Thesis Title   Model of Helping Patients with Acute
                      Myocardial Infarction to Develop Self-Care
                      Capabilities

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Degree   Master of Science (Nursing)

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ABSTRACT

        This action research was designed both qualitative and
quantitative to explore the model of helping patients with acute
myocardial infarction to develop self-care capabilities to
reduce complication, uncertainty in illness and risk factors.
Purposive sampling was used to select 14 acute myocardial
infarction hospitalized patients at Ramathibodi Hospital, Faculty
of Medicine, Mahidol University and Bangkok private Hospital.
Qualitative data pertaining to the factors contribute to develop
self-care capabilities were obtained by in-depth interview
according to open-ended questionnaire and participant observation.
The helping methods by the investigator and patients' response
were also recorded in detail after each interaction with the
patients. Patients' complications after acute myocardial
infarction and 8 weeks after the discharge were assessed using
criteria developed by Sukumarllachunt (2524) and Blocker (1986).
The risk factors of the disease before heart attacked and 8 weeks
after the discharge were also recorded. Uncertainty in illness
was measured by the scale developed by Mishel (1990) and was
obtained one day prior to the discharge and 8 weeks after the
discharge

Finding of this study indicated that there were five stages of patients' response to their illness. These five stages were; 1)fear of dying, 2)fear of disabilities, 3)fear of recurrence of heart attack, 4)feeling of uncertainty especially after the discharge from the hospitals and 5)feeling of having difficulties in performing self-care to reduce the risk factors.

Seven basic conditioning factors which influenced self-care capabilities and therapeutic self-care demand were identified. They were as follows; health state; health care system; family system; resource availability; personality type; level of education and life experienced.

The model of helping the AMI patients to develop self-care capabilities from the beginning of admission until eight weeks of the discharge from the hospital were; wholly compensatory; partly compensatory and supportive educative system. In these models the investigator employed eight helping methods, they were; 1)doing for, 2)guiding and directing, 3) providing and maintaining an-environment that support patient personal development, 6)developing skill to negotiate with the health professions, 7)promoting relationship with family members and 8)continuing the evaluation and increasing patients' motivation for self-care capabilities.

Patients who participated in this study were able to cope with uncertainty in illness by seeking information and support from the investigator. Angina pectoris was the most complication found both during hospitalization and after discharge. Nine working patients could return to their works on the third to the sixth week after the discharge. Seven patients out of 14 were able to control all their risk factors to coronary heart disease and one patient could reduce to only one from five risk factors. All patients verbally reported satisfaction with care provided by the investigator.