

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**THEY DID EXPLAIN EVERYTHING, BUT I CAN'T REMEMBER:  
THE SEARCH FOR RELEVANT INFORMATION FOLLOWING A  
HEART ATTACK**

A thesis presented in partial fulfilment of the requirements for the degree of

**Masters of Arts in Nursing**

at Massey University, Palmerston North, New Zealand

**Jennifer L. Phillips**

2001

## ABSTRACT

This qualitative descriptive study was undertaken to find out what information patients and their partners wanted following a heart attack. There were 17 participants, of whom 11 were patients and six were partners. Semi-structured interviews were conducted with participants and then thematic content analysis was used to identify the four main themes. The first two themes relate to the experience of having a heart attack and question the widely held belief that it is a dramatic experience and that patients deny what is happening. It seems more likely that the non-specific and insidious onset leaves patients genuinely not knowing what is happening. Women have an additional problem in that once they seek professional help, the medical staff often fail to correctly diagnose that they are having a heart attack.

The third and fourth themes relate to the recovery period and show that in spite of a plethora of information provided during cardiac rehabilitation, there is strong evidence that patients and partners fail to receive information that meets their own needs in relation to social, physical and psychological issues. This has an impact on the major adjustments to be made after a heart attack and the coping strategies that are a part of this. An additional problem following discharge is poor communication between health professionals, resulting in anxiety for patient and partners.

The role of the cardiac educator emerged as extremely useful and valuable to patients and partners as a support and source of relevant information after discharge. Further support and training for these nurses and expansion of the service would increase their availability to patients and partners. It would also be in line with the World Health Organisation (WHO) (1997) recommendations to provide an environment, which supports and motivates people to make lifestyle changes. An additional recommendation is increased flexibility in cardiac rehabilitation with a shift into the primary care setting, thus offering wider opportunities for patients and partners to obtain support and hopefully facilitate the process of adjustment following a heart attack.

## ACKNOWLEDGEMENTS

The biggest thank you is for the participants, who shared their experiences and time with me. As a first time qualitative researcher, I enjoyed both the interviews and unravelling the data later on.

To my supervisors, Dr. Julie Boddy and Lesley Batten a big thank you, but especially Julie for staying late one night so that my proposal could go to the ethics committee on time, and Lesley for her encouragement and prompt responses to my e mails. She also helped me to 'take off my glasses' when looking at the interview transcripts.

My thanks to the agencies that supported the study financially:

- The Heart Foundation groups local to the two research sites.
- The Polytechnic where I was employed at the time of the project.

Also thank you to the cardiac educators who acted as the middle person in the recruitment stage and my transcriber who did an excellent job.

As always I acknowledge my husband who has supported all my post-graduate studies despite the interruption and adjustment of moving to New Zealand. He has done more than his fair share of the housework and gardening, especially this last year, and without his help on the computer, I would not have got this far.

## TABLE OF CONTENTS

<b>Chapter 1 - Introduction</b> .....	1
Introduction to chapter .....	1
Aim of the study .....	2
Ischaemic heart disease as a health problem.....	2
Risk factors .....	3
Treatment of an MI.....	6
New Zealand cardiac rehabilitation programmes.....	7
Information about the study.....	8
Summary .....	9
<b>Chapter 2 – Literature Review</b> .....	10
Introduction .....	10
Healthy lifestyle.....	10
Risk factors .....	12
Theories of disease.....	14
Health promotion or health education? .....	15
What is cardiac rehabilitation? .....	17
Cardiac education programmes.....	18
Patient information needs .....	21
Partner’s information needs .....	25
Coping and adjusting .....	26
The role of nurses as educators .....	27
Summary .....	30
<b>Chapter 3 – Research Design and Method</b> .....	31
Introduction .....	31
The use of qualitative research.....	31
Selection of participants.....	32
Data collection .....	33
Credibility in research .....	39
Thematic content analysis .....	40
Working with thematic content analysis .....	42
Ethics .....	47
Summary.....	49
<b>Chapter 4 – It wasn’t too dramatic – the Experience of Having a Heart Attack</b> .....	50
Introduction .....	50
Realising something is wrong .....	50
Deciding to seek help.....	58
How to seek help.....	63
Heart attacks – what is a common symptom? .....	65
Summary.....	66
<b>Chapter 5 – They didn’t even think it was a heart attack – the Experience for Women</b> .....	67
Introduction .....	67
Knowing something is wrong.....	67

Trying to get pain relief .....	69
Receiving a diagnosis .....	71
Implications for women.....	73
Summary .....	75
<b>Chapter 6 – Tell me what my particular problems are – The Search for Relevant Information</b> .....	76
Introduction .....	76
Failing to meet individual information needs.....	76
I don't think I was told much.....	81
Being inundated with information.....	85
Deciding whether to attend Phase 2 education classes.....	88
Summary .....	93
<b>Chapter 7 – You just sort of box on – Carrying on After a Heart Attack</b> .....	95
Introduction .....	95
Adjusting to life after a heart attack.....	95
Somebody to talk to .....	100
Searching for the cause of a heart attack .....	103
Not being able to identify a cause.....	114
It's not being able to drive .....	120
It's a constant trek .....	121
Summary .....	124
<b>Chapter 8 – Discussion and Recommendations</b> .....	126
Introduction .....	126
Discussions relating the themes .....	126
Implications for nursing .....	133
Limitations of the study .....	134
Recommendations for further research.....	135
Summary of the study .....	136
<b>Appendices</b>	
Appendix A – The Six Stage Plan .....	137
Appendix B – Recruitment Plan .....	138
Appendix C – Return Form.....	139
Appendix D – Information sheets .....	140
Appendix E – Consent form .....	141
Appendix F – Confidentiality form.....	142
<b>References</b> .....	143

## FIGURES

Figure 1 – Age range of patients.....	33
Figure 2 – First thoughts on themes .....	42
Figure 3 – Final themes and sub themes.....	45
Figure 4– Selected ways to access and seek help.....	64