

An Interpretive Phenomenological of Coping with Myocardial Infarction among Myocardial Infarction Patient Attending Cardiology OPD, NMCH, Jamuhar

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Abstract: A myocardial infarction occurs because of abrupt stoppage of blood flow through a coronary artery from a thrombus caused by platelet aggregation. Most MIs occur in the setting of preexisting CAD.

Aim: Interpretive phenomenological analysis of coping with myocardial infarction among Myocardial infarction patient attending Cardiology OPD, NMCH, Jamuhar

Methods: Interpretative Phenomenological Analysis (IPA) was used to conduct an in-depth study of a small sample of patients who had suffered their first MI. Semi-structured interviews were conducted with six men within 6 months of their first MI. Verbatim transcripts of these interviews were analyzed using IPA.

Result: Themes emerged are psychological well-being, Stress level, Effects on relationships with friends & family, Family Impact, Motivation and coping resources

Conclusions: Participants seemed to share difficulties in reflecting on their coping strategies and the concept of coping generally, but were keen to talk about specific events in relation to the MI. The findings suggest that cardiac rehabilitation needs to focus on individual priorities for recovery. Providing opportunities for patients to talk through their experiences individually may be an important aspect of such care. Further research is needed to investigate the challenges that patients confront and the support they require post-MI.

Keywords: Cardiology

I. INTRODUCTION

A myocardial infarction occurs because of abrupt stoppage of blood flow through a coronary artery from a thrombus caused by platelet aggregation. This causes irreversible myocardial cell death in the heart muscle beyond the blockage. Most MIs occur in the setting of preexisting CAD. A STEMI caused by an occlusive thrombus creates ST-elevation in the ECG lead facing the area of infarction. NSTEMI, caused by a nonexclusive thrombus, does not cause ST segment elevation on the 12-lead ECG.

Worldwide, about 15.9 million myocardial infarctions occurred in 2015. More than 3 million people About one million people have an MI each year in the United States an ST elevation MI, and more than 4 million.

Approximately 1.5 million cases of myocardial infarction (MI) occur annually in the United States; the yearly incidence rate is approximately 600 cases per 100,000 people an NSTEMI.

Patients may present with a combination of symptoms, including chest pain, shortness of breath, indigestion, nausea, and anxiety. They may have cool, pale, moist skin, and tachycardia. The diagnosis of ACS is generally based on the presenting symptoms the 12-lead ECG and laboratory tests are performed to clarify whether the patient has unstable angina, NSTEMI, or STEMI.

The goals of medical management are to minimize myocardial damage, preserve myocardial function, and prevent complications. These goals are facilitated by the use of guidelines developed by the American College of Cardiology (ACC) and the AHA. Coronary surgical revascularization with CABG surgery is recommended for patient who (1) failed medical management, (2) have left main coronary artery or three-vessel disease, (3) are not candidates for PCI or (4) have failed PCI and continue to have chest pain. drug therapy includes; IV nitroglycerine, morphine, beta adrenergic blockers, ACE inhibitor, antidysrhythmic drugs, lipid-lowering drugs, stool softeners. Methods to reperfuse ischemic myocardial tissue when patients are refractory to more conservative management methods include PCIs and CABG surgery.

Complication of myocardial include dysrhythmias, heart failure, cardiogenic shock, papillary muscle dysfunction or rupture, left ventricular aneurism, ventricular septal wall rupture and left ventricular free wall rupture, pericarditis, dressier syndrome

After the patient with an MI is in a stable condition, an active rehabilitation program is initiated. Cardiac rehabilitation is an important continuing care program for patient with CAD that targets risk reduction by providing patient and family education, offering individual and group support, and encouraging physical activity and physical conditioning. The goal of rehabilitation for the patient who has had an MI are to extend life and improve quality of life. The immediate objectives are to limit the effects and progression of atherosclerosis, return the patient to work and a pre-illness lifestyle, enhance the patient's psychosocial and vocational status, and prevent another cardiac event. Cardiac rehabilitation programs increase survival, reduce recurrent event and the need for interventional procedures, and improve quality of life.

