



“ASSESS THE HEALTH SEEKING BEHAVIORS AMONG THE CORONARY ARTERY DISEASE PATIENTS ADMITTED AT DR VITTHALRAOVIKHE PATIL PRAVARA RURAL HOSPITAL, LONI (BK)”

Mr. Ashitosh Rajendra Wani, MSC Nursing, Pravara Institute of Medical Sciences (DU), Smt Sindhutai Eknathrao Vikhe Patil College of Nursing, Dist. Ahilyanagar Loni (Bk)

Dr Heera Jayasheela, Vice Principal, Pravara Institute of Medical Sciences (DU), Smt Sindhutai Eknathrao Vikhe Patil College of Nursing, Dist. Ahilyanagar Loni (Bk)

Dr. Rajendra Lamkhede, Principal, Pravara Institute of Medical Sciences (DU), Smt Sindhutai Eknathrao Vikhe Patil College of Nursing, Dist. Ahilyanagar Loni (Bk)

Abstract

Background

Coronary artery disease (CAD) is one of the most common forms of cardiovascular disease and continues to be a leading cause of death and disability worldwide. It occurs due to the gradual narrowing or blockage of coronary arteries as a result of atherosclerosis, which leads to reduced blood supply to the heart muscle. Coronary disease can manifest as stable angina, unstable angina, myocardial infarction, heart failure, or sudden cardiac death. The global burden of coronary disease has increased significantly over the past few decades, particularly in low- and middle-income countries such as India, where rapid urbanization, lifestyle changes, and population aging have contributed to rising incidence rates.

Title: “Assess the health seeking behaviors among the coronary artery disease patients admitted at Dr. Vitthalrao Vikhe Patil Pravara Rural Hospital, Loni (Bk)”

Objectives:

1. To assess the health seeking behaviors among the coronary artery disease patients.
2. To find out association between health seeking behaviors with selected socio demographic variables of coronary artery disease patients.

Methodology: A descriptive cross-sectional survey design was adopted for the study. The study was conducted at Dr. Vitthalrao Vikhe Patil Pravara Rural Hospital, Loni (Bk). The target population comprised coronary artery disease patients aged 18-20 years. A total of 110 participants were selected using a non-probability purposive sampling technique. Data were collected using a structured questionnaire consisting of socio-demographic variables and 28 items to assess health-seeking behaviors. Content validity was established by experts, and reliability was assessed using the split-half method ($r = 0.89$). Ethical clearance and informed consent were obtained before data collection. Data were analyzed using descriptive statistics (frequency, percentage, and inferential statistics (Chi-square test) was used to determine associations between health-seeking behaviors and selected socio-demographic variables of coronary artery disease patients.

Result: Among the 110 coronary artery disease patients, 40 (36%) demonstrated excellent health-seeking behavior, 27 (25%) demonstrated good health-seeking behavior, 22 (20%) demonstrated moderate health-seeking behavior, and 21 (19%) demonstrated poor health-seeking behavior. The findings indicate that the majority of participants exhibited good health-seeking behaviors. Chi-square analysis revealed no statistically significant association between health-seeking behaviors and selected socio-demographic variables, including age, gender, religion, educational qualification, occupation, marital status, type of family, source of income, monthly income, and residence ($p < 0.05$).

Conclusion: The study concluded majority of coronary artery disease patients demonstrated excellent to good health-seeking behaviors. However, a considerable proportion of patients exhibited moderate to poor health-seeking behaviors, indicating the need for continuous health education and awareness programs to promote timely healthcare utilization and adherence to preventive measures. Furthermore, no significant association was found between health-seeking behaviors and selected socio-demographic variables, suggesting that health-seeking behavior is influenced by factors beyond the demographic characteristics assessed in this study.

Key Words: Assess, health-seeking behavior, coronary artery disease patients.

Chapter- I

Introduction

Coronary artery disease (CAD) is a major public health concern and a leading cause of morbidity and mortality worldwide. It occurs due to narrowing or blockage of the coronary arteries, reducing blood supply to the heart muscle. Risk factors include hypertension, diabetes mellitus, smoking, unhealthy diet, physical inactivity, obesity, and stress.

Health-seeking behaviour refers to the actions taken by individuals to maintain health or obtain treatment when symptoms occur. Among patients with CAD, early recognition of symptoms, timely medical consultation, adherence to prescribed medications, regular follow-up, and lifestyle modifications are essential for preventing

complications. Therefore, assessing health-seeking behaviours can help identify gaps in healthcare utilization and guide appropriate nursing interventions.

The present study aims to assess health-seeking behaviours among patients with coronary artery disease admitted to Dr. Vitthalrao Vikhe Patil Pravara Rural Hospital, Loni (Bk.), to support improved patient education and cardiovascular care.

2. Need for the Study

Coronary artery disease requires early diagnosis, timely treatment, and continuous management to prevent complications. However, delayed medical consultation, lack of awareness, financial difficulties, self-medication, and poor treatment adherence may negatively affect patient outcomes.

Assessing health-seeking behaviours helps identify patients' healthcare practices and factors influencing their decisions to seek treatment. The findings may help nurses develop effective health education programmes, improve medication adherence, encourage regular follow-up, and promote healthy lifestyle practices.

Therefore, the investigator undertakes this study to assess health-seeking behaviours among patients with CAD admitted to Dr. Vitthalrao Vikhe Patil Pravara Rural Hospital, Loni (Bk.), and provide information that may help improve nursing care and patient outcomes.

Statement of the problem

“Assess the health seeking behaviors among the coronary artery disease patients admitted at Dr. Vitthalrao Vikhe Patil Pravara rural hospital, Loni (Bk)”

Objective

1. To assess the health seeking behaviors among the coronary artery disease patients.
2. To find out association between health seeking behaviors with selected socio demographic variables of coronary artery disease patient.

Chapter -II

Materials and Methods

1. Research Design: A descriptive cross-sectional survey design was adopted to assess health-seeking behaviours among patients with coronary artery disease.

