

Returning to social life; is there any correlation between nurse assessment and patient experience?

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Background

The Ostomy Forum group is an international project group with a purpose to promote a better quality of life for people living with an ostomy. By use of a standardized Observation index and Follow-up form, ET nurses are enabled to increase awareness of individual patient problems and to provide early detection and appropriate intervention.

Methodology

Eight countries participated in the study and the patients were observed in outpatient clinics. The patients were assessed at intervals of 0-2 weeks, 3-6 weeks, 7-11 weeks and 3-6 months. 53% are female. 66 % are colostomates, 24 % are ileostomates and 10 % are urostomates

Methods of investigation included a standardized Observation Index and Follow-up form (assessment done by the nurse) and developed by the Ostomy Forum group, and the Medical Outcomes Study SF36 (MOS, filled in by the patient) to investigate the social status of 59 ostomy patients (47 non-problematic, 12 problematic). By doing this, the intention is to remove interviewer/nurse bias by allowing the patients to describe their status.

The data was analysed using SAS, v 9.1.2.

Discussion

The psychological factor, resumed/returning to normal social activities after stoma surgery is investigated. In this study social status is identified as either being non-problematic (resumed/returning to normal activity/work, school) or problematic (avoidance/reluctant behaviour). Social rehabilitation represents a challenge to both the patient and the ET nurse and the importance of taking a detailed patient history is paramount.

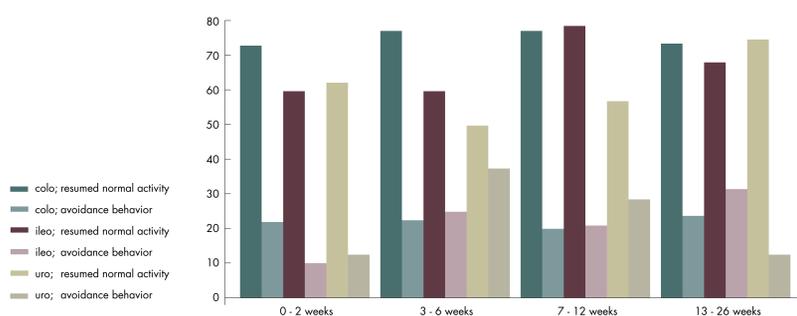
The data suggests differences between the patients and thereby a greater potential of misidentifying problematic social factors. A series of issues related to the patient's psychological and physical health were investigated in an attempt to identify reasons that would explain a patient's social status being assessed by the ET as either problematic or non-problematic. The reasons described by the patients were: available emotional and practical support, health limiting activities, psychological distress, energy, and pain interference of activities.

As shown in the tables, the study found that between nurse characterized problematic and non-problematic patients there were many similarities in the patient self assessments.

This suggests that the patient may not necessarily view themselves as the nurse sees them. Because differences were not readily apparent, a potential for mischaracterizing a patient exists. The one exception to this, in the data, was found for the 7-12 week time period when nurse characterized socially problematic patients also identified themselves as problematic. They indicated significant differences in the emotional, physical, and practical support measures related to social function than their non-problematic counterparts ($p < 0.05$)^A. In other words; for problematic patients things got worse during this time period.

Post-Operative Social Status

- a) resumed or returning to normal soc act/work/school/etc
- b) avoidance or reluctant behavior



How often are each of the following kinds of support available to you?

0 = not at all (minimum),
100 percent=all of the time (maximum)

	0 - 2 weeks		3 - 6 weeks		7 - 12 weeks		13 - 26 weeks	
	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior
Percentage of Maximum Emotional Support	80.7	80.7	81.2	81.6	87.2	72.6	87.3	76.2
Percentage of Maximum Practical Support	87.1	90.1	89.7	81.3	90.8	75.0	87.7	86.7

Emotional support: 4 items
a) someone you can count on to listen when you need to talk
b) Someone to confide in or talk to about yourself or your problems
c) Someone to share your most private worries and fears with
d) Someone who understands your problems

Practical support: 3 items
a) Someone to take you to the doctor if you need it
b) Someone to prepare your meals if you were unable to do so yourself
c) Someone to help with daily chores if you were sick

How much of the time during the past month...

100 percent = all of the time, 0 percent=none of the time

	0 - 2 weeks		3 - 6 weeks		7 - 12 weeks		13 - 26 weeks	
	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior
...has your health limited your social activities	54.9	61.8	40.9	44.7	30.8	64.6	26.5	36

Health and general well being during the past month

100 percent = all of the time, 0 percent=none of the time

	0 - 2 weeks		3 - 6 weeks		7 - 12 weeks		13 - 26 weeks	
	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior
Psychological distress	46.7	42.7	39.2	48.0	33.6	51.8	31.7	35.0
Energy	36.6	38.2	45.5	32.9	55.2	36.9	57.6	40.0
Pain interfering with normal work	51.6	45.5	34.2	36.7	24.0	51.9	20.0	45.0
Pain interfering with enjoyment of life	43.9	50.0	35.0	37.5	21.9	44.2	22.9	25.0

Psychological Distress: 4 items
a) How much of the time in the past month have you been a very nervous person?
b) felt calm and peaceful?
c) felt downhearted and blue?
d) been a happy person?

Energy: How much of the time during the past month did you have a lot of energy?
Pain interference: During the past month how much did pain interfere with
a) normal work?
b) enjoyment of life?

During the past month, have you had any of the following problems with your work or daily activities as a result of your physical health?

Percent responding 'yes'

	0 - 2 weeks		3 - 6 weeks		7 - 12 weeks		13 - 26 weeks	
	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior	Patients who have resumed normal activity	Patients with avoidance behavior
Did you cut down on the amount of time spent on work or other activities	76.1	81.8	55.6	53.3	50.0	76.9	47.1	80.0
Were limited in the kind of work or other activities	78.7	90.9	62.2	73.3	52.0	84.6	50.0	80.0

Conclusion

The assessment of a patient by less than quantitative means is often difficult and sometimes subject to bias. In the characterization of a patient, instead of looking for obvious symptomatic factors, it may be more beneficial to realize that similarities between problematic and non-problematic patients will exist and then ask what is missing? Not all patient observations will be as noticeable as those found during the 7-12 week assessment period of this study. This period is of particular interest and the authors recommend additional investigations into the factors affecting a return to normal social activities to further define the extent to which time from surgery affects outcome/QOL.

A) P-values are not adjusted for multiple comparisons. The authors mention this as an item of interest that warrants further investigation.