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RESEARCH ARTICLE

A PHENOMENOLOGICAL STUDY ON LIVED EXPERIENCES OF CORONARY ANGIOGRAPHY PATIENTS AT TERTIARY CARE CENTRE OF AP

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ABSTRACT

Introduction: Cardiovascular diseases are currently the major cause of mortality and morbidity around the world. Among the CVD's, coronary artery disease is the most common cause of deaths. **Objectives:** To elicit the lived experiences of patients underwent coronary angiography, to analyze the lived experiences of patients underwent coronary angiography, and to associate the lived experiences of coronary angiography patients with selected demographic variables. **Materials and methods:** Qualitative Phenomenological research design with convenient sampling technique was used which include 50 patients who underwent coronary angiography for the first time were selected as sample, at cardiology OPD, SVIMS. A Self structured questionnaire with preconceived ideas was used to interview the lived experiences of coronary angiography patients, which were classified as physical, psychological, social, economical, vocational, educational and spiritual dimensions. Interviewed data were analysed by using Colaizzi's framework analysis. **Results:** The study findings revealed that the participants had unique expectations about coronary angiography. The experiences of the patients vary depending on age, their role in the family, occupation, financial status, social and family support system. The association was found between the educational status, occupation and the socio economic status of the patients through the lived experiences. **Conclusion:** Patients who underwent CAG have diverse expectations from the angiography procedure and the health care team. Nurses, as the key member of medical team, should include these expectations in their routine care program and assist the patients to have better life adaptability. Sensitivity to the patient's expectations and assisting them results in higher awareness and less psychological problems.

INTRODUCTION

Coronary angiography is the best gold standard tool for diagnosis of CAD. CAG is an invasive procedure which is routinely used for the assessment and diagnosis of CAD. CAG is the insertion of catheter to the heart by puncturing the groin site via femoral artery and radial site via radial artery. In this procedure, dye is injected and the extent and severity of stenosis of the coronary arteries are assessed (Buzatto and Zanei, 2010). In order to identify the presence of the nature of cardiovascular disease in a patient and to assess the response to therapeutic interventions, techniques capable of evaluating cardiac morphology and functions are frequently necessary to complement data derived from history and physical examination (Forman, 1998). Cardiac catheterization along with angiography and pressure recordings has long been the golden standard for evaluation of many disorders. In order to manage the dreadful diseases, medical field has discovered a lot in newer diagnostic and therapeutic measures keeping in pace with the modern technology (Gaw, 1992; Gulanich *et al.*, 1997). The felt needs can be elicited by the communication between the nurse and patient.

Therefore it is possible to elicit the lived experiences of the patients. This angiographical procedure is a great stress to the patient and as well as to their family members. There might be many unanswered questions due to anxiety and fear to express themselves. There is an arousal of major life crisis with the association of life and death which intensifies their emotional and psychological needs. Many patients have an unrealistic gloomy perception of their prognosis of disease despite of realistic appraisals (Jacqueline Fawcett, 2000; Majid *et al.*, 2013). Hence perception of phenomenon varies with each individual. Therefore this realisation has strongly motivated and promoted the investigator to identify the experiences and feelings of patient's undergone coronary angiography. Through eliciting the lived experiences, it is possible to identify the patient's felt needs in all dimensions which in turn will improve the nursing care (Jacqueline Fawcett, 2000; Majid *et al.*, 2013).

Objectives

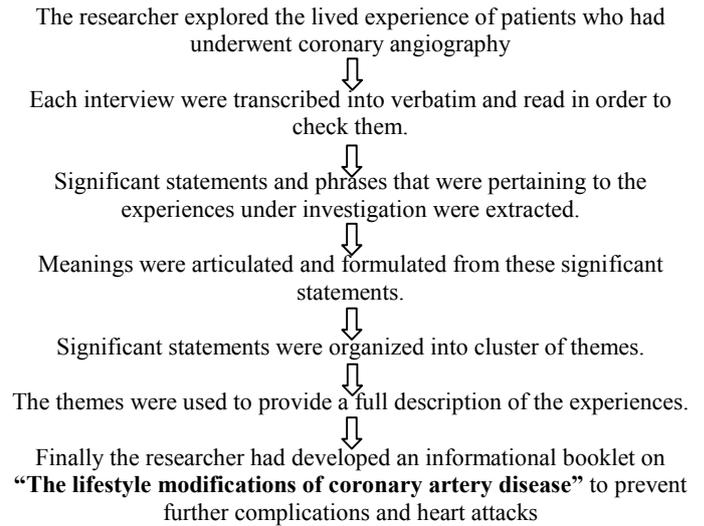
- To elicit the lived experiences of patients underwent coronary angiography.

