

## MARCHER OU ROULER? UNE ÉTUDE SUR LES PATIENTS QUI MARCHENT JUSQU'À LA SALLE D'OPÉRATION

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### RÉSUMÉ

L'objectif de cette étude fut d'identifier les attitudes de patients envers le remplacement possible d'une pratique traditionnelle par une stratégie leur conférant plus de contrôle, ce qui démontrera que le personnel infirmier peut faire une différence en fournissant un environnement plus centré sur les patients. L'étude révéla que les patients eux-mêmes voulaient participer au processus décisionnel et activement intégrer ce changement.

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## WALK OR BE DRIVEN? A STUDY ON WALKING PATIENTS TO THE OPERATING THEATRE

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### ABSTRACT:

The objective of this study was to determine patients' perception on the possibility of changing a tradition-based practice to a more patient empowering service, thus demonstrating that nurses can make a difference in providing a more patient-centred environment. The study revealed that the patients themselves wanted to be included in the decision-making process and actively embrace change.

### INTRODUCTION:

Nurses, as well as other healthcare professionals, must have a vision for the future. They must continually examine ways to improve quality of care for patients, take action and evaluate the results as a cyclical process. It is evident from the available literature that active patient participation is essential in reducing stress levels in healthcare.

Changing practice among healthcare professionals can be difficult, so it was obvious from the outset that development of an evidence base as well as embracing an all-inclusive approach was going to be important to the success of this project.

Bon Secours Health System, within its mission statement, is defined as 'all of us working together to deliver the best healthcare we can to people in need'. In every organisation and workplace quality improvements amount to the foremost objectives and, in professional nursing, quality assurance relies heavily on measurement and evaluation (Koch 1992). We strive to meet and exceed the standards of good service, while supporting, protecting and empowering the patients with a right to choice (Bon Secours 2002).

According to Beyea and Nicoll (1997) if the nursing profession is to survive its current challenges, nurses must collect and analyse data that reflects nursing-sensitive outcomes.

I was encouraged by the enthusiasm and eagerness of the theatre, ward and consultant medical staff to change the trolley transport to theatre system, thereby indicating that, in the spirit of a partnership approach, this is an achievable objective. The notion that all patients come to theatre on trolleys is a tradition-based practice and often 'takes the form of a ritual and is performed with little thought to the rationale behind it' (Parahoo 1997). As a result, nursing care is failing the patient because it is institution-driven rather than patient-driven (Walsh & Ford 1989).

### Literature search

A search of literature on walking patients to the operating theatre and the surgical patients' experience was conducted in the National

University of Ireland library, An Bord Altranais library, with electronic searches on the AfPP website, CINAHL, Healthstar and Medline.

### Literature review

The review of the literature on the topic of walking the patients to theatre did not yield much documented evidence and this is one of the reasons why this study was chosen to be undertaken. Of the studies uncovered which dealt directly with the specified topic, Porteous and Tyndall (1994) concluded that, given a choice, the majority of surgical clients prefer to walk to the operating theatre.

While Birch and Miller (1994) concentrated more on the medication aspect, their research confirmed that most patients (98%) did not mind walking to or from the operating theatre. Due to the paucity of literature available on the subject of walking patients to theatre, the literature review was extended to include the total experience of the surgical patient. This yielded interesting articles with the focus and emphasis on individual patient care and empowerment:

- Time for change
- Making a difference
- Patient-centred approaches to healthcare.

Nurses and other healthcare professionals need to relinquish some of their control and empower their clients, encouraging them to partake in decision-making in relation to their care (Gibson & Cheryl 1991).

### Time for change

In order to bring about change in a successful manner, there must be general consensus and willingness to change. Without this, progress is doomed before its implementation. New ideas, therefore, must be research-based, the importance of which has probably only emerged in recent decades. Formerly nurses and other healthcare professionals relied primarily on trial and error and expert opinion to guide their clinical practice (Beyea & Nicoll 1997).

Although nursing as a profession has undergone enormous change we must strive to be

advocates of an evidence-based practice derived from the philosophy and shared values of the organisation (Baxter 1998). Pedani (1991) recognises that staff should be 'part of the process and not just tools of it'.

