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Patient Education of Cardiac Patients
A Nursing Journal Club

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<p>Cardiovascular diseases affect many people in Finland. One way to support this patient group is patient education. Since the time spent in the inpatient settings is limited, treatment and education of cardiovascular patients is currently focused mainly on the outpatient settings. This creates pressure for the nurses due to the strict time-frame and high turnover of patients.</p> <p>The purpose of this final project was to find evidence-based knowledge on the patient education of a cardiac patient and to implement a nursing journal club. The research questions were when and how the education for heart patients should be conducted. This final project was done in co-operation with the cardiac outpatient clinic in the University Hospital of Helsinki where the collected knowledge was presented in four journal club sessions.</p> <p>Data collection was done following the basics of literature review and by conducting multiple database searches. A more in-depth analysis was conducted once five most relevant articles were found. These five articles were presented to the nursing staff of cardiac outpatient clinic in Meilahti during May 2011.</p> <p>The issues presented in the nursing journal clubs were focused on the learning needs of cardiac patients, different kinds of patient education methods and the psychological pathway of a patient suffering from a cardiovascular illness. The focus was on going through the results of each article and discussing them together with the nurses. Based on the discussion, it became clear that most crucial points that rose from the articles chosen were taking patient's individual needs into consideration and the importance of consistent planning and documenting care.</p>	
Keywords	Patient education, journal club, cardiac patient

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<p>Sydän – ja verisuonisairaudet vaikuttavat lukuisten suomalaisten elämään. Potilasohjauksella pyritään tukemaan näitä potilaita heidän kohtaamisissaan haasteissa. Koska sairaalan vuodeosastoilla vietetyt hoitajaksot ovat nykyään hyvin lyhyitä, sydänpotilaiden hoito ja ohjaus on keskittynyt lähinnä avohoitosektorille, missä haasteita hoitajien näkökulmasta ovat tiukka aikatauluus sekä potilaiden suuri vaihtuvuus.</p> <p>Tämän opinnäytetyön tarkoitus oli löytää näyttöön perustuva tietoa sydänpotilaan potilasohjauksesta ja toteuttaa hoitotyön tutkimusklubi. Tutkimuskysymykset olivat milloin ja miten sydänpotilaan ohjaus tulisi toteuttaa. Tämä opinnäytetyö oli Metropolia ammattikorkeakoulun sekä Helsingin yliopistollisen keskussairaalan välinen yhteistyö ja tutkimusklubi järjestettiin sydäntautien poliklinikalla Meilahdessa.</p> <p>Tiedonkeruu toteutettiin kirjallisuuskatsauksen peruserämuotoa mukaisesti ja lukuisia tietokantoja käytettiin hyväksi aineiston keruussa. Viisi artikkelia, jotka valittiin käsiteltäviksi tutkimusklubeissa, analysoitiin tarkemmin ja nämä artikkelit esiteltiin poliklinikan hoitajille neljällä erillisellä kerralla toukokuussa 2011.</p> <p>Tutkimusklubeissa esitetyt aiheet keskittyivät sydänpotilaiden oppimistarpeisiin, erilaisiin ohjausmetodeihin sekä sydänsairaudesta kärsivän potilaan tunnepolkuun. Esitelmissä keskityttiin tutkimustulosten avaamiseen ja näistä keskusteltiin yhdessä hoitohenkilökunnan kanssa. Potilaiden yksilölliset tarpeet sekä yhdenmukaisen kirjaamisen tärkeys nousivat keskusteluissa selkeästi esille tärkeinä puheenaiheina.</p>	
Avainsanat	Potilasohjaus, tutkimusklubi, sydänpotilas

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1 Introduction

Cardiac diseases affect a large amount of people everywhere in Finland. Cardiovascular diseases are one of the leading causes of death in Finland at the moment. (Puska 2008: 26.) According to Sydänliitto [the Finnish Heart Association], cardiovascular diseases were responsible for over 40 % of all deaths during the year 2008. Cardiac patients are also receiving an increasing amount of attention globally since the number of these patients is constantly growing in industrialized countries due to aging population and longer life-expectancy caused by improved treatment methods (Cowie et al. 1997: 208). One tool to support this group of patients and to ultimately cut costs by reducing hospitalization is patient education.

Patient education plays a crucial role when talking about the nursing care of cardiac patients, regardless of the patient has had a myocardial infarction or has been diagnosed with a coronary artery disease. The patients need to be able to understand their illness and to manage and recognize symptoms. Often there is a need also for life style changes that take a tremendous amount of time and effort. (Strömberg 2002: 34.)

Patient education begins during a patient's stay in the hospital but should continue throughout a longer period of time in an outpatient setting (Sydänliitto). One example of this is HUCH cardiology outpatient clinic where patients with various cardiovascular problems are treated. Patient education is a significant subject for these nurses and for that reason they want current knowledge of this topic.

This final project was carried out as a nursing journal club and consisted of four organized sessions. Nursing journal clubs are meant to facilitate evidence-based nursing and encourage nurses to share information concerning current topics; in this case patient education of a cardiac patient. The project was done in co-operation with the nursing staff of Helsinki University Central Hospital cardiology outpatient unit and Metropolia University of Applied Sciences.

The purpose of this final project was to find evidence based research knowledge of patient education of a cardiac patient and to present it to the nurses in journal club

sessions. These articles were also meant to raise discussion on the state of patient education at the moment in their clinical settings. Our study questions were when and how the education for heart patients should be conducted. In addition, we were interested in the emotional path and the transition that this acute cardiac problem has caused to the patients. These topics were presented us by the nursing staff of the cardiac outpatient clinic.

2 Key concepts and background information

2.1 Earlier studies on cardiovascular diseases and patient education

Noncommunicable diseases are the leading cause of death around the world (World Health Organization [WHO] 2008: 13). The most significant disease group is cardiovascular diseases as these are responsible for 48% of all deaths caused by noncommunicable diseases. Cardiovascular diseases are also a major cause of morbidity and are costly for the society (Cowie et al. 1997: 219; WHO 2008:13).

Cardiac rehabilitation is important in the treatment of any cardiac disease. Cardiac rehabilitation is shown to improve the quality of life, lower the risk for new cardiac events and provide information (Banerjee et al. 2010: 342-343; Davies et al. 2010: 11-12; Rodrigues et al 2008: 260-263; Yu et al. 2004: 1921). In previous studies, it has been noticed that patients do want to have information concerning their health status and that the information is normally not sufficient for the patients (Banerjee et al 2010: 342-343; Rodrigues et al 2008:260-263; Strömberg 2002:34). On the other hand the number of patients who participate in this type of rehabilitation programs is low (Davie et al. 2010:11-12). One reason for the low adherence rates could be, like Clark, Barbour, White and MacIntyre (2004:9-12) suggest, different beliefs. According to Clark et al. (2004: 9-12) other patients who are receiving cardiac rehabilitation are a good aid in getting new patients participating in rehabilitation programs. Patients often have prejudice towards the health care providers, other patients and the benefits that the rehabilitation could provide. Based on these assumptions the decision then is made to participate. (Clark et al. 2004:9-12.)

