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A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON EARLY SIGNS AND IMMEDIATE TREATMENT OF MYOCARDIAL INFARCTION AMONG V SEMESTER, B. SC. NURSING IN ARULMIGU MEENAKSHI COLLEGE OF NURSING AT KANCHIPURAM

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Abstract
The current study was carried out to assess the effectiveness of structured teaching program on early signs and immediate treatment of myocardial infarction among Vth semester, B. Sc. Nursing in Arulmigu Meenakshi College of Nursing at Kanchipuram. In this study, data analysis showed that frequency and percentage distribution of the samples based on the demographic variables like age, gender, religion, marital status, residence, medium of education and type of family. The percentage distribution of students according to - age, 9(9%) were belonged to 18-19 years and 91(91%) were belonged to 19-20 years. Further, in gender, 23(23%) were belonged to male and 77 (77%) were belonged to female, religion, 11(11%) were belonged to Christianity, 87(87%) were belonged to Hinduism, 1(1%) was belonged to Islam and 1(1%) was belonged to others, and marital status, 4(4%) were belonged to married and 96(96%) were belonged to unmarried. Further, in residence level, 51(51%) were belonged to urban, 41(41%) were belonged to rural and 8(8%) were belonged to semi-urban, medium of education, 87(87%) were belonged to English and 13(13%) were belonged to Tamil, and type of family, 79(79%) were belonged to nuclear family and 21(21%) were belonged to joint family. Moreover, the pre-test knowledge on early signs and immediate treatment of myocardial infarction obtained by the samples include 42(42%) had inadequate knowledge, 43(43%) had moderate knowledge and 15(15%) had adequate knowledge. On the other hand, the post-test knowledge on early signs and immediate treatment of myocardial infarction obtained by the samples include 11(11%) had inadequate knowledge, 30 (30%) had moderate knowledge and 59(59%) had adequate knowledge on early signs and immediate treatment of myocardial infarction. The improvement in the level of knowledge among the B.Sc. Nursing V semester students after structured teaching program on early signs and immediate treatment of myocardial infarction indicated that the program was effective. There was significant difference between the pre-test and post-test level of knowledge.

Keywords: Heart, Myocardial infarction, Heart attack, Blood Pressure and Teaching program

1. INTRODUCTION

Heart is the vital organ in our human body which plays a main role in the cardiovascular system. It is a muscular organ with four chambers, two atria and two ventricles and it is the central component of the circulatory system. Heart's primary function is to pump blood throughout the body, delivering oxygen and nutrients to tissues and removing waste products. The heart undergoes a rhythmic cycle of contraction (systole) and relaxation (diastole) to pump blood efficiently. The heart has a specialized electrical conduction system (sinus node, atrioventricular node) that coordinates the heart's contractions.The coronary arteries take oxygen-rich blood specifically to heart muscles. When these arteries become blocked or narrowed due to buildup of plaque, the blood flow to heart can decrease significantly or stop completely. This result in condition called Myocardial Infarction (MI) which is a used for the events of heart attack. The main reason for the decrease blood supply to the heart is formation of plaque or atherosclerosis. Atherosclerosis is disease where plaque, a buildup of fatty deposits, cholesterol and other substances within the artery wall which leads to hardening and narrowing of arteries. Acute myocardial infarction, also known as heart attack, occurs when blood flow to the heart muscle is abruptly cut off, causing

tissue damage. This is usually the result of a blockage in one or more of the coronary arteries. A blockage can develop due to a buildup of plaque, a substance mostly made of fat, cholesterol and cellular waste products or due to sudden blood clot that forms a blockage which leads to heart attack.

Myocardial Infarction is recognized as one of the leading cause of death worldwide. Depending on the extent of the heart muscle damage, patient may experience significant disability or die as a result of myocardial infarction. Identifying early assigns of myocardial infarction may aid in the early diagnosis and appropriate treatment can be planned to limit the health problems. There is yearly rise in the death rate related to the cardiovascular diseases. The risk of heart attack increased with age, and men are generally at higher risk than women. A major trigger for heart problems can be the fat content of food. People who eat a lot of processed and fried foods, as well as some meat that contain unhealthy saturated and trans saturated fats are at a higher risk for heart disease. Obesity can increase the risk. Calories consumed from carbohydrates with fat could double the risk of heart disease. In addition, blood also contains fat known as triglycerides, which store excess energy from the food that eat. When the level of triglycerides in blood is high, it may be more risk for cardiovascular disease.

