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‘Like a trip to McDonalds: a grounded theory study of patient experiences of day surgery’

## Abstract:

*Background:* The amount and complexity of (ambulatory) day surgery is rapidly expanding internationally. Nurses have a responsibility to provide quality care for day surgery patients. To do this they must understand all aspects of the patient experience. There is dearth of research into day surgery using a sociological frame of reference.

*Objective:* The study investigated patients’ experiences of day surgery using a sociological frame of reference.

*Design:* A qualitative study using the Grounded Theory approach was used.

*Setting:* The study was based in two day surgery units in two urban public hospitals in the United Kingdom.

*Participants:* 145 patients aged 18-70 years and 100 carers were purposely selected from the orthopaedic, ear nose and throat and general surgical lists. They were all English speaking and were of varied socio-economic background.

*Methods:* The data was collected from 2004-2006. Semi-structured interviews were conducted on 3 occasions: before surgery, 48 hours following surgery and one month following discharge. Permission was received from the Local Research Ethics Committee. Analysis of the data involved line-by line analysis, compilation of key words and phrases (codes) and constant comparison of the codes until categories emerged.

*Findings:* Patients liked day surgery and placed it within the wider societal context of efficiency and speed. Time was a major issue for them. They wished surgery, like all other aspects of their life to be a speedy process. They likened it to a McDonald’s experience with its emphasis on speed, predictability and control.

*Conclusion:* This study throws new light on patient experiences and offers an understanding of day surgery against a western culture which emphasises the importance of speed and efficiency. It is a popular choice for patients but at times it can be seen to be a mechanistic way of providing care. The implications for nurses to provide education and information to add to the quality of the patient experience are discussed.

*Keywords:* Day Surgery, Ambulatory Surgery; Peri-Operative Nursing; McDonaldization; Grounded Theory;

**What is already known about the topic:**

- Due to advances in technology and economic constraints the amount and complexity of day surgery being performed is rapidly increasing internationally
- Patient satisfaction scores demonstrate that day surgery is a popular choice for patients as generally they perceive it to be an efficient service causing minimum disruption to their lives.

**What this paper adds:**

- An understanding of day surgery against a western culture which emphasises the importance of speed and efficiency.
- Patients want health care, like other aspects of their life, to be fast.
- An understanding of the paradox which the speed of day surgery presents in that, although desired, may cause some difficulties to patients.

**Introduction**

This study was undertaken to explore patients' experiences of having surgery performed as a day case, using a sociological approach. This approach was used to give a new dimension to the study of day surgery patients; and to go beyond that of "thick description" which, although useful, may be considered to be a limitation of other studies (Glaser 1992). Glaser and Strauss suggested that sociologists contribute most to the understanding of a particular phenomenon when they report their observations in a way that is recognizable to the participants as true, but also uncover other factors that the participants may not have immediately discerned for themselves (Glaser and Strauss 1967). The sociological researcher looks beyond the obvious to reveal new insights applicable to the area under study. Likewise, Wright Mills (1959) extols the virtue of the 'sociological imagination' as a critical quality of mind that would think outside the familiar to examine carefully the events occurring in the wider society and their effects on communities and individuals (Eldridge 1983). It is important to offer a sociological approach to nursing issues (Cooke 1993). Nursing is

a social activity. Therefore any research which uses a sociological approach may encourage nurses to look beyond the obvious and develop new understandings of social processes at work. This is what I aimed to do. By being alert to emergent themes arising from the data I hoped to uncover new insights into the patient experience.

A day surgery patient is defined as one who is admitted for investigation on a planned (non-emergency) non-resident basis but nevertheless requires facilities for recovery (Royal College of Surgeons, 1992). Often, within the space of four hours a patient is admitted to hospital, receives a general anaesthetic, undergoes a significant surgical intervention and then is discharged home where responsibility for their care is transferred to the patient and their family.

Much research has focused upon the subjective day surgery experience( Barthelsson et al., 2003; Rhodes et al., 2006;Gilmartin, 2007).Although these studies have presented informative insights into the patient experience they have not utilised a sociological frame of reference. Common themes to emerge are that day surgery is stressful but patients appreciate going home the same day; recovery takes much longer than expected and patients would like more professional support following discharge. This was not always forthcoming.

