

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

This chapter is presented into two parts. The first part describes the conclusion of this study. The second part discusses in detail the implications and recommendations for nursing and hospital policy.

Conclusion

The purpose of this study was to gain an understanding about the experiences and the life managements of persons awaiting coronary artery bypass grafting (CABG) in Thailand. A qualitative descriptive approach proposed by Sandelowski (2000) was employed in this study. This approach is appropriate to explore experiences and generate knowledge that is based on patients' perspective within their social context. The intent of this methodological approach was to acknowledge the experiences of persons awaiting CABG and make their voices explicit. In order to achieve the goal of this study, the specific research questions were: 1) How did persons awaiting CABG describe their experiences?, and 2) How did persons awaiting CABG manage their lives?

A total of 11 persons awaiting CABG who consented to share their experiences were purposively recruited for this study. Conducting an in-depth interview was a crucial technique to collect data. Other methods such as written fieldnotes and keeping a reflexive journal were also employed to gather data. The

text was transcribed verbatim, and the data was analyzed via qualitative content analysis as described by Graneheim and Lundman (2004).

The findings of this study revealed that the defining experience of persons awaiting CABG was the uncertainty of life. This uncertainty of life was defined as the dynamic emotional state of unsureness or insecurity of being alive or survive depending upon the individual's perception of their own health condition or interpretation of their own situation. The uncertainty of life had more than one pathway leading to it as it was rooted from fear of death and fear of disability. For fear of death, there were a fear of death following CABG surgery and a fear of death due to their illness prior to surgery. For fear of disability, it was related to a fear of physical function reduction or a fear of inability to do their usual activities. Living with the uncertainty of life was considered a barrier for achieving a state of well-being. As a result, persons awaiting CABG managed the uncertainty of life by employing various strategies to address their physical, mental and spiritual challenges which were collectively known as striving to balance well-being.

Striving to balance well-being was described as an endeavor to resolve the uncertainty of life by making great efforts to achieve a sense of stability while awaiting CABG. In order to balance their well-being, various ways of life management strategies including managing symptoms, intensively modifying lifestyle, building hope through rituals, and managing unfinished business were the categories found to be beneficial for persons awaiting CABG. For managing their symptoms, managing chest pain and managing dyspnea and/fatigue were methods used to reduce their suffering during waiting period. To cope effectively with their physical symptoms, persons awaiting CABG intensively modified their lifestyle by

adjusting the activities of daily living, strictly consuming a heart-healthy diet, and engaging in tolerable exercise. Building hope was used as a way to cope with the uncertainty of life in order to harmonize their mind and spirit. Lastly, managing their unfinished businesses while waiting for CABG also helped the persons to overcome fear of death from the surgery.

Limitations

This study is the retrospective qualitative research. It might have problem related to the distortion in recall. In addition, this study only described the lived experiences of Northern Thai Buddhists awaiting CABG. As the experiences are shaped and constructed by the social and cultural process in which persons are situated, the findings might not be applicable for all persons awaiting CABG in other countries or other religions. Therefore, the findings of this study must be interpreted cautiously, but certainly the information gained adds richness to nursing knowledge and thus could be utilized to increase understand and improve care for persons awaiting CABG.

Implications and Recommendations

Findings of this study provide powerful information for implementations in nursing practice and hospital policy. These findings also contribute to the recommendations for further nursing research as follows:

Implications for Nursing Practice and Hospital Policy

The findings of this study revealed that persons awaiting CABG face many physical and psychological difficulties. It is suggested that cardiovascular thoracic [CVT] nurses should be providing information that can be used as self-care practice

guidelines for persons awaiting CABG, as well as establishing a program to reduce uncertainty of life among these patients.

Evidently, the findings of this study explicated Buddhist practices and religious rituals were adopted in sustaining patients' well-being whilst they suffered. These findings indicated that CVT nurses need to attend to, assess, and understand the nature of patients' management strategies associated with religious beliefs and practices. In addition, CVT nurses can develop a program using Buddhist principles, to promote and support patients' spiritual well-being while waiting for CABG.

Lastly, for the hospital policy, the administrator should provide a budget and a framework or plan to support activities or programs like a pre-surgical program that are appropriate and timely for persons awaiting CABG to enhance their safety.

Recommendations for Nursing Research

Results of this study contribute foundational knowledge for many research areas related to caring persons awaiting CABG. Recommendations for future nursing research are as follows.

1. The experiences and management strategies of persons awaiting CABG portrayed in this study can be used as a knowledge base for designing interventions to support those patients, for example a program designed to reduce uncertainty or a program designed to better manage symptoms preoperatively.

2. All of the persons awaiting CABG in this study were Thai Buddhists and live in the northern part of Thailand. Developing future studies with patients from other religions and different cultures would be needed.

3. This study is a retrospective qualitative study. To further explore the phenomenon, a prospective qualitative study is suggested to follow patients from the wait period to the post-surgery period.