

The benefits of nursing guidelines in the preoperative period of cardiac surgery*Los beneficios de las guías de enfermería en el período preoperatorio de cirugía cardíaca**Os benefícios das orientações de enfermagem no período pré-operatório de cirurgia cardíaca***Nickson Scarpine Malheiros¹**

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Abstract

The aim was to compare the perceptions of patients regarding nursing guidelines in the preoperative period of cardiac surgery with those who did not receive the guidelines. This is a qualitative, descriptive and comparative research, carried out in the first half of 2017 in a private reference clinic in the region. Data were collected from field research and using the Bardin method. It was demonstrated that the nursing guidelines in the preoperative period obtained a satisfactory result for the patient in terms of both psychic and hemodynamics after surgery, whereas in relation to those who were not instructed in the preoperative period, it was shown to be the opposite. Patients who received nursing guidance felt more confident and secure in relation to the procedure than those who were not instructed.

Descriptors: Nursing Care; Perioperative Assistance; Nurse-Patient Relations.**Resumen**

El objetivo fue comparar las percepciones de los pacientes sobre las guías de enfermería en el período preoperatorio de cirugía cardíaca con las que no recibieron las guías. Se trata de una investigación cualitativa, descriptiva y comparativa, realizada en el primer semestre de 2017 en una clínica privada de referencia de la región. Los datos fueron recolectados de una investigación de campo y usando el método Bardin. Se demostró que las guías de enfermería en el período preoperatorio obtuvieron un resultado satisfactorio para el paciente en términos tanto psíquicos como hemodinámicos después de la cirugía, mientras que en relación a los que no fueron instruidos en el período preoperatorio, se demostró lo contrario. Los pacientes que recibieron las pautas de enfermería se sintieron más confiados y seguros en relación con el procedimiento que aquellos que no fueron instruidos.

Descriptores: Atención de Enfermeira; Asistencia Perioperatória; Relaciones Enfermera-Paciente.**Resumo**

Objetivou-se comparar as percepções dos pacientes quanto as orientações de enfermagem no pré-operatório de cirurgia cardíaca com os que não receberam as orientações. Trata-se de uma pesquisa qualitativa, descritiva e comparativa, realizada no primeiro semestre de 2017 em uma clínica privada de referência da região. Os dados foram coletados a partir de uma pesquisa de campo e utilização do método Bardin. Demonstrou-se que as orientações de enfermagem no pré-operatório, obtiveram um resultado satisfatório para o paciente na questão tanto psíquica quanto hemodinâmica após a cirurgia, já em relação aos não foram orientados no pré-operatório, mostrou-se o contrário. Os pacientes que receberam as orientações de enfermagem sentiram-se mais confiantes e seguros em relação ao procedimento do que os que não foram orientados.

Descritores: Cuidado de Enfermagem; Assistência Perioperatória; Relações Enfermeiro-Paciente.

to nursing care in hospital care for patients who are in the preoperative and postoperative periods of cardiac surgery.

Qualitative research is carried out through a survey that expresses a broad interest in the reports and personal experiences of the interviewees. Each person is seen as a unique individual by the researcher, who will present a detailed understanding of the situations experienced and reported by the research subjects. In addition to answering questions that cannot be measured, the qualitative approach encompasses emotions, beliefs, attitudes, and values, relevant to the present study, to categorize the resources used by them in each unit⁸.

The descriptive study presents facts that are observed, registered, analyzed, classified, and interpreted, not allowing the researcher to interfere in its results. It uses standardized techniques for data collection as a method. Although it serves as the basis for such an explanation, it is not committed to explaining the phenomena it describes, thus researchers have a practical concern in this type of investigation⁹.

A comparative method is where facts are investigated and explained through their similarities and differences, allowing a concrete data analysis, with its divergences and elements¹⁰. Using comparison as a means of research, results can be analyzed more efficiently and objectively, thus helping to better develop the conclusion of the article.

The research was carried out in a private clinic of reference in a cardiovascular surgery service in the region and had the Intensive Care Unit and the infirmary as its setting. In this study, field research was carried out whose aim was to put into practice nursing guidance in hospital care for patients who are preoperatively in the ward and immediately after cardiac surgery.

The form of data analysis was performed using the Bardin method, which through this type of analysis, it is possible to identify and categorize the data, ensuring an analysis closer to the reality investigated. For the analysis of quantitative data, it was tabulated in Microsoft Office Excel software for organization and preparation of tables and graphs.

The research subjects were 30 patients undergoing cardiac surgery, where they were evaluated in the preoperative and postoperative phases. In the first stage of the research, the subjects were separated into two groups, each containing 15 subjects, where one group, called "group A", received all the nurses' orientations regarding cardiac surgery in the preoperative phase, using a script with guidelines to clarify and resolve doubts about the surgery; and the other group, called "group B", did not receive instructions from the nurse regarding surgery in the preoperative phase.

