

Enhancing Preoperative Education Provision in Taif Hospitals: Identifying and Overcoming Obstacles Faced by Nurses

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Abstract: *The significance of patient education during the preoperative phase is vital for improving postoperative outcomes, and nurses play a crucial role in this process. However, numerous obstacles hinder nurses from effectively providing preoperative education. This study utilized a descriptive cross-sectional exploratory design and recruited 52 nurses from surgical wards at King Abdul - Aziz Specialist Hospital through purposive sampling. The primary objective of this research was to identify the obstacles that impede nurses from delivering appropriate preoperative instruction. The study revealed that the majority of respondents (75%) were women, and a significant portion 53.8% had not undergone formal training in perioperative education. Surprisingly, a prevailing belief among nurses was that preoperative patient education falls under the responsibility of the surgeon and anesthesiologist, leading to potential gaps in the provision of education. Moreover, there was a concern that preoperative teaching could increase patients' fear and anxiety. In conclusion, the study findings suggest that obstacles to preoperative education can arise from various sources, including nurses, patients, and hospital administration. To overcome these challenges, it is crucial for nurses to enhance their qualifications and attend perioperative training workshops, ultimately obtaining certification in perioperative care. By addressing these obstacles, nurses can play a more effective role in providing valuable preoperative education and improving overall patient outcomes.*

Keywords: preoperative education, obstacles, nurses, implementation

1. Introduction

Preoperative education is a vital part of perioperative nursing care and is defined as any educational activities given prior to surgery with the goal of enhancing patient understanding, health behaviors, and outcomes (Jones et al., 2022). Patient education is described as the upcoming nurse-sensitive metric to measure quality of care and promoting healthy working cultures (See et al.2020). Preoperative education varies by setting, but typically includes an explanation of presurgical procedures, the actual phases in the surgical procedure, follow-up care, potential stressful scenarios that accompany surgery, potential surgical and nonsurgical problems, postoperative pain management, and ambulation to prevent postoperative complications. Lack of preoperative knowledge was correlated with the occurrence of reported complications and may have an influence on recovery from surgery and may be associated with post-discharge problems. (Koivisto et al., 2020). Preoperative teaching is more frequently delivered by nurses as well as other health care team member. Individualized verbal communication, group patients' meetings, movies or pamphlets without verbal communication are all possible education delivery formats. (McDonald et. al.2014). Preoperative teaching has been shown to be effective in lowering patients' levels of stress. (Lemos et al.2019). Other stated advantages include enhanced patient knowledge, an impression of better preparation, fewer adverse thinking, and higher levels of physical activity. (Burgess et al.2019). Prior to surgery, well-informed patients are more likely to be better equipped to manage their postoperative pain and

require less painkillers. (Khorfan et al.2020). In addition to managing the expectations of patients and boosting patient satisfaction with results (Eastwood et al.2019). Preoperative education led to a significant reduction in the length of hospitalization, resulting in cost savings and improved immediate postoperative outcomes. (Jones et al.2022 and Ertürk et al.2018). There are many studies regarding the effects of preoperative education on postoperative outcomes. However, in spite of its value, patient education is still pushed to the bottom of the nursing care priority list. (See et al.2020). Therefore, few studies have discussed the barriers of preoperative education from nurses' perspective. Thus, the current study was carried out to find an answer for this research question; What are the obstacles hinder nurses to provide preoperative teaching for patients undergoing surgical intervention?

2. Methodology

Design: The study used a descriptive cross-sectional exploratory design to assess the barriers encountered by nurses to provide preoperative education.

Setting and study population: The study was conducted in King Abdul Aziz Specialist Hospital it's one of the largest tertiary hospitals at Taif city - Saudi Arabia. The study population were registered nurses working in the surgical departments.

Inclusion and exclusion criteria: This study included nurses working in surgical wards who have more than one year

experience. Internship nursing students, junior nurses who have less than 6 months experience were excluded.

