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Autonomy in cardiac patients: A concept analysis

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Abstract

Background: Autonomy is a crucial aspect of cardiac patient care, which involves complex medical decisions and necessitates the patient's active participation. The appropriate application of the principles of autonomy can enhance the quality of care and patient satisfaction in managing chronic heart disease.
Purpose: To refine the concept of autonomy, analyze it in depth, and formulate an operational definition.
Methods: The analysis approach is based on the Avant concept, which was obtained from online databases namely Science Direct, PubMed, and Google Scholar using keywords “Autonomy Concept” AND “Heart”.
Results: The concept analysis identified key attributes, including independent decision-making, independence, freedom, and the ability to think logically.
Conclusion: The analysis reveals that the independence of heart patients is influenced by their understanding of their health status, the role of their family, and the role of medical personnel in providing accurate and precise information.

Keywords: Autonomy; Cardiac, Nursing; Patient-Centered Care.

INTRODUCTION

Nursing ethics arise in daily practice due to the ethical dilemmas faced by nurses. One principle that is frequently violated without realizing it is autonomy. Autonomy is a fundamental principle in medical ethics, referring to the right of every individual to make decisions about their health and care without undue influence or pressure from other parties. It concerns how individuals make comprehensive decisions regarding treatment, lifestyle, and care. The application of autonomy plays a crucial role in healthcare, especially for patients with coronary heart disease (Triyanto, Awaludin, & Felis, 2024). When autonomy is overlooked, patients may experience diminished trust in healthcare providers and reduced engagement in their treatment plans, ultimately impacting the quality of care. Therefore, it is essential for nurses to cultivate ethical awareness, enhance communication strategies, and actively involve patients in decision-making processes to uphold autonomy and promote patient-centered care (Afandi, 2017).

Coronary heart disease is a degenerative condition characterized by decreased blood flow and impaired heart function. Coronary heart disease is characterized by the formation of atherosclerotic plaques in the epicardial arteries, which can lead to total or partial occlusion. Atherosclerosis can limit the flow of oxygen-rich blood to the heart, raising the risk of ischemia, damage, or infarction. Several variables that may lead to coronary heart disease include smoking behaviors, hypertension, high levels of low-density lipoprotein (LDL) cholesterol, and diabetes (Mikielski & Budoff, 2020).Lifestyle and psychosocial determinants also play a significant role in the development and progression of coronary heart disease. Sedentary behavior, unhealthy dietary patterns, obesity, and chronic stress have been linked to increased cardiovascular burden and

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poorer clinical outcomes. Genetic predisposition and advancing age further compound individual vulnerability to atherosclerotic changes. Preventive strategies, therefore, must adopt a multifactorial approach, encompassing lifestyle modifications, pharmacological interventions, and regular health screenings to mitigate risks and reduce the overall prevalence of coronary heart disease in the population (Alvis, Iriansyah, & Azmi, 2022).

Patients suffering from coronary heart disease have signs and symptoms such as pain and discomfort in the chest, substernal, and left chest that radiates to the neck, left shoulder, hands, and back (Nafisah, Inayah, & Yusuf, 2024). Patients experience cold sweats, nausea, vomiting, weakness, dizziness, and fainting. The management of coronary heart disease now involves the latest diagnostics, modern medicine, invasive procedures, lifestyle modifications, and cardiac rehabilitation. Advances in invasive procedures such as PCI and CABG have revolutionized coronary revascularization and improved long-term outcomes (Bansal & Hiwale, 2023). Despite these advances, the choice between PCI and CABG remains influenced by multiple factors, including the complexity of coronary artery disease, patient comorbidities, and overall clinical status. Evidence from large randomized clinical trials and meta-analyses suggests that CABG provides superior outcomes in patients with multivessel or left main coronary artery disease, particularly in terms of reducing repeat revascularization and improving survival, whereas PCI offers the advantages of less invasiveness, shorter recovery time, and lower initial procedural risk (Knuuti, Wijns, Saraste, Capodanno, Barbato, Funck, & Bax, 2020).

Autonomy is essential for patients with coronary heart disease because each patient determines their treatment and long-term care decisions. Each patient has different values, beliefs, and preferences regarding the choices they want to make in managing their health. Thus, autonomy enables patients to make informed medical decisions, such as choosing between invasive procedures and conservative approaches (Lewis & Holm, 2022).

Autonomy in cardiac patients extends beyond medical decision-making to encompass the ability to actively participate in their overall care process. This includes engaging in discussions with healthcare professionals, expressing personal values and preferences, and balancing medical recommendations with individual life goals (Felenditi, 2009). By fostering autonomy, healthcare providers not only enhance patient satisfaction but also promote adherence to treatment regimens and improve long-term health outcomes. Respecting patient autonomy is therefore a fundamental ethical principle that strengthens the therapeutic relationship and supports patient-centered care in cardiac health management (Purba & Pujiastuti, 2009).