Patient satisfaction studies also demonstrate that day surgery is a popular choice with the majority of patients (Pollock and Trendholm, 1997; Tysome and Padgham, 2006; Krishnan et al., 2007). It is perceived as offering an efficient service with minimal disruption to personal habits and routines. However these studies also demonstrated that recovery from day surgery is not always straightforward with patients reporting many unanticipated worries.

There was a dearth of sociological investigation of day surgery. Fox (1992, 1999) undertook an ethnographic deconstructive study of a day surgery unit which was newly opened in the 1980's. He described day surgery practices in terms of rationalization, where people and objects are organized in time and space. For Fox, day surgery has many characteristics of the production line with "the sick person as the raw material and the healed person as the product" (Fox, 1999: 1308). Fox's work is an important contribution to the understanding of modern health care provision. However the patients' views were not investigated. The negativity Fox expressed towards day surgery may not be echoed in the views of day surgery patients at the beginning of the twenty-first century, as, in the study described below, patients expressed a preference for day surgery. They likened their experiences to that of McDonalds or other fast retail outlets (*kwikfit*). In the light of this, the work of Ritzer (2000, 2004, and 2008) concerning the McDonaldization of Society gave theoretical shape to this study. This paper will commence by giving a brief overview of the development of day surgery across the world. The importance of Ritzer's work will be discussed in relation to the underlying ethos of day surgery. Following this, the research study will be described with a discussion of the emergent theme from the data: the importance of time to the day surgery patient.

Finally the similarities between the day surgery experience and the McDonaldization process with its four alluring dimensions of "efficiency, calculability, predictability and control" (Ritzer, 2004:12) will be examined and implications for nursing care will be discussed.

It is important to note that the therapeutic function of the nurse was another major theme which arose from the data. This has been reported elsewhere (Mottram, 2009).

## Background

### *International Development of Day Surgery*

Advances in surgical and anaesthetic technique along with political and economic initiatives have led to an international increase in the amount and complexity of surgical procedures being performed as day surgery (Toftgaard, 2009). The United States of America, Canada and the Scandinavian countries have been at the forefront of developments in day surgery (Castoro et al 2007); and in Australia 75% of surgical procedures are now being performed on a day surgery basis (Toftgaard, 2009).

Throughout Eastern Europe day surgery is rapidly increasing (Jarrett and Staniszewski, 2006); and is advancing in OECD (Organisation of Economic Co-operation and Development) countries; India is aiming to have at least one free standing day surgery unit in every major city (Naresh, 2010); and progress is being made in Nigeria (Sowande et al, 2009) and other African nations (Castoro et al, 2006). In the United Kingdom, the publication of the “10 high impact changes” (NHS Modernisation Agency, 2004) has meant that day surgery has become a priority with health service providers. The British Association of Day Surgery annually produces a Directory of Procedures (2009) which lists an increasing number of surgical procedures which may be performed in a day. However the ambition to get people out of hospital quickly came not just from fiscal concerns but also from altruistic reasons. Research has demonstrated that hospitals were not always places of safety in terms of hospital acquired infection, complications of prolonged bed rest and psychological effects of hospital regimes (Armstrong, 1998; Gordan, 2006). Therefore the economic benefits of day surgery in terms of efficiency in getting as many patients through the

system, as well as individual patient benefits such as reduced hospital stay and speedy recovery ensures that day surgery continues to grow across the world (McWhinnie, 2009).

In this paper the day surgery process emerged as being comparable to the ethos of the McDonalds organisation with its underlying philosophy of “efficiency, calculability predictability and control” (Ritzer, 2004: 12). However, far from complaining, patients, interviewed in this study, liked this model of organisation and even held it up as a paradigm of how health services should be managed. A major theme to emerge from the data is the importance of time to the day surgery patient; time and speed is integral to the popularity of day surgery. Patients wanted surgery, in common with other aspects of their life, fast food, fast communication via cell phones and the internet, to be speedy. Day surgery is culturally acceptable to patients because it is commensurate with western lifestyles. (Ritzer 2008). From this data a theory emerged that demonstrates that the Day Surgery process exhibits the same instrumental rationalism as the McDonalds organisation.

