

: , , ,

\* . \*\* . \*\*\* . \*\*\*\*

1.

가  
(Conn, Taylor & Wiman, 1991)  
가

가 , ,  
가 , , ,  
가

가

(American Association of  
Cardiovascular & Pulmonary Rehabilitation,  
1999; AACVPR; Kinney & Packa, 1996).

가

가 (Lindsay, Jennrich, & Biemolt,  
1991),  
(Lavie, Milani, & Littman, 1993),

가

(Castelein &  
Kerr, 1995).

(Hamalainen,  
Luurila, Kallio & Knuts, 1995; Linden, 1995).

가

가

---

\*  
\*\* 가  
\*\*\* 가  
\*\*\*\* 가

2001 8 7

2001 9 12

2002 2 18

(Kim, 1991),  
(Lee, 1992),  
(Nam, 1998)

1) 1가 :

가

2) 2가 :

가

(Hong, 1996),  
(Choo et al.,  
1997),  
1998),  
(Jo, 1999) 가

4.

1)

1 (Lee,  
1998),

가

(AACVPR, 1999),

(Hong, 1996),

가

(Choo et al., 1997).

3

2)

(Marriam-Webster's New Collegiate Dictionary,  
1991), Lee(1992) Nam(1998)

2.

3)

가

1)

(Marriam-Webster's New Collegiate  
Dictionary, 1991), Jeong(1996)

2)

가

3)

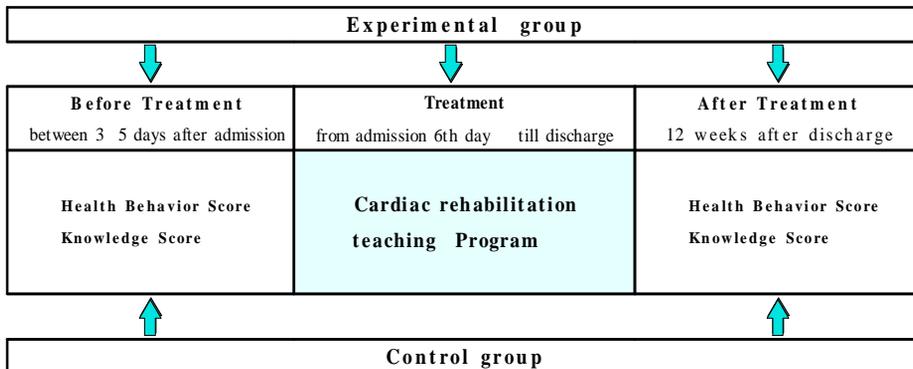
가

3. 가

가

1.

1999 9 15 2000 12 31 4 6 가  
 3 , 2 3  
 30 70 가 , 2 3  
 , 47  
 72 3  
 , 2 1 , 2 ,  
 , 10 5 2  
 , 10  
 25 (34.7%)  
 23 24 47 4.  
 2. 1)  
 Lee(1992) Nam  
 (1998)  
 1  
 1 , 2  
 .  
 <Figure 1>. 가 4 , 8 ,  
 8 , 5 , 9  
 3. : 34 0 34  
 Cronbach's  
 가 alpha .92,  
 .90 .  
 3 , 1 2)  
 20 25 가 3 5 Jeong(1996)  
 , 1 .



<Fig. 1> Research Design

가 (Fletcher, 1987) 가

2 19 10 21 5 12

Cronbach's alpha .72, .90 6.

5. SAS program for Windows version 6.12

1) 3 5

2) univariate procedure t-test Pearson correlation coefficient

3) 1 1 2 , 2 3

4) 2 3 1. 12

12 가 가

가 (Kim, 1991), 30 가 가

(Miller, Wikoff, McMahon, Garrett & Ringel, 1989) <Table 1> 2

<Table 1> Homogeneity test of the general and the medical characteristics between the experimental and the control group

Characteristics		Exp. N (%)	Cont. N (%)	$\chi^2$	p
General characteristics					
Age(year)	Over 60	9 ( 39.1)	8 ( 33.3)	0.17	.679
	Below 60	14 ( 60.9)	16 ( 66.7)		
Sex	Male	19 ( 82.6)	20 ( 83.3)	0.00	.945
	Female	4 ( 17.4)	4 ( 16.7)		
Educational level	Under Middle School	13 ( 56.5)	14 ( 58.3)	0.02	.900
	Above High School	10 ( 43.5)	10 ( 41.7)		



