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Challenges in good nursing care of a peri- and postpartum cardiomyopathy patient on a cardiological ward

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2015 Otaniemi

Laurea University of Applied Sciences
Otaniemi

Challenges in good nursing care of a peri- and postpartum cardiomyopathy patient on a cardiological ward

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Degree Programme in Nursing
Bachelor's Thesis
May, 2015

Laurea University of Applied Sciences
Otaniemi
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Abstract

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Year	2015	Pages	35
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Peri- and postpartum cardiomyopathy is a congestive heart failure characterized by onset in fertile women during or after pregnancy. The purpose of this thesis is to describe the challenges of good nursing care of a peri- and postpartum cardiomyopathy patient on a cardiological ward from nurses' perspective.

The theoretical framework of this thesis has been collected from literature explaining the topic. Literature review was carried out to explain the concepts of peri- and postpartum cardiomyopathy and good nursing care. The literature review showed peri- and postpartum cardiomyopathy to be a rare condition.

Qualitative research method was executed in a semi-structured group interview of five (5) nurses on a cardiological ward and an inductive data analysis was carried out.

Lack of knowledge and experience from peri- and postpartum cardiomyopathy due to rare occurrence of the disease was found to be the main challenge to deliver good nursing care. Due to this, the challenges of being able to deliver sufficient peri- and postpartum care along with the followup of the pregnancy, gynaecological care, medication and lack of proper equipment were interpreted from the data. Providing emotional support and being able to address the mother-baby relationship and the family as a whole were also seen as a challenge.

The findings showed, that cardiological nurses encounter challenges in caring for this specific group of patients due to not having enough knowledge and experience of peri- and postpartum cardiomyopathy. Forming an information booklet about the special nursing tasks of this patient group was recommended.

Keywords: Peri- and postpartum cardiomyopathy, Good nursing care

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Degree Programme in Nursing

Tiivistelmä

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Peri- ja postpartum kardiomyopatiapotilaan hyvän hoitotyön haasteet kardiologisella vuodeosastolla

Vuosi 2015 Sivumäärä 35

Peri- ja postpartum kardiomyopatia on sydämen vajaatoiminta, joka voi puhjeta hedelmällisessä iässä olevilla naisilla raskauden aikana tai synnytyksen jälkeen. Tämän opinnäytetyön tarkoitus on kuvailla peri- ja postpartum kardiomyopatiapotilaan hoitotyön haasteita kardiologisella vuodeosastolla sairaanhoitajien näkökulmasta.

Teoreettinen viitekehys on koottu aiheeseen liittyvästä kirjallisuudesta. Kirjallisuuskatsaus toteutettiin opinnäytetyön avainsanojen selittämiseksi. Kirjallisuuskatsaus osoitti, että peri- ja postpartum kardiomyopatia on melko harvinainen sairaus.

Laadullinen tutkimus toteutettiin ryhmähaastattelulla, jossa haastateltiin viittä (5) kardiologian vuodeosastolla työskentelevää sairaanhoitajaa. Haastattelun tulokset tutkittiin induktiivisella sisällönanalyysillä.

Peri- ja postpartum kardiomyopatiapotilaat osoittautuivat tutkimuksen löydöksissä harvoin kohdatuksi potilasryhmäksi. Tämän vuoksi kardiologisen vuodeosaston sairaanhoitajilla ei ollut tarpeeksi tietoa ja kokemusta sairaudesta. Näin ollen tiedon ja kokemuksen puute oli suurin haaste hyvän hoidon toteuttamisessa. Tiedon ja kokemuksen puute aiheutti haasteita raskauden aikaisessa ja raskauden jälkitilaan liittyvän hoidon toteuttamisessa, erityistä huomiota vaativassa lääkehoidossa, tarvikkeiden löytämisessä ja käytössä, potilaan henkisessä tukemisessa raskaassa tilanteessa ja koko perheen sekä äiti-lapsi-suhteen huomioimisessa osana hoitoa.

Löydökset osoittavat, että kardiologisella vuodeosastolla työskentelevillä sairaanhoitajilla ei ole tarpeeksi tietoa ja kokemusta peri- ja postpartum kardiomyopatiasta. Peri- ja postpartum kardiomyopatiapotilaan hoitaminen koetaan siksi haastavammaksi kuin tavallisen kardiomyopatiapotilaan hoitaminen. Ohjekirjan laatimista tämän potilasryhmän erityispiirteiden huomioimisesta hoitotyössä suositeltiin.

Asiasanat: Peri - ja postpartum kardiomyopatia, Hyvä hoitotyö

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1 Introduction

Peri- and postpartum cardiomyopathy is a congestive heart failure which occurs in mothers during or after pregnancy a month before birth or no more than five months after birth. No known factors other than pregnancy can be determined for the onset of this type of heart failure. (Mäkijärvi et. al. 2011, p. 542) Peri- and post partum cardiomyopathy is a relatively rare condition affecting one in 3000-4000 pregnancies. (Mäkijärvi et. al. 2008, p. 524) Once a patient has been diagnosed with peri- and postpartum cardiomyopathy, detailed planning of care will be required in order to reach an optimal level of care. (Lowdermilk, Perry 2007, p. 855)

Healthcare field professionals are expected to have multilayered skills. In addition healthcare professionals need to have the readiness to function in special needs situations and under special circumstances. Continuous gathering of new information, upkeeping of the professional skills and knowledge of development are also required. (Opetusministeriö 2006, p. 15-16)

Providing good nursing care in a rare case like peri- and postpartum cardiomyopathy can be seen as the special kind of situation where cardiological nurses are challenged to have multilayered skills outside of their normal area of expertise. Therefore, giving good nursing care to a peri- and postpartum cardiomyopathy patient on a cardiological ward can be interpreted as more of a challenge than with regular cardiomyopathy patients.

The idea of this thesis was initiated by a patient case that the other writer had seen during an intensive studies practice placement on a cardiological ward. At the time, it had seemed as though there were many more issues to consider in the delivery of good nursing care of this patient than with the regular cardiomyopathy patients. According to these observations, it seemed as though good nursing care of peri- and postpartum cardiomyopathy included challenges that regular cardiomyopathy nursing care did not.

Due to the above mentioned reasons which are supported by literature along with personal experiences, it seemed reasonable to try to find out, if caring for this group of patients presented with specific challenges in the delivery of good nursing care, and what those possible challenges were.

In practice, this thesis is thought to address the challenges of good nursing care of this particular group of patients and address the possible need for further education for nurses who take care of these patients in order to reach an ideal level of care.

The purpose of this thesis is to describe the challenges nurses encounter in their attempts to provide good nursing care to peri- and postpartum cardiomyopathy patients on a cardiological ward.