#### *Ritzer and the McDonaldization Process*

Since Ritzer published his original work on McDonaldization (1996) it has been applied to many aspects of social life : the leisure industry (Bryman, 2004), religion and the church (Drane, 2008), health care ( Kemmesies, 2002), family life ( Raley, 2006 ), higher education ( Hayes, 2005 ), the fashion industry (Lee, 2003), and sport (Krakauer,1997). Indeed it seems possible to apply the McDonaldization thesis to nearly every aspect of westernised lifestyles (Ritzer, 2008).

The main tenet of Ritzer’s work was inspired by the work of Weber and his theory of rationality (Weber, 1948). Weber described how the western world was becoming

increasingly rational, that is, how the optimum means to a given end is shaped by rules and regulations that everyone must follow. Standardization, by following set rules to achieve the desired outcome ensures predictability. Of great importance to Weber is the rational use of Time in western society and man's attempts to fashion the use of time in religious and moral terms. Man's time is a valuable commodity and is therefore a precious resource. Weber, referring to Benjamin Franklin, stated the belief that wasting time is the deadliest of sins, as every minute lost is lost to the glory of God (Weber, 1948). Likewise management of Time is very important in the McDonaldized process. Ritzer describes the process of rationalization in the McDonalds organisation as realised through set rules to achieve the management, in time and space, of staff, food production, and ultimately the customers. He also analyses the popularity of this restaurant chain, ascribing it largely due to its enticing dimensions of "efficiency, calculability predictability, and control" (Ritzer, 2004:12.). He suggests that human beings do not like surprises and welcome the familiar. He indicates that McDonalds's restaurants are the epitome of a predictable experience; they are the same wherever one finds them across the world. Predictability is related to calculability as one can calculate with a fair degree of exactitude the constituents of a McDonald's experience from the decor, the menu, the size of the food portion and even the length of time needed to receive the food and eat it. It is efficient. Little is wasted. No time need to be spent on washing crockery and cutlery as none is provided. All is thrown away. The speed of service is important to all strata of society as capitalist western culture demands high levels of accomplishment resulting in mass anxiety to meet competing deadlines (Hall, 1984). Hence the obsession of modern individuals' with deadlines, diaries, appointments and timetables. Offer, (2006), like Ritzer, suggests that modern individuals live in an overwhelming situation where one



strives for one goal after another, where anxiety and impatience rule. Therefore McDonalds is a success because “it meshes well” with the demand for speed taking place across the world (Ritzer, 2000:170). Ritzer also describes the irrationalities of a rational system, the chief one of which is dehumanization, where people are trapped in settings where their humanity and creativity is denied. Against this background of Ritzer’s deconstruction of McDonald’s success the day surgery experience will be examined from the point of view of the patients who are undergoing it.

### *Patients’ journey through day surgery*

To put the study into context it may be useful to describe the patient’s journey through day surgery in the United Kingdom. This usually begins with a visit to a General Practitioner (family physician) who refers the patient to a specialist surgeon. Two weeks before surgery the patient is directed to the pre-operative assessment clinic. Here a full medical and social history is taken and certain screening procedures are undertaken to assess fitness for day surgery and to ensure social circumstances allow a carer to be in attendance for 24 hours following surgery. On the day of surgery, the patient is briefly examined by the surgeon and anaesthetist. After surgery the patient spends a short time in the post anaesthetic recovery room and preparation for discharge begins. Thus patients are often in the day surgery unit for less than four hours.

