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Women's Experience With Heart Disease

Women's perceptions of biases and barriers in their myocardial infarction triage experience



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ABSTRACT

Objective: To examine women's perceptions of their emergency department (ED) cardiac triage experience for myocardial infarction (MI).

Background: Prompt ED recognition and rapid triage of women is a key component of implementing life-saving interventions for acute MI. Women perceive their symptoms are often ignored by health care providers and not taken seriously.

Methods: A qualitative study was conducted using focus group methodology. Narrative descriptions were transcribed verbatim and analyzed using the Krueger method.

Results: Content analysis revealed perceptions of support and barriers. Supports included ED providers and ED status. Barriers were time delays, communication issues, and biases based on age and gender. These perceived barriers contributed to women's perceptions of disparate treatment.

Conclusions: Women with MI perceived multiple barriers to their prompt recognition and treatment. Evaluation of care delivery processes are needed to reduce barriers and facilitate the prompt and accurate treatment of women for MI.

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Introduction

Every 10 min a woman dies from a myocardial infarction (MI).¹ Yet, symptoms of impending MI in women are less likely to be recognized than in men.² Women are less likely to receive recommended diagnostics/treatments^{2–7} and are more likely to die,^{4,8,9} especially after an abnormal electrocardiogram (ECG) with ST-elevation.^{4,10} Further, women perceive that their symptoms are often ignored by health care providers and not taken seriously.^{11,12} Women who present with symptoms suggestive of acute MI are less likely to be correctly triaged compared to men,¹³ even though triage category is a significant predictor of door-to-balloon delays.² Prompt recognition and rapid triage of women with acute coronary syndromes in the emergency department (ED) is a key component

of implementing evidence-based, life-saving interventions for MI.^{14,15} The American College of Cardiology (ACC) and the American Heart Association (AHA) guidelines^{15,16} and performance measures¹⁷ for women who present to the ED with coronary symptoms call for an initial physician-read ECG within 10 min,^{15,16} thrombolytics administered within 30 min¹⁵ and/or percutaneous coronary interventions (PCI) performed within 90 min.¹⁵ However, only about 38%–53% of women receive timely PCI,^{2,9} primarily due to lack of initial ECG interpretation.¹⁸

Investigators have examined the cardiac triage decisions of ED nurses,^{13,19–26} who are often the first health care provider to evaluate and triage women for MI and initiate guideline recommendations. Results indicated that nurses do not always recognize women's cardiac symptoms¹⁹ and their practice does not consistently adhere to MI evidence-based guidelines.²⁰ Frequently, there is a mismatch in the MI symptoms experienced by women and those recognized by nurses. Despite having chest pain, if women are laughing or crying or arrive to the ED wearing full make-up and mascara,^{25,26} the severity of their chest pain is minimized. This may be the result of social norms that interfere with nurses' ability to consider an acute cardiac cause for the symptoms.²⁵ An additional factor that may hinder a timely triage process are the inadequacies in the present nurse triage system.^{13,27}

Abbreviations: ACC, American College of Cardiology; AHA, American Heart Association; ED, Emergency department; ECG, Electrocardiogram; MI, Myocardial infarction; PCI, Percutaneous coronary interventions; PI, Principal investigator.

Conflicts of interest: none.

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While explicating and understanding the triage decision of ED nurses is critical to achieving prompt and accurate triage of women who present with MI, less is known about the personal experiences of women within the ED health care system that may affect the accuracy or timeliness of nurses' cardiac triage decisions. More than a decade ago, the Institute of Medicine's *Crossing the Quality Chasm*,²⁸ report called for a patient-centered reorganization of the U.S. health care system to achieve the delivery of timely, equitable and high quality health care for all Americans – a goal that has yet to be fully realized for all patients treated in the ED for acute MI.

Therefore, the purpose of this study was to examine the cardiac triage experiences of women who presented to the ED with an acute MI. The specific aims were to: 1) ask women to describe their MI triage experience; 2) identify perceived barriers or supports within the ED triage setting/environment that facilitated or hindered the prompt and accurate recognition of their cardiac symptoms; and 3) to assess the perceptions of disparities among women treated for MI.

Methods

A qualitative, descriptive study was conducted using focus group methodology to examine the triage experiences of women who present with symptoms of acute MI. The University of Michigan IRB reviewed the study protocol and determined it met the requirements of a protocol exempt from ongoing IRB review. Written informed consent was obtained from each participant before the focus group discussion began.

