

Promotion of nursing care in welcoming cancer patients to the OR: a scoping review

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ABSTRACT

Background The surgical procedure is understood by the oncological patient as a risky event. The emotional unbalance caused, namely the emotional vulnerability, may affect the postoperative recovery. The preoperative visit consists in a first contact between the Operating Room (OR) nurse and the surgical patient, to assess and identify his needs and plan the intraoperative period. The welcome to the OR should be adequate to the needs and characteristics of the patient and facilitate his adaptation to this reality. **Methods** These nursing interventions allow the care humanization through the psychologic/emotional support and in the transmission of information of the surgical procedure. The lack of these acts in the OR have raised the need to undertake a project named "Welcome of the oncological patient in the operating room: nursing cares". The goal of this project is to improve the quality of the nursing care during the welcome of the oncological patient in the OR. The question behind this project is: "What is the effect of existing (or proposed) nursing care protocols for receiving patients to the Operating Room?" **Results** This project was developed in three different places to acquire and develop competences. The methodology was supported bibliographic search, literature review scoping, observation and providing of nursing care, critical reflections on events and support documents to the nursing care. **Conclusions** The project allows the improvement of quality of the nursing care to the oncological patient during the OR welcome.

KEYWORDS: oncological patient, perioperative period, nursing care, preoperative visit, operating room welcome.

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I. INTRODUCTION

Cancer is the second leading cause of death worldwide affecting people of different social classes and is considered a public health problem [1, 2]. The surgical procedure is one of the most common forms of treatment in oncology [3,4]. This is a multidimensional stressor being related to the surgery itself but also with other factors: the anesthetic procedure, the invasive techniques inherent in the preparation of the patient (algalization, venipuncture and others), immobility and even the removal of family and work [5-7]. Oncology patients before hospitalization experience situations in which discomfort and physical pain are more present, due to the disease itself and the procedures performed [8, 9]. Reception is the act of receiving or welcoming the patient, in the service where the same addresses itself. Reception consists of a network of trust and solidarity between citizens, patients, professionals and health teams that promote the construction of a relationship of trust and respect for those who seek care [2, 10, 11] Reception in oncology is essential to increase dignity and safety with a view to improving the quality of life and adherence to the treatment of cancer patients [2, 12]. Reception in the operating room is a sine qua non in the pre- and intraoperative period in order to welcome and guide patients in the moments preceding the surgery [13-15]. Welcoming the operating room promotes the reduction of stress and distress promoting comfort and humanized care [13-15]. Welcoming the cancer patient to the operating room it is important for the establishment of a bond or emotional relationship between nurses and patients, as they feel fragile and insecure due to the disease itself as well as the suffering of the procedures and therapies that result therefrom. current [2, 12, 16].

The preoperative visit is the beginning of the nursing process at the operating room. This represents the first stage of perioperative nursing care and is fundamental to reduce the patient's anxiety in the face of the anesthetic and surgical procedure [17, 18]. This nursing intervention is important to reduce anxiety and prevent complications, in the intraoperative period and after -operative, namely pain and anxiety [19-21]. The preoperative visit carried out on cancer patients is essential to respond to specific needs related to the course of the disease, surgery and its consequences, self-care and forms of adaptation in the postoperative period [16, 22]. Studies add that cancer patients need clarification of information about the environment, equipment and devices

existing in the OR [16, 22]. The teaching provided by the preoperative visit to the cancer patient will allow reflection about the surgical experience and thereby reduce anxiety and prevent complications in the postoperative period [23-25].

