



Rasangika Sayakkarage and Piumini Thisawalangu

# Nursing Interventions for Patients with Myocardial Infarction at the Re- covery phase

**A Descriptive Literature Review**

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## Abstract

Author(s): Rasangika Sayakkarage and Piumini Thisawalangu  
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The purpose of the study was to describe the role of the nursing intervention during the recovery phase in patients with myocardial infarction (MI). Therefore, the aim of the study was to understand how nursing interventions may improve the recovery and outcomes of patients with myocardial infarction.

This study was a qualitative and descriptive literature review approach to analysing nursing interventions in MI recovery. In this study, data was collected from reliable databases through Metropolia LibGuides, which provided access to CINAHL, PubMed, ProQuest, and Medline. A total of 10 articles were selected for data analysis in this study through the PRISMA flow chart. The study employed deductive content analysis to answer the two research questions: (01), what are the key nursing interventions used in the recovery of patients with myocardial infarction? And (02), how do the nursing interventions affect the patient's outcome?

The results of this study exposed four key nursing interventions. Such as psychological support, monitoring and assessment, medication management, and patient education. Although, these interventions had positive impact of patients' physiological and psychological well-being. In addition Patient who received personalized care from nurses, which reduce their anxiety and depression, improved medication adherence, improved knowledge self-care, and improved patients' satisfaction

According to this study, nursing care that are patient-centred and holistic are crucial for promoting long-term health and recovery following myocardial infarction. Patient outcomes can be considerably enhanced by strengthening nursing practices in post-MI care. It is suggested that people do more research to examine long-term impacts and expand the use of these therapies in various therapeutic settings.

Keywords: nursing intervention, myocardial infarction, recovery phase

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## 1 Introduction

Cardiovascular diseases are the most common reasons to increase the mortality rate worldwide, with myocardial infarction (MI) being a significant contributor. Urban lifestyles, sedentary behavior, and socio-economic factors have exacerbated the prevalence of cardiovascular diseases. (Abdollahifar, Jahromi, Dehghani and Montaseri 2025: 51.) The American Heart Association (2025) reports that cardiovascular diseases were one of primary causes for 941,652 deaths in the United States in 2022, affecting nearly half of the adult population (American Heart Association 2025).

The definition of myocardial infarction is death of myocardial cell due to prolonged ischemia. It diagnosed based on whether or not there are changes of ST segment elevation in two or more connected leads on electrocardiogram (ECG). (Deaton et al. 2016: 49-56.) Reducing the interval between the onset of symptoms and initial treatment, preferably before hospital admission, is crucial for improving survival after ischemic events. Therefore, rapid clinical measures are essential for successful treatment of patients with acute coronary syndrome (ACS) to reduce the risk of fatal arrhythmias. (Pina et al. 2020: e20070.)

A new nursing strategy is represented by High-Quality Nursing Interventions (HQNIs). The patient is the focus of this nursing method, which involves thorough assessment and care. On behalf of the medical team, the nurse plays the main role and is the focal point of communication and services to the patient. Nurses combine primary and ongoing care to enhance the standard of care for patients' needs and conditions. By being available to the patient at all times, enhancing their comprehension and knowledge as well as their mental states, and focusing on improvements in their physical and social performance, they should try to meet all of the patient's demands. As a result, the patient is treated as a whole, and the patient's needs are given priority while providing thorough and high-quality nursing care. (Abdollahifar et al. 2025: 51.)

This literature review aims to understand of various nursing interventions during the recovery phase for hospitalized myocardial infarction patients, along with their impact and best practices for enhancing care.

## 2 Background and key terms

Myocardial infarction is a critical condition requiring timely intervention and comprehensive post-recovery care. Nursing interventions are essential in improving patient outcomes, minimizing complications, and supporting long-term recovery.

### 2.1 Myocardial infarction

Myocardial infarction, which is known as a heart attack, occurs when blocked blood flow in the coronary arteries leads to the death of cardiac muscle tissue. Formation of a blood clot is the primary cause of heart attack, and it obstructs blood flow to the heart. (Saleh and Ambrose 2018: 1378.)

Myocardial infarction is commonly classified into 2 types, which are ST elevation (NSTEMI) and non-ST elevation (NSTEMI). In this both conditions treatments are same. Acute myocardial infarction remains leading cause of morbidity and mortality worldwide, although there have been substantial improvements in prognosis over the past few years. Patients who recover from an MI frequently face prolonged complications such as heart failure, arrhythmias, and psychological distress. (Reed, Rossi and Cannon 2016: 197-210.)

In a clinical setting, myocardial infarction can be identified through a patient's medical history and from the electrocardiogram (ECG). Possible symptoms may include chest pain, upper extremity, jaw, or epigastric area pain with exertion or at rest. The pain associated with acute myocardial infarction generally lasts for at least 20 minutes. It does not recover with changes in body position or movement and may be accompanied by shortness of breath, excessive sweating, nausea, or fainting. (Thygesen, Alpert and White 2007: 2173-2195.)

### 2.2 Management of myocardial infarction in recovery phase

Post-MI management focuses on secondary prevention to reduce the risk of recurrent cardiovascular events. This includes lifestyle modifications, pharmacological therapy, and structured rehabilitation programs. (Piepoli et al. 2017: 369.) Timely nursing interventions play a crucial role in ensuring adherence to these strategies and improving patient outcomes.

Myocardial infarction management has progressed with improvements in pathophysiology, technology, and precision medicine principles. Early diagnosis, specialized care, advanced interventions, and comprehensive rehabilitation strategies are included in this method. Traditional diagnostic methods like ECG and cardiac enzyme analyses are still essential. Genetic predisposition, lifestyle factors, and metabolic imbalances are affect to manage myocardial infarction. (Sachdeva et al. 2023: e45578.) Multiple drugs and also lifestyle modifications are play a crucial role to significantly improve the prognosis of patient's condition after admission for acute myocardial infarction (Calvo et al. 2021: 103975).

### 2.3 The role of nursing interventions in MI recovery

The health professionals need specialized technical and scientific knowledge to improve patient care, minimizing complications and decrease mortality rate. Nursing interventions are performed under nurses' initiative and responsibility, according to their professional qualifications, also in care delivery, management, teaching, training, or accessing, with the contributions in nursing research. (Pina et al. 2020: e20070.)

After myocardial infarction, prevention is essential to reduce risk and reduce suffering. Evidence-based therapies include achieving blood pressure, cholesterol, and blood glucose targets, making the right lifestyle adjustments, and receiving the best medical care possible with anti-platelets and statins. (Piepoli et al. 2017: 369.)

### 2.4 Key nursing interventions

Effective nursing interventions play a vital role in the recovery of patients with myocardial infarction.

#### 2.4.1 Monitoring and assessment

Continuous monitoring of vital signs, cardiac enzyme levels, and electrocardiogram (ECG) readings allows early detection of complications such as arrhythmias or recurrent ischemic events (Zhang, Lu, Ha and Bai 2023: 5711).

#### 2.4.2 Medication management

Medication management is a one of the key nursing intervention, which include ensuring patient adherence to prescribed antiplatelet, beta- blockers, and statins to prevent recurrent ischemic events. (Abdollahifar et al. 2025: 51). Nurses provided self-adherence education programs, and it helped to improve therapeutic adherence in elderly MI patients (Calvo et al. 2021: 103975).

#### 2.4.3 Patient education on life style modification

Nurses play a key role in educating MI patients about diet, exercise, and smoking cessation and stress management. This helps to significantly reduce the likelihood of recurrent MI and improves long-term outcomes. (Huriani 2019: 294-299.)

#### 2.4.4 Psychosocial support

Acute Myocardial Infarction (AMI) has significantly affects patients physical and psychological conditions. Patient experience fear, isolation, physical discomfort, post-traumatic stress, depression, or anxiety following an AMI, which may significantly impact their quality of life and daily activities. (Dreyer et al. 2020: 517-530.)

