ORIGINAL ARTICLE

The Impact of Scripted Pain Education on Patient Satisfaction in Outpatient Abdominal Surgery Patients

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Purpose: *Practice guidelines for acute pain management in perioperative patients recommend providing consistent perioperative pain education that includes medication and behavioral techniques to control pain. However, literature indicates that most nurses deliver patient education based on personal preferences, time limitations, and availability of teaching aids. The purpose of this study was to evaluate patient satisfaction with scripted preoperative pain management education for patients undergoing outpatient abdominal surgery.*
Design: *A pretest and posttest design compared patient perceptions of and satisfaction with pain management education before and after the introduction of scripted education.*
Methods: *An independent* t *test was applied to measure differences between groups.*
Findings: *The postscripting group responses indicated that pain education was helpful in managing postoperative pain at a significant (*P = *0.03) level.*
Conclusions: *Use of scripted dialog, along with specific written patient education, has a positive impact on postoperative patient satisfaction with pain management.*

Keywords: *pain education, pain management, postoperative nursing care, ambulatory surgery.*

AN ESTIMATED 17.3 MILLION outpatient surgeries were performed in US community hospitals in 2012.[1] Although all patients should receive preoperative pain education, it is essential for those patients who are anticipating discharge within 24 hours of surgery to be adequately prepared to cope with and manage their pain at home.[2,3] Adequate pain management has been linked to improved patient satisfaction and improved surgical outcomes.[2,4-6]

Nurses provide patient education as an essential part of preparing patients and their families for surgical procedures and to promote self-management

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on discharge. In a review of the literature on preoperative education's impact on postoperative anxiety, pain, and overall recovery, the benefits of preoperative education were evident, but no preferred method of educational delivery was identified.[7] Each nurse has an individual teaching style and method for delivering verbal and written patient instructions. Nurses may tailor their delivery of patient education by reviewing hospital-approved written materials, giving verbal instructions alone, or combining verbal instructions with supplementary written education material based on personal preferences without regard to individual patient needs. The result is often an inconsistency of information and confusion on how to manage self-care after discharge.[8]

The nurses in the admission-discharge area (ADA) of a community hospital identified a problem with patient satisfaction in their outpatient surgery population. The nurses varied in their approach to pain education and used a wide variety of hospital-approved written materials to supplement their verbal instructions. Some patients received no education on pain management after hospital discharge. In addition, routine follow-up phone calls revealed that patients reported pain beyond their expectations after discharge, which contributed to less than optimal postoperative recovery from their outpatient procedures. This article will describe the results of the ADA study aimed at evaluating the use of scripted pain management education on patient satisfaction in patients who underwent outpatient abdominal surgery.

Literature Review

Patient satisfaction with pain management has been directly linked to the effectiveness of preoperative education on pain and the amount of pain the patient experienced in the first 24 hours after surgical procedure. Although researchers have reported varying outcomes related to pain severity and satisfaction, some have found that patients who perceived severe pain during the first 24 hours postoperatively were less satisfied with their pain management than patients who reported less severe pain levels.[7] Studies on the effect of structured preoperative pain management education on the use of patient-controlled analgesia also have conflicting outcomes regarding pain scores, but one common finding was that structuring the education improved patient knowledge.[9] A consistent message from the studies was the importance of including patient education on pain management interventions in quality improvement projects.[7,10]

Preoperative education has been shown to have a positive impact on patients' postoperative knowledge levels, self-efficacy to assume a more active role in their own care, and overall satisfaction with their surgical experience.[2,7,11-13] A structured preoperative education intervention has been shown to improve patient knowledge ($P < .001$) and patient satisfaction with education including expected discomfort (99% either agreed or strongly agreed).[11] In a group of patients who underwent surgical repair of musculoskeletal trauma, a verbal-structured preoperative education intervention that included information on pain, analgesics, and breathing relaxation exercises was shown to positively impact pain levels ($P < .001$) when compared with the control group. Patients in this study who received the structured education indicated that they had confidence in their ability to manage their pain once they were discharged ($P = .048$) from the hospital.[6]

In a study of the perceptions of ambulatory nurses on the importance and practice of preoperative patient education, nurses indicated that their method of delivery of patient education was dependent on their personal preferences. Time limitations and availability of teaching aids were identified as barriers to providing education. The study implications included a need to structure preoperative education to ensure that patients receive consistent and complete preoperative education.[8] One concern raised by these studies is that patients may receive inconsistent education on postoperative pain and pain management techniques, leading to less than optimal postoperative recovery and outcomes for all patients.

Current trends in patient education include providing early and frequent education sessions. These sessions may include verbal and/or written instructions, but no one method of delivering education has been shown to be more effective in achieving positive outcomes. Significant correlation of patient education to outcomes was found only in the area of retained knowledge.[14] In order for patient education to be effective, the education