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Preoperative patient teaching

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Boston University
PREOPERATIVE PATIENT TEACHING

By

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CHAPTER I

INTRODUCTION

Comprehensive nursing care of the surgical patient includes meeting his psychological as well as physical needs. Teaching, an integral part of nursing, is one of the means through which the nurse strives to meet the psychological needs of surgical patients.

Although our capacity to save the lives of persons having surgically remedial ills is remarkably greater today than it was a half century ago, the mental trial of surgery is no less for the individual today than it was and in fact, it may even be somewhat greater.¹

This mental trial of surgery often takes the form of fear and insecurity in a new environment such as the hospital. Many times the patient feels lost and apprehensive in the hurried, tension-filled atmosphere of many of our hospitals. One of the most overwhelming emotions which plagues the patient before surgery is fear of the unknown. When a patient is given an interpretation of the routine procedures which are part of his care, his fear and anxiety may be alleviated.

It has been recognized that preoperative patient teaching promotes a smoother and more rapid postoperative recovery by reducing preoperative anxiety and fear. "Patients and

their families are more frightened by what they do not know or by the unexpected than by what is planned with them.\textsuperscript{2} Also time spent in explanations displays interest in the patient which tends to promote a feeling of security enabling the patient to ask questions concerning his health. Post-operative complications which could be related to fear and misunderstanding might be prevented. According to Bird "it is the nurse who provides the main psychological support"\textsuperscript{3} for the patient.

**Statement of the Problem**

The purpose of the study was to determine whether preoperative patients undergoing abdominal surgery received interpretation of the routine procedures which need to be carried out for their recovery. The study will also determine who did the teaching and whether or not the patient understood the information.

**Justification of the Problem**

Nursing leaders such as Lambertson, Shafer and Brown have emphasized in their writings that one of the most important functions of the nurse is effective education of patients.

\textsuperscript{2}Kathleen Shafer et al., Medical-Surgical Nursing, (St. Louis: C. V. Mosby Co., 1958), p. 143.

of the patient.\textsuperscript{4,5,6} At the present time some hospitals have a planned teaching program for patients undergoing diagnostic tests, radical surgery and those who need extensive rehabilitation. But from the review of the literature and personal experience there appears to be little or no planned programs for the general surgical patient. It has been the writer's experience that the patient undergoing abdominal surgery is often frightened and needs preoperative explanations of what will happen and what is expected of him. There is a need to identify what is being taught informally and if this teaching is effective.

Scope and Limitation

The study was conducted in a private hospital of 250 beds in an urban area. The sample consisted of ten patients who had undergone abdominal surgery. Two patients had undergone a hysterectomy; five patients had a cholecystectomy; one had an exploratory laparotomy; one had a sigmoidal resection and one patient had an appendectomy. The patients were selected on the following bases: they had undergone uncomplicated abdominal surgery, they were at least three days post surgery when interviewed and were in good mental and

\textsuperscript{4}Eleanor Lambertson, \textit{Education for Nursing Leadership}, (Phila: J. B. Lippincott Co., 1958), Ch. VIII.

\textsuperscript{5}Kathleen Shafer, \textit{op. cit.}, Ch. I.

\textsuperscript{6}Amy Francis Brown, \textit{Curriculum Development}, (Phila: W. B. Saunders Co., 1960), Ch. XV.
physical condition. The writer wished to focus on the fairly routine type of surgery such as an appendectomy, cholecystectomy or hysterectomy, rather than the emergency admission to whom little if any preoperative teaching can be given.

The limitations of the study were:
1. The study was conducted in one hospital on one division.
2. The sample was limited in number.
3. Responses were based on patient recall.
4. Generalizations cannot be drawn.

Preview of Methodology

Data were obtained from a structured interview comprised of seventeen questions concerned with basic procedures commonly employed for patients undergoing abdominal surgery. These seventeen questions also contained sub questions relating to who did the teaching and if the patient understood the information or asked questions for clarification. Three questions related to the patient's opinion about the explanation of the procedures and how he felt this influenced his recovery.