The provision of care in oncology entails dealing with the patient in a fragile situation, involving a highly complex emotional relationship, which requires a set of skills from the health professional that is not based only on technical-scientific knowledge [2, 12, 26]. The OR nurse, when performing the reception and preoperative visit, is reinforcing the importance of education and guidance in reducing anxiety, fear and anguish in a doubly cold environment due to the low temperature in the operating room and techniques [13-16, 27, 28]. This study was carried out to respond to the theme of promoting nursing care in welcoming cancer patients to the OR. There are studies carried out in this area but in a small and dispersed way. For this reason, it is my intention to contribute to the production of knowledge but in a consolidated way. A preliminary search was carried out in the MEDLINE and CINAHL databases, which revealed that there is no Scoping Review (published or to be carried out) on the subject under study. Subsequently, the decision was made to conduct a Scoping Review, guided by the methodology proposed by the Joanna Briggs Institute for Scoping Reviews [29], with the aim of analyzing and mapping the existing knowledge about nursing care that promotes the reception of cancer patients to the OR.

Question

The research had as its starting point the following question: "What is the effect of existing (or proposed) nursing care protocols for receiving patients to the Operating Room?" The elaboration of this question aims to build a reference framework for the development and conduct of the review and is presented in the PCC format. Table 1 specifies the constituent elements of the CCP's mnemonic strategy:

P (population)	Cancer patient
C (concept)	Nursing care during reception
C (context)	Operating Room

Table 1 - Outline of the starting question

Objective

The development of this scoping literature review aims to analyze and map the existing knowledge about nursing care in welcoming cancer patients to the OR.

Inclusion and Exclusion Criteria

The starting question was essential to guide the research carried out. Inclusion and exclusion criteria were defined in order to obtain studies that highlight the question asked. Table 2 shows the defined criteria:

	Selection criteria	
	Inclusion criteria	Exclusion criteria
Population	Person with cancer disease; Age greater than or equal to 18;	Person under the age of 18 years;
Concept	Nursing care during reception;	Documents without reference to nursing care;
Context	Operating room;	
Text type	Includes all literature: literature reviews, qualitative, quantitative, mixed published or unpublished studies, among others;	
Date of publication	From January 2006 to the year 2017 (inclusive);	Before January 2006;
Publication language	Portuguese, English and Spanish;	Documents with another language;
Text availability	Full Text;	Absence of full text;

Table 2 - Selection criteria for the research

Research strategy

So to answer the initial research question, I started searching the electronic databases of CINAHL and MEDLINE, for the EBSCOhost Integrated Search platform, from May 2017 to July 2017.

Firstly, I started the research in the related databases, using keywords built from the natural language inherent to the theme. The keywords according to this problem are: cancer patient, perioperative period, nursing care, reception and operating theatre. The natural terms used for the research were: oncological patient, perioperative period, nursing care, user embracement and operating room.

This allowed access to studies related to the problem under study and to analyze the titles and abstracts of the articles found. Reading these awakened me to important words and indexing terms used. Then, a search

was made in greater depth in each of the databases, using all terms identified in natural language and indexed terms that answer the research question.

In the CINAHL Plus with Full Text database, the following descriptors were used: cancer patients, preoperative period, intraoperative period, nursing care, nursing interventions, perioperative nursing and operating rooms. As natural terms and not being possible to index them, the following were used: cancer patient, oncological patient, user embracement, operating room, preoperative nursing visit and nursing visit.

In MEDLINE with Full Text, the following descriptors were used: perioperative period, intraoperative period, nursing care, nursing and perioperative nursing. As natural terms and not being possible to index them, the following were used: cancer patient, cancer patient, oncological patient, user embracement, operating room, preoperative nursing visit and nursing visit.

The keyword host, it was not possible to implement it as an indexed term in both databases. In the research, the natural term user embracement was used.

In the literature review, the importance of the preoperative visit was mentioned with a way of knowing the patient's needs and thus providing a better quality of care to the OR. The preoperative visit is included in the perioperative period as a nursing care. In this research, I used the keyword preoperative nursing visit and the natural term is preoperative nursing visit and nursing visit. It was also not possible to make the terms indexed.

In the CINAHL and MEDLINE database, the descriptors are operationalized through the Boolean expressions AND and OR. The search codes described are constructed using these expressions. Some of the descriptors are indexed terms from the respective databases, others used in natural language. Some indexed terms are preceded by "MM" (Major concept), "MH" (Exploded concept) or by both (joining the two previous meanings).

