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Enhancing longer term health maintenance and quality of life outcomes for middle-aged CABG patients



Enhancing Longer Term Health-Maintenance and Quality of Life for Middle-aged CABG Patients

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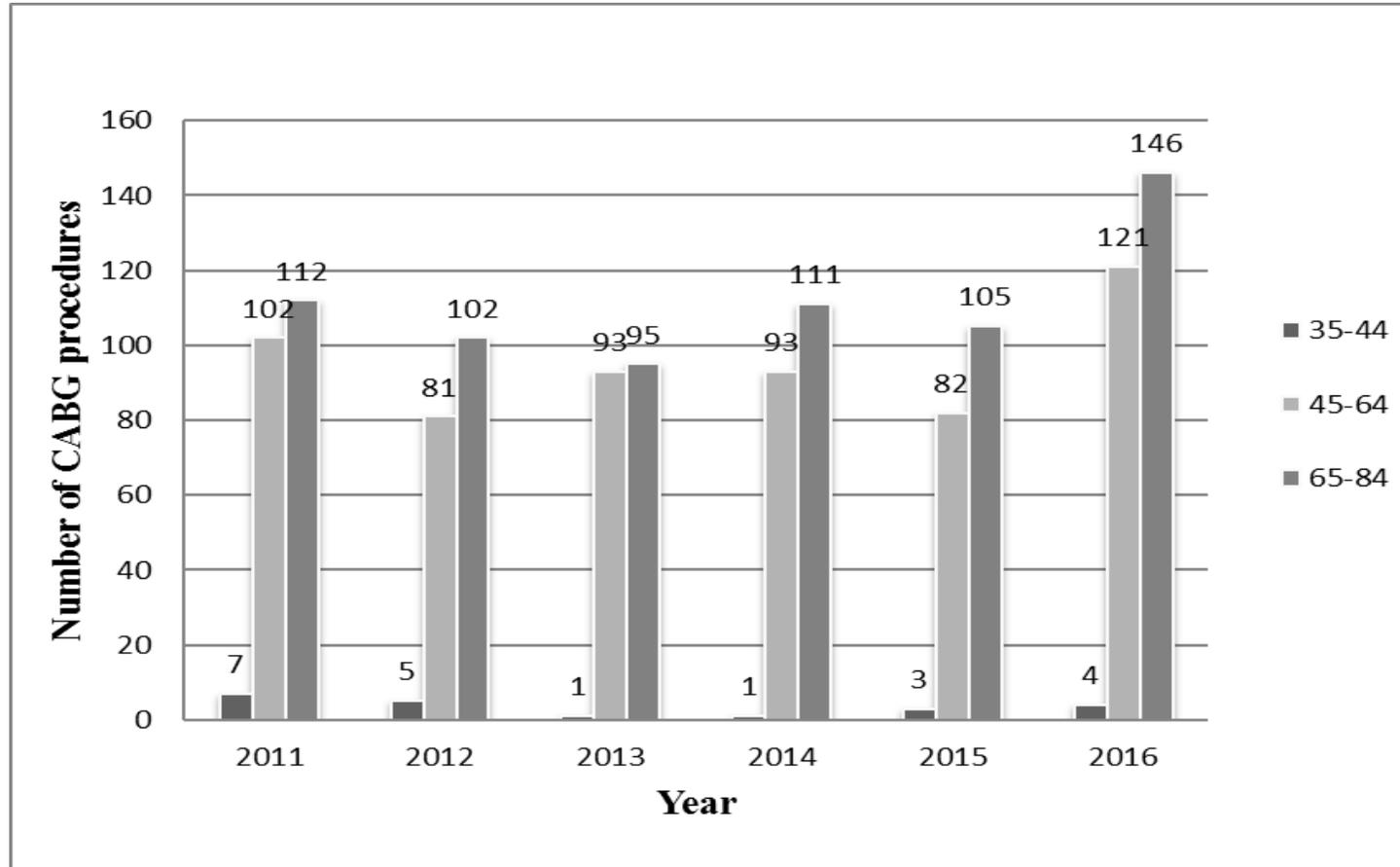
The overall purpose

- To enhance longer term health-maintenance and Quality of life (QoL) outcomes for middle-aged CABG patients and their families

Rationale

- The group associated with the second highest increase in CABG surgery during the past six-years (2011-2016)(Directorate for Health Information and Research, 2017)
- The highest group most often that fails to attend Cardiac Rehabilitation Programme after CABG surgery (Directorate for Health Information and Research, 2017)
- Existing literature was mainly quantitative, and few included the middle-aged population

Annual number of CABG Procedures in MALTA



Research Question

What are the Needs and Quality of Life in Middle-aged Coronary Artery Bypass Graft surgery in the Long-term recovery?

