Introduction

Coronary artery disease (CAD) is primarily driven by atherosclerosis, which leads to the accumulation of plaques, limiting blood flow to the heart and potentially causing various cardiac issues like heart attacks, heart failure, and arrhythmias. Multiple risk factors, both modifiable and non-modifiable, influence an individual's susceptibility to CAD, such as hypertension, cholesterol levels, lifestyle choices, age, and genetic predispositions. The severity and management of CAD might necessitate interventions like Coronary Artery Bypass Grafting (CABG) (Doenst et al., 2022). CABG can damage the heart muscle, leading to heart failure, abnormal heart rhythms, and sudden cardiac death. Symptoms may not always be noticeable, and risk factors include high blood pressure, elevated cholesterol levels, smoking, diabetes, obesity, physical inactivity, and a family history of heart disease. Early detection and treatment can help prevent complications and improve quality of life (Ren et al., 2023). Coronary artery disease (CAD) is caused by atherosclerosis, where plaque builds up inside the coronary arteries. This results in the narrowing of the arteries, which restricts the flow of oxygen-rich blood to the heart muscle and can lead to dangerous situations like blood clots. Risk factors that make a person more susceptible to CAD can be modifiable (such as smoking, high blood pressure, high cholesterol, diabetes, obesity, sedentary lifestyle, poor diet, and excessive alcohol intake) or non-modifiable (such as age, gender, family history, and ethnicity) (Davidson et al., 2022). Chronic stress, untreated sleep apnea, and high sensitivity C-reactive protein (hs-CRP) are some risk factors linked to heart disease. Modifiable risk factors can be managed to reduce the chances of developing CAD. Coronary artery bypass grafting (CABG) is a surgical procedure that creates a bypass around the blockage in the coronary artery (Akbari and Alam, 2022). Coronary artery bypass graft surgery (CABG) is a critical intervention for severe cases of coronary artery disease. It involves creating a pathway bypassing a blocked artery to restore blood flow to the heart muscle. The surgery is designed for patients with significant stenosis of the left main coronary artery, triple vessel disease, failed medical or catheter-based therapies, and other complications post-heart attack. There are different methods for CABG, including traditional CABG, off-pump CABG, and minimally invasive direct coronary artery bypass (MIDCAB) (Forrest et al., 2023). A common method for treating coronary artery disorders (CAD) is coronary artery bypass graft surgery (CABG). Recent advancements have improved the success rate of CABG procedures, but they are insufficient to completely eradicate the physical, psychological, and social issues people confront after discharge (Monrief et al., 2018). CABG surgery patients described post-operative
discomfort (Keegan and Panebianco, 2022). The leading causes of mortality globally, coronary heart disease kills 17.5 million people yearly, 80% of whom live in low- and middle-income nations (Lopez and Mathers, 2006). Although coronary artery bypass graft (CABG) surgery might save lives, it can also have extremely negative physical and psychological effects (Dalirirad et al., 2021; Roman et al., 2017). As a result, patients frequently need much care leading up to, during, and after surgery and for a long time afterward. Because of recent healthcare reforms and technological breakthroughs that have reduced the length of hospital stays (McDonald et al., 2017).

