
Assessment of patients' knowledge and Perception Regarding Myocardial Infarction

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ABSTRACT

Background: Myocardial infarction, or heart attack, occurs when there is prolonged total occlusion of coronary arterial blood flow. The larger the necrotic area is, the more serious the damage. **Aim:** of the study was to assess patients' knowledge and perception regarding myocardial infarction. **Subject and Methods:** A descriptive research design was used to conduct this study. A convenient sample of 90 patients who have myocardial infarction through 6 months and attended intensive care unit and outpatient clinic in Specialized Hospital and coronary care unit and outpatient clinic in El- Azhar Hospital in Damietta. Tools were used to collect data: includes Sociodemographic characteristics, patient personal medical history, patients' knowledge questionnaire and patients' perception questionnaire. **Result:** The results revealed that the most of the studied patient had unsatisfactory knowledge about nature and causes of, myocardial infarction symptoms, risk factors of myocardial infarction (71.1%, 93.3%, 54.4% respectively). Also more than three quarter (81.1%) of the studied patients had highly positive perception regarding myocardial infarction. While, there was highly statistical significant relation between total patients' perception and knowledge of myocardial infarction. **Conclusion:** the most of studied patients had highly positive perception about myocardial infarction and there no statistical significant relation between age, level of education and patient's perception.

Key words: Myocardial Infarction, knowledge, Perception.

INTRODUCTION

Myocardial infarction is one of the leading cause of death in the world. Acute myocardial infarction occurs when the blood supply to any part of heart is interrupted. This is most commonly due to occlusion of coronary artery following the rupture of a vulnerable atherosclerotic plaque, resulting in ischemia and oxygen shortage. If this condition is left untreated for a sufficient period of time, it can cause damage and death of heart muscle (myocardium) (Lewis et al., 2013). Myocardial necrosis begins at approximately 30 minutes after coronary occlusion, classic acute myocardial infarction with extensive damage occurs when the perfusion of myocardium reduces severely below its needs (Pradeep, 2012).

According to the American Heart Association, (2010) 64% of women and 50% of men who had a myocardial infarction (“heart attack”) were not aware that they had coronary artery disease. The average age of a person having a first MI is 64.5 years for men and 70.3years for women. Every 25 seconds, a person in the United States has a major coronary event and 452,000 people die each year from an MI (Ignatavicius et al., 2013).

Most of these are sudden deaths caused by cardiac arrest, Ninety-five percent of sudden cardiac arrest victims die before reaching the hospital, largely because of ventricular fibrillation, many patients who survive are not able to return to work (AHA, 2011). In Egypt according to the world health organization, the incidence of MI by the year of 2007 is 3.5%in the mortality rate statistics (estimated to be 477,000 deaths each year) (WHO, 2007). Globally, myocardial infarction is an important cause of premature death (Oliveira, 2015).

The most common cause of myocardial infarction is coronary thrombosis which usually is secondary to arteriosclerosis and atherosclerotic changes. Other causes include spasms of the coronary arteries and blockage of the coronary arteries by an embolism (Ignatavicius et al, 2013). Complications of myocardial infarction include dysrhythmias, cardiogenic shock, ventricular rupture, ventricular aneurysm, arterial embolism, venous thrombosis, pulmonary embolism, pericarditis and mitral insufficiency (Frances et al., 2016).

AIM OF STUDY:

The aim of the current study was to assess patients’ knowledge and perception regarding myocardial infarction.

Research Questions

To achieve this aim the following questions are formulated

- 1-What is the patients' knowledge regarding myocardial infarction?
- 2-What is the patients' perception regarding myocardial infarction?
- 3-Which factors are associated with patients' knowledge and perception regarding myocardial infarction?

SUBJECTS AND METHOD:

The subjects and method of the current study were discussed under the following four main designs:

- (I) Technical Design
- (II) Operational Design
- (III) Administrative Design
- (IV) Statistical Design

Research Design:

A descriptive research design was used for the conduction of this study.

(I): Technical Design:

The technical design includes the study study sample, setting, subjects, and tools of data collection.

Study sample:

Convenience sample for 6 months consisting of all patients with myocardial infarction and sample size is 90 patient, 49 from Specialized Damietta Hospital and 41 from Al-Azhar Damietta University Hospital.

Setting:

The study was conducted in intensive care unit and outpatient clinic in Specialized Hospital, coronary care unit and outpatient clinic El- Azhar University Hospital in Damietta.