We present the search results in each of the databases.

CINAHL database

In this database, terms in natural language and terms indexed using the CINAHL headings option were used. Being described in the following Table 3.

Search	Search Terms
S1	"Doente oncológico"
S2	(MM "Cancer Patient")
S3	"Oncological Patient"
S4	"Período perioperatorio"
S5	(MH "Preoperative Period+")
S6	(MM "Intraoperative Period")
S7	(MM "Nursing Care")
S8	(MM "Nursing Interventions")
S9	(MM "Perioperative Nursing")
S10	"user embracement"
S11	"operating room"
S12	(MM "Operating Rooms")
S13	"Preoperative nursing visit"
S14	"Nursing visit"
S15	S1 OR S2 OR S3
S16	S4 AND S5 AND S6
S17	S4 OR S5 OR S6
S18	S7 AND S8
S19	S11 AND S12
S20	S13 AND S14
S21	S15 AND S18 AND S10 AND S19
S22	S15 OR S18 OR S10 OR S19
S23	S15 OR S10 OR S19
S24	S9 AND S10
S25	S9 OR S10
S26	S19 OR S10
S27	S18 OR S10 OR S19
S28	S20 AND S15

Table 3 - Research carried out at CINAHL

MEDLINE database

In this database, terms in natural language and terms indexed using the Medical Subject Headings (MeSH) option were used. Being described in the following Table 4.

Search	Search Terms
S1	"Doente oncológico"
S2	"Cancer Patient"
S3	"Oncological Patient"
S4	(MM "Preoperative Period")
S5	(MH "Intraoperative Period+")
S6	(MM "Nursing Care")
S7	(MM "Nursing")
S8	(MM "Perioperative Nursing")
S9	"user embracement"
S10	"operating room"
S11	"preoperative nursing visit"
S12	"nursing visit"
S13	S1 AND S2 AND S3
S14	S1 OR S2 OR S3
S15	S4 AND S5
S16	S4 OR S5
S17	S6 AND S7
S18	S6 OR S7
S19	S11 AND S12
S20	S14 AND S17 AND S9 AND S10
S21	S14 OR S17 OR S9 OR S10
S22	S14 AND S9 AND S10
S23	S14 OR S9 OR S10
S24	S8 AND S9
S25	S8 OR S9
S26	S14 AND S17 AND S9 OR S10
S27	S14 OR S17 OR S9 OR S10
S28	S14 AND S9 AND S10
S29	S9 AND S10
S30	S9 OR S10
S31	S19 AND S14
S32	S19 OR S14

Table 4 - Research carried out on MEDLINE

Data extraction

The articles obtained from CINAHL and MEDLINE were subjected to filters, namely full text and the date of publication comprised between January 2006 to 2017. The articles subject to these filters consist of 36 articles from CINAHL and 25 articles from MEDLINE. Table 5 shows the results obtained from CINAHL and MEDLINE after the introduction of the filters.

Data base	EBSCO	
	CINAHL	MEDLINE
News	80	50
Filters	Full text and articles from Jan. 2006 to 2017.	Full text and articles from Jan. 2006 to 2017.
Filtered articles	36	25

Table 5 - Search for articles after using filters

The total articles resulting from the search in the database make up the 61 articles. Subsequently, repeated articles were eliminated and an in-depth reading of the articles reached was carried out, according to the inclusion and exclusion criteria. In the articles that contemplated the inclusion criteria, the respective summary and methodology used were read. Then, a full reading of the articles submitted to a screening was done through the inclusion criteria and reading the abstract. Thus, it was possible to select the articles that answered the project's starting question. Through these, it was possible to access other articles and works by the authors cited in the selected articles. Being an asset to enrich the literature review. Although the research was carried out in the CINHAL and MEDLINE database, another research was also carried out on books, articles, master's and doctoral theses and websites. Finally, we present table 6 corresponding to the analysis of the most relevant articles obtained through the Scoping Review.

