

RESEARCH ARTICLE (ORIGINAL) 

The advantages of the in-person nursing consultation to the person submitted to ambulatory surgery

As vantagens da consulta de enfermagem presencial à pessoa submetida a cirurgia ambulatória

Las ventajas de la consulta de enfermería presencial para la persona sometida a cirugía ambulatoria


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Abstract

Background: Medical and technological advances and the improvement of anesthetic techniques have contributed to the development of outpatient surgery. The multidimensional needs of the person undergoing outpatient surgery call for more humanized and adequate care.

Objectives: To know nurses' perspective of the advantages of having a face-to-face nursing consultation after outpatient surgery.

Methodology: A qualitative, exploratory, descriptive study with data collection through semi-structured interviews to nurses from a hospital unit in northern Portugal. Content analysis was carried out according to Bardin's method. The study respected the ethical-moral principles.

Results: The nurses report that the face-to-face nursing consultation after outpatient surgery allows for patient follow-up, assessment of complications, safety, expression of feelings and emotions, validation of health education, assessment of the patient's level of satisfaction, and empathic communication.

Conclusion: The face-to-face nursing consultation is a crucial moment for providing health education, thus improving the patient's well-being, and to define realistic and achievable goals.

Keywords: outpatient surgery; nursing consultation; hospital

Resumo

Enquadramento: Os progressos médicos e tecnológicos e a melhoria das técnicas anestésicas, têm contribuído para o desenvolvimento da cirurgia ambulatória. Enfatiza a necessidade de cuidados mais humanizados e adequados às necessidades multidimensionais da pessoa submetida à cirurgia ambulatória.

Objetivos: Conhecer a perspetiva dos enfermeiros acerca das vantagens da existência da consulta de enfermagem presencial pós-cirurgia ambulatória.

Metodologia: Estudo qualitativo, exploratório descritivo; recolha de dados (entrevista semiestruturada). Participantes: enfermeiros de uma unidade hospitalar do norte de Portugal. Efetuada análise de conteúdo segundo o referencial de Bardin. O estudo respeitou os princípios éticos e de integridade científica.

Resultados: Os enfermeiros referem que a consulta de enfermagem presencial pós-cirurgia ambulatória permite o acompanhamento do doente; avaliação de eventuais complicações; segurança; favorece a expressão de sentimentos/emoções; validação da educação para a saúde; avaliação do grau de satisfação do doente; favorece a comunicação empática.

Conclusão: A consulta de enfermagem presencial é um momento crucial para a realização de educação para a saúde, contribuindo para o bem-estar do doente e para o desenhar de objetivos realistas e alcançáveis.

Palavras-chave: cirurgia ambulatorial; consulta de enfermagem; hospital

Resumen

Marco contextual: El progreso médico, los avances tecnológicos y la mejora de las técnicas anestésicas han propiciado el desarrollo de la cirugía ambulatoria. Destaca la necesidad de una atención más humanizada y adecuada a las necesidades multidimensionales de la persona sometida a una cirugía ambulatoria.

Objetivos: Conocer la perspectiva de los enfermeros sobre las ventajas de que exista la consulta de enfermería presencial tras una cirugía ambulatoria.

Metodología: Estudio cualitativo, exploratorio y descriptivo; la recogida de datos se llevó a cabo mediante entrevista semiestructurada. Los participantes fueron enfermeros de una unidad hospitalaria del norte de Portugal. El análisis de contenido se realizó según el referente de Bardin. El estudio siguió los principios de ética e integridad científica.

Resultados: Los enfermeros mencionaron que la consulta de enfermería presencial tras la cirugía ambulatoria permite el seguimiento del paciente; la evaluación de posibles complicaciones, y la seguridad; favorece la expresión de sentimientos/emociones; la validación de la educación para la salud; la evaluación del grado de satisfacción del paciente, y la comunicación empática.

Conclusión: La consulta de enfermería presencial es un momento crucial para la educación para la salud, que contribuye al bienestar del paciente y al diseño de objetivos realistas y alcanzables.

Palabras clave: Cirugía ambulatoria; consulta de enfermería; hospital

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Introduction

The return home for patients undergoing outpatient surgery must be planned by nurses focusing on their needs, goals, and expectations. The patient's therapeutic adherence relies on this planning. For this reason, the face-to-face nursing consultation after outpatient surgery is essential for identifying, documenting, and communicating risk factors (Malley et al., 2015). It is clear that, in this context, nurses have to meet certain requirements, particularly in terms of communication, information, and helping relationships. The scientific evidence shows that emphasis should be placed on the development of communication, education, and information skills (Mitchell, 2016).

