

Behavior change experiences and needs of individuals undergoing surgery

Persons with rheumatic diseases have a higher rate of surgery as well as a need of beneficial lifestyle behaviors, in order to control risk factors associated with surgery and disease co-morbidities. The objective was to explore behavior change experiences and needs of individuals similar to patients undergoing knee and hip surgery.

Procedure A survey was designed with focus on current lifestyle behaviors; experience of behavior changes; desire to change behaviors; and attitudes and willingness to adopt digital tools in the behavior change process. The survey was distributed via a web system to 13864 SRA members with a rheumatic disease.

Results 1660 consented to participate of whom a majority were women, 1/2 between 45 and 64 years of age and 1/3 older than 65, where 2/3 had experienced at least 1 surgery and 2/3 of these 2-3 surgeries, with 1/4 concerning knee or hip surgery. 20% had experienced complications. Almost all respondents had access to a smartphone, computer and the internet. The most problematic current behavior was insufficient physical activity, with less than 1/5 engaging in recommended levels of physical activity/week. Less than 1/10 smoked and about 1/20 gave indications of risky alcohol consumption. Regarding healthy eating, a large majority ate breakfast daily, 3/4 ate fruits and vegetables daily, and slightly under 1/2 ate fish 2-3 times a week. However, about 2/3 consumed unhealthy foods several times/week, with 1/5 indicating consumption 1-2 times/day. Accordingly, 2/3 indicated they would like to increase physical activity level and over 1/2 wanted to improve eating habits. 20% wanted to change other behaviors such as weight loss, consumption of sugary foods, and stress management. Fewer than 10% wanted to change their smoking habits and less than 1/20 wanted to change their alcohol habits. A majority had attempted prior behavior change, 3/4 focused on physical activity, 2/3 on healthy eating, 1/5 on smoking and 1/20 on alcohol. Regarding the duration of the change, it was permanent for 2/5. Among those who succeeded in maintaining the change during a shorter period, 44% succeeded for 3-6 months, 1/20 for 6-12 months and about 1/10 for periods of 1-2 years. Regarding types of support used for implementing behavior change, 1/3 had no support but only 1/10 found this helpful. Almost half used self-help, 1/5 used social support, 1/6 used professional support, and 1/10 used digital support. Most helpful were self-help, followed by social, professional and digital support, respectively. Respondents were asked about use of a digital tool to support lifestyle behavior change. Over 3/4 were open to using digital tools. Regarding the respondents' preferences: the top three preferences were for reminders, contact with peers and information on the importance of changing the behavior in question.

Conclusions The survey suggests that SRA members have digital access despite 1/3 being older than 65. The focus for current and future behavior change is physical activity and to a lesser extent, healthy eating. Smoking and risky alcohol use behaviors are low in this group. Willingness to engage in a digital tool is high, and preferences are clear, with interest in human contact with professionals and peers through the digital tool, as well as automated functions.