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Experiences of Adults with Congenital Heart Disease: An Interpretative Phenomenological Analysis

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ABSTRACT

The study explored the understandings of young adults with congenital heart disease (CHD) having age range between 18-22 years and this study also investigated the coping behaviors. The Interpretative Phenomenological Analysis (IPA) was utilized in order to provide a detailed perception towards the experiences of the patients. Semi-structured interview was conducted with a voluntary sample of six participants who were diagnosed as CHD. The study highlighted Four main themes, such as loss of person identity and social distinctiveness, concerns about physical and future, negative emotions/thoughts, and adaptive and maladaptive coping behavior. Females experienced greater feeling of loss as compare to male, and were more concerned about the future occurrence of the disease, and they also stated severe adverse thoughts and emotions. Females sensed stress, and death anxiety; and the male was hopeful for the recovery. Adaptive coping style was applied by all the patients whether male or females. Afterward the recognition that preliminary managing styles were effective then they become optimistic and demanded for the family and peer support, they also applied social avoidance because they thought are incapable of social functioning. The research conducted in America or other western countries are found similar in result. Because they also applied care, support and treatment. Health care workers and therapists must realize the adverse psychosocial effects of young adults living with a heart disease and offer proper psychological and social support. Developments in care have upgraded the endurance and value of life for the young adults with CHD.

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1. Introduction

Congenital heart disease is defined as the physical or practical heart disease, existing by natal, and is observed far along ago (Hoffman, 1990). In Pakistan most of the child birth takes place at home. and their screening is not common. And therefore, it is hard to highpoint the factual birth incidence of congenital heart disease (Rahim, 2003). In spite of several advancement in remedial field, this is one of the major reasons of losing life and it also exist among differing age groups from birth to adolescence. The young adults with CHD can be asymptomatic and can be noted during checkup or newborn inspection, and might show the symptoms similarly as cyanosis, clubbing of fingers nails to full blown CHD. Anyhow, it has not been considered carefully in Pakistan like other western countries (Wren, Richmond, & Donaldson, 1999).

Initial analysis and suitable health or surgical intervention were provided for a normal life. The Patients by birth suffering with extreme form of CHD are almost twelve times in danger phase of death. At initial stage if the child is not treated then the mortality rate increased in first year of the life so, it was calculated 18%. Cardiac surgical procedure through a poor arrangement could have a severe risk of mortality rate. 27.6 live birth rate is reported in Libya and the total number of births was reported 2000 (Zahid, Jan, Ahmed, & Achakzai, 2013).

Congestive heart failure (CHF) is a medical condition which involves the pumping criteria for the heart is not enough in range which is required for the body activities. Symptoms including the shortness of breath, fatigue and swelling are diagnosed (Riegel & Carlson, 2002). 60-70% child remains untreated due to the heart disease by fifty years. Improvements in the diagnostic stage, medical supervision and operating procedure have been increased the durability and worth of life. A present study show that 80% child are facing the trauma of death when they are labeled as a cardiac. The adults have new strategies of living life, they also develop new fields in health care setup. Hence most of the child have exceptional anatomy and physiological symptoms linked to the CHD. Literature suggests that the cardiac damage is not a huge problem for those who have support but it can hugely affect the quality of life of those whom are employed, participating in exercise and pregnancy. Psychological and social perceptions are important for the QOL. The people face many problems liking finding jobs, obtaining license or life insurance, and these problems can be depressing for the cardiac disease and its symptoms. The physical symptoms involve cyanosis, cardiac letdown or arrhythmia, but these symptoms do not affect the health. The main aim of the study was too deeply highlighting the intense understandings and experiences of the patients with CHD so that they can boost up their quality of life and proper health care facilities.