Sequence of Presentation

Chapter II contains the theoretical framework of the study and a review of the literature. Chapter III gives a detailed account of the methodology used. Chapter IV contains findings and analysis. Chapter V includes the summary, conclusions and recommendations resulting from the study.
CHAPTER II

REVIEW OF THE LITERATURE

The term teach has many definitions and ramifications. Teaching is not confined to a classroom situation exclusively. One teaches by example, words, manner and attitudes. These aspects are often called concomitant learnings. In other words the learner picks up many things such as the importance of a matter and feelings toward him just by the way the teacher delivers the information. As the nurse is constantly imparting knowledge and information in meeting the patient's physical, psychological and spiritual needs, patient teaching is recognized as an integral part of nursing. The nurse is often the interpreter, buffer, friend and confidant of the patient during the stress of his hospitalization. Skinner et al. state that:


Patient teaching is becoming more formalized as its importance
is recognized. There are classes held for diabetic patients, new mothers, tuberculosis patients, and patients in hospitals, clinics, and private homes. Hence teaching of patients with similar conditions has become highly organized to enable the patient to obtain an understanding of his illness, how it effects him and how to live with it if necessary.

Let us turn our attention to the surgical patient. His learning situations are influenced by the importance placed upon preoperative teaching by the staff. These teaching situations are often unorganized and haphazard. This very disorganization can have an adverse effect on the actions of the patient.

Sometimes people have a dreadful feeling of floundering unless they know what is expected of them. They have so long taken their cue from what is expected of them that when a cue is not forthcoming they feel rudderless.2 Patients awaiting surgery are often fearful for many reasons and this fear may be dangerous. "Since it is an accepted fact that fear and anxiety predispose postoperative shock, the patients' emotional reactions are of major concern at all times."3 Hence presurgical conferences for the purpose of explanation benefit the patient both preoperatively and


Nursing educators are emphasizing the teaching responsibility of nurses. Nahm's main emphasis appears to be consideration of the family in instruction as well as that of the patient.

The nurse often serves as an interpreter of doctors' orders, hospital policy and ward routine. Shafer and others state:

many patients hesitate to ask the physician to repeat information and are often too upset to understand all they have been told or to ask questions. Thus they frequently turn to the nurse for clarification and reinforcement of such information.

As soon as the patient enters the doors of the hospital he becomes part of a strange, confusing, often emotion-laden environment.

Each new experience should be explained to the patient and, if possible, related to familiar experiences. Orienting the newly admitted patient and his family to the hospital routine tends to minimize anxiety.

Patient teaching will help the learner understand his illness, gain his cooperation in following the medical regime, promote security, establish rapport with the staff and en-

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7Ibid., p. 19.
courage him to take an active part in his recovery program. An informed person may feel more secure and suffer less anxiety in the hospital. Both before and after surgery the nurse can do much to relieve the patient's anxiety, apprehension, and worry.8

Nurses who teach patients must understand their needs in the teaching learning process. Some of the most useful tenets of educational psychology to be remembered in relation to teaching are:

1. All behavior is motivated.
2. Individuals learn at different rates and retain differing amounts of information.
3. Learning is accomplished by the learner himself.
4. Meaning and understanding is influenced by experience and frame of reference.
5. A learner must be ready physically and psychologically to learn.9

What should be included in preoperative teaching of patients with abdominal surgery? Nursing and medical authorities recognize the importance of the inclusion of certain items in preoperative teaching. Harmer and Henderson state a conscious effort should be made:

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to arrange a definite time each day for helping patients with specific procedures; for example, teaching a pre-operative patient exercises he will use postoperatively, how he will turn in bed and lift himself on the bedpan.\textsuperscript{10}

Stressing the importance of leg exercises Hamra states
"Exercise in bed hastens recovery by stimulating circulation, maintaining muscle tone and preventing contractures and stiffening of joints."\textsuperscript{11}

Another important aspect of preoperative patient teaching includes coughing in the upright position and ambulating to prevent respiratory complications. "Walking stimulates increased pulmonary ventilation."\textsuperscript{12}

