

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING CARDIAC REHABILITATION AMONG MYOCARDIAL INFARCTION PATIENTS AT SELECTED HOSPITALS IN GUNTUR ANDHRA PRADESH

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ABSTRACT

A Descriptive study to assess the knowledge regarding cardiac rehabilitation among myocardial infarction patients at selected hospitals in Guntur Andhra Pradesh. **Introduction:** Cardiac rehabilitation is a complex process involving improvement through endurance training, health education on proper diet, and lifestyle modification. The most important goal of comprehensive cardiac rehabilitation are to reduce mortality and morbidity in patients with cardiovascular disease. **Objectives of the study:** To assess the knowledge regarding cardiac rehabilitation among myocardial infarction patients. And To find out the association between knowledge regarding cardiac rehabilitation among myocardial infarction patients with their selected sociodemographic variables. **Material and methods:** A quantitative non experimental descriptive study was conducted among 30 myocardial infarction patients in selected hospitals of Guntur, Andhra Pradesh. Data were collected using structured questionnaire and data analysis was descriptive and inferential statistical method. **Results:** The result shows that majority of 83.33% myocardial infarction patients having Moderate knowledge, 16.66% of myocardial infarction patients having adequate knowledge regarding cardiac rehabilitation. Significant associations were found between knowledge and selected demographic variables among myocardial infarction patients. **Conclusions:** The study concluded that the prevalence of level of knowledge regarding cardiac rehabilitation among myocardial infarction patients was having moderate knowledge on cardiac rehabilitation.

KEYWORDS

Cardiac Rehabilitation, Knowledge, Myocardial Infarction Patients.

INTRODUCTION:

According to **WORLD HEALTH ORGANIZATION** Health is a state of complete physical, mental and social well-being or not merely absence of disease or infirmity. Myocardial infarction is a serious medical emergency that occurs when blood flow to a part of the heart is blocked, often by a blood clot, leading to heart muscle damage or death from lack of oxygen.

Cardiovascular disease including myocardial infarction continues to be one of the leading cause of all deaths. The risk of death is atleast 30% higher than in the overall reference population at both 1-3 and 35 years after MI. Cardiac rehabilitation is a complex process involving improvement through endurance training, health education on proper diet, and lifestyle modification. The most important goal of comprehensive cardiac rehabilitation are to reduce mortality and morbidity in patients with cardiovascular disease. Regular exercise is very important in cardiac rehabilitation.

NEED FOR STUDY:

Good health is the fundamental right of every human being, and it is essential to lead a successful life. The preamble to the **WHO** constitution also affirms that it is one of the fundamental rights of every human being to enjoy. "The highest attainable standard of health." Moreover, emphasis is based on health promotion and preventive health care. **In INDIA**, among cardiologists themselves, knowledge of cardiac rehabilitation (and secondary prevention) is modest. Only ~25-30 % refer their patients; only few ~4% answered questions about secondary prevention correctly. This suggests that even providers may lack full knowledge to communicate to patients. There is a study on phase -I cardiac rehabilitation practices among physiotherapists in INDIA; more than 80% of physiotherapists assess and treat patients pre-operatively. The survey included responses from physiotherapists in Andhra Pradesh among other states. **Guntur district** reports a comparatively high burden of cardiovascular disease within Andhra Pradesh, and the city hosts multiple cardiac centres and rehabilitation services. Although the secondary prevention through cardiac rehabilitation is recommended after myocardial infarction to reduce recurrence and improve equality of life.

MATERIALS AND METHODS:

A quantitative non experimental descriptive study was conducted among 30 myocardial infarction patients in selected hospitals of Guntur, Andhra Pradesh. Data were collected using structured questionnaire method. The tool included demographic variables and knowledge based questions. Data collection was carried out after obtaining informed consent from participants.

frequency, percentage, mean, standard deviation) and inferential statistical method.

Table no 4.1 Frequency and percentage distribution of demographic variables among myocardial infarction patients. N=30

S.no	Demographic variables	Frequency	Percentage
1.	Age		
	31-40 years	4	13.33%
	41-50 years	9	30%
	51-60 years	12	40%
	61-70 years	5	16.67%
2.	Gender		
	Male	16	53.33%
	Female	14	46.67%
3	Religion		
	Hindu	9	30%
	Muslim	9	30%
	Christian	12	40%
	Others	0	0%
4	Education		
	Illiterate	0	0%
	Primary education	1	3.3%
	Secondary education	6	20%
	Intermediate	16	53.33%
	Graduate and above	7	16.66%
5	Occupation		
	Daily wages	5	16.67%
	Private employee	11	36.6%
	Business Government employees	9	30%
		5	16.67%
6	Monthly income		
	>5000	1	3.3%
	5001-10000	5	16.67%
	10001 -15000	10	33.33%
	15001 - above	14	46.66%
7	Marital status		
	Married	29	96.66%
	Unmarried	1	3.3%
8	Type of food habits		
	Vegetarian	8	26.7%
	Non vegetarian	22	73.33%
9	Family history of myocardial infarction		
	Yes No	13 17	43.3% 56.66%

The collected data were analysed using descriptive statistics (

10	Source of information regarding cardiac rehabilitation		
	Health personnel	23	76.66%
	Family	4	13.33%
	Friends	3	10%
	Others	0	0%

Table 4.1 reveals the frequency and percentage distribution of demographic variables among myocardial infarction patients.

