

“LIVED EXPERIENCES OF PATIENTS WITH TOTAL KNEE REPLACEMENT ATTENDING ORTHOPAEDIC OPD AT AIIMS, JODHPUR”

A Thesis submitted to the

All India Institute of Medical Sciences, Jodhpur

In partial fulfilment of the requirement for the degree

Master of Science in Nursing

(Orthopaedic Nursing)

By

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[2021]

DECLARATION BY CANDIDATE

I hereby declare that the thesis entitled "Lived Experiences of Patient with Total Knee Replacement Attending Orthopedic OPD at AIIMS, Jodhpur" is a bonafide work carried out by me under the guidance of Mrs. Vandna Pandey Assistant Professor, College of Nursing, All India Institute of Medical Sciences (AIIMS), Jodhpur (Rajasthan). No part of this thesis has formed the basis for the award of any degree previously.

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LIST OF ABBREVIATIONS USED

Abbreviation	Full form
AIIMS	All India Institute of Medical Sciences
TKR	Total Knee Replacement

ABSTRACT

Introduction: Total knee Replacement is a common procedure with generally good results. However, there are still patients who are dissatisfied without known explanation. Satisfaction and dissatisfaction have previously been captured by quantitative designs, but there is a lack of qualitative studies regarding these patients' experiences. Qualitative knowledge might be useful in creating strategies to decrease the dissatisfaction rate. Total knee replacement is an active surgical intervention that is used mainly for patients with Arthritis. It is an effective surgical modality that improves patient's quality of life, reduces pain and increases functional capability. Current research with total knee replacement is directed at refining the design to improve patient quality of life.

Objective-The objective of the study to explore the lived experience of patients with total knee replacement.

Method: A qualitative approach, A phenomenological research design was used in the study to investigate the phenomenon under study. To explore the Lived experience of patient with Total Knee Replacement Patients who undergone total knee replacement and Non probability convenient sampling technique used and the sample size was 12. Method of data collection was telephonic interview; self-structured open-ended questionnaire was used. Colaizzi's framework (1978) was used in the study to analyse the data. Bracketing was done before the data collection through peer review and self-

review technique of bracketing. Data analysis was done in this study with the help of scientific software called ATLAS.ti9.

Result: Objective of the study was to explore the lived experiences of patient with Total Knee Replacement. Five themes and 10 sub-themes were emerged after the thematic analysis. Themes are: Activity of daily living, Psychological/Emotional Impact Coping strategies, Hospital Services Satisfaction with care. Subthemes are: Reduced Pain Able to perform Household work Feeling of self-worth, Belief in god, Family support, Adequate Facility Good Communication, Regular Follow-up, Improvement in Health condition, Improved Quality of life.

Conclusion: The study results revealed that Total Knee Replacement have positive impact on participants lives in all aspect. The current results revealed that the most of the participants pain level get reduced and they were able to perform house-hold work, though the participants had no difficulty caring for themselves, the participants were having positive impact on mood. The participants felt that they have got very much support from their family members during TKR. Pain eased after surgery. The participants were satisfied from the services provided by hospital staff. The participants feel improvement in health condition.

Keywords: *Lived Experience, Patient, Total Knee Replacement.*

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CHAPTER-I

INTRODUCTION

INTRODUCTION

“It always seems impossible until it's done”- Nelson Mandela

Background

Qualitative research provides insight into the lived experience of health and how individuals' make sense of their health problems. Rather than depending on the initial assumptions of researchers, qualitative research prime concerns is the voice of the 'expert' participant, thus focusses on aspects of the lived experience that cannot be obtained by quantitative approach¹.

As population ageing, more patients suffer from joint diseases. So, the Joint replacement surgery is performed. Total knee replacement is a surgical procedure for replacing the knee joint. This joint is composed of three parts – (thigh bone), (shin bone) and patella (knee cap). The tibia is usually metal covered with high density plastic and the knee cap is plastic. Knee replacement surgery was first performed in 1968. Since then, improvements in surgical materials have greatly increased its effectiveness. Total knee replacements are one of most successful procedures in all of surgery. According to the Agency for Healthcare Research and Quality, more than 7,90000 knee replacements are performed each year in United States².

Total knee Replacement is a common procedure with generally good results. However, there are still patients who are not satisfied without known explanation. Satisfaction and dissatisfaction have previously been captured by quantitative designs, but there is a lack of qualitative studies regarding these

patients' experiences. Qualitative knowledge might be useful in creating strategies to decrease the dissatisfaction rate¹.

Total knee Replacement is one of the most effective surgical procedure for pain relief and effective recovery in patients with advanced degenerative Joint Disease. Aging of the society has led to increases in the pre-dominance of arthritis and the occurrence of TKR for end-stage arthritis. Accordingly, the outcomes of TKR have been reported in a large number of studies, most of which entrenched on the outcomes measured from the surgeon's outlook, such as the implant life-sustaining, postoperative range of motion (ROM), and ultrasonographic enhancement. However, it is not common to encounter a situation where a treatment rated successful from the surgeon's outlook fails to deliver patient satisfaction³.

Knee Replacement as a surgical option for end stage arthritis is well set-up now and so many patients have benefited. India is a country of 1.2 billion people with significant knee arthritis population⁵. As reported by the survey, almost 70,000 Joint Arthroplasty surgeries were performed in India in the year 2011. The demand for joint replacement surgery is set to rise therefore, the urgent need for training of surgeons as well as monitoring the implant usage². Knee replacement was the 14th most common inpatient procedure in 2009. More than 4.5 million American's are currently living with at least one total knee replacement and make up 4.7% population age 50 or older. Over 650,000 knee arthroplasties are partial knee arthroplasty all other are total knee arthroplasty. 5% of patients have both knee replacements at same time. Knee replacement have increased by 84% from 1997 to 2010⁴.

TKR is a planned surgery, patient predilection plays most important role in implication. Most often, patients with joint disease are managed in primary care, and Orthopaedic Surgeon often start off discussions with patients about operation, to assess possible transferred to an orthopaedic surgeon for further evaluation⁴.

Studies using Physician-based measures and life-sustaining have shown TKR to be a highly lucrative procedure. However, those utilizing patient-reported outcome measures is essential. Patient health guidance is important to patient perspective, a concerned of health reform initiatives such as Meaningful Use and Patient-Centred Medical Home. In addition to promoting more concerned patients, patient education creates a wealth of benefits: Increases patient feeling of needs, improves understanding of multiple parts of a condition, increases patient self-management, increases patient motivation and knowledge, improves outcomes, increases satisfaction and experience, Decreases complications².

TKR is the most extensively done and broadly followed of medical course of action. It has been highly achieving in relieving pain and reinstating function in patient's osteoarthritis. It is familiar that many patients who have undergone joint replacement profit from ameliorate pain relief, mobility, and activity of daily living. It is anticipated over the next 10 years that there will be a significant increase in the number of TKRs performed in the United States and all over the world. Although in the past TKR have been set aside for senile and more

inactive patients, the command for return to work has propel so many patients and doctors to perform these procedures on patients who are active and young⁴.

NEED OF THE STUDY-

Total knee arthroplasty is an active surgical procedure that is used mainly for patients with Arthritis. It is an effective surgical procedure that improves patient's life-style, reduces suffering and increases functional ability. The main indications for performing Total Knee Replacement are pain in joint and limitation in function. Current research with total knee replacement is directed at refining the design to improve patient's Lifestyle. The desire to attain greater knee movement and strength promotes researchers to further improve knee replacements so as to be equal to normal knee. Total knee replacement (TKR) is typically an extremely improved method of restoring free from pain function and providing good outcomes for patients with knee disease. Since few studies are available for assessing lived experience of patient with Total Knee Replacement. So, researcher intended to conduct the study to assess the lived experience of patient with total knee replacement⁷.

Total knee Replacement is a common procedure with generally positive outcomes. However, there are still patients who are dissatisfied without known reason. Satisfaction and dissatisfaction have previously been captured by quantitative research designs, but there is an insufficiency of qualitative studies concerning patients' experiences. Qualitative study might be useful in creating strategies to decrease the dissatisfaction rate⁸.

It is salient to determine more about patients' experiences of living with Arthritis, as well as their expectations for a knee Replacement, to better understand how Arthritis affects their lives and how they handle with the disease. The present study can add to our knowledge of what improvements are necessary to be able to treat these patients in the best possible way, which is in line with person-centred care⁸.

AIM OF STUDY

The aim of this study to reveal the lived experience of patients with total knee replacement.

STATEMENT OF PROBLEM

Lived experience of patients with total knee replacement attending Orthopaedic OPD at AIIMS, Jodhpur.”

OBJECTIVES

- To explore the lived experiences of patients with total knee replacement.

ASSUMPTIONS

- Patients after TKR may have both pleasant and unpleasant experiences.
- Sharing of experience to others will reduce emotional distress and promote feeling of well-being.

OPERATIONAL DEFINITIONS

- **Lived experience-** It refers to the experiences of patients with total knee replacement.
- **Patient with TKR-** It refers to those patients who has been diagnosed with osteoarthritis, rheumatoid arthritis and post traumatic arthritis have undergone TKR and available at orthopaedic OPD of AIIMS, Jodhpur.
- **Total Knee Replacement-** Total Knee replacement, also known as total knee arthroplasty, is a surgical procedure to replace the weight-bearing surfaces of the knee joint to relieve pain and disability. It is most commonly performed for osteoarthritis, and also for other knee diseases such as rheumatoid arthritis and psoriatic arthritis.

DELIMITATIONS

- The patients with TKR.

SUMMARY

This chapter discussed the background of the study, explained why it is important to conduct study, problem statement, aims and objectives of the study, operational definitions used in the study and delimitations of the study.

CHAPTER-II

REVIEW OF

LITERATURE

REVIEW OF LITERATURE

The main aim of the literature review is to provide an overview and comprehensive report of the lived experiences of patient with TKR. An extensive search on the major databases such as PubMed, CINAHL, Science Direct, Psych info were carried out. Review of literature was done to assess in-depth information regarding the Lived experiences of TKR patients, further exploring the research questions, design and the research methodology.

Jason A Wallis, Nicholas et al carried out a qualitative study that aimed to review the qualitative study on living with knee arthritis from patient and care provider perspectives. Thematic analysis was done. Seven themes were emerged This study concluded that this study focusses the value of contemplate patient perspective and experiences including psychosocial perspective when planning and improving management options for people with knee osteoarthritis⁵.

Michelle Bardgett, Joanne Lally et al. Carried a qualitative study that was aimed to return to work after knee replacement: a qualitative study of patient experiences Interviews was transcribed and analysed and thematic analysis was done identify the factors influencing return to work from the patient's overlook. It was done on secondary-care setting in a large teaching hospital in the north of England. Semi structured interviews were done with 10 patients regarding their experiences of returning to work following TKA. Three themes

influencing the patient's experience of return to work following TKA were identified from the interview data⁶.

Young-Joon Choi, MD et al. Patient Satisfaction after Total Knee Arthroplasty. Total knee Replacement (TKR) is one of the most performed and effective interference options to reduce pain and restore function for patients with arthritis. The purpose of this article was to review and conceptualize the recent literatures regarding patient satisfaction after TKA and to analyse the various factors associated with patient dissatisfaction after TKA. Patient Satisfaction Measurement Tools the Knee Society Clinical Rating System has been widely used as a relatively objective scoring system for the assessment of TKR outcomes in spite of deficiencies in the items for patient satisfaction assessment⁷.

G M Woolhead , J L Donovan et al. the qualitative study was carried out for outcome of knee arthroplasty to see patients' experiences of outcome from a total knee arthroplasty. In-depth interviews were conducted. Patients were purposively sampled to include a range of statistic characteristics. Interviews were audiotaped and recorded. comparison was made to analyse the data. TKR has shown very effective procedure¹⁰.

Cynthia A. Kahlenberg, et al. carried out a qualitative study Patient Satisfaction After Total Knee Replacement A systematic review was performed. The initial search obtained 1219 studies. The inclusion criteria were English

language, clinical outcome study with primary outcome related to TKA for arthritis, and patient-reported contentment included as an outcome measure. Studies were assessed for statistics, methodology for reporting contentment, and factors influencing contentment was most commonly measured using an ordinal scale. Twenty-seven studies (13%) used a validated satisfaction¹¹.