Fat content is not only the triggering factors, it can also occur due to various factors. Strenuousphysical activity can increase the heart's workload and oxygen demand. Strong emotional reactions like anger, anxiety or grief can lead to a surge in adrenaline and other stress hormones, which can strain the heart. Cocaine and marijuana use are known to increase heart rate and blood pressure. Chronic sleep deprivation can contribute to inflammation and other health issues. These are the potential triggers that lead to myocardial infarction. Acute Myocardial Infarction (AMI) is considered more appropriately part of a spectrum referred to as acute coronary syndromes, which also includes unstable angina and non-ST elevation. Patients with ischemic discomfort may or may not have ST-segment elevation. Most of those with ST- segment elevation will develop Q waves. Those without ST elevation will ultimately be diagnosed with unstable angina based on the presence of cardiac enzymes. Approximately 90% of my myocardial infarction results from an acute thrombus that obstructs an atherosclerotic coronary artery. The highest risk of fatality occurs within the initial hours of onset of AMI. AMI requires immediate medical attention. Symptoms of a heart attack vary; some people may have mild symptoms, others have severe symptoms while some people have no symptoms. Common symptoms include chest pain that may feel like pressure, tightness, pain, squeezing or aching, pain or discomfort that spreads to the shoulder, arm, back, neck, jaw, teeth or sometimes in epigastric (upper belly), cold sweat, fatigue, heartburn or indigestion, light headedness or sudden dizziness, nausea and shortness of breath. Women may have atypical symptoms such as brief pain felt in the neck, arm or back.

There are clearly defined treatment steps which have been proven to provide people suffering from this condition with the best chance at survival and preservation of heart muscle when performed within an appropriate time frame. Typically, these steps begin with some form of emergency medical treatment to alleviate symptoms and distress, and may be followed by a procedure to address the underlying cause of the heart attack. Even before reaching the hospital, emergency personnel may begin treatment of a suspected heart attack with administer the drugs like Aspirin, Clopidogrel, Heparin, or other anticlotting agents to prevent new clots, administer thrombolytic drugs to dissolve existing clots ("clot-busting" drugs such as tPA), oxygen administration to protect heart tissue from damage, administer the drug Nitroglycerin to widen coronary vessels, and drugs to decrease the heart's workload and pain, relieve anxiety, or regulate heart

The immediate treatment of MI include, taking aspirin, which prevents blood from clotting, and Nitroglycerin to treat chest pain and oxygen. The treatment of MI includes, aspirin tablets, and to dissolve arterial blockage injection of thrombolytic or clot dissolving drugs such as tissue plasminogen activator, Streptokinase or Urokinase in blood within 3 hours of the onset of a heart attack. The painkillers such as Morphine or Meperidine can be administered to relieve pain. Nitroglycerin and antihypertensive drugs such as beta-blockers, ACE inhibitors or calcium channel blockers may also be used to lower blood pressure and to improve the oxygen demand of heart. The ECG, coronary angiography and X-ray of heart and blood vessels can be performed to observe the narrowing of coronary arteries. Some of the factors that lead to myocardial infarction like age,family history myocardial cannot be changed. But we can take measures that can preventmyocardial infarction are focusing on healthy lifestyle, including a balanced diet, regular exercise, quitting smoking, managing stress and maintaining a healthy weight, along with regular health check-ups or monitoring blood pressure regularly.

The incidence of myocardial infarction (MI) is increasing among the young population in India. Change in lifestyle is the main reason for such an increase in prevalence. Although MI in young is less severe than in old patients, it causes a significant morbidity to the individual. Young MI has the potential of being a major public health problem in our country and its complications can cause major morbidity and mortality. Hence, it is necessary to understand the prevalence of risk factors in order to improve our strategies for the prevention and management of young MI. The primary aim of this study is 1) to assess the pre-test level of knowledge on early signs and immediate treatment of myocardial infarction among V semester, B. Sc. Nursing in Arulmigu Meenakhi College of Nursing at Kanchipuram, 2) to assess the effectiveness of structured teaching practice on early signs and immediate treatment

of myocardial infarction among V semester, B. Sc. Nursingin Arulmigu Meenakhi College of Nursing at Kanchipuram, 3) to associate the level of knowledge on early signs and immediate treatment of myocardial infarction and selected demographic variables among V semester, B.Sc. Nursing in Arulmigu Meenakhi College of Nursing at Kanchipuram.

2. MATERIALS AND METHODS

The methodology of the research study is defined as the way the data are gathered in order to answer the questions to analyse the research problem.This chapter describe the research methodology involves a systemic procedure by which investigation starts from the initial identification of the problem to its final conclusion. The present study was conducted to assess the level of knowledge on early signs and immediate treatment of myocardial infarction in ArulmiguMeenakshi College of Nursing at Kanchipuram.The chapter deals with a brief discussion of different steps undertaken by the researcher for the study. It involves research approach, setting, population, sample and sample technique, development of tool, reliability, validity, data collection process and plan for data analysis.The research approach is the most significant part if any research. The appropriate choice of the research approach depends on the purpose of the research study which is undertaken.Quantitative approach was adopted for the present study. The students were given pre-test to assess the level of knowledge and provided knowledge using structured teaching program (Power Point Presentation) on early signs and immediate treatment of myocardial infarction and post-test is conducted to know the effectiveness of structured teaching program and the level of knowledge of students after the intervention. In this study, the level of knowledge among theV semester, B.Sc. Nursing on early signs and immediate treatment of myocardial infarction was the dependent variable. Sample size of the study was 100 students who fulfilled the inclusion criteria. Sampling is the process of selecting representative segment of the population under study. Purposive (Non-probability) sampling technique was used.