<Table 2> Homogeneity test of knowledge level and compliance of health behavior between the experimental and the control group

	Before Treatment		t	P
	Mean $\pm$ SD			
Knowledge level				
Total				
Exp.	20.73 $\pm$ 9.99		0.49	.621
Cont.	21.95 $\pm$ 6.56			
Nature of disease				
Exp.	1.91 $\pm$ 1.47		0.78	.434
Cont.	2.25 $\pm$ 1.45			
Risk factors				
Exp.	5.34 $\pm$ 2.53		0.70	.484
Cont.	5.79 $\pm$ 1.71			
Diet				
Exp.	5.08 $\pm$ 2.39		0.37	.707
Cont.	4.83 $\pm$ 2.21			
Medication				
Exp.	3.26 $\pm$ 1.54		0.62	.532
Cont.	3.50 $\pm$ 1.02			
Exercise & daily activities				
Exp.	4.39 $\pm$ 2.87		0.58	.561
Cont.	4.79 $\pm$ 1.61			
Compliance of health behavior				
Total				
Exp.	52.95 $\pm$ 12.05		0.34	.730
Cont.	54.00 $\pm$ 8.34			
Smoking Cessation				
Exp.	1.34 $\pm$ 0.48		0.40	.687
Cont.	1.29 $\pm$ 0.46			
Diet				
Exp.	3.11 $\pm$ 0.72		0.21	.829
Cont.	3.07 $\pm$ 0.43			
Exercise				
Exp.	2.13 $\pm$ 1.73		0.01	.990
Cont.	2.12 $\pm$ 1.51			
Stress contrl				
Exp.	1.69 $\pm$ 1.18		0.55	.528
Cont.	1.87 $\pm$ 1.10			
Others				
Exp.	3.26 $\pm$ 0.76		0.71	.475
Cont.	3.10 $\pm$ 0.57			

Exp.: Experimental group (N=23), Cont.: Control group (N=24)

<Table 3> Knowledge level between the experimental and the control group after treatment

Category	Exp.	Cont.	t	p
	Mean $\pm$ SD	Mean $\pm$ SD		
Total	32.95 $\pm$ 2.18	25.62 $\pm$ 5.28	6.26	.000
Nature of disease	4.00 $\pm$ 0.00	2.95 $\pm$ 9.54	5.23	.000
Risk factors	7.73 $\pm$ 0.86	6.62 $\pm$ 1.34	3.39	.001
Diet	7.73 $\pm$ 0.54	5.33 $\pm$ 2.09	5.43	.000
Medication	4.86 $\pm$ 0.45	3.70 $\pm$ 1.04	4.98	.000
Exercise & daily activities	7.60 $\pm$ 0.78	6.12 $\pm$ 1.51	4.24	.000

Exp.: Experimental group (N=23), Cont.: Control group (N=24)

<Table 4> Compliance of health behavior score between the experimental and the control group after treatment

Category	Exp.	Cont.	t	p
	Mean ± SD	Mean ± SD		
Total	89.08 ± 5.86	68.29 ± 11.58	7.62	.000
Smoking Cessation	4.91 ± 0.28	3.91 ± 1.55	3.07	.005
Diet	4.44 ± 0.30	3.46 ± 0.62	6.96	.000
Exercise	3.73 ± 1.73	2.04 ± 1.57	3.51	.001
Stress management	4.30 ± 0.87	2.66 ± 1.23	5.21	.000
Others	4.42 ± 0.36	3.46 ± 0.65	6.21	.000

Exp. : Experimental group (N = 23), Cont. : Control group (N = 24)

<Table 5> Correlation of knowledge and compliance of health behavior of the subjects

	Knowledge (Before)	knowledge (After)	Compliance of health behavior (Before)	Compliance of health behavior (After)
Knowledge (Before)		0.300 (P = 0.040)	0.014 (P = 0.927)	0.017 (P = 0.904)
Knowledge (After)			-0.046 (P = 0.757)	0.994 (P = 0.000)
Compliance of health behavior (Before)				0.097 (P = 0.515)
Compliance of health behavior (After)				

(P = 0.000)가

가

<Table 5>.

