

EPRA International Journal of Research and Development (IJRD)

- Peer Reviewed Journal Volume: 9 | Issue: 5 | May 2024

PATIENT ADVOCACY IN SURGICAL NURSING: STRATEGIES FOR ADVOCATING FOR PATIENTS UNDERGOING SURGICAL PROCEDURES, ENSURING THEY RECEIVE THE BEST POSSIBLE CARE

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ABSTRACT

Patient advocacy is a fundamental aspect of nursing, especially in the surgical setting, where patients are often in vulnerable states. This review article aims to discuss the importance of patient advocacy in surgical nursing and to provide strategies for advocating for patients undergoing surgical procedures to ensure they receive the best possible care. Key aspects include preoperative advocacy, intraoperative advocacy, and postoperative advocacy, with a focus on optimizing outcomes and ensuring patient safety. By advocating effectively, surgical nurses can ensure that the patients' needs are met, their rights are respected, and their overall experience is improved.

KEYWORDS: Patient Advocacy, Surgical Nursing, Surgical Procedures, Preoperative, Intraoperative, Postoperative, Patient Safety, Patient Rights

INTRODUCTION

Patient advocacy is a fundamental principle of nursing practice and plays a crucial role in ensuring patient safety, dignity, and wellbeing. In the surgical setting, patient advocacy becomes even more critical as patients are often in vulnerable states, undergoing complex and potentially life-altering procedures. Surgical nurses are in a unique position to advocate for patients throughout their surgical journey, from preoperative preparation to postoperative care. This review article aims to discuss the importance of patient advocacy in surgical nursing and to provide strategies for advocating for patients undergoing surgical procedures to ensure they receive the best possible care. Key aspects include preoperative advocacy, intraoperative advocacy, and postoperative advocacy, with a focus on optimizing outcomes and ensuring patient safety. By advocating effectively, surgical nurses can ensure that the patients' needs are met, their rights are respected, and their overall experience is improved.

PATIENT ADVOCACY IN SURGICAL NURSING

1. Preoperative Advocacy

Preoperative advocacy is crucial in ensuring that patients are adequately prepared for surgery and that their rights and wishes are respected. The following strategies can be employed:

a. Informed Consent:

Ensuring that patients fully understand the proposed surgical procedure, its risks, benefits, and alternatives is essential. Surgical nurses should verify that informed consent has been obtained, and they should facilitate communication between the patient and the surgical team to address any concerns or questions.

Informed consent is a legal and ethical requirement for all surgical procedures. It is the responsibility of the surgical nurse to ensure that the patient has been adequately informed and understands the nature of the procedure, its risks, benefits, and alternatives. Before the patient signs the consent form, the surgical nurse should confirm that the patient has received all necessary information and has had the opportunity to ask questions. If the patient has any concerns or questions, the surgical nurse should facilitate communication between the patient and the surgical team to address them.

In addition to the formal consent process, surgical nurses should advocate for patients who may have difficulty understanding the information provided. This may include patients with cognitive impairments, language barriers, or limited health literacy. In such cases, the surgical nurse should ensure that the information is provided in a way that the patient can understand, using plain language, visual aids, or interpreters as needed.



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b. Patient Education

Providing comprehensive preoperative education to patients about their surgical procedure, including what to expect before, during, and after surgery, can alleviate anxiety and improve outcomes. Surgical nurses can offer information on preoperative preparations, including fasting guidelines, medication management, and postoperative care instructions.

Patient education is a crucial aspect of preoperative advocacy. By providing patients with comprehensive information about their surgical procedure and what to expect before, during, and after surgery, surgical nurses can help alleviate anxiety and improve outcomes. Preoperative education should cover a range of topics, including fasting guidelines, medication management, pain management, wound care, and activity restrictions.

The preoperative education process should be tailored to the individual patient, taking into account their level of health literacy, cognitive ability, and cultural background. Surgical nurses should use plain language and avoid medical jargon to ensure that the information is easily understood. Visual aids, such as diagrams and videos, can also be helpful in explaining complex concepts.

c. Advance Directives

Facilitating discussions about advance directives ensures that patients' wishes regarding their medical care are respected, especially in the event they are unable to communicate their preferences. Surgical nurses should encourage patients to complete advance directives and ensure they are documented in the medical record.