Inclusion critera

Nursing students who are willing to participate in the study

- Nursing students studying in Arulmigu Meenakshi College of Nursing
- Nursing students with previous knowledge about myocardial infarction.

Exclusion criteria

- Nursing students who are not present during the time of data collection.
- Nursing students who were not willing to participate in the research.
- Nursing students who have known cognitive or learning disabilities that might affect understanding.

Development of tool

The development of data tool consisted mainly two parts

Part 1: Demographic data

It consisted of the demographic variables such as age, gender, medium of education, religion, marital status, residence and type of family.

Part 2: Self-structred knowledge questionnaries

It consisted of self-structured knowledge questionnaires, which were used to assess the level of knowledge of V semester, B.Sc. Nursing on early signs and immediate treatment of myocardial infarction.

Scoring interpretation

The scoring interpretation for the study was that each correct answer was awarded 1 mark, while no marks were given for wrong answers. Based on the total score out of 20, knowledge levels were classified as follows:

LEVEL OF KNOWLEDGE	SCORE
Inadequate knowledge	<50%
Moderate knowledge	51-75%
Adequate knowledge	>75%

Data collection

The main study was conducted by the researcher after obtaining formal written permission from higher authority prior to data collection. As per the inclusion criteria, samples were selected for the data collection. Purposive

(non-probability) sampling technique was used for the sample selection. The data collection period was for one week. Each sample was asked to choose the appropriate information regarding the demographic data and pre-test was conducted to assess the level of knowledge of the samples using self-structured knowledge questionnaires which contains 20 questions on the early signs and immediate treatment of myocardial infarction and 15 minutes was provided to complete the questionnaires. Then structured teaching program (Power Point Presentation) on early signs and immediate treatment of myocardial infarction was taught. Finally after 5 days, post-test was conducted to assess their knowledge and the effectiveness of the structured teaching program. After completion of the data collection, statistical data analysis was started.

Statistical analysis

The data collected were analysed using descriptive and inferential statistics. In this study, the data were collected and organized in master sheet, the frequency and percentage for analysis of demographic variable such as age, gender, medium of education, religion, marital status, residence and type of family, mean score of the study group, and computing chi square to determine the association between of knowledge scores with the selected demographic variables.

RESEARCH APPROACH
Quantitative approach

RESEARCH DESIGN
One group pre-test post-test

POPULATION
V semester, B.Sc.Nursing students in Arulmigu Meenakshi College Of Nursing,kanchipuram

SAMPLING TECHNIQUE
Non-probability purposive sampling

SAMPLE SIZE
n=100

PRE-TEST
Assessment of level of knowledge on early signs and immediate treatment of myocardial infarction

STRUCTURED TEACHING PROGRAM
Administration of structured teaching program on early sign and immediate treatment of myocardial infarction

POST-TEST
Assessment of level of knowledge on early signs and immediate trestment of myocardial infarction

PREPARING DATA FOR ANALYSIS

ANALYSIS AND INTERPRETATION OF DATA

DISSEMINATING THE RESEARCH FINDINGS

3. RESULTS

This chapter deals with descriptive and inferential statistics. Statistics is the study of technique and procedures of data collection, classification, summarization, analysing and interpretation of the numerical data. The data was collected from V semester, B.Sc.Nursing in ArulmiguMeenakshi College of Nursing at Kanchipuram to assess the level of knowledge on early signs and immediate treatment of myocardial infarction. The findings were presented based on descriptive and inferential statistical analysis as follows.

Section 1: Frequency and percentage distribution of V semester, B.Sc.Nursing based on demographic variables

Section 2: Frequency, percentage distribution and comparison of pre-test and post-test level of knowledge on early signs and immediate treatment of myocardial infarction among V semester, B.Sc. Nursing.

Section 3: Association between demographic variables and level of knowledge on early signs and immediate treatment of myocardial infarction

DEMOGRAPHIC VARIABLES

This section deals with the frequency and percentage distribution of demographic variables such as age, gender, religion, marital status, residence, medium of education, type of family.

Table 1: Frequency and percentage distribution of V semester, B.Sc. Nursing based on demographic variables (n=100)