The current normal practice in this country is to take patients to theatre via trolley or wheelchair and as suggested by Turnbull, Wood and Kester (1998) it can be argued that this practice is out of date and often unnecessary. Turnbull, Wood and Kester (1998) also highlighted the significance of the health and safety regulations on manual handling, stating that the above practices should be avoided as far as is practicable, and that accompanied walking of patients to theatre reduces the amount of manual handling.

Making a difference Today's world is a different world. Technology is different. Society is different. Expectations are different too (Williams 2000). Perioperative nurses need to develop individual strategies to overcome challenges to change and use 'research findings to advance the art and science of perioperative nursing' (Hind & Wicker 1998).

Today's patients are more actively involved in all aspects of their care, choosing in many instances to undergo surgery and not considering themselves as being ill preoperatively. Porteous and Tyndall (1994) ask why nurses should expect these 'well' clients to accept a 'sick' role upon entering a healthcare facility.

The main focus of implementing evidence-based practice must be to improve care for all clients, empowering them by actively encouraging participation in the decision-making process for their care. Obviously any patient finds the surgical experience stressful. Therefore any areas where alteration of procedure could aid in decreasing or eliminating that stress must be examined.

### Patient-centred approaches

In order to become more patient-centred, focus needs to be shifted so it does not assume that the expectations of the patient are already known. According to Gibson and Cheryl (1991) patients who are allowed to exert some level of control

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easily adaptable to fit  
various purposes, the ability  
to do many things well

**New!**



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## WALK OR BE DRIVEN? (cont.)

over their treatment viewed the surgical experience as positive, while those with limited control yielded a negative experience.

Research has shown that the efficacy of music therapy in stress reduction post-anaesthesia as described by O'Neill (2002) is significant and further asks 'can the impact of a surgical procedure be simplified?'. We need to ask patients their opinion of services (Westwood 2000) and we need to 'change the pattern that is nursing if we are to meet the demands of the future' (Montgomery 2001). Porteous and Tyndall (1994) in their study 'Yes, I Want to Walk to the OR', suggest that both client and nurse exchange information to agree on goals and the means to achieve these, as professionals tend to assume control with minimal input from clients.

The Irish government's Health Strategy (2002) states that 'a health system should encourage you to have your say, listen to you and ensure that your views are taken into account'. It further goes on to state that 'the patient is at the centre in planning care delivery'. Encouraged by this approach we can now feel assured that the patient is at the core of decision-making, thus achieving the ultimate goal: a more patient-centred approach.

### Literature conclusions

It is important to continually evaluate our practices to ensure that they meet changing patient requirements. The process of bringing about change is important and must be dealt with carefully and collaboratively. Trial and error is no longer acceptable in current nursing practices. While it is clear that there must be a general consensus and willingness to bring about change with an evidence-based approach, we must at all times be cognisant of allowing the patient to have their say.

### Research design and methodology

The research focus was on eliciting views from patients with regard to the preferred mode of transfer to the operating theatre. This study set out to include the concept of change and patients' perceptions of the service provided, while all the time ensuring continued quality of care as service

providers. This survey was based on a quantitative research method with an anonymous patient questionnaire, using a random controlled selection process. A covering letter was attached outlining the purpose of the study.

### Research objectives

- Evaluate present mode of transfer of patients to theatre.
- Review literature currently available on surgical patients' experiences.
- Reach a consensus among patients of the possible changes or offering of choice to current practice.
- Identify any changes required to implement change.

### Respondent profile

The research subjects were surgical patients, of both sexes, ranging in age from twenty to eighty years inclusive. Only patients who met the predetermined criteria and were deemed suitable by their primary care nurse were asked to participate in the study.

### Ethical and moral considerations

Permission was sought in writing from the director of nursing and chief executive officer. All patients selected were given a choice to either 'walk to theatre' or be 'conveyed by trolley', and if they would like to participate in the study by completing a questionnaire postoperatively. In the actual study positive responses were received from all approached; the response rate was 90%.

### Pilot study

I undertook the pilot study to ensure that the participants clearly understood the questionnaire and no ambiguity existed. The response rate to the pilot study was 100% and indicated that the questionnaire was clearly understood.

### Data collection

The method of data collection was by anonymous questionnaire, using both open-

ended and closed questions. As Parahoo (1997) highlights, the closed questions yield data that allows for comparisons between respondents, as all the responses are in the same format, thereby simplifying analysis. The open-ended questions give respondents the opportunity to participate in and interact with the questionnaire in a way which closed questions do not.

