Assessment of Self-care Behavior among Patients with Lumbar Laminectomy

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ABSTRACT

Background: Self-care behaviors (SCB) influence the progression of numerous illnesses, including lumbar laminectomy. **Aim:** This study aimed to assess lumbar laminectomy patients' self-care behavior. **Setting:** The neurosurgical department and outpatient clinic served as the study's locations of the Health Care Authority hospitals connected to Port-Said, Egypt. The hospital, Alsalam Hospital, is the only facility in the city. **Sample:** The following criteria were used to collect data from sixty patients who followed up **Inclusion criteria:** Adult patients of both sexes**,** Patients free from mental disorders and able to verbalize and communicate. **Exclusion criteria:** Patients with chronic conditions such as rheumatic disorders, osteoporosis, spinal fracture, and end-stage renal disease. a purposive sample following surgery. **Tools of data collection:** In the current study, patient data were gathered using two measures: **Tool (I):** Two-part structured interview questionnaire comprising sociodemographic information, and medical and surgical history. **Tool (2):** Self-care behavior for lumbar laminectomy patients. **Results:** Our study displayed that nearly half of the patients had unsatisfactory self-care behavior after lumbar laminectomy. **Conclusion:** The majority of the studied cases need to improve their self-care behavior regarding unsatisfactory self-care behavior and there wasn't statistically significant relation between demographic data and self-care behavior. **Recommendations:** Create patient education materials with thorough information on how patients with lumbar laminectomy should take care of themselves. Each patient's unique needs should be catered for in the health education program.

Keywords: Lumbar laminectomy, Self-care behavior

INTRODUCTION

Laminectomy is a common operation in spinal surgery and even neurosurgery. It has a wide range of indications in diseases such as disc herniation, spinal stenosis, and spinal tumors (Zhuofu, Guoxin, Jiang & Weishi, 2021). Frequent Low back pain is a common condition that affects the muscles, nerves, and bones in the back. (LBP) is primarily brought on by lumbar disc herniation. It is seen as one of the main issues facing the healthcare system, affecting individuals and the community financially, physically, and professionally. Physical handicap brought on by it often necessitates surgery, most commonly a lumbar laminectomy (Zain, Habiba, El-Gamal, & Abd El Wanees, 2024).

One of the most popular spine procedures performed to treat lumbar disc herniation globally is lumbar laminectomy, which is a component of a decompression procedure. where a vertebra's posterior arch is cut off. Pressure on nerve roots emerging from the spinal cord is relieved by this procedure (Rahul, 2020). The presence of spinal canal stenosis is the primary indication for lumbar laminectomy. Successful treatment in conservative or surgical nursing care greatly depends on management, which begins with assessment (Karlsson, Försth & Skorpil, 2022).

Activities of daily living include the ability to carry out necessary self-care duties each day to fulfill one's needs. They consist of dressing/grooming, personal hygiene/bathing, feeding, toileting (bladder and bowel elimination), transferring, mobility, and stair climbing which are the fundamental components of independence. Following surgery, patients must be independent in their everyday activities (Parsons & Vogel, 2019).

Significance of the Study

The elevated frequency of low back pain, a highly frequent health issue around the world, is linked to the rising incidence of lumbar laminectomies. Notwithstanding the procedure, there remains a chance of post-surgery disc recurrence and disability that impairs functioning both at home and at work. Following a lumbar laminectomy, patients' overall health enables them to carry on

with their regular lives without having to worry about a disc recurrence (Karukonda, Mancini, Katz, Cote & Moss, 2020).

No researches were done about the self-care behavior among patients with laminectomy in Port-Said City. Therefore, this study aims to assess the self-care behavior among patients with lumbar laminectomy in Comprehensive health insurance hospitals in Port-Said City.

AIM OF THE STUDY

This study aimed to:

Evaluate self-care behavior among patients with lumbar laminectomy.

Study Question:

What is the self-care behavior among patients with lumbar laminectomy?

SUBJECTS AND METHOD

A descriptive study design was used to conduct this study. The estimated sample size for this study of adult patients, both male and female, following laminectomy (60) within the neurosurgery department and outpatient clinic health care authority hospitals affiliated to Port-Said city in Egypt, in Alsalam Hospital is the only hospital managing neurological disorders in Port Said, which consists of two floors, each floor has 7 rooms plus one isolation room with 19 beds.