Patient teaching must occur at every stage of the patient's hospitalization and recovery. The purpose of teaching is to give the patients and caregivers the tools they need to make informed decisions about their health. For teaching to be meaningful, the patient must be aware of the need to learn.

II. METHODOLOGY

An interpretive phenomenological analysis of coping myocardial infraction among myocardial infraction patient attending cardiology OPD, NMCH, Jamuhar

- **Research Approach:** Qualitative research approach
- **Research design:** Phenomenological study
- **Setting of the study:** The study is conducted in NMCH a tertiary care center of western Bihar in Rohtas District under the Deo Mangal Memorial Trust. It has more than 500 daily out-patient strength and annual admission of nearby 5000 patients. It has equipped with super specially departments to center to various patient's populations the inpatient block has various medical surgical women and child health and other super specialties' NMCH has about 100 faculty and 60 residents' physicians and over 300 nursing administrative and support staff. The setting of the study is cardiology OPD NMCH
- **Population:** Man within the age group of 15 to 55 years
- **Sampling technique:** Random systematic sampling technique is used to selected the study subject. All patients who fulfilled the inclusion and exclusion criteria where selected the study. All 5 patient fulfilled the criteria of the study.
- **Target population:** The target population of the study included patient diagnosis with myocardial infraction who attending cardiology OPD, NMCH.
- **Accessible population:** The accessible population are patients who are diagnosed to have myocardial infarction and who are available during data collection.
- **Sample:** Sample consist of 6 patients attending cardiology OPD, NMCH
- **Sample size calculation:** The sample size was calculation according to the precision method

Criteria for sample selection

Inclusion Criteria

1. Man who are in age group between 15-55 year
2. Man who are already diagnosed with myocardial infarction

Exclusion Criteria

1. Man who are not willing to participate
2. Patient who are chronically ill.
3. patient who are having comorbidity

Variable

1. Socio demographic variable
2. Coping strategies semi structured interview

Method of sample selection

Random systematic sampling technique was used to selected the study subjects. All diagnosed man with myocardial infraction who fulfilled the inclusion and exclusion criteria were selected for the study all 5 diagnosed man with myocardial infraction fulfilled the criteria of the study.

Instruments

Section-A

Socioeconomic data

Section-B

Open ended question to identify the challenge faced by the MI patients and their coping strategies.

Validity

Validity and reliability will be done by Lincoln and cuba criteria

Data collection procedure

Data collection period for the study was one month.

By random systematic sampling technique, a patient who fulfilled the inclusion criteria was selected.

A written informed consent was taken from all patients.

Open ended question to identify the challenge faced by the MI patients and their coping strategies.

Data collected through semi structure interview of myocardial infarction patients.

Ethical Consideration

The approval of the research proposal was obtained from the Ethical committee, NMCH. Informed written consent of each participant was given freedom to withdraw from the study any period. The assurance was given to the study participants that anonymity and confidently would be maintained.

