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WORKING BACK TO NORMALITY:

The patient experience of wrist fracture

A thesis presented in partial

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ABSTRACT

This qualitative descriptive study explored the patient experience of wrist fracture, which was treated within an emergency department setting, with the patient not requiring hospital admission. Ten participants were interviewed about their experiences of wrist fracture, with data being analysed using constant comparative analysis.

The experience of wrist fracture has not previously been explored from a patient perspective, although the medical treatment of this injury has been well documented. The findings of this study have provided some enlightenment about the way patients live through an acute injury, coping with treatment, symptoms and disability. The impact of the injury upon the individual's lifestyle was substantial, even though this is medically classed as a 'minor injury'; with some participants' having developed long term complications. Participants had contact with health workers in many circumstances, and they had both positive and negative effects on the participant's experience of injury and treatment. The categories identified in this study were Getting Through Injury, Putting Life on Hold, and Being in their Hands. Working Back to Normality was identified as the core category, with participants working towards this goal from the outset of their injury experience.

As a result of this study, it is clear that nursing practice needs to focus upon developing positive relationships with patients; to address issues related to pain management, before and during treatment; and to improve patient preparation for treatment and education. It also needs to be emphasised that the relationship with patients who have experienced wrist fracture does not end with the patient going home. For patients, working back to normality is an ongoing process which commences at the time of injury, and which may last for several months, or years.

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The undertaking of a Masters degree in nursing initially seemed like an exciting challenge, with the prospect of carrying out research and writing a thesis an integral part of that challenge. I felt I would be able to accomplish my goal (to complete this degree within the allowed time) while continuing to work full time, and maintaining a 'normal' social life. I now realise that I had little appreciation for what this would involve and went into this exercise somewhat naively. Credit for the fact that I have actually accomplished my primary objective (completion) must be shared by the many people who have provided me with support and assistance.

It is with great pleasure that I now acknowledge and thank those who have helped and supported me through this process. First of all I wish to thank my participants for the time they gave me, and their valuable insight into their experiences of wrist fracture.

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Chapter One

Introduction

Introduction

This descriptive study aims to explore the patient experience of wrist fracture, treated within an emergency department setting, not requiring hospital admission; and to clarify and understand the issues associated with this injury for patients. My reason for this exploration is the frequency with which patients present with wrist fracture, and the lack of any literature that considers the impact this injury has for patients.

Distal radius (wrist) fracture is one of the most common injuries seen in emergency departments, with one out of every six patients (within the context of nursing the term patient will be used, as clinical experience has revealed that individuals, when in a health care setting, refer to themselves as 'patients') treated with a fracture having a wrist fracture (Byl, Kohlhase & Engel, 1999). These numbers were confirmed in the orthopaedic department in which I was employed, where approximately 50 of the 300 patients treated each month had wrist fractures. There are two distinctive adult patient populations who experience this injury. They are the elderly person with osteoporosis, who sustains the fracture from a low impact fall, and the young adult sustaining injury from a high velocity force associated with some sports activities (Laseter & Carter, 1996; Love, 1998; Raskin, 1999).

Radley (1994) describes a biomedical model that applies the concepts of physiology, anatomy and biochemistry to the treatment of injury or disease in an effort to reduce the condition to an objective and understandable state. Biomedicine values scientific verification, and makes assumptions about both cause and effect when considering illness or injury, giving precedence to physical rather than emotional aspects. Treatment of wrist fractures is generally reviewed and considered within a biomedical context as health workers are, naturally, concerned with the challenge of managing fractures and preventing complications. The effect this injury may have upon the life of the patient is secondary to this significant challenge.

Logical positivism

Biomedicine is located within the world of logical positivism, which values objective, measurable criteria. For this reason the focus of many health workers is upon anatomical signs, such as xray findings, range of movement, and swelling or deformity. In contrast to this patients are understandably concerned by symptoms, which are subjective and can be difficult to measure. Because symptoms are subjective and often invisible, management may be influenced by personal value judgements because an objective framework for assessment is not available. Reliance upon value judgements related to symptom management can be problematic (Madjar, 1998), as the beliefs, expectations and priorities held by health workers and patients may be vastly different. The positivist approach of biomedicine may result in symptoms that are considered significant by patients, being ignored by health workers because they have not been recognised, or are considered to be a 'normal' aspect of injury.

The current trend of health care treatment is that it is required to be based on scientific evidence. Evidence includes quantifiable statistical measures of outcome, and also the qualitative experiences of patients. For this reason it is essential that nurses undertake clinical research that describes the patient experience, and identifies issues that are considered significant by patients. Wrist fracture is a common injury for which many forms of treatment are available. It is important that health workers develop an understanding of the impact of this injury for patients, including the effects of treatment. With this knowledge the treatment of wrist fracture can be patient focused, and they can have confidence that their needs will be identified and met.

The qualitative paradigm

Dominant social discourses will influence the approach taken in research, including the methodological standpoint of the researcher, which directs data collection and interpretation (Holloway & Wheeler, 1996; Miller, 1997). The knowledge gained is therefore influenced by the social world of the researcher. Within the qualitative research paradigm, social constructionism is a prevalent belief, as it provides an explanation for the many meanings and understandings which can be attributed to a

certain experience within cultures and communities, and for the disparities that can exist (Eccleston, Williams & Rogers, 1997).

