



Patients' experiences of pre and intra operative nursing care in Ghana: A qualitative study



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ABSTRACT

Objective: The objective of this study was to explore surgical patients' experiences of preoperative and intraoperative nursing care.

Materials and methods: The study was conducted at the Regional Hospital, Bolgatanga, Ghana and employed a qualitative explorative descriptive design. Purposive sampling technique was used to recruit participants. The data was saturated with 15 participants aged between 23 and 65 years. All the interviews were audio-taped and transcribed verbatim.

Results: The nurses reassured, counseled and pre-habilitated patients where necessary. They also provided physical care to patients but failed to involve patients in their care. Nurses did not take patients' medical history. Nurses poorly managed patients' pain during surgery and safety measures were not adequately employed resulting in some patients sustaining minor injuries due to poor usage of theatre equipment such as diathermy machines. Nurses also provided inadequate information to patients and this resulted in patients being confused and anxious.

Conclusions: The study showed that some nurses require further training to provide better care to their surgical patients.

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1. Introduction

In surgery, it is important for patients to go into the theatre fully prepared physically and emotionally regarding the procedures they are about to go through (Adamson et al., 2012). Surgical patients go through either planned (elective) or emergency surgery. In planned surgeries, patients go through a multidisciplinary team of experts' examination depending on the patient's condition. Some of these experts include the nurse, the anesthetist, the surgeon, the clinical psychologist, laboratory technician and others (Aziato & Oluyinka Adejumo, 2014). Surgical patients' assessment involves preoperative history taking and physical examination to obtain baseline information from the patient, which is vital prior to surgery (Bohmer, Wappler, & Zwissler, 2014). This will help to identify patients with high risk of complications during and after surgery (Akhtar, MacFarlane, & Waseem, 2013; Kumar & Srivastava, 2011). Preoperative routine laboratory investigations are performed to help predict post-operative complications and

also establish a reference point for comparison (Garcia-Miguel, Serrano-Aguilar, & Lopez-Bastida, 2003). Moreover, these investigations will also guide the decision of implementing protocol such as fasting and administration of regular medication (Association of Anaesthetists of Great Britain, 2010). It has been reported that health professionals such as nurses, surgeons and the anaesthetists are involved in preoperative care. However, it is the anesthetists who assessed patients and declared them fit for surgery (Aziato & Adejumo, 2014; Vaismoradi, Salsali, & Marck, 2011).

It is indicated that 80% of the patients undergoing surgery seem to be highly motivated to change their lifestyle when they are informed about the increasing rate of complications associated with smoking, alcohol drinking and being overweight (Fraczyk & Godfrey, 2010). However, in other studies, surgical patients did not receive adequate information about their surgery and the need to stop certain habits that could affect their healing process postoperatively (Berg, Arestedt, & Kjellgren, 2013). This indicates the need for appropriate information provision to patients and their relatives. According to World Health Organization (WHO), about 37,000 deaths occur annually due to infection related to poor personal hygiene and other complications (World Health Organization, 2011). It is therefore important that surgical

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patients shower thoroughly the evening before surgery to minimize the risk of infection (Currie, Lecko, Gallagher, & Sunley, 2011). It is important that nurses educate surgical patients on the importance of deep breathing and coughing, regular gentle leg exercise and early mobilization to reduce the risk of postoperative complications (Snowdo, Haines, & Skinner, 2014).

Physiologically, surgical patients are advised not to take food the night before the surgery. However, patients could be given clear fluids up to two hours and food up to six hours before surgery since fasting can be difficult to manage if the surgery is delayed (Royal College of Nursing, 2010). Ensuring the appropriate fasting time increases patients' comfort and satisfaction with anaesthesia (Bopp et al., 2011).

