



Redefinition of life experience following Total Hip Replacement: Analysis of narrative as performance

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Abstract We drew on a case study research design and used the method of narrative as performance to illustrate how individuals reinterpret life experience following Total Hip Replacement (THR) including how they change their understanding of self and create different identities for themselves through interaction.

Two narrative accounts were selected from the pool of interview accounts generated in the first part of the study. A linguistic approach (Gee, 1991) was used to represent the interview transcriptions. The data were analysed using narrative positioning and grammar of helplessness.

Two different stories were created. One had a temporally ordered narrative with detailed description of significant past moments. In the other story, however, the participant narrates an overall experience and seeks to highlight the reasons underpinning his experience of hip and THR.

Our analysis showed that understanding of the experience of THR relies mostly on the structure of the narrative in which context and interaction process play significant roles. The findings of the study may have important implications for improving patient–professional communications and evaluating health outcomes.

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Editor comments

This article demonstrates how patient narratives hold rich data for those who are able to extract it. So many times in our busy working lives patients will say things about their experience that we don't process or recognise as important till after the event. This fascinating work reveals how the authors used such narrative events to explore the meaning of the pre and post-operative phase following total hip replacement and how patients adjust to their new lives

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Background

Patient Reported Outcome Measures (PROMs) are being used to measure the quality of services from the patients' perspective within the NHS. The Department of Health encouraged the use of PROMs initially in four clinical procedures, hip and knee replacements, hernia and varicose vein surgery. It was mandated that all providers of NHS funding care should collect PROMs in these areas from the first of April 2009. The health status information collected from patients by way of PROMs questionnaires before and after an intervention was expected to provide an indication of the outcomes or quality of care delivered to NHS patients (NHS Information Centre, 2011).

PROMs purport to measure a patient's health status or health-related quality of life. They are typically short, self-completed questionnaires, which measure the patients' health status or health related quality of life at a point in time. They are receiving a higher profile in both clinical and the political context and it is suggested that may have an impact on commissioning (Fitzpatrick et al., 2006; NHS Information Centre, 2011). Most health care systems whether financed through insurance companies or governmental bodies have developed increasingly explicit approaches to the commissioning of services which are based on an analysis of the health needs of a community and designing, specifying and procuring health delivery services within the resources available.

A patient's experience will be influenced by their personality, experience, outlook expectations, knowledge and background. Listening to how patients describe their personal situation demonstrates that similar experiences can be construed differently. Additionally, the views of the individual change over time. The research we detail here would support the relation between patient health outcomes and communication skills in medical encounters and would stress that it is through patient-professional communication that we can determine whether outcomes are perceived as valuable by patients. When health outcomes are

identified through communication between patients and professionals, it is more likely that the individual needs of patients are taken into consideration.

This paper examines the different narrative techniques used by patients in coming to terms with changed situations. In our previous paper we explored the reinterpretation of life experience following Total Hip Replacement (THR) by applying a model of coding (Coffey and Atkinson, 1996) to the content of 29 participants' narrative accounts. In other words, we summarized their stories and focused on "what" the participants said and showed how by using coping mechanisms people reinterpret their life experience at different time points following THR (Nasr et al., 2012). We showed that the participants in our study used different coping strategies not to overcome the challenges of pain and functional limitations but to adjust to the negative effects of pain and disability. It was suggested that the findings might have implications when using PROMs over time. By considering the process of reinterpretation of life, the observed longitudinal change in patients' status measured by the PROMs can not only be attributed to the intervention but also to the psychological mechanisms that may trigger a number of behavioural, cognitive and affective processes. For example, by reordering their life goals and their expectations participants in our study created a new insight of functioning and shifted their values from uncontrollable aspects of their lives towards values within their control.

In this paper, in a move to further extend our understanding of the reinterpretation of life following THR, we use the method of performance of narrative to illustrate "how" people talk about their experiences following THR and subsequently to show how they change their understanding of self and create new identities for themselves in relation to the context and interaction. We analysed their stories by examining how they wanted to present a public face through their stories they constructed with their audience and how they revealed a preferred self and identity

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