



A Study To Assess The Level Of Knowledge Regarding Assessment And Management Of Myocardial Infraction Among Nursing Staff In Selected Hospital At Indore.

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ABSTRACT –

Coronary Artery Disease (CAD) is the major cause of morbidity and mortality burden in the world. Young patients with CAD are specific subset of population requiring attention. A variety of possible contributing factors that include substance abuse, coronary artery anomalies, oral contraceptive use in young women have been implicated for the pathogenesis of myocardial infarction. The world health organization has defined Ischemic heart disease as myocardial function impairment due to imbalance between coronary blood flow and myocardial requirement the most common cause being atherosclerosis. Nurses play a strong role in helping patients reduce their risk for disease and make informed lifestyle changes. Reliability of the nurses is critical for them to serve as role models and educators.

BACKGROUND OF STUDY-

A heart attack (MI) is a medical emergency. A heart attack usually occurs when a blood clot blocks blood flow to the heart without blood tissue loses oxygen & dies. Their risk factor is coronary artery spasm, trauma in coronary artery, obstruction in coronary artery, age, family history etc. In India prevalence rate of MI in men 640,000 and 275,000 in women this represents about 915,000 people that have suffered an MI in the UK. The best way to help prevent a MI is to quitting tobacco products, exercising regularly, eating nutritious food & reducing your stress.

NEED OF STUDY –

A recent study which analyzed all major world ethnic groups in relation to heart disease found that Indians have the highest risk of coronary heart disease, with rates three to four times higher than Americans, six times more than the Chinese and 20 times more than the Japanese. In North India, 7-10% of people have coronary heart disease while the prevalence is as high as 14% in South India. The prevalence of coronary artery disease (CAD) has progressively increased in India during the later half of the half century and is the major cause of morbidity

and mortality burden in the world. Global burden of disease study estimate that by the year 2020, the burden of atheroembolic cardiovascular disease in India would surpass that in any other region in the world.

Objectives- [1]. To assess the level of knowledge regarding assessment and management of myocardial infarction among nursing staff.

[2]. To find the association between knowledge scores regarding assessment and management of myocardial infarction among nursing staff.

Hypothesis-

H0 - There will be not significant association between knowledge scores regarding assessment and management of myocardial infarction among nursing staff with their selected personal variables.

H1 - There will be a significant association between knowledge scores regarding assessment and management of myocardial infarction among nursing staff with their selected personal variables.

Review of literature –

The demographics, clinical characteristics and management of patients presenting at the Nairobi Hospital with acute myocardial infarction have not been documented in the past. There is a paucity of studies on this subject in this region. Methods: A retrospective, hospital-based study was carried out, examining data of patients presenting at Nairobi Hospital with acute myocardial infarction between January 2007 and June 2009. The data collected were patient demographics, coronary artery disease (CAD) risk factors, clinical presentation, GRACE score risk stratification, coronary anatomical findings on angiography, interventions and outcomes during hospitalisation. Results: Sixty-four patients were recruited (mean age 56.7 years). The CAD risk-factor profile included systemic hypertension in 71.9% of patients, age over 55 or 65 years in men and women, respectively in 42.2%, 35.9% of subjects were smokers, low high-density lipoprotein cholesterol levels in 25%, diabetes mellitus in 25%, family history of premature coronary artery disease in 8%, prior acute coronary syndrome in 18.8%, ST-segment elevation myocardial infarction (STEMI) in 60.9% and non-ST-segment elevation myocardial infarction (NSTEMI) in 39.1% of patients. In the STEMI arm, 79.5% of patients underwent thrombolysis, 17.9% had rescue percutaneous coronary intervention (PCI) and 2.6% had no reperfusion therapy. Medical management was carried out in 29% of the patients, 19.1% had a coronary artery bypass graft and 40.4% had PCI. The mean duration of hospitalisation was 6.69 days. The in-hospital mortality rate was 9.4% and mean in-hospital probability of death according to the GRACE risk score was 16.05%. Discharge medication was a η -blocker in 84.5% of patients, an ACE inhibitor or angiotensin receptor blocker in 48.3%, low-dose aspirin in 96.6%, clopidogrel in 96.6% and statins in 93.1%. Conclusion: The risk-factor assessment in our population, albeit small, was in keeping with the traditional risk factors for coronary artery disease. There is, however, room for improvement in reconciling the gap between actual and recommended patient care.

Methodology-

Inclusive criteria - Nursing staffs who are

a) Available at the data of data collection

b) Willing to participate

Exclusive criteria - Nursing staff who are working in administrative sections.

Target population- Nursing staff

Accessible population- Urban of indore

Sample and sample size - 30 - 40, Nursing staff

Setting of research - Selected Hospital Indore

sampling technique - Non-probability Convenience Sampling technique

Tools - 2 section

Section A - Social-Demographic variables

Section B - Knowledgeable Question

Methods of data collection - Self Structure questionnaire

Data Collection Procedure

Formal administrative permission was obtained from Hospital prior to data collection. Informed consent was obtained from the samples. 40 samples were selected by using non probability convenience sampling technique. Data was collected by administering personal proforma and structured knowledge questionnaire regarding assessment and management of myocardial infarction. Staffs took 30 min to fill the questions. Data collection process was terminated by thanking the samples.

Results

Association between knowledge scores of assessment and management of myocardial infarction among nursing staff with their selected personal variables. There was significant association between knowledge scores of assessment and management of myocardial infarction among nursing staff with their selected personal variables. So we are reject null hypothesis and accept alternative hypothesis.

Table 1: Frequency and percentage distribution to assess the sample characteristics.

S.NO.	Personal variables	Frequency	Percentage %
1.	Age		
	a) 21-23 year	34	85
	b) above 24 year	06	15
2.	Gender		
	a) Male	04	10
	b) Female	36	90
3.	Educational status		
	a) GNM	20	50
	b) B.sc (N)	12	30
	c) P.B. B.sc (N)	08	20
4.	Year of experience		
	1-5 year	32	80
	Above 5 year	08	20

Table 2: Frequency and percentage distribution of knowledge scores of students regarding assessment and management of myocardial infarction.

Level of knowledge	Frequency	Percentage %
Poor	09	22.5
Average	23	57.5
Good	08	20

Table 3: Association between knowledge scores of assessment and management of myocardial infarction among nursing staff with their selected personal variables.

Group	Mean	Median	Standard deviation
Nursing staff	12.725	11	5.68

Conclusion

The present study revealed that knowledge scores of assessment and management of myocardial infarction among nursing staff. 9(22.5%) had poor knowledge, 23(57.5%) had average knowledge and 8 (20%) had good knowledge among nursing staff.

References-

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