"A Study To Assess The Effectiveness Of A Self-Instructional Module On Knowledge Regarding Life Style Modification For Maintaining Healthy Heart Among Cardiac Patients In Selected Hospital At Tumkur"

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Abstract: Health is a state of complete physical, mental and social well- being, not merely the absence of disease or infirmity". This definition of health highlights the importance of understanding health and disease burden within the personal, social and cultural context specific to the patient those who all are affected by CVD.[2] Every year approximately 1.5 million American have heart attack. Myocardial Infarction is the leading cause, an estimated 5,00,000 deaths occur each year. About 2,40,000 women die of Myocardial Infarction. Approximately 2,50,000 people die of before they reach the hospital. Studies indicate that half of all heart attack victims wait more than 2 hours before getting help.[6]

Index Terms – Effectiveness, Knowledge, cardiac patients.

I. INTRODUCTION

Health is wealth; this phrase is very popular because happiness lies in the health of man. Good health helps to develop charm, grace and happy mind. everyone should lead a conscious life style that prevents diseases as, individual life style is central to the development of chronic diseases. Living healthy life style means taking responsibility for own health and well-being, it is the best step forward in our destiny and the advancement of human kind. Among the diseases CAD has become an epidemic and chronic increasing number of deaths among the younger age group affecting the productivity of economy.[1]

A healthy lifestyle is a combination of healthy eating and regular exercise. Healthy balanced diet combined with regular physical activity helps to keep the heart healthy, as well as helping the body keep fit, maintain optimum body weight, improve energy utilization, and prevent the early on set of long-term cardiac complications.[3]

CAD is an insidious progressive disease that results in narrowing or complete occlusion of coronary artery causing disruption of blood supply to the myocardium.

Permanent disruption of blood flow causes myocardial dysfunction, including sudden death. CVD is diseases that are associated with atherosclerosis. These diseases occur more frequently in people who smoke, who have high blood pressure, who have high blood cholesterol (especially high LDL), who are overweight, who do not exercise, and/or who have diabetes.[5]

India has the highest burden of acute coronary syndromes in the world. Several factors appear likely to have contributed to the acceleration of Coronary artery disease epidemic in India. In the recent times these are demographic transition to an older population as a result of increasing life expectancy, confluence of both conventional risk factors like hypertension, diabetes, hypercholestroleaemia, smoking etc owe their origin to

growing urbanization and western "acculturation" amongst Indians and Non- conventional risk factors like hyperinsulinemia, insulin resistance, lipoprotein-A are determined genes. The gravity of this situation is emphasized by a recent projection from the WHO and the Indian council of medical research (ICMR) which predicts that India will be the MI capital of the world 2020.[6]

The WHO has drawn the attention of the facts Coronary Heart disease is our Modern 'Epidemic' that it is a disease that affects proper not an unavailable attribute of aging, males are affected more than females. Coronary heart disease (CHD) is still most frequent single cause of death among men under 65 years. The Coronary Heart Disease (CHD) is due to atherosclerotic changes, cigarette smoking cholesterol content diet, lack of exercise and uncontrolled hypertension cause these changes.[9]

II. CONCEPTUAL FRAMEWORK

Theoretical framework provides ways and methods to conduct the study and guiding the interpretation, evaluation and integration of significant findings.[18] To describe the relationship of concepts in the study, General System theory by Ludwig Von Bertalanffy is used. This theory was introduced in 1968. Theoretical framework provides a certain frame work of reference for clinical practice, research and education. This theory is most suitable because it has components like input, throughput, output, feedback. The following are the major concepts of the theory.[12]

