Purpose: To describe self-care behavior experiences of rural women with coronary artery disease (CAD) post-invasive coronary interventions defined as percutaneous coronary intervention (PCI -- balloon angioplasty with or without stent placement), and coronary artery bypass graft (CABG).
Design: Qualitative descriptive methods were used to elicit descriptions of self-care behavior experiences, barriers to and facilitators of self-care behavior change.
Sample/Setting: Ten rural Arizona (Cochise and Pinal counties) women with CAD post-invasive coronary interventions.
Three specific aims were addressed: Aim 1. Identify and describe self-care behaviors initiated by these women post intervention. Aim 2. Identify and describe barriers to and facilitators of self-care behavior changes. Aim 3. Compare and contrast self-care behaviors in subgroups of rural women based on type of procedure and age.
Method: Purposeful sampling was used. Data were collected using semi-structured voice-recorded interviews. Atlas.ti Mac Version 1.5.2 (462) software was used for data analysis.
Findings: Aim 1: Self-care for this study was defined as the ability of rural women to independently and purposefully initiate and adopt the following behaviors to promote and maintain cardiovascular health: cease smoking; adhere to heart healthy diet; incorporate physical activity to their daily routines; monitor their blood pressure and blood glucose regularly; adhere to medical regimens; follow-up with their doctors as required or access health care in case symptoms recur. Although participants in this study talked about each of these self-care behaviors, adhering to a heart healthy diet and physical activity were their main self-care behaviors. Participants did not mention performing self-care behaviors for their heart health, but for the overall health and happiness. They ate healthy, low-fat, low-salt diets. They walked and performed housework as their most common physical activities. Aim 2: Barriers for participants in this study were residential environment, health and physical ailments, family conditions and personal characteristics. Facilitators were relationships, available resources, and personal outcomes. Aim 3: Participants who had PCI rested for a few days before resuming their physical activity, whereas those who had CABG were restricted for a period of six weeks to three months. Most participants were above the age of 70 years and reported they returned home after their procedures and did what they have done to move on with their lives. The only participant who was below 60 years reported a life changing experience when she returned home after the procedure.
Implications: Returning to normal housework and routine was of major importance to participants, therefore, cardiac practices and cardiac rehabilitation programs must fit within these aspects. Rural living was not viewed as a barrier to self-care or a disadvantage. Appropriate strategies must be implemented, and rural health policies must be developed for equal distribution of resources. Different approaches are needed to determine what affect rural behavioral change, beyond appealing to people's motivation to perform behaviors.
Conclusions: Self-care is an essential component of secondary prevention of CAD for rural women post-ICI. Rural women relate health to feelings. If they feel happy they feel healthy; these feelings are not related to their heart health, but overall health.