

Assessment of Coping Mechanisms among Patients with Heart Disease

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Abstract- Background: A patient's psychological adaptation to heart disease can influence its impact on their lives. However, attempts to understand how patients cope mentally with severe emotional strain have led to inconsistent use of a plethora of concepts, making communication and clinical care difficult. **Objectives:** The study conducted to Assess the Coping mechanisms among patients with Heart disease and to the relationship between coping mechanisms and their demographic data. **Methodology:** A Descriptive Analytic design cross sectional Study was carried out in al-Najaf City hospitals (Al-Sadder Medical City, AL-Forat AL-Awsat teaching hospital. AL-Hakeem teaching hospital, AL-Najaf Center for Cardiac Surgery, Catheter therapy) . the period of the study from December 20th, 2018 to March 13th, 2019. **Results:** The finding of the existing study specify that the overall coping mechanisms for patients with heart disease is moderate. **Concluded:** The study concluded that the coping of patients with heart diseases is mainly use emotional-focused coping mechanisms more than problem- focused coping mechanisms. **Recommendation:** The study recommends that comprehensive studies should be conducted for Iraqi people to determine the factors affecting their knowledge about the heart disease, with establishing an appropriate solution to promote the level of their knowledge. In addition, health education programs should be applied to increase the knowledge of patients' to coping mechanisms changes.

Index Terms- Assessment, Coping Mechanisms, Patients, Heart Disease

I. INTRODUCTION

Heart diseases are among the major health problems in developed and developing countries, insofar as they are called the health epidemic of the 21st century. In the last two decades, the prevalence of risk factors for cardiovascular diseases has been increasing in developing countries insofar as it is predicted that by 2020, heart diseases will be among the major causes of death in developing countries around the world. According to World Health Organization statistics and epidemiology plans in country, the 45/7% of deaths in our country is due to heart diseases. These diseases will be ahead of World Statistics in our country in the coming years due to the older population, increase in the life expectancy, and improvement of health indicators ⁽¹⁾

Living with heart disease is uncomfortable for the patient, who must adapt himself to this discomfort. The adapting process

is performed by using coping mechanisms or techniques that have a favorable or unfavorable influence and therefore are called adaptive and disadaptive, respectively ⁽²⁾

Failure of adjusting one's behavior to the disease results in maladaptive coping which implies displeasure, uncertainty, anxiety, passivity, feeling of helplessness and depression, all of which have an unfavourable effecting on disease, mortality and quality of life. The process of coping was influenced by modulated factors such as the perceive controllability of the stressor with personality types (genetic factors, personal life experiences, behavioral types disimmunogenic personal traits ⁽³⁾ Heart diseases, when chronic, often come with more mental and physical stress. This disease need pharmacological treatments in addition to following long-term diets in associated to be controlled. Progressive physical incapacity is the common characteristic of these disease. Thus, this disease induces profound changes in a patient's life, resulting in a negative emotional effect on his quality of life and safety ⁽⁴⁾

Discomfort factors in ICUs may be reason different physical and mental problems. For instance, environmental noise can negatively affect physical health through increasing heart and metabolism rates, reducing gastrointestinal secretions and raising oxygen consumption. Environment noise too reasons mental difficulties like anxiety, mood change, aggressions, and Delirium. in turn, was related with longer hospital stay, higher mortality rate, postoperative respiratory failure, hemodynamic instability, fall, urinary incontinence, dermatologic disorders, disability, and altered cognitive state ⁽⁵⁾.

The rate of mental and emotional complaints in Intensive care unit's ICUs was reported to be more than 50%. These disorders may rise blood pressure, heart rate, and Respiratory rate, cause Dyspnea, and Thereby, slowly recovery. In the critical postoperative periods, clients effort to use coping mechanisms in directive to management discomforted features with stress ⁽⁶⁾.

Coping mechanism are divided into problem focused and emotion focused coping. Problem - focused coping contain attempts for gaining control over the situation, obtaining information about the problem, and analyzing the problem. Emotion- focused coping are emotional methods such as hopefulness about the improvement of the situation, worshiping and praying, fantasizing, aggression ,crying, denial, avoidance, distancing, and resigning to fate ⁽⁷⁾.