Derek S. Stenquist Scott A et al. the study carried out on Physical Activity and Experience of Total Knee Replacement in patients one to four years post-surgery in the Dominican Republic: A Qualitative Study was done in which Most of the patients found that TKA increased their participation in physical activities in various life domains, such as occupational or social area. This research also demonstrates the influence of patients' education, culture, and religion on patients. As the global burden of musculoskeletal problem increases¹².

Alison E Jeffery et al. the qualitative study carried out on patients' experiences of chronic pain following total knee replacement surgery. The study conducted for gaining insight of patient experience to chronic pain following TKR surgery. Semi-structured interview was conducted Thematic analysis using the constant comparison technique, was used to identify and analyse patterns and themes from the transcripts. The distress was caused by continuous pain. The data suggest that accustoming to chronic pain following recovery from TKR surgery is influenced by biomedical and psychosocial factors, including an individual's pain-related illness cognitions, beliefs, and their perceptions of their condition in a social context¹³.

E. Nunez, P. Isla, M.C et al. the study was conducted to assess the factors influencing decision-making before TKR. The phenomenological study was done of the antecedent that leads patients to accept, delay or reject TKR. WOMAC Scale was used for collecting Demographic and clinical data. Analysis was done by 4 stage analysis of qualitative data according to Ritchie, Spencer and O'Connor (2003). Focus group was identified for factor influencing for TKR. The decision for TKR is influenced by so many factors. The result includes that care is needed before and after TKR psychological support and preventive and educational programmes¹⁴.

Abdullah Al-Taïar, Reem Al-Sabah et al. the qualitative study carried out on Attitudes to knee osteoarthritis and total knee arthroplasty in Arab women focus group discussions were done including women with severe knee OA in the orthopaedic hospital in Kuwait. Discussions were recorded, transcribed and coded for themes to identify the factors considered to be important in decision-making for TKA. The result shown unclear expectation about surgery¹⁵.

Nyvang Josefina et al. the qualitative study carried out on patients' experiences of living with knee osteoarthritis and their expectations for knee arthroplasty. 12 interview with the knee OA patient were conducted scheduled for arthroplasty. Seme-structured interview was conducted. The interviews were recorded and transcribed verbatim and analysed using qualitative thematic analysis. The result shown the experience of living with knee OA largely varies

between individuals. This mandates that patients' assessment should be considered on individual basis with regard to each patient¹⁶.

Lin Pi-Chu et al. the qualitative study was carried out on Patient Life Experience and Activity of Daily Living before and after Total Knee Arthroplasty. In this study in-depth interview was conducted with interview guide to analyse patient experience. Twenty participants were recruited eighteen of the participants were female. Majority of participant indicated their home facilities were more convenient. The findings can be used by clinical practitioner to provide pre-operative education for total knee arthroplasty patient¹⁷.

Tony L Kroll et al. the study was carried out on perception on taking decision on total knee arthroplasty Six focus group discussions were conducted with participants which divided according to race. Analysis verbatim transcripts of the discussions was done for the perception in decision making for total knee arthroplasty¹⁸.

CHAPTER-III

METHODOLOGY

METHODOLOGY



Figure 1: Schematic Presentation of Research Methodology

RESEARCH METHODOLOGY

RESEARCH APPROACH

Research methodology is a systematic way to solve the research problem. It includes the steps, procedure and strategies for gathering and analysing the data in research investigation. This chapter deals with research methodology adopted for “Lived experience of patient with Total knee replacement attending orthopaedic OPD at AIIMS, Jodhpur.” Its gives detailed description about research design, research setting, population, sample, sampling technique, sampling criteria, data collection tools, tool validity, ethical consideration, pilot study, procedure for data collection, data analysis and interpretation.

RESEARCH DESIGN

The research design can be defined as a blueprint to conduct study that maximizes control over factors that could interfere with the validity of findings. In the given study the research design used was Phenomenological research design. In the study a self- structured open-ended questionnaire has prepared for semi structured in-depth interview to explore the lived experiences of patients after total knee replacement based on the review of research and non-research literature and opinion of experts. After considering the objectives of the study, phenomenological research design was used in the study to investigate the phenomenon under study.

VARIABLES

- **Demographic variable:** Age, Gender, Education, Occupation, Religion, Marital Status, Total Number of Family Members, Monthly Income Of Family, Suffering from Disease, Operated for TKR, Suffering from Chronic illness, Health Insurance Coverage For surgery
- **Research Variable:** Lived experiences of patient with TKR attending Orthopaedic OPD.

STUDY SETTING

Selection of an appropriate setting of study is important because the setting can influence the way people behave or feel and how they respond. The setting is the physical location and conditions in which data collection takes place in the study. The study was conducted in Orthopaedic OPD of AIIMS, Jodhpur. Head of department of Orthopaedic Unit is Dr. Abhay Elhence. The department is having a daily load of nearly 50 patients per day. Patients suffering from bone and joint come in Orthopaedic OPD of AIIMS Jodhpur.

POPULATION

Population is a complete set of elements (persons or objects) that possess some common characteristic defined by the sampling criteria established by the researcher. The study population include the patients with total knee replacement.

TARGET POPULATION

A target population is a certain group of the population that share similar characteristics and is identified as the intended audience for a product, advertising or research.

Patients who undergone total knee replacement and who fulfils the inclusion and exclusion criteria were selected as a sample.

SAMPLING TECHNIQUE

Convenience sampling is a non-probability sampling technique where samples are selected from the population only because they are conveniently available to the researcher.

In this study Non probability convenient sampling technique was used.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

Study includes: -

- Patients after one month of Total Knee Replacement.
- Patient aged more than 18 years.
- Patients who were able to speak and understand Hindi/English language
- Patients who were willing to participate in the study.

Exclusion Criteria

Study excludes: -

- TKR patients with other major orthopaedic surgeries.

SAMPLE SIZE

The sample size was estimated based upon data saturation. Data collection was done using telephonic interview technique. Data saturation was obtained after 12 interviews. So, sample size was 12 patients who had undergone TKR.

METHOD OF DATA COLLECTION

Telephonic Interview technique was used for data collection with help of a self-structured open-ended questionnaire to explore the lived experiences of patient with Total Knee Replacement attending Orthopaedic OPD at AIIMS, Jodhpur.

DEVELOPMENT OF TOOLS

In this study a self- structured open-ended questionnaire has prepared for semi structured in-depth telephonic interview to explore the lived experiences of patients after total knee replacement based on the review of research and non-research literature and opinion of experts.

DESCRIPTION OF TOOL

The self -structured open-ended questionnaire consists of two parts i.e., Part 1 and Part 2 (Appendix- IV).

Part 1: It consist of 13 items seeking on background data such as Age, Gender, Education, Occupation, Religion, Marital Status, Total Number of Family Members, Family Income, Duration of Illness, Date of total knee replacement, Any chronic illness, Duration of illness, Health Insurance coverage for surgery.

Part 2: It consist of 8 open ended questions which was based upon the aim of exploring the lived experiences of patients after total knee replacement.

ETHICAL CONSIDERATIONS

Ethical clearance was obtained from the institutional ethical committee, AIIMS Jodhpur.

- Certificate reference number- **AIIMS/IEC/2020-21/2094**
- Minor change i;e face to face interview to telephonic interview was done due to Pandemic Covid-19 which was approved by ethical committee
- Written informed consent was obtained from each study participant involved in the study after giving proper explanation of the purpose of the study. They were informed that they can quit from the study at any point of time during the data collection.
- Informed consent was also developed in Hindi language.

- Confidentiality and anonymity of the subjects and the data collected was maintained throughout the study.

PILOT STUDY

A pilot study was conducted to check the feasibility of the study and data was collected from 3 participants who had undergone Total Knee Replacement, at AIIMS Jodhpur and fulfilling the criteria. The telephonic interviews were taken from the participants with the help of interview guide and after explaining that interviews were audio recorded and used for research purpose only.

VALIDITY OF THE TOOL

The interview guide was validated through panel of experts and necessary modifications were done on the basis of suggestion of experts.

DATA COLLECTION PROCEDURE

- Data was collected in the month of October and November 2020. Before the actual data collection, the informed consent was taken and participants were assured that the information would be kept confidential and it will be used for study purpose only.
- After explaining about the purpose of study, consent obtained from participants who fulfil inclusion criteria of the study.
- They were informed that the telephonic interviews will be audio recorded and will only be used for the research purpose.

- Telephonic Interview were taken after taking their formal agreement.
- Flexible timings were used for the data collection according to the convenience of the patient.
- The telephonic interview was conducted in a calm and quiet place to avoid distraction and to provide comfort to the participants. Each interview took 10- 15 minutes.
- The telephonic interview was conducted in Hindi language.
- The telephonic interview was initiated with general and open-ended questions with the help of interview guide.
- The telephonic interview was started and audio was recorded when the participants was ready to speak.
- Notes were taken by the researcher during the interview. Whenever necessary, follow-up questions were asked to clarify the information.
- Total 12 interviews were taken for qualitative data collection.

RIGOR: QUALITATIVE STUDY

Lincoln and Guba (1985) gave four criteria for enhancing the trustworthiness of the data which are as follows: credibility, transferability, dependability and confirmability.

Credibility refers to the confidence in 'truth' of the data findings. The findings should be compatible with the experiences of the patients. Credibility was maintained by recruiting the participants in the study who were willing to participate and help to acquire the phenomenon in the study. It was maintained

by memo writing interactive and reflective questioning. Each interview was audio-recorded and by these recordings individual transcription was made which confirmed all information captured accurately. Researcher also made a healthy conversation prior to actual interviews to make patient comfortable to share their experiences.

Transferability refers to applicability of the findings in another context. The description of the findings from the patients were stated along with the quotations under the theme with patients' number and quotations number. This enables the scholars to compare the result in context of his/her setting.

Dependability refers to the reliability of the data over time and conditions. This means the findings of enquiry can be repeated if were replicated with similar patients in the similar context that is consistency of the findings in similar circumstances. The researcher conducted an audit trial which included all the raw data and explanation about research process and how themes and subthemes are extracted from data were explained to another peer researcher who were familiar with study design and context of study setting. Panel of experts had consensual agreement on the findings of the study. (Appendix-IX).

Confirmability refers to the extent to which findings of the study are shaped by response of the patients not by the researcher's personal interest, motivation and bias. Audio recordings were checked at various stages of data analysis by supervisor.

DATA ANALYSIS

Colaizzi's framework (1978) was used in the study to analyse the data. Bracketing was done before the data collection through peer review and self-review technique of bracketing. Data analysis was done in this study with the help of scientific software called ATLAS.ti 9. Six-month student license was purchased and latest ATLAS.ti 9 was used to analyse the data.

SUMMARY

The chapter described the methodology used in the study which consists of research design, variables, setting, population, sample, sampling techniques, data collection, pilot study, procedure for data collection and plan for data analysis. Total 12 interviews were taken. Rigor of the data was maintained at various stages of the study by the researcher to enhance the trustworthiness of the data.

CHAPTER-IV

ANALYSIS

INTERPRETATION

AND DISCUSSION

ANALYSIS AND INTERPRETATION

The objective of the present study is

- To explore the lived experiences of patient with TKR.

The data and finding have been organized and presented in the following sections

Section1: Description of demographic variables of TKR patients.

Section2: Analysis and interpretation.

Section 1. Description of personal variables of the subjects

Table 1: Frequency and percentage distribution of demographic variables of TKR patients.