### **Method**

The method of choice was the Glaserian method of Grounded Theory. This involves concurrent data collection, comparison and analysis; analysis which involves the construction of codes and categories; and the development of theory, rather than the testing of theory, throughout this process (Glaser, 1992, 1998, 2004). Data collection took place in two urban public hospitals in the United Kingdom. Patients were

recruited from the orthopaedic, ear nose and throat and general surgical services. They were aged between 18 -70 years, (mean = 46) undergoing surgery by general anaesthesia; and had never undergone day surgery before. In grounded theory, sampling is based not on a pre-determined number of subjects but instead is based upon theoretical concerns such as saturation of data to enable theory development. However the Local Research Ethics Committee was reluctant to grant ethical permission unless data was collected from at least 50 patients. However to confidently state that the data was saturated, 145 patients and 100 carers were interviewed over a two year period. To gain as deep an insight as possible patients were interviewed on three occasions: in the pre-operative assessment clinic prior to surgery; by telephone 48 hours following surgery, and finally, one month following discharge. The data collection method of choice was that of the semi-structured interview. This often has a sequence of issues to be covered, as well as suggested questions. However it also allows space within the interview to allow the respondent to discuss their concerns and for the interviewer to go beneath the surface of what is disclosed by the respondent; it also allows the respondent the opportunity to check the researcher's perceptions of what is being said (Charmaz 2006). The interviews lasted for approximately one hour and were either tape recorded or handwritten if the patient preferred. Patients were initially recruited to the study in the pre-operative assessment clinic where an information sheet and consent form was provided explaining the aims of the research and qualifications and role of the researcher. At the first interview, as well as collecting biographical data, patient expectations of day surgery were explored. The first question asked "what does the word day surgery mean to you" was usually all that was needed for patients to discuss their preconceptions of what day surgery might involve for them. The second and third interviews were concerned with their

experiences on the day of surgery itself and their progress following their discharge home. Table 1-3 lists a series of prompt questions to be used if responses were not forthcoming. These were rarely used. At the conclusion, interview data was transcribed verbatim and the process of comparing and analysing the data began. The data was anonymised and stored in a secure password protected database. All interviews were undertaken by the sole researcher thus ensuring a fairly consistent method of data collection. Nevertheless in grounded theory, where flexibility is required in terms of how the researcher frames the questions in the light of previous interviews which may suggest new lines of enquiry, they can never claim to be wholly consistent (Glaser, 1978, Kvale, 1996 Layder, 1997).

Whilst undertaking fieldwork, extensive memos of events, thoughts, and ideas were recorded. Analysis of memos combined with line-by line analysis of interview data, from which key words and phrases were identified, formed the basis of data analysis. Glaser (1978:83) advised that the writing of memos was essential to the work of generating theory, and if the researcher omits this stage “he is *not* doing grounded theory” (Glaser’s italics). A memo recorded early in the study became significant later when it was compared to other data. This described in detail the impatience and restlessness of an individual whilst attending the pre-operative assessment clinic. Later, on the appointed day he did not attend for surgery. This memo contained an important theoretical idea, which became clearer when compared with other memos and interview transcripts which related to the importance of time and the desire for control over patients’ habits, routines and timetables. Memos are considered vital as they provide a repository of ideas which can be revisited to chart out the emergent theory (Glaser 1978). Line by line analysis of interview data began with a thorough reading followed by identification and coding of key words and phrases. Comparing

the keywords and phrases found there was a reoccurrence of the words denoting speed, time and retail enterprises (See table 4 for a sample of key words and phrases extracted from the data). Thus the concept of speed and efficiency were integrated together to identify the core category of time. A core category reflects a significant process, or a relationship, event or issue (Charmaz 1990). All data was analysed manually and research participants were involved in the analysis, a process known as respondent validation (Silverman, 1993). Rigour was also maintained by referring to Kvale's quality assurance criteria to ensure the credibility of the interview process (Kvale, 1996). Glaser also offers a framework for considering the validity of a grounded theory study (Glaser, 1998); and Rolfe, (2006), suggests that, in qualitative studies, rigour is located in the critical reading of individual research papers. An audit trail was commenced at the beginning of the study which also acted as a diary and gave explicit explanations of the choices made by the researcher and details of the analytic progression (Polit and Hungler, 2004).

There are some limitations to this study. This study was undertaken in only two day surgery units, within a relatively small geographical radius, in the United Kingdom. Therefore it may be inappropriate to generalise the findings internationally.

