


RESEARCH ARTICLE (ORIGINAL) 

The influence of the preoperative nursing consultation on meeting patients' information needs


Influência da consulta pré-operatória de enfermagem na satisfação das necessidades informativas do doente

Influencia de la consulta de enfermería preoperatoria en la satisfacción de las necesidades de información del paciente

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Abstract

Background: In the perioperative period, information allows patients to develop appropriate responses to the different situations they experience.

Objectives: To assess, postoperatively, patients' level of satisfaction with the information received; to analyze the influence of the preoperative nursing consultation on meeting patients' information needs.

Methodology: Descriptive-correlational, quasi-experimental study. Data were collected postoperatively using a questionnaire applied to two groups of patients (experimental and control). The first group received a preoperative nursing consultation, and the second group received the information usually provided at the hospital.

Results: The results allowed to identify the patients' level of satisfaction with the preoperative information received. They point out that the preoperative nursing consultation focuses on developing a close therapeutic relationship that is essential for meeting patients' information needs.

Conclusion: The preoperative nursing consultation is an autonomous activity that contributes to meeting patients' information needs.

Keywords: office nursing; patient satisfaction; information; nursing

Resumo

Enquadramento: Em perioperatório, a informação permite ao doente desenvolver respostas adequadas às diferentes situações que vivencia.

Objetivos: Avaliar, no pós-operatório, a satisfação do doente com a informação recebida; analisar a influência da consulta pré-operatória de enfermagem na satisfação das necessidades informativas do doente.

Metodologia: Estudo descritivo, correlacional, quase-experimental. Os dados foram colhidos no pós-operatório, através de um questionário a dois grupos de doentes, experimental e controlo. O primeiro grupo foi alvo de consulta pré-operatória de enfermagem e o segundo recebeu a informação habitualmente dispensada no hospital.

Resultados: Os resultados permitiram identificar o nível de satisfação dos doentes com a informação recebida no pré-operatório. Indicam que a consulta pré-operatória de enfermagem privilegia a proximidade e a construção de uma relação terapêutica fundamental na satisfação das necessidades informativas do doente.

Conclusão: A consulta pré-operatória de enfermagem é uma atividade autónoma que promove a satisfação das necessidades informativas do doente.

Palavras-chave: consulta de enfermagem; satisfação do doente; informação; enfermagem

Resumen

Marco contextual: En el período perioperatorio, la información permite al paciente desarrollar respuestas apropiadas a las diferentes situaciones que experimenta.

Objetivos: Evaluar, en el período posoperatorio, la satisfacción del paciente con la información recibida; analizar la influencia de la consulta de enfermería preoperatoria en la satisfacción de las necesidades de información del paciente.

Metodología: Estudio descriptivo, correlacional, cuasi-experimental. Los datos se recopilieron en el período posoperatorio mediante un cuestionario dirigido a dos grupos de pacientes, el experimental y el de control. El primer grupo fue sometido a una consulta de enfermería preoperatoria y el segundo grupo recibió la información que se suele proporcionar en el hospital.

Resultados: Los resultados permitieron determinar el grado de satisfacción de los pacientes con la información recibida en el período preoperatorio. Indican que la consulta de enfermería preoperatoria favorece la proximidad y la construcción de una relación terapéutica fundamental para satisfacer las necesidades de información del paciente.

Conclusión: La consulta de enfermería preoperatoria es una actividad autónoma que promueve la satisfacción de las necesidades informativas del paciente.

Palabras clave: enfermería de consulta; satisfacción del paciente; información; enfermería

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Received: 11.06.20

Accepted: 26.10.20



How to cite this article: Breda, L. F., & Cerejo, M. N. (2021). The influence of the preoperative nursing consultation on meeting patients' information needs. *Revista de Enfermagem Referência*, 5(5), e20088. <https://doi.org/10.12707/RV20088>



Introduction

Nursing practice is not limited to technical procedures. It also comprises a set of broad actions and care that allow establishing a relationship that promotes a favorable environment for patients to express their concerns and fears (Gomes, 2015). The preoperative nursing consultation (PNC) allows building a relationship that facilitates patient-centered communication. The nurse obtains the patient's history through an interview and, later, adapts the interventions according to the identified needs (Pettersson et al., 2018).

