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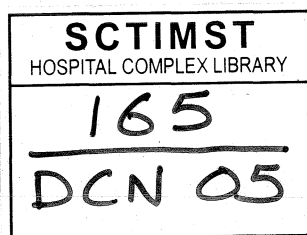
**A STUDY OF IDENTIFY THE PERCEIVED  
STRESSORS OF POST PERCUTANIOUS  
TRANSLEUMINAL CORONARY  
ANGIOPLASTY  
PATIENTS IN CORONARY CARE UNIT  
SCTIMST**



**PROJECT REPORT**

*Submitted by:*

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**SREE CHITIRA TIRUNAL INSTITUTE FOR  
MEDICAL SCIENCE AND TECHNOLOGY**

**2005**

## CERTIFICATE

*Certified that this study to identify the perceived stressors of post percutaneous Transluminar coronary angioplasty (PTCA) patients is a bonified worke of DEEPA KUMARI.V.P at the Sree Chitra Tirunal Institute for Medical Science and Technology*

*Submitted in the partial fulfillment of the requirement for the diploma in cardiovascular and Thoracic Nursing from Sree Chitra Tirunal Institute for Medical Science and Technology*

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# CHAPTER-I

## Introduction

Stress is a part of life and requires some sort of adjustment from the part of the individual.

Stress can be defined as a negative emotional experience accompanied by Predictable Biochemical, Physiological, cognitive, and behavioural changes that are directed either towards altering the stressful event or accommodating to its effects (A Baum, 1990)

Stressors are demand placed on the individual stress from a number of sources. The sources represent three basic categories Frustration, conflict and pressure.

### Background of the Study

People respond very differently to stress. Stress response of the body is some what like an airplane reading for take off. Virtually all systems are modified to meet the perceived danger

Things that create stress are called stressors. It can happen outside of body or in mind. For something to be stressful, the event must be threatening to the person in some way. Usually a stressor is threatening when it will have a big impact on that person.

Stress may have a direct effect on illness, it may interact with pre-existing vulnerabilities and it may adversely affect health habits. But still there will be much individual variability in which stress cause illness or not.

This is because stress moderators enable people to cope with stress differently.

However, particularly vulnerable populations especially children, the elderly, hospitalized patients, do seem to be adversely affected by the stressors. They may show signs of helplessness and difficulty in performing tasks (S.Cohen et al, 1978).

S.Cohen and Williamson (1988) using a measure of perceived stressors found the relationship between stress and health behaviour. In their study, people who reported they were under more stress are getting less sleep, less likely to eat breakfast, consuming more alcohol and using more drugs more frequently. This study shows that health habits are altered by stress, then illness may be a consequence.

### **Need of the Study**

People vary so much is what they consider to be stressful, may researches feel that perceived stress is a better measure of stress than an instruments that measure whether people have been exposed particular events (S.Cohen, Kamarck, Curd Mermelstelin, 1983).

Researchers suggest that perceived stressor predicts a broad array of health outcomes (Lobel, Dueskel, Schetter and Scrinishawn 1992)

Individuals react differently to stressors. How one person react in response to stress may be very different than some one else. However people tend to repeat the way they react from situations to situations. Some

individual may be more sensitive to some stressors than the others. Once the stressor is removed, the stress response disappears.

Stress may have effect on Physiological system such as heart, bloodvessels, Immune system lungs, Digestive system, Sensory organs and brain. To the extent stress affect these pathways and cause illness. Stress can produce physiological as well as Psychological changes conducive to development of illness, precursors (Fore warnings) of illness such as fatigue and ache ness can then develop, If it is untreated can lead to illness.

A study was conducted by Baluwaji Reuben et al (1991) to identify the hospital experience perceived by stressful by patients during the period of hospitalization in the maternity healthcare institutions of Nigeria. The sample composed of 100 patients with in the age group of 20-69 years. Hospital stress rating scale of 40 items was used to elicit the response of patients. Findings of the study revealed that 37 of the 40 events were rated very high stress.

Folkman, Schacfer and Lazahus 1979, H.Len venthal and Nalenz, 1982, Pear Lin and Schooter (1978), have studied coping strategies on even more specific way of understanding how people manage stressful events. Two general types of coping strategies can be distinguished, problem solving efforts and emotions focused. Researchers have questioned whether resources affect coping directly by improving a person's ability to cope with both low and high levels of stress or whether resources act primarily as a buffer against stress. In this latter view, resources may have little effect on a

person's coping success at low levels of stress, but may become important at high levels of stress (the buffering hypothesis)

Considering the above factors the investigators felt that there a need to identify the perceived stressors of post PTCA patients in CCU.

### **Statement of the Problem**

A study to identify the perceived stressors of post Percutaneous Transluminal Coronary Angioplasty (PTCA) patients in Coronary Care Unit (CCU), SCTIMST.

### **Objectives of the study**

1. To identify the perceived stressors of post PTCA patients
2. To rank the perceived stressors of identified according to the frequency of occurrence.
3. To determine the associations between the perceived stressors identified and demographic characteristic of post PTCA patients such as
  - age
  - Sex
  - Education
  - Occupation
  - Family Monthly income
  - Previous experience in CCU
  - Type of procedure
  - Complications

## **OPERATIONAL DEFINITIONS**

### **Perceived Stressors**

Refers to various factors perceived by the patients and expressed verbally in response to the interview schedule constricted for the purpose. These factors includes, environmental physical and psychological.

### **Post PTCA patients**

Refers to all patients who had undergone Percutaneous transluminal Coronary Angioplasty (PTCA) and admitted in the CCU of SCTIMST.

### **Assumption**

1. All patients who are admitted will experience stress during their hospitalization.
2. The frequency of occurrence of stressor will differ from patients to patients.

### **Delimitations of the Study**

1. Malayalam speaking patients are included in the study.
2. It is restricted to post PTCA patients admitted in CCU of SCTIMST

## **Projected Outcomes**

The study was conducted to identify the perceived stressors of post PTCA patients in CCU. Finding of the study will help to identify the perceived stressors of post PTCA patients in CCU.

## **Summary**

This chapter deals with background of the study, need for the study, the statement of problem, objectives of the study, the statement of problem, objectives of the study, operational definitions, assumptions, delimitations of the study, and projected outcomes.

## CHAPTER II

### Review of Literature

#### Introduction

Related Literature was reviewed in depth, so as to broaden the understanding of the selected problem. The idea was to develop a deeper insight into the problem area, and to identify the perceived stressors of post PTCA patients in CCU and to rank the perceived stressors according to their Frequency and occurrence. An attempt has been made to review and discuss the research and non research literature and their findings related to the present study.