2.2 Cardiac diseases in Finland

For the past decades, cardiovascular diseases have gained a tremendous amount of attention from health care professionals. This is because cardiac diseases have been one of the leading causes of death in Finland (Puska 2008:26). The situation was the worst in 1960 when coronary artery disease mortality rate was the highest in the world among Finnish men (Puska 2008:26). This raised the need to gather more information on population's health habits and come up with interventions to promote health and improve general health status.

Assessing the risk factor levels of cardiovascular diseases started in 1972 in the area of North Karelia and Savo. By the year 2007, some changes had occurred: serum cholesterol levels had decreased whereas obesity had increased, even though population's dietary habits seem to have improved. Smoking has decreased slightly as has the use of salt. Alcohol consumption in Finland is still high (85% among men in 2004, among women 88 % in 2004). (Puska et al 2009: 68, 75, 77, 89, 94.) Finnish population's blood pressure has improved but is still relatively high compared to other countries (Kansanterveyslaitos 2008:27).

2.3 Evidence-based practice

Originally evidence-based practice was limited to medicine. Sackett et al. (2000:1) describe it as "the integration of best research evidence with clinical expertise and patient values." The same principles can be applied in the field of nursing.

Evidence-based nursing can be described as linking latest research with the everyday nursing practice. The goal is to use science as a base for good nursing care without forgetting an individual patient's specific needs or limitations. The challenge for the nurse is therefore to apply the research guidelines to the patient case and use evidence as a guide in decision making. (DiCenso, Guyatt & Ciliska 2005: 4.)

According to the ethical guidelines of Sairaanhoidajaliitto (Finnish Nurses Association, 1996), it is every nurses duty to "continuously develop her competence" which includes educating and keeping up with new research knowledge. However, there still seems to

be a lack of knowledge and ability among nurses on how to find this research knowledge, how to analyze it and apply useful knowledge in one's own everyday nursing practice (Mills, Field & Cant 2011: 458).

2.4 Patient education

Since hospital-stays are becoming shorter and shorter, the importance of patient education is emphasized particularly in the nurse's work. There is hardly sufficient amount of time for the patient to adapt all the needed information during the short stay in the ward and therefore further patient education is usually provided in the outpatient settings. A well-organized, coherent patient education plan may play a vital role when ensuring patient's further commitment to the treatment (Jokelainen 2009:16).

Patient education aims to affect patient's habits, life-style choices and give knowledge in order to improve or maintain health. Patient education is a tool that can be used in health promotion or, for example, when helping a patient in adjusting to a chronic disease. (American Academy of Family Physician 2000:1712-1714.) Special characteristics of patient education of cardiac patients include supporting the needed life-style changes, educating about signs and symptoms, risk factors and making sure the patient follows the treatment instructions (Strömberg 2002:34).

A nurse's role in patient education is crucial. A nurse needs to identify patient's need for education, possible risk factors affecting the particular patient case and deliver needed knowledge in an understandable manner. (American Academy of Family Physician 2000: 1712-1714.) A nurse therefore needs to master good communication skills to be able to manage even in more difficult situations (Sheldon, Barrett & Ellington 2006: 141). In addition, a nurse should be open towards the patient's personal fears and wishes; a lack of empathy can make the patient unwilling to communicate with the health care professional (Farahani, Sahragard, Carroll & Mohammadi 2011: 325). Patient education can be described as "interaction between two equal individuals" (Jokelainen 2009:16).

2.5 Outpatient clinics and challenges in patient care

Outpatient clinics, "poliklinikka" in Finnish, offer short term and specialized care. The staff in cardiac outpatient clinics is educated to meet mainly patients suffering from different cardiovascular illnesses. Patient's care is organized so that the patient visits outpatient clinics on regular basis to follow their individual care plan. The visits are short, anything between 15 minutes to few hours, but patients do not stay overnight in these kind of settings.

According to the principles of patient centered approach, good nursing care is when the patient is met as an individual (Binnie & Titchen 1999:14). Also taking in to consideration the patient's different view of life and how she/he perceives the illness is one matter nurses should remember when giving care, according to Binnie and Titchen (1999:14). These aspects can be difficult to encompass in fast paced outpatient settings where the time is extremely limited.

A good nurse-patient relationship requires trust. Trust is something that cannot be acquired immediately, but is needed when forming a long care relationship. In the outpatient setting, developing this kind of mutual trust can be difficult because of the time-frame and high turnover of patients. By respecting the patient and acting professionally a nurse can enhance this kind of beneficial relationship. (Helsingin ja Uudenmaan sairaanhoitopiiri 2006.)

The clinic that the journal club sessions were carried out in is located in Meilahti hospital in Helsinki and is part of the Helsinki University Hospital. The patients treated in the clinic suffer from a variety of heart related conditions, including arrhythmias and pacemakers. Some of the patients have also gone through a cardiac surgery or have a heart transplant. Nursing staff gives guidance individually and in groups about subjects that are relevant to each patient group.

3 Methodology

3.1 Journal Club

Nursing journal clubs can be viewed as a tool to promote evidence-based nursing practice by bringing together the latest research and nursing staff. This is important because, as Kleinpell notes in her article (2002: 412) "Many nurses are hesitant to read research, often citing uncertainty about how to critique research and difficulty with interpretation". It seems that working nurses feel it is difficult to find relevant and accurate research evidence, discuss it with their colleagues and to find time to go through research articles (Nilsson, Nordström, Krusebrant & Björvell 1998: 802). Journal club aims to eliminate all these barriers.

One key characteristic in nursing journal clubs is putting the emphasis on finding solutions to concrete issues or problems in order to eventually improve patient care in the ward. This way the clinical nursing practice is connected with the research that is being presented. They were originally applied in the medical field but later were started to use in the field of nursing science as well. (Kleinpell 2002: 412.) Internationally Journal clubs have been used as a learning method and an education tool for more than a decade but in Finland they are still relatively new (Meriö 2009: 29).

Journal club session can be described as an educational meeting where current issues are discussed together through valid and up-to-date research articles. A general guideline for one journal club session is that it should take about 45 minutes to an hour. Nurses who are "at the receiving end" usually do not need to prepare themselves for the sessions, i.e. reading the article is preferable but not necessary.

The article is presented, for example, by the nursing student who is giving the presentation, starting with purpose, setting and population that the study deals with. Research method is also discussed but rather briefly. The main focus is put on the outcomes and time should also be given to discussion. In their discussion, the nurses are also encouraged to think about possible practice implications; the ways in which they would be able to benefit from this new information and use it in their work. This kind of reflection is a key element of Journal Clubs. (Luby et al 2006:100-102.)

3.2 Data Collection

Before embarking on the actual articles that would be used in the journal club, more basic information was needed about cardiac patients and illnesses. That information was searched from Terveysportti internet database for guidelines for nurses and different associations' internet pages were also visited. The searches focused on cardiovascular wellbeing. With that basic information, it was easier to start building a vision of what was wanted with the actual database search. Once the research questions were formed, based on the wishes of the nurses, the articles were searched based on their relevance to the chosen subjects. The aim was also to find articles that would concentrate on different aspects to ensure the subject would be discussed diversely.