Patients often verbalize different information about preoperative preparation at admission, thus compromising the entire anesthetic-surgical procedure. They also express fear of the immediate postoperative period and uncertainties about hospital discharge and post-surgical recovery at home. Moreover, the short length of hospital stay limits nurses' contact with patients regarding the transmission of information about the postoperative period. Thus, patients often experience doubts and difficulties in self-care after discharge, eventually contacting or reusing hospital services.

The study was carried out in a private hospital in Portugal, where patients have a consultation with the surgeon and the anesthesiologist before surgery. Later, a secretary of the clinical office transmits all information regarding preoperative preparation by phone. Therefore, the first contact with the nurse occurs only on the day of admission, that is, in the immediate preoperative period. In accordance with the issue above, a descriptive-correlational, quasi-experimental study was carried out to assess, postoperatively, patients' level of satisfaction with the information received; to analyze the influence of the preoperative nursing consultation on meeting patients' information needs.

Background

In addition to being a subject of knowledge, nursing is a self-regulated profession that aims to meet the individual's health needs at all stages of their life cycle (Nunes, 2017). To develop perioperative nursing activities, it is essential to mobilize a set of theoretical and practical knowledge through a well-designed process (Association of periOperative Registered Nurses, 2018). These activities must also be based on theories and models that meet patients' needs. According to Meleis (2012), nurses are confronted with people experiencing transition processes that involve changes in health status or role relationships, expectations, or abilities in their daily practice. Thus, in this transition, human beings are required to obtain new knowledge and change their behaviors. In her theory, Orem also considers self-care as the practice of activities that individuals initiate and perform for their improvement and maturation over a specific time duration (Queirós et al., 2014).

In the perioperative period, the information allows the patient to develop adequate responses to the different situations they experience and participate in decision-making

(Gonçalves et al., 2017). According to Bayraktar et al. (2018), it is important to combine both written (leaflet) and verbal information to increase nursing care quality, promote self-care, improve patient satisfaction, and reduce the risks of hospital readmission. Melgo (2015) points out that everyone has their way of reacting to surgery, so it is essential to provide individualized care. Thus, the nursing consultation is defined as a tool that allows considering the patient's individuality to improve their self-care ability (Portaria nº306-A/2011 de 20 de dezembro). Pettersson et al. (2018) argue that the PNC allows focusing on patient-centered communication and that starting the consultation with an open question allows patients to narrate their perspectives, fears, and experiences. Lau and Chamberlain (2017) also recommend the implementation of a preoperative multidisciplinary assessment through consultations, allowing different health professionals to identify risk factors, inform the patient about the surgical process, and meet their needs with the purpose of reducing morbidities and hospital length of stay and improving patient satisfaction and quality of life.

Satisfaction consists of a personal perception resulting from good practices (Ribeiro, 2003). Thus, the Basic Health Law (Lei nº 95/2019 de 4 de setembro) states that patient and professional satisfaction must be assessed. In the context of nursing care, Marques et al. (2018) argue that it is important for nurses to focus on the professional, trust, and educational domains to increase patient satisfaction.

Research question/ Hypothesis

What is the influence of the preoperative nursing consultation on meeting patients' information needs?

The satisfaction of patients' information needs differs depending on whether or not they have received a preoperative nursing consultation.

