

# The importance of communication during the postoperative recovery period\*

A IMPORTÂNCIA DA COMUNICAÇÃO DURANTE O PERÍODO DE RECUPERAÇÃO PÓS-OPERATÓRIA

LA IMPORTANCIA DE LA COMUNICACIÓN DURANTE EL PERÍODO DE RECUPERACIÓN POSTOPERATORIA

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## ABSTRACT

The objective of this study was to learn about the importance of communication when the nursing team gives postoperative orientations to patients and/or relatives at a private institution, and learn their perception about those orientations. This cross-sectional, descriptive study was performed using a qualitative approach, having Interpersonal Communication and Content Analysis as the theoretical and methodological frameworks, respectively. Participants were 16 patients interviewed in the postoperative period. Results showed that the nursing team focused the orientations on the instrumental techniques of the professions and did not approach the individuals in a holistic manner. It was also observed that when the nurse stands away from the patient and/or does not provide appropriate information, it generates feelings of anxiety, fear, insecurity and a sensation of lack of care in the patients. On the other hand, when the nursing team is present and provides coherent information, patients reported high satisfaction and a feeling of being well cared for.

## DESCRIPTORS

Postoperative period  
Nursing care  
Communication  
Nurse-patient relations

## RESUMO

Este estudo teve como objetivo conhecer a importância da comunicação durante as orientações pós-operatórias fornecidas pela equipe de enfermagem a pacientes e/ou familiares de uma instituição privada e aprender a percepção destes indivíduos acerca das orientações recebidas. Foi um estudo transversal, descritivo, com abordagem qualitativa, que utilizou o referencial teórico da Comunicação Interpessoal e o referencial metodológico da Análise de Conteúdo. Participaram do estudo 16 pacientes entrevistados no período pós-operatório mediato. Os resultados evidenciaram que a equipe de enfermagem focaliza as orientações nas técnicas instrumentais da profissão, não abordando o indivíduo de forma holística. Também foi possível perceber que, quando o profissional enfermeiro permanece afastado do paciente e/ou não presta informações adequadas gera sentimentos de ansiedade, medo, insegurança e sensação de falta de cuidado. Por outro lado, quando a equipe de enfermagem se fez presente com cuidado e informações coerentes, os clientes relataram um alto nível de satisfação e a sensação de ser bem cuidado.

## DESCRIPTORIOS

Período pós-operatório  
Cuidados de enfermagem  
Comunicação  
Relações enfermeiro-paciente

## RESUMEN

Este estudio objetivó conocer la importancia de la comunicación durante las orientaciones postoperatorias brindadas por el equipo de enfermería a pacientes y/o familiares de institución privada y aprender la percepción de tales individuos acerca de las orientaciones recibidas. Estudio transversal, descriptivo, de abordaje cualitativo, utilizó referencial teórico de Comunicación Interpersonal y referencial metodológico de Análisis de Contenido. Participaron 16 pacientes entrevistados en el período postoperatorio mediato. Los resultados evidenciaron que el equipo de enfermería focaliza las orientaciones en las técnicas instrumentales de la profesión, no abordando al individuo en forma holística. También fue posible percibir que cuando el profesional enfermero permanece apartado del paciente y/o no presta informaciones adecuadas, genera sentimientos de ansiedad, miedo, inseguridad y sensación de falta de cuidado. Por otro lado, cuando el equipo de enfermería se hace presente con cuidados e informaciones coherentes, los pacientes refieren alto nivel de satisfacción y se sienten bien cuidados.

## DESCRIPTORIOS

Período postoperatorio  
Cuidados de enfermería  
Comunicación  
Relaciones enfermero-paciente

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## INTRODUCTION

People's expectation about hospitalization, treatment and care quality is a factor that can affect their recovery.

Care is like an act of interaction, constituted by nursing actions and activities directed at and shared with the patient, involving dialogue, listening, help, exchange, support, comfort, discovery of the other, clarifying doubts, cultivating sensitivity, valuing and understanding the patient<sup>(1)</sup>.

In this perspective, care delivery contributes to one of the most effective therapeutic actions, which can not only cure the body but also bring comfort to the mind. Care, whose context entails the objectivity of technique and the subjectivity of creation, encourages the nursing team to reflect and genuinely look at life, improving quality for people who physically or emotionally depend on it. It is in this daily care reality that the dialogic nursing-client relation can result in support, balance and wellbeing<sup>(2)</sup>.

Despite the entire logical proposal of the nursing process, nowadays, it seems that the essence of the Nursing profession, which is the art of care, has not been prioritized in health services.

