Videotapes for spouses of patients having coronary artery bypass and depicting varying success in coping with recovery had no effect on spouses’ emotional outcomes


**QUESTION:** Does a videotaped information intervention targeted at spouses of postoperative coronary artery bypass graft (CABG) patients reduce spouse distress and improve patient recovery?

**Design**
Randomised (allocation concealed)*, unblinded, controlled trial with 6 months of follow up.

**Setting**
3 hospitals in San Diego, California, USA.

**Patients**
296 patients (mean age 63 y, 76% men) who had first time CABG surgery without associated procedures (eg, heart valve repair) and their spouses (mean age 61 y). Couples were excluded if either the patient or spouse had previous CABG, serious medical conditions (eg, terminal cancer), were unable to speak English, or were taking antidepressants. Follow up was 83% at 6 months.

**Intervention**
93 spouses were allocated to a mastery tape, 101 to a coping tape, and 102 to a control condition. The mastery and coping tapes provided procedural information (eg, lifting, exercise, diet, incision care) and sensory information (eg, emotions, sleep, appetite) regarding what to expect during the recovery period. They were narrated by a cardiothoracic nurse specialist, with descriptions from 4 actual CABG patients and their spouses about their experiences at hospital discharge, 1 week, and 1, 3, and 6 months. The mastery tape depicted these couples as calm and confident at discharge; no potential problems were mentioned, and the couples were portrayed as experiencing a relatively uneventful positive recovery period. The coping tape depicted the couples as coping with various difficulties successfully, but with effort. Spouses allocated to the control condition received standard hospital discharge information that is given to patients.

**Main outcome measures**
Spouses’ feelings of preparedness for the recovery period (average of 3 items each rated on a 5 point scale), affective state (modified Positive and Negative Affect Schedule [PANAS]), and emotional difficulties (14 item questionnaire). Patient affective states (PANAS), postoperative problems, physician contacts, and readmissions to hospital.

**Main results**
Both male and female spouses who viewed either the mastery or coping tapes had greater feelings of preparedness relative to spouses in the control group (p ≤ 0.05). The groups did not differ for spouses’ affective state or emotional difficulties or for patient affective state, postoperative problems, or physician contacts. Women patients whose spouses were in the mastery tape group had fewer problems requiring physician visits at 3 and 6 months than those whose spouses were in the control group (p ≤ 0.05). Women whose spouses were in the mastery or coping tape groups had fewer readmissions at 1 month than those whose spouses were in the control group (p ≤ 0.05).

**Conclusions**
Videotapes depicting mastery and coping did not differ from usual discharge information for improving emotional outcomes in spouses of patients having coronary artery bypass grafting. The videotape depicting mastery reduced problems requiring physician contact at 3 and 6 months and hospital readmissions at 1 month for women patients only.

*Information provided by author.

**COMMENTARY**
Mahler and Kulik offer a unique interpretation of their findings of a family focused video intervention in cardiovascular care. Of interest is that a videotape developed to prepare patients and their spouses for what they would face upon discharge reduced hospital visits and readmissions in women in the first 6 months after CABG surgery. Although the objective was to compare videotaped information derived from contrasting world views (a problem oriented “coping” approach v a strengths focused “mastery” approach), the sex related differences were more striking than the treatment related differences.

The authors handled the surprising sex related findings in a thoughtful way. The results showed that men were less likely than women to have problems requiring a physician visit and to be readmitted to hospital 6 months after CABG surgery. The authors suggest that these findings may relate to the greater effectiveness of women caregivers compared with men caregivers. This interpretation reveals the hidden work of women caregivers and their contribution to cardiovascular care. The contribution of spouse caregivers revealed in this interpretation resonates with findings reported in a qualitative study in which Lindsey et al describe and interpret the meaning of this type of support after CABG surgery within a theme they label “the importance of lay support.”1 Mahler and Kulik fail to weave into their interpretation the cost of this valuable caregiving on the health of spouses, a phenomenon reported elsewhere.2 This omission suggests a bias that focuses on patient needs rather than a more holistic family centred view of healthcare relations.

Future research could explore women’s recovery and caregiving experiences after CABG surgery using critical qualitative methods to reveal the sex related influences on women’s health and illness experiences. As well, studies are required to evaluate interventions designed to support men caregivers after CABG surgery.

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