



An exploration of the patient's experience following an acute myocardial infarction and subsequent participation in a clinical research study

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Project background

A total of 1,400 patients a year attend the primary angioplasty programme at Harefield Hospital, in west London – 900 of whom receive emergency angioplasty (stent) treatment after their heart attack. Angioplasty is now a more common treatment for coronary heart disease than bypass surgery, but there is little understanding of patients' experiences of this treatment, or how such experiences are affected by subsequent participation in a clinical research study.

Aim and objectives

The aim of the project was to explore the experience of people who had suffered a heart attack and also agreed to participate in a research study at Harefield Hospital. To achieve this, the objectives identified were to:

- Engage key stakeholders
- Gather the patient experience using an emotional touchpoint approach
- Gather the nursing staff's experience of caring for those who had suffered a heart attack using the emotional touchpoint approach

Implications for practice

- The emotional touchpoint tool is adaptable and can be used to compare and contrast different perspectives, for example those of patients and healthcare professionals
- Conflicting priorities, such as research and safe discharge, need to be explored openly

This project was supported by the FoNS Patients First Programme in partnership with The Burdett Trust for Nursing

Key activities and outcomes

• Establishing the project team

The first priority for the project leader was to establish a project team. Staff representatives from across the coronary ward, the catheter laboratory and the research team joined the project team, which met every second month.

• Nursing staff experiences

Seventy questionnaires were circulated to staff and a total of 22 members of nursing staff were interviewed: 10 on a one-to-one basis and 12 in two focus groups. The project team chose an emotional touchpoint approach (tinyurl.com/UWS-touchpoints) to explore how staff felt, and thought patients felt, at key points (or touchpoints) of the hospital stay, such as being notified of a new patient, the angioplasty procedure, arrival on the ward, the impact of a heart attack and preparation to go home.

All staff respondents recognised how scared and powerless patients may feel, the importance of personal dignity throughout their stay, the significance of pain control, and that facilitating a safe discharge was key to long-term recovery. The nurses recognised the need for research but there were concerns that research participation might overload patients and hamper their retention of important discharge information.

• Patient experience

Eleven heart attack patients agreed to participate and were interviewed four to six weeks after discharge, using the emotional touchpoint framework. The touchpoints used included: experiencing chest pain; arriving at the hospital; the angioplasty procedure; the research experience; preparing to go home; and the impact of the heart attack. The results were themed and four key themes emerged: the intensity of chest pain; fear and lack of control; relief following the angioplasty procedure; and the desire to help others through research participation.

In many ways, the staff and patient perspectives aligned; both acknowledged the seriousness of the heart attack situation and believed nurses act in an efficient way to ensure prompt and compassionate treatment. However, in some areas there was a difference of emphasis; both saw the benefit of clinical research, but nurses were aware its timing needed careful management to avoid any risk of research information diluting discharge information, while patients strongly welcomed the chance to take part in the research as a way to help future patients. Also, while pain was addressed as a priority by nursing staff, there appeared to be a lack of understanding of how the memory of the heart attack pain stayed with patients beyond the event.

• Recommendations

Based on staff narratives, the project team is exploring ways to improve the discharge service on one of the cardiology wards, and is also looking to gauge if discharge information is retained by patients who have agreed to take part in a research study. Based on patient narratives, the team is planning to include the issues of fear and lack of control on nursing study day agendas. The team also wants to look at ways to help ward and catheter laboratory nurses feel more involved in research.