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Perception of Preoperative Education among Postoperative Patient in a Tertiary Hospital in Malaysia

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Abstract

Preoperative education is described as providing patients with health-related information, teaching them skills to reduce discomfort and complications and offering psychological support. The study aims to identify the perception of preoperative education among postoperative patients in one of the tertiary hospitals in Malaysia. A total of 93 participants were involved in this cross-sectional study. The Preoperative Teaching Questionnaire were used in the study. The study highlights how the patients perceive preoperative education and the importance of receiving information. The study found that most participants perceived that education before surgery was essential and suggested that preoperative teaching was important to the patients.

Keywords: Perception, preoperative education, postoperative, patient

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1.0 Introduction

Preoperative teaching is a critical aspect of improving the health outcomes of patients undergoing surgeries (Shehutsoho & Wafaagameel, 2018). Preoperative education is described as providing patients with health-related information, teaching them skills to reduce discomfort and complications and offering psychological support (Shawa, Omondi, & Mbakaya, 2017). Effective patient education essentials include using an open communication style, written instructions and addressing barriers (Burgess, Arundel, & Wainwright, 2019). Patient education is also a systematic experience in which various methods are used. These may include providing data, guidance or behavioural modification methods that affect the patient's way of experiencing his illness or his knowledge and health attitude, oriented at improving or retaining or learning to deal with a situation, generally a chronic condition. Preoperative teaching as a part of education programs uses a wide variety of modalities such as one-on-one bedside learning, pamphlet, group approach, demonstration, counselling, seminar, and mass approach. These modalities provide information on abilities, processes, and expectations. However, patients report receiving insufficient data on pain management and recovery duration. Despite many studies on preoperative patient education from the patient perspective, a limited published study has been done in the Malaysian setting, although surgery in Malaysia increases yearly. Therefore,

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research is required to define the relationship between preoperative learning that patients recognize receiving and what they value or consider important to their capacity.

2.0 Literature Review

Preoperative education is provided to help patients understand and participate in treatment decisions as part of legal consent and determining the actual course of treatment. The value of preoperative instruction to the patient is significant. Each patient should be taught as an individual in terms of his anxieties and need. Patients should be taught postoperative exercises they will be required to do and their role in preventing complications. The postoperative exercises include turning, deep breathing, coughing, and extremity movement. The effects of preoperative patient education have shown value in reducing complications and managing the disease. Preoperative education reduces the patient's apprehension and anxiety, increases the patient's cooperation and participation in postoperative care and decreases the incidence and severity of postoperative complications (Gröndahl, Muurinen, Katajisto, Suhonen & Leino-Kipli, 2019). An electronic questionnaire survey by Mitchell (2017) mentioned that preoperative preparation information was viewed as the highest priority for delivery, followed by postoperative expectations and details about the procedure or surgery. The study showed that the most common areas of information delivered by nurses were associated with the immediacy of the procedure or surgery, the overview of preoperative information, details about the procedure or operation followed by postoperative expectations and information for home recovery.

Schaefer (2016) stated that inadequate preoperative preparation of patients and lack of information concerning their postoperative process were associated with unexpected pain and fatigue. Preoperative education has been investigated to identify its impact on a wide range of outcomes such as length of hospitalization, knowledge, anxiety, surgical complications, pain, satisfaction, analgesic usage, physical coping, behaviour, mobility, independence, and discharge preparation (Bisbey et al., 2017). Anxiety, impaired functional status, and postoperative pain control are essential in surgical patient management and linked to successful recovery and patient satisfaction. Fear of the unknown is anticipated when the patient is admitted for surgery and may feel susceptible (Itisha & Manu, 2016). A study conducted in Turkey on the patient's expectations and satisfaction with nursing care also revealed that patients' expectations of nursing care were cheerfulness, concern, understanding, courtesy, and benevolence (Shawa, Omondi & Mbakaya, 2017). The patient-reported outcome and patient satisfaction, reflected by postoperative visual outcome achieving the preoperative expectation, has become an important indicator of the success of surgery outcomes (Chen et al., 2017). Another study by Lehmann (as cited in Ratelle et al., 2018) investigates the impacts of bedside case presentation and patients' views about their medical care. A randomized controlled trial of the implications of two approaches on patient perceptions of care was conducted, composed of bedside and conference room case presentations with a study population of ninety-five patients admitted to an educational hospital's general medical service. The findings of the three-week research suggested that patients who obtained a bedside lecture were more likely to report a favourable perception of their inpatient care.

3.0 Methodology

A cross-sectional survey was conducted among 93 selected patients admitted for elective surgery in one of the tertiary hospitals in Selangor, Malaysia. Ethical approval has been obtained from the Research Ethics Committee of the university, and permission to conduct the research was granted from the dean of the hospital. All the heads of the department and the nurse manager in the selected unit of the study setting were informed before the commencement of the research. Participants were notified about the study through the information sheet. Participation in this study is voluntary, and participants can withdraw at any time if they feel distressed or unhappy when answering the questions. The participants signed a consent form after explaining, and they understood the study. Participants were notified that all information given was treated as highly confidential.

