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Signature Carol Lountain

Date December 1, 1971

EFFECTS OF PREOPERATIVE INSTRUCTION
ON SELECTED SURGICAL PATIENTS

by

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A professional paper submitted to the Graduate Faculty in
partial fulfillment of the requirements for the degree

of

MASTER OF NURSING

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December, 1971

ACKNOWLEDGMENTS

Sincere appreciation is extended to Dr. Laura Walker, Miss Virginia Felton, and to Mrs. Emma Bowen and the nursing staff of St. Luke's Hospital for their assistance which made the completion of this paper possible. Appreciation is also extended to the classmates of the writer who offered valuable support and many helpful suggestions.

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ABSTRACT

The purpose of the study was to determine the effectiveness of individually administered verbal and written preoperative instructions on postoperative behaviors in turning, coughing, and deep breathing activities by selected surgical patients.

The study was conducted in a 243 bed general hospital. The population was made up of adults admitted to the surgical units of the hospital, who were about to undergo elective surgery on trunk or abdomen. Two groups of ten patients each were selected. The experimental group received preoperative written and verbal instructions in exercises to be done after surgery; the control group received no special explanations. The control group received the routine post surgery nursing care administered by the hospital personnel. The experimental group received nursing care by the investigator for four hours a day for four days; the nursing care included stressing the importance of the exercises in preventing complications. Data was collected on the fourth postoperative day.

A null hypothesis and two alternate hypotheses were constructed.

Null hypothesis: There will be no difference in postoperative participation between patients who receive individually administered verbal and written instruction in turning, coughing, and deep breathing, and patients not receiving those instructions.

Alternate hypotheses: 1) Patients receiving the preoperative instruction will have faster postoperative ambulation than patients not receiving preoperative instruction. 2) Patients receiving the preoperative instruction will have fewer warning signs of complications as indicated by temperature and pulse elevation.

The null hypothesis was rejected on nonstatistical evaluation of the data collected. The experimental group evidenced more frequent turning, coughing, and deep breathing than the control group. However, neither faster ambulation nor fewer signs of complications could be identified in the findings; therefore, the two alternate hypotheses were also rejected.

CHAPTER 1

INTRODUCTION

Since the emergence of the use of surgery as a means of restoring health, the medical profession and the nursing profession have studied ways of preventing complications in the post surgical period. One means credited with reducing postoperative circulatory complications has been increased postoperative activity. Deep breathing and coughing have been presented as means by which respiratory complications may be prevented.

One of the goals of the nursing profession has been to motivate surgical patients to assume the responsibility for preventing postoperative complications by adequate exercises. The nurse, in order to motivate patients must assume the responsibility for teaching patients how to do the activities required to prevent complications. The nurse can help prepare the patient for the postoperative period by appropriate communications during the preoperative period. Simple and clear explanations about procedures occurring before, during, and after surgery can result in a more cooperative patient. Levine and Fiedler state, "The postoperative course and rehabilitative progress of the surgical patient is often directly related to the type and

amount of preoperative preparation he receives."¹ Adequate preoperative instruction of patients could result in better-informed patients who can handle themselves better, physically and psychologically, in the postoperative period.² Nursing personnel can help their patients through the stressful situation of surgery by communicating specific information regarding the pending surgery and postoperative period. The communication should reflect that the patient is considered a person of intelligence whose cooperation is sought by the nurse rather than being treated in a routine manner. This communication should therefore reflect the application of the democratic process to nursing. According to Peplau, democratic method applied to nursing requires patient participation. To encourage the patient to participate in identifying and assessing his problem is to engage him as an active partner in an enterprise of great concern to him.³

Of great concern to the surgical patient is his well being in the post surgical period. The patient will be interested in learning techniques that will ensure a faster return to health. The

¹Dale Levine and June P. Fiedler, "Fears, Facts and Fallacies About Pre- and Postoperative Care," Nursing Outlook, 18:26, February, 1970.

²Levine and Fiedler, p. 28.

³Hildegard Peplau, Interpersonal Relations in Nursing (New York: G. P. Putnam's Sons, 1952), p. 23.

preoperative period would appear to be an excellent time to teach exercises which may prevent postoperative complications and thus promote a faster return to health.