A number of literature available to inspect the pathophysiology, epidemiology and treatment of the people, but a very less work has been done to find out the knowledge of the patients with chronic condition (Elhendy, Mahoney, Khandheria, Burger, & Pellikka, 2003), there is no knowledge exist to point out the impact of the heart failure (Aldred et al., 2005) and this move to a serious decline in the life and cause depression in patients. They also feel physical limitations in social activities (Carels et al., 2003). People with CHF are guided to change their life style by applying dietary, exercise, medication (Riegel & Carlson, 2002). The research points out that the psychological factors such as depression, therapies for self-management can produce healthy outcome. (Clark et al., 1991). Zambroski (2003) noticed that those literature addresses the symptoms which are outline from the opinion of the effected person.

The psychological experiences of individuals who are currently diagnosed with CHF in the USA were the focus of Stull, Starling, Haas, and Young (1999) research. The study's findings imply that those who received a diagnosis should go toward normalcy and adopt a new identity. Mahoney (2001), an American ethnographer, observed that the sickness that persons with CHF experience needs to advance. Patients and their loved ones agreed that the three main traits of this condition are disruption, disjointedness, and integration. The factor that stood out the most was trying to reconcile the distractions with trying to live a meaningful life. In any case, Zambroski (2003) obtained the same results after taking 11 US citizens with CHF for the interview. The three main stages of living with heart failure are (physically, emotionally and socially).

According to Brickner, Hillis, and Lange (2000), congenital cardiac disease comes in many different forms. Ventricular septal defects make it up (VSD). It is given this term whenever there is a gap between the left and right pumping chambers of the heart. A different form of CHD is One of the pumping chambers (ventricles), known as a single ventricle defect, fails to develop normally. These birth abnormalities can be lethal within a few weeks of delivery if untreated. Fallot Tetralogy A rare combination of several abnormalities is known as tetralogy of Fallot.

- An opening between the left and right ventricles is called a ventricular septal defect.
- Narrowing of the pulmonary valve is known as pulmonary valve stenosis.
- The thickening of the right ventricle's muscle is known as right ventricular hypertrophy.
- A condition known as overriding aorta occurs when the aorta does not exit the heart in its normal place.

Pascall and Tulloh (2018) stated that general signs of congenital heart disease can includes, a blue tinge to the skin or lips (cyanosis), rapid breathing, rapid heartbeat, swelling in the legs, tummy and around the eyes, shortness of breath in babies during feeding (making it hard for them to gain weight) and in older children and adults during exercise, extreme tiredness and fatigue, fainting during exercise, swelling in the hands, ankles or feet. The causes of the congenital heart disease can be genetical, maternal diabetes, alcohol abuse by mother. There are several techniques that can be performed to diagnose congenital heart illness, including echocardiography, electrocardiograms, chest X-rays, pulse oximetry, and cardiac catheterization. Congenital heart disease can also be detected after birth.

The aim of the study is to explore the psychosocial experiences of young adults with congenital heart disease. Children with a CHD have a variety of heart flaws which required different types of treatment conditions such as surgery or other physical therapies. Most of the individual enjoy the normal life along with the heart depicts and obstacles. Not every outcome of the CHD has been reported therefore it increases the understanding of the people to manage their life. There must be several combinations of approaches like registry-based data with a large sample size need to be accompanied by in-depth interviews with a small group of informants to give a broader description of their lives and to explore different aspects of life. The main purpose is to facilitate our understanding of how life and adjustments to life are influenced by the repeated comforting procedures or by one successful repair and what adjustments are needed from the healthcare professionals. The primary rationale is to create an important knowledge from the perspective of adolescents and adults that will increase understanding and be useful in care settings.

This study aims to investigate the experiences and circumstances of young adults with congenital heart disease (CHD). And to describe the impact of a CHD on health perception and quality of life. The study addresses the resulting research inquiries.

1.1. Research Questions

General:

- How do young adults with CHD develop a perception of their involvements and coping with CHD?

Specific:

- How are the experiences of young adults with CHD is connected to the psychosocial context?
- What are the behaviors accepted by young adults to cope with CHD?