Table 6 - Relevant articles from the Scoping Review

TITLE (AUTHORS AND YEAR)	OBJECTIVE AND METHODOLOGY	RESULTS	CONCLUSIONS AND IMPLICATIONS FOR NURSING
Reception in the operating room (CC) from the user's perspective and the national humanization policy (Girón, Berardinelli & Santo, 2013) [28]	<ul style="list-style-type: none"> - Analyze patients' expectations and experiences in receiving the OR; - Ethnomethodological and exploratory study; 	<ul style="list-style-type: none"> - The OR does not perform a preoperative nursing visit at the time of the study and the patient undergoing elective surgery arrives at the OR with many doubts. - The characteristics of work in the OR are bureaucratic and of a technical-scientific nature, which consume the nurse's work to the detriment of the care process. - Patients have doubts about the surgical procedure upon arrival at the OR and have feelings of anguish, anxiety, tension and concern. 	<ul style="list-style-type: none"> - The study says that the lack of humanization in nursing care provided in the OR, namely in welcoming the patient. - The study exposes that sometimes when receiving the patient in the OR, their questions / needs are not validated. - The environment at OR is a machined space. OR is an unknown medium for the patient. The feelings experienced by the patient upon admission to the OR are fear of death and the risks of surgery. - This study highlights the need for training nurses in the humanization of health care.
Nurses' actions in the reception of the patient in the operating room. (Stumm, Zimmermann, Perlini & Kirchner, 2009) [15]	<ul style="list-style-type: none"> - Evaluate and analyze the nurse's actions in the reception of patients in the OR of three hospitals. - It is a qualitative, descriptive and case study study. 	<ul style="list-style-type: none"> - The preoperative nursing visit is important to get to know the patient before performing the surgical procedure. They state that the difference between those who receive the preoperative visit and those who do not receive it is remarkable. - When there is no pre-operative visit, welcoming the OR is even more important in order to get to know the patient. - At reception, it is important to familiarize the patient with the environment of the OR. They report that one of the ORs where the study was carried out, patients remain alone in the corridor and this generates fear and anxiety. - This study reveals the lack of training of nurses in providing comprehensive and integrative care to the patient. 	<ul style="list-style-type: none"> - Patients value the preoperative nursing visit. During the visit, the nurse assesses the patient's emotional and physical state. What makes possible the early detection of complications. - The importance of familiarizing the patient in the OR environment at the time of reception. - Question the qualification of the professionals to whom the nurse delegates to receive the patient in the OR. - The OR nurse has bureaucratic work overload, which may justify not welcoming. -The nurse must deepen knowledge about welcoming the patient to the OR.
Nursing reception in oncology: coping with the disease by patients in Feira de Santana. (Machado, Ouro & Santana, 2015) [2]	<ul style="list-style-type: none"> - Assess the reception of nursing to cancer patients and what are the experiences of the impact of the disease. - It is a descriptive study with a qualitative approach. 	<ul style="list-style-type: none"> - The reception of nursing in oncology includes welcoming, listening, seeking, understanding and answering the patient's questions. Patients show satisfaction with the care received at the unit. - Patients show fragility due to their disease condition. The nursing team is committed to responding to the patient's needs. - Emphasize the importance of developing trust and security in the transmission of information to the patient. This attitude contributes to the success of the treatment. - Patients refer to the importance of the guidance given by the nurse, regarding the type and effects of treatments. They also highlight the importance of comfort. 	<ul style="list-style-type: none"> - The reception of cancer patients is important for adherence to treatment, improvement of quality of life and family and social reintegration. - This study reinforces the development of strategies that contemplate the patient's needs during reception. - This study emphasizes that in the absence of welcoming and humanized assistance, the cancer patient can "succumb to pain and without the strength to fight."