Present study is basedon 'system model'. The components of system are

- Input
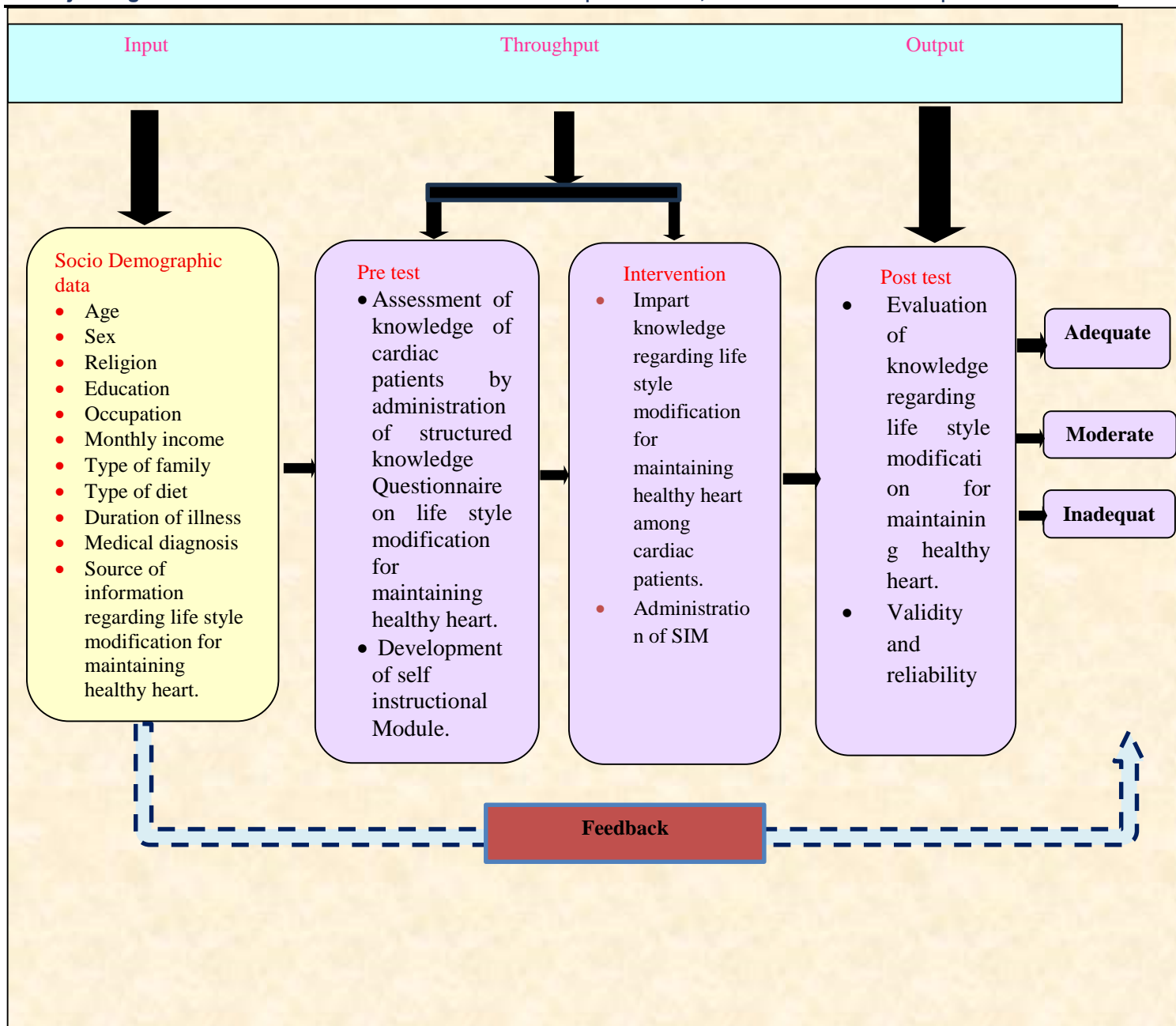
- Throughput

- Output and Feedback.

Figure 1: Conceptual Framework of open system theory- By Bertalanffy and J.W Kenny.

III) MATERIALS AND METHODS

Pre-experimental research design with Quantitative approach was used in this study to assess the effectiveness of self instruction module on Knowledge regarding life style modification for maintaining healthy heart among cardiac patients. In the view of nature of the problem and accomplish the objectives of the study, a structured self-administered Questionnaire was prepared to assess the knowledge of cardiac patients on life style modification for maintaining healthy heart.60 cardiac patients were selected by purposive sampling technique. The tool for data is a self-administered questionnaire which consist of two Part (A) Consist of 11 questions related to selected demographic variables and the second part (B) consist of structured questionnaire which was consisting 30 questions on knowledge regarding life style modification for maintaining healthy heart among cardiac patients. The stability of the tool is found to be 0.8 and internal consistency found to be 0.89; which indicate the tool is stable and reliable and feasible. The total possible score of the structured questionnaire was 30. The data was collected and tabulated in MS Excel and analysed with descriptive and inferential statistics using IBM SPSS Version 22

III) RESULT AND DISCUSSION

The demographic variables of the samples are described in terms of age, gender, religion, education, occupation, monthly family income, diet, habits, types of habitat, duration of illness and source of information.