2. Methods

2.1. Research design

Interpretative phenomenological analysis. The transcripts are examined using an interpretative phenomenological analysis. This approach enables a thorough investigation of a certain subject from the viewpoint of the participant. This technique identifies a person's individual contributions to the incident. The focus of an interpretive phenomenological analysis is on the participants' experiences. It specifically has two mechanisms: phenomenology and interpretation. It provides idiographic phenomenology, which provides in-depth investigation of the element of the distinctive and personalized practices towards the individual. The foundation of IPA is the twofold hermeneutic, which involves the researcher attempting to understand how participants interpret events, experiences, and what they say. Two IPA strategies were outlined by (Smith, Jarman, & Osborn, 1999). First and foremost, it uses a case study technique. This approach is suitable for a small group of participants and enables the researcher to record either a single example or common themes among the cases. It is also advised to examine the various types of connections between the groups using a bigger sample size. This layout is used to encourage the investigation and construction of a thorough justification for a case of collective cases. The interview data, which is verbatim transcribed from audio recordings, uses the ideographic case study. Noting non-verbal communication is beneficial. The researcher makes broad observations about things like the interview's tone and the respondent's capacity to retain the data for discussion. When evaluating the data, it is useful to look at these observations (Larkin, Flowers, & Smith, 2021).

2.2. Procedure

The informed consent form, in which it is explicitly stated that the participants will be audio or visually recorded, is given to the participants before the interview is conducted. Participants were given the assurance that the interview was optional and that they were free to leave at any time. The confidentiality of the information and the anonymity of the respondents were guaranteed. Because the respondents were from Balochistan, the interviews were conducted over the phone. The transcriptions were converted from the native tongue (Balochi) into English. At the time of transcribing, the data had been made anonymous. The interviews lasted about 30 minutes total. In most of the cases of clarification the respondents were asked to cleared the point. Transcripts were kept secure and not again handed over to the participants because it was one time interview.

2.3. Participant

A volunteer sample of six young adults were taken who were formally diagnosed with congenital heart disease at the time of interview. They were interviewed to explore their ‘‘lived experiences’’ of their physical situations. Any form of congenital cardiac illness was evaluated, including pulmonary valve stenosis, aortic valve stenosis, coarctation of the aorta, and ventricular septal defect, a hole between the left and right ventricles. Adults with other types of physical disease were excluded. Adults with CHD suffering from psychiatric illness were also excluded.

A small similar sample of six participants were taken who have been diagnosed by congenital heart disease. The participants were registered through criterion sampling.

Table 1: Characteristics of the Participants

Participant pseudonyms	Age	sex	Age of onset	Duration since diagnosis	Current academic level	background	SES	Family history of CHD
Amir	20 years	Male	1	6 years	Matric	Urban	Upper	Yes
Asifa	18 years	Female	7	3 years	Matric	Urban	Middle	Yes
Hani	19 years	Female	6	2 years	Matric	Urban	Middle	Yes
Fatima	21 years	Female	8	1 year	Intermediate	Urban	Middle	Yes
Hawa	22 years	Female	11	3 years	Intermediate	Urban	Middle	Yes
Noora	20 years	Female	1	2 years	Matric	Urban	Middle	Yes

The Participants were asked to share their current education level like matric=10, intermediate=12, and bachelors=14, and socio-economic status like upper, middle, or lower class.

2.4. Interview

The procedure of the study was to construct a time schedule in order to prepare a semi-structured interview guide. Applying this approach in interview is to attempt to implement the interpretative phenomenological analysis. The approach is adopted to collect data from the open-ended questions and the main focus was in the development of the main themes. The questions were simply worded and arranged in a semi-structured interview from broad to particular. The interviewer's job is to actively listen, but when it's necessary, that function may be limited and he'll have to abide by the participants' regulations. Participants' memories of psychological and social events related to surviving and managing with their diseases were uncovered through semi-structured interviews. The interview guide includes probing questions that were taken from pertinent research material and added for further clarification. The interviewer took special effort to verify and clarify when there was uncertainty or doubt in order to focus on the subject's thought process regarding the effects of CHD. The purpose of the interview was to establish a connection, foster empathy, and provide flexibility in order to cover the themes that were being examined. The interview included open-ended questions that, in general, describe psychological problems, societal challenges, and coping mechanisms.