2 Peri- and postpartum cardiomyopathy

Cardiomyopathies are a group of heart diseases affecting the heart muscle. They are rare in occurrence and can affect people from any age group. There are different types of cardiomyopathies, but in each type the abnormal functioning of the myocardium (the heart muscle) and weakening of the heart's ability to pump blood effectively are the most dominant features. (Heliö et. al. 2008, p. 1)

All cardiomyopathies are a result of impaired cardiac output. When the sympathetic nervous system gets affected by decreased stroke volume, it provokes the renin-angiotensin-aldosterone (the hormone system that regulates blood pressure and fluid balance) response. This in turn will lead to higher sodium and fluid retention and increased systematic vascular resistance which will cause magnified workload on the heart. (Smeltzer et. al. 2008, p. 925)

In most cases the etiology of cardiomyopathies cannot be fully determined. Therefore cardiomyopathies have been categorized into groups based on the myocardium's functional and structural abnormalities. (Vauhkonen, Holmström 2005, p. 88)

The most common type of cardiomyopathy is dilated Cardiomyopathy (DCM). This condition is characterized by the ventricles' significant dilation without a simultaneous increase in the myocardium wall thickness (hypertrophy) and insufficient systolic function. Pregnancy is known to be one of the causes of DCM. (Smeltzer et. al. 2008, p. 926,927)

The diagnostic criteria for peri- and postpartum cardiomyopathy are the onset of congestive heart failure during the last perinatal month or over the first five months of postpartum period, heart failure with no other diagnostic cause and no history of heart disease before the last perinatal month. (Lowdermilk, Perry 2007, p. 853)

The cause for the onset of peri- and postpartum cardiomyopathy is unknown; different theoretical conclusions propose autoimmunity, viral infections and hereditary predisposition. Some known risk factors for peri- and postpartum cardiomyopathy are pre-eclampsia, maternal age of 35 years or older, previous pregnancies, gestational hypertension, pregnancy in-

cluding multiple fetuses, prolonged tocolytic (anti-contraction medications or labor repressants) medication therapy and African descent. (Lowdermilk, Perry 2007, p. 853)

Symptoms of peri- and postpartum cardiomyopathy are those of congestive heart failure including edema, dyspnea and fatigue as well as cardiomegaly (enlarged heart due to the dilation of the left ventricle) found out from radiological examinations. (Lowdermilk, Perry 2007, p. 853)

When left ventricular dysfunction settles within the first six postpartum months, the diagnostic outcome is expected to be good. In cases where left ventricular dysfunction persists past the first six postpartum months, the percentage of morbidity and mortality greatly increases. Future pregnancies of women whose heart remains enlarged past the first six postpartum months are known to have a high risk for reoccurring peri/ postpartum cardiomyopathy regardless of cardiac function stabilising prior to pregnancy. (Lowdermilk, Perry 2007, p. 853,854)

The medication care plan for cardiomyopathy during pregnancy is the same as for that of congestive heart failure: sodium and fluid limitation, diuretics, digoxin and afterload-reducing agents such as calcium-channel blocker nifedipine. (Downie, Mackenzie 2008, p. 152, 205)

This medication plan may however only be executed in the postpartum period because it may cause fetal renal dysfunction. (Lowdermilk, Perry 2007, p. 853-854)

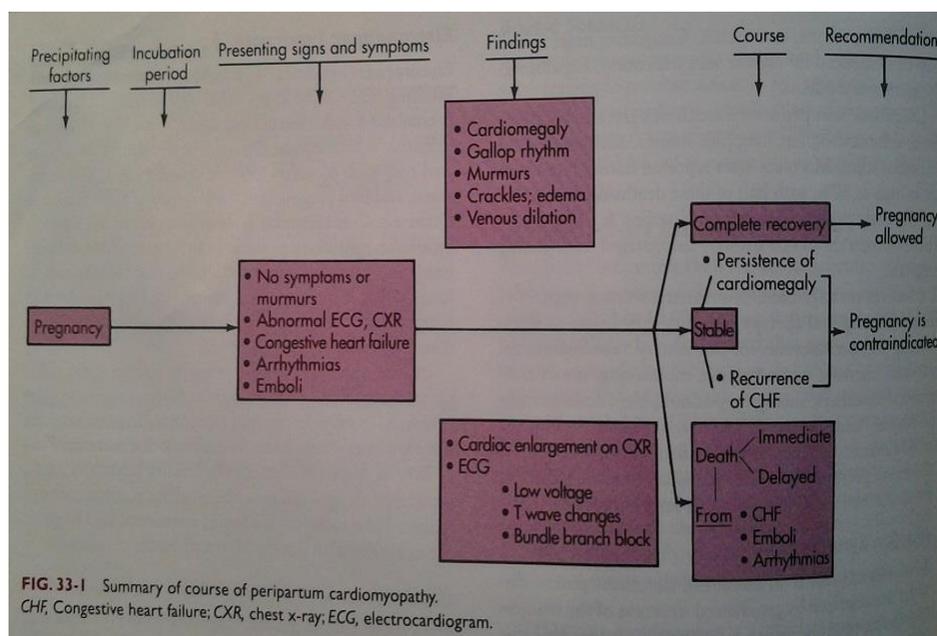


Figure 1. Course of peri- and postpartum cardiomyopathy (CHF= congestive heart failure, CXR= chest X-ray, ECG= electrocardiogram) (Lowdermilk, Perry 2007, p. 854, figure 33-1)

In Figure 1. the precipitating factor for the onset of peri- and postpartum cardiomyopathy is pregnancy. The progression of the pregnancy is the incubation period of the disease itself. (Lowdermilk, Perry 2007, p. 854, figure 33-1)

Signs and symptoms that can appear are murmurs, abnormal ECG, CXR, congestive heart failure, arrhythmias or emboli. However, PPCM can also be symptomless in this phase. In the diagnostic process the findings which indicate PPCM can be enlargement of the heart on chest X-ray or low voltage, T wave changes or bundle branch block on ECG. In this diagnostic phase cardiomegaly, gallop rhythm, murmurs, crackles, edema, venous dilation may also be found. (Lowdermilk, Perry 2007, p. 854, figure 33-1)

The outcome can follow three different routes: complete recovery, after which there is no contraindication for the continuation of the pregnancy, stable stage where cardiomegaly persists or congestive heart failure reoccurs, the pregnancy is contraindicated but the patient remains stable. The worst outcome is either delayed or immediate death from congestive heart failure, emboli or arrhythmias. (Lowdermilk, Perry 2007, p. 854, figure 33-1)

3 Good nursing care

The main aim in any good nursing care is to promote another person's wellbeing. Caring is humane helping of another person and the basic task in it is to support people in maintaining and achieving their optimal well-being. (Leino-Kilpi, Välimäki 2009, p. 23-24)

The primary elements in good nursing care are human, health, nursing interventions and nursing environment. In all professional nursing care the nurse has two basic responsibilities: responsibility for the patient and responsibility for the task. Responsibility for the patient means that the one being helped is a unique person and thinks for him/herself. In good nursing care the patient should feel that this uniqueness is taken into consideration. Such care is directed by respect for one another, doing good and avoiding bad along with acting in righteous manner. Responsibility for the task means that the nurse has a right and a possibility acquired by his/her education and experience to help and care for another person. (Leino-Kilpi, Välimäki 2009, p. 27-29)

As each patient is a unique person and should be encountered as such, nurses need to have a holistic approach to the care they are giving. Holistic care emerges from the understanding that the human system is more than a sole sum of its parts but rather functions as a whole. (Roy 1991, p. 6-7)