Tool for data collection

It was adopted from Ahmed, Abo El-Ata, Hendam & Mohamed (2020) in Arabic language and modified by the author to evaluate socio-demographic data, medical, and surgical history and to assess self-care behavior among patients with lumber laminectomy. It included three parts:

Part (I): Socio-demographic data of cases included (age, sex, level of education, marital status, and occupation).

Part (II): Patients' medical, surgical history and diagnosis:

It is composed of 5 questions. It involved; past medical history, and past surgical history for the spine.

Part (III): Self-care behavior questionnaire:

It comprised questions to identify comprehensive descriptions of the actual self-care behavior conducted by cases after lumbar laminectomy in their usual daily activities (personal care (5 questions), lifting (8 questions), walking (5 questions), sitting (8 questions), standing (5 questions), sleeping (5 questions), sex life (3 questions), social life (2 questions), traveling (5 questions)).

Scoring system

As regards patients' self-care behavior, the answer was assessed using a model key answer, the answer yes was given a score of 1 and the no was given a score of zero. The score for each question was summed up to get the total score of patients' self-care behavior. The total patient score was calculated at 46 full scores then converted to a percentage and assessed as follows:

- A total score < 75 % was considered "an unsatisfactory level of patients' self-care behavior".
- A total score ≥ 75 % was considered "a satisfactory level of patients' self-care behavior"(Weheida, Khatab, Abdel Mowla., & Mohamed, 2022).

Tool Reliability

Cronbach alpha coefficient was calculated to assess the reliability of the developed tool through its internal consistency.

Item	No. of items	Test of reliability
Reported Self-Care behavior	46	$\alpha = 0.80$

Tool Validity

It was determined by a team of eleven nursing experts from Port-Said University's faculty of nursing and neurosurgeons from Mansoura University's surgical department. The team reviewed the tools and made modifications based on their recommendations.

Pilot Study

Prior to beginning the real data collection, a pilot study was conducted following an expert assessment and approval of the questionnaire. The pilot study's objectives were to determine the study instruments' suitability and clarity as well as to pinpoint any possible obstacles or issues that might arise while gathering data. Estimating the amount of time required to complete the questionnaire was also helpful. Certain questions were changed, clarified, left out, or rearranged in light of the pilot study's findings. Six patients from the neurosurgical division and the outpatient clinic at the Health Care Authority hospitals in Port Said, which are linked with Egypt, were subjected to it; nonetheless, they were excluded from the study's overall sample.

Field Work

The data were collected over 6 months, the actual fieldwork was carried out from the beginning of August (2022) to the end of February (2023). The researchers visited the pervious mentioned study settings, three days/week (Saturday, Monday, and Wednesday). The researcher introduced herself and gave an explanation regarding the aim of the study and the expected outcomes were explained for the studied sample, each patient was interviewed individually after taking their consent to contribute to the study, and they enhanced cooperatively to participate in the study.

Ethical Consideration

An approval was taken from Research Ethics Committee of the Faculty of Nursing, Port-Said University. Moreover, approval was taken from universal health insurance to facilitate the cooperation of hospital directors in the study after an explanation of the study's aim. Verbal consent was taken from all participants

following an explanation of the study aim and data collection method to be familiar with the importance of her contribution.

The patients were informed that their contribution is voluntary & they have the right to leave the study at any time without rationalization .

Furthermore, all information gathered from the participants in the study was handled in full trust and was utilized completely for that purpose. Furthermore, there was no disruption to the harmonious operation of the above-mentioned configuration during the data collection process.

D-statistical analysis

IBM SPSS software package version 20.0 was used to feed data into the computer and analyze it. (New York, Armonk: IBM Corp.) Numerical and percentage descriptions were used for qualitative data. The normalcy of the distribution was confirmed using the Kolmogorov-Smirnov test. The terms mean, SD, median, and range were used to characterize quantitative data. The 5% level was used to assess the results' significance.

The used test was:

Pearson coefficient

For correlation between two normally distributed quantitative variables.