Quality in the health area means thinking that the health institution and its professionals are responsible for preserving people's lives.

Nurses are the professionals who coordinate and manage the entire care process that needs to be developed for the patients and everything related in the hospital institution context. Patients and their particularities, their needs, their discharge or recovery, constitute the main reason for nursing care, which hence needs to be performed efficiently, with professional commitment, guaranteeing quality and mainly, patient and family satisfaction<sup>(3)</sup>.

It is fundamental to know how to deal with people, as it is only through effective communication that professionals will be able to help the patient. Especially nurses, as they interact directly with the patient, need to be more attentive to the adequate use of interpersonal<sup>(4)</sup>.

Being a competent communicator is a fundamental skill nurses need to acquired, whether in teaching or other care practice activities. This skill will allow them to perform conscious, true and transformative care delivery<sup>(5)</sup>.

In this sense, surgical patients demand nursing care based on the needs that are evident and/or enhanced by the imminence of the surgical-anesthetic procedure or by the events deriving from the dynamics of preparing the environment, the persons, respecting their values and promoting interactions to improve their condition to cope with the surgery. It is known that users and relatives expect professional to be responsible for decreased suffering, anguish,

pain, and also want to be welcomed, supported, instead of being held accountable for the situation they are in<sup>(6)</sup>.

Nurses deliver perioperative nursing care in an organized way, although there is no register or documentation to guide its phases, nor to guarantee its continuity in most cases. Thus, care ends up being an individual professional activity, hampering its systemization. Patients and families play an essential role in the setting of objectives and in putting care in practice, but it is the health institution that defines the care philosophy and, therefore, also defines the way the care dimension will be inserted in a context of broader values and beliefs<sup>(7)</sup>.

The goals of the postoperative nursing visit are to: identify problems, perceptions and expectations that demand nursing actions; get to know individual habits that can facilitate their adaptation to the unit and treatment; establish an interpersonal relationship; try and address the patients as a whole in their biopsychosociospiritual aspects; individualize nursing care; provide support for decision making on nursing conducts; assess the evolution of the patients' conditions in order to detect alterations or trends in their health-disease situation; clarify doubts or mistaken understanding, reinforcing provided information; reducing patients' anxiety level<sup>(8)</sup>.

In this context, the postoperative visit, as a continuing, participatory, comprehensive and documented care system, stands out as a strategy to assess care delivery, in the attempt to comply with quality requisites, according to the patients and/or relatives, regarding perioperative care<sup>(7,9)</sup>.

Therefore, we believe that postoperative visits by nurses with competent communication skills can provide adequate care, besides care delivery assessment and problem-solving conditions.

## OBJECTIVES

Get to know the postoperative orientations the nursing team provides to patients and/or relatives at a private institution and to apprehend these people's perception on the orientations they received.

## METHOD

This is a cross-sectional and descriptive qualitative field study, which aims to understand the phenomenon according to the subjects' viewpoint. The study was developed at the surgical wards of a private hospital located in the interior of São Paulo State. Subjects were 16 patients submitted to elective, urgency and/or emergency surgeries who were hospitalized for at least three days. According to this criterion, male and female patients older than 18 were se-

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lected, with a sufficient level of awareness for them to understand and sign the Informed Consent Term.

Initially, approval was obtained from the Institutional Review Board at the Medical School of UNESP Botucatu (letter 390/08-CEP). Next, participants were asked to sign the Informed Consent Term.

To reach the study goals, two data collection instruments were elaborated, divided in two phases: the first instrument was a semistructured interview script with open questions, applied during postoperative visits to patients operated on between September 2008 and March 2009, when the researchers found out about the nursing orientations patients and/or relatives had received during the postoperative period.

The researcher elaborated the questionnaire, as no systemized instrument existed for this purpose at the research institution. The instrument contained the patients and/or relatives' opinions on the nursing orientations received in the immediate postoperative period, and was applied as from the third postoperative day before hospital discharge. In this first phase, each interview took an average 20 minutes, ranging from first contact and presentation of the research to termination and acknowledgement for participation.

The second study phase took place 40 days after the patients' discharge, when a new interview was scheduled by phone and the researchers visited their home, using the post-hospital discharge form, with the following guiding questions:

- How did you feel during hospitalization to undergo the surgery?
- In your opinion, did the orientations received during the postoperative period mean that nursing care is adequate?

In this second phase, interviews were recorded with a digital device, after which the contents were transcribed for the sake of a better analysis. Researchers committed to destroy the recordings at the end of the research. To preserve anonymity, the letter S was used for subject, followed by numbers 1-16 to identify the subjects' discourse.