Unfortunately a large population of first generation Bangladeshi and Pakistani patients could not be included in the study as economic constraints did not allow for the use of interpreters. A study planned for the future will hopefully address these concerns. The fact that comparisons were not made between different age groups or other sociological variables such as gender could also be considered a weakness of the study. The data collection took place over a two year period and concluded almost four years ago. Day surgery is a dynamic area of care with changes in surgical procedures occurring rapidly. It could therefore be concluded that the data reported

here may not truly reflect the experiences of patients in 2010. A heavy teaching commitment and completing doctoral dissertation prevented earlier publication. To circumvent presenting untimely data, contact with the two day surgery units has been maintained and attendance at unit meetings has confirmed that patient concerns remain consistent to those recorded here.

## **Findings**

### *Time and the Day Surgery Patient*

All the respondents' names have been changed to protect anonymity.

The saving of time was the major reason cited by the patients and their families for preferring day surgery. Demands of western society expect that individuals are back in action almost immediately:

I don't have time to be ill. I don't have time to be in hospital. I must be back in action with the children as soon as I can. I will tell lies if you want! I'll tell you I have someone to look after me. No one will ever know the difference. If it wasn't so painful I wouldn't bother having it done.

(Katherine, age 28)

Katherine was extremely distressed when told in pre-operative assessment that she could not have day surgery because she did not meet the social criteria following discharge. However she was not prepared to countenance anything other than day surgery and was prepared to be untruthful concerning her social circumstances in order to be accepted for day surgery.

Similar scenarios were witnessed on many occasions where patients spoke in frantic terms of their need to have surgery undertaken as a day case:

I don't care if you have to send me out clutching a vomit bowl.

I've got to get out that same day. I have an important

meeting in .... (a major north-west city) tomorrow. (Isabel, age 29)

The data revealed that patients were very willing to accept time constraints on their surgical experience in exchange for the perceived control they felt over the process.

They wanted day surgery like all other aspects of their lives to be a fast and predictable experience.

People are reluctant to accept uncertainty. One way to structure uncertainty is to structure the time period through which uncertain events occur (Roth, 1963). The patients in this sample had been given information on how their stay on the day surgery unit should progress. Patients referred to this timetable of events when they compared the day surgery experience favourably to previous episodes of in-patient hospital care:

They couldn't tell me when I would be going home (when a patient on an in-patient ward). I seemed to be in days when nothing was happening. They just kept saying I would have to wait for my test results. Then I would have to wait for the doctor. That's why it has been so good here (in day surgery unit). As soon as I had the operation. I could go home. Get on with things.  
(Colin, age 44)

The situation described above is representative of many of the respondents' sentiments concerning in-patient care. They felt that they were losing control of their timetable and unable to predict their schedule. As feelings of loss of control escalate so anxiety and apprehension increases (Giddens, 1991).

Within this core category of time three main themes emerged from the data. Day Surgery patients were concerned with the Moral Use of Time, The Waste of Time and Time as a Conveyor Belt.

#### *Moral use of Time*

In the western economy, time, labour, wages and productivity are all inextricably linked (Adam, 1992; Fox 1999; Helman, 1992). The notion of time as a valuable commodity has been associated with the rise of Protestantism and the Protestant work ethic. The rhetoric of corporate advertisements exalts the benefits of immediate action and the saving of time. High speed trains can halve the time of journeys, and Microsoft Office appeals to us to "Save time: with smarter working practices to boost

productivity,” (cited by Norgate, 2006:8). Thus, on a subliminal level, corporate advertising is re-enforcing the belief that speed is good. This moral use of time emerged many times throughout data collection:

I was so pleased that they said I could have day surgery. I couldn't stand all that sitting about in hospital. I am always so busy. My mother always said that the devil finds work for idle hands (Millicent, aged 56).

Throughout the interviews the patients were keen to emphasize their reluctance to take time away from paid employment:

I am really glad that I can have key-hole surgery. That means I should be ready for work by the end of the school holidays. Then the school won't have to spend its' budget getting replacement teachers (Barbara, age 50).

Thus Barbara, a school teacher, was keen to demonstrate to her colleagues that she was a diligent and responsible member of staff, who was considering the needs of the organisation above her own health needs.