Pilot study

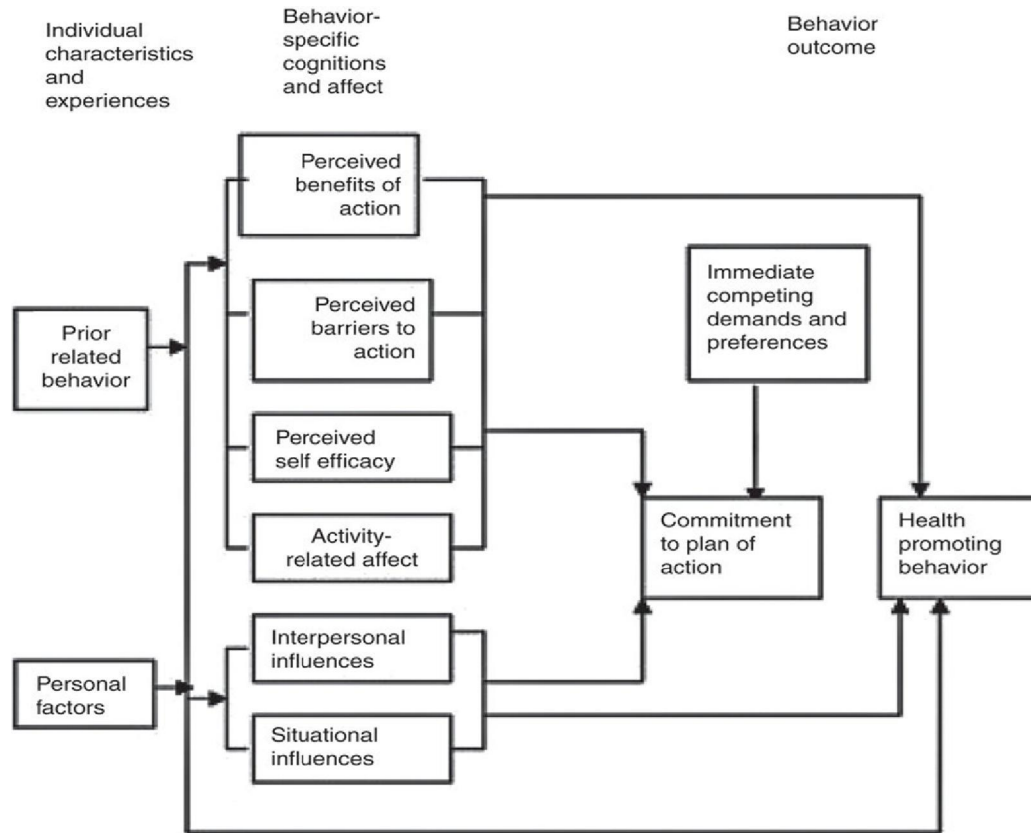
To assess the feasibility of the study a pilot study was conducted. A sample of 1 patient was included in the study. A patient who meets the inclusion criteria was included. Informed consent was taken from the pilot study from participants. The instrument which included demographic data and semi structure interview.

III. DATA ANALYSIS

Data were analyzed using the Hermeneutic approach developed by Van Mannen (1990), under seven categories as follows:

- **Narration:** The data were written as narrative texts.
- **Interpretation:** The texts were reviewed several times to enable interpretation.
- **Coding:** Each statement was coded after a thorough interpretation.
- **Sub-themes:** Similar coded statements were categorized into sub-themes.
- **Themes:** Relevant sub-themes were used to form distinct themes.
- **Stories:** Groups of themes were combined to develop Stories.
- **Assessment:** We critically assessed the rigor of the stories by both the authors and an external reviewer.

IV. CONCEPTUAL FREAMWORK DIAGRAM



V. DATA ANALYSIS AND INTERPRETATION

Introduction

This chapter will draw upon the main themes and present the findings which arose out of the interview process and subsequent data analysis. First and foremost, a brief profile of each of the participants is presented. The key themes that emerged following data analysis as a result of MI on an individual were; stress well-being, the impact of diminished monetary resources on a person’s standard of living. All of the themes are interconnected, from analyzing the data it emerged that MI impacts on all areas of an individual’s life.

Participants

Participant one is from Nokha Sasaram (Bihar) and has after being diagnosed as heart disease for over two and a half years. Prior to heart disease she worked as a teacher and had held this position for over five years. While she has been heart problem, she has utilized his time to work on his home.

Participant two is from karpurwa Sasaram (Bihar) and has been diagnosed as heart problem for over six years. Prior to heart problem she worked as a housewife and had held this position after marriage for forty-two years. While she has been heart problem, she has utilized his time to rest on his home.

Participant three is from Tilauthu Rohtas (Bihar), and has been after being diagnosed as coronary artery disease for over five years. Prior to heart illness he had worked for twenty-two years with his own farming. he has utilised his time to work on his home

Participant four is from Ramesh chauk Aurangabad (Bihar), prior to heart illness he worked as a shopkeeper he held this role for over seven years. he suffering from heart illness and is now looking for part time work rather than full time due to his illness.

Participant five is from Buxer (Bihar) and has after being diagnosed as heart problem for over three and a half years. Her previous role was a housewife in an own home which she held for twenty years. While she has utilized his time to rest on his home and has been taking with friend.

