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RESEARCH ARTICLE

NURSES' CONCERNS ON EXPLORATION AND MANAGEMENT OF PREOPERATIVE INFORMATION NEEDS OF PATIENTS AT DISTRICT HOSPITALS IN ASHANTI REGION, GHANA

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Abstract

Background: Nurses frequently lack the expertise to effectively explore and manage preoperative anxiety and information needs of patients before surgery. This study aimed to investigate nurses' concerns regarding exploration and management of preoperative anxiety and information needs of patients at district hospitals in the Ashanti Region, Ghana.

Methods: This study was conducted at five district hospitals in the Ashanti Region, Ghana. Exploratory design was used to explore the experiences of nurses in exploring and managing preoperative anxiety and information needs of patients. Purposive sampling technique was used to recruit 11 participants. Three of them were recruited from one district hospital, while two each were from the remaining four district hospitals. All the interviews were audio-recorded with permission from the participants and transcribed verbatim. Data analysis was performed via thematic analysis.

Findings: Four themes were discovered: setbacks in assessing patients' preoperative anxiety and information needs, setbacks in managing preoperative anxiety and information needs, improving identification of preoperative anxiety andinformation needs and improving provision of preoperative information.

Conclusion: Findings suggested that overcoming educational constrain ts, positive attitude towards assessment, develop and adhere to assessm ent protocols are steps to improve patient assessment. Nurses can further improve management of preoperative anxiety and information needs of patients through innovation with audiovisual devices and teamwork among nurses and surgeons.

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Introduction:-

Background

The exploration of preoperative anxiety and the information needs of patients is described as an endeavour to ascertain the information a patient anticipates receiving and occasionally requests during surgical preparation through an interactional interview.[1] The management of preoperative information needs involves providing patients with information that has the potential to mitigate or alleviate anxiety.[2] These preoperative preparatory care measures for patients undergoing surgery are implemented sequentially. It is imperative that patients are assessed and provided with information, as anxiety has been demonstrated to adversely affect surgical recovery, induce severe postoperative pain, and exacerbate the fear of inability to regain consciousness from anaesthesia.[3, 4] Notwithstanding these concerns, a recent study has established that the exploration and provision of preoperative information effectively reduce anxiety among patients undergoing surgery.[5]

The role of surgical ward (SW) nurses in assessing and managing preoperative anxiety and information needs is crucial for successful surgical procedures.[6] This indicates that SW nurses have the responsibility to identify patients experiencing anxiety prior to surgery and provide them with the necessary information.[7] In Ghana, nurses receive their education in Health Training Institutions (HTI).[8] The acquisition of knowledge and skills during training at HTIs follows a systematic approach aimed at comprehending and replicating essential activities in surgical patient care.[9] An examination of the curriculum utilised in nursing education at HTIs demonstrates that nurses in the SW should be capable of assessing and managing preoperative anxiety and information needs of patients.[10] Several theories guide nursing practices, including the nursing process[11], therapeutic communication[12], and the deliberative nursing process.[13] These theories delineate the steps involved in assessing and addressing preoperative anxiety and information needs of patients, which encompass assessment or nurses' reactions, nursing diagnosis or validation, planning, implementation or nurses' actions, and evaluation.[13, 11]

Nurses who have undergone training at any of the HTIs in Ghana and are assigned to the SW should be equipped to address and manage preoperative anxiety and the informational needs of patients. However, previous research studies[1, 14] suggest that nurses encounter challenges in addressing and managing the information needs of patients in the Ashanti Region of Ghana. Further studies conducted in other regions have demonstrated that nurses often lack the expertise and systematic approach necessary to address and manage preoperative anxiety and the information needs of patients prior to surgery.[15, 16] Patients experiencing heightened anxiety, whose information needs are not adequately addressed and managed, may undergo surgery with adverse outcomes, such as vomiting and prolonged, painful postoperative recovery.[17, 18, 19] This study aimed to investigate nurses' concerns regarding the exploration and management of preoperative anxiety and informational needs of patients at district hospitals in the Ashanti Region, Ghana.

