Article

JOURNAL OF UNIVERSITY OF BABYLON

For Pure and Applied Sciences (JUBPAS)

Vol.32; No.2.| 2024

Nurses' Role in Health Education and Practice among Patients with Myocardial Infarction Needs Information Regarding Adaptation Lifestyles After Discharge

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دور الممرضات في التثقيف الصحي والممارسة بين المرضى الذين يعانون من احتشاء عضلة القلب يحتاج إلى معلومات تتعلق بأنماط الحياة التكيفية بعد الخروج من المستشفى

Received: 17/4/2024 **Published:** 30/6/2024

ABSTRACT

Background: Nurses have effect on patient education on a heart disease. The educational role of nurses helps to improve their health. The study's goals are to determine the roles of nurses in health education.

Materials and Methods:This study was conducted at selected hospitals in Erbil, from June 20, 2021, to January 20, 2022. A sample of 123 nurses was interviewed, with the questionnaire consisting of three parts: socio-demographic, educational roles for patients, and learning practices for patient adaptation. The study aimed to identify the health education and practical roles among nurses. The reliability of the questions was 0.926, indicating acceptable reliability.

Results: The majority of participants were aged between 32 and 42. Female nurses comprised 55.3%, with 57.3% holding diploma. Nurses' educational role in patient care, with 65% performing well. 59.3% taught patients' healthy habits, and 65% effectively educated patients about self-care. The study reveals a significant relationship between nurses' socio-demographic factors, their overall educational role, and nurses' overall learning role. The good educational role was significantly associated with the hospitals they worked in and their units (P <0.001). Nurses also demonstrated good learning roles in their qualifications. However, the learning role was not significant with the other socio-demographic.

Conclusion: Most nurses play an important role as an educator while patients are in the hospital and after they leave. There was a strong relationship between their roles, their qualifications, and the units in which they worked.

Key words: Nurses, Myocardial Infarction, Lifestyle, Education, Discharge.

ISSN: 2312-8135 | Print ISSN: 1992-0652

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ISSN: 2312-8135 | Print ISSN: 1992-0652
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INTRODUCTION

Although cardiovascular mortality has decreased in Europe over the past 25 years, the Czech Republic still has a high prevalence of coronary artery disease [1]. The primary cardiovascular risk factors were found to be highly prevalent in the middle-aged Czech population [2]. Furthermore, data from several European countries, including the Czech Republic, show that the available methods for preventing cardiovascular disease are insufficient. Many people who have had a myocardial infarction do not lead healthy lifestyles, are unaware of risk factors, and do not obtain the necessary treatment [3]. The main focus of cardiovascular disease prevention has changed from drug therapy to non-pharmacological interventions that help people avoid getting heart disease. If non-pharmacological treatments don't work, then you should start taking drugs [4]. There needs to be a systematic, comprehensive, and multidisciplinary approach that looks at lifestyle and risk factors. Physicians, nurses, and other health workers are in charge of the care [5]. Nurses play a significant role in instructing patients on what to do after a heart attack. Nursing education reduces cardiovascular risk and decreases rehospitalizations by enhancing both individual and community health [6]. According to the World Health Organization (WHO), non-communicable diseases are becoming more common around the world. Among these, cardiovascular diseases (CVDs) are one of the most serious and leading causes of death and disability and are responsible for almost half of all deaths around the world. Most of these deaths happen in low- to middle-income countries and among people aged 70 years and older, and 15 years and older because of obesity [7]. Having an acute myocardial infarction (AMI) can quickly kill you or cause long-term health problems [4, 3]. Myocardial infarction (MI) is a life-threatening condition, and global trends show that there has been a big rise in the number of people who have it in both countries developed and developing after last few years. CHD, which is a precursor to MI, is also a top cause of death and illness in both developed countries as well as developing countries [8,9]. Cardiovascular disease is still the most common cause of death in the world. In 2012, cardiovascular disease killed 31% of the world's people. There are also a lot of people under the age of 70 who die from cardiovascular disease, which is the top cause of death for people with non-communicable diseases. 85% mortality happened in developing countries. Because this percentage is expected to keep going up every year, by 2030, cardiovascular disease will be the cause of 22.2 million deaths [10]. The World Health Organization wants to cut deaths from non-communicable diseases by 25%, one of which is cardiovascular disease. As a well-known fact, occupational therapy is very effective.

There are many benefits to rehabilitation. It not only reduces costs for society and families, but it can also be a sign that people are getting back into the swing of things. Successful work rehabilitation is very important for cost-effectiveness in the medical field. All of these things make the quality of life an important outcome measure for people who have MI when they go back to work [11-13].