The data collection was mainly done from the sources found on the Internet and the focus was put on nursing science journals and articles relevant to the nursing field. In the searches the used online databases were CINAHL, PubMed and Cochrane. The searches were also conducted in Finnish Terveysportti and generally on the Internet.

Manual search was done when a relevant article was found, by using "find similar results"-link. Also when a relevant article was found the journal providing it was searched. In the manual search of journals, no keywords were used as the journals were cardiac oriented by nature. By using manual search, articles that did not come up in the original search were found.

3.3 Inclusion and exclusion criteria

Journal clubs intend to provide nurses with the latest up-to-date information. This is why only articles that had been published during the last 5 years were searched. Since that did not result in efficient findings, the time-frame was expanded and articles published within 10 years were searched. The time-frame was not lengthened more to ensure that the offered knowledge was current. The included languages were English and Finnish. Only articles that dealt with adult patients were searched due to the fact that the clinic does not treat pediatric patients. In addition, only articles that had an abstract available were included. The searches were targeted to academic publications only.

To find relevant articles for the journal club some keywords were needed. Chosen keywords were nursing, cardiac, cardiac patient, psychosocial, psychosocial factors, patient education, empowerment, counseling, outpatient, acute and critically ill and journal club. The keywords were divided into three categories, one focusing on the patient group the study is conducted on (cardiac, cardiac patient, acute and critically ill, outpatient), second focusing on what is being searched about the group (nursing, patient education, empowerment, counseling) and third was any additional elements that were important (psychosocial factors, psychosocial and journal club). These keywords were used in the database search conducted in English.

The Finnish keywords were sydänpotilas, ohjaus, kirjallisuus klubi and hoitotyö. There were fewer keywords in Finnish because there were not as many databases in Finnish as there were in English. No Finnish articles ended up in the actual journal club sessions as such.

3.4 Database search

After finding the adequate keywords the actual search was conducted. Different combinations of keywords were used to enable the finding of various kinds of articles about the subject. Database search resulted in 762 articles (n=762) and the manual search resulted in three articles (n=3), giving the total of 765 articles (total n=765).

After the tentative database search, the number of relevant articles needed to be reduced and, thus, articles were excluded for different reasons. The most common reason for removing an article from the list was that it did not match the target group (adult cardiac patient) or the setting (outpatient). Another deficiency that was noticed was that the articles were not focusing on the educational aspect or, if they were it was rather shallow. Since patient education was the main feature of our search, articles that did not have that were not accepted. Articles were also deleted simply because it did not offer enough information even though the title suggested otherwise. At the same time, some articles were abandoned because the title did not match the search or was purely a review of the medical field.

All in all, these searches offered a large amount of articles even though some of the combinations gave the same results. Once the articles from different databases and

various journals were scrutinized by reading the abstract, the whole article or just the title, the possibly useable articles were limited to 10 (see Appendix 1).

3.5 3.5 Data analysis

Once the number of the articles was reduced to 10, the more close investigation of the articles started. All the articles were read through, and notes were done concerning the article's suitability for the journal club sessions. At this point, all the 10 articles were relevant to the subject but none of them answered to the research question itself. Because of that the attention shifted to the nurses in the outpatient clinic. The focus of the data analysis was to find information that would be the most beneficial for the nurses and at the same time offer them something new they do not know.

When analyzing the articles, the focus was on the information it offered. The main aspects of each article were written down to guide the further selection. The possible structure was kept in mind as the goal was to produce a harmonious series of sessions. With some help from the supervising teacher, five articles were chosen to be the ones to be presented in the journal club sessions. Those five articles were also run by the ward manager of the outpatient clinic.

To help the analyzing of the articles a tool "Determining Study's Applicability" by Lea-Riitta Mattila was used. With that tool, it was noticed that not all the chosen articles were written in a proper academic way, as some methodology was missing. It was concluded with the teacher that that was not a matter to drop out the otherwise informative articles. Once the analysis had been completed on each article, presentations were prepared.

4 Implementation and findings of the journal club

4.1 Outline of the journal club sessions

The five chosen articles were presented in four separate journal club sessions in May 2011. The clubs took place in the facilities of the cardiology clinic in Meilahti, in the nurses' staff room. Time reserved for each session was about 45 minutes. Each session consisted of two parts; presentation of the article and discussion and the focus was put

on the research findings. In addition to the nursing staff from cardiology and endocrinology clinics, the ward manager was present in all of the journal club sessions.

Once each article was approved by the supervisor and the ward manager of the outpatient clinic, more in-depth analysis was implemented to each article and the order in which articles would be presented was decided to secure the cohesion of the separate sessions. For each session, a PowerPoint presentation was prepared using the Lea-Riitta Mattilas tool for analyzing studies as a base (see Appendix 2-6). All information was translated into Finnish and each presentation given in the Finnish language.

4.2 First session – Gaining an overall picture

The aim of the first session was to present an overview on how to educate patients with cardiovascular diseases. The chosen article was written by Anna Strömberg and titled "Educating nurses and patients to manage heart failure". The article was published in European Journal of Cardiovascular Nursing in 2002.

The article was chosen for the session because it gives a rather broad view to the basics of patient education and the specific needs of cardiac patients. This way it could be used as an introduction to the subject as a whole. The article brought up critical points that we felt were relevant to the subject the nurses had requested.

We "handled" the article as a literature review even though this was not mentioned in the text. Several articles were used in the text but the data collection process was not described. The article aimed to describe patient education from both the nurses' and the heart failure patients' perspective. It also gave a glance to the educational needs of the nurses.

The research focused on the quality of patient care, as the goal of patient education was to empower the patient. Other important subjects Strömberg (2002: 34) mentioned in her study were to help the patient to understand his/her disease and how to react to a possible change. Motivating the patient would in turn promote the treatment adherence.

In her article, Strömberg (2002:34) has added a list of guidelines from the European Society of Cardiology concerning the important issues in patient education of a patient with heart failure, including medication, diet, signs and symptoms (see Appendix 7). Strömberg (2002:34) also reminds that the nurses' and patients' perception on what are the most important issues to discuss may vary.

Strömberg (2002:34, 36) also touches the subject of *how* patient education should be delivered from the patients' point of view. For the patients it is important that the information is clearly presented, specific instructions are given and individual needs have been taken into consideration. The patients also feel that it is important for them to be involved in the planning of the education and enough time is given to adapt to the new information.

In the discussion, we raised questions on how well individuality is taken into consideration in the clinic and when planning the care. The nurses felt that is an important issue, but sometimes the visits are so short that they only are able to go through pre-planned key points. One of the new challenges for individual patient education is the rising number of immigrants and taking cultural differences into consideration when planning patient education. Overall the nurses felt that they can provide sufficient education to all of their patients, particularly with patients who have been visiting the clinic for a longer period of time.

4.3 Second session – Psychological needs and barriers to patient education

In the second session, the emphasis was put on psychological aspects affecting the outcomes of patient education. The article was rather up-to-date, since it was published in 2010 in *Cardiology Journal*. The writers were Mierzynska, Kowalska, Stepnowska and Piotrwicz.