Methods:-

Research Design

This study employed an exploratory design to examine the concerns of nurses on the exploration and management of preoperative anxiety and information needs of patients.[20] The choice of this design was driven by the researcher's aim to understand the challenges nurses face in assessing preoperative anxiety, patient information needs, and their management prior to surgery. Data collection was conducted using an interview guide developed following a comprehensive literature review, with the deliberative nursing process theory serving as the theoretical framework for the study. An expert evaluation was conducted, wherein the draft was submitted to the researcher's supervisor and specialists in English Language Teaching for assessment and revision. The final phase involved piloting the guide with nurses responsible for booking, admitting, and preparing patients for surgery.[21]

Setting and population

The research was conducted at five district hospitals in the Ashanti Region of Ghana. The selection of these sites was informed by the study's methodology and design. These hospitals admit and prepare approximately 235 patients for surgical procedures each month, supported by an estimated 25 nurses. They also offer medical and specialised health services, with a total of 120 surgical beds and 12 operating rooms. Common surgical procedures performed at

these hospitals include herniorrhaphy, appendectomy, hemorrhoidectomy, laparotomy, prostatectomy, and cesarean section. The study's target population comprised all SW nurses responsible for booking, admitting, and preparing patients for various surgical operations at the five hospitals. It was estimated that 25 nurses participated in the preparation of patients for surgical procedures at the selected hospitals each month, working in different shifts (morning, afternoon, and night). However, rotating and student nurses were excluded from the study.

Sampling technique and sample size

The purposive sampling technique was used because SW nurses fit the objective of this study appropriately.[22]The inclusion criteria included nurses permanently stationed at SWs, those who had completed oneyear of national service and in-service training on the care for surgical patients and those who had two years and above working experience. The study excluded nurses who were doing national service and internships, had less than two years of working experience and were on replacement or temporary measures. Fifteen nurses working at SWs at the five district hospitals were identified and approached with the help of the nurse-in-charges of the wards. Three nurses each were selected from the five hospitals. They were briefed on the study, and those who agreed were recruited and given consent forms before the data were collected.[22] Data saturation was achieved with a sample size of 11 nurses. In qualitative research interviews, repetitive responses indicate data saturation, signaling when to stop collection and begin analysis.[23]

Data collection procedure

Data collection commenced following the acquisition of ethical approval. Consent was sought from all relevant gatekeepers. Participants were informed about the study through their ward nurse-in-charges, and those who consented were subsequently recruited. They were provided with an information sheet for review and encouraged to pose any further inquiries. All participants verbally confirmed their comprehension of the information sheet's content. Each participant signed a consent form prior to participating in the face-to-face individual interviews. The researcher independently conducted the interviews in the nurse's office within the wards, which were convenient for the participants. Questions posed included, "What challenges do you encounter in assessing patients who are anxious?" followed by probes such as "What structures do you require to assist you in assessing the patients?" The interviews were conducted in English between September and October 2019, each lasting between 30 minutes and one hour. An audio recording device was employed with the participants' consent. The process included field notes on observations made during the interviews, as well as nonverbal cues from the participants, to accurately reflect their responses in exploring and managing preoperative anxiety and information needs of patients. Eleven participants were interviewed out of the intended fifteen. Data saturation was achieved during the interviews with the 9th and 10th participants, with the eleventh interview yielding no new information.

Data Analysis

Data analysis started at the same time as data collection.[24]A thematic data analysis framework was used after transcription. The researcher read through the transcript carefully several times to familiarise and identify coding and emerging themes. Themes were searched with a separate list of codes that were organised into theme-piles, identifying the relationships between codes and themes. The researcher reviewed the themes by bringing them together for refinement in a systematic way. The analysis ended with defining and naming themes and writing reports.[25] The other two researchers independently coded and crosschecked the data to ensure the consistency of coding and the generation of themes.[26] Disagreements were discussed and reviewed to reach a consensus. After the transcripts were interpreted, codes, themes and subthemes were developed. To ensure that the themes and subthemes accurately reflected the participants' accounts, the researchers discussed the themes and subthemes by comparing the evidence obtained from the participants. Field notes were also reviewed to add depth to the analysis.

Rigour

The trustworthiness of the data obtained for the study was ensured by using credibility, confirmability, transferability and dependability. Credibility was achieved by presenting the results for participants to identify the true accounts given.[27] The researcher submitted printed transcripts to five nurses in the ward to determine whether they reflected the exact information provided for confirmability.[28]To ensure transferability, a detailed description of the participants' characteristics and the phenomenon under study were provided.[28] The results are dependable

in that external audits were presented to the primary researcher's supervisor for frequent checks to ascertain applicability to the study data, and an independent coder, grounded in a qualitative study, was tasked with coding the transcript.[28]

Ethical Consideration

The study received approval from the ethical committee at the University of the Western Cape (BM16/5/22). Additionally, authorisation was obtained from the Ghana Health Service (GHS/ASH/RES/V.2) and the specific hospitals involved in the research. Individual participants, who were required to partake in the study, completed consent forms. The nature, purpose, and procedures of the study were thoroughly explained to the participants. They were informed that their participation was entirely voluntary and that they could withdraw at any time without any repercussions. To ensure confidentiality and anonymity, pseudonyms were assigned to the participants' identities and years of work experience. All names and contact information were securely stored in a password-encrypted file.