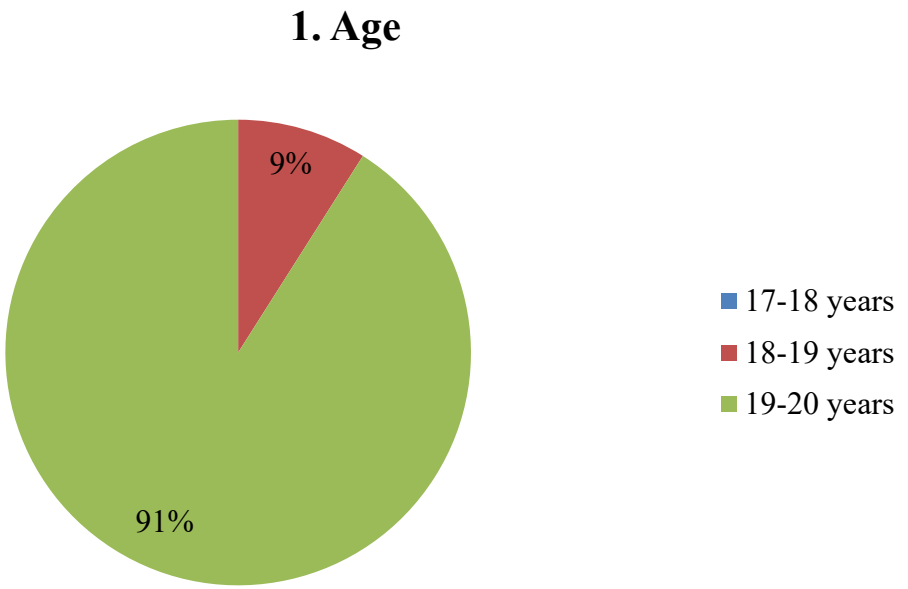
S.No	Demographic variables	Frequency (f)	Percentage (%)
1	**Age**		
	a) 17-18 years	-	-
	b) 18-19 years	9	9
	c) 19-20 years	91	91
2	**Gender**		
	a) Male	23	23
	b) Female	77	77
3	**Religion**		
	a) Christianity	11	11
	b) Hinduism	87	87
	c) Islam	1	1
	d) Others	1	1
4	**Marital status**		
	a) Married	4	4
	b) Unmarried	96	96
5	**Residence**		
	a) Urban	51	51
	b) Rural	41	41
	c) Semi-urban	8	8
6	**Medium of education**		
	a) English	87	87
	b) Tamil	13	13
	c) Malayalam	-	-
7	**Type** of family		
	a) Nuclear family	79	79
	b) Joint family	21	21

Table 1 described the frequency and percentage distribution of V semester, B.Sc. Nursing based on the demographic variables.

- **According to their age**, 9(9%) were belonged to 18-19 years and 91(91%) were belonged to 19-20 years.
- **According to their gender**, 23(23%) were belonged to male and 77(77%) were belonged to female.
- **According to their religion**, 11(11%) were belonged to Christianity, 87(87%) were belonged to Hinduism, 1(1%) was belonged to Islam and 1(1%) was belonged to others.
- **According to their marital status**, 4(4%) were belonged to married and 96(96%) were belonged to unmarried.

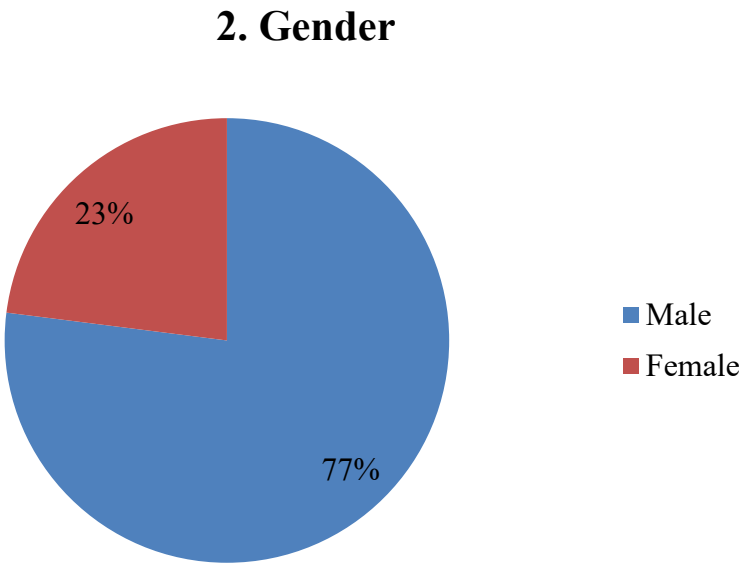
- **According to their residence**, 51(51%) were belonged to urban, 41(41%) were belonged to rural and 8(8%) were belonged to semi-urban.
- **According to their medium of education**, 87(87%) were belonged to English and 13(13%) were belonged to Tamil**.**
- **According to their type of family,** 79(79%) were belonged to nuclear family and 21(21%) were belonged to joint family.

Figure 1: Percentage distribution of students according to age



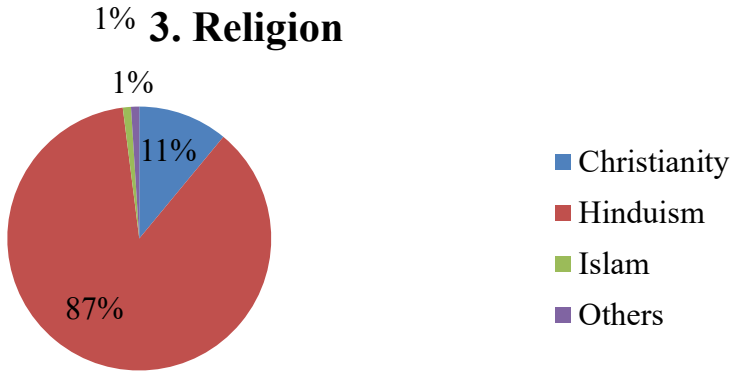
- The figure1 shows the percentage distribution of students according to their age, 9(9%) were belonged to 18-19 years and 91(91%) were belonged to 19-20 years.