Objectives of the study: To identify the overall roles of nurses in health education for patient needs after discharge from the hospital. To identify the overall practice roles of nurses as

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educators for (MI) patients' lifestyles and adaptation before discharge from the hospital. To identify the relationship between nurses' variables and their knowledge about education for MI patients.

Importance of the study: Because nurses are crucial to educate myocardial infarction patients both inside the hospital and after they leave.

MATERIALS AND METHODS

Descriptive study, cross-sectional design that was conducted at some selected hospitals in Erbil that related to the admission of heart disease patients, Iraq, from 20-6-2021 to 20-1-2022. According to the non-probability sampling technique, the sample size includes 123 nurses was responding for the researcher questionnaire.

Tools and methods of data collection: Data was collected by using the questionnaire format through the interview with nurses, that need nearly 20 minutes for each nurse, same time at morning and evening. The questionnaire consisted of three main parts. Part one is related to socio-demographic characteristics of the sample which include (age, sex, type of certification in nursing, family status, address, years of experience and doing the training course, and years of experience). The second part consisted of items related to their educational roles for patients. Part three included items nurses related to their learning practices for patient adaptation lifestyles after hospitalization. Responding items of the questionnaire; 0 for Never done, 1 for Some time done, and 2 for Yes.

Ethical considerations: The researcher has taken permission from the ethical and scientific committee of the college of nursing and the general directorate of health, after that were took verbal permission before data collection.

The data was analyzed by using the Statistical Package for Social Sciences (SPSS, Version 25). As a generally used frequency and percentage, Reliability of questions, over all of questions, and for association between socio-demographic characteristic of nurses with the overall educational role of the nurses was using Chi-Square test. A P values of ≤ 0.05 was considered statistically significant. The reliability of questions was = 0.926, that's acceptable reliability. Problem statement: the problems of this study included finding out the defect of health educational roles and practical roles as an educator among nurses for patients with MI.

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RESULTS AND DISCUSSION

Table 1: Sociodemographic data of the nurses

Variables		F	(%)
Age group (year)	21-31	53	(43.1)
	32-42	56	(45.5)
	43-54	14	(11.4)
Name of Hospital	Rizgary Teaching Hospital	40	(32.5)
	Hawler Teaching Hospital	50	(40.7)
	Cardiac Surgical Teaching Hospital	12	(9.8)
	Rozhalat Emergency Hospital	21	(17.1)
Name of Unit	Out Patent Department (OPD)	12	(9.8)
	Intensive Care Unit (ICU)	40	(32.5)
	Medical department	37	(30.1)
	Critical Care Unit (CCU)	34	(27.6)
Gender	Male	55	(44.7)
	Female	68	(55.3)
Marital Status	Married	83	(67.5)
	Single	37	(30.1)
	Widowed	3	(2.4)
Nursing Qualification	Associate degree	9	(7.3)
	Diploma	73	(59.3)
	Baccalaureate	38	(30.9)
	Master or PhD	3	(2.4)
Residential area	Urban	95	(77.2)
	Sub Urban	25	(20.3)
	Rural	3	(2.4)
Years of experience in nursing (years)	1-10	68	(55.3)
	11-20	42	(34.1)
	21>	13	(10.6)
Number of receiving training course that related to the heart disease	Not trained	66	(53.7)
	1-5 Hours	50	(40.7)
	6-10 Hours	7	(5.7)

Table 1 illustrates the sociodemographic statistics of the nurses, with the maximum age group (45.5%) of nurses being between 32 and 42 years old, as well as the maximum numbers were participated in the Hawler Teaching Hospital (40.7%) and the ICU (40.7%). (32.5 percent). Female nurses made up more than half of the nursing staff (55.3 percent). Diploma certification

was held by 59.3 percent of them. The majority of the participants (77.2 percent) live in cities. Over half of them (55.3 percent) had between one and ten years of experience. Finally, nearly half of the nurses (53.7%) did not receive any training in relation to heart disease, while 40.7 percent received only 1-5 hours of training.

Table 2: Overall assessment educational role of the nurses after hospitalization

Educational role	F	(%)
Poor Role	10	(8.1)
Fair Role	33	(26.8)
Good Role	80	(65)

Table 2 shows the overall educational role of the nurses that they were educated the patients during discharge or after hospitalization. The majority of them (65%) had a good role.

Table 3: Overall evaluation practices role of the nurses as educator before discharge of the patients

Learning role	F	(%)
Poor Role	15	(12.2)
Fair Role	35	(28.5)
Good Role	73	(59.3)

This is shown in Table 3. Before leaving the hospital, nurses play an important role in teaching patients how to care for themselves. Most of them, about 59.3%, did a good job of teaching the patients about healthy habits so they wouldn't have to go back to the hospital.

