

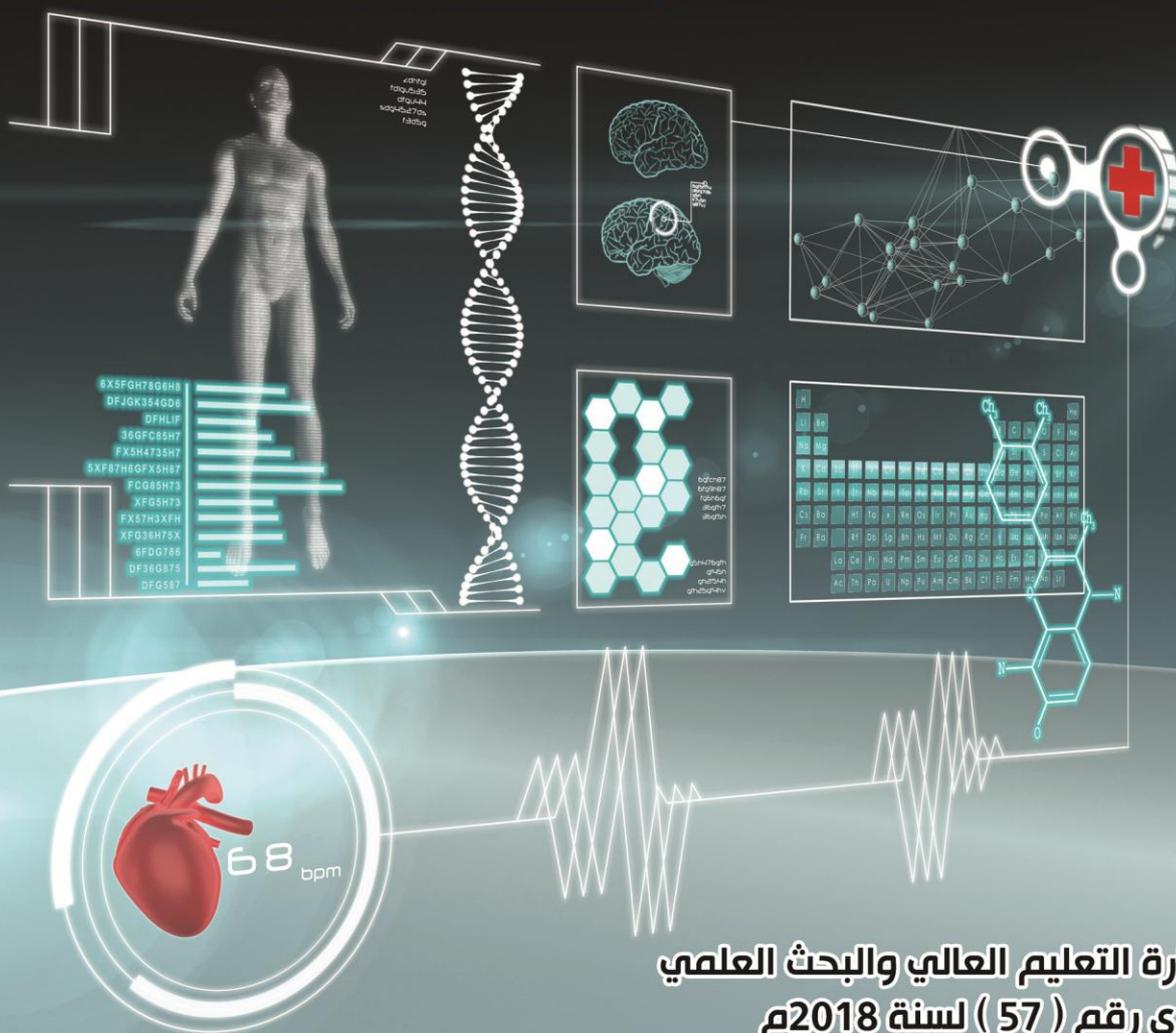
# Al-Razi University Journal for Medical Sciences



## RUJMS

ISSN No. 2616-6143

Volume (3) Issue (1) June 2019



مرخصة من وزارة التعليم العالي والبحث العلمي  
بقرار وزاري رقم ( 57 ) لسنة 2018م

RUJMS

Published by Al-Razi University

Bianual Referred Journal

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**Designed by Eng. Osama Al-Moaina  
Ossamah245@yahoo.com**

