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The importance of information as a health promoter for presurgical cardiac patients

A importância da informação como promotora de saúde para o paciente cardíaco pré-cirúrgico

La importancia de la información como promotora de salud para el paciente cardíaco prequirúrgico

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ABSTRACT

Objective: To assess the importance of providing cardiac patients with information regarding surgery as a facilitator of health promotion. **Methods:** A qualitative study was conducted from August to November 2018 in a hospital in Fortaleza, Ceará, with cardiac patients indicated for surgery. In all, six groups of presurgical patients were held with an average of six male and female participants aged between 45 and 70 years. The group received educational actions regarding the surgery provided by a multidisciplinary team. Data were collected using semi-structured interviews with four patients after the surgical procedures. The data were treated using Bardin's Content Analysis. **Results:** Two categories emerged: Health Care and Contribution of the Presurgical Group. This last category was divided into Health Education and Anxiety Reduction. The information shared by the team with the patients provided possibilities for autonomy and empowerment of their treatment, favored the reduction of anxiety, fear, reduction of fantasies about the diagnosis and surgery and shorter hospital stay. **Conclusion:** Participants recognized information as an important and necessary resource in cardiac surgery preparation and health promotion, becoming a space of support among patients and favoring the understanding of the importance of the multidisciplinary team in health care and its view on the patient in their psychic vulnerability in the face of illness and the surgical process.

Descriptors: Patient care; Health Promotion; Health Education.

RESUMO

Objetivo: *Investigar a importância da informação para pacientes cardíacos quanto à cirurgia enquanto uma condição de facilitação na promoção da saúde.* ***Métodos:*** *Estudo qualitativo, conduzido no período de agosto a novembro de 2018 em um hospital de Fortaleza-CE, com pacientes cardíacos indicados para cirurgia. No total foram realizados seis grupos de pacientes pré-cirúrgicos com uma média de seis participantes entre homens e mulheres com idades entre 45 e 70 anos. No grupo, realizaram-se ações educativas a respeito da cirurgia disponibilizada pela equipe multiprofissional. A coleta de dados deu-se por meio das entrevistas semiestruturadas com quatro pacientes depois dos procedimentos cirúrgicos. Os dados foram tratados por meio da Análise de Conteúdo de Bardin.* ***Resultados:*** *Duas categorias emergiram, a saber: Assistência em Saúde e Contribuição do Grupo Pré-Cirúrgico. Esta última categoria dividiu-se em Educação em Saúde e Redução da Ansiedade. As informações compartilhadas pela equipe com os pacientes proporcionaram possibilidades de autonomia e empoderamento de seu tratamento, favoreceram a redução da ansiedade, do medo, diminuição de fantasias sobre o diagnóstico e cirurgia e menor tempo de internação.* ***Conclusão:*** *Os participantes reconheceram a informação como um recurso importante e necessário na preparação para cirurgia cardíaca e na promoção em saúde, tornando-se um espaço de suporte e apoio entre os pacientes, além de favorecer a compreensão da importância da equipe multiprofissional na assistência à saúde e seu olhar sobre o paciente em sua vulnerabilidade psíquica frente o adoecimento e processo cirúrgico.*

Descritores: *Assistência ao paciente; Promoção da saúde; Educação em saúde.*

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RESUMEN

Objetivo: *Investigar la importancia para pacientes cardíacos cuanto a la cirugía mientras condición de facilitación en la promoción de salud.* **Métodos:** *Estudio cualitativo, conducido en el periodo de agosto a noviembre de 2018 en un hospital de Fortaleza-CE, con pacientes indicados para cirugía. En total fueron formados seis grupos de pacientes prequirúrgico con una media de seis participantes entre hombres y mujeres con edades entre 45 y 70 años. En el grupo, fueron realizadas acciones educativas con respecto a la cirugía disponible por el equipo multiprofesional. La recolección de datos ocurrió por medio de entrevistas semiestructuradas con cuatro pacientes después del procedimiento quirúrgico. Los datos fueron tratados por medio del Análisis de Contenido de Bardin.* **Resultados:** *Dos categorías surgieron: Atención en Salud y Contribución del Grupo Prequirúrgico. Esta última categoría se dividió en Educación en Salud y Reducción de la Ansiedad. Las informaciones compartidas por el equipo con los pacientes ofrecieron posibilidades de autonomía y empoderamiento de su tratamiento, favorecieron la reducción de la ansiedad, del miedo, disminución de fantasías acerca del diagnóstico y cirugía y tiempo más corto de internación.* **Conclusión:** *Los participantes reconocieron la información como un recurso importante y necesario en la preparación para cirugía cardíaca y en la promoción en salud, volviéndose un espacio de soporte y apoyo entre los pacientes, además de favorecer la comprensión de la importancia del equipo multiprofesional en la atención a la salud y su visión sobre el paciente en su vulnerabilidad psíquica ante la enfermedad y el proceso quirúrgico.*