Findings

Demographic characteristics

A total of 11 participants were interviewed through individual face-to-face sessions. The sample consisted of six females and five males, with ages ranging from 25 to 41 years. Specifically, five participants were aged between 25 and 30 years, four were between 31 and 35 years, and two were above 41 years. All participants were members of the Akan ethnic group. Eight participants were single, while the remaining three were married. All participants identified as Christians. Seven participants held diploma in general nursing, whereas the remaining four possessed bachelor's degrees in the same field. The professional roles of the participants included three senior staff nurses, three senior nursing officers, two staff nurses, two nursing officers, and one principal nursing officer. In terms of work experience, four participants had worked in their wards for two to five years, while three had worked for six to nine years, and three had less than one year of experience.

Themes and subthemes

our themes emerged from the data analysis: (1) setbacks in assessing patients' preoperative anxiety and information needs, (2) setbacks in managing preoperative anxiety and information needs, (3) improving identification of preoperative anxiety and information needs, and (4) improving provision of preoperative information.

Subthemes of theme one were unassigned duty, ward tradition, communication barrier, time constraints, poor nursing etiquette, contentious patients, idleness and negligence, and issues with competency. Subthemes of theme two included lack of guiding principles, haphazard provision of information, inappropriate staffing, teamwork gaps, clinical conflict, and poor nurse–patient relationship. Theme three emerged with the following subthemes: overcoming educational constraints, positive attitude towards assessment, develop and adhere to assessment protocols, and appropriate staffing measures. Theme four categories included innovate with audiovisual devices and build teamwork..

Themeone: Setbacks in assessing patients' preoperative anxiety and information needs

This theme explores the challenges faced by nurses in identifying preoperative anxiety and information needs of surgical patients. It elucidates the obstacles encountered by SW nurses in addressing these critical components of preoperative care and examines the potential implications for patient outcomes.

Unassigned duty

Participants reported that they do not explore patients' preoperative anxiety and information needs, as these responsibilities fall under the purview of surgeons and anaesthetists, rather than nurses:

"We don't assess the patients because we think that it is the responsibility of the surgeon or the anaesthetist to do that.So we reserve those activities for them.We think that the explanation of the procedure to the patient must be done by the surgeon and therefore the surgeon should be the one to do the assessment for the preoperative information needs of the patient, whether the anxiety is due to anaesthesia, pain or whatever."N1

"In fact, we don't do that kind of assessment because we think that it is the doctors' duty which they do at the consulting room. And once they've done that, that is it, there is no need for it to be done when the patient comes to the ward." N3

"Most of the time we think that there is nothing to assess about the patient to identify what is causing their anxiety because the doctor had already done it which is their responsibility. So we doing it would be like we are going outside the domains of our responsibilities."N6

Ward tradition

Many participants reported that certain nursing care activities within the ward have become entrenched traditions, compelling all nurses to adhere strictly to them. This adherence often prevents nurses from exploring patients' anxiety and information needs:

"So mostly because of these traditions at our wards, some of us refuse to conduct those tasks even though they're important. Example is listening to the heart sounds, the breath sounds and auscultation. Because traditionally, when we came into the profession, we saw none of the nurses performing those tasks as we were taught during our nursing training and so there is no motivation to also do it because of the traditional way they've been doing things and so there is no motivation…."N4

"The next factor is ward tradition, in which nurses have their own practice other than what they have been taught in school. So the nurse would just go to the patient and tell him or her that, 'maame (woman), we are sending you to the operation room now, they are going to operate on you'. That's the usual ward practice over here instead of finding out about what the patient's concerns are. That's what he or she had come to meet the old nurses doing and so would join in to do the same."N8

Communication barrier

All participants indicated that linguistic differences between themselves and the majority of patients impede their ability to communicate effectively during the assessment of patients' anxiety and informational needs:

"The second thing is language barrier at the ward. In a ward where there is language barrier, interacting with the patient becomes difficult."N1

"The next thing is that you might meet a patient and there is language barrier. You can meet a patient who is from the northern part of the country and may only speak and understand the 'Frafra' language and is supposed to go for surgery. You may not be able to communicate well with him or her to obtain the needed information to provide the information he or she needs."N8

"For the language barrier, it is a big challenge in that it is difficult to learn a language in a short period of time to be fluent."N9

Several participants attributed the communication deficiencies to the limited literacy levels of certain patients:

"But here in Ghana, the illiteracy rate is quite high and so you can have a high number of patients scheduled for various surgical operations without having knowledge of the condition and the surgery they're going to have. Because of this, they may not try to even ask the nurses about their condition and the surgery they're going to have."N10

Time constraints

All participants indicated that the significant workload, along with other ward activities such as meetings, consumes the time necessary to engage with patients regarding their concerns about preoperative anxiety and information needs:

"Another time-consumption challenge at the ward is the numerous meetings we have whiles on duty. Sometimes you will only be aware of ward meetings on the very day you get to work. We would be having meetings while patients who need our attention are unattended to."N2

"And the main reason why we fall short of this is that as I said early on, it is the heavy workload that prevents us from making enough time to employ these techniques."N5

"Another reason on limited time at the ward is critically ill patients. When you have critically ill patients at the ward, they would consume all your time and you may not have enough time for the other patients undergoing surgery and entirely forget to assess them for anxiety and information they need to undergo surgery."N8

Poor Nursing Etiquette

All participants indicated that certain negative attitudes exhibited by nurses discourage patients from expressing their concerns. Participants noted that some nurses display pride and contempt, which instill fear and apprehension in patients, leading them to fearfully comply with all instructions given by the nurses:

"At times our attitude is bad. Some of us feel too pompous to interact with the patients. These are some of the challenges we do experience at the ward because some of my colleagues are not approachable and so after checking the patients' vital signs, they don't do any other assessment activities. Some of us feel too big to talk with the patients to identify their concerns."N1

"There is also the issue of respect. Some of us do not respect our patients. There are some nurses who respect the patients, but for them to interact with the patients, it mostly does not happen because we think that the patients are in our care, meaning they need us and not we that need them."N3

"At times, some of the patients are afraid of us. They feel like they are not fit to approach us with their concerns and questions.Due to this they are not sure about how we would respond or react to their questions and that deters some of them from asking further questions about their conditions. So they mostly resort to responses like, 'oh I'm okay, I've understood everything', whereas it may not be that the patient has had the right information. So, the way we relate to the patients puts fear in them and prevents them from asking us questions and also prevents them from telling us their concerns on the causes of their anxiety."N4

"Some patients mostly come with the expectation that, 'I'm going to meet a nurse who is rude'. Our attitude makes them become afraid of us."N10

Contentious patients

Some participants expressed concern regarding patients' potential resistance to acknowledging the nurses' assessments of the causes of preoperative anxiety and their information needs, thereby rejecting these findings:

"But based on your findings, the patient may say that what you have identified is not what is happening to him or her, but you may be so sure that what you have identified about the patient is exactly what is causing the preoperative anxiety, hope you understand? Your findings may be true, but the patient also would say that it is not like that."N7

"We the nurses, we are sometimes afraid because the patient may be offended if you try to present to him or her what has been identified to be the causes of preoperative anxiety. So the patient may be like, 'the nurse has told me that this is what is making me anxious' and this can generate issues or will even make patient become more anxious. Some patients may even tag you the nurse that, 'this nurse has told me that this is what is making me to be anxious'. And he or she would be telling other health professionals or even relatives a different thing all together which would look as if you didn't do a good work."N8

Idleness and negligence

A considerable proportion of participants indicated that many nurses exhibit a reluctance to conduct comprehensive patient assessments, attributing this to a perceived lack of motivation, as they tend to spend a significant amount of time at the nurses' station. This behavior may contribute to heightened anxiety levels among the SWs:

"Sometimes we spend all our time at the nurses' station instead of going to be by the patients at their bedside. There is an anxious patient lying in bed and we sit at the nurses' station writing and documenting things that are not of a

priority instead of engaging the patient in interactions. So it is like abandoning the patient to be in his or her anxiety state. So we spend more time documenting than engaging the patient in interactions."N1

"Some nurses are indeed lazy and for that matter, they won't do what they are supposed to do for the patients. And in that case, we all know that in every organisation, we have those people in the system, yes. And that's why I'm saying that some nurses will neglect their duties because of laziness, yes."N7

"Some of the nurses have theknowledge and skills to assess patients, yet they don't do it. And I don't know whether it is negligence or laziness. You know, applying those skills involves a lot and is quite bulky. And so they always prefer to check the vital signs and that is all, they are done."N8

Issues with competency

All participants reported that nurses are unable to enhance their competencies due to constraints and frustrations related to furthering their education, as well as a lack of engagement in reading:

"Now I know that there are several courses that nurses can offer to upgrade their knowledge. But it is not easy for nurses to be given the permission to offer such programmes. Over here in our facility, if any nurse wants to further his or her education, he or she has to attend an interview, which is organised by the administrator together with the medical director. In fact, it is very stressful and I don't think that the school that offers the programme will scrutinise the nurses the way they do to us."N6

"They (nurses) don't read, after completing nursing training colleges, that's it, and for workshops, they would not attend, okay, yes and a whole lot. Those are the challenges, the nurses are not reading."N7

"… we fail to read and if you fail to read, you feel that whatever the doctor writes is final, it's the right thing and there is nothing to be added."N9

"When it comes to attending in-service training, the HACs (health assistant clinicians) and some of the midwives don't attend because they are not always ready to learn."N10

Theme two: Setbacks in the management of preoperative anxiety and information needs

This theme examines nurses' perspectives on the challenges involved in managing patients' preoperative anxiety and information needs.