II. METHODOLOGY

A descriptive analytic design cross-sectional study was carried out, so as to achieve the early stated objectives. The period of the study is from 20th December 2018 to 16th March 2019.

The study was conducted at general teaching hospitals units, (intensive care unit (ICU), coronary care unit (CCU), post-operation care unit), in Al-Najaf AL-Ashraf City , Iraq.

• **Instrument of the study:**

An assessment tool is adopted and developed by the researcher for assessing the coping mechanisms amongst patient

with heart disease. The final study instrument consists of two parts, (part one contained socio- demographic data, part two contained two domains ,and 58 questions.

• **The Statistical Analysis:**

The following statistical data analysis approaches is used in order to analyze the data of the study under application of the statistical package (SPSS) ver. (22), and the Microsoft excel (2010).

III. RESULTS

Table (1) Descriptive of the study sample by their demographic data

Items	Sub-groups	Study group Total = 100	
		Frequency	Percentage
Age / Years	20-35	5	5.0
	36-51	24	24.0
	52-67	46	46.0
	68-83	25	25.0
Gender	Male	59	59.0
	Female	41	41.0
Economic Status	Sufficient	34	34.0
	Sufficient to some extent	45	45.0
	Insufficient	21	21.0
Residency	Rural	30	30.0
	Urban	70	70.0
Levels of Education	Illiterate	20	20.0
	Able to Read and Write	22	22.0
	Primary School	19	19.0
	Intermediate School	9	9.0
	Preparatory School	8	8.0
	Institute	9	9.0
	College	13	13.0
	Post-graduate	0	0.0
Marital Status	Single	8	8.0
	Married	78	78.0
	Widowed	13	13.0
	Separated	1	1.0
Occupational Status	Governmental Employee	13	13.0
	Housewife	28	28.0
	Private work	20	20.0
	Jobless	30	30.0
	Retired	9	9.0

Table (4.1) shows that the majority about age between (52-67) years old (64%), in addition the majority of the study subject (59.0%) are male. Regarding educational levels the study show (22.0%) is Able to Read and Write .Concerning the socio-economic status, most of the participants (45.0%) are present with sufficient to some extent. Concerning residency the study results indicate that the study

subjects (70.0%) are urban residents .Regarding marital status the majority of the study subjects (78 %) are married and most of study subjects (30.0%) are Jobless.

Table(2): Overall Coping Mechanisms for Patients with Heart Disease

Items	MS	RS	Assessment
Focused on problem	1.66	55.33	Poor
Focused on emotional	1.97	65.69	Moderate
Overall Assessment	1.89	63.46	Moderate

M.S (mean of score) , Rs% (percentage relative sufficiency) ; Good (mean of score equal or more than 2.34) ; Fair (mean of score equal or more than 1.67) ; Poor (mean of score less than 1.66) ; cut off point (0.66) , mean of score (2).

Table (2) shows that the overall assessment of coping mechanisms for patients with heart disease it shows that the assessment for focused on problem is poor and focused on emotional is (moderate).

IV. DISCUSSION

Discussion of the administrators socio-demographic.

The study finding demonstrate that the more frequent age group is (52 - more). they found that the (52 yrs.) is the leading age group of the study sample. Additionally, it comes because the HD incidence is increased for the patients age increase. This fact is associated with many factors: reduction metabolism rate and increase catabolic rate. This impairment leads to impaired patients physical activity and may cause deterioration in the body organs functions. Also, there is a physical vulnerability relates to the phenomenon of age that make the individuals risky for many diseases and health problems such as HTN, obesity, dyslipidemia and DM. These problems resolve increase the incidence of heart diseases with those people. This outcome agrees with ⁽⁸⁾

Concerning the gender, the study results reveal that the majority of the subject are males. In addition, the differences in sex in the broad scope of wellness and illness have been the matter of general investigation, women are associated with risk of metabolic adverse risks, current evidence on future risks for HD interferes. Preeclampsia is related to developing the risk for HD later in life. Menopause is associated with an increased risk of HD. This result agrees with ⁽⁹⁾.