2. Research Setting: The study was conducted in Ward No. 28, located on the second floor of the new building at Dr. Vitthalrao Vikhe Patil Pravara Rural Hospital, Loni (Bk.), Maharashtra, India.

3. Study Population: The study population comprised patients diagnosed with coronary artery disease who were admitted to Dr. Vitthalrao Vikhe Patil Pravara Rural Hospital, Loni (Bk.).

4. Sample and Sample Size: The sample consisted of patients with coronary artery disease who met the predetermined eligibility criteria and were admitted to the selected hospital. The sample size was calculated using OpenEpi software, and a total of 110 patients were included in the study.

5. Sampling Technique: A non-probability purposive sampling technique was used to recruit participants who fulfilled the inclusion criteria and were willing to participate in the study.

6. Eligibility Criteria

Inclusion Criteria

Patients were eligible for inclusion if they:

- Were aged 18–80 years.
- Were male or female.
- Had been diagnosed with coronary artery disease, including myocardial infarction, angina pectoris, or ischaemic heart disease.
- Were admitted to Dr. Vitthalrao Vikhe Patil Pravara Rural Hospital, Loni (Bk.).
- Were willing to participate and provided written informed consent.
- Were able to understand Marathi, Hindi, or English.

Exclusion Criteria

Patients were excluded if they:

- Were critically ill at the time of data collection.
- Were unwilling to participate in the study.
- Had cognitive or hearing impairment that prevented them from completing the questionnaire.
- Had a psychiatric or neurological disorder that interfered with their ability to participate.

7. Research Instrument

Data were collected using a structured questionnaire developed by the investigator based on a review of relevant literature and expert consultation. The questionnaire consisted of two sections: Section A included 11 items related to sociodemographic characteristics, and Section B comprised 28 items divided into five domains: symptom recognition and perception (6 items), decision to seek care (6 items), choice of health facility (5 items), barriers to seeking care (6 items), and follow-up and preventive behaviour (5 items).

8. Scoring and Interpretation

Each item was scored on a five-point scale, with a total score ranging from 28 to 140. Items related to barriers to seeking care were reverse-scored. Health-seeking behaviour was classified as poor (28–55), moderate (56–83), good (84–111), and excellent/highly adequate (112–140), with higher scores indicating more favourable health-seeking behaviour.

9. Validity of the Tool

The content validity of the questionnaire was established through consultation with the research guide and seven experts from relevant disciplines, including medical-surgical nursing, medicine, surgery, physiotherapy,

statistics, and language. The questionnaire was modified according to their suggestions and recommendations to ensure its relevance, clarity, and appropriateness.

10. Translation of the Tool

The questionnaire was translated into Marathi to facilitate comprehension among participants. The translated version was subsequently back-translated into English to assess linguistic consistency and appropriateness. Necessary modifications were made to improve clarity and preserve the intended meaning of the items.

11. Data Collection Procedure

Prior to data collection, ethical approval and institutional permissions were obtained from the concerned authorities. Eligible patients admitted to Ward No. 28 of Dr. Vitthalrao Vikhe Patil Pravara Rural Hospital were identified according to the inclusion and exclusion criteria. Written informed consent was obtained from participants before administering the structured questionnaire.

The questionnaire was used to collect information on sociodemographic characteristics and health-seeking behaviours. Participant confidentiality was maintained throughout the study.

For the final manuscript, add the actual data collection dates, the mode of questionnaire administration, and the approximate time required to complete the questionnaire.

12. Plan for Data Analysis

The collected data were analysed using descriptive and inferential statistics.

Descriptive statistics: Frequency and percentage were used to summarize the sociodemographic characteristics and levels of health-seeking behaviour among patients with coronary artery disease.

Inferential statistics: The chi-square test was used to examine associations between levels of health-seeking behaviour and selected sociodemographic variables. Statistical significance should be reported using the significance level specified in the study protocol.

Chapter IV

Data Analysis and Interpretation

Section: I Description of the sociodemographic variables of coronary artery disease patient.

Table No. III Frequency and percentage wise distribution of coronary artery disease Patients.
n= 110

Diagnosis	Frequency	Percentage
Angina pectoris	55	50%
Ischemic heart disease	33	30%
Myocardial infraction	22	20%

Table No III The distribution of the coronary artery disease patients shows that Angina pectoris (50%) is the dominant diagnosis, followed by ischemic heart disease (30%), and Myocardial infarction (20%) out of a total sample size of 110 patients.

Section- I Description of socio-demographic variables of coronary artery disease patients

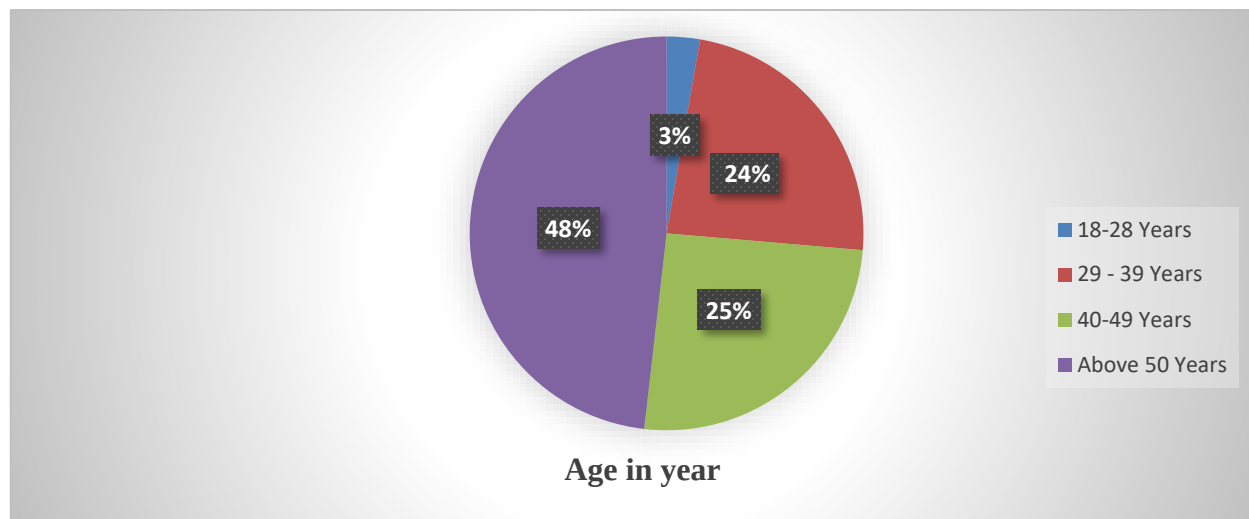


Fig No 3. Distribution of frequency and percentage of coronary artery disease patients according to age in years