This study used the theoretical framework of verbal and non-verbal Interpersonal Communication<sup>(4,10)</sup>, as well as Content Analysis as the scientific method for data treatment and analysis<sup>(11)</sup>.

This option was due to the choice of a method that would permit discovering experiences, beliefs, values, anxieties, fears and thoughts of patients submitted to a surgical procedure, using a methodized technique with sequential steps, put in practice through the language in the research subjects' discourse as the primary material.

The material was based on the dialogues that happened through interviews, departing from the premise that anything said or written can be submitted to content analysis. Among the proposed techniques, thematic analysis was

chosen to equip and put in practice content analysis of the interviews the research participants granted.

Thematic analysis was used as a way to find the themes present in the subjects' discourse, the recording and categorization units. To select the recording units, the interviews were fully transcribed and transcriptions were submitted to floating reading. Next, those excerpts were identified that represent a true meaning in response to the research goals. In categorization, the semantic criterion of words was used, with a view to discovering the real meaning of the recording unit.

Results were treated through inference and interpretation of contents. Interpretation returns to the theoretical framework that supported and justified the study and leads the analysis in the right direction<sup>(11)</sup>.

## RESULTS AND DISCUSSION

In the first study phase, out of 16 participants, 10 confirmed they received postoperative nursing orientations, but could not identify the professional who provided them. The orientations they perceived as most significant were related to surgical wound cleansing.

As a result of the accelerated technical and scientific process in the health context, human beings' dignity frequently seems to be relegated to the background. Disease turned into a scientifically acknowledged body of knowledge, disconnected from the person who houses the disease and in whom it develops. Health professionals too gradually seem to lose humanity, enhancing the dehumanization of their practice<sup>(12)</sup>.

When clients were asked about how they would put the orientations in practice in their daily lives, they affirmed that they would follow the health professionals' orientations, based on physical care and surgical wound cleansing.

In this sense, it should be acknowledged that hospital discharge is the transference of care from the hospital to other health contexts. In hospital, the physician is legally responsible for the patients' discharge from hospital, but nurses are considered as discharge planning coordinators, due to their comprehensive action range, while other health team members offer episodic interventions<sup>(13)</sup>.

Besides, health professionals should decode, decipher and perceive the meaning of the message the patients send, after which they can establish an adequate care plan coherent with their needs. Therefore, they need to pay attention to the verbal and non-verbal communication signs the patients and their relatives issue during the interaction process<sup>(5)</sup>.

About the contribution of nurses' postoperative orientations, 11 subjects confirm that they contribute to and reinforce orientations they received from other health professionals.

Studies show that information provision is the basic intervention in hospital discharge planning, that patients and their caregivers are able to identify their information needs

and that the latter depend on their health conditions and types of care needed after discharge. The way information is provided is very important though, and the resources used can help to apprehend its contents and enhance satisfaction with the process<sup>(14-15)</sup>.

Patients and family members are key elements to assess discharge planning, through satisfaction or dissatisfaction with the process. Satisfaction refers to an assessment based on cognitive and affective reactions towards the structure, process and outcomes of health care services. This reaction results from the comparison between the care received and a subjective criterion, i.e. the clients' perception or expectation<sup>(16)</sup>.

When asked to give suggestions for care delivery to new patients, the study participants clearly manifested themselves about the lack of humane care (56.25%) and the lack of human resource infrastructure (31.25%), which evidences problems in the establishment of a trust relationship and bonding between health team and patient.

The theme categories that emerged from interviews with the clients and/or relatives at home were:

### **Category 1 – Orientations focused on basic nursing techniques**

The nurses, male and female, attended me very well, in terms of dressings, you know?! All of my doubts about the stitches, the probe... I think it's vesical, I think that's what it was called! The nurses told me I had nothing, that everything was ok, that there was no problem, that that's the way it was really (S11).

The first two days, I don't know if it's because I simply lied down, so it was just the medication care, putting drugs inside the serum, so there wasn't much to talk for them to help me (S3).

In this category, nursing professionals provide orientations on postoperative care based on the actions they consider important, such as: wound dressing, medication administration at the correct time and body hygiene. In this study, however, the researchers perceive that they ignore the complexity of clients' needs, not offering the care they expect, such as support, safety and tranquility regarding the care they receive.

In this study, non-verbal communication was not used effectively, i.e. to complement, oppose and replace verbal communication, besides demonstrating feelings. Health professionals need to pay attention to the gestures, postures, facial expressions, body orientations, among others, which can demonstrate needs the patients did not express verbally.