가

가

가 가

가

가

가

가

가

가

가

(Nam, 1998; Turton, 1995)

(Lindsay et al., 1991; Raleigh & Odothan, 1987; Scalzi, Burke & Greenland, 1980).

가

(Kim, 1991)

가가

3

12 4.91 5 1.34 1.29 3.91

12

가 가

(Kim, 1991; Lee, 1998),

가 , 가 , 가

가

가 Miller

(1990)

3.11

4.44 3.07 3.46

가

(Lavie et al., 1993),

(Conn, Taylor, & Casey, 1992),

(Hamalainen et al., 1995)

가 (Bae & Jun, 1999)

가 (Nam, 1998).

가 가 가 가

가

(Lee, 1992; Lee, 1998).

가

가 가

2.13

3.73 가 2.12

2.04

(Castelein & Kerr, 1995).

Fletcher(1987) Scalzi (1980)

가

1 2

가

(Miller, Wikoff, Garrett, McMahon, & Smith, 1990).

가

, 23 , 24  
47

1.69 4.30 , 1.87 1 20 25 3  
2.66 가 , 가 ,  
가

가

SAS Program  
Pearson correlation coefficient t-test

가

1.

가

2.

가

가

가

3.

가

가

Kim (1991)

4.

가

가

5.

가

가

가

가

1.

가

가

2.

가

1999 9 15 2000 12 31

3

70

가

## References

- American Association of Cardiovascular & Pulmonary Rehabilitation. (1999). *Guidelines for cardiac rehabilitation and secondary prevention programs*. 3rd rev. Ed. Champaign, IL : Human Kinetics.
- Bae, J. H., & Jun, S. S. (1999). A study about dietetic knowledge and educational needs in patients with coronary artery disease and their families. *J Korean Acad Adult Nurs* 11(2), 318-330.
- Castelein, P., & Kerr, J. R. (1995). Satisfaction and cardiac lifestyle. *J Adv Nur* 21, 498-505.
- Choo, J. A., Hong, K. P., Jae, S. Y., Hong, S. H., Park, W. H., Cho, B. R., Ryu, J. C., Park, J. B., Gwon, H. C., Park, S. W., Kim, M. J., & Lee, W. R. (1997). Effects of cardiac rehabilitation in patients with myocardial infarction. *Korean circulation J* 27(3), 342-349.
- Conn, V. S., Taylor, S. G., & Wiman, P. (1991). Anxiety, depression, quality of life, and self-care among survivors of myocardial infarction. *Issues Ment Health Nurs* 12, 321-331.
- Conn, V. S., Taylor, S. G., & Casey, B. (1992). Cardiac rehabilitation program participation and outcomes after myocardial infarction. *Rehabil Nurs* 17(2), 58-63.
- Fletcher, V. (1987). An individualized teaching programme following primary uncomplicated myocardial infarction. *J Adv Nurs* 12, 195-200.
- Hamalainen, H., Luurila, O. J., Kallio, V., & Knuts L-R. (1995). Reduction in sudden deaths and coronary mortality in myocardial infarction patients after rehabilitation. *Eur Heart J* 16, 1839-1844.
- Hong, K. H. (1996). *The outcome of cardiac rehabilitation program in the post myocardial infarction patient*. Unpublished master's thesis. The Kyung Hee University of Korea, Seoul.
- Jeong, H. S. (1996). *Compliance of post myocardial infarction patients according to general and medical characteristics, and emotional status*. Unpublished master's thesis. The Catholic University of Korea, Seoul.
- Jo, H. S. (1999). *The effects of a cardiac rehabilitation program for the patients with ischemic heart disease*. Unpublished doctoral dissertation. The Kyung Hee University of Korea, Seoul.
- Kim, I. J. (1991). *A study for the level of knowledge and compliance of medical regimen of the patient with coronary artery disease*. Unpublished master's thesis, The Yon Sei University of Korea, Seoul.
- Kinney, M. R., & Packa, D. R. (1996). *Comprehensive Cardiac Care*. Missouri : The C.V. Mosby Company.
- Lavie, C. J., Milani, R. V., & Littman, A. B. (1993). Benefits of cardiac rehabilitation and exercise training in secondary coronary prevention in the elderly. *J Am Coll Cardiol* 22, 678-683.
- Lee, H. R. (1998). *The effects of phase I cardiac rehabilitation nursing care on knowledge, anxiety and self-care behavior in patients with acute myocardial infarction*. Unpublished master's thesis, The Keimyung University of Korea, Daegue.
- Lee, Y. H. (1992). *The education on the health behavior of the coronary artery disease patients*. Unpublished master's thesis, The Han Yang University of Korea, Seoul.
- Linden, B. (1995). Evaluation of a home-based rehabilitation programme for patients recovering from acute myocardial infarction. *Intensive and Crit Care Nurs*, 11 10-19.
- Lindsay, C., Jennrich, J. A., & Biemolt, M. (1991). Programmed instruction booklet for cardiac rehabilitation teaching. *Heart Lung*

