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Integrating Feminist Theory into Myocardial Infarction Symptom Research

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ABSTRACT

Heart disease remains the number one killer of men and women globally, yet women have traditionally received less research attention in the cardiovascular literature, and an androcentric bias has persisted. Specifically, symptoms of myocardial infarction (MI) have been shown to be varied between men and women. Feminist standpoint theory is one perspective that researchers can use to explore the situated knowledge that women possess, given their unique experiences. This project incorporates a substantial body of literature, reviews feminist standpoint theory, and proposes three critical steps for MI symptom researchers to use as guides when conducting research. To advance the perspectives of women, it is important that women are included in the evidence base, bias is recognized and minimized, and the relevant questions are asked. This feminist approach has the ability to uncover previously unseen or unheard experiences on the part of women and can lead to improved, evidence-based outcomes.

INTRODUCTION & BACKGROUND

WOMEN & HEART DISEASE

- Cardiovascular disease is the number one killer of women nationally and internationally (Moran et al., 2014)
- About 1 in 20 adult women in the United States have heart disease (Mozaffarian et al., 2016)
- Over 250,000 women are hospitalized due to MI annually in the U.S. (Mehta et al., 2016)
- We still do not understand many symptom patterns associated with heart disease (Blakeman & Booker, 2016; McSweeney et al., 2016)
- Better understanding of MI symptoms can lead to improved outcomes via early recognition and management (McSweeney et al., 2016)
- Women:
 - May feel marginalized when seeking care for MI-related symptoms (Arnetz & Arnetz, 2009; Banks & Dracup, 2007)
 - Often attribute MI-related symptoms to other causes (Davis et al., 2013)
 - May assume they are not at risk of heart disease (Lefler, McSweeney, & Garner, 2013)
 - Delay care for MI symptoms (Kirchenberger et al., 2012; Sullivan et al., 2014)

INTRODUCTION & BACKGROUND (Cont'd)

FEMINIST THEORY

- Various "feminisms" exist (Harding, 2008, p. 13)
- Sandra Harding lead feminist thinking in regard to feminism, science, and epistemology (e.g., Harding, 1986; Harding, 1987; Harding, 1991)
- Feminist theory has been applied within nursing (e.g., Duffy, 1985; Im, 2010; MacPherson, 1983, McCormick & Bunting, 2002)
- Both an epistemology and methodology (Harding, 1986)
- Overall, feminist theories hold:
 - No true objective science
 - Those in power have influence on knowledge development
 - Women's perspectives are of central concern

FEMINIST STANDPOINT THEORY

- A standpoint: "A morally and scientifically preferable grounding for our interpretations and explanations of nature and social life" (Harding, 1986, p. 26)

METHODS

- Comprehensive literature review:

DATABASES	SEARCH TERMS
CINAHL	Various Combinations: "feminist theory" "feminism" "standpoint" "second wave" "science"
PubMed	
SocINDEX	
ERIC	
JSTOR	
Philosopher's Index	"philosophy"
Project Muse	"nursing"
Web of Science	"myocardial infarction" "symptom" "women"

- Ancestry approach

FINDINGS & LITERATURE SYNTHESIS

Incorporating feminist methodology into MI symptom research involves:

- Including women as participants in research
- Recognizing and considering bias in the context of strong objectivity
- Asking the relevant questions

FINDINGS & LITERATURE SYNTHESIS

1. Including women as participants in MI symptom research

- Women historically underrepresented in cardiovascular literature (McSweeney et al., 2016)
- Differences between men and women now evident in several areas of cardiovascular research (e.g., Bairey Merz et al., 2006; Blakeman & Booker, 2016; Devon, Pettey, Vuckovic, Koenig, & McSweeney, 2016; McSweeney et al., 2016; Mehta et al., 2016; Mieres et al., 2014):
 - Anatomy & Physiology
 - Pathophysiology
 - Symptom experience
 - Symptom attribution
 - Risk factor contributions
 - Optimal treatment & prevention strategies
- Women have a "situated knowledge" that is unique and provides rich insight (Haraway, 2001; Harding 1986, 1987)
- Women have unique "ways of knowing" (Belenky et al., 1986)

2. Recognizing and considering bias in the context of strong objectivity

- Person or people conducting research play a large role in the findings, given inherent personal biases and biases of the system at large (Harding 2004, Rodgers, 2005)
- MI symptom researcher must be highly reflexive and reflect on personal values and beliefs (Harding 1986, 1987, 1991)
- Traditional scientific methodologies not actually objective (Harding, 1986, 1987)
- "Strong objectivity" is a key feature of standpoint theory (Harding, 1986)
- "Greater clinical uncertainty when interacting with female patients, beliefs or stereotypes about the behavior or health of female patients, and bias or prejudice towards women" is still extant (McSweeney et al., 2016)

3. Asking the relevant questions

- Who does the research benefit? It must help women. (Hall & Stevens, 1991)
- Historically, dominant groups (e.g. white men) have controlled what questions were asked and answered (Harding, 2004)
- Carefully examine questions being asked to screen for bias
- Recognize areas where bias may exist and then adapt questions to recognize those biases (e.g. provider bias)

CONCLUSIONS & IMPLICATIONS FOR NURSING

- Women and men attribute and experience MI symptoms differently
- Feminist theory serves as one lens or framework from which to conduct MI symptom research
- Terminology used and future studies should take into account bias more fully (even if unconscious or unintended)
- Both quantitative and interpretive research approaches may incorporate feminist theory and feminist standpoint theory
- Given extant and historical biases, feminist standpoint theory may provide a less biased view of MI symptoms experienced by women
- Further exploration of symptom patterns, symptom recognition, quality descriptors, and impacts on daily life would enrich the literature and provide additional insight, ultimately leading to improved outcomes for women

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