It is difficult for health professionals to have all the time they need for care delivery to a patient, which is why short moments should be used well in order to improve and individualize care. In general, nurses choose physical care,

ignoring that patients' satisfaction level is also related with communication during nursing care delivery<sup>(17)</sup>.

In this sense, these study results demonstrate that nurses can and have the opportunity to individualize care in their daily activities, when techniques are accomplished or through orientations and clarifications of clients and relatives' doubts, always preserving their particularities.

### **Category 2 – Feeling of being well taken care of**

I felt very well treated, very well taken care of. The staff attended me very well during hospitalization, the whole day, the whole afternoon... I was very well treated (S2).

Their professionalism, that is, the staff took all of that special care, of wearing the gown, changing the gloves, applying the dressing. And it was like that the whole time, the six days I stayed there it was like that. So, professionalism above all (S5).

In this category, we can observe that patients and their relatives demonstrated satisfaction with the care they received and the orientations the nursing team provided, as these responded to their expectations and enhanced care continuity after hospital discharge. In this sense, this study demonstrated that, when they felt that their needs were perceived and attended to, the patients felt well taken care of and were grateful to health professionals.

The feeling of being well taken care of derives from the care process professionals deliver when they are competent communicators, permitting the construction of subjective identities and resulting in clients who play the leading role in health services' quality process.

According to patients and their relatives, factors enhancing satisfaction with care delivery are related to the identification of their needs, assessment of their physical, emotional and social conditions, besides the team's active participation during hospitalization and competent communication during nursing orientations.

Hence, satisfaction with hospital discharge planning is related with the provision of information that attended to patients and relatives' needs and permitted skills development, granting them security to continue care after discharge. Dissatisfaction with hospital discharge planning entails an opposite connotation, when the process does not respond to the stakeholders' expectations<sup>(18)</sup>.

Thus, knowing patients' perception about the nursing care they received and the factors implying patient satisfaction becomes important, not only due to the fact that satisfied patients collaborate with care and treatment, but also because patients' opinion on the care they received grants the nursing team support to plan care and deliver high-quality services<sup>(19)</sup>.

### **Category 3 – Feeling of insecurity about delivered care**

I was well attended, I thought it was good... but during the hospitalization I think there was lack of attention due to a

lack of workers, lack of nursing. There is a great rush, they cannot attend everyone (S16).

The lack of care was greater than the attention human beings need. In my opinion, some attendants needed the course on humanization and awareness raising, because I found that we're not a robot, we're not a machine. Who's not able to do that should take a course in computing or something like that (S6).

The people who experience hospitalization perceive it as an unpleasant experience, as it is permeated by fear of the unknown, use of technological, often invasive and painful resources, use of technical and refined language that increases sick people's anxiety about their disease, due to concern with being in a strange environment, rigid structures that deprive them of their characteristics, sharing the same physical space with people they are not familiar with, besides concern with their clinical evolution<sup>(20)</sup>.

The way of speaking and what we say are particularly important at the moment of the assessment, as the use of technical terms can increase the insecurity of patients who ignore this language. Being aware of and attentive to the fact that we do not only communicate through words adds the non-verbal aspect to the perception of care when interacting with patients, raising professionals' alertness to the wide range of reactions they present<sup>(5)</sup>.

#### Category 4 – Ineffective communication

Information could improve because sometimes, like... earlier I asked something to the nurses, you know When do you think my drain will be removed? Then he said something I didn't understand... then I got anxious, you see? Eight days is not easy (S3).

They let the family know that we're going to the room, then the family rushes in. Get there, my daughter, waits 2, 3 hours. That there's no room yet, that I don't know what, it's that mess. They're out there nervous and we're in there nervous (S4).

The study subjects mentioned anxiety and fear due to the lack of information, affirming that doubts increased their anxiety level during the postoperative recovery period.

Studies confirm the present results, affirming that, in health, it is fundamental to know how to interact with

people as, in hospital corridors, outpatient clinics, emergency rooms, patient beds and operating rooms, conflicts emerge from a misunderstood attitude or even from an unexpected reaction. Hence, one cannot consider professional action without taking into account the importance of the communication process it contains<sup>(5)</sup>.

Acknowledging other people's feelings is essential for nurses, as it is through this understanding that they perceive the patient's needs and can accomplish a systemized care plan, considering the person as a whole and developing an empathetic posture. Thus, competent communication can be considered a powerful instrument for adequate care delivery<sup>(5,7)</sup>.

This study permitted the understanding that some professionals' ineffective use of communication and lack of care imply a range of problems that affect people's recovery conditions.

