FROM HOSPITAL TO HOME: RURAL RESIDENTS’ EXPERIENCES OF PATIENT EDUCATION FOLLOWING CARDIAC SURGERY

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Purpose: To develop a knowledge base about patient education for rural residents who have undergone cardiac surgery (coronary artery bypass graft, valve replacement or valve repair) by seeking understandings about their patient education experiences.

Rationale: Rural residents have higher rates of heart disease than their urban counterparts. Contributing factors to these rates include tobacco use, high fat diets, and sedentary lifestyles to name a few. Efforts to promote healthier lifestyles among rural residents, however, are hampered by economic, social, and cultural factors. For instance, many rural residents have limited access to healthcare services, live below the poverty level, are uninsured or underinsured and can be very self-reliant and therefore reluctant to seek healthcare. These factors coupled with unhealthy lifestyles suggest that patient education is imperative for rural residents undergoing cardiac surgery. Nonetheless, few studies have investigated how patient education facilitates rural residents’ recovery from cardiac surgery.

Methods: Hermeneutics is the research design being used to seek understandings about rural residents’ experiences of patient education. Twenty participants from a regional medical center who have undergone cardiac surgery are being recruited to participate in the study, with 17 participating to-date. Data are being collected using non-structured, audio-taped interviews at the time of hospital discharge and six weeks later at participant’s homes. During the interviews participants are asked how the patient education they have received has helped them learn what they need to know to recover from cardiac surgery. A thematic analysis of the data is underway.

Results: Preliminary findings suggest that, during hospitalization, the healthcare team’s provision of detailed verbal and written instructions is a gesture of caring, which facilitates participants’ knowledge of their cardiac condition(s) and the “do’s and don’ts” of recovering from cardiac surgery. Participants’ learning is further augmented by reassuring advice from healthcare professionals within the family who have knowledge about cardiac conditions and by family members or friends who have had cardiac conditions. Six weeks post-operatively, initial findings suggest that patient education from homecare nurses and providers of cardiac rehabilitation programs renews memories of patient education participants received during hospitalization. This education facilitates recovery from surgery in ways that encourage participants to change lifestyles to prevent further cardiac diseases and surgeries. Implications: In the context of rural health, initial findings indicate that health care providers must understand that rural residents may view the delivery of patient education following cardiac surgery as a caring act, which can facilitate learning what they need to know to recover from cardiac surgery. The initial findings also suggest that health care providers need to acknowledge and value the “advice” rural cardiac patients have received about cardiac surgery and discern how to appropriately incorporate this advice into patient education. It is also important to recognize that, following cardiac surgery, rural cardiac patients depend upon homecare nurses and cardiac rehabilitation providers to re-educate them about what they need to know to recover from cardiac surgery. Future studies could examine how the advice rural residents receive from outside sources about cardiac surgery facilitates or hinders patient education. Studies could also examine the provision of patient education by homecare and cardiac rehabilitation providers to determine which aspects or approaches to patient education most effectively influence rural cardiac patients’ recovery and lifestyle changes following cardiac surgery.