

Effectiveness of Transitional Care Model on Knowledge Regarding Quality of Life Among Clients with Post Myocardial Infarction

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ABSTRACT

Myocardial Infarction is the major cause of disability in many developing countries and by 2020 is forecast to be the major cause of disease burden world-wide and it is a slow progressive disease and can be reduced by adhering to certain life modification strategies. The present study aimed to assess the effectiveness of transitional care model on knowledge regarding quality of life among clients with post Myocardial Infarction in a selected hospital at Chennai. A quantitative approach using pre-experimental one group pretest post-test research design was adopted for the study and 30 samples that full filled the inclusion criteria were selected. The structured knowledge questionnaires were used to assess the pre-test and post-test level of knowledge regarding quality of life among clients with post Myocardial Infarction. Following the intervention, a significant portion 19 (63.3%) exhibited moderately adequate knowledge, and 11(36.7%) achieved a level of adequate knowledge. Thus, the Transitional care model had a significant impact on enhancing client's understanding regarding quality of life.

Keywords: Transitional Care model, post myocardial infarction, quality of life, knowledge

INTRODUCTION

Myocardial infarction is the fifth leading causes of disability-adjusted life years in low-income countries. Myocardial infarction (MI) is one of the leading causes of death worldwide. The life-threatening nature of the disease, the need for long-term lifestyle changes, and medical regimens after MI often result in reduced health-related quality of life (HRQOL) among patients. Myocardial infarction is defined as necrosis of heart muscles due to significant and sustained ischemia. Even though the survival rate from Myocardial infarction has significantly increased due to the use of most up-to-date management modalities over the last few decades yet, these patients frequently experience negative physiological, psychological problems and a disrupted daily life.

Despite advancements in medical procedures and treatments, myocardial infarction (MI) management remains a challenge to healthcare providers. Of the various methods to manage myocardial infarction (MI), transitional care intervention is the most innovative program to improve the continuity of care for patients with myocardial

infarction (MI) from admission to after hospital discharge. Transitional care model is a component of patient education designed to prevent health complication and rehospitalization of clients with myocardial infarction. According to the global burden disease study 2020, death and disability have shown an alarming rise. Components of Transitional care model designed to optimize cardiovascular risk reduction, promote healthy behaviors, and becoming compliant to the program reduce cardiovascular disability. Transitional care model may likely help the patients to overcome their barriers and encourage them to join the rehab program to reduce their levels of disability and become functionally more independent.

Statement of the Problem

A study to assess the effectiveness of transitional care model on knowledge regarding quality of life among clients with post Myocardial Infarction in a selected hospital, Chennai.

Objectives

- To assess the level of knowledge on Quality of Life among clients with post Myocardial Infarction.
- To determine the effectiveness of transitional care model on knowledge regarding Quality of Life after Transitional Care Model among clients with post Myocardial Infarction
- To associate the posttest level of knowledge on Quality of Life after Transitional Care Model among clients with post Myocardial Infarction with selected demographic variables.

Hypothesis

H1: There will be significant difference between pretest and post-test level of knowledge on Quality of Life among clients with post Myocardial Infarction after Transitional Care Model

H2: There will be significant association between post-test level of knowledge on Quality of Life after Transitional Care Model among clients with post Myocardial Infarction with their selected demographic variables.

METHODOLOGY

After obtaining formal permission and informed consent, the investigator obtained demographic details from the samples by the interview method. A quantitative research approach-pre-experimental one group Pretest Post test design was used for the study. The study population consist of all Post Myocardial Infarction clients at the selected settings. The pre test knowledge level was assessed using the structured knowledge questionnaire consists of 30 multiple choice items under separate sub headings such as Myocardial Infarction (8 Questions), Physical Domain (7 Questions), Psychological Domain (5 Questions), Nutritional Domain (5 Questions), Vocational Domain (5 Questions).

The investigator selects the samples of 30 that fulfill the inclusion criteria through non probability purposive sampling technique. The selected participants were given Transitional Care Model program. for 30 – 45 minutes through education and demonstration. The pamphlets regarding transitional care model on Life style modification such as Physical activity- Aerobic Exercises, Diet management, Smoking cessation, Sleep hygiene, Psychological Management such as Deep breathing, meditation, yoga and vocational rehabilitation was also distributed to the samples. Then the post test was assessed by using the same questionnaire to collect information regarding the knowledge level on quality of life among clients with post myocardial infarction on the 7th day.

RESULTS AND DISCUSSION

The first objective was to assess the level of knowledge on Quality of Life among clients with post Myocardial Infarction.

In the pre-test, a substantial majority 20(66.7%) had inadequate knowledge, 10(33.3%) had moderately adequate knowledge and no participants possessing adequate knowledge. However, following the intervention, a remarkable transformation

occurred with the percentage of participants with inadequate knowledge dropped to zero, and a significant portion 19 (63.3%) exhibited moderately adequate knowledge, and 11(36.7%) achieved a level of adequate knowledge. The findings concluded that the transitional care model is positively impacted the knowledge of the clients with post myocardial infarction.

