

Pre-registration student nurses' perceptions of the day surgery unit

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Abstract

An increasing number of complex surgical interventions are now taking place on a day case basis with some surgical specialities able to perform 80% of their elective surgery as day surgery. It is important that student nurses are exposed to clinical practice within the day surgery unit. Some students, for a variety of reasons, exhibit a reluctance to experience a day-surgery placement. The writer describes a programme of study which takes place before the students take up their placements to demonstrate that day surgery offers many opportunities for the delivery of highly skilled, specialised nursing care. Day Surgery Nursing is emerging as a speciality in its own right. The clinical skills of the nurse are required alongside the interpersonal, informational and psychological care-giving skills to ensure safety and comfort for the patient whilst in the unit and transfer home where responsibility for care, normally performed by nurses, now lies with the patients and their carers. © 2001 Elsevier Science B.V. All rights reserved.

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When preparing the pre-registration student nurse for a clinical placement on the Day Surgery Unit (D-S-U), one is often met by a distinct lack of enthusiasm. Pre-conceived ideas of what day surgery is about have to be deconstructed in the classroom and the student's mind opened up to the exciting and innovative nature of day surgery. Comments made include such concerns as lack of opportunity to learn practical skills, a perceived lack of time for forming relationships with patients and a complete misconception that it is only 'minor' surgery, therefore, the patients 'do not need as much care'. A short questionnaire was given to 88 students to assess their attitude both before and after having an 8 week placement on the day surgery unit (see Table 1).

By referring to the Trolley of Procedures [1] (Table 2) and the development of anaesthetic and surgical techniques [2], it is relatively easy to dispel the myth that day surgery is not minor surgery. Research has demonstrated that so-called 'minor' procedures are no less threatening to the patient than more extensive surgical procedures [3].

1. The nature of caring

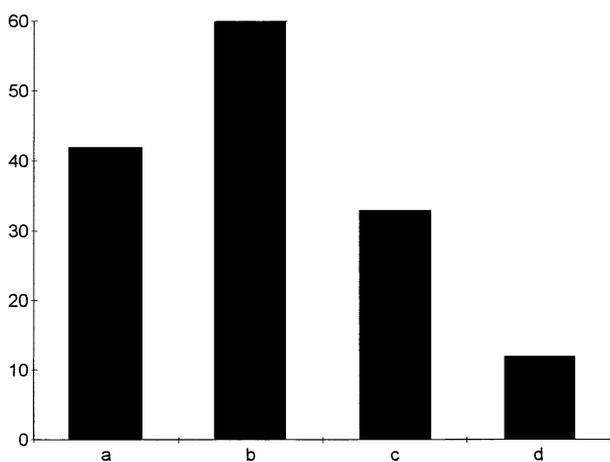
What is sometimes more difficult for the student to comprehend is the nature of caring which takes place within the D-S-U and that the day surgery experience for the patient lasts for much longer than the 3 or 4 h on the unit but may begin many weeks or months beforehand and may last for many weeks afterwards [4]. By taking the student nurse through the day surgery experience, from meeting the patient in the preassessment clinic, admitting them to the day surgery ward on the day of surgery, accompanying them to the operating theatre, assisting in postoperative recovery and preparation for discharge, the importance of the nurses' role is demonstrated. Alongside this we look at current research in nursing aspects of day surgery as this illuminates the importance of the day surgery nurse in allaying anxiety and giving comfort to the patient [5,6]. Other research demonstrates the distress, which may occur if pre-operative information and psycho-social support by nurses is inadequate and discharge policies for helping the patient resume normal activities are not in place [7,8]. Firstly, though, the concept of nursing and caring must be explored within the day surgery setting. Day surgery nursing is a relatively new surgical

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speciality and challenges the concept of the traditional bedside nurse, which is often held by the student. That is, an image of the nurse promoted by tradition and television — a sympathetic person — caring for a passive, dependent, bed-ridden patient. The essence of day surgery is identical to the essence of all nursing, namely that of delivering patient care — although how that care is delivered may be very different from in-patient surgical nursing. Indeed the gap between the in-patient surgical nurse and the day surgery nurse is getting even wider [9]. Classroom discussions of the nature of nursing are wide ranging but the students usually agree that nursing 'is concerned with promoting health, preventing illness, caring for the sick and restoring health' [10]. Next, usually follows a discussion of the attributes of a good nurse-caring, empathic, kind and competent. The philosophy of caring proposed by Watson is discussed and related to the work of the nurse in day surgery. Watson's theory combines science with humanism, nursing is a therapeutic interpersonal process. Nursing skills lie in, among other factors, the instillation of faith and hope, the development of a helping–trusting relationship, the systematic use of the scientific problem-solving method and the provision of a supportive, protective, physical, psychological and spiritual environment. Caring, states Watson, as the moral ideal of nursing, is nursing's unique contribution to humankind and has the potential to transform healthcare [10]. The success of day surgery must surely, in no small measure, be due to the ability of nurses to provide this caring environment for the day surgery

Table 1
Before a placement on Day Surgery Units



Question: I would not like a career in Day Surgery because
 (a) you do not get the opportunity for wound care
 (b) you do not have time to get to know the patient well
 (c) I prefer high-dependency nursing
 (d) it is very stressful

Number of students: 88.

