

# In the shadow of perceived threat: The live experience of Iranian patients candidate for undergoing coronary angiography

Farkhondeh Sharif, PhD, Majid Najafi Kalyani, PhD, Fazlollah Ahmadi, PhD, and Mohammad Taghi Iman, PhD

*Coronary angiography (CAG) is a stressful event for many patients. This article aimed to explore the Iranian patients' experiences of undergoing CAG. In this qualitative study that is a substudy of a larger study, 15 patients (seven men and eight women) with a mean age of  $49.8 \pm 11.6$  years were recruited from three hospitals in Shiraz, southwest Iran. Data were collected using semistructured, face-to-face interview before undergoing CAG. Interviews were audiotaped and transcribed. Data were analyzed using qualitative content analysis. Perceived threat of patients included two themes: being under pressure and anxiety. Patients undergoing CAG experience psychological problems that can threaten them in catheterization laboratory. Health professionals are required to help and prepare this patient for an invasive CAG. To minimize the psychological problems of patients undergoing CAG, nurses and physicians should perform some supportive interventions in their care plan. (J Vasc Nurs 2018; ■:1-5)*

## INTRODUCTION

Coronary artery disease (CAD) is one of the most common causes of mortality and morbidity around the world.<sup>1,2</sup> CAD is the main public health problem in Iran and needs to be considered.<sup>1,3</sup> With the increase in the rate of CAD, diagnostic tools have been developed for identifying this problem.<sup>4,5</sup> Among these tools, coronary angiography (CAG) is the most used diagnostic test worldwide.<sup>3,4,6,7</sup> Currently, in Iran, CAG is the most common procedure for the diagnosis of CAD which is performed in many health-care settings.<sup>3,5,6</sup> CAG can be a stressful event because of its nature for many patients.<sup>3,5,8</sup> Psychological problems of patients undergoing this procedure can affect the patient's cardiovascular and hemodynamic

system.<sup>5,8,9</sup> Psychological problems present a greater risk for patients undergoing CAG and may cause life-threatening events for patients.<sup>5,6</sup>

A review of the literature showed that a thorough study of the patient's experiences related to psychological problems of CAG had not been conducted yet in our country. Because psychological problems arise from the patient's cultural and social background, we decided to explore the experiences of Iranian patients related to CAG.

Exploring the experiences of the patients undergoing this procedure related to the psychological problems can help health professionals to manage these conditions and present a better care program. The present study aimed to describe the psychological problems through experiences of patients undergoing CAG.

## METHODS

This study was a part of a larger grounded theory study which aimed to describe patients' experiences of undergoing CAG. A qualitative study, using semistructured, face-to-face interviews and content analysis, was performed.<sup>10</sup>

### Sampling

The patients participating in this study were recruited from three hospitals affiliated to Shiraz University of Medical Sciences, Shiraz, southwestern Iran. We selected the patients using purposive sampling for qualitative studies according to maximum-variation approach from a wide age range (25–75 years), different genders, different cultures, and socioeconomic status. All candidates for CAG at first time were eligible for participation. In total, 15 participants (seven men and eight women) were recruited for this study.

### Data collection

Data were collected by the corresponding author. Semistructured, face-to-face interviews were conducted for collecting data.

*From the Professor, Community Based Psychiatric Care Research Center, Department of Psychiatric Nursing, School of Nursing & Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran; School of Nursing & Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran; Professor, Department of Nursing, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran; Professor, Department of Sociology, Faculty of Social Sciences, Shiraz University, Shiraz, Iran.*

*Corresponding author: Majid Najafi Kalyani, PhD, School of Nursing & Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran (E-mail: [majidnajafi5@yahoo.com](mailto:majidnajafi5@yahoo.com)).*

*Financial disclosure: The authors have no financial interests related to the material in the manuscript.*

*Funding/support: This research was financially supported by Shiraz University of Medical Sciences-Grant No 90-5806.*

1062-0303/\$36.00

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<https://doi.org/10.1016/j.jvn.2018.04.004>

The interviews were conducted during 2011–2014, one day before CAG. The interviews lasted for 50 minutes (30–90 minutes).

### Data analysis

Analysis of data was performed simultaneously with data collection. All interviews were audio-recorded with the patients' permission and transcribed verbatim. The sampling of patients continued until the researcher reached saturation. Each transcribed interview was read sentence by sentence, and the text was broken up into units of meaning; then, the phrases with the same meaning and content were labeled and categorized together. This was refined, and analysis continued until a coding framework was developed. In the next step, based on similarity and content, subcategories were integrated to main categories.<sup>10</sup>

### Trustworthiness of data

For analyzing trustworthiness of data, several parameters (credibility, dependability, and transferability) were addressed.<sup>11,12</sup> After coding of data by the researcher, member checking was done by some patients to compare the findings with their experiences related to CAG. Four experts in qualitative research (a supervisor and two advisors as well as an external checker) read and confirmed the accuracy of the analysis. Furthermore, field notes were taken by the researcher to reach a deep understanding of the patient's experiences.

### Ethical considerations

The regional ethics committee of Shiraz University of Medical Sciences approved this study in 2011 (EC-1390-5806). Before data collection, the aim of the study was explained to the patients, and their written informed consent was obtained.

## RESULTS

This study investigated the experiences of 15 (seven men and eight women) patients with a mean age of  $49.8 \pm 11.6$  years, who were the candidates for undergoing CAG. The characteristics of patients are given in Table 1. Patients described CAG as a threatening phenomenon for themselves and even for their families and believed that it would cause problems for them. The perceived threat was the main theme of this study, which includes the two classes of being under pressure and anxiety.

### Being under pressure

This class is composed of two primary classes of fear and stress. The majority of patients participating in this study were frightened after finding out that they needed to undergo angiography. Patients mentioned the technique and the method of performing angiography as a cause of their fear. In this respect, one of the male patients said,

"... but well, then when they said you have to undergo angiography, I got scared ... they said! ... I don't know, they put a rod which is like a wire and insert it so that it goes into your heart ... That was why I got so frightened; I said, like, what?! What do they do? ..."

Patients participating in this study mentioned the fear of death and dying during angiography as one of the main

TABLE 1

### CHARACTERISTICS OF PARTICIPANTS

	Age	Sex	Marital Status
Patients (n = 15)	50	M	Married
	34	M	Married
	47	M	Married
	49	F	Married
	59	F	Married
	51	M	Married
	32	F	Married
	70	F	Married
	53	F	Married
	56	F	Married
	28	F	Single
	47	M	Married
	59	M	Married
	64	M	Married
	49	F	Married

M = male; F = female.

reasons for their concerns. In this regard, one of the participants said,

"... since 10 am that they told me, I had so much fear. Because I was afraid I would die when they wanted to perform angiography on me ... I thought that I might die under angiography..."

The fear of possible complications during CAG was another source of fear among patients, which made them concerned and anxious. The patients had this fear up until the very end of the angiography.

"... I was afraid that when I get an angiography, either my blood pressure might go up or I might experience some problems..."

Some of the patients did not have enough confidence in the expertise and experience of their physician, and this had caused fear among them. One of the patients said,

"... I didn't know how well the doctor would do his job! I was afraid he/she might not have enough experience and cannot perform it well ..."

Angiography patients believed that increasing waiting time would itself cause an increase in their stress. In this respect, one of the patients said,

"... They took me so late; it was late; I had got a very severe headache. We had been sitting behind the waiting room's door straight from seven thirty until 10 o'clock ... I was very stressed; my hands were shaking ..."

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