Comparative Study on Patient Reported Outcome Measure among LSCS Patients in Sun Medical & Research Centre, Thrissur

Shibilamol. C. Baby

Abstract

Introduction: Women may experience a wide range of postpartum problems, some more serious than others and each with its own symptoms. After delivery a women's health always associated with the physical and emotional changes that come post-pregnancy. In this postpartum period, which begins immediately after delivery, your body will heal from childbirth, rebuild its strength and begin to regain its pre-pregnancy shape. PROMs are measurement tools that patients use to provide information on aspects of their health status that are relevant to their quality of life, including symptoms, functionality, and physical, mental and social health. PROMs and patient reported experience measures (PREMs) are increasingly recognized as providing valuable and essential information for achieving health system goals.

Methods and Materials: The present study was undertaken to explore the 3 domains of health among LSCS patients by PROM method. The main objectives of the study were to explore lived experience of LSCS patients during the treatment and to analyze the patient outcome measure (PROM) among LSCS patients. Qualitative approach was adopted for this study. The design used for the study was comparative design. The setting of the study was Sun Medical and Research Centre, Thrissur. Convenient sampling was utilized to collect data from 5 subjects, who meet the inclusion criteria. The tool used for the study was PROM toolkit. The study was conducted from1/8/2021 to 31/9/2021. The collected data were analyzed on the thematic analysis.

Results: The findings of the study revealed that the 80% of persons had physical problems, that was gradually decreased and 20% of persons problems increased at the time of discharge. After 1 month 80% people's problems were completely solved and 1 out of 5 (20%) patient had sleeping problem because of feeding the baby. With the respect to the psychological problems all patients' problems were gradually decreased before the discharge and shows 0% after 1 month. About the social dimensions, only one person (20%) social problems remaining same after admission and before discharge because of financial issues. A social isolation problem of one patient (20%) was reduced at the time of discharge and 0% after 1 month.

Conclusion: The study explored the lived experience and satisfaction of LSCS patients. Findings of the study are useful for the HCO to improve the quality of the institution. The study results are helpful to the quality department to improve the quality and HCW to identify the patient's problems and create an action plan to reduce the problems at the time of discharge. The action plan includes the medical management, nursing management and supporting management such as counseling sessions.

Keyword: Prom; Lscs; Prem; Hco; Hcw.

Authors Affiliation: CNE Educator, Quality Department, Sun Medical and Research Centre, Thrissur 680001, Kerala, India.

Coressponding Author: Shibilamol. C. Baby, CNE Educator, Quality Department, Sun Medical and Research Centre, Thrissur 680001, Kerala, India.

E-mail: shibilachirayath@gmail.com

INTRODUCTION

Background of the Study

According to WHO "Health is a state of complete physical, mental and social well being and not merely the absence of disease or. Infirmity"[1] There is five (5) dimensions of health: physical, mental, emotional, spiritual, and social. These five (5) dimensions of health provide a full picture of health that affects a person's life. Three domains are the important among these 5 domains that is physical, psychological and social dimensions. The physical dimension of health refers to the bodily aspect of health. It refers to the more traditional definitions of health as the absence of disease and injury. Mental healthcare affect the other dimensions of health. An increase in mental health can come as a result of increased physical activity, and good mental health can then lead to an increase in self esteem as mental performance improves. Greater self esteem then leads to more confidence in social situations. The social dimension of health refers to our ability to make and maintain meaningful relationships with others. Good social health includes not only having relationships but behaving appropriately within them and maintaining socially acceptable standards. The basic social unit of relationship is the family, and these relationships impact a person's life the most. Other key relationships are close friends, social networks, teachers, and youth leaders. Social health affects the other dimensions of health in many ways. A bad social life can lead a person to question their purpose in life or feel isolated and unwanted. Such feelings can de motivates people from physical activity and lead them towards depression.[2]

NEED AND SIGNIFICANCE OF THE STUDY

There are many changes that occur to an expecting mum's body as her baby grows inside her. Apart from the growing belly, there are things like morning sickness, fluid retention, stretch marks, itchy skin and swollen feet. It's normal to have emotional responses to these changes.

