

Communicating Pre-operative Instructions

LA COMMUNICATION DES DIRECTIVES PRÉOPÉRATOIRES

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Une communication efficace est un composant clé de l'enseignement préopératoire. L'auteure discutera des facteurs qui peuvent avoir un impact sur l'apprentissage du client et l'importance de la démarche infirmière dans l'enseignement préopératoire.

COMMUNICATING PRE-OPERATIVE INSTRUCTIONS

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ABSTRACT

Effective communication is a pivotal component of pre-operative teaching. The writer will discuss the factors that may affect client learning and the importance of the nursing process in pre-operative teaching.

The words "you need surgery" can set off a myriad of different emotions in any client, and the reaction the client has to those emotions could have a direct impact on the outcome of the procedure. Evidence shows that preoperative teaching is associated with fewer complications, shorter hospital stays, and increased client satisfaction.¹ Therefore, it is imperative that preoperative instructions be communicated to clients in the best possible way.

There are many theories that set out to describe or predict how people learn. However, one finding that is common to many theories is the

fact that the environment, as well as internal and external personal influences plays a definite role in how and what a person learns. There are many factors affecting learning. They include motivation to learn, socioeconomic or cultural differences, language barriers, and disabilities or sensory deficits.² The impact of the illness itself can also be responsible for interfering with the ability of the client to process information.³ If these factors are not fully taken into account when planning preoperative teaching, then how can one be sure learning has actually taken place?

In fact, a recent meta-analysis on the effectiveness of pre-operative teaching determined that very little attention is paid to the demographic characteristics of clients. The study concluded that preoperative teaching needs to be tailored on an individual basis taking into account the education level and ethnicity of the clients.⁴ While policies can be written, and instructions can be given to clients to take home, if there are no measures in place to evaluate if the learning occurred, on the part of the clients, then how can the intervention be deemed a success?



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Nurse Performing Pre-Op Medical History

It is clear that there is a need to have evaluation measures in place to determine the effectiveness of the teaching strategies. One such example is the removal of jewellery. Clients undergoing a surgical procedure are most often required to remove all of their jewellery prior to the surgery.⁵ In ideal circumstances the client should be advised of this requirement preoperatively, and most hospitals have policies in place to do so. However, clients continue to arrive for their surgery with jewellery on. As nurses, it is natural to understand the scientific reasoning behind the removal of all jewellery, but we must not forget that for some clients there might be a psychological impact. A piece of jewellery, such as a wedding band, may hold a significant symbolic or religious meaning. Removal of such an item could cause the client a significant amount of stress, which is not warranted on the day of surgery, and could adversely affect the outcome.¹

Effectively communicating the need for removal prior to the surgery allows the client to remove the item, or have it removed professionally on his or her own terms rather than going through the trauma of having staff perhaps cut it off on the day of the surgery. This effective communication would also create a better climate between the client and staff, building a trusting relationship and leading to mutuality between nurse and client. Perioperative nursing focuses on the needs of the client undergoing a surgical intervention and when communication is client-directed and client-centered the goals and interventions are more effective.³ Clearly if clients are still arriving on the day of surgery with jewellery on, then the specific goal has not been achieved and the intervention should be re-evaluated.

It appears clear that following through on the nursing process is vitally important. Each component of the process must be completed in order to determine the effectiveness of the intervention regardless of why it was implemented. Simply because there is a policy in place does not necessarily mean that it is effective. Evaluation of the effectiveness of the intervention should be based as much on individual client needs as it is on policy. Nursing practice needs to be assessed regularly on an



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Patient Waiting in Pre-Op Holding Area

ongoing basis. Failure to follow through on the nursing process can result in poor client care, client dissatisfaction, and even client injury.

In conclusion, effective communication between nurse and client are key factors in ensuring a positive outcome to an operative experience. Catering the communication to individual client needs and evaluating its effectiveness is a necessary step to ensure that the communication and teaching strategies being implemented are effective in meeting the needs of surgical clients.

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