(N=12)			
S. No.	Demographics	Frequency (f)	Percentage
1.	Age		
	45-60 years	5	41.6%
	60 years and above	7	58.3%
2.	Gender		
	Male	3	25%
	Female	9	75%
3.	Education		
	Secondary	8	66.6%
	Graduation or above	4	33.3%
4.	Occupation		
	Homemaker	6	50%
	Government employee	1	8.3%
	Business	1	8.3%
	Retired	1	8.3%
	Unemployed	3	25%
5.	Religion		
	Hindu	11	91.6%
	Muslim	1	8.3%
6.	Marital status		
	Married	11	91.6%
	Unmarried	1	8.3%
7.	Number of family members		
	<=5	8	66.6%
	> 5	4	33.3%
8.	Monthly income of family		
	20 thousand or below	3	25%
	20-40 thousand	4	33.3%
	40 thousand or above	5	41.6%
9.	Suffering from Disease		
	3 months – 1year	3	25%%
	More than 1 year	9	75%
10.	Operated for TKR		
	3 months – 1 year	9	75%
	More than 1 year	3	25%
11.	Suffering from Chronic illness		
	Yes	1	8.3%
	No	11	91.6%
12.	Health Insurance Coverage For surgery		
	Yes	8	66.6%
	No	4	33.3%

Table 1 depicts: The demographic variables, their frequency and percentage distribution. It was found out that (58.3%) of patient belong to age group of more than 60 years. Most of patients (75%) were female. More than half patients (66.6%) have studied up to secondary education. About 50% patient were homemaker. Most of patient (91.6%) belong to Hindu religion. 91.6% patient were married. (33.3%) patient having more than 5 family members. About 41.6% patient were having monthly family income above 40 thousand. Results found that (75%) patients were suffering from disease for more than one year. About 75% were operated for TKR within 3months to 1 year. About 66.6% were having health insurance coverage for surgery.

Section 2: Analysis and Interpretation

The data was analysis using the Colaizzi's framework (1978). Researcher familiarized herself with the scientific software ATLAS.ti.9. through online tutorials. Thus, qualitative data was analysed in two steps: Data preparation and thematic analysis.

I. Data Preparation

Transcription of data

Bracketing was done before the data collection through peer and self-review technique. Interviews were transcribed into verbatim after listening to the audio-recorded interviews. Efforts were made to keep the originality of the words spoken by the participants. Participants were given code so that anonymity of the participants can be maintained.

II. Thematic Analysis

The study followed following steps of thematic analysis

1.Familiarization with the data: To obtain a deeper insight of the phenomenon, the researcher immersed herself into the data reading the interview transcripts repeatedly.

2.Identifying significant statement: The researcher identified all the statements from the data that have a relevance to the phenomenon under study.

3.Formulating meaning: Initially, codes were generated on the basis of different thoughts, ideas and meanings from careful consideration of significant statements.

4.Clustering the themes: The codes were categorized into themes and subthemes on the basis of similarities or relationships among them. Themes were connected to the research question whereas sub-themes were more associated with the group of codes that emerged from the significant statement.

5.Developing an exhaustive description of the phenomenon under study: Themes, sub-themes and codes were reviewed repeatedly and a hierarchical category was made which is called thematic map analysis. The researcher wrote full and exhaustive description of the phenomenon after the primary data analysis.

6.Producing a fundamental structure: The findings from the data analysis was so vague that it was necessary to provide a fundamental structure to it. The codes, sub-themes and themes were refined through the process of secondary

data analysis and the essence of each theme were identified and captured. Themes were finalized and it was reviewed from the various experts.

7. Seeking verification of the fundamental structure: One of the important aspects of the Colaizzi's framework is confirmation of the findings with the participants. The researcher went back to the participants and confirmed the findings of the study. The participants agreed with the findings. Certain modifications were done based on the suggestion of experts and participants.

Result:

Objective of the study was to explore the lived experiences of patient with Total Knee Replacement. Five themes and 10 sub-themes were emerged after the thematic analysis as shown in table1. Themes are: Activity of daily living, Psychological/Emotional Impact Coping strategies, Hospital Services Satisfaction with care. Subthemes are: Reduced Pain Able to perform Household work Feeling of self-worth, Belief in god, Family support, Adequate Facility Good Communication, Regular Follow-up, Improvement in Health condition, Improved Quality of life.

Table-2: Themes and subthemes of the study

S. No	Themes	Subthemes
1.	Activity of daily living	Reduced Pain Able to perform Household wok
2.	Psychological/Emotional Impact	Feeling of self-worth
3.	Hospital Services	Adequate Facility Good Communication Regular Follow-up
4.	Satisfaction with care	Improvement in Health condition Improved Quality of life
5.	Coping strategies	Belief in god Family support

Detailed description of themes and sub-themes

THEME I. Activity of daily Living-

Most of the participants pain level get reduced and they were able to perform house-hold work.

Sub-theme-1 Reduced Pain

The participants were having slight pain in initial days of TKR.

At first it was really a trouble maker,I was exhausted I needed really close assistance and supervision of my family and they have been very supportive for me,they helped me out for daily chores and planned my daily routine for betterment.

1:9 ¶ 138

Ab vo kya hai dekho body me thodi beemariyaan bhi hain sharer me,to us vajah se weakness to rahti hai diabetes ki wajah se,baaki ghutne me koi dard nahi hai koi bhi takleef nahi hai bahot achcha mehsoos ho raa hai.

1:4 ¶ 40

Pahle shuruaati dinon me chakkar aata tha jyada chalne me,pair me jhunjhunaahat hoti thi,baith nahi paati thi fir exercise ki jo doctor saab ne bataai abhi sab badhiya hai koi dikkat nahi Kuchh din tak to pair me takleef rahi to jhukne aur baithne me dikkat rahi,ghar ka kaam nahi kar payi khana banana,jhadu pochha sab bahu kr rahi thi.Pahle kuchh din me saraa kaam bahu hi karti rahi fir kuchh din me takleef kam hui to mai bhi sath kaam krane lagi.

1:7 ¶ 102

Sub-theme-2 Able to Perform Household work

The participants were able to perform household work properly.

Pahle to bahot mushkil hota tha bathroom vagaira jaane me chalne firne me,sab pakad pakad ke chalte the.fir kuchh din baad sab normal ho gya sab bdhiya ho gyaa,abb to sab kaam bhi kar leti hu itni koi dikkat nhi hoti hai.Phle pair seedha nhi hota tha baitha nhi jaata tha lekin ab sab thik hai.

1:15 ¶ 6

Pahle se to ghano aram hai Saa pahle to takleef hoti thi silai ulai karo to baithe me takleef hove.Abe aram hai thodo so ab mai Silaai bhi karu Aur sath me Ghar ke kaam bhi karau. chala fira me Doctor ghana hi bataya yu karna hai yoga karna hai to abe to ghano aram hai

1:20 ¶ 57

Ab to achcha mehsoos kar rahi hu shuru me thodi dikkat ho rahi thi surgery ke baad lekin abb to sab badhiyaa hai koi bhi dikkat nahi hoti hai kaam bhi kar leti hu,bachchon ko dance sikhaati hu vo v ho jaata hai.

1:23 ¶ 119

Theme ii-Psychological/Emotional Impact

The participants were having positive impact on mood. Elevated mood and sense of self-worth.

Sub-theme-1 Feeling of Self worth

Abhi to mai bahot achcha feel kar rahi hoon matlab meri zindgi change ho gayi,Ap ye dekh lo mai chal bhi nahi paati thi bathroom tak nahi jaa paati thi,Mere to ekdam Life hi change ho gayi,pahle to jeene ki ichchha nhi hoti thi ab lagta hai jeena hai

1:31 ¶ 27

Mera shaukh hai Dance sikhana ye ghutne ki vajah se class nahi le paati thi to bahot dukhi rahti thi,dance meri zindgi ka aham hissa hai par ghutne ke dard ke bad lagaa mano ab nahi karr paungi,fir surgery ke bad abb bhi mai sikha paati hu to bahot Khushi mehsoos hoti h,kisi ke jyada sahaare ki bhi jaroorat nahi padti abb

1:36 ¶ 123

I'm feeling great now,now I dont needs anyone's assistance and I'm feeling very confident and active

1:40 ¶ 194

Pahle se sab bahot achcha hai infection ho gaya tha mujhe islea ghutna badalwana pada,abhi to bahot khush hoon.sab kaam khud se kar leti hoon kisi ke madad ki jaroorat nahi padtii.

1:35 ¶ 104

Theme iii- Hospital Services

The participants were satisfied from the services provided by hospital staff.

Sub-theme 1-Adequate Services

"Hospital me bhi suvidha achchi thi hamko Wheel chair chahiye to mil jaati thi,baad me naa stretcher me jaana hota tha to vo v mil jaata tha,koi problem kucch nahi aaya,Hospital bahot achcha hai matlab vaha dekh rekh sab bahot achchi hai,Safaai vyavastha sab badhiya hai.Bahot kam paise me ilaaj ho gaya"

1:67 ¶ 33

Bahot achcha hospital hai vaha saari vyavastha hai,maine room liya tha kyoki koi ladies nahi thi sath me rahne ko,staff to bahot achcha tha ek minute me bulaa to aate the,abhi bhi hamaara contact banaa hai.

1:68 ¶ 50

"AIIMS to bahut hi gud hospital hai jii yaha illaj bahut achcha hota hai mujhe to koi dikkat mehussoos nhi hui mujhe 100 pratishat aram mila staff poore time pas me tha,acchi care kiya,hospital bhi saaf suthara hai to vahaa jaane me dikkat nahi hui"

1:70 ¶ 88

I'm very much satisfied from the hospital services, see I have seen so many multi-speciality hospitals but none can compete the AIIMS, its really very prestigious institute.

1:73 ¶ 144

Sub-theme 2-Good Communication

Sabka byauhar bahot hi badhiya hai mai hospital me kareeb 10 din rahi thi,treatment bahot achcha hai staff bahot achche se dhyaan rakhte hain,AIIMS me mujhe bahot achcha lagaa,Sir ka to byauhar itna achcha lagaa ke mai to unki bahot badi fan ho gayii

1:80 ¶ 46

Sab badhiya AIIMS me sab ghani bas Nursa to achhi hai accho se baat karti Doctor to kuchh batave nahi saa sab Nursa hi batave hai, baaki sab badhiyaa tha ,Doctor thodi bata deta to sahi rahta Nurse batave to thoda kam laage doctor bataave to thodi jyada laage.Aiims me bahot hi safaai hove chamakto hove.

1:81 ¶ 63

Sablog itne achche the prem se muskuraate hue bolate ke apna dard door ho jaae Hospital ka staff to sab bahut badhiya hai,itne achche se baat karte hai saara dukh dard kam ho jaae,Doctor Nurse sab ekdam gud hai,Doctor jo mera operation kie ekdam Devta aadmi hain

1:82 ¶ 83

See in hospital each and every person is playing very important role so I'm thankful to all to help me, the doctors, nurses all are very refined and very good they are very dedicated towards their work.

Sub-theme 3-Regular Follow-up

“AllMS me har cheez bahot hi perfect aur sahi tarike se hoti hai.Isilea to mai koi bhi appointment miss nahi karti hu taki theek hone me koi kasar naa rah jaae”.

1:95 ¶ 127

“Doctor ke sare instruction follow kiye,exercise ki,time par medicine li.Ab bas ek bar hospital fir se jana hai follow-up ke lea”.

1:100 ¶ 210

“Mai doctor ki sari salaah maanti hu aur regular touch me rahti hu.Doctor saab se vishesh sneh hai e lockdown khatam ho jaae fir ek bar dikhane jaana hai”

1:97 ¶ 166

“Saari baat manti hu Doctor Saab ki Jo bhi vo bataate hain.Doctor Saab se ye corona khatam ho jaae to milne jaana hai”.

1:92 ¶ 107

Theme-iv Satisfaction with Care-

Most of participants are very much satisfied with the care provided by the staff.
They feel safe, comfortable during the procedure

Sub-theme 1: Improvement in Health condition

The participants feel improvement in health condition

“Pahle aate the physiotherapy vale ghar me exercise karwane vo exercise karwate the aur jaise doctor saab bolte the vaise ham ghar pe exercise karte the,Unhone jab bola chalna hai tab chalna shuru hue,Jab bole ke Seedhiyan chadh sakte ho tab Seedhiyaan chadhna shuru kiya”.

1:103 ¶ 25

“Bahot hi relief mila,bahot achcha mehsoos kar rahi hoon,life me pahle aur abi me bahot se badlaav aa gae hain ,sabse jaroori to apne pairon me chal paana hota hai vo abb mai kar paa rahi hoon”.