Instrumentation: Because there is no specific tool found in the literature about this topic. The researchers developed the obstacles to preoperative education questionnaire (OPE) based on previous studies (See et al.2020; Klaiber 2018and Leeet al., 2013,). The questionnaire was presented to expert surgical nurses and medical - surgical teaching staff at the university to assess its content validity. The questionnaire consisted of four sections. The first one includes information about biographic data of participants such as age, gender, level of qualification, and years of experience. The second section consists of barriers to preoperative education related to nurses for example (lack of time, tight operation schedule). The third section consists of preoperative barriers related to the patient like (the patient afraid or anxious). The fourth section consists of barriers to preoperative education related to hospital such as (lack of learning materials). The questionnaire was designed in a Likert scale rating from 5 to 1. In which 5 refer to strongly agree with the statement indicated as obstacles impedes the nurse to implement preoperative education for a patient, whereas 1 refer to strongly disagree with statements. The alpha Cronbach reliability of the OPE is 0.706.

Data collection:

After obtaining ethical approval, the self - administered questionnaire OPE was distributed using purposive sampling technique to registered nurses working in surgical wards, 52 of nurses responded to this questionnaire. The questionnaire was distributed during the three shifts.

Data analysis: The data was analyzed by computer (program SPSS - 26), the collected data was presented in the form of tables. Frequencies, percentages and means were used to quantify these obstacles.

Ethics approval: To conduct this study the researchers obtained an ethical approval from the committee of research in Taif health affairs (HAP - 02 - T067 IRB number).

3. Results

Table 1: Biographic characteristics of participants

Gender	Frequency	Percent
Men	13	25%
Women	39	75%
Age		
23 - 27years	4	7.7%
28 - 32years	7	13.5%
33 - 37years	28	53.8%
38 - 42years	9	17.3%
43 - 47years	1	1.9%
>47years	3	5.8%
Qualification		
Baccalaureate of nursing	46	88.5%
Diploma in nursing	6	11.5%
Years of experience		
1 - 5 years	8	15.4%
6 - 10 years	15	28.8%
+10 years	29	55.8%
Previous attendance of formal training in Perioperative education		
Yes	24	46.2%
No	28	53.8%
Certificate perioperative nurse		
Yes	24	46.2%
No	28	53.8%

According to the above table, the majority of respondents (75%) were women, and more than half (53.8%) are between the ages of 33 and 37. Furthermore, 88.5% of participants had a bachelor's degree in general nursing, 56% had more than 10 years of experience in the nursing field, and 53.8% did not attend formal training in perioperative education.

Table 2: Obstacles impede implementation of preoperative education related to nurses

Items	Types										means
	Strongly disagree		disagree		undecided		agree		Strongly agree		
	F	%	F	%	F	%	F	%	F	%	
I have tight operation schedules	8	15.4%	7	13.5%	23	44.2%	7	13.5%	7	13.5%	2.96
Language difficulties	13	25%	15	28.8%	16	29.6%	7	13.5%	1	1.9%	3.38
Lack of time	4	7.7%	13	25%	17	33.8%	12	23.1%	6	11.5%	3.06
I expect that my patient to be knowledgeable about surgical intervention and anesthesia	8	15.4%	9	17.3%	16	30.6%	8	15.4%	11	21.2%	3.10
I presume that my patient received education from other health care providers	6	11.5%	12	23.1%	15	31.0%	8	15.4%	11	21.2%	3.12
It's responsibility of surgeon and anesthesiologist to give preoperative information	6	11.5%	2	3.8%	16	31.2%	4	7.7%	24	46.2%	3.73
I assume preoperative teaching will increase the patient's fears.	19	36.5%	6	11.5%	15	37.3%	6	11.5%	6	11.5%	2.50

According to the above table, most nurses believe that preoperative patient education is the responsibility of the surgeon and anesthesiologist (mean is 3.73). Another issue impeding nurses from providing preoperative care was a

lack of time and language challenges (mean is 3.38). Furthermore, 36.5 percent of nurses strongly disagree that preoperative education will enhance the patient's worries.

Table 3: Obstacles impede implementing preoperative teaching that are related to the patient themselves

Items	Types										means
	Strongly disagree		disagree		undecided		agree		Strongly agree		
	F	P	F	P	F	P	F	P	F	P	
the patient is afraid or anxious	3	5.8%	0	0%	19	36.5%	18	34.6%	12	23.1%	3.69
patients' education (illustrated)	3	5.8%	6	11.5%	22	42.3%	9	17.3%	12	23.1%	3.40
patients cultural, races, religions background	2	3.8%	6	11.5%	20	38.5%	17	32.7%	7	13.5%	3.40
family interference	3	5.8%	6	11.5%	20	38.5%	15	28.8%	8	15.4%	3.37
The patient medical status (e. g., emergency – cognitive)	2	3.8%	4	7.7%	19	36.5%	12	23.1%	15	28.8%	3.65
patient's difficulties to understand some medical terminology.	6	11.5%	4	7.7%	12	23.1%	10	19.2%	20	38.5%	3.65

According to the above table, most nurses believe that preoperative teaching increases patients' fear and anxiety (mean 3.69). Furthermore, nurses consider that the patient's medical situation, such as emergency or cognitive, is another

obstacle to giving preoperative teaching. Additionally, nurses strongly agreed that their patients had difficulty understanding medical terminology.