Based on the participants' reports, it is observed that nurses are not centered on humanized and systematic planning, but remain absent in this process and are often mixed up with other nursing team members.

## CONCLUSION

Based on the results of this study, it can be considered that, while quality is based on ethical behavior and technical competency aspects for nurses as care coordinators, for patients, the most important attributes for quality care are related to interpersonal aspects, such as: demonstrating affect, offering information and orientations on accomplished procedures, besides rapid response to requests, being a good listener, having care competencies and skills, being humane towards the other and, mainly, respecting and attending to his/her needs.

As discussed earlier, communication competency is a condition for Nursing practice marked by high quality and citizenship. Communication training prepares the nursing team to be the professionals clients demand from the health system. Finally, communication is an important framework for the establishment of an efficient and effective care relationship, enhancing professionals' understanding of clients' complexity, with qualitative outcomes marked by attention, dignity and respect for the being who receives care.

## REFERENCES

1. Cruz EA, Varela ZMV. Admissão em centro cirúrgico como espaço de cuidado. Rev Eletrôn Enferm [Internet]. 2002 [citado 2009 nov. 16];4(1):51-8. Disponível em: <http://www.revistas.ufg.br/index.php/fen/article/viewArticle/742>
2. Barcelos LMS, Alvim NAT. Conversa: um cuidado fundamental de enfermagem na perspectiva do cliente hospitalizado. Rev Bras Enferm. 2003;56(3):236-41.
3. Barbosa LR, Antonieto MR. Relações entre qualidade da assistência de enfermagem: revisão integrativa da literatura. Rev Bras Enferm. 2008;61(3):366-70.
4. Silva MJP. Comunicação tem remédio: a comunicação nas relações interpessoais em saúde. 4ª ed. São Paulo: Loyola; 2006.
5. Braga EM. Comunicação competente: visão de enfermeiros especialistas em comunicação. Acta Paul Enferm. 2007;20 (4):410-4.

6. Carneiro MTR, Berti HW. A autonomia de pessoas hospitalizadas em situação pré-cirúrgica. *Rev Min Enferm.* 2009;13(1):84-92.
7. Carvalho R, Bianchi ERF. Enfermagem em centro cirúrgico e recuperação. Barueri: Manole; 2007.
8. Gaidzinsk RR, Kimura M. Entrevista e exame físico: instrumento para levantamento de dados. In: Campedelli MC, organizador. *Processo de enfermagem na prática.* 2ª ed. São Paulo: Ática; 2000. p. 66-88.
9. Cianciarullo TI, Gualda DMR, Melleiro MM, Anabuki MH. Sistema de assistência de enfermagem: evolução e tendências. 3ª ed. São Paulo: Ícone; 2001.
10. Stefanelli MC, Carvalho EC. A comunicação nos diferentes contextos da enfermagem. Barueri: Manole; 2005.
11. Bardin L. *Análise de conteúdo.* 3ª ed. Lisboa: Edições 70; 2004.
12. Backes DS, Lunardi VL, Lunardi Filho WD. A humanização hospitalar como expressão ética. *Rev Lat Am Enferm.* 2006;14(1):132-5.
13. Huber DL, McClelland E. Patient preferences and discharge planning transitions. *J Prof Nurs.* 2003;19(4):204-10.
14. Anthony MK, Hudson-Barr D. A patient-centered model of care for hospital discharge. *Clin Nurs Res.* 2004;13(2):117-36.
15. Ganzella M, Zago MMF. A seleção das informações para o planejamento da alta hospitalar do paciente. *Enferm Bras.* 2006;5(2):268-75.
16. Bull MJ, Hansen HE, Gross CB. Predictors of elder and family caregiver satisfaction with discharge planning. *J Cardiovasc Nurs.* 2000;14(3):76-87.
17. Silva MJP. Qual o tempo do cuidado? Humanizando os cuidados de enfermagem. 2ª ed. São Paulo: Loyola; 2006.
18. Ganzella M, Zago MMF. The hospital discharge as evaluated by patients and their caregivers: an integrative literature review. *Acta Paul Enferm.* 2008;21(2):351-5.
19. Oliveira AML, Guirardello EB. Satisfação do paciente com os cuidados de enfermagem: comparação entre dois hospitais. *Rev Esc Enferm USP.* 2006;40(1):71-7.
20. Morais GSN, Costa SFG, Fontes WD, Carneiro AD. Comunicação como instrumento básico no cuidar humanizado em enfermagem ao paciente hospitalizado. *Acta Paul Enferm.* 2009; 22(3):323-7.