Families provide various services to patients with chronic diseases, such as financial and emotional support during hospital stays and practical and administrative chores linked to dietary and lifestyle adjustments (Sautter et al., 2014). These duties cause the caregiver to be more stressed, which might be harmful to their health and lead to chronic illnesses (Alzahrani et al., 2017; Park et al., 2013). Few studies have evaluated the burden of patients during post-operative self-care, particularly in the Middle East, even though the majority of patients following CABG surgery mainly fall on patients or family members (Moieni et al., 2014; Willis et al., 2016). All earlier qualitative investigations examined the burden and negative effects of CABG patients’ self-care. The researchers identified four themes, including a lack of knowledge about health care, physical exhaustion, psychosocial exhaustion, and a lack of support, and they emphasized the need to give patients managing and caring for their post-operative duration program more effective social, informational, and professional support (Bahrami et al., 2014). Three key elements are required for effective patient education: self-care techniques, problem-solving techniques, and preventative management. A patient’s comprehension of the healing process may also significantly enhance wound healing. Patients could not comprehend, for instance, that wounds should mend from the surface to the base. Hand washing, wound cleaning, and changing clothes are crucial self-care skills. Patients should avoid using cytotoxic or irritating agents. The wrong cleaner can prevent healing. Healthcare professionals should educate patients and caregivers about the benefits of moist wound healing (Kahook et al., 2019). If the wound gets too dry, the provider should encourage the patient to follow up so they may talk about the need for a change in dressing. Education on changing dressings and when is also necessary for patients and caregivers. Wounds should be cleansed and examined after every dressing change. For patients and caregivers to promptly seek medical help, providers should study the signs and symptoms of infection. Negative alterations include increased exudate, changes in exudate type (such as pus vs. serous discharge), edema, heat, peri-wound discoloration, and bad odor. Patients and caregivers must also be vigilant of systemic infection signs such as fever, chills, nausea, and malaise (Baig et al., 2022).

Written materials and demonstrations should ideally supplement patient training. According to theoretical frameworks for changing health behavior, patients should get training tailored to their needs in terms of health literacy, language, culture, and particular issues, when healthcare professionals stress the importance of information in light of patient goals, treatment outcomes increase (Voljč and Semenič, 2021).

Following heart surgery, the effectiveness of typical or conventional patient education treatments in promoting self-care habits has been assessed (Wu et al., 2019). The findings showed that education had little to no impact on following self-care recommendations related to mobility, ambulation, body care/movement, and symptom frequency. The uniform character of the intervention has been directly linked to these insignificant results (Corregidor-Sánchez et al., 2021).

In this study, we sought to evaluate the efficacy of self-care and wound management education programs among CABG patients. Through such an efficient program of self-care and interventional treatment, we may reduce wound infection and other complications that place a burden on hospitals and also on family members, and properly controlling can lead to decreases in morbidity and mortality. Regarding self-care and wound treatment among patients undergoing coronary artery bypass surgery, no statistical information is known in Pakistan.

The necessity for tailored patient education treatments is reinforced by studies showing that considering patients’ perceived learning requirements when designing patient education interventions leads to substantial benefits like improved knowledge and decreased symptoms (Pihlaja et al., 2018).

Many patients who undergo CABG surgery report feeling unprepared for the responsibilities and demands of providing for themselves, or it is noted with great concern that occasionally, patients are capable of providing for themselves but that this prolongs the chronic phase of the disease and results in negative outcomes like wound infection (Halm, 2017).

Limited research exists on the effects of nursing interventions on self-care and wound management in post-CABG patients. This study aims to fill this gap and provide valuable data to optimize nursing interventions for better patient outcomes. With the growing prevalence of cardiovascular diseases and the aging population, understanding the impact of nursing interventions becomes increasingly important. This study will also contribute to patient-centered care by developing personalized care plans based on individual needs.

Thus, this study aimed to determine the effects of nursing interventions on self-care and wound management among post-coronary artery bypass grafting patients.

Methodology

In this quasi-experimental study, the research design employed a pre-post comparison framework to evaluate the influence of an educational program focused on self-care and wound management among patients who had undergone coronary artery bypass grafting (CABG). The investigation took place at the Cardiac Care Hospital in Lahore and was extended over nine months following approval from the Research Ethics Committee (REC) of the University of Lahore. The study’s design primarily adopted a quasi-experimental approach, focusing on pre-post comparisons. The research site was the Cardiac Care Hospital in Lahore, Pakistan, and

the study spanned nine months after securing ethical approval from the University of Lahore’s Research Ethics Committee (REC).

To ensure that the research yielded statistically significant results, the initial sample size calculation yielded several participants below 30. Consequently, the sample size was adjusted to a minimum of 30 using a universal sampling approach. Additionally, a 20% buffer was included to account for potential participant dropouts or non-completions, ultimately resulting in a final adjusted sample size of 36.