#### **Studies on Clients Perception of Stress towards Hospitalization**

A study was conducted by Boly waji Reuben et al (1991) to identify the hospital experience perceived as stressful by patients during the period of hospitalization in the materiality health care institution of Nigeria. The sample composed of 100 patients within the age group of 20-69 years. Hospital stress rating scale of 40 items was used to elicit the response of the patients. Findings of the study revealed that 37 of the 40 events were rated very high stress.

Gwen van et al (as cited in the International Journal of Nursing studies) examined the stress of hospitalization in AIDS patients and assessed the extent to which the patients' perception of stress differed in the two

different patients delivery system. The sample comprised of 310 patients from four special care units and five integrated units of Los Angeles and San Francisco in U.S.A. A version of the volices hospital stress rating scale was used. The sampling technique adopted in this study was random sampling method. Findings of the study revealed that special care unit patients had lower total hospital scores compared to the integrated unit patients. A significant difference ( $P=0.008$ ) was found in terms of the number of stressors experienced. This study high lights that the patient admitted in a general care unit perceive stress of hospitalization highlights that the patient admitted in a general care unit perceive stress of hospitalization higher than the special care unit patients, since these patients are usually affected by the discriminating treatment the feelings of abandonment and ambiguity of care.

An exploratory study carried out in Canada by Shila. E.M. and Ruth.C.M (1986) to assess whether the nurse accurately identified the perceived stress in post operative patients. 41 patients who had undergone. Open heart surgery and nurses from the two nursing units had been selected for the purpose of study. Total hospital stress scores was computed for each nurses and patients by assigning rank scores. The B.T volicer hospital stress rating scale was utilized for the purpose. The findings of the study revealed that the nurses estimate of patients psychosocial stress mean score was comparatively higher than the patients stress mean score. This indicate the nurses rated the patients psychosocial stress higher than the patients.

## **Studies related to stressors associated with hospital**

Sarojini (1993) conducted a study to determine the stressful factors and coping methods of patients admitted with coronary heart disease in CMC hospital, Vellore, fifty patients above the age of 25 yrs admitted for 1<sup>st</sup> time in the hospital were selected for the study. The standardized scale of B.J Volicer, MA Isenberg, and M.W Burns was modified to study the stressful factors. Data was collected by interview technique the findings of this study revealed that majority of the patients (74%) felt lack of information as the most stressful factors. The coping method adopted by (62%) of patients “Hoping that things will get better” and “praying to God” was adopted by (58%) of the patients. The other stressful factors identified in this study were threat of severe illness and problem with medications. This study has given a clear view of sample size, criteria for sample selections and the settings of the study.

A study was conducted on 64 women who had undergone mastectomy to identify the stressors their levels of stress coping strategies and coping effectiveness (Rost. S. 1990). The data was collected using structured interview, coping effectiveness was measured by Mc Netts coping effectiveness questionnaire. (The treatment effectiveness stressor had the highest mean level of stress). The result of the study also revealed that there was significant difference in the level of stress among the following the stressors. Hope for cure, treatment-effectiveness, fear of unknown, progression of disease and pain.

## Studies Related to Stress

Latour Perez J, Gutierrez Vicent, Reigterrera, Ribera Domened conducted a study in (1994) about construction and validation of an index of psychosocial adjustment in ICU without interviewing the patient. One of the main obstacles for their study is the difficulty of the measurement of psychosocial factors in the critical care environment. The objective of this study is to build up and validate an instrument to assess the psycho-social adjustment in critical care patients. They have studied 214 adult patients admitted to the ICU in a public hospital with 420 beds. None of them was in coma or showed signs of encephalopathy or acute psychosis. Each patient was independently evaluated by 2 nurses. That rated 15 variables related to the patient's psycho-social environment without direct interview of the patient. The inter-observer concordance in the assessment of the different items was always higher than 0.4. Critical care nurses can reliably assess some psychosocial variables in critical care patients. These assessments allow the building of a scale of psychosocial adjustment in the ICU applicable to a wide variety of critical patients and that does not require direct interview of the patient.

Cults hertson B.H. Hulla, Starchanal (2004) conducted a study regarding post traumatic stress disorder after critical illness, requiring general intensive care. Their objective is to determine the incidence and severity of symptoms related to the diagnosis of post traumatic stress disorder in a cohort of general ICU patients. They conducted the study in a general ICU on a teaching hospital in Northern Scotland. 78 survivors of patients in general

ICU were used as a samples. Interview of patients were conducted 3 months after ICU discharge and asked to complete telephone assessment of Davidson Traumatic scale. The overall score was also related to patient's reporting having visited a G.P or a mental health professional for psychological distress after ICU discharge. High incidence of symptoms consistent with post traumatic stress disorder 3 months after discharge. Further research and generalization between ICU staff and family practitioner and mental health practitioners are required better identification of individuals at risk and reduce psychological morbidity in this group.

Berghom-Engberg I, Haljamuch (1998) conducted a study about the communication process with ventilator patients in the ICU as perceived by the Nursing staff. In their study intensive care unit nurses were interviewed about their experiences and opinions of the communication process with ventilator treated patients. Nurses with limited ICU experience considered the initial contact with a new critically ill ventilated patient is more frustrating than experienced ones. The nurses thought that the content of the communication commonly requested by a patient was dominated by factors related to the clinical condition, prognosis and reassurance that the situation was under control. Factors considered to limit the communication and to create feeling of uncertainty and stress for nurses with an ICU experience of less than 5 years were work load, unstable condition of the patient, impaired communication with the patient and their own personal problems or worries. Failure to understand a ventilated patient could induce feelings of incompetence, stress and sometimes even despair. This study shows that there

are many factors, in addition to ICU experience that may influence the ability of an ICU nurse to establish and maintain a well functioning communication with ventilated patients and the likelihood of doing so.

Hansell. H.N (1984) studied the behavioral effects of noise on man, the patient with “intensive care unit psychosis”. Their research has demonstrated that noise levels can greatly affect sleep stage progression as well as the frequency of awakening in normal subjects during brief testing session. Clinical research studies have reported the excessive noise levels in everyday ICU equipment and procedures such as hypothermia, blankets, ventilators and intermittent positive pressure breathing, yet when patients were pulled about the most disturbing noises, staff conversation and personnel activity were ranked among the highest specific issues regarding current practice, staff behaviour and structural design were addressed. Thus they found familiarity with behavioral and clinical research regarding noise and its effect on man’s behavior can serve as a guideline to the improvement of the quality of care that the critically ill patient receives.