3. Data Analysis

The data from one-on-one interviews were evaluated using the IPA technique in order to provide thorough descriptions that highlight the respondents' actual psychological and social experiences. The sample size for the research was modest. The individual transcripts were meticulously examined for idiographic focus. IPA was used to analyze the transcripts (Smith et al., 2009). Coding was done on the transcripts (Miles & Huberman, 1994). The researcher discovers the themes and groups them into clusters through a number of analytical steps that help with the interpretive process. The following steps were carried out to analyze the data (Smith et al., 2009):

- *Step I: Reading and rereading:* the interviewer reread the verbatim and transcript several time and imagine the voices and notes of the participants. Successive completion of the reading allows the researcher to go for the analysis. The recordings are listened carefully. And the concepts were analyzed in an exploratory level.

- *Step II: Initial noting:* Initial note-taking began after the interviewer had the complete set of information. The transcripts were organized with a focus on finding common topics. During the interview, the language and physical material were observed. The researcher was able to produce the knowledge described in the transcript thanks to this phase. Gaining insight into the how and why of the participants' issues was made possible through the use of interpretive notation. Drawing a sense of the patterns of meaning given by the participants was aided by the participants' nonverbal language, consideration of the context of their problems, and identification of abstract ideas.

- *Step III: Developing emergent themes:* when the data are collected then the researcher find out the main themes and arrange them into clusters

- *Step IV: Searching for connection among emergent themes:* We connect the themes in order to meaningfully group them together and call the "superordinate" themes. By examining what the subthemes have in common, it became simple to name the "superordinate" themes.

- *Step V: Moving to the next case:* The same process was followed in each case, ignoring any unexpected or recently developing motifs. Every example is considered separately, and any new concepts were added to the bracket form for examination.

- *Step VI: Looking for themes across cases:* Examining connections between cases and how a theme emerged in one example helped. We made an effort to spot transcript discrepancies as well as merging. As a result, themes were reorganized and given new names.

An integrative table of master themes of cases including subordinate/subthemes, themes, and superordinate themes.

Table 2: Themes

Superordinate themes	Themes	Subthemes/subordinates
Social factors and self-identity	Loss of self	Low self confidence
		Low self esteem
		Low motivation level
	Social loss	Loss of friends love and support
		Loss of family support and love except parents
		Loss of all previous friends
		Left school going
		Left outing with friends, party and driving.
		Rejected family gathering
		Educational attainment disrupted
Physical and future concerns	Physical concern	Physical imitations will increase.
		Cannot walk properly due to swelling, breathing problem
		Chances of comorbidity with other physical disease
	Future concerns	Can never get friends.
		Cannot properly perform any activity
		It will worsen with the passage of time.
		It will be my end stage of life
		Cannot perform well in school.
		Self-confidence will be lost.
		Can never be optimistic

Psychological factors	Negative emotions	Hopeless about life Death Anxiety Stress Anger Frustration Irritability Depression
	Negative thoughts	Extreme fear of severity and treatment of the disease
Coping styles	Adaptive coping	Proper usage of medicine right diet
	Support seeking	enlisting the help of family and friends Emotional support from parents
	Maladaptive coping (blaming)	Blaming parents not for initial treatment Stopped going to friends gathering Stopped going to family functions Stopped going to school Distracting from old friends
	Avoidance behavior	Praying to God Attending religious events
	Religious coping	Recitation of Holy Quran and Dua

4. Results

The study produced six themes in all, along with 39 subthemes, and four major themes. The four themes range from loss (of self-esteem and confidence) to worries about one's looks and the future, as well as unfavorable thoughts and feelings, and the necessity to build coping mechanisms to deal with the sickness. Two concepts that fell under one general framework were combined to represent one overarching subject. The themes are mentioned in table 2.

4.1 Loss (Self/Social)

There were 5 women that took part. The females described social loss, self-loss, or both, as well as the absence of support from loved ones. loss of self-confidence and self-worth. Due to his optimism and high degree of confidence, the man did not mention losing his sense of self. Male speaker:

My confidence level was not that much low because the people of my surroundings supported me. And there are many people in our family who have been suffering from a svd. And the boost up my confidence level while meeting with them, and being motivated by family and friends (Amir).