<p>Nursing knowledge about humanization in user reception in the operating room: an integrative review. (Giron & Berardinelli, 2015) [13]</p>	<ul style="list-style-type: none"> - Analyze scientific productions in the nursing field on welcoming and humanization in nursing care. - It is an integrative review according to the Ganong method. 	<ul style="list-style-type: none"> - Studies on the humanization of OR are reduced. - The articles refer that the preoperative visit is one of the interventions to humanize nursing care in the OR. - The selected articles mention that the preoperative visit contributes to less anxiety for the patient during the surgical intervention. - The OR nurse must have the ability to develop empathy, presence, bonding, active listening and respect for the patient's spirituality. - The articles chosen allude that the nursing team is far from the necessary reception. - Reception at OR is one of the guidelines of the National Policy for Humanization of the Brazilian Health System. 	<ul style="list-style-type: none"> - This article states that the existing studies on the reception and humanization of nursing care in the perioperative period are reduced. - Selected studies describe that the preoperative visit is the way to humanize care. They add that it must be performed 24 hours before surgery. - Empathy is a fundamental competence of nurses to promote welcoming in the OR. - Studies suggest the development of work in the context of the humanization of nursing care.
<p>Preoperative teaching from the perspective of cancer patients. (Pereira, Soares & Russo, 2015) [16]</p>	<ul style="list-style-type: none"> - This study aims to analyze the expectations of cancer patients about the preoperative information provided by health professionals. - It is an exploratory study, with a qualitative approach, carried out in a surgical inpatient unit of a university hospital in São Paulo, with 16 patients with colon and rectal cancer. 	<ul style="list-style-type: none"> - The article states that the preoperative information provided to cancer patients by different health professionals is understood in different ways. - The article says that providing information about mutilating surgery can decrease psychosocial stress, which influences the patient's hospitalization and discharge. - The nurse has an important role to complement and explain more clearly to the patient, the information provided by other professionals. The patient highlights the importance of the nursing team in welcoming and responding to their needs. - In preoperative education, patients value the provision of information that promotes the understanding of their health situation, thus translating into a reduction in anxiety. 	<ul style="list-style-type: none"> - Preoperative teaching of patients should involve a multidisciplinary team due to the specific needs of the cancer patient. - In preoperative education, physical preparation, operating room environment and the use of equipment and devices in the postoperative period must be addressed. This type of teaching may result in the encouragement for self-care and the prevention of postoperative complications in patients with colon and rectal cancer.
<p>Effect of preoperative nursing visit on preoperative anxiety and postoperative complications in candidates for laparoscopic cholecystectomy: a randomized clinical trial. (Sadati, Pazouki & Chaichian, 2013) [18]</p>	<ul style="list-style-type: none"> - To evaluate the effects of the preoperative nursing visit on anxiety and postoperative complications in the patient undergoing laparoscopic cholecystectomy. - It is a randomized and prospective study. - The study consists of two groups: one group did not have a preoperative visit and the other group had a preoperative visit the day before and on the day of surgery. - Anxiety was assessed using Spielberger's trace state anxiety inventory. 	<ul style="list-style-type: none"> - The study showed that the preoperative visit reduces anxiety in the intervention group compared to the group that did not have a preoperative visit. - This study alludes that the preoperative visit contributes to the reduction of nausea, vomiting and stabilization of vital signs in the postoperative period. 	<ul style="list-style-type: none"> - The present study demonstrated that the preoperative visit reduces anxiety and complications in the postoperative period. - Suggest that the preoperative visit should be integrated into the care provided to patients.
<p>The preoperative visit as a mitigating factor for anxiety in surgical patients (Gonçalves & Medeiros, 2016) [11]</p>	<ul style="list-style-type: none"> - This article aims to identify the preoperative visit as a factor that makes it possible to minimize the level of anxiety presented by the surgical patient. - The methodology consists of prospective exploratory research, with a sample of 20 patients who underwent total or partial 	<ul style="list-style-type: none"> - Anxiety is the nursing diagnosis present most frequently in the preoperative period in patients who will undergo a surgical procedure. - Patients who received information about the procedures they were going to undergo, regarding the anesthetic-surgical 	<ul style="list-style-type: none"> - Anxiety as a nursing diagnosis is present in patients who have undergone surgical procedures. - Patients who received the preoperative visit had a lower level of anxiety than those who did not.

