

People's Experience of Vitreo-
Retinal Day Surgery: A
Gadamerian Guided Study
Embedded within an Evidence
Based Nursing Practice
Framework

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SUMMARY

Background: Over the previous three decades, the ophthalmic community has witnessed significant practice changes in both management and performance of vitreo-retinal surgery. Nurses working in the field of ophthalmology have observed the transformation of vitreo-retinal interventional care, from inpatient to day-case care. During this period, a progression from the dominant use of general anaesthesia to regional anaesthesia as standard practice has also been recognised. Day surgery has proven successful for the care of patients requiring cataract surgery. However, the needs of patients following interventions for complex vitreo-retinal disease, now routinely performed as day surgery, remained unknown.

Aim: This study aims to understand participants' experience of vitreo-retinal day surgery as guided by the philosophy of Hans-Georg Gadamer. This knowledge development activity is embedded within the structural framework of an Evidence-Based Nursing Practice. At first glance, these two philosophically disparate activities may be considered mutually exclusive. However, such juxtaposition within this study facilitates a synergistic merging of experiential knowledge with nursing practice in the clinical context of vitreo-retinal day surgery care.

Research design: Gadamer's Philosophical Hermeneutics proscribes a methodological process; instead, the dictates of Gadamer establish the conditions in which understanding occurs. The present study's structural framework is situated in

research-in-practice and includes a modified five-step evidence-based nursing practice model. The use of this model provides a systematic pathway that defines the clinical problem (step one), explores current knowledge and identifies knowledge gaps (step two). The model's intrinsic component is a knowledge-generating research activity (step three), guided by Gadamer's philosophical hermeneutic perspective. Step three presents a qualitative exploration of the experience of vitreo-retinal day surgery and the thematically analyses of the findings. An emerging understanding of this experience forms the basis for developing new nursing interventions (step four) that are implemented and evaluated (step five) within a clinical setting. The evaluation utilises both quantitative and qualitative methods, thus providing in-depth knowledge.

Findings: The qualitative evidence of this study leads to understanding the participants' needs that include the following aspects of self within a lived experience: *physical, psychological, historically located and within the community*. This understanding is combined with expert clinician knowledge, as well as information and theory from established professional literature. This broadly based evidence provides the foundation for the development of new nursing interventions. These interventions aim to improve patient experiences of vitreo-retinal day surgery and are implemented and evaluated in the subsequent steps of this Evidenced Based Nursing Practice activity. The new interventions address the following issues:

- post-operative pain management,
- pre-operative preparation,
- anaesthetic options,

- isolation following discharge, and
- information needs.

Following the implementation of interventions, evaluation was firstly sought through a 100 consecutive patient audit, followed by in-depth unstructured interviews with nine participants. These evaluation activities found an improvement in patients' experiences of vitreo-retinal day surgery.

Conclusions: The present study develops a qualitative knowledge of the V-R day surgery experience and successfully embeds this knowledge within a modified Evidence-Based Nursing Practice framework. The modified framework is utilised in this study and effectively facilitates the following: new knowledge of the vitreo-retinal day surgery experience, the development of new interventions meeting the complex needs of patients undergoing vitreo-retinal day surgery, and the transformation of future care of people requiring vitreo-retinal day surgery. The value of this study exists in bridging the research-practice gap between knowledge generation and clinical care, with a clearly demonstrated outcome of improved patient care.

DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Christine McCloud (Candidate)

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CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 Introduction

Beneath the clinical drapes of a vitreo-retinal (V-R) surgery setting, lies an anxious individual whose unique and known life-world was threatened. This threat was embodied as a potential for visual disability or blindness as a consequence of ocular pathology. Within the highly technical peri-operative environment, there was limited and poorly addressed awareness of this threat's pervasive influence. The clinical context of this study presents evidence of inadequate care following anecdotal reports from patients who experienced significant difficulties after V-R day surgery. Patients described difficulties that included:

- pain,
- anxiety and lack of knowledge, and
- difficulties during self-care subsequent to discharge into the community.

Advances in science and technology within this complex environment have significantly improved surgical outcomes. However, the results appear to have displaced the patients' needs as the central focus of nursing care. The exploration of this displacement is particularly relevant in light of the devolution of many traditional nursing and caring functions that occurred with the adoption of a day surgery model of care. The research reported in the present thesis begins with the

clinically initiated question of ‘What was the lived experience of people undergoing V-R day surgery?’ This question seeks to re-establish the centrality of patient experience in the evidence base of health care interventions within a clinical environment. This research activity aims to develop and implement innovative nursing interventions that would improve patient care, an outcome consistent with the philosophy of Evidence-Based Nursing Practice (EBNP) (Gerrish & Lacey 2010; Polit & Beck 2012). This research-in-practice study aimed to bridge the much discussed research-practice gap (Bellman, Webster & Jeanes 2011; Kjersheim 2003).

Ophthalmic Care is densely populated with terminology and procedures that are unfamiliar to many health care workers. With this in mind short definitions and descriptive diagrams located in appendix 9 will assist the reader to understand some of the most common conditions and treatment encountered within this study.

This first chapter displays the clinical context (1.2) and the author’s position as clinician-researcher (1.3) within this study context. A discussion of the historical events contributing to the science and technology focus (1.4) provides background information also in the context of this study. The role of understanding and experiential knowledge will be detailed as a basis for this study (1.5). A description will be supplied of the modified Evidence-Based Nursing Practice (EBNP) framework (1.6), which provides a structure supporting all the activities of this study and facilitating the transformation of new knowledge into clinical care. Finally, the first chapter delivers an early discussion of the purpose (1.7) of the study, with Chapter 2 presenting a detailed and comprehensive description.