During the intraoperative phase, nurses assess patients to identify signs of anxiety such as restlessness, raised vital signs and nausea (Cathy, 2013; Pritchard, 2009). Nurses encourage patients' participation, employ measures that could reduce anxiety and ensure proper positioning during surgery to avoid pressure sores or neurological injuries and pain (Kelvered, Joakim, & Gustafsson, 2012). The nurse anaesthetist undergoes further training in administering anaesthesia and they assess and monitor patients during surgery. Their care also includes maintaining the security of the patient (Ann-christin, Margaretha, Annika, & Sofia, 2013; Kelvered et al., 2012). Also, nurses provide specific pain management strategies during surgery such as using multimodal analgesics and preventive analgesia to reduce patients' sensitization during surgery. Nurses optimize fluid therapy to help to reduce pain during surgery (Girish, Stephan, & Henrik, 2014). Apart from the nurse anaesthetists, nurses working in the theatre also ensure patients' safety and prevent infection during surgery through adherence to aseptic technique principles (Leape & Berwick, 2009; Vaismoradi et al., 2011). Nurses assist patients to be well positioned on the operating table and mobilize after the surgery. Nurses ensure proper disposal of sharp objects used for surgery to prevent injury to patients and the health team (Butterwork, Jones, & Jordan, 2011; Kohlbrenner, Whitelaw, & Cannaday, 2011). Nurses are to note that the use of the diathermy machine can be injurious to both patients and staff that could lead to permanent disfigurement or death (Spruce & Braswell, 2012). Hence, nurses must ensure that the patients' body does not touch any earthed object such as the trim of the operating table or a metallic intravenous drip stand during surgery (AORN, 2009; Rothrock & McEwan, 2011).

At the Bolgatanga Regional hospital, various types of surgeries are performed. These surgeries are done only on inpatients. Even though theatre nurses and anaesthetic nurses are supposed to nurse surgical patients, due to the inadequate number of these specialists at the hospital, general nurses do assist these specialists in carrying out their duties. Statistics at the regional Hospital, Bolgatanga indicated that in 2013, twenty-five percent (25%) of surgical patients developed complications such as wound infection. As a result, five percent (5%) of these patients were readmitted at the surgical unit. These statistics presupposes that there may be poor nursing care before and during surgery that brought about these problems. Again, the Regional Hospital's Quality Assurance Team conducted a survey at the surgical unit and it was revealed that 87.7% of the respondents on the wards were not satisfied with the care rendered to them before and during surgery (Annual Report; Regional Hospital., 2013).

The literature so far indicates a gap in the nursing care patients receive before and during surgery in the Northern sector of Ghana. Therefore this study aimed at exploring the surgical patients' preoperative and intraoperative experiences of surgery at the Regional Hospital, Bolgatanga. The study objectives included: To explore surgical patients' experiences of preoperative nursing care and to explore surgical patients' experiences of intraoperative nursing

care. The study was conducted as part of the first author's Master's degree programme at the University of Ghana.

2. Methods

2.1. Design

The study employed exploratory and descriptive qualitative approach to gain a detailed insight into the patients' experiences of nursing care. The design aimed at exploring their feelings, behavior, thoughts, insight and actions with respect to the nursing care they received at the ward and the theatre.

2.2. Setting

The study was conducted at the Regional Hospital, Bolgatanga which is located in the Northern part of Ghana. The hospital is situated in the North-Eastern part of Bolgatanga. It is the largest hospital in the region and serves as a referral center for other hospitals in the region. The hospital has a total nursing population of about 160 nurses with a total bed capacity of two hundred and six (206). The surgical department is attached to the theatre and caters for averagely fifty (50) surgeries per day.

2.3. Population and sampling technique

The target population was the discharged surgical patients who had both emergency and planned general surgical procedures within one month and stayed within Bolgatanga Municipality. The sampling technique was purposive and 15 participants were recruited based on data saturation.

2.4. Data collection tool and procedure

A semi-structured interview guide was used to conduct face-to-face interviews using open-ended questions such as "can you share with me your experiences of nursing care before and during surgery", followed by probes. The interview was conducted in English and Grunne (a local language). Interviews were conducted when patients had been discharged from the hospital with a post-discharge period of three days and were visiting the hospital as an outpatient for wound dressing. The first author conducted all the individual face-to-face interviews in this study after he was trained in qualitative interviewing. Probes were used to generate an in-depth understanding of participants' experiences regarding the phenomenon under study. The interviews were conducted at a place and time convenient to the participant and the duration was between 30 and 45 min. The interview was recorded and then later transcribed verbatim in English. Field notes on all observations at the time of interviews including non-verbal cues of the participants were written.

2.5. Data analysis

Data was analysed concurrently with data collection using thematic content analysis techniques to search for important themes and patterns in the data. This involves identifying, coding and categorizing the primary patterns in the data. It also involves organizing and integrating narrative qualitative information according to the emerging themes and concepts (Miles & Huberman, 1994; Polit & Hungler, 1999). The authors coded the data independently and discrepancies were discussed for a consensus during the analysis. The data was organized into themes and sub-themes after making meaning of the transcripts. The authors discussed the

themes and sub-themes to ensure that the participants' word was faithfully represented.

The data was managed manually to extract data to support the findings.