Purposive sampling was the chosen technique for participant selection, focusing on specific characteristics relevant to the population of interest. This approach helped ensure that the sample represented the study's objectives. Inclusion criteria encompassed patients who had undergone CABG surgery and were subsequently discharged from the cardiac Care Hospital in Lahore. The study welcomed participants of all age groups and genders, including males, females, and transgender individuals. Conversely, exclusion criteria involved patients receiving professional nursing care post-operatively, readmission within two weeks of surgery, those who underwent re-do bypass surgeries or heart surgeries other than CABG, and individuals diagnosed with terminal illnesses or severe mental health disorders such as dementia, delirium, amnesia, or severe depression.

Data collection involved utilizing a "Self-care Worksheet" questionnaire, inspired by Norton's work in 1996, and a comprehensive 36-item wound assessment tool adapted from Bates-Jensen to assess the condition of participants' wounds.

The study implemented a structured four-phase educational program: program assessment, planning, implementation, and evaluation. Patients' baseline knowledge was evaluated through a pretest during the assessment phase. The planning phase consisted of developing intervention materials and conducting educational sessions over a 6-8 weeks period. In the implementation phase, patients received training through multimedia presentations and demonstrations, with evaluations conducted at intervals post-intervention to gauge the program's effectiveness.

Ethical approval was secured from the Research Ethics Committee (REC) of the University of Lahore to safeguard participants' rights and privacy. Informed consent was obtained from each participant, emphasizing transparency and trust in the study's ethical conduct.

The researchers used the Statistical Package for the Social Sciences (SPSS), version 25.0 for data analysis. Quantitative variables were summarized using the mean and standard deviation. Descriptive statistics, such as frequencies and percentages, were calculated for categorical variables. The choice of the appropriate statistical test hinged on the data distribution, which was assessed using the Kolmogorov-Smirnov test. When data exhibited normal distribution, a repeated measures analysis of variance (ANOVA) was employed to compare self-care and wound scores before and after educational intervention. For non-normally distributed data, the study turned to the Friedman ANOVA to analyze differences in self-care and wound scores across the three distinct measurements, ensuring a meticulous and accurate analysis and interpretation of the study's findings.

Results

The investigation results showed that the majority of participants were male, accounting for 75.0% (n=27) of the total sample, while females made up the remaining 25.0% (n=9). Most participants (50.0%, n=18) belonged to the middle socioeconomic status group, while 30.6% (n=11) were classified as lower and 19.4% (n=7) as upper. Most participants (77.8%, n=28) lived in urban areas, while only 22.2% (n=8) were from rural areas. In terms of comorbidities, 66.7% (n=24) of the participants had systemic comorbidities, 27.8% (n=10) had orthopedic conditions, and only 5.6% (n=2) reported having no comorbidities. This numerical analysis provides a detailed and concise overview of the participants' demographic and health-related characteristics, laying a solid foundation for further statistical examination and interpretation of findings.

Table 1: Demographics Characteristics of Categorical Variables (n=36)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Category</th>
<th>f</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>27</td>
<td>75.0</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>9</td>
<td>25.0</td>
</tr>
<tr>
<td>Socioeconomic Status</td>
<td>Upper</td>
<td>7</td>
<td>19.4</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>18</td>
<td>50.0</td>
</tr>
<tr>
<td></td>
<td>Lower</td>
<td>11</td>
<td>30.6</td>
</tr>
<tr>
<td>Living Situation</td>
<td>Urban</td>
<td>28</td>
<td>77.8</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>8</td>
<td>22.2</td>
</tr>
<tr>
<td>Comorbidities</td>
<td>Systemic</td>
<td>24</td>
<td>66.7</td>
</tr>
<tr>
<td></td>
<td>Orthopedic</td>
<td>10</td>
<td>27.8</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>2</td>
<td>5.6</td>
</tr>
</tbody>
</table>

![Figure 1](image.png)

Figure 1 shows the socio-economic status of the study population

The investigation showed that most participants were male, accounting for 75.0% (n=27) of the total sample, while females made up the remaining 25.0% (n=9). Most participants (50.0%, n=18) belonged to the middle socioeconomic status group, while 30.6% (n=11) were classified as lower and 19.4% (n=7) as upper. Most participants (77.8%, n=28) lived in urban areas, while only
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Table 2 Demographic Quantitative Variables (n=36)