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Table 4: Association between Socio-demographic data with Overall educational role

Variables		Overall educational role of the nurses						P value
		Poor Role		Fair Role		Good Role		
		F	(%)	F	(%)	F	(%)	
Age group (year)	21-31	7	(70)	12	(36.4)	34	(42.5)	0.214
	32-42	2	(20)	19	(57.6)	35	(43.8)	
	43-54	1	(10)	2	(6.1)	11	(13.8)	
Name of Hospital	Rizgary Teaching Hospital	5	(50)	14	(42.4)	21	(26.3)	<0.001
	Hawler Teaching Hospital	3	(30)	5	(15.2)	42	(52.5)	
	Cardiac Surgical Teaching Hospital	0	(0)	1	(3)	11	(13.8)	
	Rozhalat Emergency	2	(20)	13	(39.4)	6	(7.5)	
Name of Unit	OPD	0	(0)	1	(3)	11	(13.8)	Hospital
	ICU	5	(50)	22	(66.7)	13	(16.3)	
	Medical department	2	(20)	5	(15.2)	30	(37.5)	
	CCU	3	(30)	5	(15.2)	26	(32.5)	
Gender	Male	3	(30)	16	(48.5)	36	(45)	0.586
	Female	7	(70)	17	(51.5)	44	(55)	
Marital Status	Married	7	(70)	20	(60.6)	56	(70)	0.514
	Single	3	(30)	13	(39.4)	21	(26.3)	
	Widower	0	(0)	(0	(0)	3	(3.8)	
Nursing Qualification	Associate	0	(0)	0	(0)	9	(11.3)	0.004
	Diploma	2	(20)	19	(57.6)	52	(65)	
	Baccalaureate	8	(80)	13	(39.4)	17	(21.3)	
	Master or PhD	0	(0)	1	(3)	2	(2.5)	
Residential area	Urban	8	(80)	19	(57.6)	41	(51.2)	0.693
	Sub Urban	2	(20)	12	(36.4)	28	(35)	
	Rural	0	(0)	2	(6.1)	11	(13.8)	
Years of experience in nursing (years)	1-10	8	(80)	19	(57.6)	41	(51.2)	0.345
	11-20	2	(20)	12	(36.4)	28	(35)	
	21>	0	(0)	2	(6.1)	11	(13.8)	
Number of receiving training course that related to the heart disease	Not trained	7	(70)	22	(66.7)	37	(46.3)	0.028
	1-5 Hours	1	(10)	10	(30.3)	39	(48.8)	
	6-10 Hours	2	(20)	1	(3)	4	(5)	

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Table 4 shows the relationship between the nurses' socio-demographic factors and their overall educational role. There was a highly significant relationship between the nurses' good educational role and the hospitals they worked in (52.5 percent for Hawler Teaching Hospital, while the lower were 7.5 percent for Rozhalat Emergency, P <0.001) and their unit in their hospitals (37.5 percent for medical department, while the lower were 7.5 percent for Rozhalat Emergency, P <0.001).

Regarding the good educational role was also significant association among nursing qualification (65% for Diploma, while the lower were 2.5% for Master or Ph.D. Nursing degree, P = 0.004) and Number of receiving training course that related to the heart disease (48.8% for 1-5 hours and 5% for 6-10 hours trained course, P = 0.028). Finally nursing educational role that was not significant association with the age group (P = 0.214), gender (P = 0.586), marital status (P = 0.514), residential area (P = 0.693) and years of experience in nursing (P = 0.345).

Table 5: Association between Socio-demographic data with Overall practices as educators before discharge.

Variables		Overall learning role of the nurses						P value
		Poor Role		Fair Role		Good Role		
		F	(%)	F	(%)	F	(%)	
Age group (year)	21-31	9	(17)	12	(22.6)	32	(60.4)	0.381
	32-42	5	(8.9)	20	(35.7)	31	(55.4)	
	43-54	1	(7.1)	3	(21.4)	10	(71.4)	
Name of Hospital	Rizgary Teaching Hospital	10	(25)	12	(30)	18	(45)	<0.001
	Hawler Teaching Hospital	1	(2)	10	(20)	39	(78)	
	Cardiac Surgical Teaching Hospital	0	(0)	2	(16.7)	10	(83.3)	
	Rozhalat Emergency	4	(19)	11	(52.4)	6	(28.6)	
Name of Unit	OPD	0	(0)	2	(16.7)	10	(83.3)	<0.001
	ICU	8	(20)	20	(50)	12	(30)	
	Medical department	6	(16.2)	5	(13.5)	26	(70.3)	
	CCU	1	(2.9)	8	(23.5)	25	(73.5)	
Gender	Male	8	(14.5)	14	(25.5)	33	(60)	0.680
	Female	7	(10.3)	21	(30.9)	40	(58.8)	
Marital Status of Participants	Married	12	(14.5)	20	(24.1)	51	(61.4)	0.213
	Single	3	(8.1)	15	(40.5)	19	(51.4)	
	Widower	0	(0)	0	(0)	3	(100)	
Nursing Qualification	Associate	0	(0)	3	(33.3)	6	(66.7)	0.020
	Diploma	8	(11)	15	(20.5)	50	(68.5)	