2.6. Rigour

Trustworthiness of the study was ensured by member checks and peer debriefing during concurrent data analysis, and this facilitated the full understanding of the participants' perspectives. All the documents such as field notes and data were discussed with co-authors to ensure correct interpretation of data generated.

2.7. Ethical consideration

Ethical clearance was sought from the Institutional Review Board (IRB) of Noguchi Memorial Institute for Medical Research, University of Ghana, Legon with a certificate number 099/13-14. Also, clearance was sought from the authorities of the Upper East Regional and Municipal Health Directorate and the Regional hospital, Bolgatanga. The participants were also provided with the information sheet and they signed the consent form before the interview. The participants were also told that their participation in the research was voluntary and that they could withdraw at anytime they wished to do so. The participants' anonymity and confidentiality were ensured by the use of pseudonyms like female participant one (FP1) or male participant one (MP1).

3. Results

3.1. Participants' background

Fifteen participants comprising eight (8) females and seven (7) males aged 23–65 years were involved in this study. Nine participants had some level of education ranging from middle school to tertiary education and could speak English. Six participants did not have any formal education and spoke Grunne. Four participants (three males (3) and one female), were not married but the remaining eleven participants were married. Five (5) participants had herniorrhaphy, (2) hydrocelectomy, two (2) amputation (leg), one (1) lipoma excision (abdomen), two (2) lumpectomy and three (3) appendectomy. Three of the participants had emergency surgery whilst twelve participants had planned surgery. Their religious background included; five (5) Muslims, seven (7) Christians and three (3) traditionalists. The participants had varied occupations; seven (7) teachers, two (2) carpenters and one (1) business woman with the rest being farmers (7). All the participants were resident within Bolgatanga Municipality. Ten (10) of the participants were either given local or spinal anaesthesia and this allowed them to recount their operative experiences in the theatre (intra-operative).

Two main themes were identified – pre-operative nursing care experiences and intraoperative experiences. The sub-themes of the pre-operative and intraoperative experiences were: surgical patients' experiences of; preoperative assessment, preoperative information and counseling, maintenance of personal hygiene, integrated pain management, safety and infection prevention. These themes have been described with supporting verbatim quotations from the participants.

3.2. Pre-operative nursing care experiences

This is the major theme with sub-themes such as patients' assessment, preoperative information and counseling and maintenance of personal hygiene.

3.3. Patients assessment

This describes the experiences patients encountered during pre-operative preparation. The subthemes that are discussed under this theme include; patients medical history, monitoring of vital signs and disclosure of findings of laboratory and radiological examinations.

3.4. Patients' health history

Many of the patients indicated that nurses at the surgical ward did not take history of their previous health status. Even though some patients had other non-surgical conditions, some nurses failed to take history of these health problems that could have been used for planning of care.

'In fact, most of the nurses on the ward did not ask me any information concerning my previous health condition or what I did at home before reporting to the hospital' (MP1).

However, a patient confirmed that a nurse asked her questions relating to the lifestyle and she was pleased to tell her the truth.

"The nurse asked me questions about my lifestyle and I thought if they ask you questions you have to be truthful and do not tell lies. If they ask you whether you eat this or that and you tell lies it will not help you" (FP13).

3.5. Monitoring of vital signs

Some patients felt nurses explained procedures to them adequately whiles for others, nurses did not.

"Before the nurse checked my body hotness (temperature) and blood level (blood pressure), she told me that she was going to put the thing at my armpit and that it will not be painful and I agreed for her to do it" (MP1).

"The nurses told me to sit on the chair and I sat down and they checked my body hotness (temperature) and blood level (blood pressure) but they did not tell me what they were going to do" (MP1).

However, all the patients reported that some of the nurses did not explain the meaning of the recorded values to them or the importance of the assessment.

"The nurse did not tell me the importance of checking my body hotness (temperature) and blood level (blood pressure) or what values she had when she checked them". I was expecting the nurse to tell me the values but she did not and I did not ask her too (MP7).

3.6. Disclosure of findings of laboratory and radiological examinations

Many of the participants did some radiological and laboratory examinations before surgery.

"I went to the laboratory after I was admitted on the ward and I did some test which I can still remember was blood grouping, HB, (Haemoglobin) level, HIV (Human Immuno Deficiency Virus) status and hepatitis B and C. They only said they were normal and did not mention the values to me" (FP15).

However, these patients said they were not told the essence of the blood test and they did not ask because they feared the nurses maybe angry with them:

“The nurse told me to go to the laboratory and do some blood test but he did not tell me the essence of the test when I did it and I also did not ask the nurses anything” (MP5).

