Patient Perception Of Peri-Arthritis Of The Shoulder And Their Behavioural Models – A Structured Qualitative Study

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Abstract

Despite the high prevalence of peri-arthritis shoulder (PAS), the subjective experiences of individuals dealing with this health risk, along with the behavioural models they adopt in response, remain a relatively unexplored terrain. Hence this study analyzes the patient perception of the PAS and their behavioral models through a Qualitative study. This qualitative study, utilized in-depth interactive interviews through a Semi-structured interview to collect and analyze data from a diverse group of PAS patients. 24 patients with PAS from various demographic backgrounds participated in this semi-structured questionnaire-based Interview. The Questions were centered around their perception of the cause of PAS and its prognosis, experiences, and the impact of PAS in various life dimensions, psychological impact, coping strategies, and familial and social support networks. We found a complex interplay of physical, psychological, and social factors that shape patients' perceptions of PAS. The initial experiences with PAS as frustrating, as the condition often disrupts their daily lives, leading to pain, sleep disturbances, and difficulty performing routine tasks. Hence, this study concludes that there is a need for a comprehensive, patient-centered approach to PAS management that addresses both the physical and psychosocial aspects of the condition. These insights can inform healthcare providers in delivering more effective and empathetic care to PAS patients.

Introduction

Peri-arthritis of the shoulder (PAS), a condition characterized by inflammation in and around the shoulder girdle, poses significant challenges to both the physiotherapist and those affected. (1) PAS poses a tremendous limitation on the psycho-social aspects of the patients due to the pain and limited active movement. (2) Current pain management has shifted from manual attempts to more cognitive strategies. Patient empowerment and pain education play a vital role in the rehabilitation of PAS. (3) To educate patient, understanding their burdens, perception of the disease, and coping strategies become vital. (4) Despite its high prevalence of PAS, the subjective experiences of individuals dealing with shoulder peri-arthritis, along with the behavioral models they adopt in response, remain a relatively unexplored terrain. (5)

Objective

To analyze the patient perception of the peri-arthritis shoulder(PAS) and their behavioral models through a Qualitative study. Understanding the patient's viewpoint is vital for tailoring interventions, ensuring to address the specific challenges posed by patients, and improving overall patient outcomes. (8)

Methodology

The Descriptive Qualitative Study was conducted at a private clinic in Chennai from 01-07-2023 to 30-09-2023. The institutional ethical committee at Madhav University, Sirohi, Rajasthan cleared the study of ethical concerns, and every patient signed an informed consent. (IEC/MU/2023/AHS/39). This qualitative study, utilized in-depth interactive interviews through a Semi-structured interview to collect and analyze data from a diverse group of PAS patients. 24 patients with PAS from various demographic backgrounds participated in this semi-structured questionnaire-based Interview. The Questions were centered around their perception of the cause of PAS and its prognosis, experiences, and the impact of PAS in various life dimensions, psychological impact, coping strategies, and familial and social support networks. Only one interviewer for all the subjects performed a “One on one” interview where the interviewer was actively engaged in conversation.

Selection criteria - Patients suffering from PAS for at least 1 month duration, aged – 40 to 70 of all genders. Patients who are fluent in Tamil/English and have good comprehensive skills are also included. Subjects who showed good prognosis with restored ROM, function in a short span and whoever had an objection to being video graphed were excluded from the study.

Outcome measure

Analysis A list of 7 open-ended questions were given to the patients to answer orally and the same was video recorded for further analysis. The researcher explained the question further of the patients had doubts using non-directional statements and also redirected the participants when they diverted their conversation from the actual theme.

Q1 – What do you think is the cause of your shoulder problem?

Q2 – With your experience so far what do think about the further progress of your shoulder problem?

Q3 – What is the impact of shoulder problems in various dimensions of your life?

Q4 – In what ways you are affected Psychologically due to this shoulder problem?

Q5 – How do the shoulder problem and your psychological status affect your social life?

Q6 – When you suffer from pain what are your responses to it or how you react? (Coping strategies)

Q7 – How are your family and society helping you to manage this problem? (Support systems)

Results

The responses were recorded and the same was used for analysis.

