



Patients' experiences of pre and intra operative nursing care in Ghana: A qualitative study



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ABSTRACT

Objective: The objective of this study was to explore surgical patients' experiences of preoperative and intraoperative nursing care.

Materials and methods: The study was conducted at the Regional Hospital, Bolgatanga, Ghana and employed a qualitative explorative descriptive design. Purposive sampling technique was used to recruit participants. The data was saturated with 15 participants aged between 23 and 65 years. All the interviews were audio-taped and transcribed verbatim.

Results: The nurses reassured, counseled and pre-habilitated patients where necessary. They also provided physical care to patients but failed to involve patients in their care. Nurses did not take patients' medical history. Nurses poorly managed patients' pain during surgery and safety measures were not adequately employed resulting in some patients sustaining minor injuries due to poor usage of theatre equipment such as diathermy machines. Nurses also provided inadequate information to patients and this resulted in patients being confused and anxious.

Conclusions: The study showed that some nurses require further training to provide better care to their surgical patients.

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1. Introduction

In surgery, it is important for patients to go into the theatre fully prepared physically and emotionally regarding the procedures they are about to go through (Adamson et al., 2012). Surgical patients go through either planned (elective) or emergency surgery. In planned surgeries, patients go through a multidisciplinary team of experts' examination depending on the patient's condition. Some of these experts include the nurse, the anesthetist, the surgeon, the clinical psychologist, laboratory technician and others (Aziato & Oluyinka Adejumo, 2014). Surgical patients' assessment involves preoperative history taking and physical examination to obtain baseline information from the patient, which is vital prior to surgery (Bohmer, Wappler, & Zwissler, 2014). This will help to identify patients with high risk of complications during and after surgery (Akhtar, MacFarlane, & Waseem, 2013; Kumar & Srivastava, 2011). Preoperative routine laboratory investigations are performed to help predict post-operative complications and

also establish a reference point for comparison (Garcia-Miguel, Serrano-Aguilar, & Lopez-Bastida, 2003). Moreover, these investigations will also guide the decision of implementing protocol such as fasting and administration of regular medication (Association of Anaesthetists of Great Britain, 2010). It has been reported that health professionals such as nurses, surgeons and the anaesthetists are involved in preoperative care. However, it is the anesthetists who assessed patients and declared them fit for surgery (Aziato & Adejumo, 2014; Vaismoradi, Salsali, & Marck, 2011).

It is indicated that 80% of the patients undergoing surgery seem to be highly motivated to change their lifestyle when they are informed about the increasing rate of complications associated with smoking, alcohol drinking and being overweight (Fraczyk & Godfrey, 2010). However, in other studies, surgical patients did not receive adequate information about their surgery and the need to stop certain habits that could affect their healing process postoperatively (Berg, Arestedt, & Kjellgren, 2013). This indicates the need for appropriate information provision to patients and their relatives. According to World Health Organization (WHO), about 37,000 deaths occur annually due to infection related to poor personal hygiene and other complications (World Health Organization, 2011). It is therefore important that surgical

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patients shower thoroughly the evening before surgery to minimize the risk of infection (Currie, Lecko, Gallagher, & Sunley, 2011). It is important that nurses educate surgical patients on the importance of deep breathing and coughing, regular gentle leg exercise and early mobilization to reduce the risk of postoperative complications (Snowdo, Haines, & Skinner, 2014).

Physiologically, surgical patients are advised not to take food the night before the surgery. However, patients could be given clear fluids up to two hours and food up to six hours before surgery since fasting can be difficult to manage if the surgery is delayed (Royal College of Nursing, 2010). Ensuring the appropriate fasting time increases patients' comfort and satisfaction with anaesthesia (Bopp et al., 2011).