Methodology

A descriptive-correlational, quasi-experimental study was conducted. Experimental group (EG) patients received the PNC, following a pre-established guide, and an information leaflet on the preparation for surgery and the hospital route. Control group (CG) patients followed the preoperative procedures at the institution where the study was conducted. In both groups, the process was assessed postoperatively, immediately before hospital discharge, through a questionnaire aimed to identify patients' level of satisfaction with the preoperative information received. An accidental nonprobability sample was used based on the following inclusion criteria: 18 years of age or older; ability to read, interpret, and provide written answers; no hearing or visual impairment; no mental alterations; undergoing elective surgery. The PNC was the independent variable, and the satisfaction of patients' information needs was the dependent variable under analysis. In addition, some attribute variables were selected to characterize the

subjects. Each PNC lasted 20 minutes and started with an open question that allowed the patient to share their viewpoint and the nurse to identify the information needs. Data was collected using a two-part questionnaire. The first part assessed sociodemographic, family, and clinical data; and the second part assessed patient satisfaction with the preoperative information using a scale - Patient satisfaction with the information transmitted in the preoperative in the hospital (*Satisfação dos doentes com a informação transmitida no pré-operatório no hospital*) that was adapted from Ribeiro (2003) and has not been validated for the Portuguese population. This Likert-type scale consists of 22 questions and is divided into two parts. The first part includes 12 questions to determine the frequency with which information was transmitted in the preoperative period. The second part consists of 10 questions, one of which is subdivided into four points, and assesses the patients' level of satisfaction with the information received in the preoperative period. Each question has four answer options, scored from 0 to 3. The total score in the first part ranges from 0 to 36 points and in the second part from 0 to 39 points. Cronbach's alpha coefficient of this adapted scale was 0.943.

Data were collected between August and October 2019. The PNC took place on the day the patients did the complementary diagnostic tests. The data collection tool was applied to both groups in the postoperative period, immediately before clinical discharge. This assessment moment was chosen so that patients could reflect on whether the preoperative information received had corresponded to the reality experienced during hospital stay. Data were processed using IBM SPSS Statistics, version 25.0. Descriptive and inferential statistical techniques were used. The Kolmogorov-Smirnov test was applied and

revealed the non-normal distribution of the sample, for which reason the nonparametric Mann-Whitney U-test was used. Results were considered statistically significant if the significance level was less than 0.05.

All ethical procedures were ensured. Before participating in the study, patients were explained the study and asked to sign an informed consent form. Permission was requested from Ribeiro (2003) to use and adapt the original scale. A request for authorization was also addressed to the highest authority of the hospital where the study was carried out. The Ethics Committee of the Nursing School of Coimbra was asked to issue an opinion. Both requests were successful.

Results

The sample consisted of 90 patients: 40 in the EG and 50 in the CG. Among the seven surgical specialties of the hospital where the study took place (orthopedics, general surgery, reconstructive plastic surgery, urology, gynecology, ENT and neurosurgery), the majority of patients were in the orthopedic specialty (CG = 26.0%; EG = 42.5%). Regarding gender, the CG had more female patients (52.0%) and the EG had more male patients (55.0%). CG patients' age ranged from 31 to 82 years, with a mean of 58.30, a median of 57.50, and a standard deviation of 13.84. EG patients' age ranged from 18 to 82 years, with a mean of 59.93, a median of 62.50, and a standard deviation of 17.58. Pertaining to the age groups, there was a predominance of adults (40 to 64 years) in the CG (52.0%) and older people (≥ 65 years) in the EG (47.5%). Regarding surgical history, most patients had already undergone surgical procedures (CG = 80.0%; EG = 77.5%; Table 1).

Table 1

Main results of the sociodemographic variables

Variable	CG; <i>n</i> = 50	EG; <i>n</i> = 40
Surgical specialty	Orthopedics - 26.0%	Orthopedics - 42.5%
Gender	Female - 52.0%	Male - 55.0%
Age	Mean - 58.30 years	Mean - 59.93 years
Surgical history	Yes - 80.0%	Yes - 77.5%

Note. CG = Control group; EG = Experimental group; *n* = Absolute frequency.