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Mean</th>
<th>Median</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>61.000</td>
<td>60.500</td>
<td>6.563</td>
</tr>
<tr>
<td>Weight</td>
<td>74.416</td>
<td>72.500</td>
<td>11.351</td>
</tr>
<tr>
<td>Height</td>
<td>173.441</td>
<td>175.300</td>
<td>7.061</td>
</tr>
<tr>
<td>Body Mass Index</td>
<td>27.430</td>
<td>27.250</td>
<td>1.813</td>
</tr>
<tr>
<td>On a scale of 1-10</td>
<td>6.305</td>
<td>6.500</td>
<td>1.283</td>
</tr>
</tbody>
</table>

Table 2 shows the average age of the participants is 61 years, with a standard deviation of approximately 6.56, suggesting a spread of ages around this mean. The median age is slightly lower at 60.5 years, indicating that half of the participants are above this age and half are below.

On average, the participants weigh about 72.5 kilograms. The median weight, 72.5 kilograms, gives a sense that the central weight distribution is slightly lower than the mean. The standard deviation of 11.35 suggests some variability in weight values around the average. The participants, on average, have a height of approximately 173.44 cm. The median height is slightly greater at 175.3 cm, hinting at a larger number of participants being taller than the average. The standard deviation of 7.06 indicates a relatively narrow spread of heights around the mean, suggesting most participants are close to this average height. The average BMI of the participants is 27.43, categorizing them as being on the higher end of the 'Normal weight' category and bordering 'Overweight' according to standard BMI categories. The median BMI is 27.25, very close to the mean, reinforcing that a large portion of the participants fall around this value. The standard deviation of 1.81 indicates a relatively narrow spread of BMI values around the mean. When asked to rate their mental health on a scale of 1 to 10, the median score is slightly higher at 6.5. The standard deviation of 1.28 suggests some variability in the ratings, but most are relatively close to the average.

Table 3 Comparison before and after Intervention (mean values and mean differences)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Pre-intervention mean ± SD</th>
<th>Post-intervention mean ± SD</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Self Care</td>
<td>51.61 ± 1.82</td>
<td>61.97 ± 2.55</td>
<td>10.36</td>
</tr>
<tr>
<td>Psychological Self Care</td>
<td>51.11 ± 2.38</td>
<td>41.61 ± 1.82</td>
<td>9.50</td>
</tr>
<tr>
<td>Emotional Self Care</td>
<td>31.61 ± 1.82</td>
<td>38.72 ± 2.34</td>
<td>7.11</td>
</tr>
<tr>
<td>Spiritual Self Care</td>
<td>43.64 ± 1.82</td>
<td>50.94 ± 2.70</td>
<td>7.31</td>
</tr>
<tr>
<td>Workplace Self-Care</td>
<td>36.61 ± 1.82</td>
<td>45.06 ± 2.03</td>
<td>8.44</td>
</tr>
<tr>
<td>Balance</td>
<td>5.06 ± 0.98</td>
<td>7.58 ± 0.73</td>
<td>2.53</td>
</tr>
<tr>
<td>Bates-Jensen Wound Care</td>
<td>42.19 ± 5.66</td>
<td>52.06 ± 5.54</td>
<td>9.86</td>
</tr>
<tr>
<td>Knowledge</td>
<td>5.97 ± 2.708</td>
<td>16.12 ± 1.920</td>
<td>10.15</td>
</tr>
<tr>
<td>Care</td>
<td>36.43 ± 4.899</td>
<td>66.55 ± 8.615</td>
<td>30.12</td>
</tr>
</tbody>
</table>

Discussion

We analyzed CABG patients’ post-operative nuances, including sociodemographic background, physical attributes, and mental health. Males were overrepresented in the sample size, highlighting the need for gender balance in future studies. Participants from urban settings were more prevalent, suggesting tailored approaches for urban and rural populations. Many participants had a higher normal BMI, which could emphasize integrating weight management into nursing interventions for a holistic approach toward patient recovery.