Holistic nursing care covers nursing practices that address the body-mind-spirit interconnectedness of every patient. Every time a nurse meets a patient whose physical or mental health is in any way jeopardized, the emotional, spiritual and psychosocial issues must all be taken into account during the nurse-patient encounter. If the patient is not cared for in this holistic manner, the patient's care will become externalized, having the "doing-to" rather than the therapeutic "doing-with" nurse-patient relationship. Practical skills alone may leave the patient feeling scared and anxious. To best facilitate healing, therapeutic communication skills should always be combined with professional technical competence. (Berman, Snyder 2012, p. 3)

3.1 Good clinical nursing care of cardiomyopathy

In medical management of cardiomyopathy and heart failure the desired outcome is to alleviate the heart failure symptoms, improve cardiac performance and to reverse the cause of the disease. To prioritize the nursing care of a cardiomyopathy and heart failure patient, the care will be individualized according to the cardiomyopathy and heart failure in question. Sufficient clinical nursing care of such patients regardless of the type of the disease consists of close monitoring of the effects of pharmacological therapy, achievement of a stable fluid balance and optimal cardiopulmonary function as well as securing progression of safe mobility and the patient's nutritional needs, educating the family and giving patient guidance. Good nursing care management also focuses on supporting the patient's emotional needs. With these challenging patient cases a cooperative team of knowledgeable and compassionate professionals is needed in order to achieve optimal level of care. (Urden et. al. 2012, p. 215, 219)

According to Lowdermilk and Perry (2007) "The nursing care of women with peripartum cardiomyopathy is essentially the same as for those with other types of cardiac problems."

3.2 Good peri- and postpartum nursing care

One of the most vital nursing duties in routine pregnancy is to follow the growth of the uterus. The followup of the growth is established by palpitations, outer examinations, measuring

the symphysis fundus measurement and follow up of the mother's weight gain during pregnancy. (Paananen et. al. 2015, p. 191)

The well-being of the fetus is determined by monitoring its movements, growth and heart beat. It is important to interview the mother and ask her about the movements of the fetus. On average a fetus moves 30-60 times per hour. If the movements do not measure up to the average, it can indicate that the fetus is not getting enough oxygen and calls for further examinations. (Paananen et. al. 2015, p. 201)

The heart beat of the fetus is monitored by the Doppler umbilical artery wave monitor from the twelfth pregnancy week on. The sound of the heart beat is a clear indicator that the fetus is alive. (Paananen et. al. 2015, p. 202)

The first six to eight weeks after delivery are known as the postpartum period. A number of psychological and physiological changes take place in the mother during this period. Post partum mother's nursing care should mainly be able to focus on aiding the mother and her family to adapt to these changes and to facilitate the transition to parenthood. (Ambrose et. al. 2004, p. 419,421)

In the immediate postpartum period the care of the new mother is customized to her functional capacity. In the postpartum care of a woman with cardiac disease the important matters to check include vital signs, oxygen saturation, lung and heart auscultation, chest pain and the activity-rest pattern. The woman is often asked to lie on her side and the head of the bed is elevated. Sometimes the patient is asked to be in bed rest with or without the possibility to use the bathroom. In the postpartum stage family member's help in the care of the infant is often needed. Breastfeeding is not prohibited, but some women are not able to breastfeed, especially those with life threatening heart disease. Breastfeeding women's medication for their heart condition may be less than non-breastfeeding patients'. However, close monitoring is necessary to make sure that medication still remains effective. (Lowdermilk, Perry 2007, p. 860)

When the mother's energy level is low and breastfeeding or bottle feeding is not possible, the baby should stay bedside with the mother. This way the mother can passively be involved in her baby's care, which is vitally important for the baby's well-being. Sometimes the mother can make a recording of talking or singing that can be played for the baby and this way better the mother-baby bonding. (Lowdermilk, Perry 2007, p. 860)

4 Purpose statement and research question

The purpose of this thesis is to describe the challenges nurses encounter in their attempts to provide good nursing care to peri- and postpartum cardiomyopathy patients on a cardiological ward.

The research question is "What kind of challenges nurses encounter in good nursing care of peri- and postpartum cardiomyopathy patient on a cardiological ward?"

5 Methodology

The research method used in this research was qualitative research. The basis of qualitative research is to describe real life situations, and it aims to answer questions such as what a certain phenomenon is like or how it is being interpreted by a specific group of people. (Hirsjärvi, Remes 2009, p. 160-161) Most qualitative research does not have a hypothesis, but rather takes all contexts directly from the material collected. Optimally researchers collect their data in the natural setting of the people or the phenomenon they are researching. (Holloway, Wheeler 2010, p. 3)

Descriptive data will then be put into categories according to findings by the researcher.

These findings will give further theoretical knowledge and may also prove to be useful in real life situations. (Boeije, 2010, p. 11)

5.1 Data collection

The way that qualitative research was implemented in the data collection phase was by conducting a focus group interview. The advantages of this type of research interview are that it can generate lots of discussion and is thus an efficient way to collect data. (Polit, Beck 2010, p. 341) The focus group interview is lead by a moderator and ideally consists of six to ten (6-10) subjects. The manner of interviewing is not strictly structured but aims to encourage different points of view about the topic within the group chosen. (Kvale, Brinkmann 2009, p. 150) The interview was conducted as a semistructured interview where the interview is carried out by themes and questions that have been formed earlier, while the flow of the interview remains in open conversation format. (Kvale, Brinkmann 2009, p. 124)

The interview took place on a cardiological ward in a Southern Finland hospital where nurses who worked on the ward were used as informants. The structure for the interview can be found in appendix 2.

Once the thesis plan had been accepted by the thesis tutor, the ward sister of the chosen ward was contacted as had been advised by the thesis tutor. The ward sister pointed out that the research permission would be given by the head nurse of the health care district, and so the thesis plan along with the research application was sent to the head nurse in a timely manner. The permission to conduct the research was granted late spring of 2014.

After this, a list of names of the nurses who the writers were allowed to ask to participate was given out by the ward sister. The informants were chosen based on their experience in cardiology and years in nursing in order to collect as reliable and rich data as possible. Initially, ten nurses from this list were asked to participate, which they agreed to should the timeframe of the interview suit them. After the potential informants had agreed to partake in the interview, the topic, consent form and interview questions were sent to them via email because they had requested it in order to gain a better understanding of the content and structure of the data collection.

Efforts to conduct the interview were made right after the permission had been granted, but it proved challenging to arrange a time that suited everybody outside of their work time, as ideally there should have been at least six (6) nurses in the interview.

Finally, the ward sister arranged a time for the interview in November 2014 on the ward within the nurses' own work time in between the morning and the evening shifts.

A total of six (6) nurses were scheduled to be a part of the interview, and five (5) of those nurses made it to the interview in the end.

Before the interview started, the participants signed the consent forms. They also received the list of the interview questions which had already been sent to them prior to the interview via email.

The ward sister assigned a silent room for the interview to take place and a time frame of one hour was reserved. Before the actual interview started, the audio recording level was checked and proved satisfactory for the actual data collection.

The interview was carried out by the moderator leading the informants through each of the questions in a timely manner while the flow of the conversation remained unstructured.