	hysterectomy by any surgical technique.	act, led to a decrease in stress levels as well as anxiety. - The preoperative nursing visit is an act of relevance for bio-psycho-socio-spiritual care, making the surgical procedure more peaceful for the patient and reducing or preventing stressors. - The study shows that anxiety is present in 44.3% of patients in the preoperative period.	
Effectiveness of preoperative visit on anxiety, pain and wellbeing. (Bagés, Lleixà & Vázquez, 2015) [20]	- To evaluate the effectiveness of the preoperative nursing visit as an intervention to reduce anxiety and postoperative pain. - It is a randomized, case-control study. - It consists of two evaluated groups made up of 30 people each, who underwent knee, hip and lumbar arthrodesis surgery. - Only one of the groups receives the preoperative visit the day before the surgery. - The trace state anxiety inventory test is applied.	- The group that received the preoperative visit reduced their anxiety and increased well-being in relation to the group that did not receive it. - The study reports that the group that did not receive the preoperative visit had an increase in pain in the postoperative period.	- This study states that it is important to transmit information to the patient during the preoperative nursing visit as it reduces anxiety and pain reduction up to 72 hours after surgery. - This study alludes to the need to humanize nursing care. - The study refers to the lack of studies on the identification of the patient's needs to improve the quality of nursing care.

II. ANALYSIS AND DISCUSSION OF RESULTS

The objective of this scoping review of literature was to analyze and map the existing knowledge about nursing care that promotes the reception of cancer patients to the OR. To answer this objective, eight articles were selected to demonstrate the problem under study. The methodology used in the eight selected articles was an exploratory, qualitative [2, 16, 28, 15] and quantitative study [11, 13, 18, 20].

User embracement is one of the main nursing interventions for the humanization of care through good reception, the ability to listen and to know the patient's needs [2, 13, 15, 28]. The cancer patient when facing the disease, is recognized as being special, fragile and insecure, needing care beyond technical-scientific knowledge or a sensitivity directed to the human being [2, 13]. Nurses are considered one of the protagonists in providing quality care to cancer patients [2, 13]. The way of welcoming the cancer patient is fundamental for adherence to treatment, improving the quality of life, promoting dignity and their life activities, helping them in the way they face the disease [2].

The operating room is a specific service, in which the patient undergoing a surgical procedure may experience feelings of anxiety, fear and insecurity, subjecting him to greater risks in the postoperative period [13, 15, 28]. The welcoming to the operating room is an essential care to value the patient's feelings, emotions and needs when being admitted to the service [13, 15, 28]. This activity promotes the reduction of the patient's anxiety, anguish and fear [13, 28]. The nurse when knowing the needs of the patient and accompany him on his journey within the operating room emphasizes the humanization of care through dignified care [13, 15]. When the patient is received in this service, he expects to have attention, respect and that a bond is established with the nurse [13, 15]. Studies reinforce that the patient values the interaction and attention provided by the nurse more than the technical care [13]. The skills of the nurse, namely empathy and active listening, are central to the humanization of the nursing care in the operating room [16, 13]. The nurse, when receiving the patient in the OR, validates the preoperative check (fasting, allergies, personal history, health status) among others) and also of the emotional conditions, namely the fear of anesthesia and bodily alterations as they can have repercussions in the surgical procedure [15]. Studies refer that the nurse is concerned with listening and welcoming patients, transmitting tranquility and contributing to the reduction of levels of stress in the intra and postoperative period [15, 16]. In order to better welcome, it is important to have advance knowledge of the needs, through the preoperative visit [13, 14, 16, 28]. In the absence of the preoperative visit, the execution of welcoming the operating room is essential for the humanization of nursing care [15].