RESULTS

Part (I): Socio-demographic characteristics

Table (1): Demonstrates that 33.3% of the patients are in the age group from 30 to < 40 years, 55.0% of these patients were males, and 83.3% were married**.** In addition, it demonstrated that 40.0% of the studied cases attended secondary school and 43.3% of the studied patients worked as laborers.

Part (II): Medical and surgical history

Table (2): Demonstrates that, 85.0 % of study cases did not have any preceding lumbar disc surgery history, 63% of the studied patients didn't have any chronic disease, and 36.4% of them had hypertension.

Part (III): Self-care behavior

Table (3): Reveals that about 86.7 % of studied patients reported that they reduced bending the back during personal care, and 83.3% answered no about lifting heavy objects. 88.3 % about feeling back pain when walking long distances and 86.7% about avoiding wearing high heels. 90% of studied patients reported feeling back pain when sitting and standing for a long time, 98.3% kept the back straight when sleeping, 68.3% preferred sleeping during the sexuality side or backside and 98.3% about feeling pain in the back when traveling for a long time but 58.3% of them reported no answers about life with the family naturally.

Table (4): Demonstrates that there was a highly significant correlation between subtotal of reported self-care behavior with ($p< 0.001$).

Table (5): Demonstrated that no significant relationship between patients' total reported self-care behavior scores with lumbar Laminectomy and personal data.

Table (1): Distribution of patients under the study with lumbar laminectomy, socio-demographic data n (60)

Items	No.	%
Age		
20< 30	10	16.7
30 <40	20	33.3
40 <50	15	25.0
50 – 60	15	25.0
Gender		
Male	33	55.0
Female	27	45.0
Job		
Housewife	12	20.0
Laborer	26	43.3
Employee	16	26.7
Trader	2	3.3
Dress maker	1	1.7
Farmer	1	1.7
Sanitation worker	1	1.7
Unemployment	1	1.7
Level of educational		
Illiterate	4	6.7
Both write& read	11	18.3
Preparatory	5	8.3
Secondary	24	40.0
university	16	26.7
Marital Status		
Not married	4	6.7
Married	50	83.3
Divorced	3	5.0
Widowed	3	5.0

#: Answer not mutually exclusive

Table (2): Medical and surgical history among patients with lumbar laminectomy (n = 60)

	No.	%
Other spinal surgeries before:		
Yes	9	15.0
No	51	85.0
If yes, mention these surgeries:		
Lumber disctomy	4	44.4
Install vertebrae	2	22.2
Restoration of the spine vertebrae with slides and screws from the first fifth vertebrae	1	11.1
A herniated disc with a wire in the spinal canal	1	11.1
Cervical disctomy	1	11.1
Suffering from any other chronic diseases:		
Yes	22	36.7
No	38	63.3
If yes, mention these diseases:		
Asthma	1	4.5
Chronic migraine	6	27.3
Hypertension	8	36.4
Heart disease	1	4.5
Diabetes	6	27.3
Hepatitis C	1	4.5
Coronary artery disease	1	4.5

Table (3): Reported Self-care behavior by patients with lumbar Laminectomy (n = 60)