Aims



1. Explored patients' perceived challenges and barriers delaying recovery
2. Explored patients' perceived opportunities and facilitating factors enhancing recovery
3. To outline clinical evidence-based practice, recommendations and interventions for the healthcare team

Ethical considerations



- Approved from the Faculty and University Research Ethics Committee of Malta
- Other Permissions included: the Chairperson of the Local Cardiac Service Department, Consultant Cardiologists, Intermediate person (Higher Special Trainee), Chief Executive Officer (CEO), Data Protection Officer (DPO), Charge Nurse of the Cardiac Medical-Out Patients clinic (MOP 4) and psychotherapist
- An information letter was given to participants who met the inclusion criteria.
- A verbal and written consent attained from all research participants before data collection

Methodology



- **Qualitative** approach which followed the **Interpretative Phenomenological Analysis (IPA)** by Smith, Flowers and Larkin, 2009
- **Data collection: audio-recorded, semi-structured** interview guide
- **Total no of interviews** carried out and analyzed: **eight** interviews
- **Interview duration: 1-3 hours**
- **All interviews were carried at participants home**

Population group of interest

Inclusion Criteria :-

- The lived experience of **middle-aged group (mean age of 54 to 64 yrs.)**
- **Planned elective surgery**
- **Long-term recovery (one-to-three years) after surgery**
- **No additional surgical interventions**
- **Had to be born in Malta**
- **Still in the workforce**

Participants characteristics

| | | |
|--------------------------------------------------|---------------------|---------------------|
| Gender | 5 Males | 3 Females |
| Age (yrs.) | 47-59 | 49-54 |
| Educational Level | Primary-tertiary | Secondary-tertiary |
| Occupation | Manual-professional | Manual-professional |
| Resumed work after | 2-24 weeks | 14-24 weeks |
| Attended Cardiac Rehabilitation Programme | 2 participants | 1 participant |

Research main findings

Patients' perceived challenges and barriers delaying recovery:

- Lifestyle modifications
- Social habits
- Resuming duty
- Occupational type
- Pain
- Limiting oneself
- Lack of information
- Negative emotions
- Financial income
- Being sexually active again
- Sternal scar

Research main findings (cont.)

Patients' perceived opportunities and facilitating factors enhancing recovery:

- Familial support
- Finding time for oneself
- Resuming back to duty
- A well-paid job
- Something to look forward
- Experiencing a pleasant experience
- Spiritual practice
- Participant characteral type

Themes

| Supra-ordinate themes | Participants' Excerpts |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| The challenge to adopt a healthy lifestyle | “I seem to have put on weight over the past six-months. The reason being that I am not careful regarding my diet” |
| The fear of imposing on others | “Help is always help, but I would notice that I was tying them down. For example with eating, even up to this day” |
| Living within limitations | “I have a field, but I no longer go there because if I see it I will want to get involved, so I give up on it, I no longer go there” |
| Regaining autonomy | “ The fact that I do not broad about how I have ended up, but I keep going on with what I have got to do” |

Theoretical concept

- **Talcott Parsons'** 1951 theory of the **Sick Role** (Varlu, 2010) helped explore how the participants' quality of life has been effected by the surgery in the long-term recovery, and whether participants' have been successfully in regaining autonomy

Recommendations

- The formation of smoking, weight loss group and peer support groups
- Pain management prior discharge as per individual need and assessment after one year
- Patients are to be seen at different time intervals
- Psychological assessments before, after and throughout recovery
- Identifying high risk participants and provide emotional support and coping behavior strategies
- More information disclosure on possible side-effects in the long-term recovery
- Promotion of the Cardiac Rehabilitation Programme

Recommendations (cont.)

- The Cardiac Rehabilitation Programme should have a pre-programme
- Enhancing the Nurse-lead Cardiac Rehabilitation clinic with more resources and staff
- Provide Sexual information and counselling session throughout recovery
- One should prepare participants by showing videos and pictures of the sternal incision
- Facilities to become physically active through an opening of a gym with healthcare professional supervision for assurance and guidance

Future Research

- Investigate the perceived needs and challenges of the CABG patients' family members or caregivers in the pre-operative and long-term recovery
- A longitudinal study should be carried out, where participants for elective surgery are interviewed at different time periods
- Having a male and female interviewers in a similar study would ensure more informational disclosure about sexual and emotional needs
- Study female's experience in the middle-aged post-CABG surgery
- A study conducted to compare the lived experience of participants with CABG combined with a valve repair/replacement
- Patients satisfaction and QoL questionnaires should be distributed to both patient and family members

Conclusion

- **Demographic data were considered the predictors of QoL for the middle-aged CABG surgery patients**
- **Participants perceptions needs vary from one participants to another and this draws the importance to adopt an individualized approach**
- **Pre-assessments of individuals and their family members is essential to be identified prior-surgery for enhancing longer-term care recovery**

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**Thank you for your
attention!**

Questions?
