

EFORT Abstract Submission

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EFORT12-5310

Telephone follow-up of patients after surgery: the influence of the interviewers on patients' responses

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INTRODUCTION: In orthopedic surgery, telephone follow-ups of patients postoperatively are common in clinical research and practice. The possible influence of the interviewer on patients' responses is not well investigated.

OBJECTIVES: To investigate whether the identity of the interviewer conducting telephone follow-ups of patients following carpal tunnel release may influence patients' responses and the results of the follow-up.

METHODS: Patients attending the outpatient surgery unit for elective carpal tunnel release surgery participated in this prospective study. The patients were seen by a nurse and the operating surgeon before and after surgery and given information about the procedure and postoperative care. The patients were contacted by telephone the day after surgery by a nurse from the outpatient surgery unit and asked to rate hand pain on a scale ranging from none to severe and to rate the quality of information given by the surgeon on a scale ranging from poor to very good. Because few patients reported poor scores we compared patients who rated the hand pain as none with those who rated the hand pain to be of any severity and compared patients with the best possible rating of quality of information with those with lower rating. We calculated the proportion of patients with various ratings and analyzed the possible effect of the identity of the nurses who conducted the telephone follow-ups and patient sex and age on patients' ratings. We performed logistic regression analyses to investigate the effect of the telephone interviewer on patients' ratings adjusting for patient sex and age. Because a number of nurses had performed few telephone follow-ups during the study period we included only patients followed up by nurses who conducted more than 25 telephone follow-ups.

RESULTS: 166 patients participated in a telephone follow-up the day after undergoing carpal tunnel release; 119 (72%) were women and the mean age was 54 (range 20-95) years. The telephone follow-ups were conducted by 5 nurses, each interviewing 29, 29, 31, 36 and 41 patients respectively. At the telephone follow-up pain was rated as none by 82 patients (49%) and pain of any severity by 84 patients (51%). Information given on the day of surgery was rated as best possible by 70 patients (42%) and lower than that by 96 patients (58%).

Patients' ratings differed significantly according to the identity of the nurse conducting the interview ($p < 0.001$). No differences were found regarding patient sex and age among the 5 nurses. In the logistic regression analyses adjusting for patient sex and age the identity of the nurse conducting the telephone follow-up was a significant predictor of patient ratings of both pain and quality of information ($p < 0.001$). Patient age was a significant predictor of pain rating ($p = 0.002$), with older patients more likely to rate pain as none than younger patients, but not of quality of information rating. Patient sex was not a significant predictor of the ratings.

CONCLUSION: The results of telephone follow-ups of patients following carpal tunnel release surgery appear to be significantly influenced by the interviewers conducting the follow-ups. This should be taken into consideration when designing clinical studies that include telephone follow-ups.

Disclosure of Interest: None Declared