

Assessment of Health Protective Behaviors for Clients' with Stable Angina at Out-patient Clinics in Al- Nasiriyah City

تقييم السلوكيات الصحية الوقائية للمراجعين الذبحة الصدرية المستقرة للعيادات الخارجية في مدينة الناصرية

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الخلاصة

هدف الدراسة : تهدف الدراسة إلى تقييم السلوكيات الصحية الوقائية للمصابين بالذبحة الصدرية المستقرة من خلال استعمال سبع محاور سلوكية صحية وقائية مثل النمط الغذائي والفعاليات الجسمية والمتابعة الصحية وتحديد العلاقة بين السلوكيات الوقائية الصحية والخصائص الديموغرافية **المنهجية :** أجريت دراسة وصفية للمدة من 26 تشرين الثاني 2014 ولغاية 8 تموز 2015 للسلوكيات الصحية الوقائية للمراجعين للعيادات الخارجية في مدينة الناصرية. استخدمت عينة غير احتمالية تكونت من (130) مصاب بالذبحة الصدرية المستقرة للأعمار مابين (20-69) سنة الذين يراجعون العيادات الخارجية (الاستشارية). جمعت المعلومات بطريقة المقابلة من خلال استخدام استبانته مكونة من جزئين، الجزء الأول شمل المعلومات الديموغرافية وتشمل (7) فقرات والجزء الثاني المجالات السلوكية الصحية وتشمل (39) فقرة موزعة على ثلاثة أبعاد وهي النمط الغذائي والفعاليات الجسمية والمتابعة الصحية وتم قياس جميع الفقرات بمقياس (3) دائماً (2) أحياناً (1) أبداً. وتم تحديد صدق الأداة من خلال عرضها على (17) خبيراً من ذوي الاختصاص وتحديد ثبات الاستبانة باستخدام تقنية (كرونيخ ألفا = 0.87) وتم تحليل النتائج من خلال تطبيق التحليل الإحصائي الوصفي والاستنتاجي

النتائج: أظهرت نتائج الدراسة بأن الذبحة الصدرية المستقرة يمكن أن تحدث بين الفئة العمرية (60-69) للمراجعين للعيادات الخارجية (الاستشارية) في مدينة الناصرية وكان معظم عينة الدراسة (60.8%) من الذكور. وإن (84.6%) من العينة متزوجين. وفيما يتعلق بالمستوى التعليمي (25.4%) من المشاركين بالدراسة لا يقرأ ولا يكتب، (42.3%) من عينة الدراسة من ذو الدخل الكافي لحد ما، و(69.2%) يعيشون في المناطق الريفية، و(56.9%) منهم لا يعملون (ربة البيت من ضمنهم). وكذلك تشير الدراسة على وجود علاقة ذات دلالة إحصائية بين السلوكيات الصحية الوقائية والحالة الزوجية والمهنة ومستوى التعليم.

الاستنتاج: النتائج تؤكد أن الذبحة الصدرية المستقرة تحدث في كبار السن للمراجعين للعيادات الخارجية (الاستشارية) في مدينة الناصرية وكذلك تشير الدراسة إلى أن السلوكيات الصحية الوقائية للمراجع هي جيدة وملئمة باستثناء محور النشاط البدني غير كافية وتحتاج إلى تحسين الأمر الذي يعني أنها تواجه عموماً السلوكيات الصحية التي تزيد من قدرتهم على الإدارة الذاتية للمرض.

التوصيات: أوصت الدراسة بأن برامج التنقيف الصحي يجب أن يكون للمراجعين كبار السن أو المرضى الذين يعانون من الذبحة المستقرة لأغراض حماية وصيانة وتعزيز الصحة خصوصاً فيما يتعلق بمجال النشاط البدني في جميع العيادات الخارجية للمستشفيات والمراكز المتخصصة. ويمكن أن يتم دراسة وطنية لإضافة المزيد من السلوكيات الوقائية الصحية ويمكن تنفيذها على عينة أكبر واستخدامها كقاعدة للبيانات لمزيد من البحوث في هذا المجال.

الكلمات المفتاحية : السلوكيات الصحية الوقائية، المراجع، العيادات الخارجية

Abstract:

Study aims: To assess of health protective behavior for clients with stable angina through use three domains' of dietary habits ,physical activity, and Health follow-up, and also to determine the relationship between health protective behaviors and demographic characteristics.