It also argues that inadequate preparation for returning home, lack of follow-up by health professionals, information deficit, inadequate coordination between hospital services and primary health care, associated with unrealistic patient expectations, contribute to low levels of satisfaction and compromise the continuity of care (Mitchell, 2016).

It should be noted that, in 2016, outpatient surgery in Portugal accounted for more than 60% of all surgeries (Administração Central dos Serviços de Saúde, 2017), thus constituting a major challenge for health services as it emphasizes the need for a more humanized and adequate care to meet not only the physical, psychological, social, and spiritual needs of patients undergoing outpatient surgery.

Therefore, the post-surgery nursing consultation is a very important opportunity, given the complexity involved in this process, to maximize the patient's strengths, contributing to the restoration of optimal levels of health, function, comfort, and self-fulfillment (Meleis, 2010). This study aims to understand the nurses' perspective about the advantages of face-to-face nursing consultation after outpatient surgery, with the purpose of contributing to the creation of a face-to-face postoperative nursing consultation to prevent complications and adverse events and promote health and, consequently, achieve health gains.

Background

In Portugal, outpatient surgery is a recent procedure, having been implemented in the 1990s. However, it has been developing very rapidly due to its advantages, such as better access to surgery by reducing waiting times; reduced post-surgical pain and recovery in a familiar environment benefitting the patient; fewer post-surgical complications such as the reduced risk of thrombo-embolism due to the possibility of early deambulation and lower exposure to nosocomial infections, resulting in an incidence of hospital returns that does not exceed that recorded in the postoperative period of inpatient surgery; and also a better organization of the hospital structure by making hospitalization available for more complex situations and the possibility of rationalizing expenditure and redirecting hospital costs (Despacho n.º 1380/2018).

People undergoing surgery also tend to have lower stress levels when properly informed about the process and the monitoring of their recovery in a family environment, favoring patient and family satisfaction (Resolução do Conselho de Ministros n.º 159-a/2008).

It should be emphasized that, in addition to all the advantages mentioned above, the reduced hospitalization time and the quicker return home contribute to minimizing patient and family stress and increasing their satisfaction (Resolução do Conselho de Ministros n.º 159-a/2008). Due to the shorter exposure to the hospital environment, outpatient surgery is also associated with lower rates of post-surgical complications and the incidence of hospital returns is no higher than in the case of conventional surgeries requiring hospitalization (Despacho n.º 1380/2018).

However, outpatient surgery also has some disadvantages, namely the fear of the unknown, the procedure itself, and the prognosis or post-surgical evolution. Some fears are dispelled as the process of an outpatient surgery unfolds, in which the person has the opportunity to participate in the pre-surgical medical and nursing consultations, helping them to overcome some of these difficulties. Another disadvantage is the reduced contact time between people and nurses, increasing fear and anxiety, which hinders communication, coordination, and, consequently, the continuity of care provided by nurses who face the need for previous preparation in these aspects.

According to Santos et al. (2014), it is undeniable that people undergoing surgery experience emotional changes and feelings such as anxiety, depression, and stress. Therefore, it is essential to use strategies to reduce post-surgical anxiety so as to achieve a quality care practice, since a less anxious patient recovers more quickly from surgery, with an impact on their well-being.

Knowing the patient's feelings of anxiety and fear when returning home after surgery, it is important to use an effective communication between the patient and the nurse to allow for the continuity of care in the post-surgical phase, since communication is the basic element of human interaction. Nurses should be aware of the importance of verbal and non-verbal behaviors in communication, thus recognizing the patient's emotions (Oliveira et al., 2012) and being able to redirect their actions according to their needs, thus increasing their safety and satisfaction. Thus, there is an urgent need for the implementation of strategies to systematize nursing care and promote the adaptation of health professionals, patients, and their caregivers to this reality of outpatient surgery and, consequently, the quality of care. Santos et al. (2014) emphasize that patients should be assessed in a holistic way that reflects their physical, psychological, spiritual, cultural, or social needs, since this is the only way to standardize protocols and procedures. In this sense, the face-to-face post-surgery nursing consultation is important as it allows informing, identifying, and meeting the expectations and needs of the person/family, thus promoting comfort and safety (Lima, 2014).

