



ISSN NO. 2320-5407

Journal homepage: <http://www.journalijar.com>

INTERNATIONAL JOURNAL
OF ADVANCED RESEARCH

RESEARCH ARTICLE

A STUDY TO EVALUATE QUALITY NURSING CARE ON PATIENTS WITH MYOCARDIAL INFARCTION IN SELECTED HOSPITALS, CHENNAI.

R. Ramani.

Associate Professor, Department of Medical Surgical Nursing, Sree Balaji College Of Nursing, Bharath University, Tamil nadu, India.

Manuscript Info**Manuscript History:**

Received: 15 November 2015
Final Accepted: 24 December 2015
Published Online: January 2016

Key words:

Evaluate ,quality nursing care,
patients, myocardial infarction

Corresponding Author*R. Ramani.****Abstract**

The study was conducted to evaluate the quality nursing care on patients with myocardial infarction at sree balaji medical college and hospital, chrompet, Chennai. To find out the quality nursing care on patients with myocardial infarction was done by providing questionnaire. Results showed that after comprehensive nursing care as per protocol showed that provide quality of nursing care will prevent complications and speed recovery. The nursing care implemented based on needs with help of demographic variables and check list. There is statistically significant improvement in health status of patients with myocardial infarction.

Copy Right, IJAR, 2016., All rights reserved.

Introduction:-

Adespet Myocardial infarction (MI) or acute myocardial infarction (AMI), commonly known as a heart attack, occurs when blood flow stops to a part of the heart causing damage to the heart muscle. The most common symptom is chest pain or discomfort which may travel into the shoulder, arm, back, neck, or jaw. Often it is in the center or left side of the chest and lasts for more than a few minutes. The discomfort may occasionally feel like heartburn. Other symptoms may include shortness of breath, nausea, feeling faint, a cold sweat, or feeling tired. About 30% of people have atypical symptoms, with women more likely than men to present atypically. Among those over 75 years old, about 5% have had an MI with little or no history of symptoms. An MI may cause heart failure, an irregular heartbeat, or cardiac arrest. **Amold.B** Most MIs occur due to coronary artery disease. Risk factors include high blood pressure, smoking, diabetes, lack of exercise, obesity, high blood cholesterol, poor diet, and excessive alcohol intake, among others. The mechanism of an MI often involves the rupture of an atherosclerotic plaque, leading to complete blockage of a coronary artery. MIs are less commonly caused by coronary artery spasms, which may be due to cocaine, significant emotional stress, and extreme cold, among others. A number of tests are useful to help with diagnosis, including electrocardiograms (ECGs), blood tests, and coronary angiography.

Objectives:-

- To assess the health status of patients with myocardial infarction
- To provide quality nursing care using protocol for patients with myocardial infarction
- To evaluate the effectiveness of quality nursing care of patients with myocardial infarction
- To associate effectiveness of quality of nursing care demographic variables

Null hypothesis:-

NH1: There is no association between health status of the patients before and after implication of the quality nursing care to patients with myocardial infarction.

NH2: There is no significant association between the effectiveness of nursing care with selected demographic variables.

Methodology:-

The quasi experimental research design, one group pre test and post test design will be adopted for the research study. It is used to the evaluate quality nursing care on patients with myocardial infarction. In this study non probability convenient sampling technique was used. The sample size (20) is selected for this study; The instruments used in this study were demographic variable proforma and rating scale, observational checklist questionnaire. The non probability convenient sampling technique was used to select the myocardial infarction patients for this study. Patients who are the multiple complication.

Description of tool:-

The instruments used in this study were demographic variable proforma, and rating scale, observational checklist to find out the evaluate quality nursing care on patients with myocardial infarction. Tool1: structured assessment rating scale (part1: demographic variables, part2: it consist of 7items),Tool2:observation check list-it consist of 14 items, it was indicated good-<5,fair 6-10,poor 11-16.

Result and discussion:-

Data analysis and interpretation:-

The analysis and interpretation of data collected from 20 samples to findout the quality nursing care of myocardial infarction patients in ICU in sree balaji medical college and hospital. Analysis and interpretation of the data were based on the collection of data through non probability sampling, descriptive and inferential statistics were used for the analysis of the data.

As per the objectives of the study, interpretation as been organized and tabulated as following:

- To assess the health status of patients with myocardial infarction
- To provide quality nursing care using protocol for patients with myocardial infarction
- To evaluate the effectiveness of quality nursing care of patients with myocardial infarction
- To associate effectiveness quality nursing care demographic variables.

