



**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 INDORE M.P.**

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Abstract

In This Pre Experimental Design, Sample Consisted of 120 cardiac patients Selected By Non Probability Purposive Sampling Technique. Self Structure Questionnaire Tools Was Used For Assessing The Knowledge Of cardiac patients Pre Test Was Conducted By Using The Same Structured Questionnaire And After 30 Days Post Test Was Conducted Using The Same Structured Questionnaire For Assessing The a self instructional module on knowledge regarding life style modification for maintaining healthy heart among cardiac patients Mean Percentage Of The Knowledge Score Of Post Test Mean 27.23 Was Higher Than Mean Pre Test 12.28 The 'T' Value For Total Pre Test And Post Test Was 29.91 The Data Was Analyzed In Terms Of Descriptive And Inferential Statistics.

INTRODUCTION

India has the largest burden of acute coronary syndromes in the world. There are a few factors that seem to contribute to the rapid spread of Coronary artery disease in India. In recent times this transition to adulthood due to life expectancy, the combination of both common risk factors such as high blood pressure, diabetes, hypercholestroleaemia, smoking etc are due to urban growth and western "acquaintance" between Indians and non-Indians. Common risk factors such as hyperinsulinemia, insulin resistance, lipoprotein-A genetically modified genes. The intensity of this situation is underscored by recent estimates from the WHO and the Indian Medical Research Council (ICMR) that predict that India will become the world's MI capital by 2020.

An Indian multicenter study that analyzed data from 4081 studies reported that Acute Coronary Syndromes occurred in 56.6 ± 12 -year-old men and 61.8 ± 10 -year-old women.

In India Coronary Heart Disease cases are very common in big cities. Due to high stress and low physical activity, cases of Coronary Heart Disease are more common in higher social and economic groups. Judging by the variety of studies conducted on people in urban and rural areas of India the average population of 25/1000 in a group of 40 years and older appears to be the most common age group.

Objectives

1. To assess the level of knowledge regarding the life style modification for maintaining healthy heart among cardiac patients.
2. To develop and administer Self Instructional Module regarding the life style modification like, dietary modification & weight loss, Regular physical activity & stress management, and changing or modifying bad habits for maintaining healthy heart among cardiac patients.
3. To evaluate the effectiveness of the Self Instructional Module regarding the life style modification for maintaining healthy heart among cardiac patients.
4. To compare the pre-test and post-test knowledge score after the Self Instructional Module.
5. To find the association between knowledge regarding the life style modification for maintaining healthy heart among cardiac patients with selected demographic characteristics.
6. To find out the association between the mean differences of gain in knowledge regarding the lifestyle modification program

Hypothesis:

The hypotheses will be tested at 0.05 level of significance.

H₁ – The mean post test knowledge score regarding the life style modification for maintaining healthy heart among cardiac patients will be significantly higher than the pre-test knowledge score.

H₂ – There will be significant association between the mean pre-test knowledge score regarding the life style modification for maintaining healthy heart among the cardiac patients and their selected demographic variables.

Methods and Material

An extensive review of literature was undertaken. The conceptual framework based on Betralanff's theory (1968) the general system theory An experimental research approach was used to assess the knowledge regarding life style modification for maintaining healthy heart

Among cardiac patient A pre experimental research design was Considered Appropriate for the study “effectiveness of a self instructional module on knowledge regarding life style modification for maintaining healthy heart among cardiac patients” One group pre test and post test design was used. In order to measure the content validity of the tool, the questionnaire schedule was given to the 12 experts from the field of Medical Surgical Nursing and community health nursing. The experts were chosen on the basis of their clinical expertise, experience, qualification and interest in the problem area. The tool was found reliability of tool was calculated with split half method and found 0.87 which is statically reliable for the present study.