Nursing interventions are play a crucial role during recovery phase in patient with myocardial infarction by focusing on their physiological and psychological needs. Nurses provide psychological support through emotional counselling, health education and interventions for MI patient to alleviate their anxiety and depression. (Dreyer et al. 2020: 517-530.)

#### 2.4.5 Early mobilization

Encouraging early movement prevents complications like deep vein thrombosis (DVT) and improves functional recovery. Sachdeva et al (2023) explored advancements in MI management and emphasized the importance of early mobilization strategies (Sachdeva et al. 2023: e45578).

### 2.4.6 Dietary and fluid management

Proper dietary guidance and fluid balance management are essential, especially for patients with heart failure risk. The American Heart Association (2025) provides updated guidelines emphasizing heart-healthy diets (American Heart Association 2025).

### 2.5 Impact of nursing interventions on patient outcome

Nursing interventions significantly enhance patient outcomes in post-MI treatment by connecting cardiac rehabilitation and health education. Although nurses increase clinic visits and reduce readmission by educating patients about medication adherence, lifestyle modification, and routine follow-up. (Huriani 2019: 294-299.) This leads to better long-term recovery outcomes and helps to reduce recurrent MI and mortality rates (Zhang et al. 2023: 5711-5714).

Key terms: - (nursing intervention, myocardial infarction, recovery phase)

## 3 Purpose, aims and research questions

The purpose of study is to describe role of nursing intervention during recovery phase in patient with myocardial infarction. The aim of the study is to understand how nursing interventions may improve the recovery and outcomes of patients with myocardial infarction.

Research questions

1. What are the key nursing interventions used in the recovery of patients with myocardial infarction?
2. How do the nursing interventions affect patient's outcome?

## 4 Methodology and method

This study is a qualitative and descriptive literature review approach to analyze nursing interventions in MI recovery. Qualitative content analysis was employed to systematically review relevant studies and extract key themes (Elo and Kyngäs 2008: 107-115).

The descriptive literature review provides an organized summary of existing research, offering insights into the effectiveness of various nursing interventions (Taherdoost 2023: 7).

#### 4.1 Data collection method

A descriptive literature review presents detailed outlines of specific research studies, highlighting their methodologies and outcomes. Its main objective is to establish an arranged overview of existing literature, assisting researchers in understanding the applied methods and reported findings. Leading a descriptive literature review involves a systematic approach, including searching, filtering, categorizing, codifying, and analysing relevant studies. (Taherdoost 2023: 800.)

In this study data was collected from reliable sources through Metropolia Libguides, which provided access to the databases CINAHL, PubMed, ProQuest and Medline. These databases were chosen because of their broad coverage of medical and nursing literature, which guarantees a thorough compilation of relevant studies (Bramer et al. 2018: 531-541).

#### 4.2 Data search and selection

The search strategy was carefully designed according to relevant literature on nursing interventions for patient with myocardial infarction during recovery. In this process included several searching steps, key words and search phases that address the research questions were used in literature search.

The main search phrases have been determined by applying the PICO Framework (Table 1). The population of this study represents nurses who provide care to patient with the myocardial infarction in hospital settings. The interest refers to perform best nursing interventions to the patient with myocardial infarction in hospital settings and context point out the recovery phase in patient with MI.

The population, interest and context elements were derived from research title, research questions, purpose and aims of this research study.

Table 1. PICO Framework

<b>P (population)</b>		<b>I (Interest)</b>		<b>Co (Context)</b>
Nurse	<b>AND</b>	Myocardial infarction	<b>AND</b>	Recover phase in hospital
OR		OR		
Nurses		Heart attack		
OR		OR		
Nursing		MI		

Data for this study was selected using rigorous inclusion and exclusion criteria (Table 2). This literature review's included articles have to be in English and published within the last ten years. Likewise, articles that focus on patients with myocardial infarction, primary studies including peer-reviewed, studies focus only on nurses and studies discuss that nursing interventions, were also categorized under the inclusion criteria. Excluded articles are those published older than 10 years and written in languages other than English, studies focused on other healthcare professions without nurses, studies discussing surgical interventions, and secondary studies classified as part of our exclusion criteria.

Table 2. Inclusion and exclusion criteria

<b>Inclusion</b>	<b>Exclusion</b>	<b>Rationale</b>
Articles focus on patients with myocardial infarction (MI) (above 18+ years)	Patient who diagnosed with other disease conditions without MI and pediatric or adolescent patient.	Directly relevant research topic, focus on adults with Myocardial infarction in recovery phase.
Studies focus only nurses as health care providers	Other healthcare professionals without nurse.(e.g., doctors, physiotherapists)	Studies focus on only nursing- interventions rather than general medical care.
Studies discuss only regarding nursing interventions during MI.	Studies discuss regarding surgical intervention.	Directly relevant research questions, ensure only nursing interventions and practices.
Articles publish language is only English.	Articles published with using other languages.	Other accessible language based on research sources.
Articles published within the last 10 years.	Article published within more than last 10 years.	The recent studies ensure that findings reflect the current standards.
Primary studies with qualitative, quantitative, or mixed methodologies, and peer-reviewed studies	Literature reviews, secondary analyses, case reports, and non-peer-reviewed studies.	Ensures inclusion of original, high-quality research with reliable data on nursing interventions.

To identify relevant articles, a structured search strategy was employed using four primary search terms. The search queries included (nurs\*) AND (interventions OR strategies OR practices) AND ("myocardial infarction" OR "heart attack" OR MI) AND (recovery). These terms were formulated with guidance from the Metropolia University of Applied Sciences Library, where a consultation was conducted to refine the search process using the Metropolia LibGuides databases.

To ensure the credibility and reliability of the sources, databases such as CINAHL, PubMed, ProQuest, and MEDLINE were utilized. Boolean operators “AND” and “OR,” along with truncation techniques, were applied to optimize search efficiency and retrieve the most relevant literature. The selection of studies was based on an evaluation of article titles and abstracts to determine their relevance to the research focus.

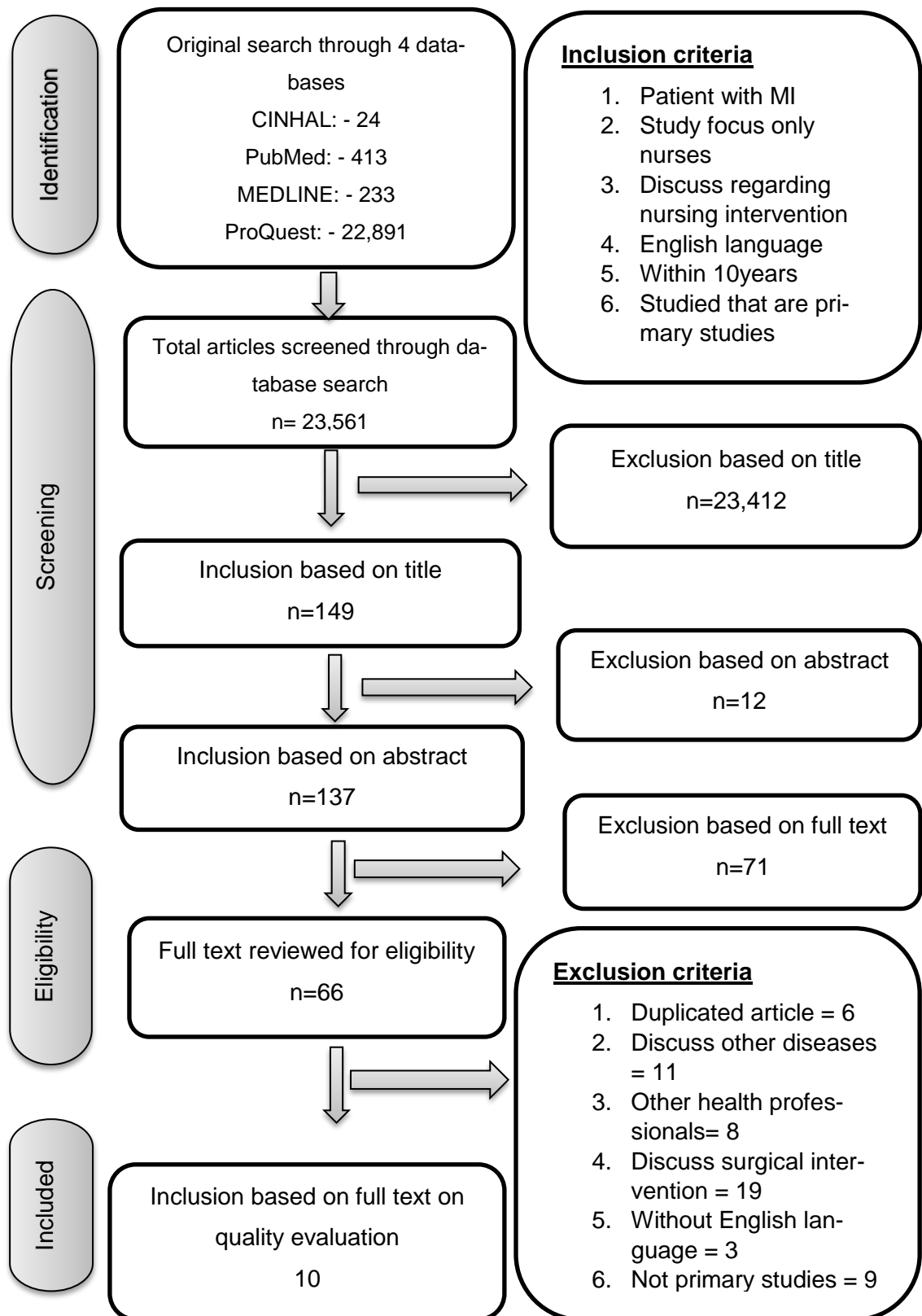
This search strategy was implemented to support our thesis, which examines nursing interventions in the recovery phase of hospitalized myocardial infarction patients, their effects on patient outcomes, and best practices for improving care.