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## Effect of Training Program on Nurses ' Knowledge Toward Care of Patients with Myocardial Infarction in Al-Thowrah Hospital, Al-Hodeida City, Yemen

Sadek Abdu Alwsaby<sup>1\*</sup>, Nabil Ahmed Al-Rabeei<sup>2</sup>, Abdelaziz Baalawi<sup>1</sup> and Ali Floos<sup>1</sup>

<sup>1</sup>Nursing Division, Faculty of Medicine and Health Sciences, Al-Hodeida University-Yemen, <sup>2</sup>Departement of Applied Medical Sciences, Faculty of Medical Sciences, Al-Razi University-Yemen

\* Corresponding author: Sadek Abdu Alwsaby, Nursing Division, Faculty of Medicine and Health Sciences, Al-Hodeida University-Yemen

### Abstract

**Background:** The most common cause of myocardial infarction is occlusion of the coronary artery. Education and training the nurses provide care for myocardial infarction patient lead to decrease patient's morbidity and mortality. **Aim:** to assess the effect of training program on nurses' knowledge toward the care of the patient with myocardial infarction. **Methods:** The study was conducted in car in intensive care unit at Al-Thowrah hospital, Al-Hodeida city. A quasi-experimental design was used from October 2018 to April 2019 on 30 nurses. Simple random sampling method was applied to selected nurses to participate in the study. A questionnaire was used to collect data about nurse's knowledge toward myocardial infarction pre and post training program. According the detected need of nurses develop training program and implemented through the session to update nurses knowledge. SPSS was used to analysis of the study variables. Data was analyzed by using descriptive and inferential statistical in terms of frequency, percentage, mean, standard deviation. Paired t-test and McNemar test also used. **Results:** The results revealed statistically significant difference in nurses' knowledge related to care of myocardial infarction pre- post-training program. There was a significant relationship between nurses' knowledge and their demographic characteristic pre-post program. **Conclusion:** A statistically significant difference of nurses' knowledge pre and post-training program was found. Pre and in-service training program should be implemented to all nurses worked in ICU to update their knowledge about care of patient with myocardial infarction.

**Keywords:** Myocardial infarction, Nurses knowledge, Training Program, Al-Hodeida City

### Introduction

The mortality rate caused by Myocardial Infarction (MI) is still high for both sexes, according to world health organization estimation it was 5674 deaths each year. The most common cause of myocardial infarction is occlusion of the coronary artery, usually

precipitated by rupture of vulnerable atherosclerotic plaque and subsequent

thrombus formation<sup>1</sup>. After an acute myocardial infarction, the patient is discharged within a few days, often in a state of anxiety and great uncertainty. The spouse is usually even more anxious than the patient and often finds the

immediate post-discharge period extremely stressful. Most patients, but few partners, will have received some instruction from the Coronary Care Unit (CCU) nurses about the nature and treatment of the attack, but unless there are formal educational sessions, the amount learned is unpredictable<sup>2</sup>. The most effective way to increase the probability that the patient will comply with self-care regimen after discharge is to provide adequate education about the disease process and to facilitate the patient's involvement in MI rehabilitation program. Working with patients in development plans to meet their specific needs.

To extend and improve the quality of life, a patient who has had MI must learn to regulate activity according to personal responses to each situation. The nurse and patient develop a program to help the patient achieve desired outcomes<sup>3</sup>. Avoiding any activity that produces chest pain, dyspnea, or undue fatigue, avoiding extremes of heat and cold and walking against the wind, losing weight, stopping smoking, alternating activity with rest periods, using personal strengths to compensate for limitations, developing regular eating patterns, adhering to medical regimen, pursuing activities that release tension and controlling of the co-morbid conditions<sup>4</sup>. Intensive care requires a high-level qualification and competencies. Therefore, there has been a need to examine and describe competence guidelines, standards, and frameworks of critical care nursing<sup>5</sup>. Nurse's role in myocardial infarction care included the chest discomfort relieving, Reduce anxiety, assess vital signs, document the mental status and level of anxiety<sup>6</sup>. improving respiratory function and monitoring and managing potential complications<sup>7</sup>.

