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**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

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## 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.

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