	Baccalaureate	7	(18.4)	14	(36.8)	17	(44.7)	
	Master or PhD	0	(0)	3	(100)	0	(0)	
Residential area	Urban	11	(11.6)	28	(29.5)	56	(58.9)	0.916
	Sub Urban	4	(16)	6	(24)	15	(60)	
	Rural	0	(0)	1	(33.3)	2	(66.7)	
Years of experience in nursing (years)	1-10	12	(17.6)	21	(30.9)	35	(51.5)	0.126
	11-20	3	(7.1)	9	(21.4)	30	(71.4)	
	21>	0	(0)	5	(38.5)	8	(61.5)	
Number of receiving training course that related to the heart disease	Not trained	7	(10.6)	22	(33.3)	37	(56.1)	0.124
	1-5 Hours	1	(2)	10	(20)	39	(78)	
	6-10 Hours	2	(28.6)	1	(14.3)	4	(57.1)	

Finally, another fact that appears in the results (Table 5) was the association between the overall learning role as educators of the nurses with their socio-demographic data; they demonstrated a highly significant association between good learning roles with the name of their hospitals (83.3% for Cardiac Surgical Teaching Hospital, 78% for Hawler Teaching Hospital, 45% for Rizgary Teaching Hospital and 28.6% for Rozhalat Emergency, P <0.001) and name of a unit of their hospitals (83.3 % for OPD, 30% for ICU, 70.3% for medical department and 73.5% for CCU, P <0.001).). The good learning role of the nurses was also shown in their qualification (68.5% for Diploma, 66.7% for Associate, 44.7% for Baccalaureate, and 0% for Master or Ph.D. nursing degree, P = 0.020). At the end of the results; learning role of the nurses was not significant with the age group (P = 0.381), gender (P = 0.586), marital status (P = 0.213), residential area (P = 0.916), years of experience in nursing (P = 0.126) and number of receiving training course that related to the heart disease (P = 0.124).

The findings of the study show that most nurses play a good role in health education before discharge from hospital for patients with myocardial infarction while they are in the hospital and after they leave. This is in line with a study done by Ref. [14] who found that educating families about a patient while they are in the hospital and after they leave may improve the quality of care for the patient at home and reduce re-admission to the hospital. This is based on a study done by Ref.[15], who said that nurses should meet patients' needs through health education, and it could make their families happier if the changed their lifestyle to avoid being readmitted to the hospital's. Other findings from the study show that most nurses did well when they were educators for patients before they were leaved the hospital. This could help patients with myocardial infarction get better care at home after they leave the hospital. This is in line with the

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study done by Ref. [16] who used the continuous care model to improve the patient's lifestyle in their home to avoid complications. They said that nurses use this model to make a big difference in the patient's health both while they are in the hospital and after they leave. This is because hospitals do a lot of training and workshops for nurses, which makes them more likely to work in a certain type of hospital. This conclusion is in line with the study done by Ref. [17] They found that nursing education in cardiac rehabilitation can improve health outcomes and cut the risk of a new heart attack. After a heart attack, surgery, or admission to the hospital, nurses give patients health education about their illnesses and how to change their behavior to avoid a new attack or readmission to the hospital. The key to better understanding of the disease, regular medication use, blood pressure control, an ideal BMI, stable total cholesterol levels, and smoking cessation in patients who have had a myocardial infarction is nurses who teach their patients about secondary prevention of coronary heart disease. The study's findings will enhance the effectiveness and quality of nursing care provided to heart attack victims [18].

The present study supported by study done by Turan Karvadem [19] that illustrate effect of role of nursing education on significant improvements in quality of life and coping adaptation lifestyle changes concerning patients' nutrition and physical activity. The practical role of nursing is crucial to make better patient health outcomes in post myocardium infarction this current study result agreement with study done by Ref. [20] that shows enabling practitioners provide personalized patient education, and gave patients a post discharge structure to better follow-up their illness concerns with health professionals in the community.