In a nutshell, despite the disadvantages of outpatient surgery, it is a person-centered organizational model



and, as such, is associated with increased quality of life through humanization of health care, providing benefits for hospital organizations and patients. The face-to-face nursing consultation facilitates nursing care provision.

Research question

What is the nurses' perspective about the advantages of the face-to-face nursing consultation after outpatient surgery?

Methodology

The qualitative methodology was used to understand the perspective of nurses from the outpatient operating room and cardiology unit about the advantages of face-to-face nursing consultation after outpatient surgery. Data were collected through a semi-structured interview, which took place during February 2020, in the morning and in an office of a hospital unit, favoring privacy and promoting trust. Each interview took an average of 15 minutes. A script was used to guide the course of the interview and the content obtained was coded to protect anonymity and confidentiality. Thirteen nurses from a hospital unit in northern Portugal participated in the study. They were duly informed about the purpose and objectives of the study, and informed consent was obtained, ensuring data

secrecy and confidentiality. It was explained to them that all information would be protected and treated confidentially. Content analysis followed Bardin's framework (2016). Data analysis had the following steps: organization of the collected material, coding, categorization, inference and theoretical interpretation. First, the interviews were transcribed for content analysis and, second, they were coded from E1 to E13 to ensure confidentiality and anonymity of the participants. Then, data reduction was carried out, establishing the recording units, thematic areas, and respective categories and subcategories. The ethics committee of the institution where the study took place approved the study under opinion no. 59/2019-CES.

Results

The return home of the person undergoing outpatient surgery must be planned adequately to ensure a healthy recovery and prevent complications. Thus, it was important to identify the nurses' perspective about the advantages of the face-to-face nursing consultation after outpatient surgery.

In order to have a better understanding of the categories presented, Table 1 shows the units of analysis relating to the theme Nurses perspective about the advantages of face-to-face nursing consultation after outpatient surgery.

Table 1*Nurses' perspective about the advantages of the face-to-face nursing consultation after outpatient surgery*

One nurse reported patient follow-up as an advantage of face-to-face consultation.	“... we do not do follow-up of patients ... a face-to-face consultation would be preferable to an online one ...” E7
One nurse pointed out the assessment of adverse events and complications.	“... In a face-to-face consultation we'd probably (...) could even solve the problem without sending them to the ER, we can identify complications. ...” E5
Two nurses stated that the nursing consultation promoted safety.	“... to demistify fears, promoting patient safety ...” E2
One nurse identified the expression of feelings and emotions.	“... a face-to-face nursing consultation allows a closer relationship with the patient, where they can express their fears, worries, they often have doubts they cannot share with the doctors and so they ask us. ... in the face-to face nursing consultation we can address their feelings and help them in their disease process ...” E6
Eight nurses mentioned that the face-to-face nursing consultation allows for a speech-centered assessment.	“... In a face-to-face consultation ... we can see if they understand, how they react to what is said, we can observe their silent reactions ...” E1
Two nurses pointed out the validation of health education led by nurses.	“... this consultation is very important to see, to validate the education we provide in that post-immediate moment, to confirm if the person was able to absorb the knowledge ...” E2
The reinforcement of health education was identified by one nurse.	“... advantageous in reinforcing the teaching ...” E4
One nurse reported the assessment of the level of patient satisfaction.	... the advantage of a postoperative consultation is the adequate patient assessment, checking if the patient was satisfied with the entire process since admission until discharge. ... E6
Two nurses reported that the face-to-face nursing consultation helps establishing empathic communication.	“to have a better Picture, to create an empathic environment that allows checking if the difficulties encountered are different. ...” E8

Discussion

The nurses participating in this study identified several advantages associated with face-to-face nursing consultation after outpatient surgery, such as patient follow-up, assessment of adverse events and complications, safety, expression of feelings and emotions, speech-centered assessment, validation of health education led by nurses, reinforcement of health education, assessment of the patient's level of satisfaction, establishment of empathic communication.

An adequate follow-up helps the person to adapt to a new reality, facilitating their adjustment in this transitional process. This process requires the person to incorporate new knowledge, to change behaviors and, consequently, to change the definition of self in the social context, of a healthy of ill self, or of internal or external needs that affect health status (Meleis, 2010). In this sense, nursing interventions, shared and adopted by the whole health team, should aim at helping people to manage transitions throughout the life cycle, thus avoiding or minimizing periods of crisis.