Turning our attention to the mental health rating, there appears to be a modest self-assessment score, reflecting a moderate level of mental well-being amongst the participants. Given the intrinsic connection between mental and physical health, integrating psychological interventions might be warranted to elevate the efficacy of nursing interventions. Taking cues from the earlier studies undertaken in Oman, there is a clear expression of the necessity to address learning needs post-CABG from both the nurse's and the patient’s perspectives, with a particular emphasis on wound care and medication management (Al- maskari et al., 2021; Almaskari et al., 2019). Our current study echoes this necessity, where most participants exhibited systemic and orthopedic conditions, necessitating a nuanced understanding and management of wound care post-surgery. The marked improvement in physical care post-intervention in our study corroborates with the perceived learning needs highlighted in the earlier studies, suggesting that when interventions are aligned with learning needs, positive outcomes are indeed achievable.

The study shows that nursing interventions can enhance the post-operative parameters for CABG patients, but a more holistic and personalized approach to healthcare is needed. The study also highlights the interplay between socioeconomic and educational statuses and the dynamics of health literacy and quality of care. The employment status emerged as a determinant harboring statistical significance in steering the overall patient experiences, thereby sowing seeds for a more equitable, patient-centered care paradigm that is responsive to socioeconomic diversities. (Aloh et al., 2020).

Delving further, exploring physician perspectives based in Connecticut unfurls a complex tapestry of conflicting views on the role a patient's socioeconomic status (SES) plays in clinical management decisions. While physicians navigate a spectrum of beliefs regarding the impact of SES-influenced clinical management alterations on patient outcomes, there is an underlying consensus on the necessity of such alterations grounded in the patient's best interests. Nevertheless, a reflective outlook unveils physicians' stressful undercurrents when grappling with the dichotomy of adhering to established standards of care while catering to the feasibility spectrum as per the patient's SES (Keenan et al., 2008).

Therefore, threading the narratives from different geographical and demographic canvases, we unearth a global consensus on socioeconomic and educational factors' undeniable influence on the perception and delivery of healthcare services. While on one end, there is a call for personalized, patient-centric approaches reverberating from the African subcontinent, the murmurs from the more developed geographical regions echo the internal dilemmas healthcare professionals face in tailoring the healthcare provisions according to the SES of the patients.

The insights recommend a shift towards a more inclusive healthcare system that integrates socioeconomic backgrounds into its dynamics. The study highlights the impact of urban living and systemic conditions on post-operative management for individuals undergoing CABG surgery. The importance of primary care practitioners is emphasized for navigating patient management and advocating for outpatient care. The role of BMI in operative mortality is also discussed, providing a better understanding of the risk factors associated with CABG surgery. (Filardo et al., 2018).

The undercurrent of lifestyle alterations reverberates throughout the analysis, emphasizing the imperative of home self-care management programs and a healthy lifestyle adherence to usher in an enhanced quality of life post-CABG (Holcomb et al., 2023; Nair et al., 2020). The highlighted potential of weight as a pivotal risk factor echoes the urgency of integrating lifestyle practices and healthy weight management in the post-operative self-care panorama (Goncharov et al., 2021; Jiang et al., 2016). The converging narratives from diverse studies coalesce to underline the imperativeness of weaving residential and health patterns into the fabric of patient care strategies. They conjure a vivid panorama urging an integrated approach towards healthcare, tuned finely to the individual nuances of the patients, thereby steering towards well-being and being post-CABG surgery. The overarching narrative nudges towards a more personalized, responsive, and aware healthcare landscape grounded in the intricate mesh of residential and health patterns, interlaced with anthropometric realities and mindful self-care regimes.

Table 4 Comparison before and after intervention (n=36)
highlights a pressing call for a multifaceted, patient-centric approach to healthcare, underlined with diligence and empathy, envisioning a landscape of holistic well-being and enhanced life quality post-surgery.

