JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

An EDUCATION TO ASSESS THE RESULT OF TREATMENT INTERFERENCE PLANS ON PHYSICAL AND MENTAL GLITCHES AMONGST PATIENTS BY EMOTION DISAPPOINTMENT IN DESIGNATED INFIRMARIES OF AHMEDABAD URBAN

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Abstract: The biggest cause of death worldwide is cardiovascular disease. Dyspnea, edema, exhaustion, anxiety, and sadness are among the physiological and psychological issues that heart failure frequently causes. Giving Nursing Intervention Patients with heart failure may benefit from strategies to address their psychological and physical issues. The purpose of this study is to assess how nursing intervention strategies affect heart failure patients' psychological issues, such as anxiety and depression, and physiological issues, such as fatigue, edema, and dyspnea, in a few Ahmedabad city hospitals. With a single group pre-test post-test research design (pre-experimental), a quantitative research approach was employed. Thirty samples were chosen by the researcher using a non-probability purposeful sampling technique. The researcher employed the Tool/scale for Physiological and Psychological Problems to assess the impact of nursing intervention strategies on physiological and psychological issues both before and after the test. psychological issues in people with heart failure. The "Karl Pearson's formula" test-and-retest approach was used to assess the tool's reliability. The Modified mMRC Dyspnea Scale (0.83), Pitting Edema Scale (0.73), Modified Fatigue Assessment Scale (0.76), Modified Anxiety Scale (0.78), and Patient Depression Scale (0.71) were all deemed reliable. The tool and scales were deemed dependable.

Key words: Nursing Intervention Strategies, Effect of Nursing intervention strategies, Heart Failure , Physiological and psychological problems, and Heart failure patients.

INTRODUCTION

The biggest cause of death worldwide is cardiovascular disease. 17.9 million deaths worldwide in 2019 were attributable to CVDs, accounting for 32% of all deaths. Organization for World Health, 2021). With around 697,000 fatalities annually, heart disease is also the top cause of death in the United States. In 2022, the Centers for Disease Control and Prevention.There are about 121.5 million Americans. Cardiovascular disease affects adults in one way or another. 2019's American Heart Association.Low- and middle-income nations account for more than 75% of deaths from CVD. Organization for World Health, 2021). In the US, cardiovascular disease accounts for one out of every five fatalities.

Every 34 seconds, that is. In 2022, the Centers for Disease Control and Prevention. According to the American Heart Association, over 130 million persons in the US will suffer from heart disease by 2035. 2018's American Heart Association. Every year, 805,000 Americans suffer a heart attack, and 20.1 million adults in the United States suffer from coronary artery disease. In 2022, the Centers for Disease Control and Prevention. According to the Indian Heart Failure Registry, heart failure affects 1% of the general population each year, or 8–10 million individuals, making it the most common cardiac cause of hospitalization.

Patients with heart failure have long-term, incapacitating illnesses, and their treatment involves complex medication schedules that necessitate careful observation and lifestyle adjustments. Nurses have recognized this illness, increased public awareness of it, and are still influencing the standard of care. The main goals of HF patient care are to offer thorough, reasonably priced treatments and cardiac recovery. A person's life is significantly impacted by severe symptoms including increased exercise intolerance and dyspnea or edema. Furthermore, patients frequently need to modify their lifestyles in order to follow a

complicated prescription schedule, alter their food and fluid intake, take up new hobbies, and keep an eye out for signs of worsening heart failure.

By providing systematic instruction on these topics and motivating patients to engage in cardiac rehabilitation, nurses can help patients avoid developing more heart failure issues. Self-management behavior has improved as a result of patient education regarding heart failure treatment and its aftereffects. Self-management plans for heart failure patients comprises keeping track of symptoms like exhaustion, shortness of breath (SOB), daily weight, understanding what to do in the event of deterioration, and knowing when to notify the healthcare practitioner of any changes.

Methodology for research

With a single group pre-test post-test research design (pre-experimental), a quantitative research approach was employed. Thirty samples were chosen by the researcher using a non-probability purposeful sampling technique. The researcher employed the Tool/scale for Physiological and Psychological Problems to assess the impact of nursing intervention strategies on physiological and psychological issues both before and after the test. psychological issues in people with heart failure. The "Karl Pearson's formula" test-and-retest approach was used to assess the tool's reliability. The Modified mMRC Dyspnea Scale (0.83), Pitting Edema Scale (0.73), Modified Fatigue Assessment Scale (0.76), Modified Anxiety Scale (0.78), and Patient Depression Scale (0.71) were all deemed reliable. The tool and scales were deemed dependable.