However, when more complicated physical issues arise it's common for those responses to be greatly intensified. They can also potentially lead to antenatal anxiety or depression. Women may experience a wide range of postpartum problems, some more serious than others and each with its own symptoms. After delivery a women's health always associated with the physical and emotional changes that come post-pregnancy. In this postpartum period, which begins immediately after delivery, your body will heal from childbirth, rebuild its strength and begin to regain its pre-pregnancy shape.[3] PROMs are measurement tools that patients use to provide information on aspects of their health status that are relevant to their quality of life, including symptoms, functionality, and physical, mental and social health. PROMs and patient reported experience measures (PREMs) are increasingly recognized as providing valuable and essential information for achieving health system goals. Both PROMs and PREMs are measured from the patient's perspective, and they can be used together to more fully assess quality of care. Patientreported outcomes are important to understanding whether health care services and procedures make a difference to patients' health status and quality of life. PROMs provide insight on the effectiveness of care from the patient's perspective. We conducted this study to analyze the 3 domains of health among LSCS patients by PROM method in Sun Medical And Research Centre, Thrissur. The result can help to improve the quality of health care facility.[4]

STAEMENT OF THE PROBLEM

Comparative study on patient reported outcome measure (PROM) among LSCS patients in Sun Medical and Research Centre, Thrissur.

OBJECTIVES

- To explore lived experience of LSCS patients during the treatment.
- To improve the quality of health care facility.
- To analyze the patient reported outcome measure (PROM) among LSCS patients.

Operational Definition

LSCS: A Cesarean section in which the surgical incision (cut) is made in the lower segment of the uterus.

Patient reported outcome measure (PROM): Patient reported outcome measures (PROMs) are used to assess a patient's health status at a particular point in time.

Assumptions

Quality of health care and patient satisfaction may positively increase the percentage or negatively decrease the percentage during the hospital stay.

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METHODOLOGY

RESEARCH APPROACH
Qualitative Approach

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RESEARCH DESIGN
Comparative Design

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SETTING OF THE STUDY
Sun Medical And Research Centre, Thrissur.

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POPULATION
All The Lscs Patients

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SAMPLE SIZE AND SAMPLING TECHNIQUE
5 Subjects And Convenient Sampling

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INSTRUMENTS/TOOLS
Prom Survey Form (Tool Kit)

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DATA COLLECTION
Prom Toolkit Filled By Patients

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ANALYSIS AND Interpretation → **COMMUNICATION** Of Findings

Research Apporach

Research approach adopted for the study depends on nature of the problem. A qualitative approach was used in this study

Research Design

Research design selected for this study was comparative design

Variables

Variables are considered for this study were age, and educational status of the sample

Setting of the Study

The setting of the study was Sun Medical Research Centre, Thrissur. It is 150 bedded hospital. The study was conducted at labour room in the hospital.

Population

Populations of the study were all LSCS patients.

Accessible Population

Accessible population was all LSCS patients who are admitted in labour room in Sun Medical Research Centre, Thrissur.

SAMPLES

In this study sample was all LSCS patients who is fulfill the inclusion criteria Inclusion criteria:

- Samples who are admitted in labour room in SMC

- Samples who is willing to participate in this study

- Samples who are available during data collection period

- Exclusion criteria

- Samples who is not willing to participate in this study

TOOLS AND TECHNIQUE

The tool of the study was patient reported outcome measure survey form (Tool kit).

Section-A: Demographical data and basic information about the patient.

Section-B: Open ended questions about the 3 domains (physical, psychological, social) of health and patient satisfaction.