Lack of Guiding Principles

Participants indicated that they are unable to provide information to their patients due to the lack of established protocols in the wards:

"All these lapses bulk down to the lack of protocols in the ward. So even if there are protocols on the ward, we don't read them."N3

"Well, for me, I would say that one, as a factor, there are no protocols on such things in our ward to follow. There are no existing protocols, you know, regarding how we are supposed to inform patients who is anxious."N7

"It is important we inform the patients, but again we don't do it. Nurses are not doing it because there are no protocols on that, the patients themselves don't know that nurses are supposed to provide them with information concerning the surgical operations and other procedures at the operating room and no nurse managercomes around to ensure that we are doing it, aha."N8

Furthermore, participants indicated a lack of supervisory measures on nurses in the act of managing patients' information needs:

"Nobody, no superior nurse supervises us. We do not educatethe patients. So no monitoring, no supervision and they do it anyhow, but it is very essential especially if it comes to children, the pictures teach them a lot."N5

"I also think that we lack supervision, who is actually doing the assigned responsibility…? And if there are assigned duties, who is supervising that whether we are doing the right thing or not?"N7

Haphazard provision of information

All participants indicated that they provide patients with information, albeit in a manner that was neither systematic nor structured. They further emphasised that nurses experience a lack of confidence due to insufficient access to appropriate information necessary for patient education:

"But in this case, nobody watches what we do, so even with the information provision, we do it haphazardly because we don't assess the patient and we don't plan also."N1

"And most of us don't have the right information to inform our patients and so we feel that if the patients ask us questions concerning their condition and the surgical operation, they would just want to embarrass us and so we avoid them."N2

"The patient has to be provided with information in a series of presentations and must be given the opportunity to ask questions and be provided with answers that they would understand and not like you would just send the patient to the ward and give information haphazardly."N8

Inappropriate Staffing

Participants reported a persistent shortage of nursing staff in the ward. They further emphasised that the limited number of nurses on duty are predominantly occupied with extensive ward activities, which adversely impacts the provision of information to individual patients undergoing surgical procedures:

"And the heavy workload has a part to play, the stress involved is too much because every patient would like to be attended to. The nurse patient ratio is a problem because you go to a unit and there are about two nurses taking care of about 20 patients. The maximum of nurses you can have caring for patients in this ward would be about five as against 20 patients. So in this case, imagine the kind of attention these patients would have with these few nurses. It is even recently that there has been the addition of rotation nurses and sometimes student nurses who come here for their clinical, the workload was overwhelming."N6

"Then the third factor is due to the heavy workload. In an environment of heavy workload, nurses are likely to forget to interact with patients to know their anxiety levels and its causes to give appropriate information because the nurse may be the only person on duty and the number of patients at the ward may overwhelmingly be many. So there is the possibility that one might forget to interview the patient and know the concerns prior to surgery."N9

In a more interesting issue, some participants attributed the inadequate staffing of wards to challenges in personnel allocation resulting from inaccessible social amenities, cultural unfamiliarity, and language barriers in certain stations.

"Lack of social amenities prevent some of us nurses from accepting postings to certain places. Some are posted to remote areas, which lack electricity, mobile network services, poor road network, housing and lack of portable water supply. So if I have stayed in the urban area all my life and have been posted to such places with houses like mud one, I would not be comfortable to live in such houses."N2

"So if you post me to a place where it is difficult to comprehend their language, how will I be able to teach the patients, I can't. And so it is a challenge when it comes to that one. But having said that, if one wants to remain in the Ashanti Region, socially and culturally, we won't be able to mingle, we won't be able to be balanced in terms of ethnic distribution."N7

Teamwork Gaps

Participants asserted that there is insufficient collaboration among nurses and other healthcare professionals, including surgeons and anaesthesiologists/anaesthetists, in the dissemination of information to patients. They argued that the limited presence of doctors and anaesthetists at district hospitals, coupled with their duty schedules, restricts their ability to collaborate effectively with other healthcare workers:

"The first contributing factor is the type of surgery which is that most patients need to have urgent surgery. Some of the team members may not be present to ensure that it is done. If it is an elective surgery, it is mandatory that all of them (team members) should be present to ensure that the patient receives the necessary information. You know our system is such that there is no cordial relationship among us the nurses and the other health professionals."N4

"The first thing is teamwork. There is no teamwork at the wards. There is no teamwork at all. The problem is that the anaesthetists don't work as a team, but for the nurses, we can delegate our responsibilities, but for the anaesthetists, delegation doesn't normally happen that way because they are few."N10

