

Example of research proposal on euthanasia

[Health & Medicine](#), [Hospital](#)



Do patients feel satisfied by the services from pre-operative to post-operative area?

Introduction

My desire and quest to determine whether patients are satisfied by the services provided by the hospital before and after surgery pushes me to plan to carry out a study that will give the answers. I will carry out a research in a health institution to find out whether the services are satisfactory or not. The services in both the pre and post-operative area will be my major concerns as I move around hospital collecting my data. First, as an introductory requirement, it is important to fully understand the nature pre-operative and post-operative activities and how to prepare patients for them.

Background

Patients are supposed to be physically and psychologically ready for surgery. Preparation of the body and mind is vital for a successful operation. Patients who require surgery and are well prepared for it, both mentally and physiologically tend to have good surgical outcomes as compared to those who are not well prepared. Preoperative education caters for the patient's requirement for knowledge regarding the whole surgical experience. This will drive away most fear and anxiety of the patient before the whole surgery process.

Patients who have prior knowledge about what they are to expect after the operation and who have a chance to express their expectations and targets, more often than not, perform way better in dealing with postoperative discomfort and pain with reduced ability to move around an unavoidable eventuality. Preoperative care is exceedingly important before any all-

encompassing procedure, regardless of whether this process is modestly invasive or some kind of major operation or surgery.

Preoperative education and teaching must target an individual patient; it should by all means be individualized to reach every patient and therefore better service delivery. A section of people would prefer a lot of information or at least as much as it is available. The other group of people will opt for as minimal information as possible. To such people too much information causes more harm than help; from tension to anxiety and fear. Patients always have dissimilar abilities to understand medical processes and procedures; some prefer printed material while others are better in oral learning and will therefore prefer talks or even seminars. It is imperative for patients to gather as much information as possible especially during the pre-operative sessions of teaching. Physical preparation is important for a patient. It consists of a thorough medical history of the patient and physical examination. The physical examination will also involve finding out the patient's anesthesia and surgical experience. This will involve finding out any forms of allergies that an individual may, how he/she reacts to some anesthesia like anaphylactic shock. Malignant hyperthermia is also a concern just in case it runs down the family history. Laboratory tests like blood count, prothrombin time or partial thromboplastin time are some of the important tests that must be carried out before surgery.

Before any surgery, it is important for nurses and doctors to ensure that the particular patient is psychologically prepared for the surgery. In many cases patients are filled with fear or anxiety about the whole idea of having surgery. It helps a great deal to allow these patients to express their distress

to health practitioners like doctors and nurses. This will go a long way to help particularly patients who are seriously ill, or those whose surgery procedure is risky. It is important to involve the family in psychological in the preoperative care. Sometimes religious care is also offered in the hospital. If the patient's worst fear is dying during the operation, a concern of this nature should be addressed and the surgeon put in the know. If the patient does not feel up to the task in some cases, the surgery procedure is postponed until the patient feels more psychologically secure.

Fear is common in children. In an effort to solve this, these children are allowed to be with parent's foe as long as possible on condition that the parent does not make the situation worse by instilling more fear in the child. Patients and families who are well set psychologically are likely to cope better with the postoperative itinerary. Preparation is important as it leads to superior results since the objectives of recovery are known before hand, and the patient is in a position to handle postoperative pain more efficiently.

Possible solutions and logical arguments

The patient's or guardian's consent in written form is considered vital during preoperative care. This consent sometimes by the family member might lead to the patient's death since the surgery procedure might be way too risky to perform. (T. Fawcett, 2002) argues that these relatives do not have the power and right to allow the patients go through risky surgery procedures.

Hypotheses

H0= Patients are satisfied with the pre-operative and post-operative activities offered by the hospital.

H1= patients are not satisfied with the pre-operative and post-operative activities offered by the hospital.

For my intention to carry out this research, I will make these assumptions regarding the nature of my target respondents, which are hospital staff: my sample size of 50 is large enough to minimize the margin of error, my sample was random and the respondents will give honest opinions (John Clark 2005).

Literature review (related works)

Francis Bacon (2001) in his argument Francis asserts that the doctor performing the procedure or a surgery is supposed to clearly outline and explain the risks involved in that procedure. The physician is expected to explain benefits of the same

Robert Ingersoll (1894) also asserted that where a patient is suffering from a terminal illness they and diseases that are too dangerous, consent of their next of kin should be sought before carrying out the surgery.

Project implementation

This project is vital and, therefore, I so much need to put in practice and carry out the research itself. The clear algorithm of how I intend to carry this out is outlined in the methodology.

Methodology

I will design a brief questionnaire with leading questions that will enable me have a fair picture of how patients feel about the nature of services they receive during the pre-operative time and the post-operative time, and why they think so, the positive and negative views of the patients. I will also

conduct oral interviews that will enable me assess the accuracy and consistencies of the responses.

Materials needed

The materials that would be required for the research are worksheets, questionnaires, data assistant machines, voice recorders, cameras, visuals, writing materials and gloves.

Analysis

After successful data collection, for the quantitative data I will record it in tables. The tables will contain the number of various people and their responses. The table contains columns for the number of patients, those who agree that they are satisfied (labeled for) those who do not think they are not satisfied (labeled against) and those who are not sure (labeled indifferent) and the reason as to why they say so. They will take this form; Having obtained the numerical/quantitative data from the table, I will enter the data in a spss statistical software interface for final analysis and presentation. I will obtain the correlations between different variables, the percentiles and proportions for all of them. Using spss, I will code qualitative data from the table using " 1" for some form of response and " 2" for the negated response. To test for the accuracy of my findings I will obtain the margin of error using the sample size and my calculated standard deviation. If the calculated value of $F >$ the tabular value of F , we reject the null hypothesis.

References

spry, & Cynthia. (2005). Essentials of Perioperative Nursing. 3rd Jones & Bartlett publishers.

OSGRIFF SW. (1951). Thromboembolic complications associated with ACTH and cortisone therapy.

Chen. j (2003). Pre operative techniques