EXPERIENCE OF PATIENTS WITH ACUTE MYOCARDIAL INFARCTION IN SARAWAK GENERAL HOSPITAL HEART CENTER

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EXPERIENCE OF PATIENTS WITH ACUTE MYOCARDIAL INFARCTION IN
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PENGALAMAN PESAKIT DENGAN SERANGAN JANTUNG AKUT DI PUSAT
JANTUNG HOSPITAL UMUM SARAWAK

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Tesis yang dikemukakan
untuk memenuhi keperluan bagi
Ijazah Sarjana Sains (Kejururawatan)

Fakulti Perubatan dan Sains Kesihatan
Universiti Malaysia Sarawak

2014
AUTHOR’S DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of Universiti Malaysia Sarawak. It is original and is the result of my work, unless otherwise indicated or acknowledged as referenced work. This thesis has not been submitted at Universiti Malaysia Sarawak or to any other academic institution or non-academic institution for any other degree or qualification.

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ABSTRACT

In the management of Acute Myocardial Infarction (AMI), delay in seeking treatment after symptom onset and psychological difficulties during recovery could have great consequences on prognosis. This study was done to seek for an understanding on how AMI patients' experience and perception might influence their interpretation and coping strategies in the course of AMI. The objective of this study was therefore to explore the experience, process of perceiving the event, and the coping strategies of patients with AMI. Qualitative research approach was used and nineteen AMI participants were interviewed through in-depth, individual, and semi-structured interviews to obtain data for analysis. The Common Sense Model of Illness Representation (Leventhal, Meyer, & Nerenz, 1980) underpinned the methodology and guided the interpretation of the findings. Five themes that emerged from this data analysis highlighted the inadequate knowledge of AMI symptoms, poor severity recognition, and delay to seek treatment in pre-hospital phase. As participants progressed through the in-hospital phase, initial difficulties of shock and disbelief about diagnosis later was found to extend to psychological difficulties and perceived difficulties to adhere to healthy lifestyles. The importance of this study is its contribution in adding new knowledge to an under researched issue in Malaysia. Findings indicate the reality of participants' experience that cannot be ignored. Support is needed for their lack of situation control. These findings provide a basis for assessing, planning, implementing, evaluating nursing care for AMI patients to reduce decision time to treatment and foster success in promoting recovery and lifestyle changes.
ABSTRAK

perancangan, pelaksanaan, penilaian dalam penjagaan jururawat ke atas pesakit serangan jantung akut bagi mengurangkan masa mendapatkan rawatan dan menjayakan promosi pemulihan serta perubahan ke atas gaya hidup yang sihat.
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<td>ACS</td>
<td>Acute Coronary Syndrome</td>
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<tr>
<td>AMI</td>
<td>Acute Myocardial Infarction</td>
</tr>
<tr>
<td>CCU</td>
<td>Coronary Care Unit</td>
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<tr>
<td>PCI</td>
<td>Percutaneous Coronary Intervention</td>
</tr>
<tr>
<td>SGH</td>
<td>Sarawak General Hospital</td>
</tr>
<tr>
<td>SGHHC</td>
<td>Sarawak General Hospital Heart Center</td>
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<tr>
<td>Keys or symbols</td>
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<td>Name</td>
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<td><em>Excerpts</em></td>
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<tr>
<td>“Phrase”</td>
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<td>…/…</td>
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<td>...</td>
<td>This symbol represents unrelated words, phrases or sentences in the excerpts by the participants, and/ or a pause during interview.</td>
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<td>[ ]</td>
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Adopted with permission from Zabidah (2010).
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CHAPTER 1: INTRODUCTION

1.1 Introduction to chapter one

This chapter provides an introduction to this research. It orientates how research problem, research questions and objectives were developed.

The purpose of this research is to explore in-depth how patients experience an Acute Myocardial Infarction (AMI), from the symptoms onset, through hospitalization. The focus is to describe their experience, process of perceiving the event of AMI and their coping strategies. The main thrust is to identify their difficulties and source of help. This understanding through patients’ experience is essential to look closely into the types of support that AMI patients needed.

This chapter starts with the description of motivation for this research, and how it turns into my choice of title.