Self-care behavior reported by patients with Laminectomy	Yes		No	
	No.	%	No.	%
Personal care				
-Suffering from back pain during personal care	42	70.0	18	30.0
- Reducing bending the back during personal care	52	86.7	8	13.3
-Take a shower without assistance	50	83.3	10	16.7
Lifting and transporting objects				
- Lifting heavy objects	10	16.7	50	83.3
-Knowing the weight of the things that carried	44	73.3	16	26.7
-Avoiding quick movement and wrapping the waist when carrying things	26	43.3	34	56.7
-Holding the things that are carried close to the body	19	31.7	41	68.3
-Pushing things instead of carrying them	30	50.0	30	50.0
-Bending the knees and the back when carrying something from the ground	31	51.7	29	48.3
-Dividing things on two lighter bags instead of one	13	21.7	47	78.3
Walk				
-Feeling back pain when walking long distances	53	88.3	7	11.7
-Going with a straight back	32	53.3	28	46.7
-Take a simple step and do not strain the body and move the arm slowly	12	20.0	48	80.0
-Avoid wearing high heels	52	86.7	8	13.3
Sitting				
-Feeling back pain when sitting for a long time	54	90.0	6	10.0
-Sitting properly	27	45.0	33	55.0
-Rolling the body all at once when changing the seat	29	48.3	31	51.7
-Paying attention to the chair you sit on if it has a comfortable back or makes your back free	30	50.0	30	50.0
-Avoid sitting for a long time	13	21.7	47	78.3
Stand				
-Feeling back pain when standing for a long time	54	90.0	6	10.0
-Leaving a distance between legs while standing	18	30.0	42	70.0
-Avoid standing for a long time	46	76.7	14	23.3
Sleep				
-There is an insomnia or pain that wakes you up in the middle of the night	41	68.3	19	31.7
-In the case of sleeping on one side, bend the knee and the body a little	13	21.7	47	78.3
-Avoiding sleeping on foam mattress or bed with a Soest	23	38.3	37	61.7
-Keeping the back straight when sleeping	59	98.3	1	1.7
Sexuality				
-Avoiding sexual intercourse when feeling back pain	40	66.7	20	33.3
-Prefer to sleep during a sexual encounter on the side or backside	41	68.3	19	31.7
-Reducing the movement of the pelvis during sexual intercourse so that the other partner is the most moving	28	46.7	32	53.3
Social and Spiritual Life				
-Life with the family naturally	25	41.7	35	58.3
Travel				
-Feeling pain in the back when traveling	59	98.3	1	1.7
-Avoid sitting too much when traveling	15	25.0	45	75.0

Table (4): Subtotal reported Self-care behavior by patients with lumbar Laminectomy (n =60)

		p
Personal care		
Total Score (0 – 3)		
Minimum – Maximum.	0.0 – 2.0	
Mean± SD.	1.27 ± 0.63	<0.001*
Median	1.0	
% Score	42.22 ± 21.14	
Lifting and transporting objects		
Total Score (0 – 7)		
Minimum – Maximum.	0.0 – 7.0	
Mean± SD.	4.12 ± 1.84	<0.001*
Median	4.0	
% Score	58.81 ± 26.31	
Walk		
Total Score (0 – 4)		
Minimum – Maximum.	0.0 – 4.0	
Mean± SD.	2.25 ± 0.84	<0.001*
Median	2.0	
% Score	56.25 ± 20.90	
Sitting		
Total Score (0 – 5)		
Minimum – Maximum.	0.0 – 4.0	
Mean± SD.	2.45 ± 1.25	<0.001*
Median	2.50	
% Score	49.0 ± 25.09	
Stand		
Total Score (0 –3)		
Minimum – Maximum.	0.0 – 2.0	
Mean± SD.	1.03 ± 0.69	<0.001*
Median	1.0	
% Score	34.44 ± 22.94	
Sleep		
Total Score(0 –4)		
Minimum – Maximum.	0.0 – 3.0	
Mean± SD.	1.73 ± 0.82	<0.001*
Median	2.0	
% Score	43.33 ± 20.52	
Sexuality		
Total Score (0 –3)		
Minimum – Maximum.	0.0 – 3.0	
Mean± SD.	1.52 ± 0.93	<0.001*
Median	2.0	
% Score	50.56 ± 30.99	
Social and Spiritual Life		
Total Score (0 – 1)		
Minimum – Maximum.	0.0 – 1.0	
Mean± SD.	0.58 ± 0.50	<0.001*
Median	1.0	
% Score	58.33 ± 49.72	
Travel		
Total Score (0 – 3)		
Minimum – Maximum.	0.0 – 2.0	
Mean± SD.	1.47 ± 0.68	<0.001*
Median	2.0	
% Score	48.89 ± 22.52	

SD: Standard deviation

Table (5): Relation between percentage score for overall Self-care behavior reported by patients with lumbar Laminectomy and Personal data (n = 60)

