DIFFERENCES BETWEEN TWO PATIENT GROUPS
IN RETENTION AND APPLICATION OF
PREOPERATIVE INFORMATION

AN ABSTRACT OF

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ABSTRACT

This study sought to determine whether a relationship exists between the timing of preoperative education and the variables of anxiety, postoperative retention of information, complications, and hospital length of stay (LOS). In addition, the effect of physician practice specialty on LOS was examined. Eighteen preoperative, lumbar spinal surgery patients were placed in either Group A, which received individual, surgery specific education greater than 12 hours prior to surgery, or Group B, which received education identical to Group A less than 12 hours before surgery.

Immediately prior to receiving the education, all patients completed the State-Trait Anxiety Inventory (STAI). After surgery, patient cognitive and behavioral retention scores were collected using a researcher-developed Post-Laminectomy Questionnaire (PLQ).

ANOVA was utilized to determine the relationships between the timing of education and the factors of cognitive ($F = .65$, $p > .05$) and behavioral retention ($F = 1.44$, $p > .05$), LOS ($F = .29$, $p > .05$), and anxiety ($F = .09$, $p > .05$). The Pearson product-moment correlation was used to examine the relationships between patient total retention and the variables of LOS ($r = -.24$) and anxiety ($r = -.36$). The t test was used

to examine the relationship between physician specialty
and LOS (t = 1.14). Trends in the data indicate that
the timing of preoperative education may have a positive
effect on anxiety, cognitive and behavioral retention,
and LOS. A weak negative trend was demonstrated between
the retention of information and the variables of
anxiety and LOS.

Though positive and negative trends were identified,
no findings were statistically significant, probably due
to the small sample size. These trends support the need
for further research with a larger sample size.