



## **Patient experiences of cardiac surgery and nursing care: a narrative review**

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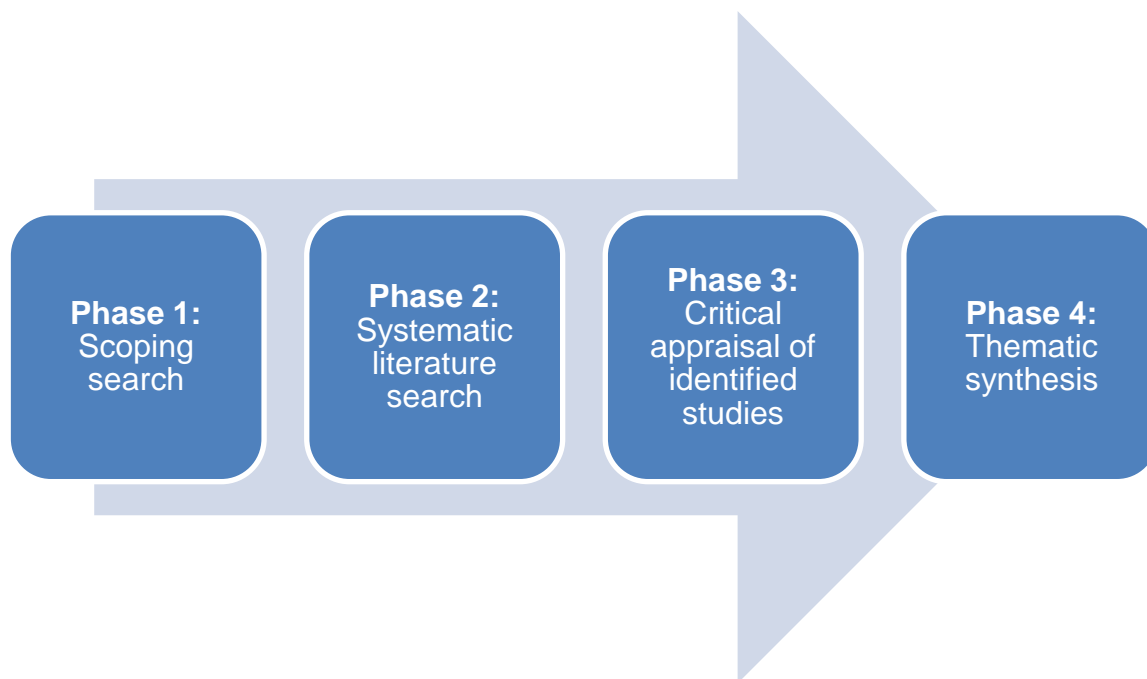
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<b>Term</b>	<b>Definition</b>
<b>Patient experience</b>	Feedback from patients on 'what actually happened' in the course of receiving care or treatment, both objective facts and their subjective view of it (Dr Foster Intelligence 2010).
<b>Patient satisfaction</b>	A measure of the value judgements patients apply to their experience (Matthews and Cornwell 2012).
<b>Patient Reported Experience Measures (PREMs)</b>	Used to demonstrate experience trends and can be used to inform service development and improvement (Jackson, Cook et al. 2014).
<b>Transactional aspects of care</b>	Refers to what nursing care is delivered. For example, cleanliness, physical comfort and physical care (Dr Foster Intelligence 2010).
<b>Relational aspects of care</b>	Refers to how nursing care is delivered. For example experiences of dignity, empathy, compassion, emotional support, staff attitude and communication (Dr Foster Intelligence 2010).

**Figure 1 – Definitions of key terms**



**Figure 2 – Methodology**

<b>Search Terms</b>	<b>Databases</b>	<b>Database limits</b>
<b>Cardiac Surgery</b>	Cumulative Index for Nursing and Allied Health Literature (CINAHL)	Adult
<b>Heart Surgery</b>	British Nursing Index (BNI)	Year: 2004 – 2014
<b>Patient Experience</b>	MEDLINE	
<b>Measurement</b>	Open grey	
<b>Nursing Care</b>		