RESULT

Nursing intervention strategies have a significant impact on the level of physiological and psychological problems, as evidenced by the current study's finding that the "t" value on Tools/Scales for the comparison of pre-test and post-test scores was greater than the table value for the Modified mMRC Dyspnea scale, Pitting Edema scale, Modified Fatigue Assessment scale, Modified Anxiety scale, and Patient Depression scale. Thus, the null hypothesis is disproved, 30 observations are computed, and the paired t-test is used. Thus, at a few Ahmedabad city hospitals, it was demonstrated that nursing interventions are beneficial for heart failure patients' physiological and psychological issues.

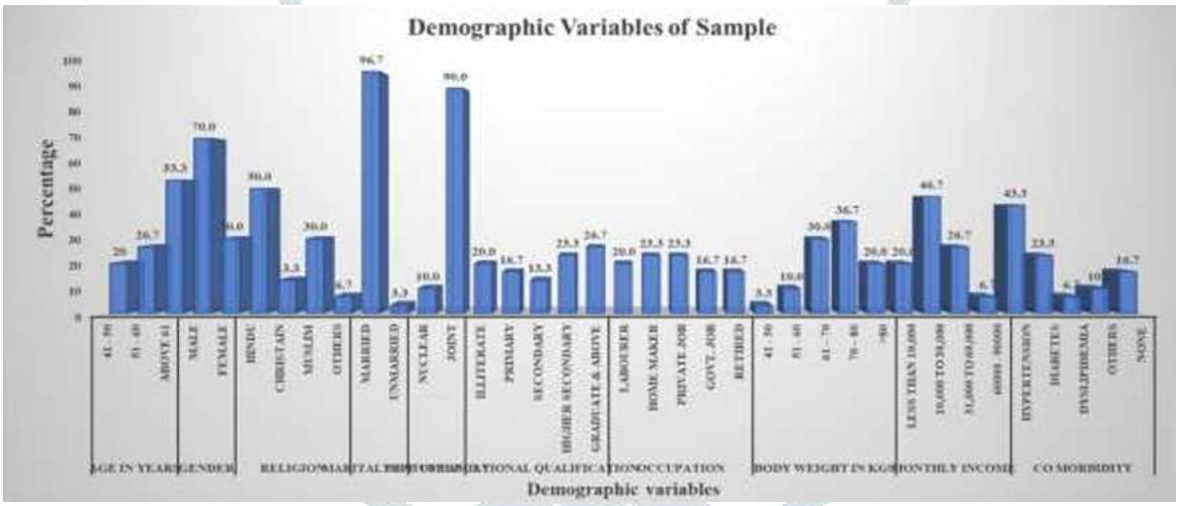

Figure : Bar graph showing percentage wise distribution of Demographic Variables of Sample

Frequency, percentage, and distribution of pre- and post-test score levels among heart failure patients as determined by scales. Using the Modified mMRC Dyspnea Scale, determine the degree of dyspnea in the pre-test and post-test scores.

It indicates that no patient experienced any form of dyspnea, mild dyspnea, or worst dyspnea prior to the nursing intervention measures. 23 patients (76.7%) experienced severe dyspnea, whereas 7 patients (20%) had moderate dyspnea. Following the nursing intervention techniques, none of the patients experienced severe dyspnea, mild dyspnea, or no dyspnea. Fourteen patients (46.7%) experienced moderate dyspnea. and 16 patients (53.3%) experienced severe dyspnea.

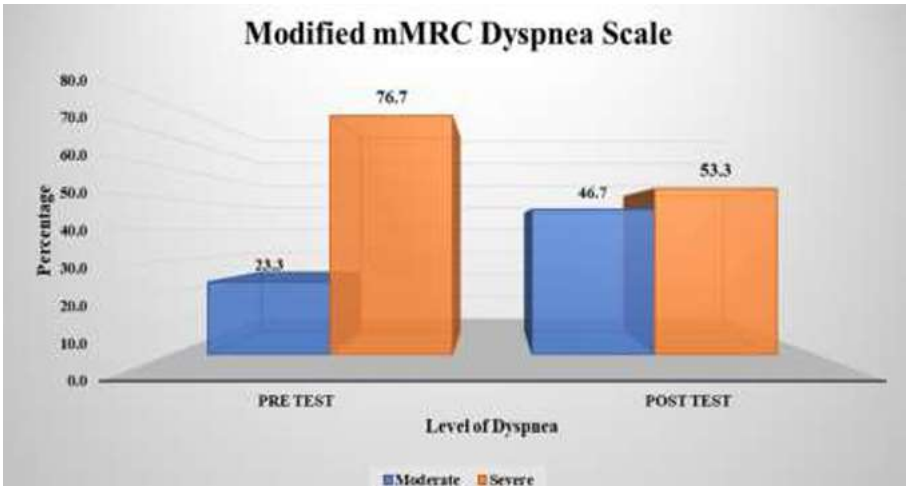

Figure : Bar graph Showing Pre-Test and Post Test level of Dyspnea of Sample

Using the Pitting Edema Scale, determine the degree of edema in the pre-test and post-test scores.