Any patients that the primary nurse care provider deemed unsuitable were excluded as were surgical patients who required:

- pre-medication
- preoperative dilating ophthalmic drops
- total hip arthroplasty
- total knee arthroplasty
- arthroscopy of knee or ankle, foot or leg surgery
- discectomy or laminectomy.

### Discussion

This study elicited views from both male and female patients using a random control selection process (see Figure 1). The study aimed to reduce and eliminate bias by providing a covering letter, thus extracting the need for a person-to-person discussion regarding the protocol. All participants were requested to read the covering letter and questionnaire preoperatively and complete same postoperatively.

All patients who walked to theatre were given a cloth theatre gown, dressing gown and a pair of theatre socks. Participants used their own shoes to walk to the theatre reception area. Patients were then asked to take a seat and replace shoes with theatre footwear. Usual anaesthetic nurse/ward nurse handover procedure was carried out, with the patient then walking into the operating theatre. Dressing gown and footwear were removed only when patients were being transferred to operating table. As illustrated, 96% of respondents indicated a very positive outcome from the whole experience and would wish to continue the practice if future procedures were required.

Patient comments included:

- ‘much less stressful, didn’t feel ill’
- ‘was delighted to be given the choice’
- ‘felt more in control of what was happening’.

It is interesting that Porteous and Tyndall (1994) reported that the patients also perceived the surgical experience to be:

‘less threatening and felt more in control’.

Similarly Birch and Miller (1994) found that 98% of patients did not mind walking to (and in their study, from) the theatre, with many patients expressing the idea that it made surgery seem:

‘less threatening and less serious’.

Four percent of respondents in this study felt that the surgical experience was a negative one for them on this occasion, stating:

‘I would prefer to go on a trolley’.

‘I walked to theatre today, hated it, please use wheelchairs’.

Any surgical experience is a very vulnerable time in a patient’s life, so it could be argued that the results of a study such as this one could be affected by a willingness to please and a feeling of gratitude towards medical and nursing staff. However, the results in this study yielded that 96% of respondents would prefer to walk for future surgical procedures (see Figure 5), indicating that their views did not reflect a ‘Halo’ or ‘Hawthorne effect’, but were a direct result of their individual experience. It was interesting also to note that this was found to be the case in a similar study conducted by Turnbull, Wood and Kester (1998).

It will be obvious to the reader that there are limitations to this study. While a lack of empirical evidence exists, more analysis of themes like ‘Time for change’, ‘Patient-centred approaches’ and ‘Making a difference’ could be carried out. I acknowledge that the results may be different using a larger sample of patients from different socio-economic backgrounds and the results could not be deemed to be representative of the views of all patients treated in the totality of the Irish healthcare system.

### Conclusion

This study was designed to see how patients at one hospital viewed an alternative mode of transfer to the operating theatre for their

surgery. At the outset of this study it was felt that the older patient might find walking to theatre less acceptable than the younger clients. However, following analysis of the data received it transpired that the change was equally well received between all age groups.

Overall the results were very positive and it was interesting to analyse the patients’ views in an area that they traditionally have no involvement. Acknowledging the amount of stress and anxiety associated with the preoperative phase of surgery is an important factor in the overall management of patients. Identifying methods of relieving some of the associated stressors can result in a more cost-effective use of resources available thus providing a better service for all involved.

The results of this study would indicate in this instance that the time for change is right, with the patient willing and eager to be part of that evolving system. Nurses can make a difference at their workplace with the introduction of evidence-based research practices and it is felt that this alteration in practice is a very good example of a realistic, achievable advance. The constant questioning of approaches is required, asking whether there is a better way to do what we are doing.

The overall conclusion that can be drawn from this study is that inclusion of a choice for patients of walking or being transported by trolley to theatre can reduce preoperative stress. Theatre porters spent more time in the actual theatre department and were more available for assisting with patient positioning and postoperative patient transfer to recovery room.

### Recommendations

There should be:

- a full set of written guidelines
- acknowledgement of issues that influence change
- health and safety issues – ergonomics.

‘Vision without action is merely dreaming. Action without vision is just passing the time of day. But combine vision with action and you can

change the world.’ Nelson Mandela

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