One of the most essential items for a patient to know is the importance of observing the nothing by mouth order prior to surgery. "Ensuring an empty stomach before anesthesia is given and keeping it empty during the operation obviate the danger of aspirational pneumonitis."\textsuperscript{13}

Many postoperative complications are influenced by anxiety and fear. It is an accepted fact that thresholds of


\textsuperscript{11}Mary Hamra, "Nursing Care for the Patient with Abdominal Fascial Transplant", American Journal of Nursing, LII, (December, 1952), p. 1492.


pain differ with individuals. If the patient is aware that he will have pain for forty-eight to seventy-two hours postoperatively but the pain is not ordinarily unbearable, he will be able to give his full cooperation to the demands of activity. One of the most distressing postoperative symptoms is urinary retention. This condition is due in part to the effects of the anesthetic but the state of tension of the patient heightens it.

Shorter periods of hospitalization have increased the responsibility of the nurse for early preoperative teaching. She must impress upon the patient how necessary it is for him to take a more active part in his postoperative activities and self care. For some patients the concept of patient responsibility is difficult to accept. He may not realize that he is asked to actively participate in his care, not to relieve the work of the nurses but to prevent postoperative complications and hasten recovery.

Statement of the Hypothesis

Preoperative patients undergoing abdominal surgery do not receive interpretation of the routine procedures which need to be carried out for their recovery.

14 Ibid., p. 226.
15 Ibid., p. 235.
CHAPTER III

METHODOLOGY

Description of the Agency

The study was conducted in a 250 bed private, general hospital in an urban area. The hospital is accredited by the joint Commission of Accreditation of Hospitals and provides educational experience for students in the fields of nursing, pharmacy, medical records and nursing service administration.

The patients were selected from one medical-surgical division which included patients with orthopedic, medical and surgical problems. The daily census of the ward from which the patients were selected was approximately thirty patients. The patient care was given by professional nurses and students enrolled in the diploma school of nursing conducted by the hospital. Nurse's aides and orderlies assisted the nursing staff in carrying out nursing care. The nursing staff and students assigned to the division remained constant during the period of investigation.

Selection and Description of Sample

Patients with abdominal surgery were chosen for the study because: patients undergoing abdominal surgery are a representative sample of the general surgical population:
they often have the same fears and anxieties as many other patients with different surgical conditions: certain basic nursing care measures are common to all patients with routine abdominal surgery.

The Kardex was used to select patients who had undergone abdominal surgery. The patients' charts were reviewed to determine the complexity of the operation, previous surgical procedures, and the length of hospitalization preoperatively. This knowledge was essential to select a homogeneous sample. Final selection was then based on the following: the patients had all undergone uncomplicated abdominal surgery; they had had no previous surgery during their present hospitalization; their length of stay preoperatively ranged from one to five days. The length of stay preoperatively indicated whether or not the patient had been admitted for a medical evaluation or had been transferred from another hospital or another division. These factors were essential in considering the explanation of routine procedures given to patients by the nursing staff.

A further discrimination was necessary to eliminate from the sample patients who were seriously ill, senile, confused, mentally retarded or presented emotional problems. It was felt by the writer that these conditions would interfere with the objectivity of the patients' statements and the understanding of the questions.

Finally the head nurse and the writer consulted to
determine if the best selection of patients was made before they were interviewed. There was a total of ten patients included in the sample. There were five males and five females and their ages ranged from sixteen to sixty-seven.

Development of the Tool

A structured interview was the tool of choice. The interview method was employed because it affords flexibility in questioning, allows clarification of the meaning of questions, and enables the interviewer to observe the respondent. This tool also enabled the writer to ask specific fact-finding questions within a reasonable time period.

A list of routine procedures commonly employed in the care of abdominal surgical patients was obtained from the nursing and medical literature. From this information seventeen questions dealing with routine procedures which were essential for patient recovery were devised. The seventeen procedures were as follows: explanations of the operation, blood tests, urinalysis, surgical preparation, enema, nothing by mouth and preoperative medications. Included were explanations of the recovery room, use of side rails, postoperative pain and medication, and the importance of position change, cough and deep breathing exercises and leg exercises. Explanation of the use of the bedpan, difficulty in voiding.