DATA COLLECTION PROCESS

The data collection was carried out for a period from 1/8/2021 to 31/9/2021. The formal permission to conduct the study was obtained from NABH coordinator, SMC Thrissur. The same information was communicated to gynecology ward in charge, who was responsible for identifying patients meeting the inclusion criteria and explaining the purpose to them, as well as ensuring the integrity and quality of the data collected. The ICN were selected and trained in charge and staff nurses to utilize the instrument effectively and provide guidelines to the patient in case of any confusion.

It helps to enhance the reliability and validity of data collections to reduce bias. Confidentiality was ensured to all subjects and open ended questions make sure the quality of data. Initial data collection took place after the admission and before the discharge, with a follow-up interview with the patient after 1 month. The patient reported outcome measure survey form was filled by patient with the presence of ward in charge. Each sample took 10 min to perform the task. Within hospitals, having ICN, labour room in charge and staff nurses engaged in the process was also a key to successfully implementing the collection of patientreported outcome data.

PLAN FOR DATA ANALYSIS

The PROM tool kit was analyzed by ICN. The data's collected from the toolkit was analyzed and sort it into 3 dimensions of health. It includes physical, psychological and social domains. Each dimension was explored in detail and filtering out the elements. The data was organized under two topics (after admission, before discharge). Each patient's health dimensions were compared to after admission and before discharge.

Organization of the Data

The data were analyzed and interpreted by using thematic analysis. Findings were organized under the following sections.
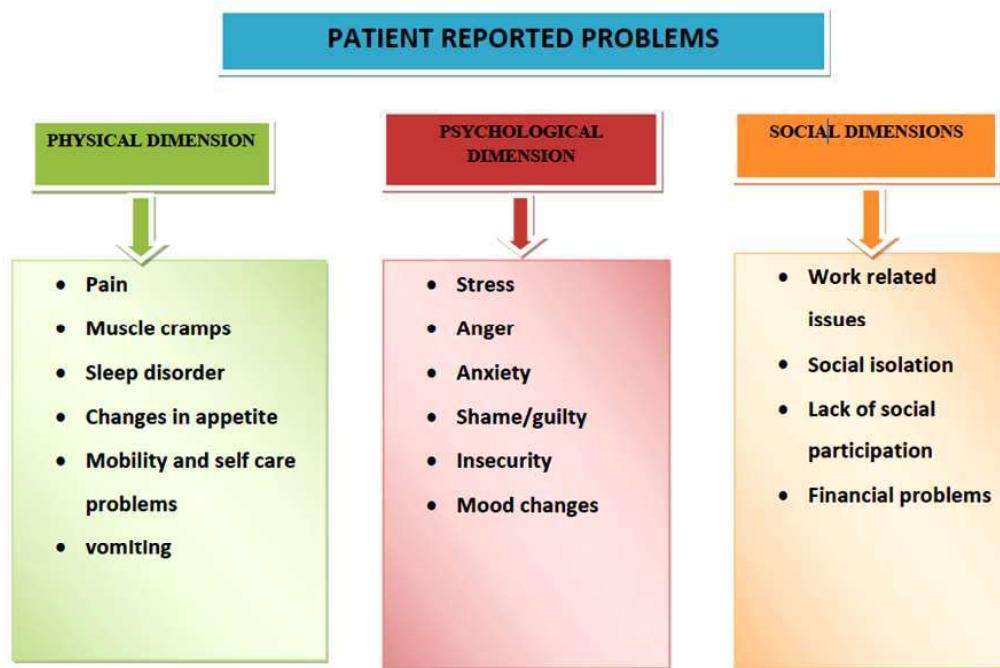

Table 1: Frequency and percentage distribution of physical dimension elements after admission and before discharge

	Physical Dimension			
Sl No.	Elements	After Admission	Before Discharge	After 1 Month
1	Pain	3 (60%)	2 (40%)	0
2	Muscle cramps	3 (60%)	0	0
3	Sleep disorder	2 (40%)	2 (40%)	1 (20%)
4	Changes in appetite	4 (80%)	1 (20%)	0
5	Mobility and self care problems	0	2 (40%)	0
6	Vomiting	1 (20%)	0	0