RESULT

Findings related to demographic variables of patients regarding life style modification for cardiac patients. Most of the patients 43.33% were in the age group of 45-55 years. The majority of the patients 37 (61.67%) belongs to gender group male. Majority of the patients 13(21.67%) had up to high school education. Majority of patients 26(43.33%) were labour. Majority of patients 36(60%) were Hindus Majority of patients 56(93.33%) were married. Majority of patients (60.61%) were nuclear family. Majority of patients 34 (56.67%) income of more than Rs.5000 Majority of patients 46 (76.67%) were non vegetarians. Most of the patients 21(35%) were alcoholic. Majority of patients 36(60%) were belongs to urban area. Most of the patients 42(70%) had myocardial infarction. Majority of the patients 27 (45%) were admitted only one time per year. Most of the patients 33 (55%) exposed to media. Majority of patients 22 (36.67%) come for follow-up visits. To assess the existing level of knowledge of cardiac patients regarding life style modification.

When considering the overall knowledge score on life style modification most of the participants n=38 (63.33%) of them had inadequate knowledge, n=22 (36.67%) of them had moderate knowledge, n=0 (0%) of them had adequate knowledge.

To evaluate the effectiveness of the self instructional module

Majority 96.67% of the respondents had adequate knowledge, on life style modification after administration of self instructional module.

To compare the pre and post-test knowledge score after self instructional module

When comparing pre and post-test knowledge score after administered self instructional module patients knowledge was improved from the 63% to 96%.

To find out the association of level of knowledge with demographic variables

The association of demographic variables of patients with knowledge in chi square score. it reveals that gender of the patients $X^2=5.4$; education of the patients $X^2=16.2$; religion of the patients $X^2=8.4$; type of family of patients $X^2=6.1$; duration of illness of patients $X^2=8.4$; type of habits $X^2=15.4$; type of habitat $X^2=4.9$; and awareness of illness $X^2=9.1$.

Therefore, it was inferred that the socio-demographic factors such as gender, educational status, religion, types of family, type of habitat, duration of illness, type of habit, and awareness about life style modification of the respondents shows there is a significant association level of knowledge with demographic variables ($P < 0.05$).

Other demographic variables like age of the patients, occupation of the patients, marital status of the patients, monthly family income of the patients, type of diet of the patients, number of admissions in one year, exposure to type of media and patients visits physicians for follow-up showed no significant association with knowledge of patients.

CONCLUSION

The present studies assess the knowledge of cardiac patients regarding life style modification. The study concluded saying that there was significant improvement in subject knowledge in the post-test after administration of self instructional module. Thus, SIM was found effective in improving the knowledge of patients regarding life style modification for cardiac patients. In the present study it was also found that there

is a significant association of knowledge level with selected demographic variables such as age, gender, educational status, type of family type habitat, type of diet, duration of illness.

REFERENCE

1. Abinav Goyal, et al (2006), "The burden of cardiovascular disease in the Indian subcontinent", Indian Journal of medical research, Sep, pp 235-244.
2. Aounallah Skhiri H 2005 May "Secondary prevention of cardiovascular diseases: knowledge and practices of patients". ;83 Suppl 5:30-5.
3. Anne h. d. Fleming nutritional knowledge for heart failure www.pubmed.com
4. "American Journal of Cardiology" Patients' Knowledge of Risk and Protective Factors for Cardiovascular Disease Volume 107, Issue 10 , Pages 1480
5. Bainey ying sek et al Risk Factors of Hong Kong Chinese Patients with coronary Heart Disease, cardiac nursing.-1488, 15 May 2011.
6. Baberg HT 2000 Feb Health promotion and cardiovascular risk factors.
7. The level of knowledge among 510 inpatients of an acute coronary care unit 15;95(2):75-80.
8. Consoli SM 2004 jul-aug [health locus of control and cholesterol representations. results of the fraction survey]. ;30(4):331-41.
9. Czar.L Mildred, (1997) "Perceived Learning needs of patients with coronary artery disease using a questionnaire assessment I", heart & lung" Vol 26, No.2. 109-17.
10. Dhawan J, Bray CL.Asian Indians, coronary artery disease, and physical exercise. 1997 Dec;78(6):550-4.
11. Debien B 2006 Apr "Acute cardiovascular complications of cocaine. About two case reports". ; 25(4):397-400.