

INFORMATION NEEDS OF DIGESTIVE TRACT SURGERY PATIENTS BEFORE AND AFTER SURGERY: AN EXPLORATORY STUDY OF WESTERN LITHUANIA

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A – study design, **B** – data collection, **C** – statistical analysis, **D** – interpretation of data, **E** – manuscript preparation, **F** – literature review, **G** – sourcing of funding

ABSTRACT

Background: Information has a distinct value for operative care from the perspective of both the patient and the professional.

Aim of the study: The aim of this study was to describe the information needs of patients undergoing gastrointestinal surgery in western Lithuania.

Material and methods: The data was collected from patients at three Klaipeda city hospitals performing digestive tract surgeries from January through March 2015. The interview responses (n = 86) were analyzed inductively with thematic content analysis.

Results: The interviews revealed a lack of information about disease, treatment and nursing care. The participants expressed fear and worries about their forthcoming surgery, anesthesia, pain, methods of pain management, possible complications and their prevention as well as their prognosis.

Conclusions: The results show that the participants lacked information about treatment, nursing, anesthesia, rehabilitation, wound care or about post-surgery period. Instead they felt fear and anxiety. The participants were excluded from treatment and nursing processes. According to the participants, their information needs were different before and after the surgery. Lack of information prevents patients from acting self-dependently in their care.

KEYWORDS: information needs, digestive tract surgery, patients' education

BACKGROUND

Information has a distinct value to operative care from the perspective of both the patient and the professional. Communication between professionals and patients has been changing and the trend is to give increasing responsibility to the patient [1]. Understanding information about their disease and treatment helps the patient make treatment decisions, supplement information or advice provided by a health professional, manage their own health or health conditions, troubleshoot symptoms, provide a second opinion, modify health and lifestyle behaviors, enhance interactions with their healthcare providers, decide if a visit to the doctor is necessary, choose a healthcare provider, prepare for con-

sultation, clarify or validate information received from another source, increase knowledge of their disease or medical condition, identify the underlying causes of a condition, seek alternative treatment options, take charge of one's life, and seek emotional support [2].

For patients it is crucial both before and after an operation to have the relevant information, so that they can act in their own care and feel empowered [3]. Individuals with different diseases seek information about their specific situation, illness, treatment plan, alternative treatment, and prognosis [2]. Information provided to patients is important for their empowerment and enablement because it helps create a supportive environment, develop personal skills [4] and

strengthen patients' sense of control and self-efficacy [5]. It is important to notice that patient needs are specific to their individual clinical situation and patients with different diseases have different desires for information about their disease and their treatment which may influence the way they manage their long-term disease [2]. The aim of this study was to identify the informational needs of patients undergoing digestive tract surgery in Western Lithuania.

METHODS

The data was collected from patients at 3 hospitals of Klaipeda city in the period January-March 2015. The inclusion criteria for the participants were as follows: age 18 or above, before or after digestive tract surgery, ability to understand, speak, read and write in Lithuanian or English. 86 patients participated in the interview during their hospitalization. The topic list (formed in the pilot study) covered information needs about treatment, the surgery itself, nursing, anesthesia, nutrition, rehabilitation, wound care, physical activity, fear and anxiety. Participants responded to a structured interview based on the topic list.

In the data analysis, the answers were divided into the following categories: information concerning oneself, fear and anxiety, and surgery and care. The interview responses were analyzed inductively with thematic content analysis. The main issue was to describe the logic underlying how categories, subcategories and themes were abstracted, understood and connected to the aim and each other. Respondent answers were grouped into subcategories of "time" in which the following questions were attributed: how long the surgery will take, when the surgery will finish, and other questions connected with time. Questions connected with surgery technique were placed in the subcategory "technique", i.e. how will the surgery be performed, will a wide surgery cut, how many sutures will there be, is it a complicated surgery, etc. Questions related to fear and anxiety were placed in the subcategory "being, feeling", i.e. is it a dangerous surgery for one's age, will the patient feel pain after the operation, could the patient die during the surgery, etc. The questions of the subcategory about "time", "technique" were attributed to the infor-

mation concerning the surgery and care, the questions of subcategories "being, feeling" were attributed to the category of fear and anxiety, while the questions emphasizing oneself, i.e. what medicine the patient will have to take, how to prepare oneself for the surgery, and others were attributed to the category concerning oneself.

The used coding unit was either a word or a phrase. The coded responses were divided into meaning units after thorough reading of the codes. The meaning units were then divided into sub-themes and further gathered under themes [6].

RESULTS

Three main themes were seen in participant answers: information concerning oneself, concerning fear and anxiety, and information concerning the surgery and care.

CONCLUSIONS

The participants lacked information about treatment, nursing, anesthesia, rehabilitation, wound care and about post-surgery period because of which it is possible to assume they feel anxiety. The participants did not receive enough information and they were not included into treatment and nursing processes. The information needs of the participants were different before and after surgery. The benefits of additional information might result in increased patient involvement in decision-making and their ability to cope with stressful circumstances during the diagnosis, operation, and post-operative phases, adaptation to a diet and a stoma. It might also contribute to anxiety relief, reduction in mood disturbances, and better communication with family members.

PRACTICE IMPLICATIONS

The participants lacked information about their treatment. Knowing what questions are important to the patients, the medical staff could prepare information leaflets, educational plans or something else where the patients will get answers to the most frequent questions they are anxious about.

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