The analysis of the first part of the scale pertaining to the frequency with which preoperative information was transmitted showed that the CG had a mean of 26.82, a median of 28.00, a mode of 30.00 points, and a standard deviation of 5.46. The minimum value was 10.00 points, and the maximum value was 36.00 points. In the EG, the mean was 34.25, the median was 35.00, the mode was 36.00 points, and the standard deviation was 2.17. The total score ranged from 27.00 to 36.00 points. The

analysis of the second part of the scale about the patients' level of satisfaction with the information received showed that the CG had a mean of 26.54, a median of 27.50, a mode of 33.00, and a standard deviation of 7.75. The minimum value was 12.00 points, and the maximum value was 39.00 points. In the EG, the mean was 36.47, the median was 38.50, the mode was 39.00, and the standard deviation was 3.73. The total score ranged from 26.00 to 39.00 points (Table 2).

Table 2*Results of the application of the scale*

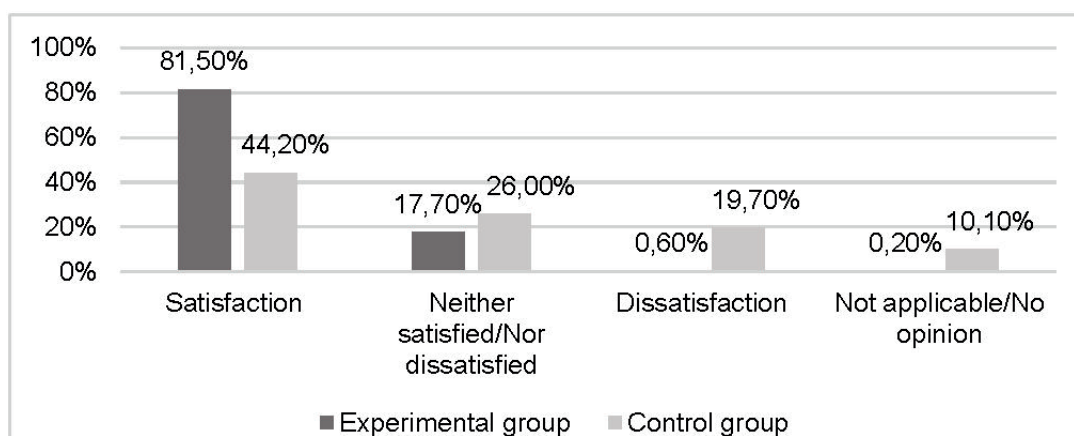
	1 st part of the scale		2 nd part of the scale	
	CG	EG	CG	EG
Mean	26.82	34.25	26.54	36.47
Median	28.00	35.00	27.50	38.50
Mode	30.00	36.00	33.00	39.00
Standard deviation	5.46	2.17	7.75	3.73
Minimum	10.00	27.00	12.00	26.00
Maximum	36.00	36.00	39.00	39.00

Note. CG = Control group; EG = Experimental group.

The analysis of the first part of the scale showed that the EG had a higher percentage of *always* answers, ranging from 57.5% and 100%, and that the percentage in the CG ranged from 6.0% to 76.0%. The questions about the concern to maintain a calm environment, friendliness, and patience at admission obtained the highest percentages of *always* answers (60.0% - 76.0%) in the CG. The questions pertaining to information to cope with the needs, education according to the needs, understandable explanation, and importance given to the patient's problems had more than 85% of *always* answers in the

EG, while the *sometimes* answers predominated in the CG (30.0% - 40.0%). The concern to involve the family obtained 30.0% of *never* answers in the CG and 57.5% of *always* answers in the EG.

With regards to the second part of the scale, significant differences were found in patients' level of satisfaction about the information received. Overall, 81.5% of EG patients were satisfied with the preoperative information received, while only 44.2% of patients were satisfied in the CG. The level of dissatisfaction was 0.6% in the EG and 19.7% in the CG (Figure 1).

