patient information booklet

METHODS TO EVALUATE EDUCATIONAL MATERIAL TO SURGICAL PATIENTS: INTEGRATIVE REVIEW OF LITERATURE

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Health education has contributed to the prevention and control of diseases in the last 20 years. It aims to providing knowledge intended to encourage patients to make changes in their behavior and life habits. Among the various scenarios in which the use of educational materials takes place, this study emphases the surgical patient who can have their physiological and psychological needs compromised because of the surgery.

OBJECTIVE

► Analyze the methodologies used in studies to assess the effectiveness of printed educational materials to surgical patient.

METHODS

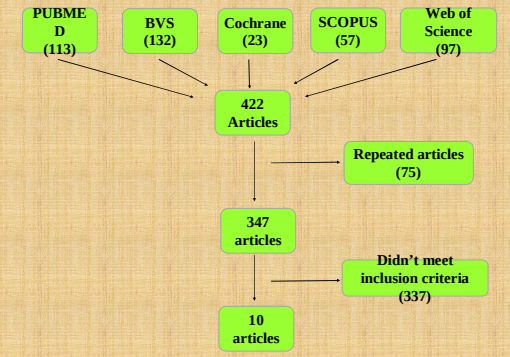
► Integrative review of literature from 2000 to 2013

► Guiding question: What is the method used by the researchers to assess the effectiveness of printed educational material to surgical patients?

► Eligible articles: published in English, Spanish, Italian, French and Portuguese;

► Portals / Data Bases: ISI Web of Science, BVS, PubMed, Scopus and Cochrane.

► Data collection was performed using an instrument containing the following items: identification of the article and methodological characteristics of the study.



RESULTS

► local of the studies: Canada (3), Turkey (2), Spain, China, Finland, Russia and Taiwan

► 60% (6) randomized clinical trial, 30% (3) clinical trial e 10% (1) case-control

► evaluation of randomized clinical trial using CONSORT – proportion of compliance to the items: mean 72,9% (range 56,7% to 86,5%)

► main focus of the studies: relief of pain and/or anxiety

► age mean of the participants: 53,7 years (range 37,3 to 61,8)

► surgical procedures: hernia repair, cardiac surgery (revascularization, open, involving partial sternotomy); laparoscopy; surgery for urinary incontinence; arthroplasty

► sample size: range from 32 to 497, mainly from 30 to 60 participants

► interventions:

- 60% - booklet containing information about the surgical procedures and how the patient should carry postoperatively + oral guidance; in one study the oral communication was conducted by phone;
- 20% - booklet containing information about the surgical procedures + explanatory video, reaffirming the steps of the procedures and the actions that the patient should hold postoperatively;
- 20% - booklet + pre-consultation over the internet or multimedia to enhance the information
  - Measures instruments: VAS or NRS, Brief Pain Inventory, McGill Pain Questionnaire, Present Pain Intensity, Patient Outcome Questionnaire, *Hospital Anxiety and Depression Scale*, *Self-evaluation questionnaire*, and instruments elaborated by the authors: quality of the educative intervention, assessment of sign and symptoms after surgery, knowledge after the intervention;

► Moment of the intervention:

- 30% before the surgery (range from 6 days to 24h), 40% on the day of the surgery,
- after the surgery: range from 1 to 15 days ,

► only 1 study observed a statistical difference between the group (author had elaborated the questionnaire of sign and symptoms postoperatively)

CONCLUSION

► Few studies get to show the effectiveness of preoperative education using printed materials through quantitative tools an increasing in clinical trial studies

► positive effects of the intervention appeared frequently when the studies analyzed the patient's perception

► Although present in only one study, it is possible that the development of specific assessment tools including postoperative signs and symptoms related to educational material contents are deemed more effective to evaluate the effectiveness of interventions in preoperative patient education

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