

Assessment of the Level of Awareness Regarding Lifestyle Practices among Post-Myocardial Infarction Patients

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Abstract

The identification of the awareness regarding the lifestyle practices before onset of myocardial infarction (MI) is very important to reduce the risk of MI and to develop the modified lifestyle practices based on the level of awareness. A quantitative non-experimental research study was conducted to assess the awareness level regarding lifestyle practices among post-MI patients, and to find the association of awareness level regarding lifestyle practices with socio-demographic variables of post-MI patients. Total 70 post-myocardial infarction patients were selected as sample by using purposive sampling technique from a tertiary care hospital in Dehradun. The data were collected by self-structured awareness assessment questionnaire regarding lifestyle practices tool for post-MI was used. The results showed that the majority i.e. 43 (61.43%) of participants were having good awareness of MI, 27 (38.57%) were having average awareness of MI, whereas no one was having poor awareness. The association of awareness level and the age was statistically significant at the level of 0.05 significance. It is concluded that there is a need to improve awareness regarding risk factors of MI and good lifestyle practices to maintain the health of the people's heart.

There is quite high prevalence of myocardial infarction (MI) in the world. Majority of cardiovascular diseases occur in the developing countries like India, Pakistan, Bangladesh, etc. The Indian population shows lack of awareness related to the risks of the cardiovascular diseases (Saeed et al, 2009). The patient's awareness and the knowledge regarding their disease conditions include the awareness related to the general pathological study of the disease, symptoms, risk factors, prevention, and treatment associated with their disease condition.

The awareness of the risk factors of the cardiovascular disease is an important component in the improvement of the behavioural lifestyle to maximum cardiac health in developing countries (Lopez et al, 2006). By identifying the level of the awareness regarding lifestyles practices among post-MI patients, the status of awareness can be identified and by the help of which further variations in the lifestyle practices will be made that can reduce the

risk of MI (Jain, 2017).

The awareness of cardiac disease conditions can strongly affect the manifestation recognition, advocacy for doctor screening, attitudes of people towards the disease occurrence, and provide encouragement for the behavioural changes in the personnel (Vartiainen et al, 1994). The diagnosis requires lifestyle modifications such as management of stress, improving physical activity, smoking cessation, and changes to diet. The public awareness programme is a good instrument in preventing the occurrence of coronary artery diseases by aiding the people to look after their own health. The incidence of coronary artery disease in young adult is increasing mainly due to lack of physical activity, tobacco consumption, sedentary lifestyle and obesity (Dowse et al, 1995).

Review of Literature

Kayaniyil S, et al (2009) had done a cross-sectional research study to analyse the degree and correlation of cardiovascular knowledge and awareness in the cardiac inpatients at Ontario. In the study, 1308 samples were selected by using consecutive sampling method and the self-developed structure questionnaire used as tool. The results showed that the awareness of coronary heart disease is not adequate, especially among females. South Asians and specially those of low socio-economic status.

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Coronary heart disease patients have a medium level of disease awareness overall, but more education is needed.

Almas A, Hameed A, Sultan FA (2008) conducted a cross-sectional study on the heart disease knowledge, risk factors & the interventions among the university students of East Karachi from the month of April to September 2005. The total 200 adult students of the university other than medical profession were selected as sample. The results showed that mean score of knowledge and awareness were 11.47 for the risk factors of CAD. More than half students (60%) thought that cardiovascular diseases are the leading cause of mortality in the population (Almas et al, 2008).

Objectives

The study was undertaken with the following objectives:

1. To assess the level of awareness regarding lifestyle practices among post-myocardial infarction patients.
2. To find the association between the level of awareness regarding lifestyle practices and socio-demographic variables of post-MI patients.

Methodology

A non-experimental quantitative research study was conducted to assess the level awareness regarding lifestyle practices among the post-MI patients, and to find the association of awareness level and socio-demographic variables of post-MI patients. A total of 70 samples were selected for the final study by using purposive sampling technique from the tertiary care hospital in Dehradun. After taking the written consent from each study participant, the self-structured awareness assessment questionnaire regarding lifestyle practices ($r=0.84$) was used to collect the data among the post-MI patients. The data were analysed by using SPSS software program version 17.00 for the final analysis.

Results

Socio-demographic characteristics of the study participants

Fig 1 shows that majority, i.e. 43 (61.43%) of participants were having good awareness of MI whereas no one was having poor awareness.

The tool was consisting of total 29 awareness assessment questions regarding lifestyles practices with maximum score of "29" and

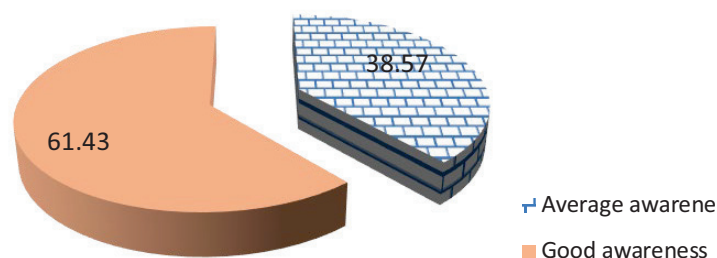


Fig 1: Level of awareness among study participants.

minimum score of "0".