Stephen J Cavanrgh, John Snaje, Anne ellis (1992) conducted an exploratory study on occupational stress in neurosurgery. Occupational stress in nursing has been a popular topic for investigation. In particular comparisons between practice area such as the intensive care unit and medical surgical unit have attempted to identify what factors on stressful and whether some nursing environments are more stressful than others. Study examined aspects of nursing perceived a stressful by staff members working in ICU and medical surgical units in a neuroscience centre. Findings suggested that

patient care, communication, workload, management and supervision, organizational and personal circumstances are major success of stress. These findings are kept with studies of stress conducted in national and international non surgical nursing practice area.

## CHAPTER III

### Research Methodolgy

#### Introduction

Methodology is a way of systematically solve the problem. It may be understood as a science of studying how research is doing scientifically (C.R. Kothari, 1990).

This chapter provides a brief description of different steps taken to conduct this study. It includes research approach, the research design, the setting, the sample and sampling technique, data collection procedure. Data collection and description of tools, pilot study and plan for data analysis.

#### Statement of the problem

A study to identify the perceived stressors of post PTCA patient in CCU, SCTIMST.

#### Objectives:-

- To identify the perceived stressors of post PTCA patients
- To rank the perceived stressors identified according to frequency and occurrence.
- To determine association between the perceived stressors and demographic characteristics of post PTCA patients such as age, sex,

education, occupation, family income (monthly) previous ICU experience, type of procedure and complications.

### **Research approach**

To accomplish the objectives of the study, the investigator used the survey approach. The study area was intended to identify the perceived stressors of post PTCA patients.

### **Research Design**

Research design is concerned with overall frame work for conducting the study. It help the researcher in selection of subjects, objectives to be formulated and the type of statistical analysis to be used to interpret the data. The research design selected for the present study was descriptive explorative design.

### **Population**

The population for this study was patients, who had undergone PTCA at SCTIMST, Tvpm.

### **Settings of the study**

The study was conducted in CCU of SCTIMST. The CCU got a capacity of 16 beds. Nearly 5 PTCA were done here in a week. This area was selected for the study because of the availability of the subject and feasibility of conducting the study.

## **Sample and sampling techniques**

Purposive sampling technique was used to select samples for the study.

### **Criteria for Sample collection**

#### **Inclusion criteria**

Patients who

1. were willing to participate in the study
2. can understand and speak Malayalam.

#### **Exclusion criteria**

1. Post PTCA patients, who were professional in medical and nursing field.

#### **Data Collection**

The data were collected from the CCU of SCTIMST. Formal permission was obtained from the authorities of SCTIMST. Period of data collection was from 2<sup>nd</sup> September to 30<sup>th</sup> September 2005.

The investigator was introduced to the patient about the purpose of the study and the confidentiality of their responses were assured. The time take for completion of the interview was 10 to 15 mts.

## Data collection Tools

*The tool consist of two sections*

**Section A:** It deals with demographic data

**Section B:** It deals with perceived stressor scale.

### Description of the tools

**Section A:** It comprised of demographic characteristics of post PTCA patients, such as age, sex, education, occupation, family income, previous ICU experience, type of procedure and complications.

#### Section B:

It consist of 30 questions. The questions in this scale were asked to post PTCA patients about feelings and thoughts during hospitalization. In each case they will be asked to indicate how often they felt or though a certain way. Although some of the questions are similar, there are differences between them and they should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up number of times they felt a particular way, but, rather. Indicate the alternative that seems like a reasonable estimate. Score given were 0,1,2,3,4.

0	-	Never
1	-	mild
2	-	moderate
3	-	severe
4	-	very severe

**Pilot study**

A pilot study was conducted in CCU of SCTIMST on 5 post PTCA patients. The purpose was to find out the feasibility of the study. The pilot study participants were excluded from the main study. The pilot study results didn't show any major fault in the study.

**Plan for Data Analysis**

A plan for data analysis was developed by the investigator after the pilot study in terms of descriptive and an inferential statistics.

**Summary**

This chapter deals with introduction, statement of the problem, objectives, research approach, research, research design, population, setting of the study, sample and sampling techniques, criteria for sample collection, data collection tools, description of the tools, pilot study and plan for data analysis.

## CHAPTER-IV

### Data Analysis and Interpretations

This chapter deals with analysis and interpretation of data collected from 20 samples of post PTCA patients to identify the perceived stressors

#### Objectives of the Study

1. To identify the perceived stressors of post PTCA patients
2. To rank the perceived stressors identified according to the frequency of occurrence.
3. To determine the association between the perceived stressors identified and demographic characteristics such as
  - Age
  - Sex
  - Education
  - Occupation
  - Family monthly income
  - Previous experience in ICU
  - Type of procedure
  - Any complications

## **Presentation of Findings**

The analysis of data were organized and presented under the following headings

1. Description of sample characteristics
2. Description of perceived stressors identified among post PTCA patients
3. Ranking of perceived stressors identified according to the frequency of occurrence.
4. Association between perceived stressors identified and selected demographic characteristics.

### Descriptions of demographic characteristic of sample

Sample of 20 post PTCA patients were selected for the study .  
The demographic data included were age, sex, education, Occupation, Family monthly income previous experience in ICU, type of procedure and any complications.

**Table-1**

**Distributions of sample According to the demographic characteristics.**

N=20

Demographic Characteristics	F	%
Age		
<35	1	5
35-44	3	15
45-54	9	45
55-64	6	30
>65	1	5
Sex		
Male	18	90
Female	2	10

<b>Demographic Characteristics</b>	<b>F</b>	<b>%</b>
<b>Education</b>		
Illiterate	1	5
Primary Education	7	35
High school	4	20
Pre-degree	3	15
Higher education	5	25
<b>Occupation</b>		
Working	13	65
Not working	7	35
<b>Family monthly income</b>		
Monthly income below Rs 400	2	10
Monthly income between 401-700	5	25
Monthly income between 701-1300	3	15
Monthly income between 1301-2000	0	0
Monthly income more than 2000	10	50
<b>Previous experience in ICU</b>		
Yes	16	80
No	4	20
<b>Type of Procedure</b>		
Primary P.TC.A	2	10
Secondary P.TC.A	18	90
<b>Any complication</b>		
Yes	0	0
No	20	100

The data presented in table-1 show that 45% of post PTCA patients belongs to 45-54 age group. Majority of the participants were (90%)

50% of post P.T.C.A patients monthly income was more than 2000/- (ie D Category according to hospital policy) 80% of patients had previous experience in ICU. 90% of the population undergone secondary PTCA and 100% of the population didn't have any complications.

