

Quality of Life in Cardiac Surgery A Concept Analysis (Sidik Awaludin, Elly Nurachmah, Dwi Novitasari) *by Sidik Awaludin*

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Quality of Life in Cardiac Surgery: A Concept Analysis

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Abstract

The concept of quality of life has been widely used in various fields, especially health and nursing. The concept of quality of life in cardiac surgery patients requires a specific definition. Various experts have defined the concept quality of life. However until now there has not been an agreement on appropriate and specific definitions. The aim to present a concept analysis of quality of life from the perspective of cardiac surgery. The method used in this paper was the approach of Walker & Avant (2011). This concept analysis was carried out with the aid of literature on quality of life obtained through the internet databases of CINAHL, Proquest, and Google Scholar. The key words of interest were "Quality of Life" and "Cardiac Surgery." The search timeline was adjusted to articles published within 1976 to 2019. This concept analysis was performed using the 8-step method Proposed by Walker and Avant. This method is identification of the attributes, antecedents and consequences of quality of life led to an operational definition of the concept of quality of life as the individual's perception of himself subjectively related to physical, psychological and social behavior to be prosperous in his life. This concept analysis was able to show that, quality of life is the individual's perception of himself subjectively related to physical, psychological and social behavior to be prosperous in his life. Quality of life will provide benefits to cardiac surgery patients: reduce length of stay and maintenance costs, prevent complications and social isolation

Keywords: Cardiac surgery, concept analysis, Walker and Avant, quality of life.

Introduction

The concept of quality of life has been widely used in various fields, especially health and nursing. Discussions about the concept of quality of life are an important consideration for evaluating the end results of health services provided by health workers such as perioperative cardiac surgery, so the concept of quality of life in cardiac surgery patients requires a specific definition. Quality of life is an individual condition that is influenced by physical health, psychological health, social relations, and environmental aspects¹. But until now there has been no agreement on the definition of quality of life that is precise and specific, besides that there has been no agreement on the instrument used to assess the quality of life of a person in his condition. Because there is no agreement on the definition of quality of life, the concept of quality of life is still ambiguous.

Research on quality of life has been carried out a lot, but until now there has not been a clear definition of quality of life that applies in research and clinical practice in cardiac surgery perioperative units. Therefore, this study aims to find a definition of the concept of quality of life that does not only limit pedagogical definitions but reaches a definition related to interoperative cardiac surgery interventions.

Method

The method used in this study is using Walker & Avant 2011 concept analysis approach. Concept analysis enables researchers to clarify a concept and is one building block in the theory building process. Through systematic analysis of scientific literature and cases, the main characteristics of the construct can be synthesized into a theoretical definition, which

is 'precise, understandable to others, and appropriate for the context in which the term will be used'². The analysis of a new and immature concept that is not yet grounded in a pre-existing theory can therefore be an important step towards theory development³, one of our predominant aims.

This concept analysis was carried out with the aid of literature on quality of life obtained through the internet databases of CINAHL, ProQuest and Google Scholar. The key words of interest were "quality of life" and "cardiac surgery." The search timeline was adjusted to articles published within 1976 to 2019.

Finding and Discussions

Select a Concept: Patients who are decided to take heart surgery undergo chest pain due to blockage of the coronary arteries, unstable hemodynamic, very high anxiety, fear of dying on the operating table, changes in behaviour such as focusing on oneself, reducing contact with others, refusing to do activities, the body feels weak, the patient feels himself less useful after surgery because of his condition⁴⁻⁷. The condition of the intraoperative stage of the patient complains of increasing anxiety because of fear of changes in body structure and function, pain that will appear more severe, and death that threatens, hemodynamic changes due to surgical procedures occur. In the postoperative stage the patient experiences severe pain, hemodynamic changes, the patient is dependent on drug therapy, when in the ICU room the patient feels strange, and feels alone, the patient has a sleep disorder, the patient depends on the nurse to meet self-care and needs, immobilized patients, patients feel helpless⁸. Based on these phenomena, the authors label the decline in quality of life², based on these labels, the authors set a positive concept of quality of life.

Determine the aims of analysis: The purpose of analyse the concept of quality of life is to refine the concept that is still ambiguous, obtain an operational definition of quality of life in patients who undergo cardiac surgery, and evaluate pre-existing instruments or obtain new and appropriate quality of life instruments in cardiac surgery patients.

Determine the defining attributes: Characteristics of the attributes obtained are individual, subjective, physical and psychological perceptions, in their lives, becoming prosperous, social, behavioural, and conditions. From the characteristics of the attributes

obtained, it can be formulated an operational definition of quality of life, namely the individual's perception of himself subjectively related to physical, psychological and social behaviour to be prosperous in his life.

