

# Descriptive Study to Assess the Effectiveness of Structured Teaching Programme on Prevention of Myocardial Infarction among Employees Selected Hospital of Gwalior (MP)

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## ABSTRACT

Traditionally heart is considered to be the 'seat of soul' 'centre of courage', 'treasure of love and affection', 'abode for soul' and even 'refuge for hatred too. All these are merely literary expression and not far away from physiological truth. In fact heart is the non-stop pump, which maintains circulation of life, sustaining the fluid, the 'blood' to circulate every part of the body 'Heart beat presents life and lack of it pronounces death. As we entered twenty first century, heart attach technically named myocardial infarction, threatens to occur more frequently as the disease has reached alarming proportions in the developed countries. Developing countries are also showing greater incidence of the disease.

**KEYWORDS:** DESCRIPTIVE, KNOWLEDGE, TEACHING PROGRAMME, MYOCARDIAL INFARCTION

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## INTRODUCTION

Traditionally heart is considered to be the 'seat of soul' 'centre of courage', 'treasure of love and affection', 'abode for soul' and even 'refuge for hatred too. All these are merely literary expression and not far away from physiological truth. In fact heart is the non-stop pump, which maintains circulation of life, sustaining the fluid, the 'blood' to circulate every part of the body 'Heart beat presents life and lack of it pronounces death. As we entered twenty first century, heart attach technically named myocardial infarction, threatens to occur more frequently as the disease has reached alarming proportions in the developed countries. Developing countries are also showing greater incidence of the disease.

## OBJECTIVE OF THE STUDY

1. To identify the knowledge on prevention of myocardial infarction among selected employees.

2. To assess the effectiveness of planned teaching Programme on prevention among the Myocardial Infarction.
3. To find an association between the level of knowledge on prevention of myocardial infarction among selected employees with selected demographic variables.
4. Explore the association between the selected demographic variables with knowledge score among the myocardial Infarction.

## HYPOTHESIS

**H1:** The mean post-test knowledge score myocardial Infarction after planned teaching programme will be significantly higher their mean pre-test knowledge score at 0.05 level of significantly.

**H2:** There will be significant association between knowledge score among myocardial Infarction & selected demographic variables.

**VARIABLE** A variable is a phenomenon or characteristic that changes. A variable are measurable characteristics of a concept and consist of a logical group of attributes

- 1. Independent Variables:** The variable that is believed to cause or influence the dependent variable in experimental research, the independent variable is the variable that is manipulated. In this study the independent variable is the "structured teaching programme.
- 2. Dependent Variable:** The outcome of variable of interest, the variable that is hypothesized to depend on by another variable is called dependent variable. In this study the dependent variable is knowledge of Myocardial Infarction patient on prevention.
- 3. Extraneous variable:** In this study, extraneous variable refers to the selected demographic variable such as age of the patients, education, occupation, income, religion, and type of family, number of children, previous experience, and source of information.

#### **CRITERIA FOR SAMPLE SELECTION**

##### **INCLUSION CRITERIA:**

1. Patient those who are suffering with Myocardial Infarction mellitus.
2. Patient who can read and write either Hindi or English.
3. Those patients who are admitted in Cardiac ward sand remain hospitalized for more than 5 days.
4. Patients who are willing to participate in the study.

##### **EXCLUSION CRITERIA:**

1. Seriously ill Myocardial Infarction patient.
2. Patient who have previously received information on preventive care through formal training..

**SAMPLE:** The sample is a small portion of a population for observation analysis. In this study the sample consisted of 60 Myocardial Infarction patient admitted in the Cardiac Ward I and II Birla Hospital, Gwalior.

**SAMPLE SIZE:** This study consisted of 60 of selected BRILA hospital Gwalior at Gwalior Madhya Pradesh.

**SAMPLE TECHNIQUE:** The sampling technique used for this study is convenience sampling, which is a type of Non probability sampling technique was considered appropriate for the study. Convenience

sampling involves the selection of subjects who are available at the right place in the right time.

**SETTING OF THE TUDY:** It is the physical location and conditions in which data collection takes place. This study was conducted at cardiac ward I and II of Birla Hospital, Gwalior.

**POPULATION:** Population is the total number of people who meet the criteria that the researcher has established for a study from whom the subjects will be selected and to whom the finding will be generalized. In this study the population consist of the entire Myocardial Infarction patient in the cardiac ward I and II Birla Hospital. Gwalior.

**DEVELOPMENT AND DESCRIPTION OF TOOL:** Tools were prepared on the basis of objectives of the study. A structured knowledge questionnaire was selected to assess the knowledge of patients on preventive care regarding Myocardial Infarction admitted in Cardiac care ward I and II it was considered to be the most appropriate instrument to elicit the response from subject who can read write Hindi and English.