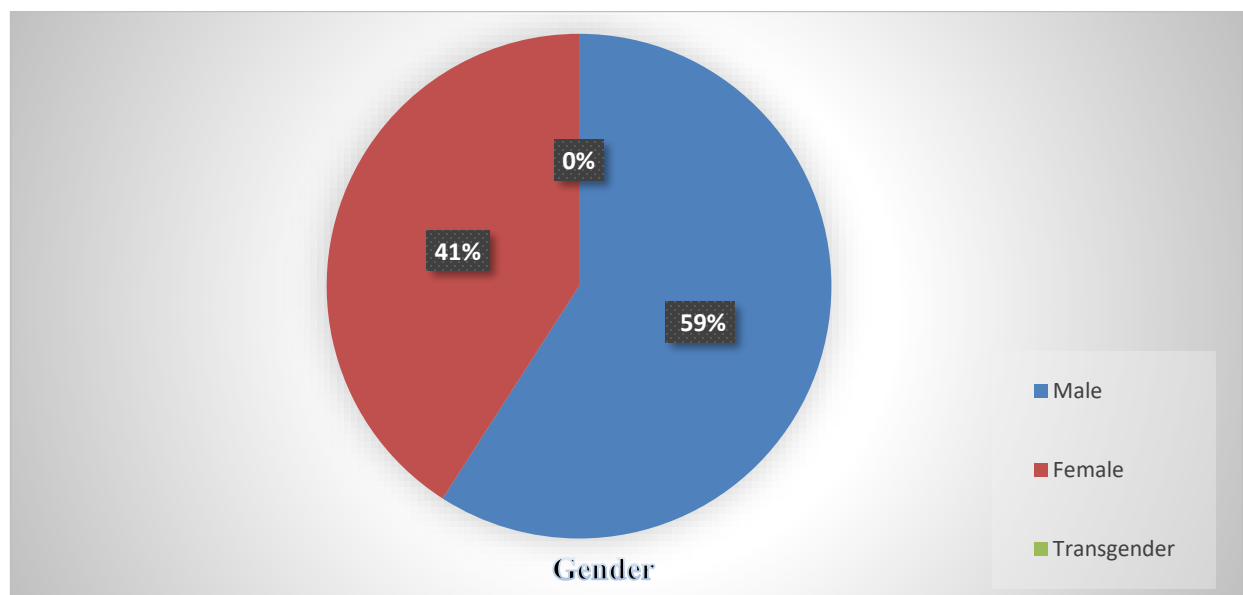


Fig. No 4 Distribution of frequency and percentage coronary artery disease patients according to gender

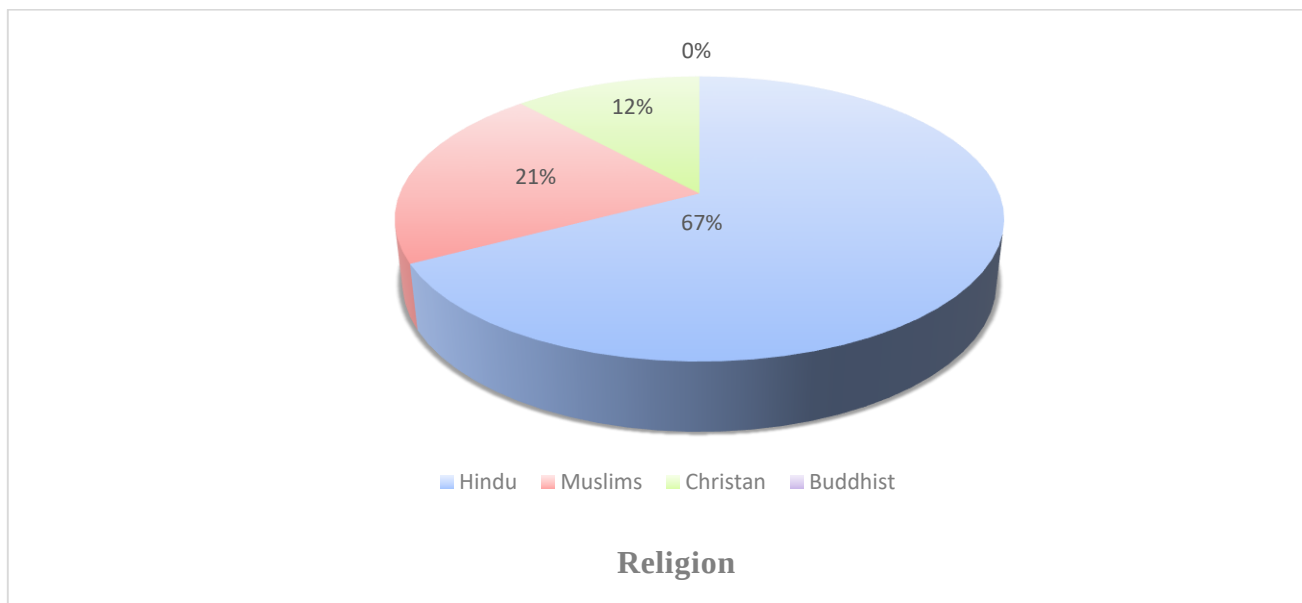


Figure No 5 Distribution frequency and percentage of coronary artery disease patients according to religion