The preoperative visit is the beginning of nursing care planning in the operating room [11-13, 15, 18, 16, 20]. This nursing intervention is one of the quickest and most effective methods to provide support and education to the patient [18, 20]. The nurse when carrying out the preoperative visit to the patient has the possibility to assess physical conditions, feelings such as anxiety, fear, concern, pain and insecurity and among others [11, 15, 18, 20]. Patients before performing the surgical procedure by performing the visit allows the approach and interaction between them in the operating room [11, 15, 20].

The nurse must transmit the information to the patient individually and with a focus on the needs he presents.11,18,20 The preoperative visit provides clarification of doubts, education and guidance for the surgical

act and the patient's anesthetic recovery [11,13,18]. Anxiety is one of the most frequent symptoms in the preoperative period [11, 18]. Patients, who are given information about the anesthetic-surgical procedure during the preoperative visit, will be more likely to decrease the level of anxiety, in the pre and intraoperative period [11, 18, 20]. In addition to clarifying doubts, this intervention also encourages support and safety in the patient as it is a form of reception and communication between the nurse and the patient [11, 13, 16].

The guidance or education provided to the patient in the preoperative visit is essential to clarify doubts, minimize the impact of the permanence in the OR and to improve the postoperative recovery [13, 18]. Studies allude that this intervention reduces the occurrence of vomiting, nausea, pain and complications in the postoperative period [18, 20]. The orientation / education provided to cancer patients is essential for the psycho-emotional preparation of the surgery and its consequences [16]. Cancer patients value the information about the operating room environment as well as the equipment and devices to be used as a way to reduce surgical anxiety and stress. A study alludes that preoperative education in colon and rectal cancer patients is essential for plan care and prepare the patient, due to their specific needs related to the course of the disease, mutilating surgery, learning to care and ways of adapting to intestinal ostomy.

The reception and the preoperative visit are essential to satisfy the patient's real needs in the operating room [11, 13, 15, 18, 20, 28]. For this, it is vital that the preoperative visit is carried out with quality and that observe the way the patient is welcomed and cared for as well as the establishment of a relationship with the nursing team in the operating room as they are determining factors for surgery until their recovery [13, 15, 16, 28].

In providing quality nursing care to cancer patients, specialized care that responds to their expectations and particularities of being and acting in order to provide necessary support in the treatment and recovery process of the disease is essential [2]

Study limitations

The limitations of the studies are related to the small sample size [11,18], the absence of a section of limitations in the articles [2, 11, 15, 16, 18, 20, 28] and few studies to support the knowledge produced by the referred articles [13, 15, 28].

Scoping review limitations

The languages of the highlighted articles were in English and Portuguese. In the scoping review, the Spanish language was included, but if it had covered other languages, it could have made this work with a higher quality of scientific evidence.

III. CONCLUSION

Studies indicate that the way to welcome cancer patients is essential for adherence to treatment and improvement of quality of life in order to promote the coping with the disease. The reception and the preoperative visit are interventions that aim at the humanization of nursing care in the operating room. The nurse's skills, namely empathy and active listening, are essential for establishing a bond between patient and nurse. Welcoming and preoperative visits in cancer patients are essential to reduce anxiety, fear and complications in the postoperative period. The studies refer to the need for publications that highlight the importance of promoting the welcoming of cancer patients to the operating room. The purpose of this scoping review was to analyze and map the existing knowledge about nursing care that promotes the reception of cancer patients to the operating room. In my view, it was largely accomplished. This study also showed the nursing care that promotes the reception of cancer patients to the operating room.

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- ii. **Conflicts of interest/Competing interests** (The authors declare that they have no conflict of interest)
- iii. **Ethics approval** (The manuscript has the University and Hospital's approval. Being a systematic review article, it has no participating patients)
- iv. **Consent to participate** (The manuscript has University and Hospital's approval)
- v. **Consent for publication** (Not applicable)
- vi. **Availability of data and material** (Data is available in the CINAHL databases Plus with Full Text and MEDLINE)
- vii. **Code availability** (Not applicable)
- viii. **Authors' contributions** (All authors shared the collection of published data, analysing the results, manuscript writing, and final revision. All authors have read and approved the manuscript)

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