**SECTION A:** Demographic data consist of 9 items which includes type of family, Religion, family income per month, age of patient, literacy status, occupation of the patient, number of children chance of witnessing Myocardial Infarction etc.

**SECTION B:** Structured knowledge questionnaire schedule consist of 30 items on Myocardial Infarction Preventive and care management. The major aspects considered are:

- Definition, meaning, sign and symptoms of Myocardial Infarction.
- Causes and risk factors of Myocardial Infarction.
- Diagnosis of Myocardial Infarction
- Management of Myocardial Infarction
- Preventive and self care measures for Myocardial Infarction
- The items were multiple choice types with one correct answer and each carrying one score.

**TRANSLATION OF TOOL:** The tools were given to two language expert for translation them into Hindi and the translated copies were given to another language expert for retranslation back to English.

**CONTENT VALIDITY OF THE TOOL:** Validity refers to the degree to which an instrument measures what it is supposed to be measuring. Content validity of the tool was established by 7 experts comprising of 6 nurse educator from the department cordial care unit, I doctor. Criteria rating scale were developed for

validating the tools. In order to obtain the content validity of the data collection tool, prepared instruments along with the problem statement, objectives, operational definitions, blue print and criteria rating scales were submitted to 7 experts. The experts were requested to give their opinion and suggestion regarding the relevance of the tool for further modification and necessary correction was made.

### DEVELOPMENT OF STRUCTURED TEACHING PROGRAMME (STP)

The STP was developed in four aspect based on review of related /literature, research and non research literature and objectives. The following steps were adopted to prepare the STP.

- A. Content of blue print:** A blue print of objectives and content items pertaining of three domains of learning that is knowledge, understanding and application was prepared for the construction of structured questionnaire schedule.
- B. Development of Checklist:** A checklist was prepared to develop STP based on literature review and the opinion of experts. The criteria for questionnaire consist of statement under the broad heading of objectives, Organization of the content, presentation of the content, language, feasibility and practicability & expert's suggestion. The STP draft and structured questionnaire list were given to 7 for expert's validation.
- C. Preparation of first draft of STP:** A first draft was developed keeping in mind the objectives, criteria on checklist and literature reviewed. The main factors that were kept in mind while preparing STP were included literacy level of subject, method of teaching adopted, simplicity of the language, relevance of teaching aids & attention span of the subjects.
- D. Content validity of the STP:** The initial draft of STP was given to 7 experts and was requested to validate base done criteria list and to give suggestion on adequacy and relevance of content. The suggestion given by expert were accepted and ensured the clarity and the validity of the tools.
- E. Pre-testing of the STP:** The STP was given to 6 Myocardial Infarction patients and found that there was no difficulty in understanding the content of STP.
- F. Preparation of the final draft of STP:** Preparation of the final draft of STP was prepared after incorporating the suggestion of experts.

**G. Description of STP:** The STP was tilted as "Structured teaching content on Prevention of Myocardial Infarction" it includes general objectives, specific objectives, introduction, content organized in the following aspect definition, types, causes, diagnosis, management, prevention and complication of MI.

**FINDING:** The mean pre-test knowledge score on Preventive were 47.4% with regard to a maximum possible score of 30. The mean post-test knowledge score were 88.6% which is higher than the pre-test score. The difference between the pre-test mean and post-test mean knowledge score was found to be statistically significant at 0.05 level (59 df) ('t' 1.96) paired't test 23.97 suggesting that the STP was effective method of learning. With regards to the association of demographic variables age, no. of children and knowledge score on preventive care among the MI patient were found to be significant in pre-test. Other variables like religion education, occupation, family income, type of family, previous experience of witnessing, M.I. and source of information and knowledge scores of M.I. patients were found to be non significant in pre-test and post-test.

**KEY CONCLUSION:** The study to determine the effectiveness of structured teaching programme on self care among the M.I. patients in medical ward of Birla hospital, Gwalior, M.P. The following conclusions can be drawn from the study findings.

### FINDINGS OF SOCIO DEMOGRAPHIC VARIABLES

- Majority of diabetic 37 (61.7%) were from Hindu religion.
- Higher percent of patients 28 (46.7%) belongs to the education of secondary school level.
- Majority of M.I. patients 47 (78.3%) were businessmen.
- Majority of M.I. patients 47 (56.7%) belongs to the family income >5000 Rs/month.
- Majority of patients belongs to 29 (48.3%) emerged from nuclear family.
- Majority of M.I. Patients 26 (43.3%) have 2 children.
- Majority of M.I. patients 36 (60%) did not have any previous experience of witnessing M.I.
- Majority of M.I. patients 25 (41.7%) used health professional as a source of information regarding health.