



Lived In Experience of Patients with First Episode of Myocardial Infarction-Qualitative Study

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Abstract:

Acute myocardial infarction is the medical name for a heart attack. Heart attacks occur when the flow of blood to the heart becomes blocked. They can cause tissue damage and can even be life-threatening. A number of different factors may increase the risk for a heart attack, including high blood pressure, high cholesterol, and diabetes. Cardiovascular diseases are the number 1 cause of death. Globally more people die annually from cardio vascular disease than any other causes³. (National communicable disease prevention). The purpose of this qualitative study was to understand and capture the individual experience during the phase of .Acute myocardial infarction. It is a disease which affects the patient in an extremely stressful way. So, through phenomenological approach with sequential exploratory research the lived in experience of 5 individuals, who were affected through myocardial infarction was assessed by one to one interview using open ended questions. The study revealed that, the patient or person who was affected by acute MI, finds himself in a new situation of life in ending time and also they felt, they were in most vulnerable stage, they are challenged more than ever to change lifelong patterns of living in future.

Key words: Lived in experience, Myocardial infarction

Introduction

Cardio vascular disease affects the people of all ages and population including women and children. It currently causes 1703 million deaths every year. 80 percent of incidences occurring in low and middle income countries and it is the world's number one killer. Around 194 countries were made a commitment to reduce premature deaths from CVD by 25 percent from what is existing now by the year 2025 1.

According to the projection by the WHO and the ICMR , India will not only be the heart attack capital, but also the capital of diabetes and hypertension by 2020. It is essential to give health education on life style modification to the patriots ,it should focus on identification of the personal, cultural and social feature that acts as a barrier to patients in modifying their life style².

Need for the study

Cardiovascular diseases (CVDs) have now become the leading cause of mortality in India. A quarter of all mortality is attributable to CVD. Many people who've had heart attacks experience anxiety and depression.³ Most people are not able to resume their normal activities after a heart attack. However, they need to ease back into any intense physical activity⁴ The Investigator is interested to ask the feelings of the patient to find out how they experience about the disease condition.

Statement of problem:

A qualitative study to assess the lived in experience of myocardial infarction among patients with first episode of M.I in selected settings.

Objective was to assess the lived in experience of myocardial infarction among patients with first episode of M.I in selected settings.

Research methodology

Research design: Qualitative research design was adopted for this study. Phenomenological lived in approach with sequential exploratory design was used.

Research setting: The setting for the study was patient who got admitted in C.S.I mission hospital, neyyoor. Tamilnadu

Population of the study were, the Patients who got admitted with first episode of myocardial infarction. In which the samples were selected with inclusive criteria.

Inclusion Criteria: The study includes

1. Patients who got admitted with first episode of myocardial infarction.
2. Male and female patients between the age group of 40 to 69 years.
3. Patients who has been admitted in the hospital for more than 5 days.

Exclusion criteria: The study excluded patients who were

1. Not cooperative.
2. Who were critically ill.
3. Who has major chronic diseases such renal failure and any life threatening conditions

Sampling technique used for this study was convenient sampling of non probability type.

Sample size was 5 patients who had their first episode of myocardial Infarction.

Tools for data collection,

Section A. Semi structured questionnaire for Demographic variables

Section B. Comprised of 10 open ended question and semi structured asked by the investigator.

Method of data collection:

Formal permission was obtained from the hospital. 5 samples of those who were selected with criteria were asked to answer for the questions and they were allowed to ventilate their feelings.. Every word were recorded and analyzed.

Findings of the study

After analyzing statements by thematic analysis concepts of pain experience, loss of control, mutual communications, fear of future ,fear of death were emerged.

1. Pain experience

They explored their pain experiences as burning pain in the chest, feeling of suffocation and the kind of pain that took away the power of speaking. The individuals' statements about pain are as follows;

- *I got up rashly,I felt my heart and shoulders were pressed. I felt a stabbing type of pain and I could not talk and felt giddiness.*
- *The pain was unbearable, I was driving the car I felt the worsening pain and get down from the car ran to causality and am speechless and don't know what happened then.*

The core of these statements is **it is an unpleasant mental and physical feeling.**

2. Loss of control:

Another aspect of lived experiences of patients with heart problems is loss of control on external & internal problems. The participants mentioned as follows;

- *“ I am not able to move (physical disability),*
- *I need somebody to help (treatment dependent life) and loss of control over their life in future i.e , someone should manage our family, I may not be a breadwinner of my family in future*
- *I used to roam always*
- *I did a lot of work in the past, but I don't feel doing now, These are the statements by the participants.*

The core finding is, **fear of physical inability in doing their daily activities.**

3. Fear of future.

Regard to this, the participants *were stated as follows;*

- *I asked god why such incident happens to me. What will be my future? Who will take care my family?*
- *I see older people who can eat everything but I have to be on diet.i think it is a punishment*
- *I can't do anything, I lost my weight, I feel weak and my body starts to shiver to hold even a coffee*

The essence of these statements is, they are worried and lost their confidence to live in future.

4. Mutual communication:

The patient witnessed worries fear of their relatives while they attempted to support the patient as soon as the diagnosis of M.I was made.

- *My wife gave me hope and said not to worry. But she worried & feeling insecure*
- *I myself was more dependent on my family*
- *The doctors told me not to worry but, they were tensed while looking at my report*
- *My family might have not take care of themselves who is with them*
- *Did they know that, I am alright after few hours.*
- *Can I talk to them like earlier*

The core finding is they are **not able to communicate to their relatives and health care people as they like.**

5. Fear of death

In related to recovery from acute MI the participants expressed as follows;

- *I went into the end of death.*
- *I felt that I won't alive*
- *I felt that I could not see my grandchildren.*
- *I thought I am leaving from my family*

The core finding is **all participants felt that MI will kill them.**

Discussion:

The study findings showed that, the acute MI is always one of the main causes of disturbing the patient's living conditions. The disability due to disease has reduced a person's control over life and pushes him/her towards more dependency. so, the assurance and comfort is very much essential for the patients during their acute phase of MI. Nurses must pay attention to the fact that, physical inability has an important role for patients and affects all aspects of their life. So, health education is very important to build the confidence about their future. Leemrijse et al (2013) says Secondary prevention is essential, but participation rates for cardiac rehabilitation are low. Primary outcome is change in cardiovascular risk factors (cholesterol, body mass index, waist circumference, blood pressure, physical activity and diet⁵.

Rajeev gupta ., (2014) done a study and reported that standard risk factors such as smoking, abnormal lipids, hypertension, diabetes, high waist-hip ratio, sedentary lifestyle, psychosocial stress, and a lack of consumption of fruit and vegetables explained more than 90% of acute CHD events in South Asians.⁶

Conclusion; The study concluded that, the MI is a unpleasant feeling which brings down the human self confidence to low level and increases the stress and fear towards future. The

patients need motivation to do their daily activities, take care of their family members and live future in a positive way. This study concludes also that , the nurses has to take care of the M.I patients and provide psychological support. .

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