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and early ambulation were also included. Each question contained sub-questions referring to who did the teaching and whether the patient understood the information. Three questions related to the patient's opinion about the explanation of the procedures, which procedure he felt was most important for him to know and how he felt this knowledge influenced his recovery.

Procurement of Data

An appointment was made with the Director of Nursing at the agency to explain the purpose, procedure and interview questions of the study. The Director of Nursing gave her permission to conduct the study and arranged an interview with the Nursing Supervisor of the division. The Supervisor was given an overview of the plan and gave her approval for the writer to proceed with data collection. She offered to inform the head nurse on the division where the study was to be conducted and enlist her cooperation.

When the writer met each patient for the interview she introduced herself as a nurse and explained that the agency was constantly striving to improve patient care and would like them to answer a few questions. Each patient was willing and cooperative. The patients were interviewed in their semi-private rooms to minimize distractions. The interview guide was used.\(^2\) The writer read the questions to each patient and

\(^2\)See Appendix.
recorded in their presence the answers on a work sheet. Each question required a minimum of explanation. Individual interviews comprised approximately twenty minutes each.
CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

The teaching of the seventeen basic procedures commonly employed in the care of patients with routine abdominal surgery were found to be inconsistent and the following tables illustrate this.

Table 1 shows basic procedures commonly employed to prepare a patient for surgery and the number of patients who received explanations of the procedures.

TABLE 1

NUMBER OF PATIENTS WHO RECEIVED EXPLANATIONS OF BASIC PREOPERATIVE PROCEDURES

<table>
<thead>
<tr>
<th>Items</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Operation</td>
<td></td>
</tr>
<tr>
<td>Blood tests</td>
<td></td>
</tr>
<tr>
<td>Urinalysis</td>
<td></td>
</tr>
<tr>
<td>Surgical Preparation</td>
<td></td>
</tr>
<tr>
<td>Enema</td>
<td></td>
</tr>
<tr>
<td>Nothing by Mouth</td>
<td></td>
</tr>
<tr>
<td>Preoperative Medications</td>
<td></td>
</tr>
</tbody>
</table>
It was interesting to note that the explanations of the operation and the nothing by mouth order were explained to all ten patients and the explanation of the enema was told to the fewest number of patients.

Table 2 shows the basic procedures commonly employed in the postoperative period and the number of patients who received explanations of the procedures.

**TABLE 2**

**NUMBER OF PATIENTS WHO RECEIVED EXPLANATIONS OF BASIC POSTOPERATIVE PROCEDURES**

<table>
<thead>
<tr>
<th>Items</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Recovery Room</td>
<td></td>
</tr>
<tr>
<td>Side Rails</td>
<td></td>
</tr>
<tr>
<td>Vital Signs</td>
<td></td>
</tr>
<tr>
<td>Postoperative pain and medications</td>
<td></td>
</tr>
<tr>
<td>Position Change</td>
<td></td>
</tr>
<tr>
<td>Cough and deep breathing</td>
<td></td>
</tr>
<tr>
<td>Leg exercises</td>
<td></td>
</tr>
<tr>
<td>Difficulty Voiding</td>
<td></td>
</tr>
<tr>
<td>Use of Bedpan</td>
<td></td>
</tr>
<tr>
<td>Early Ambulation</td>
<td></td>
</tr>
</tbody>
</table>
It was evident that none of the patients received an explanation of the need for a change in position after surgery. The taking of vital signs was explained to only one patient out of ten before surgery. Difficulty in voiding and use of the bedpan, both very personal nursing measures, were each discussed with one patient.

Table 3 shows all seventeen basic procedures commonly employed preoperatively and postoperatively which need to be carried out for patients' recovery and the number of procedures taught to each patient.