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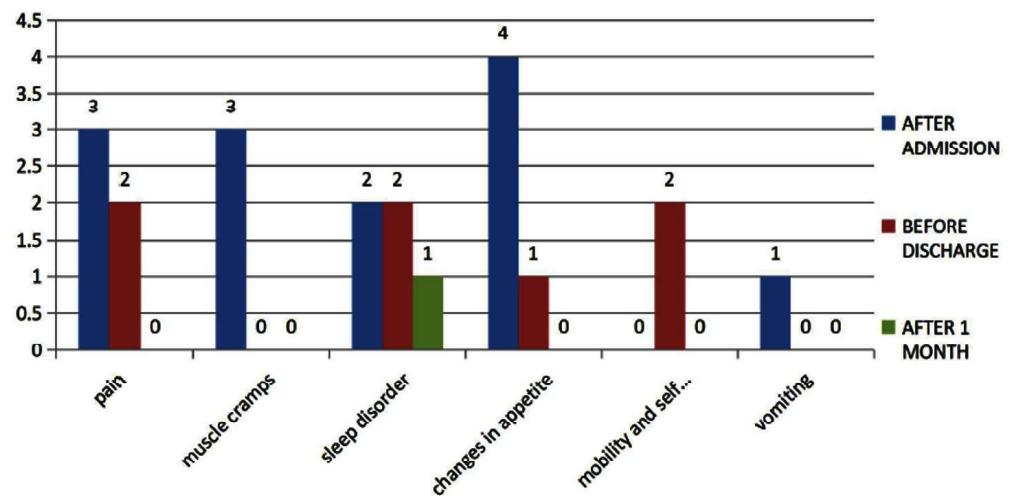
Table 2: Frequency and percentage distribution of psychological dimension elements after admission and before discharge

| Psychological Dimension				
Sl. No.	Elements	After Admission	Before Discharge	After 1 Month
1	Stress	3(60%)	0	0
2	Anger	3(60%)	0	0
3	Anxiety	2(40%)	1(20%)	0
4	Shame/Guilty	4(80%)	0	0
5	Insecurity	0	0	0
6	Mood Changes	4(80%)	2(40%)	0
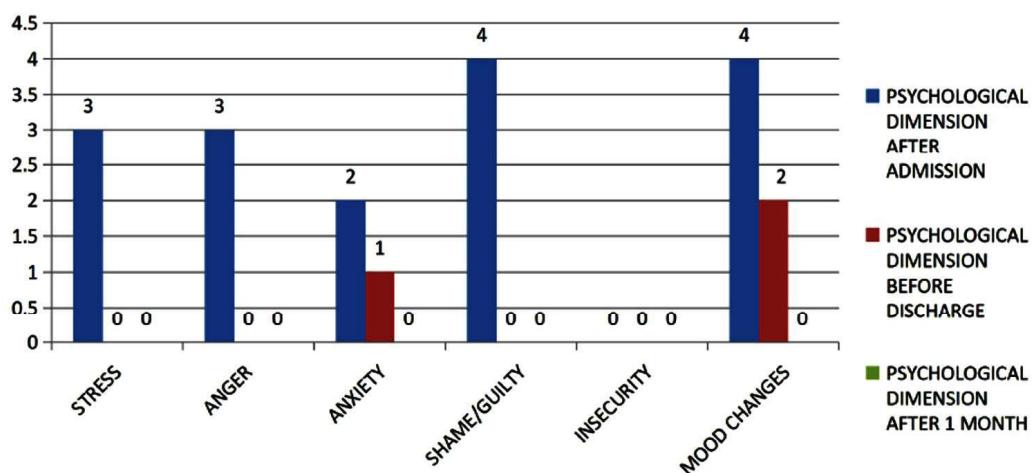
Table 3: Frequency and percentage distribution of social dimension elements after admission and before discharge