In the clinical field of orthopaedics, positivism is the dominant discourse. However, within the broader context of nursing, the influence of qualitative methodologies is evident, including phenomenology, ethnography and grounded theory. Balancing the dominant biomedical discourse of orthopaedics with a more qualitative interpretation of a patient's injury experience will result in greater understanding and ultimately the care of patients will improve.

Justification for the research study

While the concept of trauma is explored in nursing literature (and that of other disciplines), the patient's experience is not well reflected. Much of the focus of literature is upon the technical aspects of treating injuries, rather than considering how patients experience an injury and its sequelae. Within this literature the invisibility of the patient is somewhat disconcerting. At present nursing literature articulates technical aspects, but does not appear to consistently demonstrate concern with understanding how patients experience injury. To ensure that the patient focus of nursing is transparent, patient experiences must be reflected when nurses articulate what occurs in their practice.

Serious injury does, appropriately, attract the interest and resources of many health researchers. However, it is equally important that the patient experience of more common injuries also be understood, despite these considered less serious or clinically challenging. Because there is a dearth of information about the subjective experience of patients who experience some common orthopaedic injuries such as wrist fracture, research into this area is needed. A cohesive approach is required to enable health workers to effectively manage patients' symptoms, with the goals of treatment being clearly understood by both parties. Without a comprehensive understanding of what is significant for patients, health workers' ability to achieve this cohesion will be limited. Qualitative exploration of the issues considered significant by patients with wrist fracture would enable nurses to provide better support, identifying and meeting patient needs more effectively.

A qualitative, descriptive study will allow exploration of the patient experience of wrist fracture, by employing a holistic approach to describe and analyse the complexity of the experience, within the patients' social reality (Borg & Gall, 1989; Miller, 1997). This methodology focuses upon obtaining data that illuminates the lives of people and includes the way they interpret and attribute meaning to their experiences (Berg, 1998; Boyd, 1993; Holloway & Wheeler, 1996; MacKenzie, 1994; Miller, 1997; Roberts & Taylor, 1999). Health workers can thereby gain insight and vicariously understand the patient's experience. The aim of this research was:

To explore the experience of patients who had a wrist fracture, which was treated within an emergency department setting, not requiring hospital admission; and to clarify and understand the issues for patients.

Research questions were:

- What are the social issues for a person who has a displaced distal radius fracture treated as an outpatient?
- What is their qualitative experience of pain that is inflicted in the course of treating distal radius fractures?
- How has this injury impacted on the patient's lifestyle?
- What was the impact of nursing on the patient's injury experience?

Participant eligibility

Participants were eligible for inclusion in this study if they had experienced a wrist fracture that was treated within an emergency department or fracture clinic setting, if they did not require surgery or hospital admission, or have other orthopaedic injuries. The original intention of this study was to explore the issues for patients who had their fracture 'set', ie manipulated or reduced. However, it became evident that participants considered that having the fracture treated in a cast was having it 'set', and it was decided after discussion with my supervisor, not to exclude these participants. While patients who required surgery or hospital admission may have experienced similar or different issues to those that evolved from this study, assumptions cannot be made about this. For this reason the findings of this study

cannot be generalised beyond the context of the experience of those participants involved.

Locating myself

At the time of undertaking this study, I was working as a nursing team leader in an orthopaedic outpatient clinic which treated patients with acute injuries, and also provided follow up care and treatment for these patients. I have had 10 years experience in this work environment and have worked closely with a number of patients who have experienced wrist fracture. This clinical experience has resulted in the development of my knowledge of the nursing and medical management of wrist fracture. A desire to better understand how patients experience this injury, and the issues they consider significant has also developed. While I am not currently employed in this environment I anticipate returning to this clinical area in the near future.

Organisation

This thesis will be organised in the following way. A range of literature related to wrist fracture, patient experiences of trauma, and the impact of pain associated with trauma, will be presented in Chapter Two. This literature is examined in an attempt to determine how patients live through the experience of fracture or trauma, including the emotional consequences, and the significance of pain inflicted during the course of providing treatment. Chapter Three will describe the method employed in this study, including a detailed presentation of how the study was undertaken. Chapter Four describes the category Getting Through Injury, which presents the participants' experiences during the initial phase of injury and treatment. Chapter Five: Putting Life on Hold describes the period of disruption when participants suspend normal life and activity while waiting to recover from injury. This chapter illuminates the variances in participants' experiences that can occur when the acute injury develops into a chronic experience. Chapter Six presents the category Working Back to Normality, which considers the participants efforts to return to their pre-injury situation; and Chapter Seven presents the data that emerged in relation to the participants' interactions with health workers, Being in their Hands. The data in this

chapter has been presented separately because it considers the impact that health workers had on participant experiences, rather than processes employed by participants to 'get through' their experience. My original intention in this study was to determine the impact of nursing upon the patient experience. However, it became evident that this would be difficult to achieve because participants generally did not distinguish between interactions with nurses, or with other health workers. For this reason, all references to nursing, physiotherapists and medical personnel have been grouped under the heading of health worker. Chapter Eight will present the findings of the study, including the implications for nursing practice, and will consider recommendations for further research.

Conclusion

This chapter introduced this study, its aims and research questions, and criteria for participant eligibility. Some background information related to the occurrence of wrist fracture, and the predominance of a positivist approach to previous research into this injury, was also presented. The reader was informed of the justification for this study, and the philosophical underpinnings that directed me towards a qualitative exploration of the patient experience of wrist fracture.