

ATTITUDE OF THE PATIENTS WITH DIGESTIVE TRACT SURGERY TOWARDS INFORMATION NEEDS DURING THE PERIOPERATIVE CARE

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Key words: information needs, decision making, digestive tract surgery.

Summary

In Lithuania, still not enough attention is paid to patients who are under the conditions of digestive tract surgery, perioperative rehabilitation and social integration. There is a lack of reasonable patient-oriented disease-related information about procedures, problems, complications and vital skills for hospitalized and discharged patients to obtain. Realizing what these patients know, need to know and from whom they should receive information is essential to ensure both quality care and decent everyday life. The purpose of the study was to explore patients' information needs before or after digestive tract surgery in order to find out the ways how to met those needs.

Methods. Qualitative descriptive study design was conducted. Patients over 18 age old (n=52) have participated in the interview during their hospitalisation. Data were collected in three big Klaipeda city hospitals. Data were analyzed by using content analysis and SPSS (IBM SPSS Statistics 20) analysis. All ethical standards were obtained.

Results: patients lack knowledge about nursing and treatment; they would like to be included in the processes of nursing and treatment. Patients are not included in nursing planning process. Patients would like to have the opportunity to choose nursing and treatment. Patients need information about their disease symptoms management and self-care at home after surgery. Patients should be provided with all important information in writing.

Conclusion. According to patients with digestive tract surgery, they do not but they would like to get

information as well as be involved in the process of making solutions concerning their nursing and treatment.

Developing recommendations the medical staff (nurses and physicians) should take into account their need for information and the opportunity to choose their nursing and treatment.

Introduction

Patients can play a distinct role in protecting their health, choosing appropriate treatments for episodes of ill health and managing a chronic disease. Considerable evidence suggests that patients' engagement can improve their experience and satisfaction and can also be effective clinically and economically (1). Patients' rights, such as participation in decision making and health literacy should be taken into consideration in Community health policy (1).

Patients' experience is a focus in the health care arena today. Deep engagement in shared decision making is not only desired by people but is a core component of their experience as patients. Ongoing efforts should focus on the importance of measuring and providing what is important and meaningful to patients. People are particularly receptive to conversations about medical evidence in the context of discussions with a trusted, expert health care provider who takes their goals and concerns into account (2). To engage patients as equal partners in shared decision making, a strong effort is needed to improve understanding of the important role of medical evidence. Most patients cannot recall the time when their care provider discussed with patients scientific evidence as the basis for better care, (2), yet, a majority of patients do want to know and talk about the options that are available to them—regardless of whether they ultimately make the final decisions regarding their care (3). It was found that patients' health care providers in-person communication skills are more important to

their satisfaction than access to digital communication such as email and online access to test results and prescription refills, and even more important than the amount of time providers spend with patients (2).

Participation of patients in health care decision-making process is vital for their self-management. Self-management support expands the role of health care professionals from delivering information and traditional patient education to including helping patients build confidence and make choices that lead to improved self-management and better outcomes (4). Health care providers use various interactive tools aimed at improving physical and social discomforts that the patients might experience after a serious operation limiting their life. A collaborative care plan not only focuses on the medical management of the condition but also facilitates negotiation of behavior change necessitated by chronic disease and management of the emotional impact of living with a chronic disease (5).

There is a changing balance in the degree of professional and patient involvement in care. In a less-differentiated society, patients are less willing to accept instructions without explanations. At the same time, it is recognized that many chronic conditions require significant participation of informed patients (6). Given the long-term nature of these conditions, the government and health service providers are engaged in initiatives to develop new ways of supporting people living with chronic conditions to manage their own health. There is an increasing recognition that reduce the risk and improve outcomes which cannot depend solely on the actions of health professionals but are also contingent on the individual's own actions. Support for people to self-care is, therefore, a vital element of any policy to tackle the rising tide of chronic disease (7.)

A growing number of people have one or two chronic conditions as they get older, with 52% of such people younger than 65 years old (8). An important group of causes of death in the European Region, diseases of the digestive system include chronic liver disease and cirrhosis, as well as ulcers of the stomach and duodenum. At the regional level, premature mortality from all digestive system diseases shows an increasing trend. The overall rate reached 25 per 100 000 in 2010: a 30% net increase in the last two decades. The harmful intake of some products, such as alcohol and some processed foods, contributes to these diseases. In Lithuania, the number of deaths caused by digestive diseases was 56.3 per 100 000 in 2010 (9). In 2012, the number of patients having abdominal surgery was 49.3 per 1000 population showing a slight growth from 48.6 in 2011 (10).

Digestive tract surgery is quite long and complex. After this surgery patients usually have to change their eating ha-

bits as well as work and life modes, and they often are to get used to changes in their body. The findings from earlier studies indicate that the patients need a plan the future, help in navigating the healthcare system and the provision of clear and honest information as well as a healthcare system that better overarches the gap between in and out-patient care (1).

