



Research Article

Living with Atrial Fibrillation: An Analysis of Patients' Perspectives

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ARTICLE INFO

Article history:

Received 21 January 2015

Received in revised form

6 August 2015

Accepted 2 September 2015

Keywords:

atrial fibrillation
coping skills

SUMMARY

Purpose: The aim of this study was to determine the perceptions of patients with atrial fibrillation regarding the disease, to reveal their feelings, thoughts and wishes, and to investigate their perspectives and coping behaviors towards their condition.

Methods: Phenomenological methodology was used. The study population consisted of a total of 225 patients treated by the cardiology department of a university hospital, while the study sample consisted of 32 patients who met the inclusion criteria. A semistructured interview addressed perceptions of patients with atrial fibrillation regarding the disease. Data were collected by asking the participants the three questions on the In-depth Individual Interview Form. Data were analyzed using the continuous comparative method of Colaizzi.

Results: In the study sample, 50.0% of participants were female, 69.0% were married, and the mean age was 66.90 years (\pm 7.90 years). As a result of the content analysis, four main themes and 15 subthemes were identified: patient's mental status regarding the disease, patient's social status regarding the disease, patient's physical condition regarding the disease, and disease management and coping with the disease. The study found that individuals with atrial fibrillation faced major limitations in their daily living activities and social lives due to the disease symptoms and warfarin use.

Conclusions: Patients need to be provided with relevant individual training and counselling so that they lead more satisfactory lives. In addition, appropriate health appointment and monitoring systems should be developed for patients to reduce the problems associated with frequent follow-up appointments.

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Introduction

Atrial fibrillation (AF) is a supraventricular tachyarrhythmia encountered most commonly in routine clinical examinations. The incidence of AF increases with age. Thromboembolic events constitute a significant proportion of the morbidity and mortality associated with AF. The main objectives in the treatment of AF include anticoagulation (warfarin use) to reduce the risk of stroke, control of the ventricular rate, conversion of the rhythm into sinus rhythm and the maintenance of the sinus rhythm [1,2].

The quality of life of patients with AF is significantly affected because of the condition's symptoms, including shortness of breath, palpitations, chest discomfort, and immediate fatigue [3,4]. In particular, individuals with permanent AF may avoid activities requiring exertion, such as work/housework, climbing stairs,

exercise, and sexual activity, fearing their palpitations will be triggered. These limitations experienced due to AF symptoms may cause the individual to move away from having a social life, preventing him or her from receiving satisfaction in life. By blocking the individual's purposes in life, this disease may cause the individual to fall into despair, have decreased self-esteem, experience breakdowns in relationships, and have an increased dependency on family members and health professionals due to the loss of health. Research has shown that individuals with AF avoid activities requiring exertion due to continuous palpitations. In addition, research has demonstrated that individuals with AF have a high rate of anxiety and depression [3–5]. Likewise, these patients may suffer from anxiety because they have to have frequent blood tests due to warfarin use, follow a strict diet and face a risk of bleeding or embolism as part of the medication's side effects. They may also face financial losses and disruptions in their professional lives due to frequent follow-up appointments [3,6,7].

There are some quantitative studies investigating the information level and adherence of patients using warfarin regarding

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compliance with medication and healthcare recommendations [3,8,9]. However, there is a limited number of studies investigating the individuals' opinions on what living with AF means for patients and their families, as well as what their coping strategies are [7].

Methods

Design

This qualitative research employed the phenomenological method. A semistructured interview addressed perceptions of patients with AF regarding the disease. Data were collected by asking the participants the three questions on the In-depth Individual Interview Form. Data were analyzed using the continuous comparative method of Colaizzi [10].

Qualitative research is different from conventional/quantitative research methods in terms of research questions, objectives, sampling processes, and data collection and analysis methods. Unlike quantitative research, data in qualitative form usually is not represented in numerical form. The primary aim of qualitative research is to provide the reader with a descriptive and realistic situation about the topic in question. Therefore, the data collected in qualitative research should be elaborate and in-depth, and the opinions and experiences of the individuals involved should be presented in as direct a way as possible. Qualitative methodology allows a much richer description of the fears and problems encountered by patients than is possible with quantitative methods. The qualitative research technique provides useful methods to understand and appreciate the complexity of patients' medical, emotional, and social needs, as well as their health beliefs and attitudes. Patient care or research protocols for individuals or groups of individuals can be informed by the results. Finally, qualitative research can be used to generate hypotheses for subsequent quantitative research [10–12].