“One nurse brought the results later when I was on the bed and told me that is the results and kept it in the folder but she did not tell me the importance of the test and I also did not ask her because I feared she may be angry with me when I ask her” (MP2).

3.7. Preoperative information and counseling

Some patients received information on the items they should buy and they were glad to get that information: *“The nurses told me to buy blade and they will come and shave my pubic hair for the following day’s operation and I was happy and quickly bought the blade” (MP1).* Some received information on the need to collect drugs at the dispensary but they thought the nurses should have collected the drugs for them instead. *“The nurse told me to go to the drug store (dispensary) to collect drugs so I told my brother and he went to the drug store and collected the drugs. It would have been better for the nurse to collect the drugs for me” (MP9).* However, one patient stated that although the nurses told her how to bath after surgery, she did not follow the instructions given to her because she was not monitored:

“The nurses told me to bath but I was feeling lazy to bath and they did not monitor me so I just relaxed on the bed and did not bath the day of the operation. I am sure if they monitored me, I would have done it” (FP15).

Again, nurses educated some patients on the essence of their operation and they were happy.

“The nurses told me that the operation could stop my stomach pains and if I do not do the operation one day I cannot even get up and I was so happy with the education and thanked them” (MP1).

Also, some patients stated that nurses counseled them to stop certain life style practices before and after surgery.

“The nurse also told me that I should stop smoking or drinking if I did before and after the operation and I was glad with that education even though I do not drink or smoke” (MP9).

Also, the nurses told the patients not to eat the night before the surgery until the surgery was done: *“The ward nurse told me in the morning that I should not eat the night before the surgery to prevent me from getting problems during the operation” (FP15).*

Others patients were counseled on postoperative exercises such as walking and arm exercises:

“The nurses also told me that after the operation I should not lie down but I should always walk gradually on the ward. I was always walking on the ward as told. The exercise actually helped my healing process” (MP1).

“The nurses told me to be exercising my arm and move the arm up a little to avoid swollen arm since my operation was on the breast. This was a good advice because it helped me a lot” (FP15).

Patients who were amputated were taught how to use crutches for walking and they were content with this.

“The nurses told me that after the operation I would be using crutches to walk so he taught me how to use them and told me that after the operation I should be using them so that I will be used to walking with them. I was happy because I was wondering how I would walk after they have cut my leg but now it is helping me (FP10).

A patient stated that she was told about the theatre environment and how the personnel dressed and that made her happy because she had a fair idea about the theatre environment:

“The nurse told me there is a big light in the theatre and the theatre nurses will be wearing caps and will cover their nose so I should not be worried if I see that and that gave me fair idea about what would happen in the theatre so I was happy” (FP15).

However, nurses did not inform patients about the use of diathermy before the surgery and that made patients surprised, uncomfortable and sad:

“They (nurses) did not tell me that they would plug a machine on my leg before the surgery so I was surprised and not comfortable with it because it was very painful” (MP1);

“I thought that it was a scissor they used to cut me but later, I realized it was a machine he was using to cut me. I felt sad about that because the nurses did not tell me that they would use a machine to cut me” (MP3).

3.8. Preoperative and intraoperative reassurance

Some patients reported that nurses reassured them, whilst others were not. A patient stated that he was afraid but, the nurses told him to relax and not be afraid because of competent care: *“The nurses told me that I should relax and should not entertain any fears, the doctors are good and everything will be fine for me and I was okay” (MP2).*

One participant bemoaned that he did not get reassurance from nurses:

“I was confused and panicking when the nurses brought me from the emergency ward to the male ward; they left me alone on the stretcher without reassurance and I felt sad about that experience” (MP3).

Some patients were served analgesics and intravenous infusion preoperatively before surgery:

“The nurse came and gave me the injection and reassured me and within 30 minutes my pains stopped and I was relaxed on bed before I went in for the operation. In fact, I really thanked the nurse” (MP1).

3.9. Maintenance of personal hygiene

Some participants were content that nurses provided privacy, shaved them and cleaned the surgical site before they were sent to theatre: *“I bought the blade and the nurse brought something and screened my bed and then shaved me well. Oh, I was so happy and thanked the nurse for the work done (MP1).*

However, some patients reported that they asked permission to shave themselves and the nurses ensured that they had shaved properly: *“I asked permission from the nurse to shave myself and the nurse ensured that I shaved well and washed the area with soap and water before I entered the theatre” (FP15).*

Some patients stated that they shaved at home before coming to the ward but the nurses inspected the site and shaved again to ensure the area was safe:

“I told the nurse that I had shaved at home before I came but he looked at it and said it is not well done so my brother bought a blade and the nurse shaved me again and washed the site with soap and water (MP9).

