



Day-to-Day Experience of Thais Living with Heart Failure: A Phenomenological Study

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Background

- Cardiovascular Disease (CVD) was a 2nd leading cause of death in Thailand
- As of 2010, CVD ranked number 1 of non-communicable diseases
- Data from 18 CVD centers (Mar 2006-Nov 2007)—88% admitted to the center after discharged

Background

- Clearly, HF patients have limitation to perform ADLs
- HF lived experience from developed world exists, developing world is sorely lack
- Indeed, it is lack of qualitative studies focusing on Thai HF patients within Thailand that provided the impetus for the current study



Study design


- To understand HF phenomenon as it is experienced by HF survivors, we must understand individual's perception, knowledge, and their reality of their lives
- Conversation derived from the interview weave the threads of experience into a coherent fabric, which allow us to observe the phenomenon
- Phenomenology was chosen

Methods: Participants & Setting

- 15 HF patients were recruited (9 males, 6 females)
- HF clinic in one hospital, Thailand
- Inclusion criteria:
 - NYHF class I-III
 - $EF \leq 40\%$
- Exclusion criteria:
 - Cognitive impairment
 - NYHF class IV




Procedures

- IRB approval from both institutes
 - Participants were inform consent
 - In-depth interview (45-60 min) in Thai
 - 11 interviews conducted at private area of HF clinic, 4 conducted at home
 - Transcripts then were translated into English for purpose of publication/presentation
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Data Analysis

- Colazzi's seven steps were used
 - Trust worthiness and Credibility
 - Bracketing
 - Audit trailed
 - Member checking
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Results

- Three themes emerged from data analysis
 - Identifying loss and changes in their lives
 - Accepting the losses
 - Regaining some control
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Identifying losses and changes in their lives

- Physical limitation
 - Social limitation
 - Emotional limitation
 - Financial limitation
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Physical limitation

- All complaint of HF symptoms are hurdles to perform ADLs (lack of energy, lack of power, fatigue, SOB)
- Having additional diagnoses magnified the complexity of their lives

"I used to be a strong person. Ever since I have had these problems (HF & arthritis), I cannot work as much as I used to...I really want to do my job, but my body is not ready"

Social limitation

- Social need remained unfilled and most experience this as a loss

“I used to go out visit my friends. But not anymore! Not only am I too tired, but I also cannot drink, I cannot eat. There are several dishes I like, but I am not allowed to eat...I do not go out very often”

Emotional limitation

- All 15 experienced some degree of depression
- 10 experienced fear of death, 2 felt guilty
- All considered of becoming a burden others
- Happiness is no longer easy to achieve

“ I don't think I am happy as I was before. I feel sorry for my daughter that besides her own family, she has to take care of me”

“...my wife is a lot younger than me. I know that she is frustrated that I cannot give her sexual pleasure”

Financial limitation

- Adverse financial consequences were found to be a limiting factor in HF patients' daily lives
- Most were farmers and were poorly educated

“I am a farmer with only 4th grade education. My income depends on how much I can work . Being sick limits my physical functioning...I wish I were working for a big company...so I would have a backup for my treatments”

Accepting the losses

- Participants learned to accept their limitations, changed their lives, and how to shift their emotion, in order to accept the losses
 - All replace something they cannot do with something they can do
- “...although I cannot enjoy my life as much as I wish for, looking at the bright side there are something I can do to enjoy my life like reading, meditation, or helping with the house chores”

Accepting the losses

- Buddhist practices manifested as tool allowing tem to accept the losses

“I read Dhammarbook and Buddha taught me to realize and understanding the reality of my sickness”

“Buddha teaches us to be in the present, to always be aware of the conscious of death...no one can live forever”

Regaining some control

- Patients are in touch with the reality of illness, but want to be free from symptoms of HF.
- Some made changes to their home—creating private room on the 1st floor of the house, installing toilet inside their bedroom


Regaining some control

- Creating good karma also played a role in helping to provide a sense of control, if not in this life, then perhaps in the next
- Meditation and prayer provided comfort and renewed sense of happiness

“Meditation is like a course of therapy. I made a donation and saying the grace prayer make my mind peaceful and happiness appears”




Conclusion

- Lived experience of Thai HF patients share many characteristics with those from western countries
 - Everyone, regardless of nationality or religion, is implementing the same coping strategies (acknowledging, accepting, adjusting)—eventually accepting that death comes to us all
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Implication

- Most Thais are Buddhist, their coping strategies related to the teaching of Buddha
 - The findings of this study provide the implication for non-Thai and/or Thai healthcare providers to incorporate cultural difference, religion, spiritual and belief system to support Thai HF patients through the process of life
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