Figure 2: Percentage distribution of students according to gender



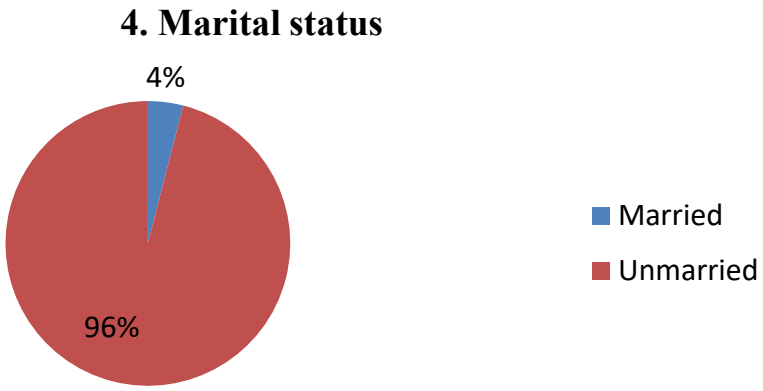
- The figure 2 explains the percentage distribution of students according to their gender, 23(23%) were belonged to male and 77(77%) were belonged to female.

Figure 3: Percentage distribution of students according to religion



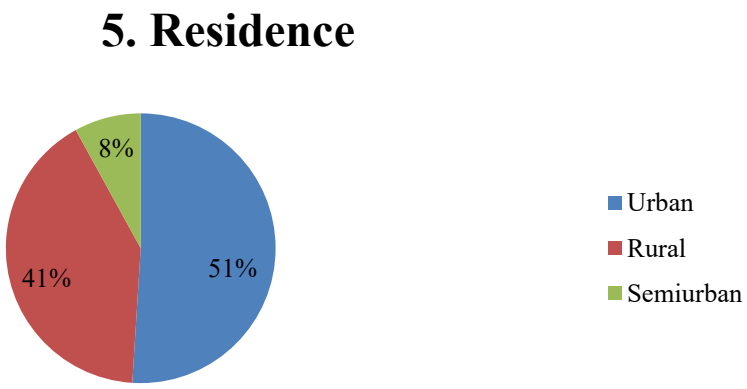
➢ The figure3 shows the percentage distribution of students according to their religion, 11(11%) were belonged to Christianity, 87(87%) were belonged to Hinduism, 1(1%) was belonged to Islam and 1(1%) was belonged to others.

Figure 4: Percentage distribution of students according to marital status



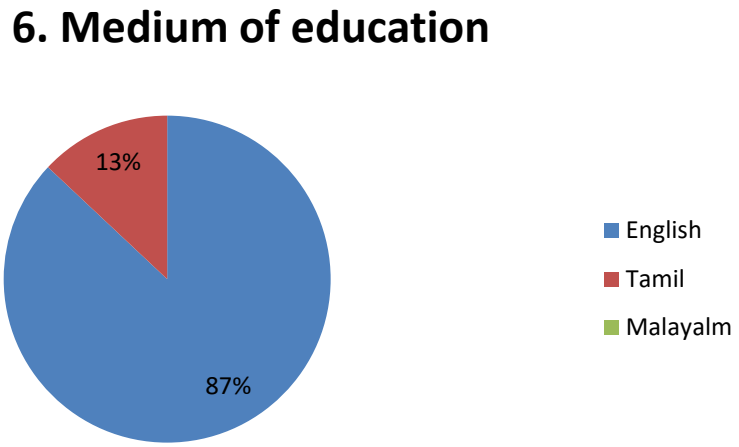
➢ The figure 4describes the percentage distribution of students according to their marital status, 4(4%) were belonged to married and 96(96%) were belonged to unmarried.

Figure 5: Percentage distribution of students according to residence



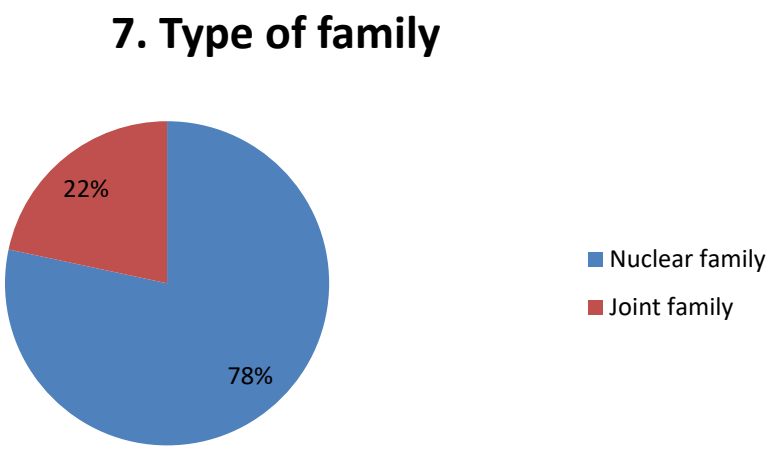
➢ The figure5 depicts the percentage distribution of students according to their residence, 51(51%) were belonged to urban, 41(41%) were belonged to rural and 8(8%) were belonged to semi-urban.

