

CHAPTER 1

INTRODUCTION

Background and Significance of the Problem

Surgery is a stressful and complex event for patients. It is regarded with fear, feelings of shock and uncertainty, and some patients lose control of their emotions (Luker, Beaver, Leinster, & Owens, 1996). Patients undergo surgical experiences in the three phases of the perioperative period. Surgical patients who go through this experience will need information in advance to help them cope with perioperative experiences.

Early research by Janis (1958, cited in Garretson, 2004) demonstrated that giving information to patients was beneficial. Yet it has been reported that patients still arrive at the operating theater uninformed and highly anxious (Beddows, 1997; Hargreaves, 1992; Radcliffe, 1993). Many studies (Breemhaar, Van den Borne, & Mullen, 1996; Leinonen, Leino-Kilpi, Stahlberg, & Lertola, 2001; Leino-Kilpi & Vuorenheimo, 1993; Lithner & Zilling, 2000; Williams, 1993) found that patients did not receive adequate information during the preoperative phase. Surgical patients also reported having unmet information needs, and needed different kinds of information than was provided while they were in the hospital (Deoring, McGuire, & Rourke, 2002). Patients also wanted more detailed information about surgery to give them a broader perspective. They also wanted a realistic picture of the entire process of surgery, including a description of the intensity, difficulty and stress they were likely to experience. Importantly, they wanted information tailored to their individual needs. This would help them participate in and manage their own recovery.

Many studies conducted in Western countries have shown that patients who received preoperative teaching had less nausea and vomiting (Klafta & Roizen, 1996), fewer complications (Devine, 1992), required less pain medication (Devine, 1992), and had shorter hospital stays (Hodgkinson, Evan, & O'Neill, 2000). Rothrock's ten-year review of perioperative nursing research (1989) showed a consistent trend in the effectiveness of structured preoperative psychoeducational interventions in decreasing patient anxiety, altering unfavorable attitude, influencing postoperative recovery, and promoting satisfaction with care. Furthermore, Shulldham (1999) conducted a review of the impact of preoperative education on recovery from surgery. The outcome showed that psychoeducational preparation of patients before surgery reduced the postoperative length of

hospital stays. The length of stay was reduced by an average of 1.5 days, 11% or 0.39 standard deviation units (Devine, 1992).

In Asian countries, few studies have explored patients' information needs. In Singapore, Mordiffi, Tan, and Wong (2003) conducted a study to explore the information provided to surgical patients versus the information they wanted. They found that patients wanted detailed information about anesthesia and procedures, and information on the operating room environment. They believed that the nurses would tell them what they needed to know. In Hong Kong, Henderson and Chien (2004) explored Chinese surgical patients' information needs. They also found that surgical patients highly rated the need for all types of information included in the study.

In Malaysia, a few studies have been conducted on the preoperative area by undergraduate students at universities to fulfill their program requirements. One such study, by Raja Gopal, Barnett, Beaver, and Nik Ismail (2005), compared the information needs of women newly diagnosed with breast cancer in Malaysia and the United Kingdom. There is no known evidence on patients' information needs concerning perioperative care as perceived by patients and nurses in Malaysia (Ali, personal communication, October 30, 2005; searched through MEDLINE, CINALD, ProQuest Medical Library, from 1990 to 2005).

At the Hospital of University Science Malaysia (HUSM), surgical patients are admitted to the ward one day before the scheduled surgery date. On admission, nurses provide routine care to the patients. Patients receive preoperative instructions to prepare themselves for the operation. Normally patients follow instructions and will be ready for the upcoming surgery. This information is a form of instruction covering what patients need to know and must do before going for surgery. Patients receive instruction at the nurses' convenience, usually following a medical order. This information is dependent on nurses' assumptions about the importance of specific information to patients and is not based on what patients themselves consider to be important (Mordiffi, Tan, & Wong, 2003).

To date, there is no preoperative teaching guideline for nurses to use in conveying information to surgical patients in the surgical wards (Ariffin, Itam, & Hashim, personal communication, October 20, 2004). No formal preoperative teaching sessions are arranged for surgical patients during this time (Awang, Abd. Hamid, & Alias, personal communication, October 19, 2004). Moreover, patients' short hospitalization time now makes the delivery of information a challenge to nurses. This time limitation poses a

challenge to the nurse in providing enough information regarding patients' perioperative care needs.