- To analyze the lived experiences of patients underwent coronary angiography.
- To associate the lived experiences of coronary angiography patients with selected demographic variables.

MATERIALS AND METHODS

This qualitative study was a part of a larger study which aimed to explore the patient’s expectations about CAG. An exploratory qualitative phenomenological study design was used to elicit lived experiences, which includes 50 patients by using non-probability convenient sampling technique. Both men and women who underwent CAG for the first time & who were cooperative during study were selected as sample. Descriptive phenomenology was used to explore the lived experiences of the patients. Patients were given adequate information about the data collection procedure, informed and written consent was obtained from the participants. After obtaining the written consent, 50 participants who underwent coronary angiography and who met the inclusion criteria were selected. The researcher conducted face to face exploration with the participant at the convenient place which they felt comfort. Interviews were conducted on one to one basis with which the researcher had some preconceived ideas. Based on the convenience of time, further interview were conducted. During the interview the researcher had taken field notes and audio recording with the permission of the participant. The total time taken for each interview varied between 15-20 minutes. During the interview phase some of the participants were over excited, and cried the researcher tried to console them. After the interview the researcher clarified the doubts of the participants and given the informational booklet on “The Lifestyle Modifications of Coronary Artery Disease”. and explained how to maintain a healthy life and to prevent further complications and attacks. After data collection, the collected interviews were read, listened the data carefully and transcribed the data in Regional language Telugu and back translated it into English. To maintain consistency the researcher transcribed the data immediately and clarified with the participants about the information that is collected. The researcher maintained files and retrieved data in a system for analysis of the data. The researcher has adopted Colaizzi’s framework for analysis of data (Karen-Leigh Edward, 2011).

Colaizzi’s analysis framework



FINDINGS OF THE STUDY

The lived experiences were explored and categorized as dimensions, themes and sub themes. The dimensions were physical, psychological, social, economical, vocational, educational, spiritual dimension (Fig.1).

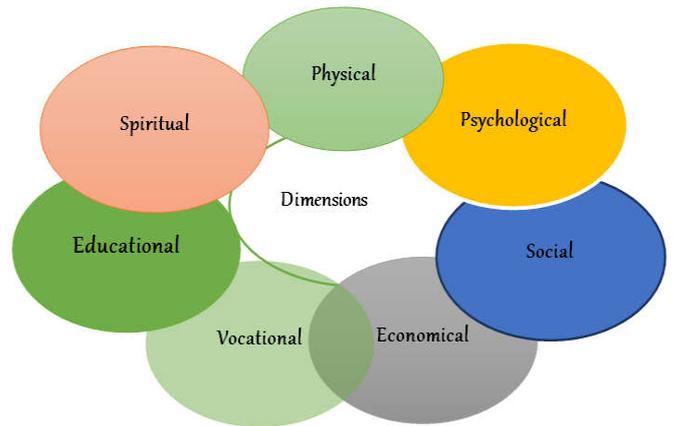
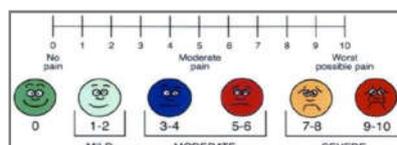


Figure 1. Dimensions of lived experiences

Table 1.

