

Journey From Experiences That Left Trace to Today in Patients Who Underwent Coronary Artery By-pass Graft Surgery

Koroner Arter By-pass Greft Ameliyatı Olan Hastalarda İz Bırakan Deneyimlerinden Bugüne Yolculuk

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Özet

Amaç: Bu çalışmada; koroner arter bypass greft ameliyatı olan hastaların deneyimlerinin görünür kılınması ve daha derinlemesine anlaşılması amaçlandı.

Gereç ve Yöntemler: Bu nitel çalışma, 10 koroner arter bypass greft hastası ile görüşülerek gerçekleştirildi. Çalışmada; Heidegger'in fenomenolojik yaklaşım yöntemi kullanıldı. Araştırmanın verileri Demografik Bilgi Formu ve Yarı Yapılandırılmış Görüşme Formu ile Kasım 2019-Mart 2020 tarihleri arasında toplandı

Bulgular: Katılımcılar 53-79 yaş aralığında, en az bir yıl önce koroner arter by-pass greft cerrahisi geçiren hastalardır. Görüşmelerde iki kategori ortaya çıktı: "İz bırakan perioperatif dönem deneyimleri" olarak bypass cerrahisinin duygu ve deneyimleri, "Şimdi / Hiçbir şey eskisi gibi değil" olarak bugünün duygu ve deneyimleri. Ayrıca dokuz alt tema belirlendi.

Sonuç: Hastalarda iz bırakan deneyimler; kültür ve inancın yansımaları içeriyordu ve hastalar şimdiki değişen yaşamlarına ve sağlıklarına yeni bir bakış açısı bulma eğilimindediler. Sonuçlar; hastaların sosyokültürel değer ve inançlarının bakım sürecine dahil edilmesinin gerekliliğini göstermektedir.

Anahtar Kelimeler: Hasta, Koroner arter bypass greft, Yaşam deneyimleri

Abstract

Objective: This study aims to make the experiences of patients who underwent coronary artery bypass graft surgery visible and to understand them more deeply.

Material and Methods: This qualitative study was conducted through interviews with 10 coronary artery bypass graft patients. Heidegger's phenomenological approach was used as a method. The data for the study was collected through Demographic Information Form and Semi-Structured Interview Form between November 2019-March 2020.

Results: The ages of the participants varied between 53 and 79 and they underwent coronary artery bypass graft surgery a minimum of a year ago. The interviews yielded two categories: emotions and experiences about the bypass surgery as "Perioperative period experiences that left a trace" and today's emotions and experiences as "Now/Nothing is as it was before". Also, nine subthemes were identified.

Conclusion: The Patients' experiences that leave a trace involved reflections of the culture and faith, and it was obvious that they were inclined to find a new perspective for their changed lives and health. The results show the necessity of incorporating the sociocultural values and beliefs of patients in the care process.

Key Words: Patients, Coronary artery bypass graft, Lived experience

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INTRODUCTION

Coronary artery disease (CAD) is one of the most common health problems and one of the major reasons for mortality and morbidity in developed and developing countries (1). CAD spread is expected to continue to increase in Turkey, which is among the developing countries, and 5.4 million people are predicted to have CAD by 2035 (2).

In some cases, the treatment for coronary artery diseases requires surgical methods, and the most common of these methods is Coronary Artery Bypass Graft (CABG) surgery (3). CABG can increase the functional ability, quality of life, and survival rate by relieving the symptoms of coronary artery disease (3,4). Yet, post-operative recovery brings more psychological and physiological challenges than expected (4). Although CABG surgery is a successful intervention technique for the treatment; it is also a life experience that requires a lifestyle change and has a physical, psychological, and social impact (5).

The studies investigating patient experiences following CABG surgery found that for some patients, the surgery was a dramatic lived experience leaving a trace and reminding them of being close to death (6); whereas for others it was an experience involving appreciation of survival (3,5). Leegaard and Fagermoen's (2008) meta-synthesis study revealed that patients, during the rehabilitation period, face negative experiences such as uncertainty of the future, having another heart attack, being a burden for others, the fact that the operation site does not recover fully ever and that their professional lives might have ended (7).