The conversation around each interview question provided useful data based on the interviewees' experiences and thoughts regarding the topic.

5.2 Data analysis

The data was analysed by inductive data analysis where the first step is to simplify the results, then put them into groups according to theme and finally find theoretical concepts from them. (Tuomi et. al. 2009, p. 108)

Inductive data analysis was executed by first reading the actual raw data which had been transcribed from audio into text format. After that the specific text segments related to the research objectives were identified. The segments of text were then labeled in order to categorize them. After the categories had been formed, the overlap and redundancy among the categories was reduced and finally a model incorporating the most important categories was created. (Pihlaja, Päivärinta 2014, p. 19)

After reading the raw data, the text segments talking about a particular challenge or problem were identified and then labeled according to reoccurring themes. All the relevant themes were identified and labeled into appropriate categories after which they were checked for overlapping and finally one main category with five sub categories were formed. These categories were then presented as actual findings in more detail and further discussed and compared to the theory already existing. (Pihlaja, Päivärinta 2014, p. 19)

The main category of the findings is the nurses' lack of knowledge and experience of peri- and postpartum cardiomyopathy due to the rare occurrence which can be seen as the factor which leads to all of the rest of the challenges. This category in turn is divided into five sub categories which show the more specific areas that were found to be a challenge by the informants of the study.

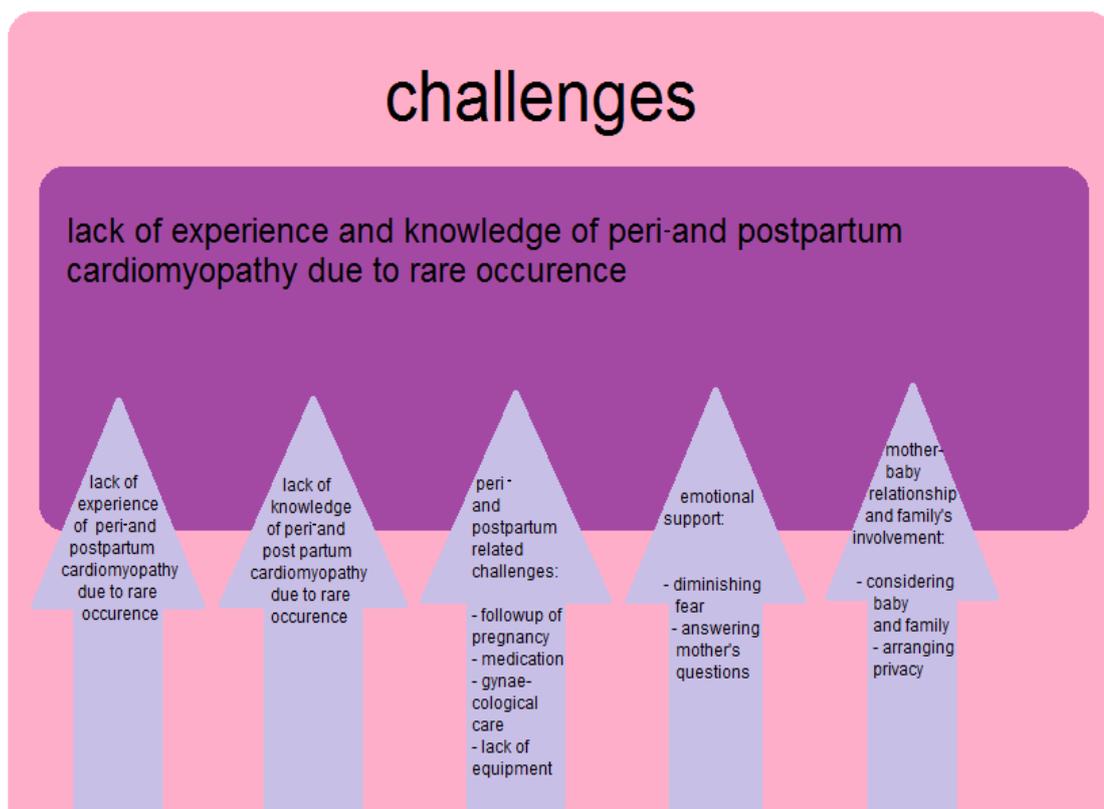


Figure 2. Model incorporating the main categories.

In Figure 2. lack of experience and knowledge of peri- and postpartum cardiomyopathy due to rare occurrence is the main category and lack of knowledge of peri- and postpartum cardiomyopathy, lack of experience of peri- and postpartum cardiomyopathy, challenges in peri- and postpartum care, giving emotional support and enhancing mother-baby relationship and family's involvement are the five sub- categories.

Peri- and postpartum care incorporates challenges in the followup of the pregnancy, medication, gynaecological care and lack of equipment.

Giving emotional support incorporates challenges in diminishing fear and answering the mother's questions.

Mother-baby relationship and family's involvement incorporates challenges in considering the baby and the rest of the family members and arranging privacy for them.

6 Findings

The findings of the study are presented in this section.

6.1 Lack of experience and knowledge of peri- and postpartum cardiomyopathy due to rare occurrence

The findings showed, that lack of knowledge and experience of peri- and postpartum cardiomyopathy due to rare occurrence of the disease was the main challenge that the nurses faced when caring for this patient group. This in turn led to challenges in being able to deliver sufficient peri- and postpartum care including follow-up of the pregnancy, the mother's gynaecological care, medication care and lack of equipment. Simultaneously the informants felt that giving emotional support to the patient was challenging because the circumstance was unfamiliar to not only the patient but to the nurses as well.

The fact, that it is not only the mother, but also the baby and possibly the father of the baby on the ward as well, also presented as a challenge because the nurses felt it was important to try to enhance the relationship between the mother and the baby and to try to take the family into consideration as a whole.

6.1.1 Lack of experience of peri- and postpartum cardiomyopathy due to rare occurrence

The findings showed, that peri- and postpartum cardiomyopathy patients are a rare occurrence on the cardiological ward. The informants only remembered a few cases, even though some of them had decades of experience from cardiology.

“Tiedämme, että joillekin tulee sellainen.”

“We know that some people get it.”

“Niitä ei kauheesti täällä näy.”

“They aren't seen around here too often.”

“Muistasinkohan mä pari potilasta”

“I think I remember a few patients.”

“Mä oon kaks tai kolme ite kahentoista vuoden aikana hoitanu.”

“I've taken care of two or three in a twelve-year period.”

The informants felt, that this proposed a challenge, because while they felt as though they could handle the cardiological side of the care, they lacked the experience which would have taught them skills needed in taking care of a pregnant woman or a woman who had just given birth.

6.1.2 Lack of knowledge of peri- and postpartum cardiomyopathy due to rare occurrence

The findings indicated, that the informants lacked knowledge in caring for a pregnant woman or a woman who had given birth which made caring for them more challenging.

“Varmaan enemmän ajattelee, että se sydänpuoli ehkä menee, mut sit on se huoli siitä raskaudesta, kun ei osaa siihen mitään, et kuinka hyvin se on nyt seurannassa, onks sillä sikiöllä kaikki hyvin, ja sit et lapsi siellä ja niin pois päin.”