The study was a literature review that aimed to describe the most common mental health problems that patients' experience after myocardial infarction. Its purpose was also to offer some goals for rehabilitation regarding psychological aspects. No specific research questions were presented but the purpose was clearly stated in the introduction.

As many of the earlier studies, Mierzynzka et al. (2010: 319) highlight the importance of the subject by pointing out the magnitude of people suffering from various cardiovascular diseases and connects psychosocial functioning with the progression of these illnesses. It is stated that need for psychological support is vital since myocardial infarctions raise strong emotions, such as fear of death. This should be kept in mind when giving patient education and that is the reason this article was chosen.

The article describes the emotional pathway of a myocardial patient; the first reaction after myocardial infarction is a strong emotional effusion and therefore the patient is not likely to absorb the needed information effectively. The quality of life improves significantly during the first year after the cardiac event, but the effect on emotional well-being may be even 3-5 years. This should be taken into consideration in different phases of treatment and the need for psychological support should not be underestimated even when longer period of time of the diagnosis has passed. (2010: 319-321.)

The article discussed both positive and negative aspects influencing patient education. Social relationships, ability to return to work or to normal life and feeling of control in relation to the illness were considered as positive influences (see figure 1.).

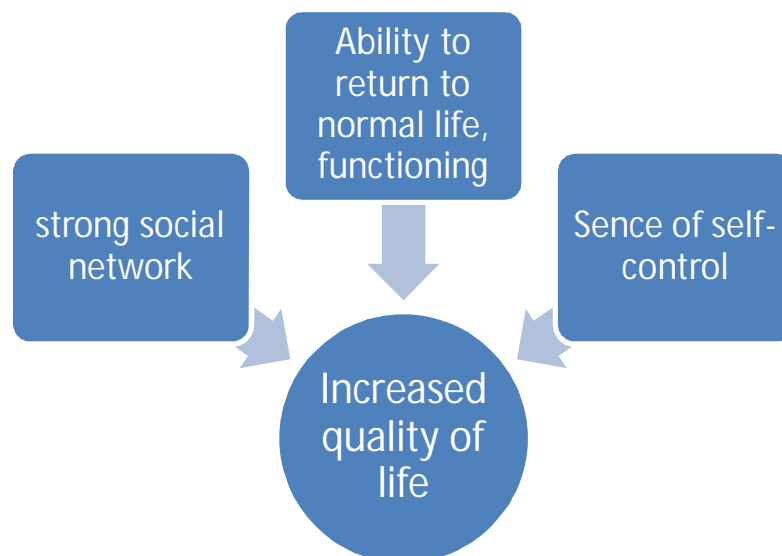


Figure 1. Facilitators for the learning process and outcomes of patient education based on the findings of Mierzynska et al. (2010:320-323).

The barriers to successful patient education include fear, depression and poor social network (see figure 2.). All these obstacles will decrease the quality of life and make

the patient less able to commit to the treatment or adapt new information given by the nurse. This is why taking these things into consideration is very important. A nurse should also be able to identify the negative behavioral patterns type-A behavioral pattern and type D personality.

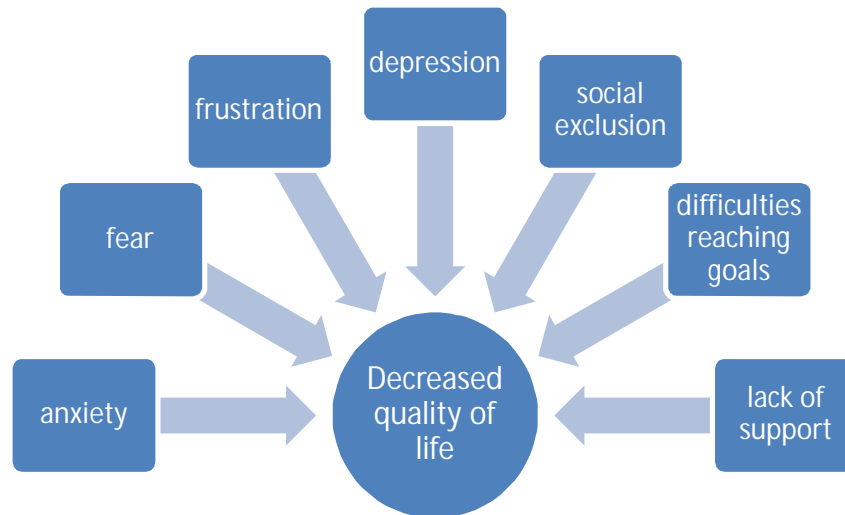


Figure 2. Barriers to successful patient education based on the findings of Mierzynska et al. (2010:320-323).

In the discussion, the question of how these psychological aspects (as seen on figures 1 & 2) are taken into consideration in this particular cardiology clinic was brought up. The nurses felt that they do recognize the need for patients to get psychological help, but do not always have the time to have conversation with the patients since the times at the clinic is often so short. Patients who are in most need of psychiatric help are often referred to a psychiatric nurse, where there is even more expertise to meet the patients need.

4.4 Third session – Different methods of patient education

In the third journal club session, two articles were discussed and the emphasis was put on the question *how* patient education should be done. The aim of the session was to introduce new ways of delivering patient education to cardiac patients. These new methods were telephone counseling and mind/body approach.

The first article was written by Gallagher, McKinley and Dracup (2003:79-87): "Effects of telephone counseling intervention on psychosocial adjustment in women following a cardiac event". The article was published 2003 in Heart and Lung journal. The article

described a randomized-controlled trial that was testing how telephone guidance would help women in readjusting to normal life after a cardiac event. The goal of the study was clearly stated in the introduction. The purpose was to study a new way of supporting patient education. The article also wished to offer some tools for predicting the adaptation back to normal life after a cardiac event. Telephone was chosen since it is relatively cheap and easily accessible to all. Women were chosen as target groups since there have not been earlier studies where only female patients were examined. It is also noted that earlier studies have been contradictory.

In the trial, there was an intervention group and a control group. Intervention group received telephone guidance four times during six weeks. Both intervention and control group were guided to local cardiac rehabilitation groups. As the results of the study show (2003:83), this intervention had no impact on psychosocial adjustment, level of anxiety or depression. Nevertheless, it was noted that the both groups made progress and many participants retained in the study compared to some other intervention studies. Study was also able to find out some predictors for poor adjustment: certain age, other stressful event during rehabilitation, being unemployed or retired or having a poor adjustment at baseline.

The other article "A Model for Integrating a Mind/Body Approach to cardiac rehabilitation" for the third session was written by Casey, Chung, Huddleston, Virani, Benson and Dusek (2009:230-238). The article was published in Journal of Cardiopulmonary Rehabilitation and Prevention in 2009. The article opened up other type of method, where the patient is seen more in a holistic way; needing support both with the actual illness and returning to previous life with improvements. The article has other studies to show that this kind of method has been proven to work previously in studies but reminds at the same time that the actual rehabilitation programs that use this kind of method are still relatively rare.