The second phase of the research was an interview with group A and group B, through a script of questions (divided into three categories) related to the patient's perceptions when waking up in the postoperative period of cardiac surgery in which he was submitted.

Introduction

Cardiovascular diseases are currently one of the main causes of death in the world and, consequently, in Brazil, reaching a percentage of 33% of deaths in the country, according to data from the world health organization. Based on this premise, the search for strategies that favor an early diagnosis and, thus, start the appropriate treatment in the shortest possible time has been intensified.^{1,2}

With the advent of new techniques for the clinical treatment of heart disease, which aims to reduce risks and increase patient safety, studies on surgical procedures have been intensified, especially regarding percutaneous clinical interventions. As a result, the number of surgeries in Brazil has grown a lot, especially myocardial revascularization surgeries and valvulopathies repairs³.

As cardiac surgery is a high-risk intervention, patients who undergo this procedure need specialized assistance from the nursing team throughout the perioperative period. Due to the high risk of this intervention, cardiac surgery should be performed when the prospect of a healthy life becomes greater with surgical intervention than with clinical treatment⁴.

Nursing guidelines should ensure a good understanding for the patient about the procedure to be performed, thus, less anxiety in relation to the surgical intervention, thus ensuring better comfort and better patient recovery. The patient's way of facing the surgical procedure negatively can lead to complications in their recovery, which may intensify postoperative morbidity⁵.

A recent study showed that anxiety and insomnia are among the most common nursing diagnoses in patients undergoing coronary artery bypass graft surgery, thus, nursing guidelines that aim to clarify the procedure to be performed, as well as promote the well-being, comfort, and safety for the patient during the surgical procedure⁶.

Thus, the role of the nurse towards the surgical patient becomes essential, transmitting the necessary information about their health problem, as well as the surgical intervention and how it can contribute to their recovery in the postoperative period. After the end of the surgery, the presence of the nurse in the postoperative cardiac surgery unit is of great importance, as, in addition to bringing comfort to the patient, nursing care at this stage will be essential to transmit safety to the patient, contributing to their recovery⁷.

Given the above, this study had as its object of study: Nursing guidelines in the preoperative period of cardiac surgery and as a study objective: to compare the perceptions of patients regarding the nursing guidelines in the preoperative period of cardiac surgery. with those who have not received the guidelines. This research is justified by the need to improve the care provided to patients in the postoperative period of cardiac surgery about nursing guidelines to the patient, since such guidelines can be essential for their recovery.

Methodology

This study is a qualitative, descriptive, comparative research, which provides a better collection of data related



The interview was recorded on an MP4 player and transcribed in full and is part of the discussions of this work. The survey data were collected in the first half of 2017.

The inclusion criterion was with subjects over 18 years old, (because being of legal age may facilitate their authorization for the research) in the pre- or post-operative period of cardiac surgery.

The exclusion criteria were children, patients who had speech or neurological problems, disoriented patients in the postoperative period (since it may make the research difficult because it needs authorization from a responsible person and the difficulty in expressing oneself could compromise understanding and thus make it difficult to data collection) and patients who died in the perioperative period.

The research was conducted after contacting the heads of the private Hospital in the region, the research objectives being presented for their authorization, following acceptance, the research objectives were presented to the research subjects and the free and informed consent term was used to authorize the voluntary participation of subjects, with confidentiality and identity assured.

Research risk to the subject: There was no possibility of physical, psychological, moral, intellectual, social, cultural or spiritual harm to the subject at any stage of this research.

The benefits of this research for the subject: The preoperative nursing guidelines showed that there are many positive points for the pre- and postoperative period of cardiac surgery, contributing to the patient's physical and

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psychological well-being, since anxiety and fear are reduced after clearing up some doubts.

The study complied with the formal requirements contained in Resolution No. 466/12 of the National Health Council, which states that all research involving human beings must be submitted to a Research Ethics Committee, being approved by the Research Ethics Committee of Plataforma Brasil, under approval opinion number 256,286. CAAE: 11144413.10000.5291, from the Veiga de Almeida University.

Results and Discussion

The research subjects were 30 patients undergoing cardiac surgery divided into two groups: group A with patients oriented by the nurse in relation to cardiac surgery in the pre- and postoperative phase and group B with non-oriented patients (each of the groups composed of 15 individuals). All were analyzed in two phases (preoperative and postoperative), they were between the third and sixth day after cardiac surgery and the total age group consisted of patients aged between 35 and 66 years.

Table 1 shows that group A of those advised has a prevalence of males, consisting of 09 men and 06 women, where the prevailing age among men was 46 to 65 years old, whereas among females there were patients over 66 years old. In group B, the predominance in the total was of women (08) between 35 and 65 years old and in relation to men (07), the largest numbers were of patients aged between 46 and 65 years old.