RESEARCH METHOD

An analytical approach developed by Avant was employed, focusing on concept analysis to clarify and refine concepts, thereby serving as a foundation for theory development. According to Avant's concept analysis framework, eight essential steps are involved: case identification model, borderline case indentification, identify the opposite case, identify antecedents and consequences and define empirical referents. For this analysis, literature was sourced from online databases, including ScienceDirect, PubMed, and Google Scholar. The collected literature consisted of publications from the last two decades, specifically from 2003 to 2024.

RESEARCH RESULTS

Case identification model: A 60-year-old woman came to the emergency room with complaints of left-sided chest pain, chest burning, dizziness, nausea, and vomiting. The patient regularly visits the hospital's cardiac clinic. The doctor advised that the patient will undergo CABG surgery tomorrow. The patient has a history of hypertension. After a physical examination, it was found that BP: 160/80, N: 70x/min (Sinus Rhytm ECG picture), S: 37.4 C, RR: 19 x/min, and SpO2: 99%, BMI: 27 kg/m^2 Laboratory results obtained Hb: 11.4, Ht: 32, Platelets: 148, SGOT: 35, SGPT: 40, Creatinine: 0.50, Sodium: 120, and Potassium: 3.9. The thoracic X-ray result was ASHD (Arteriosclerotic heart disease). The angiography result was CAD 3 VD, with 90% stenosis in the RCA, LAD, and LCx at 85%. Then, the patient took pharmacological therapy such as Galvus 1x50 mg, Metformin 1x500 mg, Nitrokaf 2x2.5 mg, Candesartan 1x16 mg, and clopidogrel 1 x 75 mg. Patients said they felt anxious, afraid of dying on the operating table, and

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changed the family on each option until they understood and approved of the structure and shape after heart surgery. The nurse educates the family on each option until they know and approve, as documented through an informed consent sheet.

Borderline Case Identification: A 50-year-old lady arrived at the ER with symptoms of cold acral, pallor, nausea, vomiting, and chest pain that felt like a heavy object had struck her. The patient has a history of diabetes mellitus and uncontrolled hypertension for 4 years. After examination, it was found that the blood pressure was 150/90 mmHg, the heart rate was 96 beats per minute, the respiratory rate was 22 breaths per minute, and the SpO2 was 96%. The patient received oxygen therapy, isosorbide dinitrate (ISDN) 5 mg, and clopidogrel 300 mg. The patient underwent a cardiac catheterization examination, and the result was non-ST-elevation myocardial infarction (NSTEMI). Angiography results showed 3 locations of coronary artery blockage. Finally, the doctor planned to perform CABG surgery. The family was shocked by the follow-up that would be done on the patient. The family objected to the financial condition of the surgery. The nurse advised the family to contact social organizations for assistance with covering the cost of the surgery. The family felt relieved and calm and gave consent for the surgery.

Identify the opposite case (Contra): A 52-year-old woman came to the emergency room complaining of chest pain radiating to the shoulders and back, chest palpitations, cold sweat at night, nausea, vomiting, and dizziness. The patient had no comorbid diseases. The vital signs were BP: 145/90, N: 110 (ECG sinus tachycardia), RR: 24 x/min, SpO2: 96%. The patient was given oxygen 5 lpm/min, sublingual ISDN 10 mg, clopidogrel 300mg, and lansoprasole 30 mg. The cardiac record result was STEMI. The angiography result was coronary artery blockage in 4 locations. Thus, the doctor advised referring the patient to a health facility with more comprehensive equipment. The family felt resigned, confused, and disappointed about the next steps that would be taken regarding their relatives. Finally, the nurse explained the follow-up care that should be given to the patient at the hospital. The family deliberated and finally agreed to refer.

Identify antecedents and consequences:
Antecedence Concept Consequences:

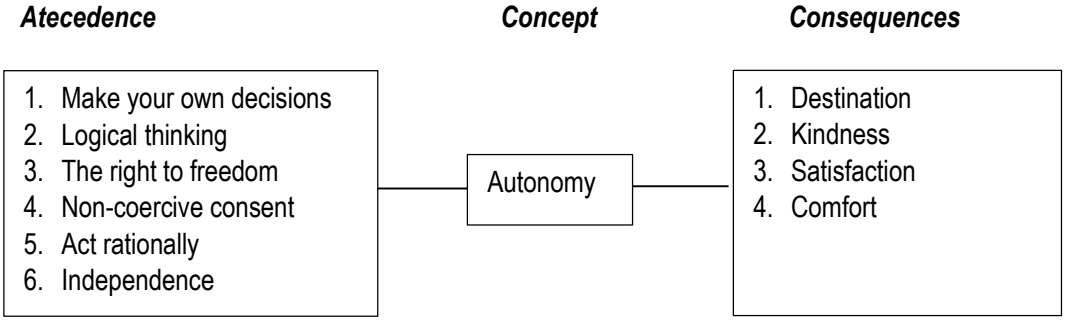


Figure 1: Overview of antecedents, attributes and consequences of autonomy in cardiac patients

Define empirical referents: classes or categories of real-world occurrences that serve as evidence for the concept's reality are known as empirical referents. The empirical referent is not a tool to measure the idea but rather a way to recognize or measure the attributes that define the concept. Therefore, the empirical referent directly relates to the defining characteristics, not the overall concept. The identification reveals that empirical referents play a crucial role in the development of instruments.