**TABLE 3**

**NUMBER OF PREOPERATIVE AND POSTOPERATIVE PROCEDURES EXPLAINED TO INDIVIDUAL PATIENTS**

<table>
<thead>
<tr>
<th>Items</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A B C D E F G H I J</td>
</tr>
<tr>
<td>Operation</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Blood Tests</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Surgical Preparation</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Enema</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Nothing by mouth</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Preoperative Medications</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Recovery Room</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Side Rails</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Vital Signs</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Pain and Medications</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Position Change</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Cough and deep breathing exercises</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Leg exercises</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Difficulty voiding</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Use of bedpan</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Early Ambulation</td>
<td>X X X X X X X X X X</td>
</tr>
</tbody>
</table>

**Totals**

| 8 5 6 7 9 5 2 9 8 9 |
Three patients were taught nine procedures out of seventeen which was the highest number taught. One patient was taught only two procedures out of a total of seventeen which was the least number taught.

Table 4 shows who did the teaching of each of the seventeen basic procedures commonly employed in the preoperative and postoperative care of patients undergoing abdominal surgery.

**TABLE 4**

**NUMBER OF MEDICAL AND NURSING PERSONNEL WHO TAUGHT PREOPERATIVE AND POSTOPERATIVE PROCEDURES TO PATIENTS**

<table>
<thead>
<tr>
<th>Item</th>
<th>M.D</th>
<th>R.N.</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanation of the operation</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood tests</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Urinalysis</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Surgical preparation</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enema</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nothing by mouth</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Preoperative medication</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Recovery room</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Side rails</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Vital signs</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pain and medication</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Position change</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough and deep breathing exercises</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Leg exercises</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Difficulty in voiding</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Use of the bedpan</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Early ambulation</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
One can see that the operation was explained by the physician to all ten patients. Other explanations by the doctor were sporadic. The nothing by mouth order and preoperative medications were explained with the greatest frequency by the nurse. It should be kept in mind that these two procedures were written orders by the physician.

Patients who received instruction pertaining to the routine procedures which would be carried out during their hospitalization were apparently well satisfied with the explanations. All the patients stated they understood the explanations and had no additional questions to ask the doctor or nurse. The reason for this phenomenon can not be measured by the tool used in the study. The writer can only postulate what might have caused this finding. The hospital environment might have been so strange to the patients that they were too fearful and insecure to ask questions. In most cases there was very little time before surgery to establish rapport with the staff to the extent that the patients would feel comfortable asking questions. There was also the possibility that the patients felt they should know what would happen to them in the hospital and were too embarrassed to ask questions of the staff.

The patients who were not given instruction concerning certain procedures did not take the initiative to ask questions of the staff. Whether or not they were anxious about their hospitalization and what would happen to them was not
determined. By interviewing patients postoperatively the findings were limited by individual differences in recall. Anxiety also tends to recede after an experience has been terminated.

Another interesting feature which emerged from the interviews was the patients' wish to impress upon the interviewer a favorable opinion of the nursing care received. A factor in this could have been the sequence in which the questions were asked. It would be interesting to see if changes in attitude would be affected if the patient opinion questions were asked first and the questions dealing with individual procedures were asked last.

All of the patients felt their recovery was influenced by what they knew would happen to them before and after surgery. None of the patients felt they would have liked to have known other procedures than those mentioned in the interview. They felt all the procedures were essential knowledge. However, as has been shown none of the patients were taught all seventeen procedures and only the explanation of the operation, nothing by mouth, preoperative medications and recovery room were discussed with any notable number of patients.

All ten patients considered detailed knowledge of the nature of the operation essential to their peace of mind. One patient expressed a desire to have the anatomy and physiology of his condition explained. Two of the patients also
thought confidence in the surgeon was important to a patient undergoing surgery.