Specialist nurses are skilled in designing intervention plans to help people in the transition process resulting

from surgery, valuing their potential and prioritizing interventions for the prevention of complications and adaptation to the health/illness transition resulting from surgery (Regulamento n.º 429/2018). It is essential to understand the person's abilities and difficulties and encourage them to develop interventions and strategies that promote their care and well-being, establishing a partnership of care.

Some nurses identified the assessment of adverse events and complications and the expression of feelings and emotions as advantages resulting from the face-to-face nursing consultation after outpatient surgery.

Ensuring the best possible recovery and the person's safe return home requires the nurse to recognize health complications early. Thus, this study found that assessing adverse events and complications contributes to a successful return home. Oliveira et al. (2012, p. 156) emphasize that the nursing consultation prevents “avoidable situations” since “it allows nurses to provide care to patients, facilitating the identification of problems and the decisions to be made”. Safety was also referred to as an advantage of face-to-face nursing consultation. Face-to-face contact and the information provided are fundamental to clear doubts and fears, favoring an empathic relationship “which,

consequently, allows the patient to feel safe” (Melo et al., 2013, p. 181). They promote the confidence and tranquility necessary for the search and creation of alternative strategies to the initial condition, so patients can overcome their less positive experience, reaching a more favorable state.

In order to promote the desired safety, it is pertinent to identify the existing preventive measures and assess them, as well as to verify the occurrence of incidents and ensure that preventive and corrective action is taken.

Effective communication is fundamental for the patient’s safety, and the physical presence of the nurse in the consultation allows establishing an empathic relationship with the patient and assess their various dimensions.

Communication also allows clarifying doubts, fears, and anxieties, receiving, reinforcing, or correcting information, adjusted to their needs, so that patients can strengthen their strategies and improve their sense of safety by feeling they have someone to turn to if they need to.

The person undergoing surgery, even in an outpatient setting that does not require hospitalization, experiences different emotional states, lives a reality that often causes profound changes in their life and implications in their health and well-being, namely in the routine patterns of individual and family life, with changes in roles, relationships, and behaviors (Santos et al., 2014), thus needing help to express feelings and emotions.

As mentioned by Damasio (2000), any person has emotions, seeking the good ones and avoiding the unpleasant ones. Human emotion can be triggered by the smallest act, by the seemingly most insignificant things, but it always generates feelings. Feelings “are directed inward and are private”, emotions “are directed outward and are public” (Damasio, 2000, p. 56).

The emotional state may present as anxiety, stress, or depression and is influenced by each person’s individual characteristics, the surgical process itself, and previous experiences or post-ambulatory surgery complications that may develop (Santos et al., 2014). Thus, it is important that people are able to express their feelings and emotional states.

Cabrita (2017) also believes that the actual contact achieved in a face-to-face consultation promotes an empathic relationship between the nurse and the patient, making it easier to assess the other person’s perceptions and expectations, promoting health education with adjusted information and adequate teaching.

As the nursing consultation is an autonomous activity, nurses play an important role in providing emotional support, which begins in the preoperative phase (Santos et al., 2014) and continues in the postoperative period. Through the proximity between the parties, nurses have the opportunity to understand the patient’s emotional burden, namely fear and anxiety, and intervene to alleviate this burden (Santos et al., 2014). In the perioperative phase, the nurse specialist should develop hope-promoting strategies adapted to the person’s reality, alleviating anxiety and fear, thus empowering them to adequately manage their surgical experience.

It is not an easy task, as referred by Cerqueira (2010, p.

169), but it is certainly a rewarding challenge: dealing with the complexity of human emotions and feelings, both of the caregiver and the patient, is a challenge for health professionals because it goes beyond the professional sphere and enters the sphere of human relationships as a whole.

Nurses argue that the speech-centered assessment favors an empathic relationship and the patient’s verbal communication (Formiga, 2012). The latter allows nurses to gather more information and will be easier when the nurse is present, thus favoring a personal contact and closeness between both parties.

As mentioned by Oliveira et al. (2012), communication is crucial in nursing consultation, and nurses should be aware of the importance of verbal and non-verbal behaviors, recognizing signs and behaviors that may interfere with or change the care provided. This close relationship between nurses and patients and the establishment of effective communication with exchange of verbal and non-verbal information provides safety and confidence and, consequently, contributes to adherence to treatment or measures to be applied by the patient.