Lived Experiences- Dimensions						
Physical	Psychological	Social	Economical	Vocational	Educational	Spiritual
Pain (Leg)	-Feared of	-Communication	-Socio economic background	-Occupation at present	-Information about	-Belief in god- 98%
Onset	.Hospital Expenses-40%	-Adequate-(100%)	-Upper lower-56%	-Planning to continue the same job- 40%	lifestyle modifications	-anger towards god
Acute-36%	. Family &children-38%	-Lower- 28%			-Yes- 68%	-No-90%
Type		-Financial support				
Non-Radiating-58%	-Neglected feeling-		-Affordable in purchasing	- Not planning to go for job-56%	-No-32%	-Bargaining
Nature	doesn't experienced	-Inadequate-(58%)	medicines	-Modification of job- 4%	-Learned Experiences	* To visit temple-44%
Pricking-84%	-Happy about Treatment					*To give offerings-24%
Severity	Yes	-Adequate-(42%)	-Yes- 48%		-Quit smoking-24%	* No bargainings-32%
Tolerable-94%			-NO- 52%		-Quit non-vegetarian foods-40%	
Duration						-Thank god-98%
0-6hrs -44%						

Back pain



No pain - 74%; Mild - 10%; Moderate - 6%; Severe - 10%

Majority of the patients were in the group of 51-70 years 66%, 76% were males, belong to Hindu religion 80%, were married 84%, done their primary school 34%, were doing elementary occupation, and having monthly income of <Rs. 6323, having co-morbidities 70%, were aware of coronary angiography procedure, regarding the site of approach 92% had femoral approach of CAG. The findings of the lived experiences (are depicted in Table1)

DISCUSSION

The results obtained from this study present a new insight into the expectations of patients underwent CAG. The identification and understanding of these expectations is highly important for all members of the health care team in order to present better and more effective care to patients. One of the most important results obtained was the patient's expectation about CAG. Each individual is unique in all dimensions particularly to the health variable. Coronary angiography is a procedure in which the patient's experiences after the procedure will vary in all dimensions such as backache, fear of prognosis, anxious of health condition, etc. therefore a qualitative study was conducted to elicit the various experiences of patients who underwent coronary angiography.

Physical Dimension

In the physical dimension, the major theme identified was **pain in leg and back**.

Pain is subjective in nature and it was identified that the perception varies in pain among patients.

"I felt as if my entire body is being tightly held by something but I don't know what it is".

"I had discomfort especially on my back and nothing else".

"Nurses tried their level best to make me comfortable but I was unable to tolerate my back pain".

"I was unable to lie down because I had severe back pain, so I requested sister to do something about it".

Psychological Dimension

The identified themes were fear, neglected feeling and feeling of happiness.

"I know I can't hide things but somehow I will manage this problem and I will take care of myself and family".

"I am highly emotional and also worried about my prognosis".

Social Dimension

The identified themes were problems in communication and financial support

Economical Dimension

The identified theme were on the economic background and affordable in purchasing medicines.

"If I have the money that I have spent for the test I would have utilized that for meeting my family's expenditure in a smooth manner".

Educational Dimension

Patients had interactions and may come to know about facts during the course of hospital stay. Therefore they arise the need for learning good and bad things.

Spiritual Dimension

The identified themes were belief in god, anger towards god, bargaining and thanking god.

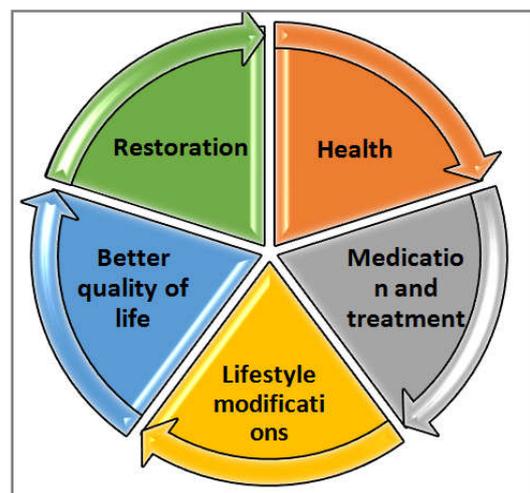
"Of course I certainly believe in god, so I feel better today".

"I just believe in god but I do not expect anything from him".

"Why I had to show my anger towards god, I feel that it's my fate that god has given me this disease".

Conclusion

The study is aimed to evaluate the expectations of patients undergoing CAG. Considering the increasing prevalence of CAD and, in turn, CAG, for its diagnosis, it is important for nurses and the medical team to pay attention to the patient's expectations in order to provide better care. I found that patients undergoing CAG have diverse expectations from the angiography itself and the treatment team. Nurses, as the key members of medical teams, should include these expectations in their routine care program and assist the patients to have better adaptability. Sensitivity to the patient's expectations and assisting them result in higher awareness and less psychological problems in patients.



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