Figure 3 shows that majority of 47% are belongs to age group of 41-60 years, 37 % are belongs to age group of 21 - 40 years and 17% are of above 60 years.
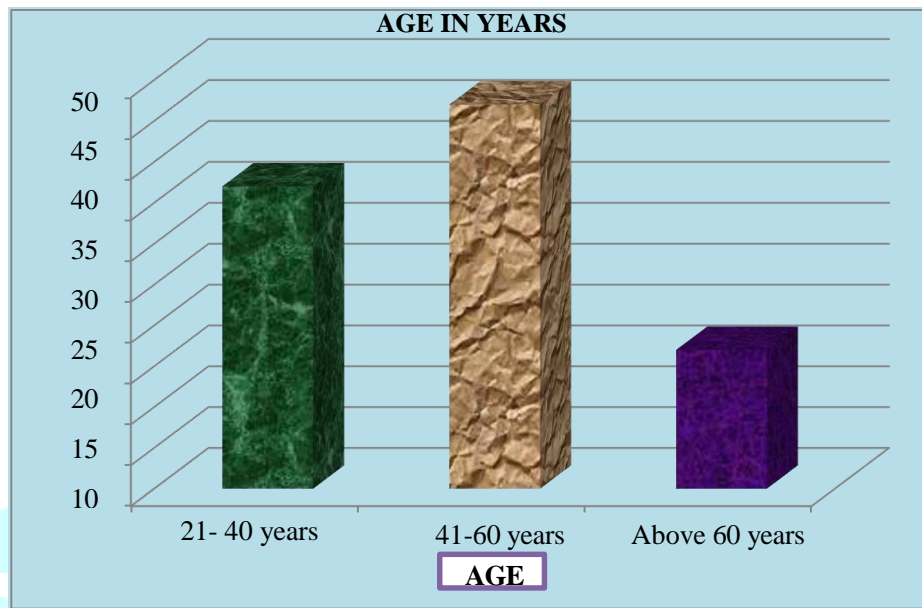
n= 60