Table 3 shows that there was statistically signif-

Table 1: Frequency & percentage of socio-demographic variables of the study participants (N=70)

S. No.	Variables	Frequency (f)	Percentage (%)
1	<i>Age in years</i>		
	• 36-55 years	30	42.9
	• 56-75 years	40	57.1
2	<i>Gender</i>		
	• Female	15	21.4
	• Male	55	78.6
3	<i>Occupation</i>		
	• Businessman & Employee	40	57.1
	• Farmer & Housemaker	30	42.9
4	<i>Co-morbidity</i>		
	• No	24	34.3
	• Yes (including hypertension, T2 diabetes mellitus, and both)	46	65.7
5	<i>Educational status</i>		
	• Primary & high school	45	64.3
	• Intermediate and above	25	35.7
6	<i>Marital status</i>		
	• Married	53	75.7
	• Widow / Widower	17	24.3
7	<i>Type of Family</i>		
	• Joint	59	84.3
	• Nuclear	11	15.7
8	<i>Family history of other illness</i>		
	• No	42	60.0
	• Yes	28	40.0
9	<i>Monthly Income (in Rs)</i>		
	• < 15000	45	64.3
	• > 15000	25	35.7
10	<i>Area of Residence</i>		
	• Rural	51	72.9
	• Urban	19	27.1
11	<i>Have you attended any educational programme on CAD / heart disease prevention</i>		
	• No	64	91.4
	• Yes	6	8.6
12	<i>Sources of health-related information</i>		
	• Print media (Newspaper).	20	28.6
	• Electronic media (TV/ Radio/Internet)	50	71.4
13	<i>Type of personality</i>		
	• Type A	47	67.1
	• Type B	23	32.9

Table 2: Frequency & percentage of clinical variables of the study participants (N=70)

S. No.	Variables	Frequency (f)	Percentage (%)
1	Diagnosis - CAD with MI - DCMP with MI	69 1	98.6 1.4
2	Duration of illness (when he/she was diagnosed as CAD) < 1 year 1 – 3 years 4 – 6 years	50 16 4	71.4 22.9 5.7
3	How many times you have suffered MI ? 1 time 2 times 3 times >3 times	27 29 10 4	38.6 41.4 14.3 5.7
4	Duration of stay in hospital 1 day 2 days 3 days 4 days >4 days	10 28 21 5 6	14.3 40.0 30.0 7.1 8.6
5	Treatment undergoing / underwent procedure - CAG with pharmacological management - CAG, pharmacological management with CAP	30 40	42.9 57.1

Table 3: Mean, SD, median & mean percentage of awareness score of the study participants (N=70)

Mean ± SD	Median	Mean%
19.76± 4.83	20.50	68.13

icant association between awareness score and the age at the level of 0.05 significance.

Discussion

The perspectives of the findings have been discussed with reference to the research problem, concept, and objectives with the study findings of other studies. The level of awareness regarding lifestyle practices among post-MI patients in tertiary care hospital of Dehradun, Uttarakhand was assessed.

Assessment of the level of the awareness regarding lifestyle practices among post-MI patients

Table 4: Association between the level of awareness regarding lifestyle practices and socio-demographic variables (N=70)

Variables	Below Median (< 20.50)	At & above median (> 20.50)	Chi-square	df	p-value	Significance
Age in years						
▪ 36-55 years	10	20	5.833	1	0.016	Sig
▪ 56-75 years	25	15				

The findings of the study illustrated that the majority, i.e. 43 (61.43%) of participants were having good awareness of MI, 27 (38.57%) were having average awareness of MI, whereas no one was having poor awareness.

The results of the research project were promoted by a previous research study done by Adhikari & Bhandari (2017), which revealed that over half (60.4%) of the study participants had higher and adequate level of knowledge and awareness regarding the control and prevention of MI attack and only 39.6 percent had reduced level of knowledge and awareness.

Association between the level of awareness score of post-MI patients with their socio-demographic variables

The present research study findings show that the association between level of awareness score and the age was statistically significant. Hence, it is interpreted that the participants of the advanced age had more awareness of CAD (Table 4).

The study findings were endorsed by a previous research conducted by Awad & Nafisi (2014). The study findings showed the significant association between the better awareness of cardiovascular diseases and the age (including 50-59 years aged females).

Recommendations

- The study can be conducted on a larger sample; so the findings of the study can be generalised for the bigger population.
- A similar research study can also be conducted to find out the factors that influence risk, awareness, and pre-MI lifestyle practices among post-MI patients.
- A similar study can be conducted to compare the awareness level between rural and urban post-MI patients.

Nursing Implications

Nursing practice: The staff nurses working at tertiary care hospital can provide health education regarding the lifestyle modifications among the patients diagnosed as CAD with MI. In the nursing practice, it is essential to increase the knowledge and awareness of the health personnel regarding risk factors of MI, they should equip themselves with proper advanced knowledge and evidence-based practice in clinical areas. So that they can provide the awareness to post-MI patients regarding the risk factors of MI & lifestyle modifications among post-MI patients. An awareness programme can be organised in the hospital or in

the community areas.

Nursing research: The importance of the research in nursing is to build the body of knowledge. The outcomes of the present research study served as the basis for the professionals and the students to conduct further studies. Research project helps the health care provider to improve a systematic problem solving approach to develop and improve the strategies to promote good patient care at tertiary level and awareness among post-MI patients. The evidence-based practice, which is the fast emerging and growing because of its substantive and factual results. In depth research studies of the post-MI patients regarding risk assessment, awareness assessment and pre-MI lifestyle practice assessment can be conducted on larger scale. These can be conducted with regard to bring awareness among post-MI patients and family members. Nursing research also helps to find out the various factors that influence the risk status, level of awareness, and lifestyle practices of the post-MI patients.

Conclusion

The research study concluded that there is a need to improve awareness among the people regarding the risk factors of myocardial infarction and good lifestyle practices to maintain their heart healthy.

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