The same finding as presented in table 1 are shown in figure 1 as bar diagram, representing distribution of sample according to the age.

The same finding as presented in table-1 are shown in figure 2 as pie diagram, representing distribution of sample according to sex

The same findings as presented in table 1 are shown in figure 3 as bardigram representing distribution of sample according to educational status.

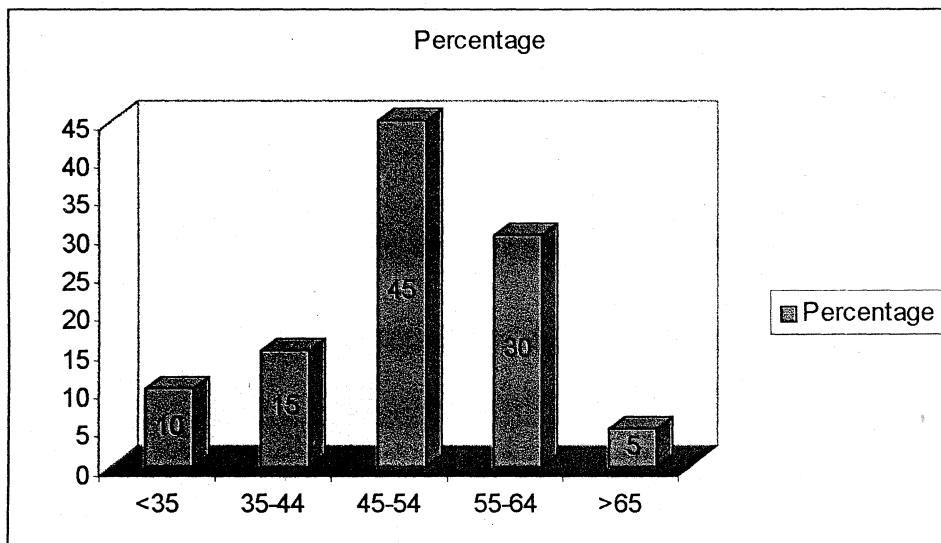
The same findings as presented in table-1 are shown in figure 4 as pie diagram, representing distribution of sample according to occupation.

The same findings as presented in table-1 are shown in figure 5 as bar diagram, representing distribution of sample according to family monthly income.

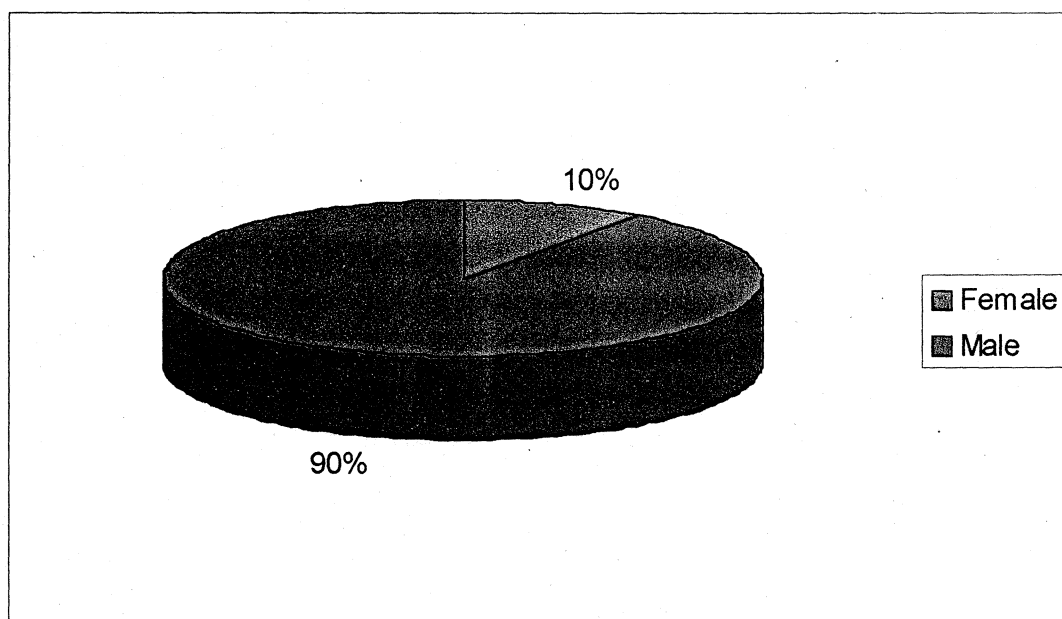
The same finding as presented in table-1 are shown in figure 6 as bar diagram, representing distribution of sample according to previous experience in ICU.

The same finding as presented in table-1 are shown in figure 7 as bar diagram, representing distribution of sample according to type of procedure.

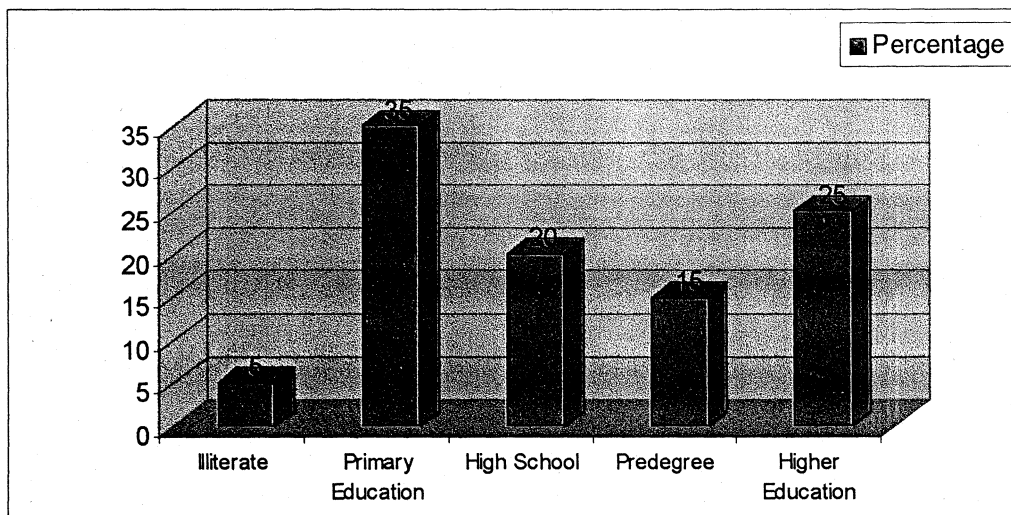
The same findings are presented in table-1 are shown in figure 8 as bar diagram representing distribution of sample according to any complication.