Social Dimension				
Sl. No.	Elements	After Admission	Before Discharge	After 1 Month
1	Work Related Issues	1 (20%)	1 (20%)	1 (20%)
2	Social Isolation	1 (20%)	0	0
3	Lack of Social Participation	0	0	0
4	Financial Problems	1 (20%)	1 (20%)	0
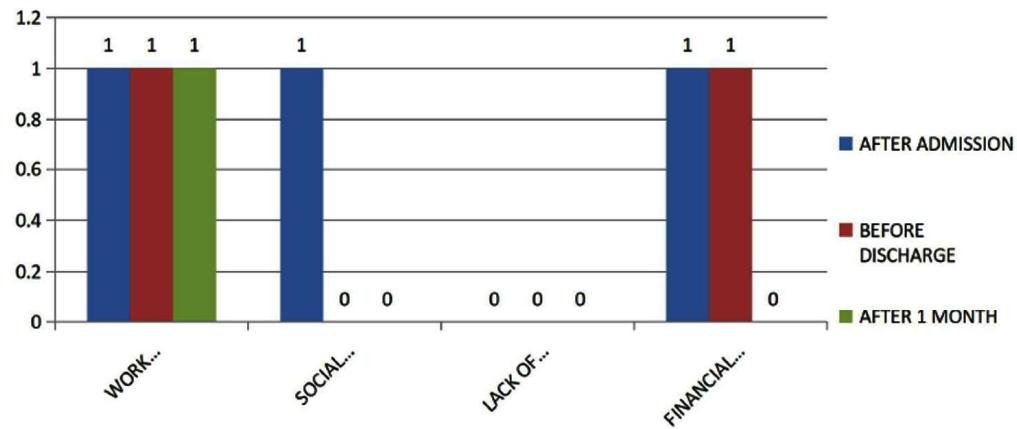
Table 4: Frequency of physical dimension elements according to each patient.

Physical Dimension			
No	After After Admission	Before Discharge	After 1 Month
Patient 1	3	2	0
Patient 2	3	1	1
Patient 3	4	1	0
Patient 4	1	2	0
Patient 5	2	1	0
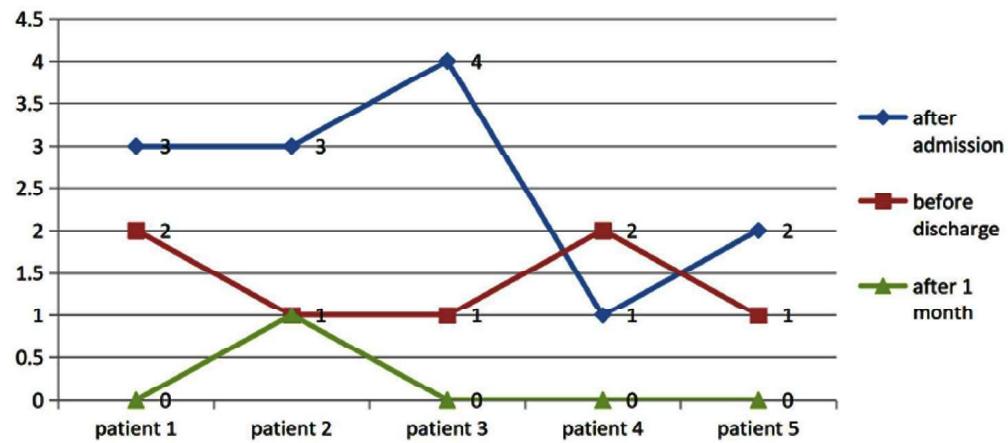
Table 5: Frequency of psychological dimension elements according to each patient

Psychological Dimension			
No	After Admission	Before Discharge	After 1 Month
Patient 1	3	0	0
Patient 2	4	1	0
Patient 3	2	1	0
Patient 4	4	1	0
Patient 5	3	0	0