The studies delve deep into the intricate labyrinth of mental well-being in the realm of post-operative recovery, showcasing the undeniable nexus between mental health and the trajectory of recovery. The observed average mental health rating of about 6.31, a moderate score on a scale of 1 to 10, becomes a focal point steering the discourse towards a nuanced understanding of the repercussions of mental health on self-care post-surgery. The moderate level of mental well-being portrayed in the sample group surfaces as a critical player influencing the dynamics of post-operative care and adherence to medical advisories.

As we traverse deeper into this terrain, research echoes the stark reality of escalated risks associated with suboptimal mental health conditions in the context of bariatric surgery, underlining the grave repercussions, including heightened vulnerability to weight gain post-surgery. The shadow of depression lurks menacingly, presenting itself as a potential aftermath of surgeries, thereby necessitating an urgent response to facilitate effective coping strategies and timely interventions (AbuRuz, 2019).

Underscoring the importance of fortified mental well-being, the studies advocate for meticulous home care post cardiac surgeries, orchestrating successful symptom management, which stands pivotal in curbing readmission rates and enhancing functional survival. The centrality of robust mental health unavels as the bedrock facilitating adherence to healthy lifestyle norms, a potent factor promising improved quality of life post coronary artery bypass grafting (CABG) surgery (Horn et al., 2022).

This deep dive into the mental landscapes of patients underlines the critical role of primary care practitioners as the guardians steering the patients safely through the delicate pathways of the post-surgery phase, holding the beacon of mental well-being high. Their role transcends beyond mere clinical interventions to encompass a deeply empathetic approach sensitive to the mental health contours of the patients. Taking a holistic view, it emerges that a home self-care management program emerges not merely as a beneficial avenue but almost as a necessity for patients recovering from open-heart surgeries, nurturing them in an environment cognizant of the multifaceted interplay of physical and mental well-being (Kim et al., 2022).

As the narrative unfolds, it beckons a healthcare landscape that embraces mental health not as a peripheral element but as a core pillar in shaping post-operative care strategies. It nudges towards a paradigm where mental health is not an afterthought but a harmonious sympathy playing in tune with physical recovery, orchestrating a holistic healing process. The emphasis is on forging a path where medical interventions walk hand in hand with psychological wellwll-beingshering in a future where the sanctity of mental health is revered, fostering a nurturing ground for wholesome recovery grounded in empathy, understanding, and informed medical care. It brings to light the intricate tapestry of recovery, weaving in the threads of physical healing with the golden threads of mental well-being, crafting a mosaic of holistic health and well-being post-surgery. Starting with physical and emotional care, post-intervention insights from the study speak to a noteworthy being in the well-being of monitored individuals. When we focus on the research conducted by Fortmann et al., in 2023, we see a pattern where self-management interventions can indeed usher in improvements in patients’ quality of life (Boovarahan et al., 2023). This essentially parallels the observed increase in physical care scores post-intervention in the study in discussion. However, the Xu et al., 2021 study goes further, emphasizing that specially designed psychological interventions can significantly alleviate negative emotions, further reinforcing the argument for improved emotional care.

The decrease in psychological care scores in the post-intervention phase, as outlined in the intervention, opens up a space for a rich discourse (Mahmood et al., 2020). The scenario depicted here contrasts with the generally positive outlook presented in the Fortmann et al., 2023 and Xu et al., 2021 studies. This indicates a gap in understanding and addresses the essential matter of sustaining psychological well-being post-surgery, urging a more grounded approach in handling psychological care with as much emphasis as physical care.

Moving forward to spiritual and workplace self-care, the positive swing in spiritual self-care, as recorded in the post-intervention phase, finds resonance in Fortmann et al.,’s 2023 study. This study voices the vital role of spiritual care in total recovery, supporting the intervention’s observations. The intervention bolsters the workplace self-care discussion, highlighting improved scores that are generally overlooked in wider research, thus spotlighting a critical area for future explorations (Fortmann et al., 2023).