Today, considering the various conceptual, cultural, and scientific improvements of modern society, researchers have turned their attention to the need for incorporating new approaches into their studies which involve social and cultural background (3,6). Using an anthropological approach, Brazilian researchers interpreted the results of their study in which they examined patient experiences regarding CABG surgery, and found that the surgical experience refers to a breakpoint in terms of patient's lifestyle, professional life, and health-disease process. They also highlighted the impact of cultural beliefs on patients (6). A study conducted in Iran, as an Islamic country, emphasized that the cultural values and beliefs shared by the individuals living there bear the traces of Islam; family support and faith in God play a crucial role in maintaining a healthy life after the disease (3). Thus, it is an undeniable fact that in all societies with different cultural backgrounds, the reflections of cultural and religious beliefs can affect the experiences and behaviors of patients regarding their current health. Although there are studies investigating patient experiences after CABG surgery, there are limited studies that attempt to reveal these experiences within an anthropological approach by integrating them with the culture and values of society. Therefore, patient experiences after CABG surgery remain their mystery and constitute the unknown side of the iceberg in cardiac surgery. This study aimed to reveal the experiences had by Turkish CABG patients in a

sociocultural context and to provide a deeper understanding through a qualitative approach.

MATERIALS AND METHODS

Study design

This study aimed to analyze the statements of the patients who underwent coronary artery bypass graft surgery, in order to reveal the experiences, they had in a sociocultural context and to provide a deeper understanding. The study is built upon Heidegger's hermeneutic phenomenological method using a qualitative approach. The phenomenological method provides an in-depth perspective on the experiences of the participants (8). This method provides a framework that involves the interpretation of the first-hand information related to the experiences of the individuals, and their hidden goals of which they are aware or not aware still. This first-hand information, emotions, and experiences, in addition to being intact, reflect both an individual and a general perspective, experience, and viewpoint related to a certain context. (9). Hermeneutic phenomenology is an interpretive process, and the researcher is an active participant in the interpretation process rather than focusing solely on describing the phenomenon. This approach allows researchers to become more aware of the interpretations of the phenomena encountered (8).

Participants

This qualitative study was conducted through interviews with 10 coronary artery bypass graft patients between November 2019-March 2020. The purposive sampling method was utilized for sample selection in the study. The study was conducted with the patients who underwent a bypass surgery a minimum of 1 year and a maximum of 2 years ago and who had no communication problems, at their homes. The reason for choosing these periods is that it is the most appropriate time to talk to patients about their perioperative experiences affecting them and also about their postoperative experiences on how they manage their daily activities after their discharge from the hospital (10). The purposive sampling method was utilized for sample selection in the study. Patients who had undergone surgery in different provinces were selected to ensure the representativeness of the sample and data saturation. The snowball sampling technique was used in the research. This technique focuses on people and critical situations where rich data can be obtained and reaches the universe by following these people and critical situations. In this way, the researcher tries to get new information by asking people who else they can meet with (11).

In qualitative research, it is not necessary to reach a certain sample size. The data is thought to reach saturation when new participants included in the sample repeat the same concepts before different themes emerge (12). As a result, when similar concepts and expressions started to be repeated, it was assumed that data saturation was reached and sampling was stopped. The study was completed with 10 patients.

Data Collection

The data for the study was collected through Demographic Information Form and Semi-Structured Interview Form. The Demographic Information Form was made up of seven questions on age, education, marital status, and the duration after the bypass surgery, as well as personal and familial heart attack history. The Semi-Structured Interview Form included four questions on experiences after the bypass surgery. The guide included the following questions;

- For which complaints did you go to the health center? What was the first emotion you felt when you heard that you would have a bypass surgery?
- Did you experience symptoms after the surgery similar to the ones you experienced before the surgery? How did this experience make you feel?
- What has changed in your life after the surgery? How did it affect your expectations for the future?
- Would you explain if there was anything that affected, worried, or scared you after the surgery? How do you deal with these fears and worries?