Descriptores*: Atención al paciente; Promoción de la salud; Educación en salud.*

INTRODUCTION

According to the United Nations (UN), cardiovascular diseases (CVD) remain prevalent in the world's population as it affects 520 million people[1]. In Brazil, data from 2021 indicate that CVD are still the cause of almost a third of deaths and the most vulnerable share of the population continues to be the most affected by difficulties in accessing health care[2].

In Northeastern Brazil, a study that assessed each unit of the Brazilian federation points to the permanence of the increase in cases of CVD in the North and Northeast regions[3]. In Ceará, according to the epidemiological bulletin of the Health Secretariat (*Secretaria da Saúde – SESA*), since 2000 CVD represent the prevalent cause of death in the state (53.8%), with a decline in the year 2020 (51.3%). However, even with such reduction, they continue to be dominant in relation to other Noncommunicable Diseases (NCDs)[4].

With regard to the treatment of heart diseases, despite the undeniable advancement of clinical treatments and less invasive approaches, heart surgery is highlighted as the most used therapeutic resource for these diseases[5,6]. Surgical indication generates feelings in the patient, especially when the affected organ is the heart and, as it is a high-risk procedure, it results in fear and anxiety for them[7,8]. In addition, becoming ill itself facilitates the emergence of these feelings, which add to anguish, and is an unexpected and frustrating event in people's lives[8].

Surgery changes the entire context in which the patient is inserted. Preparation for an invasive procedure, along with the waiting time, cancellations or postponements and the fear of its performance and results can be stressors and triggers of anxiety[9]. In addition to this whole context, heart surgery is complex and encompasses changes in physiological mechanisms, thus favoring organic and psychological stress[10,11].

The lack of guidance about the surgery, combined with the lack of support from the health team, favors an anxious and depressed state in the patient throughout their hospitalization, while the presence of information about the surgical process can contribute to the reduction of levels of anxiety[12] in addition to reducing the morbidity and mortality of these patients in the postoperative period[13].

Thus, studies promote the importance of understanding anxiety symptoms among patients undergoing vascular surgery and seek to carry out health education actions[14]. Research also supports the need for professionals to provide further explanations regarding the surgical procedure for the patient as an alternative to minimize these feelings of anxiety[2].

Thus, health education is an important strategy for health promotion as it minimizes vulnerabilities and is, therefore, a device that favors the development of individual responsibility and guarantees autonomy and quality of life[15]. In this context, groups can be inserted in health care and practice[16].

But what is health promotion, then? The National Health Promotion Policy (*Política Nacional de Promoção da Saúde – PNPS*) defines it as "a set of strategies and ways of producing health at the individual/collective level". In other words, it aims to minimize vulnerabilities and health risks as well as provide improvement in conditions and ways of living, promoting equity with participation and social control[17].

Within this definition, it is observed that the subject and the community are involved in a process of sharing their knowledge and seeking a more favorable and satisfactory scenario for life and health in addition to guarantees of rights and citizenship. Thus, health promotion focuses on development with the participation and interaction of individuals in their social, economic and cultural environment[18].

In this path of reflecting on health promotion as an activity to share knowledge, information is discussed and defended as a possible strategy to enable achievements in health processes. This happens by providing guidance regarding health-related doubts, instructions and clarifications for the promotion of self-care and legitimizing the importance of multidisciplinary health care[19].

Thus, the motivation for this work arose from the experience of the researcher in the Health Integrated Residency Program of the Ceará School of Public Health in a reference cardiopneumology hospital. During the residency, it was noticed the lack of information regarding the surgical process for cardiac patients and how this fact was a catalyst for anxiety, fear and insecurity.

Therefore, due to the lack of multidisciplinary work in the aforementioned hospital that would provide a space for information, guidance or clarification regarding cardiac surgery for patients and the frequently observed psychic suffering, we set out to investigate the importance of providing information on surgery to cardiac patients as a facilitating condition in health promotion.