” I think that I can handle the heart side of the care, but then there is the worry about the pregnancy, because I don’t have skills for that, and I wonder about how well the pregnancy is followed up, is everything okay with the fetus and then if there is a child and so on.”

”Kyl mä niinku toki osaan sen lääkityksen hoitaa niinku just silleen kun lääkärit on sen katonu, mut kyl se sit ei ihan mee samalla tavalla kuin normi kardiomyopatiapotilaiden suhteen, kyl sitä eri tavalla kuitenkin suhtautuu, ja sit jos tulee vähän supistuksi, et onks nää niinku normaaleita ja näin, et haasteellista kyllä on.”

”Of course I can deal with the medication as has been prescribed by the doctor, but the process does not go exactly as with regular cardiomyopathy patients, you do deal with them differently, and then if there are contractions, are these contractions normal, and so, so it is challenging indeed.”

6.1.3 Peri- and postpartum related challenges

According to the informants, the situations where the patient with peri- and postpartum cardiomyopathy they had come across, presented with a challenge of how to take the pregnancy and the unborn baby into consideration. The informants felt, that taking care of a pregnant

woman was well out of their area of expertise and they feared that they would not know what to do if something acute such as the need for sudden Caesarian section should occur.

“Siin on sit se raskauspuoli jos on äiti ja raskaana jos pitäis aatella että täs voi tulla äkkiä vaikka joku keisarinleikkaus, niin apua.”

“And then there is the pregnancy factor to consider that what if there’s a sudden Caesarian section.”

“Mä just itse muistan ainakin sitä et just nää jotka on ollu raskaana sillon varsinkin kun itse ei ollut vielä saanut lasta, tai ei ollut äiti itse, niin kyl mä koen hirveen vaikeeks sen ylipää-tään et ku mä hoidan sitä raskaana olevaa äitiä, niin pitäskö mun tietää myös normaalista raskaudesta?”

“I myself remember these patients who have been pregnant especially when I had not had a child nor had been a mother myself, I find it very difficult that when I care for a pregnant patient that should I know something about pregnancy too?”

For instance, one of the informants remembered a case, where a patient who was still pregnant had mentioned that the fetus’ hourly movement count had not been fulfilled, and the nurse had felt very outside of her area of expertise not knowing what that meant.

“No mut just se tietotaito ei oo niinku mun normii, ja ei meit oo siihen niin sanotusti koulutettu.”

“That kind of know-how is not within my normal skill level and we also have not been trained for these situations at all.”

The informants also pointed out, that in postpartum situations it was challenging to remember to consider the post delivery condition. For instance, the post delivery vaginal discharge because it was outside of the range of care which they were used to giving in normal cases of cardiomyopathy. The nurses felt that the gynaecological side of the care was well outside of the basic expertise of cardiological nursing.

“Et se on nimenomaan se gynekologinen puoli on se, joka on hyvin niinku ei hanskassa ollenkaan”

“It is exactly the gynaecological side which is not a common practice here.”

For instance the informants recalled a patient case where a c-sectioned mother in the acute care unit had needed uterine palpitations done periodically. This was a new skill for them, so they had to function by always passing the knowledge on how to do it from the workers on one shift to the next ones. The informants felt as though these kind of issues were easily forgotten, because they were so much outside of the more regular tasks in their daily work routine.

It was also difficult to remember to consider the unborn baby in their daily care of the mother.

“Myöski ku ite hois ennen ku oli, ei ollu ees omaa lasta, ku ei tienny raskaudest mitään ja ainahan raskaudet voi olla jokatapaukses erilaisii, et vaik ois montaki lasta, ni jotenki kyl mä koin sen hirveen vaikeeks sillon, et eikä nyt viimeksi ku hoisin yhtä sellasta potilasta, ni kyl mä silti koin jotenki.. Et ehkä mä muistin kysyy, et oletko tuntenut sikiön liikkeitä, mut ei mul tullu varmaa koskaa aikasemmin mieleenkään niinku tämmöstäkään kysyä.”

“Before having my own child I didn’t know anything about pregnancy and every pregnancy is unique anyway, even if one had many own children. So I felt it was very difficult, and even the last time that I took care of this kind of a patient I felt somehow.. Maybe I remembered to ask if the patient had felt any movements of the fetus, but before I’d had a baby on my own, it hadn’t even crossed my mind to ask anything like that.”

It was also pointed out that especially before having been pregnant themselves the informants’ knowledge of pregnancy was almost nonexistent, and only after having experienced pregnancy on their own, could they somehow relate to the patient’s situation. However, even then their knowledge was not acquired from the nursing perspective but own personal experience without any cardiological problems on the side.

“Enkä mä nyt voin sanoa itse synnyttäneenkään et mä oisin välttämättä sen viisaampi, mut ehkä jotain jo tietäis sit kuitenkin, mut eihän meil oo semmosta kätilön koulutusta täällä.”

“I am not sure I would necessarily be any wiser even after giving birth myself, maybe I’d have a little better idea, but the bottom line is, that we have no midwife’s education here on the ward.”

The data showed, that there were also some practical challenges because all the needed equipment was not necessarily available. For instance the informants mentioned a case where they did not know where to locate a breast pump, nor did they know how to disinfect it.

“Sitte välillä tietysti on näillä just synnyttäneillä on näitä rintapumppukysymyksiä. Juostaan ympäri kampusta ettimässä rintamaitopumppua, ja miten niitä desinfioidaan ja kuinka usein niitä saa käyttää.”

”Then at times these patients who have just given birth have these breast pump issues. You run around the campus trying to find a breast pump, and find out how to disinfect it and how often it is to be used.”

The informants also expressed, that the medication of a pregnant or a nursing mother presented a challenge, because in situations like that, not all regular cardiac medications are necessarily safe for the baby. Therefore, it requires special attention and knowledge, although it is of course for the ward’s doctor to decide which medications are to be used and the nurse shall act on the doctor’s prescriptions.

“Se, mikä tuntuu et on tosi paljon framilla synnytyksen jälkeenkin, et ne lääkkeet laitetaan sit semmosina et äiti pystyis imettämään.”

“The one up front issue even after birth is that the medication is in the format that supports a nursing mother.”

”Kyllä joo niinku mietin täs just koko ajan, et siin lääkehoidon tai sen hoidon suunnittelussa mitä ei sit tietenkään tarvii tavallisilla potilailla miettii.”

”Yes, I was just thinking the whole time the medication and the the care plan which is something that you don’t need to think so much with ordinary patients.”

“Niin kun silleen aika harvinaista tää kuitenkin on ja kaikki lääkitys ja näin niin ei se välttämättä nyt ihan tuolla lääkäritasollakaan, et tietenkin pitää tietää tosi paljon noist lääkkeist et mitä voi sit.”

”Yes, as this is rather rare and there is the medication to consider so it is not necessarily clear even with doctors, and of course one must know a lot about medications in order to know what one can give to the patients.”

6.1.4 Giving emotional support as a challenge

The informants pointed out that in a situation as fragile as where a brand new mother is presenting with a potentially life threatening illness, the need to provide enough of emotional support and guidance was even greater than with a regular cardiomyopathy patient. The nurses felt as though it was very important to emphasize all the positive factors and create a feeling of hope and belief for the future along with diminishing fear. However, they found it to be a challenge, because there are so few precedent cases that they have no evidence based experience as to what kind of an outcome is most often to be expected for this group of patients.