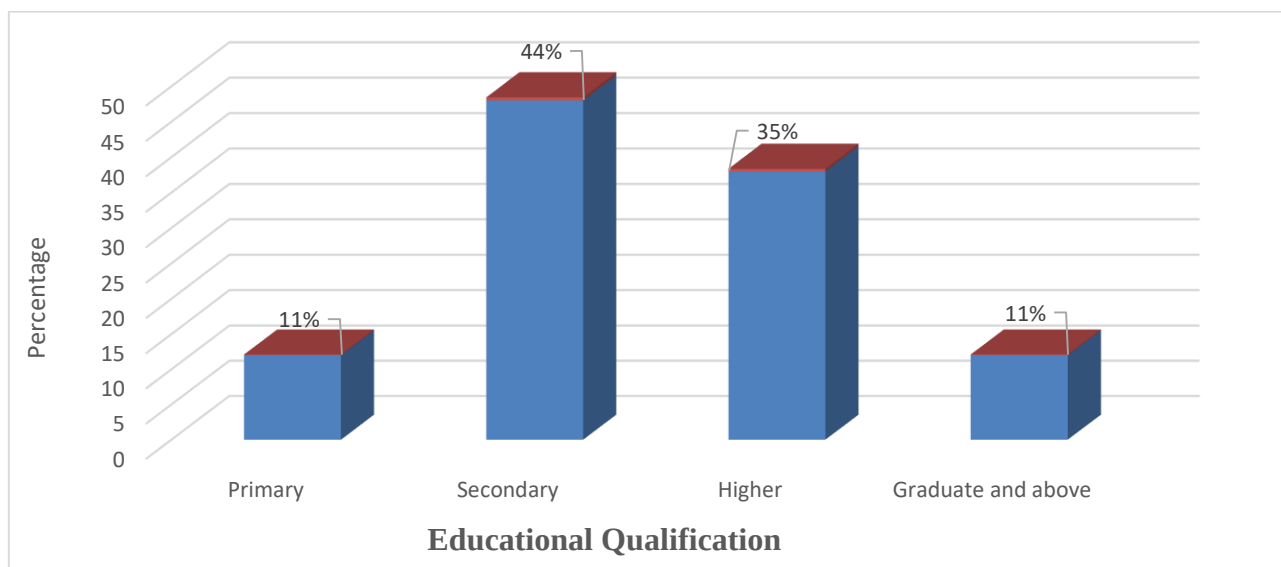


Fig No 6 Distribution of frequency and percentage of coronary artery disease patients according to educational qualification

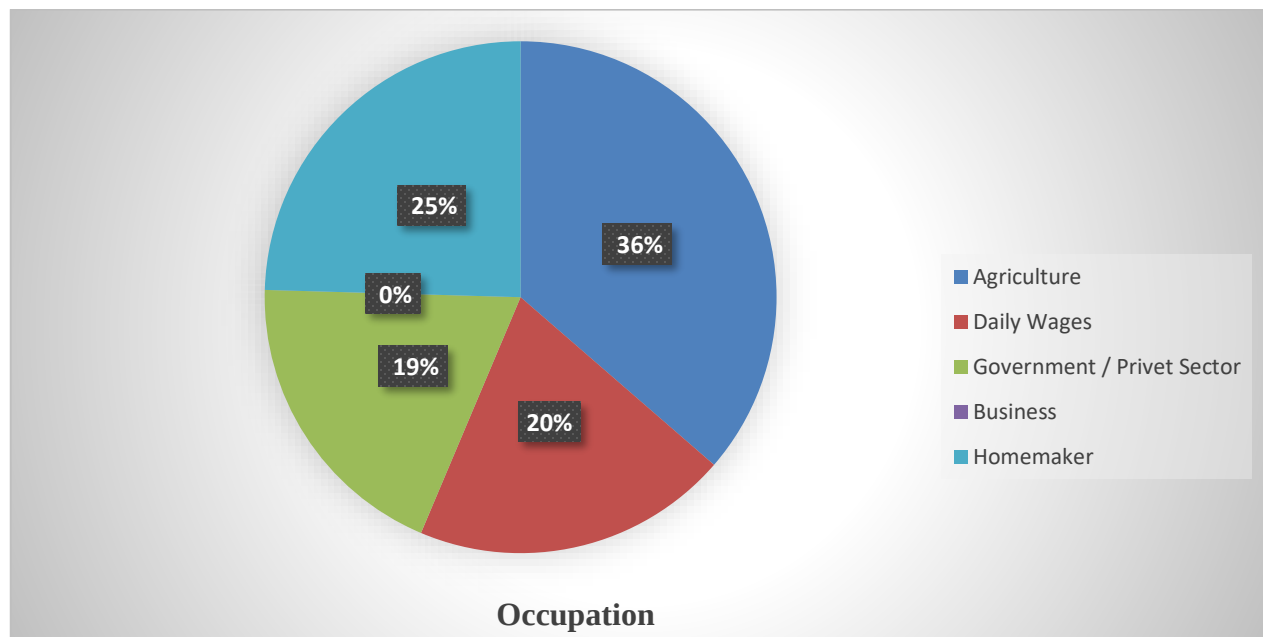


Fig No 7 Distribution of frequency and percentage of coronary artery disease patients according to occupation