METHODS

A qualitative exploratory and descriptive study was carried out from August to November 2018 in a hospital in Fortaleza, Ceará, which specializes in cardiopulmonary diseases. The study setting was the largest adult cardiology unit. This unit has 34 ward beds that serve both clinical and surgical patients and 7 hemodynamics beds for elective patients undergoing catheterization and angioplasty. The patients' profile corresponds to those over 18 years of age of both sexes and who, for the most part, are awaiting cardiac surgery. The team is made up of nurses and nursing technicians, physiotherapists, physicians, a psychologist, an occupational therapist, a social worker, a nutritionist, and students from the Medical and Multiprofessional Residency program.

In this study, inclusion criteria were the same as the selection criteria adopted, that is, patients admitted to the unit who attended the six meetings of the presurgical group with the multidisciplinary team and, finally, underwent the surgical procedure. Everyone was asked to sign an informed consent form. Exclusion criteria were patients who participated in the presurgical group but had not undergone surgery until the date of data collection.

Data collection took place after two stages: first, the patients attended the presurgical group, a group created and held for research purposes. At a second moment, after the surgical procedure, semi-structured interviews were carried out with these patients.

The first moment was carried out during the group meeting, which was attended by the unit's presurgical patients and the multidisciplinary residency team (nursing, physiotherapist, physician, psychologist, social worker, nutritionist, dentist) and the researchers, who attended all the meetings as observers. The group aimed to inform patients about the processes involving heart surgery and each professional category of the multiprofessional residency program team who were invited by the researchers to address specific topics relevant to their field of knowledge.

The meetings were previously scheduled and mediated by the researchers between professionals and patients, with a set day, time and duration. On a weekly basis, patients were reminded and informed of the start of the group, but they were free to choose about their participation as they could be unavailable due to locomotion issues, scheduled exams or visitors.

Thus, six multidisciplinary groups were held once a week on Wednesdays, lasting approximately one hour. The researchers participated in all the groups as observers and there was one professional per meeting so that there was enough time for explanations of procedures and their purposes, as well as guidelines and ICU routines.

The groups were conducted based on verbal explanations and the use of objects that illustrated what was being said, such as an orotracheal tube, which would be used in surgery, banners and photos with the ICU room, demonstration of how toothbrushing should be performed, etc.

However, despite being facilitated by one professional at a time, the multidisciplinary team was present helping to resolve any doubts that could arise. The aspects addressed were information involving the issue of surgery in terms of pre, trans and postoperative periods. Thus, dialogs were held between the team-patient and patient-patients. Group participants shared doubts, past experiences, fantasies, feelings and perceptions.

The subjects covered by each professional category are described below: the nursing team informed about the care to be taken before the surgery, the need for fasting, the importance of personal hygiene, how the patient arrives at the operation room, who receives them, their arrival and admission to the postoperative ICU. The nutritionist addressed the importance of pre- and postoperative nutrition, the patient's progress in the ICU, the purpose of supplementation before and after surgery and its help in healing in addition to the need for a balanced diet after leaving the hospital. The dentist highlighted the importance of toothbrushing and oral health and hygiene and how it could affect the pre- and postoperative period.

The physiotherapist provided information about the purpose of the tube used in the surgery, how extubation was performed, movements and care needed for coughing, the possibility of feeling pain. The physician provided complementary information about the diagnoses, how the main heart diseases occurred, how the surgeries were, their meticulous processes and healing. The psychologist explained about the ICU environment, the professionals who are there, the possibility of disorientation and fostered discussion about patients' expectations and fantasies. The social worker dealt with questions regarding visiting hours, the reason for the impossibility of having a companion in the ICU and discharge.

After the surgery, a semi-structured interview was held consisting of four questions: 1. How was your postoperative period?, 2. What is your opinion about the presurgical group?; 3. How did the multidisciplinary team contribute to your pre- and postsurgical period?; and finally 4. Do you have any suggestions? It was also decided to carry out the interview after returning to the wards due to the fact that the ICU is a space that weakens the patient and where the patient comes into contact with fear and insecurity in addition to being isolated from the family[20].

At this time, to ensure secrecy, the researchers requested that other people from the ward withdraw so that the interviews could be held – alternatively, when possible, the patients were interviewed in another reserved environment. To preserve the anonymity of the interviewees, the participants were identified with the letter I, referring to the Interview, followed by the number that represents the sequence in which it was carried out.

This research used convenience sampling. The *n* corresponded to patients who had undergone surgery by the date of data collection, that is, a total of four patients participating in the presurgical group who underwent surgery.