The goal of the study was to search what kind of medical and psychological results would be gained with introducing mind/ body aspect to cardiac patients. To get both medical and psychological data, the intervention group did participate in a weekly meeting session. In these sessions participants were measured by medical staff for

medical improvements and to follow psychological improvements they were given self-report questionnaires.

The results were positive; statistically significant improvements were gained in aspects of blood pressure, cholesterol levels, anthropometrics, psychologically and on exercise levels. Differences were noticed between different age groups and between genders. Female patients were improving better than male patients in psychological aspect. Cholesterol did improve more on males and that was also better in the beginning. (Casey et al. 2009: 232.)

Both of the articles were presented so that the nurses could get something new to their work. It was clear that a larger scale project, like mind/body, is not possible to be used in their everyday work as such but maybe parts of it could be. That is why the discussion was focusing on speculating if these methods could work in Finland and in their unit. The nurses were more interested in the mind/body approach, and were talking about how that is currently organized in Finland. They felt that that kind of rehabilitation is good and important since it takes the patients more into consideration and sees the patients as individuals. It also came up during the discussion if the different methods could work better between genders; male patients could benefit more from telephone guidance and females could benefit more of the different methods like in mind/body intervention. Of course both patient groups would still be guided to the normal rehabilitation programs.

4.5 Fourth session – Conclusion

The aim of the fourth and last journal club session was to gather up all the previous research knowledge and discuss about all of the different aspects of patient education of a cardiac patient with the nurses. Sandra Edwardson's article "Patient education in heart failure" (Heart and Lung 2007: 244-251) was used as it offers a rather broad view on the different aspects of the subject. The article was a literature review and aimed to outline the educational needs of patients with heart failure and to offer guidelines to patient education and offer some background for developing evidence-based standards to patient education. Even though the article was written in a clear manner, it stated its purpose and included a lot of evidence from other sources, its validity and

reliability was difficult to measure since neither data collection nor analysis were defined in the text.

Many subjects presented in the article were issues that had been discussed earlier during the three previous journal club sessions. Since this article did not actually provide any new information, the purpose was to use it as a base and offer the nurses an extensive summary. Important issues discussed included challenges that patients with heart failure face and special educational needs these patients. The subjects mentioned in Edwardson's article were similar to what was discovered from Strömberg's article; pharmacotherapy, diet, activity, possible restrictions and signs and symptoms (2007: 249).

In the article, promoting adherence to treatment is also brought up as a major goal of patient education. Thus, learning needs, goal and reason for education should be clearly defined and decided together with the patient. The education should be concrete, presented in a clear manner and requires the motivation of the recipient.

During the last session, different education tools were also discussed. Additional means to "traditional" face-to-face method listed in the article were computer-assisted education and telephone guidance. The importance of peer-support was also discussed since the nurses felt that group sessions are a rather strong tool of patient education.

In the article, the importance of accurate and systematic documentation of provided patient education is highlighted. This also came across during the discussion with the nurses after the presentation. At the moment there is no particular guideline how to document patient education in the clinic and issues discussed with the patient are usually rather poorly reported. The nurses agreed that some kind of consensus ought to be developed in order to ensure continuity of care.

5 Discussion

5.1 Evaluation of the final project

Our purpose in this final project work was to find evidence based knowledge of patient education for nurses that care for cardiac patients in outpatient clinic. We presented the chosen five articles in four journal club sessions. We are content with the work we have conducted but as we did not have any previous experience of conducting a journal club, and for that reason we found few things we would have done differently.

Our limitation for conducting this journal club was the lack of experience, both of presenting a journal club and lack of actual cardiac outpatient care. We feel that if we had the knowledge or experience of how the patient education is done in outpatient clinics it would have been easier to step in the world of cardiac rehabilitation. The lack of experience could be a positive factor, too. We started from "a clean table", so that we did not have any assumptions or biases towards the clinic or the staff working there.

The most challenging part of making this final project turned out to be the data collection process in the very beginning. It took us quite a while to come up with relative key words and classifying different aspects of patient education felt somewhat difficult at first. Familiarizing ourselves with various databases also took some practice. Browsing through the articles became more fluent during the process.

Some information of the typical patient groups was found out prior to our first visit via internet but due to the very limited information, data collection was rather challenging. It was only after the journal club session when we got a broader picture of the clinic and their patients. We would have likely done the search for the articles differently if we would have met the staff or the ward manager before the actual journal club sessions.

Implementing the journal club sessions in the outpatient clinic was in our opinion the most pleasant part of the final project work since it made our work seem concrete. In our minds, it was motivating to present our findings to the nursing staff and it also

gave our work process a sense of purpose. Receiving good feedback gave us the feeling of success and gave the positive reimbursement to continue our final project work. All in all, the used articles were not entirely what we originally wanted to present to the cardiology outpatient clinic because some of the articles did not give us specific answers in a concrete manner. What we were able to do instead was to put together a set of five articles that presented the issue focusing on different aspects and raise discussion this way.

5.2 Evaluation of the Journal Club sessions

We were very pleased with the number of participants in the different session, approximately 16 nurses / session. We felt that the atmosphere was welcoming and warm, and the nurses' attitude towards the journal club sessions was positive. To receive actual written feedback we distributed short questionnaires after the last session. In those questionnaires we asked the nurses to tell us three things that they learned during our session, to describe how they think they could use the learned information and what they would have hoped to be more/less.

Most of the received feedbacks did not have all three learned things described in the paper, but we felt happy that the nurses had been thinking and listening what we had to say. One of the nurses wrote that "the role of the nurse is crucial in patient education and nurses should develop their skills in patient education constantly". That was good feedback for us since a journal club is one thing how nurses and other health care providers can improve the education they give.

For the question of how you could use your newly applied knowledge most nurses pointed out the individuality of the patients. "I am now more likely to take in consideration the patients unique needs and I would ask more questions" was one answer. Though the journal club did not offer the nurses any new knowledge in particular, they felt that they may now pay more attention to different aspects of patient education, especially taking every patient's individual needs into consideration. Based on the feedback, some nurses also learned some basics of analyzing scientific articles and questioning the validity and reliability. Learning new terminology was also mentioned.

Other issues that arose from the feedback were learning how to apply research knowledge in everyday practice and through this evaluate their way of working in a different way. One nurse felt that the issues discussed in the journal club sessions fitted also diabetic patients and could be applied in many different patient cases.

Nurses felt that the content of the sessions was well targeted and the outline of the sessions was well planned. The nurses reported that they especially benefited from discussion part in the sessions and hoped there would have been more time for it. Nurses also felt that discussion encouraged them to think the aroused issues by themselves and perhaps in the future they will discuss more together without the journal club setting.

We think that there was an uptrend in the participation to the discussion. During the first session most of the nurses were rather quiet, mainly ward manager and assistant ward manager having conversation. In the following sessions other nurses were taking part in the discussion and thus contributing for a more vivid conversation.

