Building a Conceptual Model on Surgical Preparedness

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Objectives:

To develop a conceptual model on patient preparedness for gynecologic surgery and to identify future targets for interventions.

Methods:

- Multi-step qualitative and quantitative mixed method study.
- Gynecologic surgeons attending the 2023 Society for Gynecologic Surgeons Annual meeting were invited to participate in a surgical preparedness survey.
- Surgeons who completed our survey were invited to participate in individual interviews.
- A nationally represented cohort of patients from 3 major academic centers that had undergone elective surgery in the last 6 months were invited to participate in focus groups.
- All interviews were recorded, de-identified, and transcribed. Transcripts underwent line-by-line coding by two independent researchers. New codes were developed using Grounded Theory. Data were analyzed using STATA and NVIVO. The data gathered, expert opinion, and literature review were used to generate the conceptual framework.

Qualitative data:

- 23 surgeons participated in individual interviews and 22 patients participated in 4 focus groups.
- Themes identified through physician interviews and patient focus groups had similarities and differences. Patients reported feeling unprepared for pain, catheter use, and ability to get back to normal activities. Our conceptual model is shown in Figure 1.

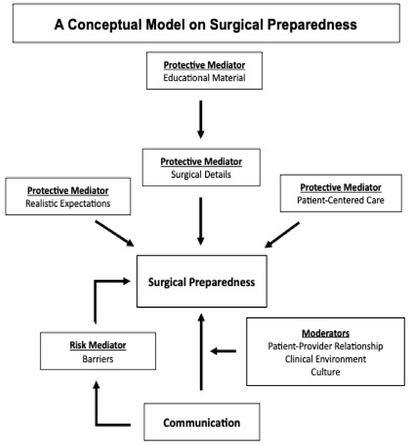

Figure 1. Our conceptual model highlights the Patient Provider Relationship, Clinical Environment, and Culture as moderators between Communication and Surgical Preparedness. Several barriers act as risk mediators between Communication and Surgical Preparedness. Several mediators have a protective effect on surgical preparedness including Realistic Expectations, Surgical Details, and Patient Centered Care. Educational Material is a Protective Mediator of Surgical Details.
Moderators: Act upon the relationship between two variables and changes its direction or strength
Mediators: Intervene between variables

Results:

Quantitative data:

- A total of 134 surgeons. Mean age was 46.9 +/- 0.4 years.
- Most surgeons felt their patients were extremely (53.7%) or somewhat (41%) prepared for surgery.
- Surgical preparedness activities were ranked based on descending importance as follows: positive patient provider relationship, patient educational material, health literacy, multiple episodes of patient counseling, teaching techniques, and informed consent.
- Surgeons reported that time (44%) was the greatest barrier in surgical preparedness and that appropriate educational materials (32%) were the greatest assistance.
- Educational tools were considered either very important (45.5%) or important (44.8%) in preparing patients for surgery.

Conclusions:

Surgical Preparedness is affected by mediators and moderators that serve as modification targets for future interventions.