

Conference Paper

The Role of Education in Post-Anesthesia Patients of the Comfort

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Abstract.

Postoperative and post-anaesthesia education receive less attention than preoperative education. This can result in anxiety and discomfort after surgery and anaesthesia. Patient anxiety can affect patient discomfort, which can increase the risk of postoperative and post-anaesthesia complications. To analyze the effect of education on patient comfort after surgery and anaesthesia, this study took a pre-experimental approach with a pre-post-test group design approach. The research was conducted in the recovery room of the Regional General Hospital. Prof. Dr. Margono Soekarjo Purwokerto, Central Java, Indonesia. The number of samples was 96 with inclusion criteria aged 18-65 years and involved both general and regional anaesthesia techniques. The instrument used is The Picker Patient Experience Questionnaire (PPE-15 to analyze comfort and for education used the Module). There was a significant effect of providing postoperative education and anaesthesia on comfort, resulting in a p-value of 0,000

Keywords: Education; convenience; post anesthesia

1. Introduction

In this era of globalization, comfort is something that is highly coveted by all individuals, both healthy and sick (1). Ignorance of something will lead to anxiety that has an impact on discomfort (2). Health education is a planned effort to influence other people, whether individuals, groups, or society, so that they do as expected by providers of education and health promotion. This limitation implies that the elements include inputs (targets and educators of health education), process (planned efforts to influence others), and outputs (do as expected). The expected result of health promotion or education is health behavior or behavior to maintain and improve health that is conducive to the goals of health education (3).

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Preoperative anxiety is found at levels of 60-80% in patients scheduled for surgery. In this condition, it affects surgery and anesthesia and has an impact on the delivery of postoperative treatment therapy. Five percent of patients who undergo surgery have indications of severe anxiety so that they refuse the plan of action and treatment planned by the doctor. Anxiety can lead to failure of spinal anesthesia and the occurrence of pathophysiological disorders such as hypertension and rhythm disturbances (5).

Many studies have been found on preoperative education. However, research related to postoperative education is still very rare and gets less attention. Anxiety after surgery showed data that 3.75% had severe anxiety, 10% had mild anxiety, 25% had moderate anxiety, and 61.25% were not anxious. Although the percentage of anxiety after surgery is not large, anxiety after surgery should receive serious attention from the health team. Because this anxiety will affect the patient's recovery process (4). This impacts the patient's anxiety after undergoing surgery about what to do post-surgery. Although doctors have provided education before surgery and anesthesia, based on a survey conducted on 12 patients, anxiety causes postoperative discomfort both in the recovery room and the ward. Five of the patients who experienced postoperative anxiety and anesthesia experienced complications of hemodynamic disorders, namely arrhythmias and hypothermia.

Efforts to reduce anxiety levels both pre and post anesthesia must be carried out by an anesthesiologist during a pre anesthesia visit while accompanying an anesthesiologist (6). Pharmacological therapy by administering anti-anxiety drugs and depressant agents. Psychological therapy with health education therapy, music therapy, relaxation techniques and others. Psychological therapy with the provision of health education is the most widely used strategy compared to anti-anxiety drugs. The strategy used in reducing preoperative and postoperative anxiety is that the provision of health education is mostly done by encouraging oral communication (95%), providing written health education (28%), showing direct surgery (20%) and showing videos about anesthetic procedures (2%) (7).

The effects of postoperative anesthesia complications include hemodynamic changes in blood pressure, respiration, oxygen saturation, hypothermia, chills, nausea, vomiting and pain (8). Postoperative nausea and vomiting occur in 70-80% of high-risk populations, and 30-50% occur in postoperative anesthesia. in the general population. Postoperative and anesthetic pain discomfort occurs in 90% of the population (9).

Post-surgery education and anesthesia in this study is the result of a study of the factors that affect comfort, which include patient, health and environmental factors. The

research has gone through the first research stage, namely the explanatory observational stage, the second stage Focus Group Discussion (FGD) and the third stage is the experimental stage. The purpose of this study was to analyze the role of postoperative education and anesthesia on comfort. It is hoped that in addition to safe patients moving from the recovery room, patients can also be comfortable so that they can minimize complications that occur and increase patient satisfaction.

2. Method

Phase 3 research uses pre-experimental design with pre-post group design. This design is to compare the effect of the intervention given by the treatment group before and after the intervention. The treatment group was given postoperative education and anesthesia. The population in this study were patients who were studied on each instrument with an average number of surgical patient visits for 1 month around ± 1500 . The sampling technique in this phase 3 study used the Probability Sampling formula with a total of 96 patients. The sampling technique in this study was consecutive sampling based on inclusion criteria, namely patients with general and regional anesthesia, age 18-65 years, ASA status 1, duration of surgery 1-2 hours, postoperatively receiving analgesic therapy. The instrument for measuring this educational procedure uses a checklist format that is given to patients with Humanish in post anesthetic. Providing education from anesthesiologists using booklets as a reference. Respondents filled out the checklist format. If it is done then it is given a score of 1 (yes), if not it is given a score of 0. The number of processes obtained is the frequency multiplied by 100% divided by the number of questions. Meanwhile, to measure satisfaction, a servQual questionnaire was used with 12 question items with a validity of 0.4438 and a reliability of 0.959. Patient satisfaction with patient experience parameters is measured using The Picker Patient Experience Questionnaire (PPE) which consists of 15 question items and has a validity and reliability value of 80%. The PPE-15 measures seven aspects: information and education, care coordination, physical comfort, emotional support, respect for patient preferences, involvement of family and friends and community and transition. The summary score is calculated as the number of items identifying the problem 'above the 'number' of items answered by the respondent on a scale of zero to 100 with zero indicating no problem and 100 indicating many problems. Each item is scored dichotomously.