One female said;

My confidence level become at the time when I was suffering from the extreme pain and the Dr could not label my pain. So, I thought it might be the end of my life. Because neither treatment was being applied nor proper medication. When I was diagnosed as a Single ventricle defect, and family, friends and even the Dr motivated me that "you will be alright", then I become hopeful towards life (Noora).

Congenital heart disease has negative effects on how individuals view themselves:

My emotional reactions towards the CHD were negative while I was diagnosed as right ventricular hypertrophy. And negative thoughts hits in my mind whether it will be treated or not. I went through depression because of this disease that what I am going to do with my life (Hani).

Another female participant reported that;

"I felt physically unfit due to physical pain, swelling and rapid heartbeat. I could nor perform any activity properly. I was unable to give them time, join their activities or go for outing. my daily routine was disturbed. Due to physical pain, I become incapable to perform any activity inside or outside the home nor I could give to others" (Fatima).

The loss includes the loss of relationships as well as how people feel about themselves:

I was completely separated from my old friends because I was unable to give them time and join them. After the proper when I consider myself normal and started school going then new friends came in my life, and I was satisfied with them, even they are with me right now (Hawa).

One participant said;

"My peer relationships have been impaired because I was unable to join them at any activity. I could not spend time with nor I could do any extra activity, enjoyment, outing with them. When my friends asked me to join them, I rejected their offer because I did not have any courage to go out, due to muscles pain. So, they gradually stopped asking me and the relationships became distracted" (Asifa).

4.2 Concerns (Physical/Future)

The male participant was confident and he said that:

"I was not worried about the disease; I was hopeful for the recovery. I even did not think about the physical limitations that will be stopping me in daily routine functioning. And I even do not care about the comorbidity that the heart disease can affect the kidney, lungs or others" (Amir).

The female participant said;

I was worried about the disease; I was fearful for the recovery and the level of death anxiety enhanced. I was totally concerned about the physical limitations that will be stopping me in daily routine functioning. And I was afraid of the comorbidity of other physical or psychological disease/disorder (Hawa).

4.3 Negative Feelings or Ideas

Only the females expressed negative feelings and ideas, whereas the male was self-assured, confident, and had a good outlook on life, allowing him to employ disease-fighting tactics.

My emotional reaction towards the disease was positive. Because I have seen many people surviving a healthy life after the treatment of the disease. The plus point of mine being optimistic is, I was sure that the disease is curable. I was not fearful about the disease and also, I did not feel death anxiety. While I was suffering from the disease at the initial level my parents encouraged me to cope with the disease, no need of worrying because the disease is curable, you will be alright with the passage of the. So, I also motivated myself and even do not think of death. Due to SVD I will die (Amir).

Another participant said that,

"my emotional reactions towards the CHD were negative while I was diagnosed as Ventricular septal defects. I have faced breathing issues, even there were physical defects I could not walk or even talk properly. And I begin to think that this problem will not be treated. so, I was concerned about my health. I was stressed out and thought whether my disease could be cured or not, whether I will be healthy or not. I went through depression because of this disease that what I am going to do with my life. I was suffering from the extreme death anxiety I was hopeless about the recovery. My self-esteem became low when I thought my age-mates are enjoying and I am unable to do anything and this negative thought made me less confident" (Asifa).

4.4 Coping Styles (Adaptive/Maladaptive)

Coping was used in both male and female in terms of adaptive and maladaptive themes such as support seeking blaming, avoidance coping.

4.5 Adaptive Coping

This contain spread over different treatment strategies for the recovery. The male participant said *My medication and diet were proper and on time. I have consumed healthy food, and traditional food which were beneficial for my health. And my medication schedule was fixed and it was on alarm. Whatever the cardiologist suggested I have performed those all tactics (Fatima).*

4.6 Ineffective Coping

Different concepts of coping behaviors were reported by both genders. Blaming was the coping behavior, used after the initial diagnosis and it was used by female. They blamed their parents not for consulting the Dr at early age when the disease on its mild stage.