Figure 4 shows that among the sample 58 % are males and remaining 42% of the samples are females.
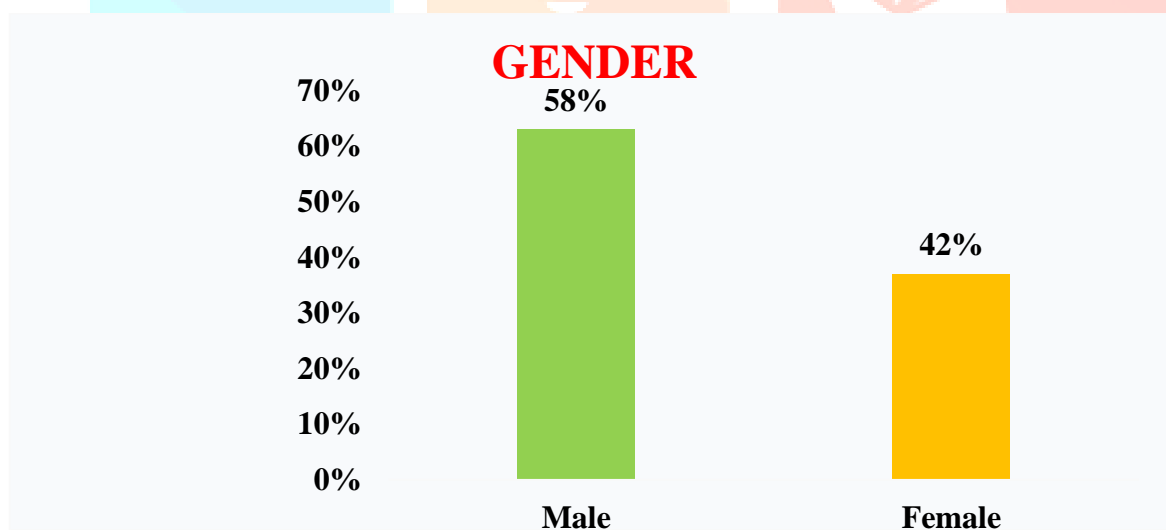
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Figure 5 shows that majority of the 53% were Hindu, 40 % were Christian and 7 % were Muslim.
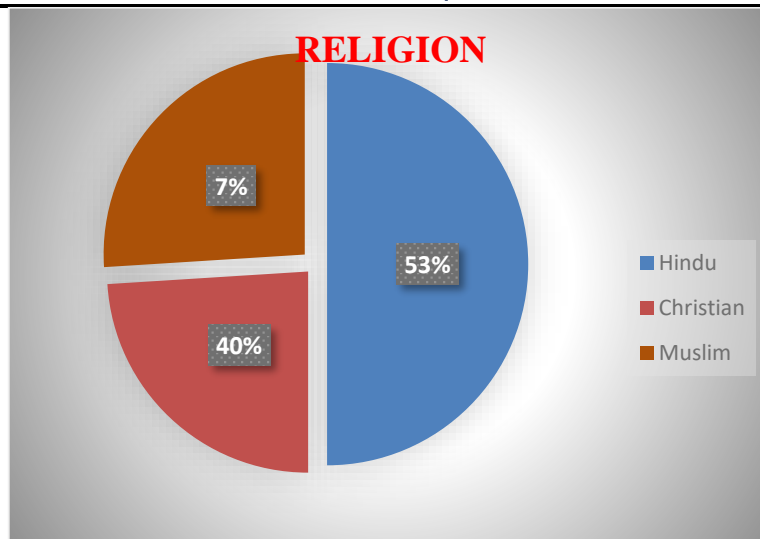
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Figure 6 shows that majority of the 37% samples had primary education, 30% were studied up to PUC, 20% were had high school,10% are illiterates and only 3% were degree and above.
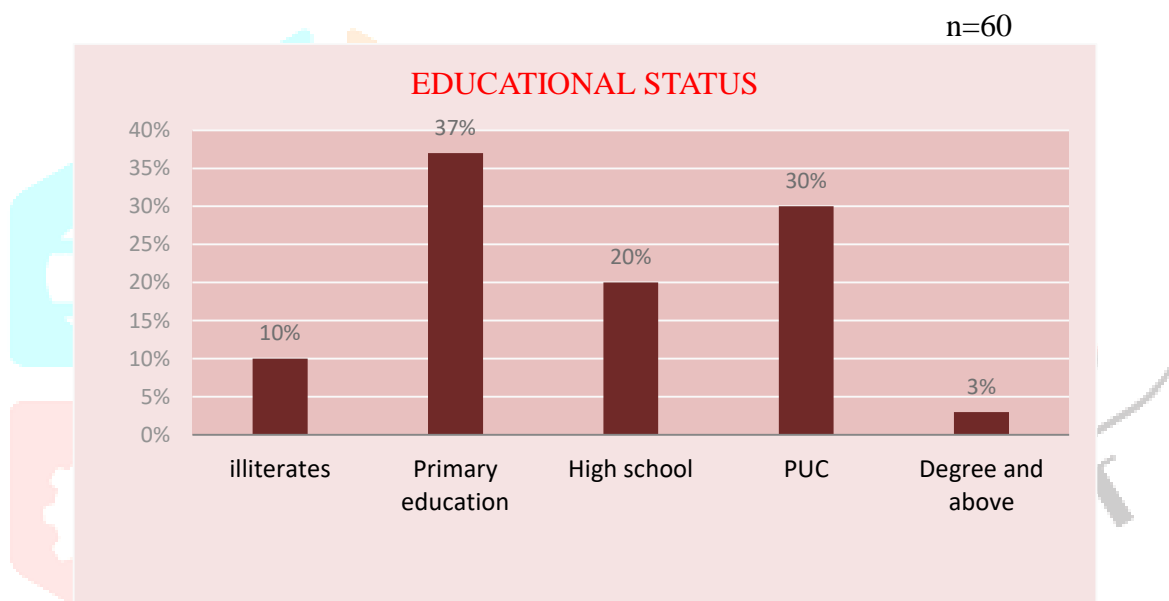
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Figure 7 shows that majority of the 40 % were daily wagers, 23% were both government and private employee, 8% were other occupation.
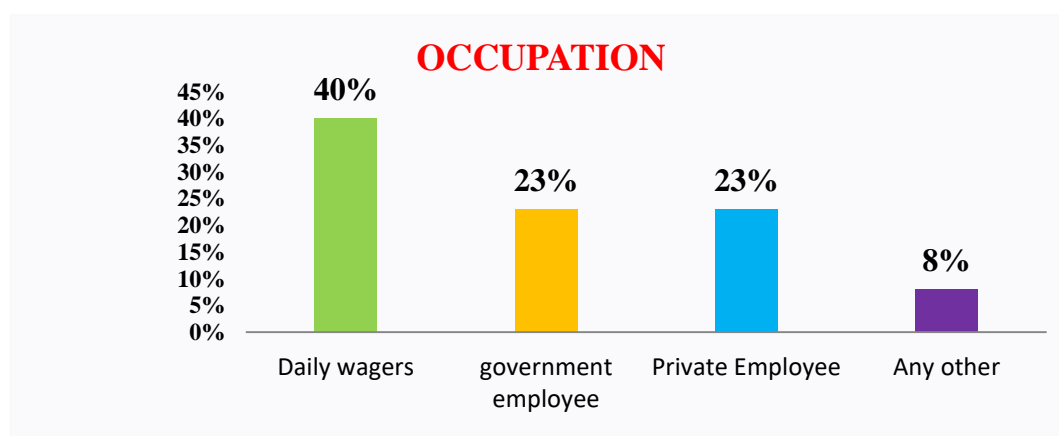
n= 60