5.3 Validity

When starting the database search for the articles we focused the search on our research questions; when patient education should be delivered to a cardiac patient and how this knowledge should be delivered. It was soon discovered that finding answers to these two questions was not easy; especially since our database search skills are rather narrow. We feel that eventually we were able to find useable articles and findings of the final project can be utilized when thinking about these issues. The chosen aspects were chosen by the nursing staff of the clinic, ensuring that the subject was something they would relevant to their work.

The articles were chosen only from reliable sources, using recommended databases and choosing only articles that were published in academic journals. In addition, all of the chosen articles focused only on cardiac patients since the aim was to find as accurate information as possible in opposite to general guidelines for chronically ill. Nevertheless, the validity of the findings can be affected by the rather limited amount of article and lack of their description on data collection.

Even though none of the articles that were used in the nursing journal clubs were written in Finland, all of the studies were done in a similar environment and there seemed to be few differences when comparing to Finnish population and health care systems. Therefore, the gained knowledge could be applied in Finland. In our opinion, we were able to translate the knowledge from the English-written articles successfully and accurately to promote the initial messages of the articles. On the other hand, it is difficult for us to evaluate the applicability of the research knowledge since we are outsiders and have a rather narrow view of the subject of patient education of a cardiac patient.

5.4 Ethical considerations

In order to avoid plagiarism, all of our references are from original sources and we have given credit to each article and author we have used when preparing this final project according to the given guidelines. We have conducted our own work and used our own words. The original articles are traceable, and thus it is possible to search the source of the information later on.

All parties involved in the journal club were aware of the context of the sessions and participation was voluntary. All the articles were also available for the nursing staff prior to journal club sessions, in familiarization purposes. The staff of the cardiology clinic was informed that these four journal club sessions are part of our final project work. When collecting information on the success of the journal club during the last session all the feedback was given anonymously. This way everyone could write down an honest opinion about the journal club.

Although we did not intent to offer the nursing staff any absolute truths to their questions, we did however need to provide information that was reliable and trustworthy. For that reason the articles that were discussed needed to provide evidence-based knowledge for the nurses in the outpatient clinic. This was ensured by conducting database searches only in credited nursing databases and using the guidance the school provided. All the references are from either nursing or scientific origins.

The use of evidence based articles was extremely important since the issue being discussed was ultimately patient care. As stated in the International Council of Nurses Code of Ethics for Nurses "have four fundamental responsibilities: to promote health,

to prevent illness, to restore health and to alleviate suffering" (2006:2). The main goal of evidence-based nursing is to improve patient care, not affecting it negatively. By providing the working nurses current evidence based information, we were able to offer them new ideas to help the patients better.

6 Conclusion

Throughout the process of preparing this final project, we went through different steps and learned new skills. From the beginning of determining key words and the purpose, to collecting the data, implementing journal club sessions in Meilahti and finally analyzing the work process, we have constantly developed our skills and built up our professional foundations. We now feel more confident with our skills of finding evidence-based research and assessing it critically. We believe that this is a good quality for any nurse to have.

By making this final project and by planning and implementing the nursing journal clubs we both have gained a tremendous amount of new knowledge concerning not only patient education but also the concept of evidence-based nursing and its usefulness. We are able to apply both of these in our further professional careers. Presenting and discussing our topic in the journal club sessions has offered us a base for implementing this kind of nursing journal club also in the future; we now have the courage to bring out important issues and we wish to be able to use it in our future work places.

We are also more aware of the importance of using evidence-based knowledge as a foundation that guides every nursing action. After hearing the feedback from the nursing staff of the cardiac outpatient clinic and reading through articles from abroad, we believe that there is indeed a necessity to organize more of these kinds of journal club sessions and are aware of every nurse's personal responsibility in promoting evidence-based practice. We hope that these kinds of nursing journal clubs they will become more common in Finland.

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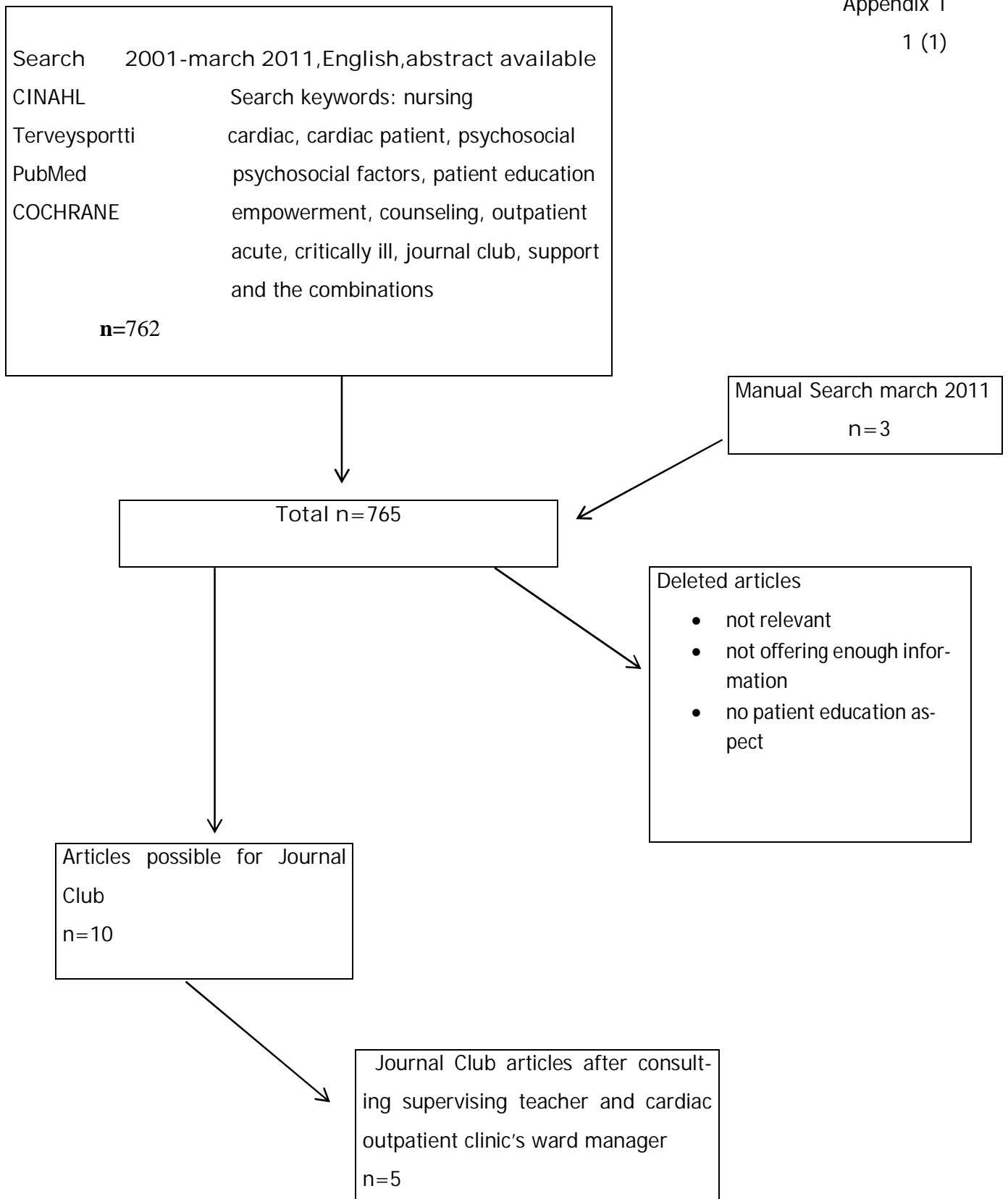
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"Strategy for systematic article research" after Kati Komulainen, 2008