### **Aim of the study**

This study was aimed to assess the effect of training program on nurses' knowledge toward the care of the patient with Myocardial Infarction.

### **Subjects and Methods**

The study was carried out in intensive care unit in Al-Thowrah Hospital, Al-Hodeida city, Yemen. A quasi-experimental study design was used to assess the effect of training program on nurses' knowledge toward the care of patients with MI in Al-Thowrah Hospital, Al-Hodeida City, Yemen. 30 nurses working in the intensive care unit were selected by simple random sampling.

Data were collected by use of the questionnaire. The questionnaire was included 4 parts: 1). Nurses demographic characteristics, which includes 4 questions covering the: age, qualification, marital status, and monthly income, 2). anatomy of the cardiovascular system includes 6 questions covering the: site of the heart, weight of heart, chambers of the heart, a wall of the ventricle, cardiac output and stroke volume, 3). physiology of cardiovascular system includes 4 questions covering the: consist of the cardiovascular system, sinus of the heart, layers of the heart and important blood vessels and 4). Coronary artery disease, includes 24 questions covering the: causes of coronary artery disease, theories and risk factors of atherogenesis, pain and precipitating factors of angina, risk factors of atherosclerosis and MI, chest pain, clinical manifestation, complications, diagnostic tests, pharmacological management of MI, nursing role, nursing diagnosis, nursing intervention for patient with MI.

The training program was applied for improving nurses' knowledge related to the care of the patient with MI. The content validity was established by a panel of 5 expertise who reviewed the

tool for clarity, relevance, comprehensiveness, understanding, applicability, and ease for implementation and according to their opinion minor modification were applied.

A pilot study was carried out on five nurses (12.8%) in intensive care unit to test the clarity and practicability of the tools. The results of the data obtained from the pilot study helped in the modification of the tool, item was then corrected as needed. Data collection was carried out from October 2018 to April 2019 in morning and afternoon shift, the questionnaire sheet filled by the nurses, while they were in the workplace.

The data was collected pre and post-training program. Upon completion of data collection, variables included in each data collection sheets were organized and tabulated and code prior to computerized data entry by using SPSS, version 18. Data were summarized by using frequency, percentages, mean  $\pm$ SD as an average describing central tendency of data. Used paired t-test for quantitative variable and McNemar test for the qualitative variable. Statistical significance was considered at P-value  $< 0.05$ .

As regards to nurse knowledge scores, a score of one was awarded for the correct answer and zero for an incorrect answer. The mean  $\pm$ SD of total knowledge score was calculated. Then a score of 60% or more was

categorized as satisfactory and a score less than 60% as unsatisfactory.

The official permission to conduct the study was taken from the faculty of medicine and health Sciences, Hodeida University. Permission for data collection and implementation of the training program was obtained from the Manager of Al-Thowrah hospital and supervisors of nurses in intensive care unit (ICU). The purpose of the study was explained prior to questionnaire distribution.

At the initial interview, the researcher informed each nurse about nature, purpose, and benefits of the study, and was informed that her participation is voluntary. Confidentiality and anonymity of the subjects were also assured through coding of all data. The researcher was assured that the data collected and information were confidential and would be used only for the purpose of the study.

## **Results**

Table 1 shows that the distribution of demographic characteristics among nurses. The results of the study showed that two-thirds (66.7%) of the nurses aged ranged from 18 to  $<30$  years old. More than four-fifths (83.4%) of the nurses had a diploma degree in nursing. As regards marital status, the two third (66.7%) of the nurses were married and two fifths (40%) their monthly income ranged from 25000-40000 YR.

**Table 1: Distribution of demographic characteristics among nurses (n=30)**

Demographic characteristics	F	%
Age (Year)		
• 18 - 30	20	66.7
• > 30	10	33.3
Qualification		
• Diploma in Nursing	25	83.4
• Bachelor of Nursing	5	16.6
Marital status		
• Unmarried	10	33.3
• Married	20	66.7
Monthly income		
• < 25000 YR	10	33.3
• 25000 – 40000 YR	12	40
• > 40000 YR	8	26.7

Table 2 presents that there was statistically significant differences pre and post-program among nurses in all items of knowledge ( $P$  value= 0.000 and 0.002).