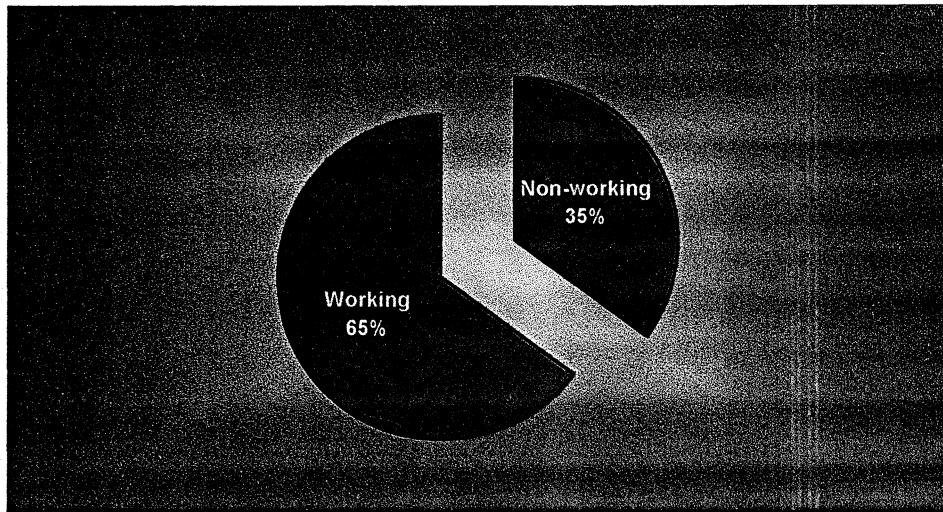
**Figure 1: Percentage Distribution of Age of patients in years**



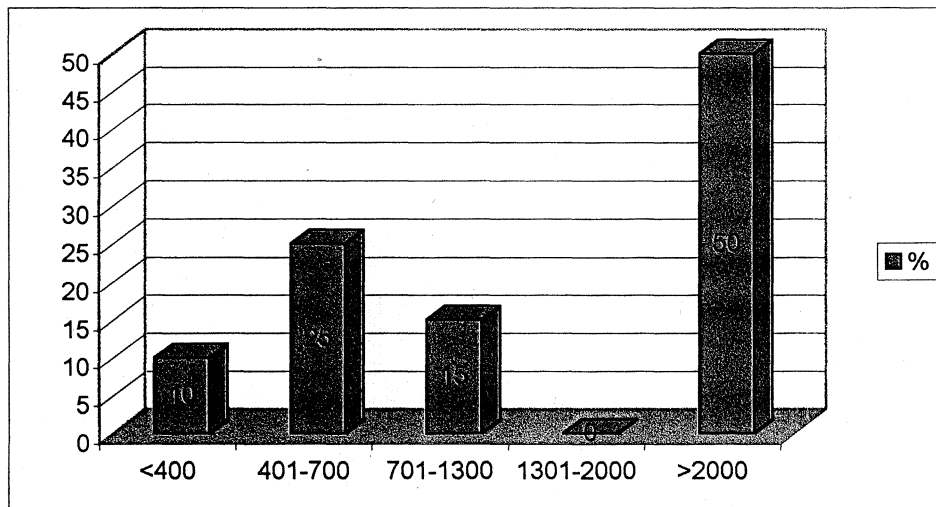
**Figure 2: Percentage Distribution of sex of post PTCA patients**



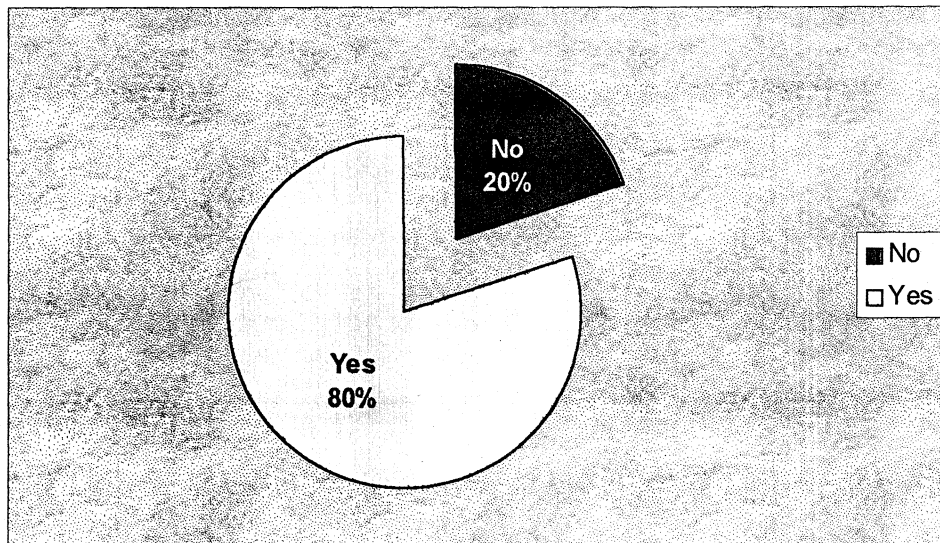
**Figure 3: Percentage Distribution of education of post PTCA patients**



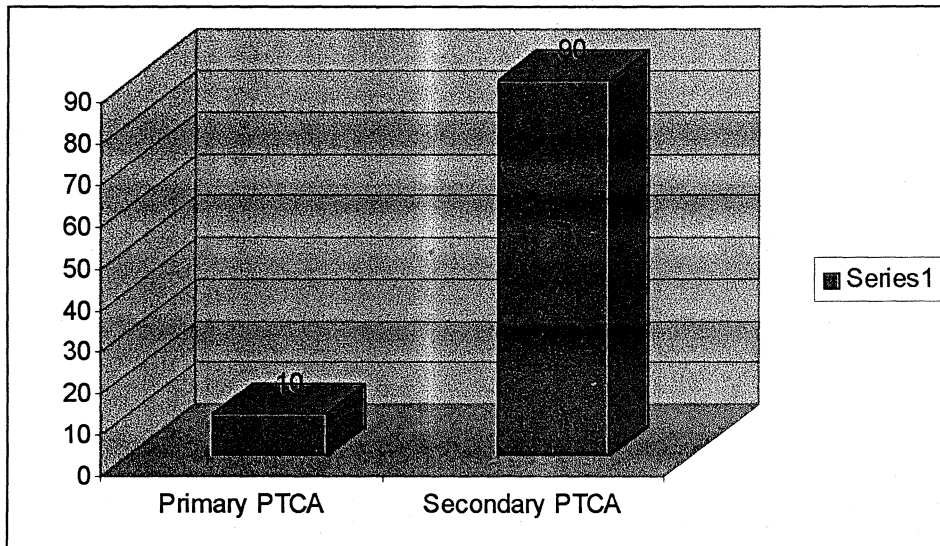
**Figure 4: Percentage Distribution of sample occupation of post PTCA patients**



