APPENDIX A

THE PERCEPTION OF INFORMATION NEEDS OF ACUTE MYOCARDIAL INFARCTION PATIENTS AND INTENSIVE CARE NURSES: A COMPARATIVE STUDY.

PANEL OF EXPERTS INFORMATION LETTER

Dear colleague,

My name is Jeanine Bamanisa. I am currently registered as a student at the University of the Witwatersrand, in the Department of Nursing Education for the Degree of Master of Science in Nursing (Intensive Care Nursing). I am hoping to conduct a research project to determine the validity and reliability of the cardiac patient learning needs inventory.

I hereby invite you as an expert in the field to be part of an expert group in assisting me to validate the data collection instrument. The validation will involve a check list of the Cardiac Patient Learning Needs Inventory (CPLNI) by Gerard and Peterson that I would like you to complete. This will require you to rate all the CPLNI items (37) independently using a four – point Likert Scale, as to whether you find the items being relevant and if they represent critical perceptions of critical care nurses in coronary care unit in our South African setting.

The purpose of the study is to identify the opinions of nurses and patients of the information that they perceive important during patient hospitalization in order to improve our service delivery on patient care.

Participation in the validation process is entirely voluntary. Due to the need to contact you, I would kindly request that you provide your personal details on the checklist that will be presented to you.

As you are an acknowledged expert in the area under study, you will appreciate that your anonymity may be compromised. However, I undertake to ensure that no identification of your personal information will be given in reporting on your opinions so as to ensure your confidentiality. If you consent to be part of the expert group, please complete the attached consent form and return it to me in the addressed and stamped envelope enclosed.

I appreciate that you will not derive any benefit from participating in this study. However, I hope that the results of the study will help to compare the nurses and patients’ opinions of information needs of acute myocardial infarction patients with regard to the implementation of a valid measurement tool.

The appropriate people and research committees of the University of the Witwatersrand, Charlotte Maxeke Johannesburg Academic Hospital have approved the study and its procedures.

Thank you for taking the time to read this information letter. Should you require any further information regarding the study or your rights as a study participant, you are free to contact me in the Department of Nursing Education or on the following cell phone number 072 171 1595 or email me using the following address: babetienne@yahoo.fr.

Yours faithfully.

Jeanine Bamanisa

Date __________________________
APPENDIX B

THE PERCEPTION OF INFORMATION NEEDS OF ACUTE MYOCARDIAL INFARCTION PATIENTS AND INTENSIVE CARE NURSES: A COMPARATIVE STUDY.

CONSENT FORM FOR EXPERT/NURSE/PATIENT.

I ____________________________________________________ (name) give permission to be included in the study. I have read with understanding the consent of the information sheet and I have been given the opportunity to ask questions I might have regarding the procedure and my consent to my being included in the study.

Date                                                                                   Signature

_______________________________________ (Witness)


Panel of Experts Checklist.

1.0. Biographical data.

1.1. What age group do you belong to:

- 20 - 29 years
- 30 - 39 years
- 40 - 49 years
- 50 - 59 years
- 60 years and above

1.2. Please list your academic qualifications

1.3. Indicate your position in the coronary care unit by ticking of the following:

<table>
<thead>
<tr>
<th>ICU Nurse</th>
<th>Shift leader</th>
<th>Unit Manager</th>
<th>Clinical instructor</th>
</tr>
</thead>
</table>

1.4. State the length of experience you have had in CCU

1.5. Please state your contact detail

Name: 

Unit: 

Telephone number: 

PATIENT INFORMATION LETTER

Dear (Name of Patient)

My name is Jeanine Bamanisa, I am currently registered as a student at the University of the Witwatersrand, in the Department of Nursing Education for the degree of Master of Science in Nursing (Intensive Care Nursing). I hope to conduct a research project and I would like to invite you to participate and kindly consent to my including you in my sample of patients I hope to study while they are in the intensive care unit.

The purpose of the study is to identify your opinions of the information that you would need during this hospitalization period in order to improve our service delivery on patient care. Your participation will mean that you will meet with me for a structured interview lasting 20 – 30 minutes. You will be requested to identify your opinions of your needs for support on a pre-designed questionnaire. Monitoring you information needs will enable intensive care nurses to develop specific nursing strategies that are important and beneficial to patients.

Participation in this study is voluntary, and even after the study begins you can decide to terminate the study at any point, which will have no effect on services that you or your relatives may receive from this institution or the health care providers.

The aim of the study is to provide a better understanding of the information needs of patients in their hospitalization period, and to develop nursing interventions that will better assist future patients faced with similar conditions to receive the information that best meets their needs. No reports in the study will identify you or your relative in any way. Results of the study will be given to you should you so wish.

The appropriate people and research committees of the University of the Witwatersrand, Gauteng Department of Health and Johannesburg Hospital approved the study and its procedures.