Table 4: Obstacles impend nurses to provide preoperative education related to administrative issues.

Items	Types										means
	Strongly disagree		disagree		undecided		agree		Strongly agree		
	F	P	F	P	F	P	F	P	F	P	
Lack of educational material (pamphlets – charts picture)	6	11.5 %	6	11.5%	17	32.7%	19	36.5%	4	7.7%	3.17
My role toward patient education is ambiguous	7	13.5%	7	13.5%	10	19.2%	26	50%	2	3.8%	2.87
Lack of support and motivation	6	11.5%	8	15.4%	11	21.2%	21	40.4%	6	11.5%	3.06
Lack of space for education	6	11.5%	24	46.2%	6	11.5%	10	19.2%	6	11.5%	3.08

According to the aforementioned statistics in table 4; 36.5% of nurses concur that a barrier to preoperative teaching practice is a lack of training resources. Additionally, 50% of them felt that their role in the execution of preoperative instruction was unclear. Lack of motivation and support was another factor.

4. Discussion

Almost all patients undergoing surgical interventions have a lot of concerns related to process, procedures, roles, and outcomes. These concerns can easily be dispelled through a pre - operative education. Nursing plays a crucial role in all three phases of the perioperative period through education, caring and evaluation of interventions. The current study aims to assess the challenges that nurses face when conducting preoperative education for surgical patients. According to the study findings, there are three factors hindering nurses from providing preoperative education in an appropriate way. These barriers are either attributed to the nurses themselves, patients, administration, or a combination of the three. The study findings show that the majority of nurses believed that preoperative patient education is the responsibility of the surgeon and anesthesiologist this in line with the findings of (See et al.2020), who noted that nurses rely on others and have role ambiguity regarding patient education. Additionally, they said that because of their huge workloads and quick patient turnover, nurses are forced to do the more urgent responsibilities first and don't have enough time to practice patient education. The results of our study support this, as nurses considered lack of time as well as language barriers, as issues impeding preoperative instruction. However, (Mariza2019) adds additional factors that hinder preoperative education, such as a lack of nursing staff and a small operating room. Language proficiency is also connected with numerous perioperative process - of - care outcomes, according to (Joo et al.2023). Furthermore, 36.5 percent of nurses strongly disagree that preoperative

education will enhance the patient's worries. This is consistent with the findings of Obuchowska et al., 2021, who found that preoperative teaching and counselling have a significant influence on lowering the fear and anxiety related with surgery.36.5% of nurses stated that the lack of educational materials may impede preoperative education practice. This finding is supported by West et al., 2014, who reported a substantial reduction in anxiety score in patients who watched the video versus those who did not. Additionally, in study carried out by (van Dijk et al.2015) on the effects of preoperative education films on postoperative pain, they noticed that patients who watched the films had significantly reduced pain scores, fewer obstacles, as well as greater knowledge of pain management than those who did not. In regard to qualification of nurses, attendance of formal perioperative training and earn certification in perioperative care, the current study found that 46.2% of nurses attended formal training and have certification in perioperative care. This certification can help nurses to overcome the barriers impeding them from practicing preoperative education. According to (Hara et al.2023) hospitals with certified perioperative nurses had considerably greater rates of preoperative assessments and a greater number of preoperative outpatient visits than hospitals without certified perioperative nurses.

5. Conclusion

Factors impeding practice of preoperative education can be related to nurses, patients, administration, or combination of the three. Nurses` qualification, attendance of perioperative training workshops and certification in perioperative care can help nurses to overcome these obstacles.

Recommendations

More investigations are needed in the field of perioperative care. Hospitals' administrators must provide materials aid nurses in performance of preoperative teaching.

Study limitations

Although 52 nurses who worked in one location participated in this study, which was done at a single tertiary hospital, its generalizability cannot be guaranteed.

Budget and Conflict of Interest: The researcher declares that there is no conflict of interest.

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