QUALITATIVE DESCRIPTIVE STUDY OF MEXICAN AMERICANS HEALTH-SEEKING EXPERIENCE DURING MYOCARDIAL INFARCTION

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Purpose: Premature death due to cardiovascular disease, including myocardial infarction (MI), is higher in Hispanics (23.5%) than non-Hispanic White (16.5%) adults. Mexican Americans comprise 88% of the Hispanic population in Texas (37% of state population). The delay of emergency treatment during MI may lead to debilitating heart disease, decreased quality of life, multiple system organ failure, and death. Delaying treatment over 60 minutes increases the risk of sudden death by 50%. The purpose of this study was to describe the perceived benefits and barriers to seeking cardiac emergency care including emergency medical services (EMS) activation during an acute MI in Mexican American adults.

Methods: A qualitative descriptive methodology was used wherein face-to-face semi-structured interviews and socio-demographic questionnaire were conducted with 12 community-dwelling Mexican Americans ≥ 35 years of age who had experienced an MI in the last two years. Qualitative conventional content analysis was used to derive specific codes from the data instead of a priori categories. Analysis revealed unique perceptions of Mexican Americans seeking emergency care during an MI.

Findings: 4 women, 8 men diagnosed with MI in last 3 years; ages 44 to 67 years, mean age 54.9 years; 11 participants born in United States, 1 born in Mexico; 8 private insurance, 4 public assistance health insurance; 75% (n = 9) participants had family member experience MI, 58% (n = 7) of participants had father experience MI. The overall theme that arose from transcript analysis was degree of perceived threat leads to action. This theme was comprised five categories: perceived susceptibility, perceived severity, perceived barriers, perceived benefits, and learned behavior. Perceived severity was closely intertwined with perceived susceptibility. Recent appointments with health care providers (HCPs) facilitated low perceived susceptibility to an MI and acted as a barrier leading to decreased initiation of emergency services for MI. The majority of participants experienced actual MI symptoms incongruent with their MI expectations contributing to a lack of perceived susceptibility and severity with resulting pre-hospital delay during MI. Participants attempted self-treatment and evaluation which was a barrier to immediate emergency care. Perceived benefits to initiation of emergency care were using EMS to achieve rapid treatment of MI symptoms. Though several participants initially stated they would activate EMS, further inquiry revealed calling EMS was considered a last resort if the participant were alone.

Conclusions: The findings suggest education of lay people and HCPs needs to emphasize that MIs can present in a variety of ways from slow-onset to fast-onset. HCPs need to teach our patients to recognize and minimize their multiple coping strategies including contacting family and friends as these contribute to pre-hospital delay during MI. A goal for nursing practice is to include regular screening on cardiac risk factors along with interventions and evaluation among patients and family. Future research should aim at finding the most successful format (images, messages, and locations) to provide public education to Mexican Americans on MI symptom and rapid initiation of EMS.