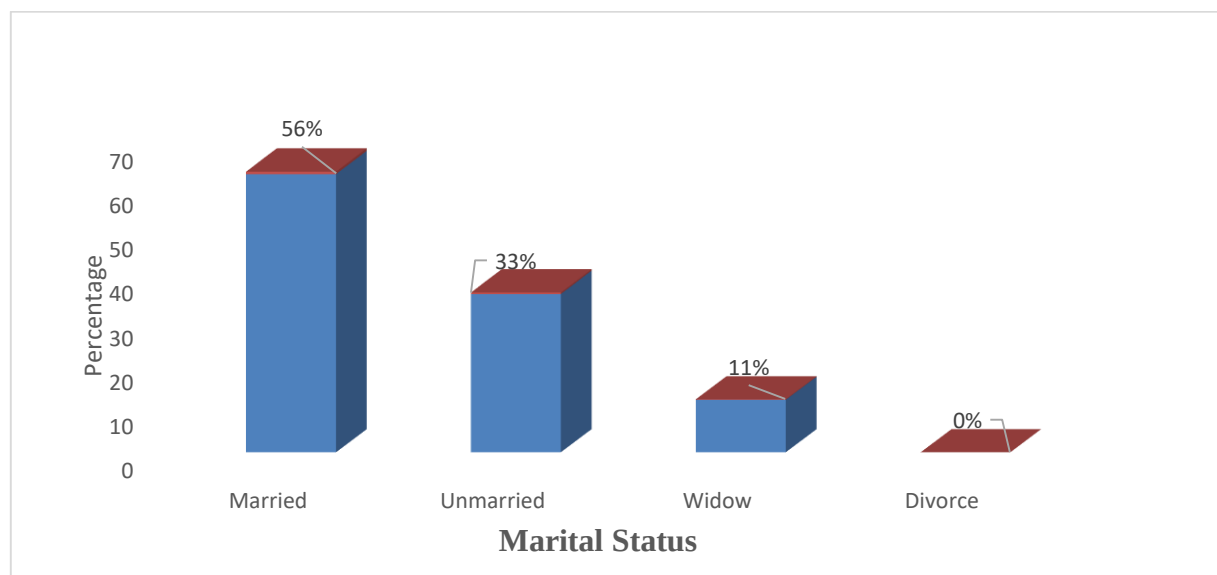


Fig No 8 Distribution of frequency and percentage coronary artery disease patients according to marital status

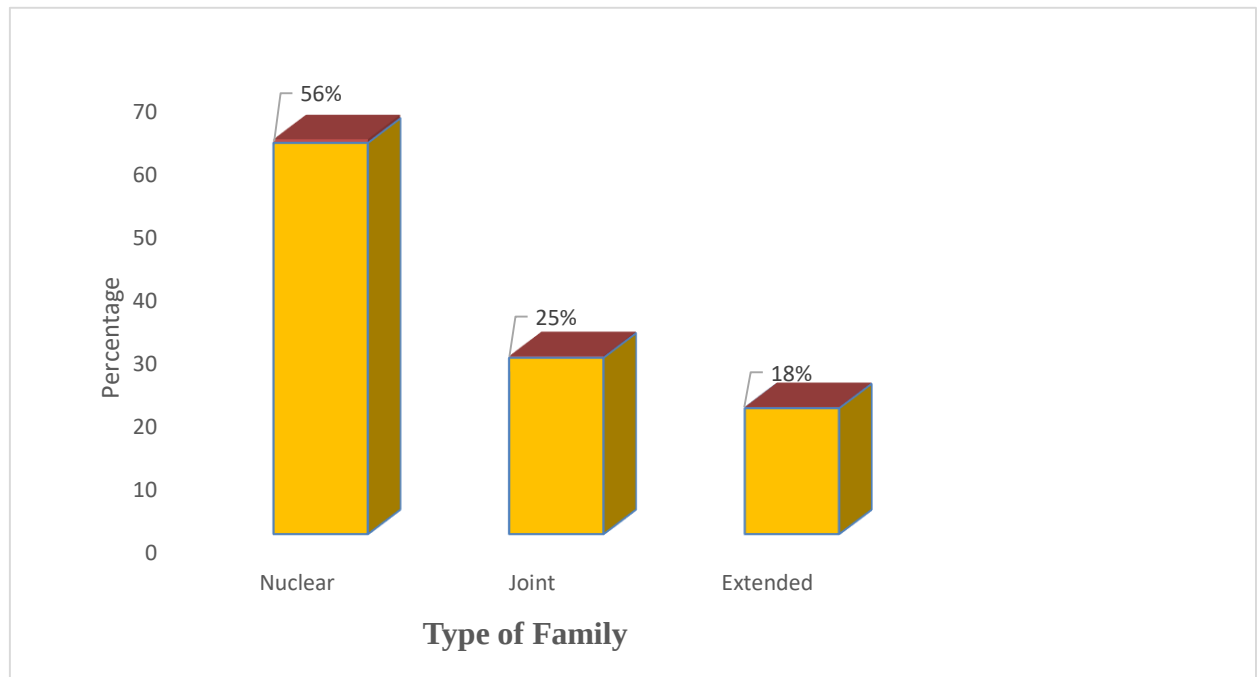


Fig No 9 Distribution of frequency and percentage of coronary artery disease patients according to type of family