Advance directives are legal documents that allow patients to specify their preferences for medical care in the event that they become unable to communicate their wishes. These documents can include a living will, which outlines the types of medical interventions a patient would want or not want in various circumstances, and a durable power of attorney for healthcare, which designates a trusted individual to make medical decisions on the patient's behalf.

Surgical nurses play a crucial role in facilitating discussions about advance directives and ensuring that patients' wishes are documented and respected. This may involve providing information to patients about advance directives, helping them complete the necessary forms, and ensuring that the documents are included in their medical record.

d. Advocating for Vulnerable Populations

Identifying and advocating for the needs of vulnerable populations, such as the elderly, children, and patients with cognitive impairments, is essential. Surgical nurses should ensure that the care plan is tailored to meet the specific needs of these patients, including the implementation of appropriate support systems.

Vulnerable populations, such as the elderly, children, and patients with cognitive impairments, may have unique needs that require special attention during the preoperative period. Surgical nurses should advocate for these patients by ensuring that the care plan is tailored to meet their specific needs.

For elderly patients, this may include performing a comprehensive geriatric assessment to identify and address age-related issues that could impact surgical outcomes. For pediatric patients, this may include providing age-appropriate explanations of the surgical procedure and offering emotional support to both the child and their parents. For patients with cognitive impairments, this may include ensuring that the patient has a trusted advocate present to help them understand and make decisions about their care.

2. Intraoperative Advocacy

Intraoperative advocacy is critical for ensuring patient safety and well-being during surgery. The following strategies can be employed:

a. Time-Out Procedure

Ensuring that the surgical team performs a time-out before the start of the procedure to verify the correct patient, procedure, and surgical site is essential. Surgical nurses should actively participate in the time-out process and speak up if there are any discrepancies or concerns.

The time-out procedure is a critical safety measure that is performed immediately before the start of a surgical procedure. During the time-out, the surgical team pauses to verify the correct patient, procedure, and surgical site. The surgical nurse plays a key role in this process by actively participating and speaking up if there are any discrepancies or concerns.

The surgical nurse should ensure that the time-out is conducted according to the facility's protocol and that all team members are present and engaged. If there are any discrepancies or concerns identified during the time-out, the surgical nurse should speak up and ensure that they are addressed before the procedure begins.



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b. Communication

Facilitating clear and effective communication among members of the surgical team is crucial for patient safety. Surgical nurses should advocate for an environment where team members feel comfortable speaking up and voicing concerns, such as the presence of any allergies, medication reactions, or other patient-specific factors.

Effective communication among members of the surgical team is essential for ensuring patient safety and preventing errors. Surgical nurses should advocate for an environment where team members feel comfortable speaking up and voicing concerns.

The surgical nurse should actively encourage open communication among team members and ensure that everyone feels empowered to speak up if they have any concerns. This may involve using structured communication tools, such as the SBAR (Situation, Background, Assessment, Recommendation) technique, to ensure that important information is communicated clearly and efficiently.

c. Monitoring and Patient Safety

Advocating for patient safety by monitoring the patient's physiological status, including vital signs, oxygenation, and anesthesia, is essential. Surgical nurses should speak up if they notice any deviations from the expected or if they have concerns about the patient's well-being.

Patient safety is the highest priority during surgery, and the surgical nurse plays a crucial role in advocating for the patient's wellbeing. This includes monitoring the patient's physiological status, including vital signs, oxygenation, and anesthesia, and speaking up if there are any deviations from the expected.

The surgical nurse should be vigilant in monitoring the patient throughout the procedure and should speak up if they notice any signs of distress or if there are any concerns about the patient's well-being. This may involve advocating for adjustments to the patient's position, administering medications to address pain or discomfort, or alerting the surgeon to any unexpected findings.

d. Instrument and Sponge Counts

Ensuring that instrument and sponge counts are conducted according to protocol is essential for preventing retained surgical items. Surgical nurses should advocate for the accurate counting of all surgical instruments, sponges, and other items used during the procedure.

Preventing retained surgical items is a critical patient safety issue, and the surgical nurse plays a key role in advocating for the accurate counting of all surgical instruments, sponges, and other items used during the procedure.

The surgical nurse should ensure that instrument and sponge counts are conducted according to the facility's protocol and that all team members are actively involved in the process. If there are any discrepancies identified during the count, the surgical nurse should advocate for a thorough search of the surgical field to ensure that no items are left behind.