Clinical conflict

Participants indicated that clinical conflicts predominantly arise between nurses and physicians, leading to nurses experiencing intimidation, which subsequently hinders the dissemination of information to patients:

"Another factor is that doctors may be available, they may not be busy and yet may not attend to the calls of a nurse to attend to a patient. I have had experiences in which the doctor refused to attend to my call. Some of the doctors feel so superior with the mindset that, 'on what basis should a nurse call me to the ward for or refer the patient to me at the consulting room?'. That is another reason."N5

"Sometimes the nurses are intimidated by the doctors when the nurses call them to see a patient that needs attention.By the time the doctor comes and the nurse had not done what he or she is supposed to do, the doctor becomes angry with the nurses and that puts some fear in the nurses and makes them feel intimidated and timid."N8

"And when the doctors come and maybe asks you about something concerning the patient's condition and you are not able to tell them, he would ask you that, 'ah, so for these number of years you have practiced nursing, you still don't know how to do this?' Maybe for the number of years that the nurse had worked, he or she may not have encountered that condition before. So these encounters with the doctors really intimidate the nurses, especially if the person is the charge nurse at the ward."N9

A section of the participants reported that many physicians exhibit a sense of superiority over nurses, which frequently leads to interprofessional conflicts between these categories of healthcare professionals:

"There is also the issue of pride and doctor supremacy. They think that they know more than we do and so would not provide the needed information. So it is like the superior feeling reluctant to go to the subordinate to ask for information concerning the patient's care."N3

"Some of the doctors become angry when they prescribe treatment and you are not able to implement it right away. I had a confrontation with one doctor. I had planned for the care of one patient who was scheduled for surgery on that same day. He was angry that the patient I was preparing was not necessary. Meanwhile, there were other nurses he could have gone to tell to carry out his order. You know, he had fought with almost every nurse and he found it difficult to approach them and it is me that he could approach. N4

Poornurse-patient relationship

Several participants noted that the trivial reception nurses accord to patients adversely affects the trust that patients are expected to place in them:

"At the ward, nurses are like receptionists, we receive the patients into the ward. If you fail to remember this and you fail to receive the patients as such, it would be difficult for the patient to put his or her trust in you."N1

"Among the health professionals, we (nurses) are the majority and we spend much time with the patients and so we should be the ones that the patients must trust because the doctors and the anaesthetists come to review them and leave, and we remain with them 24/7. So if there is lack of a trusting relationship, it's an indication that we are not communicating well with the patients."N2

"In fact, at the nurses training college, we were taught communicative skills and we thought it was a waste of time because we learned that in the senior high schoolsalso and so we didn't attach much importance to that subject. It is now that I have realised its importance."N5

Theme three: Improving identification of preoperative anxiety andinformation needs

This theme explores participants' perspectives on strategies to improve the identification of preoperative information needs, thereby enabling nurses to deliver appropriate information to patients.

Overcoming educational constraints

Participants assert that constraints limiting nurses from upgrading their competencies should be eliminated to enable nurses to acquire knowledge and skills. They posit that perioperative nursing programmes should be made easily accessible and in-service training of SW nurses must be done to upgrade their competencies:

"So, I think the decision to approve us to further our education must be brought to the district level and the district would know the course that would best suite them and the kind of nurses they would want to train in the specialised areas, so they would decide on the number of nurses they would sponsor for those programmes."N3

"The first thing is the nature of our training, okay. You know, if you go into our system of nursing education right now, we have few people as specialist nurses. So the rest of us are educated to do everything in bits. So, I'm a general nurse and I'm doing a bit of perioperative nursing, a bit of ENT (ear nose and throat), a bit of nursing and a bit of surgery and so we actually do not go deep into one area. But if there are more specialised nurses like perioperative nurses in the system, I think their training requires that they go deep into all these assessments thoroughly before handing over the patient to the theatre staff."N9

"Training, you see, training, training. We have to have training, we have to have training on these things. It wasn't everything that was taught during our nursing training and so when you come to the ward and you begin to work, you would see that there are things that we were taught that the patients require us to do for them the more. So we should consider these things and organise workshops and training, training, training for them."N10

Positive attitude towards assessment

It was concurred in the study that they need to be cognisant of their responsibilities as nurses and cultivate a positive disposition in providing the necessary care to patients:

"So we have to change our mindset that nursing is not all about making money. It is not about coming all the time to look into our patients' faces. The patients' lives matter; it is a nice profession that we have chosen, a profession to sustain lives, a profession to let people live, you get it, aha."N1

"Once we know it is crucial for us to carry out our duties, we should always be ready to offer these care for patents to tell their fears."N3

"And so I think that we need to change our mindset about the whole of the nursing practice."N7

"So, it's up to us to know that things are changing, each passing day, people are becoming more and more educated and that should make us change our approach to patients' care in this context."N9