John, who owned a landscape gardening business, said how pleased he was in having surgery in a day:

Not only is time money but I don't want to let down my clients by taking too much time off with this (hernia repair). My reputation is forged on value for money and reliability (John, aged 38 ).

Here it could be said that both John and Barbara displayed the Protestant work ethic where time and money are interlinked and a moral duty to service is discussed in vocational terms (Weber, 1948).

Even if the individual was not in paid employment, they were quick to state that they filled their time with meaningful activity:

I don't go out to work anymore because I have a child with Down's syndrome. I go into his school three times a week to help out. I have been doing some extra work with a little boy. I don't want to be away too long in case he regresses.

(Valerie, age 48)

Wasted Time

Closely allied to the moral use of time, patients were much concerned with the wasting of time by the health care providers. Malcolm expressed his disgust at his general practitioner; (family physician), who, he felt, had been dilatory in referring him for surgery:

I have had a wasted 2 years. It's been getting bigger and more painful. (hernia) I blame my own doctor for this (G.P.) I went to see him almost two years ago. He said he would send me to the hospital. Well I waited and waited. I rang the hospital and they said they had not received any referral. I have not been able to work as efficiently as I did or make any future plans. I'm glad to be here though. They seem to waste no time here.

(Malcolm, age 40.)

Although the patient here is referring to his family doctor his testimony is included because the patient was very watchful of all the activity taking place within the day surgery unit. He seemed to be looking for instances of time –wasting. He was very anxious that no more time should be wasted. He appeared to be reassured as he watched the speedy activities of the pre-operative assessment clinic.

However some patients were concerned at the waste of time they felt they were enduring whilst on the day surgery unit. They were not prepared to countenance any waiting time at all:

Why bring us all in at 7.30 am? You would have thought they could have staggered it a bit? I could have been doing something useful at home instead of just waiting on the ward. I mean I didn't go down to theatre until 12.30. That's a long time to be sitting doing nothing. (Kevin, age 40).

The long wait on the ward on the day of surgery has been noted as a cause of concern by other researchers (Freeman and Denham, 2008; Gilmartin and Wright, 2009).

Patients suggested other more meaningful activities they could have been doing if they had been able to delay their admission for a few hours:

If I could have come for 10 o'clock instead of eight then I could have taken the children to school (Maria, age 28).



Hall, (1984), states that monochromic time, which is the principal form of western time, is seen as a straight line, extending from past to future. The line is broken into compartments such as years, months, days, and hours. Westerners believe that time is an empty container waiting to be filled; the container moves along as though on a conveyor belt. If time is wasted the container on the belt passes by only partly filled and the fact that it is not full is noted (Hall, 1984). If individuals feel that their time is being wasted due to some others' (either individual or institutional) negligence, then resentment is felt:

I have more to do with my time than sit around for hours. I was there from 7.30 am and by 12.00 I was still waiting for surgery. I mean that was just empty time. I postponed an important meeting with my lawyer. I needn't have done that. (Sam, aged 49).

Wealth and status in modern capitalism depends on the capacity to accumulate resources and waiting is the opposite of this: it is simply empty time (Moran, 2007). However some patients were grateful for some empty time. George, a physics teacher, said he was happy to catch up on his reading. He quickly filled up his empty time with an activity of value to himself. However many patients were uncomfortable with long waits on the day surgery unit as they were expecting a fast service, just as when long queues form at McDonalds, customers become agitated. This, Ritzer says, illustrates the irrationality of a rational system (Ritzer, 2000).

#### *Time as a conveyor belt*

The conveyor belt aspect of day surgery was mentioned by patients several times. Most patients accepted this approach and expressed satisfaction that they felt it was an efficient service. George and his wife, Susan, illustrate the satisfaction felt by the majority of patients:

I think it's fantastic. Even though it is a bit conveyor-beltish.

We are really pleased with it. Lets you get back to normal quickly.