2.1. Preparation phase

1. Coordinate the preparation of the research. At this stage, researchers need 2-3 enumerators, namely practitioners/anesthetists. Enumerators are needed to simplify and save time considering that there are 24 operating rooms with a capacity of 24 beds in the PACU room. After being declared willing to sign a statement as an Enumerator, an in-depth shared perception of the research technique was carried out.
2. Conduct field surveys and duplicate instruments, modules and checklists of several sub-variables according to the number of research subjects.

2.2. Implementation Stage

1. Collecting research subjects according to the inclusion criteria for informed consent. After explaining the benefits, objectives and procedures for filling out the questionnaire, the research subjects were asked to sign a consent form to become a respondent. The selection of respondents was based on the matching method according to the inclusion criteria. Then both groups were tested for equivalence using Leven's test with a degree of significance =0.05
2. Educational intervention. Education was carried out in the Post Anesthetic Care Unit (PACU) after the respondent was completely free from the influence of anesthetic drugs. Education is carried out according to the guidelines contained in the module.

3. Result and Discussion

TABLE 1: Frequency distribution respondents characteristics.

Indicators	Frequency(%)	Mean±SD
Age		46,7±16,64
Sex Male Female	42(56) 54(44)	
Education Elimentary School Yunior High School Senior High School College	12 (12,5) 24 (25) 35(36,5) 15 (15,6)	
Income High Middle Low	23 (23,9) 47 (48,9) 29 (30,2)	
Job Work Jobless	68 (70,8) 28 (29,2)	

TABLE 2: Level of satisfaction before and after postoperative education and anesthesia.

Satisfaction Level	Before		After		P value
	Frequency	Percentage	Frequency	Percentage	
Very Dissatisfied	36	37,5	0	0	0,000
Not satisfied	44	45,8	20	20,8	
Satisfied	14	14,6	55	57,3	
Very satisfied	2	2,1	21	21,9	
Total	96	100			

TABLE 3: Patient Experience before and after postoperative education and anesthesia.

Patient Experience	Before		After		P value
	Frequency	Percentage	Frequency	Percentage	
Very Dissatisfied	52	54,2	0	0	0,000
Not satisfied	37	38,5	2	2,1	
Satisfied	6	6,3	34	35,4	
Very satisfied	1	1	60	62,5	
Total	96	100	96	100	

3.1. Results

Based on table 1, data is obtained that based on the average age is at the age of 46.7 or 47 years. This age is included in the middle adult category. One of the factors that influence satisfaction is age. The higher the age, the higher the experience of a person. Less experience can indicate satisfaction more quickly than more experience. Age itself is closely related to motivational factors for themselves and the environment. With sufficient motivation in oneself, the satisfaction will automatically increase along with a sense of comfort in the environment where he is.

Based on table 1, it can also be seen that the most respondents' education is SMA 36.5%. Education level is related to a person's level of knowledge and intelligence level. Intelligence levels that are too high or too low will be more likely to experience boredom and dissatisfaction. The discrepancy between the level of intelligence with the type of service will lead to dissatisfaction with the service. (11-12) People who have higher education, formal or informal will have broader insights. Low level of education further lowers satisfaction (13).

Based on table 1, it can also be seen that the majority of respondents are at an adequate economic stage of 48.9%. Education affects the way of thinking and the income that can be obtained. Socio-economic status can affect a person's satisfaction. Economic status includes education, employment and income. This means that people with high incomes will have a positive perception of their lives. Income has a significant

positive correlation with life satisfaction and happiness (14). The results of this study also provide additional contributions to the literature on the effect of financial conditions on life satisfaction and psychological well-being for each individual, considering that research on the relationship between income and life satisfaction shows positive results. different in many countries (15)

A large income also makes a person have a good objective assessment of his life, although it is not always related to psychological well-being (subjective well-being) or emotional satisfaction (16). People with good income levels have access to respond appropriately to various problems. faced. The opposite condition for people who have low income levels, tend to feel emotionally hurt because they do not have the ability to solve the problems they face (17)

Table 1 can also be seen that the majority of respondents work as much as 70.8%. Income is positively correlated with employment. A person's work reflects the social condition of the individual or family in society. Individuals with different occupations have different tendencies in understanding and reacting to the health services they receive (18).

Based on tables 2 and 3 data obtained that there is a significant effect between satisfaction and patient experience before and after surgery and anesthesia education with a p value of 0.000. The process of providing comfort by health workers when carrying out treatment actions in the recovery room is one of the main things in providing comprehensive postoperative care and anesthesia and involves facilities and infrastructure when providing health services to patients optimally. Comfort is a central concept of nursing practice. Through feelings of comfort and actions to seek comfort nurses provide strength, hope, comfort, support, encouragement and assistance (19-20)

Patient satisfaction is obtained from the good quality of service from the hospital. A good combination of elements of the dimensions of nurse service quality can produce satisfied patients. Satisfaction that is already good should be maintained and improved to be even better so that it can meet patient satisfaction (21). There is a relationship between service quality and patient satisfaction because service quality is one of the duties and responsibilities of nurses as components who carry out these services, therefore nurses must be able to provide satisfactory service to every patient who visits and the quality of service must be applied in accordance with the provisions and policies established for health institutions, because the level of satisfaction is a benchmark of the quality of service of an institution. with the level of patient satisfaction, because the better the quality of service provided by nurses, the higher the level of satisfaction felt by patients.

4. Conclusion

There is a significant effect of postoperative education and anesthesia on the level of patient Comfort.

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