However, one patient said that when she told the nurse that she had shaved before she came to the ward the nurse inspected it and was satisfied with it:

“When the nurse asked me whether I had shaved and I said yes I shaved before coming to the hospital. The nurse looked at the shaved area and said it was well done” (FP12).

3.10. Intraoperative nursing care experiences

Patients encountered varied experiences during the intraoperative period. Patients reported that nurses provided care such as pain management. Nurses also ensured participants' safety and prevention of infection during surgery. Hence subthemes included; pain management, patient safety and infection prevention.

3.11. Pain management

Participants had varied experiences about the management of their pain during surgery. Some patients who had local anaesthesia experienced mild pain during surgery because of the injection they were given: *“A nurse injected me before the operation and that made me to feel mild pains during the operation” (MP2).*

Others felt pain during the operation and when they complained, the nurses apologized to them and added more analgesics. The participants referred to all care givers apart from the doctors as nurses. Some could have been anesthetists. *“I felt pains so I screamed and they said sorry and I heard them saying they should add more injection and the nurse added the injection and the pain was better” (FP12).*

Some patients felt that their pain reduced when the nurses touched and spoke to them during the operation:

“I screamed because of the pain and the nurse held my head and told me to be patient and take it easy since they were about finishing. When he was doing that to me I was not feeling much pain and at that time I a bit relieved” (MP3).

However, a patient stated that he told the nurses to remove the machine plugged to his leg since it was burning his leg:

“I told them to remove the machine attached to my leg because it was burning my leg. Look at the sores on my left leg that is the machine (participant showed a healed sore on the leg)” (MP1).

3.12. Ensuring patients safety during surgery

Patients' experiences on safety during surgery indicated that they received various forms of assistance from nurses that ensured their safety. Some participants indicated that they were assisted by the nurse to lie on the operation table however, others were lifted from a stretcher onto the bed before and after the surgery:

“When I entered the room the nurses assisted me to lie on the operation table comfortably” (FP4); “I was lifted from a stretcher to the operation table and when they finished they lifted me onto the stretcher again and called the nurses to come and send me to the ward. I was happy about this care” (FP10).

Some patients said that the nurses positioned them well on the table such that they could not fall off: *“They protected me from falling by placing my hands on the arm rest attached to the table and my legs were lying straight on the table and I could not move my hands” (MP5).*

3.13. Infection prevention during surgery

Patients reported various perspectives about infection prevention during surgery. All the participants said nurses used some solution to clean the site to be operated:

“I know it was medicine they used to clean my stomach before they started the operation” (FP6); “I believe it was medicine they used to clean my scrotum maybe to prevent infection or something before they started the operation” (MP7).

All the patients stated that they were covered with sterile material (draped) before the operation:

“The nurses folded the green cloth I was wearing up to my chest level and used a cloth to cover the site they were to do the operation” (MP9); “They used a green cloth and covered my stomach after cleaning” (FP10).

4. Discussion

The nurses were actively involved in the preoperative assessment of patients and worked with other team members to ensure that surgical patients had a safe surgery. This means that some patients were adequately assessed to identify hidden conditions which needed urgent treatment before surgery (Aziato & Adejumo, 2014). It was revealed in the study that nurses did not take history of many of the patients' conditions preoperatively. This could lead to poor planning of care for patients contrary to previous studies (Akhtar et al., 2013). However, some nurses asked few patients questions relating to their health conditions and their lifestyle. This made patients to give information that was beneficial to the patients themselves and nursing staff hence supporting the previous study (Kumar & Srivastava, 2011). It could, therefore, be deduced that it is necessary to introduce physical assessment into surgical nursing curriculum to equip nurses with the requisite skills to take patients' history to prepare them adequately for surgery.

Many surgical patients were not adequately prepared physically and emotionally for the surgery despite the fact previous study suggested the need to prepare patients emotionally prior to surgery (Adamson et al., 2012). This implies that it is imperative to let patients or their relatives understand and be emotionally prepared so that they will be well informed prior to the surgery.

Physiologically, the nurses took patients vital signs such as temperature, pulse, respiration and blood pressure accurately to serve as a baseline for treatment as supported by previous studies (Cathy, 2013). The nurses ensured that the necessary laboratory and radiological investigations requested such as haemoglobin level, blood group, presence of Human Immuno-deficiency Virus, hepatitis B, C status and computerized tomography scan requested for surgical patients were done before surgery (Aziato & Adejumo, 2014; Bohmer et al., 2014).