The number of surgical operations performed has increased gradually from 2000 to 2003. Statistics from the annual records of the operating theatre have shown an increasing number of operations, from a total of 5,813 cases in 2000 to 7,766 cases in 2003 (Nursing Unit of HUSM, 2004). This change reflects increased surgical patient admission and surgical nursing care in the surgical wards. This will have an effect on the delivery of information to surgical patients.

Advances in medical and pharmacological technology have led to improvements in anesthetic agents and surgical techniques, and have enhanced drug therapy and minimally invasive surgery. The time required to perform surgeries has become far shorter (Jarret, 1995 as cited in Mitchell, 1997). The increased information needs of surgical patients will challenge nurses to provide sufficient information in the condensed time available in the preoperative phase. For these reasons it is important to identify patients' information needs and to formulate a teaching program structured to allow sufficient time to provide patients with information. It is believed that this will lead to increased quality of perioperative care.

Therefore, this study explored patients' information needs during perioperative care as perceived by patients and nurses in Malaysia. This study was also interested in identifying whether the Malaysian patients' and nurses' perception of patients' information needs are congruent. Identifying patients' and nurses' preferences and the major components of patients' information needs will be beneficial for further developing a preoperative teaching program. The findings of this study will serve as a guide to formulate a structured preoperative teaching program for surgical patients at HUSM.

Objective of the Study

To explore patients' and nurses' perceptions of patients' information needs during perioperative care at the Hospital of University Science Malaysia.

Specific Objectives

The specific objectives for the study were:

1. To identify patients' perceptions of information needs during perioperative care.
2. To identify nurses' perception of patients' information needs during perioperative care.

3. To examine the difference between patients' perceptions and nurses' perceptions of patients' information needs during perioperative care.

Research Questions of the Study

The research questions are as follows:

1. What is the level of information needs during perioperative care as perceived by patients?
2. What is the level of patients' information needs during perioperative care as perceived by nurses caring for patients?
3. Are there any differences in perceptions between patients and nurses caring for patients regarding patients' information needs during perioperative care?

Theoretical Framework of the Study

The theoretical framework of this study is based on the conceptualization of perioperative patients' information needs and five dimensions of preoperative information proposed by Yount, Edgell, and Jakovec (1990), and patients' and nurses' perceptions of patients' information needs.

Perioperative Patients' Information Needs: Three Perioperative Phases and Five Dimensions of Information

Surgical patients need information before going for surgery. They need information as a means to cope with surgery. Information can foster informed participation in treatment decision-making and relief of emotional anxiety. This information need is influenced by the individual person and the situational context in which it occurs (Bilodeau & Degner, 1996). For example, the type of surgery the person is undergoing may influence patients' need for information. Minor, moderate or major surgeries have an influence on how much information the patient needs. The relevance, the type and amount of information needed is also related to other needs, as in the hierarchy needs proposed by Maslow (1973, as cited in White & Duncan, 2002). As the lower needs are gradually satisfied, the higher needs emerge. To satisfy these needs, patients are motivated to meet higher needs. Once a need has been satisfied, it no longer acts as a motivator and effort is then directed towards satisfying the needs of the next level.

1. Three Perioperative Phases

Perioperative information is associated with the patient's surgical experience during the perioperative period. It addresses the information relevant to the three phases of surgical experience: 1) preoperative, 2) intraoperative, and 3) postoperative phases. The information describes a sequence of events that constitutes the surgical experience (Smeltzer & Bare, 2003). Surgical patients who encounter this experience will need information to help them cope with their perioperative experiences effectively. It is the responsibility of perioperative nurses to ensure surgical patients get the information patients want at each phase.

2. Five Dimensions of Information

Patients' information needs in this study refers to the information that every surgical patient wants to know and he/she receives from the health care providers during perioperative care. The information consists of five dimensions as proposed by Yount, Edgell, and Jakovec (1990), which were used as a framework to guide this research. These five dimensions of information were integrated into each of the three phases of the perioperative period. The five dimensions of information include: 1) situational or procedural information, 2) sensation-discomfort information, 3) patients' role information, 4) skills training information, and 5) psychosocial support information.