The validation and reinforcement of health education are aspects mentioned by the nurses in the study.

Practices that favor health education promote bonds between nurses and patients, families, and even the community involved, contributing to better information and improvement of key attitudes in a given situation.

Santos et al. (2014) state that the information provided to the person helps them to build and implement positive and beneficial attitudes towards the disease, that is, attitudes appropriate to their condition. Even if the postoperative phase is running smoothly, people naturally feel anxiety and fear, and need validation for their attitudes. The nurse in the face-to-face nursing consultation has the opportunity to perform this validation, providing information that reinforces knowledge and encourages the adoption of appropriate behaviors, empowering the person. It is up to the nurse to clearly and concretely express cognitive empathy or affective empathy according to the validation that the patient needs. The nurse specialist establishes a helping relationship with the person to empower them to develop strategies that promote their health and well-being. Nurses are able to optimize the environment and the therapeutic processes, welcoming and enlightening the patient throughout their surgical process.

This moment can also serve to prioritize interventions, and adjust resources and intervention plans with a view to managing the health/disease process.

Thus, the success of this process depends on the relationship established between the nurse and the person in a face-to-face nursing consultation.

The face-to-face nursing consultation favors dialogue and an empathic and therapeutic relationship. It allows creating communication channels that encourage the person to demonstrate feelings such as fear and anxiety, desires and perceptions, facilitating the adjustment of their behaviors (Formiga, 2012). Thus, the exchange of information between nurses and patients becomes

an educational strategy with the possibility of positive reinforcement.

For nurses, assessing the patient's level of satisfaction is one of the advantages of the face-to-face post-surgical nursing consultation. Therefore, the nurse's intervention should focus on assessing the level of patient satisfaction with the care provided, and health institutions should collect information on the quality of care provided (Berwanger, 2019).

Nurses should strive for excellence in care, and, to this end, they should adopt a person-centered approach, identifying the patient's needs and responding to their wishes, respecting their beliefs, culture, and environment. Patient satisfaction is also related to the establishment of partnerships between nurses and patients in the planning of their care process. By feeling that they participate in this planning, the person assumes more consciously and responsibly the need to fulfill what is established in partnership with the nurse.

The nurse specialist in Medical-Surgical Nursing seeks to provide excellent care to achieve patient satisfaction. Based on quality standards, an assessment system should be used to measure this satisfaction, taking into account the interpersonal communication to be established, the empowerment of the person for self-determination and decision-making, and the adjustment of the person's expectations to the reality of the surgical process (Ordem dos Enfermeiros, 2017).

According to Melo et al. (2013) and Cabrita (2017), in the face-to-face nursing consultation, nurses should consider the patient's physical and psychological condition, social and family condition, and religious beliefs, to develop an empathic and trusting relationship that helps identifying needs and allows designing an appropriate care plan, providing the person with relevant information that meets their expectations.

The nurse specialist plays a key role in involving the person in the care process, aiming at their independence and well-being. Nurses should feel motivated to develop communication strategies with the people targeted by their interventions. Thus, the same authors believe that "health gains include decreases anxiety in family members, better relationship with the ill family members, and, as a consequence, fewer hospitalizations of identified patients" (Gomes et al., 2012, p. 55).