State of the Problem

Nurses have many goals in caring for surgical patients. One of the goals is the motivation of surgical patients to assume responsibility for turning, coughing, and deep breathing in order to prevent postoperative complications. Would individually administered preoperative instruction stressing the importance of turning, coughing, and deep breathing lead to voluntary participation on the part of the patient in these activities, and would this participation influence the incidence of complications in the postoperative period?

Purpose of Study

The purpose of the study was to determine the effectiveness of individually administered verbal and written preoperative instructions on postoperative behaviors in turning, coughing and deep breathing activities by selected surgical patients.

Null Hypothesis

There will be no difference in postoperative participation between patients who receive individually administered verbal and written instruction in turning, coughing, and deep breathing, and

patients not receiving those instructions.

Alternate Hypotheses

1) Patients receiving the preoperative instruction will have faster postoperative ambulation than patients not receiving preoperative instruction.

2) Patients receiving the preoperative instruction will have fewer warning signs of complications as indicated by temperature and pulse elevation.

Assumptions

Patients accept the nurse as an expert and will follow her teachings.

Postoperative participation in activities taught will indicate that learning has taken place.

Patients will respond positively to a nurse who shows interest in them.

Limitations

The size of the population sample is small, so conclusions cannot be generalized.

The Hawthorne effect could be present in the experimental group. Hawthorne effect is the psychological response of people who are in a special research setting, i.e., to the novelty of the situation

or to the fact of having been treated in a special way.⁴

The positive response of a patient to a nurse who shows interest in him may be a limitation in the study.

Variables which were not controlled may affect the patient's responses. These include:

Previous hospitalization and prior knowledge of expected behaviors

Use of intermittent positive pressure breathing therapy

Possible occurrence of other unrelated postoperative complications which may affect the outcome of the study, i.e., wound infection, surgical parotitis.

Differing personalities of patients which affect their recovery.

Methodology

The study was conducted in a 243 bed general hospital in an urban setting which also draws from surrounding rural areas. The study was experimental in design and the sample consisted of adults admitted to the surgical units of the hospital. The experimental group of patients was given preoperative instruction in exercises to be done after surgery; the control group received no instructions. Evaluative

⁴Faye Abdellah and Eugene Levine, Better Patient Care Through Nursing Research (New York: The Macmillan Company, 1965), p. 702.

data was collected on the fourth postoperative day.

Definition of Terms

Ambulation. That time when the patient is out of bed standing on his feet with or without assistance, and walks in place or about room.

Adult. A person eighteen of age or over.

Preoperative period. The period of time from when the patient is admitted to the hospital until he undergoes surgery.

Postoperative day one. The first calendar day after the day of surgery.

Routine Nursing Care. The usual nursing care given to hospitalized patients by staff personnel.

Investigator's Nursing Care. The usual nursing care given to post surgical patients; in addition the investigator gives instruction on activities of turn, cough and deep breathe stressing the necessity of these activities in prevention of complications.

Justification for the Study

All nursing care given to post surgery patients has one aim-- the benefit of the patient. The investigator in giving nursing care to patients in the past, has noted that patients who are involved in their own care are more willing to participate in activities, even if uncomfortable, if they are aware of reasons for such activities and the way

in which they will benefit than patients who are not involved in their own care.

CHAPTER 2

REVIEW OF LITERATURE

In 1941, Doctors Dripps and Waters advocated a program of post-operative activities; their term for these activities was the "stir-up regimen."⁵ Since that time, although nursing experts and textbooks espouse the benefit of such a regimen,⁶ little clinical research has been put forth to determine how patients can best learn how to carry out this regimen.

In recent literature, one study done by Kathryn Healy followed 321 patients through the course of their hospitalization.⁷ Of these, 181 patients were given extensive preoperative instruction, and 140 were not. Patients admitted on busy evenings were in the control group; those patients admitted on less busy evenings were the experimental group. The experimental group received individual preoperative instruction about deep breathing, turning, coughing, body mechanics, and an explanation of the specific procedures expected with the

⁵Robert Dripps, M.D. and Ralph Waters, M.D., "Nursing Care of Surgical Patients," American Journal of Nursing, 41:530-534, May, 1941.

