

ORIGINAL ARTICLE

The Quality of Patient Education in Day Surgery by Adult Patients

Mira Rajala, MSc, RN, Pirjo Kaakinen, PhD, RN, Merja Fordell, MSc, RN, ORN,
Maria Kääriäinen, PhD, RN

Purpose: The purpose of the study was to describe the quality of patient education in day surgery as evaluated by adult patients.

Design: Descriptive design using survey methodology.

Methods: The data were collected by questionnaire and measured the quality and implementation of education resources for day surgery patients ($n = 600$) in a university hospital. The data were analyzed statistically using basic and multivariate methods.

Findings: The implementation of patient education has been done in a patient-centered and goal-oriented way by half of respondents. Most respondents (81%) were satisfied with the interaction in patient education. The education resources were reported as good by 77% of respondents.

Conclusions: Health care staff should assess for the presence of anxiety as a barrier to the comprehension of information. In developing patient education, the professional expertise and skills of health care staff in educating patients should be used.

Keywords: patient education, counseling, quality, day surgery, adult patient.

© 2016 by American Society of PeriAnesthesia Nurses

THE AGING POPULATION is expected to increase patient pressure on hospitals.¹⁻⁵ Outpatient treatment and day surgery allow optimal efficiency in care and use of health care resources, whereas pressure on the units because

of ambulatory activity is reduced.⁶⁻⁸ However, successful day surgery requires not only surgery but also successful post-treatment, with patient education having a particularly important role. Effective and clear patient education seeks to improve patient knowledge and operational capacity related to illness and surgery,⁹⁻¹³ optimize patient recovery, remove hospital stays for patients, improve satisfaction with health care, reduce the risks associated with surgery,¹⁴⁻¹⁷ and help to reduce the pressures on societal health services.¹⁸

Day surgery continues to provide numerous advantages to patients, families, and health care facilities, and volumes of surgery done on an ambulatory basis continue to increase.^{1,6,19,20} It can offer high-quality and effective surgical management for a wide range of procedures.^{6,18,20} Day surgery is also well-designed, cost-effective, and will benefit population.^{6,7,18,19} Surgery and pain treatments constantly develop, so more and more types of surgeries can be done as a day surgery.^{6,21-23} The prevalence of day surgery varies considerably

Mira Rajala, MSc, RN, surgical nurse, Research Unit of Nursing Science and Health Management, Faculty of Medicine, University of Oulu, Oulu University Hospital, Finland; Pirjo Kaakinen, PhD, RN, associate professor, Research Unit of Nursing Science and Health Management, Faculty of Medicine, University of Oulu, Medical Research Center Oulu, Finland; Merja Fordell, MSc, RN, ORN, chief nursing officer, Surgery and Intensive Care Accountable Unit, Oulu University Hospital, Northern Ostrobothnia Hospital District, Finland; and Maria Kääriäinen, PhD, RN, professor (acting), consultant, Research Unit of Nursing Science and Health Management, University of Oulu and Northern Ostrobothnia Hospital District, Medical Research Center Oulu, Finland.

Conflict of interest: None to declare.

Address correspondence to Mira Rajala, University of Oulu, Oulu University Hospital, Box 5000, 90014 Oulu, Finland; e-mail address: mira.rajala1@gmail.com.

© 2016 by American Society of PeriAnesthesia Nurses

1089-9472/\$36.00

<http://dx.doi.org/10.1016/j.jopan.2016.02.013>

between various countries.⁶ In the United States more than three-quarters of all surgeries are done as day surgery.²⁴ In Finland, about 50% of elective operative surgeries are done as a day surgery,²⁴ with patients very satisfied with day surgery.^{7,20,25,26} Although the health care system benefits from the lower costs of day surgery, patients appreciate a rapid recovery and effective analgesia.¹⁸

Day surgery patients arrive at the hospital on the day of surgery and leave home on the same day²² or at the latest within 24 hours of surgery.^{1,6} Day surgery treatment is therefore fast and efficient. The importance of patient education has grown, because the responsibility for follow-up care is very quickly transferred to the patient.^{6,27-31} Significant aspects of the optimal management of day surgery are providing the patient with information about the routines for day surgery, the intended surgical procedure, and postoperative recovery.¹⁰ Nursing interventions noted to be of highest priority in day surgery included more extensive and individualized information before surgery and education at discharge.¹⁰ The rapid increase in day surgery has led to changes in treatment interventions.^{7,32} Patient education has raised concerns among day surgery health care staff, because it has proved difficult to develop outpatient education.³³⁻³⁵ Achieving patient education that is optimally effective is a challenge for health care staff, patients, and patients' family members.^{9,29,36-38}

Patient education enables the management of necessary information and the development of patients' knowledge and motivation, and at the same time also supporting patients to cope with their illness.³⁹ Education should support the achievement of the patient's educational goals³⁸⁻⁴⁰ and patient's self-care.^{29,31,38,40} There is no general definition of quality in patient education. In this study, quality education refers to patient-centered education, an interactive and goal-oriented implementation, and the provision of appropriate education resources.³⁹⁻⁴²

The patient's context should be the starting point for high-quality patient-centered education to finding solutions to patients' problems.^{10,27,40} Patient education should help patients in processing their emotions, as well as offer emotional and social support,^{41,43} so that the patient can use received information and feel safe

and appreciative.⁴⁴ Surgical treatment is often experienced as emotionally distressing,^{2,45-49} so it is important that patients participate in decision-making and receive targeted, personalized, and relevant information, which helps to reduce preoperative anxiety.^{2,14,35,44,47,48,50} Interaction in which patients are listened to, can ask questions, are given feedback, and are encouraged to talk about their background factors^{39,44} helps to build a positive and confident relationship.³⁹ Patients are actively involved in the education process and are allowed the opportunity to explain their perceptions of educational goals.^{29,39,40,51} Goal-oriented education is one of the most important factors in how much patients will benefit from that education.^{31,33}

High-quality patient education requires there to be adequate resources among health care staff,^{39,40} including knowledge, skills, attitudes, educational management, professionalism in regard to patient education, and interaction skills.^{36,38-40} Factors that affect the quality of education include appropriate facilities, time, materials, and the cooperation of the personnel participating in patient education.^{31,39,40}

Patient education has been studied extensively, with the aim of developing effective and high-quality education. Because different health units work in different ways, each unit needs to do their own research to develop patient education in their unit.⁵² As day surgery increases globally, producing information that explores care and education from the patients' perspective becomes increasingly important. The purpose of this study was to describe the quality of patient education in day surgery as evaluated by adult patients. Furthermore, we sought to obtain information related to patient education in day surgery and to identify areas of strength and also development needs. On the basis of the results of this study a more patient centered adult telephone education will be developed in a Finnish day surgery unit.

Methods

Participants

The selection criteria for the study were that a day surgery patient was aged 18 years or older and came to the surgical unit from home. The patient was also discharged home no later than on the

Download English Version:

<https://daneshyari.com/en/article/8575074>

Download Persian Version:

<https://daneshyari.com/article/8575074>

[Daneshyari.com](https://daneshyari.com)