	Mean± SD.
Age	
20< 30	54.55 ± 10.59
30 <40	51.06 ± 14.76
40 <50	46.26 ± 14.19
50-60	48.28 ± 10.46
F (p)	0.941 (0.427)
Gender	
Male	50.78 ± 12.56
Female	48.48 ± 13.66
t (p)	0.677 (0.501)
Job	
Housewife	45.96 ± 11.90
Labourer	47.09 ± 13.72
Employee	54.17 ± 12.90
Trader	51.52 ± 4.29
Dress maker	63.64
Farmer	54.55
Sanitation worker	66.67
Unemployment	54.55
F (p)	1.016 (0.431)
Educational level	
Illiterate	43.18 ± 11.70
Read and write	50.14 ± 12.37
Preparatory education	44.24 ± 15.98
Secondary school	48.48 ± 12.47
Higher education	52.65 ± 13.40
F (p)	0.808 (0.526)
Marital status	
Single	50.76 ± 9.05
Married	50.30 ± 13.04
Divorced	44.44 ± 21.28
Widowed	44.44 ± 12.25
F (p)	0.359 (0.783)

DISCUSSION

Around the world, LBP is the most frequent cause of disability and lost productivity. It is also becoming more common. Sprains, strains, and spasms of the muscles or ligaments that result from a back injury or trauma can cause low back discomfort. Disc herniation and degenerative diseases of the lumbar spine can also cause low back discomfort. According to Hartvigsen, Hancock, Kongsted, and Louw (2018), symptoms of lower back pain (LBP) can include muscle aches, shooting or stabbing pain

in the lower back or lower extremities, restricted range of motion, or difficulty standing straight. These symptoms can all have an impact on ADL (Hartvigsen, Hancock, Kongsted, Louw, 2018).

Over the previous 20 years, the number of lumbar spine surgical procedures performed to treat LBP has increased. One of the most popular treatments for the management of decompression is lumbar laminectomy (Stevens, Dunning, Oxner, Stewart, Hayden & Glennie, 2023; Zhang et al., 2021).

With regard to the socio-demographic characteristics of the studied cases, the results demonstrated that more than half of the studied cases were males. This could be linked to the occupation nature in which more than two-thirds of the studied cases were laborers who were involved in hard work which required heavy lifting and back twisting. This result is congruent with Ahmed, Abo El-Ata, Hendam & Mohamed, (2020) who demonstrated that more than half of the studied cases were males. This could be linked to the nature of occupation in which more than two-thirds of the cases were laborers being included in hard work that required heavy lifting and twisting of the back. In addition, Abd Elwahhab, Shehata & Abd Elghaffar, (2019) demonstrated that about half of both groups worked manually.

In addition, our study displays that less than one-third of studied cases were between the ages of 30 and 40, and a similar ratio was between the ages of 40 and less than 50. This result was agreed with Aghajanloo, Esmaeili, Bathaei, Piriaei & Tavakoli, (2019) who found that two-thirds of the studied patients were from the age range of 40 to 50 years old.

In the context of marital status, most of the studied cases were married and this is in the same line with Weheida, Khatab, Abdel Mowla & Mohamed, (2022) who said the same result that most of the studied patients in the control and the study groups (84% versus 80), were married.

As regards educational level, less than half of the studied patients were in secondary school. It is supported by Louw & Diener, (2015), who found that the majority of the studied cases had dissimilar educational degrees such as high school, graduate degree, and postgraduate degrees. Also, it was supported by Abd Elwahhab, Shehata & Abd Elghaffar, (2019) found in their study that more than one-third of the study group had secondary education. On the other hand, it was conflicted with Garcia et al., (2015)

who illustrated that nearly three-quarters had up to primary education (able to write and read).

Concerning surgical history among studied cases, our study displayed that most of the studied cases didn't undergo spine surgery and less than a fourth of them underwent spine surgery before. This study agreed with Rizk& Ali, (2021) who found in their study that only one-fourth have preceding back surgery, this could be owing to the surgery of lumber discectomy, which could relapse secondary to the inadequate knowledge of the patient concerning lifestyle modification and conducting the usual daily activities.

Pertaining to medical history, our study illustrated that less than one-fourth of the studied cases suffered from other chronic diseases, predominantly hypertension. This result is congruent with Ahmed, Abo El-Ata & Hendam, (2020) who said that less than one-fourth of the studied patients complained of other chronic diseases, predominantly hypertension.

Regarding total Self-care behavior, this study demonstrated a highly statistically significant relation between the subtotal of reported self-care behavior with (p. value < 0.001) and mean 16.42 ± 4.29. This result was consistent with Abd El-Aziz, Taha, Ali & Zytoon, (2024) who revealed highly significant variations between the two groups regarding the ability to perform daily activities.

