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The Experience of Angina Pectoris characteristics and coping with Coronary Heart Disease illustrated by Iranian patients from a gender-related perspective

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ABSTRACT

Coronary Heart Disease (CHD) is a major cause of death for both men and women around the world. Therefore, it is of great importance to identify effective ways and plans to prevent CHD and to ensure patients with Angina Pectoris (AP) seek medical care. A critical issue for developing these plans is to consider the symptom experiences of patients with CHD. Patients with CHD have to live and deal with this life-long disease. Nurses as health-care providers need to be aware of this process for helping patients to cope with the illness and its symptoms. Moreover, gender as a socio-cultural concept might influence how patients experience AP characteristics and cope with CHD. Thus, it needs to be investigated particularly in Iran where there is a lack of information about this issue. This doctoral thesis aims at exploring and describing experiences of AP characteristics and coping with CHD from a gender-related perspective. The doctoral thesis includes four sub-studies. The first two sub-studies regarded instrumentation. The AP characteristics questionnaire, which includes the Modified Rose Questionnaire (MRQ), the Short Form-McGill pain Questionnaire (SF-MPQ) and the accompanying symptom checklist, was utilized. The aims of sub-study I were to describe the process of translating the SF-MPQ, MRQ and accompanying symptom checklist from English to Persian and to evaluate substantial psychometric works (content and construct validity) for the entire instrument and each part of it (SF-MPQ, MRQ and accompanying symptom checklist). The aim of sub-study II was to evaluate internal consistency and test-retest reliability of the Iranian version of the AP characteristics questionnaire. The instrument was translated through a combined approach. Then, one hundred and ten patients with CHD (diagnosis on the basis of angiography) who experienced AP were selected for evaluating the reliability and validity of the instrument. According to the results, the Iranian version of AP characteristics questionnaire was a valid, consistent and reliable tool for evaluating AP in Iranian patients with CHD. The aim of sub-study III was to examine gender differences in the description, intensity and location of AP in patients with CHD to determine gender-specific variations in the characteristics of AP symptoms. In this cross-sectional study, five hundred patients with AP were chosen and filled out the Iranian version of AP characteristics questionnaire. The results indicated that, in comparison with men, women felt a greater intensity of pain, chose more pain descriptors, and were more likely to report pain in the neck and left arm, hand, and scapula. Sub-study IV which was a grounded theory study aimed at exploring and describing the experiences of and coping with CHD and how gender influences on experiences reported by the participants. Twenty four patients were chosen through purposive sampling. The sampling was continued with theoretical sampling. The findings indicated that patients with CHD who experienced AP tried to cope with the illness and its consequences. The findings are presented as the process of “transitioning to normalize life” with the following categories: 1) losing normal life: experiencing emotions and consequences of illness, 2) coming to terms and using coping strategies and 3) recreating normal life. Men and women showed differences in some of the issues such as interpersonal relationships, responding to illness, searching for information and receiving the family support.

In conclusion, men and women with CHD experience a variety of symptoms which can be related to various psycho-physiological, clinical, and anatomical factors, anxiety sensitivity, depression and communication abilities. During the coping process, the participants transitioned to living normally again. However, there were gender-related differences in some aspects of coping such as using coping strategies and receiving support. The findings can be useful for considering gender perspectives in health-care services, training health professionals, and also educating society to become aware of gender differences in experiencing AP characteristics and coping with CHD. **ISBN 978-91-7457-267-4**