

# Research on the Impact of Preoperative Visits by Operating Room Nurses on Patients' Psychological States

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**Abstract:** Currently, preoperative visits have problems such as monotonous forms and insufficient humanistic care, which affect patients' psychological states and surgical cooperation. This article analyzes the current situation of preoperative visits and the mechanisms influencing patients' psychology, proposes optimization strategies and safeguard measures, and explores the mechanisms of information transmission, emotional support, trust establishment, and environmental familiarity on patients' psychology. It designs optimization plans from the aspects of personalized content, standardized processes, professional techniques, and diversified forms, supplemented by nurse training, system improvement, and quality evaluation to ensure implementation. Practice shows that the optimized preoperative visit can improve the psychological state of patients, enhance surgical cooperation, and optimize the nurse-patient relationship. The conclusion indicates that scientific and standardized preoperative visits can improve the quality of surgical care through multiple psychological effects and are an important link in perioperative care.

**Keywords:** Preoperative visit; Mental state; Optimization strategy; Humanistic care; Nurse-patient relationship

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## 1. Introduction

Preoperative visits, as a key link in operating room nursing, are related to the perioperative psychological state of patients and surgical outcomes. Currently, in clinical practice, preoperative visits often have monotonous forms, focus on information transmission, but neglect humanistic care, making it difficult to meet the psychological needs of different patients. As a result, some patients have significant preoperative anxiety, which interferes with surgical cooperation and rehabilitation progress. In-depth exploration of the mechanism by which preoperative visits affect patients' psychological states and optimization of the visit mode can not only alleviate preoperative anxiety and reduce the occurrence of complications, but also enhance the trust between nurses and patients and improve the overall nursing level. Exploring the optimization approaches of preoperative visits has significant practical value for improving the operating room nursing system, practicing the concept of humanistic nursing, and ensuring the

smooth progress of surgeries.

## **2. Analysis of the current situation of preoperative visits**

Currently, preoperative visits are often conducted in a centralized manner on the day before the operation. Nurses explain the surgical steps, preoperative preparations, and key points to note after the operation to patients in accordance with standardized procedures, with the content centered on the transmission of medical information <sup>[1]</sup>. The duration of visits is generally limited. Nurses pay more attention to the comprehensiveness of information dissemination rather than the patients' acceptance level. There is a lack of targeted communication. The forms of visits are monotonous, mostly oral explanations combined with written materials, which are not suitable for patients with lower educational levels or the elderly. Some nurses focus on explaining medical risks during visits, ignore the patients' emotional changes, and fail to properly respond to their psychological concerns. The visiting effect is limited to the level of information transmission, and the element of humanistic care is insufficient.

## **3. The mechanism by which preoperative visits affect patients' psychological states**

### **3.1. The reassuring effect of information transmission**

Preoperative visit is an important part of the overall nursing work in the operating room. The American Nurses Association stipulates that the first stage of the benchmark for operating room nursing practice is to conduct preoperative visits to understand the patient's physical, psychological, and social conditions. Studies have confirmed that preoperative visits can not only alleviate patients' anxiety before and after the operation, but also reduce the incidence of perioperative complications, providing a strong guarantee for the smooth progress of the surgery. Preoperative visits alleviate patients' uncertainty and anxiety through systematic information transmission. Nurses specifically explain the surgical procedures, anesthesia methods, and the composition of the medical team, helping patients form a clear understanding of the surgical process, reducing their fear of the unknown, and clearly inform them of the key points of preoperative preparation and the postoperative rehabilitation stage, allowing patients to understand their own cooperation priorities and enhancing their experience of controlling the treatment process <sup>[2]</sup>. Information transmission is presented in a simple and understandable way to avoid comprehension difficulties caused by professional terms. By combining text and images, information memory is strengthened, enabling patients to feel at ease due to full knowledge and laying a solid psychological foundation for surgical cooperation.

### **3.2. The empathy effect of emotional support**

The empathy ability demonstrated by nurses during home visits can directly regulate patients' psychological states. During the process of patiently listening and confiding, they can identify emotional signals such as anxiety and fear, provide targeted emotional responses, and convey care through gentle tones, caring looks, and appropriate body language, allowing patients to feel understood and valued, thereby alleviating feelings of loneliness and helplessness <sup>[3, 4]</sup>. Empathetic communication can establish a secure emotional connection. Patients are more willing to reveal their true concerns. Based on this, nurses can carry out personalized psychological counseling to help adjust negative perceptions and enhance psychological resilience in the face of surgery.

### **3.3. The positive effects of trust building**

Preoperative visits are an important link in building trust between nurses and patients. The display of nurses' professional image, proficient communication skills, and solid professional knowledge can enhance patients' trust in the nursing team. Detailed answers to questions, fulfillment of visit commitments, and implementation of postoperative analgesia measures can gradually shape a reliable image. The establishment of a trust relationship makes it easier for patients to accept nurses' guidance and suggestions, reduces their resistance to surgery, and improves their cooperation in treatment. Good nurse-patient trust can also weaken patients' defensive psychology, enabling them to express their psychological needs more candidly and providing conditions for personalized nursing intervention.

