

Participating in health care for total hip replacement patients: an integrative review

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Abstract

In recent years, with the continuous improvement of people's health requirements, the awareness of participating in disease diagnosis and treatment has also been constantly enhanced. Patient's participation has become a hot issue in medical care policies and research practices. This article intends to review the research background of patient participation and necessity, status, form, significance and existing problems of total hip replacement patients' participation in health care in order to provide reference for the promotion participation in practice.

Key words: Patient engagement, Total hip replacement, Necessity, Methods, Problems

Abbreviations: THR, total hip replacement.

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Background

Total hip replacement (THR) is an effective method for the treatment of advanced hip diseases, for patients with hip pain, stiffness and mobility inconvenience caused by various conditions, THR can relieve pain, restore function and improve quality of life [1]. Due to their poor physical fitness, poor environmental adaptability and low body resistance, elderly patients have more complications and high risks. Common complications include nerve and large blood vessel damage, hip stiffness, painful infection, dislocation, prosthesis loosening, thromboembolism [2, 3]. How to maximize the physiological and psychological satisfaction of patients, and reduce the burden on the family and society show us the importance for patients to participate in health care [4]. In recent years, patients have effectively participated in health care activities, which improve the quality of care and ensuring the safety of care [5]. This article intends to review the research background of patient participation and necessity, status quo, form, significance and existing problems of participating in health care for patients with THR.

The research background of patient participation

Since the emergence of the patient rights movement in the late 1980s, patient participation in health care has attracted wide attention in the field of health care [6]. In 2013, the WHO proposed at the European and World Key Medical Issues Conference that the discussion of patient participation in health care is no longer limited to the concerns of "should or not to participate", but rather to the question of "how to participate" [7]. It can be seen that patient participation in medical care has become a requirement. The concept of "patient-centered" has been deeply rooted in people's minds, and the irreplaceable special role of patients in the medical process has gradually been recognized. As the most direct medical activities, patients' role has changed from the passive receiver of medical health care to the active participant and supervisor [8].

The importance of participation in health care after THR

THR is becoming increasingly mature and widely carried out in clinical practice. However, it takes a long time for patients to recover their affected limbs, and they are prone to generate negative emotions such as anxiety and depression. Postoperative complications such as wound infection, pain, deep venous thrombosis of lower extremities, dislocation of joints, pressure

ulcers and so on are easy to occur in patients [9, 10]. Postoperative patients have high expectations for limb rehabilitation, which is not conducive to rehabilitation due to lack of medical expertise or limited understanding. Both of these factors require the patient to cooperate with the medical staff in order to recover well [11]. A multicenter, large sample cross-sectional study of patient participation in decision-making in the United States showed that 48% of patients undergoing joint replacement were involved in decision-making related to joint replacement treatment and surgery [12]. Patient participation can improve patient satisfaction, clinical outcome, medical quality and life quality of patients [13]. However, patients after hip replacement are more conscious, and patients have certain rights to know and participate in information about diet, limb activity, and complications, which makes it possible for patients to participate in their own health care after THR. Moreover, the rehabilitation exercise and safety guarantee of postoperative joint function also require the active participation of the patient himself [14]. Li [15] et al. found in a survey of factors affecting the rehabilitation effect after hip replacement that 7% of 79 patients wished to obtain rehabilitation-related information, answers to questions and professional guidance. Moreover, to maximize the physical and psychological satisfaction of patients, and reduce the burden on families and society, making the need for patients after hip replacement to participate in their own health care increasingly high.

Research shows that patient participation can not only ensure their own safety, but also play an important role in the health care system [16]. Medical process is an interactive process between doctors and patients. On the one hand, patients' participation not only improves their own satisfaction, but also improves the doctor-patient relationship and the satisfaction of medical staff. On the other hand, patient participation can also strengthen the responsibility of the health care system and reduce the cost of health services. The role of the supervisor is to reduce medical errors and medical negligence lawsuits while preventing errors, optimize the allocation of medical resources and improve the quality of medical and health services in the process of continuous improvement [17, 18].

