Factors influencing well-being among post myocardial infarction patients.

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The significant of the research problem

- Myocardial infarction (MI) is a major health problem in Thailand.
- Myocardial infarction has become the leading causes of morbidity and mortality among Thai people.
The significant of the research problem

• The admission rate per 100,000 population has risen from 347.57 in 2008 to 412.70 in 2011 and to 431.91 in 2013.

• The mortality rate per 100,000 population has risen from 21.19 in 2008 to 23.45 in 2012.
admission rate per 100,000 population
The significant of the research problem

• Post myocardial infarction patients tend to be functional decline and re-hospitalization because illness progression and complications.
Objective:

• The objectives of this study were to examine correlated and predicting factors of well-being among post myocardial infarction patients.
Research Design:

• Predictive correlational study
Instrumentation:

The structured questionnaire consisted of eleven parts.

1. Personal information
   - the demographic characteristics of the respondents, i.e. age, gender, marital status, income, occupation, and history of illness.

2. Health perception scale
   - 1 item; rating scale 1-10

3. Well-being scale
   - 1 item; rating scale 1-6

4. Mental and emotional status scale
   - 8 items; rating scale 1-6

Reliability = .71
Instrumentation:

5. depression inventory
   The 20-item Zung Self-Rating Depression Scale
   Reliability = .82

6. stress management scale
   6 items; rating scale 1-5
   Reliability = .68

7. functional performance scale
   10 items; rating scale 1-5
   Reliability = .87
Instrumentation:

8. illness adjustment scale
   7 items; no, yes
   Reliability = .97

9. food consumption scale
   16 items; rating scale 1-5
   Reliability = .72

10. physical activity scale
    4 items; rating scale 1-5
    Reliability = .71

11. adherence to treatment and risk control scale
    16 items; rating scale 1-5
    Reliability = .71
Sample:

• 201 myocardial infarction patients who follow up at outpatient department, Somdet Phraborom Ratchathewi Na Siracha Hospital

• Purposive sampling
Inclusion criteria:

1) those who were physician’s diagnosis Myocardial infarction;
2) those who did no suffer from illness such as neurological problems, psychological disorders, or hearing problems;
3) those who were conscious, and can communicate in Thai language;
4) those who were willing to participate in the research
Data Collecting:

• The data for this study were collected by using a questionnaire to interview the patients who follow up at outpatient department, Somdet Phraborom Ratchathewi Na Siracha Hospital under rather private section.
Data Analysis:

• Data were analyzed by
  – descriptive statistics
  – Pearson correlation,
  – and multiple regressions.
Results:

- Demographic Characteristics of the Participants

A total of 201 MI patients participated in this study. The mean age of patients was 64.45 years (SD = 11.75) and 131 patients (65.2%) were male. The majority of the participants were married (96.0%). The average duration of illness was 59.06 months (SD = 60.24). Most of them has ever been hospitalization one time (82.6%).
## Results:

<table>
<thead>
<tr>
<th>Well-being</th>
<th>Correlations</th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td>health perception*</td>
<td>.349</td>
<td>&lt;.001</td>
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<tr>
<td>functional performance*</td>
<td>.365</td>
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<td>illness adjustment*</td>
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<td>.006</td>
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<td>mental and emotional status*</td>
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<tr>
<td>food consumption</td>
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<td>.075</td>
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<td>physical activity</td>
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<td>stress management</td>
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<td>.386</td>
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<tr>
<td>adherence to treatment and risk control*</td>
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<td>.026</td>
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<tr>
<td>depression*</td>
<td>-.548</td>
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Results:

Predicting factors of well-being

<table>
<thead>
<tr>
<th></th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
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<th>Sig.</th>
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<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
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<tr>
<td>Constant</td>
<td>3.036</td>
<td>.726</td>
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<td>mental and emotional status</td>
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<td>depression</td>
<td>-.034</td>
<td>.008</td>
<td>-.286</td>
<td>-4.163</td>
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</table>

## Results:

### Predicting factors of well-being

<table>
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<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Change Statistics</th>
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<tbody>
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<td></td>
<td></td>
<td>R Square</td>
</tr>
<tr>
<td>A</td>
<td>.604&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.365</td>
<td>.362</td>
<td>.365</td>
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<tr>
<td>B</td>
<td>.645&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.416</td>
<td>.411</td>
<td>.051</td>
</tr>
</tbody>
</table>

A= Constant, mental and emotional status  
B= Constant, mental and emotional status, depression
Discussion
Implications and Recommendations

• From the research results, health care providers and health care institutes should develop guideline and conduct research to promote mental and emotional status and reduce depression.
Thank You for Your Attention