Drawing our attention to the Bates-Jensen Wound Assessment Tool, there is an agreement in the discourse that self-management is beneficial. Athanasuleas et al., 2004 affirm this, supporting the positive outcomes seen in wound management following the intervention, albeit indirectly, thus asserting the necessity for personal management in wound care (Athanasuleas et al., 2004).

While the term ‘Balance’ hasn’t been fleshed out expansively in wider studies, it stands to reason that the positive tendencies observed in studies by Fortmann et al., 2023 and Scott et al., 2004 around self-management and overall well-being might align with the enhanced ‘Balance’ scores witnessed post-intervention, inviting further inquiries into defining and understanding ‘Balance’ in this context more clearly (Athanasuleas et al., 2004; Fortmann et al., 2023). The literature and intervention studies show that postsurgery care is improved by focusing on physical, emotional, and spiritual care. However, psychological care scores have decreased, prompting further inquiry. The COVID-19 pandemic has highlighted the critical need for nurses to prioritize their mental health. The Healthy Nurse, Healthy Nation initiative advocates for self-care to replenish compassion and empathy, improving patient care. Neglecting self-care can lead to burnout, compromised empathy, and patient safety risks.

A meticulously crafted self-care plan is proposed to nurture the intrinsic and reciprocal relationship between personal and professional growth — emphasized in provision 5.6 of the Code of Ethics. The initial step advocates a sincere self-reflection and assessment, canvassing various facets of one’s life, including physical, mental, and spiritual dimensions. Following this, Mason suggests identifying growth avenues, perhaps marked by deficits in spiritual or

self-care attentiveness and subsequently deciding on appropriate interventions to address these. Each area of life warrants a distinct approach, be it attending regular health screenings for physical care, employing relaxation techniques for mental well-being, or nurturing important relationships on a personal front. This strategy requires nurses to champion their well-being, drawing attention to the beneficial recommendations housed in the Healthy Nurse, Healthy Nation Grand Challenge by the ANA (Ball, 2018).

Turning towards the pivotal role nurse managers hold in fostering a culture of self-care, the discussion promotes actively modeling self-help behaviors, such as establishing healthy boundaries and nurturing well-being. Furthermore, the advocacy extends to providing accessible self-care resources and fostering open lines of communication to address stress and mental health constructively. In a strategic effort to further support nurse self-care, nurse leaders are encouraged to facilitate a work environment grounded in mindfulness, incorporating reasonable work hours to avert burnout and fostering workshops focused on balanced sleep and stress mitigation. In conclusion, an open communication paradigm, characterized by regular meetings to address concerns and enhance job performance, is a cornerstone for fostering a nurturing work ecosystem, a necessity underscored in a study by Chikwe et al., 2020 (Chikwe et al., 2019).

Through a multi-faceted lens, this article navigates the pressing call for a radical shift towards prioritizing nurse self-care, presenting a roadmap infused with empathy, awareness, and proactive strategies, aiming to steer towards a healthier future, one nurse at a time.

The study has some limitations to consider. The sample size of 36 participants might not represent the wider population, and there was a gender imbalance with 75% males. While most measures had near-normal distributions, not all strongly conformed to normality, which could affect the robustness of the statistical analyses. The absence of a control group limits the ability to attribute improvements to the intervention definitively. The intervention seemed to focus more on physical care, potentially overlooking other areas of holistic well-being. The use of self-reported measures introduces potential bias. Lastly, the inclusion of data on pregnant women seems misplaced and does not provide a clear understanding of its relevance to the study outcomes.

**Conclusion**

This study highlights the effectiveness of nursing interventions in enhancing post-operative self-care and wound management following Coronary Artery Bypass Grafting. Despite a decrease in psychological care scores, significant improvements were observed in balance, wound management, and various self-care dimensions. The consistency of these outcomes across diverse demographics underlines the potential of these interventions for broad application in post-surgical care.

**Declarations**

**Data Availability statement**

All data generated or analyzed during the study are included in the manuscript.

**Ethics approval and consent to participate**

Approved by the department Concerned.

**Consent for publication**

Approved

**Funding**

Not applicable

**Conflict of interest**

The authors declared an absence of conflict of interest.

**References**


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