

# The lived experiences of patients post coronary angioplasty: A qualitative study

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*Few qualitative studies have focused on the experiences of patients post angioplasty. A deep understanding of patient experiences of care and the way a treatment can affect their everyday life is particularly important in chronic disease management. The aim of this study was to explore experiences that patients undergo after angioplasty. Using a phenomenological study design, 15 patients participated in individual, face-to-face, semistructured interviews. Data were analyzed using qualitative content analysis. The following core themes emerged from the analysis, which reflect the experiences of patients post angioplasty: (a) Angioplasty is a milestone in the patient's life, (b) living with a mended heart, and (c) psychological distress as an integral part of the patient's life. Participants after angioplasty went through both positive and negative changes in their life. Understanding these experiences is essential to modifying high-risk behaviors while supporting patients through their rehabilitation. (J Vasc Nurs 2014;32:144-150)*

Similar to international trends, cardiovascular diseases remain the main cause of mortality and morbidity in Iran, accounting for about 50% of deaths annually.<sup>1</sup> Coronary angioplasty, particularly with stent implementation, is increasingly preferable for the treatment of coronary heart disease (CHD), which is the major manifestation of cardiovascular disease.<sup>2</sup> Angioplasty has proved to be an effective technique for treatment of coronary arterial stenosis, resulting in significant relief in angina symptoms. Compared with open surgery, angioplasty is a relatively safe and cost effective treatment alternative.<sup>3</sup> Some 1,260 coronary interventions are carried out every day in Iran,<sup>4</sup> and the success of angioplasty has been reported at 95%, comparable with to international statistics.<sup>5</sup> Despite a common belief, coronary angioplasty cannot halt the progression of CHD, and 30%–40% of patients experience a recurrent cardiac event or the need for a repeat angioplasty during the first 2 years after the procedure.<sup>6,7</sup> Yet, a substantial number of the relapses can be avoided or reduced by the use of risk modification strategies which aim to reduce major CHD risk

factors.<sup>8</sup> Most patients also need to take antiplatelet drugs for about 1 year after angioplasty.<sup>9</sup>

Overall, patients' experiences after angioplasty and how these factors impact their overall well-being and functioning have not been widely studied. The available evidence suggests that the diagnosis of CHD, disease symptoms, and the need for invasive treatment approaches, such as angioplasty, provoke a range of adverse emotional responses in cardiac patients, including denial, uncertainty, stress, frustration, fear, anxiety, and depression.<sup>10,11</sup> Patients commonly experience distress and fear of dying during the initial phase of their disease and medical interventions, increasing the risk of subsequent psychological disorders.<sup>11,12</sup> The results of a longitudinal study showed that anxiety before angioplasty predicted patients' experience of anxiety after angioplasty.<sup>11</sup> Another study reported increase in symptoms of depression for 6–8 months after angioplasty compared with immediately after angioplasty.<sup>13</sup> On the other hand, some patients who experience the immediate resolution of the symptoms tend to underestimate the severity of their disease, which may hinder their active in risk reducing behaviors. Astin et al (2006)<sup>14</sup> studied patients' illness representations before and after angioplasty and noted a transition from an acute to a chronic type of disease representation 6–8 months after angioplasty. The patients perceived they had less personal control over their illness, and that their disease had less severe consequences.<sup>15</sup> Although these changes help patients to cope with their illness, it is also important that the patients remain motivated and continue to engage in risk reduction activities.<sup>14</sup>

Patients' experiences during recovery can affect their overall well-being and engagement in rehabilitation programs. Supporting patients during the plateaus of their illness and helping them to understand their risk and become actively involved in risk reduction programs help behavior change to reduce future cardiac events.<sup>16,17</sup> Patients who undergo angioplasty need more specific information about the level of damage, the risk of subsequent recurrence, medications after discharge, and

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1062-0303/\$36.00

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<http://dx.doi.org/10.1016/j.jvn.2014.04.001>

appropriate levels of physical activity and diet.<sup>18</sup> Yet, risk factor modification is a complex and multifaceted phenomenon in that the patients' beliefs and values, previous experiences, perception of personal risk as well as sociocultural factors influence the patient's decision to adhere to recommended treatment regimens and takes actions to reduce their future risk.<sup>19,20</sup> Understanding these factors can help clinicians to better manage CHD risk post angioplasty.<sup>21</sup> This study aims to contribute to the body of knowledge by exploring Iranian patients' lived experiences after angioplasty. The results of this study help to optimize the patients' journey through evidence-based care, and can serve to inform risk management programs for patients after angioplasty.

**METHODS**

Using qualitative methodology, semistructured, individual, face-to-face interviews were carried out to help the researcher to gain insight into life experiences of patients post angioplasty. Ethics approval was obtained for the study. Eligible participants were identified through medical records of Shahid Madani Hospital in Tabriz and Shahid Chamran Hospital in Isfahan, 2 metropolitan cities in Iran. The researchers contacted the eligible participants via telephone to seek their interest to participate in the study. The study objectives were explained to potential participants and they were made aware of the need for audio recording of the interviews. Participants were assured of the confidentiality of provided information and that they could withdraw from the study at any time with no penalty. Participants who gave informed written consent to the study, were >20 years old, were able to communicate in Persian and/or Azeri languages, and had undergone angioplasty ≥1 month before the interview were recruited. Potential participants with cognitive impairments and several comorbidities were excluded from the study. Overall, 17 potential participants were invited; 2 declined to participate in the study.

Interviews were carried out with 15 participants, of whom 4 participants were interviewed twice to provide more in-depth data and elaborate on the issues raised in the previous interview. This brought the total number of the interviews to 19 interviews. The main demographics of the study participants are presented in Table 1. Date and venue for the interviews were agreed upon by the participants.

Data were collected using open interviews and participants were encouraged to provide in-depth information on their experiences and feelings after angioplasty. The interviews were guided by an interview guide and probing questions used depending on the participants' responses (Table 2). The interviews lasted between 40 and 90 minutes and all were audio-taped with previous permission from the participants. At the conclusion of each interview, the researcher summarized the information to the study participants to determine their accuracy and completeness.

The interviews were transcribed verbatim and data analysis was carried out simultaneously with data collection to identify the initial themes and follow up on the issues raised in previous interviews.<sup>22</sup> Data saturation was achieved at interview 13, but the researchers continued on data collection by conducting 2 more interviews to ensure data saturation. Data were analyzed

TABLE 1	
DEMOGRAPHIC CHARACTERISTICS OF THE STUDY PARTICIPANTS	
Characteristic	Value
Gender	
Female	4
Male	11
Age (y)	
Mean	55.8 ± 9.28
Range	37–70
Marital status	
Single	1
Married	12
Widowed	1
Divorced	1
Employment	
Employed	4
Housewives	3
Retired	5
Self-employed	3
Education	
Primary school	2
High school	3
Diploma	4
University degree	6
Time since angioplasty	
Mean	3.27 ± 2.9 years
Range	3 months–10 years
Type of angioplasty	
With stent placement	10
Without stent placement	5

using content analysis, which allowed making subjective interpretations of the content of the interview data. The adoption of a systematic classification process enabled the emergence of both implicit and explicit study themes.<sup>23</sup> The researchers first read out the transcripts several times to gain in-depth insight into the data. Data were then converted into meaning units—a piece of the text of any length that conveys 1 meaning—and codes were extracted. The meaning unites were compared for similarities and differences, leading to the development of categories, from which broad study themes and subthemes were conceptualised.<sup>22,24</sup> Preliminary findings of the study were shared and discussed with academics in the field and clinicians who had clinical experience in providing care to angioplasty patients.

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