However, as part of information delivery, nurses did not disclose to patients the results of these investigations requested. Also, nurses did not explain to patients the essence of monitoring their vital signs even though the assessment of such investigations would guide the decision of implementing protocols such as fasting and administration of regular medications (AAGBI, 2010). This implies that surgical patients were not involved in the decision-making process regarding their health.

Preoperatively, patients experience anxiety, fear, panic and confusion due to various factors such as fear of anaesthetic effect, the procedure itself, and the potential outcome of the surgery contributing to patients developing these signs and symptoms (Girish et al, 2014; Pritchard, 2009). Hence, nurses reassured patients to relieve these signs and symptoms as confirmed by previous studies (Pritchard, 2009). Apart from reassurance, some nurses provided patients with information about the theatre environment hence making them less worried and anxious about the surgery. Also, nurses cautioned patients against certain habits such as smoking and drinking alcohol which is believed to enhance

speedy recovery and prevent surgical complications postoperatively (Fraczyk & Godfrey, 2010).

It was identified that nurses provided preoperative information and education to participants on shaving, bathing, collecting or buying drugs and the need to undertake certain laboratory investigations as requested (Currie et al., 2011). However, the information provided to the patients was inadequate leading to many patients failing to understand what was expected of them. Nurses also informed surgical patients not to eat solid foods the night before surgery going contrary to earlier studies that state fasting could be difficult to manage and the operation list could be changed or cancelled (RCN, 2010).

Also, nurses informed some patients to bath but since the nurses were not monitoring their activities the patients failed to do so. It is therefore, necessary for nurses to be vigilant and monitor patients to ensure that they carry out important preoperative activities as required.

The nurses did not inform patients about the use of certain instruments or machines such as the diathermy which was supported by previous finding (Berg et al., 2013). It could be inferred from the finding that, there was information gap during intraoperative care especially about the use of certain equipment during operation. This resulted in patients registering their displeasure about the failure of communication.

To reduce intraoperative pain, the anesthetist administered analgesics to surgical patients prior to surgery and during operation as stated in earlier studies (Girish et al., 2014). Also, nurses were touching patients, communicating with them to create trust and confidence in them. This therapeutic touch and communication (non-pharmacologic pain management) made patients feel that they were being handled well as supported by previous studies (Ann-christin et al., 2013; Kelvered et al., 2012). However, some patients went through severe pain during surgery and sustained minor injuries on their legs as a result of inappropriate use of the diathermy machines (Spruce & Braswell, 2012). It is suggested that nurses should not allow any part the patients' body to touch any earthed object such as the edges of the operating table, or intravenous drip stands. Besides, a material such as draw sheet or blanket should be placed between the patient and the return electrode mat to prevent these injuries to patients (AORN, 2009; Rothrock & McEwan, 2011).

During surgery patients' safety is paramount. Nurses assisted patients to lie on the operation table and were well positioned to ensure that they did not fall. They also assisted some patients to get up and walk after the surgery to prevent injuries (Butterwork et al., 2011; Kohlbrenner et al., 2011; Leape & Berwick, 2009; Vaismoradi et al., 2011). Nurses also ensured a clean surgical site using skin disinfectant, drapes and wearing gloves during surgery to prevent infection (AORN, 2009; Kelvered et al., 2012). This practice ensures that surgical patients do not get post-operative complications such as wound infection.

5. Limitations of the study

The findings of this study may not be generalized due to the small sample size used in qualitative studies. However, the findings of the study may be transferred to a similar context since the demographic data and research setting has been described. Also, it would be difficult to replicate this study due to the unique accounts of the individual participants in the study.

6. Conclusion

Evidence from the study suggests that nurses reassured, counseled and pre-habilitated patients where necessary. However, the

reports of poor pain management, inadequate safety measures as evidenced by patients sustaining minor diathermy burns, inadequate information on procedures and neglected patient's medical history is an indication of negative nursing care experiences by patients during the preoperative and intraoperative periods. In conclusion, surgical patients had varied experiences during the preoperative and intraoperative period of nursing care. Some patients received the required nursing care during their stay in the hospital whilst others did not get the needed nursing care as expected. Hence, to improve the quality of nursing care at the ward there is need to organize in-service training on perioperative nursing care for nurses at the unit in order to improve the quality of nursing care.

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