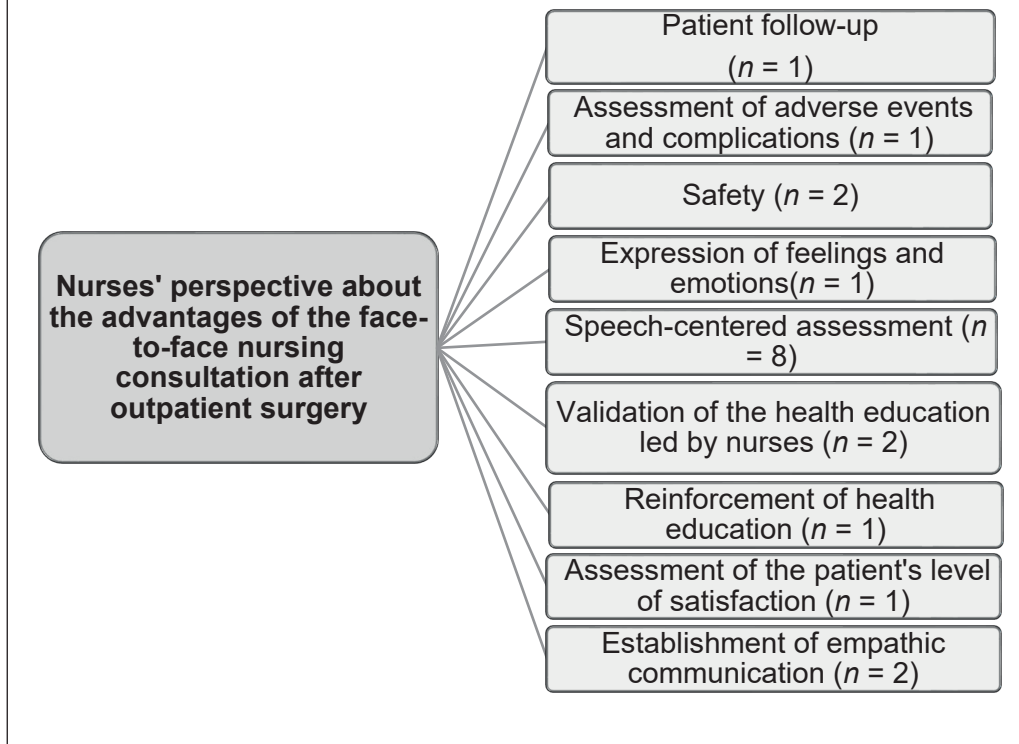
In this way, "the nurse plays a very special role to the patient, and assumes a very important part in humanization" (Louro, 2014, p. 21).

Humanized care is an act closely related to nursing, aiming to maintain the dignity of human beings and respecting their rights, where the welcoming - directly associated with empathy - is a way of providing humanized care to the person (Ribeiro et al., 2016).

In view of the above, Figure 1 shows the nurses' perspective about the advantages of the face-to-face nursing consultation after outpatient surgery.

Figure 1

Nurses' perspective about the advantages of the face-to-face nursing consultation after outpatient surgery



Note. Data collected in interviews to the participating nurses of the study, 2020.

Conclusion

The face-to-face nursing consultation after outpatient surgery should be recognized as a space to establish communication/interaction and define strategies to obtain the best health outcomes for those who experience the complex post-surgical process.

However, for its successful implementation, it is essential to allocate human resources to this area of intervention, with care models based on active, integrative, and cooperative care methodologies, considering the person as a dynamic system of interrelationships between the physiological, psychosocial, and sociocultural dimensions, and in interaction with the surrounding environment. Nurses argue that the face-to-face post-surgery nursing consultation is a crucial moment for nurses to conduct health education, to assess adverse events and complications, to promote the expression of feelings and emotions, to reassure the patient and the family, and to establish an empathic communication.

Finally, it is essential to implement the face-to-face nursing consultation after outpatient surgery, so that the person who has undergone surgery and their family can enjoy a full range of care and, consequently, a better quality of life. A greater focus on marketing this care is necessary so that society in general may recognize it as fundamental to the recovery process of the person undergoing outpatient surgery.

Moreover, the nurse specialist in Medical-Surgical Nursing should establish interventions oriented to the real needs

of the person undergoing outpatient surgery and their family, based on relevant information and the potential consequences.

This study has implications for care practice in outpatient surgery settings and for research, meaning that, with regard to the importance of a face-to-face post-surgery nursing consultation, scientific society and society in general should understand that the humanistic model should guide care practice.

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References

- Administração Central dos Serviços de Saúde. (2017). *Atividade hospitalar do SNS aumenta em 2016*. <http://www.acss.min-saude.pt/2017/01/24/atividade-hospitalar-do-sns-aumenta-em-2016>
- Bardin, L. (2016). *Análise de conteúdo*. Edições 70.
- Berwanger, D. C., Alves D. C., Tonini, N. S., Matos, F. M., Hofstatter, L. M., Neta, A. F., & Oliveira, J. C. (2019). *Processo enfermagem:*

