

A focus on the five senses of the day surgery patient: a quality assurance initiative

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Abstract

The current trends of managing the patient along the day surgery pathway, through open communication and education, both written and verbal, have proven successful through the evaluation of patient surveys. Being prepared for what is to happen, and knowing what to expect, is essential in helping to alleviate the inevitable anxiety the patient may feel. However I believe there is more that can be done to reduce the feelings of fear in the day surgery patient.

Consequently the quality improvement initiative proposed, aims at introducing alternative, non-pharmaceutical ways to enhance the nursing care already practised to help alleviate some of the stress and anxiety the patient faces pre-operatively.

The purpose of this initiative is to improve the way we manage our patients in the day surgery setting by looking for ways to 'do things better', by focusing on a holistic approach. With this in mind I have researched ways of improving the perception the patient has, of their brief encounter with the Day Surgery Unit at Stirling and Districts Hospital, through a focus on the five senses of the patient. © 1997 Elsevier Science B.V.

I think in day surgery more than any other area of healthcare our most effective marketing executive is our last satisfied patient (Edmondson, 1994)

1. Introduction

The management of quality care of the day surgery patient is an issue that is of paramount importance to all nurses who have the pleasure of working in this dynamic and exciting field.

In the past, quality assurance in the healthcare setting was defined as 'conformance to pre-set standards' (Donabedian, 1980). The Oxford dictionary defines quality assurance as a 'formal guarantee of a degree of excellence'. The question is however, who decides what areas of performance require improvement in the quality of care given to these patients, and who measures the outcomes of these initiatives.

The very nature of day surgery is of a rapidly and

continually changing speciality, responding to the technological advances in both anaesthetics and surgical techniques. Consequently, it is impossible to rely solely on predetermined standards to measure the quality of care.

The day surgery facilities of today require nursing staff, together with the other members of the team who care for these patients, to continually evaluate what they do, how they do it, and how they can 'do it better'.

With the advent of advanced anaesthetic technology, it has been proven that patients recover faster, with less after effects of the anaesthetic, through the omission of the traditional premedication drug. This practice is now common for many operations, especially those suited to day surgery, allowing rapid recovery, enabling them to go home the same day.

Although the procedure performed in the day surgery is often termed 'minor', it is still considered a major event in the life of the patient.

Patients face many of the same fears in all surgical settings, whether ambulatory or in hospital. They fear pain, the unknown, anatomic loss or alterations, possible embarrassment or loss of dignity, financial problems, and appearing ignorant when asking or answering questions. Patients may be worried about a potential change in ability to function within the family unit, an impending unfavourable diagnosis, or even death (Burden, 1993 p. 7).

2. Touch

A warm hand shake and a welcoming smile is the first step in establishing a relationship based on trust.

Clinical expertise is a prerequisite to working in the specialty, but the ambulatory surgical nurse also brings humanity to each patient's world. I would like to believe that every patient looks up to see a smiling and caring face, a nurse who will go 'one step beyond' to ensure that the patient not only is safe but feels respected and important (Burden, 1993 p. 124).

Once the patient has been admitted to the unit through the usual process of a nursing interview, which ensures the patient is adequately prepared for their procedure and after care, they change into theatre clothes, it is at this stage that the patient experiences an increase in apprehension, as they strip away their identity upon removing their own clothes.

Traditionally patients about to undergo a surgical procedure are asked to take off their clothes, and are subjected to the indignity of wearing a backless, thin, often too short hospital gown. This applies to both men and women, and often leaves the patient with a distinct feeling of vulnerability and a loss of identity.

Taking into consideration the procedure about to be undertaken, I believe the patient should be encouraged to maintain a sense of 'self' through the wearing of articles of clothing of their own, as long as they are clean, and will not be a hindrance to the surgeon, or in danger of being damaged or soiled during surgery. It is at the discretion of the nurse admitting the patient to suggest appropriate articles of clothing and give the patient a sense of responsibility by asking if they would feel more comfortable if, for example, they were to keep their underwear on.

