SELF CARE NEEDS OF PATIENTS’ AFTER CARDIAC SURGERY

Simge Çoşkun, RN, PhD Student
Fatoş Korkmaz, RN, PhD, Assoc. Prof.
### Faculty Disclosure

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<tr>
<th>FACULTY NAME</th>
<th>Abant Izzet Baysal University School of Health Sciences</th>
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<td>No conflicts of interest while preparing and publishing.</td>
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Cardiovascular diseases are among the primary reasons of both morbidity and mortality in adults in the world and in our country.
INTRODUCTION

- Mortality rate caused by coronary heart disease is 33.6%
- One out of every three death is caused by coronary heart disease

TURKEY

is one of the five countries among 50 European countries with the highest mortality caused by cardiovascular diseases (www.tuik.gov.tr)
INTRODUCTION

Primary goal is TO PREVENT CARDIOVASCULAR DISEASES.

When diseases somehow develop despite preventive measures, OPEN-HEART SURGERY BECOMES ONE OF THE BEST METHOD FOR PATIENTS.
INTRODUCTION

Following the open-heart surgery...

- Patients become able to return home within approximately one week to ten days and
- Fulfill all their daily life activities at the end of at least two months,

UNLESS A COMPLICATION DEVELOPS
INTRODUCTION

According to our observations and study results; patients encounter number of controllable or preventable problems after discharge:

- **PAİN, EDEMA**
- **DİARRHEA, CONSTİPATİON**
- **WEAKNESS, LİMİTATİONS İN MOBİLİTY**
- **RESPİRATİON PROBLEMS, PSYCHOLOGİCAL PROBLEMS**
INTRODUCTION

The aforementioned problems decrease self-care power of patients, affect process of recovery after discharge and cause repeated admissions to hospitals.

Self-care; is defined as the fulfillment of tasks in order to protect personal life, health and well-being.
It is possible to increase self-care power of patients and thus prevent repeated admissions to hospitals only through a good preparation before discharge.

That preparation achieved through strengthening patients about relevant issues by determining care needs and potential problems they may face after discharge.
Objective and Research Questions

This cross-sectional and descriptive study was conducted to determine self-care needs of patients’ after cardiac surgery.

1. What is the state of patients to fulfill their daily life activities before and after the surgical intervention?
2. What are the problems experienced by patients in terms of meeting their self-care needs before and after the surgical intervention?
Target population: 122 patients

- had undergone an open-heart surgery in a Cardiovascular Surgery Clinic of Ankara University Medical Faculty Hospital
- aged 18 and older
- accepted to participate in the study from 1 April to 30 July 2014.
METHOD
Study design and sample

Entire population was tried to be reached without selecting any samples.

122 patients

25 of patients excluded from study
10=died,
7=did not come for controls,
5=did not accept to participate,
3=still hospitalized

Study was completed with 97 patients
(Rate of participation: 80%)
METHOD

Ethical considerations

• This study was approved by the Non-interventional Clinical Research Ethics Board of Hacettepe University.
• Written permissions from study setting and informed consents from patients were obtained.
Data Collection Tools

Data was collected with:

- “Patient Information Form”,
- “Form for Needs of Daily Life Activities’ Meeting Level”,
- ‘Form for Determining Experienced Problems after Discharge’

and

- ‘Self-Care Power Scale’

Developed by the researcher according to literature
METHOD
Data Collection Tools

‘Self-Care Power Scale’

- The Self-Care Power Scale was developed by Kearney and Fleischer to determine abilities of individuals when taking care of themselves.
- Nahçıvan performed Turkish validity and reliability of scale and accordingly it organized as 35 items (2004).
- While the lowest score to be obtained from the scale is 35, the highest score is 140.
- Cronbach’s alpha values of the scale are 0.89 for the Turkish and 0.88 for the English versions.
METHOD

Data collection procedure

122 patients were determined to have been hospitalized in the clinic for surgery between the aforementioned dates.

Patients were reached during their controls after discharge (1 month later).

Each patient admitted to the outpatient clinic for controls was interviewed, informed about the study and their written consents were received.

The data was collected via forms by conducting face-to-face interviews with patients in a separate room of the outpatient clinic. Each interview was lasted for approximately 15 minutes.
METHOD
Data analysis

- Percentage, Mann-Whitney U test and Kruskal-Wallis-H test were used for data analysis.
- Whether or not the variables had a normal distribution was checked with Shapiro-Wilk’s test.
- While the differences between the self-care power scale and age groups were analyzed via one-way analysis of variance (ANOVA);
METHOD

Data analysis

- The differences between the self-care power scores and patients’ educational background, dwelling, income level and the people they lived with were analyzed via Kruskal Wallis-H Test.
- The differences between the self-care power scale scores and patients’ marital status, working condition and gender were analyzed via Mann Whitney U test.
- Statistical significance was set at p < .05.
RESULTS

- The first part includes patients’ socio-demographic features.
- The second part includes the state of patients to fulfill their daily life activities before and after open-heart surgery and encountered problems.
- The third part includes the distribution of scores they obtained from the Self-Care Power Scale.
Results

