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# THE EXPERIENCE OF NURSE ANESTHETISTS IN EDUCATING PATIENTS AND FAMILIES: A QUALITATIVE STUDY

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**Abstract**

**Background:** Effective communication is one of the competencies of nurse anesthetists; they must also play the role of educator to the patients, meaning that they have to disseminate knowledge related to anesthesia to the patients that will undergo the anesthesia process. The communication done by nurse anesthetists may help reduce patients' anxiety and prepare patients for the post-anesthesia process.
**Objectives:** This study explores the experience of nurse anesthetists in educating patients and families.
**Methods:** This study employed a phenomenological qualitative approach involving 12 nurse anesthetists in Bali. The inclusion criteria for respondents were nurse anesthetists working in the operating room and nurse anesthetists having STRPA and SIPPA. This study took place for 3 months in 2 hospitals. Data were collected through semi-structured interviews with 8 questions. Data collected using in-depth interviews were analyzed using the Colaizzi method.
**Results:** The themes that emerged from this study were "workload of nurse anesthetists", "uncertainty in documentation results", and "obstacles in educating patients on anesthesia" that included challenges from patients' family members, patients, patient management systems, and nurse anesthetists.
**Conclusion:** Limited nurse anesthetists have caused an increased workload, so education related to anesthesia becomes insufficient.

**Keywords:** *Education related to anesthesia, nurse anesthetists, experience, obstacles in educating*

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## INTRODUCTION

Effective communication is one of the competencies of nurse anesthetists; they must also play the role of educator to the patients, meaning that they have to disseminate knowledge related to anesthesia to the patients that will undergo the anesthesia process (Neft, Okechukwu, Grant, dan Reede, 2013). Unfortunately, the education of anesthesia process, performed by anesthesiologists and assisted by nurse anesthetists may help reduce patients' anxiety and prepare patients for the post-anesthesia process (Walujo dan Satya, 2020).

All pre-surgery patients in the one-day surgery unit go through psychological anxiety. Such anxiety happens because patients are unsure of what may happen or what to expect; in other words, patients need comprehensive information on the surgical procedure they will undergo and the anesthesia process before the surgery (Usnadi, Rahayu, dan Praptiwi, 2018). Wijayanto (2017) argues that structured health education affects the anxiety of preoperative

major elective patients. In addition, good communication between health workers with patients and their family members can change high anxiety to low anxiety by 50% (Sulastri, Eko Trilianto & Ermaneti, 2019).

Unclear information provided by health workers can cause 31% of patients to ask again for information on patient care procedures (Zavala & Shaffer, 2011). The other effect is hospital revisits by approximately 4% of patients due to post-surgery pain (Hrad, 2014). A study at the Vanderbilt University Medical Center confirms 86 post-surgery death cases within 8 years (Bulka, Shotwell, Gupta, Sandberg, & Ehrenfeld, 2014).

Nurses believe that health teaching or communicating health information to their patients is unimportant (Safrina & Putra, 2016). Yet, only 18.3% of nurses do health teaching, and only 6.9% of the health teaching process is well-documented (Abdul-Kareem, Lindo, & Stennett, 2019). Our previous study, through interviews, in October 2020, confirmed that 3 out of 6 nurse anesthetists in 4 hospitals in Bali did not educate their patients and family members about the anesthesia procedure. Education is not provided because of the high workload and so the limited time for interaction with patients in pra anesthesia. In addition, nurse anesthetists confirm some challenges when educating their patients, including different backgrounds, cultures, and social statuses, and poor communication between patients and staff (Chuandy dan Santosa, 2015).

There have not been many studies on educating patients related to anesthesia. Our literature review of national medical journals showed that studies on anesthesia were limited to testing the effectiveness of education by nurses, but studies on anesthesia education to patients were not available. Our review of international journals found a similar result—not many studies were available on anesthesia education to patients. A study by Krupic et al. (2018) entitled "Nurses' Experience of Patient Care in Multibed Hospital Rooms: Results From In-Depth Interviews with Nurses After Further Education in Anesthesia" confirms barriers or factors hindering anesthesia education to patients. As the study did not take place in Indonesia, we may find different results due to cultural differences.