Level of Educational, the outcomes display that the majority of the take a look at topics are capable of reading and writing. . Early access to education in life has been found to be particularly important for the development of effective coping mechanisms. A final factor to be considered is access to health care. Barriers to healthcare such as location, inability to afford treatment or a poor therapeutic relationship due to a lack of trust are associated with poor coping mechanisms and health outcomes. whose have a look at results indicate that maximum contributors are able to study with write ⁽¹⁰⁾.

Concerning the socio-economic status, most of the study participants are presented with sufficient to some extent socio-economic status. Lower socioeconomic status creates coping more difficulties by increasing levels from stress, increasing the

probability of unhealthy behaviors, reducing accessing to wellbeing caring and reducing gaining and using to effecting coping mechanism whose their outcomes show that the common of training applicants' regular revenue is enough to about degree. ⁽¹¹⁾

Concerning residency, the study results indicate that the study subjects are urban residents. this end result comes along with .whose their results suggest that the general public of topics are city citizens rather than the countryside or in large towns. in addition, these effects can also ascribed to the HD with refers to modern scourge of trade society. Besides, the HD can also increase in incidence amongst men and women in urban residential areas compared to the ones in rural regions. additionally, the ones folks in city residential regions regularly skill much less physical exercising and extra mental strain every day compared with those in rural regions, making them greater risky for coronary heart ailment ⁽¹²⁾

About married statuses, the learning outcomes shows that the common of the research focuses are married. whose outcomes indicate that the common study subjects are marital. ⁽¹³⁾.

About occupational Status, the outcomes show great ratio from research subjects are Jobless. because the conditions and peripheral factors make him more susceptible to mental and physical illness .whose outcomes show that the common research subjects is Jobless. ⁽¹³⁾.

- **Discussion of the Relationships between Coping Mechanisms among Patient with Heart Disease.**

This study show that the assessment of overall assessment of coping mechanisms for patients with heart disease, It shows that the assessment for focused on problem is poor and focused on emotional is moderate. In In this study show that the sample of HD patients, emotion-focused mechanisms and problem – focused coping mechanisms at the time of the cardiac occasion were a dependable predictor of ailment severity at a three-month follow up, these findings have to be interpreted cautiously due to the small pattern size, however they may be constant with previous work showing that coping mechanisms and disorder-related beliefs play an crucial function in health behaviors and disorder adjustment

By using displaying that patients' coping techniques after a cardiac occasion are extra strictly associated with future disease severity than expressed symptomatology, they aid the emphasis of

the constructive angle on the extraordinary modalities that people use to make feel of the activities that happen to them and to address these events .this have a look at shows growing more coping mechanisms to the various heart disease patients. therefore nurses have the responsibility to conduct applications like health education, stress discount strategies and counseling sessions to overcome the strain. several coping mechanisms which includes crying, snoozing, ingesting , yawning, giggling, bodily workout and day dreaming ought to be advocated to reduce the pressure A possible implication of our results is that interventions based not solely on patients' symptoms of psychological distress, but also on their idiosyncratic representation of themselves and of the world may be of greater benefit in reaching a more complex and flexible adaptation to the cardiac condition and in fostering the behavioral change needed for a better recovery. One way to improve emotional coping mechanism in patients who recently suffered a cardiac event is to increase their emotional awareness, i.e. their ability to observe their emotions (also in relation to the cardiac event) in a non -evaluative, accepting manner, in order to promote more efficient recovery from stressful situations .Future studies will need to confirm the efficacy of psychological treatments based on a constructive approach, and to disentangle the possible causal relationships between explicative and descriptive (symptomatological) variables in patients with heart disease. ⁽¹⁴⁾

V. CONCLUSION

The study concluded that the coping of patients with heart diseases is mainly use emotional- focused coping mechanisms more than problem- focused coping mechanisms. There is significant relationship between heart disease and coping mechanism as the majority of disease patient have moderate coping.

VI. RECOMMENDATION

Health education programs should be applied to increase the patients' knowledge about coping mechanisms and provide possible solutions to the factors that may effect on patients with heart disease. Mass media should utilize to provide health education to increase clients' knowledge and awareness about heart disease and the coping mechanisms changes. Provide scientific a booklets about heart disease and coping mechanisms . to increase knowledge of nurses

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