The data were analyzed through Bardin's content analysis, that is, through the systematic procedure of describing the content of the messages, classifying them into categories for understanding the reports[21]. This study was approved by the hospital's Ethics Committee under Approval No. 2.720.319. The study followed the ethical principles determined by Resolution 466/12 of the National Research Ethics Committee of the National Health Council[22] and by Resolution 016/2000 of the Federal Council of Psychology, which regulates research in psychology with human beings[23].

RESULTS AND DISCUSSION

The groups held presented an age range between 45 and 68 years for women and between 55 and 70 years for men, with a prevalence of the diagnosis of Coronary Artery Disease (CAD) and a period of hospitalization ranging from two to four months. After analyzing the data, two categories emerged: 1) Health Care and 2) Contribution of the Presurgical Group. This second category was divided into two subcategories, namely: 2a) Health Education and 2b) Anxiety Reduction.

Health Care

The participants' reports showed that the care provided by the cardiology unit teams was seen as positive by the users.

It has been observed that the patient-health team relationship is an important factor for building trust to deal with the hospitalization and surgery process as well as the ICU environment, thus allowing the assignment of a new meaning to the illness and the lived experience[24,20].

In this study, participants talked about the care provided by welcoming professionals. This can be seen in the statement: *"(...) a score of 10 for everyone who treated me. It was excellent. What I have to say is just thank you. Thank you for everything, and from now on I'll continue the journey"* (I4).

Individual care implies recognizing the subjectivity and values of patients, considering their personal characteristics, clinical conditions, life history, as well as their performance and participation in the treatment process[25].

The report from the second interviewee corroborates the authors as it highlights the importance of this care as a complement to patient recovery: *"It went very well, thank God. I spent 4 months here, I never met anyone who abused or mistreated me. (...) Everyone treated me well, both in the ICU and in the unit, at post 3, where I was. I was very well cared for"* (I2).

Contribution of the Presurgical Group

The presurgical group, as a space of complexity that fostered participation and co-responsibility for health[26] provided autonomy in terms of empowering patients' treatment. The aspect of taking ownership of the treatment was noticeable with the recognition of their rights and the possibility of claiming them, as seen in the following report: *"The nutritionist did not say that we were going to have one (supplement) after the surgery we were going to have one box like that. I even complained to her, right (...). I said 'they taught me that, huh'. (...) So, it had to be before and after the surgery"* (I2).

The group's contribution significantly permeates the field of information, particularly with regard to the two subcategories: health education and anxiety reduction. The participants did not report negative aspects or feelings arising from their participation in the groups or after contact with the information presented therein.

Health Education

Most of the participants knew the name of the surgery they would undergo. However, they were not aware of the necessary care before and after the intervention, what the ICU environment was like and what the postoperative period could be like, making it valuable to learn about this process. They said, *"Every day was important because I didn't even know what that was. It was really about applying the criteria of the surgery, as it could be, and our behavior and our attitudes, our reactions. How we could react"* (E1) and *"The medications were right, the water was the way you said that we would drink it, the food that was given, it was not hot food. Everything you said was true"* (I3).

The importance of information prior to the surgery process through health education is perceived as it is an educational process in which patients build knowledge, as noted in the statement *"(...) you saw how my surgery went. I came out all right, no problem. Because I remembered the classes I attended here with you. It helped a lot. If it weren't for these classes, worse things could have happened to me"* (I4).

During the course of the research, it was also possible to identify that the information given to these patients favored a certain independence in relation to the health team with clarifications about the disease and reduction of anxiety. When they felt welcomed by the team, they became more confident and began to deal better with coping with the surgical process in addition to acquiring knowledge and skills when encouraged to participate in their treatment, thus making decisions and taking responsibilities[24]. This manifested itself as a resource that helps the patient in their recovery, since they take ownership of aspects that involve their postoperative process and understand the purpose of each stage: *"they told me what to do, they helped me to overcome it"* (I4).

In the present study, the meetings were seen as an important opportunity to provide a space for interaction, socialization and information to patients. During the interviews, they spoke about the relevance of the groups and that their continuation and need for participation would be fundamental.

With regard to autonomy, this concept gains space in the field of health by moving away from the assistance model and focusing on a perspective of disease control based on health promotion[26]. Educational practices focusing on information, such as those mentioned by the participants, collaborate with the development of this autonomy. All of this is linked to individual care by recognizing the subjectivity and values of patients, considering their personal characteristics, clinical conditions, life history, as well as their way of dealing with heart disease, their role and participation in the treatment process and postsurgical care[7].