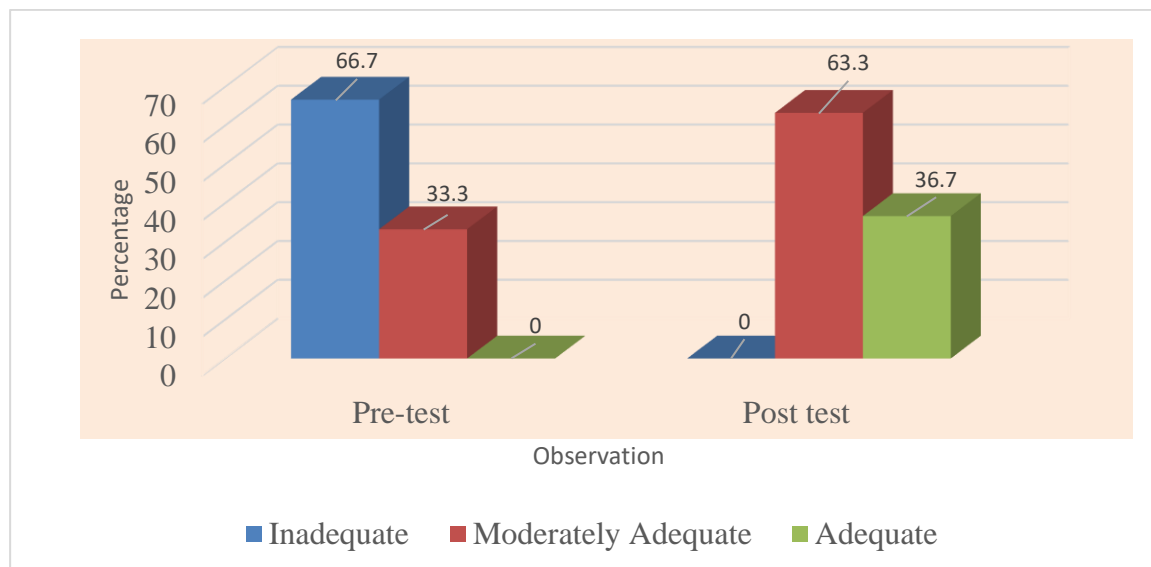


Figure 1. presents the percentage distribution of pre-test and post-test level of knowledge regarding quality of life among clients with post myocardial infarction

The second objective was to determine the effect of transitional care model on knowledge regarding Quality of Life after Transitional Care Model among clients with post Myocardial Infarction

Observation	Mean	Standard Deviation	Paired t value df=29	Sig value
Pre-test	13.50	4.392	32.063 *	0.000
Post test	21.80	3.517		

* Significant at $P < 0.05$

Table 1 presents the mean knowledge score and standard deviation regarding quality of life among clients with post myocardial infarction in pre-test and post-test and its level of significance.

In the pre-test, the mean knowledge score was 13.50 with a standard deviation of 4.392, while in the post-test, the mean score increased significantly to 21.80, with a reduced standard deviation of 3.517. The

paired t-test yielded a high t value of 32.063 with 29 degrees of freedom, resulting in a significant p-value of 0.000, indicating statistical significance at $p < 0.05$. This suggested a substantial improvement in knowledge scores after the intervention, demonstrating that the intervention had a significant impact on enhancing clients understanding of the quality of life among clients with post-myocardial infarction.

The third objective was to associate the post-test level of knowledge on Quality of Life after Transitional Care Model among clients with post Myocardial Infarction with selected demographic variables. N=30

Sl No.	Demographic Characteristics	Level of Knowledge		χ^2 value	df	Significant value
		Moderately Adequate	Adequate			
1	Age in Years ≤ 50 Years 51- 60 Years > 60 Years	4 9 6	2 5 4	0.082 NS	2	0.959
2	Gender Male Female	12 7	6 5	0.215 NS	1	0.643
3	Education Literate Illiterate	14 5	10 1	1.292 NS	1	0.256
4	Occupation Employed Unemployed	8 11	8 3	2.625 NS	1	0.105
5	Working Time 8 hours 12 hours/Shift base Nil	10 1 8	5 2 4	1.292 NS	2	0.524
6	Place of Residence Urban Rural	17 2	10 1	0.016 NS	1	0.899
7	Financial Dependence Dependent Independent Semi dependent	4 13 2	2 8 1	0.062 NS	2	0.970
8.	Physical Activity Exercise / Yoga Running / Jogging Bicycle riding / Walking	2 3 14	1 1 9	0.309 NS	2	0.857
9.	Habits Smoking/Alcohol/Any Drug Nil	5 14	1 10	1.292 NS	1	0.256
10.	Co-morbidity (N=29) Diabetes mellitus Hypertension Diabetes mellitus & hypertension	6 5 7	3 3 5	0.153 NS	2	0.927
11.	Diet Vegetarian Non-vegetarian Both	8 2 9	5 1 5	0.038 NS	2	0.981
12.	History of Junk food Weekly once/twice Monthly once Nil	2 6 11	1 2 8	0.725 NS	2	0.696
13.	Sleeping Pattern (N=29) Late sleep after 12 Disturb Sleep Regular 6 hours	8 1 9	3 5 3	6.636*	2	0.036

NS – Not significant at P<0.05 * - Significant at P<0.05

Table 2 presents the association between the post-test level of knowledge regarding quality of life among clients with post myocardial infarction with their selected demographic variables.

The finding from the table reveals that there was a significant association between

sleeping pattern with the level of knowledge regarding quality of life among clients with post myocardial infarction and no significant association between other selected demographic variables.

CONCLUSION

Myocardial infarction (MI) is one of the leading causes of death worldwide. The life-threatening nature of the disease, the need for long-term lifestyle changes, and medical regimens after MI often result in reduced health-related quality of life (HRQOL) among patients. The transitional care model given to clients with post Myocardial Infarction had a significant impact in enhancing the improvement in the level of knowledge thereby helps in the reduction of cardiac disability and death.

Declaration by Authors

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Conflict of Interest: The authors declare no conflict of interest.

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