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# Age and gender influences on the needs, concerns and strategies of CABG caregivers

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## ABSTRACT

**Background:** Caring for coronary artery bypass (CABG) surgery patients can be challenging. No studies have explored caregiver burden by age and gender.

**Objective:** To describe age and gender-specific concerns, needs and strategies during the first 3 months.

**Methods:** Themes for burden concerns, needs and strategies were derived from interviews of 32 CABG caregivers using constant comparative analysis.

**Results:** Age-specific themes related to *motivating exercise* (<70), *applying support hose*, and *self-reliance* (>70). Gender-specific themes related to *incision worries* and *transportation* (all females); *regulating blood sugars*, *vital sign anxiety*, *hurrying back*, *reinforcing healthy behaviors*, and *being there* (females <70); *meal planning*, *coordinating appointments*, and *anger over self-care reminders* (females >70); *caregiver relief*, *inconsistent information*, and *doing it all* (all males); *upsetting scars* (males <70), and *lost sleep* (male >70).

**Conclusions:** Future research should validate concerns in diverse samples so interventions can be targeted to support male and female caregivers by age groups.

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As length of stay (LOS) for coronary artery bypass graft (CABG) surgery has decreased, care that occurred in the hospital has shifted to the home. CABG patients emphasize how critically important assistance from a partner or family member is for their recovery after discharge.<sup>1,2</sup> CABG caregivers have recounted feeling unprepared for their role<sup>3,4</sup> and thus, are at risk for caregiver burden.

## Background

In particular, male CABG caregivers have higher demand (time spent), difficulty (level of stress) and overall burden (demand + difficulty) at 3 months compared to female caregivers.<sup>5</sup> The worse health-related quality of life (HRQL) outcomes of female CABG patients may partially explain these findings.<sup>6,7</sup> Female patients tend to be older, with more comorbidities, advanced disease<sup>8–10</sup> and readmissions in the early (6–8 weeks), mid (6 months–1 year) and late phases (>1 year)<sup>9,11,12</sup> due to unstable angina and heart failure possibly from receiving fewer arterial grafts and total grafts.<sup>11–13</sup>

Older CABG caregivers (>70) are also at risk of greater burden.<sup>5,14,15</sup> While over half of CABG surgeries in 2015 were on patients over 65,<sup>16</sup> surgeries on older patients, especially those in their 80s, have risen annually by over 15% since the mid-1980s.<sup>17–19</sup> Older CABG patients face higher procedural risk<sup>20</sup> and are expected

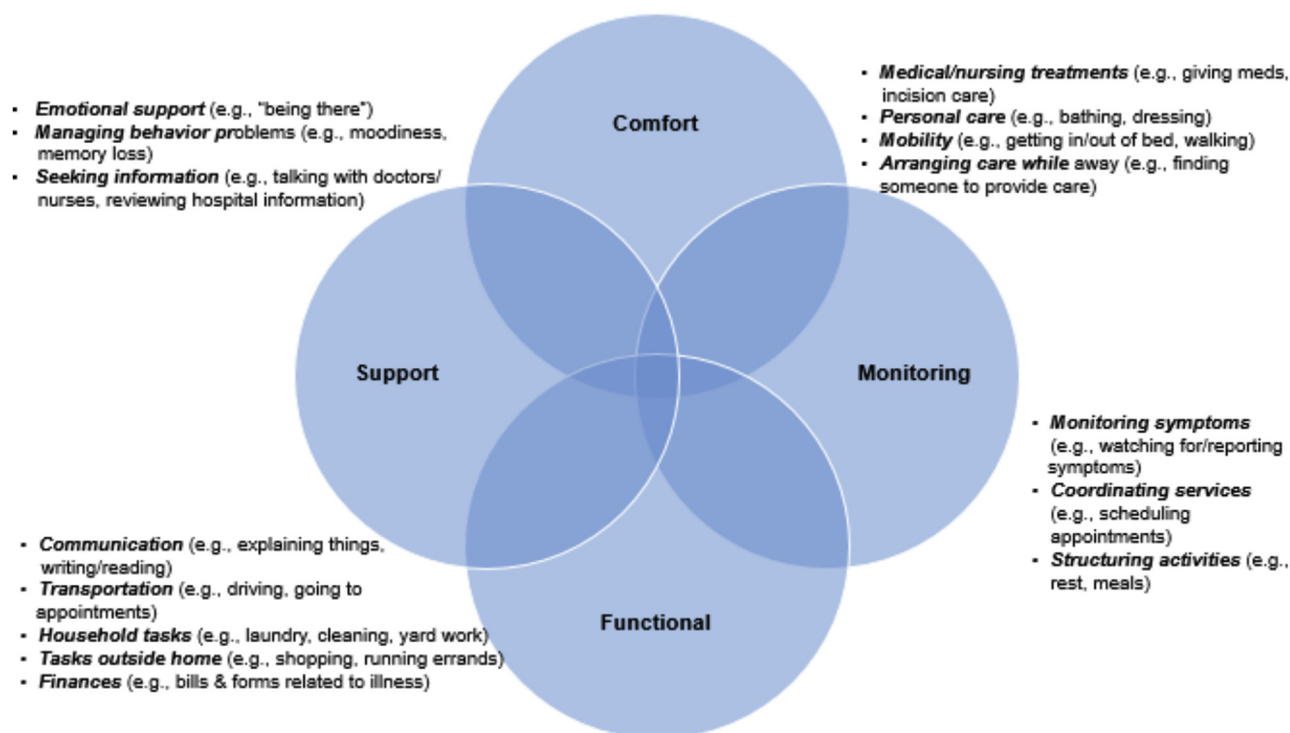
to have poorer outcomes due to more comorbidities and decreased organ reserves.<sup>21,22</sup> In one study of octogenarian patients, 35% had a major postoperative event like stroke, renal dysfunction, heart failure or death.<sup>23</sup> Thus, poorer health status can prolong recovery for older patients, increasing burden of their caregivers who are likely of advanced age.