Study's applicability 1



Metropolia University of Applied Sciences

Faculty of Health Care and Nursing

Nursing Journal Club: Instructions to the students

Determining a Study's Applicability to a Clinical Problem (problem specified by the nurses). Adapted by Lea-Riitta Mattila in August 2010

from Schira & Mateo 1999: Exploring innovative ways of giving nursing care. In Mateo M.A & Kirchhoff K.T 1999. Using and Conducting Nursing Research in the Clinical Setting. W.B. Saunders Company

Heading	Content	Applicable to practice setting	Answers, comments
Educating Nurses and Patients to Manage Heart Failure. Strömberg 2002.	Literature review? Not specifically mentioned	The article was done to describe a phenomenon.	Explains the subject rather widely.
Abstract	Describe different points of view in patient education of heart patients. Also to see what are the needs of education for the nursing staff.	Variables included a patient and a nurse. Patient education. No specific problems were presented.	This caused some trouble since we did not have a specific problem that we could offer a solution to.
Introduction	States the im-	Very up-to-date	Easy to present to the audi-

	portance of the subject.	information with good justification. Patient centered nursing was on focus.	ence since for every claim there was a solid ground.
Methods	<p>Semi-structured literature re-view.</p> <p>Settings</p> <p>Data collection</p> <p>Data analysis</p>	<p>The article does not describe the method the articles have been chosen; no determination of headwords.</p> <p>Different articles used here had different settings; home, hospital, outpatient clinic</p> <p>The literature review could not be redone because method-section is incomplete.</p> <p>A table is made of some of the randomised trials used in the article</p>	Impedes with the reliability.

Results	<p>The article answers to some of the questions it states in the beginning.</p> <p>Information what nurses educating heart failure patients should know does not exist in same extend as the other results.</p>	<p>Gives information what is important to take in to consideration in patient education of heart failure patients.</p>	<p>This was the most important thing for the audience, since this information could potentially have direct impact to their work.</p>
Discussion	<p>Review of results in discussion with the audience.</p>	<p>The findings presented were in most parts familiar to the audience.</p> <p>The findings can</p>	<p>The audience did already use most of the</p>

	Reliability and validity issues	<p>be in most part used in Finnish health care. The article did not give a full information how the patient education has been carried out, so some adjustments are possible.</p> <p>Reliability of this review was not high, because of the missing data from data collection.</p>	
References	References were listed	<p>References were from recognized publications.</p> <p>References were not evaluated for reliability or validity.</p>	

Study's applicability 2



Metropolia University of Applied Sciences

Faculty of Health Care and Nursing

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Heading	Content	Applicable to practice setting	Answers, comments
Psychological support for patients following myocardial infarction Mierzynska, Kowalska, Stepnowska, Piotrowics, 2010.	Study design Article discussing the subject	Describes the phenomenon and aims to offer a proposal of actions	
Abstract	Purpose was to present common psychological problems after	Most common psychological problems this	

	<p>myocardial infarction and to present forms of action for the rehabilitation.</p>	<p>patient group faced, focusing on anxiety and depression</p> <p>Unhealthy behavioural patterns were also examined</p>	
Introduction	<p>Literature review (qualitative)</p> <p>The importance and purpose of the article were clearly defined but no specific re-search questions were stated</p>	<p>Offers very up-to-date information</p>	
Methods	<p>Literature review, database search/ data collection has not been presented in the article</p> <p>Analysis process, inclusion and exclusion criteria for the chosen articles has not been described</p>	<p>The study could not be repeated</p>	

Results	<p>Successful PE:</p> <ul style="list-style-type: none"> - Social network - Ability to return to normal life - Feeling of control <p>Barriers to successful PE:</p> <ul style="list-style-type: none"> - anxiety - fear - frustration - Depression - Social exclusion - Difficulties to reach to goals - Lack of support 	<p>Make the patient education easier</p> <p>A nurse should be aware of these in order to make sure the patient is able to "handle" patient education</p>	<p>The nurses felt that all important issues were discussed</p> <p>Nurses in the clinic often feel like there isn't enough time to "treat" the psychological side of the patient / patient find it hard to discuss these issues</p> <p>→ patients who are struggling are usually referred to a psychiatric nurse for example</p>
Discussion	<p>Issues discussed in the were presented in the text in a clear manner and were connected to the purpose of the study</p>		
References	<p>List in the end</p>	<p>Reliability of the sources not discussed in the text</p>	

Study's applicability 3a



Metropolia University of Applied Sciences

Faculty of Health Care and Nursing

Nursing Journal Club: Instructions to the students

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from Schira & Mateo 1999: Exploring innovative ways of giving nursing care. In Mateo M.A & Kirchhoff K.T 1999. Using and Conducting Nursing Research in the Clinical Setting. W.B. Saunders Company

Heading	Content	Applicable to practice setting	Answers, comments
Effects of a telephone counselling intervention on psychosocial adjustment in women following a cardiac event. Gallagher, McKinley and Dracup, 2003.	Randomised controlled trial	Was done to compare an intervention, phone counselling.	
Abstract (overview)	To test the effectiveness of telephone counselling after a	Women who have been hospitalized because of coronary artery disease. Variables like age, working	

		status and education were mentioned.	
Introduction	Lack of evidence based interventions that would help women to adjust to a health status.	The objective was to study if telephone guidance would have an effect on womens psychosocial adjustment.	
Methods	<p>Sample number was n=196.</p> <p>Only women, no age limitations.</p> <p>Aged 34-92. Diagnosed with myocardial infaction, coronary artery bypass grafts,coronary angioplasty or stable angina.</p> <p>Also have to have a telephone at home.</p> <p>Available for 6 weeks follow-up.</p> <p>Able to read and converse in English.</p> <p>Physically and cognitively capable of</p>	<p>The study focuses exclusively on women because benefits of nursing interventions have been merely tested on men.</p> <p>Age limit was not set, because the research wanted to include women from all age groups.</p>	

	<p>interview and follow-up.</p> <p>Sample was selected randomly in clusters according to the inclusion criteria.</p> <p>Recruitment took place in 4 different hospitals in Sydney, Australia.</p> <p>Data collection by interview at the hospital before discharge by telephone interview at 12 weeks</p> <p>Data analysis</p>	<p>Randomized cluster method was chosen to avoid contamination between different groups.</p> <p>The procedure could be done. The usage of different scales (PAIS and the Hospital Anxiety and Depression Scale) are helpful in remaking of this study.</p>	
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Results	<p>At baseline no significant differences in sociodemographic, clinical characteristics or psychosocial characteristics.</p> <p>At 12 weeks no significant differences in psychosocial adjustment.</p>	<p>Both groups did make progress for the better.</p> <p>Larger number than usually remained in the study.</p> <p>Able to determine what are the predictors for worse psychosocial adjustment.</p>	
Discussion	<p>Nonselective sample of women, complicated recovery, relatively short duration of intervention and low intensity of treatment might have had an impact on the results.</p>	<p>The findings can be used in the unit. The article presents one way of doing telephone guidance, and this could be used in different units.</p>	<p>Telephone guidance is already in use in Finland, and it is working quite well.</p>
References		<p>Were listed in the end.</p> <p>Versatile references.</p>	