Finally, participant six is from Nasriganj Rohtas (Bihar) and had worked as a daily worker for over thirty years. While he has after being diagnosed as heart illness, he has utilised his time to wrok from home and taking rest.

VI. VERBATIMS AND THEME-BASED MODEL DEVELOPMENT

Sample 1:

Q1. when I first got to know about, I had myocardial infraction I was devastated should that how come I got MI at such a young age .my family was in dilemma too they were confused that I don't even intake spicy food.

Q2. When I was diagnosed with heart disease, I was having difficulty in climbing stairs or do any kind of me daily activity. I was a farmer I cannot go to work and have to stay home always.

Q3. I was able to do my activity of daily living normally I would be active and less self-conscious but now it has changed dynastically.

Q4. After listening about Mi from my local I was more worried and stressed out but after being admitted to the hospital I have been assured that it might be a dangerous disease but it can be treated if I adhere to the treatment regime diet and exercise strictly.

Q5. home remedies I have done extensively I have completely stopped taking oily spicy food avoided taking or doing hazardous activity try my best to avoid stressful environment our that I am following the regiment that has given to me by my doctor.

Q6. I have slowly been able to cope up mentally and been motivated to takes my situation very well I am feeling that I can revert back and carry my normal activity of daily living.

Q7. I was surrounded by my motivating family and group of great friends and doctor who helped me to get my mental status in right order.

Q8. I was devastated that I am going to die due to the fact that disease will take a huge toll my finances I took help from my friends and family for this treatment.

Q9. Now that I have this disease, I am spending majority of my time with my friends and family.

Q10. I use to sit around with my family and friends talk about daily happening I also watch TV. In my free time and sometimes sew clothes when I feel like.

Sample 2:

Q1. I was horrified to learn that I had a myocardial infraction and wondered why I acquired it at such a young age. My family was also perplexed by the fact that I don't even eat spicy cuisine.

Q2. I was finding it difficult to do any regular activity, including climbing stairs, when I was diagnosed with heart disease. As I am a farmer, I am unable to leave the house for work.

Q3. I used to be active and less self-conscious since I could go about my regular activities as usual, but now things have changed drastically.

Q4. I became more anxious and tense after hearing about Mi from my local, but after being hospitalized to the hospital, I was reassured that, although it may be a grave condition, it is treatable if I faithfully follow the recommended diet and exercise schedule.

Q5. DIY cures I've taken a lot of steps; I've entirely quit eating fried, spicy food; I've avoided engaging in risky activities; and I've tried to stay away from stressful situations while adhering to the treatment plan my doctor prescribed for me.

Q6. I feel that I can return to carrying out my regular daily activities since I have gradually improved psychologically and been inspired to accept my circumstance extremely well.

Q7. I have my supportive family, a terrific set of friends, and a doctor nearby who helped me get my mental health back on track.

Q8. I was heartbroken that I would pass away, and since the disease would have a significant financial impact, I asked my friends and family for assistance in paying for the treatment.

Q9. I now spend much of my time with my friends and family as a result of my illness.

Q10. I used to sit around and discuss about daily events with my family and friends while watching IV. I occasionally sew clothing when I feel like it during my free time.

Sample 3:

Q1. When I initially learned that I had a myocardial infraction, I was heartbroken and wondered why I had it at such a young age. My family was perplexed by the fact that I don't even eat spicy cuisine and were confused.

Q2. I was finding it difficult to undertake any sort of everyday activities when I was told I had heart disease. As I am a farmer, I am constantly required to stay at home.

Q3. I used to be able to go about my everyday activities regularly, and I would be active and less self-conscious, but now things have changed dramatically.

Q4. After hearing about Mi from my local, I became more anxious and concerned, but after being hospitalized to the hospital, I was reassured that although it may be a deadly condition, it can be cured if I rigorously follow the treatment regimen, which includes diet and exercise.

Q5. personal remedies I am strictly according to the treatment plan that my doctor has prescribed for me. I have fully ceased eating hot or fatty foods, avoided engaging in risky activities, and tried to stay away from stressful situations.

Q6. I've gradually improved psychologically and have been driven to deal with my circumstances successfully; I now feel like I can go back to my regular way of life.