Owing to the correlation between the socio-demographic information of the study group and the total reported self-care behavior, our study results displayed no statistically significant relationship between patients' total reported self-care behavior scores with lumbar Laminectomy and personal data. These results align with Abd El-Aziz, Taha, Ali & Zytoon, (2024) who stated that there was no significant relationship between levels of total capability for performing usual daily activities and the patient’s age and occupation of the study group patients.

Patients who have had lumbar laminectomy surgery should be aware that improving their quality of life and reducing their impairment can be achieved according to guidelines for proper body mechanics during daily activities such as sitting, standing, walking, sleeping, and having sex. According to the self-care behavior (SCB) score, our analysis showed that the majority of the cases had inadequate SCB, indicating the need for additional strengthening of the role of the nurse in providing health education in

conjunction with the management physician giving the cases this guidance and motivating them to follow up.

This may help cases become active members of their care and confirm that cases have important self-care behaviors to avoid the occurrence and relapse of lumbar disc prolapse.

CONCLUSION

Based on the findings of the current study, the majority of the studied patients had unsatisfactory self-care behavior, there was a highly significant correlation between the subtotal of reported self-care behavior and no significant relationship between patients' total reported self-care behavior scores with lumbar Laminectomy and personal data.

RECOMMENDATIONS

Based on the findings of the current study, the recommendations were:

- Design patient educational materials to present more comprehensive information, including proper self-care behavior of patients with lumbar laminectomy.
- The health education program should be adapted to every patient's individual needs related to the line of treatment.
- Professional nurses' role in implementing such programs in collaboration with the treating physicians should be emphasized.
- The healthcare team should establish a regular follow-up system with the patients to ensure their understanding and practicing what they need to know and do.

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تقييم سلوك الرعاية الذاتية بين مرضي استئصال الصفيحة الفقرية القطنية

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الـخـلاصــة

تؤثر سلوكيات الرعاية الذاتية على تطور العديد من الأمراض، بما في ذلك استئصال الصفيحة القطنية.**تهدف هذه الدراسة** إلى تقييم سلوك الرعاية الذاتية بين مرضي استئصال الصفيحة القطنية. وقد أجريت هذه الدراسة في بقسم جراحة المخ والأعصاب والعيادة الخارجية بمستشفيات هيئة الرعاية الصحية التابعة لمدينة بورسعيد في مصر، مستشفى السلام هو المستشفى الوحيد الذي يعالج الاضطرابات العصبية في مدينة بورسعيد. وتم تضمين عينة هادفة من **60** مريضًا بالغًا يعانون من استئصال الصفيحة الفقرية القطنية في الدراسة. تم استخدام أداتين لجمع البيانات من المرضى في هذه الدراسة؛ **الأداة (1):** هيكل استبيان المقابلة؛ وتضمن جزأين: البيانات الاجتماعية والديموغرافية، والتاريخ الطبي والجراحي. **الأداة (2):** سلوك الرعاية الذاتية للمرضى الذين يعانون من استئصال الصفيحة الفقرية القطنية.وقد أظهرت **نتائج** هذه الدراسةغالبية المرضى الذين شملتهم الدراسة كان لديهم سلوك غير مرضي في الرعاية الذاتية بعد استئصال الصفيحة الفقرية القطنية. **وتتلخص** النتائج في أن أكثر من غالبية المرضى الذين شملتهم الدراسة بحاجة إلى تحسين سلوك الرعاية الذاتية فيما يتعلق بسلوك الرعاية الذاتية غير المرضي ولم تكن هناك علاقة ذات دلالة إحصائية بين البيانات الديموغرافية وسلوك الرعاية الذاتية. **وقد أوصت هذه الدراسة**: تصميم مواد تعليمية للمريض بما في ذلك معلومات شاملة، بما في ذلك سلوك الرعاية الذاتية المناسب للمرضى الذين يعانون من استئصال الصفيحة الفقرية القطنية. يجب أن يكون برنامج التثقيف الصحي مصممًا لكل مريض على حدة.

الكلمات المرشدة: سلوك الرعاية الذاتية, استئصال الصفيحة الفقرية القطنية