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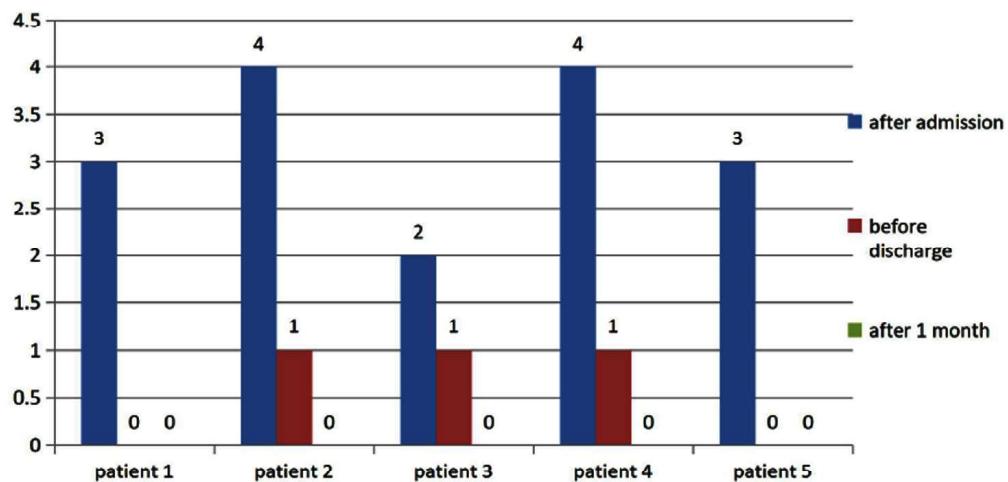
Table 6: Frequency of social dimension elements according to each patient

|	Social Dimension		
No.	**After Admission**	**Before Discharge**	**After 1 Month**
Patient 1	1	1	1
Patient 2	1	0	0
Patient 3	0	0	0
Patient 4	1	1	0
Patient 5	0	0	0
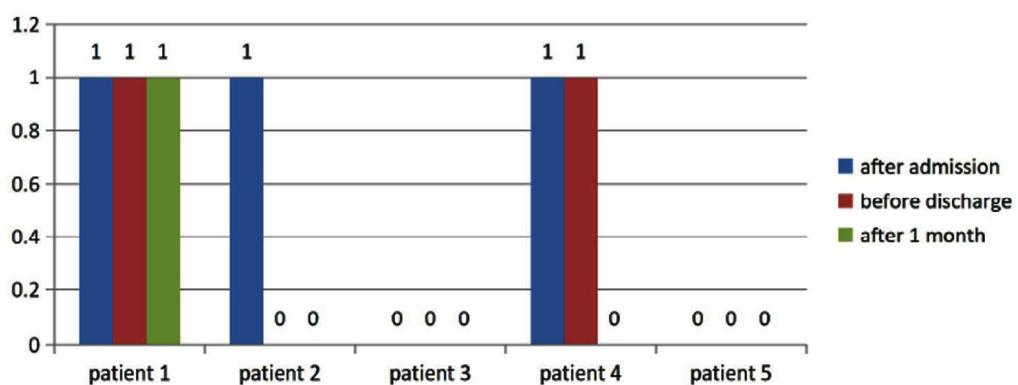
Table 7: Frequency and percentage distribution of patient satisfaction.

Patient Satisfaction	After Admission	Before Discharge
No of Patient	5 (100%)	5 (100%)
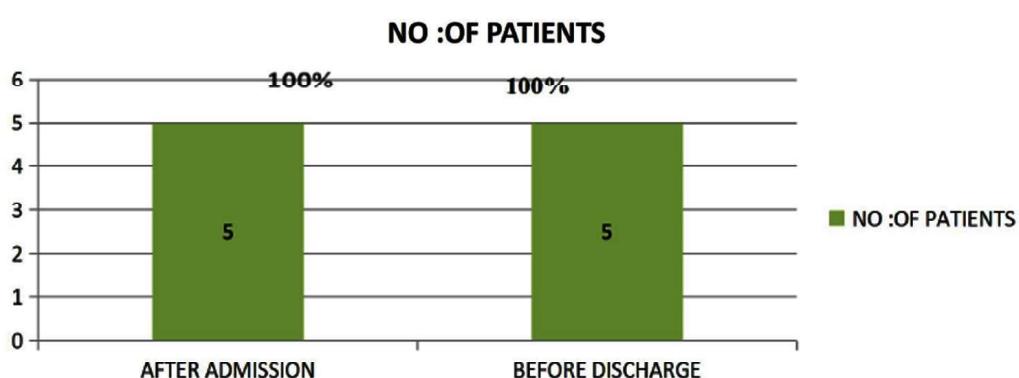
RESULTS