Data collection procedures

Multiple strategies were used to recruit participants and included email communications, website postings and direct mailings. Email communications were used to recruit members of a Midwestern association that promotes heart health. Emails were identified as the preferred way to contact potential participants. Potential participants were also recruited by posting the study on the UMClinicalStudies website (UMClinicalStudies.org). In addition, direct mailings were sent to women who had completed cardiac rehabilitation post MI at a large, tertiary care university affiliated cardiac rehabilitation center. Email communications, website postings and direct mail letters described the study, its inclusion criteria, time commitment, honorarium and name and contact information of the principal investigator (PI).

To be eligible to participate in this study, participants had to be an adult woman (\geq age 18) who had an MI within the last two years, treated in an ED, able to understand and read English, willing to provide an oral description of the experience and able to donate approximately 1 h of time to participate in a focus group session. The two year post-MI timeframe was selected to allow time for potential participants to complete their cardiac rehabilitation and to increase the likelihood of recruiting potential participants once the cardiac rehabilitation process was finished. Excluded were women who arrived to the ED via ambulance, did not have normal hearing at conversational tone or were unable to provide a verbal description of their MI ED triage experience in English.

Potential participants contacted the PI via email or telephone who explained the nature of the study and answered all study related questions. For those who agreed to participate, a mutually convenient date and time was scheduled for the focus group sessions. To maximize participant attendance, a reminder telephone call or email was sent to all participants within 48 h of the scheduled focus group session. Focus group sessions were conducted at the University of Michigan, School of Nursing or at a

university affiliated, tertiary care cardiac rehabilitation center, depending upon the preference of the participants. The PI and first author, an experienced qualitative researcher, trained in focus group methodology, conducted all of the focus groups. A research assistant, who was trained by the PI in study related protocols and who completed University of Michigan HIPAA training, was present during the focus group sessions to assist with the setup of light food and refreshments, data collection and participant remuneration.

At the beginning of each focus group session, the consent process was completed with each participant having an opportunity to ask questions prior to beginning the discussion. Next, demographic data were collected. Participants were informed that focus group sessions were going to be audio recorded. This process enabled the PI to actively observe and listen during the discussion, to ensure accurate transcription, to enhance ecological validity and to provide an accurate account of the dialog for theme and meaning extrapolation. Participants were encouraged to interact and respond in a natural, open manner.

The interview guide for this study (Table 1) was developed to introduce the topic of discussion, with logical links between the introductory questions and key study questions, ending with questions about any other pertinent information or comments. To this end, participants were asked to describe their experience of being triaged in the ED for their MI symptoms (introductory question). In particular, women were asked key questions of the study that were to describe the admitting process (e.g., where they were initially directed, who they spoke to, what questions were initially asked of them and by whom, what information they shared with the triage nurse regarding their symptoms). Next, they were asked to identify barriers or supports within the ED triage setting/environment that facilitated or hindered the prompt and accurate recognition of their cardiac symptoms. Last, participants were asked to indicate if they had any perceptions of disparate MI treatment. If they answered yes, then participants were asked to provide a description of the experience.

Participants were provided an opportunity to add any other pertinent information or comments. When they felt they had completely described their experiences, the focus groups were completed and the narrative descriptions were summarized. During this, participants were given an opportunity to add, clarify or question the summation. At the completion of the focus group session, each participant was thanked for their participation and received a \$75.00 honorarium for their time and effort and to cover the cost of local travel and parking. Focus group sessions ranged in duration from 48 to 65 min.

Table 1

Focus group interview questions.

1. Please describe your experience of being triaged in the emergency department for your symptoms of a heart attack.
2. In particular, please describe the admitting process.
 - a. Where were you initially directed?
 - b. Who did you speak to?
 - c. What questions were initially asked of you? By whom?
 - d. What information did you share with the triage nurse about your symptoms?
3. Next, please describe barriers or supports within the emergency department triage setting/environment that helped or hindered the prompt and accurate recognition of your cardiac symptoms.
4. Lastly, please indicate if you had any perceptions of disparate treatment for your heart attack.
 - a. If yes, please describe the experience.
5. Is there any other pertinent information or comments you would like to add? Once focus groups are completed, the descriptions will be summarized. Participants will be asked if they would like to add, clarify or question the summation.

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