Nurse anesthetists must educate their patients well (Kemenkes RI, 2020). Lack of education pre-anesthesia, during, and post-anesthesia affects patient satisfaction (Walujo dan Satya, 2020). In addition, patients must be made aware of the anesthesia procedure and the effect that may follow. Based on the explanation, we are interested in examining the experiences of nurse anesthetists in educating patients related to anesthesia.

This study was qualitative since we wanted to explore the phenomenon deeply. This study was also phenomenological since we explored how nurse anesthetists educated their patients. A phenomenological study can help answer the research problems correctly and show the philosophy underlying the study (Neubauer, Witkop, dan Varpio, 2019).

**Objective(s):** This study explores the experience of nurse anesthetists in educating patients and families.

## METHODS

*Study Design*

This study employed a phenomenological qualitative approach to explore the experience of nurse anesthetists in educating patients and families related to anesthesia.

*Setting*

The study took 3 months to complete, from April to June 2021. It involved 2 hospitlas in Bali: RSUD Buleleng and RSAD Tk II Denpasar.

*Research Subject*

The research subjects were nurse anesthetists in Bali. The inclusion criteria for respondents were nurse anesthetists working in the operating room, having STRPA and SIPPA, willing to become participants by signing a consent letter, and willing to tell their experience.

In addition to using the inclusion criteria, we also determined the exclusion criteria: participants were in a sick condition. We had 12 participants who were interviewed and signed the informed consent. We interviewed the 12 participants since they met the saturated data. Participants were selected based on the data collected during the preliminary study. We made an appointment for the interview. Interviews were conducted by maintaining participant privacy. Participant selection was stopped until no new keywords were found during the interview.

*Data Collection*

Data were collected through semi-structured interviews. We asked 8 questions: 1) How do you understand the competence of nurse anesthetists as an educator?; 2) How is your experience in educating patients about pre-anesthesia?; 3) How is your experience in educating patients about intra-anesthesia?; 4) How is your experience in educating patients about post-anesthesia?; 5) What information do you give to your patients?; 6) Do you find any obstacles in educating patients about perianesthesia?; and 8) What do you expect from educating patients about perianesthesia?. Additional questions depended on participants' answers. We did the interviews ourselves. In addition, research assistants presented to help record the interview results. No participants dropped out during the study. An interview session lasted one meeting for about 25 minutes. We distributed the informed consent t participants before the interview.

*Data Analysis*

Data from interviews were analyzed using the Colaizzi method. Table 1 presents the 7 stages of data analysis (Colaizzi, P. 1978 in Holloway & Wheeler, 2010).

**Table 1.** Data Analysis Stages and Description of Research Actions Related to the Experience of Nurse Anesthetists in Educating the Patients on Perianesthesia

| No | Description of Actions | Stages |
|---|---|---|
| 1 | Interviews, making notes, recording interviews, and making a verbatim | Collecting descriptions of participants |
| 2 | Making transcripts, re-reading transcripts to gain a general and comprehensive understanding of participants' statements | Understanding the depth of the meaning |
| 3 | Examining the explanation of nurse anesthetists and finding important sentences | Extracting important sentences |
| 4 | Extracting important and meaningful explanation and providing meaning to the explanation by correlating it with certain concepts (elaborating the meaning of important parts) | Concepting important themes |
| 5 | Placing the concepts in certain categories (based on similarities) | Categorizing concepts and topics |
| 6 | Finding clear, unambiguous expressions from the described and studied phenomenon | Building comprehensive descriptions of the problems studied |
| 7 | Reporting results of each interview session | Validating results obtained |

Source: Data Primary, 2021

*Trustworthiness*

The research validity was based on four criteria by Lincoln dan Guba: *credibility*, *transferability*, *dependability*, and *confirmability* (Forero et al., 2018)