Fig(4.1) shows that 13.33% belong to the age group of 31-40 years, 30% belongs to the age group of 41-50 years, 40% belongs to the age group 51-60 years, 16.67% belongs to the age group 61-70 years.

Fig(4.2) Shows that 53.33% belongs to male, 46.67% belongs to female.

Fig(4.3) Shows that 30% of Hindu, whereas 30% were Muslim, 40% were

Christian, and none of the other religion.

Fig(4.4) Shows that 0% were illiterate, 3.3% were primary education, 20% were secondary education, 53.33% were intermediate, 16.66% were Graduate and above.

Fig(4.5) Shows that 16.67% were daily wages, 36.6% were private employee, 30% were Business, 16.67% were government employees.

Fig(4.6) Shows that 3.3% were having >5000 monthly income, 16.67% were having 5001 -10000, 33.33% were having 10,001- 15000, 46.67% were having 15001- above income.

Fig(4.7) Shows that 96.66% were married and 3.3% were unmarried.

Fig(4.8) Shows that 26.7% were vegetarian and 73.3% were non vegetarian.

Fig(4.9) Shows that 43.3% were having family history of myocardial infarction and 56.66% were not having family history of myocardial infarction.

Fig(4.10) explains 76.66% of them having health personnel, 13.33% of family, 10% of friends and none of them are others.

Table no.4.2 Frequency and percentage distribution of myocardial infarction patients according to their knowledge on cardiac rehabilitation. N=30

Level of knowledge	Frequency	Percentage
Inadequate knowledge	0	0%
Moderate knowledge	25	83.3%
Adequate knowledge	5	16.66%

Table (4.2) shows that frequency and percentage distribution of myocardial infarction patients according to their knowledge on cardiac rehabilitation majority of 83.33% myocardial infarction patients having Moderate knowledge, 0% of myocardial infarction patients having Inadequate knowledge, 16.66% of myocardial infarction patients having adequate knowledge regarding cardiac rehabilitation.

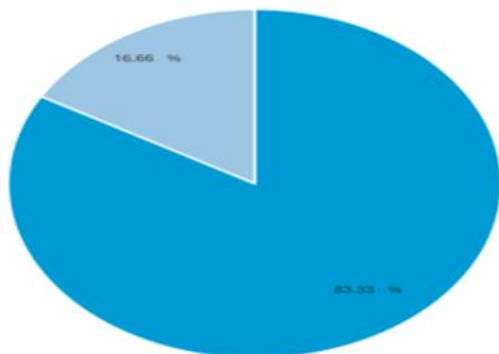


Table 4.3 To find the mean and standard deviation of overall knowledge among myocardial infarction patients in selected hospitals on cardiac rehabilitation. N=30

S.no	Variables	Mean	Standard Deviations
1.	Level of knowledge score	30	10.8009

Table 4.3 reveals that for the knowledge regarding cardiac rehabilitation among myocardial infarction patients, the mean is 30 and the standard deviation is 10.8009.

DISCUSSION:

In this present study majority of 83.33% myocardial infarction patients having Moderate level of knowledge, 16.66% of myocardial infarction patients having Adequate level of knowledge and none of them have Inadequate knowledge.

CONCLUSION:

The study concluded that the prevalence of level of knowledge regarding cardiac rehabilitation among myocardial infarction patients was having moderate knowledge on cardiac rehabilitation. A significant association was found between the prevalence of cardiac rehabilitation among myocardial infarction patients with their demographic variables such as age, gender, religion, education, occupation, monthly income, marital status, types of food habits, family history of mi, source of information regarding cardiac rehabilitation.

RECOMMENDATION:

Based on the findings of the present study, the following recommendations can be made:

> A similar study can be done on large sample to generalize the findings
A quasi experimental study can be done.

> A similar study can be carried out to evaluate the effectiveness of various teaching strategies like structured teaching programme, self-instructional module, information booklet, computer assisted instruction on cardiac rehabilitation among patients with myocardial infarction.

REFERENCES:

1. Nursing Research and Statistics – Suresh Sharma. Sharma, S. (2025). Nursing Research and Statistics (5th ed.). New Delhi: Elsevier.
2. Nursing Research and Statistics – B. T. Basavanthappa. B. T. (2014). Nursing Research and Statistics (3rd ed.). New Delhi: Jaypee Brothers Medical Publishers.
3. >Brunner and Suddarth "Text book of medical surgical nursing" 11th edition, wolters Kluwer publications, page no: 1130-1135.
4. >Suresh K. Sharma 2022 "nursing research and statistics" 4th edition, Elsevier publications, page no: 132-140
5. >CR Kothari, Gaurav Garg, 2023 "a textbook of research and methodology" 5th edition, New age international, page no: 167-175
6. >Dr. Baidyanath Mishra, Sujata Mishra 2018 "research method", 5th edition, Chaukhamba Orientalia, page no: 115-117.
7. >Paul Hill 1987 "Textbook of nursing research principle and methods" 3rd edition, Lippincott company, pp: 113-114.
8. >Joyce M Black "Textbook of Medical Surgical Nursing" 4th edition, volume- Elsevier publications, page no: 847-853.