Figure 8 shows that majority of the 57 % were having income between 5001 - 10000, while 7% were below 5000, 17 % were 10000 - 20000 and 20 % were having income more than 20000.
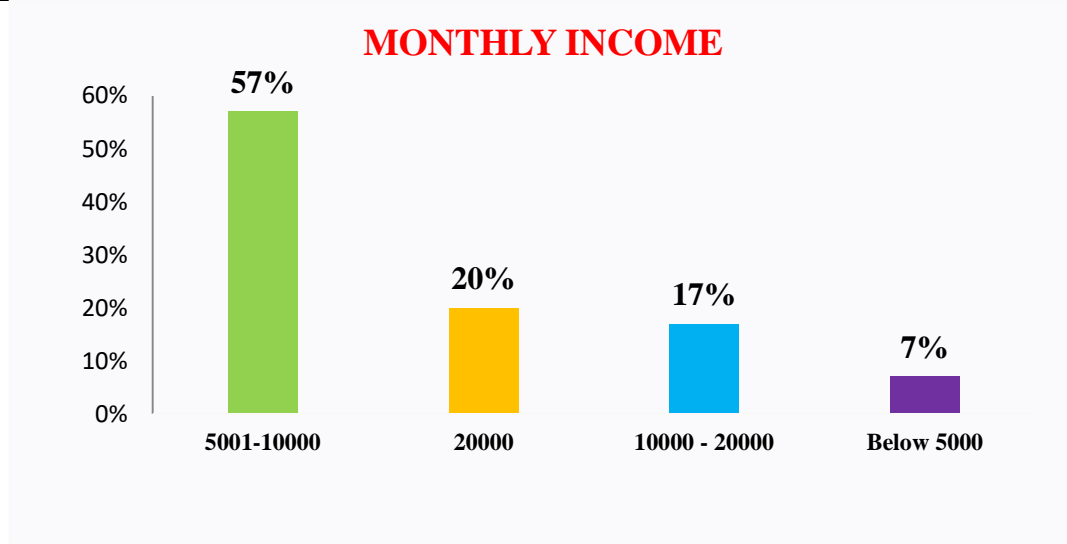
n =60

