



**A STUDY TO EVALUATE THE FACTORS AFFECTING SELF CARE
ACTIVITIES AMONG PATIENTS UNDERGONE HEART VALVE
REPLACEMENT SURGERY ADMITTED IN SELECTED HOSPITAL JAIPUR,
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INTRODUCTION

Selfcare is any activity that one does deliberately in order to take care of their physical, mental and emotional health. Good selfcare is key to health.¹ In health care, selfcare is any necessary human regulatory function which is under individual control, deliberate and self-initiated. In modern medicine, preventive medicine aligns most closely with selfcare. A lack of adherence to medical advice or the onset of a mental disorder or disability can make selfcare difficult. Selfcare is seen as a partial solution to the global rise in health care costs placed on governments. The notion that selfcare is a fundamental pillar of health and social care means it is an essential component of a modern health care system governed by regulations and statutes. Heart valve replacement surgery is used to replace diseased heart valves. A heart valve normally allows blood to flow in only one direction through the heart. The four valves are commonly represented in a mammalian heart that determines the pathway of blood flow through the heart. The four main valves in the heart are: two atrioventricular valves [the mitral valve (bicuspid valve), and the tricuspid valve] and the two semilunar valves [the aortic valve and the pulmonary valve]. The mitral valve and the aortic valve are in the left heart; the tricuspid valve and the pulmonary valve are in the right heart. The aortic valve is the most common valve to be replaced. The mitral valve is the most common valve to be repaired. Only rarely is the tricuspid valve or the pulmonic valve

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repaired or replaced. It may be done as an open surgery or as minimally invasive valve surgery which done through much smaller cuts than open surgery, or through a catheter inserted through the skin. Different techniques used includes percutaneous surgery (through the skin) and robot-assisted surgery. Valve surgery remains the treatment of choice for most significant valve lesions. Symptomatic improvement has been well demonstrated in a number of studies and is usually sustained into the late postoperative period, especially when valve replacement is undertaken for stenotic lesions. Invasive studies have shown that symptomatic relief is consistently accompanied by haemodynamic improvement, and the overall superiority of surgical intervention over conservative medical treatment for most patients with advanced valves disease has been firmly established.

OBJECTIVE

- Assess the selfcare management among patients who had undergone heart valve replacement surgery
- Find out the association between selfcare management and the selected variables among patients who had undergone heart valve replacement surgery
- Identify the factors affecting selfcare management among patients who had undergone heart valve replacement surgery

HYPOTHESIS

All at 0.05 level of significant

H1: There is a significant association between selfcare management and selected variables among patients who had undergone heart valve replacement surgery

Research Methodology

A quantitative non-experimental approach was adopted in this study. The research design adopted in this study was descriptive survey design. Sample where Patients undergone heart valve replacement surgery and attending cardiology or CVTS department Eternal Heart Care center & Research Institute, Jaipur, Raj. After preparation of the tool it was given to 11 experts for content validity, among them 8 were nursing experts and 3 of them was from Department of Cardiology and CVTS.

Modifications were made according to their suggestions and opinion. The tool was finalized with the guidance and suggestions of the guide.

Result

The data indicated that 85.8% of participants were married and living together and 65.5% participants belonged to nuclear family. 38.1% of participants had a duration of 1-5 years after surgery, and 24.8% of participants had a duration of more than 10 years after surgery. 67.3% participants had undergone MVR, 23.9% AVR, 8% DVR and 0.9% had undergone triple valve replacement. 78.80% participants had mechanical valve and data regarding type of valve replaced was not available in 18.6% of participants. 44.2% of participants had no comorbidities and 31.86% of participants had hypertension and 19.47 % had diabetes mellitus.

Discussion

The present study was aimed to assess factors affecting selfcare management among patients who had heart valve replacement surgery. The findings of the present study have been discussed in terms of the objectives. The present study revealed that 51.3% of the patients who had heart valve replacement surgery were in the age of 41 years and above and 51.3% of participants were females. This is supported by the study conducted on surgical outcomes of heart valves replacement in a tertiary specialized cardiac center in Iran. Among 320 adult participants the average age was about 45 years and 58.1% were females. The present study had 85.8% participants married and living together which is supported by a study to determine the knowledge level regarding warfarin therapy and adherence to therapy of patients with mechanical heart valve. Among the 114 patients, 83.8 % were married. This is also supported by another study to assess the knowledge and compliance on anticoagulation therapy among patient subjected to heart valve replacement conducted in Rajasthan. The current study shows 65.5% of participants belonged to nuclear family. This is supported by the study to assess the knowledge and compliance on anticoagulation therapy among patient subjected to heart valve replacement conducted in Rajasthan. In the current study, it is seen that 45.1% had primary education only, 37.2% had high school education and only 8.9% of participants had education more than high school. This finding is

supported by a study to determine the knowledge level regarding warfarin therapy and adherence to therapy of patients with mechanical heart valve. Among the 114 patients, only 12.3% had education higher than high school and majority (69.9%) were having primary education.²⁹ This is also supported by another study to assess the knowledge and compliance on anticoagulation therapy among patient subjected to heart valve replacement conducted in Rajasthan. It is seen that 65.4% of participants are unemployed. This finding is supported by a study to determine the knowledge level regarding warfarin therapy and adherence to therapy of patients with mechanical heart valve. Among the 114 participants, 64.5% is currently unemployed. From the current study, it is seen that, 67.2% had MVR, which is strongly supported by a study on midterm outcomes of mechanical versus bioprosthetic valve replacement in middle-aged patients conducted in India. Among 3254 patients, 61.22% had MVR. In the present study, it was found that 78.7% had a valve replacement with a mechanical valve. This finding is supported by the study conducted on surgical outcomes of heart valves replacement in a tertiary specialized cardiac center in Iran. Among 320 adult participants the 88.8% had a mechanical valve. In this study, it is identified that majority of participants perceive variables like financial problem, distance from hospital, support from family and others, physical difficulties due to disease, transportation facilities, number of medicines and side effects of drugs do not affect their selfcare management. No studies supporting this finding is available. The current study identifies, 86.7% participants had good selfcare management. It is strongly supported by another study on distribution characteristics and factors influencing oral warfarin adherence in patients after heart valve replacement conducted in China. It showed that 86.8% of patients successfully adhered to all the given types of medical advice.⁴⁴ This finding differs from the findings of another study on self-care practice of patients with mechanical heart valve prosthesis accompanied in nursing consultation conducted in Brazil. Among the participants, only 31.5% had good selfcare practices. The present study shows that the 39% of participants had a good level of knowledge on selfcare management where as 56.6% of participants had a moderate level and 4.4% has poor level of knowledge. This is supported by the study to determine the knowledge level regarding warfarin therapy and adherence to therapy of patients with mechanical

heart valve. Among the 114 patients, 65 . 8% had level of knowledge, but only 4. 4 % had high level of knowledge.

Conclusion

Purpose of the study was to assess factors affecting selfcare management among patients undergone heart valve replacement surgery. The present study revealed that majority (86.7%) of participants had good level of selfcare management and the mean score of selfcare management of the participants correspond to good level of selfcare management. Perception of increased number of medicines as factor effecting selfcare management and attitude towards selfcare management are identified as the factors affecting of selfcare management of patients undergone heart valve replacement surgery.