The patient information brochure produced by the day surgery unit requests the patient to bring their own dressing gown, as it is also a comfort to wear something that is familiar. This also identifies the patient as an individual.

It is a known physiological response that when one is frightened or anxious, the body reacts by shutting down the peripheral blood vessels in order to send

more blood to the vital organs. This 'fight or flight' mechanism is the main reason that the patients often complain of feeling cold, and even though they may be given a blanket, they still experience 'cold feet'.

With this in mind, our unit decided to provide a pair of clean, warm, fluffy socks for every patient that wishes them. The feeling of warmth and comfort that is generated by wearing these socks, is evident by the visual relaxation of the patient. Even those patients undergoing foot or leg surgery, are given the socks to wear during the anxiety producing period of 'waiting for their turn'. The socks are removed after they have gone to 'sleep' and placed with their dressing gown for putting on, if and when appropriate after surgery.

The physical touch of familiar clothing, or those that produce a feeling of comfort and safety, significantly contribute to the reduction of anxiety, and therefore create a positive memory of pre-operative phase.

Touch is one of the most powerful resources available in nursing. The power of touch is available in the broad sense not only through the nurses hands, but with the eyes, voice, body position and movements, apparel, and attitude. The comfort of the nurse's physical touch is a caring gesture that reassures patients that they are not alone and that any needed help is close and available (Burden, 1993 p. 111).

The area of 'touch' in the assurance of a quality experience for the patient, goes further than what has already been discussed. The anaesthetic nurses in our theatre are actively encouraged to not only perform the clinical skills necessary to assist with a safe anaesthetic, but to reassure the patient with an offer of a 'hand to hold', as the patient relinquishes control and drifts off to 'sleep'.

The recovery room staff also reassure the patient as they awaken from their anaesthetic, with a warm hand on their shoulder whilst quietly explaining to the patient where they are and that all is well.

The offer of a 5 min hand massage just before the patient is ready to go home is often received with delight, and gives the nurse the opportunity to begin the final discharge education process, during this pleasant interlude.

3. Taste

The area of taste was one that produced a considerable challenge as the patients are fasting, and 'nil by mouth' is an extremely important aspect of care in the management of the pre-operative surgical patient.

It is recognised that to successfully comply with the discharge criteria set in most day surgeries the patient must be able to take oral food or fluids before going home. Therefore it is important that the patients are asked at the admission interview if they have any special dietary requirements, either as a food preference or ethnic or religious restrictions. The food offered to the patients during the second stage of their recovery is usually a sandwich or a light meal with a drink of choice. This is prepared by the catering staff in an appetizing manner.

The timeliness of offering this nourishment is very important. If the patient has been nauseous, the nurse ensures that they have had an anti-emetic, as ordered, to control this unwanted outcome.

The offering of refreshments at this stage of the patients recovery is not a new initiative. It is important that the quality of this food is high, and the presentation attractive, as many patients see the eating of their first meal after surgery as a positive indication of their return to well-being.

As a consequence of dehydration due to fasting, compounded with the medications administered during anaesthesia, the patient often suffers from bad taste in the mouth, along with halitosis. This uncomfortable state has been recognised as an opportunity for quality improvement. The patients are now offered a disposable toothbrush and a single use toothpaste to use, to remedy this problem as they prepare to go home.

There is nothing like the feeling of freshly brushed teeth to help make one feel refreshed. This together with a face wash with a warm flannel and a comb through the hair ensures the patient feels prepared to leave the unit to continue their convalescence at home.

4. Sights

Over the last decade or so, it has become apparent that the healthcare industry, and hospitals in particular, have come to realise the enormous benefits of creating a pleasing visual environment with which patients and their families are faced at what can be a most distressing time. The benefits gained reach further than the organisation looking for ways to attract customers to their establishment.