“Mäki aattelen et just se pelkojen lieventäminen on tosi vaikeeta, et ku ei oo sillai niinku kokemusta niistä potilaista.”

“I feel as though alleviating fear of the patient is very difficult because I don’t have experience on these patients.”

“Varsinki jos on just synnyttäny ja joutunut akuutisti samalla reissulla sydänosastolle cardiomyopatiaa hoidattamaan, niin ei se varmaan ne ruususet kuvat siittä että kolmen päivän sisällä pääsee synnytyssairaalasta kotiin, että äiti voi vaan miettiä sitä asiaa, et ei nyt meny ollenkaan niinku suunniteltu ja on toki myös huolissan omasta terveydestä, ja sitten tarvittaessa on myös siinä psykiatrinen sairaanhoitaja tai kättilöki sit käy juttelemassa.”

“Especially if you have just given birth and ended up acutely on a cardiology ward for cardiomyopathy, the rosy pictures of getting out of the hospital in three days, that the mother can only think about how things didn’t go at all as had been planned, and she is of course also worried about her own health and then if needed a psychiatric nurse or midwife can come and talk to the patient.”

“Et tunnetasolla se on ihan eri juttu ku joku muu vajaatoimintapotilas.”

“On an emotional level it is a whole other issue than with some other heart failure patient.”

The data also showed, that it felt challenging to try to give guidance to the patient when it came to pregnancy related questions or questions about the baby’s wellbeing, because the nurses did not necessarily have sufficient knowledge on which to base their answer.

“Ei aina osaa vastata sen äidin kysymyksiin ku ei oo hoitajanakaan kokenu tämmöstä potilasta ku ei oo kohdannu, ku äidit yleensä kyselee paljon, se on aika haastavaa.”

“It is challenging to answer the mother’s questions when one has not experienced a patient like this, and mothers usually ask a lot of questions.”

6.1.5 Mother- baby- relationship and family’s involvement as a challenge

The informants felt, that it was important to be able to enhance the relationship between the new mother and her baby, and this could provide with a spatial challenge as to how to be able to arrange enough privacy and room for the patient, her baby and the rest of the family.

The informants pointed out, that they had tried to place the patients in single rooms. Even in cases where the patient was not well enough to be in a room by herself but would have to stay in the acute care unit where the beds are only separated by curtains, the nurses would try to arrange a wider space further away from the rest of the patients.

“Olin itte hakemassa sänky vauvalle sinne yhden hengen huoneeseen, sitä kolisevaa metallisänkyä, ja tota, vauva oli sit äidin kanssa siellä huoneessa.”

“I went to fetch a bed for the baby into the single room, the clattering metal bed, and the baby was in the room with the mother. “

” Sitähän tää on ollu et ainaki ne, jotka mä muistan, niin kyl ne on yritetty yhen hengen huoneeseen saada, nii et ku vauva käy, ja jotenkin koitettu sit huomioida sitä et on pieni lapsi.”

“That’s how it has been, so that at least the ones that I remember, have been tried to place into single rooms, so that when the baby visits, and somehow we have tried to consider that there is a small child present.”

In most cases where the informants had been a part of, the father of the baby had been there to support the bonding of the mother and the baby by taking care of the baby for the most part either on the ward or at home. The nurses’ part in the process was to ensure that the family received enough support and attention. The main challenge is to consider the family as a whole even though the mother is their main concern as the official patient.

”Onhan se äiti se meidän potilas totta kai, mutta kyllähän sitä pitää huomioida sitä koko perhettä, äitiinhän se keskittyy se meidän hoitotyö ja just sen äidin tunnetilaan ja tähän liittyy kans äidin ja lapsen suhteen muodostuminen.”

” The mother is of course our actual patient, but the whole family needs to be considered, our care focuses on the mother and her emotional state, and this includes the forming of the mother-baby relationship.”

7 Ethical considerations

In any research where there are humans involved, ethical issues must be addressed by the one conducting the research. In such studies, researchers have a fundamental obligation to minimize, avoid and prevent harm from anybody participating in the research. (Polit, Beck 2010, p. 118)

The researcher has a responsibility to ensure that no physical, social or emotional harm comes to the participants while partaking in the research. Especially when conducting a qualitative study where personal opinions and views along with addressing possible personal weaknesses are being asked may easily lead to emotional discomfort. It is the researchers responsibility to ensure that this does not happen. (Polit, Beck 2010, p. 120) Researchers also need to make sure that the study participants are not being exploited in any way. They need to be made sure that anything they say will not under any circumstances be used to their disadvantage or be turned against them. (Polit, Beck 2010, p. 122)

In this study, best possible efforts were made in order to avoid any kind of physical, psychological or social harm inflicted upon any of the people partaking in the study. The participants were let know, that anything they said or did would not be used against them in any way.

Respect for human dignity is an ethical principle which needs to be considered when conducting any research with human involvement. The participants of the study should be treated as autonomous agents and they should be allowed the right for self determination and full disclosure. Self determination means that the participants are given a right to choose whether they are going to be part of a study without there being a chance for prejudicial treatment or penalty should they decline. Throughout the study they also have a right to ask questions, withdraw from the study or refuse to give answers to questions. The right for self determina-

tion also includes there being no coercion involving threats or penalties from not participating or offering rewards from choosing to participate. (Polit, Beck 2010, p. 122-123)

The writers of this thesis aimed to respect the participants human dignity and give them the right for self determination. They were asked if they wanted to participate in the research and they were given every opportunity to decline, if they so chose to do. They were also allowed to change their mind later on, if they began to feel differently about wanting to participate after all. There was no prejudicial treatment inflicted upon those, who declined. The participants were given every opportunity to ask questions about the research and to refuse answering questions if they so felt. There were no penalties for those who chose not to participate, and no rewards for those who chose to participate. Nobody was coerced into participating.

Participants have a right for full disclosure which means that the one conducting the research is obligated to explain and describe the nature and course of the research so as to give the participants the tools for giving informed consent. Informed consent means that the participants of the study have been provided with sufficient information about the research and that they fully understand the context of the information and are thus able to decide freely whether to partake in the research or not. (Polit, Beck 2010, p. 123)

The writers explained and described to the potential participants the nature and course of the research and exactly what it would require of them both face to face in an informal manner and later on more formally via email by sending them the consent form explaining the research and the questions determined for the focus group interview. This way, the participants had the tools to make an informed decision about whether or not to participate in the research.

The process of informed consent is usually documented by the researchers through having a consent form for the participants to be filled in. The consent form states the purpose of the study, expected effort from the participants such as how much of their time it will take and potential benefits and costs. The voluntary nature of the study should also be addressed in the consent form. (Polit, Beck 2010, p. 127) The consent form for the participants of this thesis can be found in appendix 1 and it explains the nature of the research along with stating the voluntary nature of participating and complete anonymity for the participants should they agree to participate.