**Figure 3 – Search Strategy**

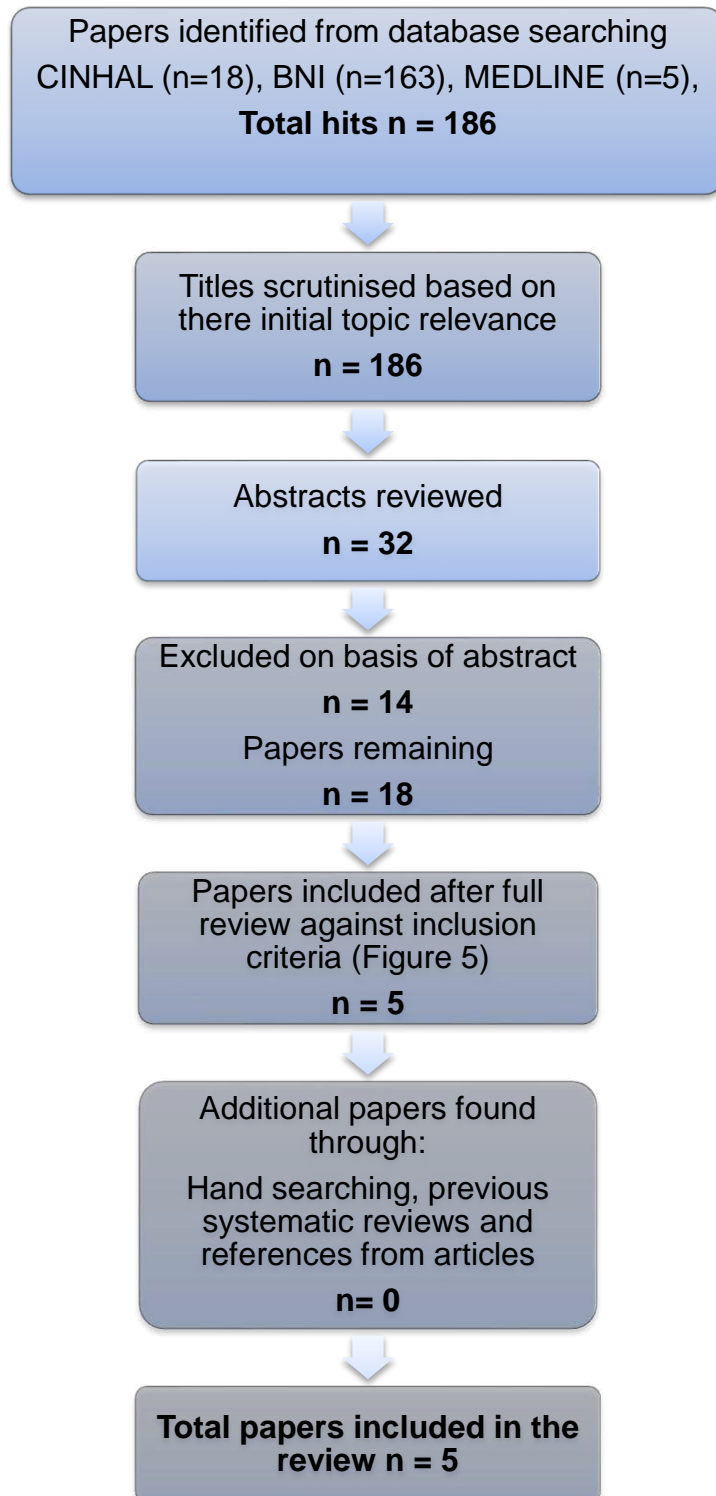


Figure 4 – Summary of paper extraction process

<b>Inclusion Criteria</b>	<b>Rationale</b>
<b>May 2004 onwards</b>	It was necessary to put time limits on the search due to limitations on time and resources of the project.
<b>Studies were only included if participants were the primary sample</b>	Patient experience is the foremost purpose of the review.
<b>Patients as primary data</b>	Studies were excluded if patients were not the primary sample. Patient experience was the focus of the review.
<b>Adults</b>	Patient group of interest as experience of adults and children may differ.
<b>Cardiac surgery patients</b>	In particular, Coronary Artery Bypass Graft surgery and Heart Valve surgery as these procedures are often done simultaneously.
<b>Patient Experience of hospital</b>	Studies selected if patient experience was reported reflecting their time as an inpatient for their cardiac surgery.
<b>Peer reviewed</b>	Only peer reviewed studies included to ensure a study has been reviewed and approved by the author's peers (experts in the same subject area).

**Figure 5 – Inclusion Criteria**

Author	Title	Aims	Methodology	Participants	Conclusions
<b>Backstrom, Wyn et al., (2006)</b>	Coronary Bypass Surgery Patient's Experiences with treatment and peri-operative care – a qualitative interview-based study	To examine how coronary artery bypass surgery patients experienced their care	Qualitative	Nine participants selected on demographically typical of the majority of patients given coronary surgery at study hospital following CABG surgery	The quality of care and patients' satisfaction can be further enhanced by implementing principles from the peri-operative dialogue model
<b>Gardner, Elliott et al., (2005)</b>	Patient Experiences Following Cardiothoracic Surgery: An Interview Study	A thematic analysis of interviews conducted with patients recovering from cardiothoracic surgery, about their memories and experiences of hospital and recovery post-discharge	Qualitative	Eight participants following cardiothoracic surgery	Attention to specific areas of patient orientation, education and support was identified to facilitate realistic expectations of recovery

