Early illness experiences related to unexpected heart surgery: A qualitative descriptive study

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ABSTRACT

Background: Most studies on patients’ experiences following emergency cardiac surgery focus on evaluation of patients after their discharge. Few studies have evaluated patients’ experiences after being transferred from intensive care and before being discharged.

Objective: This study aimed to describe patients’ experiences in the early stages of recovery following emergency heart surgery.

Methods: For this exploratory qualitative descriptive study, 13 patients were recruited from a medical centre in northern Taiwan. Participants had undergone emergency heart surgery and had resided in the cardiothoracic surgical ward for >6 days following transfer from the ICU; all expected to be discharged from the hospital within 3 days. Semi-structured, face-to-face interviews were conducted in private after the patients had been transferred to the cardiothoracic surgical wards. Audiotaped interviews were transcribed and analysed using content analysis.

Findings: Data analysis identified four themes, which represented different recovery stages: sudden and serious symptoms, nightmares and vivid dreams, physical and emotional disturbances, and establishing a new life after emergency surgery. A fifth theme, support for a new lifestyle, occurred between the four stages.

Conclusion: Participants experienced symptoms of physical and psychological stress during the early recovery stages following emergency heart surgery. A lack of understanding of the process of recovery increased these difficulties; participants wanted and needed multidisciplinary care and education. Emergency heart surgery does not allow healthcare professionals to inform patients of what to expect post-surgery. Our findings suggest that rather than waiting until discharge to offer disease information and treatment plans, multidisciplinary care should be initiated as soon as possible to facilitate recovery.

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1. Introduction

Emergency cardiac surgery must be conducted within 24 h as a result of life-threatening cardiovascular events, which differs from scheduled or elective cardiac surgery. Diseases requiring emergency cardiac surgery include acute coronary syndrome (ACS) and acute aortic dissection (AAD).\textsuperscript{1,2} Emergency cardiac surgery patients often are in shock, have hemodynamic instability,\textsuperscript{1} and organ malperfusion,\textsuperscript{2} which may require extracorporeal membrane oxygenation (ECMO) or coronary artery bypass grafting (CABG),\textsuperscript{2,3} in addition to treatment with catecholamine stress hormones or inotropic agents.\textsuperscript{4} During surgery, large amounts of stress hormones are released,\textsuperscript{5,6} leading to systemic inflammatory responses.\textsuperscript{5,7} Cardiac patients requiring surgery for type A acute aortic dissection (TA-AAD) often require prolonged mechanical ventilation, which can complicate post-surgical management.\textsuperscript{8} The process of recovery from cardiac surgery following hospital discharge has been well documented. Patients describe a cardiac illness event as being accompanied by unusual stressors, which disrupt their routine activities and change their perspective on life.\textsuperscript{8} They remember their experience in the intensive care unit (ICU).
as one involving pain and exhaustion,\textsuperscript{9,10} and hallucinations,\textsuperscript{11,12} which can be a source of distress, even several months after surgery.\textsuperscript{2,10} These memories may be related to the development of post-traumatic stress disorder (PTSD), which occurs in many postsurgical cardiac patients.\textsuperscript{13} Postsurgical patients also experience anxiety, which may result in uncertainty about future lifestyle adjustments and their ability to adhere to self-management following hospital discharge.\textsuperscript{14,15} Afffective social support interventions can reduce many of these stresses and improve recovery outcomes after a cardiac illness event.\textsuperscript{16} This can be facilitated by the transition of patients from the ICU by nurses skilled in providing a sense of safety and security, which can improve a patient’s psychological well-being.\textsuperscript{17,18}

Although studies have been conducted on the illness experience and psychological impact of cardiac surgery, a database search of CINAHL, MEDLINE/PubMed, and PsycINFO yielded no studies on patients’ experience of unexpected or emergency cardiac surgery. Two studies examined ICU-related experiences in the early recovery stage (before hospital discharge): one following emergency surgery\textsuperscript{11} and another following trauma.\textsuperscript{12} Three studies evaluated patients at 8 weeks to 18 months following hospital for depression and psychological stress in male cardiac surgery patients,\textsuperscript{18} stress following ECMO\textsuperscript{15} and physical trauma.\textsuperscript{20} Patients’ memories of these surgical experiences may become less accurate over time,\textsuperscript{12} which could reduce the richness of the data.

