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A Holistic Exploration of Fatigue Experienced by Women before a Myocardial Infarction

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Introduction

Most women report fatigue in the weeks and months leading to a myocardial infarction (MI). However, fatigue is a complex phenomenon. Dimensions of this MI-related fatigue, such as timing, distress, intensity, quality, patterns, and associated characteristics have not been established through focused study of this symptom. A lack of a holistic understanding of this symptom makes clinical decision-making difficult, given that fatigue is a frequently reported symptom overall.

Purpose

To explore adult women's unique and shared experiences of prodromal myocardial infarction fatigue

Theory

Theory of Unpleasant Symptoms (Lenz et al., 1997) served as theoretical framework, informing:

- ✓ Selection of demographic and clinical variables
- ✓ Conceptualization of symptoms
- ✓ Development of semi-structured interview instrument
- ✓ Analysis of findings

References

- Lenz, E. R., Pugh, L. C., Milligan, R. A., Gift, A., & Suppe, F. (1997). The middle-range theory of unpleasant symptoms: An update. *Advances in Nursing Science*, 19(3), 14-27.
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.

Setting/Sample

- Large, Magnet®-designated hospital in the Midwest; two cardiac wards
- Purposively-enrolled women who experienced type 1 MI and a family member or close friend

Design

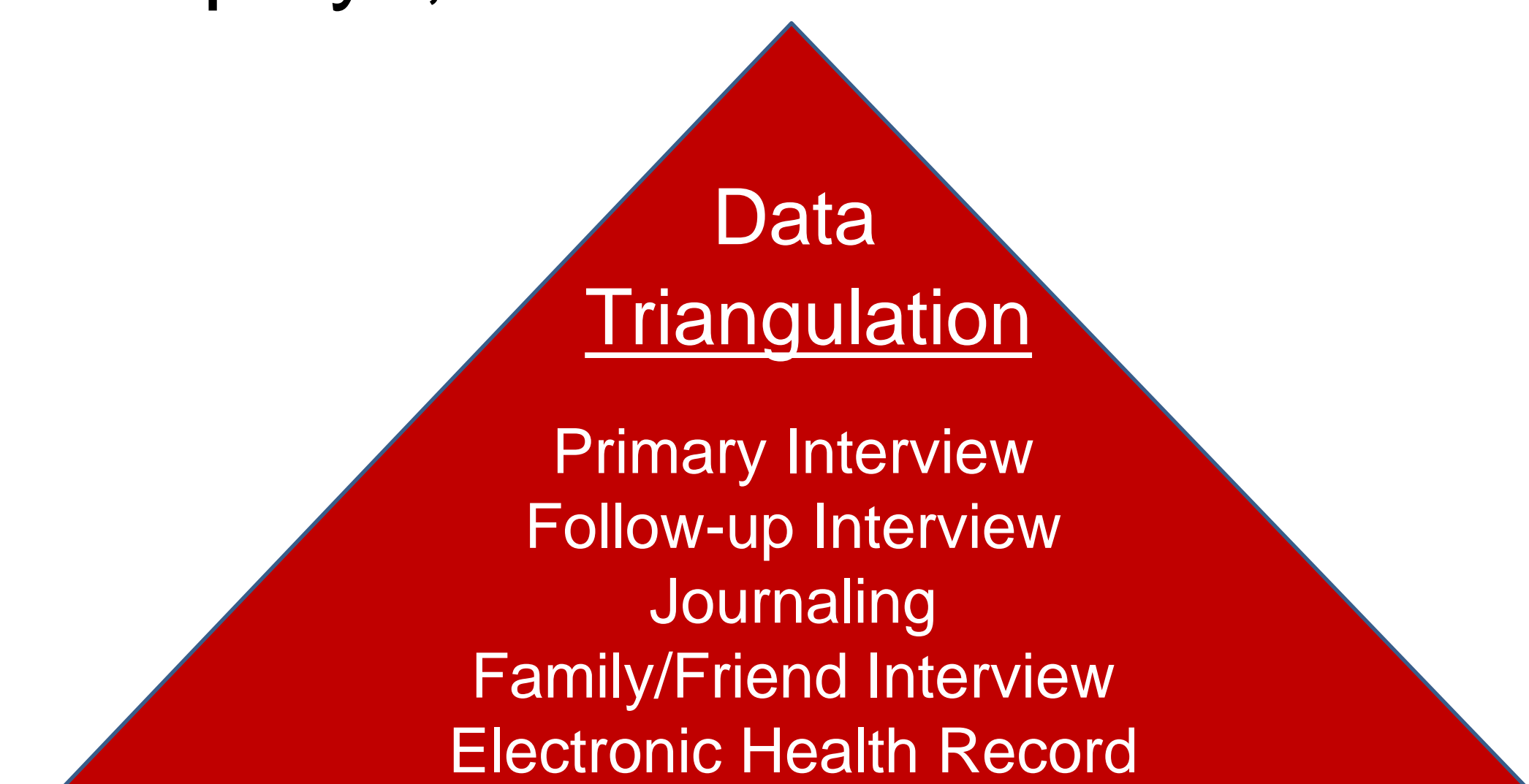
- Descriptive, qualitative, multiple case study (Merriam 1998, 2009)

Data Collection

- Primary and follow-up interviews, journaling
- Interview with family member/friend
- Electronic health record

Data Analysis

- Inductive, comparative
- Content analysis, coding, data displays, within- and across-case



