

# Factors Influencing Intraoperative Waiting Time According to the Experience of Iranian Families

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**Purpose:** *The purpose of this study was to explore factors influencing family members' experience of waiting for patients' surgery.*

**Design:** *A qualitative design using content analysis approach was used.*

**Methods:** *The study took place at a university medical center hospital in an urban area of Iran. After using a purposive sampling method for the selection of participants, semistructured interviews and field notes were held for data collection.*

**Findings:** *The experience of 16 Iranian family members who were waiting for their patient's surgery to be finished was analyzed. Data analysis led to the development of three main themes: "family member-related factors," "patient-related factors," and "organization-related factors."*

**Conclusions:** *The results revealed some factors in real context that can help health care professionals, especially nurses, to get a better understanding of the situation and improve quality of care. In addition, understanding these factors will contribute to the body of knowledge in nursing.*

**Key words:** *content analysis, factors, family, surgery, waiting, research.*

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**SURGERY IS A SIGNIFICANT EXPERIENCE** for patients and their families. Family members who have patients in need of surgeries are anxious about the surgery itself and anesthesia.<sup>1</sup> All people experience having to wait at some time in their lives, such as waiting for the arrival of a new

baby, for a meeting with an old friend, or for the beginning of a new project. These occurrences, however, are often accepted as common aspects of life.<sup>2</sup> Health care systems are constantly dealing with patients' and their family members' experience of waiting behind operating room (OR) doors. Waiting for treatment, clinic appointments, and surgery is different from common situations and can hold much more significance and be much more stressful.<sup>3</sup>

Waiting is one of the most anxiety-provoking aspects of the health care process. It is important to nursing because any aspect of care is associated by a form of waiting.<sup>4</sup> During the patient's care where waiting occurs, friends and loved ones must also wait.<sup>5</sup> Patients' family members could experience anxiety, depression, agitation, and sleep disorders.<sup>6</sup>

A family-centered approach is an important part of the care of surgical patients and their family

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members.<sup>7</sup> Nursing is not limited to solely meeting the patients' needs; it also includes those of family and friends.<sup>8</sup> Studying the waiting period is crucial for nurses who often interact with family members as they wait for patients to return from surgery.<sup>3</sup>

As the most valued unit of society, family members have a significant role in forming individuals' feelings toward health and their capability in coping with different situations.<sup>9</sup> Iranian family members have a traditional structure. Family members are directly influenced by each other and feel particularly committed toward one another. Iranians are social and emotional people. Iranian culture emphasizes self-sacrifice and strong family ties as two important values. This makes Iranians feel more committed to relatives, especially when a family member experiences an illness. This traditional structure highlights the need for understanding family members' experience of care.

A review of the literature indicates that the intraoperative waiting period is an anxiety/stress-producing event for family and friends. Family members waiting during a patient's surgery view the waiting time as one of the most stressful times in the hospital.<sup>1,10,11</sup> Some studies have quantitatively investigated the factors impacting family members' anxiety level during waiting times.<sup>12-14</sup> Some studies also included interventions to help accommodate family members during this time.<sup>1,4,6</sup> However, very few studies have qualitatively investigated this issue.<sup>15,16</sup> No study has been conducted in Iran that examined the family members' experience of waiting times. Study results from other countries that have directly or indirectly addressed this issue cannot be applied to our country (Iran) because of structural, cultural, social, and economic differences. For this reason, the present study was carried out using a qualitative design to define the factors influencing intraoperative waiting time according to the experience of Iranian family members.

## Methods

To explore the factors influencing family members' experience of waiting for patients' surgery, a qualitative content analysis method was used.<sup>17</sup>

## *Participants and Setting*

Participants were recruited from family members who were waiting for their patient's surgery to be finished. The study took place at a teaching hospital in an urban area of Iran. This hospital is the only referral hospital in the city and admits a large number of different elective and emergency patients.

Recruitment was based on a purposive sampling method. To be included in the study, family members had to be older than 18 years, waiting during a patient's surgery, able to give an informed consent, and able to communicate verbally. Participants were chosen for the interview as those who were waiting behind the OR doors during a patient's surgery (there was not a designated waiting room at the hospital where the study took place) when the surgery was continued and the patient was in the OR. Potential participants were approached by the first author for an interview and administered a written consent form.

Participants were invited to a private room adjacent to the operation room for an audio-taped interview that lasted between 35 and 60 minutes. It was attempted to select participants with different experiences to comply with maximum data variation, a strategy to choose participants experiencing the same phenomenon, but allowing for variations in the group making the data richer. When no new information was obtained from the participants and the categories were clearly represented, then data collection was stopped. No interviews were attempted after the patients' surgical procedure was completed or participants had left the situation or to the unit where the patient may have been transferred after their stay in the recovery room.

Participants consisted of 12 women and 4 men aged 22 to 55 years. The educational level of participants varied from elementary to bachelor's degree. Most of the participants had a middle-class background, and all of them were related to the patient in the OR, ranging from parents, spouses, siblings, and children. All family members in this study had waited for at least 1 hour before the interview with 2 of the 16 interviews occurring after 2 hours of waiting or more.

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