SectionA-distribution of demographic variables of of patients with myocardial infarction

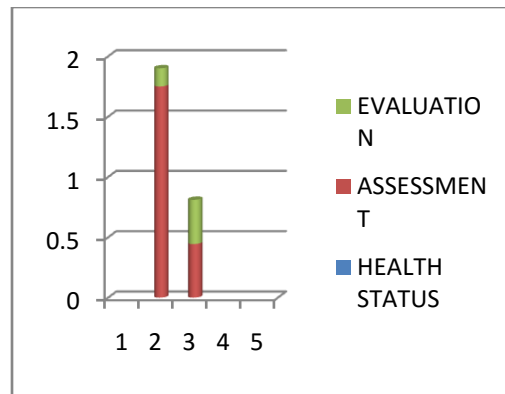
SectionB-comparison between health status assessment, evaluation and improvement score

SectionC-Distribution of percentage between demographic variables evaluation score.

SectionD-Association between demographic variables and health status evaluation score.

Table-1: comparison between assessment and evaluation score mean and standard deviation of patients with myocardial infarction.

s.no	Health status	mean	Standard deviation
1	assessment	1.75	0.444
2	evaluation	0.15	0.366

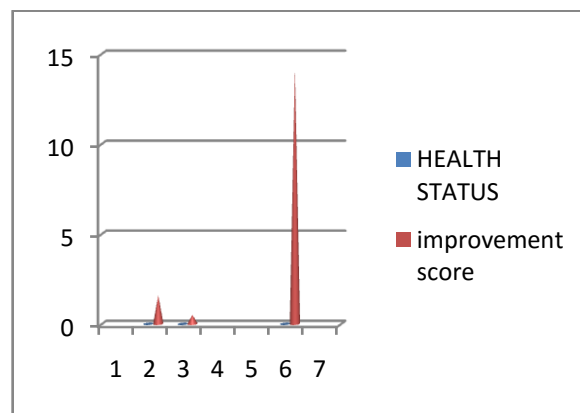


It shows that during the initial assessment the mean was 1.75 with standard deviation of 0.444 and in evaluation the mean was 0.15 with standard deviation of 0.3666.

Table-2: mean and standard deviation of improvement score for patients with myocardial infarction.

s.no	Health status	mean	Standard deviation	t value
1	Improvement score	1.600	0.503	14.236

N=20 , P<0.05 level of significant



The improvement mean was 1.600 with standard deviation of 0.503 which showed the nursing care was highly significant P<0.05 level.

The finding of the study helps the professional nurses and students to develop the enquiry by providing a base line care the general aspects of the study results can be made by further replication of the study. This study helps in nursing research to develop in depth in to the better development of nursing protocols and information of clients with myocardial infarction towards promotion of healthy life and prevention of complications.

Conclusion:-

The present study was evaluate the quality nursing care on patients with myocardial infarction at sree balaji medical college and hospital. The study investigator analysed the data and has come to the conclusion that the quality of nursing care of patients was effective and statistically significant at P<0.05 level.

Bibiliography: -

1. Abdullah,G (1970)"Better clients care through nursing research' new York, the macmillan publication,pp-360-365.
2. Ades. p., et.al., (2006) "Deviation of cardiology" American journal of cardiology.
3. Amold.B(1989)"Medical for nurses" 14 edition ,long man group limited,pp-156-163.
4. Bennet,M(1985)"Medical surgical nursing' 3edition,new York,pp-45-49.

5. Best jhon.W(1983)"Medical surgical nursing' 3edition, new delhi, preventive hall of india pvt ,pp-12-15.
6. Black,M(1993)"Medical surgical nursing" Philadelphia,pp-420-431.
7. caune.M., et.al., (1997) "clinical nursing" London, Mosby publications, pp.670-676.
8. cades. p., et.al., (2006) "Deviation of cardiology" American journal of cardiology.
9. catma. A., et.al., (2007)" Department of epidemiology" journal of national cancer institution.
10. doucher.B.J., et.al., (2006) "Center for diabetes and metabolic medicine" journal of clinical endocrinol metab.
11. Engstrom.G., et.al., (2000 'Department of clinical sciences' Journal of international medicine.
12. Fonstand. S.et.al., (2006) 'Norwegian health service research center' scand journal public health.