Table 2
British Association of Day Surgery Trolley of Procedures 1999

Groin/abdominal hernia repair (Inguinal, femoral, umbilical, epigastric)
Excision of breast lump
Minor anal surgery (fissure simple fistula)
Varicose vein surgery (including bilateral, or long and short saphenous one leg)
Cystoscopy, diagnostic and operative
Circumcision (including adults)
Release of Dupuyten's contracture
Arthroscopy (including hip and shoulder)
Hydrocele excision
Inguinal surgery children (orchidopexy and herniotomy)
Tonsillectomy in children
Correction of squint
Bat ears/minor plastic procedures
Sub-mucous resection
Reduction of nasal fractures
Cataract extraction
Laparoscopy with or without sterilisation
Termination of pregnancy
Trans-urethral resection/laser/diathermy/limited resection of bladder tumours
Pilonidal sinus excision and closure

patient as well as to the advances in surgical and anaesthetic practices. Mayeroff [11] states that caring is a human activity that is intrinsically interesting and whose understanding is central to the understanding of man. Caring is composed of certain ingredients which include devotion and commitment over a prolonged period of time, patience, which is participation in which we give fully of ourselves, for example, a nurse giving full attention to the patient and all their attendant worries and anxieties in the pre-assessment clinic rather than just attending to the pre-operative check list. Other attributes of caring include trust, both in oneself and in others, humility, always ready to learn more about the other person, and hope—as an expression of a present alive with the possible and mobilises energies needed for future activity [11]. The feeling of hope and optimism illuminates the work of day surgery nurses and makes it such a dynamic area of nursing practice. Without feelings of hope, day surgery nurses would not have the enthusiasm to initiate new practices to improve care for their patients. An important aspect of hope, says Mayeroff, is courage. Courage is involved in standing by the other under trying circumstances and is an ingredient of devotion [11]. What is nursing if it is not standing by others in trying circumstances, and do not day surgery nurses display these attributes in all aspects of the work? A video obtained from the British Association of Day patients 'Patients informing Patients' is a very useful tool for taking student nurses on a day surgery journey from the safety of the classroom environment and demonstrates well the attributes mentioned above. The helping–trusting relationship as de-

scribed by Watson is developed in the pre-assessment clinic where as well as assessing fitness for day surgery, time is taken to explore patients' worries and concerns. The pre-assessment clinic also gives the nurses the opportunity to give procedural, behavioural and sensory information in varying amounts to meet the patient's individual needs — some patients requiring much more information than others [6,12,13]. The skill of the nurse lies here in assessing the amount and level of information each patient requires to meet his or her individual needs to ensure a less anxious and well prepared patient. In the ward, on the day of surgery, it is not uncommon to see patient and nurse walking down the ward arm-in-arm on the way to the operating theatre. This is a real demonstration of the helping–trusting relationship developed between patient and nurse and commented on so positively by patients [6].

2. Environmental concerns

Attention to the environment is important. Mitchell's research has demonstrated how a calm, friendly, professional relaxed environment helped to allay the patient's anxiety [6]. The provision of videos, audio-cassettes, plants and flowers, dimmed lighting, paintings for the walls and many hours devoted to writing patient information leaflets demonstrate commitment to the needs of day surgery patients by day surgery nurses. Privacy has often been mentioned as cause for concern in the Day Surgery Unit [14,15]. Privacy often serves the need to maintain an individual's dignity and sense of self. Humiliation, embarrassment and depersonalisation may result from an invasion of privacy [10]. Maslow's research [16] showed that healthy subjects have a very strong liking and need for privacy. The explicit opportunity for privacy acknowledged by the nurse in the care of the day surgery patient forms part of the helping–trusting relationship and promotion of the supportive environment mentioned earlier. From personal experience it is known that provision of privacy in Day Surgery Units can be hard to maintain. When one is giving private discharge information, one is mindful of the fact that there may only be a thin curtain separating one patient from the next. This may inhibit the patient's asking questions of an intimate nature [14]. The nurse can only work within the environment she has, private interview rooms may not always be available. Being mindful of these matters of privacy may alert the nurse to when this is being infringed and prompt them to take remedial action.