The article retrieval process was conducted on four different databases using specific search terms. The PRISMA flow chart was used to summarize the selected results (table 3). The advanced search identified 24 articles from CINAHL, 413 articles from PubMed, 233 articles from MEDLINE, and 22,891 articles from ProQuest. In total, 23,561 articles were identified.

There was a large number of articles. Due to that, we applied several filters. First, articles were filtered based on title, resulting in the exclusion of 23,412 articles and leaving only 149 articles. Next, an abstract-based filter was applied, which resulted in the exclusion of 12 articles, leaving only 137 articles. After that full text-based filter was applied, it resulted in the exclusion of 71 articles and leaving 66 articles.

These 66 articles were manually reviewed. The following are excluded according to exclusion criteria: 6 duplicate articles, 11 articles focused on diseases other than MI, 8 articles were about other health professionals, 19 articles were about surgical intervention with heart diseases, 3 were published in languages other than English, and 9 articles were not primary studies. In total, 56 articles were excluded and 10 articles selected for data analysis in the literature review.

Table 3: PRISMA flow chart



### 4.3 Data analysis method

Qualitative content analysis is one of the several qualitative techniques for examining data and analysing its meaning. It serves as a methodical and impartial way to describe and measure phenomena in research. The ability to convert data to concepts that explain the study phenomenon through the creation of categories, concepts, a model, conceptual system, or conceptual map is a necessary condition for a successful content analysis. The research question outlines what needs to be created and what needs to be analysed. (Elo and Kyngäs 2008: 107-115.)

The three primary stages of both inductive and deductive content analysis methods are preparation, organization, and result reporting. Qualitative content analysis can be applied either manner. (Elo and Kyngäs 2008: 107-115.)

The study employed the deductive content analysis method. Because it works effectively for our research aim. That is guided by preexisting theories or frameworks. In this approach, the analysis focused on identifying important nursing interventions and comprehending their possible impact on patient's outcomes, utilizing predefined categories that were developed based on research questions. Data were collected from selected articles, which were reviewed systematically. A data analysis table was created to organize relevant data to research questions from each article. The table included sections for study identification, key findings, predefined categories, and illustrative keywords. Articles were analyzed, focusing on content in accordance with established categories, and the data were coded accordingly. Finally, producing and evaluating the data to determine results that answers the research questions of the study. (Table 4 and Table 5)

Table 4: An example of data analysis of the research article for study question 1

Article	Study	Key findings	Predefined categories	Key words/ Example
Article 5 (Harbman, P. 2014)  (The development and testing of a nurse practitioner secondary prevention intervention for patients after acute myocardial infarction)	“The intervention included comprehensive cardiovascular assessments and education, counseling and treatment recommendations related to heart attack recovery and secondary prevention care.”	Nurses conduct in-depth assessment and provided education.	Comprehensive assessment	Monitoring and assessment

Table 5: An example of data analysis of the research article for study question 2

Article	Study	Key findings	Predefined categories	Key words/ Example
Article 5 (Harbman, P. 2014)  (The development and testing of a nurse practitioner secondary prevention intervention for patients after acute myocardial infarction)	“Acute myocardial infarction patients who received the secondary prevention intervention delivered by a nurse practitioner demonstrated significant improvements in multiple treatment goals when compared to patients who received usual care.”	Nurses provided secondary prevention intervention significantly improved treatment goals.	Outcome improvement	Improvement in multiple treatment goals

## 5 Results

A total of 10 articles were used for this study to answer two research questions, which were “what are the key nursing interventions used in the recovery of patients with myocardial infarction?” and “How do the nursing interventions affect patient outcome?”. According to the reviewed articles, 05 of 10 articles from China, 02 from Spain, 01 from Brazil, 01 from Canada and 01 from Turkey. This study employed deductive content analysis and interpret data based on predefined categories derived from research questions. Through the process of deductive content analysis, 48 predefined categories, 07 key terms, and 02 main categories were formed. The first main category was the key nursing interventions used in the recovery of patient with myocardial infarction, which resulted from 04 key terms and 27 predefined categories. The second main category was effect of nursing interventions of patient outcome, which resulted from 03 key terms and 21 predefined categories. Below, figure 1 and 2 provide a summary of these categories and their results.

