Nurturing Question-driven Healthcare Solutions

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You can tell whether a man is clever by his answers. You can tell whether a man is wise by his questions. – Naguib Mahfouz (Nobel Prize winner)

Often, it is assumed that technological advances are the main reason for global increases in life expectancy, and we frequently look to technology when considering how to best manage patient care. Similarly, when considering the future of healthcare, we think new medications, diagnostic tools, surgical interventions, and high-tech innovations. Nursing students starting their clinical rotation in community and public health are commonly concerned they “do not have any equipment.” Of course, technology and sophisticated instrumentation have improved our ability to diagnose and manage many conditions and improve patient quality of life. They also have increased life expectancy … somewhat. History shows us the rapid decline in mortality rates in the 20th century is mostly related to a decline in infectious disease mortality rates,1 yet noninfectious disease mortality rates have barely budged this past century. In other words, vast improvements in sanitation and the discovery of vaccines and antibiotics caused a substantial increase in our life expectancy, not the invention of CAT scans or MRIs. A careful analysis of these data has sparked concern that this trend may change in the 21st century as new infections are emerging and the number of antibiotic-resistant strains of bacteria continues to rise.

Three original research publications in this issue of OWM have me pondering our love for technology versus historical reality. The articles represent three different countries and three different topics, but they have one common theme. Using a decidedly nonhigh-tech approach, Meng et al2 examined the factors influencing adaptation to having a permanent colostomy among outpatients at the Jiang Su Cancer Hospital in China. The authors found that stoma knowledge and ability to care for the stoma independently significantly affect psychosocial adjustment. In other words, asking patients to what extent they are able to care for and how much they know about their stoma may provide important clues as to how well they will fare and the impact of the stoma on quality of life. Paul3 asked outpatients at a wound clinic in the United States about wound pain and itching. The results suggest that patients who experience wound pain also frequently experience itching, and both are particularly common in persons with venous ulcers. Pain and itching are stressors that require different treatment approaches. Not unlike the stoma study results, the researcher concludes that in order to optimize care, clinicians need to ask patients the right questions. Günes and Efteli4 examined risk factors for the development of pressure ulcers among patients in an intensive care unit in a Turkish hospital. Using previously tested paper-and-pencil instruments (Braden Risk Scale and APACHE II score) and routinely collected laboratory data (eg, albumin levels) — ie, not necessarily highly technological tools — the authors asked, Which factor, or combination of factors, increases the risk of pressure ulcer development in high-risk patients? The results of these and other studies show that asking the right questions helps healthcare professionals implement appropriate prevention/intervention strategies.

Advances in technology will (hopefully) continue to improve patient care, as will more research to further understand the results of these studies. History has shown that technology can supplement but not replace the critical thinking skills of a clinician who knows what questions to pose. The most successful developments of the future will be those that find ways to respond to our (some as yet unasked) healthcare questions.

References


This article was not subject to the Ostomy Wound Management peer-review process.