During the intraoperative phase, nurses assess patients to identify signs of anxiety such as restlessness, raised vital signs and nausea (Cathy, 2013; Pritchard, 2009). Nurses encourage patients' participation, employ measures that could reduce anxiety and ensure proper positioning during surgery to avoid pressure sores or neurological injuries and pain (Kelvered, Joakim, & Gustafsson, 2012). The nurse anaesthetist undergoes further training in administering anaesthesia and they assess and monitor patients during surgery. Their care also includes maintaining the security of the patient (Ann-christin, Margaretha, Annika, & Sofia, 2013; Kelvered et al., 2012). Also, nurses provide specific pain management strategies during surgery such as using multimodal analgesics and preventive analgesia to reduce patients' sensitization during surgery. Nurses optimize fluid therapy to help to reduce pain during surgery (Girish, Stephan, & Henrik, 2014). Apart from the nurse anaesthetists, nurses working in the theatre also ensure patients' safety and prevent infection during surgery through adherence to aseptic technique principles (Leape & Berwick, 2009; Vaismoradi et al., 2011). Nurses assist patients to be well positioned on the operating table and mobilize after the surgery. Nurses ensure proper disposal of sharp objects used for surgery to prevent injury to patients and the health team (Butterwork, Jones, & Jordan, 2011; Kohlbrenner, Whitelaw, & Cannaday, 2011). Nurses are to note that the use of the diathermy machine can be injurious to both patients and staff that could lead to permanent disfigurement or death (Spruce & Braswell, 2012). Hence, nurses must ensure that the patients' body does not touch any earthed object such as the trim of the operating table or a metallic intravenous drip stand during surgery (AORN, 2009; Rothrock & McEwan, 2011).

At the Bolgatanga Regional hospital, various types of surgeries are performed. These surgeries are done only on inpatients. Even though theatre nurses and anaesthetic nurses are supposed to nurse surgical patients, due to the inadequate number of these specialists at the hospital, general nurses do assist these specialists in carrying out their duties. Statistics at the regional Hospital, Bolgatanga indicated that in 2013, twenty-five percent (25%) of surgical patients developed complications such as wound infection. As a result, five percent (5%) of these patients were readmitted at the surgical unit. These statistics presupposes that there may be poor nursing care before and during surgery that brought about these problems. Again, the Regional Hospital's Quality Assurance Team conducted a survey at the surgical unit and it was revealed that 87.7% of the respondents on the wards were not satisfied with the care rendered to them before and during surgery (Annual Report; Regional Hospital., 2013).

The literature so far indicates a gap in the nursing care patients receive before and during surgery in the Northern sector of Ghana. Therefore this study aimed at exploring the surgical patients' preoperative and intraoperative experiences of surgery at the Regional Hospital, Bolgatanga. The study objectives included: To explore surgical patients' experiences of preoperative nursing care and to explore surgical patients' experiences of intraoperative nursing

care. The study was conducted as part of the first author's Master's degree programme at the University of Ghana.

2. Methods

2.1. Design

The study employed exploratory and descriptive qualitative approach to gain a detailed insight into the patients' experiences of nursing care. The design aimed at exploring their feelings, behavior, thoughts, insight and actions with respect to the nursing care they received at the ward and the theatre.

2.2. Setting

The study was conducted at the Regional Hospital, Bolgatanga which is located in the Northern part of Ghana. The hospital is situated in the North-Eastern part of Bolgatanga. It is the largest hospital in the region and serves as a referral center for other hospitals in the region. The hospital has a total nursing population of about 160 nurses with a total bed capacity of two hundred and six (206). The surgical department is attached to the theatre and caters for averagely fifty (50) surgeries per day.

2.3. Population and sampling technique

The target population was the discharged surgical patients who had both emergency and planned general surgical procedures within one month and stayed within Bolgatanga Municipality. The sampling technique was purposive and 15 participants were recruited based on data saturation.

2.4. Data collection tool and procedure

A semi-structured interview guide was used to conduct face-to-face interviews using open-ended questions such as "can you share with me your experiences of nursing care before and during surgery", followed by probes. The interview was conducted in English and Grunne (a local language). Interviews were conducted when patients had been discharged from the hospital with a post-discharge period of three days and were visiting the hospital as an outpatient for wound dressing. The first author conducted all the individual face-to-face interviews in this study after he was trained in qualitative interviewing. Probes were used to generate an in-depth understanding of participants' experiences regarding the phenomenon under study. The interviews were conducted at a place and time convenient to the participant and the duration was between 30 and 45 min. The interview was recorded and then later transcribed verbatim in English. Field notes on all observations at the time of interviews including non-verbal cues of the participants were written.

2.5. Data analysis

Data was analysed concurrently with data collection using thematic content analysis techniques to search for important themes and patterns in the data. This involves identifying, coding and categorizing the primary patterns in the data. It also involves organizing and integrating narrative qualitative information according to the emerging themes and concepts (Miles & Huberman, 1994; Polit & Hungler, 1999). The authors coded the data independently and discrepancies were discussed for a consensus during the analysis. The data was organized into themes and sub-themes after making meaning of the transcripts. The authors discussed the

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