Figure 1: For question 1

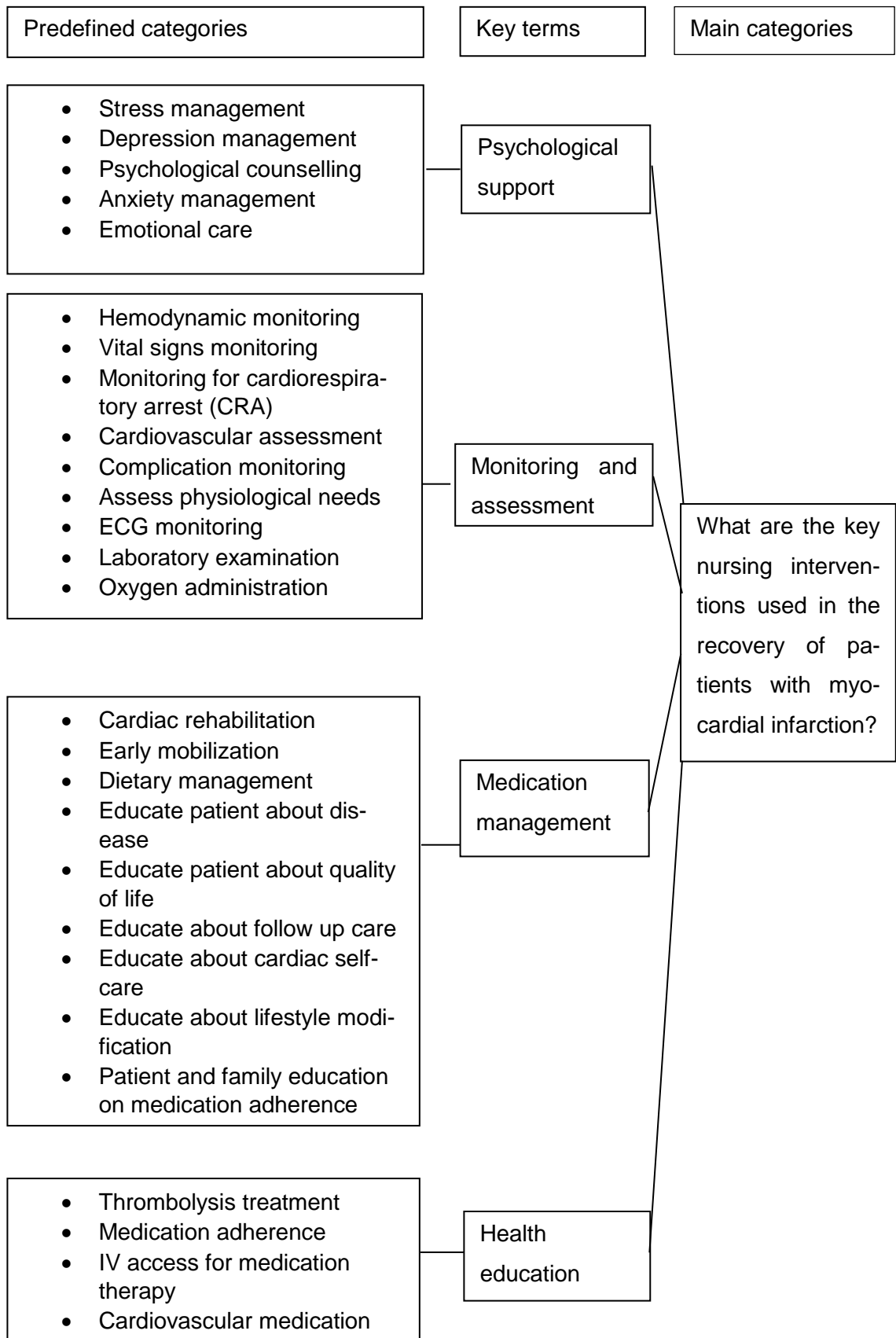
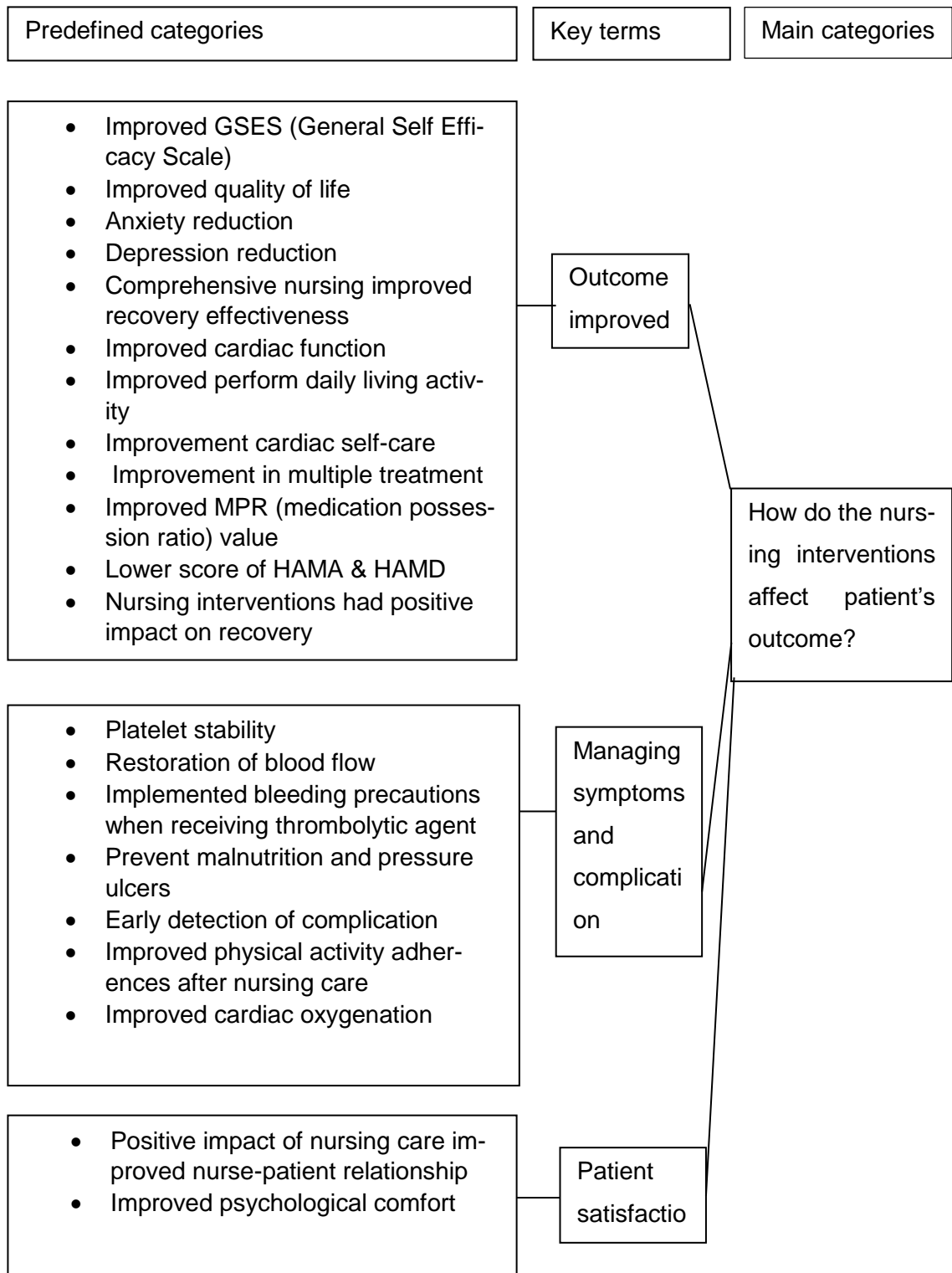


Figure 2: For question 2



## 5.1 Key Nursing Interventions in the Recovery of MI Patients

Several important nursing strategies were found to be regularly used in the recovery of myocardial infarction patients by the literature study. These types of therapies may be categorized into four categories: psychological support, medication management, careful monitoring and assessment, and health education. Each category highlights the diverse role of nursing in post-AMI rehabilitation by encompassing a variety of specialized tasks performed by nursing experts to maximize patient care and recovery.

### 5.1.1 Health education

Health education has become a vital and complex nursing intervention that plays a key role in long-term healing and prevention by providing patients with the knowledge they need and boosting their confidence to manage themselves after an AMI. In order to encourage patient engagement and adherence to organized recovery programs, nurses offered thorough education covering a number of important topics, including cardiac rehabilitation. Education on the significance of cardiac rehabilitation and its components was a recurring theme (Harbman 2014: 1543; Xu et al. 2021: 2).

In particular, a nurse practitioner delivered secondary preventive intervention dramatically increased attendance at cardiac rehabilitation, showing an odds ratio (OR), suggesting a considerable favorable effect, according to Harbman (2014: 1551). In order to prevent complications like deep vein thrombosis and restore physical function, patients were also taught the advantages and methods of early mobilization. This allowed them to return to their regular activities more quickly. (Martínez Font et al. 2021: 233; Xu et al., 2021: 2.)

According to Lizcano-Álvarez et al. (2022: 5216); Ji and Yang (2024: 385), nurses also offered advice on important lifestyle modifications, such as specific dietary management and physical activity recommendations. These included teaching about healthy diets (such as low-fat and low-sodium), the advantages of consistent, customized exercise, and useful techniques for maintaining a healthy weight and general cardiovascular health. In particular, Lizcano-Álvarez et al. (2022: 5220) noted that rigorous nurse-led follow-up enhanced adherence to recommended food and exercise, demonstrating the efficacy of organized educational interventions.

