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A Study Social Problems on Cardiac Patients in Chennai District

Dr. S. Gajendra Raj
DEAN, MBA, Department of Management Studies
Bharath Institute of law,
Bharath Institute of Higher Education and Research
Selaiyur, Chennai, Tamil Nadu 600 073

ABSTRACT

In the present world the number of persons affected with cardiac diseases and it is increasing. That is one important reason for the human death and it not only affects the normal human life but also a negative effect in the sweet family life. Cardiac the word strikes a powerful blow at the emotional solar plexus of every one. It has been exit India since Vedic period and it has affect throughout the ages. Cardiac is the one type of disease which kills many people. It is a major source of fear and anxiety to mankind. In every year many of poor an innocent people from child to old have affected by this disease. They took at this disease with fearful and anxious mind. The paper describes the Psycho social problems on cardiac patients in Tiruchirappalli district

Key words Cardiac disease, Psycho social problems, Patients.

1. INTRODUCTION

Heart and blood vessel disease also called heart disease .It includes numerous problems, many of which are related to a process called atherosclerosis. Atherosclerosis is a condition that develops when a substance called plaque builds up in the walls of the arteries. This buildup narrows the arteries, making it harder for blood to flow through. If a blood clot forms, it can stop the blood flow. This can cause a heart attack or stroke. A heart attack occurs when the blood flow to a part of the heart is blocked by a blood clot. If this clot cuts off the blood flow completely, the part of the heart muscle supplied by that artery begins to die. Most people survive their first heart attack and return to their normal lives to enjoy many more years of productive activity. But having a heart attack does mean you have to make some changes. The doctor will advise you of medications and lifestyle changes according to how badly the heart was damaged and what degree of heart disease caused the heart attack

2. TYPES OF CARDIOVASCULAR DISEASE

Heart failure This doesn't mean that the heart stops beating. Heart failure, sometimes called congestive heart failure, means the heart isn't pumping blood as well as it should. The heart keeps working, but the body's need for blood and oxygen isn't being met. Heart failure can get worse if it's not treated. If your loved one has heart failure, it's very important to follow the doctor's orders. Learn more about heart failure.

Arrhythmia This is an abnormal rhythm of the heart. There are various types of arrhythmias. The heart can beat too slowly, too fast or irregularly. Bradycardia is when the heart rate is less than 60 beats per minute. Tachycardia is when the heart rate is more than 100 beats per minute.

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An arrhythmia can affect how well the heart works. The heart may not be able to pump enough blood to meet the body's needs.

Heart valve problems when heart valves don't open enough to allow the blood to flow through as it should, it's called stenosis. When the heart valves don't close properly and allow blood to leak through, it's called regurgitation. When the valve leaflets bulge or prolapse back into the upper chamber, it's a condition called mitral valve prolapse. When this happens, they may not close properly. This allows blood to flow backward through them. Discover more about the roles your heart valves play in healthy circulation.

STATEMENT OF THE PROBLEM

A number of misconceptions prevail among the people regarding the cardiac disease. The general notion that a person suffering from cardiac disease is sure and they will die. People are unaware that if it is diagnosed in early stages, it can be treatable. The cardiac patients should not be looked upon as pitiable victim of a hopeless disease, but rather as an individual who is face by a life situation threaten his security, Happiness and comfort. The strength for copying with the disease lies within the patient himself.

3. OBJECTIVES OF THE STUDY

The study was carried out with the following objectives:
1. To study the psychological problems of cardiac patients
2. To analyze the social problems faced by the cardiac patients

HYPOTHESIS

In ordered to achieve the above said objectives of the study the investigator formulated the following hypothesis:

1. There is a significant difference of the respondent's related to aware about the stage of cardiac disease.
2. There is a significant relationship between the smoking and the cardiac disease.
4. There is significant relationship of the respondents have no trust in their treatment.

4. METHOD

Whenever a research is proposed to be conducted, it is natural to adopt a proper plan of action for collecting data. Research is purposive, scientific and planned deliberation. The research design adopted for this study was descriptive and analytical one as it is described the personal, family, medical and psychological back ground of the cardiac patients.

POPULATION

All the female and male cardiac patients from Government general hospital, Apollo specialty hospitals

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SAMPLE

The sample of the present study comprised of 120 cardiac patients. Some of the patients were newly admitted in the hospital and some patients were discharged daily. In this case the researcher could not find a definite universe (Floating population) so the researcher adopted the purposive sampling method. The sample size of the researcher is 50 respondents who are suffering from the cardiac disease.

TOOLS OF DATA COLLECTION

This paper is based on both primary and secondary data. Primary data were collected through a structured interview schedule. The secondary data used in the study have been collected from related journals, books, newspaper and internet. In the present study the following tools were used is Interview Schedule which includes the personal details and socio economic conditions and psycho social problems were included.

