

Perceived Learning Needs and Readiness for Hospital Discharge of Patients with Acute Myocardial Infarction in a Selected Hospital, Kottayam

Jayarani Haridas¹, Asha Liz Mani²

¹ 2nd year MSc Nursing Student, Caritas College of Nursing, Kottayam

² Associate Professor, Department of Medical Surgical Nursing, Caritas College of Nursing, Kottayam

Abstract:- The current study was done to assess the perceived learning needs and readiness for hospital discharge of patients with Acute MI and to identify the association between perceived learning needs and readiness for hospital discharge with selected socio demographic variables. The sample consisted of 100 patients with acute MI selected by convenience sampling technique. The descriptive research design with quantitative approach was used. The tools for this study were Structured Questionnaire on socio demographic data, MI patient's learning need Rating Scale and RHDMS Scale to assess the perceived learning needs and readiness for hospital discharge respectively. The data was analyzed with descriptive and inferential statistics. The findings of the study showed that the very important aspects of perceived learning need of patients were recognizing signs and symptoms of complication early (69%), doctor's instructions for self-care (61%), type of diet (54%) and action and side effect of medication (54%). The samples considered effect of disease on sexual life (65%) as least important perceived learning needs. The study revealed that, the readiness for hospital discharge had a mean score of 56. This implies that acute MI patients had medium level of readiness for hospital discharge. The mean percentage score of readiness for hospital discharge of acute MI patients were high (85.71%) in the aspect of subscale 1. There was no significant association between perceived learning needs and readiness for hospital discharge with the selected demographic variables. The present study concluded that the proper assessment of perceived learning needs could improve the readiness for hospital discharge and thus the quality of life.

I. INTRODUCTION

Cardio Vascular Disease is the major cause of morbidity and mortality throughout the world. MI is the most common form of the CVD. There are difference in the patient's learning needs according to disease progression, changes over time, and is influenced by the patient's cultural and spiritual beliefs. Learning and education are the main need of a hospitalized patient. Learning needs and support after myocardial infarction were associated with the patient's self-care level. Additional education would be helpful for the patients to achieve better patient preparedness and care co-ordination.

A. Need For the Study

Better understanding of risk factors, condition, signs and symptoms, diet, medications, exercise program and follow-up care will improve the time of hospitalization and definitive management. Most of the MI patients have concerns regarding their risk factor reduction, medication, diet, exercise and follow-up care. Many of the patient's perceived needs are not assessed adequately, and had felt that assessing the patient readiness for hospital discharge before leaving hospital could improve the planning of the discharge process.

B. Statement of the Problem

A study to assess the perceived learning needs and readiness for hospital discharge of patients with acute myocardial infarction in a selected hospital, Kottayam.

C. Objectives of the Study

- Assess the perceived learning needs of patient with acute MI
- Assess the readiness for hospital discharge of patients with acute MI
- Identify the association between perceived learning needs with selected sociodemographic variables
- Identify the association between readiness for hospital discharge with selected sociodemographic variables.

D. Operational definition

➤ Perceived learning needs

Perceived learning needs are those areas of concern which patients themselves identify as important to learn or to know about acute MI as measured by MI Patient's Learning Need Rating Scale (MIPLNS), which includes definition, causes, risk factors, pathophysiology, clinical manifestations, assessment, diagnostic findings, medical management, health promotion strategies (life style modification, diet and exercises,) and follow up.

➤ Readiness for hospital discharge

In this study, readiness for hospital discharge is the response given by the patients with acute MI on their preparedness for hospital discharge to meet the self-care needs at home as measured by using Readiness for Hospital Discharge after acute MI Scale (RHDMS).

➤ *Patients with acute MI*

Patients who are diagnosed as acute MI as per the medical records and who has met the inclusion criteria.

E. Hypotheses

All the hypotheses will be tested at 0.05 level of significance.

H1: There is significant association between perceived learning needs of patient with acute MI and selected demographic variables.

H2: There is significant association between readiness for hospital discharge of patient with acute MI and selected demographic variables.

F. Assumption

- Patient with acute MI may have varied learning needs during admission and may not be well prepared for discharge. whose diagnosis have been not informed to them.

