
THE QUALITY OF LIFE AMONG POST MYOCARDIAL INFARCTION PATIENTS ATTENDING THE OUTPATIENT DEPARTMENT OF SELECTED HOSPITALS AT MEERUT AND DEVELOPMENT OF A SELF-INSTRUCTIONAL MODULE TO IMPROVE THEIR QUALITY OF LIFE

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ABSTRACT

The heart, as a vital organ, ensures physical and emotional harmony, sustaining life through its functions. However, cardiovascular diseases, especially myocardial infarction, significantly impair quality of life by affecting physical, social, and psychological well-being. With increasing prevalence globally, especially in low and middle-income countries like India, coronary artery disease (CAD) has emerged as a leading cause of mortality. Despite advancements in medical care, survivors face challenges in regaining normalcy. This paper emphasizes the role of nurses in educating patients about lifestyle modifications to improve post-myocardial infarction outcomes and quality of life.

Need of the Study: *The growth of heart disease is influenced by various interlinked factors, including aging, lifestyle changes, food habits, and socioeconomic determinants such as improved access to healthcare, higher income levels, globalization, and urbanization. These factors collectively increase the incidence of cardiovascular diseases, including myocardial infarction (MI). This study aimed to develop a self-instructional module to improve the quality of life of post-myocardial infarction patients.*

Method: *A quantitative study was conducted using a non-experimental design at selected cardiac hospitals in Meerut.*

Results: *Most participants (62.86%) experienced moderate levels of existing problems, and the majority (77.14%) had a moderate quality of life. A correlation was observed between the existing problems of post-myocardial infarction patients and their quality of life in the domains of pain, role limitations due to emotional problems, and social functioning. There was a significant association between quality of life scores and demographic variables, such as gender and the period since the myocardial infarction, at a 0.05 significance level.*

Conclusion: *A self-instructional module was distributed to improve the quality of life of post-myocardial infarction patients.*

Keywords: *Quality of life, post-myocardial infarction patients, outpatient department, self-instructional module.*

STATEMENT OF THE PROBLEM

“A study to assess the quality of life among post-myocardial infarction patients attending the outpatient department of selected hospitals at Meerut and to develop a self-instructional module to improve their quality of life.”

OBJECTIVES

1. To identify the existing problems of post-myocardial infarction patients.
2. To assess the quality of life in the physical, psychological, social relationships, and environmental domains.
3. To correlate the existing problems and the four domains of quality of life among post-myocardial infarction patients.
4. To assess the association between the quality of life scores in the four domains and selected demographic variables (age, gender, job nature, diet, duration of post-myocardial infarction, smoking/alcohol habits, and recent waist circumference and weight checks).
5. To develop and distribute a self-instructional module to improve the quality of life of post-myocardial infarction patients.

HYPOTHESES (at a 0.05 significance level)

H1: There is a significant association between the quality of life scores of post-myocardial infarction patients and selected demographic variables (age, gender, job nature, diet, duration since myocardial infarction, smoking/alcohol habits, and recent waist circumference and weight checks).

H2: There is a correlation between the existing problems of post-myocardial infarction patients and their quality of life in the four domains.

OPERATIONAL DEFINITIONS-

1. **Assess:** It refers to find out the existing problems of post Myocardial Infarction patients and to identify the factors which affects their quality of life regarding the four domains in the physical, psychological, social relationships and environment domains.
2. **Quality of life:** It refers to a person's general well-being, including mental status, stress level, sexual function, and self-perceived health status that conveys an overall sum of well being including aspects of happiness and satisfaction with a life as a whole.
3. **Myocardial Infarction patients:** It refers to the patients diagnosed with Myocardial infarction (Heart Attack), which develops due to partial interruption of blood supply to a part of heart causing heart cell to die.
4. **Outpatient department:** It refers to the part of the hospital (Cardiac Outpatient Department) that provides medical facilities for the diagnosis and treatment of cardiac patients who do not need hospitalization.
5. **Self Instructional Module:** It is a booklet with written information which may help to increase the knowledge of the samples. In this present study, booklet consists of Unit- I, Introduction, Unit -II, Functions of Heart, Unit-III, Myocardial infarction, its risk factors, causes, signs and symptoms, Diagnostic tests and Unit- IV, Measures to improve quality of life of post myocardial infarction patients .

ASSUMPTIONS

1. There will be a significant association between the quality of life scores in four domains with their selected demographical variables (age group, gender, nature of job, dietary, period of post myocardial infarction, habit of smoking and alcohol intake, recent checking of waist circumference and weight).
2. There will be a correlation between existing problems of post myocardial infarction patients and quality of life in four domains.
3. Self Instructional Module will be improving the coping up of the with post myocardial infarction patients in the four domains of Quality of life.

DELIMITATIONS

The study is delimited to,

1. The study was delimited to 35 samples.
2. Patients those who were having multiple organ dysfunction and the complications were not selected.

