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Mercy Madan Lal
Assistant Professor, State
Institute of Nursing and
Paramedical Sciences Badal,
Muktsar, Punjab, India

Dr. K Ramu
Principal, Shridevi College of
Nursing Tumkur, Karnataka,
India

Dr. Madan Lal
Professor and Head of
Microbiology, Dr
Radhakrishnan Government
Medical College Hamirpur
Himachal Pradesh, India

Correspondence
Dr. Madan Lal
Professor and Head of
Microbiology, Dr.
Radhakrishnan Government
Medical College Hamirpur,
Himachal Pradesh, India

To assess the association between selected demographic variables with practice of self care activities among the clients of myocardial infarction

Mercy Madan Lal, Dr. K Ramu and Dr. Madan Lal

Abstract

Health is wealth is a common proverb which reveals a very simple meaning by comparing the value of health with the wealth. Health is the most valued and sought virtue with human beings "WHO" in 1948 stated "Health is a state of complete physical mental and social well being and not merely absence of any disease or infirmity. WHO sees health as a process of continues adjustments to changing meanings we give to life. It is a dynamic concept. Demographic variables have some influence on health. Heart disease is the largest killer disease over the globe. In recent years, education has come to be considered as an integral component of health care. The modern trend of health care in every society is considering physical exercises, diet, psychological socio environment culture, stress management through alternative therapies such as yoga, meditation and other mean of relaxation. Cardiovascular disease is the leading cause of death in United States for men and women of all racial and ethnic group and more people die of cardio vascular disease than of all the type of cancers combined. Myocardial infarction is a chronic life long illness. Earlier study has put forward health guidelines on self care of myocardial infarction patients. Emphasis was laid on medication, diet, muscles stretching exercise and stress reduction technique. This was done with a view to assess the effectiveness of health guidelines on health teachings, regular follow up to maintain healthy active life and successful readjustment by careful planning.

Self care is a critical component of therapy for persons with myocardial infarction (M.I.). Patient need to manage his medication, diet, exercise, stress reduction, maintenance of body weight to detect early sign of fluid retention. Those who do not follow the treatment plan & initiate self care remedies for early sign and symptoms are more likely to be hospitalized for an acute exacerbation Need was felt in the light of this information to see the association with demographic variables on self care teaching in Myocardial infarction clients.

Study found that practice of self care activities of Age, educational status, gender, place of living, source of information, duration of illness had significant association. Whereas Occupational status, marital status, nutritional status, history of illness and religion did not have significant association on the self care activities on myocardial infarction clients. More research it is purposed to be undertaken on a larger population.

Keywords: association, demographic variables, practice, self care activities, structured teaching

1. Introduction

Being physically and mentally healthy helps a person to be socially and financially healthy too People who are not involved in the healthy life style may suffer a range of health disorders like overweight, high blood pressure, obese, heart diseases, obesity, diabetes, high cholesterol, kidney problems, liver disorders and so many. Cardiovascular diseases are the leading cause of disease burden and deaths globally ^[1, 2, 3]. Despite significant contributions towards the improvement of population health in last six decades, the health outcomes remain inadequate ^[4]. In recent years, education has come to be considered as an integral component of health care. Physical Education is an integral component of education in schools today ^[5]. The modern trend of health care in every society is considering physical exercises, diet, psychological socio environment culture, stress management through alternative therapies such as yoga, meditation and other mean of relaxation ^[6]. Myocardial infarction is a chronic life long illness. Earlier study has put forward health guidelines on self care of myocardial infarction patients. Studies laid emphasis on medication, diet, muscles

stretching exercise and stress reduction technique. This was done with a view to assess the effectiveness of health guidelines on health teaching, regular follow up to maintain healthy active life and successful readjustment by careful planning [7].

Self care is a critical component of therapy for persons with myocardial infarction (M.I.). Patient need to manage his medication, diet, exercise, stress reduction, maintenance of body weight to detect early sign of fluid retention. Those who do not follow the treatment plan & initiate self care remedies for early sign and symptoms are more likely to be hospitalized for an acute exacerbation [8].

2. Material and Methods

Study setting

The conceptual frame work of the present study was based on Orem self care, which was developed by Dorothea Orem (1959) [9]

The study was conducted in medical ward, cardiac ward OPD and intensive unit of selected hospitals. Shridevi Hospital and District Hospital of Tumkur, Karnataka.

Population

Population for this study includes all the myocardial infarction clients admitted in selected hospital of Tumkur.

Sampling technique and size

The sample of the study comprises of 60 myocardial infarction clients, subjects to a maximum of 30 clients from Shridevi Hospital and 30 clients from district hospital Tumkur.

Purposive sampling technique was used for the study.

Data collection procedure

After obtaining formal permission from the hospital authorities and from the clients, data was collected from 60 clients selected by non probability purposive sampling technique.

A structured teaching programme questionnaire was administered to educate the clients on self care activities/ It took about 50 minutes per sample to collect the data. The responses were recorded in the space provided in the questionnaire.