3. Postoperative Advocacy

Postoperative advocacy is essential for ensuring a smooth recovery and preventing complications. The following strategies can be employed:

a. Pain Management

Advocating for adequate pain management is crucial for patient comfort and satisfaction. Surgical nurses should assess the patient's pain regularly and advocate for appropriate pain relief measures, including pharmacological and non-pharmacological interventions. Pain management is a critical aspect of postoperative care, and the surgical nurse plays a key role in advocating for the patient's comfort and well-being. This includes assessing the patient's pain regularly and advocating for appropriate pain relief measures. The surgical nurse should ensure that the patient's pain is assessed regularly using a validated pain scale and that appropriate interventions are implemented to address the pain. This may include administering pain medications, providing nonpharmacological interventions such as heat or cold therapy, or adjusting the patient's positioning to maximize comfort.

b. Mobility and Rehabilitation

Encouraging early mobility and rehabilitation is essential for preventing complications such as deep vein thrombosis, pneumonia, and pressure ulcers. Surgical nurses should advocate for the implementation of early mobilization protocols and involve physical therapists as needed.

Early mobilization and rehabilitation are essential for promoting recovery and preventing complications after surgery. The surgical nurse plays a crucial role in advocating for the implementation of early mobilization protocols and ensuring that the patient is supported in their rehabilitation efforts.



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The surgical nurse should work closely with the physical therapy team to develop an individualized mobilization and rehabilitation plan for each patient. This may involve implementing early mobilization protocols, providing assistance with activities of daily living, and ensuring that the patient has access to any assistive devices or equipment they may need.

c. Nutritional Support

Advocating for appropriate nutritional support is essential for promoting healing and preventing malnutrition. Surgical nurses should assess the patient's nutritional status and advocate for nutritional interventions, including dietary modifications, nutritional supplements, and enteral or parenteral nutrition as needed.

Nutritional support is essential for promoting healing and preventing malnutrition after surgery. The surgical nurse plays a key role in advocating for appropriate nutritional support for the patient.

The surgical nurse should assess the patient's nutritional status and advocate for nutritional interventions as needed. This may include providing dietary counseling, offering nutritional supplements, or arranging for enteral or parenteral nutrition if the patient is unable to eat orally.

d. Psychosocial Support

Advocating for psychosocial support is essential for addressing the emotional and psychological needs of patients and their families. Surgical nurses should provide emotional support, facilitate communication, and connect patients and families with appropriate resources, including social workers, counsellors, and support groups.

Addressing the emotional and psychological needs of patients and their families is an essential aspect of postoperative care. The surgical nurse plays a crucial role in advocating for psychosocial support and ensuring that the patient's emotional and psychological needs are met.

The surgical nurse should provide emotional support to the patient and their family members and facilitate communication between them and the healthcare team. This may involve providing information about the patient's condition, listening to their concerns, and connecting them with appropriate resources, such as social workers, counsellors, or support groups.

CONCLUSION

Patient advocacy is a fundamental aspect of nursing practice, especially in the surgical setting, where patients are often in vulnerable states. By advocating effectively, surgical nurses can ensure that the patients' needs are met, their rights are respected, and their overall experience is improved. Preoperative advocacy, intraoperative advocacy, and postoperative advocacy are essential for optimizing outcomes and ensuring patient safety. By employing the strategies discussed in this review, surgical nurses can play a pivotal role in advocating for patients undergoing surgical procedures, ensuring they receive the best possible care.

REFERENCES

- 1. American Nurses Association. (2010). Nursing: Scope and standards of practice. Silver Spring, MD: American Nurses Association.
- 2. American Nurses Association. (2015). Code of ethics for nurses with interpretive statements. Silver Spring, MD: American Nurses
- Berman, A., Snyder, S. J., & Kozier, B. (2016). Fundamentals of nursing. Pearson.
- Furlong, E., Smith, S., & Jones, M. (2016). The Role of the Nurse in Perioperative Patient Advocacy. AORN Journal, 103(3), 307–315. https://doi.org/10.1016/j.aorn.2016.01.019
- Institute of Medicine. (2011). The future of nursing: Leading change, advancing health. National Academies Press.
- Joint Commission on Accreditation of Healthcare Organizations. (2017). Comprehensive accreditation manual for hospitals: The official handbook. Joint Commission Resources.
- John, Alex. (2024). Caring for the Geriatric Surgical Patient: Discussing the Unique Challenges and Considerations in Medical-Surgical Nursing. Brio Innovative Journal of Novel Research (BIJNR), 1(1), 1-5.
- Kelly, B. (2019). Essentials of nursing leadership and management. Cengage Learning.
- Ogilvie, L. A., & Broers, T. (2018). The role of the perioperative nurse in advocating for the older adult with delirium. AORN Journal, 107(1), 46-55. https://doi.org/10.1002/aorn.12205
- 10. Phillips, N. M., Street, M., Kent, B., & Haesler, E. (2018). Postoperative delirium following hip fracture surgery: An integrative review. Orthopaedic Nursing, 37(1), 42-50. https://doi.org/10.1097/NOR.0000000000000420
- 11. Polit, D. F., & Beck, C. T. (2012). Nursing research: Generating and assessing evidence for nursing practice. Lippincott Williams &
- 12. American Geriatrics Society Expert Panel on Postoperative Delirium in Older Adults. (2015). American Geriatrics Society abstracted clinical practice guideline for postoperative delirium in older adults. Journal of the American Geriatrics Society, 63(1), 142-150. https://doi.org/10.1111/jgs.13281