Situational or procedural information refers to information or experience during surgical procedures, including nursing care activities and use of medical equipment and technology. These also include information about the timing and sequence of events.

Sensation-discomfort information refers to a description of what patients may feel, see, or hear in relation to surgical procedures during the perioperative period.

Patients' role information refers to information related to patients' expected behavior or activities patients they are expected to perform in order to achieve treatment goals. Patients will participate in their own care.

Skills training information refers to the information about activities and exercises that are expected to promote patient's recovery from surgery or lessen the risk of complications.

Psychosocial support information in this study refers to interaction between patients and care providers, aimed at helping patients deal with anxiety, and to enhance coping.

3. Patients' Information Needs during Perioperative Care

The five dimensions of patients' information needs are important throughout the preoperative, intraoperative, and postoperative phases of perioperative period. In other words, surgical patients will have specific needs at a different perioperative period. However, in actual practice, information is given to patients through preoperative teaching at the preoperative phase. The goal of preoperative teaching is to increase patients' knowledge in the three phases of perioperative period. Teaching is a systematic way of helping patients to receive new information on the events, procedures, sensations, roles, skills, and psychological support during perioperative care. Teaching is a distinctive form of communication that is uniquely structured and sequenced to provide learning (Meeker & Rothrock, 1995), based on patients' needs in order to have them actively participate throughout the perioperative period. This is to ensure that all surgical patients receive information before surgery.

At the preoperative phase, surgical patients need to have information regarding: 1) situational or procedural information, such as restrictions on eating and drinking six to eight hours before surgery, bowel preparation etc; 2) sensation-discomfort information, such as a feeling of drowsiness as a result of preoperative medications; 3) patients' role information, such as being an active participant in care throughout the preoperative phase by making requests to satisfy their needs; 4) skills training information, such as learning and practicing how to cope with stress and anxiety; and 5) psychosocial support information, such as being assured and supported by nurses.

In the intraoperative phase, surgical patients need information concerning: 1) situational or procedural information, such as anesthesia procedures and surgical procedures; 2) sensation-discomfort information, such as sensations after receiving anesthesia (dizziness and numbness); 3) patients' role information, such as cooperating with nurses for monitoring patients' consciousness and vital signs; and 4) psychosocial support information, such as being assured that their family will be informed regarding the progress of surgery.

In the postoperative phase, surgical patients need information concerning: 1) situational or procedural information, such as having an intravenous infusion line to provide fluid and drugs after surgery; 2) sensation-discomfort information, such as feelings of discomfort when tubes, drains, catheters, etc are removed from the patients; 3) patients' role information, such as reporting to the nurses if patients feel there will be something wrong (e.g. having fever, pain, swelling, and smells from the wound); 4) skills training

information, such as learning and practicing deep breathing exercises and effective coughing to prevent chest complications.

Surgical patients need information before going for surgery. They need information in advance to cope with stressful events during the three phases of the perioperative period. This information consists of five dimensions as proposed by Yount, Edgell, and Jakovec (1990). Patients need information at each phase and covering the five dimensions as the examples given above illustrate. However, the degree of need may vary across the perioperative phases. This information is given in advance through preoperative teaching in the preoperative phase. Patients' knowledge increases and leads to patients actively participating in their care throughout the perioperative phases. However, patients' information needs can be influenced by the way they are perceived. Patients' and nurses' perceptions influenced the level of patients' information needs.

Patients' and Nurses' Perception of Patients' Information Needs

Perception is defined as the process by which we select, organize, and interpret sensory stimulation into a meaningful and coherent picture of the world (Hamachek, 1971 as cited in Sundeen, Stuart, Rankin, & Cohen, 1994). It is believed that an individual's needs, values, beliefs, and self-concepts are vital factors in determining how an individual views his/her life space or surroundings.

This is also supported by King (1981, p.24), defining perception as "a process of organizing, interpreting, and transforming information from sense data and memory." King mentioned that perception is a process of human transaction with the environment. Perception gives meaning to one's experience, represents one's image of reality, and influences one's behavior. Perception is each person's representation of reality. It is an awareness of persons, objects, and events. Although they live in the same world and have common experiences, individuals differ in what they select to enter into their perceptual milieu.

