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Acceptance of the illness and readiness for hospital discharge of patients after acute myocardial infarction

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Background. The occurrence of acute coronary syndrome (ACS) has varying degrees of impact on the patients’ everyday life. It causes adverse effects and negative emotions associated with the disease. Patients who have low level of readiness for the discharge from the hospital after ACS are associated with a higher risk of complications and re-hospitalisation. It is expected that effective identification and appropriate preparation of patients for the discharge can improve adherence and biopsychosocial function.

Purpose. The aim of the study was to analyse the relationship between the acceptance of illness and readiness for hospital discharge after a myocardial infarction treated with percutaneous coronary angioplasty.

Methods. The study was conducted in 100 patients (63 men) hospitalized in the Department of Cardiology. The patients were divided into two groups - patients under 65 y/o (group A) and patients over 65 y/o (group B). Patients were examined the day before their discharge from the hospital. Standardized questionnaires were used: Readiness for Hospital Discharge after Myocardial Infarction Scale (RHD-MIS), Acceptance of Illness Scale (AIS) and a socio-clinical questionnaire. Results were considered significant at p < 0.05.

Results. The mean age of participants was 66.57 ± 8.77 years. Approximately 42.4 % of them presented with STEMI, 57.6 % with non-ST-segment elevation myocardial infarction. The analysis of AIS scale showed that the mean level of disease acceptance was lower in group B than in group A: M=23.08 points vs. 27.76 points, respectively. The level of readiness for discharge from the hospital assessed with RHD-MIS general score was medium in both groups A and B: M=49.60 vs. M=46.22, respectively. The further analysis has shown that AIS is positively and moderately correlated with the overall result (RHDS): rho=0.460; p<0.01; expectations: rho=0.345; p<0.01; the subjective assessment: rho=0.365; p<0.01 and weakly and positively with the objective assessment: rho=0.259; p<0.01. Based on the regression coefficients it was presented that AIS was moderately and positively correlated with the readiness for discharge (beta= 0.446; p=0.001) and increases its level. Among other factors which had a negative significant impact on the readiness for discharge from the hospital were older age (rho=-0.231; p<0.05) and existing comorbidities (objective assessment p<0.004).

Conclusions. Our findings demonstrate that patients had a moderate level of readiness for hospital discharge. The elderly patients had worse results on each scale. Acceptance of the disease improves the level of patients’ readiness to hospital discharge after ACS. Readiness to discharge should be routinely assessed in patients with AMI. The results will be supportive to the identification of those who require additional and personalised education.