It has been proven that a pleasant non-clinical environment contributes in a positive way to the levels of anxiety the patient and family feel when entering a hospital or day surgery.

the aim is to break down the barriers of the institution to make it a user friendly environment, to reduce stress and make patients more comfortable usually. The initial impact of the hospital when the person arrives sets the tone. They come in stressed and

anxious so if they come into a welcoming environment, the stress level is reduced (Bitomsky, 1996 p. 10).

Throughout the planning stages of our new day procedure unit the importance of the visual surroundings in creating positive outcomes in the recovery process were recognised.

Following the already proven recipe of creating a warm and non-threatening atmosphere to help in reducing the patient's fears, I have proposed to our administration the value of taking this concept past 'the closed doors' into the operating room. Through extensive research, it has been found that there are very few hospitals that have done anything to improve the cold clinical environment in which the surgical patient eventually finds themselves.

It can be argued that the main reason for this is that the preservation of a highly controlled aseptic environment is paramount. It is to the patients enormous benefit that this ethic is in no way compromised, and that strict infection control principles are adhered to.

However following the philosophy of continually looking for opportunities to 'do things better' and to improve the quality of care we give our patients, this initiative turned to lateral thinking to help solve the problem of the frightening atmosphere in the operating room.

The ceiling and walls are the last thing the patient sees as they drift off to sleep. It is these two areas that are to be changed in an effort to 'warm' the room. With infection control guidelines in mind, what ever is chosen to improve the visual appearance must be able to be washed in exactly the same manner that the existing surfaces are. It must also have a smooth finish so it does not provide a dust trap.

In making the decision, the people who work in the theatre are being currently consulted on what they would like to see, as a worker in the area, and to imagine what a patient might like. The feeling so far is that choosing warm, soft, muted colours which appear to work so well in a ward environment will help reduce the cold clinical perception of the theatre.

The space on the ceiling in most theatres is limited due to airconditioning vents, lights and sometimes ceiling mounted equipment. Ours is no exception. Therefore the area that we have to work with is the immediate circle surrounding the operating light. As circular friezes are not made and other than having a mural hand painted on the ceiling, (which we have had to dismiss due to a limited budget), we have decided to create a circular panel from wallpaper.

Once this washable wallpaper has been chosen, a matching frieze will be placed around the walls creating a pleasing first impression as the patient arrives in the theatre.

Another area which could be improved upon which contributes to the perception of coldness in the operating room, is the stainless steel trolleys and other furniture. It is acknowledged that the functionality of this equipment is its main feature. However I believe that with today's technology and the cooperation of the manufacturers, the appearance could be much improved. This an area of quality improvement that could be worked on in the future.

5. Sounds

Studies have proven that

the use of a combination of relaxation techniques and music therapy significant lower the anxiety in the pre and post operative patient (Good, 1992 p. 240).

The selection of music for relaxation is very individual. Two Walkmans and cassette tapes were purchased. The variety of music provides for a diverse group of people of all ages, sex and ethnic backgrounds.

The patient makes the choice from the tapes provided, when at the pre-admission interview or is encouraged to bring in their favourite tape from home. The personal Walkman provides the patient with the opportunity to play the music at a volume that they feel comfortable with, whilst not intruding on any other person near them. This music can be played as they wait their turn for surgery and is not only soothing but creates the illusion that the terrible period of waiting is not so long after all.

When the patient is escorted into theatre, they may wish to take their music along with them and have it on quietly as they drift off to 'sleep'. Once asleep, the tape player is then removed from the patient and taken to recovery, where it will be returned to them to have gently playing as they wake up. It has been proven that one of the first senses to return after an anaesthetic is hearing. By providing the music the patient has chosen, post operatively it will not only bring them back to the 'land of consciousness' in a pleasant and familiar way, but will also serve to reduce the inevitable clinical sounds of the recovery room.