To ensure *credibility*, we analyzed the interview transcripts and triangulated the data with other sources, including medical records and observations at the study sites. Unfortunately, we could not determine the external validity (*transferability*) of this study—it must be determined by the readers of our research results. If the readers have a clear picture or can understand well our research results, then the research has high transferability. To ensure *dependability*, we analyzed the data systematically using the 7 stages presented by Colaizzi to interpret research results—this will help other researchers to make similar conclusions with similar data. To ensure *confirmability*, we compared our findings with those in relevant journals, consulted with the research team, and confirmed participants about the information and data collected. Confirmability was done through data audit—one of us drew a conclusion on interview results, and the other 3 researchers acted as external reviewers who made a comparative analysis to guarantee the confirmability of the collected data. We also confirmed the research participants on the interview transcripts we prepared.

*Ethical Consideration*

This study received its ethical approval through letter number 03.0323/KEPITEKES-BALI/III/2021, dated March 23, 2021, from the Ethical Commission of ITEKES Bali

## RESULTS

*Characteristics of Participants*

Participants in this study were nurse anesthetists with an average age of 45.41 years old. Most of the participants (91.7%) were

male. Their education background was DIII Nursing Program with training (33.3%), DIII Nursing Anesthesia Program (25%), DIII Nursing Anesthesia Program continued with Ners Professional Program (33.3%), and Ners Professional Program continued with training (8.3%). Most participants had a tenure of approximately 16 years and worked at their current position for 5-24 years. Table 2 presents the characteristics of the research participants.

**Table 2**. Characteristics of Research Participants

| Participants | Sex | Age (Year) | Educational Background | Tenure in Anesthesia (Year) | Tenure in Anesthesia in the Current Position (Year) |
|---|---|---|---|---|---|
| 1 | L | 42 | DIII Keperawatan + training | 14 | 14 |
| 2 | L | 63 | DIII Kep. Anestesi Poltekkes Surabaya | 27 | 6 |
| 3 | L | 41 | DIII Kep. Anestesi Poltekkes Surabaya | 14 | 14 |
| 4 | L | 51 | DIII Kep. Anestesi Poltekkes Surabaya | 24 | 24 |
| 5 | L | 51 | DIII Kep. Anestesi and S.Kep + Ners | 19 | 18 |
| 6 | L | 52 | DIII Kep. Anestesi and S.Kep + Ners | 24 | 21 |
| 7 | L | 35 | S.Kep + Ners+ training | 6 | 6 |
| 8 | L | 46 | DIII Kep. Anestesi Poltekkes Surabaya | 15 | 15 |
| 9 | L | 45 | DIII Keperawatan + training | 19 | 19 |
| 10 | L | 52 | DIII Kep. Anestesi and S.Kep + Ners | 22 | 22 |
| 11 | L | 32 | DIII Keperawatan + training | 5 | 5 |
| 12 | P | 35 | DIII Keperawatan + training | 8 | 8 |

Source: Data Primary, 2021

*The Experience of Nurse Anesthetists in Educating Patients*

This study resulted in 3 themes: "workload of nurse anesthetists", "uncertainty in documentation results", and "obstacles in educating patients on anesthesia". In addition, they came with 4 sub-themes: patients' family members, patients, patient management systems, and nurse anesthetists. The themes are elaborated in Table 3.\

*Theme 1 Workload of Nurse Anesthetists*

Nurse anesthetists face too much workload, and this has caused fatigue among them.

> *"We are exhausted because we have to go from one hospital to another to educate." (P8)*

> *"We have to educate, yet we must also do the anesthesia (intra)—this affects us much." (P8)*

Re-education is necessary to educate the family members.

> *"We must be patient and re-explain to them.' (P3)*

> *"We must be patient. We explain, explain it again, and again, and again to the patients." (P5)*

> *"Sometimes, we just can't handle it, just lost it. We have to explain it again and again to the same patients." (P10)*

Nurse anesthetists must be patient in educating patients and their families because everyone comes with different characters and personalities.