The status quo of participation in health care after THR

Patient-centered care is defined as "providing care that respects and responds to the patient's personal preferences, needs, values and ensures that the patient's values guide all clinical decisions." [19, 20] Studies have shown that when clinicians and patients have different perceptions of needs, patients may suffer from persistent anxiety, worry and feelings of disability,

so it is very important to identify and explore patients' perceptions [21]. A qualitative study by Kennedy [22] founded that the main postoperative needs of patients were more information about expected pain level, analgesic use, side effects, and guidelines for drug discontinuation. Research by Britta [23] showed that patients with joint replacement surgery actively participate in exploring their own health care, its clinical behavior is more positive, such as compliance with doctors, take medicine on time, timely feedback disease situation and postoperative functional exercise, which can help patients to make decisions, meet the demand of patients, improve post-discharge rehabilitation activities compliance.

With the development of society and the active promotion of various organizations, the significance of participation and awareness of participation have been gradually enhanced. Zhang [24] et al. found that 93.1% of patients hoped that doctors could consult them when making diagnosis and treatment plans. Waterman [25] et al. showed that more than 89% of patients wanted to know the treatment and medication from medical staff. Research results in recent years have shown that there is a big difference between the participation intention and participation level, and the actual participation level is significantly lower than participation intention [26]. That is, patients have the intention to participate, but their participation behavior lacks guidance. To construct the participation plan of patients and promote their participation behavior has become a research hotspot in terms of patient participation at home and abroad.

The form of participation in health care after THR

Carman [27] first proposed a multi-dimensional model of patient participation, in which patients participate in medical activities at different levels through various forms: (1) at the level of communication with doctors. Patients have direct communication and discussion with doctors in order to understand and improve their health. This is the most common form of participation. (2) At the hospital level, patient representatives join the medical institution committee; participate in hospital management process. Through introducing their needs and experience, hospitals can better provide help. (3) At the policy-making level. In some developed regions in Europe and the United States, government and social organizations invite patient representatives to join the patient Safety and Health Promotion Committee to discuss how to promote information sharing and propose policies to improve patient and family participation. At present, the participation of patients in China is still at the level of communication with doctors.

The significance of participation in health care after THR

The influence on psychology

Active patient participation has a positive influence on their mental state. Studies have found that participation in pre-operative education for patients undergoing THR can help relieve patients' anxiety, reduce their sense of uncertainty, and worry [28]. Zikmund et al. [29] found that patient participation in diagnosis and treatment can enhance patient decision-making confidence and trust in the physician. Lan-carlson [30] also came to a similar conclusion that participation in preoperative education of joint replacement surgery is beneficial to enhance self-efficacy and confidence in decision-making. In addition, studies have found that patients' participation in health care is conducive to the improvement of postoperative patient satisfaction [31]. In summary, patient participation in medical services can relieve patient anxiety, enhance their confidence and self-efficacy, and improve patient satisfaction.

The influence on behavior

Patients' participation can promote their clinical behavior, including compliance behavior, rehabilitation and exercise behavior, etc. The clinical behavior is consistent with the increase in patient participation. Patients undergoing THR were more actively involved in their own health care, such as taking medicine on time, timely disease feedback, post-operative exercise [32]. In addition, Street [31] found in a qualitative study that patients who actively participated in their own health care had better observed medical compliance behavior and higher postoperative compliance than patients who did not actively participate.

The influence on doctor-patient communication

Most studies point out that due to information asymmetry between doctors and patients; there are differences in understanding of information exchange in doctor-patient communication [33]. The differences in information understanding between doctors and patients are not only an obstacle to patients' informed consent, but also affect patients' decision-making. Effective patient participation can promote more efficient and smooth communication between doctors and patients. A qualitative study found that the differences in doctor-patient communication understanding were positively correlated with patients' actual participation behavior, and the active participation behavior could promote the understanding of postoperative complications [22].

The existing problems of participation in health care after THR

As an effective method for the treatment of middle and late stage hip arthritis, THR is developing rapidly in China, but there are still the following problems. How to promote patients to make surgical decisions? How to promote patients' health care during hospitalization? How to promote patients' rehabilitation activities after discharge? The patient's participation can help them make a surgical decision that meets the needs of patients and improves the compliance.

Conclusion

In summary, patients' participation in THR involves three forms: communication with doctors, participation in hospital management, and policy formulation. At present, patient participation in THR is still at the level of communication with doctors in China. Active patient participation can improve patient compliance behavior and clinical outcomes, and at the same time, patient participation has a positive impact on patients' psychological state and promotes doctor-patient communication. In the later stage, the participation characteristics of patients with THR can be further explored, and intervention on the participation behavior of patients through decision-making assistance, patient education and other forms can provide evidence for the promotion strategy of participation of patients with THR.

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