Education also aimed to provide patients with the information and abilities necessary for efficient cardiac self-care, allowing people to take charge of their health on their own, identify potential problems, and get help when they need it (Lizcano-Álvarez et al. 2022: 5219; Yin et al. 2024: 2). In order to avoid recurrence and manage chronic elements of their condition, nurses informed patients about their particular disease, its course, and the critical significance of regular follow-up treatment (Harbman 2014: 1543). In order to guarantee long-term compliance, special attention was given to teaching patients and their families about the significance of medication adherence, appropriate dosage, possible side effects, and methods for incorporating medication regimens into everyday life (Lizcano-Álvarez et al. 2022: 5220; Xu et al. 2021: 2). Innovative strategies that are effective at delivering continuous nursing education, offering continuing support, and enhancing patient engagement through easily accessible digital means were highlighted, including the WeChat platform health management and the refined continuous nursing model (Xu et al. 2021: 2).

### 5.1.2 Medication management

Medication management interventions were essential for avoiding problems, guaranteeing therapeutic effectiveness, and preserving patient stability over a long time. In order to promote long-term recovery and prevent repeated cardiovascular events, nurses were essential in ensuring that patients took their medications as directed (Lizcano-Álvarez et al. 2022: 5220; Ji and Yang 2024: 385; Yin, Huang and Lin. 2024: 2).

In order to overcome obstacles to compliance, this frequently required thorough explanations of intricate prescription regimens, clarification of drug interactions, and workable solutions for integrating medicine into everyday activities. For the prompt and safe administration of vital medications, such as thrombolytic and other vital cardiovascular treatments, nurses were in charge of setting up and maintaining secure intravenous access in acute settings (Alves et al. 2013: 179). Additionally, they closely monitored the administration of different cardiovascular drugs, making sure that the right dosages were taken at the right times and that symptoms of drug toxicity or adverse reactions were carefully watched for (Alves et al. 2013: 179). Nurses used particular bleeding precautions and close observation for patients receiving thrombolytic therapy in order to control possible side effects, including bleeding, which is a known concern of these powerful drugs (Karaman, D. K. Yilmaz and D. U. Yilmaz. 2017: 380).

### 5.1.3 Monitoring and assessment

Acute outcomes were greatly impacted by regular and attentive monitoring and evaluation, which were essential nursing duties that allowed for early identification of changes in patient status and prompt management. In order to rapidly recognize and manage shock, arrhythmias, or other cardiovascular problems, nurses had to continuously monitor patients' hemodynamic stability, including accurate blood pressure, heart rate, central venous pressure, and other circulatory parameters (Alves et al. 2013: 179; Martínez Font et al. 2021: 233).

Vital signs (blood pressure, oxygen saturation, respiration, temperature, and pulse) were routinely monitored to evaluate general patient health, spot minor departures from baseline, and spot early indicators of decline. To ensure that changes in cardiac rhythm or electrical activity were promptly addressed, thorough cardiovascular evaluations, including regular electrocardiogram (ECG) monitoring, were essential for detecting arrhythmias, evaluating myocardial ischemia, and directing prompt treatment decisions. (Alves et al. 2013: 179.) Nurses implemented preventive measures and initiated rapid responses when needed, actively monitoring for the development of various complications, including infection, bleeding (particularly after thrombolysis), and cardiorespiratory arrest (CRA) (Karaman, D. K. Yilmaz and D. U. Yilmaz. 2017: 380; Martínez Font et al. 2021: 233).

Additionally, nurses evaluated the physiological needs of patients, such as proper oxygenation, pain control, and fluid balance, and carefully used the results of laboratory tests (e.g., cardiac enzymes, electrolytes, and blood counts) to guide their care plans and assess the efficacy of treatment. During the critical acute phase of AMI, early nurse care such as the rapid start of oxygen therapy and ongoing monitoring was essential for patient stabilization, lowering the risk of death, and ensuring immediately medical involvement. (Alves et al. 2013: 179-180.)

### 5.1.4 Psychological support

Nurses provided patients an extensive level of psychological care because they considered the profound psychological effects of AMI, including the stress, anxiety, and depression that are frequently connected to a potentially fatal cardiac incident. This entailed putting into practice all-encompassing techniques to assist patients in managing

their stress and anxiety, frequently by means of sympathetic counseling, active listening, and establishing a comforting and encouraging atmosphere that promotes emotional recovery (Zhang, Gu and Li. 2024: 407; Xu et al. 2021: 2).

Important were interventions designed especially to reduce depressive symptoms; they were frequently incorporated into more comprehensive psychological counseling frameworks that addressed emotional discomfort and offered coping strategies (Zhang, Gu and Li. 2024: 407). Direct psychological therapy and emotional support enabled patients to deal with their anxieties about their illness and future, process their painful experiences, and eventually enhance their resilience and general mental health (Ji and Yang 2024: 385).

In particular, human-oriented nursing care (Zhang, Gu and Li. 2024: 407) and holistic nursing interventions (Ji and Yang 2024: 387) were recognized for their emphasis on providing patients with comprehensive emotional and psychological care, which was crucial for building trust, improving the nurse-patient relationship, and encouraging greater cooperation during the course of treatment. This all-encompassing method acknowledged that for the best possible patient outcomes, psychological comfort is just as important as physical rehabilitation.

## 5.2 Effects of nursing interventions on patient outcomes

The identified nursing interventions have been shown to have a significant impact on a wide range of patient outcomes, including psychological well-being, compliance and self-management, quality of life and functional ability, physiological stability, complication reduction, and overall patient satisfaction, as consistently shown by reviewing studies.

### 5.2.1 Improved psychological outcomes

The psychological well-being of patients after MI was significantly improved by nursing interventions, which reduced distress and supported mental health. In particular, Zhang, Gu and Li. (2024: 408) found that human-centered care and enhanced emergency nursing protocols considerably decreased patients' "hard feelings," such as paranoia, fear, and melancholy. The SAS (Self-rating Anxiety Scale) scores of the study group and the control group were not significantly different prior to receiving nursing

care. However, following treatment, the research group's patients had considerably lower SAS scores than the control group, indicating a highly significant difference. There were also statistically significant differences ( $t=15.55, 13.43, 4.71$ , all  $P<0.001$ ) in the psychological scores of patients in the study group compared to the control group in terms of depression ( $0.47\pm0.13$  vs.  $0.76\pm0.12$ ), fear ( $0.27\pm0.06$  vs.  $0.46\pm0.12$ ), and paranoia ( $0.67\pm0.29$  vs.  $0.86\pm0.25$ ). (Zhang, Gu and Li. 2024: 408)

According to Xu et al. (2021: 3), the WeChat platform health management model considerably reduced anxiety and depression, as shown by the research group's post-intervention HAMA (Hamilton Anxiety Rating Scale) and HAMD (Hamilton Depression Rating Scale) scores being lower. Additionally, Gao (2021: 3) found that comprehensive nursing techniques enhanced psychological scores in older AMI patients following intervention, suggesting a superior nursing effect as compared to the control group.

### 5.2.2 Enhanced compliance and self-management behaviors

Interventions significantly enhanced patients' capacity to self-manage their conditions and adhere to treatment plans, both of which are essential for long-term health and recurrence prevention. Lizcano-Álvarez et al. (2022: 5217) found that nurse-led follow-up significantly improved prescription medication compliance behaviors in primary care. According to the compliance behavior nursing outcomes classification (NOC) score, there was a statistically significant improvement in the mean score for prescribed medicine from the pre-intervention period (3.9) to the post-intervention period (4.7).

Ji and Yang (2024: 385) discovered that as compared to regular care, holistic nursing intervention resulted in higher improvements in Morisky ratings for medication adherence, suggesting that patients were better able to comprehend and stick to their medication schedules.

Following the intervention, medication possession ratio (MPR) values rose in both groups, with the observation group experiencing a larger and statistically significant rise, according to Yin, Huang and Lin. (2024: 3). This suggests that the observation group had improved access to and consistent usage of pharmaceuticals. Further representing the function of nursing in improving medication compliance, Xu et al. (2021: 3) observed significantly higher MPR values in the research group getting the WeChat platform model following intervention.