20(6), 648-653.

*Marriam-Webster's New Collegiate Dictionary* (9th ed.). (1991). Springfield, MA: Marriam-Webster.

Miller, P., Wikoff, R., McMahon, M., Garrett, M., & Ringel, K. (1989). Personal adjustments and regimen compliance one year after the myocardial infarction. *Heart Lung* 18, 339-346.

Miller, P., Wikoff, R., Garrett, M. J., McMahon, M., & Smith, T. (1990). Regimen compliance two years after myocardial infarction. *Nurs Res* 39(6), 333-336.

Nam, D. L. (1998). *Knowledge and learning needs with coronary artery disease patients and their family members*. Unpublished master's thesis, The Catholic University of Korea, Seoul.

Raleigh, E. H., & Odtohan, B. C. (1987). The effect of a cardiac teaching program on patient rehabilitation. *Heart Lung* 16(3), 311-317.

Scalzi, C. C., Burke, L. E., & Greenland, S. (1980). Evaluation of an inpatient education program for coronary patients and families. *Heart Lung* 9(5), 846-853.

Turton, J. (1995). Importance of information following myocardial infarction : A study of the self-perceived information needs of patients and their spouse/partner compared with the perceptions of nursing staff. *J Adv Nurs* 27, 770-778.

- Abstract -

## Effects of Cardiac Rehabilitation Teaching Program on Knowledge Level and Compliance of Health Behavior for Patients with Myocardial Infarction

Jeong, Hye-Sun \*· Kim, Hee -Seung \*\*

Yoo, Yang-Sook \*\*. Moon, Jung-Soon \*\*

**Purpose:** The purpose of this study was to investigate the effects of cardiac rehabilitation teaching program on knowledge level and compliance of health behavior for the patients with myocardial infarction.

**Method:** The subjects were 47 patients 23 were assigned to the experimental group and 24 were for the control. The cardiac rehabilitation teaching program is a individualized teaching program which was delivered to the experimental group during hospitalization period by present researcher. Data were collected through questionnaire surveys for knowledge level and compliance of health behavior from September 15, 1999 to December 31, 2000. The collected data was analyzed by using the SAS program.

**Results:** 1. With regard to the knowledge scores 1) The total knowledge level in the experimental group was significantly higher than in the control group. 2) As to the knowledge domains, nature of disease, risk factors, diet, medication, exercise, and daily activities were significantly higher in score in the experimental group than in the control group. 2. With regard to the compliance of health behavior 1) The average compliance with good health behavior was significantly higher in the experimental group than in the control

\* Keukdong College, Department of Nursing

\*\* Catholic University, College of Nursing

group. 2) As to the health behavior domains smoking cessation, diet, stress management, regular exercise, and other measures for lifestyle modification were significantly higher in score in the experimental group than in the control group. 3. The pre-treatment knowledge score was positively correlated to the post-treatment knowledge score and post-treatment knowledge score was positively correlated to the post-treatment compliance of health behaviors.

Conclusion: The above findings indicate that the cardiac rehabilitation teaching program for the experimental group was effective in increasing level of knowledge and improvement of compliance with good health behavior of patients with myocardial infarction.

Key words : Cardiac rehabilitation teaching program, Myocardial infarction, Knowledge, Compliance with good health behavior