Develop and adhere to assessment protocols

It wasfully agreed in this study that protocols and guidelines for assessment should be established and prominently displayed to enable nurses to provide such services to patients. The participants described further that verbal instructions from their superiors on what they need to do would not be much helpful than written protocols pasted on notice boards:

"If protocols are not pasted on the ward, we would not know exactly what we are supposed to do for our patients."N3

"Secondly, there should be systems in place to guide us on activities that we carry out to detect the factors that make the patients become anxious. It should not be like just verbal steps that we would just go to the patient and be talking

to him or her. Rather, there should be something like a checklist or questionnaire that even when a patient arrives at the ward to be prepared for surgery we would follow by ticking the steps to know whether they are anxious and if they are, what makes them anxious or I can go to the patient to interact with him or her to identify whether he or she is anxious and also to know what makes him or her anxious."N6

"Ideally, there should be a checklist that we can follow or would guide us, yes, there can be a checklist for us so that we would use it to detect the anxiety of the patient."N7

Appropriate staffing measures

Participants indicated that hospital administrators should endeavour to recruit sufficient nursing staff and provide them with adequate training to enable them assess patients' preoperative anxiety and information requirements. The study further revealed that nurses possessing special qualities must be employed to assist in patient communication and preoperative care:

"So, there should be recruitment and training of staff and adequate staffing, let me put it that way. When there is adequate staffing, issues with time may not come up because everybody has a role to play, the workload is minimal, have enough attention for a patient, there will be holistic care."N1

"And so I think that the hospital can hire the services of people who have specialised in sign language to be available to help."N7

"What we can do is find some of the nurses, who are fluent in languages like French, sign language to assist us communicate with patients who are only able to communicate in these languages."N8

Theme four: Improving provision of preoperative information needs

This theme elucidates the perspectives of participants regarding strategies to enhance the provision of information needs to facilitate the reduction of patients' anxiety for successful surgical outcomes.

Innovate with audiovisual devices

Data analysed suggested that the hospital management should acquire audiovisual equipment to enable nurses to provide information in the form of videos to patients. Findings further suggested that hospitals need to take the initiatives in procuring and fixing broken gadgets.

"With respect to the audiovisual devices to be used in informing the patients, most of the district hospitals can generate few incomes for which they may not be able to buy them and such hospitals always look up to the government for such help."N8

"We have been asking them to fix a flat screen television at the OPD to show the patients clips on how surgical procedures are done and what they will go through when they arrive at the hospitals and ward. They just called me that they have now fixed it."N9

"So, as I said, stakeholders, NGOs, private institutions and the businessmen out there should come and help. Even with the government sectors, it really takes a long time for you to obtain things that you request from them. This really makes communication very difficult. Because it is easy to understand watching video clips on the processes at the ward than sometimes being informed verbally."N10

Build teamwork

Participants suggested that collaboration among nursing staff and surgeons should be established, incorporating regular meetings to discuss the information provided and determine appropriate content to enhance the dissemination of information to patients. It was established that building teamwork involves delegating responsibilities and establish monitoring systems to check on nurses on their activities:

"We should come up with modalities like once or twice in a week, the team would do a team ward round, which would involve the nurses, surgeons, pharmacists and anaesthetists and everybody will be in that team for the ward rounds."N1

"And also supervision should be intense because the doctor can delegate, the nurse can also delegate, and then the anaesthetist can delegate. But at the end of the day, we have to make sure the work is done, aha."N3

"So there should be a committee to monitor nurses who have been assigned responsibilities to ensure that relevant information have been given to any patient who is supposed to receive it. Yes, it will help to solve the problem."N4

"We had a meeting before I came on my annual leave. The hospital management are saying that they are going to install CCTV cameras in all the wards and at every part of the hospital to monitor nurses to see those that spend time on their mobile phones during working hours. And if you are seen on your phone during these working hours, they would deal with you drastically."N10

Discussion:-

The aim of the study was to explore nurses' concerns regarding the exploration and management of preoperative anxiety and information needs of patients at district hospitals in the Ashanti Region, Ghana. The study found that nurses often struggle with defining their responsibilities during preparation of patients for surgery describing that as the responsibilities of surgeons. This is contrary to a previous study [29] that it is imperative for all nurses engaged in preoperative care of patients to possess a comprehensive understanding of their duties to identify the essential elements of preoperative care required to ensure patient safety. A document on Perioperative Nursing: Scope and Standard of Practice [30] outlined that registered nurses employ advanced assessment skills to collect relevant information concerning patients' preoperative anxiety and information needs. Additionally, the study found that nurses exacerbate this role confusion with ward traditional practices that may not reflect the aforementioned modern practices on assessing preoperative anxiety and information needs of patients.

