Commentary

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Research studies often generate additional research questions rather than providing us with all the answers. In this particular study, 59 out of 184 clients participated in an intervention group (from a potential pool of 220), meaning less than a third of the clients chose to participate in the program. Although there is strong research data to support participation in peer support groups as making a difference in the physical and mental health outcomes of clients, perhaps that evidence isn’t being conveyed to the general public. We talk about those differences in professional journals, but rarely do such results seem noteworthy for the local newspaper.

However, it is worth noting that 55% of the potential pool of women in the Swedish study participated (28 of 51) as compared with 24% of the men (31 of 131). As we continue to work to increase the number of female participants in cardiac disease studies, any study that provides us with data about women with cardiac disease is important. However, several questions arise concerning this particular sample. Why did women participate more than men? Did women see this intervention as something they could do to affect their health status? Did this particular group of Swedish women perceive—to a greater extent than the man—cardiac disease as treatable and controllable? Does the higher level of participation by women only indicate that women are more inclined to join peer support groups and touchy-feely activities than men? Are we making a strong impression on women that cardiac disease needs to be taken seriously? Or was it pure chance that more women participated than men?

As always, good research stimulates new questions to study.

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Peer Support Groups

Humphreys, K., & Moos, R.H. (1996). Reduced substance-abuse-related health care costs among voluntary participants in Alcoholics Anonymous. *Psychiatric Services, 47*, 709–713.

Johansson, P. (1998). Model of long-term rehabilitation of patients with heart and lung disease. *Socialmedicinsk Tidskrift, 8*, 427–432.

Lidell, E., & Fridlund, B. (1996). Long-term effects of a comprehensive rehabilitation program after myocardial infarction. *Scandinavian Journal of Caring Sciences, 10*, 67–74.

Lisspers, J., Sundin, Ö., Hofman-Bang, C., Nordlander, R., Nygren, A., Ryden, L., et al. (1999). Behavioral effects of a comprehensive, multifactorial program for lifestyle change after percutaneous transluminal coronary angioplasty: A prospective, randomized, controlled study. *Journal of Psychosomatic Research, 46*, 143–154.

Maeland, J.G., & Havik, O.E. (1989). After the myocardial infarction. A medical and psychological study with special emphasis on perceived illness. *Scandinavian Journal of Rehabilitation Medicine, 22*, 1–87.

Magen, R.H., & Glajchen, M. (1999). Cancer support groups: Client outcome and the context of group processes. *Research on Social Work Practice, 9*, 541–554.

Polit, D.F., Beck, C.T., & Hungler, B.P. (2001). *Essentials of nursing research: Methods appraisal and utilization*. Philadelphia: Williams and Wilkins.

Sabari, J.S., Meisler, J., & Silver, E. (2000). Reflections upon rehabilitation by members of a community-based stroke club. *Disability and Rehabilitation, 22*, 330–336.

Shepherd, M.D., Schoenberg, M., Slavich, S., Witak, S., Warren, M., & Meissen, G. (1999). Continuum of professional involvement in self-help groups. *Journal of Community Psychology, 27*, 39–53.

Stewart, M., Craig, D., MacPherson, K., & Alexander, S. (2001). Promoting positive affect and diminishing loneliness of widowed seniors through a support intervention. *Public Health Nursing*, 18, 54–63.

Stewart, M., Davidson, K., Meade, D., Hirth, A., & Weld-Viscount, P. (2001). Group support for couples coping with a cardiac condition. *Journal of Advanced Nursing, 33*, 190–199.

Subramaniam, V., Stewart, M.V., & Smith, J.F. (1999). The development and impact of a chronic pain support group: A qualitative and quantitative study. *Journal of Pain & Symptom Management, 17*, 376–383.

Trébes, J.K., & Kneener, D.T. (1991). Quantitative and qualitative knowing in mutual support research: Some lessons from the recent history of scientific psychology. *American Journal of Community Psychology, 19*, 739–756.

Welin, K., Rosengren, A., Wedel, H., Wiklund, I., & Wilhelmsen, L. (1994). Psychological characteristics in patients with myocardial infarction—A case-control study. *Cardiovascular Risk Factors, 4*, 154–161.

Wenger, N.K., & Hellerstein, H.K. (1992). *Rehabilitation of the coronary patient*. New York: Churchill Livingstone Inc.

Winters, K.C., Strickfield, R.D., Opland, E., Weller, C., & Latimer, W.W. (2000). The effectiveness of the Minnesota Model Approach in the treatment of adolescent drug abusers. *Addiction, 95*, 601–612.

Zung, W.W., Richards, C.B., & Short, M.J. (1965). Self-rating depression scale in an outpatient clinic. Further validation of the SDS. *Archives of General Psychiatry, 13*, 508–515.