1:111 ¶ 176

“Ab to sab-kuchh bahot achcha zindgi me sab naya saa Anubhav ho raha hai,jab pahle se abhi ki tulnaa karo to bahot behtar hai”.

1:112 ¶ 212

“I’m feeling really relieved and calm.Pahle knee ka bahot stress tha kya karna hai iska kaise theek hoga but now everything is alright and its going good”.

1:109 ¶ 136

Sub-theme 2: Improved Quality of Life

The participant feels life become more beautiful, joyful and easy after TKR.

“Mera shaukh hai Dance sikhana ye ghutne ki vajah se class nahi le paati thi to bahot dukhi rahti thi,dance meri zindgi ka aham hissa hai par ghutne ke dard ke bad lagaa mano ab nahi karr paungi,fir surgery ke bad abb bhi mai sikha paati hu to bahot Khushi mehsoos hoti h”.

1:118 ¶ 123

“I’m feeling really great bachcha,I really love to play and compete young kids in various games so with the grace of god now I’m able to do that, I’m very thankful”.

1:119 ¶ 140

“Jeevan me abb to sab badhiya hai jii zindgii badhiya chal rahi hai Bhagwaan ki kripa se ghutna theek ho gayaa aur to kya hi chahiye zindgii me,abb to badhiya hai”.

1:120 ¶ 158

“I’m feeling very confident and active.it all happens due to the belief in god and supernatural power, I have been very positive throughout my life”.

1:121 ¶ 194

Theme v-Coping Strategy

The participants feel that they have got very much support from their family members during TKR.

Sub-theme 1-Belief in God

“Prabhu Kripa hai kuchh na kuchch rasta to nikalta hi hai.Fir Bhagwaan par bahot bharosa hai vahi karta dharta hai,mere to bahot darr tha lekin bhagwaan bharse sab ho gayaa,apne ap sakhti aa gayi ke ho jaayega”.

1:43 ¶ 31

“Aur to kya btaau Ishwar par atoot vishwaas hai mujhe Ishwar ke bina to ek kadam bhi nahi rakh sakti main,unki kripa se sab bdhiya se ho gaya family bhi bahit supportive hai”

1:44 ¶ 52

“Bhagwaan ki kripa se sab badhiya se ho gaya,sab dikkatein har hi bhagwaan ne,operation se pahle yahi bol rahi thi ke sab achche se ho jae to Vaishno Devi darshan karne aaungi.Devi Maata ne ekdam bolte hai naa chamatkaar hi kar diya”.

1:47 ¶ 105

“With the grace of god now I’m able to do that,I’m very thankful to the Divine powers who helped me to surpass the short-comings. I was hopeless earlier but now I’m very positive about my life”.

1:50 ¶ 140

Sub-theme 2-Family Support

“Bachche to bahot hi supportive yhe sab unke upar hi tha unne hi dekhbhaal ki badhiyaa se.Sabne support kiya ghar me teeno bachche sab milkar dekhbhaal kiye”.

1:55 ¶ 27

“Mera bada beta bolta ke mamma koi bhi dikkat ho to turant batana hai Doctor ke pas challenge,Doctor ne bola tha sham ko 1km tak tahalne ko to Apke uncle roj sham ko walk par lekar jaate the,chhota beta exercise me madad karata tha”.

1:57 ¶ 79

“I needed really close assistance and supervision of my family and they have been very supportive for me, they helped me out for daily chores and planned my daily routine for betterment”.

1:60 ¶ 138

“Mera bada beta bolta ke mamma koi bhi dikkat ho to turant batana hai Doctor ke pas challenge, Doctor ne bola tha sham ko 1km tak tahalne ko to Apke uncle roj sham ko walk par lekar jaate the, chhota beta exercise me madad karata tha”.

1:57 ¶ 79

DISCUSSION

Total knee replacement is a surgical procedure that is used mainly for patients with Arthritis. It is a productive surgical method that improves patient's quality of life, reduces pain and increases functional ability. The main indications for performing Total Knee Replacement are pain in joint and functional limitation. Current research with total knee replacement is directed at refining the design to improve patient quality of life. The aspiration to achieve greater knee motion and strength motivates researchers to further enhance knee replacements so as to be equal to normal knee. Total knee replacement (TKR) is typically an extremely successful method of restoring pain-free function and providing good long-term outcomes for patients with knee disease.

The present study was concluded to explore the lived experiences of patients with total knee replacement attending Orthopaedic OPD at AIIMS, Jodhpur." In this study a self- structured open-ended questionnaire was prepared for semi structured in-depth interview to explore the lived experiences of patients after total knee replacement based on the review of research and non-research literature and opinion of experts.

1.Activity of daily Living

Many qualitative studies have described Lived experience of patient with Total Knee Replacement In this study it has been reported that participants pain level get reduced and they were able to perform house-hold work, the participants

had no difficulty caring for themselves, The participants were having positive impact on mood which was similar to study conducted in Boston regarding Physical activity and experience of total knee replacement in patients 1-4 years post-surgery in the Dominican republic: a qualitative study most of the patients noted positive effects of TKR on mood and mental well-being²⁴.

2.Reduced Pain

Patient expectations towards receiving artificial knee joint replacement surgery are based on their hopes of reducing joint pain, having healthy knee, and freedom of movement; all patients hope to normalise their lives indicating that reducing pain and realigning walking ability are the main hopes of patients undergoing artificial hip and knee replacement. These finding was related to the study conducted in Taiwan regarding Patient Life Experience and Activity of Daily Living before and after Total Knee Replacement. The study on Lived experience of patient with TKR revealed that Total Knee Replacement has the positive impact on the participants lives in all aspect. The current results revealed that the most of the participants pain level get reduced and they were able to perform house-hold work, and the participants had no difficulty caring for themselves, the participants were having positive impact on mood. The participants feel that they have got very much support from their family members during TKR. Pain eased after surgery. The participants were satisfied from the services provided by hospital staff. The participants feel improvement in health condition. The participant feels life become more beautiful, joyful and easy after TKR²⁵.

3.Hospital Services-

Adequate facility- The study has shown that the expectation for adequate services has met. The patients were satisfied from the services provided by the hospital. The patients were happy by the services rendered by the hospital. *“Hospital me bhi suvidha achchi thi hamko Wheel chair chahiye to mil jaati thi,baad me naa stretcher me jaana hota tha to vo v mil jaata tha,koi problem kucch nahi aaya,Hospital bahot achcha hai matlab vaha dekh rekh sab bahot achchi hai,Safaai vyavastha sab badhiya hai.Bahot kam paise me ilaaj ho gaya”* .The patients were satisfied from the services provided by the hospital.

4.Satisfaction with care- The study has shown that the patients are satisfied from the care provided by the hospital services. The result highlights the positive impact on life of the patient. The patients are satisfied from the outcome of TKR in terms of Improved health condition and Quality of Life.

Improvement in Health Condition

The patient obtained adequate health care services Improvement in health condition seen which states by the statement *“I’m feeling really relieved and calm.Pahle knee ka bahot stress tha kya karna hai iska kaise theek hoga but now everything is alright and its going good”*. Health condition was improved after proper care and support provided by the hospital staff and health care services. The patients were calm and relieved after proper care.

Improved Quality of Life

The study has shown improvement in the Quality of Life of the patients, the patient feels self-sustainable and feels more secure and happy. The comfort level of patients get increased. The Improved quality of Life stated by the statement ***“Mera shaukh hai Dance sikhana ye ghutne ki vajah se class nahi le paati thi to bahot dukhi rahti thi,dance meri zindgi ka aham hissa hai par ghutne ke dard ke bad lagaa mano ab nahi karr paungi,fir surgery ke bad abb bhi mai sikha paati hu to bahot Khushi mehsoos hoti h”***. The patients experience sense of well-being and joyful and has the positive impact on life.

5.Coping Strategies-The study has shown that The patients feel that they have got very much support from their family members and they have strong belief in god almighty who helped them throughout in the journey of TKR from surgery to post-operative care.

Belief in God- The study has shown that patients have the strong faith in almighty god and they have got positive energy from Supernatural Power. They have got strength from the god to face the difficulty throughout the recovery phase after TKR. ***“With the grace of god now I’m able to do that,I’m very thankful to the Divine powers who helped me to surpass the shortcomings. I was hopeless earlier but now I’m very positive about my life”***.

CHAPTER-V

SUMMARY CONCLUSION

AND

RECOMMENDATION

SUMMARY CONCLUSION AND RECOMMENDATION

A phenomenological research design was used in the study to investigate the phenomenon under study. To explore the Lived experience of patient with Total Knee Replacement Patients who undergone total knee replacement and who fulfils the inclusion and exclusion criteria was selected as a sample. Non probability convenient sampling technique used and the sample size was 12. Method of data collection was telephonic interview; self-structured open-ended questionnaire was used. Colaizzi's framework (1978) was used in the study to analyse the data. Bracketing was done before the data collection through peer review and self-review technique of bracketing Data analysis was done in this study with the help of scientific software called ATLAS.ti 9. Five themes and 10 subthemes were extracted and these were discussed with the findings of other studies.

LIMITATION OF THE STUDY

The present study explored the lived experiences patients with TKR which generated various themes and subthemes.

- Although results of this study cannot be generalized to other populations, it only provides healthcare professionals with important information about the group's lived experiences.
- The limitation of the study is generalizability of the research findings. The study is only limited to Total Knee Replacement patients.

IMPLICATIONS

The information obtained from the study provide some important implications for nursing practice, nursing education and nursing administration which help the nurses to provide good care to TKR patients.

i. Nursing Practice

The findings of the study revealed that TKR patients faces various challenges in their daily life. Their experience told many things about the experience after TKR. They require effective coping strategies to face the challenges. Nurses should know about these experiences because it will help them to provide better care and satisfaction to patients. Nurses can have interaction with the patient during care and ask about their problems they are facing in their daily life. It will lead to effective communication and nurses will get an idea about patient problems. After understanding patient problem nurses can try to solve them. They can encourage family members to understand the patient problems and encourage them to provide valuable time to patients.

ii. Nursing education

The nursing curriculum may include components about experiences of patient with Total Knee Replacement so that when they become future nurse later on they will try to talk to patients and ask about their experiences. They will help in providing better care to patient.

iii. Nursing Research

The study results can be helpful in providing information for future nurse researchers who want to explore the experiences of TKR patients.

RECOMMENDATION FOR FUTURE RESEARCH

On the basis of results of study, it was recommended that:

- A similar study can be conducted in larger sample, in different hospital of the Rajasthan more varied sample can be included.
- The study can be conducted on various other local languages.

CONCLUSION

The study results revealed that Total Knee Replacement have positive impact on participants lives in all aspect. The current results revealed that the most of the participants pain level get reduced and they were able to perform household work, though the participants had no difficulty caring for themselves, the participants were having positive impact on mood. The participants feel that they have got very much support from their family members during TKR. Pain eased after surgery. The participants were satisfied from the services provided by hospital staff. The participants feel improvement in health condition. The participant feels life become more beautiful, joyful and easy after TKR.

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APPENDICES

APPENDIX I



अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर
All India Institute of Medical Sciences, Jodhpur
संस्थागत नैतिकता समिति
Institutional Ethics Committee

No. AIIMS/IEC/2020/3075

Date: 01/06/2020

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: AIIMS/IEC/2020-21/2094

Project title: "Lived experience of patients with Total knee replacement attending orthopaedic OPD at AIIMS, Jodhpur"

Nature of Project: Research Project Submitted for Expedited Review
Submitted as: Student Research Project, as a part of Academic Programme
Investigator: Kirti Pandey
Supervisor: Mrs. Vandna Pandey
Co-Supervisor: Dr. Abhay Elhence & Mrs. Nimarta

Institutional Ethics Committee after thorough consideration accorded its approval on above project.

The investigator may therefore commence the research from the date of this certificate, using the reference number indicated above.

Please note that the AIIMS IEC must be informed immediately of:

- Any material change in the conditions or undertakings mentioned in the document.
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research.

The Principal Investigator must report to the AIIMS IEC in the prescribed format, where applicable, bi-annually, and at the end of the project, in respect of ethical compliance.

