



Care of Patients Undergoing Interventional Cardiology Procedures

Specific needs, concerns, strategies and advice of caregivers after coronary artery bypass surgery



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ABSTRACT

Objective: To describe concerns, needs, strategies and advice of coronary artery bypass (CABG) caregivers during the first 3 months post-surgery.

Background: Nearly 400,000 patients underwent CABG surgery in 2010. While caregiving demand and difficulty has been investigated in early (4–8 weeks), mid (3 month), and later (6–12 months) recovery, no studies have explored early-to-mid concerns in-depth.

Methods: In this qualitative study, a purposive sample of CABG partners participated in structured interviews. Themes for burden concerns, needs and strategies were derived using constant comparative analysis.

Results: One global theme ‘knowing what I’m supposed to be doing’ emerged. Specific themes related to medications, mobility, symptom monitoring, memory, appetite, emotional spirits, and finances.

Conclusions: The resounding need for a dedicated caregiver program to prepare partners for their role, including what to expect, warrants exploration. Future research should validate these concerns in more diverse samples so interventions can be targeted to better support caregivers.

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I've never been through being a caregiver before. I didn't know all the things I needed to know. There was nothing focused towards me or my family at all for supporting her coming home. It was basically take her home and whatever she learned while she was in the hospital and her rehab, that's what we had to go on.

Introduction

Heart disease is the number one cause of death in the U.S.¹ Although coronary revascularization has declined since 1995,^{1,2} 397,000 coronary artery bypass graft (CABG) surgeries were performed on 219,000 patients in 2010.¹ Most CABG patients recovering from surgery rely on assistance from their partner.^{3–5} With CABG length of stay now lower,^{1,6,7} care provided at home may place more burden on the caregiver.^{8–10} CABG patients have many recovery issues from physical symptoms (e.g., incisional pain, leg swelling, sternal/wound problems, fatigue, shortness of breath, nausea, poor appetite, cognitive impairment); psychological issues (i.e., anxiety, stress, depression); sleep difficulties; medication issues; and return to independence.^{11–17} These challenges may impact partners caring for CABG patients in the home recovery phase.

Three studies have shown that CABG caregiving is associated with low-to-moderate caregiver burden scores at 1–6 weeks.^{9,18,19} Interestingly, these burden levels continue at 3, 6 and 12 months¹⁸ post-surgery. In the early post-discharge phase, Park et al⁵ found partners with greater “objective burden” scores (caregiver demand or time spent on caregiving activities) had significantly higher “subjective burden” scores (caregiver difficulty or perceived stress with caregiving). In this same study, subjective burden scores were slightly higher at 3 weeks for some activities such as additional household tasks, transportation and behavior problems,¹⁹ while Stolarik et al⁹ found monitoring symptoms, arranging care and coordinating services were more distressing at 6 weeks. By 3 months, Halm et al¹⁸ found caregiver activities related to medical/nursing treatments, mobility assistance, and finances were most burdensome.

Thus, the main gap this qualitative study intended to fill was to generate understanding of the specific concerns and associated needs of caregivers throughout the first 3 months because CABG caregiver burden continues at a low-to-moderate level through this point of postoperative recovery. Furthermore, while burden scores are available for caregiving activities, the specific experiences associated with these tasks that challenge CABG partners are not known, nor their associated needs or strategies caregivers use to cope with the situation. An additional aim was to explore the advice partner caregivers would offer future caregivers. Therefore, the

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knowledge from this study will help health care providers tailor caregiver interventions to specific concerns and needs of CABG partners and thus, better prepare them for their critical role in the patient's recovery.

Conceptual framework

Oberst's²⁰ domains of caregiving provide a framework for understanding common caregiver activities. As previously defined, caregiver burden may involve the demand (objective time spent) and difficulty with caregiving activities (subjective perceived stress) with fifteen caregiving activities within the caregiving domains of comfort, monitoring, support and functional work (Fig. 1). This framework was used in this study to provide comparability with previous CABG caregiver studies.^{9,18,19}

Methods

A focused qualitative design was used to describe the specific caregiver burden concerns and associated needs and advice of caregivers in the early postoperative period. This design is appropriate to explore the specific tasks and activities (Fig. 1) that were burdensome. The timeframe allowed partners to reflect and have enough time to process their caregiving experience, thereby enhancing the validity of the findings.²¹ One strategy to build credibility in this stage was the use of a reflexive journal where the researcher bracketed thoughts, ideas and preconceived assumptions about CABG spousal burden before the first interview to stay "open to the data."