All interviews were conducted by the researchers. The interviews were conducted at the patients' homes and recorded on an audio device with the participant's approval. Each participant was interviewed three times. In the first interview, information was given about the purpose and content of the study. In the second session, an individual interview was held with each participant. During the interviews, it was ensured that both the participant and the interviewer were alone and in a quiet environment. Each meeting lasted 20-30 minutes. Participants were asked to explain again the answers that were not understood or were ambiguous. In the third stage, the written interview reports were examined and their accuracy was confirmed.

Data analysis and interpretation

The data collected for this study were analyzed through Colaizzi's text analysis (13). In the first step, the recorded interviews were transcribed word for word on the computer.

Each written transcript was read multiple times by both authors. In the second step, statements about the experiences of bypass patients that were deemed important were determined from the transcripts. The key expressions that emerged were formulated in the third step. In the fourth step, the formulated meanings reflecting the patients' experiences were grouped into clusters of two main themes and nine sub-themes. In the fifth step, the basic structure of the experiences had by the patients was defined as "Perioperative period experiences that left a trace" and "Now/Nothing is as it was before," respectively. In the last stage, the findings were confirmed by contacting the participants again.

Rigour

To ensure reliability, all translated transcripts were reviewed by a bilingual expert in English and Turkish, experienced in qualitative research, and familiar with the subject of the study. After the transcripts were created by the researchers, the participants were contacted by phone, and their approval was obtained for the themes. Original interviews were followed to ensure accuracy, and patients' responses were presented directly. Also, to increase the reliability of the data, its authenticity was adhered to.

Ethical consideration

Ethical approval (dated 15.10.2019/17) was obtained from a University's ethics committee. At the start of the interview, all participants provided written and verbal informed consent. The names of the participants were kept confidential and codes (P1, P2, P3...) were assigned to the patients. Throughout the research, the Helsinki Declaration was adhered to.

RESULTS

This qualitative study was conducted by interviewing 10 bypass surgery patients. The participants were aged between 53 and 79 and had undergone a bypass surgery a minimum of 1 year ago. The interviews yielded two categories: emotions and experiences about bypass surgery as "Perioperative period experiences that left a trace" and today's emotions and experiences as "Now/Nothing is as it was before."

Table 1. Characteristics of the Sample

Participants	Gender	Age	Education	Employment state	Formerly having a heart attack	A family history of heart attack
P1	Female	58	Primary school	Married	Yes	Yes
P2	Male	70	Primary school	Married	No	Yes
P3	Male	79	Primary school	Single	No	No
P4	Male	65	Primary school	Married	No	No
P5	Male	65	High school	Married	No	Yes
P6	Male	53	Primary school	Married	No	No
P7	Male	60	Primary school	Married	No	No
P8	Female	61	Primary school	Married	No	No
P9	Male	70	Primary school	Married	No	No
P10	Male	61	Primary school	Married	No	No

Table 2. Categories and themes of the study

Categories	Themes
Perioperative period experiences that left a trace	Am I having a heart attack?- Suspicion and complicated emotions
	Facing the surgery: Am I going to die?
	Those who do not show sympathy-blind emotions and views
	Positive experiences before discharge: We cheated death
	Adaptation experiences after discharge: It's not easy at all
Now/Nothing is as it was before	Questioning-Regret
	Difficulty to adapt to now
	The balances changed-Good things happen as well
	Coping

Category I: Perioperative period experiences that left a trace This category is made up of five themes including: (1) Am I having a heart attack? Suspicion and complicated emotions; (2) facing the surgery: Am I going to die?, (3) those who do not show sympathy: blind emotions and views, (4) positive experiences before discharge: we cheated death; (5) adaptation experiences after discharge: it's not easy at all.