AIIMS IEC retains the right to withdraw or amend this if:


- Any unethical principle or practices are revealed or suspected
- Relevant information has been withheld or misrepresented

AIIMS IEC shall have an access to any information or data at any time during the course or after completion of the project.

Please Note that this approval will be rectified whenever it is possible to hold a meeting in person of the Institutional Ethics Committee. It is possible that the PI may be asked to give more clarifications or the Institutional Ethics Committee may withhold the project. The Institutional Ethics Committee is adopting this procedure due to COVID-19 (Corona Virus) situation.

If the Institutional Ethics Committee does not get back to you, this means your project has been cleared by the IEC.

On behalf of Ethics Committee, I wish you success in your research.


Dr. Praveen Sharma
Member Secretary

Member secretary
Institutional Ethics Committee
AIIMS, Jodhpur

APPENDIX-II a

Informed Consent Form (English)

Title of the research study: "Lived experience of patients with total knee replacement attending orthopaedic OPD at AIIMS, Jodhpur."

Name of the Investigator: Ms. Kirti Pandey (Pursuing M.Sc. Nursing)

Participant Identification No. :

I, _____ D/o or s/o _____ R/o _____ give my full, free, voluntary consent to be a part of this study "Lived experience of patients with total knee replacement attending orthopaedic opd at AIIMS, Jodhpur. "The information and nature of which has been explained to me in my own language to my full satisfaction. I confirm that I have the opportunity to ask question.

I understand that my participation is voluntary and I am aware of my rights to option out of the study at any time without giving any reason.

I understand that information collected about me will be looked at by responsible individual from AIIMS, Jodhpur and information will be kept confidentiality. I give permission for these individuals to collect the information.

Date: _____

Place: _____

impression

Signature/Left thumb

This is to certify that the above consent has been obtained in my presence.

Date: _____

Place: _____

Signature PG

student

1. Witness 1

Signature

Name - _____

2. Witness 2

Signature

Name - _____

APPENDIX-II b

सूचित प्रपत्र

शोध अध्ययन का शीर्षक: एम्स, जोधपुर में ऑर्थोपेडिक ओ पी डी में भाग लेने वाले कुल घुटने के प्रतिस्थापन के रोगियों का अनुभव |

अन्वेषक का नाम: सुश्री सुश्री । कीर्ति पांडे (एम.एससी नर्सिंग नर्सिंग)

प्रतिभागी की पहचान संख्या:

मैं, _____ D / o या s / o _____ R / o _____ को इस अध्ययन का हिस्सा बनने के लिए अपनी पूर्ण, निःशुल्क, स्वैच्छिक सहमति देता हूं " एम्स, जोधपुर में ऑर्थोपेडिक ओ पी डी में आने वाले कुल घुटने के प्रतिस्थापन वाले रोगियों के जीवन का अनुभव | " जिसकी जानकारी और प्रकृति मुझे अपनी भाषा में मेरी पूर्ण संतुष्टि के लिए समझाई गई है। मैं पुष्टि करता हूं कि मुझे सवाल पूछने का अवसर मिला है।

मैं समझता हूं कि मेरी भागीदारी स्वैच्छिक है और मुझे बिना किसी कारण के किसी भी समय अध्ययन से बाहर निकलने के अपने अधिकारों के बारे में पता है।

मैं समझता हूं कि मेरे बारे में एकत्रित जानकारी को एम्स, जोधपुर के जिम्मेदार व्यक्ति द्वारा देखा जाएगा और जानकारी को गोपनीयता रखा जाएगा। मैं इन व्यक्तियों को अपने जानकारी एकत्र करने की अनुमति देता हूं।

दिनांक: _____

स्थान: _____

हस्ताक्षर / बाएं

अंगूठे का निशान

यह प्रमाणित करना है कि मेरी उपस्थिति में उपरोक्त सहमति प्राप्त की गई है।

दिनांक: _____

स्थान: _____

हस्ताक्षर

पीजी छात्र

1. साक्षी 1

2. साक्षी 2

हस्ताक्षर

हस्ताक्षर

नाम- _____

नाम - _____

APPENDIX-III a

PATIENT INFORMATION SHEET

Principal Investigator: Miss. Kirti Pandey

Title: “Lived experience of patients with total knee replacement attending orthopaedic opd at AIIMS, Jodhpur.”

Purpose: The purpose of this study to reveal the experience of patients with total knee replacement.

Eligibility criteria for participation: - You are eligible for the study as because you are –

1. The patients with total knee replacement.
2. Patients aged more than 18 years.
3. Patients who will be able to speak and understand Hindi language.
4. Patients who are willing to participate in the study.

Rights to participate and withdrawal: It is completely up to you whether participate or not you participate. If you decide not to participate it will not affect the relationship with staff and treatment you receive now or in the future. You may withdraw from the study at any time and for any reason or no reason. Information that has been collected about you, prior to your withdrawal, will continue to be used in the data analysis but no new information will be collected from you.

Risk in taking part in this study: The study involves no risk rather than benefiting to you.

Complaints and compensation: You will not face any complications due to this study; still if you have any complaints as a result of this study you should contact the study investigator.

Concerns about the conduct of this study: This study has been approved by the Institutional Ethics Committee (IEC).

Measure to protect confidentiality: Only the researcher will know whether or not you are participating in this study. Any identifiable information that is

collected about you in connection with this study will remain confidential and will be disclosed only with your permission, or except as required by law. Only the researcher will have access to your details and results.

Contact person for further enquiry: If you would like to know at any stage please do not hesitate to contact the research team.

Thank you for taking the time to consider this study.

If you wish to take part, please sign the attached consent form.

This information sheet is for you to keep.

APPENDIX-III b

मरीज़ सूचना शीट

रोगी सूचना पत्र

प्रधान अन्वेषक: सुश्री । कीर्ति पांडे (एम.एससी नर्सिंग)

शीर्षक: "एम्स, जोधपुर में ऑर्थोपेडिक ओ पी डी में आने वाले कुल घुटने के प्रतिस्थापन वाले रोगियों के जीवन का अनुभव .."

उद्देश्य: इस अध्ययन का उद्देश्य कुल घुटने के प्रतिस्थापन के साथ रोगियों के अनुभव के अर्थ और अवधारणा को प्रकट करना है।

भागीदारी के लिए पात्रता मानदंड: - आप अध्ययन के लिए पात्र हैं क्योंकि आप हैं -

1. कुल घुटने के प्रतिस्थापन वाले रोगी।
2. 18 वर्ष से अधिक आयु के रोगी।
3. वे मरीज जो हिंदी भाषा बोलने और समझने में सक्षम होंगे।
4. वे रोगी जो अध्ययन में भाग लेने के इच्छुक हैं।

भाग लेने और वापस लेने के अधिकार: यह पूरी तरह से आप पर निर्भर है कि आप भाग लेते हैं या नहीं। यदि आप यह नहीं तय करते हैं कि यह आपके और अब के भविष्य में प्राप्त होने वाले स्टाफ और उपचार के साथ संबंधों को प्रभावित नहीं करेगा। आप किसी भी समय और किसी भी कारण या बिना किसी कारण के अध्ययन से हट सकते हैं। आपकी निकासी से पहले आपके बारे में जो जानकारी एकत्र की गई है, उसका डेटा विश्लेषण में उपयोग किया जाता रहेगा, लेकिन आपसे कोई नई जानकारी एकत्र नहीं की जाएगी।

इस अध्ययन में भाग लेने में जोखिम: अध्ययन में आपको लाभान्वित करने के बजाय कोई जोखिम शामिल नहीं है।

शिकायतें और मुआवजा: इस अध्ययन के कारण आपको किसी भी जटिलता का सामना नहीं करना पड़ेगा; फिर भी अगर आपको इस अध्ययन के परिणामस्वरूप कोई शिकायत है, तो आपको अध्ययन अन्वेषक से संपर्क करना चाहिए।

इस अध्ययन के संचालन के बारे में चिंताएं: इस अध्ययन को संस्थागत आचार समिति (आईईसी) द्वारा अनुमोदित किया गया है।

गोपनीयता की रक्षा के लिए उपाय: केवल शोधकर्ता को पता होगा कि आप इस अध्ययन में भाग ले रहे हैं या नहीं। इस अध्ययन के संबंध में आपके बारे में एकत्रित की गई कोई भी पहचान योग्य जानकारी गोपनीय रहेगी और केवल आपकी अनुमति से, या कानून द्वारा आवश्यक को छोड़कर इसका खुलासा किया जाएगा। केवल शोधकर्ता के पास आपके विवरण और परिणामों तक पहुंच होगी।

आगे की पूछताछ के लिए संपर्क व्यक्ति: यदि आप किसी भी स्तर पर जानना चाहते हैं तो कृपया शोध टीम से संपर्क करने में संकोच न करें।

इस अध्ययन पर विचार करने के लिए समय निकालने के लिए धन्यवाद।

यदि आप भाग लेना चाहते हैं, तो कृपया संलग्न सहमतिपत्र पर हस्ताक्षर करें।

APPENDIX-IV a

PART-1

Demographic variables

1. Age - ...
2. Gender -
3. Education -
4. Occupation -
5. Religion -
6. Marital Status -
7. Total Number of Family Members -
8. Monthly income of family -
9. How long you are suffering from the Disease? - Which Disease ??Specify
10. When you were operated for TKR?
11. Are you suffering from any chronic Illness?
1) Yes 2) No
12. Duration of Health Problem you are suffering from:
13. Health insurance coverage for surgery?
1) Yes 2) No

APPENDIX-IV b

विवरण- 1

डेटा संग्रह के लिए उपकरण

जनसांख्यिकीय चर

1. आयु -...
2. लिंग -... ..
3. शिक्षा -
4. व्यवसाय -।
5. धर्म -।
6. वैवाहिक स्थिति -... ..
7. परिवार के सदस्यों की कुल संख्या -
8. परिवार की मासिक आय -
9. आप कब तक बीमारी से पीड़ित हैं?
..... ..
10. कब तक आप कुल घटने के प्रतिस्थापन से गुजरे?
.....।
11. आपको कौन सी अन्य स्वास्थ्य संबंधी समस्याएं हैं और यह कितने समय से है?
1) हाँ 2) नहीं
12. स्वास्थ्य समस्या की अवधि आप कब से पीड़ित हैं?
13. सर्जरी के लिए स्वास्थ्य बीमा कवरेज?
1) हाँ 2) नहीं

APPENDIX-V a

PART-2

Tool to explore the lived experiences of patients undergoing total knee replacement Open ended questionnaire for In-Depth Interview

Introduction: (2 minutes)

I wish you good Morning. Thank you for participating in our Research. I am Kirti Pandey, M.Sc. Nursing student from College of Nursing, AIIMS, Jodhpur. As a Part of my academic research program, I am conducting this Interview. The Questions will be open-ended questions. The answers will be recorded in audio tape recorder.

Objectives: (1 Minute)

The purpose of the study is to explore the lived experiences of patients with total knee replacement.

Questions:

1. What was your first reaction when you heard about the surgery of knee replacement?
2. How are you feeling after total knee replacement surgery?
3. Are you facing any problems in your daily life/activities after total knee replacement surgery? If Yes, please tell me in details.
4. How total knee replacement is affecting your quality of life?
5. How was the interaction of health care professionals with you?
6. How you overcome from the financial burden?
7. Are you satisfied from the care provided in hospital?
8. Anything else which you want to share?