3. Anaesthetic and intra-operative aspects of care

The role of the anaesthetic nurse is very important in

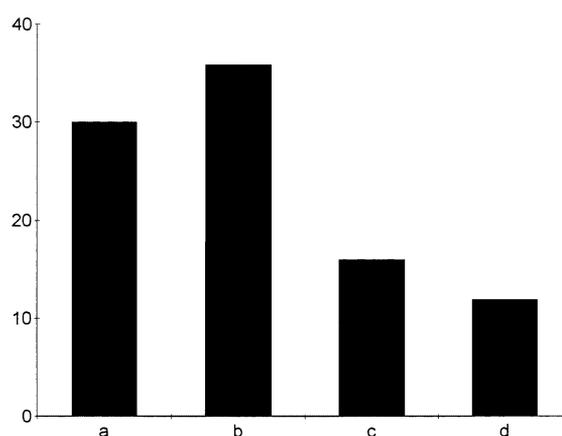
day surgery. Research has constantly shown [6,17,18] that the anaesthetic is probably the most frightening aspect of the day surgery patient's hospital experience with fear of loss of control and experiencing pain during surgery also featuring highly.

Research has demonstrated that the role of the anaesthetist is very much misunderstood by the general public [19,20]. Indeed some of the surveyed patients did not even realise that the anaesthetist was a highly qualified medical practitioner, or the central role played by anaesthetists in the monitoring of vital signs during their operation. From personal experience and supported by research evidence it can be seen that patients obtain great comfort from the anaesthetist speaking and being with the patient [6,21]. In one study [22], patients rated meeting the anaesthetist before surgery as of the highest priority. However, anaesthetists have many demands on their time [23] and opportunities for patient education are limited. Here the contribution of the anaesthetic nurse is invaluable. She/he can, along with all the usual safety checks, introduce the anaesthetist and explain the procedures again. 'A reassuring and calm manner backed up by sound clinical expertise and good communication skills can help relieve the patients anxiety at the induction of anaesthesia' [24].

4. Discharge planning

The importance of adequate discharge planning and after care has to be stressed to the student nurses going to the day surgery unit. After what may be quite a

Table 3
After a placement on Day Surgery: 42 students



Question: I would consider a career in Day Surgery because

(a) I enjoyed the counselling educational aspects of the nurse's role

(b) I enjoyed the different aspects of the day surgery unit: pre-op assessment, operating theatre department, ward

(c) you have the opportunity to become multi-skilled

(d) pleasant day surgery unit environment

Table 4
Summary of modular content: preparation for placement on day surgery unit

History of the Emergence of Day Surgery	
Current Day Surgery Provision	Models of Day Surgery Provision Trolley of Procedures
The Nature of Nursing Philosophical considerations of the nature of caring applied to Day Surgery Nursing	
Understanding the various nursing roles within the Day Surgery Unit	Preassessment and discharge preparation Care of the patients whilst on day surgery ward Anaesthetic and intra-operative nursing roles
Skills and knowledge required by day surgery nurses	Communication skills Expert knowledge Clinical skills Psychological care giving skills Knowledge of law and ethics in relation to day surgery Scope of professional practice.
Future Developments	Formalised programme of pre-operative preparation Formalised anxiety management care-plans Development of post-discharge telephone help lines Further development of post-discharge home visits

complex surgical procedure the patients and their carers must be fully prepared for discharge and the responsibility for this lies with the patient's nurse. As well as looking at local discharge criteria and readmission procedures we must also look at other initiatives in place in some other localities to ensure a patient's safe return home. These include visits by the nurses working on day surgery units [25], post-discharge telephone calls [26], rapid response teams, etc. together with patient satisfaction questionnaires and day surgery audit of re-admission rates and pain and wound problems following discharge. According to Mayeroff [11] caring involves commitment and day surgery nurses are committed to constantly evaluating the care given to patients and eager to encourage innovative practices.

5. Attitude changes

Following a practice placement on the day surgery units the students' attitudes have usually changed considerably (see Table 3), this is due in no small part to the warm supportive learning environments provided by the nursing staff. The excellent programme of practi-

cal experience arranged for the students and the presence of very committed and enthusiastic day surgery nurses provide very powerful role models for the students. The importance of role models in the practice setting has been highlighted by many researchers [27] as one of the most important factors to facilitate student nurse learning within the clinical environment.

Following their placements the students, are, on the whole, full of enthusiasm for the Day Surgery Unit. They are most enthusiastic about the teaching-informative role of the nurse beginning in the pre-assessment clinic (see Table 3). They begin to accept that the stereotypical images of the nurse no longer hold in the modern surgical arena [27,28]. One of the most controversial perceptions held by the students before their day-surgery placement is that the patients 'do not need as much care' as in-patients. This is emphatically changed. The students realise that although Day Surgery Unit patients may need less physical nursing care they, nevertheless, need intensive nursing care in the form of anxiety management [28] psychological care, information giving, education for discharge planning, combined with the physical care of the patient to ensure their safety and comfort and preparations to ensure a safe discharge home. If this is not skilled nursing care then what is?