Justice is another factor to be considered by the researcher. It is important that the participants have a right to privacy and a right to fair treatment. Fair treatment involves the selection of the study participants being solely based on the requirements of the research. It also

encompasses treating all the research participants in a honorable and tactful manner and respecting their decisions, opinions and backgrounds. (Polit, Beck 2010, p. 124)

The participants of this study were selected in terms of having at least a few years of experience from cardiology because it was thought that informants like that could provide the richest and most useful possible data regarding the topic.

The right to privacy is essential to consider because when conducting a qualitative study that involves humans, intrusion into their private lives at least to some extent is almost unavoidable. Researchers need to make sure that their research is not any more intrusive than is needed and that the privacy of the participants is made sure of throughout the study. (Polit, Beck 2010, 125) Participants of any research have a right to expect that any piece of data they have provided will be kept in sole confidence between the participant and the researcher. The most secure way to protect confidentiality is anonymity, and the best way to achieve this is so that even the researcher him/herself cannot know the real identity of their participants. However, in qualitative research complete anonymity is often not possible. In that case the researcher needs to make a promise of confidentiality where any of the information given by the participants will not be reported in public in a way that may lead to any kind of possibility for identification. (Polit, Beck 2010, p. 129)

The participants' privacy and anonymity was protected by not mentioning the participants' names or the name of the hospital or the ward where the data collection took place. The actual audio recorded raw data was destroyed after it had been analysed.

In addition to protecting the research subjects' rights and anonymity the researcher also needs to consider maintenance of high standard of integrity and avoid research misconduct. Apart from honest errors, the researcher should carefully avoid falsification of data, fabrication of results or plagiarism throughout the entire research process. (Polit, Beck 2010, p. 134, 141)

In this study the writers aimed to be honest and truthful and not falsify the data in any way. Plagiarism was avoided by rephrasing all the information gathered from literature sources and quotation marks were used when quoting somebody in exact words.

8 Trustworthiness and limitations

Even though best efforts by the writers of this thesis were made in order to make sure that the results were reliable and the writers could have confidence in them, there are limitations

which could have affected the results to an extent and these limitations need to be taken into consideration.

According to Lincoln and Beck (1994), in qualitative research the degree of confidence that researchers have in their data can be assessed by the use of the criteria of credibility, transferability, dependability, confirmability and authenticity. (Polit, Beck 2010, p. 492)

Credibility can be seen as a dominant goal of any qualitative research. According to Lincoln and Beck credibility means the level of confidence that the data and its interpretations are truthful. Confidence in the truth of the findings should be aimed to establish as well as possible for the specific participants and contexts within the research. The two aspects of credibility are to carry out the research in a way that heightens the findings' believability and to demonstrate credibility to outside readers. (Polit, Beck 2010, p. 492)

The data collection took place on a ward, where the other writer had had a summer job and the other one had been to practice placement during and prior to the thesis process. Therefore, there were some personal contacts between the writers of the thesis and the informants which could have affected the results.

Arranging the time for the interview had also proved very difficult and due to this, the writers had had to be in contact with the informants many times in advance in their efforts to try to arrange the interview. This in turn could have affected the informants attitudes towards the study, because they could have been bothered by the continuous emails from the researchers asking the same questions.

Lincoln and Cuba present dependability of a research as the second criteria for trustworthiness. Dependability can be seen as the reliability or the stability of the data over time and different conditions. The question asked for determining dependability is "Would the study findings be repeated if the inquiry were replicated with the same (or similar) participants in the same context?" (Polit, Beck 2010, p. 492)

Based on the findings of this study it is difficult to determine whether or not the goal of dependability is fulfilled. The data was collected in one place at one time, with a very limited amount of informants and it was executed by writers who had never done any kind of study before. In order to fully determine the dependability, one would have to replicate the data collection with the similar participants in a similar setting.

Confirmability aims to objectify the data's accuracy, meaning or relevance. Confirmability ensures that the findings represent the information provided by the partakers of the study

and have not changed due to different interpretations, biases or motivations of the researcher. (Polit, Beck 2010, p. 492)

Transferability means the level to which the findings of a qualitative research can be transferred to another group of setting. According to Lincoln and Guba the researcher has a responsibility to report a sufficient amount of descriptive data in the research report so that the data's applicability to other contexts can be evaluated. (Polit, Beck 2010, p. 492, 493)

The transferability of the thesis is difficult to determine because the data was only collected in one setting, and the number of informants was limited. In order to fully determine the transferability, the research would have to be repeated in multiple settings.

"Authenticity refers to the extent to which researchers fairly and faithfully show a range of different realities. Authenticity emerges in a report when it conveys the feeling tone of participants' lives as they are lived. A text has authenticity if it invites readers into a vicarious experience of the lives being described, and enables readers to develop a heightened sensitivity to the issues being depicted." (Polit, Beck 2010, p. 493)

In this study the reality of the data collected was aimed to be shown in a fair and faithful manner. The data collected is presented in an authentic manner by utilizing original quotations from the informants which gives the research a more authentic feeling.

In this thesis it was aimed to make sure, that the data collected would not change due to any of the above mentioned reasons, but one has to also address the possible limitations which could in fact change the data to some extent, although the writers did their best to avoid that.

The actual data could have been misinterpreted because there is always a chance for misunderstanding what another person has said, and one can easily miss another person's point in open conversation, especially if one is using a lot of words to try to make a point. It is possible that the actual point gets clouded if one does not find the words to explain it even if it were in fact a valid point. The interview was carried out in an open conversation format, and there were times when more than one person were talking at the same time which could have resulted in everything not being heard, or something valid left unsaid.

The fact that the data was collected through a focus group interview also had its limitations, because while it can be seen as an efficient way to collect data, there is also a possibility,

that the informants who are generally less outspoken do not dare to speak up and something relative to the topic may have been left unsaid.

There were two writers writing this thesis which can be seen as an advantage for a more rich interpretation of the data, because two people with unique ways to interpret data are likely to notice more than just one person alone. What is more, the focus group interview was tape recorded, which made it possible to listen to the data as many times as was necessary in order to find all the relevant pieces of data.

The data collected needed to be translated into English, which may have lead to the data changing to some extent, although best possible efforts were made to restore the original pieces of data in their original format despite of the language being changed. One could not necessarily translate everything into proper English exactly as had been said in Finnish. However, the fact, that both of the writers of the thesis were native Finns and spoke Finnish as their mother tongue reduced the possibility of misinterpreting the data.

The literature used for this study is fairly modern. All but one literature publications used as references are from the 21st century, which indicates, that the information gained from the literature sources can be seen as recent and therefore valid and reliable to an extent. Obviously, new information emerges all the time so there is a chance, that the writers did not have access to the newest pieces of knowledge and information available regarding the topic.

The informants of the study were experienced cardiology nurses, which made them a rather reliable source of information, as an experienced informant has data to give from a much longer period of time than somebody who only has a little experience. What is more, all the five (5) respondents of the interview had similar thoughts about the topic, which supports the fact, that the research had transferability at least within that group of individuals.

9 Discussion

The purpose of this study was to describe the challenges nurses encounter in their attempts to provide good nursing care to peri and postpartum cardiomyopathy patients on a cardiology ward.