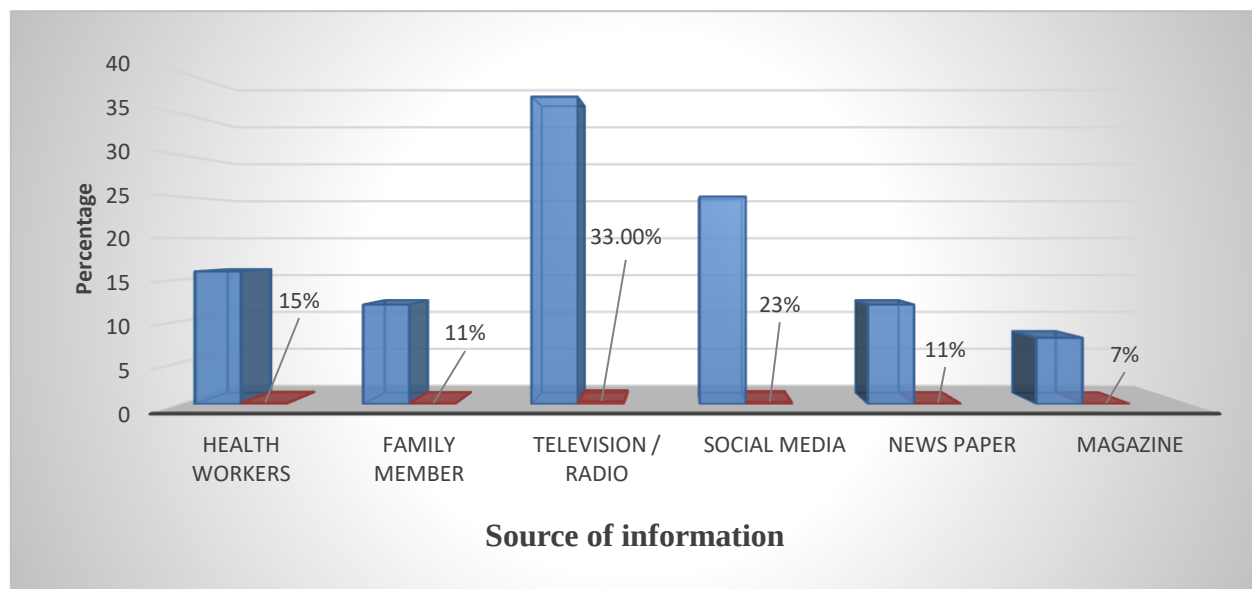


Fig No 10 Distribution frequency and percentage of coronary artery disease patients according to source of information regarding health seeking behaviour

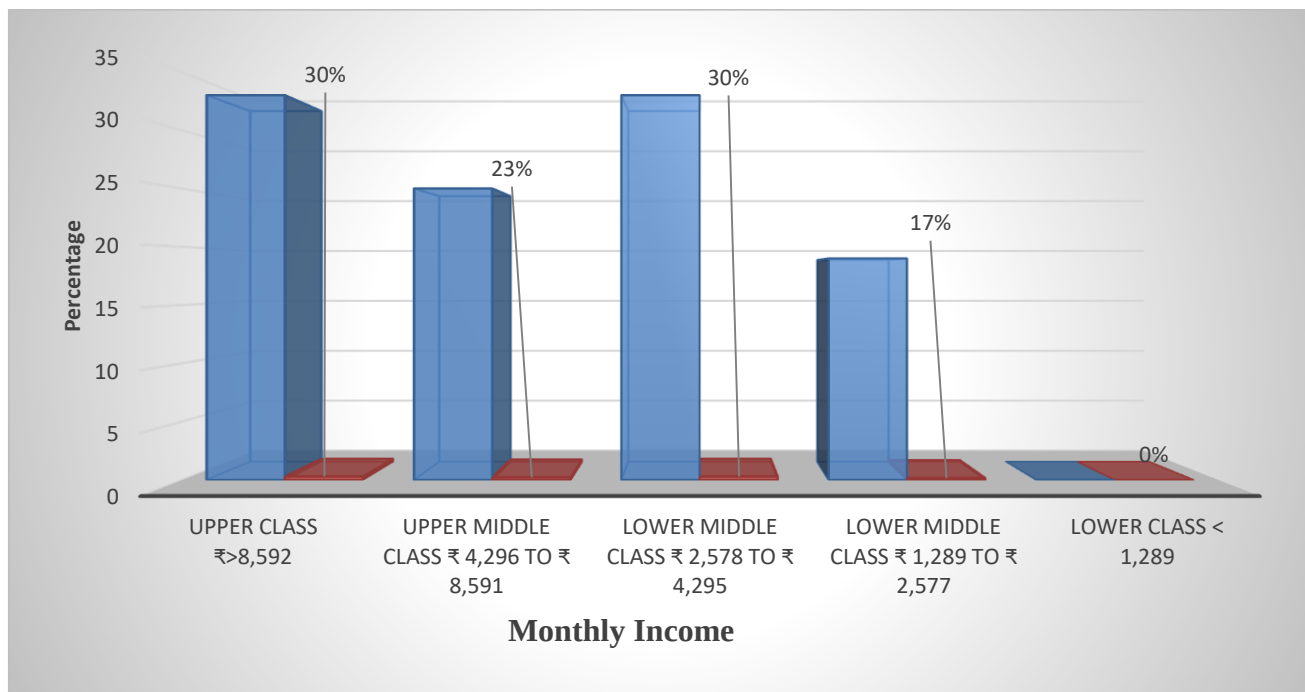


Fig No 11 Distribution of frequency and percentage of coronary artery disease patients according to monthly income