Humanized care implies being free of judgments and prejudices and should be supportive and respectful of the patient's body, individuality, intimacy and beliefs. Condition in which other studies corroborate the various benefits of the humanization of care for the patient, including the reduction of suffering and the promotion of feelings of gratitude, joy and well-being[27], as verbalized by one participant: *"These two months and four days I spent here, I was treated well by everyone. From the sweeper here to the highest-echelon people"* (I4).

Anxiety reduction

The educational practice minimized symptoms of anxiety and depression, positively influencing clinical recovery after surgery and improving the prognosis and evolution of these patients. This was verified in the following reports: *"I woke up little by little, I looked at the ceiling there and then I wasn't even surprised at all, no, I wasn't scared"* (E3); and, *"you hear them talking, then you already have a well-worked mind for that there, understand? Then you go without that fear, without that, you will stay there without that anxiety"* (I4). Thus, the feeling of control before obtaining prior information about what will happen and be found after the surgical procedure helps to reduce anxiety and demystify some fantasies and fears[11], as observed in the participants' reports.

The patients related the information received to a faster recovery and a shorter hospital stay, both in the ICU and in the ward, which contributes to reducing the suffering in the postoperative period[24], as expressed in the following statement: *"I heard things that helped me to keep calm in there, it worked. I stayed there alone for two and a half days"* (I1).

According to the study data, it seems that information for these hospitalized patients was really a vital element in reducing anxiety and depression. The educational practice provided the minimization of symptoms of anxiety and depression, positively influencing their clinical and postsurgical recovery, interfering with the prognosis and evolution of these participants, as seen in the statements *"So you are more prepared for that, right? So I think that was what helped me a lot too"* (I2) and *"(...) It helped (the group) because he told me, how can I say it... he told me what to do. He said 'do this, do this'* (I4).

As reported in other studies, anxiety can have a direct impact on the outcome of heart surgery and, as a means to favor its reduction and other stressors, preoperative education is effective in presurgical patients and should be incorporated into the practice of routine in preparing cardiac patients for surgery[28].

When these patients get quality guidance they have a faster recovery and, consequently, a shorter hospital stay both in the ICU and in the ward, and a reduction in complications and anxiety, reinforcing the bond between the patient and the professional with satisfaction for both[14].

Finally, the present study also corroborated another study[29] and highlighted the purpose of the researchers by stating the importance of group practices as a health promotion tool since they encourage these patients to value different types of knowledge as therapeutic possibilities based on the development of their independence in relation to the health team, the understanding of their health-disease process by listening to other experiences within the group, its maintenance, reduction of the severity of the disease and reduction of anxiety, as reported by the following participant: *"The information they provided in the group, it was the surgery, you know, the way they said that when the person arrived at the surgery they would only see them applying the anesthesia there, then when you wake up you are already in the ICU and it was what happened"* (I3); and also *"(...) After I woke up, I started waking up, you know, little by little I remembered (the group's information). That's why, thank God, I left, I left there in peace."* (I4)

FINAL CONSIDERATIONS

The group with presurgical cardiac patients proved to be both an educational action and a powerful therapeutic resource as it enabled the sharing of experiences and because a support space. It also favored the understanding of the health-disease process on the part of the patient and the importance of taking ownership of their diagnosis and treatment, and the need for new habits based on the knowledge of information and understanding the why and for what of each change, adherence and continuity of treatment.

The delivery of this educational action by a multidisciplinary team allowed the recognition, by patients and professionals, of the importance of the care team for cardiac patients, strengthening bonds and allowing better coping with the process of illness and recovery of the patient.

It is understood that the limitations of the study refer to the low number of respondents, to the long hospital stay due to waiting for surgeries. However, this allows further research to be endorsed and provides a space for reflection on the conduct of work with presurgical patients, that is, pushing beyond exclusively biomedical practices. This contributes to inserting a new look at the suffering of these people in a state of psychic vulnerabilities by offering listening to what they have to say about their body, illness and health.

CONFLICTS OF INTEREST

The authors declare that there were no conflicts of interest.

CONTRIBUTIONS

Marcella de Oliveira França and Francisca Helena Gadelha de Lima contributed to the study concept and design; acquisition, analysis and interpretation of data; and writing/revision of the manuscript. All authors approved the final version of the manuscript and are responsible for its content.

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