



**Faculty of Medicine**

***Department of Clinical Nursing***

**Post-operative Observations; Ritualised or Vital in the  
Detection of Post-operative Complications**

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**Thesis submitted to The University of Adelaide for the fulfillment of the  
requirement for the degree of Doctor of Philosophy**

***February 2003***

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## ***Acknowledgments***

A body of work, such as presented in this thesis, is not the result of one individual's effort. Support for the completion of this thesis has come from colleagues, mentors, friends and family.

Professionally my appreciation goes to my Supervisor Dr Helen McCutcheon for her ongoing guidance, advice and support. My fellow Ph.D. students who were surviving the same highs and lows as I did. The numerous nursing colleagues who have listened, debated and assisted clarify many aspects of this research. These colleagues include a diverse array of academics and the many clinicians from a variety of settings who assisted during data collection for this research including Ms Annie Albrecht and Ms Bev Draper.

I acknowledge the financial support provided through the Benjamin Poulton Medical Research Scholarship, University of Adelaide and the Myrtle Ivy Quickie Scholarship, Royal College of Nursing, Australia. In addition the editorial support of my friend Ms Cathy Gerner.

There are the many friends and family who have been there with me through the last three years. My two beautiful children James and Emma who look forward to their Mum finishing her 'book' and still cannot quite grasp how she will be a Nurse and a Doctor and my family and friends who have not only supported me but also cared for them in my absences.

Lastly my husband Chris, who believed that I could do it, provided the inspiration for the topic, and who has not only been my friend, but a mentor as well.

**Abstract**

The nursing practice of monitoring patients in the post-operative (PO) phase upon returning to the general ward setting has traditionally consisted of the systematic collection of vital signs and observation of other aspects of the patient's recovery. For the most part the primary focus of this monitoring has been the detection of post-operative complications. There is a need for more substantive evidence to support an appropriate frequency of post-operative observation. The aim of this research was to identify if the current practice of PO vital sign collection detects PO complications in the first 24 hours after the patient has returned to the general ward setting.

Due to the complex world in which nurses practice the research was undertaken using a combination of methods within a triangulated approach to collect data. A survey of 75 hospitals providing a surgical service enabled a description of the current models of PO monitoring as found in policy documents to be made. The majority of hospitals (91%) described a variety of regulated regimens for the collection of PO observations, with the most common for vital sign collection (27%) as hourly for the first four hours and then four hourly. An observation of 282 patient hours in two surgical wards identified the current practice of PO monitoring involved nurses collecting vital signs hourly for the first four hours, three hourly for the next eight hours and then every four hours. This was despite the existence of different models being described in the policies. The records of 144 patients were audited to identify what, if any, nursing interventions detected changes in a patient's recovery and to determine whether a relationship existed between vital sign collection and the detection of complications. It was found that the complications that occurred were minor in nature, occurred infrequently, and did not have a relationship with changes in vital signs.

This research found that there was no relationship between the frequency of the collection of vital signs and the occurrence or detection of complications. PO observations were collected by nurses based on traditional patterns, were collected routinely, were ritualised and were not determined by individual clinician expertise or the needs of the individual patient. Recommendations are made regarding the need for a systematic program of research and alternative models of patient observation that focus on patient need rather than organisational need and that provide more efficient and effective practice in monitoring PO patient progress.

***Publications arising from the material presented in this thesis.***

“Policies that drive the nursing practice of post-operative observations” International Journal Nursing Studies. Volume 39, Issue 8, November 2002. Appendix I.

“EBP - to be or not to be, this is the question!” International Journal of Nursing Practice. Volume 9, Issue 5, October 2003. In Press.

“History of vital signs” Accepted for publication. Connections Newsletter. Royal College of Nursing Australia

***Grant received to support the thesis.***

2002 Royal College of Nursing, Australia  
Myrtle Ivy Quickie Scholarship (\$3000)

2001 University of Adelaide  
Research Abroad Scholarship (\$1500)

2001/2002 University of Adelaide  
Medical Research Scholarship – Benjamin Poulton

***Presentations to learned societies and review groups.***

"The trouble with being troubled by vital signs". Paper presented at The Sixth Nursing Practice Conference, RAH Nurses' Education Fund and Department of Clinical Nursing The Adelaide University November 2000.

"The policies that drive the nursing practice of post-operative observations" Paper presented at Medical/Surgical Nursing Conference, Melbourne, and September 2001.

"Post-operative observations in the surgical ward - policies and procedures that drive nursing practice " Paper accepted for presentation at The Fifth International Nursing Conference, Nursing in the Third Millennium, Jordan September 2001. Abstract Accepted.

“Patient Observations and Vital Signs: What Do They Mean In Contemporary Practice?” Paper presented at Contesting Conversations Conference, Adelaide, November 2001.

“Observing nurses at work describing the current nursing practice of monitoring the post-operative patient on surgical wards”. 13th International Nursing Research Congress, Brisbane July 2002.