Table 3 shows nurse's level of knowledge about cardiovascular system and myocardial infarction pre-post program. According to the table, the nurse's level of knowledge was unsatisfactory in pre-training. At post-training, nearly all nurses had a satisfactory knowledge about all items of the cardiovascular system and myocardial infarction. A statistically

significant differences was found in nurses knowledge pre and post-program ( $P=0.000$  and 0.022).

Table 4 clarifies that a statistically significant differences was found in relation to age ranged from >30 years and knowledge post –training program ( $p<0.01$ ). Table 5 shows that there was no statistically significant differences between nurse's marital status and their score of knowledge pre and post-program ( $P>0.05$ ).

Table 6 indicates that no statistically significant differences between nurse's qualification and their knowledge pre and post- training program.

**Table 2: The nurses mean score of their knowledge about the care of the patient with myocardial infarction pre and post-program (n=30)**

Items	Pre-training program		Post-training program		Paired t-test	P-value
	$\bar{X}$	$\pm$ SD	$\bar{X}$	$\pm$ SD		
Anatomy of Cardiovascular system	41.33	18.14	89.66	14.19	12.89	0.000**
Causes, theories and risk factor of Coronary Artery Disease	53.88	30.85	78.33	17.58	3.32	0.002**
Information about Myocardial Infarction	57.14	21.55	75.71	17.65	3.43	0.002**
Nursing care for patient with Myocardial Infarction	48.78	20.18	87.87	11.02	8.50	0.000**

\*\*statistically significant

**Table 3: The nurse's level of knowledge about the care of the patient with myocardial infarction pre and post-program (n= 30)**

Items	Pre-training program				Post-training program				P-value*
	Satisfactory		Unsatisfactory		Satisfactory		Unsatisfactory		
	F	%	F	%	F	%	F	%	
Anatomy of Cardiovascular system	14	46.7	16	53.3	29	96.7	1	3.3	0.000**
Causes, theories and risk factor of Coronary Artery Disease	18	60	12	40	27	90	3	10	0.022**
Information on MI	18	60%	12	40	27	90	3	10	0.022**
Nursing care for patient with MI	13	43.3	17	56.7	28	93.3	2	6.7	0.000**

\*McNemar test, \*\*statistically significant

**Table 4: The relation between mean score of nurses knowledge and their age pre and post-program (n=30)**

Nurses knowledge	Age range					
	18-30 year		>30 year		Paired t-test	P-value
	$\bar{X}$	$\pm$ SD	$\bar{X}$	$\pm$ SD		
Pre training program	52.27	13.19	51.36	17.86	0.158	0.876
Post training program	83.63	9.96	95.09	8.78	4.64	0.01**

\*\*Statistically significant

**Table 5: Relation between mean score of nurses knowledge and their marital status pre and post-program (n=30)**

Nurses knowledge	Marital status					
	Unmarried		Married		Paired t-test	P-value
	$\bar{X}$	$\pm$ SD	$\bar{X}$	$\pm$ SD		
Pre training program	49.1	17.01	53.40	13.48	0.758	0.455
Post training program	85.2	7.59	85.56	10.53	0.100	0.921

**Table 6: Relation between mean score of nurses knowledge and their qualification pre and post-program (n=30)**

Nurse's knowledge	Qualification					
	Bachelor		Secondary education		Paired t-test	P-value
	$\bar{X}$	$\pm$ SD	$\bar{X}$	$\pm$ SD		
Pre training program	52.27	16.15	51.90	14.63	0.050	0.961
Post training program	88.18	8.09	84.90	9.83	0.795	0.454

## Discussion

Regarding general characteristics of the study subjects, the results of this study clarify that more than two-thirds of the studied subjects were married, aged between 18- 30years and more than three quarters had a secondary diploma in nursing. This result is in agreement with the study conducted by Shalby, 2009<sup>8</sup>, who reported that the mean age of nurses who graduated from the secondary school of nursing ranged between 22-24 years and most of them are single.