Study's applicability 3b



Metropolia University of Applied Sciences

Faculty of Health Care and Nursing

Nursing Journal Club: Instructions to the students

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from Schira & Mateo 1999: Exploring innovative ways of giving nursing care. In Mateo M.A & Kirchhoff K.T 1999. Using and Conducting Nursing Research in the Clinical Setting. W.B. Saunders Company

Heading	Content	Applicable to practice setting	Answers, comments
A Model for Integrating a Mind/Body Approach to Cardiac Rehabilitation. Casey, Chung, Huddleston, Virani, Benson and Dusek, 2009.	Observational study	Study was done to test out mind/body intervention.	
Abstract	To examine the medical and psychological outcomes of patients treated with mind/body approach.	Cardiac patients and their health status was observed for 3 months.	
Introduction	An observational study including car-	Most studies concentrate on the	

	<p>diac rehabilitation patients (coronary artery disease).</p>	<p>medical outcomes of cardiac rehabilitation programmes. This study wanted to have information how program that is focusing also in relaxation, utilization of cognitive behaviour skills and dieting and exercise.</p>	
Methods	<p>All participants have coronary artery disease, various subgroups. Outpatients. Age or other inclusion criteria not specifically defined.</p> <p>Selection of subjects (random or convenience) was not defined.</p> <p>Since all participants were outpatients the study setting was partly</p>	<p>Patients are rather similar to the outpatient clinic in Meilahti.</p> <p>These settings could be adapted in the Meilahti clinic as well.</p> <p>The same design</p>	

	<p>at home, partly the meeting location.</p> <p>Design</p> <p>Participants were in the program for 13 weeks, once a week there was one 3-hour session. Groups consisted of 12 participants. In the weekly meeting the participants learned relaxation, had supervised exercise and had a group discussion session.</p> <p>Data collection</p> <p>Medical outcomes were measured by taking blood pressure, lipid consistency, anthropometrics and exercise capacity. Cardiac symptoms were rated using Likert-type scale</p>	<p>could be possible to adapt. But it would need a lot of financial resources.</p> <p>The treatments could be reproduced, but only by the title, e.g. yoga, breath focus and mindfulness. The article did not further explain what the participants learned during those lessons.</p> <p>To collect data from all the sectors helped us to inform the clinic at which areas the intervention had had a positive outcome.</p>	
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	<p>rating frequency of chest pain.</p> <p>Exercise and relaxation response was measured by pre- and postquestionnaires.</p> <p>Psychological outcome measurements were done by using Symptom Checklist-90-Revised.</p> <p>Medication usage was measured by a questionnaire delivered postintervention, asking whether the medication usage had been changed.</p> <p>t-tests were done for continuous variables and McNemar's test was done for binary variables.</p>		
Results	Results were positive, clinical im-	Question defined in the beginning	

	<p>provements were noticed in blood pressure values, lipid consistency and anthropometrics. Also psychological measures and exercise responses improved. Improvements were more evident among those participants that were in "high risk" group.</p> <p>Male participants had more improvement in blood lipid consistency. Female participants had greater improvement in psychological measurements.</p>	<p>was clearly answered.</p> <p>Results are presented in a understandable manner.</p> <p>To present the results the article had different tables.</p>	
Discussion	<p>The result the research got was very much positive; intervention succeeded in decreasing psychological distress.</p>	<p>The article has back-up information to prove that by lowering psychosocial risk factor improvements in CAD-patients treat-</p>	

	<p>Reliability and validity</p> <p>The intervention group did not have a control group. Data was collected from one clinic, that serves mainly white and highly educated people.</p>	<p>ment can be attained.</p> <p>This would not be a problem for Meilahti clinic since they have patients from all social classes.</p>	
References		References were listed appropriately and were extensive.	

Study's applicability 4



Metropolia University of Applied Sciences

Faculty of Health Care and Nursing

Nursing Journal Club: Instructions to the students

Determining a Study's Applicability to a Clinical Problem (problem specified by the nurses). Adapted by Lea-Riitta Mattila in August 2010

from Schira & Mateo 1999: Exploring innovative ways of giving nursing care. In Mateo M.A & Kirchhoff K.T 1999. Using and Conducting Nursing Research in the Clinical Setting. W.B. Saunders Company

Heading	Content	Applicable to practice setting	Answers, comments
Patient education in heart failure. Edwardson S.R., 2007	Study design Literature review	The article aims to describe a phenomenon	Gives a good overall view of the subject
Abstract	The purpose was to examine the educational needs of hf patients through literature review	Variables: nurse, patient, patient education, emotions	Did not offer any "ground breaking" new information on the subjects
Introduction	Literature review No specific re-	Focuses on nurses' role in patient education, pa-	Highlights the importance to the subject also by bringing out the financial aspect

	search questions were stated.	tients' needs and possible barriers for succeeded patient education	
Methods	Literature review Data collection was not described Data analysis was not described	Inclusion and exclusion criteria for the articles were not presented The study could not be redone	
Results	Patient education aims to support the patient and improve the patient's health (empowerment) and on a larger scale to cut back costs	Since there were no questions stated, no specific answers were offered	Gives a good picture of patient education from various issues, describes the phenomenon quite well

Discussion	<p>Review of results in relation to study purpose(s)</p> <p>Reliability and validity issues</p> <p>Explanation of results</p> <p>Implications and limitations for practice</p>	<p>Finding were well presented and made sense</p> <p>Since the sources were not presented very well, validity and reliability are difficult to measure</p> <p>The results can be utilized in everyday practice as a guideline for patient education</p>	Mirrored the nurses' experiences in the clinic
References	List of publications used in the report	<p>References were from recognized publications.</p> <p>Refereces were not evaluated for reliability or validity.</p>	

List of subjects to discuss with a heart failure patient and his family

General advice

- Explain what heart failure is and why symptoms occur
- Causes of heart failure
- How to recognize symptoms
- What to do if symptoms occur
- Self-weighing
- Rationale of treatments
- Importance of adhering to pharmacological and non-pharmacological prescriptions
- Refrain from smoking
- Prognosis

Drug counselling

- Effects
- Dose and time of administration
- Side effects and adverse effects
- Signs of intoxication
- What to do in case of skipped doses
- Self management

Rest and exercise

- Rest
- Work
- Daily physical activity
- Sexual activity
- Rehabilitation

Vaccinations

Travel

Dietary and social habits

- Control sodium intake when necessary, e.g. some patients with heart failure
- Avoid excessive fluids in severe HF
- Avoid excessive alcohol intake
- Stop smoking