⁶Bertha Harmer and Virginia Henderson, Textbook of the Principles and Practices of Nursing (5th ed.; New York: Macmillan Co., 1955), p. 991.

⁷Kathryn M. Healy, "Does Preoperative Instruction Make a Difference?" American Journal of Nursing, 68:62-67, January, 1968.

particular operation. Preoperative teaching for patients in the control group included the same explanations, but lacked explicit detail and specific instructions.

Results showed that of the 181 patients in the experimental group, 160 patients began oral narcotics on the fourth postoperative day without difficulty, and were off all medication on the sixth day. Of the 140 control patients, oral narcotics were not begun until the sixth or seventh day for 127 patients, and 13 patients were on parenteral narcotics on the day of discharge.

Healy felt that the value of a definite time set aside preoperatively to instruct patients was proved by the research.

While it was not a study involving preoperative instruction, Sister M. Cashel Weiler conducted a study, surveying 100 patients who had undergone open heart surgery.⁸ She asked the patients what they thought patients ought to be instructed in before surgery. Among the items mentioned by the patients were deep breathing and coughing. One part of the questionnaire asked patients to rank information commonly used in preoperative instructions. Ranking ranged from very important through somewhat important and helpful, to not helpful. Patients ranked "explanation of how to do deep breathing and coughing" as

⁸Sister M. Cashel Weiler, "Postoperative Patients Evaluate Preoperative Instruction," American Journal of Nursing, 68:1465-1467, July, 1968.

follows: 81 patients thought it very important; 10 patients thought it somewhat important; 8 patients thought it helpful; only one patient considered it not helpful. Rankings for "practice in the technique of deep breathing and coughing" showed 59 patients said this very important, 22 patients thought it somewhat important, 18 patients considered it helpful, and only one thought it not helpful. While this study was limited to patients who had undergone open heart surgery, the importance of preoperative instruction in deep breathing and coughing is emphasized.

Elizabeth Mezzanotte tried out and evaluated a plan of preoperative instruction for small groups of patients.⁹ Patients having elective abdominal surgery were given detailed preoperative instructions in six groups. The preoperative instructions followed a planned outline including four major areas of information: 1) general instructions in preparation for surgery, 2) hospital policies concerning surgical patients, 3) suggestions about the control of pain, 4) activity that would promote satisfactory recovery.

Twenty-three of the twenty-four instructed patients were interviewed (usually five to seven days after surgery) by the investigator. All the patients said that the group instruction had been beneficial.

⁹Elizabeth Mezzanotte, "Group Instruction in Preparation for Surgery," American Journal of Nursing, 70:89-91, January, 1970.

The most frequent comment given by patients was that they had gained the ability to participate properly in the activity after surgery.

The most recently published study involving preoperative teaching was reported by Lindeman and Van Aernam.¹⁰ The purpose of the study was to determine the value of preoperative teaching of deep breathing, coughing and bed exercises. The control group consisted of 135 patients, and the experimental group had 126 subjects. The control group received "unstructured preoperative teaching--each nurse taught what, when, and how she felt was correct." There was no nursing procedure or policy describing preoperative teaching. Subjects in the experimental group were exposed to a "structured preoperative teaching" in which all staff personnel had been trained in the skills of preoperative teaching. Both groups of patients were tested for ventilatory function with preoperative and postoperative tests. Data was collected on hospital stay and number of analgesics from the patient's chart after the patient's discharge.

The data supported the following: 1) the ability of subjects to deep breathe and cough postoperatively was significantly improved by the structured preoperative teaching method; 2) the mean length of

¹⁰ Carol Lindeman and Betty Van Aernam, "Nursing Intervention With the Presurgical Patient--The Effects of Structured and Unstructured Preoperative Teaching," Nursing Research, 20:319-332, July-August, 1971.

hospital stay was significantly reduced by the implementation of the structured preoperative teaching method; 3) there was no differential effect upon postoperative need for analgesia.

The studies cited indicate that in the few studies conducted, preoperative teaching is of benefit to surgical patients.