Subjects:

The subjects of the study were patients who myocardial infarction through 6 months from the beginning of July 2015 to the end of December 2015. They were (90) patients (62.2%) were in age group (50-60) years old and more than three quarters (76.7%) were males. Patients selection criteria was as following; having at least one attack of myocardial infarction, both sex, aged from 20to 60 years old and able to communicate. The exclusion criteria were patients with psychiatric disorders.

Tools of data collection:

One tool was used for data collection. It consists of three main parts

Part one: *Socio demographic and patient heath history sheet;*

It consists of two main parts:

The first part: - socio demographic data sheet: was developed by the researcher, composed of five items including age, sex, marital status, educational level and occupation.

The second part: - Patients health history sheet: was designed to assess the past, the present and the family history for studied subjects. It was developed by the researcher.

Part two: *Patients' knowledge about myocardial infarction sheet:*

It was developed by the researcher based on recent and relevant literature review (**Awad, 2013, Abdelmoulla, 2012 & AL Hallak, 2010**).

It comprised of four main parts:

The first part:-Patients' knowledge about nature and causes of myocardial infarction

It consisted of (5 items) included myocardial infarction not ended in minutes, myocardial infarction is destroying of some heart muscles, myocardial infarction occur due to changes of the heart arteries, decrease blood supply to the part of the heart, decrease oxygen supply to the heart (answer, yes, uncertain or no).

The second part: - Patients' knowledge about signs and symptoms of myocardial infarction

It consisted of (21 items) included chest pain, pain radiating to the shoulder, pain radiating to the arms, pain radiating to the neck, pain radiating to the lower jaw, pain radiating to the back, difficulty in breathing, cold sweating, palpitation, nausea, vomiting, anxiety, general fatigue, gastric pain, sleep disturbances, dizziness, lack of concentration, unconsciousness, a symptomatic, psychological state as depression and marital and daily activity problems (Answer was yes, uncertain, no).

The third part: - Patients' knowledge about risk factors of myocardial infarction

It composed of (14 items) included aging, gender, heredity, hypercholesterolemia, hypertension, smoking, diabetes mellitus, psychological stress, overweight, sedentary activities, over consumption of animal fat, low consumption of fruits and vegetables, increase alcohol intake and oral contraceptive pills (Answer was yes, uncertain or no).

The fourth part: - Patients' knowledge about treatment of myocardial infarction

It consisted of (8 items) included questions related to drug used, medical effect, precautions, side effect, compliance of these drug, best time to treat myocardial infarction, follow up.

Scoring system:

Each item of patient's knowledge about nature, causes, symptoms and risk factors of MI is scored on a 3- point that ranged from zero to two, but part related to drug use, not included in scoring system)

Items	Yes	Uncertain	No
Score	2	1	0

The minimum to maximum possible total score ranged from (0-80) points.

Total knowledge score regarding nature, causes, symptoms and risk factors of myocardial infarction was classified as, satisfactory knowledge; they are patients whose percent scores of knowledge were equal to or more than 65 %.while, unsatisfactory knowledge.

They are patients whose percent scores of knowledge were less than 65% of the total knowledge score.

Part three: Patients' perception about myocardial infarction sheet:

It was adapted from (Awad, 2013). It is concerned with data related to patients' perception about MI. It consist of (18 items) related to patient's perception regarding signs and symptoms, worsen symptoms and preventive measures of myocardial infarction.

Scoring system

Each item of patients' perception about myocardial infarction had scored on a 5points Likert scale ranged from (one - to five)

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Score	5	4	3	2	1

The minimum to maximum possible total score ranged from (18- 90) points. Total perception score was classified as, the highly positive perception: those patients whose percent scores of perception were equal to or more than 65%. In addition, positive perception of those patients whose percent scores of perception were equal to or more than 50% to less than 65%. While, negative perception are those patients whose percent scores of perception were below 50 %.

II-Operational design

This design involved the preparatory phase, pilot study and fieldwork.

A-Preparatory phase

It includes reviewing literature of different studies and theoretical knowledge of various aspects of the problem using books, article, internet periodical and magazines.

B-Validity:

It was carried out by panel of five experts (two assistant professor of medical-surgical nursing department and three lectures of medical surgical nursing department at Port Said University) who reviewed the tool for clarity, comprehensiveness, understanding, relevance and applicability.

