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Women with acute myocardial infarction: Meaning of lived experiences, narrated by patients, partners and nurses. Marianne Svedlund, Department of Nursing, Umeå University, Umeå, Sweden

ABSTRACT

The overall aim of this thesis is to illuminate the meaning of lived experiences in connection with acute myocardial infarction (AMI). The study focuses on the experiences of *women* who have been afflicted with AMI, both during the acute phase (**I**) and during the recovery/rehabilitation period (**III, IV**). Also included, are the experiences of the *partners,* being a relative and having to face the life-situation which arises in connection with AMI (**II, III, IV**). This thesis further illuminates how this event has affected the couples relationship in daily life (**IV**). Finally, the experiences of the *coronary care nurses* (CCNs) caring for people affected with AMI are studied (**V**).

Ten women (aged below 60) and their partners were interviewed in the acute phase of the illness. Nine couples were also interviewed three respectively twelve months after the event (n=56 interviews) *i.e.* they narrated their experiences after AMI and how this had affected their relationships and their daily lives. In addition, thirty-four nurses narrated their experiences of caring for people with AMI. The text was interpreted using a phenomenological hermeneutic approach.

The findings show that women, both in the acute phase and during recovery/rehabilitation, disclosed that they did not want to talk about their AMI affliction (**I, III, IV**) *i.e.* they were being considerate of their partner's feelings (**IV**) and during hospitalisation did not want to be regarded as a troublesome person (**I, V**). They did not want to face the reality (**I, II**) and distanced themselves from their feelings as they carried a sense of guilt and shame for being ill (**I**). Women struggled against their illness alone (**I, III**) and their partners were not allowed to share the burden (**IV**). During the acute phase partners disclosed that they passively adapted to the ongoing event (**II**). During the period of recovery/rehabilitation, and even after one-year partners arose as powerless and tried to adapt to what had happened. They sought a normalisation and wanted to go back to life as it had been (**III**). There is no room for the partners in these phases of the illness (**II, III**). However, for some couples, AMI had brought them closer together (**III, IV**). In partners' narrations about their women, women arose as vulnerable and did not want to share their feelings and thoughts with the partners (**III**). The study disclosed the phenomenon of living somewhat in "discordance" and showing consideration to each other in order to protect the partner. A lack of verbal communication appeared between them but a non-verbal communication arises. In that, women may experience loneliness as well as their partners, who were not allowed to share their feelings about the event (**IV**). The findings show that CCNs caring for AMI patients revealed into two poles (distance and relation) and three views of the same phenomenon, *i.e.* of caring for AMI patients. In the 'pole of relation' it appears that those CCNs displayed a 'reading of' and 'adapting' to the patient and the situation, as well as 'coming close' and 'helping' in different ways. Most of them tried to establish a close relationship. In the 'pole of distance' CCNs disclose a feeling of inadequacy in facing the relatives, and that they could not get close to them (**V**).

The study shows a lack of verbal communication, but the women and their partners sense how the partner feels without verbal communication. The CCNs had to meet these distanced people and at the same time be able to communicate with them "where they are", in all phases of the illness. Actually, it seems that CCNs "wait for the right moment" to meet people in their "view of caring".

These findings can be related to how the staff experiences trying life-situations when encountering patients and relatives whom are in crisis. The knowledge about how patients and partners in this study had experienced their first year after an AMI can be applied to similar situations and could be used by nurses when reflecting upon the care they delivering. Such reflection should indicate recognition that foundations for successful recovery and rehabilitation may be laid even during the early stages after AMI.

Key words: communication, couple, discordance, guilt, interview, loneliness, phenomenological hermeneutic, powerlessness, relationship