MONTHLY INCOME

Figure 9 shows that majority of the 80% were non-vegetarian and 20% were vegetarian.
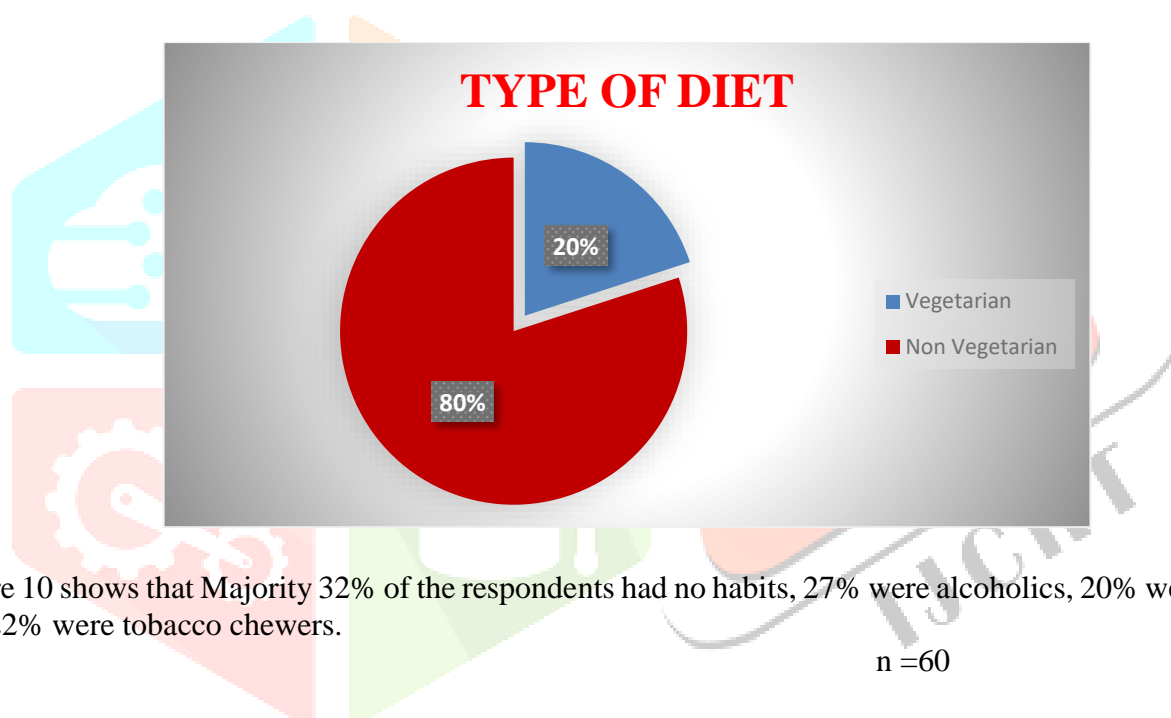
n = 60

Figure 10 shows that Majority 32% of the respondents had no habits, 27% were alcoholics, 20% were smoking and 22% were tobacco chewers.
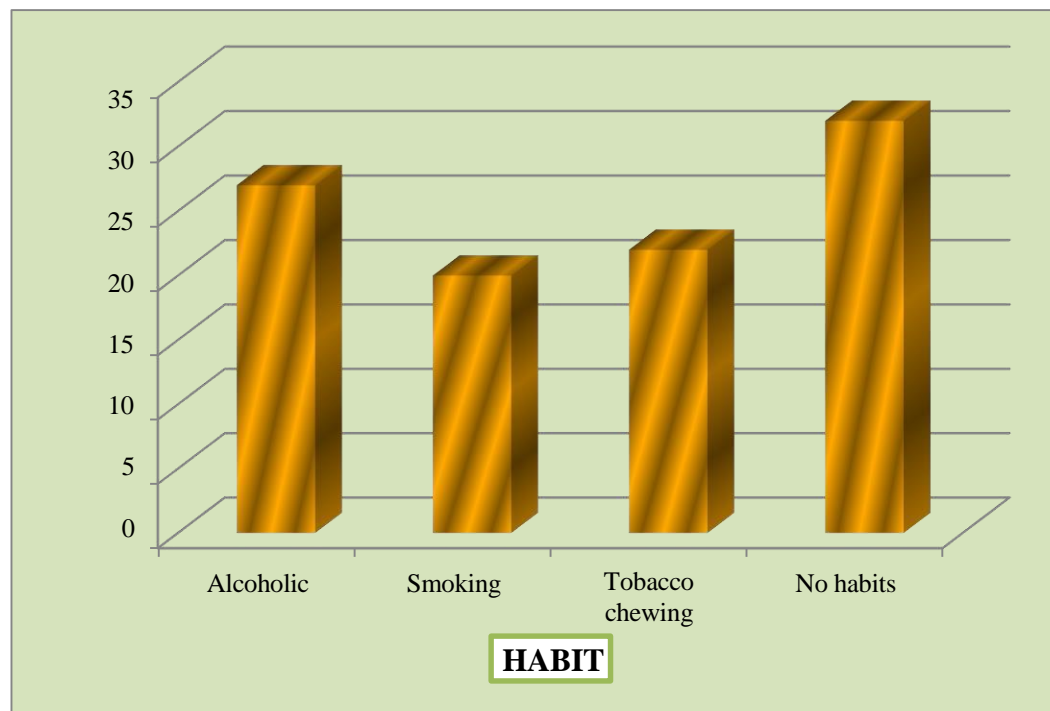
n =60