C-Pilot study

Pilot study was conducted on 10% of patient from Specialized Hospital and El -Azhar Hospital in order to examine the clarity, relevance and applicability of the tools. These patients were excluded from the study sample. Tool were modified to be clear and understood.

D-Field of work:

All available patients (90 patient) with MI for period of 6 months (from July 2015 to December 2015) and agreed to participate in the study and who meet inclusion criteria and were interviewed by the researcher to collect data. The researcher explained the purpose of the study to the patients before collecting data.

First, the researcher introduced herself to the patients and the aim of the study was explained, then verbal consent was obtained from each patient prior to starting the study. The researcher visited the hospital three times per week and was in touch with the nursing staff. The sheet took from 20-30 minutes.

III- Administrative Design

An official letter was issued from the faculty of nursing, Port Said University to the director of the Specialized Hospital and EL- Azher University Hospital after explaining the purpose of the study to them to obtain their permission to conduct the study and to clarify any question that isn't clear to the patient.

Ethical Consideration

- A verbal consent was obtained from patients to participate in the study after explaining the purpose and nature of the study.
- The studied patients were informed that their participation is voluntary and they have the right to withdraw from the study at any time.
- Ensuring the confidentiality of the information collected and anonymity is guaranteed.

IV Statistical analysis:

All collected data, tabulated, entered, categorized and analyzed were organized by using computer SPSS (Statistical Package for Social Sciences).

Qualitative variables were compared using qui square test (χ^2) as the test of significance and the p-value as the degree of significant and using the correlation (r) as test the p-value is the probability that an observed difference is due to chance and a true difference.

Significance of results was as the following:

- When $P < 0.05$ there was statistically significant differences.
- When $P < 0.001$ there was highly statistically significant differences.

RESULTS:

Table (1): shows that more than half of the studied patients (62.2%) were in age group (50-60) years old and more than three quarters (76.7%) of the studied patient were males and the majority (83.3%) of the studied patients were married while less than one third

31.1% of the studied patients have primary education and more than one third (35.6%) were manual workers, also more than one third (36.7%) of them not working.

Table (2): Reveals that less than half (46.7%) of the studied patients had family history of myocardial infarction and less than one quarter (21.1%) of the studied patients of first degree of relation had myocardial infarction.

Table (3): Reveals that there wasn't significant statistical relation between age & level of education and patients' perception regarding signs and symptoms of myocardial infarction.

Table (4): Shows that there was highly significant statistical relation (strongly correlation) between total Patients' knowledge regarding myocardial infarction and total patient's perception regarding myocardial infarction. Also, there was highly significant statistical relation (strongly correlation) between patients' knowledge regarding symptoms and risk factors of myocardial infarction and total patient's perception regarding MI. But there wasn't significant statistical relation between patients' knowledge regarding symptoms' nature and causes of myocardial infarction and total Patients' perception regarding myocardial infarction.

Figure (1): shows that more than two third (71.1%) of the studied patients had unsatisfactory knowledge about nature and causes of myocardial infarction.

Figure (2): Shows that the most (93.3%) of the studied patient had unsatisfactory knowledge about symptoms of myocardial infarction.

Figure (3): Reveals that more than half (54.4%) of the studied patients had unsatisfactory knowledge regarding risk factors of myocardial infarction.

Figure (4): Shows that more than three quarter (81.1%) of the studied patients had highly positive perception regarding myocardial infarction.

Table (1): Distribution of the studied patients with myocardial infarction in relation to their socio-demographic characteristics.

Socio-demographic data	Frequency N=90	Percent%
Age		
30-40	7	7.8
40-50	27	30.0
50-60	56	62.2
Sex		
Male	69	76.7
Female	21	23.3
Marital status		
Single	2	2.2
Married	75	83.3
Divorced	3	3.3
Widow	10	11.1
Level of education		
Illiterate	25	27.8
Primary	28	31.1
Secondary	26	28.9
University	11	12.2
Occupation		
Not working	33	36.7
Governmental	25	27.8
Manual	32	35.6

Table (2): Distribution of the studied patients according to their family medical history.

Items	No=90	Percent %
Family history of myocardial infarction		
Yes	42	46.7
No	48	53.3
Degree of relation		
First	19	21.1
Second	23	25.6

Table (3): The relationship between demographic characteristics (age & level of education) of the studied patients and their perception of myocardial infarction.