Figure 1*Overall satisfaction with the information received in the preoperative period*

The questions pertaining to the preoperative period (preparation for surgery and hospital route) showed satisfaction values between 90.0% and 92.5% in the EG and between 60.0% and 70.0% in the CG. As for the leaflet information, 75.0% of EG participants were *satisfied*, and 74.0% of CG participants answered *not applicable/no opinion*. Regarding immediate postoperative care and home care, no participants were *dissatisfied* in the EG, with satisfaction values above 77.5%. In the CG, 18.0% to 32.0% of participants were *dissatisfied*, and 34.0% to 50.0% were *satisfied*. When asked about the amount and adequacy of the information,

how it was transmitted, the professionals' knowledge, and the time available to listen to their doubts and fears, 70.0% to 95.0% of EG participants were *satisfied*, and 2.5% of them were *dissatisfied*. In the CG, 38.0% to 42.0% of the answers to these questions were *neither satisfied/nor dissatisfied*, and 12.0% to 26.0% were *dissatisfied*.

The Kolmogorov-Smirnov test revealed that the sample had a non-normal distribution ($p < 0.001$). The main interest in this study was to analyze the association between the satisfaction of patients' information needs and the PNC. So, the Mann-Whitney U-test was applied and

revealed a statistically significant difference between the satisfaction of the information needs of patients receiving the PNC (mean ranks = 64.51) and those who did not receive one (mean ranks = 30.29), with a significance level of less than 0.001 ($U = 239.5$; $Z = -6,232$). Therefore, the formulated hypothesis is accepted. The satisfaction of patients' information needs is higher in the group receiving the PNC.

Discussion

In both groups, the sample consisted mostly of orthopedic patients. Regarding the surgical history, the sample in both groups consisted mostly of patients who had already undergone at least one surgery. This result is in line with the figures provided by the National Health Service (*Serviço Nacional de Saúde*, SNS), according to which the number of patients undergoing surgery in 2018 was the highest ever (SNS, 2019). The high percentage of older people in the EG (47.5%) may explain why this group had more orthopedic patients.

The results obtained from the first part of the scale show that patients who had a PNC received more information to better experience the surgical process. Overall, the results reveal a concern in the institution's current dynamics to establish a relationship of sympathy and courtesy with the patient throughout the preoperative period. However, it does not guarantee a relationship close enough to the patient to reveal their needs and problems and, therefore, receive help throughout this phase of personal, family, and social change. The question regarding the family's involvement also stood out in the EG in relation to the CG. According to Gonçalves et al. (2017), nurses should adopt a privileged position about the transmission of information to the patient and family given the strong presence of nurses, corroborating these findings.

Based on the descriptive analysis of the second part of the scale, as well as the statistical test applied to the hypothesis about the association between the satisfaction of patients' information needs and the PNC, it can be concluded that this type of consultation contributed to increase the patients' level of satisfaction with the information received. Other authors argue that the PNC is a key tool in the creation of the nurse-patient trust relationship and allows meeting the typical emotional and information needs in these moments of anxiety (Gonçalves et al., 2017; Pettersson et al. 2018). Considering the results found in the studies mentioned above, it is reasonable to say that this study allows corroborating the existing scientific evidence. However, the results should be interpreted with prudence, without extrapolating to other realities or contexts, because the sample had a small size and referred to a single health institution.

The PNC started with an informal interview that allowed the nurse/researcher to assess the needs and then plan the interventions according to each patient's individuality. Pettersson et al. (2018) advocate this practice because it allows including patients' narratives in the clinical context and clarifying doubts and knowledge about the surgical process. EG patients had higher levels of satisfaction with the amount of information transmitted and the adequacy