Figure 11 shows that majority of the 60 % were live in Rural area and remaining 40 % in urban area.
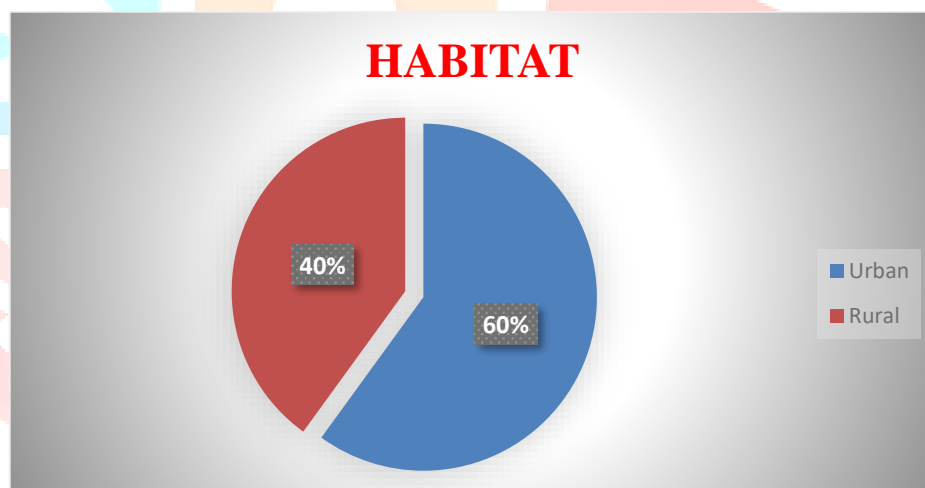
n=60

Figure 12 shows that majority of the 70% were 6 years and above and remaining 30% were 1-5 years
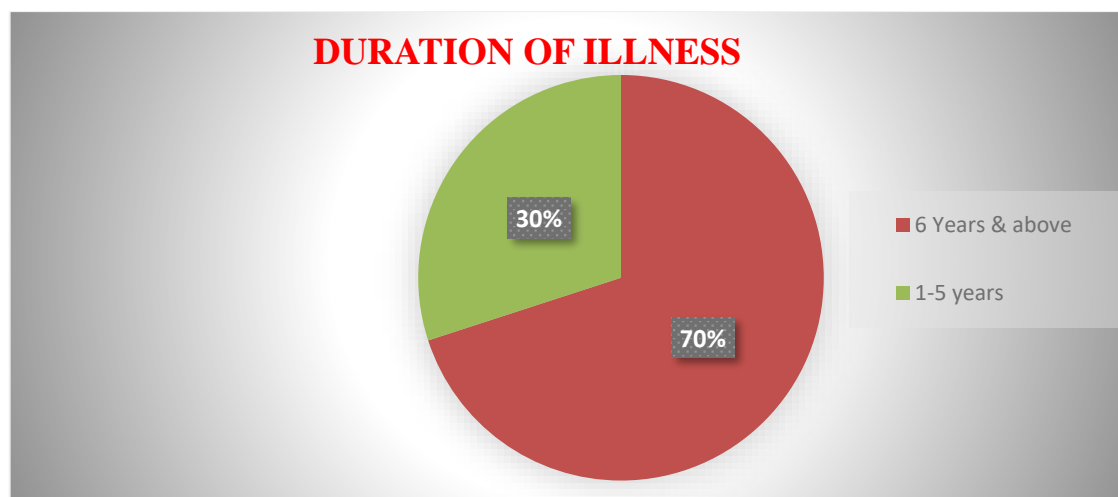
n=60

