

Patients' Perceptions of Quality of Care During the Perioperative Procedure

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Purpose: To describe patients' perceptions of quality of care during the perioperative period and to identify areas for quality improvement.

Design: A cross-sectional descriptive survey design was used.

Methods: The data were collected (N = 170) using a questionnaire for perioperative care. The methods were descriptive statistics, reported as percentages, and a manifest content analysis of the free text.

Finding: The areas identified for improvement were information and participation. The participants lacked knowledge, preferred to hand over decision making to the hospital staff, and indicated that having personalized information about the surgery and perioperative period was important. However, too detailed information before surgery could cause increased anxiety.

Conclusions: This study indicates that participation and information needs in perioperative settings seem to be situation specific. In addition, these needs seem to be personal and surgery specific. Further studies are required to clarify the differences in the satisfaction and quality of care between groups of patients in the perioperative context.

Keywords: nursing, quality of care, perioperative, surgery.

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HAVING TO UNDERGO SURGERY can be a major life event.¹ During this period, patients have reported both satisfaction and dissatisfaction with their quality of care.^{2,3} The perioperative period is comprised of three phases, namely pre-, intra-, and postoperative care.² An important part of

nursing is to provide a setting in which patients receive the best support possible for regaining autonomy after surgery.⁴ Postanesthesia care units (PACUs) are standard in hospitals in the Western world; their primary purpose is to identify, prevent, and immediately treat early complications of anesthesia or surgery before they develop into deleterious problems.⁵ During the perioperative period, patients are in a vulnerable situation and are dependent on hospital staff.⁶ Patients may have difficulty expressing their care needs.⁷ Therefore, it is important that patients be given the opportunity to evaluate the care they receive and to express their own needs to further develop the quality of perioperative care.

Quality in health care is defined as the degree to which an activity meets established requirements.⁸ In Sweden, patient rights are strongly defined, and patient integrity and dignity should be respected regardless of gender, age, or social status. Patients and relatives should be kept completely informed, and their rights to participate in care are

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prominent.⁹ It is essential that patients are given opportunities to evaluate their care,¹⁰ and patient satisfaction has generally been described as a useful indicator of quality of care in health care settings.^{10,11} Patient satisfaction is related to patient-focused care, individual needs, engaged staff,¹¹ and access to comprehensible information at an early stage.¹⁰ Patient satisfaction is also linked to expectations¹⁰ and personal and external care conditions; therefore, there is a need for further research within these areas.¹² There are different ways of considering the concept of patient satisfaction, and a commonly accepted definition does not exist. Patient satisfaction can be evaluated as an emotional reaction based on person-related conditions and external objective conditions. Considering satisfaction as an emotion has an intuitive appeal; patients have feelings/perceptions of satisfaction or dissatisfaction.¹³

Research on quality of care and patient satisfaction in perioperative settings is scarce.¹⁴ After a stay in PACUs, patients have indicated satisfaction with pain relief, encouragement, and the physical environment, but dissatisfaction with the information provided and the possibilities for participation.² Maintaining privacy throughout the continuum of perioperative care has contributed to improving patient satisfaction.¹⁵ No differences in satisfaction with postoperative pain management were found between patients in general and orthopaedic surgeries.¹⁶ Nurses also tend to be more negatively biased toward the care given than patients.^{3,16} For example, patients indicated satisfaction with their stay in a PACU, whereas nurses occasionally felt that the environment was restless and overcrowded and that patients were transferred to the ward too early.³ A prerequisite when evaluating the quality of care is that patients remember their experiences, such as a stay in the PACU. During the acute postoperative phase, patients are sedated,⁶ which may affect their memories. One study reported that of 873 patients who underwent surgery under general or regional anesthesia, 72% remembered their visit to the PACU.³

The theoretical framework applied in this study is based on a grounded theory model of quality of care from a patient perspective developed by Wilde et al.¹⁷ This model, which was generated from in-depth interviews with patients, consists

of the following four dimensions: (1) medical-technical competence of the caregivers, (2) physical-technical conditions of the care organization, (3) identity-orientated approach of the caregivers, and (4) sociocultural atmosphere of the care organization. Taken together, these dimensions can be understood in light of two conditions: “the resource structure of the care organization” and “patient’s preferences.” This model has been operationalized in the quality from the patient’s perspective (QPP) questionnaire.¹⁸ However, there is limited research that focuses on perceptions of quality of care from a patient’s perspective in perioperative settings. This study may provide knowledge of specific areas in perioperative care that need improvement, thus enabling developments to improve care and meet patients’ needs.

Aim

The aim of this study was to describe patients’ perceptions of the quality of care during the perioperative period and to identify areas for quality improvements.

Methods

Design

A cross-sectional descriptive survey design was used. Analyses were performed using quantitative techniques, but the data were qualitative¹⁹ when the patients’ subjective perceptions were quantified.

Context

This study was performed in a general central county hospital in Sweden with two postoperative units. After arriving at the wards to prepare for surgery, patients were transferred via the operating room (OR) to PACUs for surveillance and then back to the ward. The PACUs consist of open environments, a number of beds, and centralized stations with monitors for staff. The first PACU (1) is a part of the intensive care unit (ICU) and is staffed mainly by ICU nurses. This PACU receives patients after major surgery, for example, intra-abdominal or hip surgery. The second PACU (2) is a day surgery unit staffed mainly by anesthesia or OR nurses, and receives hospitalized patients after minor surgery, for example, lower arm fractures or laparoscopic surgery.

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