

# **Open heart surgery and its consequences for well-being – the perspectives of patients, relatives and health care professionals**

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av

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- I. Karlsson A-K, Johansson M, Lidell E. Fragility – the price of renewed life. Patients' experiences of open heart surgery. *European Journal of Cardiovascular Nursing* 2005; 4: 290-297.
- II. Karlsson A-K, Johansson M, Lidell E. Endurance – integration of strength and vulnerability in relatives' response to open heart surgery as a lived experience. *International Journal of Qualitative studies on Health and Well-being* 2006; 1: 159-166.
- III. Karlsson A-K, Mattsson B, Johansson M, Lidell E. Reduced well-being in patients and relatives after open heart surgery as seen by health care professionals (submitted manuscript).
- IV. Karlsson A-K, Lidell E, Johansson M. Depressed mood over time after open heart surgery impacts patient well-being: A combined study. *European Journal of Cardiovascular Nursing* (In press) doi: 10.1016/j.ejcnurse.2007.12.003.

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## **Open heart surgery and its consequences for well-being – the perspectives of patients, relatives and health care professionals**

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### **Abstract**

*Introduction:* Adjustment to open heart surgery (OHS) is complex and necessitates multidimensional explanations. The surgery does not always provide the desired outcome, which can contribute to reduced well-being among patients and their relatives. Health care professionals (HCPs) play an important role in detecting signs of reduced well-being. However, such signs in both patients and their relatives can be difficult to discover, as the patients' stay in hospital after surgery is short and the HCPs' workload high.

*Aim:* The general aim of the thesis was to describe and explore OHS through patients' and relatives' experiences and HCPs' observations of its influence on well-being.

*Methods:* Phenomenological interviews were performed with patients and relatives and analysed in accordance with Giorgi. HCPs involved with patients undergoing OHS participated in focus group discussions and the data were analysed by means of content analysis. Finally, patients who had been examined five weeks and five months after OHS participated in a follow-up study 3 years later, the data for which were collected by means of questionnaires and telephone interviews and evaluated using statistics in addition to content analysis. Quantitative and qualitative data were analysed both separately and together.

*Results:* The essence of the patients' experience of OHS was "fragility", based on "distance", "uncertainty", "vulnerability", "reliance" and "gratitude". The characteristic of their relatives was "endurance" derived from the following constituents: "unconditionality", "uncertainty", "mutuality" and "sadness". HCPs' sensitivity to signs of reduced well-being in patients and relatives after OHS formed the theme "awareness of an exposed situation" based on the categories: "signs of vulnerability" and "signs of insecurity". Depressed mood occurred in 52 % of the patients during recovery or three years after OHS. The theme "transition", which was based on three categories: "adjusting oneself to conditional health", "positioning oneself in the surrounding world" and "making an inner journey", emerged from the qualitative content analysis.

*Conclusions:* OHS was experienced as a great challenge, which changed the patients and made them fragile. Fragility remained in the life of all patients three years after OHS and was especially obvious in patients with depressed mood. This condition affected the majority of patients during recovery and also had an impact on their long-term well-being. OHS constituted a life transition for all patients, but those with depressed mood experienced disruptions while finishing their transitional process, which impeded reorientation. OHS had a major impact on the relatives, as it changed their lifeworld. The relatives' reaction was to show endurance, which involves the integrations of strength and vulnerability. HCPs recognised signs of reduced well-being in patients and their relatives after OHS. However, those most often recognised concerned the patients, while the relatives' well-being remained more or less unexplored.

Key words: Open heart surgery, depressed mood, well-being, qualitative methods.

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