

Patterns of Changes in Patients' Postoperative Recovery From a Short-Term Perspective

Angelica Forsberg, MSc, RN, CCN, Irene Vikman, PhD, RPT, Britt-Marie Wälivaara, PhD, RN, Åsa Engström, PhD, RN, CCN

Purpose: To explore patterns of changes in patients' postoperative recovery over 1 month within different surgery groups.

Design: A quantitative longitudinal survey design was used.

Methods: A standardized questionnaire was used ($N = 167$ patients); the postoperative recovery profile for self-assessment of recovery. The postoperative recovery profile developed for hospitalized patients contains 17 items distributed over five dimensions: physical symptoms, physical function, psychological function, social function, and activity.

Findings: Overall, orthopaedic patients perceived a lower recovery than general surgery patients. All major surgery groups and subgroups except for joint replacement patients indicated significant systematic changes toward lower levels of problems. The orthopaedic patients assessed their psychological functioning as impaired, and the gastric bypass group was the most recovered.

Conclusions: The patients' expectations should be charted initially, and patients should be given realistic information to achieve a realistic hope for a good life in the future. A patient's recovery trajectory may not start after the surgery is completed. Rather, it has already commenced before surgery.

Keywords: recovery, changes, patterns, orthopaedic, general surgery, acute, elective.

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WHEN A PATIENT has to undergo surgery, this event may change the nature of life temporally or long term depending on the recovery progress.¹ New anesthetic and surgery techniques and prioritizing of health care resources have resulted in shorter hospitalizations and earlier home discharges for patients.² After an elective general sur-

gery procedure such as a gastric bypass (GBP)³ or an acute orthopaedic surgery procedure,⁴ patients have experienced the first months after surgery as straining, although in different ways. In general, early recovery experiences have been examined with a focus on particular aspects, for example, anxiety or information.⁵ Hence, a patient's individual

Angelica Forsberg, MSc, RN, CCN, is a doctoral student, Intensive Care Unit, Sunderby Hospital, Luleå, Sweden and doctoral student, Division of Nursing, Department of Health Science, Luleå University of Technology, Luleå, Sweden; Irene Vikman, PhD, RPT, is a senior lecturer, Division of Nursing, Department of Health Science, Luleå University of Technology, Luleå, Sweden; Britt-Marie Wälivaara, PhD, RN, is a senior lecturer, Division of Nursing, Department of Health Science, Luleå University of Technology, Luleå, Sweden; and Åsa Engström, PhD, RN, CCN, is a professor, Division of Nursing,

Department of Health Science, Luleå University of Technology, Luleå, Sweden.

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Address correspondence to Åsa Engström, Department of Health Science, Luleå University of Technology, Luleå SE-971 87, Sweden; e-mail address: asa.engstrom@ltu.se.

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experience of recovery originates from interacting factors and must be understood from the contextual perspective of those who have experienced it.⁶ The pattern of individual changes and group changes in a short-term recovery perspective may mirror surgical patients' need for support. Therefore, the present study proposes to explore patterns of changes in patients' postoperative recovery over 1 month within different surgery groups.

Background

The concept of recovery is broad, and it is commonly used in the medical and nursing literature, but it is not always clearly defined. According to the national encyclopedia, the term recovery implies to recycle, for example, to recycle health. Recovery could be viewed as an outcome and a process.⁷ Viewing recovery as an outcome may focus on cure, remission of symptoms or disease,⁸ or mortality rates after intensive care unit stays,⁹ and this type of recovery has also been referred to as clinical recovery.⁸ Viewing recovery as a process has been described as consistent with the complexity and understanding of humans in their environments.⁷ Recovery in this context may imply improvement beyond or even unrelated to symptom remission and could be related to accomplishing and maintaining personal goals and feeling hope.¹⁰ These types of recovery are not mutually exclusive. Recovery can be seen to involve the environment and the person in its wholeness and thus to include external factors as well as internal mechanisms and symptoms.⁷

Postoperative recovery in a short-term perspective can be defined as beginning immediately after anesthesia is completed and lasting until 3 months after surgery.⁶ A number of definitions of postoperative recovery view it as a process of complexity. Postoperative recovery has been defined as the perception of the complete return to one's usual self¹¹ or to one's presurgical baseline or better¹² and an energy-requiring process of returning to preoperative levels of normality and wholeness regarding physical, psychological, social, and habitual functions.¹³

The perception of recovery is individual and relates to a number of factors, such as health status before surgery,¹² type of surgical procedure,¹⁴

and expectations regarding the results of the surgery.¹⁵ In recovery assessment, general postoperative recovery instruments and more disease-specific instruments can be distinguished. General instruments can be used for a wide range of surgery types. Hence, for being appropriate, similar effectiveness in the cure of the underlying condition must be expected.¹⁶ Nevertheless, it is common on a group level to compare broad groups of patients for whom different profiles can be expected within groups.¹⁷ Another risk while measuring general functions is that the questionnaires capture individual variations that are unrelated to the surgery. Poor baseline physical performance has for many years been shown to increase the risks for complications¹⁸ and prolong the recovery after major surgery procedures.¹⁹ Most of the recovery scales that have been developed to date do not include any assessment of the patients' baseline status before surgery, and baseline testing before surgery compared with postoperative values has revealed a wide range of baseline scores.¹² Moreover, patients' perceptions of their quality of recovery after surgery have been shown to be directly related to their satisfaction.²⁰ According to Larsson and Wilde-Larsson,²¹ patient satisfaction can be viewed as an emotional reaction, which has an intuitive appeal; patients have feelings of satisfaction or dissatisfaction. Gornall et al²² considered that poor-quality recovery will impair the satisfaction with care and vice versa. Factors such as less pain as the result of adequate pain relief²³ and less anxiety after receiving proper information²⁴ may affect the satisfaction levels. Forsberg et al²⁵ and Leinonen et al²⁶ identified that the areas for quality improvements in perioperative care were information and participation.

Research on postoperative recovery is commonly focused on clinical recovery from symptoms such as postoperative pain²⁷ and nausea.²⁸ Patient satisfaction as a recovery outcome after specific surgery procedures is also commonly used. Patient satisfaction after hip replacement surgery has been investigated,^{15,29} and patients who were in poor preoperative condition were generally more satisfied after hip replacement surgery.¹⁵ Some studies have also investigated recovery in the day surgery context. Brattwall et al³⁰ found that pain management and procedure-specific information need to be improved. Better patient education for managing pain, constipation, fatigue, and wound

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