Table 1. Subject Characterization – Age and gender. Rio de Janeiro, RJ, Brazil, 2017

	Total	Male gender % (n)	Feminine gender % (n)
SAMPLE GROUP A	15	60 (09)	40 (06)
Age group (Years)			
35-45	03	22,2 (02)	16,6 (01)
46-65	08	66,6 (06)	33,3 (02)
>66	05	11,1 (01)	50,0 (03)
SAMPLE GROUP B	15	46,6 (07)	53,3 (08)
Age group (Years)			
35-45	04	28,6 (02)	25,0 (02)
46-65	07	71,4 (05)	25,0 (02)
>66	04	42,8 (03)	12,5 (01)

Source: Data collected from the reference private clinic in cardiovascular surgery service in the region in 2017.

In the first phase, 15 patients were fully oriented by a nurse regarding the surgery and its postoperative period; the other 15 patients were not advised by any professional regarding cardiac surgery. The information referred to the intensive care unit, where he would be in the post-surgical period, as well as the environment, types of care received, type of monitoring, devices installed, endotracheal tube, possible drains, medications, procedures that would be performed and the estimated length of stay in intensive care.

In the second phase, interviews were conducted with all patients undergoing cardiac surgery, both oriented and non-advised patients, who met the sample selection criteria, informing them about the purpose of the research, voluntary participation, and guarantee of anonymity.

Three categories of questions were applied to all survey participants. The most prevalent responses were transcribed. In order to preserve the identity of the participants, only their initials were placed at the end of each answer.

The first category was to describe whether the patient was prepared for what he would face when he woke up in an ICU (Intensive Care Unit) environment. The questions were of affirmative or negative answers, although there was a part for observations when the participants wanted to better express what they felt. Among those who were instructed, the answers were:

"Yes. I knew where I would wake up, because you told me before." (C.A.S., 49 Years).



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"No. Then a nurse came, - I think it was - and explained to me that the tube and other things would be removed". (A.R.S., 51 Years).

"I didn't know, but I always give it to God, He solves everything in my life". (G.L.V, 38 Years).

"No. I only knew that I would go to the room after the nurse spoke". (C.R, 63 Years).

"No. I didn't know anything about the drain or about anything". (L.M.P, 51 Years).

"No. There was little, but it helped a little, it could have been better". (A.R.S, 51 Years).

"No. I knew I would open my chest, but what was going to happen wasn't. I don't know what it's going to be like at home. Will they talk about what I can do or eat?". (C.R, 53 Years).

"Yes. I soon remembered what you said and took it literally, despite being very sleepy and cold." (M.A., 61 Years).

"Yes. I knew, but it makes you nervous." (I.C, 59 Years).

Of the patients who were not instructed, the answers were:

"No. I woke up with a tube, then I got nervous, I wanted to talk and I couldn't, but soon the nurse came." (L.M.P, 51 Years).

"No. I know it's normal, but I stayed two days longer there. I was nervous and the blood pressure was very high". (J.N.F., 50 Years).

"I didn't know, but I thought it was dead, very cold". (W.L.Q, 78 Years).

The factors that make up the context of an ICU are very stressful. It is an environment where the sense of time is lost, the patient is removed from his family, always remains in the supine position, among other factors that make it a totally uncomfortable and distressing place not only for the patient, but also for also for your family members¹¹.

Any event that is new or unknown can trigger negative feelings, which was often observed in patients who were not instructed, as they were unaware of the difficulties encountered in an ICU, added to the fear that is already generated throughout the pre- and postoperative period. therefore, it was observed that among them the greatest feeling was fear and not knowing where they were. The oriented patients, on the other hand, were prepared or had a certain notion of what they would deal with through the information given preoperatively by a professional, thus ensuring that they had more positive and less stressful reactions and feelings.

The second category made to the participants was in relation to their knowledge about what would happen after their stay in the ICU and whether the level of information received was satisfactory. Among those who were advised, the following answers were obtained.

"Yes. I knew what you said to us, I remembered that it was normal". (I.C., 59 Years).

"Yes. I was dying to go to the bedroom soon". (M.L.T, 59 Years).

"Yes. I remembered a part of what you told me to help me a lot". (I.P.C, 48 Years).

"Yes. In addition to having already gone through this, some doubts I took with you. Thank you". (A.K.S, 58 Years).

"Yes. You explain it well and it's a lot of fun. it's in the right area". (R.F.N, 49 Years).

"Yes. I asked everything, even the things that were not related to the surgery. You are very good". (G.M., 53 Years).

