



## Care of Patients With Heart Failure

# Caregiving tasks and caregiver burden; effects of an psycho-educational intervention in partners of patients with post-operative heart failure



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## ABSTRACT

**Objective:** To evaluate the effects of a psycho-educational intervention on caregiver burden in partners of patients with postoperative heart failure.

**Background:** Since partners of cardiac surgery patients play a significant role in the patient's recovery, it is important to address their needs during hospitalization and after discharge.

**Methods:** Forty-two patients with postoperative heart failure and their partners participated in a randomized controlled pilot study. Dyads in the intervention group received psycho-educational support from a multidisciplinary team. Dyads in the control group received usual care.

**Results:** No significant differences were found in the performance of caregiving tasks and perceived caregiver burden in the control versus the intervention group.

**Conclusion:** A pilot study exploring the effects of a psycho-educational intervention in patients and their partners did not reveal significant effects with regard to reduced feelings of burden in partners. Alleviating caregiver burden in partners may need a more intense or specific approach.

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## Introduction

Cardiac surgery is extremely stressful for patients and their partners.<sup>1,2</sup> The complication of heart failure after cardiac surgery may have an even greater influence on both the patient's and their partner's everyday life.<sup>1–3</sup> The consequences of cardiac

disease and cardiac surgery are known for their impact on patient's and their spouse's quality of life.<sup>4</sup> Patients and their partners are confronted with postoperative burden in terms of impaired emotional and functional well-being and as a result they often struggle with feelings of anxiety, depression and impaired quality of life.<sup>5,6</sup> Additionally, patients with PHF and their partners are confronted with a complex, often chronic treatment regimen, which is an unexpected result of their cardiac surgery.

Surgical (and percutaneous) coronary revascularization is indicated in patients with severe coronary artery disease (CAD) and in patients with heart failure for the relief of angina pectoris.<sup>7</sup> Heart failure can be defined as 'a hemodynamic state secondary to pump failure unable to meet systemic demands without treatment other than correction of volume or vascular resistance.'<sup>7</sup> In the perioperative phase of cardiac surgery, heart failure (HF) is one of the most common conditions requiring evaluation and treatment. The incidence of developing heart

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failure after cardiac surgery among patients with existing cardiac conditions, such as coronary heart disease, prior heart failure, or valvular heart disease, is approximately 10%.<sup>8</sup> Postoperative heart failure (PHF) is a serious complication that remains the main cause for early mortality after cardiac surgery. It is also associated with increased postoperative morbidity and serious secondary complications.<sup>8–10</sup>

Partners of patients play a vital role in the patient's recovery after cardiac surgery.<sup>2</sup> Support from partners of patients with chronic heart failure has proven to be beneficial with regard to the patient's quality of life and survival<sup>11,12</sup> but also in terms of patient self-care<sup>13</sup> and patient adherence to therapy.<sup>14</sup> However, burdensome caregiving can cause impaired mental and physical health and even untimely death in partners or other caregivers.<sup>15,16</sup> Ågren et al.<sup>6</sup> specifically addressed the needs and experiences of spouses of patients with complications of HF after cardiac surgery. The study revealed that in order to be able to cope with the stressful situation, spouses needed to feel acknowledged and involved as being an important person.<sup>6</sup>

Caregiver burden can be analyzed by making a distinction between two different aspects; the performance of caregiving tasks and perceived feelings of caregiver burden.<sup>17,18</sup> Partners of patients with chronic heart failure mainly perform tasks with regard to practical and emotional support.<sup>19</sup> Perceived caregiver burden refers to the caregiver's reaction or appraisal of their caregiving role.<sup>17,18,20</sup> Both aspects of caregiver burden are relevant and may need different kind of interventions. Although some studies have described limited associations between the performance of caregiving tasks and feelings of caregiver burden in patients with HF,<sup>19,20</sup> and in caregivers of dementia patients,<sup>21</sup> not much is known regarding the relationship between these two aspects in caregivers of patients with postoperative HF.

