

Effect of Training sessions Oniraqi Nurses' Practice Concerning Patients In Phase Post-Anesthesia Care At Ghazi Al-Hariri Surgical Specialities Hospital

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Abstract: This study aimed to identify the effect of training sessions oniraqi nurses' practice concerning patients in phase post-anesthesia care.

Methodology: There were 50 participants in this cross-sectional study. from April 5th through June 6th, 2021. a sample of nurses from two Parts a First, gender, training session. Second part: It had (20) items on Patients in Phase Post-anesthesia Care.

Results: The results of the study showed that all Iraqi nurses who participated (50 nurses) for the practice of nurses about the Patients in Phase Post-anesthesia Care had a low level of practice and there is relationship with training session, and their demographic data and nurses' practice.

Conclusions: The finding of the study reported that there weresignificant differences between effect of thetraining sessiononiraqi nurses' practice toward patients in phase post-anaesthesia care.

Recommendation: Based on the result finding, the researcher recommended that the implement of the monthly trainingprogramsfor all nurses in Iraq Hospitals.

Keywords: Effect, Training Sessions, Nurses' Practice,Post-anesthesia Care

Introduction:

Over-utilized Operative Room (OR) time due to Post-anesthesia Care Unit (PACU) admission delays due to sequencing regulations. The rules apply to each surgeon's caseload. Discrete event simulation emphasizes PACU nurse staffing. Sequencing limits the number of PACU patients. Increasing the use of the operating room, on the other hand, can have an effect on other parts of the surgical procedure¹. PACU nurses were champions, protectors, educators, and experienced clinicians. In addition to patient assistance and patient/family advocacy, nurses said adding family visits made sense. Taking charge of patients is successful for nurses, and they want to keep it that way during visits. The nurses reported that patients and most family members were pleased with the visits². This knowledge can be applied in situations where major disruptions to PACU capacity occur and it is anticipated that the Anesthesiologist will be required to recover the patient. In a Japanese hospital without a PACU, recovery times following general anesthesia for laparoscopic gynecologic surgery were 80 percent faster than in a US facility with a PACU³. The PACU nursing staff worked hard to boost parental visitation. Education, interdisciplinary teamwork, ongoing support, and data transparency increased parental visitation in the PACU from 44% in January 2004 to 90% in January 2007. There are several benefits to parental visiting in the PACU, and suggestions for promoting it⁴. The PACU nurses noted that when a patient was ready for discharge, an Anaesthesiologist was not always immediately available to evaluate and discharge the patient. This led to both nurse and patient frustration as well as an increased length of stay for the patient. The volume of surgical patients varies seasonally, hourly, and weekly. The absence of PACU nurses clogging ORs and delaying case start timetables for other patients. To our knowledge, this is the first study to use historical data to staff the PACU⁵. The PACU Phase's boisterous and brightly lit atmosphere may disturb aroused post-anaesthesia patients, delay awakening, and raise analgesia drug needs. A therapeutic setting was tested in a community hospital PACU⁶.

Methodology:

This is cross-section study was conducted on (50) nurse who working at Ghazi Al-hariri Surgical Specialities Hospital. started from the 5th of April 2021 to the June 6th 2021.

Purposive sample of nurses which include of twoparts: First: the sample's demographic characteristics such as gender, training session. Second: Iraqi nurses' practice Patients in PACU form was (20) Items. analyse the data by Statistical Package for Social Sciences version 16.0

Results:

The study result that the nurses' gender 30(60%) of the sample, the majority were male. A total of 10 (20%) of the nurses participating in training sessions said that they answered (Yes) and 40(80%) answer No. Iraqi Nurses who responded "Yes" out of all of the Nurses Update information was recorded at 21(42%), but the most of nurses indicated number of training (56%) not have training as shown in Table (1).

Table (1):State the Distribution of (50) Nurses.

| Variable | | Groups | Study Sample | |
|----------|---|------------|--------------|-----|
| | | | Freq. | % |
| 1 | Nurses' Gender | Male | 30 | 60 |
| | | Female | 20 | 40 |
| | | Total | 50 | 100 |
| 2 | Training Sessions related to Phase Post-anesthesia Care | Yes | 10 | 20 |
| | | No | 40 | 80 |
| | | Total | 50 | 100 |
| 3 | Updating data | Yes | 21 | 42 |
| | | No | 29 | 58 |
| | | Total | 50 | 100 |
| 4 | Number of training sessions | 1-3 | 10 | 20 |
| | | 4 | 11 | 22 |
| | | 7 and More | 1 | 2 |
| | | Not | 28 | 56 |
| | | Total | 50 | 100 |

Freq.= frequency, % = percentage

Most finding in the study Training Sessions toward Iraqi nurses' practice Patients in Phase PACU were(80%) answer not have as shown in Figure (1).

