

Attitudes Toward Neurosurgery in a Low-Income Country: A Qualitative Study

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■ **OBJECTIVE:** To adapt a study exploring the needs of neurosurgery patients in a tertiary care hospital in Canada to examine, for the first time, the perspectives of neurosurgery patients in a low-income country with limited health care resources.

■ **METHODS:** Semistructured interviews were conducted with 25 neurosurgery patients at Tikur Anbessa Specialized Teaching Hospital in Addis Ababa, Ethiopia. Interviews were conducted in Amharic or Oromo, translated into English, and subjected to modified thematic analysis.

■ **RESULTS:** The following 5 themes emerged: 1) With limited resources, many patients did not seek information outside of that obtained during the clinical encounter. 2) Patients valued direct verbal communication and deferred to the surgeon's authority. 3) Religion played an instrumental role in patient attitudes toward surgery. 4) Most patients did not feel anxious about surgery. 5) A few patients did not inform family members about their medical condition.

■ **CONCLUSIONS:** Qualitative research methodology in neurosurgery can be successfully adapted from resource-abundant to resource-poor contexts. In low-income countries, patients are faced with limited options for self-education and self-empowerment, and fatalistic and paternalistic attitudes may be prevalent. Local cultural values and expectations can influence practice differently than they do in resource-rich countries.

Historical evidence of neurosurgical interventions dates back to the Mesolithic era, before the development of written language (21). In addition to its renown in the annals of history as one of the oldest practiced disciplines in medicine, neurosurgery today deals with some of the most critically ill patients, most complex surgeries, and dire surgical outcomes. Faced with the daunting prospect of neurosurgery, patients may confront strong feelings of anxiety (25). An attempt to try to understand these emotional sequelae from the perspective of the neurosurgery patient amounts to almost an ethical imperative. As a consequence, previous studies have explored in greater detail the psychological and material needs of neurosurgery patients (14, 25, 27, 35). For example, a previous study by Bramall and Bernstein (11) examined the information needs of neurosurgery patients and provided recommendations for improving information provision, such as offering patients written records of consultations. However, all of these studies were completed with patients in high-income countries with relatively abundant health care resources. To date, there have not been any studies examining attitudes toward neurosurgery in resource-poor contexts.

To explore attitudes toward neurosurgery in a resource-poor setting and to determine the validity of adapting a qualitative study from a high-income to a low-income context, interviews were conducted with neurosurgery patients at Tikur Anbessa Specialized Teaching Hospital (TASTH) in Addis Ababa, Ethiopia. In Ethiopia, there are only 4 practicing neurosurgeons, yielding a neurosurgeon-to-population ratio of about 22 million to 1 based on current population estimates. Ethiopia has one of the lowest health care expenditures per capita in the world (4). TASTH is the largest referral and tertiary level teaching hospital in Ethiopia. A committed neurosurgery program initiated in 2006 in affiliation

Key words

- Developing countries
- Ethiopia
- Neurosurgery
- Qualitative research

Abbreviations and Acronyms

TASTH: Tikur Anbessa Specialized Teaching Hospital



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with TASTH (33) is now responsible for training 21 neurosurgery residents.

The data presented here summarize major themes arising from interviews with Ethiopian neurosurgery patients. The resulting work contributes to enhancing our understanding of common attitudes toward neurosurgery in the context of a low-income country with limited health care resources. Valuable lessons are provided for neurosurgeons from developed economies interacting with patients in resource-poor contexts, where divergent cultural values and expectations may exist. Finally, this investigation is the first example of a qualitative study examining the attitudes of neurosurgery patients in Africa. The outcome shows that qualitative studies from high-income countries may be successfully tailored to resource-limited contexts to provide valuable information about the subjective experiences of neurosurgery patients across the globe.

METHODS

Study Design, Setting, and Participants

Qualitative semistructured interviews were conducted with patients in the neurosurgery clinic at TASTH, Addis Ababa University. Patients from all parts of Ethiopia are referred to TASTH for neurosurgical care. Study participants were recruited from the neurosurgery clinic at TASTH by one of the authors (H.D.) and included preoperative, postoperative, and nonoperative patients. Patients were considered for inclusion in the study if they were without major cognitive deficits, regardless of demographic factors or clinical presentation.

Data Collection, Analysis, and Sample Size

Over two 1-week visits to TASTH, from November 24–December 1, 2012, and March 16–23, 2013, H.D. as an independent assessor conducted 25 semistructured, open-ended interviews. Questions were intended to be open-ended to explore a greater breadth of possible responses. A total of 25 interviews is a sufficient number to achieve data saturation, a qualitative research concept to describe the point at which no new themes arise during successive interviews. Questions were based on an interview guide (Appendix 1); however, patients were free to elaborate on ideas as they arose. Interviews were audio-recorded in Amharic or Oromo and transcribed and translated into English. Demographic data, including age, educational attainment, religion, marital status, place of residence, and diagnosis, were collected. Transcripts of audio files translated into English were analyzed by open and axial coding, which breaks down information into common ideas and groups the data according to overarching themes (30), and analyzed by the authors.

RESEARCH ETHICS

After explaining the risks and benefits of participating in the study, written informed consent was obtained. If patients were unable to provide written consent, explicit verbal consent was attained instead. Participation in the study was voluntary, and patients were aware that their decision to participate would not affect the medical care they received. All patient information was

kept strictly confidential. The study was approved by the Internal Review Board at TASTH and Addis Ababa University.

RESULTS

Patient Characteristics

Interviews were completed with 25 patients in the neurosurgery clinic at TASTH in Addis Ababa, Ethiopia, recruited using convenience sampling over two 1-week periods separated by 4 months. Patients presented with neurosurgical complaints ranging from back pain to intracranial tumors, and interviews included preoperative, postoperative, and nonoperative patients. The demographics of study participants are shown in Table 1. The average age of participants was 51 years with a male-to-female ratio of 3:2. Analysis of interviews yielded 5 major themes. Selected quotes from interviews are provided to illustrate these themes.

Table 1. Demographic Characteristics of Study Participants

Characteristic	Value
Age (years)	
Average	51
Range	18–91
Gender	
Male	15
Female	10
Place of residence	
Addis Ababa	17
>100 km outside Addis Ababa	8
Marital status	
Married	17
Single	6
Divorced or widowed	2
Religion	
Christian	21
Muslim	3
Unknown	1
Education	
≤6th grade	7
6th–12th grade	6
>12th grade	4
Unknown	8
Surgical status	
Preoperative	10
Postoperative	9
Conservative management	6
Values are numbers unless otherwise noted.	

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