### **3.4. The adaptation effect of familiar environment**

Moderate environmental introduction during preoperative visits can help patients adapt to the surgical scene. Describing the layout of the operating room, the functions of the equipment, and the working methods of the surgical team can reduce the fear of unfamiliar environments. When conditions permit, lead patients to briefly tour the peripheral areas of the operating room, familiarize them with the pick-up and drop-off procedures and the route to enter the room, and reduce the psychological burden caused by the unfamiliar environment. Explain the normal phenomena, such as sounds and lights that may occur during the operation, so that patients can be mentally prepared in advance to avoid sudden stimuli during the operation that may cause tension reactions<sup>[5]</sup>. The transmission of environmental adaptation information can help patients psychologically "enter" the surgical scene in advance, enhancing their experience of environmental control and adaptability<sup>[6]</sup>.

## **4. Practical strategies for optimizing preoperative visits**

### **4.1. Personalized design of visit content**

The content of preoperative visits should be personalized based on the individual characteristics of the patients. Before the operation, medical records should be reviewed to understand age, educational level, disease history, and psychological assessment results, and differentiated visit plans should be formulated. For elderly patients, the information density should be appropriately reduced, with emphasis on rehabilitation expectations and safety guarantee explanations. Increase the postoperative quality of life guidance content for young patients. For those with a higher level of anxiety, the emotional support section should be strengthened. The content structure includes three aspects: medical information, psychological support, and practical preparation. Medical information highlights the core points, psychological support focuses on empathetic responses, and practical preparation clarifies specific operational details to ensure that the content is comprehensive and meets the patient's needs<sup>[7]</sup>.

### **4.2. Standardized construction of the visiting process**

Establishing a standardized visiting process is crucial for the stability of visiting quality. The process begins with preoperative assessment, and nurses need to complete the assessment of the patient's basic situation and psychological state before the visit. The mid-term core visit links cover information transmission, emotional communication, and needs assessment. In the later stage, focus on the immediate evaluation and recording of the visiting effect. The time allocation for each link should be clear, and sufficient communication time should be reserved to avoid the visiting behavior of rushing to complete tasks. The content of the visit records should be

standardized, detailing the patient's main concerns, emotional states, and individualized needs, providing a basis for the connection between intraoperative care and postoperative visits, maintaining the continuity of care, and making the visit truly an organic part of the overall care.

### **4.3. Professional improvement of communication skills**

Improving nurses' communication skills is the key to optimizing the effectiveness of visits. Training nurses to be proficient in active listening methods, responding and encouraging patients to express themselves fully through nodding, eye contact, and other means, and avoiding interrupting their confessions at will during the process. The optimization of the questioning method is equally important. Open-ended questions should be used more often to explore the patient's true thoughts, such as "Which parts of the surgical process do you care about more?" to reduce the limitations of closed-ended questions on the expression space <sup>[8-10]</sup>. The cultivation of non-verbal communication cannot be ignored. A gentle tone, friendly expression, and moderate body language can all convey a sincere attitude of care. Relevant skills for emotional guidance also need to be included in the training. The basic ideas of cognitive behavioral therapy can be used to help patients adjust their negative cognition. For example, excessive worry about surgical pain can be guided and corrected. This further enhances their self-regulation ability at the psychological level <sup>[11]</sup>.

### **4.4. The forms of visits are diversified and innovative**

Diverse visiting forms can enhance the appeal and practical effectiveness of visits. Compiling a visiting manual that integrates text and images, designing standardized process diagrams based on different surgical categories, and combining case narratives to deepen understanding, as well as using digital visiting methods, such as preoperative visiting short videos, can visually present the surgical process and key cooperation points, making it convenient for patients to review multiple times. Special patient groups are suitable for family participation visits, inviting family members to learn about the surgical progress and key points of postoperative care together, highlighting the effectiveness of the family support system. Promote situational simulation-type visits, and use role-playing to demonstrate key points of intraoperative cooperation, enabling patients to become familiar with cooperation methods during the interaction process and relieve psychological pressure.

## **5. The safeguard measures implemented during preoperative visits**

### **5.1. Professional competence cultivation for nurses**

To strengthen the professional quality cultivation of nurses' preoperative visits, a systematic training framework should be established. The training content should include relevant knowledge of psychology, communication skills, surgical specialty knowledge, and humanistic care principles. The implementation of role-playing training activities can simulate the visit scenarios of patients with different personality traits, helping nurses improve their adaptability and empathy. Case studies should be organized regularly. The practical experience of successful visits and the handling methods of typical problems were shared and promoted during the communication <sup>[12]</sup>. Preoperative visiting ability should be included in the performance assessment scope of nurses to stimulate their enthusiasm for actively improving the quality of visits. The promotion of continuous education can ensure that nurses master the latest communication skills and psychological intervention strategies in a timely manner, and better meet the diverse needs of patients.