Theme 1: Am I having a heart attack? Suspicion and complicated emotions

Patients stated that they went to the hospital for complaints such as chest pain, stomachache, backache, exhaustion, shortness of breath, numbness in hands, and sudden fainting. Majority of the patients expressed that they felt unbearable and complicated emotions on their way to the hospital due to the suspicion of having a heart attack, and past negative experiences were the source of these feelings. Some of the participants explained this as follows:

"I had a lot of pain. I was barely breathing because of the pain. We lost my big brother from a heart attack a short time ago. But I was thinking of not the pain but whether I was having a heart attack. As if, the time wasn't passing at all. (P2, Male); "I passed out, and when I became conscious, I had pain in my arm and back. I was feeling very tired. It was as if a truck ran me down. I almost lost my mind when a friend of mine asked if it could be a heart attack" (P5, Male); "I had an angiography before. I said, this time I could die. These were terrifying feelings" (P1, Female).

Theme 2: Facing the surgery: Am I going to die?

All participants reported that although they were aware of having a heart attack, hearing from the doctors that they would have a bypass, they felt fear of surgery and death, wanted to get rid of the pain and took this situation as their fate. Participants said the following regarding this experience:

"At first, I did not consent to the surgery. Operating room was like a slaughterhouse. It was scary even to think about it." (P2, Male); "Either life or afterlife! It's enough for me to get rid of the pain," I said." (P3, Male); "When everyone came to the hospital, I thought I wouldn't be able to make it out of the surgery, I would die." (P7, Male).

A patient said the following regarding the fear she felt for her heart to change its location: "I was terrified that my heart would change its place, that it would move around after the surgery" (P1, Female).

Theme 3: Those who do not show sympathy-blind emotions and views

Some of the patients stated that health professionals did not understand them, considered them as a duty; that not being able to understand conversations scared them and made them feel insecure.

"A nurse there said, "maybe he wouldn't make it out of the surgery" and I got demotivated. My daughter screamed: Don't take my father away to death." (P2, Male); "The doctors looked at the X-ray and said that surgery was compulsory, without even looking at me. They said many things which I didn't understand. Someone says something, the other says different. You don't know if your problem is as big as they tell." (P6, Male); "My torso was like a minefield after the operation. They cut me like sheep to the slaughter. I'm diabetic and got very scared that it will turn into gangrene. I was afraid of falling and hurting myself. I couldn't sleep. No one explains anything. They are always busy" (P8, Female).

A woman whose mother was previously in the intensive care unit expressed her emotions as: "...a fear beyond description. There were many people but nobody paid attention. We were getting uncovered at times; I was feeling really cold, other people were seeing our body. The staff was careless. They didn't show sympathy. I constantly thought of my mom" (P1, Female).

Theme 4: Positive experiences before discharge: We cheated death

Most of the patients reported that they thought the process was over and felt relieved after they left the intensive care unit. They felt the support of their relatives in the clinic and that the attitudes of doctors and nurses changed positively.

The doctor's information comforted me. His facial expression toward me changed as well. We cheated death (P5, Male); Nurses are smiling, making jokes. I understand it

from their behavior. The care in the hospital was really well, I wouldn't receive care to this extent even at my home. The doctor frequently came for a visit. My children's and nurses' approaches during my recovery made me feel psychologically secure" (P4, Male).

Theme 5: Adaptation experiences after discharge: It's not easy at all

All patients said that the information provided by their doctors during discharge comforted them, at first they needed help from other people, feared becoming dependent, their lives and emotions changed, and they felt hindered and understood the necessity to live a controlled life. Participants expressed such experiences as follows:

"Doctor's information comforted me. I cried a lot thinking that I would remain like this. I couldn't even get a glass of water. I couldn't go to the toilet without help. It made me sad that I couldn't do my job. Would I ever be able to go out again? Or else, would I always be this dependent?" (P1, Female); "My spouse was very caring. It is really bad to be dependent on someone else. That time passed slowly as if it was a lifetime's long. My son's and spouse's behaviors toward me changed a lot. They didn't allow me to do anything. They didn't let me eat. It was not easy at all" (P4, Male); "I have to live a controlled life in order to deal with this" (P5, Male).