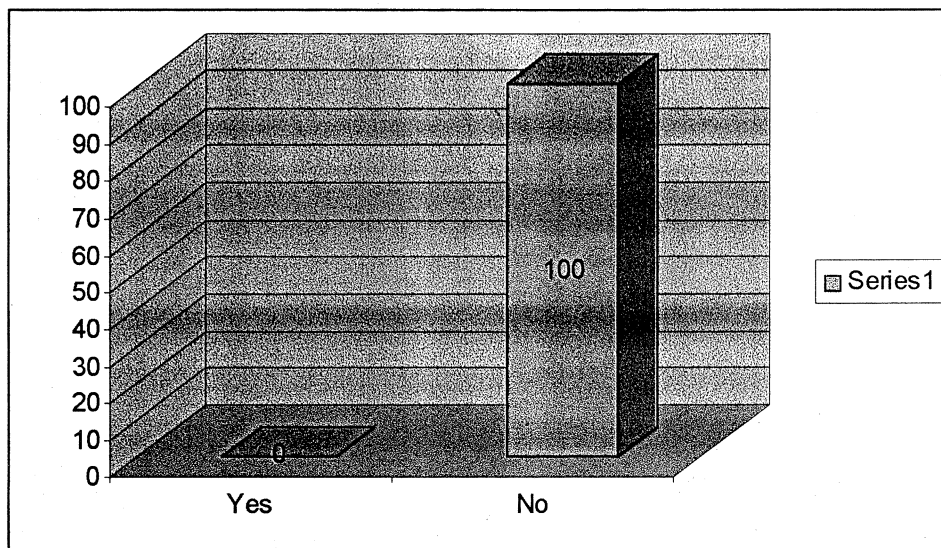
**Figure 5 percentage distribution of sample according to family monthly income of post PTCA patients**



**Figure 6: Percentage of distribution of sample according to the previous experience**



**Figure 7 percentage of distribution of sample according to the type of procedures of post PTCA patient**



**Figure 8 : percentage of distribution of sample according to any complication of post PTCA**

## Description of perceived stressors Identified among post P.T.C.A patients

This section deals with perceived stressors Identified among post P.T.C.A patients

**Table-2**

### Description of perceived stressors identified among post P.T.C.A patients

N=20

	Stressors	Never		Mild		Moderate		Severe		Very severe	
		F	%	F	%	F	%	F	%	F	%
1	Having to stay in unfamiliar place	15	75	4	20	1	5	0	0	0	0
2	Having to see an emergency near by	4	20	4	20	4	20	3	15	5	25
3..	Having to take hospital diet in this environment	15	75	2	10	1	5	0	0	2	10
4	Having to stay in cool ICU environment	7	35	8	40	5	25	0	0	0	0
5	Having to do your primary needs with out privacy	5	25	0	0	4	20	4	20	7	35
6	Being awakened as a result of bright light during sleep hours	12	60	3	15	1	5	1	5	3	15
7	Sleep being disturbed by alarms of moniters.	12	60	5	25	0	0	0	0	3	15

	Stressors	Never		Mild		Moderate		Severe		Very severe	
		F	%	F	%	F	%	F	%	F	%
8.	Being awakened as a result of loud talk of nurse and others	13	65	4	20	3	15	0	0	0	0
9	Having to do your daily routine in the bed itself	5	25	4	20	2	10	2	10	7	35
10.	Having to wear hospital dress	16	80	4	20	0	0	0	0	0	0
11	Having to lie in a bed with several tubes	9	45	5	25	2	100	2	20	2	10
12	Having to lie down in a bed, same position for several hours	3	15	2	10	2	1	0	0	13	65
13	Being disturbed by pain	17	85	2	10	0	0	1	5	0	0
14	Having to see bleeding from procedure site.	12	60	1	5	2	10	3	15	2	10
PSYCHOLOGICAL STRESSORS											
15	Thinking about loss of income because of hospitalization	12	60	4	20	1	5	0	0	3	15
16	Not having enough money to for your hospitalization	10	50	3	15	2	10	2	10	3	15

	Stressors	Never		Mild		Moderate		Severe		Very severe	
		F	%	F	%	F	%	F	%	F	%
17	Fear of inability to continue the job	10	50	2	10	2	10	3	15	3	15
18	Inadequate place for worship	13	65	2	10	3	15	0	0	2	10
19	Fear of not having other family support	15	75	3	15	0	0	0	0	2	10
20	Having to stay in a bed on the same room whole day	5	25	5	25	4	20	3	15	3	15
21	Worrying about your family being away from you	10	50	3	15	3	15	1	5	3	15
22	Having a patient at your bedside who is unfriendly	13	65	3	15	4	0	0	0	0	0
23	Being in the hospital during holiday a special family function	19	95	1	5	0	0	0	0	0	0

	Stressors	Never		Mild		Moderate		Severe		Very severe	
		F	%	F	%	F	%	F	%	F	%
24	Having a nurse or physician talk about you in a language that is not clear to you	16	80	1	5	0	0	3	15	0	0
25	Feelings of left alone	9	45	4	20	3	15	1	5	3	15
26	No explanation for the health personnel's action	8	40	4	20	5	25	1	5	2	10
27	Not having your call answered by the staff and physician	15	75	3	15	1	5	1	5	0	0
28	Feelings that you have to depends on others	7	35	5	25	2	10	2	10	4	20
29	Having a nurse or physician who is too much hurry.	5	25	9	45	3	15	0	0	3	15
30	Thinking that your lifestyle or normal activities might be changed after hospitalization	10	50	5	25	2	10	1	5	2	10

The data presented in the table 2 shows that 65% of the post PTCA patients were having very severe stress due to “having to lie down in bed, same position for several hours”. “20% of post PTCA patients having severe stress due to “Having to do your primary needs without privacy”. 25% of post PTCA patients having moderate stress due to “Having to stay in cool ICU environment. 95% of the post PTCA patients didn’t have any stress due to “being in hospital during holiday or special family functions”.