CRITERIA FOR SAMPLE SELECTION

The criteria selected for the study are quantitative by nature and eligibility criteria are specified for the study

INCLUSION CRITERIA

1. Post Myocardial Infarction patients, who can read, write and speak Hindi or English.
2. Post Myocardial Infarction patients, who are available in the cardiology outpatient department during study.
3. Post Myocardial Infarction patients, who are willing to participate & keep contact after the data collection for further evaluation.

EXCLUSION CRITERIA

1. Post Myocardial Infarction patients who were not willing to participate in the study.
2. Past myocardial infarction patients who are admitted in hospital.

METHOD

A quantitative study was conducted using a non-experimental research design at selected cardiac hospitals in Meerut. The conceptual framework utilized was Ernestine Wiedenbach's prescriptive theory. A total sample of

35 participants were recruited using a purposive sampling technique. Written consent was obtained before data collection.

Procedure: On the first day, data collection was conducted using a structured interview schedule with a rating scale and the Short Form Health Survey (SF-36) questionnaire to assess the quality of life. A self-instructional module was distributed on the same day to improve the quality of life. Each participant took approximately 15-20 minutes to complete the questionnaire.

MAJOR FINDINGS

Results

1. Demographic Characteristics of Participants

- **Age:** Majority (71.43%) of participants were aged 56 years and above.
- **Gender:** Most participants were male (77.14%).
- **Education:** 54.28% had secondary education, while only 5.71% were graduates or above.
- **Place of Residence:** 60% resided in rural areas.
- **Income:** Majority (68.57%) reported a monthly income of ₹5,000–15,000.
- **Lifestyle:** 71.42% engaged in heavy physical work, and 77.14% were smokers and alcohol consumers.

2. Existing Problems Among Post-Myocardial Infarction Patients

Section –II: Analysis of the information received by post myocardial infarction patients regarding existing problems based on interview schedule with rating scale.

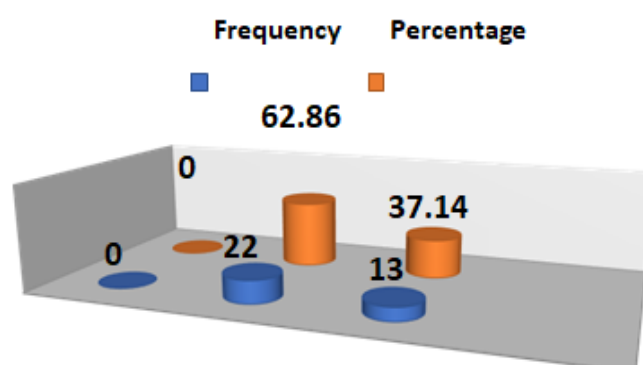
Table No.1:-Frequency and percentage distribution regarding the scores of existing problems of post myocardial infarction patients based on interview schedule with rating scale. N=35

Scores of level of existing problems	Frequency	Frequency Percentage %
Low level of existing problems (<15)	0	0
Moderate level of existing problems(15-30)	22	62.86
High level of existing problems(>30)	13	37.14

The results of Table No.1 revealed that;

- ❖ Majority of them 22 (62.86%) were having moderate level of existing problems, 13(37.14%) of them were having high level of existing problems and 0 (0%) of them were having low level of existing problems.

Fig No- 21: Frequency and Percentage Distribution Regarding Scores of Existing Problems of Post Myocardial Infarction Patients



Low level of existing problems(<15)

Moderate level of existing problems(15-30)

Majority (62.86%) reported moderate levels of existing problems, with a mean score of 30.08 ± 3.77 .

3. Quality of Life (QoL)

- Most participants (77.14%) had moderate QoL, while 20% reported good QoL. Only 2.9% had poor QoL.
- Overall QoL score had a mean of 626.35 ± 53.40 .

4. Correlation Between Existing Problems and QoL Dimensions

Section-IV: Analysis of the scores of quality of life of post myocardial infarction patients based on modified form of structured questionnaire, Short form health survey (SF -36) questionnaire.

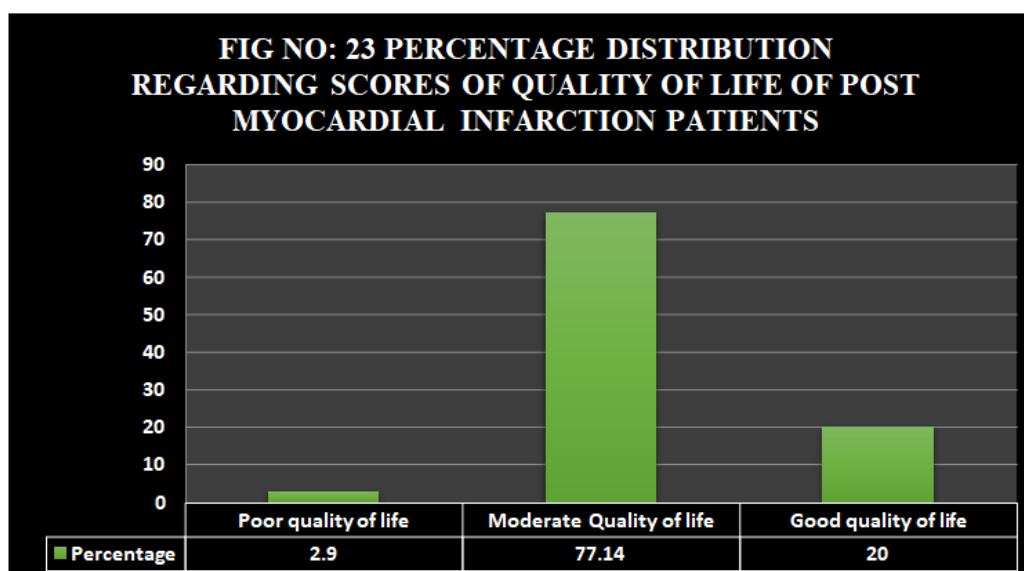
Table No. II: Frequency and percentage distribution of scores regarding quality of life of post myocardial infarction patients based on modified form of structured questionnaire, Short form health survey (SF -36) questionnaire. N=35