**Table 3.** Themes and Sub-themes of Education by Nurse Anesthetists to Patients

| Theme | Sub-theme |
|---|---|
| The workload of nurse anesthetists | Fatigue |
| | Patience |
| Uncertainty in documentation results | Anxiety about examination and documentation |
| | Delegate documentation |
| Obstacles in educating patients on anesthesia | Patients' family members |
| | Patients |
| | Patient management systems |
| | Nurse anesthetists |

*Theme 2 Uncertainty in Documentation Results*

Documentation is vital to do to protect the nurse anesthetists on duty. Anesthesiologists, in collaboration with nurse anesthetists, often get much work. Therefore, they delegate the task to nurse anesthetists to do documentation on behalf of the anesthesiologist. Nurse anesthetists are anxious if there is an examination of the documentation.

> *"If we cross-check the document, from the signature and others, I am sure there will be a problem." (P3)*

> *"We still have to write, so we are not blamed." (P1)*

One of the sub-themes was about uncertainty in the documentation results. It is the responsibility of anesthesiologists to do documentation; in practice, anesthesiologists are assisted by nurse anesthetists to do documentation. The task delegation has lowered the certainty and increased the anxiety of nurse anesthetists because delegation is done orally on behalf of anesthesiologists and patients or patients' families.

> *"We find it hard to write the doctor's name in documentation." (P5)*

> *"I think that unwritten (oral) command is not strong enough as the basis for task delegation (documentation)." (P5)*

> *"If anesthesiologists do not give enough explanation, we can explain more. The document (for anesthesia) is signed by anesthesiologists and the patient's family members." (P9)*

*Theme 3 Obstacles in Educating Patients on Anesthesia*

Our findings confirmed that obstacles in educating on anesthesia came from patients' family members, patients, patient management systems, and nurse anesthetists.

Education is considered successful if information receivers can understand well the information presented. Patients' family members can hinder the education process if they do not understand the information given by health workers. In addition, varied educational backgrounds and cultures can make the education process difficult, and information is not well received.

> *"The educational level of patients' family members is the first obstacle (for education)." (P1)*

> *"Patients' family members find it hard to understand the information because they do not understand medical terms." (P3)*

> *"No one to assist the family members for effective communication." (P8)*

> *"We try to communicate to the patients' family members, but they just do not understand, or yeah, they just get angry at us." (P9)*

> *"The patients and their family members do not understand because of their low educational level." (P10)*

Apart from the family, information is also conveyed to the patient. As the recipient of the information, the patient becomes an obstacle because of the patient's background. How patients, especially those with low education, receive information is also a barrier; patients with low education find it difficult to understand medical terms, so the nurse anesthetists must speak in simple language slowly. The patient's social status is also an obstacle. Patients from certain villages or tribes and those with high positions can also become obstacles.

> *"I find educating challenging when patients have low education levels." (P1)*

> *"Mostly are villagers—they do not understand health principles." (P2)*

> *"We have to be careful when educating people of high positions or officials because they are used to giving orders, not to be ordered." (P6)*

> *"If they are not Balinese, then language barriers exist." (P8)*

> *"Educating patients can be hard, indeed, because of language barriers and patients' knowledge." (P4)*

Patients' age is another obstacle. Children and the elderly are challenging because they cannot process information well. Children and the elderly needs assistance to ease education and improve understanding.

> *"We find it hard with the elderly, especially if they have a low educational background." (P5)*

> *"We need the parents when it comes to pediatric patients." (P3)*

> *"Patients do not understand the procedure because they are kids." (P10)*

> *"Only when the patients are kids, educating is challenging." (P11)*

Another obstacle is the management system. The tight surgery schedule has increased the workload and decreased the time available for educating patients.

> *"We have too many surgeries to perform that we do not have enough time to educate."* (P3)

> *"Sometimes, when there are too many patients, we can share only a little information." (P4)*

> *"Sometimes we have* op cito*—and this increases workload and decreases the time available (for educating patients)." (P6)*

Another obstacle is the management system since nurse anesthetists are rotated between rooms. Thus, the patients will have different nurse anesthetists, so it is difficult to build trust between patients and nurse anesthetists.