**Ranking of perceived stressors identified According to the frequency of occurrence.**

**This sections deals with ranking of perceived stressors identified according to the frequency of occurrence.**

**Table. 3**

**Ranking of perceived stressors identified According to the frequency of occurrence.**

**N=20**

<b>Assigned Rank</b>	<b>Stressors</b>	<b>Mean percentage score</b>
1	Having to lie in a bed, same position for several hours	2.9
2.	Having to do your primary needs without privacy	2.4
3.	Having to do your daily routine in the bed itself	2.1
4.	Having to see an emergency nearby	2.1
5.	Having to stay in a bed on the same room whole day	1.7
6.	Feelings that you have to depends on others	1.6
7.	Thinking that your lifestyle or normal activities might be changed after hospitalization	1.5
8.	Having a nurse or physician who is too much hurry	1.4
9.	Fear of inability to continue the job	1.4
10.	Not having enough money to pay for your hospitalization	1.3

Assigned Rank	Stressors	Mean percentage score
11.	Feeling of left alone	1.3
12.	No explanations for the health personnel's action	1.3
13.	Having to lie in a bed with several tubes	1.2
14.	Worrying that your family being away from you	1.2
16.	Being awakened as a result of brightlight during sleeping house	1
17.	Hay to stay in cool ICU environment	0.9
18.	Sleep being disturbed by alarms of monitor	0.9
19.	Thinking about loss of income because of hospitalization	0.9
20.	Inadequate place for worship	0.8
21.	Having to take hospital diet in this environment	0.6
22.	Fear of not having other family support	0.6
23.	Having a friend on your bedside who is unfriendly	0.6
24.	Being awakened as a result of loud talk of nurses and others	0.5
25.	Having a nurse or physician talk you in a language that is not clear to you	0.5
26.	Not having your call answered by staff and physician	0.4
27.	Having to stay in an unfamiliar place	0.3

Assigned Rank	Stressors	Mean percentage score
28.	Being disturbed by pain	0.3
29.	Having to wear hospital dress	0.2
30.	Being in hospital during holiday or special family function	0.1

The data presented in the table shows that the highest mean percentage score was 2.9% this was considered as a most stressful event. So 1<sup>st</sup> rank was assigned to 12<sup>th</sup> question ie “Having to lie in a bed, same position for several hours”. The least mean percentage score was 0.1%. This was considered as a least stressful event. So 30<sup>th</sup> rank was assigned to 23<sup>rd</sup> question ie, Being in hospital during holiday or special family function”.

### **Association between the perceived stressors identified and selected demographic characteristics**

The sample size was inadequate to find out the association between the perceived stressors identified and selected demographic characteristics.

### **Summary**

This chapter describes interpretation of data through descriptive inferential statistics. To identifying the perceived stressor of post PTCA patients descriptive and inferential statistical methods were used.

Association between perceived stressors identified and selected demographic characteristics were not done because there is less sample.

## CHAPTER V

### DISCUSSION, SUMMARY, CONCLUSION, IMPLICATION, LIMITATION AND RECOMMENDATION

#### I. Discussion

The study identified the perceived stressor of the post PTCA patients . The study findings are discussed in this chapter.

First objectives of the study is to identify the perceived stressor of post PTCA patients. The study shows that 65% of post PTCA patients were having very severe stress due to “Having to lie down in a bed, same position, for several hourse”. 20% of post PTCA patients having severe stress due to “Having to do you primary needs without privacy” 25% of post PTCA patient having moderate stress due to “Having to stay in cool ICU environment 45% of the post PTCA patient having mild stress due to or “Having a nurse or physician who is too much hurry”. 95% of the post PTCA patients didn’t have any stress due to”. Being in hospital during holiday or special family function”.

Second objective of the study is to rank the perceived stressors identified according to the frequency of occurrence. The current study findings showed that highest mean percentage score was 2.9%. This was considered as most stressed event. The least mean percentage score was 0.1%. This was considered as a least stressful event.

Third objective of the study is to determine the association between perceived stressors identified and demographic characteristics of post PTCA patients. The investigator didn't met this objective because of less sample.

## **II. Summary**

The present study was aimed to identify the perceived stressor of post PTCA patient.

### ***The objective of the study are***

1. To identify the perceived stressor of post PTCA patients.
2. To rank the perceived stressors according to the frequency of occurrence.
3. To determine the association between the perceived stressors identified and demographic characteristics of post PTCA patients such as
  - Age
  - Sex
  - Education
  - Occupation
  - Family Monthly income
  - Previous experience in ICU
  - Type of procedure
  - Any complication

***The study assumption were***

1. all patients who are admitted will experience stress during their period of hospitalization especially in ICU.
2. The frequency of occurrence of stressors will differ from patient to patient.

***Data collection tool used were***

1. demographic data
2. Perceived stressors scale

**Major findings of the study****A. Perceived stressors of post PTCA patients**

65% the post PTCA patients were having very severe stress due to "Having to lie down in a bed, same position, for several hours". 20% of post PTCA patients having sever stress due to "Having to do your primary needs without privacy". 25% of post PTCA patients having severe stress due to "Having to stay in cool ICU environment". 45% of post PTCA patient is having mild stress due to "Having a nurse or physician who is too much hurry". 95% of the post PTCA patients didn't have any stress due to "being in hospital during today or special family function.

**B. To rank the perceived stressors identified According to the frequency of occurrence**

The data presented that the highest mean percentage score was 2.9%. This was considered as most stressful event. So 1<sup>st</sup> rank was assigned to 12<sup>th</sup> question that is “having to lie down in a bed, same position for several hours. The least mean percentage score was 0.1%. This was considered least stressful event. So 30<sup>th</sup> rank (last rank) was assigned to 23<sup>rd</sup> question that is “Being in hospital during holiday or special family function.

**C. Association between the perceived stressors and Demographic characteristics of post PTCA patients.**

The investigator didn't met this objective because of less sample.