DISCUSSIONS

The results of identifying the attributes and concepts of autonomy, along with the empirical references, include self-decision, respect for patient rights, patient autonomy, freedom of choice, independence, and logical thinking. After obtaining

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empirical references, suitable instruments such as the Ideal Patient Autonomy Scale (IPAS) and the Health Care Empowerment Questionnaire (HCEQ) can be used to measure patient independence.

The Ideal Patient Autonomy Scale (IPAS) questionnaire is used to assess patients' views on their ideal level of autonomy. The IPAS consists of 17 normative statements based on six principles of patient autonomy. The IPAS questionnaire employs a 4-point Likert scale, ranging from 1 (strongly disagree) to 4 (strongly agree) (Stiggelbout, Molewijk, Otten, Timmermans, Van Bockel, & Kievit, 2004). The Healthcare Empowerment Questionnaire (HCEQ) was designed to assess various aspects of patient empowerment in healthcare. This questionnaire assesses patients' ability to make informed decisions, manage their health, and participate in their care. It assesses knowledge, understanding, self-management, communication, support systems, care decisions, and outcomes (Gagnon, Hebert, Dube, & Dubois, 2006).

In the context of cardiovascular care, the HCEQ is particularly relevant as cardiac patients often face complex treatment regimens, lifestyle modifications, and long-term disease management. Assessing empowerment in this population enables healthcare providers to evaluate patients' readiness to engage in self-care behaviors, such as medication adherence, dietary adjustments, and physical activity. By strengthening patient autonomy and empowerment, clinicians can enhance treatment adherence, reduce the risk of complications, and improve both clinical outcomes and quality of life among cardiac patients (Adriana, 2021).

Ethical principles are one of the 12 competencies that nurses are expected to possess, according to the PPNI competency standards. Applying ethical principles in service is very important because, if not used correctly, they can harm patients, nurses, and hospitals. Research conducted 63 executive nurses, 51 nurses (81%) have a high knowledge level regarding autonomy (Huda, 2017). Nurses' understanding can influence their thinking, indirectly shape the right attitude when apply the nursing code of ethics (Rifai, Rifandi, & Firmansyah, 2023). Nurses' understanding plays a pivotal role in guiding ethical decision-making and professional behavior in clinical practice. A comprehensive grasp of the nursing code of ethics not only fosters moral sensitivity but also strengthens nurses' ability to address complex ethical dilemmas with integrity and accountability. When ethical principles are internalized, nurses are more likely to demonstrate professionalism, advocate for patient rights, and ensure the delivery of safe and compassionate care. Continuous education and reflective practice are essential in reinforcing ethical awareness, thereby cultivating an ethical culture within healthcare settings (Santoso, 2023).

Knowledge can influence a person to act or perform an action. Nurses' understanding of the code of ethics needs to be enhanced so that they can effectively apply the guidelines of the nursing code of ethics and provide equitable services tailored to patients' needs, regardless of their social status, race, ethnicity, religion, and other factors (Utami & Kamaludin, 2024).

Strengthening nurses' knowledge of the code of ethics not only promotes ethical decision-making but also enhances professional accountability and patient trust. Ethical competence enables nurses to address complex clinical situations with fairness, empathy, and respect for human dignity (Kusumo, 2022). Continuous education and ethical training programs are essential to ensure that nurses remain updated with evolving standards of practice, thereby fostering a culture of integrity within healthcare organizations. Integrating ethical knowledge into daily practice contributes to improved quality of care and reinforces the role of nurses as advocates for patients' rights and well-being (Rorah, Mangundap, & Loho, 2023).

The highest score in applying the code of ethics is achieved in the relationship between nurses and patients, which encompasses providing care without discrimination, respecting patient needs, maintaining confidentiality, upholding the right to information and patient autonomy, involving families in care, and fostering a better patient environment (Zainuddin, Saleh, & Kadar, 2019). Thus, by applying the code of ethics in nursing services, supported by nurse awareness, positive relationships can be fostered among nurses, patients, and colleagues, ultimately helping to achieve common goals (Yulianto & Awaludin, 2024).

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CONCLUSION

The capacity of a person or organization to make choices and manage their affairs independently, free from outside interference, is known as autonomy. Attributes identified from concept analysis include independent decision-making, respect for patient rights, patient autonomy, independence, freedom, and the ability to think logically.

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