APPENDIX-V b

विवरण- 2

एम्स, जोधपुर में ऑर्थोपेडिक ओ पी डी में भाग लेने वाले कुल घुटने के प्रतिस्थापन के साथ रोगियों के जीवन के अनुभव का पता लगाने के लिए उपकरण। "

साक्षात्कार के लिए प्रश्नावली

परिचय: (2 मिनट)

मैं आपको सुप्रभात शुभकामनाएं देता हूं। हमारे शोध में भाग लेने के लिए धन्यवाद। मैं कीर्ति पांडे, एम.एससी। कॉलेज ऑफ नर्सिंग, एम्स, जोधपुर से नर्सिंग छात्र। मेरे शैक्षणिक अनुसंधान कार्यक्रम के एक भाग के रूप में, मैं यह साक्षात्कार आयोजित कर रहा हूं। साक्षात्कार के लिए प्रश्नावली होंगे। उत्तर ऑडियो टेप रिकॉर्डर में दर्ज किए जाएंगे।

उद्देश्य: (1 मिनट)

अध्ययन का उद्देश्य कुल घुटने के प्रतिस्थापन वाले रोगियों के जीवित अनुभवों का पता लगाना है।

प्रश्न:

1. घुटने के प्रतिस्थापन की सर्जरी के बारे में सुनकर आपकी पहली प्रतिक्रिया क्या थी?
2. अब आप कुल घुटने के प्रतिस्थापन के बारे में कैसा महसूस कर रहे हैं?
3. क्या आप कुल घुटने के प्रतिस्थापन के बाद अपने दैनिक जीवन / गतिविधियों में किसी भी समस्या का सामना कर रहे हैं शल्य चिकित्सा? यदि हाँ, तो कृपया मुझे विवरण में बताएं।
4. कुल घुटने के प्रतिस्थापन आपके जीवन की गुणवत्ता को कैसे प्रभावित कर रहे हैं?
5. आपके साथ स्वास्थ्य देखभाल पेशेवरों की बातचीत कैसी थी?
6. आप वित्तीय बोझ से कैसे दूर होंगे?
7. क्या आप अस्पताल में दी गई देखभाल से संतुष्ट हैं?
8. किसी और चीज को जिसे आप साझा करना चाहते हैं?

APPENDIX-VI

Performa for validation of tool

COLLEGE OF NURSING

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

RESEARCH PROJECT

CERTIFICATE OF CONTENT VALIDITY

I, Dr. / Mr./ Mrs.
hereby certify that the tool for data collection of the research project titled “Lived experiences of patients with total knee replacement attending Orthopaedic OPD at AIIMS, Jodhpur.” prepared by **Kirti Pandey, M.Sc. Nursing** is found to be valid and up to date.

Place:

Date:

Signature & Seal of Validator

APPENDIX-VII

List of experts for content validation of tool

Name of Experts	Designation
1. Dr.Sumit Banarjee	Associate Professor Department of Orthopaedics AIIMS,Jodhpur
2. Dr.Nites Gahlot	Assistant Professor, Orthopaedic department AIIMS, Jodhpur
3. Dr. Nilesh Barwar	Assistant Professor Department of Orthopaedics AIIMS,Jodhpur
4. Dr. Ashok Kumar	Associate Professor, College of Nursing, AIIMS, Jodhpur
5. Mrs. Smita Das	Associate Professor, College of Nursing, AIIMS, Delhi
6. Mrs. Rakhi Mishra	Assistant Professor College of Nursing, AIIMS, Rishikesh
7. Mr. Nipin Kalal	Assistant Professor College of Nursing, AIIMS, Jodhpur

APPENDIX-VIII

BRACKETING

The bracketing is done before data analysis so that there is no preconceived notions which may affect my study.

Method of bracketing used for this study is by peer review with my classmates and writing memos. Writing memos is a process where researcher writes whatever comes in his mind, just writing it down.

Researcher personally thinks that Total Knee Replacement leads to several life changes. Patient life totally changes after Total Knee Replacement. The changes may be Positive as well as negative. Patient faces various problems like Physical problem, financial problem, social isolation. Positive impacts are Improved sense of well-being, Feeling of self-worth, Activity of daily living. Following are my preconceived notions.

- Fear related to surgery
- Having physical problem
- Financial Burden
- Stress related to surgery

Researcher is a registered nurse and working in the orthopaedic department as a student posted for clinical posting as a part of academic requirement. I don't have experience as an independent staff. I am working under supervision of staff working in orthopaedic unit.

I hope that this will not affect my study results and I will be completing my thesis successfully.

Kirti

Dated: 1st September 2020

APPENDIX-IX

List of experts for qualitative data analysis

Name of Experts	Designation
1. Dr. Nitesh Gahlot	Assistant Professor, Orthopedic department AIIMS, Jodhpur
2. Dr. Nilesh Barwar	Assistant Professor Department of Orthopedics AIIMS, Jodhpur
3. Mr. Nipin Kalal	Assistant Professor College of Nursing, AIIMS, Jodhpur
4. Mrs. Mamta	Assistant Professor College of Nursing, AIIMS, Jodhpur
5. Mr. Ashish Parihar	Assistant Professor College of Nursing, AIIMS, Jodhpur

APPENDIX-IX

TRANSCRIPT OF INTERVIEWS

Subject code-1

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-Phle to mann me thoda darr hua thoda darr laga,ekdam se achanak se operation ka sun ke,phle to injection lagaya ghutno me jinhone operation kiya naa unhone data lagaya ke injection lagaane ke lea kisne bola maine bola hospital ki taraf se hi hai fir dobara bhi injection lagaane ka bola to hamne lagaaya hi nahii.fir check weck karaa ke operation ki baat hui.

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe to ghutne ko badalwakar

INTERVIEWEE-Pahle to bahot mushkil hota tha bathroom vagaira jaane me chalne firne me,sab pakad pakad ke chalte the.fir kuchh din baad sab normal ho gya sab bdhiya ho gyaa,abb to sab kaam bhi kar leti hu itni koi dikkat nhi hoti hai.Phle pair seedha nhi hota tha baitha nhi jaata tha lekin ab sab thik hai.

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-Shuruaat me to uthne baithne me dikkat hoti thi sab kaam dusro ki madad se karna padta tha.doctor ne bola tha 1-2km chalne ke lea to subah sham chalti thi roj.kuchh exercise bataai thi vo v karti thi.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE-Ghutnon me takleef thi vo to theek ho gai abb to sab sahih ai koi v dikkat nahi hai sab kaam bhi kar leti hu to koi dikkat nhi aati.

INTERVIEWER- Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-Koi pareshaani nhi hua hospital me koi bhi problem nhi hua sablog bahot hi achchee the,nurse bahot badhiyaa thi meri achchi dekhbhaal ki.

INTERVIEWER-Apko ghuntne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-Usme aisi koi kahne vaali baat nhi hai dikkat to ati hai par karna padta hai.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai ap?

INTERVIEWEE-Hospital se to aisi koi kuchh shikayat to hai nahi mai to apna kismet maanti hu ke operation badhiya se ho gya.

INTERVIEWER-Yadi aap mujhse koi anya baat sajhaa karna chati hai to kar skti hain?

INTERVIEWEE-Bas yahi takleef hai ke dobara dikhane nhi jap aa rahi corona ki vajah se.

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-Yu to pahle to darr laga tha koi bolte hai sahi rahta hai koi bolte hain nahi rahta hai jinhone ne karwaya than a meri Jethaani ji ne karwaya tha to vo bolte karwa lo chalne firne me aram ho jaata hai yu hai naa dard to rahta hi hai thoda darr bhi tha lekin jab Doctor Saab se mili unse milne ke baad darr to khatam ho gaya. Doctor Saab bahot achche the mile hamko dhyaan bhi rakhaa.

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe to ghutne ko badalwakar

INTERVIEWEE-Abhi to mere ekdam sahi hain ghutne kabhi kabhi jyada khadi rahti to dard ho jaata hai, thak jaati hu to baith jaati hu uske baad kaam karti hu, matlab yu hai to aram bahot hai.

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-40 din tak to mere bed rest hi tha kyuki meri haddiyaan kamjor thin aa to ghutne ka operation kiya than aa to haddi toot gayi thi to vo 40 din tak to mere bed rest hi tha, uske baad hafta das dinme walk me le chalne ko bola, matlab 20-25 din me poori sahi ho gayi thi, Pahle aate the physiotherapy vale ghar me exercise karwane vo exercise karwate the aur jaise doctor saab bolte the vaise ham ghar pe exercise karte the, Unhone jab bola chalna hai tab chalna shuru hue, Jab bole ke Seedhiyan chadh sakte ho tab Seedhiyaan chadhna shuru kiya.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE-Av to mai bahot achcha feel kar rahi hoon matlab meri zindgi change ho gayi, Ap ye dekh lo mai chal bhi nahi paati thi bathroom tak nahi jaa paati thi, Mere to ekdam Life hi change ho gayi, pahle to jeene ki ichchha nhi hoti thi ab lagta hai jeena hai, Y e ghantiye ka jo dard hai ungliyaa vagaira jo dard karti hai ye dikhane aana hai bas. Bachche to bahot hi supportive yhe sab unke upar hi tha unne hi dekhbhaal ki badhiyaa se. Sabne support kiya ghar me teeno bachche sab milkar dekhbhaal kiye.

INTERVIEWER- Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-Achcha tha sabka byauharachcha tha sab achche se baat karte the koi problem ho bolte the to aa jaatethe check karne.Koi prakaar ki problem nahi aayi.

INTERVIEWER-Apko ghuntne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-Mere to ghar me hi naa ek hain jinhone help ki unhone kuchh madad ki thoda bahot hamne karr liya.Ese ho gaya hamaare to,Unhone kahaa paise ki chinta mat karna,karva lo operation to.Problemto aati hai fir dekho Prabhu Kripa hai kuchh na kuchch rasta to nikalta hi hai.Fir Bhagwaan par bahot bharosa hai vahi karta dharta hai,mere to bahot darr tha lekin bhagwaan bharse sab ho gayaa,apne ap sakhti aa gayi ke ho jaayega.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai ap?

INTERVIEWEE-Hospital me bhi suvidha achchi thi hamko Wheel chair chahiye to mil jaati thi,baad me naa stretcher me jaana hota tha to vo v mil jaata tha,koi problem kuchh nahi aaya,Hospital bahot achcha hai matlab vaha dekh rekh sab bahot achchi hai,Safaai vyavastha sab badhiya hai.Bahot kam paise me ilaaj ho gaya.

INTERVIEWER-Yadi aap mujhse koi anya baat sajjhaa karna chati hai to kar skti hain

INTERVIEWEE-Mai santusht hu ghutne ke operation se bas ek bar dikhana hai ghantiye ki vajah se ungliyon me dard hai.

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-Surgery ke baare me sun ke to mai itni pareshaan ho gayi thi ke ye tha ke ab isko khol ke karwana hi padega. Bahot pereshaan ho gayi thi uth nahi paati thi chal nahi paati thi khadi nahi rah paati thi ghutne to halaa kid ono hi kharaab the lekin abb sabne kaha ki ek hi karaaenge ek apka abi chal jaaega.

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe to ghutne ko badalwakar

INTERVIEWEE-Badlaav me to achcha hi lag raha hai merko koi takleef nahi hai ab vo kya hai dekho body me thodi beemariyaan bhi hain sharer me, to us wajah se weakness to rahti hai diabetes ki wajah se, baaki ghutne me koi dard nahi hai koi bhi takleef nahi hai bahot achcha mehsoos ho raa hai.

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-Dikkat to kuchh bhi nahi thi bas sone ke baad uthati thi to thoda jor padta tha aur dard hota tha, exercise vagaira e jor diya maine to jaise Abhaya sir ne kahaa tha 3 mahine tak ye problem rahegi jaisa bole vaisa hi hua, mere diabetes ki wajah se thoda recovery hone me time lagaa 3-4 mahine me thoda araam mila, abb to kuchhdino se koi takleef mehsoos nhi ho rahi hai, achche se chalti hu achche se apna kaam karti hu, ye lockdown se bilkul baahar nikalna band ho gaya.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE-Pahle to sisaskti rahti thi kai baar ghutne ko le ke rona bhi aata tha raat kp uth uth ke 2-2 bj maalish karti thi, trahi-trahi karti rahti thi, lagta tha isko khud se khol ke fit karr lu, Abb to bilkul bhi mehsoos nahi hota ke mereko koi takleef hui thi, halaaki beemari hai sharer me to vo baat to nahi hai, umar ki wajah se halka fulka haddiyon me takleef to rahegi hi. Pair to ekdam badhiya hai.