In perioperative care, patient-nurse perceptions of patients' information needs are influenced by individual needs, values, beliefs, and self-concept. How they view themselves in relation to others and their own self-concept are other strong factors influencing their perception. Therefore, it is essential for nurses to perceive or have knowledge similar to what their clients perceive if they are to assess, interpret, and plan to achieve the goals of perioperative care.

Patients' perceptions and nurses' perceptions may or may not be similar. If a gap in their perception exists, patients may not get what they needed and that may result in an unclear picture of what to expect during the three phases of their perioperative care. This will cause patients to be passive and not interested in participating in activities needed to increase self-care towards recovery. On the contrary, if there is no difference in the perception of information needs, we may be certain that nurses will provide appropriate information to this group of patients. King's theory helps in explaining that only nurse-patient interaction can lessen the gap. However, this study did not attempt to explore the nurse-patient interaction. King's conceptualization of this interaction is used to strengthen the idea that congruent or incongruent perceptions of the two parties may influence the types, intensity, and quality of information provided to surgical patients. Therefore, health care providers have a responsibility to share information, gathering information about patients' information needs so that their goals and the goals of patients are congruent. Patients will then receive quality information according to their needs. This will increase patient's satisfaction and promote faster recovery.

The theoretical framework for this study is based on conceptualization of perioperative patients' information needs throughout three perioperative phases consisting of five dimensions of perioperative information adapted from Yount, Edgell, and Jakovec (1990), and patients' and nurses' perceptions of patients' information needs. As shown in Figure 1, it is proposed that perioperative patients' information needs comprise five dimensions in each of the preoperative, intraoperative, and postoperative phases. Patients' perceptions of the information in the three phases of perioperative care is the rating given to the level of need for various types of information. Nurses will identify the patients' information needs that they believe are needed for the patients to know during the three phases of the perioperative period. Although nurses and patients may believe the information is needed, the perceptions of both groups may be congruent or incongruent. The results will be compared in order to see if there is a congruence. The rationale for comparing patients' and nurses' perceptions of patients' information needs is that nurses are traditionally recognized as patient educators, and are usually the most immediate source of pertinent information for patients and their families while they are in the hospital. The present study aims to determine the differences and similarities in patients' and nurses' perception of patients' information needs.

Hypothesis

Patients and nurses have different perceptions regarding patients' information needs in perioperative care.

The specific hypotheses are as follows:

1. There is a significantly different perception of patients' information needs between patients and nurses at preoperative phase
2. There is a significantly different perception of patients' information needs between patients and nurses at intraoperative phase
3. There is a significantly different perception of patients' information needs between patients and nurses at postoperative phase

Definition of Terms

Patients' Perception and Nurses' Perception of Patients' Information Needs

Patients' perception and nurses' perception of patients' information needs in this study refers to the level of needs patients and nurses place on the information that patients should know during perioperative care. The information needs comprise five dimensions including: (1) situational or procedural information, (2) sensation-discomfort information, (3) patients' role information, (4) skills training information, and (5) psychosocial support information. These five dimensions of information were integrated in each phase of the preoperative, intraoperative, and postoperative periods. The perception of patients' information needs was measured independently between patients and nurses using a 5-point Likert-type scale questionnaire. The questionnaire was constructed by the researcher from three resources (Bernier, Sanares, Owen, & Newhouse, 2003; Meeker & Rothrock, 1995; Yount, Edgell, & Jakovec, 1990).