Effective management of preoperative information needs is crucial for reducing preoperative anxiety and enhance surgical outcomes. One fundamental aspect is the provision of comprehensive information which can significantly reduce preoperative anxiety of patients.[31] However, the study found discrepancies in the process by which SW nurses provide information to patients prior to undergoing surgical operation.

From this study, there is the absence of clear protocols or standard operating procedures for nurses to provide information to patients undergoing surgery. A study [30] described that protocols are carved to guide nurses in implementing information provision to anxious patients undergoing surgery. Additionally, this study found that nurses provide information to patients in a haphazard and unsystematic manner, citing lack of confidence and possession of inappropriate information. Similar findings in a study in Ethiopia found lack of teaching materials and lack of training were found to affect information provision to patients.[31]

To improve identification of preoperative anxiety and information needs of patients, studies have established that ongoing education in nursing plays a crucial role in improving nurses' expertise and abilities.[32, 33] Findings from this study suggest that barriers stopping nurses from improving their competencies should be removed and preoperative nursing programmes should be made easy for SW nurses to assess and improve their competencies. A study[34] in Ghana confirmed findings of the current study that current study leave policy appears to significantly restrict the opportunities for nurses and midwives to pursue further education, particularly in obtaining bachelor's degrees. This limitation has led some nurses and midwives to question the likelihood of ever receiving the opportunity for study leave if they continue to wait in the current queue.

A study in Namibia characterised bad attitude of nurses to encompass inadequate communication, non-compliance with established protocols, disrespect towards patients, and the use of inappropriate language all of which have the potential to adversely impact and compromise patient safety. In the light of this, participants in this study recommended that it is important for nurses to be aware of their duties and foster a positive attitude when delivering essential care to patients. In an agreement to this, a study [38] stated that positive attitude of nurses towards patient assessment contributes to enhancing the quality of nursing care and minimising instances of missed nursing care.
Findings of this study described several strategies to improve provision of information to patients undergoing surgery. It was revealed that hospitals should procure audiovisual gadgets to enhance nurses to be able to inform

patients with vidoes. A previous study [35] indicated favourable outcomes associated with the use of multimedia technology, particularly noting a significantly enhanced immediate recall when employing an audiovisual intervention.

The study also found that it is necessary for nurses and surgeons to build teamwork, do regular meetings to determine appropriate information to provide patients, delegate and monitor responsibilities. Studies [36, 32] established that the responsibility for providing information to patients rests with both nurses and physicians. Consequently, effective collaboration and interaction between doctors and nurses in executing orders are essential to prevent patient harm.

Limitations:-

Interviews took place at the nurses' station in different wards while the nurses were on duty and caring for patients. One possible limitation of this method is that the nurses might have been keen to finish the interviews quickly to return to their patients, which could lead to potential incomplete responses to the questions asked.

Conclusion:-

Concerns of nurses relating to exploration and management of preoperative information needs of patients have been explored. Unassigned duty, ward tradition, communication barrier and poor nursing etiquette are some of the setbacks nurses encounter in their quest to assess preoperative anxiety and information needs of patients. The study further found that nurses are faced with challenges such as lack of guiding principles, haphazard provision of information, inappropriate staffing, teamwork gaps and clincal conflict in the process of managing preoperative anxiety and information needs. In the midst of these setbacks, participants suggested that overcoming educational constraints, positive attitude towards assessment, develop and adhere to assessment protocols and appropriate staffing measures are measures to improve patient assessment. Findings further suggested that nurses can improve management of preoperative anxiety and information needs of patients through innovation with audiovisual devices and teamwork among nurses and surgeons.

Ethics approval

The Ethical Review Committee at the University of the Western Cape (BM16/5/22) granted ethical approval. Permission to access the various hospitals was secured from the Ghana Health Service(GHS/ASH/RES/V.2). Participants were fully briefed on the study's objectives, as well as any potential risks and benefits. Consent was obtained from all participants for their involvement in the study and for recording. To maintain privacy and confidentiality, pseudonyms were used to prevent the identification of quotes. All names and contact details were kept in a securely password-protected file. This study complied with the ethical principles outlined in the Declaration of Helsinki.

Consent to participate

All participants agreed to take part and be recorded, in accordance with the ethical guidelines outlined in the Declaration of Helsinki.

Consent for publication

Participants gave their consent for publication.

Data availability

The manuscript contains the data. The interview utilised in this research was specifically created for this study and has not been published elsewhere.

Competing interests

The authors declare no competing interests.

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Author's contributions
S.D. authored the manuscript, which was a component of his doctoral research thesis, while M.B. oversaw both the thesis and the manuscript. A.F.D. contributed to the discussion section. All authors reviewed the complete manuscript and recommended necessary revisions.

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