Category 2: Now/Nothing is as it was before

This category includes 4 themes: (1) questioning-regret, (2) difficulty to adapt to now; (3) the balances have changed - good things happen as well (4) coping.

Theme 1: Questioning-Regret

While some patients expressed regret for not taking care of themselves previously; some others stated that they feel regret for wrong behaviors they engage doing now. Participants said the following on this matter:

"Smoking, alcohol, I didn't care at all...But I have quit now. It is a predestination of God. It's too late of course" (P7, Male); "We are human, we cannot resist. Sometimes you don't follow the diet. You cheat. One craves for salt. Then, comes immediate regret" (P8, Female).

Theme 2: Difficulty to adapt to now

The majority of the patients expressed that they could not work and that they constantly thought of how and where they would die. They stated that they fear having another heart attack, the dark, harms of medications, having any kind of infection, dying:

"I cannot work as much as before. I struggle financially. Where and how I will die, I constantly think about this" (P2, Male); "I am afraid of having another attack. I fear that the medications will damage my kidneys. We have broken other parts while fixing the heart" (P10, Male); "I fear to sleep and be unable to wake up. I fear extremely the dark. I cannot sleep with lights turned off. I cannot work, or move as I could before. It is difficult to get used to the medications, to stay away from sugar and salt, and not to eat bread. I'm afraid of taking additional medication. I avoid seeing many people as

I'm afraid of having an infection but I'm also afraid of loneliness" (P7, Male).

A patient reported a change in her taste due to too much medication: "My taste has changed due to the many medications I take" (P8, Female).

Theme 3: The balances changed-Good things happen as well

Some of the patients said that their relations with their spouses and children are better after the surgery and they think about themselves more now and are more active in the social life: "We are more bonded with my spouse after the surgery. Children spend more time with us now as well"(P1, Female); "I always thought of my children. I saved money. I used to travel within the city. Now, I travel between the cities. It is good to travel and see around. The places where you travel and see remain with you."(P6, Male).

Theme 4: Coping

Patients expressed that they cope with the situation by thinking that everything will be fine, praying, trusting the doctors and their spouses:

"I tried to think that everything will be fine. I motivated myself all the time. I thought it would not remain like this, and I would get better" (P8, Female); "I always prayed. I wanted good things. I trusted in Allah" (P4, Male); "The trust I had in my doctors comforted me a lot" (P5, Male); "I had a lot of trust in my spouse. She motivated and encouraged me" (P9, Male).

DISCUSSION

The main aim of this study is to reveal the experiences reported by the patients as the "unknown side of the iceberg in patients who underwent coronary artery bypass graft surgery". The recovery period after CABG surgery is a dynamic process and patients have experiences that are full of mystery during this period. This mysterious journey forming the unknown side of the iceberg is completed within the framework of these two main categories: "Perioperative period experiences that left a trace" and "Now/Nothing is as it was before."

Perioperative period experiences that left a trace

Diagnosis of the disease along with the decision for a surgical indication requires the consideration of the patient's psychosocial components. Especially, it is a prerequisite of holistic care for the health team to be aware of this during hospital admission, because the heart is acknowledged as the central organ of the body and center of life and emotions in the cultural sense (14). The findings of this study indicate that patients experience various complicated emotions and psychological challenges before the CABG surgery. It was found that the symptoms such as chest pain, stomachache, back pain, exhaustion, shortness of breath, numbness in hand, sudden fainting lead patients to have complicated emotions and trigger the internalized negative feelings by evoking past experiences. This finding can be explained through the cultural models which describe facing with the

disease symptoms. These models state that there are certain reflections of the overlapping of the various lived experiences by means of the evocation of the experiences that patients had in a certain social and cultural context (3). The fact that patients compare the operating room to the slaughterhouse and that being visited in the hospital by all their relatives evokes to them death reflects society's social and cultural characteristics. In Turkish culture, the last visit to a person who is on a deathbed is a tradition to be followed by all family members, relatives, and friends. Comparison of operating rooms to the slaughterhouse is a reflection of the religious practices and their internalized meaning. A study conducted on the experiences of congestive heart patients also reports that patients have emotions that lead them to seek a religious meaning that may help them understand the reasons for the occurrence of the disease and the resulting problems (15). These findings will guide health professionals to go beyond the limits of the professional model focusing solely on the symptoms or the disease within the framework of biomedical understanding.