1.2 Motivation for research

The choice of title for this research was influenced mainly by my thought pattern, which has been developed over the years from my personal experience as a nurse, the phenomenon of interest, and my concerns in helping AMI patients.
1.2.1 Personal experience as a nurse

In the last four years, I have been working in Coronary Care Unit (CCU), Sarawak General Hospital Heart Center (SGHHC) and in direct contact with AMI patients. I developed an interest to understand their experience of suffering an AMI through this special connection. I have been exploring my understanding of their experience through my conversation with them informally. I learned that this experience is traumatic and difficult for them. However, in my efforts to figure out how to help and support them, I found that the whole experience was poorly understood. I could not forget one of the CCU patients said this to me:

The big fear and worry for me is that the real cause of my heart attack is still a mystery and I'm afraid that it could happen again (CCU, SGHHC patient).

Looking at anecdotal report, most AMI patients in CCU, SGHHC tend to delay in seeking treatment, from hours to days of delay. Their symptoms vary, from mild to severe. Some suffered complications as a result of delay in seeking appropriate treatment, such as heart failure, arrhythmias, and at worst, death. Statistics from CCU, SGHHC (2011) have shown that 236 patients were admitted for AMI in 2010, which account for 58 percent of total admission and the number of AMI cases is showing an increasing trend from year to year. Many had died from AMI before reaching SGHHC or in ambulance; however there was no proper documentation on this number in my hospital setting. World Health Organization estimated that more than three million people have AMI a year worldwide and ten to fifteen people died of AMI every hour (Lee, 2011; White & Chew, 2008).
I felt challenged as a nurse because I recognized patients did not get the supports they needed in many ways. Therefore, I became motivated to address this concern. My desire was to try to understand this experience from AMI patients. From this understanding, my wish is to turn it into knowledge, which might enlighten nursing practice and nursing research.

### 1.2.2 Phenomenon under enquiry

The annual report of National Cardiovascular Disease Database-Acute Coronary Syndrome (ACS) registry have shown that 4666 patients were admitted for AMI in Malaysia from 2006 to 2008, which accounted for 45.2 percent of all ACS cases admitted in hospital (Lu, Lee, & Liew, 2010). Lu et al. (2010) also reported that overall in these 4666 AMI patients, 450 AMI patients (10%) died in hospital, and 851 (18%) of them had 30-day mortality. These statistics support the necessity for immediate attention of research in AMI patients in the Malaysian context.

The high mortality rate of AMI was found to be associated with delay presentation and psychological difficulties in studies done overseas. Treatment of AMI is highly time dependent, and every minute of delay counts (Luca, Suryapranata, Ottervanger, & Antman, 2004). When experiencing an AMI, an individual response to the symptoms has great consequent for the prognosis. Those who wait and delay in seeking medical care risk themselves permanent myocardial damage, heart failure, and at worst, their lives.

Early reperfusion, either with primary Percutaneous Coronary Intervention (PCI) or thrombolytic therapy is needed, and is shown to have higher survival benefits within two hours from symptoms onset (Boersma, Maas, Deckers, & Simoons, 1996; Steg et al., 2003).
These benefits diminish rapidly with increase time to seek treatment, and with this delay, patients are less likely to benefit from the reperfusion techniques. Delay in treatment also results in extension of irreversible necrosis of myocardium (Liem et al., 1998; Reimer, Lowe, Rasmussen, & Jennings, 1977), heart failure (Afilalo, Piazza, Tremblay, Soucy, & Huynh, 2008), and delayed recovery (Brodie et al., 1998).

Incidence of cardiac arrest was also found high in the early stage of AMI (Li et al., 2013; Volpi, Cavalli, Santoro, & Negri, 1998). According to Sayer et al. (2000), patients successfully resuscitated from early ventricular fibrillation have the same prognosis as those without ventricular fibrillation after AMI. Therefore, immediate treatment is necessary because out-of-hospital cardiac arrest have been shown to have worse clinical presentation and higher in-hospital mortality (Lettieri et al., 2009; Pan et al., 2010).

Besides, there is also evidence showing that psychological interventions reduced mortality and reinfarction in AMI patients. This importance of psychological care was emphasized in a recent report in European Society of Cardiology (2013). It reported a research from Athens, Greece, presented at the Acute Cardiac Care Congress 2013 that psychological interventions halve deaths and cardiovascular events in heart disease patients. This study found that psychological interventions reduced mortality and cardiovascular events by 55 percent after two years or more.

Moreover, patients, who survive a first-time AMI, face the challenging process of adjusting to a chronic illness condition, negotiating recovery and resumption of activities, and altering important lifestyle habits (Cameron, Petrie, Ellis, Buick, & Weinman, 2005). Success in these