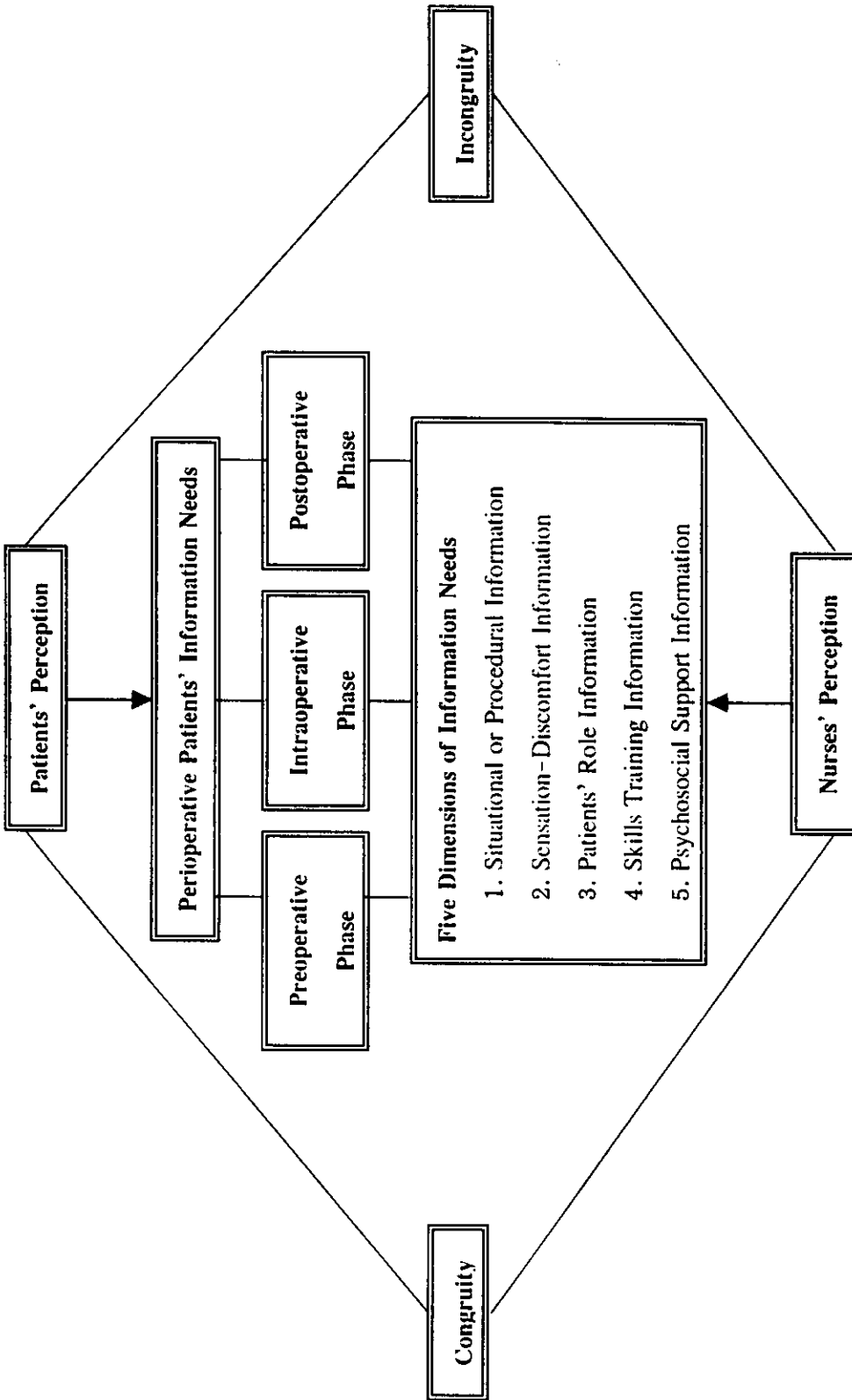


Figure 1 Theoretical framework to study the difference between patients' perception and nurses' perception of patients' information needs in perioperative care.

Significance of the Study

This study contributes to nursing education, nursing administration, and nursing practice.

1. Nursing education

This study serves as a catalyst for collaborative participation in clinical research between perioperative nurses and the nursing faculty from the academic setting. The collaboration will result in a comprehensive perioperative educational program, especially for preoperative teaching. The findings of the study can be used to teach nursing students how to strengthen patient education in perioperative care.

2. Nursing administration

The study provides valuable information specific to the needs and characteristics of patients undergoing surgery. The result can be used as a fact sheet to develop a teaching guide based on patients' expressed needs. This will fill a gap in existing perioperative teaching programs and will help to develop appropriate preoperative teaching strategies. It will also help in providing quality care to patients.

3. Nursing practice

The findings of the study create an awareness among nurses about the importance of giving needed correct information to patients according to individual needs. The information can be used as a guideline in providing preoperative teaching in the surgical unit. Furthermore, this information can be used to enhance the effectiveness of perioperative management and increase the effectiveness of surgical clinical services.