It is recommended that cultural and professional models be combined into a whole in order to provide holistic care (6). Because perception and acceptance of surgery as the last treatment option for many patients is like a shocking and tragic event affecting all aspects of their lives and emotions (16). Patients consent to surgery as the last cure to get rid of physical problems such as severe heart pain and shortness of breath (17). Hence, the findings of this study show that patients accept even death to get rid of chest pain. Additionally, many patients admitted to the hospital have to cope with terrifying emotions after being faced with the unfamiliar hospital setting, operating room equipment, and Intensive Care Unit (16,18). In order for the results of the surgery to benefit the patient, patient care should be continued in line with professional and cultural models. Unfortunately, the analysis of the patient statements from this study showed that throughout the process starting with the hospital admission before the surgery and lasted until the transfer from the intensive care unit to the clinic, health professionals only provided care for the disease and symptoms. This caused patients to feel complicated emotions and in addition to feelings of unworthiness, fear, insecurity, and loneliness. Similar to the findings of this study, other studies also found that health professionals who are always busy with daily clinic duties, not easily accessible, are cold and distant toward patients' wishes cause insecurity and fear in patients. Patients, on the other hand, may take this attitude as a threat to themselves (16). The findings of this study indicate that while trying to deal with all these negative feelings, health professionals do not show sympathy and are ignorant toward the mixed feelings of the patient.

Most of the time patients can be defenseless and worried after the surgery as they perceive themselves entering into the unknown. Thus, their sense of insecurity may increase if they feel unprepared for the real situation they are in (19).

Social support becomes important at this stage and this support is normally received from a social network and patient's family. However, nurses and professional team can also provide patients with the needed support during the hospital admission process (20). The study findings indicate that the perceived negative social support by the patient during hospital admission and intensive care process transforms into hope, comfort, security, and positive perception upon the transfer to the clinic. The positive behaviors of family and health professionals played a significant role at this stage of emotional change. The findings also suggest that social support can play a crucial role in the management of patients' negative feelings during recovery. Being informed by the health professional after the surgery was found to be the source of escaping death ("cheating death"), feeling better, and the sense of security. Other studies in the field state that social support not only provides physical and emotional comfort but also gives hope, security, and a sense of belonging for the patient (3). Even though the study results show similarities, the patient statements from this study regarding the health professional support they received such as "her facial expression changed; I can understand from their behaviors" attract attention and raise question marks. In this regard, the question awaiting an answer is whether the support provided by the health professional changed according to the patients' wellness status, or it was a reflection of the care dependency thought internalized by the patients on their emotions. The results revealed that the reduced self-care ability and the dependency on others' support following the CABG surgery meant for the patients the change of their lives and emotions. This also caused the patients to feel uncertainty and fear of dependency, as they could not foresee the transition from dependency to independence. A study reported that patients experience fear of not being able to restore their previous lives with their reduced self-care ability and inability to continue their previous lifestyles. Being informed by the doctors played a significant role in helping the patients deal with this process. Studies explained the feeling of being dependent by the fact that patients are not able to fulfill their usual roles and their personal worlds get smaller. Berg et al. (2013) suggested that accessing relevant information about this period and understanding the perioperative course of uncertain events would decrease patients' stress and anxiety (21). It is of utmost importance for health professionals to provide patients with accurate and up-to-date information regarding any potential problems that may occur after discharge and how to handle them effectively (22).

Now/Nothing is as it was before

Thanks to the training provided by the health professionals, patients associated the roots of the disease and recovery with a reason and considered 'health habits that increase the risk of heart disease' as conditioning, regret, or punishment for the health and disease. Similar to other studies, in this study, the guilt and regret linked to 'unhealthy diet'

bear traces of cosmology. Because food has moral features and symbolizes sacredness together with abundance, strength, and weakness (6). The results from this study indicate that patients perceive the disease as a punishment from a supernatural power for smoking and using alcohol, as they are considered unsacred according to Muslim belief, and see themselves as regretful criminals. The feelings of guilt and regret for the wrong eating behaviors after CABG are also reflections of moral values.

