#### Title:

Elderly Singaporeans' Perceptions of Undergoing Joint Replacement Surgery: A Qualitative Study

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#### **Session Title:**

Health Promotion in the Geriatric Patient

Slot:

A 07: Saturday, 28 October 2017: 2:15 PM-3:00 PM

**Scheduled Time:** 

2:35 PM

### **Keywords:**

acute hospital, healthcare professionals and joint replacement surgery

#### References:

Gobelet, C., Luthi, F., Al-Khodairy, A. T. & Chamberlain, M. A. (2007). Work in inflammatory and degenerative joint diseases. *Disability Rehabilitation*, 29(17), 1331–1339.

Phua, H. P., Chua, A. V., Ma, S., Heng, D. & Chew, S. K. (2009). Singapore's burden of disease and injury 2004. *Singapore Medical Journal*, *50*(5), 468–478.

Singapore Department of Statistics. (2013). Population trends. Retrieved from http://www.singstat.gov.sg.

# **Abstract Summary:**

This descriptive qualitative study lends insights of elderly Singaporeans perceptions of their perioperative journey undergoing joint replacement surgery to inform healthcare policy, clinical practice and educational curricula amongst healthcare professionals.

# **Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to integrate the knowledge of shared decision making between elderly patients and healthcare professionals in joint replacement surgery.	±
The learner will be able to understand the constant transition of mental and social adjustments of elderly patients facing debilitating pain of severe osteoarthritis as they regained back their lives and physical functionality during the joint replacement journey.	Elderly patients undergo a constant transition of mental and social adjustments during the perioperative journey as they coped with debilitating pain and pinning hopes of regaining back their lives after surgery.

#### **Abstract Text:**

**Background:** The rapidly growing ageing population in Singapore (Singapore Department of Statistics, 2013) is experiencing an increasing incidence of chronic illnesses such as osteoarthritis (Phua, Chua,

Ma, Heng & Chew, 2009), resulting in a multitude of complex physiological, psychological and sociological comorbidities that place a socioeconomic burden on patients, their families and society and contributed significantly to increasing healthcare costs (Gobelet et al., 2007). Total hip and knee replacements can alleviate pain and disability, restore function and improve a patient's quality of life. It is important for the nursing profession to understand and gain insights into the complexity of this chronic condition from the perspective of patients in order to provide targeted physiological, psychological and culturally appropriate nursing care within the Singaporean context. Aim: The primary aim of this study was to explore the perception of elderly Singaporeans undergoing joint replacement surgery. This study specifically sought to examine how elderly Singaporeans mentally and socially adjust in order to cope with their perioperative journeys. Methodology: A descriptive qualitative design was utilised and guided by the premises of the Chronic Care Model (CCM) and Social Cognitive Theory (SCT). Convenience sampling was utilised to recruit 14 elderly participants undergoing total hip replacement and total knee replacement surgeries at a local acute tertiary hospital. Data were collected over the perioperative period using semi-structured interviews over two time points of the preoperative and postoperative periods until data saturation was reached. Thematic analysis was employed with veracity and trustworthiness to ensure the rigor of the analysis. Findings: Eight themes and 21 subthemes emerged from the analysis of each repeated interview. An overarching theme of 'journey to regain life' depicted the three critical phases of the perioperative journey as: 'beginning of pain', 'finding solution' and 'recovering'. The ensuing themes were: 1) a deteriorating, disabled and limiting body wanting a functioning, abled body; 2) gathering information to decide surgery; 3) living in fear, anxiety and uncertainty in anticipation of surgery; 4) receiving information in preparation for surgery; 5) detachment from the body during surgery; 6) adapting to an unfamiliar body: 7) cultural beliefs/practice on the recovering body: and 8) adjusting to a new body and life again. The 'journey to regain life' model depicted the emic perspective of participants' personal beliefs and cultural value systems, which influenced their perceptions, and mental and social adjustments in coping with joint replacement surgery. The multi-ethnicity of the participants underpinned the mental and social readjustments in adjusting to a new body and life. Conclusion: This study identified the need for nursing administrators to review their nursing manpower, specifically the community nursing workforce, and staff training in order to meet the needs of the ageing population, as well as the increasing demands of joint replacement surgery. There is a need to implement structured perioperative patient education to ensure that quality nursing care is both patient- and culture-centric. Lastly, the infrastructure for community resources needs to be set up to support elderly participants undergoing joint replacement surgery in Singapore.