

What did Italian patients feel when their arthroplasty was delayed due to COVID-19 lockdown? Analysis of a series of semi-structured interviews by Italian National Arthroplasty Registry (RIAP)

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Introduction

From March to May 2020, an estimated 50,000 elective joint arthroplasties were interrupted in Italy due to the pandemic* and postponed to a date to be defined. Surgeries were resumed later but at a reduced pace. The voluntary postponement of the procedure by patients added to this scenario.

The indefinite wait is a potential socio-psychological risk factor. It is therefore important to explore its emotional toll on "suspended" orthopaedic patients and its impact on both their quality of life and surgery-related decisions.

The qualitative study by the RIAP research group, in its final stage now, aimed at revealing the emotional and behavioural response of patients who found themselves in a situation of prolonged waiting for surgery, the patterns of patient-surgeon relationship, as well as other relevant topics emerging from individual narratives.

* Torre M, Urakcheeva I, Ciminello E, Aprato A, Favella L, Ferro S, Ercolanoni M, Leoni O, Picus R, Armaroli C, Molinari M, Bachini L, Gemmi F, Germinario C, Moretti B, Allotta A, Boniforti F, Ceccarelli S, Laricchiuta P. *Impatto dell'emergenza COVID-19 sui volumi di attività della chirurgia protesica ortopedica in sette Regioni italiane. Versione del 17 marzo 2021*. Roma: Istituto Superiore di Sanità; 2021. (Rapporto ISS COVID-19 n. 7)

Materials and methods

- Semi-structured interviews on a purposive sample of patients whose primary or revision procedure of hip or knee prosthesis was delayed due to Covid-related reprogramming
- Interview guide developed according to possible scenarios (imposed or voluntary waiting, surgery undergone or still awaited at the moment of interview)
- Recruitment through the patient association (APMARR), owned digital channels (RIAP website and others) and – the only method that brought results – via surgeons collaborating with RIAP Scientific Committee.
- Patient anonymity and special attention to the handling of personal data
- Thematic analysis of interview transcripts by three researchers independently
- Contribution of a fourth researcher to compare analysis results and reach consensus
- Deductive and inductive approach: detection of themes and categories hypothesised *ex ante* and detected *ex post*

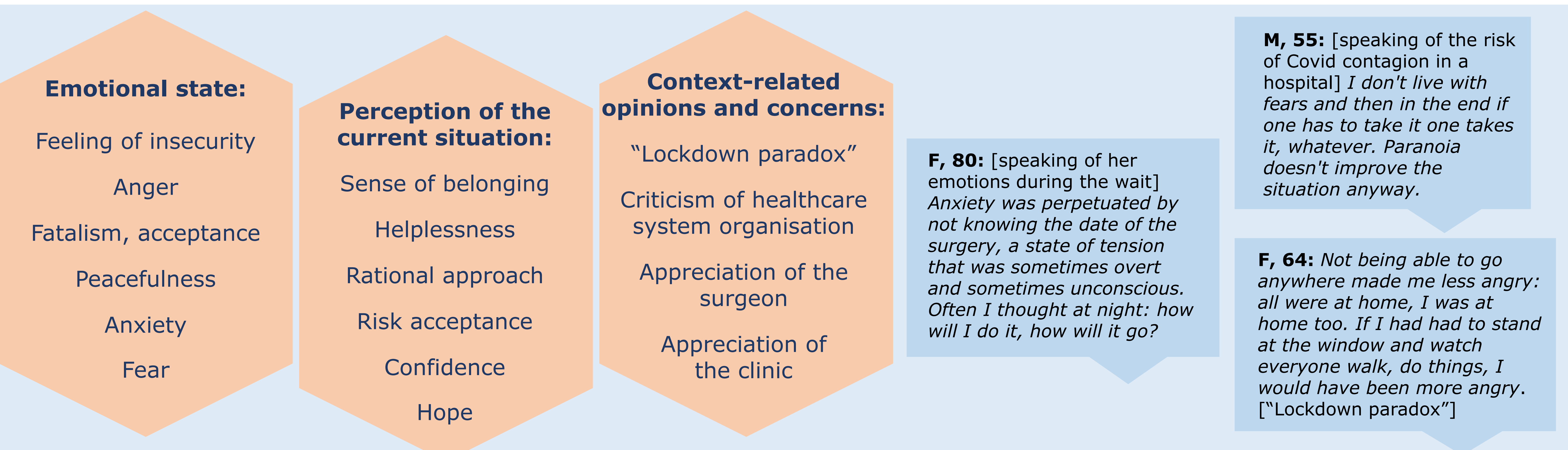


Figure 2. Results. Recurrent categories revealed in the interview transcripts

Results

28 patients were interviewed by phone in the period from August to November 2021 (Figure 1). Recurrent emotional and behavioural responses to the "suspended" situation were revealed (Figure 2). Some were triggered by the commonality of the Covid-related lockdown, while others alleviated. This last condition was called "The lockdown paradox" to mean that individual suffering caused by isolation due to reduced joint mobility was alleviated by mandatory social isolation due to the general lockdown. The procedure-related strategies adopted by the patients varied from quiet expectation to fear-induced voluntary rescheduling. Revealed categories characterise the emotional state, the perception of the current situation, context-related opinions and concerns.

28 patients interviewed: 12 men, 16 women

Age groups: from 20-24 to 80-84

Areas: North 11, Center 11, South 6

Figure 1. Sample characteristics

Conclusions / Discussion

The "snapshot" of the emotions, perceptions and opinions provided by this study revealed an heterogeneous picture, characterised also by many new categories emerged from interviews. The study can be considered exploratory and preparatory to the use of other research strategies, including quantitative ones. It is hoped that it

can pave the way to better estimate the "bearable" duration of the suspension of interventions. The Recovery and Resilience plan that guides the public health reorganisation in Italy, according to the Next Generation EU, sees the patient role as paramount. Understanding patients' perception of both their own state of health and the uncertainty of the situation might help improve the decision-making, hence benefiting the quality of care services.

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