of this information to their needs than those in the CG. These results show that the PNC allowed nurses to intervene according to each patient's individuality, which is in line with Melgo (2015) who argues that it is important to identify the patient's needs and plan individualized care, reducing the discomfort created by the surgical process. The inconsistency of information about the preoperative period can compromise the anesthetic-surgical procedure. To overcome this difficulty, patients received an information leaflet. This intervention revealed a high level of satisfaction with the written information provided. In addition, the results obtained through the questions on the information transmitted about the preparation for surgery and the hospital route were higher when compared to those of the CG. The PNC plays a key role in improving care quality and filling existing gaps in the patient's preparation for the anesthetic-surgical procedure. In this context, these results are corroborated by the literature, namely by Bayraktar et al. (2018), who demonstrated that combining verbal and non-verbal information is effective in preoperative education, in managing emotions, and in increasing patient satisfaction. According to Regulation 020/2015 of the Portuguese Directorate-General for Health (*Direção-Geral da Saúde*, 2015), the leaflet included important information on preventing surgical site infection (SSI). Since the patient is one of the pillars for surgical success, the PNC is an essential strategy to promote preoperative education and inform the patients about how they can prevent SSI and, consequently, achieve a faster and better recovery. This practice gives priority to autonomous nursing care and gives visibility to the quality of nursing care among patients.

During the consultations, patients expressed fears and doubts about the immediate postoperative period and post-discharge care. The answers to the questions related to this topic showed higher levels of satisfaction in the EG than in the CG, demonstrating that patients who received the PNC felt more confident about self-care during hospital stay and at home to minimize discomfort and enhance recovery. In line with these results, Pettersson et al. (2018) concluded that the PNC is important for the patient to be involved in their care process through preoperative education and, simultaneously, better understand the information received, which is essential for reducing the risk of postoperative complications. Moreover, Mendes et al. (2018) argue that the delivery of nursing care throughout the surgical process, starting with the PNC, influences the quality of patient outcomes after surgical recovery.

Considering the results of this study and the scientific evidence, it can be concluded that nursing is important for understanding the surgical patient's transition experience. This understanding requires assessing the patients' needs and individuality and their surroundings, based on their perspective, to later plan and implement autonomous nursing interventions. In this context, the PNC emerges as an ally of the care process by promoting proximity and the development of a therapeutic relationship for meeting patients' information needs.

A limitation of this study was the deadline established for its completion because it influenced the data collection

period and, therefore, sample size.

Conclusion

Patients have many uncertainties and doubts about the surgical process. The length of hospital stay for surgery is increasingly reduced, so the nurse-patient therapeutic relationship is compromised. To address these shortfalls, the PNC is seen as a key autonomous activity for preoperative preparation and surgical recovery.

According to these results, it can be concluded that patients who received the PNC had more information to better experience the surgical process and, therefore, felt more satisfied throughout this transition. The PNC allowed nurses to invest in preoperative education as a tool for the assessment and planning of interventions according to the patient's individuality and information needs, reducing the emotional impact of the changes after surgery. Thus, both verbal and written information should be provided to prevent gaps when preparing for surgery and promote self-care after surgery. The PNC effectively develops the nurse-patient relationship because it allows nurses to listen carefully to the patient's problems and doubts and later plan autonomous interventions.

In addition to these gains for the patients, this study also created moments of reflection among perioperative nurses to change practices and behaviors that would promote a detailed initial assessment and an effective clinical discharge preparation. In terms of the hospital's benefits, the PNC can influence cost reduction by reducing disparities in preoperative preparation that may compromise surgery. It also influences the quality of care and increases patient satisfaction, leading to service loyalty.

Therefore, a study should be conducted to assess the influence of a postoperative nursing consultation and the family/significant person's involvement in postoperative recovery and self-care promotion. It would also be important to increase on-site training for perioperative nurses to acquire more skills to manage patient information, including in the continuity of care throughout the surgical process. Finally, the Patient satisfaction with the information transmitted in the preoperative in the hospital scale should be validated.

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References

Association for periOperative Registered Nurses. (2018). *Guidelines for perioperative practice*. Denver, CO: Author.