6. Conclusion

Before student nurses are allocated to the Day Surgery Unit they often have pre-conceived notions of the care required by day surgery patients. After a structured programme of clinical experience in the Day Surgery Units accompanied by classroom discussion of the theoretical concepts (see Table 4) surrounding the emergence of day surgery, it is gratifying to note a profound change of attitude.

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References

- [1] British Association of Day Surgery. Basket Cases and Trolleys: Day Surgery for the Millennium, *J One Day Surgery*. Summer 1999, 9, 1.
- [2] Smith I, White PF. History and scope of day care anaesthesia, past present and future. In: Whitwam JG, editor. *Day Case Anaesthesia and Sedation*. London: Blackwell, 1994:1994.

- [3] O'Hara HW, et al. Psychological consequences of surgery. *Psychosomatic Med* 1989;51(3):356–70.
- [4] Mitchell MJ. Pre-operative and post operative psychological nursing care. *Surg Nurse* 1994;7(3):22–5.
- [5] Parsons EC, et al. Peri-operative nursing caring behaviour. *A-O-R-N J* 1993;57(5):1106–14.
- [6] Mitchell MJ. Psychological preparation for patients undergoing day surgery. *Ambul Surg* 2000a;8:19–29.
- [7] Donoghue J, Pelletier D, et al. Laparoscopic day surgery, the process of recovery for women. *Ambul Surg* 1995;3(4):171–7.
- [8] Frish SR, Groom LE. Ambulatory surgery: a study of patients' and helpers' experiences. *A-O-R-N J* 1990;52:1100–9.
- [9] Wigns L. The conflict between new nursing and scientific management as perceived by surgical nurses. *J Adv Nursing* 1997;25(6):1116–22.
- [10] Watson J. *Nursing, The Philosophy and Science of Caring*. Colorado: University Press of Colorado, 1985.
- [11] Mayeroff M. On caring. *Int Phil Quart* 1965;5:462–74.
- [12] Salmon P. Psychological factors in surgical stress: implications for management. *Clin Psychol Rev* 1992;12:681–704.
- [13] Royal College of Surgeons of England and the Royal College of Psychiatrists. Report of the Working Party on the Psychological Care of Surgical Patients. R.C.S. London, 1997.
- [14] Meredith P. Patient satisfaction with communication in general surgery, problems of measurement and improvement. *Social Sci Med* 1993;37(5):591–602.
- [15] Royal College of Surgeons of England and the East Anglian Regional Health Authority. New Angles on Day Surgery, Regional Audit team Addensbrookes N.H.S. Trust, December 1995.
- [16] Maslow AM. In: *Towards a Psychology of Being*. Princeton, NJ.
- [17] Markland D, Hardy L. Anxiety, relaxation and anaesthesia for day-case surgery. *Br J Clin Psychol* 1993;32:493–504.
- [18] Ramsey MAE. A survey of pre-operative fear. *Anaesthesia* 1972;27(4):396–402.
- [19] McGaw CD, Hanna WJ. Knowledge and fears of anaesthesia and surgery. *West Indian Med J* 1998;47(2):64–7.
- [20] Swinhoe CF, Groves ER. Patients' knowledge of anaesthetic practice and the role of the anaesthetist. *Anaesthesia* 1994;49:165–6.
- [21] Klafva JM, Roizen M. Current understanding of patients' attitudes towards preparation for anaesthesia: a review. *Anaesth Analg* 1996;83:1314–21.
- [22] Longsdale M, Hutchinson GL. Patients desire for information about anaesthesia. *Anaesthesia* 1991;46:410–2.
- [23] Riley CS, et al. Professional roles in anaesthetics: a scoping study, N.H.S Executive Leeds, 1996.
- [24] Goodwin M. That's what gets results: the anaesthetic nurses contribution to day surgery. *J One-Day Surg* 2000;9(3):16–7.
- [25] Hutson P. Conference Report 3rd Annual Conference Day Surgery and Endoscopy Central Sheffield University Hospitals 7 October 1999.
- [26] Hawkshaw D. A day surgery patient telephone follow-up survey. *Br J Nursing* 1994;3(7):348–50.
- [27] Campbell IE, Larrivee L, et al. Learning to nurse in the clinical setting. *J Adv Nursing* 1994;20(112):5–31.
- [28] Mitchell MJ. Anxiety management: a distinct nursing role in day surgery. *Ambul. Surg.*, 8(3):119–128.