Items	Total perception score regarding myocardial infarction				X ²	P value
	Highly Positive perception		Positive perception			
	No	%	No	%		
Age						
30-40	6	8.2	1	5.9	1.260	>0.05
40-50	20	27.4	7	41.2		
50-60	47	64.4	9	52.9		
Level of education						
Illiterate	18	24.7	7	41.2	4.242	0.236
Primary	22	30.1	6	35.3		
Secondary	22	30.1	4	23.5		
University	11	15.1	0	00		

Statistical significant differences ($p < 0.05$)# Highly statistical significant differences ($p < 0.001$)# Non statistical significant differences ($p > 0.05$)

Table (4): Correlation between studied patients' knowledge and their perception regarding myocardial infarction disease.

		Total perception
Know-A	Pearson correlation	.155
	Sig. (2-tailed)	.145
	N	90
Know-B	Pearson correlation	.387
	Sig. (2-tailed)	.000 *
	N	90
Know-C	Pearson correlation	.596
	Sig. (2-tailed)	.000 *
	N	90
Total Know-A	Pearson correlation	.565
	Sig. (2-tailed)	.000 *
	N	90

A- Patients' knowledge regarding nature and causes of myocardial infarction.

B- Patients' knowledge regarding signs and symptoms of myocardial infarction.

C- Patients' knowledge regarding risk factors of myocardial infarction.

Figure (1): Percentage distribution of the studied patients' total knowledge score regarding nature and causes of myocardial infarction.

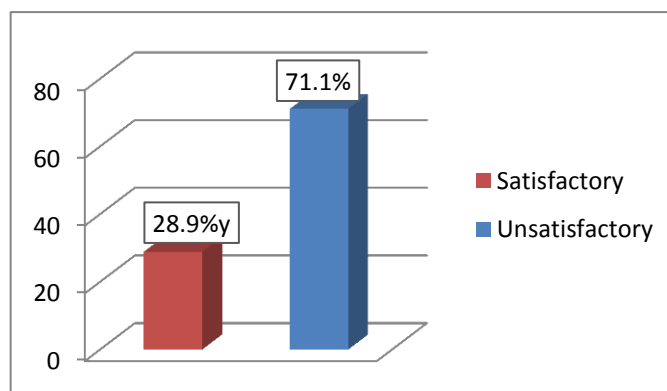


Figure (2): Percentage distribution of the studied patients' total knowledge score regarding signs and symptoms of myocardial infarction.

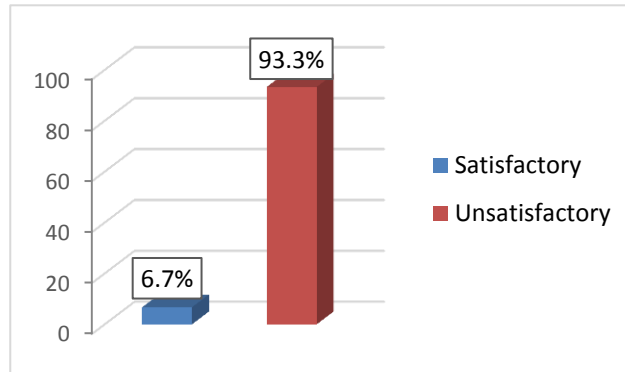


Figure (3): Percentage distribution of the studied patients' total knowledge score regarding risk factors of myocardial infarction.

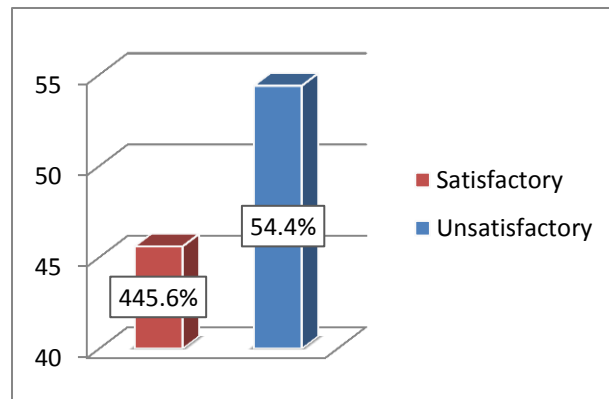
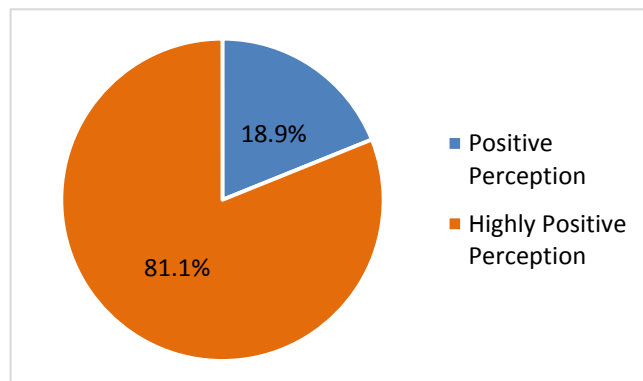


Figure (4): Percentage distribution of the studied patients' total perception score regarding myocardial infarction.



