# The Hospitalization Experience of Chinese Older Adults after Coronary Artery Bypass Surgery: A Qualitative Study

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#### **Abstract**

**Purpose:** The aim of this study was to explore the hospitalization experience of Chinese older adults after coronary artery bypass surgery.

**Methods:**A qualitative phenomenological approach was adopted. The study was conducted in cardiac surgery department of two hospitals (two 3000-bed hospitals in Wuhan, China) over a 7-month period from October 2016 to April 2017. A total of 28(P1-P28) Chinese older adults (age 60 or older) participated (Age:  $68.17 \pm 7.92$ ). The data were collected within one week after CABG using semi-structured interviews. The data were analysed using the Colaizzi phenomenological method.

**Results:**Four main themes describing the hospitalization experience of Chinese older adults after coronary artery bypass surgery emerged: anxiety due to a lack of awareness of the operation, a lack to adaptation to the life in the hospital, a lack of rehabilitation programs and remaining in a passive status.

**Conclusions:**Chinese old adults are in bad status and a passive role after CABG, wherefore nurses should take into consideration the mental state and attitudes to rehabilitation and provide them with more assessment and care during perioperation.

Keywords: Aged; Coronary Disease; Qualitative Research

## Introduction

Coronary heart disease (CHD) is one of the main causes leading to heart failure of old adults [1]. Coronary artery bypass graing (CABG) surgery is internationally recognized as the most common surgical procedure for coronary heart disease, and the innovation of CABG is helpful in improving older patients' quality of life and increasing their life span [2]. Due to variability in functional capability, older adults show dierent hospitalization experiences, which require nurses to understand the patient's psychological status and needs to help them carry out their rehabilitation programs [3].

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In the interview, there were 21 patients who did not have a specific rehabilitation programme and simply hoped that the medical state could help them complete it. P3 (Male, Age. 69 years): "I have not had a rehabilitation plan yet." e nurses counted the pills and then gave them to me to administer every time." P5 (Male, Age. 65 years): "I hope the nurses can help me proceed with rehabilitation training." P7 (Male, Age. 63 years): "I hope I can get the same care as I got in the hospital when I go home." P20 (Female, Age. 75 years): "5 er the surgery, I followed the doctor's suggestions in terms of physical exercise and diet adjustment. I will do whatever they told me." P23 (Female, Age. 80 years): "What rehabilitation plans do I prepare for? I don't need them, because doctors and nurses should help me f nish them."

ere were 3 patients who said that their memory was so terrible that they could not take their medicine on time, which required the supervision and help of their family members P16 (Male, Age. 69 years): "My wife will supervise me to take medicines I always forget it and I'm afraid of getting it wrong."

### Results and Discussion

Nowadays a large number of Chinese old adults immigrate to the other country, on account of di erent culture background; their hospitalization experiences are susceptible to be di erent from native people e reasons for that maybe culture background influence their recognition and attitude towards disease. From our research we can find that old adults lack knowledge of the operation and stay in a passive role for a long period of time. In China, their children and spouse cope with the all of the hospitalization issues and even sign the operation consent file.

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