3. Results

Of the 60 subjects who participated in the study 30 from Shreedevi Hospital and other 30 from District hospital Tumkur. Majority of myocardial infarction clients belongs to the age group 35-40 i.e., 41.67% and 65% of myocardial infarction clients were male. Most of them 35% had graduation. Majority of samples, occupation is home maker 33.33% and most of them lived in urban areas 61.67%.

After the administration of structured teaching program

practice of self care activities improved. The overall mean score percentage of practice the pre test is 53.5 and post test is 85.65. The study concludes that the practice regarding self care activities in myocardial infarction clients was inadequate in pre test. The practice of myocardial infarction clients was influenced by educational status. The calculated chi-square value for association of practice in the pre-test was 0.02 significant and in the post test was 0.01 significant. Summarized results of the study are presented in tables as follows.

Table 1: Association of demographic characteristics in regards to Practice of self care activities among myocardial infarction clients in Pre test scores

Sr.	Characteristic	Chi square value	Df	result	P value
1	Age	14.68	3	sig	0.002
2	Educational Status	9.69	3	sig	0.02
3	Occupational Status	2.56	3	NS	0.46
4	Marital Status	2.52	3	NS	0.28
5	Nutrition Status	0.54	1	NS	0.46
6	History of previous illness	1.61	3	NS	0.66
7	Gender	1.18	1	NS	0.28
8	Place of living	21.61	1	HS	0.00001
9	Source of information	10.82	3	Sig	0.01
10	Religion	7.3		NS	0.06
11	Duration of illness information	16.00		Sig	0.001

Table 2: Association of demographic characteristics in regards to Practice of self care activities among myocardial infarction clients in post test scores.

Sr.	Characristic	Chi square value	Df	Result	P value
1	Age	13.41	3	Sig	0.003
2	Educational Status	10.96	3	Sig	0.01
3	Occupational Status	4.39	3	NS	0.22
4	Marital Status	2.83	3	NS	0.24
5	Nutrition Status	0.47	1	NS	0.49
6	History of previous illness	1.25	3	NS	0.74
7	Gender	0.47	1	NS	0.49
8	Place of living	10.22	1	HS	0.001
9	Source of information	12.57	3	Sig	0.005
10	Religion	1.37	1	NS	0.71
11	Duration of illness information	13.84	3	Sig	0.003

Association of practice of self care activities with selected demographic variables

Age, Educational status, Place of living, Source of information and duration of illness has significant association with practices Occupational status, Marital status, Nutrition status, History of previous illness, Gender and religion has no significant association with practice score.

Table 3: Assessment of practice of self care activities after structured teaching programme

Paramete	Mean	S.D	SEM	Range	Mean%	t -value	Result
Pre-test	10.7	1.61	17.83	8-14	53.5	24.36	H.S P<0.001
Post-test	17.13	0.73	3.72	25-27	85.65		
Improvement	6.43	0.88					

The results in table 3 shows confirm that structured teaching programme was significantly effective in improving the practice on self care activities among myocardial infarction clients.

4. Discussion

This chapter deals with the discussion of the study with appropriate literature review, statistical analysis and finding of the study based on objective of the study. The aim of the

study was to evaluate the effectiveness of structured teaching program on self care activities among myocardial infarction clients. The present findings reveal that the overall practice score in pretest was 10.7, hence practice also was inadequate. And therefore it is evident from these findings that, there was a necessity of educating M.I clients regarding practice of self care activities. The clients had showed practice score in post test 17.13 compared with pretest

Before the implementation of the structure teaching program the pre-test practice of self care activity was inadequate i.e., 10.7 in comparison to the post-test practice score i.e., to 17.13. The pre test practice score was found to be 53.5% of the maximum possible score which indicates moderate practice. The post test practice score was found to be 85.6% which indicates adequate practice. Similar results were shown by a study ^[10] reported that the majority of patients (72%) adhered to self care behaviors at 15th day but at 30th, 84.1 percent not adhered to these behaviors. Significant difference was showed in adherence of self care behaviors ($p < 0.0001$) and its dimensions (Diet regimen, physical activity, stressor modification and smoking) at those days ($p < 0.001$) but not in medication adherence.

Testing of hypotheses

H: There will be a significant difference between pre test and post test knowledge and practice among myocardial infarction clients regarding self care activity. Based on the study findings the comparison between pre test and post test score revealed that there was a significant difference between pre test and post test knowledge and practice of myocardial infarction clients. Hence research hypotheses (H) are accepted.

5. Conclusion

In view of the positive results, the investigator believes that the study would benefit from widening scope and use of much large sample. The following conclusions were drawn from "A study to assess the effectiveness of structured teaching programme of practice regarding self care activities among the clients with myocardial infarction" in selected hospital in Tumkur".

Since the majority of the people with myocardial infarction have inadequate knowledge about the disease process, trigger factors and management, education of the patient in these aspects is very essential for proper management of myocardial infarction. Hence structured teaching program on management of self care activity administered to the clients with a aims to provide knowledge to the clients on identification and avoiding trigger factors, self monitoring of pulse exercise and regular use of medication and thereby enabling the client to lead a normal active life.

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