CHAPTER 3

METHODOLOGY AND ANALYSIS OF DATA

Methodology

The study was conducted in a two hundred forty three bed general hospital drawing from a population area of approximately one hundred thousand people. The target population for the study was adults admitted to the four surgical units of the hospital. Included in the study were adults who were able to communicate verbally and who were having elective surgery on the trunk (i.e., excluding head, neck and extremities).

The sample population consisted of ten pairs of subjects, twenty subjects in all. The subjects in the experimental group were visited by the investigator on the evening before surgery and given the printed instructions.¹¹ These were explained to the patients and the subjects were urged to practice the exercises as they were being explained. The investigator gave nursing care to the subjects in the experimental group for four hours during the hours of 7 a.m. and 7 p.m. for four days following surgery.

The control subjects were selected to match the experimental

¹¹Adapted from "Group Instruction in Preparation for Surgery" by Elizabeth Mezzanotte, American Journal of Nursing, 70:89-91, January, 1970. Used with permission. See Appendix, page 32.

group in age and type of surgery as closely as possible. The subjects in this group received routine preoperative care which does not include a planned program of teaching. The control group received the routine nursing care given by staff personnel of the hospital.

On the fourth postoperative day each patient's chart, of both control and experimental groups, was reviewed. The evaluation form, constructed by the investigator, was completed at this time. The time of the patient's first ambulation was noted, as well as any elevations of pulse above 90 beats per minute and temperature above 100° Fahrenheit. Also noted was whether the patient turned, coughed, and deep breathed at intervals of two hours, four hours, or only when reminded by the nurse. (Samples of the Evaluation Form and the Instruction Sheet may be found in the Appendix.)

Analysis of Data

Seven tables were constructed using the data obtained from each Evaluation Sheet. Each table compares the control group to the experimental group. Because of the small size of the sample, no statistical interpretation was made.

Table 1 compares the subjects in each group in relation to age, and type of surgery, with comments on their behavior and response.

TABLE 1
COMPARISON OF CONTROL AND EXPERIMENTAL GROUPS

EXPERIMENTAL GROUP				CONTROL GROUP			
Sub- ject	Age	Type of Surgery	Comments	Sub- ject	Age	Type of Surgery	Comments
1	62	Cholecystectomy	No IPPB. Previous hospitalization	1	54	Cholecystectomy	5'3" tall, 250 lbs. Deep dehiscence on day 4
2	60	Cholecystectomy	IPPB. Prev. hosp. Had had "5 nervous breakdowns" in past. Given Librium, 25 mg IM, stat. Valium 5 mg t.i.d., faintness on attempted ambulation.	2	40	Cholecystectomy	No IPPB.
3	46	Gastric Resection	Prev. hosp. IPPB q.i.d. for 3 days.	3	45	Colon Resection	Prev. hosp. IPPB q.i.d. for 3 days.

TABLE 1 (continued)

EXPERIMENTAL GROUP				CONTROL GROUP		
Sub- ject	Age	Type of Surgery	Comments	Sub- ject	Age	Type of Surgery
4	21	Wedge Resection of Ovary	No prev. hosp. Preop anxiety level very high. Hypotension im- mediately after surgery (BP 80-90/ 50) Trendelen- berg position Aramine IV drip for approx 5 hrs. Fainted twice before able to ambu- late outside room.	4	18	Laparotomy- ruptured ovar- ian cyst.
5	29	Abdominal hysterectomy	Prev. hosp. IPPB. Preop- had cloudy in- filtrate on chest x-ray & productive cough. Postop early nonpro- ductive cough which later be- came productive	5	25	Abdominal hysterectomy
						No IPPB

TABLE 1. (continued)

EXPERIMENTAL GROUP				CONTROL GROUP			
Sub- ject	Age	Type of Surgery	Comments	Sub- ject	Age	Type of Surgery	Comments
6	26	Cholecystectomy	No prev.hosp. IPPB. Preop anxiety level very high	6	39	Cholecystectomy	IPPB. Started on 4th post- op day
7	59	Cholecystectomy	No IPPB. Prev. hosp.	7	51	Cholecystectomy	IPPB for 8 treatments
8	52	Abdominal hysterectomy	No IPPB.	8	44	Abdominal hysterectomy	No IPPB. Required vas- apressors after surg. to maintain blood pres.
9	60	Vagotomy & pyloroplasty	IPPB. q.i.d.	9	31	Subtotal gastrectomy	IPPB q.i.d.
10	25	Uterine sus- pension. Right salpingectomy & oophorectomy		10	29	Abdominal hysterectomy	Prev. hosp.