Figure 6: Percentage distribution of students according to medium of education



➢ The figure 6illustrates the percentage distribution of students according to their medium of education, 87(87%) were belonged to English and 13(13%) were belonged to Tamil.

Figure 7: Percentage distribution of students according to type of family



The figure 7 represents the percentage distribution of students according to their type of family, 79(79%) were belonged to nuclear family and 21(21%) were belonged to joint family.

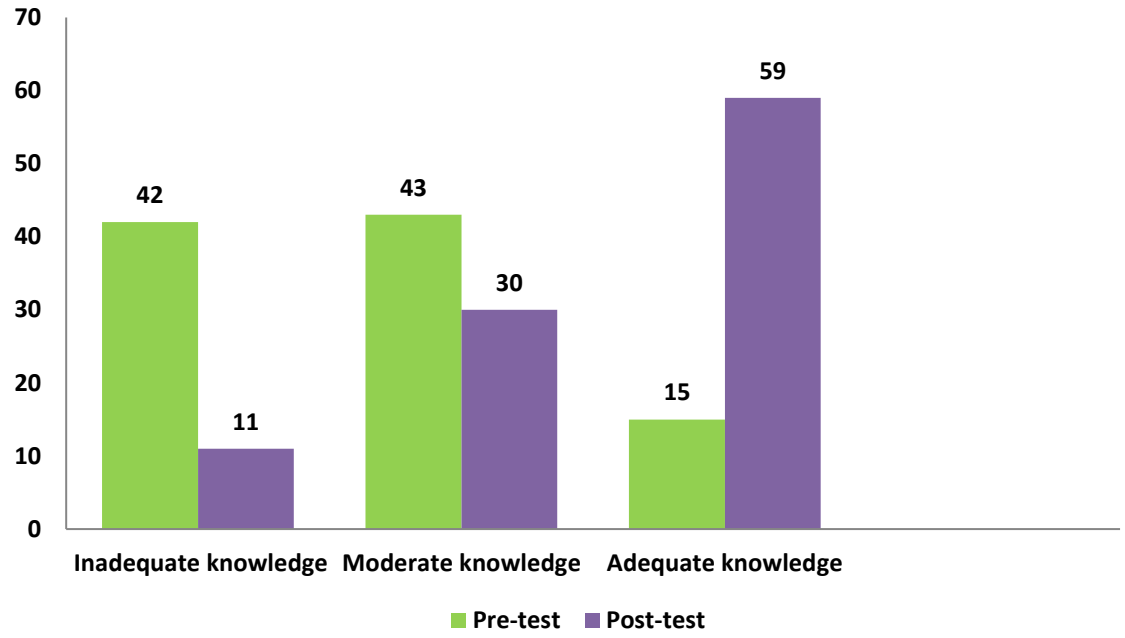
Table 2: Description of pre-test and post-test level of knowledge on early signs and immediate treatment of myocardial infarction.

S.NO	KNOWLEDGE LEVEL	PRE-TEST		POST-TEST	
		f	%	f	%
1	Inadequate knowledge	42	42	11	11

2	Moderate knowledge	43	43	30	30
3	Adequate knowledge	15	15	59	59

The table 2 showed that among 100 students, 42(42%) had inadequate knowledge, 43(43%) had moderate knowledge and 15(15%) had adequate knowledge on early signs and immediate treatment of myocardial infarction during the pre-test. In the post-test 11(11%) had inadequate knowledge, 30(30%) had moderate knowledge and 59(59%) had adequate knowledge on early signs and immediate treatment of myocardial infarction.

Figure 8: Percentage distribution of students according to their level of knowledge in the pre-test and post-test.



➢ The figure 8 depicted the percentage distribution of students according to their level of knowledge on early signs and immediate treatment of myocardial infarction in pre-test and post-test.
➢ **Pre-test:** 42(42%) had inadequate knowledge, 43(43%) had moderate knowledge and 15(15%) had adequate knowledge.
➢ **Post-test:** 11(11%) had inadequate knowledge, 30(30%) had moderate knowledge and 59(59%) had adequate knowledge.

Table 3: Comparison between pre-test and post-test level of knowledge on early signs and immediate treatment of myocardial infarction.