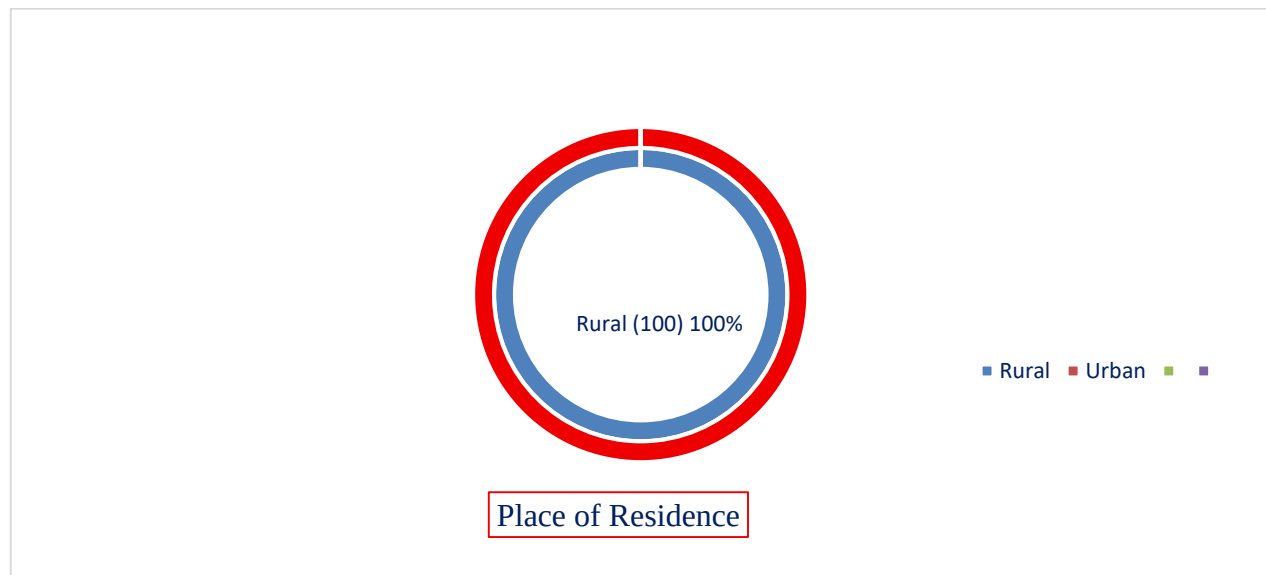


Fig No 12 Distribution of frequency and percentage of coronary artery disease patients according to place of residence

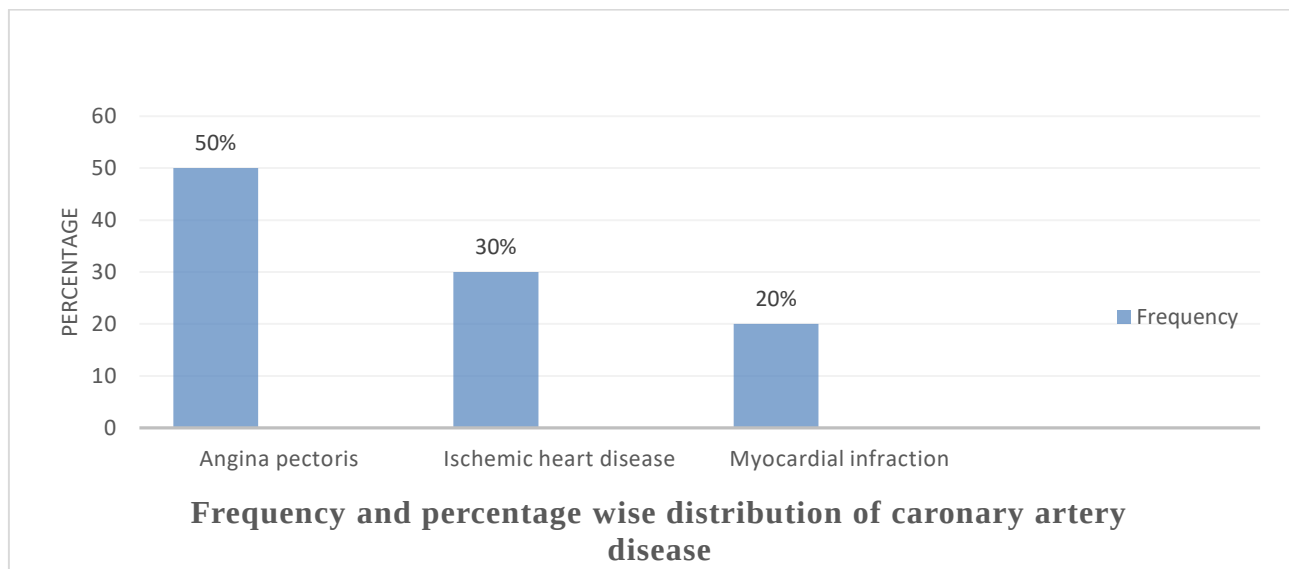


Fig No 13 Distribution of frequency and percentage according to their diagnosis of coronary artery disease

Table No IV: Assessment of level of health seeking behaviors among coronary artery disease patients.

n=110

Interpretation	Range of score	Frequency (F)	Percentage (%)
Excellent Health seeking behaviour	112-140	27	25%
Good Health seeking behaviour	84-111	40	36%
Moderate Health seeking behaviour	56-83	22	20%
Poor Health seeking behaviour	28-55	21	19%

Table No IV In this present study coronary artery disease patient had good health seeking behaviors.