(Susan, wife of George, age 70)

Some patients found the notion of a smooth running conveyor belt was reassuring:

I was worried about the operation but the surgeon told me they are “two a penny” You are doing them all the time....its like roll on roll off. I must say I felt a lot better after that...I mean if it’s so common.....if the doctors are so used to doing them.....then chances of anything unexpected happening are pretty remote aren’t they?  
(Sheila, age 70)

In stark contrast to this view was James, a 42 year old businessman. James was not quite so happy with the conveyor belt approach to day surgery:

I felt very uncomfortable with what they call the rush factor. No sooner had I woken up when they (the nurses) were saying “do you feel like getting out of bed? I felt like saying “Hang on a minute! I’ve just been split open, and have only just come to my senses after the anaesthetic!”  
I felt the whole experience was like going shopping for a washing machine. You go in the store and want to look at 10 washing machines but the assistant is looking at his watch and saying its minutes to closing time so can you just look at one and make your mind up quick.  
(James, age 42)

Joyce also was dismayed by this dehumanising aspect of day surgery.

“I was lay on this narrow trolley (gurney). It was so uncomfortable. I just felt like a vegetable on a conveyor belt. Once the surgery was over they couldn’t wait to get me out. Day Surgery ought to be banned” (Joyce, age 40)

Joyce and James described a major irrationality of the McDonalds’ process: the dehumanisation of both workers and customers . Because of the speed of the service and hasty discharge these patients felt that their individual needs were not being met and that the aim of the staff was to push them through the process as quickly as possible. In this system, workers and customers can feel alienated as personal interaction is limited (Ritzer, 2004).

However it must be stated that generally patients were surprised at the quality of the relationships that they managed to form with the nurses in these two day surgery units within a short space of time. Data from this same study demonstrated that the nurses

had managed, on the whole, to humanise the day surgery process against all the odds (Mottram, 2009). Colin, in common with the majority of patients, was impressed with the speed and efficiency of the day surgery unit. He compared it with going for a meal at McDonalds (restaurants) and said the whole of health service provision should be managed like McDonalds:

You know exactly what you are getting when you go to McDonalds.  
You know its going to be clean. That's what day surgery was like. But  
when I was an in-patient that was terrible ...all the waiting. The toilets  
were filthy. Why can't they clean them every hour like they do at McDonalds?  
(Colin, age 54).

Colin found his day surgery experience more congenial than his experiences as a hospital in-patient. The service he received in day surgery was quick, clean and efficient. His in-patient experience was one of slowness, waiting and uncertainty. There were many other instances where patients alluded positively to McDonalds:

When I am out and about with the kids we always go to McDonalds. Its  
quick, it's clean and you know what you are going to get.  
There are no long menus to explain to the kids. No surprises.  
That was what day surgery was like. Everything happened like they said.  
(Carol, age 37)

With many press reports of hospital acquired infection it is little wonder that cleanliness was very important to patients and was often a major reason for patients' preference for day surgery: the shorter time you are in the less time you have to acquire an infection.

Derek, a free lance journalist, was very rational in his preference for day surgery:

I see my body as a machine. I just need refuelling every few hours; very  
occasionally I need some repair work. I think coming here is like a "pit-stop."  
A bit of work done then I'm back on the road! (Derek, age 38)

## **Discussion**

The above data demonstrates that day surgery with its emphasis on speed and efficiency is a rational choice for the majority of patients in the twenty-first century.

The core category of “Time” emerged forcefully from the data. Patients wanted minimal disruption to their lives. They wanted to maintain control over themselves, their timetables and routines. Integral to the desire for control is the importance of time and speed. The perception of speed was the unique selling point of day surgery. Ritzer’s reflections on the McDonaldization of Society (1996) contribute to the debate on the efficiency requirements of post-modern culture. The four characteristics of efficiency, calculability, predictability and control which epitomise the success of the McDonalds organisation are the same elements that appeal to the prospective day surgery patients. Ritzer (2004) defines efficiency as the optimum method to bring about results with the minimum waste of time, money or effort: where protocols and schedules help to guarantee efficient work. In the United Kingdom, day surgery depends on protocols and schedules. Following these, patients are streamlined so that they pass easily through the day surgery system. Just as McDonalds needs to produce uniform potatoes to make their fries, so too the day surgery units can only work with patients that are at a certain level of fitness. If they had to spend time improving the general health of patients first then the efficiency of the day surgery unit would be undermined. It would not be achieving the amount of day surgery desired by national government and local management. The calculability and predictability of day surgery is appealing. Ritzer suggests that the success of the McDonalds model relies on the fact that individuals prefer a world in which there are few surprises (2004). Day surgery, in the majority of cases, offers few surprises. What is of paramount importance to the patient is that they are in and out of hospital on the same day. This feature offers the patients a sense of control over their surgical experience. Ritzer discusses the control aspect of McDonalds through the use of non-human technologies. There is no doubt that day surgery could not exist without the use of