While previous research has validated male and older CABG caregivers are at increased risk of burden, it is not known how age and gender influence difficulty of various caregiving activities. Thus, the primary aim of this exploratory study was to describe the specific concerns and needs of CABG caregivers in different age and gender cohorts during the initial 3 month recovery period after CABG surgery.

## Methods

This investigation was part of a larger CABG caregiving study.<sup>4</sup> A focused qualitative design based on Oberst's<sup>24</sup> domains of caregiving (Fig. 1) was used to describe specific burden concerns, needs, strategies and advice of caregivers in the first 3 months. Eight male and eight female caregivers in two patient age groups (>55 <70; >70) were recruited from a large Midwestern health system and regional hospital in the Pacific Northwest to obtain a large sample ( $N = 32$ ) to maximize demographic variation<sup>25</sup> and thereby, represent the spectrum of caregiving. The age cutoff of 70 was used as a proxy for patient comorbidities and postoperative course, two factors which could significantly impact the concerns and needs of CABG caregivers.

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**Fig. 1.** Oberst's caregiving framework: fifteen caregiving activities associated with four domains of caregiving work. Source: Halm M. Specific needs, concerns, strategies and advice of partner caregivers after coronary artery bypass surgery. *Heart & Lung*, 2016; 45:416–422. Reprinted with permission.

All interviews were done via telephone and tape-recorded for later transcription to preserve informant voices.<sup>26,27</sup> Each interview opened with a grand-tour question inquiring about the caregiver's role over the previous 3 months. This question was followed by a structured guide to generate specific concerns and needs about Oberst's 15 specific caregiver tasks. Rigor and trustworthiness was achieved through credibility, dependability, and transferability. Credibility, or the truth of the findings as viewed from the informant's eyes<sup>28</sup> was attained by: Prolonged engagement (as much as 60–90 min); ongoing member checking where information was restated to confirm understanding; probing questions to ensure clarity and maximum understanding; and field notes to provide context to informant's words. Dependability was addressed with detailed description of the interview and data analysis procedures. Transferability was enhanced by the sampling method that yielded representativeness of caregivers in different age and gender cohorts.<sup>29</sup> The dense description of concerns, associated needs, strategies and advice of CABG caregivers also improved transferability.

Transcripts were independently read and analyzed by two researchers, further establishing credibility. Each researcher looked for themes of concerns, needs and strategies across interviews. This

process of constant comparative analysis continued until a list of redundant themes was identified within Oberst's framework and saturation occurred.<sup>30</sup> If researchers found different themes, issues were discussed until resolved.

## Results

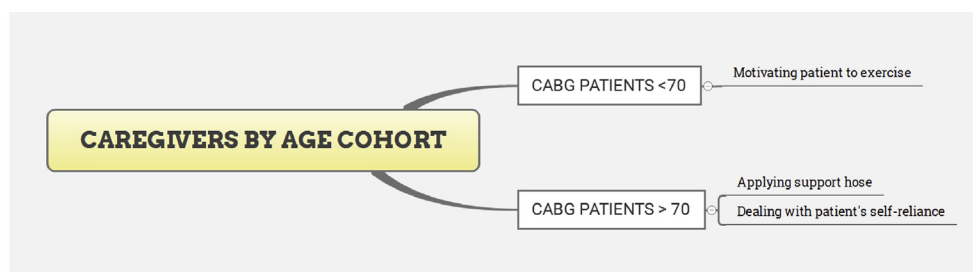
Caregivers (and patients) were on average 61 and 76 years old in the younger and older cohorts, respectively. All caregivers were Caucasian, and all but one had a high school education. Most were married over 30 years. Average LOS was 6–8 days.

Eighteen specific burden themes were uncovered (Table 1); three (16.7%) were age-specific and 15 (83.3%) gender-specific. Caregivers shared many strategies used to deal with their needs and concerns, and/or tips they would offer others.

### Caregivers of CABG patients under 70

#### Motivating patient to exercise (comfort work – mobility)

Caregivers of younger patients lamented that their partner was not where they should be in terms of activity level and amount of



**Fig. 2.** Caregiver burden themes by age cohort.

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