Psychosocial support interventions for patients and their families can be categorized into (1) interventions that are focused on educating patients and their family members about the disease and its treatment, (2) interventions that are focused on helping families cope more effectively with the disease by teaching problem-solving skills, and (3) interventions that may be appropriate in families that are highly dysfunctional, independent of the family member's chronic disease.<sup>22</sup> A meta-analysis of psychosocial family interventions indicated that studies that involved the partner positively affected the patients' health and the partners' health in terms of decreased caregiving burden, depression, and anxiety.<sup>23</sup> There was a tendency towards higher effects in relationship-oriented, psycho-educational family interventions, compared to educational interventions.<sup>23,24</sup>

Having outlined several challenges for dyads of HF patients and what is known from earlier research, a supportive, psycho-educational intervention addressing patients and their partners was designed.<sup>25</sup> The aims of the present study are twofold; firstly to evaluate the effects of a psycho-educational intervention to patients with PHF and perceived caregiver burden in their partners. Secondly, the aim is to explore the association between two aspects, of caregiver burden in partners of patients with PHF, namely performed caregiving tasks and perceived burden.

#### Research questions;

1. What are the effects of a psycho-educational intervention on perceived burden in partners of patients with postoperative heart failure?
2. Are there associations between the performance of caregiving tasks and perceived caregiver burden in partners of patients with postoperative heart failure?

## Method

### Design

A randomized controlled pilot study comparing an intervention group receiving a psycho-educational to a control group receiving care as usual was used to explore the effects of this intervention in patients with PHF.

### Participants and recruitment

Longitudinal data of a pilot intervention study in partners of patients with PHF at a university hospital in south-east Sweden was used. Other findings from this study (on patients 'and partners' health, quality of life and perceived control) have been published elsewhere.<sup>25</sup> In this study PHF was defined as; having a clinical diagnosis of HF determined by the attending physician, receiving treatment for PHF, such as a circulatory assist device or inotropic support for  $\geq 24$  h postoperatively, and a postoperative stay in the intensive care unit for  $\geq 48$  h. To be eligible for the study patients had to meet all three criteria. Inclusion criteria were that the patient lived with a partner and that the dyad understood written and spoken Swedish. Exclusion criteria were a short life expectancy due to a life threatening disease other than heart failure (e.g. cancer) or impaired cognitive ability as documented in the medical record. According to the rule of thumb for pilot trial studies<sup>26</sup> a sample of 12 per group was used. However, to ensure that an appropriate number of dyads will receive the complete intervention, a sample size of 15–20 dyads was pursued. Patients and partners were randomized to either the control condition or the experimental condition by using blocks.

The Regional Ethical Review Board in Linköping (Dnr M178-04) approved the study, and the principles outlined in the Declaration of Helsinki were followed. An information letter was sent out to patients and their partners within two weeks after discharge. A research nurse then called patients and partners in order to provide additional verbal information. Patients and their partners were asked to participate and return their written informed consent if they agreed to take part.

### Control condition

Patients and their partners routinely received standard care by members of a cardiac surgery care team. The patients received information from the thoracic surgeon, thoracic anesthetist and a nurse during hospital admission before surgery. One week after discharge, the same nurse contacted the patients for a follow-up call. Patients then received non-structured information about recovery, medication, rehabilitation, and follow-up procedures. Partners of patients were not systematically involved in the provision of information.

### Experimental condition

In addition to standard care, the patients and their partners in the intervention group received psycho-educational support at 2–4 weeks after discharge from a multidisciplinary team consisting of a physician, a nurse, and a physiotherapist. During these meetings, each professional used a semi-structured dialogue guide. Within these sessions, patients and partners were invited to share their experiences, discuss situations that caused stress, and also to talk about possible effects on their relationship and their mutual need for support. Dyads who experienced psychosocial distress that was difficult to handle, could be referred to a social worker.

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