It indicates that no patients experienced mild pitting edema prior to the nursing intervention techniques. Three patients (10.0%) had severe Pitting Edema, sixteen patients (53.3%) had moderately severe Pitting Edema, and eleven patients (36.7%) had moderate Pitting Edema. No patients experienced severe pitting edema using the nursing intervention techniques. 16 patients (53.3%) suffered from mild pitting edema. Two patients (6.7%) had quite severe edema, while twelve patients (40.0%) had moderate edema.

Findings related to Pre-test levels of Physiological and Psychological problems of Heart Failure Patients with Demographic Variables.

correlation between a sample's pre-test score on the Numerical Dyspnea Scale and a few chosen demographic factors. The samples' scores on the numerical dyspnea scale were significantly correlated with their religion and level of education. This suggests that there was a substantial correlation between the chosen demographic factors and the score on the numerical dyspnea scale. among people who have heart failure.

correlation between a sample's pre-test Pitting Edema scale score and a few chosen demographic factors. The Pitting Edema scale scores of the samples were significantly correlated with age in the year. This suggests that among patients with heart failure, the chosen demographic factors showed a strong correlation with the Pitting Edema scale score. There is a correlation between the Modified Fatigue assessment scale pre-test score and specific sample demographic factors. The samples' ratings on the Modified Fatigue evaluation scale were significantly correlated with occupation. This suggests that among patients with heart failure, the Modified Fatigue assessment scale scores were significantly correlated with the chosen demographic characteristics.

correlation between the Modified Anxiety Scale pre-test score and a few chosen sample demographic characteristics. Religion significantly correlated with the samples' ratings on the Modified Anxiety Scale. This suggests that among patients with heart failure, the Modified Anxiety Scale score was significantly correlated with the chosen demographic characteristics. The correlation between the patient depression scale pre-test score and specific sample demographic characteristics. The samples' scores on the Patient Depression Scale were significantly correlated with education level. This suggests that among patients with heart failure, the chosen demographic factors significantly correlated with their patient depression scale scores.

DISCUSSION

The current study, which used a quantitative research approach, involved thirty (30) heart failure patients from several Ahmedabad city hospitals. Purposive, non-probability sampling was used to pick samples based on predetermined criteria. To increase the instrument's validity and reliability, the investigator employed a standardized tool and a step-by-step process. Investigators come to aintend to utilize the tool in accordance with the guidelines and refer to numerous prior theses and papers that are relevant to the study and have been verified by medical-surgical nursing specialists. Therapy training was carried out under the supervision of a therapist, and following tool development, the investigator carried out a pilot study. Following verification of the study's viability and with approval from the hospitals, the primary study was completed.

CONCLUSIONS

The results of the current study allow for the following deductions to be made: In the current study, nursing intervention techniques were used to improve psychological and physiological issues. There was a noteworthy correlation between the administration of nursing intervention strategies before and after. The current study evaluated how nursing intervention techniques affected physical and mental health issues among heart failure patients in a few Ahmedabad city hospitals. It is clear that nursing intervention strategies can help with psychological issues like worry and despair as well as physiological issues like fatigue, edema, and dyspnea. In order to improve the physiological and psychological issues, this study also recommended that patients with heart failure be provided particular knowledge and nursing interventions.

Acknowledgement

When we go together, the journey is easier. In addition to my own efforts, a lot of other people's support and direction are crucial to the success of my endeavor. I want to express my sincere gratitude to Dr. Sunitha Mathew, Principal of JG College of Nursing, for her invaluable advice and assistance in finishing this project. I'm grateful to my research guide, Ms. Co-Guide and Chandrika Dharajiya Ms. Suhas Kaddukat Swapna, For their unwavering direction, advice, inspiration, support, and encouragement during the course of the study. From the ideation phase until the final report, she offers encouragement and assistance. Their understanding and supportive demeanor made the work-related stress less intense and more bearable. My sincere appreciation to the panel of research experts for their careful oversight, prompt advice, and sharing of their thoughts and suggestions in order to validate the instrument. I sincerely appreciate all of the respondents' assistance and involvement in my study, without which it would not have been feasible to finish. I want to express my appreciation to the specialists who verified my material and offered insightful advice for my research project.

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