Identify a model case: A 54-year-old male patient complained of severe chest pain such as being hit by a heavy object, shortness of breath and cold sweating by his family being taken to the emergency room at the Mulia Hospital. Patients were given oxygen therapy sublingual nitrate 5 mg, Aspirin 320 mg and Clopidogrel 300 mg. Patients undergo 12 lead ECG examinations from ECG examination. Patients experience extensive anterior STEMI. Because the onset of the onset of pain is more than 12 hours, the patient is given an angiography procedure. Angiography results in coronary artery occlusion in 4 locations. The next day when the doctor visited the patient the doctor delivered the angiography results to the patient. These patients must undergo cardiac surgery for the CABG procedure. After listening to the explanation of the angiography results the patient denied why there were so many contributions and why heart surgery should be done. The patient said he was afraid to die while being operated on, the patient looked nervous, did not want to be seen, his blood pressure became unstable, the patient was worried he could not work as before and would be laid off. The patient feels helpless with the conditions currently being experienced. The days leading up to the operation made him become tormented and felt uncomfortable with the conditions and plans of the operation he was going to carry out.

Identify borderline cases: A 48-year-old male patient complained of left chest pain, body weakness, nausea and vomiting, the patient was taken to the Harapan Jaya Heart Hospital, when he arrived at the ER the patient was given oxygen therapy, ISDN 5 mg sublingual, aspirin 320 mg and clopidogrel 300 mg orally. The patient was then tested for 12 lead ECGs and the result was posterior inferior STEMI. Complaints of the patient's chest pain are frequent but can still be detained by the patient so that the patient falls into the late onset category. Patients have an angiography procedure. The angiography results obtained artero coronary occlusion at 3 locations so that the patient was decided to undergo cardiac surgery to perform the CABG procedure. When the patient is told to do a heart surgery the patient is shocked so many ask the doctor who treated him. The patient said he was anxious and feared that the operation would fail which would cause death, the results of the vital sign examination in the patient were obtained by

HR and the patient's pressure had increased since the information was given. The patient feels happy when his co-worker visits him and asks for prayer so that the operation runs smoothly.

Identify contrary cases: 56 years old patient experienced severe chest pain on the left, shortness of breath, anxiety and nausea. Patients have a history of diabetes mellitus and hypertension for 5 years. Because the chest pain that felt more and more intense, the patient asked his family to take him to Harapan Jaya heart hospital. Arriving at the ER, patients were given oxygen therapy, ISDN 5 mg sublingual, Aspirin 320 mg and clopidogrel 300 mg. The patient then performed a 12-lead ECG examination, the patient's ECG results experienced extensive anterior STEMI. Patients performed angiography examinations. The results of the angiography examination are blockages in the 4 coronary

arteries. Patients are planned to undergo cardiac surgery for the CABG procedure. When informed by a doctor that he is going to have an operation the patient says surrender whatever is going to be done and the patient is sure the problem he is experiencing will soon be overcome. Patients still socialize with other patients, feel happy when visited by relatives and coworkers. Although still chest pain but the results of examination of vital signs are all within normal limits. The patient seems to pray a lot and is sure he can still work after healed and can always give good to others. The patient considers the pain he experiences as a sin. Patients still feel comfortable because all families support the operation process that they will experience

Identify antecedents and consequences:

Antecedence Concept Consequences:

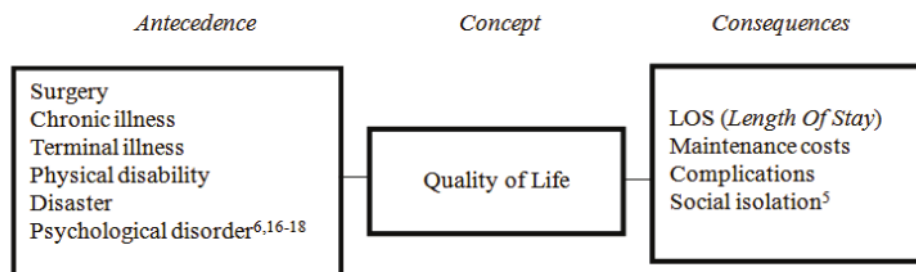


Figure 1: Overview of antecedents, attributes and consequences of quality of life in cardiac surgery

Define empirical referents: Empirical referent is a class or category of actual phenomena which through its existence shows the occurrence of the concept itself. Empirical referents are not a tool for measuring concepts. Empirical referent is a means by which you can recognize or measure the characteristics or attributes that define it, so that referent empirical is directly related to the decisive attribute, not the whole concept itself. Empirical referents, once identified, are very useful in developing instruments because they are clearly related to the theoretical basis of the concept, thus contributing to the content and building the validity of any new instrument³. The results of identification of the attributes and concepts of quality of life then referent empirical are physical and psychological comfort, activities without obstacles, physical and mental well-being and health. After obtaining referent empirical, the appropriate instrument that will be used to measure the concept of

quality of life for cardiac surgery patients is Short-Form Questionnaire (SF-36). Short-Form Questionnaire (SF-36). The questionnaire consisted of 36 question items consisting of aspects of quality of life including: physical function, mental and emotional function, general health and free of pain¹⁹

Conclusions

The results of the concept analysis obtained an operational definition of the quality of life of cardiac surgery patients, namely the individual's perception of himself subjectively related to physical, psychological and social behavior to be prosperous in his life after cardiac surgery. The appropriate instrument that will be used to measure the concept of quality of life for heart surgery patients is Short-Form Questionnaire (SF-36). Short-Form Questionnaire (SF-36). The questionnaire consisted of 36 items of questions consisting of aspects

of quality of life including: physical function, mental and emotional functions, general health and free from pain.