Patients' Socio-demographic Features

Of the 122 respondents:
- aged 21-84 (60±13);
- 58.8% of them were male,
- 41.2% of them were female,
- 93.8% were married,
- 74.2% of them lived in a province,
- 67% of them were unemployed,
- 72.2% of them had a moderate level of income and
- 49.5% of them lived with their partners
RESULTS

The state of patients to fulfill their daily life activities

Before surgery;
Almost more than 90% of them stated that they independently fulfill their daily life activities like cleaning/housework, shopping, transportation, preparation of foods, bathing, dressing, toilet needs, mobility, urinary control, nutrition and medication administration.
RESULTS

The state of patients to fulfill their daily life activities

After one month of the surgery;
50% of them had become dependent, especially for cleaning and housework, shopping, transportation and preparation of foods and semi-dependent for bathing and dressing.
RESULTS
Determining Experienced Problems Before Discharge

- **FATİGUE** (60.8%)
- **RESPIRİATİON PROBLEMS** (59.8%)
- **WEAKNESS** (48.5%)
- **PALPİTATİON** (49.5%)
RESULTS
Determining Experienced Problems After Discharge

After one month of the surgery;
- Rate of patients with respiration problems decreased to 16,5%,
- Rate of patients with exhaustion, weakness and fatigue did not change,
RESULTS
Determining Experienced Problems After Discharge

After one month of the surgery;

- SLEEP PROBLEMS (49.5%),
- FEAR FOR MOVING (33%),
- CONSTIPATION (24.7%)
- WITH LACK OF APPETITE (20.6%),
- CHANGES IN MOOD (29.9%) LIKE EASILY GETTING HURT/CRYING,
## RESULTS

### Distribution of Problems Experienced by Patients Before And After Surgery

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<thead>
<tr>
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<th>Before Surgery</th>
<th>After Surgery</th>
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<tbody>
<tr>
<td></td>
<td>Available</td>
<td>Experiencing</td>
<td>Experienced</td>
<td>Experienced</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>59</td>
<td>60.8</td>
<td>55</td>
<td>56.7</td>
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<tr>
<td>Respiration Problems</td>
<td>58</td>
<td>59.8</td>
<td>16</td>
<td>16.5</td>
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<tr>
<td>Exhaustion</td>
<td>49</td>
<td>50.5</td>
<td>52</td>
<td>53.6</td>
</tr>
<tr>
<td>Palpitation</td>
<td>48</td>
<td>49.5</td>
<td>15</td>
<td>15.5</td>
</tr>
<tr>
<td>Weakness</td>
<td>47</td>
<td>48.5</td>
<td>51</td>
<td>52.6</td>
</tr>
<tr>
<td>Sleeplessness</td>
<td>16</td>
<td>16.5</td>
<td>48</td>
<td>49.5</td>
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RESULTS
How do patients cope with problems???

- Patients stated that they tried to cope with problems firstly by taking medication (approximately 90%);
- Took a rest and/or avoid moving for exhaustion, fatigue and weakness (approximately 80%);
- Sought medical advice for respiration problems, palpitation, nausea and lack of appetite (approximately 40%) and
- Either used varsity socks or raised their feet for leg edema (30%).
RESULTS
How do patients cope with problems???

- They did not do anything for sleeplessness, decrease in attention and concentration, decrease in desire of meeting with other people and fear of moving.
- While 12.4% of patients experienced problems about sexuality after the surgery 50% of them stated other problems concerning with the surgery were more important that they prefer sleep alone.
RESULTS

Self-care Power Scale Scores

Patients’ average Self-Care Power Scale score was 102.03±18.21.

There was a statistically significant difference found with educational backgrounds (H: 41,909, p<0.05) and scale scores.

Self-care power scale scores were lower in illiterate and primary school graduate patients, compared to secondary, high school and university graduate patients.
RESULTS

Self-care Power Scale Scores

The difference between score average of patients was statistically significant according to dwelling (H: 13,071, p<0.05).

Self-Care Power Scale scores average was significantly lower in patients that live in villages than those live in districts and provinces and also lower in patients that live in districts than those live in provinces.

Employed patients had significantly higher self-care power scale scores than unemployed patients (U: 524, p<0.05).
RESULTS

Self-care Power Scale Scores

Though not statistically significant,

Self-Care Power Scale scores were higher in male patients than female patients, in single patients than married patients and in patients that live with their family than others.

Similarly, though not statistically significant; Self-Care Power Scale scores were lower in patients with less income than expenses, compared to other patients
CONCLUSION

All patients experienced at least one problem after discharge and became dependent on others for daily life activities due to their problems.

Patients had a moderate level of self-care power after discharge.

Additionally, majority of them had no idea about how to cope with their problems.
In the light of these results; it is recommended to develop and apply discharge education, consultancy service, home follow-up and care from an interdisciplinary viewpoint in order to help patients about how to cope with their problems especially after discharge and provide a quality recovery period.
References


THANKS FOR YOUR ATTENTION...

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