## **5.2. The management system is perfect**

The improvement of the preoperative visit management system is the foundation for the implementation of quality assurance. The responsibilities and work norms of the visit positions need to be clarified, and the duration, content elements, and record norms of the visits should be defined to ensure that all requirements are effectively implemented. A three-level supervision mechanism for visit quality should be established. The head nurse should conduct random checks on the visit records every day, and the nursing department should carry out regular evaluations of the visit effectiveness. Patient satisfaction is incorporated into the quality management scope of the department. The shift scheduling system has been optimized, and the visiting time has been reasonably planned to prevent nurses from carrying out visiting tasks under high work pressure, ensuring their concentration during the visiting process. A feedback mechanism for visiting effectiveness has been gradually established, and patients' evaluations and suggestions on visits have been collected to serve the continuous optimization of the visiting process and content.

## **5.3. Establishment of a quality evaluation system**

Establishing a reasonable quality assessment framework can comprehensively measure the effectiveness of visits. The assessment dimensions should take into account both the implementation process and the relevant indicators of the final outcome. The implementation process indicators involve the proportion of visit achievement, the completeness of content, and the regularity of records. The final outcome indicators include patient satisfaction, the optimization extent of preoperative anxiety assessment, and the status of surgical collaboration. By applying a diversified evaluation model, patient questionnaires were used to collect subjective experiences, and the quality of the implementation process was verified through nursing records <sup>[13, 14]</sup>. Surgeons were interviewed to understand the performance of intraoperative collaboration. Evaluation data were analyzed regularly to identify deficiencies in visits, and targeted improvement plans were formulated to form a virtuous cycle of implementation, evaluation, and improvement, steadily enhancing the quality of preoperative visits.

## **6. Analysis of the effectiveness of preoperative visit practice**

### **6.1. The improvement effect of the patient's psychological state**

Standardized preoperative visits have a substantial improvement on patients' preoperative psychological state. Negative emotions such as anxiety and fear are alleviated, their concerns about the surgery are reduced, and both sleep quality and emotional stability are enhanced simultaneously. Personalized information transmission and emotional support enable patients to have a clearer understanding of the surgical process, reduce their fear of the unknown, and accordingly increase their psychological resilience to the surgery. Patients can view the surgical risks and treatment effects more rationally, their negative perceptions are effectively adjusted, their confidence in the success of the surgery is enhanced, laying a good psychological foundation for active cooperation with the surgery, and their overall psychological state tends to change positively.

### **6.2. The effectiveness of improving surgical cooperation**

Standardized preoperative visits can enhance patients' surgical cooperation level. After fully understanding the surgical process and key points of cooperation, they are more likely to follow the instructions of medical staff during the operation, and unnecessary nervous reactions will be reduced accordingly. The early awareness of key

links, such as anesthesia coordination and body position placement, enables patients to actively cooperate with the operation, shortening the preoperative preparation time. The nurse-patient trust established through visits makes it easier for patients to accept intraoperative nursing measures, reduces resistance behavior, and lowers the risk of surgical interruption. After the operation, patients will actively cooperate with early activities, pain assessment, and other rehabilitation measures, laying a solid foundation for rapid postoperative recovery, and the overall quality of cooperation during the operation will improve accordingly.

### **6.3. The effectiveness of optimizing the nurse-patient relationship**

The optimized implementation of preoperative visits has brought about a substantial improvement in the nurse-patient relationship. Patients' trust and satisfaction with nurses have increased, and they feel that nurses not only pay attention to disease treatment but also attach importance to psychological needs. Effective communication during visits makes patients more willing to express their true thoughts and concerns. The problem of information asymmetry between nurses and patients has been alleviated, and misunderstandings and conflicts have decreased <sup>[15]</sup>. The professional qualities and humanistic care demonstrated by nurses during visits have established a good image of the nursing profession. Patients' recognition of nursing work has increased, and the harmonious nurse-patient relationship has extended to the postoperative care stage. Patients are more cooperative with rehabilitation guidance, creating favorable conditions for the overall improvement of nursing quality.

## **7. Conclusion**

Preoperative visit, as a key link in perioperative care, its quality is directly related to the psychological state of patients and surgical outcomes. This article analyzes the current situation to reveal the defects of the existing model, clarifies the psychological action mechanisms of information transmission, emotional support, trust establishment and environmental familiarity, and proposes personalized, standardized, professional and diversified optimization paths and supporting guarantee measures. Practice has shown that scientifically optimized preoperative visits can effectively alleviate patients' anxiety, enhance surgical cooperation, and build a harmonious nurse-patient relationship. This fully demonstrates the core significance of preoperative visits in humanistic nursing and provides practical references for improving the quality of operating room nursing. In the future, it is necessary to continuously improve and promote them to achieve the organic integration of physical and psychological nursing.

## **Disclosure statement**

The author declares no conflict of interest.

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