DISCUSSION:

Cardiovascular disease remains one of the most prevalent causes of death. Patients with Cardiovascular disease are still not achieving the lifestyle and risk factor goals recommended by clinical practice guidelines. There are varying opinions regarding the relationship between knowledge and compliance however knowledge is still considered an essential first step to promote appropriate self-care behaviors. Knowledge of risk factors has been correlated to compliance with some lifestyle changes, such as weight loss, increased physical activity, stress management and dietary changes (*Choudhary et al., 2014*).

In relation to age the present study reported that the majority of studied patients were in age group (50-60) years old. This result may be due to the changes that occur to individual's arteries due to age, arteries become sticky with thicker walls, decrease in elasticity and diminished in the ability to respond to changes in pressure (compliance). There are other potential causes such as exposure to sedentary activities and obesity, these results were supported by (*Youssif et al., 2013*) who reported that the majority of the studied patients were above the age of 50 years. Also (*Black & Hawks, 2009*) reported that the minority occur in those younger than 40 years.

Regarding sex; the present study reported that the majority of the studied patients were males, this may be due to the nature of the Egyptian society, in which the male is responsible for his family members and financial resources which put stress over him, meanwhile adult women are protected by the estrogen hormone since estrogen may interfere with the accumulating of foam cells in coronary plaques. Supporting this findings are the findings of (*Ewas, 2011*) who reported that the prevalence of MI was greater in males than females and the majority of his studied patients were males. In contrast (*Black & Hawks, 2009*) reported that the incidence of MI is higher in females than males.

Regarding marital status; the present study shows that more than three quarters of the studied patients were married. Supporting this finding is (*Taha, 2010*) who stated that the majority of the subjects were married. Also this result is consistent with (*Arab, 2003*) who reported that more than half of the studied patients were married. In my opinion, family problems and low income lead to emotional stress and this makes them vulnerable to cardiovascular disease.

In relation to the level of education; the present study demonstrated that more than quarter one of the studied patients were illiterate. This result is consistent with (*Awad, 2013 & Arab, 2003*) who reported that half of the studied patients were illiterate. Also (*Chikeong, 2008*) found out that it is very important for the health team to communicate differently with patients according to their level of education. All illiterate patients need simplified explanation in order to understand easily.

Regarding occupation; the present study demonstrated that more than one third of the studied patients were not working and less than one third had governmental job. This can be attributed to the physical efforts and psychosocial stressors of work. This is the same line with (*Laurent & Shinn, 2010*) who mentioned that more than half of his studied

patients not work, less than one third had governmental job and he stated that there is a close relationship between myocardial infarction and duration and type of work. This result is in contradiction with (*Taha, 2010*) who illustrated that more than one third of the studied patients were retired, due to the fact that retired people tend to be less physically active and tend to have more sedentary life.

According to family history; the present study demonstrated that less than one quarter of the studied patients had a history of first degree relatives of myocardial infarction, this finding is contradicted with (*Kim et al., 2016*) who reported that only 8.8% of patients had family history of myocardial infarction.

According to patient's knowledge about nature and causes of myocardial infarction; the present study revealed that the majority of the studied patients had unsatisfactory knowledge about nature and causes of myocardial infarction. These results were consistent with (*Smeltzer et al, 2010*) who stated that it is important to explain the nature of the disease (definition, and causes) to the patient to make the best possible adjustment to illness and recovery.

In relation to the patients' knowledge about MI symptoms; the present study revealed that the majority of the studied patients had unsatisfactory knowledge about symptoms of myocardial infarction. These results were supported with (*Eslick, 2005 &Carison, 2011*) who stated that the most of the patients had inadequate knowledge about the symptoms of myocardial infarction, and knowledge of symptoms did not necessarily translated into decisions to act.