Quality of life scores	Frequency	Percentage (%)
Poor quality of life (<30%)	1	2.9
Moderate quality of life (30-45%)	27	77.14
Good quality of life (>45%)	7	20

The results of table no. II revealed that;

Majority of them 27 (77.14%) were having moderate quality of life, 7(20%) of them were having good quality of life and 1 (2.9%) of them were having poor quality of life.

- A weak positive correlation was observed between existing problems and QoL in the domain of pain ($r = 0.38$) and social functioning ($r = 0.17$).
- Negative correlations were noted for physical function ($r = -0.08$), energy/fatigue ($r = -0.38$), and general health ($r = -0.14$).



5. Association of QoL with Demographic Variables

- A significant association was found between gender and QoL ($\chi^2 = 53.23$, $p < 0.05$).
- Period post-myocardial infarction also showed a significant association with QoL ($\chi^2 = 32.67$, $p < 0.05$).
- No significant associations were observed between QoL and other variables like age, dietary pattern, smoking, or alcohol consumption.

LIMITATIONS

1. The study was limited to 35 samples.
2. Patients with multiple organ dysfunction and complications were excluded

CONCLUSION

The majority of post-myocardial infarction patients (62.86%) experienced moderate levels of existing problems, and 77.14% had moderate quality of life scores. The findings highlight the need for tailored interventions to improve patients' well-being, such as self-instructional modules that address specific physical, psychological, social, and environmental needs.

REFERENCES

1. Valensi P., Lorgis L., & Cottin Y. (2011). Prevalence, incidence, predictive factors, and prognosis of silent myocardial infarction: A review of the literature. *Arch Cardiovascular Dis.*, 104(3), 178-88.
2. Pandey, S., et al. (2012). A prospective study of myocardial infarction patients admitted to a tertiary care hospital in southeastern Rajasthan. *Int J Biol Med Res.*, 3(2), 1694-1696.
3. Eldrin F. et al., (2014 April), Impact of Cardiovascular events on change in quality of life and utilities in patients after Myocardial Infarction- A valiant study, *JCHF*: 2014; 2(2):159- 165. Doi 10.1016/j.jchf.2013.12.003.
4. E. Simpson et al. (2005), quality of life after acute myocardial infarction: A comparison of diabetic versus non-diabetic acute myocardial infarction patients in Quebec acute care hospitals Health and Quality of Life Outcomes 2005, 3:80 doi:10.1186/1477-7525-3-80
5. Rajeev Gupta, KD Gupta(2009 Jul), coronary heart disease in low socioeconomic status subjects in India, An early Epidemic, *Indian Heart Journal.com*, ihj09/July/Aug/09/6/:358- 367.html.
6. Dilip Modi et al. (2001 Sept), cardiovascular diseases in India- Challenges and way ahead, *International Heart Protection*, pdf, summited in September 2011, www.deloitte.com/in.
7. Global status report Non communicable diseases(2010), Geneva WHO, 2011, www.who.int/mediacenter/factsheet/f5313/en/
8. India's No.1 Killer: Heart disease <http://indiatoday.intoday.in/story/India's+no.1+killer:+Heart+disease/1/92422.html>
9. V. Mohan, S. Sandeep et al. (2007), Epidemiology type 2 Diabetes: Indian Scenario, *Indian J Med Res* 125, March 2007, pp 217-230.
10. http://www.health.harvard.edu/press_releases/why-do-some-young-men-have-heart-attacks.
11. <http://timesofindia.indiatimes.com/home/science/Women-at-greater-risk-of-heart-attack-post-menopause/articleshow/16599807.cms>
12. Yusuf S, Hawken S, Ounpuu S, on behalf of the INTERHEART Study Investigators. Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study. *Lancet*. 2004; 364:937-952.
13. Prabhakaran D, Chaturvedi V, Shah P, Manhapra A, Jeemon 12. P, Shah B, et al. Differences in the prevalence of metabolic syndrome in urban and rural India: a problem of urbanization. *Chronic Illness* 2007; 3 : 8-19