Invasive procedures such as CABG are significant life experiences that are scary and have psychosocial effects on patients (23). The terrifying experiences of patients following CABG surgeries are reported in many studies (6,24,25). Patients in this study expressed that they feel fear and anxiety on issues such as death, being unable to recover, having another heart attack, not being able to work and uncertainty toward the future, as reported in the literature as well. However, some of the fear experiences of the patients from this study were different in nature. Rather than the death itself, they were more concerned about where and how they will die. They were afraid of sleeping and not being able to wake up and becoming insomniac as a result, of their other organs being damaged due to medications, difficulty in adapting to the medications, getting an infection, which all resulted in fear of social isolation and loneliness. The results from this study show that the fear experienced by the patients brings another problem or fear along. Although patients accept that their quality of life increased with this surgery, they also see the surgery as a life-threatening situation which also has a major effect on their daily life activities and is a source of stress. Also, it is a process that brings the difficulty of adapting to previous life activities in the postoperative period. The stress they experience can cause fear of death. Patients may see a body that has lost its function as a dead body. Because, in societies, the concept of body is defined as a working tool for professional ability, a physical and mental normality. A patient's loss of working ability combines with concepts indicating dishonor. The financial challenges experienced as a result of their dependence can cause a sense of neediness in patients. One of the most important prayers of a healthy individual in Turkey is "A death without being needy for others". Thus, for patients, the manner of death is more important than the death itself, as the reflection of a cultural belief. Culture can also affect health and patients' adaptation capacities to their treatments (3). The results show that the statements on medication adaptation bear traces of patients' cultural beliefs. Thus, the necessity for individualized patient care comes to light.

Effective social support systems can reduce the patient's stress and anxiety and ease the process of accepting and coping with the disease and adaptation to the treatment (26,27). Likewise, the results of this study indicate that patients' bonds with their spouses and children are strengthened

during the rehabilitation period and the support offered by the family help patients to take a more active part in their social lives. This result reflects the two main characteristics of the Middle Eastern countries, namely devotion and strong family ties (3). Having close relations with family members during sickness and the devotion of family members in providing care give hope and a sense of security to the patients and thus enable them to handle the recovery process in a positive manner. In their study, Mohammadi et al. (2015), also reported that the physical and psychological support by family members after CABG surgery is an encouraging source of motivation and plays an important role in helping patients hold on to life with passion. The results also emphasize the significance of spirituality in coping after the CABG surgery. Patients stated that they always pray, have faith in Allah and feed their spiritual side and keep their hope of recovery alive after the surgery. Individuals with strong religious beliefs are better at adapting to difficult situations. Spirituality was also stated to create hope, comfort, and emotional peace, as well as closeness to God. The belief in God as the supreme power prevents the feeling of helplessness in patients and can help them manage the consequences of the disease and experience good outcomes (15).

In conclusion, on the journey that begins with the first symptoms of heart disease and extends to the surgical process and the present, the patients shared experiences that left traces and required the consideration of biopsychosocial components. In this mysterious journey, the patients were found to ascribe a meaning to concepts like health, disease, body, surgical process within the framework of their socio-cultural and religious values. The experiences that left traces in patients included reflections of the Turkish culture and belief, and it was obvious that the patients were inclined to find a new viewpoint for their changed lives and health within the framework of cultural models. The results show the necessity of incorporating the socio-cultural values and beliefs of patients in the care process. It can also be a starting point for exploring coping strategies after cardiac surgery in different cultures and assisting in the development of socio-cultural and spiritual interventional procedures.

Ethical Approval: Ethical approval (dated 15.10.2019/17) was obtained from a University's ethics committee. At the start of the interview, all participants provided written and verbal informed consent.

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