Author	Title	Aims	Methodology	Participants	Conclusions
<b>Jackson, Cook et al., (2014)</b>	Evaluating patients' experiences of heart-valve replacement surgery	This initiative aims to empower patients and patient organisations to provide feedback on what was important to them in their heart-valve replacement surgery	Complex Intervention	A working group of 22 members from 17 organisations were recruited to deliver against the aims and objectives through a seven step process	PREMs can have a quantitative and qualitative methodologies to drive service improvement and can be used alongside Patient Reported Outcome Measures (PROMs) to produce a rounded picture of patients' views on process and outcomes

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<b>Author</b>	<b>Title</b>	<b>Aims</b>	<b>Methodology</b>	<b>Participants</b>	<b>Conclusions</b>
<b>Perkins (2008)</b>	What are the experiences of patients waking from fast-track?	Explore patients' experiences on waking from this particular modality of cardiac surgery. Discover patients' perceptions of nursing care activities during waking. Highlight any improvements that can be made to nursing care delivery during this little known about time	Qualitative	Thirteen participants following CABG surgery	The study highlights that nurses play a vital role during the immediate post-operative period that goes beyond the more widely recognised technical aspects of their role. The results of this study could be used by nurses to enhance patient experiences and potentially lead to improved physical and psychological outcomes

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Author	Title	Aims	Methodology	Participants	Conclusions
<b>Schou and Egerod., (2008)</b>	A qualitative study into the lived experience of post-CABG patients during mechanical ventilator weaning	To provide a contemporary description of the patient experience of weaning, in order to update this aspect of knowledge in the context of newer modalities of mechanical ventilation and sedation	Qualitative	Ten participants ventilated for greater than twenty four hours following CABG surgery	In order to address some of the general, psychological and existential patient experiences, care should be taken to acknowledge the patient and to respect the patient domain and individual time frames. In nurse-patient communication, it is recommended that caregivers give accurate and unambiguous information

**Figure 6 – Summary of included studies**

<b>Main Theme</b>	<b>Sub – themes</b>	<b>Example</b>
<b>Pain and physical discomfort</b>		Pain related to treatment was not an issue  Limitation of invasive monitoring lines impacted on mobility
<b>Mechanical ventilation</b>		Sensations of choking or overheating, to pressure and discomfort related to the ET tube
<b>Psychological and emotional</b>	Psychological	Negative emotions distress anxiety, embarrassment, insecurity, loss of control and hopelessness
	Memory	Most patients experienced a lack of orientation to time and place
	Confusion and hallucinations	One patient recalled vivid hallucinations or hearing voices of people who had died, the same patient also experienced confusion in the ward area
<b>Support</b>		Patients felt that it was especially important that their relatives stayed in touch during their hospitalisation  Contact with other Patients who were in the same situation was very important to exchange experiences
<b>Information provision</b>		Patients were generally satisfied with the information that was sent to them prior to their hospitalisation
<b>Environment</b>		Patients happy with the light tone that was kept on the ward
<b>Nursing Care</b>		The nurses knew how to get through with gestures, paper and pencil [communication]
<b>Patient Experience</b>		The use of PREMs Questionnaire should not be limited by the

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<b>Main Theme</b>	<b>Sub – themes</b>	<b>Example</b>
<b>Measurement</b>		feedback method in which it is used and should be incorporable into existing systems

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**Figure 7 – Summary of Themes**

<b>Patient Experience Framework for heart valve surgery</b>	<b>NICE Quality standards</b>	<b>Examples from review findings</b>
<b>Respect for patient centred values, preferences and expressed needs, including; cultural issues, dignity, privacy, independence of patients and service users; an awareness of quality of life issues and shared decision making</b>	1, 4, 5, 6, 8, 9	Nurses were able to use augmentative methods of communication such as gestures, pen and paper and in some cases computers to facilitate communication
<b>Information, communication and education on clinical status, progress, prognosis and processes of care in order to facilitate autonomy, self-care and health promotion</b>	2, 3, 5, 12, 14	Patients wanted information pre and post-operatively to be given by the operating surgeon, and individualised to their particular case
<b>Physical comfort including pain management, help with activities of daily living and clean comfortable surroundings</b>	10	The experience of pain either acute or general in nature as well as the severity of the pain was reported across the studies
<b>Emotional support and alleviation of fear and anxiety about issues such as clinical status, prognosis and impact of illness on patients, their families and finances</b>	10	Patients felt that the nurse looking after them held significant power in being able to allay the patients' fears
<b>Welcoming the involvement of family and friends, who patients and service users rely on, in decision-making and demonstrating awareness and accommodation of their needs as care-givers.</b>	13	The most important source of support described by patients across the studies was that of family members

**Adapted from (NICE 2013; Jackson, Cook et al. 2014)**

**Figure 8 – PREMs Framework alignment**

## References

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