Additionally, there were significant improvements in adherence to the recommended diet and exercise. Nursing Outcomes Classification (NOC) score increases for compliance behavior: prescribed diet (from 3.7 to 4.1) and compliance behavior: prescribed activity (from 3.9 to 4.3) were reported by Lizcano-Álvarez et al. (2022: 5217), both of which had extremely significant values. Ji and Yang (2024: 387) discovered that patients were more likely to make healthy lifestyle changes when they received holistic nursing care, as evidenced by higher gains in scores pertaining to appropriate exercise and food control. These findings highlight how well nursing interventions work to encourage patients to follow their post-AMI care plans, which is a key component of secondary prevention.

### 5.2.3 Increased quality of life and functional ability

According to Gao (2021: 2), the use of comprehensive nursing techniques greatly enhanced the living capacity of senior AMI patients, promoting their autonomy and general health. According to Ji and Yang (2024: 386), in all quality of life domains physical, medical, general life, social and psychological status, and work conditions holistic nursing intervention led to superior performance, with all differences being statistically significant. According to Yin, Huang and Lin. (2024: 4), the observation group's reported well-being improved overall following the intervention, as evidenced by better scores in a number of quality of life domains. According to Xu et al. (2021: 3), patients who received the WeChat platform nursing model following intervention had significantly higher SF-36 scores, a commonly used indicator of health-related quality of life, which amply demonstrated improved life quality across a number of aspects.

In addition, Ji and Yang (2024: 387) discovered that the experimental group's GSES (General Self-Efficacy Scale) score was significantly higher than the routine group's, suggesting that patients had better self-efficacy, or the belief that they can succeed in particular circumstances or complete a task. Additionally, the observation group's self-care abilities, health knowledge, self-responsibility, and self-concept ratings improved, according to Yin, Huang and Lin. (2024: 4). This underscores the significance of nursing in enabling patients to more effectively and confidently manage their everyday lives and health.

#### 5.2.4 Managing symptoms and complication

Nursing interventions enhanced clinical outcomes by improving physiological recovery, improving heart function, and significantly lowering the incidence of sequelae. Early nursing care, such as timely ECG acquisition, oxygen therapy, and continuous monitoring, was essential for stabilizing patients more rapidly in emergency settings, which directly reduced mortality risk and ensured prompt physician intervention, according to Alves et al. (2013: 179).

According to Ji and Yang (2024: 385), the holistic nursing group had a significant protective effect against critical cardiac events, as evidenced by significantly lower incidences of recurrent AMI and stent thrombosis than the routine group. According to Yin, Huang and Lin. (2024: 3), cardiac rehabilitation nursing in conjunction with intensive risk awareness management improved cardiac function, as shown by lower left ventricular end-systolic and diastolic diameters and a higher left ventricular ejection fraction in the observation group following intervention, which suggests improved heart pumping efficiency.

Multiple studies found that the overall incidence of complications was significantly lower in intervention groups. For example, Yin, Huang and Lin. (2024: 3) reported a remarkable reduction in adverse events, with a total adverse event incidence of 5.88 in the observation group compared to 20.00 in the control group. Further supporting the significance of nursing in preventing and controlling post-AMI problems, Xu et al. (2021: 3) also noted a significantly decreased total incidence of complications in the research group following intervention.

Karaman, D. K. Yilmaz and D. U. Yilmaz. (2017: 381) emphasized the significance of attentive nursing practices in the monitoring and management of particular complications following thrombolytic treatment, such as minor bleeding (observed in 97% of patients) and arrhythmia (observed in 95% of patients). They also emphasized the necessity of careful observation and prompt action. Following targeted nursing interventions for mixed shock post-AMI, Martínez Font et al. (2021: 233) presented a qualitative case analysis that demonstrated significant clinical improvement, including restored hemodynamic stability, improved respiratory function with gradual reduction in mechanical ventilation dependency, and no signs of pressure injuries or infection. This case study

highlights the significant influence of comprehensive nursing on complex physiological challenges.

### 5.2.5 Improve patient satisfaction

The significant increase in patient satisfaction with nursing care was a frequent and notable finding in the studied literature, representing the beneficial effects of all-encompassing and personalized care on the patient experience.

Patients in the study group said superior levels of satisfaction with the nursing care than those in the control group, proposing an encouraging opinion of the care they received, according to Zhang, Gu and Li. (2024: 233). Ji and Yang (2024: 385) observed significantly higher total satisfaction in the whole nursing intervention group, showing that a complete method to nursing care greatly promotes patient happiness. Patient satisfaction was greater in their observation group that supports the idea that focused nursing interventions have a positive effect (Yin, Huang and Lin. 2024: 4). Xu et al. (2021: 3) reported that the nursing satisfaction score of patients in the research group was significantly higher than that in the other group, the evidence that patient satisfaction is a direct outcome of real nursing care.

These findings clearly indicate that thorough, human-centered, and customized nursing care improves the patient experience, which in turn leads to better follow-up care adherence and collaboration with healthcare professionals.

## 6 Discussion

### 6.1 Discussion of main results

This descriptive literature review assessed the influence of nursing interventions during patient in recovery phase with Myocardial Infarction (MI). It was focused to determine how nursing interventions affect patient's physical and psychological outcomes. According to the analysis of ten selected peer-reviewed articles, it is evident that nursing interventions are a major component of the recovery process after MI. Vital Nursing intervention areas included support for mental health, assessment and monitoring, treatment management, and health education, all of which were revealed to improve recovery, prevention of complications, and improve quality of life.

Psychological support was one of the most frequently reported and important interventions in this study. It was associated with reduced levels of stress, anxiety, and depression among patients in the post-MI. Several studies have demonstrated that nurses who provide management of stress, emotional therapy, and supportive communication significantly improve their post-MI patients' psychological status. For example, Dreyer et al. (2020), highlighted that psychological support from nurses helped to decrease these mental burdens, providing reassurance to the patient, assured, and encouraged. Therapeutic communication, counselling, and reassurance were helped to improve patients' outcomes in recovery phase. Similarly, Abdollahifar et al. (2025), found that psychological management interventions significantly lowered scores on both depression and anxiety scales by enhancing overall psychological well-being during the recovery phase. (Dreyer et al. 2020: 518; Abdollahifar et al. 2025: 51.)

Continuously monitoring and assessment were also play a crucial role in the recovery process Nurses regularly monitored vital signs, ECG readings, oxygen saturation, and biomarkers to identify pre signs of complications such as arrhythmias, reinfection, or hypotension. Piepoli et al. (2017) reported that nurses can identify early signs of complications by systematically and regularly monitor patients. It is helpful to decrease hospital readmission. Similarly, Alves (2013) found that intensive nursing monitoring is essential for maintaining cardiac health as proved by improved biomarkers and a reduction in emergency incidents. This kind of close oversight serves as a preventive strategy, allowing for quick responses to any clinical changes and enhancing safety during the recovery phase. (Piepoli et al. 2017: 371; Alves et al. 2013: 179.)

Another key intervention was the medication management. A number of studies found that nurse-led health education sessions on purpose of medication, dosage, route and side effects of medication increased patients' understanding and adherence. According to Ji and Yang. (2024), nurses noticed a significant increase in medication adherence rates after they rolled out a digital follow-up system. Meanwhile, Yin, Huang and Lin. (2024) found that patients who received a combination of medication, counselling, and health education not only had better Medication Possession Ratios but also distributed with less side effects. In a similar vein, Calvo et al. (2021) pointed out that personalized nursing care greatly enhanced medication adherence among older adults recovering from a myocardial infarction. (Calvo et al. 2021: 103975; Ji and Yang 2024: 385; Yin, Huang and Lin. 2024: 2.)

The fourth most important topic in the reviewed articles was health education and lifestyle counselling. Appreciations to these nursing treatments, patients were motivated to hold heart-healthy habits, which included managing stress, staying daily living activities with regular exercise, kicking the smoking habit, and improving their diets as healthily. Nurses supported both patients and their families by using printed visual resources, engaged in motivational interviewing, and leveraged mobile platforms. Lizcano-Álvarez et al. (2023) found that prepared health education by nurses really advanced patient involvement in cardiac rehabilitation activities. When patients touched informed and enabled, they were more likely to stick to the mentioned lifestyle changes, which eventually resulted in better long-term outcomes. Piepoli et al. (2017) pointed out that making lifestyle changes is one of the most effective ways to prevent recurrence, and nurses are in a perfect position to help support these changes. (Lizcano-Álvarez et al. 2023: 5220; Piepoli et al. 2017: 372.)