On the basis of the data the hypothesis that preoperative patients undergoing abdominal surgery do not receive interpretation of the routine procedures which need to be carried out for their recovery has been proven.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

Patient teaching is a function of the nurse and plays an important role in comprehensive nursing care. Explanations of routine procedures contribute to the patient's mental well-being, gains cooperation and helps prevent postoperative complications which may occur through misunderstanding. The purpose of the study was to determine whether preoperative patients undergoing abdominal surgery received interpretation of the routine procedures which need to be carried out for their recovery. This included who did the teaching and whether the patient had the opportunity to ask questions.

From a review of the literature it supports the premise that patient teaching is considered to be a function of the nurse. There is general agreement among surgeons and nursing authorities that activities such as coughing and deep breathing exercises, position change and leg exercises are a part of nursing measures and can many times be initiated by the nurse.

Data were obtained through use of a structured interview administered to ten patients who had undergone uncomplicated abdominal surgery. The questions were related to ex-
planation of seventeen routine procedures commonly employed in the care of patients with abdominal surgery. Subquestions pertained to who did the teaching and if the patient understood the information and asked questions. Three questions related to the patient's opinion about the explanation of the procedures and how he felt this knowledge influenced his recovery. The data were presented in tables illustrating how many patients were taught each basic procedure, how much interpretation each patient received and who did the teaching.

The following findings were presented in the study. The operation was explained to all ten patients by the physician and the nothing by mouth order was discussed with all ten patients by the nurse. The nurse also taught seven patients about preoperative medications. None of the patients received an explanation of the need for position change. One patient was told about the necessity for taking vital signs. Difficulty in voiding and use of the bedpan were each discussed with one patient. The number of explanations given to individual patients varied. Three patients were taught nine procedures out of seventeen and one patient was taught two procedures out of a total of seventeen. Patients who received instruction apparently understood the information and did not ask questions.

On the basis of the findings the hypothesis that preoperative patients undergoing abdominal surgery do not receive interpretation of the routine procedures which need to
be carried out for their recovery was proven.

Conclusions

The following conclusions were drawn:

1. Some teaching was carried out by nurses of patients with abdominal surgery on one division of the agency. The procedures most frequently explained referred to the patients' preoperative period and were written orders by the physician.

2. The procedures that were omitted were concerned with the patients' early postoperative activities. Most of these procedures were nursing measures and a doctor's order was not required in order to teach the patient about them.

3. The small size of the sample and data limited the significance of the results.

Recommendations

As a result of this study the following recommendations were made:

1. Consider developing planned teaching programs to encourage preoperative patient teaching.

2. Encourage the nurse to use the preoperative waiting period, short as it often is, for explaining to the patient what to expect and what is expected of him during his hospitalization.

3. Repeat the study with a larger sample and a different methodology.
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APPENDIX
INTERVIEW QUESTIONS

1. Were you told about your operation?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

2. Did someone explain the purpose of blood tests?
   a. Who explained it?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

3. Did someone explain to you the purpose of urinalysis?
   a. Who explained it?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

4. Were you told your abdomen would be shaved?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

5. Were you told you would have an enema the night before surgery?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

6. Were you told you were to have nothing by mouth from midnight the night before surgery?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

7. Were you told you would receive medication before surgery?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

8. Were you told you would go to the recovery room after surgery?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

9. Were you told you would have side rails on the bed after surgery?
   a. Who told you?
   b. Did you understand all that was said?
c. Did you ask additional questions?

10. Were you told your pulse and blood pressure would be taken frequently after surgery?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

11. Were you told you would have some pain after surgery and medication would be available?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

12. Were you told your position would be changed as often as every two hours after surgery?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

13. Were you told you would have to cough and breathe deeply at least every two hours after surgery?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

14. Were you told you would have to do some leg exercises after surgery?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

15. Were you told you might have difficult urinating after surgery?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

16. Were you told you might have to use the bedpan rather than the bathroom after surgery?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

17. Were you told you would get out of bed soon after surgery?
   a. Who told you?
   b. Did you understand all that was said?
   c. Did you ask additional questions?

18. Do you feel your recovery was influenced by what you knew would happen to you before and after surgery?
19. What things other than those mentioned do you think you would have liked to have known before or after surgery?

20. Which of the items mentioned do you consider most important for patients to know about?