Q7. My supportive family, a terrific set of friends, and a doctor all assisted me in regaining control of my mental state.

Q8. I took assistance from my friends and family for this treatment since I was devastated that I was going to die and the disease would have a significant financial impact.

Q9. Because of my illness, I now spend most of my time with my friends and family.

Q10. I used to watch IV while sitting about with my family and friends and talking about daily events. I occasionally sew clothing when I have the hankering.

Sample 4:

Q1. When I initially learned that I had a myocardial infraction, I was distraught. How could this have happened to me at such a young age? Because I don't even like spicy cuisine, my family was perplexed as well.

Q2. I had trouble climbing stairs and performing any other everyday activities when I was given the heart disease diagnosis.

Q3. Due to the fact that I am a farmer, I cannot leave the house for work. Prior to this, I was able to go about my regular activities normally; I would be active and less self-conscious.

Q4. After learning more about Mi from a local source, I became more anxious and concerned. But, after being hospitalized to the hospital, I was reassured that while it may be a hazardous condition, it is treatable if I faithfully follow the recommended diet and exercise schedule

Q5. domestic remedies I've taken a lot of steps; I've fully quit eating fried, spicy food; I've avoided engaging in risky activities; and I've done my best to stay away from stressful situations while still adhering to my doctor's recommended routine.

Q6. I feel that I can return to carrying out my regular daily activities because I have gradually improved psychologically and been motivated to take my circumstance extremely well.

Q7. I have my supportive family, a terrific set of friends, and a doctor nearby who helped me get my mental health back on track.

Q8. I took assistance from my friends and family for this treatment since I was devastated that I was going to die and the disease would have a significant financial impact.

Q9. The majority of my time is now spent with my friends and family because I have this illness.

Q10. In addition to talking about daily events while watching IV, I used to sit around and chat with my family and friends. I occasionally sew clothing in my spare time, depending on my mood.

Sample 5:

Q1. I was upset to learn that I had myocardial infarction and wondered why I received it at such a young age. My family was also perplexed by the fact that I don't even consume spicy cuisine.

Q2. I was having trouble climbing stairs and performing any other everyday activities when I was given the heart disease diagnosis. Because I am a farmer, I am unable to leave the house for work.

Q3. I used to be able to go about my regular activities normally; I would be active and less self-conscious, but now things have changed dramatically.

Q4. After hearing about Mi from my local, I became more anxious and stressed, but after being admitted to the hospital, I was reassured that, although it may be a dangerous disease, it can be treated if I strictly follow the treatment regimen, which includes diet and exercise.

Q5. house remedies I am strictly adhering to the regimen that my doctor has prescribed for me. I have completely stopped eating fried, spicy, or oily foods, avoided engaging in risky activities, and tried to avoid stressful environments.

Q6. I've gradually improved mentally and have been driven to deal with my circumstances successfully; I now feel like I can go back to my regular way of life.

Q7. My supportive family, a terrific set of friends, and a doctor all assisted me in regaining control of my mental state.

Q8. I was heartbroken that I would pass away, and since the disease would have a significant financial impact, I asked my friends and family for assistance in paying for the treatment.

Q9. Since I have this illness, I now spend most of my time with my friends and family.

Q10. I used to sit around and talk about daily events with my family and friends while simultaneously watching TV. I sometimes sew clothing when I'm free.

Sample 6:

Q1. I was horrified to learn that I had a myocardial infarction and wondered why I acquired it at such a young age. My family was also perplexed by the fact that I don't even eat spicy cuisine.

Q2. I was finding it difficult to do any regular activity, including climbing stairs, when I was diagnosed with heart disease. As I am a farmer, I am unable to leave the house for work.

Q3. I used to be active and less self-conscious since I could go about my regular activities as usual, but now things have changed drastically.

Q4. I became more anxious and tense after hearing about Mi from my local, but after being hospitalized to the hospital, I was reassured that, although it may be a grave condition, it is treatable if I faithfully follow the recommended diet and exercise schedule.

Q5. DIY cures I've taken a lot of steps; I've entirely quit eating fried, spicy food; I've avoided engaging in risky activities; and I've tried to stay away from stressful situations while adhering to the treatment plan my doctor prescribed for me.