> *"We are assigned based on the schedule, so we cannot follow the patient from pre to post-surgery."* (P7)

> *"We have to deal with different patients—we may say yes during the pre-surgery, but the question is asked for different people." (P6)*

> *"Ward round or a visit may be done by our colleagues, not me. The preparation may also be done by other nurses." (P9)*

Another obstacle is that education must be done one day before the surgery during the visit. With the current mechanism, the nurse anesthetists cannot carry out the care and psychological preparation of the patient before anesthesia. The availability of facilities is also an obstacle to education.

> *"We do not have the standard for educating the patients. We just explain what we do." (P5)*

> *"The management team has not provided education facilities." (P8)*

> *"I think there must be a pre-anesthesia visit for education. one day before the anesthesia." (P4)*

> *"I think it would be better if we educate the patient so they can rest well before the procedure." (P1)*

> *"If we educate one day before the surgery, I think it is too short time for the patient to prepare." (P6)*

Nurse anesthetists, as the ones educating the patients, must also be taken care of. They must have the competence to educate, including having self-confidence, knowledge, and good time management.

> *"If we do not have enough knowledge or education, it may decrease our self-confidence." (P3)*

*"Questions related to pathology always makes me feel not confident." (P8)*

*"If the patients ask questions critically, I tend to feel not confident to answer." (P9)*

*"Too much to handle, running out of time, making it ineffective." (P8)*

*"At the beginning of BPJS implementation, I felt like I was chased by the patients; everybody wanted it fast." (P6)*

## DISCUSSION

### Workload of Nurse Anesthetists

In Indonesia, nurse anesthetists are those graduating from the nursing anesthesia program or nurse anesthetists following the Regulation of the Health Minister Number 18 of 2016. One role of nurse anesthetists is to communicate with patients and family members. Communication with patients and family members aims to increase the confidence of patients and their families when discussing health, exploring and conveying information about the patient's health condition, providing accurate explanations and information to patients and their families about health, providing accurate explanations and information, and asking for approval from patients and their families to take action (Kemenkes RI, 2020).

The theme of this research is the workload of nurse anesthetists, which consists of two sub-themes. The first sub-theme is fatigue. Nurse anesthetists often have excessive workloads leading to fatigue. The second sub-theme is patience. Nurse anesthetists must provide comprehensive care to increase patient satisfaction. Education to patients and families is necessary to reduce patients' anxiety. It takes much patience to deal with many patients with different characteristics. Education must be done repeatedly to ensure that patients and family members receive the information well.

Most medical personnel fail to communicate comprehensively due to limited time, high workload, and busy preparing surgery tools and equipment (Chabibi, Purwanti, dan Novyriana, 2019). The high workload of nurse anesthetists may affect their service. High workload may cause work-related stress and how they educate the patients. A study by Krupic et al. (2018) entitled "Nurses' Experience of Patient Care in Multibed Hospital Rooms: Results from In-Depth Interviews with Nurses After Further Education in Anesthesia" confirms that the barriers or factors hindering anesthesia education to patients are work-related stress and limited time.

### Uncertainty in Documentation Results

Documentation is vital to do to protect the nurse anesthetists on duty. Anesthesiologists, in collaboration with nurse anesthetists, often get much work. Therefore, they delegate the task to nurse anesthetists to do documentation on behalf of the anesthesiologist. Nurse anesthetists are anxious if there is an examination of the documentation. The Regulation of the Health Minister Number 2052/Menkes/Per/X/2011 concerning Practice License and Implementation of Medical Practice Article 23 Paragraph (1) states that all delegation of authority must be written. However, documentation cannot be done as it should be due to the lack of human resources and the high workload (Noviari & Susanti, 2015). An audit, review of medical record documents, and motivating nurses is a solution to minimize incomplete documentation (Noviari & Susanti, 2015).

Delegation of documentation is often carried out. An anesthesiologist should carry out anesthesia documentation, but in its implementation, the anesthesiologist is assisted by nurse anesthetists. The delegation often leads to a decrease in the confidence of nurse anesthetists over the fact that task delegation is done orally, where the regulation says it must be written. Documentation is done on behalf of the anesthesiologist and the patient's family; therefore, the nurse anesthetist is not confident in documenting anesthesia. The delegation of authority is often followed by the delegation of obligations, while the mandate is not (Sylvana et al., 2021). Delegation and collaboration of anesthesiologists and nurse anesthetists greatly assist care delivery.