Potential problems that may occur after discharge have little chance of getting addressed if not identified during the discharge planning process. Standardized early screening to accurately identify patients at risk for unmet needs after discharge is critical to the development and implementation of a quality discharge plan (12). Concerns about discharge may help to direct patient teaching in preparation for discharge. Teaching literature could include the most common concerns, as well as ways to avoid misinformation about wound care (13).

The most common concerns of patients with digestive tract surgery conditions include the incision/wound care, pain management, activity level, monitoring for complications, symptom management, elimination, and life quality. Because of their clinical knowledge of the perioperative experience, wound, a stoma nurses have a critical role in the development of discharge-educational programs for postoperative patients and caregivers. As unmet discharge needs can contribute to poor patients' outcomes and re-admission; it is critical that clinical staff nurses accurately identify patients' information needs and find ways to meet these needs (14). Awareness of the patients' met and unmet expectations should enable the staff to understand the patients' perspective and improve communication (13).

The purpose of the study was: to explore and evaluate the patients' information needs before or after digestive tract surgery in order to find out the ways how to met those needs.

The tasks were to investigate (1) if patients with digestive tract surgery have any information about decision making of illness treatment; (2) if they participate in decision making process.

Methods

Qualitative descriptive study design was conducted.

Patient selection criteria: patients' age (18+), patients with digestive tract surgery able to understand, speak, read and write in Lithuanian or English. The patients (n=52) were given the structured interview plan. The structured interview plan given to the patients consisted of background information, knowledge and expectations before or after surgery.

The patients (age18+) with digestive tract surgery of three Klaipeda city hospitals participated in the interview.

SPSS (IBM SPSS Statistics 20) and Content analysis was used for data examination. Content analysis, were also statistical calculation has been used to get the final results of th interview.

Patient selection criteria: patients' age (18+), patients with digestive tract surgery able to understand, speak, read and write Lithuanian or English (Parahoo 2006, Kardelis 2012).

Patients' background factors were analysed: gender, previous hospitalization, education level, marital status, place of residence.

Ethical aspects: A written consent form was obtained from each patient, who participated in the research, and the approvals of the authorities of the hospitals were also obtained. Patients were informed about the essence of the research and guaranteed that their refusal to participate in the research will not affect their care or treatment in any way. They may also withdraw from the study at any time, if they wish. The information collected was processed statistically and confidentially so that their data will not be disclosed at any stage of the research.

The permission to collect the data was given from all tree hospitals. Resaerch instrument authorizations will be obtained. (World Medical Association Declaration of Helsinki 2008; National Advisory Board on Research Ethics 2009, Lithuanian Bioethical Committee).

Results and discussions

The research was conducted in three Klaipeda city hospitals. The patients (44,2% of men and 55,8% of women)

Table 1. Sample characteristics (n=52)

Gender	N	%
Female	29	55.8
Male	23	44.2
Vocational education		
Primary	4	8.0
Secondary	20	38.5
College level	11	21.2
Academic degree	15	28.8
Missing system	2	
Employment status		
Employed	27	51.9
Unemployed	7	13.5
Retired	16	30.8
Disablement	2	3.8
Place of residence		
Urban	39	75
Rural area	13	2

before or after digestive tract surgery participated in the research. According to the place of residence, 75% of the residents were of urban population and 25% of the residents were from rural areas. 30,8% of the respondents were retirement age patients, 51,9% of the respondents were working people and 13,5% of the respondents were unemployed.

The study tried to find out if the patients were included in the treatment and care planning processes. The investigation also aimed to ascertain whether the patients wished to be included in treatment and care processes. The respondents were given the question if the patients need information about disease symptoms management after having left the hospital and in which form should the information be presented.

According to the investigation results, it was found that 59,6% of the respondents have got information about their disease, 38,5% of the respondents have not got such information, and 1,9% of the respondents answered that they are not interested, i.e. it is not interesting for them. At the same time, 38,5% of the patients answered that they have got information about nursing, while 61,5% of the respondents have not got such information. Concerning information about treatment, 55,8% of the research participants responded positively, while 44,2% of the respondents have not got such information.

The question whether they need information about their treatment was answered positively by 88,5% of the respondents and only 11,5% of the research participants are of the opinion that information about treatment is not necessary.

The study participants were asked if they need information about nursing. 69,2% of the respondents answered positively, however, 30,2% of the respondents answered negatively.

The question whether the patients need information about disease symptoms management was answered positively by 92,3%of the respondents and negatively by 7,7% of the research participants.

The question about the importance of the opportunity to choose treatment was answered positively by 73,1% of the study participants, for 21,2% of the respondents it is not important, 1,9% of the patients do not know. According to the respondents' opinion about the importance of the opportunity to choose nursing, 71,2% of the study participants answered that for them the opportunity to choose care is important, for 23,1% of the patients the choice is not important , 1,9% of the respondents do not know, and 1,9% of the respondents expressed the opinion that it is not necessary to choose nursing.