Q6. I am feeling that I can go back to my regular way of life and carry it through now that I have been able to psychologically handle my condition and been encouraged to take it very well.

Q7. My inspiring family, a terrific set of friends, and a doctor all helped me to get my mental health back on track while I was surrounded by them.

Q8. Since the disease would have a significant financial impact on me, I was heartbroken that I would pass away. As a result, I asked my friends and family for assistance in paying for the treatment.

Q9. I now spend much of my time with my friends and family as a result of my illness.

Q10. I used to sit around and discuss about daily events with my family and friends while watching TV. I occasionally sew clothing when I feel like it during my free time.

THEME 1- Psychological well-being

All of the participants felt that myocardial infarction had a negative effect on their psychological and emotional well-being. One participant described how he was left feeling worthless: I was feeling worthless.

I wasn't part of society, I was embarrassed to say I was diagnosed as coronary artery disease, I was even hiding from people I knew, I did not want them to know that I was diagnosed as heart problem. Emotionally I felt very low, I would

have thought about suicide maybe but I had to think of my family then as well you know, those are the people that you are going to leave behind you know. It did not look good.

(Participant 3)

He spoke about the length of time that he was diagnosed as heart problem and the longer he was, the more depressed he felt and struggled to see the light at the end of the tunnel.

I suppose psychologically you feel more worthless, you think is this going to be my life.

Definitely, the longer that I was suffering with heart diseases I was beginning to think there must be something wrong with me, I can't seem to get a healthy life, I was beginning to become less motivated, my self-belief in myself was gone, I was thinking there is something wrong with me. I don't want to heart disease in me. I was getting depressed, there was nights when I felt like I can't take this anymore, I did think about suicide as-well, it was something, you do think about.

(Participant 2)

One participant described the psychological impact which it had on him especially in relation to being a husband and wife and how it left him feeling inadequate as a family.

Emotionally it is difficult because you want to provide but you can't for those who are reliant on you so emotionally that can be difficult. Say when one of the kids comes home from school and they are looking for adoption and to be honest I can't take it because prohibited heavy weight lifting by the doctors so that time is very difficult for me.

(Participant 2)

Participant six acknowledged that that she had very little to talk about with friends and family and felt quite depressed at times and highlighted the importance in maintaining other interests outside of work and family life.

THEME 2- Stress Levels

Three of the participants reported that their stress levels increased due to becoming heart patient:

Stress has definitely increased. I used to be very worried, I used to find it hard to sleep, just kind of worrying about work a lot, you do not want to let down your family, you felt you were a failure since you became heart patient, they did not understand why you lost your health, they just kind of thought that you messed it up or something.

(Participant 3). Interestingly, three participants described how their stress levels decreased over time: On a day-to-day basis they have probably decreased but sometimes because I need do some hard work sometime for something it would increase There would be weeks when I would be under a lot of pressure so my stress levels would be quite high but on a day-to-day basis, they would be quite low.

(Participant 5)

Definitely decreased, I suffer from heart illness, and it did not suit me to work full time, I was tired all the time, so when I was made heart patient my stress levels did decrease significantly. I realized when I was made heart patient, that I was not able for full time work, so that was definitely a positive aspect of disease for me.

(Participant 4)

They have decreased slightly but you have different stresses because you think about looking for work every day.

(Participant 6)

THEME 3- Effects on relationships with friends & family

In relation to the effects of their heart illness on relationships within the family, two of the participants stated that their relationships stayed the same, that they had always been very close as a family unit. While one of the participants who returned home after living in home for 3 years, found it quite difficult initially as they as a family had to get used to each other. Participant six reported that her relationship with her husband has remained strong since losing her health: I think it has made it stronger, I have the support of my husband luckily, and he does not mind providing for his family financially, so it's a strong relationship because obviously when there is less money there is more strain on a relationship, I think a relationship does change when you have diagnosed with heart disease. I would have always wanted to earn my own money.