- Vantagens e desvantagens para a prática clínica do enfermeiro. *Revista Nursing*, 22(257), 3204-3208. <https://doi.org/10.36489/nursing.2019v22i257p3203-3207>
- Cabrita, M. (2017). *Funções do enfermeiro perioperatório: Apointamentos* [Dissertação de mestrado]. Escola Superior de Saúde, Instituto Politécnico de Setúbal.
- Cerqueira, M. M. (2010). *As dinâmicas do processo de cuidados face ao sofrimento: As intersubjectividades de quem cuida e é cuidado* [Tese de doutoramento, Universidade de Lisboa]. Repositório Institucional da Universidade de Lisboa. https://repositorio.ul.pt/bitstream/10451/3614/2/ulsd60757_td_Maria_Cerqueira.pdf
- Damásio, A. (2000). *O sentimento de si: O corpo, a emoção e a neurobiologia da consciência*. Publicações Europa América.
- Despacho n.º 1380/2018 do Ministério da Saúde. (2018). *Diário da República: n.º 28, II série*. https://dre.pt/dre/detalhe/despa-cho/1380-2018-114654436?_ts=1656892800034
- Formiga, N. S. (2012). Os estudos sobre empatia: Reflexões sobre um construto psicológico em diversas áreas científicas. *Psicologia.pt: O Portal dos Psicólogos*. <http://www.psicologia.pt/artigos/textos/A0639.pdf>
- Gomes, F., Amendoeira, J., & Martins, M. (2012). A comunicação no processo terapêutico das famílias de doentes mentais. *Revista Portuguesa de Enfermagem de Saúde Mental*, 7, 54-60. <http://www.scielo.mec.pt/pdf/rpesm/n7/n7a09.pdf>
- Louro, A. L. (2014). *Estratégias para o cuidado humanizado à pessoa em situação crítica* [Dissertação de mestrado, Universidade Católica Portuguesa]. Repositório Institucional da Universidade Católica Portuguesa https://repositorio.ucp.pt/handle/10400.14/15337?locale=pt_PT
- Malley, A., Kenner, C., Kim, T., & Blakeney, B. (2015). The role of the nurse and the preoperative assessment in patient transition. *AORN Journal*, 102(2), 181.e1-181.e9. <https://doi.org/10.1016/j.aorn.2015.06.004>
- Meleis, A. I. (2010). *Transitions theory: Middle-range and situation-specific theories in nursing research and practice*. Springer Publishing Company.
- Melo, J. M., Teixeira, A. M., Novo, A. M., Figueiredo, M. M., & Branco, N. A. (2013). Visita de enfermagem pré-operatória: A opinião dos doentes. *Millenium*, 44, 171-182. <http://www.ipv.pt/millenium/Millenium44/11.pdf>
- Mitchell, M. (2016). Day surgery nurse's selection of patient preoperative information. *Journal of Clinical Nursing*, 26(1-2), 225-237. <https://doi.org/10.1111/jocn.13375>
- Oliveira, S. K., Queiroz, A. P., Matos, D. P., Moura, A. F., & Lima, F. E. (2012). Temas abordados na consulta de enfermagem: Revisão integrativa da literatura. *Revista Brasileira de Enfermagem*, 65(1), 155-161. <https://doi.org/10.1590/S0034-71672012000100023>
- Ordem dos Enfermeiros. (2017). *Padrões de qualidade dos cuidados especializados em enfermagem médico-cirúrgica*. https://www.ordemenfermeiros.pt/media/5681/ponto-2_padroes-qualidade-emc_rev.pdf
- Regulamento n.º 429/2018 da Ordem dos Enfermeiros. (2018). *Diário da República: n.º 135, II série*. <https://dre.pt/dre/detalhe/regulamento/429-2018-115698617>
- Resolução do Conselho de Ministros n.º 159-A/2008. (2008). *Diário da República: n.º 202, I série*. https://dre.pt/dre/detalhe/tipo/159-a-2008-658628?_ts=1656979200034
- Ribeiro, K. R., Borges, S. P., Balduino, J. A., Silva, F. A., & Ramos, T. M. (2017). Difficulties found by nursing to implement humanization in the intensive therapy unit. *Revista de Enfermagem da UFPI*, 6(2), 51-56. <https://doi.org/10.26694/reufpi.v6i2.5777>
- Santos, M. M., Martins, J. C., & Oliveira, L. M. (2014). A ansiedade, depressão e *stress* no pré-operatório do doente cirúrgico. *Revista de Enfermagem de Referência*, 4(3), 7-15. <http://dx.doi.org/10.12707/RIII1393>