The main role of nurse in all critical care unit motivate patient who have cardiac disease in Kurdish people to be more awareness about complication of disease and prevent re-addition to hospital and numerus risk factors that due to development of cardiac disease in Kurdistan region like sedentary life style, the current result supported by study done in Bangladesh [21] that shows highest education roles nurses regarding discharge information needs among patient with myocardial infarction. In addition study done in India [22] about the effect of a nurse-led lifestyle modification follow-up program on health outcomes & quality of life among post-myocardial infarction patients The findings of the study are good quality of life and improve life style effected to reduce post complication of myocardial infarction after discharge from hospital.

CONCLUSION

The majority of nurses have an active role as educators during patient hospitalization and after discharge from the hospital, and there is a strong relationship between roles, qualifications, and the units in which they work in it.

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ACKNOWLEDGMENTS:

The authors want to thank all nurses who are working in hospitals in Erbil city and have participated in the study.

Conflict of interests.

There are non-conflicts of interest.

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ISSN: 2312-8135 | Print ISSN: 1992-0652
info@journalofbabylon.com | jub@itnet.uobabylon.edu.iq | www.journalofbabylon.com

Article
JOURNAL OF UNIVERSITY OF BABYLON
For Pure and Applied Sciences (JUBPAS)
Vol.32; No.2.| 2024

الخلاصة

المقدمة:

للممرضات لهم تاثير مهم في تثقيف المرضى بعد الإصابة بأمراض القلب. يساعد الدور التعليمي للممرضات وفعاليات التعلم الأفراد والمجتمعات على تحسين صحتهم. ونهدف الرسالة الى تحديد الأدوار الشاملة للممرضات في التثقيف الصحي والتعلم لاحتياجات المرضى بعد الخروج من المستشفى، لتحديد أدوار الممارسة العامة للممرضات كمعلمات لأنماط حياة المرضى والتكيف قبل الخروج من المستشفى، وتحديد العلاقة بين متغيرات الممرضات وأدوارهن كمعلمات.

طرق العمل:

جريت هذه الدراسة الوصفية في مستشفيات مختارة في أربيل، العراق، في الفترة من 20 يونيو 2021 إلى 20 يناير 2022، مع التركيز على قبول مرضى أمراض القلب. تمت مقابلة عينة مكونة من 123 ممرضًا، وكان الاستبيان يتكون من ثلاثة أجزاء: الخصائص الاجتماعية والديموغرافية، والأدوار التعليمية للمرضى، وممارسات التعلم لتكيف المريض. هدفت الدراسة إلى التعرف على عيوب التثقيف الصحي والأدوار العملية لدى الممرضين لمرضى القلب. وبلغ ثبات الأسئلة 0.926 مما يدل على ثبات مقبول.

النتائج

تتراوح أعمار غالبية المشاركين بين 32 و42 عامًا. وتشكل الممرضات 55.3%، و57.3% حاصلات على شهادة الدبلوم. الدور التعليمي للممرضات في رعاية المرضى، حيث يؤدي 65% منهم أداءً جيدًا. 59.3% قاموا بتعليم المرضى العادات الصحية، ومنع دخول المستشفى، و65% قاموا بتثقيف المرضى بشكل فعال حول الرعاية الذاتية. تكشف الدراسة عن وجود علاقة ذات دلالة إحصائية بين العوامل الاجتماعية والديموغرافية للممرضات، ودورهم التعليمي العام، ودورهم التعليمي الشامل. وارتبط الدور التعليمي الجيد بشكل كبير بالمستشفيات التي يعملون فيها ووحداتهم داخل مستشفياتهم ($P < 0.001$). كما أظهر الممرضون أدوارًا تعليمية جيدة في مؤهلاتهم. ومع ذلك، لم يكن دور التعلم معنويا مع المتغير الاجتماعي والديموغرافي الآخر.

الاستنتاجات:

غالبية الممرضين يلعبون دورا تعليميا جيدا أثناء وبعد العلاج في المستشفى (حوالي 65%)، ومعظمهم يلعبون دورا عمليا جيدا كمعلمين للمرضى قبل الدخول (حوالي 59.3%). كان هناك ارتباط قوي بين مؤهلاتهم وواجباتهم كمدربين لمرضى احتشاء عضلة القلب, سواء بعد العلاج في المستشفى أو قبله.

الكلمات المفتاحية:

الممرضات، احتشاء عضلة القلب، نمط الحياة، التعليم، الخروج من المستشفى

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