Methodology: Descriptive study between (November 26, 2014 to July 8,2015) conducted health protective behavior for clients' at out-patient clinics in Al- Nasiriyah city on. A non-probability (purposive sample) of (N=130) clients were matched with them from general population. The data were collected through the use of interview by questionnaire, which consists of two parts (1) divide, section A. Socio-demographic data which consists of 7-items, and part (2) health protective behaviors questionnaire consists of 39-items distributed to seven dimensions include, domains, dietary habits ,physical activity ,and Health follow-up. All the items were measured on scale of (3) Always, (2) Sometimes, and (1) Never. Content validity of the questionnaire was determine through a panel of (17) experts. Reliability and validity of questionnaire was determined through the implicated the cronbach alpha=0.87 technique of pilot study, and the data was analyzed through the application of descriptive statistical of inferential statistical analysis

Results The study results showed that the stable angina can occur between the age group (60-69) for clients at outpatient in Al- Nasiriyah city. Most of the study sample (60.8%) is male. (84.6%) of the sample are married. With regard to educational level (25.4%) of the study participants are illiterate, (42.3%) of the study sample of a sufficient income to some extent, and (69.2%) live in rural areas, and (56.9%) of them are unemployed (including housewife). As well, the study indicates the presence of a statistically significant relationship between health protection behaviors and marital status, occupation and level of education of the study.

Conclusion: Stable angina can happen to elderly of clients at out-patient clinics in Al- Nassirya city. The majority of health protective behaviors for clients with stable angina were adequate and good, except physical activity

domain was inadequate and need to improvement due to the aging process, which means that they overall experience health behaviors which increase their ability for self-management of illness.

Recommendation: Health education programs should be towards the elderly clients or patients with stable angina for purposes of protect , maintain and promote health especially regarding physical activity domain in all out-patient clinics of the hospitals and the specialized centers. A nation-wide study can be done to add extra of health protective behaviors and can be carried out on large sample size and this characteristics can be used as data base for further research in this is area.

Keywords: Health protective behaviors, Clients', Out-patient clinics

INTRODUCTION

Coronary Heart Disease (CHD) is the appearance of the main manifestations of cardiovascular problem, lead to the cause of morbidity and mortality worldwide ⁽¹⁾. Angina adversely affects quality of life and increases the risk of myocardial infarction and mortality. In clinical trials of stable angina annual mortality is approximately (0.9-1.4%)⁽²⁾. International statistical (9.8) million of people in the United States, and (1.98) million in the United Kingdom suffering from angina pectoris and experience considerable mortality and morbidity. It is estimated a further (96,000) and (785,000) new cases of stable angina identified in the United Kingdom and the United States respectively ⁽³⁾. Approximately (140,000) of men and (116,000) of women in the West Midlands suffer of angina ⁽⁴⁾. Health protective behavior is not a new theme, but the time being to replace the importance of policy makers and the World Health Organization (WHO), and has developed many future programs to identify trends to work on protective behavior and health promotion of chronic diseases (cardiovascular problems such as stable angina, diabetic mellitus, and hypertension,... etc.) are also disasters and conflict situations ⁽⁵⁾. Health Protective Behaviors (HPBs) are individual action taken to protection, or enhancement, or maintaining health. These actions are both prescriptive in nature (e.g., eating a diet, get an adequate exercise) and proscriptive (e.g., avoid smoking, and excessive alcohol consumption).For over a decade, prevention magazine has teamed with polling /survey organizations to conduct an annual survey of participation in health protective behaviors ⁽⁶⁾. Modifications of the patients with stable angina risk factors require a change in lifestyle habits and behaviors .Changes in lifestyle need to take place early in a person's life to utilize the full prevention value of the change. Increase awareness and knowledge of risk factors necessary to change behavior ⁽⁷⁾. Thus, health behaviors are essential ⁽⁷⁾ for patients with Coronary Artery Disease (CAD) such as stable angina for preventing possible cardiac events as well as keeping their health. Unfortunately, clinically, most patients with stable angina rarely recognize the importance of lifestyle and behavior changes in preventing the reoccurrence of symptoms ⁽⁸⁾.

OBJECTIVES:

1. To assess the health protective behaviors for clients with stable angina at out-patient clinics.
2. To find out the relationship between clients' health protective behaviors and their socio-demographic characteristics of age, gender, level of education, marital status, monthly income, and residency.

METHODOLOGY:

Setting of the study: The study was carried out in Nasiriyah city (out-patient Clinics Al - Nasiriyah Heart Center, Imam Al-Hussein Teaching Hospital, and doctor's specialist clinics).

Design of the study: A descriptive study is carried to assess health protective behaviors for clients' with stable angina at out-patient clinics in Al- Nasiriyah city in order to achieve the objectives of the study.

The Sample of the study: Non Probability "purposive" sample of (130) clients diagnosed with stable angina are selected for the present study.