The findings showed, that peri- and postpartum cardiomyopathy is a rare occurrence on the cardiological ward, which further supports the fact found out from literature research that the disease is indeed rare overall. (Mäkijärvi et. al. 2008, p. 524)

The analysis of the data from the interview showed that even the nurses who had many years of experience from working in cardiology, had only come across peri- and postpartum cardio-

myopathy patients a few times during their careers. Due to this, they felt they did not have the experience or knowledge needed in reaching an optimal care level of this patient group.

The basic task in any nursing care given is to maintain and achieve the patient's optimal well being and be able to treat them as unique people. (Leino-Kilpi, Välimäki 2009, p. 23,24) Thus, it can be interpreted from the findings, that this task is not entirely fulfilled with peri- and postpartum cardiomyopathy patients, due to the lack of experience and knowledge of the disease that the nurses were experiencing.

The findings of the study showed, that the nurses found safe medication of the patient to be a possible challenge because not all regular medication necessarily suits a pregnant woman or a nursing mother. Literature further supports this by showing, that the regular heart failure medication plan may only be executed in the postpartum period because it may cause fetal renal dysfunction. (Lowdermilk, Perry 2007, p. 853-854)

The lack of experience and knowledge of peri- and postpartum cardiomyopathy presented the informants with challenges that they did not experience with regular cardiomyopathy patients. Even though they felt as though they were able to deal with the cardiological part of the care, they felt challenged by the pregnancy factor along with all the issues related to it, the delivery of sufficient emotional support and considering the baby and the rest of the family in their daily care. The informants thought it was difficult to offer emotional support for someone whose disease was not that familiar to them.

Even though literature review suggested that the nursing care of peri- and postpartum cardiomyopathy is essentially the same as with patients who suffer from other types of cardiac issues (Lowdermilk, Perry 2007, p. 854), the findings of the study showed, that there are far more issues to consider in the nursing care of peri- and postpartum cardiomyopathy than with a regular cardiomyopathy patient.

The care of a cardiomyopathy patient should always be individualized according to the cardiomyopathy in question along with sufficient support of the patient's emotional needs. To reach an optimal care level, a team of knowledgeable and compassionate professionals is needed. (Urden et. al. 2012, p. 215, 219)

The findings showed, that the care of peri- and postpartum cardiomyopathy patients was aimed to be individualized as much as it was possible. Enough emotional support was also aimed to be given. However, the informants listed diminishing fear and considering the patient as a whole as challenges. The informants had such few precedent cases in their past and it had left them unknowing about pregnancy and about the advancement of the disease in

general.

As knowledgeable professionals are needed to be able to reach the best possible care, it can be argued that in the case of peri- and postpartum cardiomyopathy this goal does not get entirely fulfilled. The findings showed time and time again, that while the informants were knowledgeable professionals what comes to the cardiological side of the care, they lacked expertise in pregnancy, gynaecological care and the course of the disease itself, which in turn challenged them with also the emotional support of the patient.

The findings showed, that the informants did not have experience about pregnancy as the centre of the care, taking care of a pregnant patient nor a patient after delivery. They did not know how to care for the follow-up of the pregnancy and they were not familiar with the normal assessment tools of pregnancy. It was difficult for them to interpret which was within the normal level and which was not in terms of the symptoms of the pregnancy.

Especially if a nurse had not been pregnant herself, the knowledge about pregnancy was almost nonexistent but even with personal experience the knowledge was not based on anything but one's own individual experience, not on theory or practice in the actual nursing environment.

The nursing care of a postpartum mother should mainly focus on aiding the mother in adapting to the number of psychological and physiological changes that take place after delivery. (Ambrose et. al. 2004, p. 419, 421) Without proper knowledge and experience this was seen as a challenge by the informants especially as in the case of peri- and postpartum cardiomyopathy there is also a major, possibly even fatal cardiological process going on.

Health care professionals are challenged to have multilayered competence and to be able to have the required skills to work in situations outside of their normal routine. (Opetusministeriö 2006, p. 15-16) The findings of the study show, that a nurse working on a special area of medical care may in fact be required to have professional competence about an entirely other area of expertise than what their daily work usually consists of. Peri- and postpartum cardiomyopathy challenges a cardiological nurse with much more than simply the cardiological side of the care. Because of the rarity of the disease, the experience gained from those rare cases one might have seen, does not provide the nurses with enough knowledge based skills to reach an optimal level and quality of care regarding the special characteristics of peri- and postpartum cardiomyopathy patients.

10 Recommendations

According to this thesis, more education about gynaecology and pregnancy should be offered to nurses who take care of peri- and postpartum cardiomyopathy patients. In the future it could be reasonable to write a booklet which offered information about the basic nursing tasks of pregnancy and peri- and postpartum mothers in order to give nurses the tools to deliver the best possible care for this challenging group of patients. A booklet would be the most convenient choice of information source, because it would be available at all times and could offer the nurses quick on hand information when ever needed.

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Appendices

Appendix 1: Informed consent form for the participants



LAUREA
AMMATTIKORKEAKOULU

Uuden edellä

Ymmärrän, että minua on pyydetty osallistumaan opinnäytetyötutkimukseen. Tämä tutkimus pyrkii selvittämään, minkälaisia haasteita sairaanhoitajat kohtaavat peri- ja postpartum kardiomyopatiapotilaiden hoitotyössä. Osallistuminen perustuu vapaaehtoisuuteen.

Jos suostun osallistumaan, annan luvan sille että minua haastatellaan n. 30-60min liittyen kokemuksiini ko. potilasryhmän hoitotyön haasteista. Haastattelu tullaan nauhoittamaan ja haastattelun sisältöä tullaan käyttämään tutkimuksen toteuttamisessa. Tutkimus toteutetaan siten, että siihen osallistuvien henkilöllisyys ei käy ilmi missään vaiheessa. Kerätty tieto hävietään asianmukaisesti tutkimuksen päätyttyä eikä kukaan muu tutkimuksen tekijöitä lukuun ottamatta tule hyödyntämään sitä.

Suostun osallistumaan tutkimukseen

päivämäärä, allekirjoitus ja nimenselvennys

opinnäytteen tekijöiden allekirjoitukset:

Appendix 2: Structured questions for the interview



LAUREA
AMMATTIKORKEAKOULU

Uuden edellä

1. What do you know about PPCM?/ Mitä tiedät peri- ja postpartum kardiomyopatiasta?
2. How often and how much have you cared for a PPCM patient?/Kuinka usein ja kuinka paljon olet hoitanut peri- ja postpartum kardiomyopatiapotilaita?
3. Do you feel competent enough to be able to give good nursing care to a PPCM patient?/ Tunnetko osaamisesi olevan riittävällä tasolla pystyäksesi antamaan hyvää hoitoa peri- ja postpartum kardiomyopatiapotilaalle?
4. How does the care of a PPCM patient differ from regular cardiomyopathy patient, or does it at all?/ Miten peri- ja postpartum kardiomyopatiapotilaan hoito eroaa tavallisen kardiomyopatiapotilaan hoidosta?
5. What kind of challenges do you face when caring for a PPCM patient?/ Millaisia haasteita kohtaat hoitaessasi peri- ja postpartum kardiomyopatiapotilasta?