Patients who listened to their choice of music before surgery in addition to receiving pre-operative instruction had significantly lower heart rate than patients in the control group who received only pre-operative instructions. Differences in experimental and control group patients' blood pressure measurements and respiratory rates approached significance. The authors suggest that perioperative nurses offer music as a viable option to reduce anxiety in ambulatory surgery patients who believe music is a method of relaxation (Augustin, 1996 p. 750).

6. Smells

'I hate the smell of hospitals.' How many times have I heard that, from patients, family, and friends? The sense of smell is one of the strongest senses the human being experiences, as it stirs up memories both pleasant and distressing in one tiny breath.

While working with a group of students at the University of Wisconsin, Professor Arch Minchin uncovered what he and other scientists believed was a significant breakthrough in the study of action olfaction-the sense of smell. He found that by exposing his students to different aromas found naturally occurring in nature, under controlled conditions, he could substantially influence their moods and energy levels. The professor documented his findings and termed this phenomenon 'scentual stimulation'. It was scientific validation for what aromatherapists and numerous other natural therapists have known for years-that our bodies react strongly and impressively to different fragrances (Day and White, 1995 p. v).

The plan for this stage of this quality initiative is to purchase two electric aromatherapy vaporizers. One will be placed in the pre-operative waiting room and the other in the second stage recovery area. The needs of these two areas are distinctly different. They require a different mixture of essential oils to create the outcome we are aiming for.

The pre-operative patient as we have already discussed will be stressed and anxious in varying degrees, and will benefit by being exposed to a calming aroma.

Stress is a force that can strain and deform or renew and empower. The essential oils can truly help us calm our emotions, clear our minds and focus more clearly on that we wish to achieve (Day and White, 1995 p. 171).

The essential oils suggested by the authors of the book referenced, to create the mood of calm would be, bergamot, cedarwood, lavender, camomile, neroli, orange, sandalwood or patchouli. The specific blends of two or three of these oils placed in the vaporise will create a gentle background smell that people should not immediately be aware of on arrival to the room. In addition to this, after discussion with the patient at the pre-operative interview, the patient will be offered a personal aromatherapy scent to be created for them. This can be easily done after the patient has made a choice, by putting the oil on a cotton wool ball and wrapping this in a tissue. This can be tucked into the collar of the patients dressing gown and later the operating theatre pillow.

The second stage recovery lounge is a different situation altogether. Here the outcome aimed for, is the gentle stimulation and anti-nausea properties that different essential oils possess. Some of the oils recommended are, basil, clary, sage, eucalyptus, fennel, peppermint, lemongrass, rosemary and tea tree. The vaporiser in this room would contain a selection of two or three of those oils suggested, and would create an atmosphere of clarity and balance. At this stage the lotion used for the hand massage already discussed in the touch section, ideally would have an uplifting scent, such as peppermint or tea tree.

7. Conclusion

Taken singularly, none of the topics discussed in this paper are either new or startling. It is the total package that I have presented, that will make a difference. By concentrating on all of the patient's senses this quality assurance initiative will be treating the whole person. Through 'doing things better' and continually looking for opportunities to improve our facilities and service to our patients, we will ensure the success of our unit. The monitoring and evaluation of this initiative will be on-going through patient feedback informally, as well as through the formal 'patient satisfaction' questionnaire, which will be modified to include questions relating to the five senses. For the purpose of this paper I have concentrated on the Day Surgery patient. I do believe that the surgical inpatient would also benefit enormously from the quality initiative proposed. With

the increasingly common practice of admitting patients for major surgery the morning of their scheduled operation, these patients have the same fears and anxieties as the day patient. The principles of quality nursing care are the same and should cross all boundaries of patient groups. When considering this quality assurance project the financing of the new initiatives recommended was an important factor. After presenting the ideas to our Chief Executive Officer and Director of Nursing, I estimated, the cost to implement them. I believe this cost of \$150, will be returned many times over through the positive 'word of mouth' advertising generated through our satisfied patients to their friends and families.

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