3.1 Research Setting

Data were collected from one of the tertiary hospitals in Selangor, Malaysia. The population for this study was selected among individuals admitted for elective surgery in the hospital.

3.2 Sample

The sample type for this research is purposive sampling, which was selected based on population characteristics and the study's objective. The sample population for this study selects from a population of 160 patients admitted for elective surgery, and the calculation of the sample size using the Krejcie and Morgan Formula (1970). Therefore, from 160 patients, a total of 113 patients are the sample needed for the study.

3.3 The Research Instrument

The preoperative Teaching Questionnaire developed by Reilly (1998) was used. The survey consists of three (3) sections which include, Demographic characteristics of the participants (age, gender, ethnicity, marital status, educational qualifications and history of hospital admission); patients' perception of the importance of receiving an explanation before surgery; and the perception of preoperative patient education. A pilot study was conducted to test the reliability and internal consistency of the survey. Cronbach's Alpha was analyzed, and the result was 0.91, indicating a high internal consistency level.

3.2 Sample Criteria

The inclusion criteria for the study were a volunteer patient who was admitted for elective surgery in the hospital. All patients admitted for elective surgery from all ethnicities and genders were invited to participate as long as they were above 18 years old. In contrast, the exclusion criteria were patients who are critically ill, not alert, unconscious, and do not understand Malay or English.

3.2 Data Analysis

The completed questionnaires were coded and subjected to statistical analysis using the IBM Statistical Package for the Social Sciences (SPSS) for Windows, version 23. The data were analyzed and presented as descriptive data, including frequency and percentage.

4.0 Findings

Ninety-three participants completed and returned the questionnaire with an 82% respondent rate from 116 samples identified. Table 1 represents the demographic characteristics of the participants in this study. Most participants are from the age group 35-50 with 50.5% (47) participants, followed by the age group of 26-35 years with 47 (24.8%) participants. The minority participants are from the age groups above 50 and 18-25 years old, with 18 (19.4%) and five (5.4%) participants, respectively. In addition, 65 (69.9%) participants were female, and only 28 (30.1%) were male. This study's most frequent group of ethnic participants was Malay 77 (82.8%). The majority of participants were married, with 62.4% (58 participants), 34.4% (32) participants single, and only 3.2% of participants divorced/widowed. Most of the participants' education levels were at tertiary level 67 (72.1%). More than half of them, 54 (58.1%), had previously experienced a hospital admission.

Table 1: Demographic Characteristics of the Participants.

Variable	Category	Frequency	Percentage
Age	18 – 25	5	5.4
	26 – 35	23	24.8
	35 – 50	47	50.5
	Above 50	18	19.4
Gender	Female	65	69.9
	Male	28	30.1
Ethnic Group	Malay	77	82.8
	Chinese	10	10.8
	Indian	6	6.5
	Others	0	0
Marital Status	Single	32	34.4
	Married	58	62.4
	Divorced/widow	3	3.2
Education Level	Primary	5	5.4
	Secondary	21	22.7
	Tertiary	67	72.1
History of Hospital Admission	Yes	54	58.1
	No	39	41.9

4.1 Patient's perceptions of preoperative education

Table 2 presents the perception of participants on the importance of preoperative education. Almost all participants agreed that preoperative education is very important (99.4%), with 63.6% of them claiming that it is very important. The same goes for the study by Deng et al. 2019; which reported that preoperative education is very important, especially regarding anaesthesia and pain management, as anxiety is common for each individual before going under any surgery, known as preoperative or preoperational anxiety. This indicates the importance of placing per-operative information to diminish perioperative anxiety (Buonanno et al., 2017; Vergara et al., 2017) and complications that affect the recovery period and the length of hospital stay (Pokharel et al., 2011).

However, this current study revealed that 0.6% of the participants perceived the importance of receiving the preoperative education. This is probably due to dissatisfaction as the information delivered was not what they expected (Alacadag & Cilingir, 2018). Most of the contributing factor was limited time for staff to communicate to the patients preoperatively and the lack of experience from the staff in delivering preoperative education (Li & Xie, 2013).

Table 2: Patients' Perception towards the Importance of Receiving Explanation before Surgery

Patients' Perception towards the Importance of Receiving Explanation before Surgery	Frequency	Percentage
Not important	16	0.6
Somewhat important	28	1.0
Moderately important	187	6.7
Important	785	28.1
Very Important	1774	63.6

4.2 Preoperative education received by postoperative patients

Most participants mentioned that they received preoperative education before their surgery (Table 3). A total of 93 participants in the postoperative patient revealed that 76 (81.8%) of the patients received education before surgery. In contrast, 17(18.2%) patients did not receive education before surgery. Therefore, it is shown that most patients had received the needed information preoperatively. Therefore, the questionnaire in section B was employed to measure the information received prior to surgery, which consisted of thirty questions regarding preoperative information received prior to surgery.

Table 3. The Percentage of Patients' Received the Preoperative Information.