Tool of the study: In order to evaluating the health protective behaviors for clients with stable angina, a special questionnaire was prepared by the researcher. The instrument is composed of two main parts as follows

Part I: Socio-demographic Characteristics of the Study Sample (7 items).

Part II: Health protective Behaviors: This part includes the domains of health protective behaviors for client with stable angina as the following:

A. Dietary Habits: This section is composed of (19) items.

B. Physical Activity: This section is composed of (9) items.

C. Follow-up health: This section is composed of (11) items.

Data collection: The data were collected the use of a questionnaire. The data collection process was performed from March 11th, 2015 to May 10th, 2015.

Scale of questionnaire: Always =3, Sometimes =2, Never =1

Statistical analysis: The following statistical data analysis approach by using (SPSS-ver.16) was used in order to analyze and assess the data of the study.

RESULTS:

Table (1): Distribution of The study Sample according to their Socio-demographic Characteristics

Variables		Frequency	percent (%)
Age	20- 29 years	2	1.5
	30- 39 years	9	6.9
	40- 49 years	11	8.5
	50- 59 years	32	24.6
	60-69 years	76	58.5
Gender	Male	79	60.8
	Female	51	39.2
Marital status	Single	2	1.5
	Married	110	84.6
	Divorced	6	4.6
	Widowed	10	7.7
	Separated	2	1.5
Level of Education	Illiterate	33	25.4
	Able to read and write	26	20
	Primary school graduate	29	22.3
	Intermediate school graduate	17	13.1
	High school graduate	9	6.9
	Institute graduate	6	4.6
	College graduate and more	10	7.7
Occupation	Governmental employed	17	13.1
	Unemployed (including housewife)	74	56.9
	Self employee	23	17.7
	Retired	16	12.3
Monthly income	Sufficient	30	23.1
	Parley sufficient	55	42.3
	Insufficient	45	34.6
	Total	130	100
Residential area	Urban	40	30.8
	Rural	90	69.2

Table 1 show that the most of the study sample are at age (60-69) years old (58.5%), male (60.8%), married (84.6%). In addition, (25.4 %) of the study subjects are literate. In regarding to the study subjects occupation, the results indicate that (56.9%) are Unemployed (including housewife). Concerning the results of the subjects residential area indicate that (69.2%) of them rural residential area. Also the study results indicate that (42.3%) of the study subjects reported that their monthly income is barely sufficient.

Table (2): Mean of score, Percentage, Frequency, and evaluate of Health protective behaviors main domains

Domains of the Protective Health Behaviors	No.	Never	Sometime	Always	MS	Assessment
		F	F	F		
A- Dietary Habits	130	16	74	40	2.18	Adequate
B- Physical Activity	130	68	54	8	1.54	Inadequate
C- Health Follow-up	130	7	55	68	2.47	Adequate

Table (2) revealed that all health behavior of client toward stable angina was adequate and good unless the physical activities were inadequate and need to improvement.

Table(3): Statistical differences between socio-demographic characteristics of study sample and health behavior domains

Socio-demographic Data	Groups	Overall Health Protective Behaviors			Total
		Never	Some times	Always	
Age	20- 29	0	0	2	2
	30- 39	0	6	3	9
	40- 49	0	7	4	11
	50- 59	0	12	20	32
	60-69	3	42	31	76
$\chi^2_{obs.} = 9.434$ $\chi^2_{crit.} = 15.507$		df=8	P< 0.05		130
Gender	Male	0	41	38	79
	Female	3	26	22	51
$\chi^2_{obs.} = 4.818$ $\chi^2_{crit.} = 5.991$		df=2	P< 0.05		130
Marital status	Single	0	1	1	2
	Married	1	57	52	110
	Divorced	0	1	5	6
	Widowed	2	6	2	10
	Separated	0	2	0	2
$\chi^2_{obs.} = 21.434$ $\chi^2_{crit.} = 15.507$		df=8	P< 0.05		130
Levels of Education	Un read and write	2	25	6	33
	Able to read and write	0	19	7	26
	Primary school graduate	1	9	19	29
	Intermediate school graduate	0	6	11	17
	High school graduate	0	2	7	9
	Institute graduate	0	2	4	6
	College graduate and more	0	4	6	10
$\chi^2_{obs.} = 29.438$ $\chi^2_{crit.} = 21.026$		df=12	P< 0.05		130
Occupation	Governmental employee	2	13	2	17
	Unemployed (including housewife	1	35	38	74
	Self employee	0	10	13	23
	Retired	0	9	7	16
$\chi^2_{obs.} = 15.794$ $\chi^2_{crit.} = 12.592$		df=6	P< 0.05		130
Residency	Rural	2	43	45	90
	Urban	1	24	15	40
$\chi^2_{obs.} = 1.749$ $\chi^2_{crit.} = 5.991$		df=2	P< 0.05		130
Monthly income	Sufficient	0	18	12	30
	sufficient some extent	2	24	29	55
	Insufficient	1	25	19	45
$\chi^2_{obs.} = 3.250$ $\chi^2_{crit.} = 9.488$		df=4	P< 0.05		130

