Patients’ Opinions of OR Nurses and Environments in the Postoperative Period
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Purpose: To determine patients’ opinions of operating room (OR) nurses and environments in the postoperative period.

Design: A descriptive study.

Methods: The data were collected by using researcher developed forms that defined patients’ opinions of OR nurses and environments and were given to the patients on the first postoperative day.

Finding: The final sample consisted of a total of 208 patients who underwent surgery with regional anesthesia. Percentage measurements were used in the assessment of data. The majority (69.3%) of nurses did not introduce themselves to their patients and 61.3% failed to introduce the OR environments to their patients. Patients explored their (ORs) in the range of 62% and 90% and considered these locations to be calm and reliable environments where their needs were met and their communications with the staff were positive. The rate of patients who felt that their ORs were not cold was 35.3%.

Conclusions: In this study, most patients were not aware that OR nursing played an important role in a positive patient perception of the OR. Most OR nurses did not introduce themselves to patients while providing nursing care, and patients were not aware of who provided this service to them. In light of these findings, it is recommended that nurses introduce themselves to patients in the OR when beginning care of the patient. Moreover, special effort should be made regarding maintenance of normal body temperature of patients in the OR.

Keywords: OR nursing, OR environments, postoperative period, surgical patients.

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BEFORE SURGERY, MANY INDIVIDUALS become anxious because of decreased levels of personal control, the inability to decreased levels of privacy, and the additional attention that their individual needs require. Some patients might also consider the OR (OR) to be a cold, foreign, and frightening environment. Even if this period of anxiety lasts for a short time, these individuals, who feel a loss of control because of anesthesia require people whom they can trust to take care of their social, physical, cognitive, and psychological privacy. Perioperative (or OR) nurses are required to provide their patients with optimal and essential care during their time in the OR. An OR nurse is

Conflict of interest: None to report.

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1089-9472/$36.00
http://dx.doi.org/10.1016/j.jopan.2016.07.003
defined as a professional nurse who determines, coordinates, and provides the care by using the nursing process to meet diagnosed physiologic, psychological, sociocultural, and spiritual needs of the patients whose self-care ability or protective reflexes are potentially under danger because of an operation or invasive intervention. An OR nurse should establish an effective and skillful communication with patients while fulfilling their roles and responsibilities. The nurse-patient interaction is a core component of nursing science and high-quality nursing care. Effective and skillful communication is crucial in the quality of nursing care and essential to meet the patient expectations at the highest level.

Patients' expectations are established by the medical team before surgery and primarily include the following two ideas: the lack of wait time before surgery and communication with patients so that they are provided with comfort, attention, and tolerance. OR nurses should introduce patients to themselves, the OR, and the rest of the staff. They should also call on their patients by name, encourage their patients to ask questions and answer them as needed, make their patients feel that their privacy and other rights are protected, and provide their patients with comfort so that they can adjust to their physical environment.

Unfortunately, many OR nurses donate more of their time to other duties, such as assisting surgeons, organizing OR environments, and physically preparing their patients for surgery. However, because patients who enter the OR are often highly stressed or frightened, probabilities, such as pain, obscurity, fear of death, loss of control, disturbance in lifestyle, and anxiety about changes in body structure or function, can disrupt patients' spiritual and psychological states, which can cause them to develop anxiety during the perioperative period. Patients who undergo surgical intervention with regional anesthesia are more likely to experience these anxieties because they must consciously consider them as they wait to be admitted into surgery. These fears can increase with the amount of anesthesia that is administered during surgery and the degree of pain that patients may experience postoperatively. They can also produce further adverse physiologic issues. These negative influences can cause an operation to be delayed or extended and can allow complications to develop before or after surgery.

Most existing reviews of the perioperative period have been made in response to features that contribute to the physical environments of ORs, which include quality of life, working conditions, administrative issues, safe OR environments, the educational needs of OR nurses, and evaluations of the current quality of postanesthesia care units (PACUs). Others have investigated the influence of OR environments on nurses. A number of studies have also asserted that some patients find OR nurses and environments to be limiting. For instance, the study by Özbayır et al examined patients who were held in ORs and the explanations of the procedures that were given to them; Ter et al investigated situations where patients felt uncomfortable in the OR; and Leinonen et al., Çevik Acar and Yıldız Fındık, explored perioperative care by examining patients' emotional and physical well-being. Finally, Ögün observed patient safety in the OR.

Merely adapting OR nurses to scientific and technological changes is not sufficient. They must also be aware of and meet the expectations of their patients as they physically prepare them for surgery. For it to be possible for nurses to meet and understand these expectations, patients' opinions of OR nurses and environments during the perioperative period must first be collected. Once these expectations are met, the number of delayed or extended operations can be decreased, and the amount of perioperative or postoperative complications can be reduced.

This study was conducted to describe whether patients, who had undergone operations with regional anesthesia, considered their OR nurses and environments to be effective or ineffective. This information was collected through an evaluation of patients’ opinions about their OR nurses and environments in the postoperative period.

**Method**

**Setting, Sample, and Participants**

This descriptive study was conducted between June 2011 and January 2013. The study’s sample included patients who had undergone surgery...
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