sophisticated non-human technology. Advanced computer programmes for record keeping and waiting list movement help to maintain patient throughput.

Technological advances in surgical instrumentation and anaesthesia have enabled complicated surgery with minimal assault to the body (Darzi, 2007). It is difficult to see this form of control as being disadvantageous to the patient except in one major area: that minimally invasive surgery has lessened the need, as perceived by health service managers, to provide professional human support following surgery. Advice may be obtained at the end of a telephone line but it may be difficult to get adequate personal professional support (Gilmartin, 2007).

A final feature of McDonalds that merits discussion is the notion that it “puts its customers to work” (Ritzer, 2004:61). In the name of efficiency and speed, McDonald’s customers perform many of the tasks which previously would have been performed by catering professionals , carrying their own food, selecting napkins, ketchup etc. and then clearing away the detritus afterwards. All this is performed in sharp contrast to fully serviced restaurants (Ritzer, *ibid*). Compare this scenario to that of the day surgery patient. Here the care that was previously undertaken by health service professionals is now undertaken by the patients and their families- management of pain, nausea and wound care. In most cases patients and families are willing to accept this. They appear to see this as a “trade-off” between the minimal disruption to their lives against the worry and responsibility of caring for themselves in the post-discharge period.

Ritzer’s theory has not been without its critics. He has been accused of misusing Weber’s theory of rationality (Wynard, 1998); and has been blamed for taking a one dimensional view of the world being subject to “the single logic of rationalization”

(Turner, 2003: 143). It has been suggested that if he had used other perspectives a fuller understanding of the McDonalds phenomenon may have been presented. However Ritzer's work has also been praised for promoting an understanding of the modern world and social conditions that unite daily experience; it may empower individuals against domineering forces such as the de-humanising aspects of rational modern life (Kellner, 1998, 1999). Whatever the critique there is little doubt that Ritzer's work has been a powerful tool for the analysis of certain aspects of modern culture of which health care is a part.

### **Conclusion**

This study adds to the existing body of knowledge surrounding day surgery by presenting rich data from an in- depth study of patients undergoing day surgery, and offers an appreciation of the costs and benefits of a McDonaldized system of healthcare. It explains the popularity of day surgery, against a background of the wider societal desire for speed and efficiency which is closely involved with the saving of time. Day surgery meets these requirements. On most occasions, the population would appear to indulge in fast food rather than a ritual ceremonial feast (Falk, 1994). So too, when people need healthcare they prefer a quick service even though it may be at some cost to them later in terms of taking responsibility for their own post-discharge care. It is important that nurses have knowledge of underlying societal trends in health care to enable them to provide an holistic service. By being aware of the mechanistic approach of the McDonalds process it offers the opportunity for day surgery staff to reflect upon the service that is offered and to strengthen the human interaction between nurse and patient, which may so easily get lost in an industrialised system of health care. The providers of nurse education must ensure that nursing programmes incorporate the changing nature of surgical nursing into the

curriculum as there is some evidence to suggest that it receives scant attention in undergraduate programmes (Mitchell, 2006). In further need of consideration is the ambiguity that the speed of day surgery may present for the patients. It has implications for the way that patients may perceive the sick role, for example there is some evidence to suggest that patients may underestimate the seriousness of their condition and return to employment too soon thus causing complications to arise (Minatti et al, 2006). This has implications for information provision and education of patients by day surgery personnel.

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The study was approved by the Local Research Ethics Committee

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