Also, the present study agrees with Said, 2006<sup>9</sup>, who emphasized on her study at Benha University that lack of nurses' education is considered a failure in the system leading to unsatisfactory health care and that majority of nurses didn't attend any training programs for patient care with myocardial infarction, thus there was bad knowledge and care introduced to patients. This may be due to lack of service in educational programs. This study disagrees with Chun-Hua et al, 2008<sup>10</sup>, who reported that the mean educational level in their study at China was bachelor above (34.1%), while the current study results revealed the main studied nurses' qualification was a secondary nursing diploma.

Regarding nurse's knowledge, the result of the present study clarifies that more than three-quarters of the studied subjects improved their knowledge scores in all items of myocardial infarction patient care after implementation of the program. This result agrees with Maysoon et al, 2011<sup>11</sup>, who showed that the Jordan nurses improved their knowledge and attitudes after the implementation of the program. It also agrees with Heather et al, 2011<sup>12</sup>, who said that Nurses showed significant improvement in knowledge ( $p = 0.02$ ) and self-efficacy ( $p = 0.001$ ) from baseline to post-training. It is also

similar to that of Shalby, 2009<sup>8</sup> who found in his study an improvement in the nurse's knowledge scores after the program with highly statistically significant differences. This finding agrees with Taha, 2006<sup>13</sup> who found that the knowledge scores after implementation of the program are highly statistically significant differences. This is in line with paez et al, 2003<sup>14</sup> who showed an achievement of teaching objects in their study on the assessment of the educational program. There might be nurses exposed to an educational program update their knowledge about the care of the patient with myocardial infarction.

Concerning the relation between the nurses' age and their mean score level of knowledge about the myocardial infarction patient care pre-post training program. The present study revealed a high statistical relation between the nurses' age and their level of knowledge pre - post-program ( $P=.011$ ). It shows that the nurses, aged between 30 years and above, had a high mean score of knowledge than the nurses belonged to the age group of eighteen to thirty. There might be nurses in the same age concentrate on their career so they interest in improving and updating their knowledge to get better opportunities for promoting. The younger nurses, on the other hand, are not interested in updating their knowledge because they had already fresh knowledge because most of them are a new graduate. These results were in agreement with Shalby, 2009<sup>8</sup> who shows that there is a statistically significant difference between nurses' knowledge, practice, and empowerment after post scores. Also, the study conducted by Taha, 2006<sup>13</sup> documents a positive correlation between age and knowledge and practice. This result also agrees with Abd-Elmoniem, 2001<sup>15</sup> who found that there was a

positive correlation between knowledge and nurses' age in post-test. As for the relation between the nurse's marital status and their total score of mean knowledge pre and post-program, the study finding revealed no relation detected between nurses' marital status and their mean score of knowledge in pre - post-program. This finding was in the same line with the study conducted by Shalby, 2009<sup>8</sup>, at Benha University hospital, who reported no significant relation between nurse's knowledge pre and post-program and their marital status. Also, the present study finding is supported by a study of Janice et al, 2005<sup>16</sup> who found no statistically significant difference between the study subjects' knowledge and their marital status before and after the program. But the present study finding was contradicted with Heather et al, 2011<sup>12</sup> who reported a positive relationship between the study practice of knowledge and their marital status after the post implementation of the program. Also, the same finding was mentioned by Adeline et al, 2008<sup>17</sup>, who showed a positive correlation between the nurses' knowledge and their marital status throughout the program of health education.

The finding of the present study revealed no relationship between the nurses' level of the mean score of knowledge and their qualification in pre - post-program. There might be nurses worked in the cardiac care unit had a diploma in nursing and fewer of them had a bachelor degree. The same finding was reported by Bongalore and Kanataka, 2005<sup>18</sup> who concluded that the qualification did not affect the knowledge and practice of the studied sample. However, this result disagrees with Shalby, 2009<sup>8</sup> who reported that previous qualifications were positively correlated with knowledge scores of nurses. It also disagrees with Weber et

al, 2007<sup>19</sup> who documented that there is a positive relationship between knowledge and qualification of the studied subjects and their knowledge throughout the program.

### **Conclusion**

Based on the findings of the present study it can be concluded that, there were statistically significant differences in the mean score of nurses' knowledge pre and post-training program. Nurse's Knowledge toward care of the patients with myocardial infarction improved significantly post-training program implemented.

### **Recommendation**

Continuous in-service training programs for all nurses worked in ICU to updating their knowledge.

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