5. REVIEW OF RELATED LITERATURE

Kathleen Obier & l. Julian Haywood, (November, 1971 Seventy-seven patients who were admitted to a coronary care unit for acute myocardial infarction were studied to determine the incidence of social, emotional and economic problems. Ages were widely distributed but all were in the lower income bracket. Patients exhibited fear and concern over immediate health (56 per cent), possibility of disability (38 per cent), loss of income and employment (36 per cent), and (23 per cent) showed gross evidence of depression. Most patients who survived regained their previous health and employment status. Inter-relationships between prognosis, behavior, perception and depression were observed. This experience suggests that these problems may be dealt with realistically while the patient is in the coronary care unit.

N. H. Cassem, M.D.; and Thomas P. Hackett, M.D.(1 July 1971) Of 441 consecutive patients admitted to a coronary care unit, 145 (32.7%) were referred for psychiatric consultation. The three most frequent reasons for referral were anxiety (47), depression (44), and management of behavior (30). The focus of anxiety was impending death or death's heralds: pain, breathlessness, weakness, and new complications. Depression followed injuries to self-esteem caused by the heart attack. Most management problems stemmed from excessive denial of illness, inappropriate euphoric or sexual behavior, and hostile-dependent conflicts with the staff. Consultation requests for each problem followed different time distributions, with an early peak for anxiety on days 1 and 2, a later peak for depression on days 3 and 4, and a bimodal distribution for management referrals. The data suggest a sequence of normal emotional reactions to myocardial infarction. Psychiatric intervention included medication, explanatory clarification, environmental changes, bolstering optimism, anticipation, confrontation, and hypnosis. The mortality of the referral group (4%) was three times less than expected for this coronary care unit.

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6. RESULT AND DISCUSSION

DEMOGRAPHICAL BACKGROUND OF THE RESPONDENTS

S.NO	DEMOGRAPHICAL	NO OF RESPONDENTS N=50	PERCENTAGES
I	Gender		
	Male	36	72
	Female	14	28
II	Age		
	Below 40	07	14
	40-60	18	36
	Above 60	25	50
III	Education Qualification		
	Illiterate	3	6
	SSLC	10	20
	Higher Secondary	25	50
	Degree	12	24
IV	Designation		
	Un employed	18	36
	Employed	32	64
V	Experience		
	Up to 10 yrs	2	4.0
	11yrsto 20 yrs	10	20
	21yrs to 30yrs	13	26.0
	30yrsand above	25	50.0
VI	Marital Status		
	Married	36	72
	Unmarried	14	28
VII	Religion		
	Hindu	8	16
	Christian	30	60
	Muslim	12	24

Sources Primary data (Table 1)

TABLE No 1

The above table 1 describes the demographical background of the respondents; in the column 1 it shows that that more than half of the respondents 72% were belonging to the sex of male. In the column II, Less than one fourth of the respondents 28% were belonging to the female group. The percentage of the respondents of their age 50 respondents has been taken for this study. About 50 % of the respondents to the age group above 60, 36% of the respondents belong to the age group 40-50, and only 14% are in the age group of less than 40.In the column III Half of the respondents were belonging to secondary education .Less than one fourth of the respondents (20%) belonging to the higher secondary. Less than one fourth of the respondents (20%) belonging to the SSLC and less than one fourth of the respondents (6%) belonging to the Illiterate group. In the column IV in the cadre of designation it shows that 64% of the employees were employed and it resembles that more stress factors was seen in them, In the

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column of IV, 36 % were unemployed, in the column V of experience it shows that 50% of respondents are 30 yrs. and above,26% of the respondents falls in the 21yrs to 30yrs,20% of the respondents were in the age of 11yrs to 20 yrs. and very less 4% of the respondents falls in the category of up to 10 yrs. In the VI column in the category of marital status 72% of the respondents belong to the married and remaining 28% were unmarried. In the cadre of religion it shows that more than half of the respondents (60%) were belonging in the religion of Christian, less than one fourth of the respondents (24%) were belonging to Muslim and remaining 16% were belong to Hindu.

Hypothesis-1 There is a significant difference of the respondent's related to aware about the stage of cardiac disease

SHOWING THE DISTRIBUTION OF THE RESPONDENTS BASED ON AWARENESS ABOUT THE DISEASE

S. NO	AWARENESS ABOUT THE DISEASE	NO OF THE RESPONDENTS		TOTAL	PERCENTAGE
		Male	Female		
1	Yes	30	12	42	84
2	No	4	4	8	16
	Total	34	16	50	100

TABLE No 2

Above mentioned table shows that the highest respondents (84%) opinions that they know about the disease. And remaining respondents shares that they were unaware about the disease.

Hypothesis-I1 There is a significant relationship between the smoking and the cardiac disease.