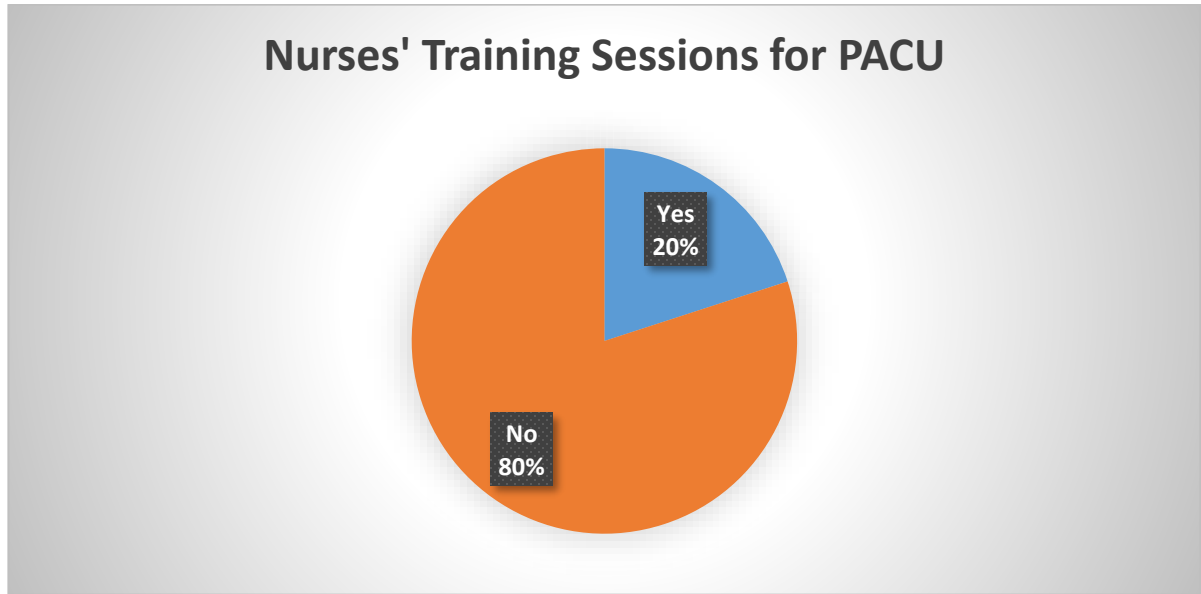


Figure (1): State of Training Sessions for Iraqi Nurses' Practice toward Patients in Phase Post-anesthesia Care.

Reference: The work and design of the researcher based on the statistical program (SPSS 20.0).

Table (2): State the Iraqi Nurses' Practice toward Patients in Phase Post-anesthesia Care.

| Domain | Items | (50) Iraqi Nurses' Practice | | | | |
|---|-------|-----------------------------|-----------|--------|----------|------|
| | | F | | | Total MS | Ass. |
| | | Never | Sometimes | Always | | |
| Phase Post-anesthesia Care for the Patients | 40 | 30 | 6 | 4 | 1.08 | L |

Ass. = Asymptomatic significant; H.= High (2.5 - 3); M= Moderate (1.50 – 2.5); L= Low (1. – 1.50)

Reference: The work and design of the researcher based on the statistical program (SPSS 20.0).

Reflected that there was a statistically low level in the mean of the study sample's practice about (40) items about Patients in Phase PACU by (50) Iraqi nurses were low practice (1.08) as shown in table (2).

The finding that there were significant relationships between Nurses' Practices with their Training Sessions at (P value = .02, .03, and .001) respectively as shown in Figure (3).The study outcome for correlation between Nurses' data specialty training session and updating and Number 9399

of training with Their Practices toward Patients in Phase PACU that indicated significant effect between them.