Participants

The study population consisted of all of the patients treated for AF at the Department of Cardiology of Mersin University Faculty of Medicine Hospital ($n = 225$). The study sample consisted of patients who came to the department of cardiology of the same hospital for follow-up appointments due to their AF diagnosis. The sample participants were 18 years old or older, had been diagnosed with AF at least 6 months prior, used an oral anticoagulant (warfarin), and agreed to participate in the study. The study used a sampling approach that required continuous data collection until the concepts and processes that help to answer the research question (saturation point) begin to repeat. In light of this, the researchers would decide that they reached a sufficient number of data sources when the emerging concepts and processes began to repeat one other. Therefore, the study sample consisted of 32 patients [11].

Data collection

Data were collected by conducting individual in-depth interviews with each of the patients in the study sample in order to explore what living with AF meant for the patient. We also wanted to reveal the patient's feelings, thoughts and desires [11]. There were three questions on the Individual In-depth Interview Form: (a) What does it mean for you to live with AF (arrhythmia) disease? (b) What are your thoughts/experiences about using anticoagulant drugs? (c) What do you recommend in order to live with this disease in a more harmonious way? A total of five patients were given a pre-application in order to assess the usability of the Individual

In-depth Interview Form. The form was then revised in light of the pre-application.

Both the Ethical Committee and the Office of the Chief Physician of the hospital where the study was conducted approved this study (Ethical no.: B.30.2.MEÜ.0.70.03.00-605.01-971/9375). When the patients came to the hospital's department of cardiology, the researchers informed the patients about the study and the patients gave their verbal consent for participation. The individual in-depth interviews were conducted in the meeting room of the cardiology department. During the interviews, the patients and researchers sat next to each other or face-to-face. All of the conversations in the interviews were recorded using a voice recorder, with the exception of one participant who did not agree to be recorded. In that case, the researcher wrote the participant's answers. The researchers also took notes on the patients' body language and changes in their face expression and gestures. All of the data obtained during the interviews were kept confidential so that they could be used for scientific research. The interviews lasted 60–75 minutes on average.

Data analysis

As a part of the data analysis, the voice recordings were transcribed first. After that, the raw data were obtained by combining the transcripts with the observations. The transcripts were then entered into Microsoft Word, resulting in a total of 66 pages. Colaizzi's [11] continuous comparative method was used in the qualitative analysis of the research data. The raw data were read multiple times before being grouped. Because it was impossible to interpret the vast majority of this data in numbers, the researchers noted that the results could not be generalized and they were limited to the participants of this study. For a qualitative analysis of the data, a content analysis was performed considering not only the words themselves, but also how common the comments expressed by the participants' responses were, the number of the participants making the same comments and using the same words, the actual meaning underlying the statements and the authenticity of the participants' responses. The patients' responses were evaluated separately for each topic discussed. The responses of the patients were combined by considering the differences and similarities between them. After the raw data generated were read separately and carefully by each of the researchers, the data were processed (i.e., coding of meaningful concepts and themes). Themes were identified by combining the coded data. For the analysis of the data obtained, two experts with experience on qualitative research were asked for their expert opinions on the given raw data. As a result of the data analysis, four main themes and 15 subthemes were identified [10–12].

The interview sessions were held in Turkish, native language of the patients. The paper was translated from Turkish to English.

Trustworthiness

Some additional methods (e.g., participant verification, peer verification) are used to help verify the results for the sake of validity and reliability in qualitative research. Receiving confirmation from the participants to confirm the findings is significant for establishing the validity and reliability in qualitative research. It is also essential to provide direct quotations from the individuals interviewed and to explain the results based on these [13]. The above-mentioned criteria are met in this study.

Results

As a result of the content analysis carried out on the data obtained through the qualitative study regarding the meaning of living with AF, four main themes and 15 subthemes were identified

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