II. METHODOLOGY

A. Research design

The research design selected for the present study was a descriptive research design.

B. Setting of the Study

The study was conducted in the coronary care unit and cardiology wards (CHI 5TH, CHI 6TH, CHI 7TH and CHI 8TH) of Caritas Heart Institute.

C. Population

Population in the present study are all the patients with primary acute myocardial infarction admitted in the cardiology ICU and wards of Caritas Heart Institute.

D. Sample size

In the present study the sample size is 100 samples diagnosed with primary acute MI admitted in cardiology ICU and wards of Caritas Heart Institute.

E. Sampling technique

The sampling technique selected for the present study was convenience sampling.

F. Criteria for sample selection

➤ *Inclusion criteria*

Patients;

- both males and females, 30 years of age and above, who are conscious and oriented.
- who can read, speak and understand Malayalam or English.
- who are willing to participate in the study.

➤ *Exclusion criteria* Patients;

- who are cognitively impaired or critically ill

- who are health professionals.
- who had any type of cardiac surgical interventions.
- whose diagnosis have been not informed to them.

G. Tools/Instruments

In this study the data collection instruments used are,

Tool 1: Structured Questionnaire on socio-demographic data

Tool 2: MI Patient's learning need rating scale (MIPLNS) to assess the perceived learning need of the patients with acute MI.

Tool 3: Readiness for hospital discharge scale (RHDMIS) to assess the readiness of hospital discharge after an acute MI.

MI patient's learning need rating scale (MIPLNS): Perceived learning needs of patients with acute MI was measured using MIPLNS questionnaire developed by the researcher. The data was collected by using self-reported technique. MI patients learning need rating scale consists of 20 items. The samples were asked to rate the importance of each item as 0 = 'not important', 1 = 'important' and 2 = 'very important'. All the 20 items were scored separately with the lowest score 0 and highest score 2 for each of them. The range of total score was from 0 to 40.

RHDMIS: The scale consists of 23 items. The set of items divided into three subscales allows subjective and objective evaluation of the patient's knowledge and expectations. Answers to each item were assigned a score from 0 to 3. The highest total score is 69 points.

III. RESULT

The one-way ANOVA test was computed between the level of perceived learning needs and sociodemographic variables. The study findings revealed that there was no significant association between perceived learning needs with the selected demographic variables. The Fishers exact test was computed between the readiness for hospital discharge and sociodemographic variables. The study findings revealed that there is no significant association between readiness for hospital discharge and selected demographic variables. The study findings revealed that the very important aspects of perceived learning need of patients were recognizing signs and symptoms of complication early (69%). The samples considered effect of disease on sexual life (65%), ill effect of smoking and alcoholism, benefits and complications of the procedures (42%) as least important. The readiness for hospital discharge had a mean score of 56, mean percentage of 81.16. This implies that acute MI patients had medium level of readiness for hospital discharge.

IV. CONCLUSION

The present study was aimed to assess the perceived learning needs and readiness for hospital discharge of patients with acute MI in a selected hospital, Kottayam. In this study the very important perceived aspects of learning needs of samples were recognizing signs and symptoms of complications early (69%), doctor's instructions for self-care (61%), action and side effects of medicines and type of diet

(54%) and the samples considered effect on sexual life (65%) and ill effect of smoking and alcoholism (42%) as least important learning needs. The study also reveals that obtained mean score of readiness for hospital discharge is 56. This implies that acute MI patients had medium level of readiness for hospital discharge. The present study results showed that there is no significant association between perceived learning needs and socio demographic variables like age, gender, education, history of previous admission, marital status, employment and length of hospital stay. The study results revealed that there is no significant association between readiness for hospital discharge and socio demographic variables like age, gender, education, history of previous admission, marital status, employment and length of hospital stay.

➤ Nursing implication

The study findings have implications for nursing education, nursing practice, nursing administration and nursing research.

RECOMMENDATIONS

- A similar study can be replicated on a large sample with different demographic variables.
- A longitudinal study is recommended to understand the long term effects of changes in patients discharge information needs.
- A study to assess the effect of implementing a nurse discharge teaching plan can be done in Indian setting.

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