The study participants were asked if they were included

in their disease treatment planning. 58,8% of the respondents answered positively, the answer of 41,2% of the respondents was negative.

The question whether the patients were included in nursing planning process was answered positively by 28% of the patients, while 72% of the respondents answered negatively.

The question about the necessity of information about self-care at home after surgery was responded positively by 88,5% of the respondents; 11,5% of the investigation participants answered that they do not need such information.

The patients were also asked how they should be given the most important information. 71,2% of the respondents were of the opinion that the information should be given in writing, for 17,3% of the research participants oral information is enough, while 11,5% of the patients would like to get the information both in writing and orally.

In the period of the research it was found that patients with digestive tract surgery have not got enough information about their treatment and nursing. The patients wish to be included in the processes of treatment and nursing. Taking into consideration the respondents' education, it was found that the higher the patients' education, the greater the need to be included in treatment/nursing processes. Besides, the demand for information is more relevant for patients with higher education. The question whether they need information about nursing was answered positively by 81% of the research participants with higher education, 70% of the investigation participants with secondary education, and 50% of the research participants with primary education. In comparison with other studies, patient literacy affects patient information needs. It is important that the patients are adequately provided all information with respect to their education (literacy) levels, and that they could have the opportunity to participate in their nursing process with all their personal responsibility which would result in improved postoperative period and the patients would be included in the whole process as equal members of the team. Including patients into treatment/nursing processes is vital as for the patients their eating and in some cases even life (patients with stoma) habits are changing. It is important that the patients are given the necessary information clearly and understandably so that if any questions about their health symptom management arise all the information would be accessible for them and they could easily get it by reading special literature or finding it in the internet, or by using the corresponding phone line. During the investigation it was found that older people have more confidence in media, while younger people tend to find the information needed in the internet. However, there is a lot of informa-

tion online which is hard to control so the patients might easily encounter with the danger to read false information and in this way to undermine their treatment/nursing processes. That is why it is very important to adapt the whole information about treatment/nursing processes to the patients taking into consideration their personal disease, age, sex and education.

Further investigation is necessary to find out what information about nursing patients need: in which period and what information is most relevant for the patients with digestive tract surgery.

Comparing the urban and rural population information needs about nursing significant difference was not detected: 84% of the respondents of rural population and 64% of the respondents of urban population do need the information about nursing.

The question in what way the patients would like to get the information was answered by the respondents as follows:

(according to sex) 75.9% of the women and 62% of the men would like to get the information in writing; 13.8% of the women and 21.7% of the men would like to get oral information, and 10.3% of the women and 13.0% of the men would like to get both written and oral information.

Conclusions

1. Patients lack knowledge about nursing and treatment; they would like to be included in the processes of nursing and treatment.
2. Patients are not included in nursing planning process.
3. Patients would like to have the opportunity to choose nursing and treatment.
4. Patients need information about their disease symptoms management and self-care at home after surgery.
5. Patients should be provided with all important information in writing.

References

1. Coulter A, Parsons S, Askham J. Where are the patients in decision-making about their own care? *Health Systems and Policy Analysis*. 2008; 1-5.
2. Alston C, Paget L, Halvorson G, Novelli B, Guest J, McCabe P, Hoffman K, Ch Koepke, Simon M, Sutton Sh, Okun S, Wicks P, Udem T, Rohrbach V, Von Kohorn I. Communicating with patients on health care evidence. Discussion Paper, Institute of Medicine of the national academies. 2012; 11.
3. Flynn KE, Smith MA and Vanness D. A typology of preferences for participation in health care decision-making. *Social Science and Medicine*. 2006; 63(5):1158-1169.
4. Coleman MT and Newton KS. Supporting self-management in