One key takeaway from the research was how nursing care positively impacts patient satisfaction. Multiple studies highlighted that patients felt more satisfied when their care was personalized to their needs and delivered by a dedicated, compassionate nursing team. Ji and Yang (2024) discovered that patients had a more positive view of their hospital experience when nurses took an active role in providing emotional support and education. Abdollahifar et al. (2025) pointed out that patient satisfaction isn't just a sign of quality care; it also plays a crucial role in motivating patients to stick with their treatment and participate in follow-up programs. When patients feel listened to and genuinely cared for, they're much more likely to get involved in their recovery journey. (Abdollahifar et al. 2025: 51; Ji and Yang 2024: 385.)

Across studies, there were some limitations of findings. This qualitative literature review examines primary research using secondary analysis instead of actual empirical research, leading to opinions that are impacted by the quality and scope of the studies. Secondly, a significant limitation observed across literature review, most of reviewed articles were conducted in certain countries such as China and Spain, which may influence the applicability of results to wider populations. According to cultural norms, beliefs, healthcare systems, and the dynamics between nurses and patients can change meaningfully from one region to another, potentially impacting how well these nursing interventions can be generalized. As emphasized by the American Heart Association (2025) a successful recovery also centers on systemic support, which includes staff training programs, resource availability, and collaboration among different

healthcare professionals. It's important to point out that many studies have mainly focused on short-term results, which leaves us with a moment of a gap in understanding the long-term effectiveness of these nursing interventions. In this study, the results shows how important role of nursing interventions to patient with myocardial infarction in recovery phase (American Heart Association 2025).

The results of this literature review clearly highlight the crucial role of nursing care in ensuring a successful recovery after a heart attack. Nurses do much more than care for patients at the bedside. Nurses play a crucial role as educator, teacher, counsellor, emotional supporter and close monitoring that ensuring every patient's in recovery phase by giving individualized and safe care. Their dedication is critical in helping patients change from intensive care back to managing their health at home, which not only reduces the chances of readmission but also improves overall quality of life.

In summary, when we bring together structured nursing interventions like psychological support, clinical monitoring, medication guidance, and health education we see real progresses in patient outcomes. To really boost the effectiveness of nursing care, healthcare systems need to invest in training, digital tools, and standardized protocols. Future research should definitely look into the long-term effects of these practices in various healthcare environments to help them be applied more widely. The role of nurses in post-MI recovery is not only important; it's absolutely essential.

## 6.2 Ethics and validity

Ethical considerations are fundamental in research, ensuring the credibility and integrity of the study. Ethical research practices include obtaining proper informed consent, maintaining participant confidentiality, and accurately presenting data to prevent misinterpretation (Mirza, Bellalem and Mirza 2023: 441- 449). This study strictly adheres to ethical guidelines by referencing credible sources, avoiding plagiarism, and ensuring transparency in reporting findings.

Validity in qualitative research ensures that the findings accurately represent the studied phenomena. To enhance validity, this study incorporates peer-reviewed sources, systematically applies the deductive content analysis approach, and cross-references multiple sources for data triangulation (Hawkins, Elsworth, Hoban and Osborne 2020: e035974).

The Metropolia guidelines for academic writing and data management were followed throughout the research process. A librarian specialist was consulted to review and validate the search term, which we used in databases in literature search. Furthermore, the supervising teacher actively participated in the process to verify the relevance and validity of the selected articles. The selection of articles was based on rigorous inclusion and exclusion criteria to ensure reliability and relevance to nursing interventions in MI recovery.

This study utilized a deductive descriptive content analysis approach. This method involves coding predefined categories derived from prior research and theories. This structured analysis ensured that the findings were systematically evaluated and aligned with existing literature (Elo and Kyngäs 2008: 107-115).

### 6.3 Conclusion

Nurses play a key role in caring patients with MI by enhancing their psychological, emotional, and physical well-being. The findings of reviewed articles shown that nursing care includes primary care and also holistic care; additionally, that influences cardiac patients' overall rehabilitation and long-term well-being. Four important nursing interventions were found in the research articles. There were Patient education, medication management, monitoring, and psychological support. Each article was shown these nursing interventions affect positively patient outcomes, including improved adherence, mental well-being through reduced emotional distress, and an overall better quality of life.

The articles have shown psychological support as the important aspect of post-MI care. However, numerous studies have demonstrated that when nurses provide emotional support to patients through communication, listening, counseling, and reassurances, their levels of anxiety and depression reduce. Additionally, this type of intervention helps patients become more emotionally resilient so they can continue to participate in their rehabilitation and adjust to changes in their lifestyle. It was also demonstrated that monitoring and assessment were crucial elements of recovery. To early detection of complications, nurses continuously monitor patient physical symptoms, hemodynamic, laboratory examinations, cardiovascular assessment, and vital signs. The review of articles explained the significance of nurse-led interventions that educate patients about their medication regimen in relation to medication management. By providing explicit instructions, using follow-up tools, and conducting understanding tests,

medication adherence was increased. In order to prevent additional heart attacks, patients who comprehended the importance and function of their drugs were more inclined to take them as prescribed and to heed medical advice.

Furthermore, health education was emphasized as a critical component for enhancing the healing process. In addition to providing patients with information and confidence, nurses educate patients about cardiac rehabilitation, early mobilization, lifestyle modification, cardiac self-care, and dietary management. Although, these interventions help with long-term cardiac rehabilitation and prevent recurrent MI. Moreover, several articles have shown that personalized nursing care positively affects improving patients' satisfaction. Although, when nurses give both physical and psychological needs of patients, that builds up trust and satisfaction about the treatment process, which contributes to better collaboration and follow-up with patients.

In conclusion, patient outcomes during recovery phase after myocardial infarction are significantly impacted by nurse interventions. These results highlight the need of strengthening the role of nurses in cardiac care and making sure they have the skills, resources, and assistance required to deliver efficient, compassionate, and evidence-based care. Healthcare systems can significantly improve myocardial infarction patients' quality of life and recovery by making consistent investments in nursing education and practice.

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**Appendix 1. Data search table results**

Database/date/limits	Search phase	Total number of hits/citations	Based on title	Based on abstract	Based on full text
CINAHL 22/02/2025 Limits: - 2015-2025 English language	(nurs*) AND (interventions OR strategies OR practices) AND ("myocardial infarction" OR "heart attack" OR MI) AND recovery	24	23	23	8
PubMed 22/02/2025 Limits: - 2015-2025 English language	(nurs*) AND (interventions OR strategies OR practices) AND ("myocardial infarction" OR "heart attack" OR MI) AND recovery	413	33	31	30
Medline 06/03/2025 Limits: - 2015-2025 English language	(nurs*) AND (interventions OR strategies OR practices) AND ("myocardial infarction" OR "heart attack" OR MI) AND recovery	233	63	53	5
ProQuest 06/03/2025/ Limits: - 2015-2025 English language	(nurs*) AND (interventions OR strategies OR practices) AND ("myocardial infarction" OR "heart attack" OR MI) AND recovery	22,891	30	30	23
Total number of remaining articles		23,561	149	137	66
Total number of exclusion articles based on exclusion criteria					56
Total number of selected articles for study					10