Table 2 shows the time of each patient's first ambulation after surgery. The table reveals that although most of the experimental group did have early ambulation, subjects X-2 and X-4 did not ambulate until more than twenty-four hours after returning to the hospital room after surgery. All the control group subjects had ambulated within twenty-four hours of their return to the hospital room. Subject X-4 had developed hypotension immediately after surgery and was placed on vasopressor therapy for approximately five hours. She also fainted on two occasions while being ambulated before she was able to ambulate outside the hospital room. Subject X-2 also developed faintness on an attempt to ambulate. Subject C-8 also required vasopressors after surgery to maintain satisfactory blood pressure levels, but had no faintness on ambulation.

Table 3 shows elevations of temperature above 100° F. on post surgical days. In experimental group six patients (60 percent) had elevations. Of the control group, five patients (50 percent) developed elevated temperatures.

Table 4 indicates elevation of pulse above 90 beats per minute of the patients in each group. Seven patients (70 percent) of the experimental group had elevations of pulse, and eight patients (80 percent) in the control group had pulse elevations.

TABLE 2
TIME OF PATIENT'S FIRST AMBULATION

EXPERIMENTAL GROUP						CONTROL GROUP					
Sub- ject	0-6 hours after re- turn to room	6-12 hours after re- turn to room	12-18 hours after re- turn to room	18-24 hours after re- turn to room	more than 24 hours after return to room	Sub-	0-6 hours after re- turn to room	6-12 hours after re- turn to room	12-18 hours after re- turn to room	18-24 hours after re- turn to room	more than 24 hours after return to room
1		x				1				x	
2					x	2			x		
3		x				3				x	
4					x	4			x		
5				x		5				x	
6	x					6			x		
7		x				7				x	
8		x				8				x	
9		x				9		x			
10		x				10			x		

TABLE 3
ELEVATIONS OF TEMPERATURE ABOVE 100° FAHRENHEIT

EXPERIMENTAL GROUP						CONTROL GROUP					
Sub- ject	post- oper- ative day one	post- oper- ative day two	post- oper- ative day three	post- oper- ative day four	did not ele- vate	Sub- ject	post- oper- ative day one	post- oper- ative day two	post- oper- ative day three	post- oper- ative day four	did not ele- vate
1	x					1		x			
2					x	2					x
3	x	x				3		x	x		
4					x	4	x				
5		x				5					x
6					x	6	x				
7					x	7	x	x			
8	x					8					x
9				x		9					x
10	x	x				10		x	x	x	

TABLE 4
ELEVATION OF PULSE ABOVE 90 BEATS PER MINUTE

EXPERIMENTAL GROUP					CONTROL GROUP				
Sub- ject	Postop- erative Day 1	Postop- erative Day 2	Postop- erative Day 3	Postop- erative Day 4	Sub- ject	Postop- erative Day 1	Postop- erative Day 2	Postop- erative Day 3	Postop- erative Day 4
1	x				1		x		
2	x				2				
3	x	x			3	x	x		
4		x			4				
5	x	x	x	x	5			x	
6					6		x		
7	x				7	x	x		
8	x	x			8	x			
9					9			x	
10					10		x	x	x

Table 5 shows frequency with which the patients turned themselves. Of the subjects in the experimental group, nine patients (90 percent) turned at least every two hours, and one patient (10 percent) turned at least every four hours. None of the subjects needed to be reminded by the nurse before they turned. Of the control group, only four subjects (40 percent) turned at least every two hours. Four subjects (40 percent) turned at least every four hours, and two subjects (20 percent) turned only when reminded by the nurse.

