observations made with empirical evidence as shown in this study however, this finding is discouraging because it is unexpected. Having been taught that one of the most important duties/functions of the peri-operative nurse in the present dispensation of medico-legal challenges in health care delivery is peri-operative pre-visit and it should be implemented to reduce/prevent avoidable legal battles. Thus, the importance of pre-visit cannot be overemphasized. The findings of the study is in accordance with that of Turkdogan et al. (2021) who said that a well-planned peri-operative pre-visit enhances a good rapport between the operating room nurse and the patient, this happens as the client uses her communication skills in the interactive process, re-assuring and empathizing with the patient which leads the patient to cast their trust on the nurse, asking questions about the procedure and expressing their fears about the surgery. This gives the operating room nurse the opportunity to learn more about the patient, observe the patient's behavior directly before assuming responsibility for the care of the patient. The nurse achieves that by asking and responding to probing questions about the client. It creates a therapeutic nurse-client relationship.

The study showed that more of the respondents who were pre-visited knew the expected outcome of the surgery and found it easy to cooperate or follow instructions from the surgical team with major proportion of the non-visited respondents. The ways of improving cooperation between the patients and surgical nurses include: Nurses should be present before surgery, they should be more hospitable, be available to help at all times, be more friendly, nice, patient and tolerant, establish more cordial relationship, acting with more understanding, give room for dialogue between both parties, and nurses should be more caring. By implication, if the peri-operative nurses do their duty particularly in the

aspect of pre-visit and counseling, it will help the surgical patients to know what and what is expected of them both before, during and after the surgical process thus, enhancing their cooperation for better outcome. It is also worthy of note that, there is always better ways of doing a thing, hence, the ways of improving the surgical patient's cooperation with the surgical team as provided with empirical evidence in this study should be held with utmost importance and incorporated by the nurses in their interaction with their patients for a better outcome.

The findings of the study is in line with research that has shown that meeting or exceeding patients' pre-visit expectations can significantly enhance patient satisfaction (Lichtor et al., 2018; Loke et al., 2015). Additionally, pre-visit planning, such as consultations with healthcare professionals before surgery, can positively impact patient-centered care and satisfaction (Gebremedhn &, Lemma, 2017; Zarei et al., 2018). However, the impact of specific interventions, like pre-transition visits or preoperative consultations, on overall patient satisfaction requires further investigation (Mercier, 2023). Moreover, patient expectations play a crucial role in postoperative satisfaction, as demonstrated in studies focusing on various surgical procedures (Connolly & Stasa, 2016). Preoperative expectations can significantly affect post-surgical outcomes and patient satisfaction levels (Smeltzer et al., 2019). Furthermore, interventions such as preoperative patient education have been shown to improve patient satisfaction and reduce postoperative healthcare resource utilization (Mulugeta et al., 2018). In the context of telemedicine and digital communication, pre-visit messaging has been found to enhance patient-reported outcome measure participation and improve patient satisfaction (Loke et al., 2015). Continuity of care, including postoperative visits, has also been associated with higher patient satisfaction levels (Goodman et al., 2017).

Conclusion

Based on the findings of the study, it was concluded that, pre-operative pre-visit to surgical patients makes them to know and understand what to do after surgery, it helps in easy cooperation of patients with the surgical team.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Peri-operative nurses should ensure they visit their surgical patients in the ward for counselling before taking them to the theatre.
2. The surgical team should also ensure they secure the cooperation of the patients before taking them to the theatre.
3. Perioperative team members should focus on the preoperative assessment not just as a clearance for surgery, but also for managing the transitions of patient care throughout the perioperative experience.

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