A person with any type of heart disease or any other major disease needs to be handled with care and love, and must be treated at initial stages. Extreme support towards patients can make them recover faster, as love and care themselves can make a person a lot better with their illness (Hani).

4.7 Avoidance Coping Behavior

Women engaged in avoidance behaviors, stopping going to social gatherings, hanging out with friends, attending family events, and even stopping going to school.

"I became socially isolated due to some physical limitations. Even I did not come out of my room for several days just because I felt I am not capable of doing something." (Noora)

The male participant reported;

"The only avoidance behavior reported by males was to stop driving "I used to drive car but when I feel due to swelling, I am not able enough to drive so I stopped doing so" (Amir).

4.8 Support Seeking

Both of the gender use support seeking behavior from their family, parent and friends. And the true financial, moral was attained by parents.

"My parent has supported me in each aspect of my life. They supported me and motivated me to cope with the disease. Even I was hopeless but after the inspirational talks of my parents I have built hope and apply different strategies for normality" (Hawa).

One other respondent said,

"My parents applied religious coping styles also, they prayed to God for my recovery" (Amir).

5. Discussion

The psychological experiences of young adults with congenital heart disease are examined in this study. Loss of self and social identity, physical and future concerns, managing negative thoughts and emotions, and coping mechanisms are among the four themes. The coping behavior was seen by the help of family support in young adults. The maladaptive coping behaviors were replaced by adaptive behavior, instead of blaming their parents due to late concerns towards the disease, the patient begin to know the reasons that at the initial stage the symptoms did not appear properly so that the diagnoses where be difficult. They also applied avoidance behavior, while they feel they are recovering then they again started their social activities, family gathering, outing with friends. The parents of the patients applied religious coping (praying and reciting).

Congenital heart disease causes physical and psychological alterations, and loss may result in a variety of psychosocial issues and difficulties. While the male participant said his friends and family were supportive and helpful, the female participants said they felt more like they had lost the love of their friends. When their sickness was in a severe stage, the participants reported experiencing social loss, such as the loss of love from friends and family, having parted ways with old friends, ceasing to attend friend gatherings, and ceasing to attend school.

The social avoidance and withdrawal were due to some physical limitations. They considered themselves incapable of performing any social activity therefore, they bound themselves withing their houses. Psychologically they were suffering from the depressing phase so, they loss interest in any activity just the death anxiety revolves around them.

The adulthood is the phase in which the child develops their self-esteem, confidence. But when they realize they are cardiac patients, they felt incapability in functioning, and overthinking about death with severe depression. Supportive and cooperative parenting leads to high self-esteem, and confidence. Loss of friendship and love were acknowledged by females because they themselves could not give them time properly. It is necessary for the friends and as well as for the family members to be loving, supportive and care. Changes due to the physiological creates changes in dignity (Penninx et al., 1996). This involves negative emotions and thoughts (depression, death anxiety, fear, frustration), loss of self-identity (lack of dignity, assurance), undesirable behavior like (societal evasion) avoiding family or friends' gatherings in addition other recreational activities.

Females reported more psychological turbulences like anxiety, stress, fear, depression due to congenital heart disease. They also reported low self-esteem, low confidence. The male reported he was taking all the things normal, he also maintained his confidence and self-esteem. He utilized his competence in order to cope with the disease.

Moreover, in this study the young adults reported low confidence about life because of the congenital heart disease and physical limitations. 5 female participants reported anxiety, fear, low confidence, but the male was confident and he was not worried about the disease because he was hopeful for the recovery.

Females were mostly concern about future like they cannot make friends, the old friends are left, they cannot perform any activity, lost the confidence level. it was most distressing for the women. No doubt, the male was concern regarding the health, the disease, and its treatment and recovery, but he did not loss hope. Even he did not show any psychological concerns like depression, anxiety, or fear. Unpredicted and sudden occurrence of the physical symptoms leads to trauma.