Agustina, Wardhani, & Astari (2020) confirm that nurses still expect collaborative activities that increase their activities by as much as 37.7% compared to doctors (20.5%).

**Obstacles in Educating Patients**

The obstacles or barriers to education come from patients, patients' family members, patient management systems, and nurse anesthetists. For example, patients' family members can hinder the education process if they do not understand the information given by health workers. In addition, varied educational backgrounds and cultures can make the education process difficult, and information is not well received. Apart from the family, information is also conveyed to the patient. How patients, especially those with low education, receive information is also a barrier to education; patients with low education find it difficult to understand medical terms, so the nurse anesthetists must speak in simple language slowly. Nurse anesthetists must be able to communicate well with patients and patients' family members. Obstacles to education from the patients and family members have a direct effect, which is the delay in elective surgeries by 14.8% (Amurwani dan Rofi'i, 2018).

The patient's social status and tribes are also an obstacle. Nurse anesthetists must be able to communicate across cultures and handle diversity; they must be patient, culturally sensitive, and not blame the patients (Kemenkes RI, 2020). Education is not optimal because there are still obstacles such as differences in background, culture, and social status, as well as poor communication between patients and staff (Chuandy dan Santosa, 2015).

Another obstacle is the management system. The tight surgery schedule has increased the workload and decreased the time available for educating patients. Medical personnel lack communication due to limited time, high workload, and busy preparation of surgery tools and equipment (Chabibi et al., 2019).

Another obstacle in the management system is the rotation of nurse anesthetists between rooms. Thus, the patients will have different nurse anesthetists, so it is difficult to build trust between patients and nurse anesthetists. Trust is built through good therapeutic communication; good therapeutic communication significantly affects patient satisfaction (Siti et al., 2016).

Another obstacle is that education must be done one day before the surgery during the visit. With the current mechanism, the nurse anesthetists cannot carry out the care and psychological preparation of the patient before anesthesia. Most patients (78.4%) want to see their anesthesiologist Mayoritas before the surgery (Masjedi et al., 2017).

Nurse anesthetists, as the ones educating the patients, must also be taken care of. They must have the competence to educate, including having self-confidence, knowledge, and good time management.

This research has limitations in its implementation. The limitation of this research are the location of this research was carried out in 2 hospitals in Bali only so that it does not describe other areas of Bali, the participants of this study did not have the same experience. There is a large difference in work experience between participants, and this research was analyszed manually.

**CONCLUSION**

This study resulted in the following themes. *First,* "workload of nurse anesthetists". Nurse anesthetists have a high workload causing disruptions in the education process; thus, a better schedule must be made for surgeries and better management for nurse anesthetists and the hospital. *Second,* "uncertainty in documentation results". It is hoped that uncertainty faced by nurse anesthetists in documentation can be solved with clear and written delegation. *Third,* "obstacles in educating patients on anesthesia". This can be overcome by improving surgical management and increasing the therapeutic communication skills of nurse anesthetists in educating patients and families.

## SUGGESTIONS

Hospitals are expected to improve the management system by providing infrastructure for patient education and regulating the number of surgeries by considering the available human resources. This is done to help nurse anesthetists offer good services, especially in educating patients. In addition, further research can continue by researching quantitatively or conducting the same research from the patient's point of view or from the anesthesiologist's point of view about collaboration in providing anesthesia education.


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## DECLARATION OF CONFLICTING INTEREST

There is no conflict of interest.

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This study was funded by Itekes Bali and the researchers.


## AUTHOR CONTRIBUTION

**I Wayan Agus Maharyawan:** Conceptualizing the study, collecting data, analyzing data, and compiling publication manuscripts.

**I Ketut Swarjana:** Conceptualizing and supervising the study (supervisor)

**I Made Rismawan:** Conceptualizing and supervising the study (supervisor)

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