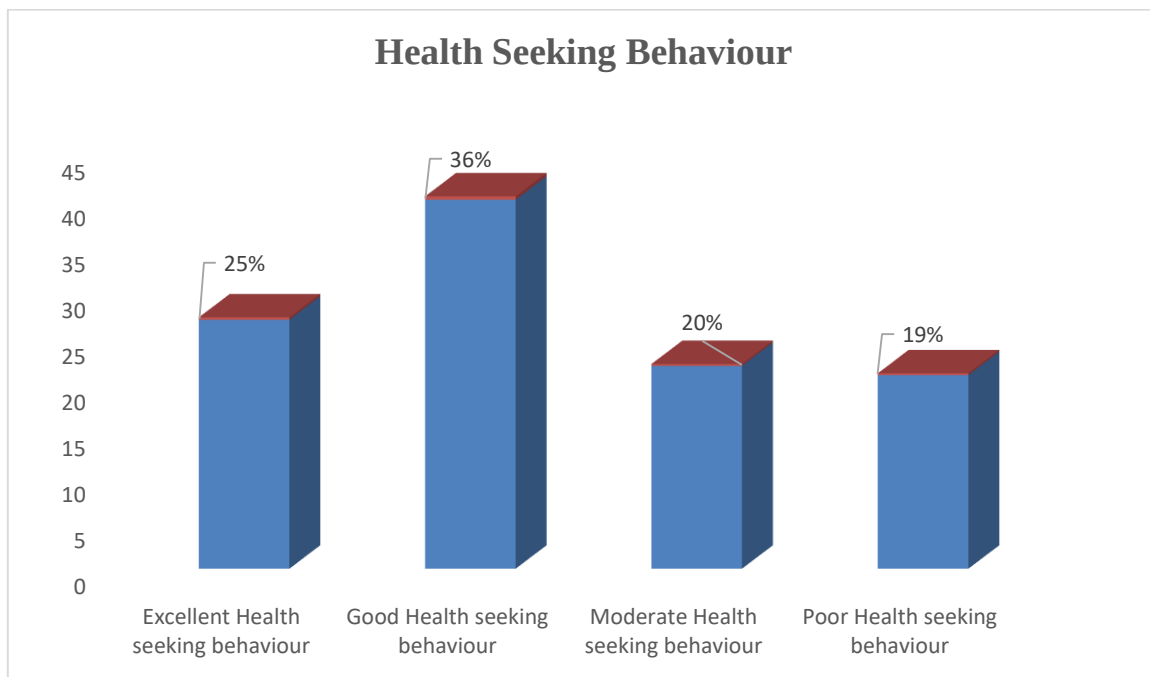


Fig. no 12 Frequency and percentage wise distribution of health seeking behaviour of the coronary artery disease patients.

Section III: Association of health seeking behaviours with selected socio-demographic variables of coronary artery disease patients.

Table No. V Association between health seeking behaviours with selected socio-demographic variables of coronary artery disease patients. n=110

S. N	Socio-Demographic Data	Chi-square Calculated Value	Chi-square Table Value	Degrees of Freedom	p' value	Interference
1	Age in year	7.95	9.0	9	0.54	Non- Significant
2	Gender	3.44	6.0	3	0.33	Non- Significant
3	Religion	4.54	9.0	6	0.60	Non- Significant
4	Educational Qualification	3.10	9.0	6	0.80	Non- Significant
5	Occupation	6.40	12.0	9	0.70	Non- Significant
6	Marital Status	6.53	6.0	6	0.37	Non- Significant

7	Type of family	14.03	6.0	6	0.03	Non- Significant
8	Source of Income	6.74	15.0	15	0.96	Non- Significant
9	Monthly income	12.31	9.0	0	0.20	Non- Significant
10	Residence	4.76	3.0	3	0.19	Non- Significant

shows that there was no statistically significant association between health-seeking behaviour and selected sociodemographic variables among patients with coronary artery disease, including age, gender, religion, education, occupation, marital status, type of family, source of income, monthly income, and residence. Thus, the study found no significant association between health-seeking behaviour and the selected sociodemographic variables.

Summary

This chapter deals with the result of present study. Descriptive statistics frequency, percentage was used to analysed the demographic in the study “Assess the health seeking behaviors among the coronary artery disease patients admitted at Dr. Vitthalrao Vikhe Patil Pravara Rural Hospital, Loni (Bk)” chi square test are to find out the association of health seeking behavior with selected demographic variable coronary artery disease patients.

Chapter- V

Discussion

The present study assessed health-seeking behaviours among 110 patients with coronary artery disease admitted to Dr. Vitthalrao Vikhe Patil Pravara Rural Hospital, Loni (Bk.). The findings revealed that 36% of participants had good health-seeking behaviour, 25% had excellent behaviour, 20% had moderate behaviour, and 19% had poor behaviour. Overall, 61% of participants demonstrated good or excellent health-seeking behaviour, while 39% required further improvement in their healthcare-seeking practices.

Regarding sociodemographic characteristics, the majority of participants were male (59%), Hindu (67%), married (56%), and residents of rural areas (100%). Farmers constituted the largest occupational group (36%), and television or radio was the most commonly reported source of health information (33%). These findings highlight the importance of accessible, community-based cardiovascular health education for rural populations.

The study found no statistically significant association between health-seeking behaviour and the selected sociodemographic variables. This suggests that, within the study sample, health-seeking behaviour was not significantly associated with the demographic characteristics examined. However, other factors, such as

awareness of cardiac symptoms, perceived disease severity, accessibility of healthcare services, and treatment-related experiences, may influence health-seeking practices and warrant further investigation.

The findings emphasize the need for continuous patient education, early recognition of cardiac symptoms, timely medical consultation, medication adherence, and regular follow-up. Nurses can play a vital role in promoting appropriate health-seeking behaviour through individualized counselling and structured discharge education. Further studies involving larger and more diverse populations are recommended to validate these findings.

Chapter- V

Bibliography

1. Vrints C, Doenst T, Farkouh ME, et al. 2024 ESC Guidelines for the management of chronic coronary syndromes. *Eur Heart J*. 2024;45(36):3415-3537.
2. Libby P. The changing face of atherosclerosis in the 21st century. *J Intern Med*. 2024;295(1):15-28.
3. Martin SS, Aday AW, Almarzooq ZI, et al. heart disease and stroke statistics—2024 update: a report from the American Heart Association. *Circulation*. 2024;149(3): e347-e913.
4. Kim MS, Kim SH. Health information-seeking behavior in patients with coronary artery disease: Activating methods. *PLoS One*. 2024 Apr 17;19(4):e0300755.
5. Thomas D, Collet JP, Cottin Y, Cournot M, Ducimetière P, Ferrières J, Paillard F, Valensi P, Zeller M, Cambou JP. L'essentiel de 2021 en épidémiologie et prévention cardiovasculaire [The best of epidemiology and cardiovascular prevention in 2024]. *Arch Mal Coeur Vaiss*. 2024 Jan;100 Spec No 1:57-64. French. PMID: 17405566. (assess 2024 Jan 28)
6. Thomas H., Diamond J., Vieco A., Chaudhuri S., Shinnar E., Cromer S., Perel P., Mensah G. A., Narula J., Johnson C. O., Roth G. A., and Moran A. E., Global atlas of cardiovascular disease 2000-2016: the path to prevention and control, *Global Heart*. (2018) 13, no. 3, 143–163,
7. Jayshri Jaypurkar, Laxman Jagtap, *International Journal of Advance Research in Medical Surgical Nursing* 2026; 8(1): 08-14.