Additional superordinate theme developed persistent cognations and emotions which leads to anxiety, fear, and depression, and it is categorized a7s maladaptive coping style. The maladaptive coping style decline gradually like blaming, changes into adaptive coping style like proper diet and medication on due time.

Adjustment with the illness is a long-term process mostly after treatment the individual find hope for life, by the disease some physical changes appear (Yang, Chiochetti, Papadopolous, & Susman, 1999). Female participants reported that they stopped their social activities like outing, family gathering and educational attainment.

Anyhow, continuous disturbing emotions as measured by depression, anxiety and fear are connected to CHD. These effect the social and other areas of functioning. The socioeconomic status predicts the prevalence to mortality. The characteristics define psychosocial stress enhancing CHD has been recognized that there are several factors that contribute to experiences, personality characteristic and measure the biological risk in susceptible individuals to produce illness (Dorian & Taylor, 1984).

Tasha E et., explored the clinical and psychosocial factors in accounting the quality of life. In terms of general mental health perception satisfaction with social activities, level of confidence explains the discrepancies in quality of life.

Graetz, Shute, and Sawyer (2000) reported that the series to matrimonial alterations after and for the identification at beginning of treatment. Family also applies tactics for adults at times of sickness, involving behavioral, mental aspects which disturb functioning. Resilience is also considered a self-managing parents adapt. Stress management is necessary for the family and friends to be supportive and cooperative. However, at the initial onset it is hard to cope with the disease because the patients have the extreme feeling of death. After the applications the medication and proper diet the patient begins to be hopeful towards life and recovery.

There are chunk of problems which appear in people's life fearful events like severe pain, disease and fear of death. It can be understood by energetic role in the leadership qualities by of handling that difficulty seen in lives.

Management styles seemed that the prevalence and parental and family support including information-seeking, help seeking and this is common. Distraction from social gathering. Seeking support is a multidimensional approach in the development of dependent in the areas of medical, academic, and in the stress phase. At the initial stage of life people seek the help of attachment when they feel the availability of others can give them relief (Barrett & Campos, 1991). Recitation of holy Quran, praying to God, attending religious ceremonies are religious coping strategies used by the parents of the child with CHD.

The respondents participated voluntarily, the sample was criterion, used to include adolescents in the study. Six participants were taken for the research study.

It is important to know more about the impact of the CHD on young adults, and its history, understandings and concepts on the impact and experiences of young adults with CHD, and highlights the experiences and coping behaviors. The future studies should focus on the experiences of male and female and effect of CHD at various ages, gender and cultures.

The health care providers and counselors should understand the adverse effect of CHD. Proper medicine and healthy diet should be given. Future the research also governs the free will that the individual is ready for the services.

Most of times, the medicine can be unproductive so it means that other should conduct research in which the proper therapies and medications should be mentioned.

The result shows the theoretical background of CHD and its impacts. The studies elaborate consequences are same in Pakistan also international countries, the both genders stated the exact. But in west there are more and effective facilities available for the treatment of the diseases, but the differences are seen in treatment process. (Ptacek, Smith, & Dodge, 1994; Tucker, 2009). Traditional medicine and remedies were particularly used in Pakistani culture. In America the frequency of illness in female is more and they are life threatening (Yong-Hing & Kirkaldy-Willis, 1983). In Pakistan women suffer from more psychological problems when they have any physical disease and most of the time, they overwhelm their negative emotion because they think it is nor culturally and religiously appropriate.

Social support is found as a positive factor in Pakistan and also internationally, the availability of social support act as a protective factor for the patient with CHD (Barefoot, Grønbæk, Jensen, Schnohr, & Prescott, 2005).

6. Conclusion

The method of analysis is used Interpretative phenomenological analysis which is hermeneutics, phenomenological, and ideography. The current study conducted is a hermeneutic in nature with the purpose to understand the shared psychosocial acknowledgements of young adults. The phenomenological concept includes recognizing the psychological and social issues and it is also idiographic because it shows the experiences of six adult persons.

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