An in-depth assessment at an earlier time following cardiac surgery could provide a better understanding of patients’ illness experiences and needs, which could improve post-surgical recovery.\textsuperscript{12,17,22} Patients are not reluctant to seek routine healthcare for preventive medicine, however the need for emergency cardiac surgery can occur at any time, even in otherwise healthy individuals. Therefore, the purpose of this qualitative study was to explore patients’ early illness experiences following emergency cardiac surgery prior to hospital discharge.

2. Methods

2.1. Design and Participants

A qualitative descriptive design was applied. Qualitative descriptive studies draw on the principles of naturalistic inquiry that aim to explore phenomena in their natural state. Therefore, we observed the participants following emergency surgery and documented their behaviours and interactions without interfering or controlling what they said or did.\textsuperscript{21,24,25} Patients were purposively selected from a medical center in northern Taiwan. Taiwan’s healthcare system provides all persons with healthcare coverage under the National Health Insurance (NHI) system. The insurance is low-cost, convenient, comprehensive, and is readily accessible to the public.\textsuperscript{26} The inclusion criteria were: ≥20 years old, had no cognitive deficit, had undergone unexpected heart surgery, ICU stay ≥3 days, had resided in the cardiothoracic surgical ward for ≥6 days following transfer from the ICU, and expected to be discharged from the hospital within 3 days. Exclusion criteria were communication difficulties due to severe cognitive deficits, presence of a cerebral neurological disease, and/or life-threatening health status.

2.2. Data Collection

Data was obtained from interviews conducted with 13 participants (4 females, 9 males) from March to October 2013. Details of participant demographics and characteristics are shown in Table 1. Data were collected in audio-recorded, face-to-face, semi-structured interviews with participants ≥6 days after transfer from the ICU to the cardiothoracic surgical wards, thus avoiding the

| ID | Gender | Age (years) | Marital status | Diagnosis, procedure | Ventilation, hours | ICU length of stay (LOS) | Day of awakening post-surgery | Delirium | Noss | Hallucinations | Nightmares of ICU | Memories of ICU | Sedation/NMB | No. | Some | Yes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | M | 44 | Single | AAD, ACS, CABG | 47 | 5 | 1 | No | Yes | No | No | Some | Yes | No |
| 3 | F | 71 | Married | AAD, ACS, CABG | 49 | 3 | 8 | Yes | Yes | Yes | Yes | Some | Yes | No |
| 4 | M | 89 | Married | AAD, ACS, CABG | 54 | 25 | 9 | Yes | Yes | Yes | Yes | Some | Yes | No |
| 5 | M | 42 | Married | AAD, ACS, CABG | 56 | 28 | 3 | Yes | Yes | Yes | Yes | Some | Yes | No |
| 6 | F | 40 | Married | AAD, ACS, CABG | 42 | 3 | 10 | Yes | Yes | Yes | Yes | Some | Yes | No |
| 7 | M | 58 | Divorced | AAD, ACS, CABG | 28 | 8 | 1 | Yes | Yes | Yes | Yes | Some | Yes | No |
| 8 | F | 68 | Married | AAD, ACS, CABG | 7 | 9 | 5 | Yes | Yes | Yes | Yes | Some | Yes | No |
| 9 | M | 71 | Married | AAD, ACS, CABG | 26 | 176 | 23 | Yes | Yes | Yes | Yes | Some | Yes | No |
| 10 | M | 50 | Married | AAD, ACS, CABG | 120 | 4 | 3 | Yes | Yes | Yes | Yes | Some | Yes | No |
| 11 | M | 53 | Married | AAD, ACS, CABG | 26 | 7 | 1 | Yes | Yes | Yes | Yes | Some | Yes | No |
| 12 | M | 36 | Single | AAD, ACS, CABG | 120 | 4 | 3 | Yes | Yes | Yes | Yes | Some | Yes | No |


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