Thank you for taking the time to read this information letter. Should you require any further information regarding the study or your rights, you are free to contact me in the Department of Nursing Education or on the following telephone number 072 171 1595 or email at babetienne@yahoo.fr.
APPENDIX E

THE PERCEPTION OF INFORMATION NEEDS OF ACUTE MYOCARDIAL INFARCTION PATIENTS AND INTENSIVE CARE NURSES: A COMPARATIVE STUDY.

INFORMATION LETTER (NURSE PARTICIPANTS)

Dear Colleague,

My name is Jeanine Bamanisa, I am currently registered as a student at the University of the Witwatersrand, in the Department of Nursing Education for the degree of Master of Science in Nursing (Intensive Care Nursing). I hope to conduct a research project and I would like to invite you to participate and kindly consent to my including you in my sample of nurses I hope to study who are working with patients in the intensive care unit.

The purpose of the study is to identify your opinions of the information that patients would need during this hospitalization period in order to improve our service delivery on patient care. Your participation will mean that you will meet with me for a structured interview lasting 20 – 30 minutes. You will be requested to identify your opinions of your needs for support on a pre-designed questionnaire. Monitoring patients information needs will enable intensive care nurses to develop specific nursing strategies that are important and beneficial to patients.

Participation in this study is voluntary, and even after the study begins you can decide to terminate the study at any point, which will have no effect on services that you or your relative may receive from this institution or the health care providers.

The aim of the study is to provide a better understanding of the information needs of patients in this hospitalization period, and to develop nursing interventions that will better assist future patients faced with similar conditions to receive the information that best meets their needs. No reports in the study will identify you in any way. Results of the study will be given to you should you so wish.

The appropriate people and research committees of the University of the Witwatersrand, Gauteng Department of Health and Johannesburg Hospital approved the study and its procedures. Thank you for taking the time to read this information letter. Should you require any further information regarding the study or your rights, you are free to contact me in the Department of Nursing Education or on the following telephone number 072 1711 595 or email at babetienne@yahoo.fr.
INTERVIEW SCHEDULE

APPENDIX FCARDIAC PATIENTS LEARNING NEEDS INVENTORY
PATIENT QUESTIONNAIRE

Please rate the importance of receiving information on each of the following items, during the recovery period after your heart attack, by ticking one box for each item. If you feel that an item does not apply to you, please place a tick in the box marked N/A (non applicable).

<table>
<thead>
<tr>
<th>I need to know</th>
<th>1. Not important</th>
<th>2. Somewhat important</th>
<th>3. Moderately important</th>
<th>4. Important</th>
<th>5. Very important</th>
<th>6. N/A</th>
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<tbody>
<tr>
<td><strong>Anatomy and Physiology (the workings of the heart)</strong></td>
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<tr>
<td>1. Why did I have chest pain.</td>
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<td>2. What the heart looks like and how it works, including the blood supply to the heart muscle.</td>
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<td>3. What causes a heart attack to occur.</td>
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<td>4. What happens when a person has a heart attack.</td>
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<td>5. How long the damaged heart muscle takes to heal.</td>
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<td><strong>Psychological Factors</strong></td>
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<td>6. What is the usual psychological response following a heart attack.</td>
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<td>7. About the importance of talking to someone about my fears, feelings and thoughts.</td>
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<td>8. What effect stress has on my heart?</td>
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<td>I need to know</td>
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<td><strong>Psychological Factors (cont.)</strong></td>
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<td>9.</td>
<td>What I can do to reduce stress in my life.</td>
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<td><strong>Lifestyle Factors</strong></td>
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<td>10.</td>
<td>What the term ‘lifestyle factor’ means.</td>
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<td>11.</td>
<td>Which lifestyle factors may have contributed to my having suffered a heart attack.</td>
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<td>12.</td>
<td>What I can do to reduce the chances of my having another heart attack.</td>
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<td><strong>Medication information</strong></td>
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<td>13.</td>
<td>The general rules about taking medication.</td>
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<td>14.</td>
<td>Why I am taking each of the medications that I am on.</td>
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<td>15.</td>
<td>When I should take each of the medications that I am on.</td>
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<td>16.</td>
<td>What the potential side effects are of each of the medications that I am on.</td>
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<td>17.</td>
<td>What I should do if I have a problem with the taking of my medications.</td>
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<tr>
<td><strong>I need to know</strong></td>
<td>1. Not important</td>
<td>2. Somewhat important</td>
<td>3. Moderately important</td>
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<td><strong>Dietary information</strong></td>
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<td>18. General rules about healthy eating.</td>
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<td>19. How certain items in my diet may affect my heart.</td>
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<td>20. What cholesterol is and what it means.</td>
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<td>21. What foods may lead to raised cholesterol.</td>
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<td>22. What changes I will need to make to my diet if any.</td>
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<td><strong>Physical activity</strong></td>
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<td>23. The general guidelines about physical activity after a heart attack.</td>
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<td>24. When I can resume driving.</td>
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<td>25. What physical restrictions I may have, if any.</td>
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<td>26. How to know when I can increase my level of activities.</td>
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<td>27. When I can resume sexual activity.</td>
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<td>28. When I can return to work.</td>
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</tbody>
</table>
### I need to know