INTERVIEWER- Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-Sabka byauhar bahot hi badhiya hai mai hospital me kareeb 10 din rahi thi,treatment bahot achcha hai staff bahot achche se dhyaan rakhte hain,AIIMS me mujhe bahot achcha lagaa,Sir ka to byauhar itna achcha lagaa ke mai to unki bahot badi fan ho gayii,merko jab thoda operation kar rahe the to lag raha tha doctor saab kon hain Abhaya sir hi hone chahiye dusre nahi hone chahiye,mujhe unpe itna bharosa ho gaya tha ke kare to yahi karein.

INTERVIEWER-Apko ghuntne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-Vo maine pahle se apne banaa ke rakha tha ke mujhe karaana hai,maine AIIMS me dikhaya aur mai 1st baar me hi impress ho gayi doctor saab se pahle to unne kahaa apko jarurat nahi hai abhi ap chala sakte ho to exercise vagaira kari but fir lagaa ke operation karanaa sahi hai.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai ap?

INTERVIEWEE-Bahot achcha hospital hai vaha saari vyavastha hai,maine room liya tha kyoki koi ladies nahi thi sath me rahne ko,staff to bahot achcha tha ek minute me bulaa to aate the,abhi bhi hamaara contact banaa hai.

INTERVIEWER-Yadi aap mujhse koi anya baat sajjhaa karna chati hai to kar skti hain

INTERVIEWEE-Aur to kya btaau Ishwar par atoot vishwaas hai mujhe Ishwar ke bina to ek kadam bhi nahi rakh sakti main,unki kripa se sab bdhiya se ho gaya family bhi bahit supportive hai,Beta,bahu,betiyaan sabne bahot achchi dekhbhaal ki operation successful raha.

TRANSCRIPTS OF INTERVIEW

Subject Code-4

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-Shuru me thoda Darr lagiyo ho Nurse aai Doctor aaya samjhayo mane k Bai jee thik he sabsamjhaya ke operation hi ghani hai ta mane socha k karwa lo.Darr to lagiyo hi saa koi bhi operation hove to sabne darr lagiyo.

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe to ghutne ko badalwakar

INTERVIEWEE- Pahle se to ghano aram hai Saa pahle to takleef hoti thi silai ulai karo to baithe me takleef hove.Abe aram hai thodo so ab mai Silaai bhi karu Aur sath me Ghar ke kaam bhi karau. chala fir me Doctor ghana hi bataya yu karna hai yoga karna hai to abe to ghano aram hai

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-Jyada dikkat hai koni saa.Thodo so sochno pade koi takleef to nahi hai Doctor kahve keetanu utaanu se thoda door rahve aur takleef nahii honi chahive thodo so dekhu baaki to sab mazaa ma hai.Bahut achcho mehsoos ho ra.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE-Koi bhi dikkat hove to chhora utha bitha deta pakad ke.Baaki to bahu hai to kaam to saara bahu hi karwe hai aapa to bas silaai karu.

INTERVIEWER- Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-Sab badhiya AIIMS me sab ghani bas Nursa to achhi hai accho se baat karti Doctor to kuchh batave nahi saa sab Nursa hi batave hai, baaki sab badhiyaa tha ,Doctor thodi bata deta to sahi rahta Nurse batave to thoda kam laage doctor bataave to thodi jyada laage.Aiims me bahot hi safaai hove chamakto hove.

INTERVIEWER-Apko ghuntne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-Paisa kato kya hai Saa Haatho ki mail hai ab Bimaari vaaste to kharch karve takleef to kam hove baaki nind kam aave paisa to lag gaya abb kai karaa.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai ap?

INTERVIEWEE-Suvidha se to bahut santusht hai suvidha to bahot achchi thi sab jagah to bathroom wathroom bhi saaf tha sab cheeze de dete sab badhiya rahaa

INTERVIEWER-Yadi aap mujhse koi anya baat sajhaa karna chati hai to kar skti hain

INTERVIEWEE-Yedi to kuchh hai sab badhiya hai Aiims ghana achcho ho sab doctor achcha nursa achchi safai achchi dikkat koni ghutna v thik ho gayaa.

TRANSCRIPT OF INTERVIEW

Subject Code-5

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-Kuchh mehsoos nahi hua,maine itne ilaaj karae itne paise lagaae 3lakh rupay to operation ke pahle herbal life ki dawaai khai mera badaa vala bachcha bola Maa aap AIIMS me jao maine vahaa saara intezaam kar diya hai maine vaha dikhaya to doctor ne bola dawaai nahi likhunga.Ap khade kaise ho apka ghutna poorakhatm ho chuka hai puchha operation karaana chahti ho maine kahaa haan kyuki mai ghutno se bahut pareshan thi raat-din paidard dete the,mujhe to bas theek hona hai.

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe to ghutne ko badalwakar

INTERVIEWEE-Mujhe 100% poora vishwas hai mai bahut achcha mehsoos kar rahi hoon kareeban 1km tak chal to paati hoon pahle 10 kadam bhi nahi chal paati thi

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-Bahut takleef hui rooi thi thode din fir physiotherapy vali aati thi 500 rupay liye 3 mahine exercise karaai fir sab badhiya ho gayaa.

“Mera bada beta bolta ke mamma koi bhi dikkat ho to turant batana hai Doctor ke pas challenge,Doctor ne bola tha sham ko 1km tak tahalne ko to Apke uncle roj sham ko walk par lekar jaate the,chhota beta exercise me madad karata tha.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE- “Mujhe bahut achchha lag raha hai, mujhe ab jeene aa gaya. main ab jeena chaahati hoon. mere ghutne badhiya ho gae hain. Abb aur kya chahiye main apna kaam kar sakti hoon. khaana bana sakati,main paani pee sakati hoon.Mai apane nae jeevan ke lie bhagavaan ka shukriya ada karana chaahti hoon.mere wajah se kisi ko pareshaan nahi hona padta”.

INTERVIEWER- Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-Sablog itne achche the prem se muskuraate hue bolate ke apna dard door ho jaae Hospital ka staff to sab bahut badhiya hai,itne achche se baat karte hai saara dukh dard kam ho jaae,Doctor Nurse sab ekdam gud hai,Doctor jo mera operation kie ekdam Devta aadmi hain,Vo physiotherapist vo bhi ekdam gud thi lambi si Ladies baal vali,mujhe to ek-ek ki shakal yaad hai.

“Ab ap puchh rahi ho to sahi bata deti hu vaise to staff sab badhiya hai ek staff to mere ko injection laga rahi aur dekh kahi aur rahi meri sui out ho gai aur mai ro rahi to bolti hai ke sahan karna padega mera hath roti ki tarah sujh gaya baki to sab badhiya hi the, vo to ekdam paagal thi”

INTERVIEWER-Apko ghutne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-3 lakh rupay to mai operation se pahle dusri dawaao me lag gaya tha fir badaa beta bola mumma kyu pareshaan hoti ho ghutne ka operation jyada jaroori hai mai paise ka intezaam karta hu to jyada smasya to nahi aai ab ghutne sahi ho gae to paise ki bharpaayi bhi ho jaaegi.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai ap?

INTERVIEWEE-“AIIMS to bahut hi gud hospital hai jii yaha illaj bahut achcha hota hai mujhe to koi dikkat mehusos nhi hui mujhe 100 pratishat aram mila staff poore time pas me tha,acchi care kiya,hospital bhi saaf suthara hai to vahaa jaane me dikkat nahi hui”

INTERVIEWER-Yadi aap mujhse koi anya baat sajhaa karna chati hai to kar skti hain

INTERVIEWEE-“Mai to yahi kahungii Jeena aa gaya mujhe,Doctor ne nayii zindagii de di mujhe,abb kam se kam apne kaam to kar sakti mujhe kisi ki madad nahi leni padti,Zindgi ekdam badhiya lagne lagi hai ab koi dikkat nahi hai’

TRANSCRIPTS OF INTERVIEW

Subject Code-6

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-Mere ko to theek laga badhiya se chal paa rahi hu apna kam achche se kar paa rahi hu.sab achcha chal raha hai

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe to ghutne ko badalwakar

INTERVIEWEE-Pahle to darr laga the operation se pahle par abb achcha mahsoos kar rahi hoon.sab kaam achche se kar paa rahii hoon.

“Mujhe bahut achchha lag raha hai, mujhe ab jeene aa gaya. main ab jeena chaahati hoon. mere ghutne badhiya ho gae hain. Abb aur kya chahiye main apna kaam kar sakti hoon. khaana bana sakati,main paani pee sakati hoon.Mai apane nae jeevan ke lie bhagavaan ka shukriya ada karana chaahati hoon.mere wajah se kisi ko pareshaan nahi hona padta”.

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-Pahle shuruaati dinon me chakkar aata tha jyada chalne me,pair me jhunjhunaahat hoti thi,baith nahi paati thi fir exercise ki jo doctor saab ne bataai abhi sab badhiya hai koi dikkat nahi.“Kuchh din tak to pair me takleef rahi to jhukne aur baithne me dikkat rahi,ghar ka kaam nahi kar payi khana banana,jhadu pochha sab bahu kr rahi thi”.“Pahle kuchh din me saraa kaam bahu hi karti rahi fir kuchh din me takleef kam hui to mai bhi sath kaam krane lagi”.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE-Pahle se sab bahot achcha hai infection ho gaya tha mujhe islea ghutna badalwana pada,abhi to bahot khush hoon.sab kaam khud se kar leti hoon kisi ke madad ki jaroorat nahi padtii.

Bhagwaan ki kripa se sab badhiya se ho gaya,sab dikkatein har hi bhagwaan ne,operation se pahle yahi bol rahi thi ke sab achche se ho jae to Vaishno Devi darshan karne aaungi.Devi Maata ne ekdam bolte hai naa chatmatkaar hi kar diya.

INTERVIEWER-Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-Sab bahot hi acche hain, Doctor saab jinne surgery ki vo to bahut hi bdhiya hain aur dusare sab log bhi bahut badhiya hai mere ko baat achche se samjhai. Achhe se samjhate hain to hospital jaane me darr nahi lagta hai aur saari baat manti hu Doctor Saab ki Jo bhi vo bataate hain. Doctor Saab se ye corona khatam ho jaae to milne jaana hai.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai app?

INTERVIEWEE-Aspataal to bahut badhiya hai, saaf safaai bahut jyada hai nahi to sarkari aspataal me jao to bahut hi sugla rahta hai, staff bhi bahut achcha hai, kaam bhi jaldi ho jaata hai jyada late lateef nahi hota.

INTERVIEWER-Apko ghuntne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-Han paisa ka dikkat to aaya tha par zindgi ka sawaal hai ghutna theek ho gya to paise ka kya hai paisa to aata jaata rahta hai.

INTERVIEWER-Yadi aap mujhse koi anya baat sajhaa karna chati hai to kar skti hain

INTERVIEWEE-Nahi isme kya hai ke exercise karne ka bola tha parmai sahib tau to band kar diya ab dobara doctor se mulaakat hogi to puchhungi.

TRANSCRIPTS OF INTERVIEW

Subject Code-7

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-Ab operation ke baare me sun ke achcha lagne jaisi to koi baat hai nahii,sun ke ghabraahat hui kyuki isse pahle koi bhi surgery hui nahii hai mujhe to ek sui se bhi darr lagta hai fir itna badaa operation.Bahot hi bechainii ho rahii thi fir bete ne samjhayaa Mummy pareshaan mat ho sab theek ho jaaega hum sab saath hain naa kyu darr rahi ho fir kuchh raahat hui.

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe to ghutne ko badalwakar

INTERVIEWEE-Ab to achcha mehsoos kar rahi hu shuru me thodi dikkat ho rahi thi surgery ke baad lekin abb to sab badhiyaa hai koi bhi dikkat nahi hoti hai kaam bhi kar leti hu,bachchon ko dance sikhaati hu vo v ho jaata hai.

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-Dekhiye sahi bolu to shuruaati din me to thodi dikkat to hoti hi hai har insaan ko sahaare ki jaroorat padti hai,par mai khushkismat hoon ke mere bete bahu ne mera bahut saath diya,time se chai nashta sab mil jaata tha,thoda physiotherapist aa ke exercise kara deti thi kuchh din me dard kam ho gaya.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE-Mera shaukh hai Dance sikhana ye ghutne ki vajah se class nahi le paati thi to bahot dukhi rahti thi,dance meri zindgi ka aham hissa hai par ghutne ke dard ke bad lagaa mano ab nahi karr paungi,fir surgery ke bad abb bhi mai sikha paati hu to bahot Khushi mehsoos hoti h,kisi ke jyada sahaare ki bhi jaroorat nahi padti abb.Mai bahot Dhaarmik pravriti ki insaan hu to Sai Ram se mera aseem lagaav hai sab unki kripa se badhiya ho gayaa h.