P: Probability Level, Significant at P< 0.05, Non-significant at P > 0.05, $\chi^2_{obs.}$ = Chi-square Observed, χ^2_{crit} = Chi-square Critical , df= Degree of Freedom, p = Probability value

Table (3) shows that there is significant relationship between health protective behaviors and marital status, levels of education, and occupation. While there is no-significant association between the health protective behaviors and the remaining socio-demographic (age, gender, residency, and monthly income).

DISCUSSION:

Protective health behaviors are the best work only when they are being repeat continuously as one taught will be soon memorable⁽⁹⁾. Analysis of results indicates that the overall health protective behavior domains is adequate except physical activity is inadequate and need improvement Table(3). Which means that those clients with stable angina in general are follow the protective health behaviors that make them have good self-management to their disease status, except for the physical activity domain, and this might because the advance age (60-69) years old of the study subjects who cannot follow the recommended physical activity .Also, the study results indicate that the least affected domain is the mental health domain. In addition, the findings of the present study have revealed that they don't have desire to perform physical activities. Most researches on the same subject reports that people of this age lose the capability to maintain their physical activities. Adults aged 65 years and older gain substantial health benefits from regular physical activity, older adults should aim to do at least 150 minutes (2 hours and 30 minutes) of moderate-intensity physical activity a week, or an equivalent amount (75 minutes or 1 hour and 15 minutes) of vigorous-intensity activity. Older adults can also do an equivalent amount of activity by combining moderate- and vigorous-intensity activity. As is true for younger people, greater amounts of physical activity provide additional and more extensive health benefits to people aged 65 years and older ⁽¹⁰⁾. Guidelines for healthy individuals over the age of 65 and adults (50-64) years suffer from chronic diseases to participate in physical exercise aerobic moderate for 30 minutes, five days a week, or strong aerobic exercise for 20 minutes, three days a week, according to the newspaper the position of the AHA and ACSM⁽¹¹⁾. Concerning of dietary habits' domain found that the majority of the study sample is revealed significant response. The results consistent when study the health protective behaviors, and they found that the majority of the study subjects are taking their meals sufficiently and efficiently ^(12,13). This provides evidence that these elderly clients behaviors committed proper diet that help them to maintain the management of their stable angina and adhere to it . Regarding the aspect of health follow up of elderly clients' health protective behavior, the study results supported they report that Iranian elderly are engaged in the follow up as a health protective behaviors ⁽¹⁴⁾. In order to achieve the second objective of the study, data analysis has revealed that marital status, levels of education, and occupation significant associations with the overall health protective behaviors domains of the study sample. While there is a non-significant association between the health protective behaviors and the remaining socio-demographic. This result is consistent with the results another study who indicated a significant relationship between the marital status, job the patients' healthy protective behaviors⁽¹⁵⁾. Also, Also, in a previous study they found that a significant relationship between levels of education and health behavior⁽¹⁶⁾. While Another study found that there is no significant relationship between the patients' age and gender and their health behavior⁽¹⁷⁾. In a study was done 2014 that discussed the quality of life in angina pectoris patients at outpatients, the study found that that demographical characteristics of economic status and residence the clients have no correlation with the dimensions of quality of life⁽¹⁸⁾. In addition, regarding these findings of the study which has no significant correlation between residence, monthly income, and health protection behaviors, these results might come because that the health care services provided at the most of Iraqi hospitals and specialized centers (out-patient clinics) are cheap and not need to buy something so there is no significant impact of the monthly income on the health protective behaviors.

CONCLUSIONS

The findings of the study concluded that stable angina can happen to elderly of clients at out-patient clinics in Al- Nassiryia city. The majority of health protective behaviors for clients with stable angina were adequate and good, except physical activity domain was inadequate

and need to improvement due to the aging process, which means that they overall experience health behaviors which increase their ability for self-management of illness.

RECOMMENDATIONS:

1. Health education programs should be towards the elderly clients or patients with stable angina for purposes of protect , maintain and promote health especially regarding physical activity domain in all out-patient clinics of the hospitals and the specialized centers
2. A comparative study for health protection behaviors can be conducted to distinguish between governmental clinics and private clinics.
3. A nation-wide study can be done to add extra of health protective behaviors and can be carried out on large sample size and this characteristics can be used as data base for further research in this is area

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