Table 6 compares the subjects in each group in their frequency of coughing. Seven subjects (70 percent) of the experimental group coughed at least every two hours and two subjects (20 percent) coughed every four hours. Only one subject (10 percent) coughed only when reminded by the nurse. Of the control group, only four subjects (40 percent) coughed every two hours and four subjects (40 percent) coughed every four hours. Two patients (20 percent) of the control group had to be reminded before coughing.

Subject C-1 did cough at least every four hours, but on the fourth postoperative day developed a deep dehiscence. Patient X-5 had shown a cloudy infiltrate on a preoperative chest x-ray, and also had a productive cough before surgery. After surgery this patient had an involuntary cough which was non-productive in the early postoperative period, but which developed into a productive cough later in the hospitalization.

TABLE 5
INTERVAL OF PATIENT TURNING

EXPERIMENTAL GROUP				CONTROL GROUP			
Sub- ject	At least every 2 hours	At least every 4 hours	Only when reminded by nurse	Sub- ject	At least every 2 hours	At least every 4 hours	Only when reminded by nurse
1	x			1		x	
2	x			2	x		
3	x			3		x	
4		x		4			x
5	x			5		x	
6	x			6	x		
7	x			7			x
8	x			8		x	
9	x			9	x		
10	x			10	x		
N=10	9	1		N=10	4	4	2

TABLE 6
INTERVAL OF PATIENT COUGHING

EXPERIMENTAL GROUP				CONTROL GROUP			
Sub- ject	At least every 2 hours	At least every 4 hours	Only when reminded by nurse	Sub- ject	At least every 2 hours	At least every 4 hours	Only when reminded by nurse
1	x			1		x	
2		x		2	x		
3	x			3		x	
4			x	4			x
5	x			5		x	
6	x			6	x		
7	x			7			x
8	x			8		x	
9		x		9	x		
10	x			10	x		
N=10	7	2	1	N=10	4	4	2

Table 7 indicates the frequency with which the patients deep breathed. In the experimental group, nine patients (90 percent) deep breathed every two hours and one patient (10 percent) deep breathed every four hours. Of the patients in the control group, only four patients (40 percent) deep breathed every two hours. Four subjects (40 percent) deep breathed every four hours, and two subjects (20 percent) deep breathed only when reminded by the nurse.

TABLE 7
INTERVAL OF PATIENT DEEP BREATHING

EXPERIMENTAL GROUP				CONTROL GROUP			
Sub- ject	At least every 2 hours	At least every 4 hours	Only when reminded by nurse	Sub- ject	At least every 2 hours	At least every 4 hours	Only when reminded by nurse
1	x			1		x	
2	x			2	x		
3	x			3		x	
4		x		4			x
5	x			5		x	
6	x			6	x		
7	x			7			x
8	x			8		x	
9	x			9	x		
10	x			10	x		
N=10	9	1		N=10	4	4	2

CHAPTER 4

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was designed to determine the effectiveness of individually administered verbal and written preoperative instructions on postoperative behaviors in turning, coughing, and deep breathing activities by selected surgical patients.

A null hypothesis and two alternate hypotheses were formulated.

Null hypothesis: There will be no difference in postoperative participation between patients who receive individually administered verbal and written instruction in turning, coughing, and deep breathing, and patients not receiving those instructions.

Alternate hypotheses: 1) Patients receiving the preoperative instruction will have faster postoperative ambulation than patients not receiving preoperative instruction, 2) Patients receiving the preoperative instruction will have fewer warning signs of complications as indicated by temperature and pulse elevation.

Adults admitted to surgical units of a western general hospital comprised the population. Twenty subjects paired by age and diagnosis were chosen. The control group received routine post surgical nursing care by the hospital nursing personnel. The experimental group received preoperative instruction in activities to be put into practice after surgery. The investigator gave nursing care to the experimental

group for four hours a day for four days.

Data on both the control and experimental groups was gathered on the fourth postoperative day. An evaluation tool designed by the investigator was used. Comparison of the data appears on a nonstatistical basis to reject the null hypothesis, but also to reject the alternate hypotheses.

Conclusions

The small size of the sample would preclude the drawing of any reliable conclusions. However, some trends do appear but would need a larger sampling to be definitely established. For example, except for two patients, the experimental group did have earlier ambulation than the control group. There seems to be no distinct pattern in elevations of temperature above 100° F. of both groups. There also appeared to be no distinct patterns in elevation of pulse rate above 90 beats per minute.