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- 13. Biccard, B. M., Madiba, T. E., Kluyts, H. L., Munlemvo, D. M., Madzimbamuto, F. D., Basenero, A., Gordon, C. S., Youssouf, C., & Boko, R. (2015). Perioperative patient outcomes in the African Surgical Outcomes Study: A 7-day prospective observational cohort study. The Lancet, 385, S13. https://doi.org/10.1016/S0140-6736(15)60804-7
- 14. National Institute for Health and Care Excellence (NICE). (2019). Delirium: Prevention, diagnosis, and management. https://www.nice.org.uk/guidance/cg103
- 15. Partridge, J. S. L., Martin, F. C., Harari, D., Dhesi, J. K., & The Nottingham Hip Fracture Team. (2015). The impact of pre-operative comprehensive geriatric assessment on postoperative outcomes in older patients undergoing scheduled surgery: A systematic review. Anaesthesia, 70(9), 1059–1069. https://doi.org/10.1111/anae.13143
- 16. Robinson, T. N., Wu, D. S., Pointer, L. F., Dunn, C. L., Moss, M., & Preoperative Cognitive Dysfunction is Related to Adverse Postoperative Outcomes in the Elderly. (2012). Annals of Surgery, 255(6), 1100–1104. https://doi.org/10.1097/SLA.0b013e318256fad1
- 17. Creditor, M. C. (1993). Hazards of hospitalization of the elderly. Annals of Internal Medicine, 118(3), 219-223. https://doi.org/10.7326/0003-4819-118-3-199302010-00011
- 18. Elias, S. G., & Kuijpers, M. (2017). Preoperative physical therapy for elective cardiac surgery patients. Cochrane Database of Systematic Reviews, 2017(12), CD012238. https://doi.org/10.1002/14651858.CD012238.pub2
- 19. Fisher, S. R., Goodwin, J. S., Protas, E. J., Kuo, Y. F., Graham, J. E., Ottenbacher, K. J., Ostir, G. V., & Pandav, R. S. (2011). Ambulatory activity of older adults hospitalized with acute medical illness. Journal of the American Geriatrics Society, 59(1), 91–95. https://doi.org/10.1111/j.1532-5415.2010.03231.x
- 20. Glance, L. G., Kellermann, A. L., & Osler, T. M. (2014). Hospital readmission after noncardiac surgery: The role of major complications. JAMA Surgery, 149(5), 439–445. https://doi.org/10.1001/jamasurg.2013.4064
- 21. Grigoryan, K. V., Javedan, H., Rudolph, J. L., & Ortho-Geriatric Working Group. (2014). Ortho-Geriatric Care Models and Outcomes in Hip Fracture Patients: A Systematic Review and Meta-Analysis. Journal of Orthopaedic Trauma, 28(3), e49–e55. https://doi.org/10.1097/BOT.000000000000000
- 22. Hamel, M. B., Henderson, W. G., Khuri, S. F., & Daley, J. (2005). Surgical Outcomes for Patients Aged 80 and Older: Morbidity and Mortality from Major Noncardiac Surgery. Journal of the American Geriatrics Society, 53(3), 424–429. https://doi.org/10.1111/j.1532-5415.2005.53158.x
- 23. Holt, R., & Nguyen, H. B. (2013). Geriatric Resuscitation: A Narrative Review. Emergency Medicine Clinics of North America, 31(2), 321–336. https://doi.org/10.1016/j.emc.2012.12.005