INTERVIEWER-Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-Dekhiye log AIIMS isilea aate hi hain kyuki vha ilaaj aur staff ka bartaav bahot hi achcha hai,jab pata chala surgery ka to maine to kah diya ki

surgery sirf aiims me hi karaungi baaki kahi bhi jaakr Cheer-Fad Nahi karaani hai.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai app?

INTERVIEWEE-Hospital to laajawab hai suvidha bhi bahot achchi hai har cheez bahot hi perfect aur sahi tarike se hoti hai.Isilea to mai koi bhi appointment miss nahi karti hu taki theek hone me koi kasar naa rah jaae.

INTERVIEWER-Apko ghuntne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-Jee sab paise ki hi Bhumika hai paise naa ho to din ki shuruaat bhi sambhav nahi hai,paise ka arrangement to bete ne kiya kuchh savings padi hui thi to use hi kaam ho gaya.

INTERVIEWER-Yadi aap mujhse koi anya baat sajhaa karna chati hai to kar skti hain

INTERVIEWEE-Sai Ram ki kripa se sab bdhiya ho gaya ab aur kya bolu sab yu hi bana rahe.

TRANSCRIPTS OF INTERVIEW

Subject Code-8

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-Beta apko bhi pata hai ki surgery koi exciting cheez to hai nahi sunkar thoda darr hi lagaa but I was pretty sure about the benefits and results of surgery.

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe hai ghutne ko badalwakar

INTERVIEWEE-Now I'm feeling really relieved and calm.Pahle knee ka bahot stress tha kya karna hai iska kaise theek hoga but now everything is alright and its going good.

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-At first it was really a trouble maker,I was exhausted I needed really close assistance and supervision of my family and they have been very supportive for me,they helped me out for daily chores and planned my daily routine for betterment.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE-I'm feeling really great bachcha,I really love to play and compete young kids in various games so with the grace of god now I'm able to do that,I'm very thankful to the Divine powers who helped me to surpass the shortcomings.I was hopeless earlier but now I'm very positive about my life.

INTERVIEWER-Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-See in hospital each and every person is playing very important role so I'm thankful to all to help me,The doctors,nurses all are very refined and very good they are very dedicated towards their work.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai app?

INTERVIEWEE-I'm very much satisfied from the hospital services,see I' have seen so many multispeciality hospitals but none can compete the AIIMS,its really very prestigious institute.

INTERVIEWER-Apko ghuntne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-With the god blessings I'm financially sound so I have not face any kind of financial crisis.

INTERVIEWER-Yadi aap mujhse koi anya baat sajhna karna chati hai to kar skti hain

INTERVIEWEE-I only want to say just be good,do good,be happy and help others.

TRANSCRIPTS OF INTERVIEW

Subject Code-9

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-Jii bahot darr laga tha jab surgery ke bare me suna tha mereko bahot ghabraahat hone lagi thi ke sab kaisa hoga kabhi operation koi surgery kabhi nahi huii.

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe hai ghutne ko badalwakar

INTERVIEWEE-Abhi to sab mast hai ab to koi dikkat nahi hai ekdam khush rahti hu,pahle to bahot dikkat hai hoti par operation ke bad sab badhiya hai,bahot achcha mehsoos kar rahi hoon.Ap kisi bi dikkat me ho family ka support bahot jaroori hota hai jo mere pas tha.

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-kuchh dinon tak thodi dikkat thi,dard bhi hota tha chalne firne me dikkat hoti thi fir dheere-dheere sab bdhiya ho gaya thoda exercise ki doctor saab jo bole sab baat mani to sab badhiya ho gaya.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE-Jeevan me abb to sab badhiya hai jii zindgii badhiya chal rahi hai Bhagwaan ki kripa se ghutna theek ho gayaa aur to kya hi chahiye zindgii me,abb to badhiya hai sab kaam kar leti hu apne se kisi ko meri vajah se koi pareshani nahi hoti.

INTERVIEWER-Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-Jii hospital ka staff to bahot hi achcha hai sab bahot hi achchi dekhbhaal karte hai mera to Jeevan safal ho gaya yha illaj kara ke.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai app?

INTERVIEWEE-Ham to kya bole jii baahot hi santusht hai ilaaj se mera ghutna theek ho gaya isse jyada kya chahiye.

INTERVIEWER-Apko ghuntne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-Han paise ki dikkat to thi par parivaar valon ne madad ki to sab badhiyaan se ho gaya. Aarthik sthiti utana thik nahi hai to madad ki jaroorat hoti hai.

INTERVIEWER-Yadi aap mujhse koi anya baat sajhna karna chati hai to kar sakti hain

INTERVIEWEE-Jii aisa to kuchh bhi nahi bolna hai sab badhiya hi hai. Mai doctor ki sari salaah maanti hu aur regular touch me rahti hu.

TRANSCRIPTS OF INTERVIEW

Subject Code-10

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-Mujhe to bilkul bhi achcha nahi laga,kyuki mujhe to injection se bhi darr lagta hai to itni badi surgery kaise hogi soch ke hi haalat kharaab ho gayi,raat bhar yahi sochti rahti thi kya hoga,kaise hoga.

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe hai ghutne ko badalwakar

INTERVIEWEE-Ab to bahot achcha mehsoos ho rahi,kisi prakaar ki dikkat nahi hai bdhiya se chal fir leti hu, koi dikkat nahi aati hai ,ghutne thik ho gae to zindgi mil gayii.

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-Shuruaat me to thoda dikkat hogi thi but doctor ne pahle hi bata dia tha to us hisaab se prepare thi,fir thoda dard rahta tha uthne baithne me thodi takleef,achche se dawaai li aur doctor ke baton ke anusaar sab kia ,dheere dheere sab sahi ho gaya.Bete aur bahu sath the tp koi khaas dikkat nahi hui,bahot achchi dekhbhaal ki.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE-Bahot hi relief mila,bahot achcha mehsoos kar rahi hoon,life me pahle aur abi me bahot se badlaav aa gae hain ,sabse jaroori to apne pairon me chal paana hota hai vo abb mai kar paa rahi hoon,Bhagwaan ki bahot kripa rahi Ashirwaad banaae rahe ki ab chal paa rahi hoon,sab kaam achche se karr paa rahi hoon.

INTERVIEWER-Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-Staff ka to ab kya kahnaa,bahot hi achcha staff hai,sab bahot hi achchi care karte hain,sawaal puchho to bahot achche se jawaab dete hain,sabke chehre me muskuraahat rahti hai kabhi kheejhate nhi hain kitne bhi sawaal karo.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai app?

INTERVIEWEE-AIIMS ka to naam hi itna badaa hai naa jaane kaha-kaha se log ilaaj karaane aate hn matlab kuchh khaas baat hogi tabhi aate hai naa,mujhe to suvidha bahot pasand hai,iske alawa kahi bhi ilaaj karaane nahii jaate ham to.Doctor saab se vishes sneh hai e lockdown khatam ho jaae fir ek bar dikhane jaana hai.

INTERVIEWER-Apko ghuntne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-Paise ki samasya to ham madhyam vargiya parivaar ko lagi hi rahti hi fir itni badi surgery ke lea to lagna hi tha,hamare pas kuchh savings thi kuchh rishtedaaron se liya.

INTERVIEWER-Yadi aap mujhse koi anya baat sajhaa karna chati hai to kar skti hain

INTERVIEWEE-Ab aur kya bolu bhagwaan ki kripa se surgery ho gayi achche se bina kisi dikkat ke isse jyada kya chahiye.

TRANSCRIPTS OF INTERVIEW

Subject Codde-11

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-I was shocked, I have never imagined any such thing in my life but finally I have made up my mind that finally I have to do this.

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe hai ghutne ko badalwakar

INTERVIEWEE-Now am feeling really good, I got my knee back its really great to have your power again.

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-It was so painful, I needed assistance from my family member for my daily activity and they have been very supportive throughout the recovery, I was doing exercise according to physiotherapist instruction.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE-I'm feeling great now,now I don't needs anyone's assistance and I'm feeling very confident and active.it all happens due to the belief in god and supernatural power,I've been very positive throughout my life.

INTERVIEWER-Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-Staff is really good and cooperative,all are very helpful,I do trust all the staff,they have been very helpful throught out the treatment.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai app?

INTERVIEWEE-As AIIMS is very reknowned hospital so the facility in aiims is remarkable,I love the service given by the hospital.i'am on regular consultation and advice of doctor for better results.

INTERVIEWER-Apko ghuntne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-Yes I did faced financial burden but my family stood with me throughout the treatment.

INTERVIEWER-Yadi aap mujhse koi anya baat sajhaa karna chati hai to kar skti hain

INTERVIEWEE-There is nothing to share I've shared everything with you.

TRANSCRIPTS OF INTERVIEW

Subject Code-12

INTERVIEWER-Jab ghutne ki surgery ke bare me suna to apko kaisa laga?

INTERVIEWEE-Darr to lagta hi hai kyuki maine kabhi nahi socha tha ki operation hi akhiri rasta hai ghutna sahi karne ka,par surgery karana jab jaroori hi hai to kya kar sakte hain.

INTERVIEWER-Abhi aap kaisa mehsoos kar rahe hai ghutne ko badalwakar

INTERVIEWEE-Ab to bahot hi achcha mehsoos kar rahi hoon,jo problem thi ab thik ho gayi hai.Gharvale bahot supportive hai mere husband teeno bachche to bahot strength mili koi jyada dikkat nahi hui.

INTERVIEWER-Ghutne ke badlaav ke bad shuruaati din me dincharya me kya dikkat ka saamna kia?

INTERVIEWEE-Shuruaat me dikkat to hoti hai aur uske lea mai prepare thi,doctor ke sare instruction follow kiye,exercise ki,time par medicine li,chalne-firne aur uthane baithne me dikkat hoti thi,ghar me sablog kaam par jaate hain to meri dekhbhaal ke lea kaam par rakha tha vah mera khayal rakhti thi.

INTERVIEWER-Ghutne ke badlaav ke bad apke Jeevan ki gudvatta me kya badlaav aaya?

INTERVIEWEE-Ab to sab-kuchh bahot achcha zindgi me sab naya saa Anubhav ho raha hai,jab pahle se abhi ki tulnaa karo to bahot behtar hai,Aatm-nirbharta aa gai hai.sab bhagwaan ki kripa hai unki hi sab leela hai,achche karm kie hain to jyada kasht nahi jhelna pada.

INTERVIEWER-Hospital ke staff ke sath apka byauhar/baat-cheet kaisi rahi?

INTERVIEWEE-Staff ka byauhaar to bahot achcha hai,care bahot achchi karte hai,kisi prakaar ki koi takleef nahi aane dete hai,staff bahot hi supportive hai.koi bhi baat puchho muskurakar bahot achche se jawaab dete hain.

INTERVIEWER-Kya aap Hospital ki suvidha se santusht hain iske baare me kya kahne chahti hai app?

INTERVIEWEE-Han mai hospital ki suvidha se santusht hu,saaf safaai achchi hai,care bahot achchi hoti,kisi bhi cheez ke lea jyada intezaar nahi karna padta hai.

INTERVIEWER-Apko ghuntne ke badlaav ke samay Aarthik samasya bhi aai hogi uske baare me apka kya kahna hai?

INTERVIEWEE-Uske aare me to itna nahi pata hai sab bachchon ne dekha,mujhe kisi ne kuchh nahi bataya.

INTERVIEWER-Yadi aap mujhse koi anya baat sajhna karna chati hai to kar sakti hain

INTERVIEWEE-Apne jo puchha sab bata diya ab aur kuchh batane jaisa hai hi nahii. Ab bas ek bar hospital fir se jana hai follow-up ke lea