There did appear a distinct difference between the two groups in the frequency with which the patients turned themselves; a higher percentage of the experimental group turned themselves more frequently than the control group. Another difference appeared in the frequency of coughing. Again, the experimental group had more frequent coughing than did the control group. The most obvious difference between the groups appeared in the frequency of deep breathing. The experimental

group deep breathed more frequently than did the control group.

The null hypothesis: There will be no difference in post-operative participation between patients who receive individually administered verbal and written instructions in turning, coughing, and deep breathing, and patients not receiving those instructions, was rejected on the basis of the analysis of the data as outlined above. However, because there were no definite patterns regarding complications as evidenced by temperature and pulse elevation, the alternate hypotheses were also rejected.

Recommendations

It is recommended that further studies on preoperative teaching be carried out. A larger population should be sampled to ensure reliability, with pairing of more variables such as previous surgery.

Modifications of the research design should be made and tested, including testing of ventilatory capacity of patients, both before and after surgery.

APPENDICES

LETTER OF PERMISSION TO COPY

THE UNIVERSITY OF WISCONSIN--MILWAUKEE
Milwaukee, Wisconsin 53201

School of Nursing

228-4801

Dear Carol:

I was happy to receive your letter and know that you are promoting preoperative instruction for groups of patients. I did not give nursing care other than the instruction to these patients. I visited them to tell them about the class, called for them and took them to the class, gave the class, and then visited them for the interview about four or five days postoperatively.

I am enclosing the formsheets I used. Most of the patients were not too interested in the preliminary questionnaire. I doubt that I would recommend using it again. I did find the Postoperative Interview Guide helpful. As I said in the article, most of the patients were very enthusiastic about the group instruction.

The American Journal of Nursing permits reprints of up to 500 words without permission as long as the article and magazine are given credit.

Good luck with your study. If feasible, I would appreciate hearing about the results of your study.

Sincerely,

s/s Elizabeth Jane Mezzanotte

(Mrs.) Elizabeth Jane Mezzanotte

PATIENT INSTRUCTION SHEET

The following instructions are intended to help you have a faster return to normal health, and a more comfortable recovery period. Practice these exercises before your surgery so that they will be easy for you to do after surgery.

1. DEEP BREATHE AND COUGH

1. Inhale as deeply as you can
2. Hold for a second or two
3. Exhale slowly and completely
4. Repeat several times, then:
5. Inhale deeply
6. Produce a deep abdominal cough (not a shallow throat cough) by short sharp expiration. Incision may be splinted with hands to alleviate pain.

2. TURNING

To turn easily:

1. Bend one knee, planting foot firmly on bed
2. Lift opposite arm overhead
3. Roll onto side, pushing with bent leg. (Siderails can be used to aid in turning.)

To turn back again:

1. Bend knee of upper leg
2. Place palm of top arm solidly on side of bed
3. Push yourself onto your back

Lie on each side as well as your back.

You should do these exercises whenever you think of them after surgery, and at least every two hours while awake. Do not wait for the nurse to remind you! Nurses can assist you if you have any difficulty or questions.

EVALUATION SHEET

Patient Number _____
Type of Surgery _____
Age _____

Time of patient's first ambulation

_____ 0- 6 hours after return to room
_____ 6-12 hours after return to room
_____ 12-18 hours after return to room
_____ 18-24 hours after return to room
_____ more than 24 hours after return to room

Did patient's temperature elevate above 100° F. orally during postoperative

_____ day one
_____ day two
_____ day three
_____ day four
_____ did not elevate above 100° F.

Did patient's pulse rate elevate above 90 beats per minute on postoperative

_____ day one
_____ day two
_____ day three
_____ day four
_____ did not elevate above 90 beats per minute

Did patient turn

_____ at least every two hours
_____ at least every four hours
_____ only when reminded by nurse

Did patient cough

_____ at least every two hours
_____ at least every four hours
_____ only when reminded by nurse

Did patient deep breathe

_____ at least every two hours
_____ at least every four hours
_____ only when reminded by nurse

COMMENTS:

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