- Bayraktar, N., Berhuni, O., Berhuni, M. S., Zeki, O., Sener, Z. T., & Sertbas, G. (2018). Effectiveness of lifestyle modification education on knowledge, anxiety, and postoperative problems of patients with benign perianal diseases. *Journal of PeriAnesthesia Nursing*, 33(5), 640-650. <https://doi.org/10.1016/j.jopan.2017.03.006>
- Direção-Geral da Saúde. (2015). *Norma 020/2015*. <https://www.dgs.pt/directrizes-da-dgs/normas-e-circulares-normativas/norma-n-0202015-de-15122015-pdf.aspx>
- Gomes, C. (2015). *Acolhimento do doente no bloco operatório* (Master's dissertation). Escola Superior de Enfermagem de Coimbra, Portugal. <http://repositorio.esenfcp.pt?url=vQm3Yflb>
- Gonçalves, M. A., Cerejo, M. D., & Martins, J. C. (2017). A influência da informação fornecida pelos enfermeiros sobre a ansiedade pré-operatória. *Revista de Enfermagem Referência*, 4(14), 17-26. <https://doi.org/10.12707/RIV17023>
- Lau, C. S., & Chamberlain, R. S. (2017). Enhanced recovery after surgery programs improve patient outcomes and recovery: A meta-analysis. *World Journal of Surgery*, 41(4), 899-913. <https://doi.org/10.1007/s00268-016-3807-4>
- Lei n.º 95/2019 de 4 de setembro. *Diário Da República*, nº 169/2919-1.ª Série. Assembleia da República. Lisboa, Portugal. <https://dre.pt/web/guest/pesquisa/-/search/124417108/details/maximized>
- Marques, L. G., Schran, L. D., Oliveira, J. L., Carvalho, A. R., Tonini, N. S., & Nicola, A. L. (2018). Satisfação do paciente sobre a assistência de enfermagem hospitalar. *Enfermagem Brasil*, 17(3), 236-244. <https://doi.org/10.33233/eb.v17i3.1114>
- Meleis, A. I. (2012). *Theoretical nursing: Development and progress* (5th ed.). Philadelphia, PA: Wolters Kluwer Health/Lippincott William & Wilkins.
- Melgo, A. (2015). *Satisfação do doente cirúrgico face aos cuidados de enfermagem na ULSNE: Unidade de Bragança* (Master's dissertation). <http://repositorio.ipv.pt/handle/10400.19/3025>
- Mendes, D. I., Ferrito, C. R., & Gonçalves, M. I. (2018). *Intervenções de enfermagem no programa Enhanced Recovery After Surgery: Scoping review*, 71(6). 2824-2832. <https://doi.org/10.1590/0034-7167-2018-0436>
- Nunes, L. (2017). *Para uma epistemologia de enfermagem*. Loures, Portugal: Lusodidacta.
- Pettersson, M. E., Öhlén, J., Friberg, F., Hydén, L. C., Wallengren, C., Sarenmalm, E. K., & Carlsson, E. (2018). Prepared for surgery: Communication in nurses' preoperative consultations with patients undergoing surgery for colorectal cancer after a person-centred intervention. *Journal of clinical nursing*, 27(13-14), 2904-2916. <https://doi.org/10.1111/jocn.14312>
- Portaria n.º 306-A/2011 de 20 de dezembro. *Diário Da República* Nº242/2011-I Série (supp. 1), Ministério da Saúde e das Finanças, Lisboa, Portugal.
- Queirós, P. J., Vidinha, T. S., & Filho, A. (2014). Autocuidado: O contributo teórico de Orem para a disciplina e profissão de enfermagem. *Revista de Enfermagem Referência*, 4(3), 157-164. <https://doi.org/10.12707/RIV14081>
- Ribeiro, A. L. (2003). *Satisfação dos utentes com os cuidados de enfermagem: Construção de instrumento de medida* (Master's dissertation). Escola Superior de Enfermagem de S. João, Porto, Portugal. <https://www.researchgate.net/publication/273704774>
- Serviço Nacional de Saúde. (2019). *Relatório anual: Acesso a cuidados de saúde nos estabelecimentos dos SNS e entidades convencionadas*. <https://www.sns.gov.pt/home/relatorios-de-acesso-cuidados-de-saude/>