**III. Conclusion**

*The following conclusion were drawn from the study findings*

1. 65% of the post PTCA patients were having severe stress due to “Having to lie down in a bed, same position, for several hours. 20% of the patients having severe stress due to “Having to do your primary needs without privacy”. 25% of the patients having moderate stress due to “Having to stay in cool ICU environment 45% of the patient having mild stress due to “Having a nurse or physician who is too much hurry. 95% of the post PTCA patients

didn't have any stress due to "being in hospital during holiday or special family function.

The second objective shows that the highest mean percentage score was 2.9%. This was considered as the most stressful event. So first rank was assigned to 12<sup>th</sup> question. The least mean percentage score was 0.1%. This was considered a least stressful event. So 30<sup>th</sup> rank is assigned to 23<sup>rd</sup> question.

#### **IV. Implication**

The study has implication in the nursing area such as nursing practices, nursing education, nursing administration and nursing research.

##### **Implication for Nursing Practice**

1. The findings of the study enlighten fact identified the perceived stressors of post PTCA patients.

##### **Implication for nursing education**

1. The study has clearly proved that post PTCA patients were having severe stress in some areas.

##### **Implication for Nursing Research**

1. extensive research must be conducted in this area to identify the perceived stressor of post PTCA patients
2. this study can be baseline for further studies to build upon.

### **Implication for Nursing Administration**

1. Nurse administrators next plan for identify the perceived stressor of patients.
2. Clinical nurses and nurse educators should be identify the perceived stressors of post PTCA patients.

### **V. Limitation**

#### *The limitations of the study were*

1. The study was done by only on the 20 samples, hence generalization is possible only for selected samples.
2. Regarding sampling technique, the researcher had planned to use random sampling technique but it was not possible, hence purposive sampling was used. So generalization must be done cautiously.
3. The study was limited on CCU of SCTIMST.
4. Only Malayalam speaking patients were included in the study.

### **VI. Recommendation**

1. A similar study can be done by using large group.
2. A study may be conducted to identify the effect of relaxation techniques on perceived stressors and post PTCA patients.

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## APPENDIX A

### സമ്മതപത്രം

തീവ്രപരിചരണവിഭാഗത്തിലുണ്ടാകുന്ന ബുദ്ധിമുട്ടുകളെപ്പറ്റിയും മാനസിക സംഘർഷത്തെപ്പറ്റിയും ഉള്ള ഈ പഠനത്തിൽ സഹകരിക്കാൻ എനിക്ക് പൂർണ്ണമായും സമ്മതമാണ്. ഇത് ഒരു പഠനത്തിന്റെ ഭാഗമാണെന്നും ഈ വിവരങ്ങൾ രഹസ്യമായി സൂക്ഷിക്കുമെന്നും ഉറപ്പുതന്നിട്ടുണ്ട്.

എന്ന്

ഒപ്പ്

പേര്

**APPENDIX B**  
**DATA COLLECTION INSTRUMENTS**  
**PART – I**  
**DEMOGRAPHIC DATA**

1. Sample No : \_\_\_\_\_
2. Name : \_\_\_\_\_
3. Age : \_\_\_\_\_
  - a. <35
  - b. 35-44
  - c. 45-54
  - d. >65
4. Address : \_\_\_\_\_
5. Sex : \_\_\_\_\_
  - a. Male
  - b. Female
6. Education : \_\_\_\_\_
  - a. Illeterate
  - b. Primary education
  - c. High school
  - d. Predegree
  - e. Higher education

7. Occupation :
- a. working
  - b. Not working
8. family Monthly income
- a. Monthly income below Rs. 400/-
  - b. Monthly income between 401-700
  - c. Monthly income between 701-1300
  - d. Monthly income between 1301-2000
  - e. Monthly income more than 2000
9. Previous experience in ICU
- a. Yes
  - b. No
10. Type of procedure
- a. primary PTCA
  - b. Secondary PTCA
11. Any complication
- a. Yes
  - b. No

## APPENDIX

### PART –II

#### Perceived Stressors Scale

Perceived stressors scale was used to identify the perceived stressors of post PTCA patients.

#### **Instruction**

It consist of 20 questions. The question in this scale were asked to post PTCA patients about their feelings and thoughts during hospitalization especially ICU. In each case they will be asked to indicate how often they felt or thought a certain way. Although some of the questions are similar, there are difference between them and they should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is don't try to count up number of times they felt a particular way, but, rather to indicate the alternative that seems like a reasonable estimate. Score given were 0,1,2,3.

0=Never

1=Mild

2=Moderate

3=Severe

4=Very severe

## PART -III

## Perceived Stressors scale

	Stressors	0 Never	1 Mild	2 Moderate	3 Severe	4 very Severe
	<b>ENVIRONMENTAL STRESSORS</b>					
1.	Having to stay in an unfamiliar place					
2.	Having to see an emergency near by					
3.	Having to take hospital diet in this environmental					
4.	Having to stay in a cool ICU environment					
5.	Having to do your primary needs without privacy					
6.	Being awakened as a result of brightlight during sleeping hours.					
7.	Sleep being disturbed by a alarms of monitors.					
8.	Being awakened as a result of loud talk of nurses and others					
	<b>PHYSICAL STRESSORS</b>					
9.	Having to do your daily routine in the bed itself.					
10.	Having to wear hospital dress					

	Stressors	0 Never	1 Mild	2 Moderate	3 Severe	4 very Severe
11.	Having to lie in a bed with several tubes					
12.	Having to lie down in a bed, same position, for several hours					
13.	Being disturbed by pain					
14.	Having to see bleeding from procedure site					
	PSYCHOLOGICAL STRESSORS					
15.	Thinking about loss of income because of hospitalization					
16.	Not having enough money to pay for your hospitalization					
17.	Fear of inability to continued the job					
18.	Inadequate place for worships					
19.	Fear of not having other family support					
20.	Having to stay in a bed on the same room whole day					
21.	Worrying about your family being away from you					
22.	Having a patient at your bedside who is unfriendly					

	<b>Stressors</b>	<b>0</b> <b>Never</b>	<b>1</b> <b>Mild</b>	<b>2</b> <b>Moderate</b>	<b>3</b> <b>Severe</b>	<b>4</b> <b>very</b> <b>Severe</b>
23.	Being in the hospital during holiday or special family function					
24.	Having a nurse or physician talk about you in a language that is not clear to you.					
25.	Feelings of left alone.					
26.	No explanation for the health personnel's action					
27.	Not having your call answered by the staff and physician					
28.	Feelings that you have to depends on others					
29.	Having a nurse or physician who is too much hurry.					
30.	Thinking that your lifestyle or normal activities might be changed after hospitalization					