According to patients' knowledge about risk factors of myocardial infarction, The results in the present study indicated that the studied subjects had unsatisfactory knowledge about risk factors of myocardial infarction. This is the same line with (*Youssif et al., 2013*) who stated more than half of the patients in his study had low level of knowledge about risk factors of myocardial infarction.

In relation to perception of symptoms seriousness, the findings in the current study indicated that all studied patients had positive perception related to myocardial infarction. Supporting this finding by (*Awad, 2013*) who stated that the majority of the studied subjects had positive perception related to myocardial infarction symptoms seriousness. The findings in this study are inconsistent with (*Johnson, 2009*) who indicated that patients delayed seeking care for their myocardial infarction symptoms because they believed that their symptoms were not ischemic in origin. In according my opinion these may be because patients involved in the study had at least one attack so that they perceive their symptoms to be serious enough to ask medical attention.

The current study indicated also that there was no significant statistical relation between patients' age and the patients' perception of myocardial infarction. This result is inconsistent with (*David et al., 2011*) who reported that personal perception of myocardial infarction increased significantly with age. In addition; the results in the present study indicated that there is no significant statistical relation between the level of education and patients' perception about the seriousness of myocardial infarction symptoms. This result was consistent with (*chokani-Namame, 2005*) who reported that

there is no statistical relation between the level of education and patients' perception of myocardial infarction symptoms seriousness. While this result is congruent with (*Awad, 2013*) who demonstrated that there was highly statistical relation between the level of education and patients' perception of myocardial infarction symptoms seriousness.

Correlation between the studied patients' knowledge and their perception of myocardial infarction.

The present study revealed that there was a strong correlation between the patients' knowledge and their perception of myocardial infarction disease.

Illness perceptions regarding the causes, symptoms, risk factors, and treatment of cardiovascular disease are often influenced by one's knowledge of the disease, so that perception of patients of the disease and sufficient knowledge about it is an important factor in reducing the risks of morbidity and mortality associated with it, in contrast, lack of knowledge and misperception can lead to increase the incidence of the disease process and its complications.

CONCLUSION:

Based on study findings, it can be concluded that: the most of them had high positive perception of myocardial infarction disease. The present study revealed that there is a strong relation between the patients' knowledge and their perception of myocardial infarction disease. The present study demonstrate that level of education, age weren't considered factors affecting patients' perception regarding myocardial infarction.

RECOMMENDATIONS:

All patients have myocardial infarction are in need to an adequate knowledge to help them to adapt with their life. Establishment of a web site, including all information about myocardial infarction and all aspects of health education such as different educational materials, medias, and audio- visual aids. Continuous training program for myocardial infarction patients and their caregivers should be implemented to decrease the complications and prevent recurrent attacks. Replication of the study on a large probability sample selected from different geographical areas to obtain generalized data.

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تقييم معلومات وإدراك المرضى تجاه احتشاء عضلة القلب

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الخلاصة

يحدث مرض احتشاء عضلة القلب نتيجة لعدم وصول الدم لبعض خلايا عضلة القلب . وكان الهدف من هذه الدراسة هو تقييم معلومات وإدراك المرضى تجاه احتشاء عضلة القلب . وقد تم استخدام التصميم الوصفي لاجراء هذه الدراسة وتتألف عينة البحث من جميع المرضى الذين يعانون من مرض احتشاء عضلة القلب فى العنايه المركزه والعيادات الخارجية بمستشفى الأزهر الجامعي ومستشفى التخصصي بدمياط خلال (٦) شهور و عددهم (٩٠) مريض . وقد استخدمت أداة واحده لجمع البيانات . أوضحت هذه الدراسة أن معظم المرضى ٩٣.٣% ليس لديهم معلومات كافييه عن علامات واعراض مرض احتشاء عضلة القلب و أكثر من ثلثي ٧١.١% من العينه داخل عينة البحث ليس لديهم معلومات كافييه عن طبيعه وأسباب مرض احتشاء عضلة القلب بينما جميع المرضى لديهم مستوى مرضى من الادراك عن مرض احتشاء عضلة القلب . كان هناك علاقه ذات دلاله احصائيه عاليه بين معلومات المرضى وادراكهم تجاه مرض احتشاء عضلة القلب واثبتت الدراسة ان السن ومستوى التعليم ليس لهم تأثير على ادراك المرضى تجاه مرض احتشاء عضلة القلب .

الكلمات المرشدة : معلومات وادراك المرضى ،احتشاء عضلة القلب .