In accordance with frequency and percentage distribution of physical elements after admission and before discharge, most percentage distribution 80% belongs to the element of changes in appetite after admission, and which was reduced to 20% (1) before discharge. There was an equal distribution among pain and muscle cramps after admission time. Before the discharge 60% of muscle cramps reduced as 0% and pain as 2(40%). 40% of percentage distribution shows in the sleep disorder element, there was no change in it because of feeding the baby. Whereas least (20%) 1 belongs to the element of vomiting after admission that was reduced as 0% before discharge. 0% mobility problems after admission was slightly increased as 20% because of surgical procedure.

In a view of psychological dimension, the largest percentage distribution of 80% (4) observed were in the category of shame/guilty and mood changes after admission which was reduced as 0% and 40% (2) before discharge. The equal distribution shows in stress and anger element which reduced as 0% before discharge. The smallest percentage distribution observed was 40% (2) in the anxiety element that was reduced as 20% (1) before discharge. The problems were reduced as 0% after 1 month.

Regarding the social dimension, it implies that majority of percentage distribution 20% (1) belongs to the category of work related issues & financial problems. 20% (1) of social isolation problems after admission were reduced as 0% before discharge. After 1 month follow up 1 out of 5(20%) had work related issues were remaining same as discharge time.

With the reference to the frequency of physical dimension elements according to each patient, 80% patient's physical problems were reduced and only one person (20%) out of five patients (mobility problems) was increased due to surgical procedure and after 1 month 80% people's problems were completely solved. 1 out of 5 (20%) patient had sleep problem because of feeding the baby. With respect to the psychological dimensions, all patients' psychological problems were gradually decreased before the discharge. Then it was declined as 0% after 1 month. About the social dimensions, only one person (20%) social problems remaining same after admission and before discharge because of financial issues. A social isolation problem of one patient (20%) was reduced at the time of discharge and 0% after 1 month.

SUMMARY

The present study was undertaken to explore the 3 domains of health among LSCS patients by PROM method. The main objectives of the study were to explore lived experience of LSCS patients during the treatment and to analyze the patient reported outcome measure (PROM) among LSCS patients. Qualitative approach was adopted for this study. The design used for this study was comparative design. The setting of the study was Sun Medical and Research Centre, Thrissur. Convenient sampling was utilized to collect data from 5 subjects, who meet the inclusion criteria. The tool used for the study was PROM toolkit. The study was conducted from 1/8/2021 to 31/9/2021. The collected data were analyzed on the thematic analysis. The findings of the study revealed that the 80% of persons had physical problems, that was gradually decreased and 20% of persons problems increased at the time of discharge. After 1 month 80% People's problems are completely solved and 1 out of 5 (20%) patient had sleeping problem because of feeding the baby. With the respect to the psychological problems all patients' problems were gradually decreased before the discharge and shows 0% after 1 month. About the social dimensions, only one person (20%) social problems remaining same after admission and before discharge because of financial issues. A social isolation problem of one patient (20%) was reduced at the time of discharge and 0% after 1 month.

CONCLUSION

The study explored the lived experience and satisfaction of LSCS patients. Findings of the study are useful for the HCO to improve the quality of the institution. The study results are helpful to the quality department to improve the quality and HCW to identify the patient's problems and create an action plan to reduce the problems at the time of discharge. The action plan includes the medical management, nursing management and supporting management such as counseling sessions.

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