Participants

After IRB approval, purposeful sampling was used to recruit partners from a large Midwestern health system and a large

regional hospital in the Pacific Northwest that performed significant volumes of CABG procedures. Eight male and 8 female caregivers in two patient age groups ($>55 < 70$; >70) ($N = 32$) were recruited to maximize demographic variation²² in the sample. This large sample established credibility for further cohort analysis of age and gender-specific challenges that will be reported elsewhere. Inclusion criteria included: 1) CABG patient ≥ 55 years old; 2) able to speak and read English; 3) partner of CABG patient; 4) primary caregiver living with and caring for partner post-discharge; and 5) partner had first-time CABG surgery within 3 months. Exclusion criteria included redo operations or underlying psychiatric illness of the partner (e.g., anxiety disorder, depression or schizophrenia).

Forty-seven caregivers were approached for a one-time interview at 3 months. Fifteen withdrew when contacted to arrange an interview time. Before the interview began, informants were reminded of the voluntary nature of the study and that the data would be handled confidentially. The entire sample was Caucasian (Table 1). All but one caregiver had at least a high school education and most were married over 30 years. The mean age of patients and caregivers ranged from 62 to 77 and 60 to 75, respectively. The average LOS ranged from 6 to 8 days. All younger patients discharged home, while four older patients received home care and/or were transferred to transitional care. All caregivers received assistance (i.e., visits, meals, transportation, respite care, chores and errands) from friends, neighbors, family and church members.

Procedure

Caregivers who consented were interviewed via telephone shortly after the 3 month mark. All interviews were tape-recorded and transcribed verbatim to ensure precision of informant voices.^{23,24} Each interview opened with a grand-tour question

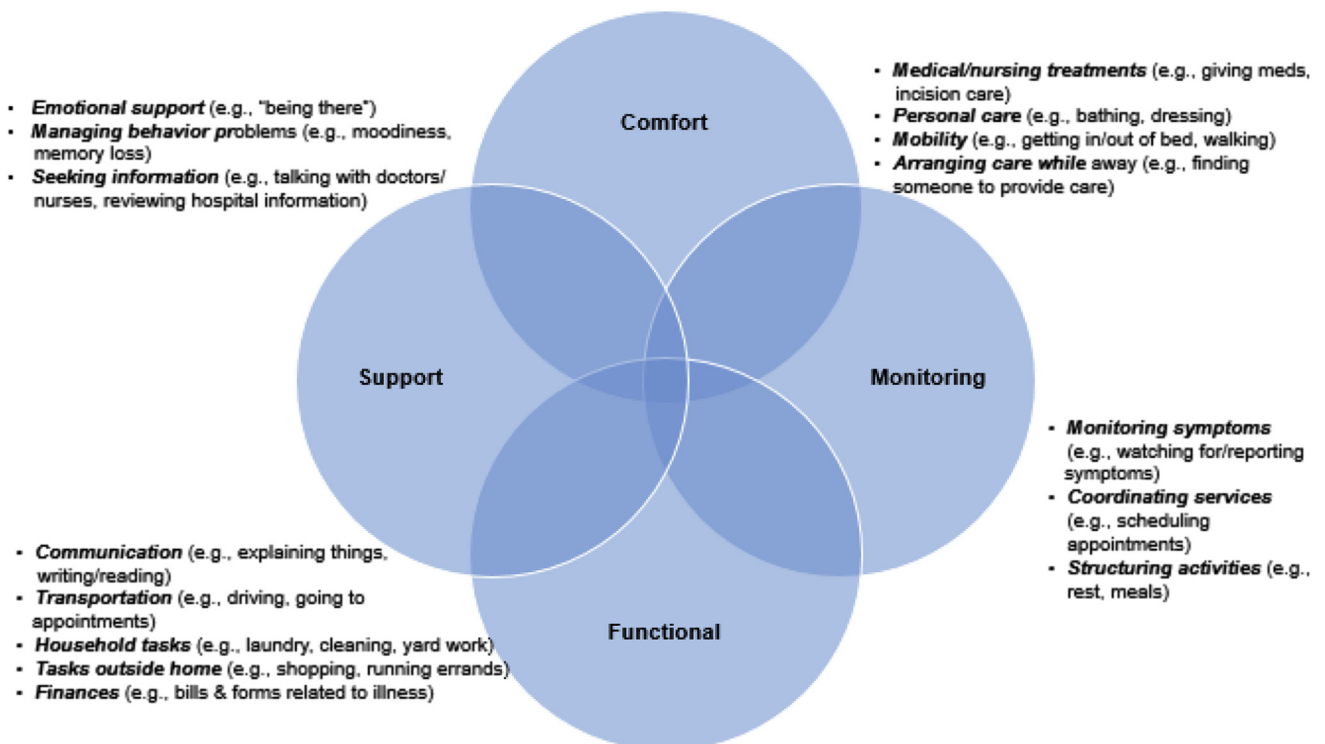


Fig. 1. Oberst's caregiving framework: Fifteen caregiving activities associated with four domains of caregiving work.

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