

In the assessment of each individual, it is important to discuss with patients their feelings as simply talking about any concerns the patient may have, can begin to reduce them (Nicol et al 2003). Before being able to talk to the patient to determine the cause of his anxiety, the patient needed to control his breathing, as Harry was short of breath. The nurse focused the patient's attention to his breathing and instructed him to take slow, deep breaths in through his nose and out through his mouth (Russell 2006). Once the patient's breathing had stabilised more, the nurse attempted to discuss with the Harry what was causing his anxiety.

To do this, the nurse positioned herself near to the client and used warm body language and eye contact. Both verbal and non-verbal communication skills are extremely important in interaction, as any relationship comes about through communication (Nolan 2003).

During their discussion Harry told the nurse that he was fearful of another attack as he lived alone and he asked the nurse what would happen if he had another MI. Good communication skills, both verbal and non-verbal are essential here. Using a language and terminology appropriate to the individual to enable the patient to understand (Nolan 2005), the nurse explained that many people in his situation feel the same way following a heart attack and that he was being very closely monitored while in hospital and that all would be done to help prevent another MI in the future. The nurse was also careful in her choice of words when answering Harry's questions, and chose not to go into too much detail about the life-style changes Harry could make that would also help to reduce the likelihood of another attack as this can cause more alarm to the patient (Julian et al 2005). The NMC Code of Professional Conduct (2004) states that a nurse must promote the

Cardiac rehabilitation is a comprehensive program to help cardiac patients achieve and maintain the best health and well-being possible for them (Beare & Myers 1998) and is an important aspect of cardiac care (Hussain 2005), it is defined by the World Health Organisation (WHO) as “..the sum of activities required to influence favourably the underlying cause of the disease, as well as the best possible, physical, mental and social conditions, so that they (people) may, by their own efforts preserve or resume when lost, as normal a place as possible in the community. Rehabilitation cannot be regarded as an isolated form or stage of therapy but must be integrated within secondary prevention services of which it forms only one facet (WHO 1993). The National Service Framework for Coronary Heart Disease (DoH 2000) highlighted the need for such rehabilitation whose aim is to help patients who have had heart attacks to maximise their chances of leading a full life and resuming their place in their community (DoH 2000).

Cardiac rehabilitation has improved prognosis and function for patients following an acute MI as it aims to address the needs of each individual patient (DoH 2000). These include physical needs, educational needs, psychological needs, social, cultural and vocational needs, and the needs of the family or carer of the patient. Because the nurses role includes helping the client gain access to health and social care, information and support that is relevant to their needs (NMC 2004), the nurse felt it was important to inform the client of the resources available to him and to encourage Harry again to attend cardiac rehabilitation and explained to the client that simply by attending, it may reduce his feelings of anxiety and isolation (Lindsay & Craig 2000). Within a group of others with a similar condition people restore their self esteem and reduce anxieties by engaging with others (Alexander et al 2006). She also explained that these groups assist

individuals in coping with their illness and can help in building self esteem (Faulkner 1996). It may also give him confidence in talking about his experience with others, therefore increasing the opportunity for integration through shared concerns and reassurance of worth (Hendrickson 2006).

The nurse also felt that it was important not to offer false hope to the client as some support can be intrusive and undermine the individual's control and for those who are in a dependant role; this can instil a feeling of dependence (Lindsay & Craig 2000).

The nurse explained that Harry may not feel comfortable within the group but that this should not discourage him, as it may take time to feel relaxed and open with new people. The nurse also ensured that she informed the client of the range of different groups available and that not every group may fit Harry's needs and expectations. So it is important to approach these groups with an open mind, knowing that there are always other options open to him. It is important to keep the client informed, as it promotes respect for the client, and an understanding should help them to co-operate (Nolan 2005).

After being given this information, the nurse asked the client if he would like to attend one of the groups. Despite the nurse's efforts, the client declined the offer, on the basis that he still does not believe that it will help his situation. The nurse felt let down by the client and found it hard to accept Harry's decision as she strongly believed that a support group would help the client and wanted to try and persuade the client to attend. Unfortunately the nurse's good intentions were clouding her judgment and became her main focus and she lost the ability to recognize the line between encouragement and