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References

1. WHO. Programme on Mental Health WHOQOL Measuring Quality of Life. Division of mental Health and Prevention of Substance Abuse. 2004.
2. Mishel, MH. "Methodological studies: instrument development In Advanced Design in Nursing Research (Brink PJ, Wood MJ eds). Sage 235–82. 1998.
3. Walker, L.O & Avant, K.C.. Strategy for theory construction in nursing. 5th Ed. US: Pearson: 2011.
4. Amiri, M. J., Sadeghi, T., & Negahban Bonabi, T. The effect of natural sounds on the anxiety of patients undergoing coronary artery bypass graft surgery. *Perioperative Medicine*. 2017. 6(1), 17. doi:10.1186/s13741-017-0074-3.
5. Humphrey, R., & Malone. Effectiveness of preoperative physical therapy for elective cardiac surgery. *Physical Therapy*. 2015. 160-166. doi:10.2522/ptj.20130323.
6. Inwood, H.. Adult Cardiac Surgery Nursing Care and Management. Wiley Publisher:2012
7. Ramesh, C., Pai, V. B., Patil, N., Nayak, B. S., George, A., George, L. S., & Devi, E. S. Effectiveness of massage therapy on post-operative outcomes among patients undergoing cardiac surgery: A systematic review. *International Journal of Nursing Sciences*. 2015.2(3), 304-312. doi:https://doi.org/10.1016/j.ijnss.2015.07.006.
8. Comeaux, T., & Steele-Moses, S. The Effect of Complementary Music Therapy on the Patient's Postoperative State Anxiety, Pain Control, and Environmental Noise Satisfaction. *Med-Surg Matters*. 2013.22(5), 313-318.
9. Campbell, A., Converse, P., & Rodger, W. 1976. "The quality of life (In Meeberg, G.A, 1 (1993) Quality of life: a concept analysis." *Jurnal of Advance Nursing* 18 (1), 32-38).
10. Webster. Webster, s New International Dictionary. Springfield, Mass: Merriam-Webster Inc. 1976.
11. Pearlman R.A. & Uhlmann, R.F. Quality of life in chronic disease: perceptions of elderly patient. *Journal of Gerontology*. 1988. 43.(2).
12. Frank-Stonberg, M. Instrument for clinical nursing research. Norwalk, CT: Appleton & Lange.1988.
13. Rapley, Mark. Quality of Life Research: A critical introduction. Sage Publications.2003.53, 54, 92-94, 180-181, 235, 236, 238-242, 244-248.
14. Moon, P., Budts, W. And De Geest. Critique on the conceptualization of quality of life: A review and evaluations of different conceptual approach. *International Journal of Nursing Studies*. 2006.43, 891-901
15. Brooker, Chris. Ensiklopedia Keperawatan. Jakarta: EGC:2008.
16. De Araújo, H. V. S., Figueirêdo, T. R., Costa, C. R. B., da Silveira, M. M. B. M., Belo, R. M. d. O., & Bezerra, S. M. M. d. S. Quality of life of patients who undergone myocardial revascularization surgery. [Qualidade de vida de pacientes submetidos à cirurgia de revascularização do miocárdio La calidad de vida de los pacientes sometidos a cirugía de revascularización del miocar. *Revista Brasileira de Enfermagem*. 2017. 70(2), 257-264,273-281. doi:http://dx.doi.org/10.1590/0034-7167-2016-0201.
17. Rodríguez-Caulo, E. A., Guijarro-Contreras, A., Otero-Forero, J., Mataró, M. J., Sánchez-Espín, G., Guzón, A., . . . Jiménez-Navarro, M. Quality of life, satisfaction and outcomes after ministernotomy versus full sternotomy isolated aortic valve replacement (QUALITY-AVR): study protocol for a randomised controlled trial. *Trials*.2018. 19(1), 114-114. doi:10.1186/s13063-018-248.
18. Wen, J., Yk, S., Yp, L., Yuan, P., & Wang, F.. Quality of life. Physical Diseases, and Psychological Impairment among Survivors 3.2012
19. Al Khalifa, K., & Al Ansari, A. Quality of life, food tolerance, and eating disorder behavior after laparoscopic gastric banding and sleeve gastrectomy-results from a middle eastern center of excellence. *BMC Obesity*. 2018. 5;44-44. doi: 10.1186/s40608.

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