Results

Selected Demographic and Clinical Variables of Participants

Pseudonym	Age	Race	Relationship Status	Work Status	Education	Menopause	History of CAD	MI Type
Anne	42	White	Married	None	High school	Pre	Yes	NSTEMI
Sheryl	71	White	Single	Part-time	Bachelor's	Post	Yes	NSTEMI
Mary	60	White	Divorced	Non	Associate's	Post	No	NSTEMI
Kathy	59	White	Widowed	Part-time	High school	Post	No	STEMI
Sheila	46	White	Married	Full-time	High school	Pre	Yes	STEMI
Faye	81	White	Married	None	Some college	Post	Yes	NSTEMI
Janet	60	White	Divorced	Full-time	High school	Post	No	STEMI
Sandra	63	White	Divorced	None	High school	Post	No	STEMI
Jill	53	White	Widowed	Full-time	Some college	Post	No	NSTEMI
Marge	84	White	Widowed	None	High school	Post	No	NSTEMI

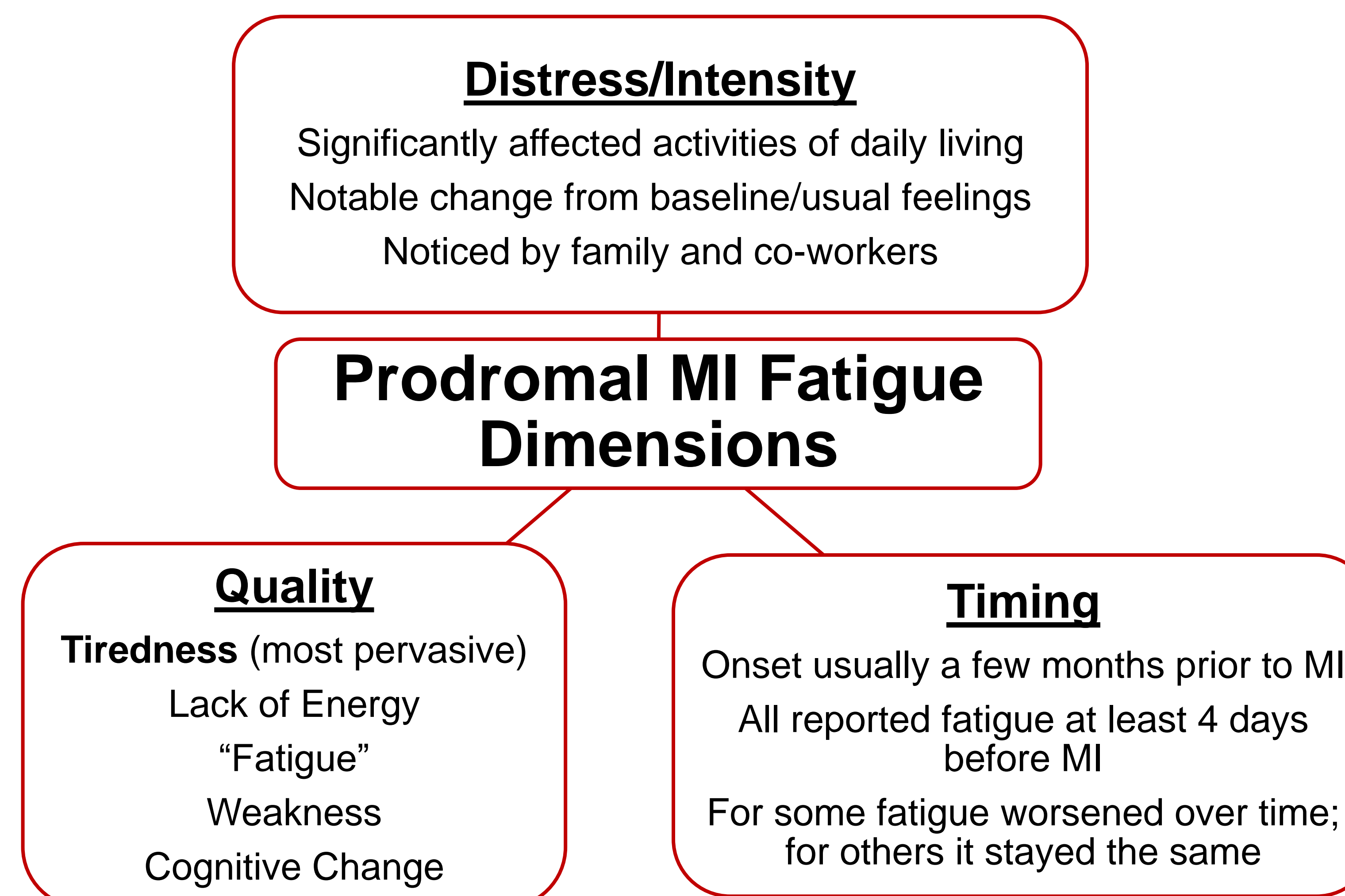
Exemplars

"It slowed me down. I was bowling, and I stopped. And I like gardening. Here lately it was a chore. I slept a lot during the day, and I'm not a day sleeper. If I'd had to pick up a coffee cup, I don't think I could have. Just regular things – doing regular things was hard to do." – Faye

"It's just not been me. I'm usually a pretty active person. And I haven't been myself. My son, his family, everybody has been saying this. I knew something was wrong." – Kathy

Conclusion

Prodromal MI fatigue was primarily described using the terms tiredness and a lack of energy. Some women described generalized weakness and cognitive fog. This fatigue was unusual and a notable change from baseline. The ability to perform activities of daily living was often affected. The findings of this study will advance symptom science and provide a clearer picture of this symptom. Future instrument development or selection will also be aided by the findings of this study.



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