(Participant 6)

She added that she does not appreciate all the free time which she now has with her family:

I suppose when you have free time all the time with your family you don't appreciate it or value it as much. When you are working and not at home all the time you certainly tend to make better use of the opportunity of spare time.

(Participant 6)

For three of the participants having more time on their hands meant they had more time for their friends and family. They also realized the importance of family, and when times are bad that one can always turn to them for help or a home again for a while:

We support each other better, my parents and I would now do more things for each other, my dad works part time during the winter, so now I might give him a hand on the farm and he might baby-sit for me, we help each other out more, which is good, you can use your time, being heart patient, I will not be able to do to home chores.

(Participant 5)

Two of the participants noted no change in their relationships to their friends. However, for some there was a change, one participant said she had both lost and gained friends after this heart problem. Another participant described how he has cut a lot of his friends out of his life and sadly learnt through the whole process who his real friends are: I have begun to cut them out of my life, I could not give them the same time that I used to, I used to meet them every weekend but I would meet them now maybe once a month or every 6 weeks, I just could not afford it like, I was cutting down phone calls too because I could not afford them, then I realized that some of these people weren't really friends at all. You realize that some of your friends were just using you, they don't want to know you if you have not good health.

(Participant 3)

Participant six spoke about the importance of friends when a person is not working:

I suppose I have less of a social life with friends, I think it is very important to maintain contact with your friends when you are heart patient, and certainly I found that I did not want to see them as much because they would be asking me questions, like have you heart problem, have you got a treatment, and there was too many questions around me not well, so from that perspective I probably wanted to see them less but I think you have one or two close friends that you can just be yourself with and tell them that you do not want to talk about it.

(Participant 3)

THEME 4- Financial impact

All participants reported a significant decrease in their financial situation as a result of Myocardial Infraction. They have to survive on a weekly social welfare payment, which is considerably less than what they would have earned when working. All participants reported that since being heart patient, they have to pay more hospital bills, so they are more conscious of their spending and struggle to budget their money from week to week.

However, two participants recalled that financially they now manage a great deal better. One participant recalls how when she was working full time, her lifestyle meant that she was spending all her money but now her lifestyle has changed as a result of losing her job and so she has to manage her finances better:

Another participant acknowledged that his budgeting skills increased ten-fold; he attributed this change to the fact that there was no money left over at the end of the week.

All participants reported that the decrease in their financial situation is one of the most difficult aspects of heart disease and as a result they need to be more realistic with the choices which they make. Three participants felt their heart problem had a huge negative impact on their standard of living, participants reflected on how they have had to cut back on their socialising, eating out and holidays as they could no longer afford to maintain the lifestyle which they had prior to losing their jobs. What you might have looked upon as a necessity before now you would see it as a luxury (Participant 2).

One participant described how it has impacted on his socialising and that he can't socialise the way he would like too and his twice-yearly holiday is no longer possible. Another participant was quite anxious as she now struggles to pay her bills on time:

Recently I have felt it harder to manage than before, since the government cuts big time, I used to find that I would always have enough for my bills but I find now that I might have to put off paying the electricity bill for a week or two, I

will always get the money and I will always get it together but sometimes it might take longer to get it together than it used too. That is the biggest change.

(Participant 5)

Participant six spoke about the massive reduction in her disposable income and recalls that it is now more of a struggle financially specially to pay the mortgage. In addition, she described feelings of guilt due to the fact that she is not contributing to the family financially which she believes should be a shared task between herself and her husband:

For two of the participants the impact on their standard of living was seen as a positive experience; however this was very much dependent on their lifestyle prior to heart disease. Participant four very rarely socialized, and she finds the money which she receives from social welfare to be sufficient to cover her day-to-day costs. Another described her standard of living as improving; She spoke of having a healthier lifestyle now.

THEME 5- Motivation and coping resources

The majority of participants highlighted that it is hard to motivate themselves and how some days they felt more motivated than others:

Some spoke about the different resources which they utilised in order to cope and keep themselves motivated, one participant spoke about the importance of keeping a routine and to get up early in the morning and help to get the children ready for school and dropping them off. Another spokes about looking back on his academic achievements and the significance of them for him, and by thinking of them it helped get him through tough days.