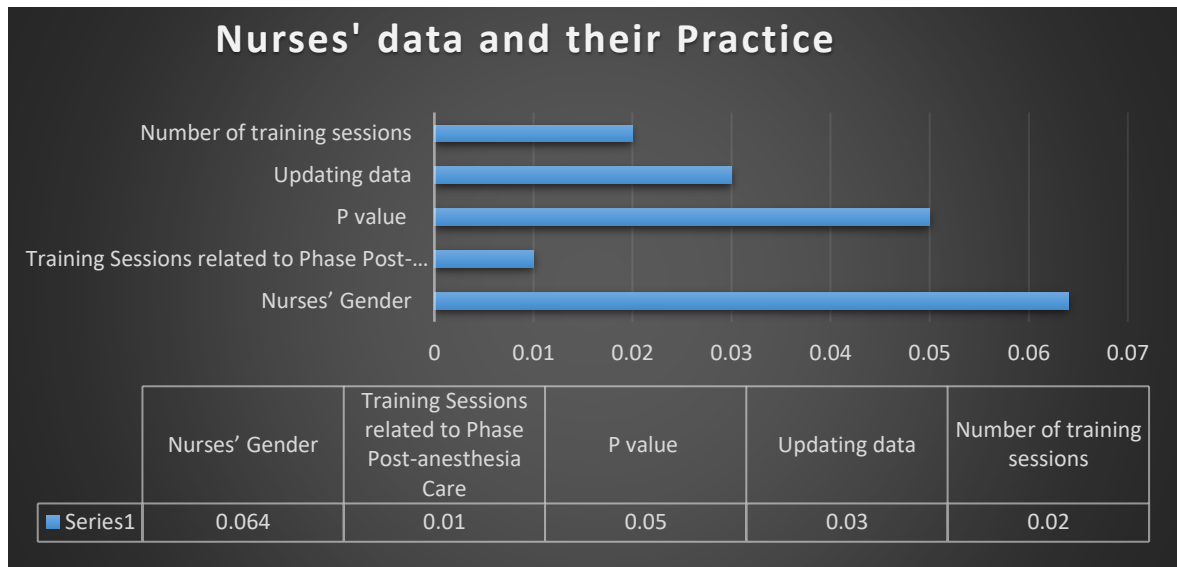


Figure (3): state the correlation between Demographic data with Their Practices toward Patients in Phase Post-anesthesia Care.

Reference: The work and design of the researcher based on the statistical program (SPSS 20.0).

Discussion:

The study's findings indicated the following demographic characteristics of nurses: More than half (60 %) of the sample was male. The current study's findings regarding the item of sharing training sessions regarding patients in the PACU revealed that more than three quarters (80%) of nurses responded positively, while the remaining nurses responded negatively and accounted for (10) of the total (20%). Finally, these findings suggest that less than half of nurses responded "Yes" to the item "Updating the data," accounting for 21 (42%), whereas more than half of nurses responded Number of training sessions accounting for 28 (56%) answer Not sharing.

Conducted a survey of 45 nurses in Saudi Arabia's PACU and discovered that 77.8 percent of all female nurses work in PACU (N=30). 60% have a bachelor's degree. 91 percent (41 nurses) had not attended a training session on PACU⁷.

According to the study the nurses see poor patient handover and monitoring, poor communication among caregivers, and inexperienced auxiliary staff. Overwork, unnecessary administrative tasks, and non-compliance with protocols all contribute to errors. 154 nurses voted

online (34 percent response). Nurses aged 33 and under dominated (interquartile range: 10). In level III institutions, 38.4% worked, with no age differences ($p = 0.86$). From 27-58 with 3-20 years of experience were included in the qualitative phase. "Interview" now refers to the qualitative phase⁸.

According to Table (2), Reflected that there was a statistically low level in the mean of the study sample's practice about (40) items about Patients in Phase PACU by (50) Iraqi nurses were low practice (1.08), indicating that there was inadequate and weak nurses' practice regarding Patients in Phase PACU.

The study finding to assess PACU nurses' understanding of pulse oximetry. On the other hand, 19 unselected nurses took a 32-item questionnaire with a 20-item pulse oximetry true-false. On the whole, nurses lacked pulse oximetry skill. A good clinical outcome demands good pulse oximetry skills. They must detect and correct employee knowledge gaps. Nurse educators must give continuing pulse oximetry teaching based on evidence⁹.

A survey study is agreement with conducted by reported that two PACU in the United Kingdom. On a scale of 1 to 10 (lowest to highest), registered nurses were asked to rate the various nursing services. After education, the average score for PACU was (7.81 to 8.61) highest¹⁰.

The researcher stated that properly care for patients in pain, post-anesthesia care nurses must understand this complex issue. Nurses who lack knowledge and abilities in pain management will provide inferior care. Despite the plethora of information, nurses lack adequate knowledge¹¹.

According to the study's findings, that there was effect between (50) Iraqi nurses were low practice (1.08), with their training sessions and updating and Number of training at (P value = .02, .03, and .001) respectively and with their Practices toward Patients in Phase PACU.

The outcome study showed that knowledge-to-Action Model was used to train hospital recovery room nurses. The instructional program was examined pre-post in one group. Each participant's data was paired sample t-tested. Nurses' expertise of pain and traditional communication tactics have proven effective in the PACU (as evidenced by post-test score improvement)¹².

The PACU staff nursing council recommended and the management team approved a pilot family visitation program. This protocol and policy were developed after extensive consultation

with other PACU employees, waiting room volunteers, physicians, and management. Patient-centered treatment is now standard in medicine. In order to benefit patients, families, and nursing staff, this PACU promotes a family visit routine².

Conclusions:

The finding of the study reported that there was effect of the training session on result Iraqi nurses' practice toward patients in phase post-anaesthesia care. There was a significant relationship between nurses' practice on the patients in phase PACU and some demographic information (updating data and number of training sessions), indicating that training sessions improvement nurses' practice.

Recommending:

The nurses' skills development and improvement practice by weekly sharing in training sessions a constant periodic basis, and they do not rely solely on the material and abilities acquired throughout the study. Encouraging nurses working in PACU to consult reputable.

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