Descriptive statistics	**Level of knowledge (n=100)**			**t-value**
	Pre-test	**Post-test**	**Difference (post-pre)**	
Mean	10.39	15.07	4.68	t=45.64
Standard deviation	4.88	4.18	0.7	

Table 3 described the comparison between the pre-test and post-test level of knowledge on early signs and immediate treatment of myocardial infarction among the V semester, B.Sc. Nursing in Arulmigu Meenakshi College of Nursing at Kanchipuram. The results depicted that the mean and standard deviation value of pre-test

level of knowledge were 10.39 and 4.88, while the mean and standard deviation of post-test level of knowledge were 15.07 and 4.18.The mean and standard deviation difference between the pre-test and post-test level of knowledge were 4.68 and 0.7. The calculated '*t*' value was 45.64 which was statistically high significant at $p<0.05$ level. The improvement in the level of knowledge among the B.Sc. Nursing V semester students after structured teaching program on early signs and immediate treatment of myocardial infarction indicated that the program was effective. There was significant difference between the pre-test and post-test level of knowledge. Hence the hypothesis, there will be significant difference in the level of knowledge on early signs and immediate treatment of myocardial infarction among V semester, B. Sc. Nursing (H1) was accepted.

Table 4: Association of selected demographic variables and the level of knowledge on early signs and immediate management of myocardial infarction.

S. NO	DEMOGRAPHIC VARIABLE	LEVEL OF KNOWLEDGE						CHI SQUARE VALUE X^2	p -VALUE
		INADEQUATE		MODERATE		ADEQUATE			
		f	%	f	%	f	%		
1	**Age**								
	a) 17-18 years	0	0	0	0	0	0	$X^2 = 2.320$	p = 0.1277
	b) 18-19 years	0	0	4	4%	5	5%	df = 4	(NS)
	c) 19-20 years	18	18%	28	28%	45	45%		
2	**Gender**								
	a) Male	6	6%	10	10%	7	7%	$X^2 = 5.158$	p = 0.0231
	b) Female	12	12%	22	22%	44	44%	df = 2	(S)
3	**Religion**								
	a) Christianity	3	3%	6	6%	2	2%	X^2 =	p = 0.0011
	b) Hinduism	14	14%	26	26%	47	47%	10.635	(S)
	c) Islam	0	0	0	0	1	1%	df = 6	
	d) Others	1	1%	0	0	0	0		
4	**Marital status**								
	a) Married	1	1%	0	0	3	3%	$X^2 = 1.968$	p = 0.1607
	b) Unmarried	17	17%	32	32%	47	47%	df = 2	(NS)
5	**Residence**								
	a) Urban	15	15%	18	18%	18	18%	X^2 =	p = 0.0004
	b) Rural	2	2%	12	12%	27	27%	12.655	(S)
	c) Semi-urban	1	1%	2	2%	5	5%	df = 4	
6	**Medium of education**							$X^2 = 1.679$	p = 0.1951
	a) English	15	15%	26	26%	46	46%	df = 2	(NS)
	b) Tamil	1	1%	6	6%	6	6%		
	c) Malayalam	0	0	0	0	0	0		
7	**Type of family**								
	a) Nuclear family	16	16%	26	26%	37	37%	$X^2 = 1.912$	p = 0.1667
	b) Joint family	2	2%	6	6%	13	13%	df = 2	(NS)

NS - Not Significant *S – Significant*

Table 4 showed that there was significant association between level of knowledge and selected demographic variables at $p < 0.05$ level. Among the selected demographic variables, gender, religion and residence were significantly associated with the post-test level of knowledge on early signs and immediate treatment of myocardial infarction. The other variables such as age, marital status, medium of education and type of family

were not significantly associated with the post-test level of knowledge; hence the hypothesis,There will be a significant association between the demographic variable and level of knowledge on early signs and immediate treatment of myocardial infarction among V semester, B. Sc. Nursing (H2) was partially accepted.

4. DISCUSSION

This chapter deals with the discussion of results of the data analysis based on the objectives of the study. In this study one group pre-test post-test descriptive design was adopted to assess the effectiveness of structured teaching program on early signs and immediate treatment of myocardial infarction among V semester, B.Sc. Nursingin Arulmigu Meenakshi College of Nursing at Kanchipuram. The pre-test knowledge on early signs and immediate treatment of myocardial infarction among the samples were assessed by using structured questionnaires. The level of knowledge according to the pre-test score obtained by the samples include 42(142%) had inadequate knowledge, 43(43%) had moderate knowledge and 15(15%) had adequate knowledge. It implies that the samples had inadequate knowledge on early signs and immediate treatment of myocardial infarction. The mean and standard deviation of pre-test level of knowledge were 10.39 and 4.88. The findings of this study was supported with Seenajose et al. (2021), conducted a quantitative research study to assess the effectiveness of structured teaching program on knowledge regarding the warning signs of myocardial infarction among patients with hypertension in a selected hospital at Kollam. Consecutive sampling technique was used to select 30 hypertensive patients for the research study. The mean post-test knowledge score 19.57 with standard deviation 3.33 was significantly higher than the mean pre-test knowledge score 9.50 with the standard deviation 4.57.The study showed that there was improvement in the knowledge of hypertensive patients after the implementation of structured teaching program. And thus the structured teaching program was statistically significant at 0.01 level. (t= 13.14. P =0.000). Hence the study suggested that the structured teaching program was effective in improving the knowledge of hypertensive patients regarding the warning signs of myocardial infarction.