SHOWING THE DISTRIBUTION OF THE RESPONDENTS BASED ON SMOKING HABITS

SL NO	REFERENCE TO THE SMOKING HABIT	NO OF THE RESPONDENTS		TOTAL	PERCENTAGE	CHI SQUARE TEST
		Male	Female			
1	Always	22	1	23	46	0.119774 significant 0.119774 < 5%
2	Frequently	5	2	14	28	
3	Occasionally	7	1	8	16	
4	Never	5	0	5	10	
		39	4	50	100	

TABLE No 3

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Above mentioned table shows that the highest respondents (46%) opinion that always based on Smoking habits. The lowest respondents (10%) shares that they will never smoke.

7. HYPOTHESIS FINDINGS

The chi square value is0.119774 and it is significant and less than 5%hence the hypothesis is accepted. It also proves there is a significant relationship between the smoking and the cardiac disease.

HYPOTHESIS-I1I

There is a significant difference in level of anxious of the patient's decline of their health condition

SHOWS THE LEVEL OF ANXIOUS OF THE PATIENT'S DECLINE OF THEIR HEALTH CONDITION

S. NO	ANXIOUS ABOUT THEIR HEALTH	NO OF THE RESPONDENTS		TOTAL	PERCENTAGE	CHI SQUARE TEST
		Male	Female			
1	Often	9	6	15	30	0.529978 significant
2	Some time	11	10	21	42	
3	Never	10	4	14	28	
	Total	30	20	50	100	

TABLE No 4

Above mentioned table 42% of respondents say that they were level of anxious is higher in declining their health condition. And the 30% of respondents says that they were often anxious in declining their health condition. Remaining respondents (28) says that they will never anxious about their health.

HYPOTHESIS FINDINGS

The chi square value is0.529978 and it is significant and less than 5% hence the hypothesis is accepted. There is a significant difference in the level of anxious of the patient's decline of their health condition

HYPOTHESIS-IV

THERE IS SIGNIFICANT RELATIONSHIP OF THE RESPONDENTS HAVE NO TRUST IN THEIR TREATMENT.

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S. NO	TRUST IN THE TREATMENT	NO OF THE RESPONDENTS		TOTAL	PERCENTAGE
		Male	Female		
1	Yes	18	20	38	76
2	No	6	6	12	24
	Total	24	26	50	100

TABLE No 5

Above mentioned table 5 shows that 76% of respondents says they have trust on their treatment and 24% of the respondents says that they have no trust in the treatment.

8. FINDING OF THE STUDY

On the basis of result obtained during the course of present investigation, the following findings have been draw: Column it shows that that more than half of the respondents 72% were belonging to the sex of male.84% of the respondent's shares that they were aware about the disease. The research assumption is true. In the column II, Less than one fourth of the respondents 28% were belonging to the female group about 50 % of the respondents to the age group above 60, 36% of the respondents belong to the age group 40-50, and only 14% are in the age group of less than 40. In the column III half of the respondents were belonging to secondary education. In the column IV in the cadre of designation it shows that 64% of the employees were employed. In the VI column in the category of marital status 72% of the respondents belong to the married. Most of the respondents have the smoking habit. Table no 3 indicates that 45% of the respondents have smoking habit. The research assumption is true. Most of the respondents are anxious about the decline of their health condition. Table 4 shows that 42% of respondents say that they were level of anxious is higher in declining their health condition. The research assumption is true. Most of the respondents have no trust in their treatment 76% of respondents says they have trust on their treatment .The research assumption is false.

8. SUGGESTIONS

The cardiac Patients should be able to take the responsibility of their health. Maintain a healthy blood pressure. Monitor Cholesterol (Blood Lipids)

9. CONCLUSION

On the basis of analysis and interpretation of the data it is found that the majority of the respondents had some psychosocial factors influencing their disease and which adversely affect their recovery. Most of the respondents had psychological problems like stress, tension, anxiety, worries and depression.

10. REFERENCES

[1] " Resilient landscapes and communities manging natural resources in new South Wales" (PDF) Nrc.nsw.gov.au. Retrieved 27 october2014.
[2] ''Bachelor of Applied Science (Natural Resource Management)''. Study. Massey.ac.nz. Retrieved 27 October 2014.

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[3] Lovell, C.; Mandondo A.; Moriarty p. (2002). The question of scale in integrated natural resource management. Conservation Ecology5(2): 25 Retrieved 27 October 2014.
[4] Holling C.S. and Meffe, G.k. 2002 Command and control and the pathology of Natural Resource Management. Conservation Biology. Vol.10 issue 2.pages 328-337, April1996
[5] Gaston, kJ& Spice, JI 2004, Biodiversity; An Introduction, Blackwell publishing Company, malden.
[6] Gray, JS (1997). Marine biodiversity: patterns, threats and conservation needs (PDF).Retrieved 27 October2014.
[7] Cooney, R (2004). The precautionary principle in Biodiversity Conservation and Natural Resource