Information received prior to surgery	Frequency	Percentage (%)
Yes	76	81.8
No	17	18.2
Total	93	100

5.0 Discussion

Perception is the way of thinking about subjects or how something is re-guarded, understood or interpreted. Understanding the patient is regarded as the perspective and outcome of the service care and treatment of the patient. The patient's perception of a nurse-patient relationship is determined by the quality of care and interactive experiences with nurses, which in fact, is considered an important element in the measurement of quality care for the improvement of services in hospitals or health care units because, in one way or another, this impacts the health results of the patient physically, mentally or psychologically during and after the course of therapy (Twayana & Adhikari, 2015). This study's result showed that most patients perceived preoperative education as vital.

5.1 Patient's Perception Regarding the Preoperative Education

These study results have shown that most postoperative patients perceived the importance of preoperative education. Similar to the study done by Shawa et al. (2017) found that preoperative information is the most important during preoperative education. The information provided is an overview of the operation to reduce preoperative stress and anxiety and promote recovery. A study by Chukwu et al. (2017) stated that management should make provisions for on-job training and retraining the nurses in higher education to be more updated and equipped in their skills and practice dimensions to include communication and interpersonal skills, holistic care and human relations for effective service delivery.

Another study by Suhonen and Kilpi (as cited in Sun & Okochili, 2017) describes how essential it is to provide appropriate data based on the individualized requirements and coping skills of the patient in their research, offering distinct opinions on the perception of the nurses and patients of the most significant material of patient data requirements. Patients ranking situational data such as operations and occurrences are reported to be the most relevant, while nurses value psychological assistance as the most important. To overcome the lack of understanding of preoperative education, most patients suggested providing both oral presentation and written information (Horstman et al., 2017). Therefore, nurses as educators should be skilful in communication and enhance their preoperative education practice.

5.2 The significance of preoperative education received by postoperative patients

From this study, participants were asked to rate accurately preoperative education perceived as important on a five-point Likert-type scale that includes ratings from 5 (very important) to 1 (not important). It was used to determine the value patients and staff place on preoperative teaching. The result from this study was a high difference percentage (81.8%) "Yes", meaning that the majority of the patient received preoperative teaching. This may account for the importance rating means of 4 or higher in most of the dimensions of preoperative teaching.

A similar study by Sahin, Ayhan, Ocal, and Cayir (2015), found positive results that 95.2% of patients had received preoperative education. The researcher concluded that patients who do not receive appropriate preoperative education experience multiple emotional problems before and after surgery. These include problems such as fear of pain, fear of the unknown and the future, anxiety, anger, depression, and inability to perform personal functions after surgery. Therefore, preoperative education is a significant indicator of the quality of surgical patient care and improves the outcomes of the patient postoperatively.

However, the study by Alacadag and Cilingir (2019) stated the opposite result from the participant. Most of the patients received data about their day of surgery, but the rate of obtaining data about some problems was very low. The current study results show that majority of the patient had received the information needed prior to their surgery in the tertiary hospital. This is very significant to the patient as the information received before surgery will affect their outcomes. Shehutsoho and Wafaagameel (2018) identified that adequate preoperative patient" teaching significantly reduces postoperative anxiety, pain, and length of hospital stay. In contrast, another study by Yeola and Jaipuriya (2016) revealed that inadequate teaching related to possible preoperative and postoperative expectations increases a patient's" level of anxiety which causes postoperative emotional problems and a more intense sense of pain and leading to an increased hospital stay as well as the cost of hospitalization.

There is an essential connection between the frequency of receiving training and the amount of significance placed on the products. Similar findings were recorded by Lilly and Dakshayani (2018); the proportion of patients who got a specific sort of preoperative learning tended to rank the item greater than those who did not receive the training. It is possible that patients believe that if a nurse or doctor takes the time to explain something, it must be important. Perhaps the more influential the person providing the information is perceived, the more critical the patient believes the information is to learn. Likewise, they may believe that if a subject is not mentioned, it probably is not that important.

6.0 Conclusion and Recommendation

This study determines the perception among postoperative patients toward preoperative education. Based on the result, it is confirmed that preoperative teaching is very important to the patient. Patients have high expectations of nursing care and professional skill from healthcare workers, especially from nurses. Learning the information valued by and helpful to patients enables the development of patient education programs to improve the quality of postoperative patient recovery. An effective and well-structured preoperative patient education program may reduce complications postoperatively. Nurses play a significant role in the training of surgical patients. Providing the patient with information and education that specifically meets their requirements will assist them in going through the surgical process more smoothly and promote recovery. Nurses must understand that patients are interested in preoperative learning that is relevant to them, not just relevant to the health care provider.

We appeal for more studies to be carried out to explore the views, feelings, and perceptions of postoperative patients in various disciplines around the world to come up with solutions for satisfactory care and good therapeutic patient relationships. This study places more emphasis on the adequate and appropriate distribution of data, excellent interactive nursing skills, individualized care, and enhanced working circumstances among the surgical units that determine the patient's perception of the quality of care. As the study only identified the perception of preoperative education, further study on the relationship between the perception of preoperative education and the patient's demographic data such as age, gender and education level could be investigated.

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Paper Contribution to Related Field of Study

Healthcare organizations could use the result of this study perhaps to develop a good structure of preoperative patient education practice among nurses, improves preoperative education among the patients and enhance the outcomes of postoperative patients.

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