Every question was analyzed to draw negative statements and positive statements and they were mapped for later interpretations.

Q1 – What do you think is the cause of your shoulder problem?

The patients did not had a clear reason for their shoulder problem and they expressed concern over not identifying the source. Diabetes, aging, and overuse were the main causes they were told by health professionals.

Q2 – With your experience so far what do you think about the further progress of your shoulder problem?

Answers – If not treated properly the shoulder would be restricted further. Physicians told them to control Diabetes and take regular medicines and Physiotherapy. They did not have a clear idea about the prognosis and most concerning was “how long they will suffer” and “re-occurrence” were not explained to them properly hence they had their own conceived ideas from other sources.

Q3 – What is the impact of shoulder problems in various dimensions of your life?

Poor Sleep quality was the one that was predominantly reported. Occupational life and productivity were most affected (Dominant side > non-dominant). Duration of ailment played a role in this response. They explained that they started using some compensatory strategies which caused increased tiredness and embarrassment in public. Long-standing patients expressed their concern that they have become more dependent on some activity and they were always reminded of pain when attempting new activities or unfamiliar tasks.

Q4 – In what ways you are affected Psychologically due to this shoulder problem?

The majority of the patients were facing depression and frustration due to the pain and they felt that even a small movement started causing pain and they started caring for their affected limb more. They expressed their concern about being always conscious of pain and activity limitations. The most disturbing aspect for them was the exercise sessions which were very painful and rendered them apprehensive about exercises.

Q5 – How do the shoulder problem and your psychological status affect your social life?

The patients said that they were not able to render their social commitments without pain and somehow managed to do it. Males were less affected compared to females. They felt they were reminded of their disability whenever they gave excuses to travel, lift weights, assist others, and do other social activities. Few females expressed the concern that pain was the main matter of discussion during social meetups or family time.

Q6 – When you suffer from pain what are your responses to it or how do you react?

This question attested to the coping strategies adopted by the patients. There were many negative strategies adopted like frequent medication, rest, topical application, and dependence on hot fomentation. Few reported that movement reduced pain.

Q7 – How are your family and society helping you to manage this problem? (Support systems)

The majority of patients reported that there was positive reinforcement from family and friends towards adherence to any treatment. There were many suggestions for using alternative medicines and therapies. Aged females were relieved of regular activities by their family members. There were no problem with financial or the support systems as such.

Discussion

Q1- Lack of full-range joint activity and exercises was not cited as a cause for PAS except in 2 patients.

Q2 – they were not explained that this is a gradual recovery process that may take 2 to 4 months to restore maximum range without pain and functional restoration, which would have reduced their anxiety and expectations. (7)

Q3 – Discouraging the abnormal movement pattern is essential. The patients were not informed that learning an abnormal movement is easier than unlearning it later.

Q4 – There was no reassurance, encouragement, or pain education provided to the patient that would have reduced the frustration and depression. (8)

Q5 – Many patients think of the “should” concept like “I should take care of doing breakfast” or “I should drop my kids to school” which is obvious. Again bio-psycho-social counseling would help this situation and help patients to move from “should” to “shall”

Q6 - There is a need to emphasize “positive and negative coping strategies” for pain. The patients were not clear on whether “to rest” or “to move” when they suffered from pain.

Q7 - It is obvious that social and family support was not a problem in all these patients.

Conclusion

We found a complex interplay of physical, psychological, and social factors that shape patients' perceptions of PAS. Patients commonly describe their initial experiences with PAS as frustrating, as the condition often disrupts their daily lives, leading to pain, sleep disturbances, and difficulty performing routine tasks. The physiotherapy sessions were as small as 3 days to 10 days within which they expected the condition to normalize, which often didn’t come true and resulted in disbelief in intervention. Hence, this study concludes that there is a need for a comprehensive, patient-centered approach to PAS management that addresses both the physical and psychosocial aspects of the condition. These insights can inform healthcare providers in delivering more effective and empathetic care to PAS patients.

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