As for those who were not oriented, the answers were as follows:

Of the patients who were instructed, all knew what would happen afterwards, as they were informed of the procedures they would be submitted to. It can also be seen that the guidelines were satisfactory and that they met the patients' needs and doubts. As for the unguided patients, they did not know, they just listened to the conversations between the team, in addition to having doubts whether they were really in the hospital and what had happened, the questions persisted even on how they could proceed after discharge, they had no information some, and of the ones they had, were information they obtained outside, before being admitted to the hospital.

The patient who will undergo surgery may have several psycho-emotional reactions that can affect their quality of life later. Thus, the preoperative nursing consultation is of paramount importance so that there is mutual dialogue, exchange of information and clarification of doubts, so that through the expansion of the individual's knowledge, their well-being and better coping with the entire procedure to be performed¹².

The third category asks whether the patient felt more need to have received more information preoperatively and how he felt about it. Among the patients in the group who received guidance:

"No. I even learned, I can pass it on to my cousin. Poor thing, she's going to operate and she doesn't know what it's like". (M.L.T, 59 Years).

"No. I just found out I was going to use the drain through you". (W.N.C, 49 Years).

"If I hadn't been guided, I think I would have been nervous and my diabetes had gone up, but it didn't". (A.B.M., 69 Years).

"I felt calm. I wish it were you, but I hope I don't come back. I got rid of one, only God". (M.C, 61 Years).

"I knew what I would find and what the order would be and that calmed me down". (T.C, 58 Years).

"Always good to know, I'm calm, but it helped my wife, she's very nervous, she liked it a lot and she's calm, it seems she took medicine." (R.F.N, 49 Years).

Those who were not instructed answered:



"Yes. Because I think if I had more explanation I would be calm. I think so". (L.M.P., 51 Years).

"Yes. I get very anxious without information I didn't know if I could get up, eat, these things". (A.R.S, 51 Years).

"Yes. Daughter, I don't even know when I can go home". (J.M.R, 68 Years).

"Yes. Because I think if I had more explanation I would be calm. I think so". (L.M.P., 51 Years).

"I needed more information. I think they know that, I haven't received any information". (A.A.M.S, 48 Years).

"I didn't know what it would be like, neither did Mariza - my wife and that made us nervous". (E.H.S, 56 Years).

When analyzing the responses of the group of patients who were instructed, it is noticed that the concern is reduced as they have information about how the postoperative period will take place. awaits you when you are discharged. This does not happen with the group that was not guided, where it is possible to notice the lack of basic information that can make the patient and family members increasingly nervous.

Guidance and information at these times are essential for comfort, less worry and anxiety in patients. The nursing process becomes relevant for the provision of care when it implies the responsibility to transmit knowledge in patient guidance, as well as to pass on correct information to the patient about procedures, drug use, drain handling, among other information. pertinent to the surgical procedure¹³.

Greater attention to the patient in the preoperative period can influence their possible and faster postoperative recovery. Patients should receive guidance about surgery and the immediate postoperative period and receive information about the importance of breathing exercises and early walking to be performed¹⁴.

The patient's dissatisfaction with the information received generates insecurity and discontent with the health team, in addition to presenting discontinuity in the preoperative period. Therefore, it is essential to provide guidance to preoperative cardiac surgery patients, as well as accurate information, avoiding contradictory information, thus ensuring the patient's trust in the team, and favoring positive feelings about the surgery¹⁵.

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The nursing team has as one of its attributions the orientation, not only of patients, but also of their families, favoring a relationship of complicity between the team, the patient, and their family. This process brings security to the family, involving them in the patient's recovery and rehabilitation process¹⁶.

Thus, it is worth emphasizing the importance of nurses working using their knowledge, skills, and abilities in favor of the patient, as it is known that the routine in a Surgical Center requires qualified and trained professionals to perform their functions, making the care process provided to surgical patients during perioperative care is of quality, minimizing risks and valuing the safety and well-being of the patient¹⁷.

Final Considerations

Patients who received guidance from the nursing team felt more confident about the procedure and for having clarified any doubts in the preoperative period. The fact that their relatives who accompanied them also received the necessary information was satisfactory to the patient, which also resulted in greater trust on the part of the family. These patients were more stable in the postoperative period and, therefore, had a shorter length of stay in the intensive care sector.

Regarding patients who did not receive guidance, they had greater confusion and irritability, feelings of fear and anxiety, which resulted in a lack of control of vital signs, as a result, longer hospital stay in the intensive care sector, thus increasing the number of procedures performed, as well as the cost to the hospital institution.

Thus, this study showed the importance of attention by the nursing team in making such information available to the patient, and in an intensification of the health system so that humanization is advocated in this type of care, when the patient deals directly with anxieties of death.

It is suggested for future studies to use this comparison involving other problems in intensive care, thus being able to cover the research result and determine, in relation to other factors and situations, how actually oriented patients have better results and reports in the entire context of care and care.

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