(Participant 6)

VII. CONCLUSION

The purpose of this chapter was to highlight the findings which emerged on account of the interviews that were carried out. It is clear from the findings of this research study that MI can affect an individual's psychological well-being. However, as highlighted in the literature review, all the patients do not all share similar experiences. On a positive note, some of the participants involved in this study acknowledged that their standard of living and their health has improved since losing their health, their stress levels have decreased and family life has improved due to having more time for others.

VIII. SUMMARY

The purpose of study was to phenomenological analysis of coping with myocardial infarction among MI patient attending cardiac OPD, NMCH, Jamuhar'. The finding of study has been based on the finding obtained from statistical analysis of collected of data. Data were analyzed using the Hermeneutic approach developed by Van Mannen (1990), under seven categories as follows:

- Narration: The data were written as narrative texts.
- Interpretation: The texts were reviewed several times to enable interpretation.
- Coding: Each statement was coded after a thorough interpretation.
- Sub-themes: Similar coded statements were categorized into sub-themes.
- Themes: Relevant sub-themes were used to form distinct themes.
- Stories: Groups of themes were combined to develop Stories.
- Assessment: We critically assessed the rigor of the stories by both the authors and an external reviewer.³¹

The story rigor, was assessed by Lincoln and Guba's criteria,³² for being credible, dependable, confirmable, and transferable. We also held regular meetings to interview and consult the patients, asking them to read and check the subthemes and themes derived from the deliberations. Finally, the patients had the opportunity to confirm, clarify or reject the stated themes and concepts.

Also, additional contacts made between the story authors and patients over the subsequent four months enhanced the credibility of the statements. The dependability of the statements was checked after recording, transcribing, and analyzing the interview contents. Further, the data were analyzed for consistency following the interviews. The confirmability was established based on the objectivity level of the data. To enhance this process, we developed an audit system to record the

deliberations at each session throughout the study. The transferability was addressed by carefully recording the descriptions of the patients' lived experiences. At the end of the study we provided feedback on the findings to the participants.

Conclusion

This study provided qualitative evidence that patients' lived experience post MI could impact their lifestyle, perceptions about their body and the health care system. War as a previous experience played an important role in illness perception in post-MI patients. The study demonstrated that the illness leads the patients to seek spiritual motivation to overcome their stressors. Denial to overcome stresses also observed in some patents. It is important that healthcare practitioners have a realistic idea about the patient's perceptions and experiences with their disease in order to adopt their health behavior when they are away from the healthcare institutions.

Implication

Further qualitative and quantitative studies be conducted to explore and develop creative approaches to enhance the quality of life in patients with prior heart conditions, such as heart failure and MI.

Nursing Services

Booklet can be introduced as a clinical routine in MI patient and nurse can be adopted it a part of health education programme to improve the knowledge regarding Quality of life of MI patient

Nurse can develop evidence-based practice and included structured teaching programme to become integral nursing intervention

Nursing Education

In-service education programme should be attended by nurse to update their knowledge regarding Quality of life of MI patient, there by promoting nursing students to plan and implement the teaching programme as a part of health education Periodic symposium seminar conference and work shop can be conducted update the information

Nursing Administration

The nurse administration can support the nurse for conducting research on various aspect on Quality of life of MI patient
The nurse administer can organize a conference on Quality of life of MI patient
and motivate the staff nurse to actively participate in such activities

Nursing Research

Nursing research about phenomenological analysis of coping with myocardial infarction among MI patient become valuable reference material for further research.

Recommendation

A follow of study can be done.
Comparative study can be conducted to evaluate of caregiver.

LIST OF ABBREVIATIONS

- ACC : American College of Cardiology
- AHA : American Heart Association
- AMI : Acute Myocardial Infraction
- CABG : Coronary artery bypass graft
- CAD : Coronary Artery Disease
- CAV : Cardiac allograft vasculopathy
- CHD : Coronary Heart Disease

- ECG : Electrocardiography
- EHR : Electronic health record
- GNSU : Gopal Narayan Singh University
- HTN : Hypertension
- IHD : Ischemic heart disease
- MI : Myocardial Infraction

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