Figure 13 shows that majority of the 47% samples got information from mass media, 37 % got information from health personnel, 17% got information from friends.
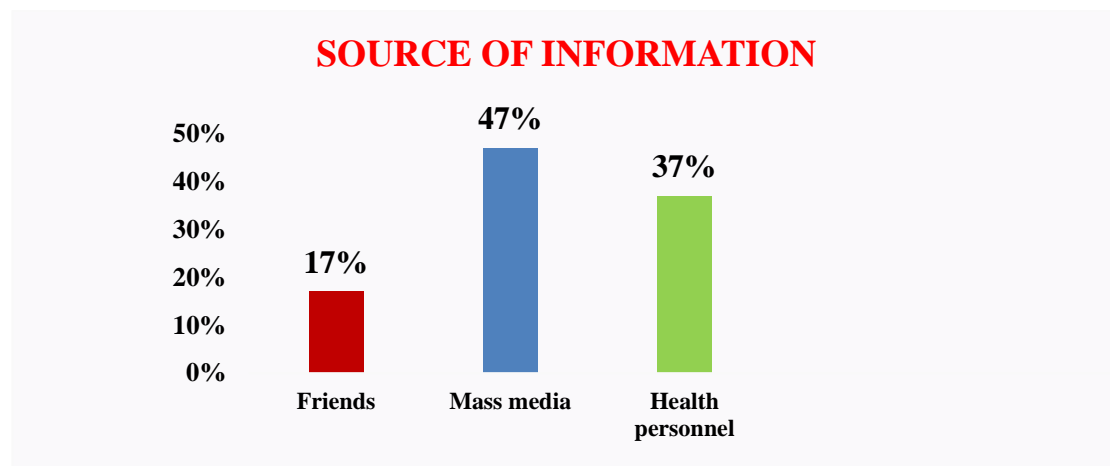
n=60

Table 2, shows that majority of 54 (90%) patients had inadequate knowledge level and 6 (10%) had moderate knowledge level on the life style modification for maintaining healthy heart.

N =60

SL.NO	Overall knowledge	Frequency (f)	Percentage (%)
1	INADEQUATE	54	90%
2	MODERATE	6	10%
3	ADEQUATE	0	0%
	TOTAL	60	100%

Table 3 shows area-wise analysis of knowledge regarding life style modification for maintaining healthy heart among cardiac patients, in that overall knowledge mean was 30 and mean percentage was 13.41% with standard deviation of 44.72.

N = 60

SL.NO	LEVEL OF KNOWLEDGE	MAXIMUM SCORE	MEAN	MEAN PERCENTAGE	STANDARD DEVIATION
1	Level of knowledge	30	30	13.41	44.72
	TOTAL	30	30	13.41	44.72

The table 3 showed association of pretest level of knowledge score with selected demographic variables. The variables age in years and gender had significant association with knowledge score. The variables such as

religion, education, occupation, monthly family income, diet, habits, types of habitat, duration of illness and source of information does not show any significant association.

N =60

SL.NO	Demographic value	Chi- square value	Df	P-value	Significance
1.	Age in years	6.47	1	P>0.05	S*
2.	Gender	4.84	1	P>0.05	S*
3.	Religion	0.10	1		NS
4.	Education	0.86	1	P<0.05	NS
5.	Occupation	1.82	1	P<0.05	NS
6.	Monthly family income	0.98	1	P<0.05	NS
7.	Diet	0.61	1	P<0.05	NS
8.	Habits	0.49	1	P<0.05	NS
9.	Types of habitat	0.04	1	P<0.05	NS
10.	Duration of illness	0.46	1	P<0.05	NS
11.	Source of information	1.83	1	P<0.05	NS

The data gathered were summarized in the master sheet and both descriptive and inferential statistics were used for analysis and interpretation of the findings. The analysis and interpretation of the data focuses on the results of the study. The findings revealed that the variables age and gender had significant association with knowledge score and there was no significant association between existing knowledge and demographic variables.

LIMITATIONS OF THE STUDY
1. The study was conducted over a small group of target population selected by purposive sampling technique. Hence generalisation is limited to the cardiac patients of SIMS AND RH, Tumkur.
2. Teaching plan was not based on learning needs of the subjects under the study but on the basis of the review of literature and investigators experience.

RECOMMENDATIONS
1. Replication of this study can be done with larger samples in different settings to validate and generalized the findings.

2. Similar study could be conducted on attitude and practice of patients regarding life style modification.

3. The same study can be conducted with an experimental research approach having a control group.

4. A comparative study can be done to assess the effectiveness of care of patients in home setting (out patient i.e, cardiac rehabilitation) and hospital setting (in patient).

5. Alternative teaching strategies like interactive learning sessions, structured teaching programme etc can be conducted and evaluated.

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