- patients with a chronic illness. *Am Fam Physician*, 2005; 72: 1503–10.
5. Fuller J, Harvey P. and Misan G. Is client-centred care planning for chronic disease sustainable? *Health Soc Care Community* 2004; 12: 318–26.
 6. Nolte E McKee M. *Caring for people with chronic conditions*, Open University Press, Open University Press England 2008; SL6 2QL: 64-92.
 7. Singh D. Evidence about improving care for people with long term conditions. The University of Birmingham and Surrey and Sussex PCT Alliance. 2005; 47-71.
 8. World Health Organisation. 2012.
 9. The European health report. (2012). Charting the way to well-being. http://www.euro.who.int/__data/assets/pdf_file/0004/185332/The-European-Health-Report-2012,-Executive-summary-w-cover.pdf
 10. Lithuanian Ministry of Health, Health Information Centre of Institute of Hygiene Health Statistics of Lithuania. 2012; Vilnius.
 11. Malmström M1, Ivarsson B, Johansson J, Klefsgård R. Long-term experiences after oesophagectomy/gastrectomy for cancer—a focus group study. *Int J Nurs Stud*. 2013 Jan;50(1):44-52.
 12. Lorig KR, and Holman H. Self-management education: history, definition, outcomes, and mechanisms. PMID:12867348 *PubMed Ann Behav Med*. 2003 Aug; 26(1):1-7.
 13. Pieper B, Sieggreen M, Nordstrom CK, Freeland B, Kulwicki P, Frattaroli M, Sidor D, Palleschi MT, Burns J, Bednarski D. Discharge knowledge and concerns of patients going home with a wound. *J Wound Ostomy Continen Nurs*. 2007 May-Jun; 34(3):245-53; quiz 254-5.
 14. Pieper B, Sieggreen M, Freeland B, Kulwicki, Pauline F, Madelyn S, Deborah P, Maria T; Burns J, Bednarski, D, Garretson B. Discharge Information Needs of Patients After Surgery. *Journal of Wound, Ostomy & Continence Nursing*: May/June 2006; 33(3):281–290.
 15. Kardelis K. Mokslinių tyrimų metodologija ir metodai, (2007).

**PACIENTŲ, SERGANČIŲ CHIRURGINĖMIS
VIRŠKINIMO TRAKTO LIGOMIS, INFORMACIJOS
POREIKIO VERTINIMAS
PERIOPERACINIŲ PERIODŲ**

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Raktažodžiai: informacijos poreikis, sprendimų priėmimas, virškinimo trakto operacija.

Santrauka

Lietuvoje nepakankamai dėmesio skiriama pacientams, kuriems buvo arba bus atliekama virškinimo trakto operacija. Ne

visi pacientai įtraukiami į gydymo bei slaugos planavimo procesus. Informacijos poreikis gana reikšmingas procesas tolimesniuose gydymo bei slaugos etapuose. Kiekvienas pacientas supranta ir priima informaciją skirtingai, todėl labai svarbu išsiaiškinti, kokia pacientui informacija ir kuriame gydymo, slaugos etapuose yra reikalinga.

Tyrimo tikslas - išsiaiškinti pacientų informacijos poreikį prieš arba po virškinimo trakto operacijos; išsiaiškinti būdus, kaip patenkinti tuos poreikius. Tyrimas buvo atliktas Klaipėdos miesto ligoninėse, dalyvių amžius 18+, dalyviai – pacientai prieš arba po virškinimo trakto operacijų. Prieš atliekant tyrimą buvo kreiptasi į sveikatos priežiūros įstaigos vadovus, supažindinant juos su tyrimo tikslu ir klausimynu, kad būtų užtikrintas tyrimo etikos principų laikymasis. Gautas įstaigų vadovų sutikimas atlikti tyrimą. Tyrimo duomenų rinkimas vyko laikantis etinių standartų, informantams garantuojami anonimiškumas, konfidencialumas, privatumas, savanoriškumas, sutikimas.

Savanoriškumo principas. Respondentai tyrime dalyvavo savo noru. Kiekvienas dalyvavęs turėjo užpildyti bei pasirašyti sutikimo dalyvausti tyrime dokumentą. Kiekvienas respondentas turėjo teisę atsisakyti dalyvausti tyrime, o prasidėjus tyrimui bet kuriuo momentu, neaiškinant priežasčių, nutraukti savo dalyvavimą tyrime.

Anonimiškumo principas. Tiriamųjų anonimiškumas garantuotas, siekiant respondentų pasitikėjimo tyrėju. Anonimiškumo garantijos respondentams užtikrinamos neminint įstaigos, kurioje gydomi apklausiamieji bei užtikrinant, kad tyrimo metu gauti rezultatai bus naudojami tik apibendrintoje formoje.

Tyrime dalyvavo 52 pacientai prieš arba po virškinimo trakto operacijos. Tyrimo lytis nėra homogeniška lytiškumo požiūriu.

Tyrimo dizainas konstruotas atsižvelgiant į apibrėžtą tyrimo objektą ir derinant kokybinio tyrimo būdą bei pusiau struktūruoto interviu tyrimo metodus. Statistinė duomenų analizė atlikta naudojant SPSS (IBM SPSS Statistics 20).

1. Pacientams trūksta žinių apie slaugą, gydymą, jie norėtų būti įtraukti į slaugos ir gydymo planavimo procesus. 2. Pacientai neįtraukiami į slaugos planavimo procesą. 3. Pacientai norėtų turėti galimybę pasirinkti slaugą ir gydymą. 4. Pacientams reikalinga informacija apie ligos simptomų valdymą ir savirūpą namuose po chirurginio gydymo. 5. Pacientams visa svarbi informacija turėtų būti pateikta raštu.

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