The post-test knowledge on early signs and immediate treatment of myocardial infarction among the samples were assessed by using self-structured knowledge questionnaires. The level of knowledge according to the post-test score obtained by the samples include 11(11%) had inadequate knowledge, 30(30%) had moderate knowledge and 59(59%) had adequate knowledge on early signs and immediate treatment of myocardial infarction. The mean and standard deviation of post-test level of knowledge were 15.07 and 4.18.On comparison between the pre-test and post-test level of knowledge on early signs and immediate treatment of myocardial infarction among the V semester, B.Sc. Nursing in Arulmigu Meenakshi College of Nursing at Kanchipuram, the results depicted that the mean and standard deviation value of pre-test level of knowledge were 10.39 and 4.88, while the mean and standard deviation of post-test level of knowledge were 15.07 and 4.18. The calculated t value was 45.64 which was statistically high significant at $p<0.05$ level. The overall mean of post-test level of knowledge was comparatively higher than the pre-test level, which confirms that there was improvement in the level of knowledge on early signs and immediate treatment of myocardial infarction. It showed that structured teaching program was effective. Hence the research hypothesis, there will be significant difference in the level of knowledge on early signs and immediate treatment of myocardial infarction among V semester, B. Sc. Nursing (H1) was accepted.

The findings of this study was supported with Rahul sharma et al. (2021), conducted a study to assess the effectiveness of structural teaching program on knowledge regarding emergency management of myocardial infarction patients among staff nurses working in selected hospital. Study was conducted with evaluative approach with pre-experimental research design and 60 samples selected through the purposive sample technique. Data was collected with help of structured knowledge questionnaire at selected hospital of Jaipur city. The overall mean of pre-test score is 29.12 whereas the mean of post-test score is 47.02 with 17.9 mean differences. The standard deviation of pre-test was 2.83 whereas in post-test the standard deviation was 4.46. The calculated value of t is 47.98 at the 0.05 level of significance. The study found that structured teaching program effectively enhance knowledge of nurses about emergency management of myocardial infarction patients.Among the selected demographic variables, gender, religion and residence were found to be significantly associated with the post-test level of knowledge on early signs and immediate treatment of myocardial infarction. The remaining variables such as age, marital status, medium of education and type of family were not associated with the post-test level of knowledge. Hence research hypothesis,there will be a significant association between the demographic variable and level of knowledge on early signs and immediate treatment of myocardial infarction among V semester, B. Sc. Nursing(H2) was partially accepted. The findings of this study was supported with Shivcharan Singh Gandhar (2018) conducted a study to assess the knowledge regarding early signs of myocardial infarction among the adults in selected urban areas. This was a Non experimental, exploratory research design and quantitative research approach. 100 adults were selected from urban areas of Pune City by non-probability purposive sampling technique. A self – structured questionnaire was used to assess knowledge with the observational checklist. Mean score of knowledge regarding early signs of myocardial infarction was 8.28 with 5.061401 standard deviation;

that show average knowledge and the 'p' value was more than the level of significance 0.05. There is an association between age, income, occupation, dietary pattern, habits, and exercise with knowledge. There is no any association between genders, weight, previous history of myocardial infarction, family history of myocardial infarction with knowledge. The study concluded that knowledge regarding early signs of myocardial infarction was average.

5. CONCLUSION

This chapter gives brief account of the present study along with the conclusion drawn from the findings, recommendation and implication. The focus of the present study was to assess the effectiveness of structured teaching practice on early signs and immediate treatment of myocardial infarction among V semester, B.Sc. Nursingin Arulmigu Meenakshi College of Nursing at Kanchipuram. A descriptive study was adopted to assess the effectiveness of structured teaching practice on early signs and immediate treatment of myocardial infarction among V semester, B.Sc. Nursing in Arulmigu Meenakshi College of Nursing. The purpose of the study was to assess the effectiveness of structured teaching practice among the samples. The present study was conducted to assess the effectiveness of structured teaching program on early signs and immediate treatment of myocardial infarction among V semester, B.Sc.Nursing students. The mean and standard deviation value of pre-test level of knowledge are 10.39 and 4.88, while the mean and standard deviation of post-test level of knowledge are 15.07 and 4.18. The mean and standard deviation difference between the pre-test and post-test level of knowledge were 4.68 and 0.7. The calculated t value was 45.64 which was statistically high significant at $p<0.05$ level. So the findings concluded that, the structured teaching program on early signs and immediate treatment of myocardial infarction among V semester, B.Sc.Nursing students was effective in improving the level of knowledge.

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DATA COLLECTION


Seeyati, Tamil Nadu, India