<table>
<thead>
<tr>
<th>Symptom management</th>
<th>1. Not important</th>
<th>2. Somewhat important</th>
<th>3. Moderately important</th>
<th>4. Important</th>
<th>5. Very important</th>
<th>6. N/A</th>
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<tr>
<td>29. The different causes and types of chest pain.</td>
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<td>30. What to do if I get chest pain.</td>
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<td>31. What are the signs and symptoms of a heart attack.</td>
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<td>32. When to call the Doctor (GP) or an ambulance.</td>
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<td>33. When I am most likely to suffer chest pain.</td>
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<td>34. When and how to use the GTN spray or tablets.</td>
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</table>

### Miscellaneous

| 35. What support services are available when I am discharged home. |  |  |  |  |  |  |
| 36. What support is available for my family. |  |  |  |  |  |  |
| 37. What tests and investigations I will have in the future with regard to my heart |  |  |  |  |  |  |
Dear Sir,

Re: REQUEST TO CONDUCT RESEARCH AT CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL.

I am currently a registered student at the University of the Witwatersrand in the Department of Nursing Education. I hereby request permission to undertake research at Johannesburg Hospital. The title of my research is “The perception of information needs of Acute Myocardial Infarction Patients and Intensive Care Nurses: a comparative study”.

The Cardiac Patient Information Needs Inventory provides an objective measurement of acute myocardial infarction patients information needs in the Intensive Care Units recovery and discharge period. The Cardiac Patient Information Needs Inventory is widely used and has been extensively tested on a number of independent studies in many countries, little is known from the critical care nursing perspective in the South African context.

The purpose of the study is to describe and compare intensive care nurses and patients perceptions of information needs of acute myocardial infarction patients at a public sector tertiary hospital in Johannesburg Hospital. The results of the study will be given to you should you so wish.

I hope to undertake this research project in order to elicit intensive care nurses and patients perceptions of information needs of acute myocardial infarction patients in order to better understand patient’s information needs and make informed recommendations to of measures to improve nursing care.

I want to assure you that the name of the institution, the personnel, and the patients involved will not be divulged in the report. Informed written consent will be obtained from all the research participants. A copy of the report will be available to you if you so wish.

I hope to conduct my research in the adult intensive care units (Coronary Care Unit), once my proposed study has been approved by the Committee for Research on Human Subjects of the University of the Witwatersrand.

Yours sincerely,
APPENDIX H

APPROVAL FROM POST GRADUATE COMMITTEE
CLEARANCE CERTIFICATE
REQUEST AND PERMISSION TO USE THE INSTRUMENT CARDIAC PATIENTS LEARNING NEEDS INVENTORY (CPLNI)

-----Original Message-----

From: Jeanine Bamanisa [mailto:babetienne@yahoo.fr]
Sent: 12 October 2010 18:33

To: Fiona Timmins

Subject: permission to use the instrument named the cardiac patients learning needs inventory [cplni]

Dear Timmins,

My name is Jeanine; I am an MSC [Masters] student at the University of the Witwatersrand in South Africa. Hereby requesting and asking a permission to use your instrument in my study.

My study topic is: the perception of information needs of acute myocardial infarction patients and intensive care nurses: a comparative study.

Thank you.
Dear Jeanne,

Please find the tool enclosed.

Original developers of the tool were: Gerard, P. and Peterson, L. (1984) Learning needs of cardiac patients. Cardiovascular Nursing. 20, 7-11.

Please cite:

With its use

Best of luck

Kind regards

Fiona

Dr. Fiona Timmins
Senior Lecturer,
School of Nursing and Midwifery
24 D'Olier Street
Dublin 2
003531-8963699
APPENDIX L

EDITOR CLEARENCE CERTIFICATE

LANGUAGE QUALITY ASSURANCE

Dr N.R. Barnes
20 Hekla Road
The Hill
Johannesburg
2197
Tel: +27114352609
Cell: +270737314129
Email: neilbarn@telkomsa.net

TO WHOM IT MAY CONCERN

I hereby certify that I have language edited the dissertation prepared by Jeanine Bamanisa Biamani for the Masters of Science in Nursing on the perceptions of information needs of acute myocardial infarction patients and intensive care nurses, and am satisfied that provided that the changes I have made to the text are effected, the language is of a standard fit for publication.

Neil Barnes
Research Consultant
PhD Psychology (Unisa)
UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R1489  Mrs Jeanine B Biemann

CLEARANCE CERTIFICATE

PROJECT
The Perception of Information Needs of Acute Myocardial Infarction Patients and Intensive Care Nurses: A Comparative Study

INVESTIGATORS
Mrs Jeanine B Biemann.

DEPARTMENT
Department of Nursing Education

DATE CONSIDERED
09.06.26

DECISION OF THE COMMITTEE*
Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 09.06.26

CHAIRPERSON (Professor P E Cleaton Jones)

*Guidelines for written ‘informed consent’ attached where applicable

cc: Supervisor;  S Schnollgruber

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10004, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to a completion of a yearly progress report.

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...