**Appendix 2. Evaluated articles (data analysis)**

Author(s), Year, Country	Title	Methodology	Sample	Results
Zhang, Z., et al. 2024 China	The Improved Emergency Nursing Procedure and Human-oriented Nursing Care Can Significantly Reduce Hard Feelings of Patients with Acute Myocardial Infarction	Quantitative	A total of 180 in patients with acute myocardial infarction hospitalized from January 2020 to December 2020.	The study found that improved emergency nursing procedures and human-oriented care can significantly reduce the hard feelings of patients with acute myocardial infarction. Patients in the study group had significantly lower SAS scores and psychological scores in terms of depression, fear, and paranoia compared to the control group. They also reported higher levels of satisfaction with the nursing service compared to the control group
Gao, J. 2021 China	Evaluation of the Effect of Nursing Intervention on the Curative Effect and Living Ability of Elderly Patients with Myocardial Infarction.	Quantitative	100 of elderly patients with myocardial infarction in Henan Province Hospital from December 2019 to December 2020.	The study found that patients with myocardial infarction had significantly higher BNP, living ability, and psychological scores than the control group. After nursing intervention, the research group had better scores and nursing effects. The application of comprehensive nursing methods in elderly patients with myocardial infarction has a significant clinical effect, improving their living ability and recovery. This highlights the importance of comprehensive nursing methods in elderly patients' recovery.
Lizcano-Álvarez, Á. 2022 Spain	Intensive nurse-led follow-up in primary care to improve self-management and compliance behaviour after myocardial infarction.	Quantitative	Patients with acute coronary syndrome from 40 healthcare facilities were included in the study. A total of 212 patients participated in a programme including 11 interventions during the first 12–	The study found that intensive follow-up after myocardial infarction improves compliance behaviors and self-management of heart disease. Health education tools like a cardiovascular self-care note-book can also help patients. The Nursing Outcomes Classification showed a statistically significant improvement in compliance behaviors, including adherence to prescribed diet, activity,

			18 months after myocardial infarction.	and medication. This suggests that early intervention can significantly improve patient outcomes.
Alves, T. E., et al. 2013 Brazil	Performance of the nursing professional in the emergency care to the users affected by acute myocardial infarction	Qualitative	Nurses who work in the urgency/emergency sector of the Emergency Room of the Hospital Regional Tarcisio de Vasconcelos Maia (HRTVM) from the city of Mossoró/RN/ Brazil.	The article emphasizes the crucial role of nursing professionals in emergency care for myocardial infarction patients, emphasizing timely interventions. The collection procedure includes examinations, ventilation support, venous access, medication administration, and permanent monitoring. Early nursing care, including ECG, oxygen therapy, and continuous monitoring, helps stabilize patients, reduce mortality risk, and ensure timely physician intervention.
Harbman, P. 2014 Canada	The development and testing of a nurse practitioner secondary prevention intervention for patients after acute myocardial infarction.	Quantitative	65 patients with AMI, admitted to a large community hospital.	The study suggests that Nurse Practitioners (NPs) can significantly improve the achievement of target goals in secondary prevention interventions, such as smoking cessation, blood pressure, cardiac rehabilitation attendance, physical activity, glycated haemoglobin < 7% in diabetes patients, triglyceride levels, statin use at follow-up, and the number of weeks to cardiac rehabilitation, compared to usual care.
Ji and Yang. 2024 China	Holistic Nursing Intervention Versus Routine Nursing on Nursing Quality and Satisfaction After PCI in Patients With Acute Myocardial Infarction.	Quantitative	148 AMI patients admitted to the Department of Cardiovascular Medicine in Affiliated hospital	Holistic nursing intervention is a promising approach for AMI patients, enhancing treatment adherence, improving quality of life, fostering self-efficacy, and contributing to prognosis and cardiac function. After nursing intervention, Morisky scores increased significantly in the experimental group compared to the routine group, with greater improvements in BMI control, medication adherence, proper exercise, and diet control. The experimental

				group also exhibited superior performance in terms of disease, physical, medical, general life, social and psychological status, and work conditions. The GSES score was significantly higher in the experimental group compared to the routine group. Additionally, the incidences of AMI and stent thrombosis were lower in the experimental group. Overall, the experimental group showed higher total satisfaction.
Yin, X., et al. 2024 China	Application of intensive management of risk awareness combined with cardiac rehabilitation nursing in elderly patients with acute myocardial infarction and heart failure.	Quantitative	101 elderly patients with acute myocardial infarction and heart aging treated from January 2022 to March 2023.	The study found that after intervention, medication possession ratio (MPR) values increased in both groups, with the observation group showing a greater increase. Cardiac function showed no significant difference before intervention, but the observation group had lower left ventricular end-systolic and diastolic diameters and higher left ventricular ejection fraction compared to the control group. Self-care skills, health knowledge, self-responsibility, and self-concept scores improved in both groups, with higher scores in the observation group. The total incidence of adverse events was lower in the observation group compared to the control group. Patient satisfaction was significantly higher in the observation group than in the control group. The study suggests that intensive risk awareness management combined with cardiac rehabilitation nursing can enhance medication compliance, improve quality-of-life, enhance self-care abilities, boost cardiac function, reduce incidents, and increase patient satisfaction.

Karaman, D., et al. 2017 Turkey	Complications after Thrombolytic Treatment in Patients with Acute Myocardial Infarction and Their Reflection on Nursing Practices.	Quantitative	60 patients who were hospitalized with acute myocardial infarction in the coronary intensive care units of a public hospital between January, 2011 and December, 2011.	Nurses are advised to monitor patients for complications and more cautiously open vascular access for those receiving acute myocardial infarction treatment. The study involved 73.3% male patients, 56.7% aged 50-69, 55% smoking, and 33% with alcohol consumption habits. 60% had inferior myocardial infarction, 70% had hypertension, and 96.7% experienced minor bleeding, arrhythmia, hypotension, fever, and major bleeding. Minor bleeding complications were found in intravenous failed attempt places, while gingiva, intraocular bleeding, epistaxis, and ecchymosis were common.
Xu, M., et al. 2021 China	Effect of the WeChat Platform Health Management and Refined Continuous Nursing Model on Life Quality of Patients with Acute Myocardial Infarction after PCI.	Quantitative	100 AMI patients treated in the cardiovascular medicine of the First Affiliated Hospital of Soochow University from June 2018 to June 2019.	The study found that the WeChat platform health management and refined continuous nursing model significantly improved medication compliance, life quality, and postoperative complications in patients after PCI. The MPR values were higher in the research group compared to the reference group, and the SF-36 scores were higher in the research group. However, the emotional, physical, and economic dimensions of the research group were lower than the reference group. The HAMA and HAMD scores were also lower in the research group. The nursing satisfaction score was higher in the research group, and the total incidence of complications was lower in the research group. The results suggest that the WeChat platform can effectively improve patients' lives, alleviate depression and anxiety, and reduce

				postoperative complications, making it a worthwhile application.
Martínez Font, S. et al. 2021 Spain	Mixed shock in patients with acute myocardial infarction: Nursing interventions.	Qualitative	Case analysis of a 40-year-old woman who developed both cardiogenic and anaphylactic shock following an acute myocardial infarction (AMI).	The patient showed significant clinical improvement after 96 hours of targeted nursing interventions, including mechanical ventilation support, circulatory assistance, infection prevention, skin integrity maintenance, and early mobilization, with restored hemodynamic stability, improved respiratory function, and no signs of pressure injuries or infection.

**Appendix 3. Timetable**

10 February 2025	Orientation of the thesis process.
12 February 2025	Orientation for thesis process and choosing the research topic.
17 February 2025	Seminar day and instruction for academic writing workshop 1
19 February 2025	Meeting with supervising teacher and consultation for the thesis proposal.
20 February 2025	Seminar day and instruction for academic writing workshop 2
07 March 2025	Meeting with supervising teacher and consultation for article selection.
10 March 2025	Group meeting, consultation and for the thesis proposal and articles selection.
13 March 2025	Seminar day and orientation to Execution phase.
19 March 2025	Deadline for Thesis work submission for Language Teacher's Consultation.
25 March 2025	Language Teacher's Consultation.
31 March 2025	Meeting with the library specialist.
01 April 2025	Execution of the thesis work workshop
04 April 2025	Execution of the thesis work workshop
07 April 2025	Group meeting with supervisor (writing result)
16 April 2025	Seminar day
22 May 2025	Seminar day: reporting phase