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A study to assess the knowledge regarding life style changes among diabetic patient admitted in Bharati Hospital of Pune city

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Abstract

Introduction: Diabetic mellitus is a chronic systemic deficiency characterized by either a deficiency of insulin or a decreased ability of the body to use insulin. A significant health problem, diabetic is the leading cause of death in the United States. About 17 million people have diabetes, approximately one third of these cases are undiagnosed. In addition, another 15 to 16 million people have symptoms.

Purpose: To assess the knowledge regarding life style changes among diabetic patient. To associate the knowledge with the selected demographic variables.

Methods: This was a Non experimental exploratory research design and quantitative research approach. 100 adults were selected from Bharati Hospital of Pune City by non-probability convenient sampling technique. Self-structured questionnaire was used to assess knowledge.

Results: Mean score of knowledge regarding life style changes among diabetic patient was 7.65 with 2.119534 standard deviation that show poor knowledge and the 'p' value was more than level of significance 0.05.So there is association between gender, duration of disease, dietary pattern with knowledge. There is no any association between age, marital status, education, occupation, weight, whether on insulin family history of diabetes mellitus with knowledge. **Conclusion:** knowledge regarding life style changes among diabetic patient was poor.

Keywords: regarding life, diabetic patient, Bharati hospital, Pune

1. Introduction

Today everybody is affected by the faster urbanization and globalization of India. As a part of this we all are following and trying to adopt sedentary lifestyle, faulty dietary habit and psychosocial stress due to constant requirement and competition in the life regardless of health. Due to the above factor along with population growth ageing, the health of common people is completely deteriorated. This has resulted in a rise of various non-communicable disease like diabetes, cancer, obesity, heart disease and leading cause of mortality and morbidity in our country.

2. Methodology

Quantitative research approach with non-experimental research design was adopted the study was conducted on 100 diabetic patient in Bharati Hospital of Pune city by using non probability convenient sampling technique. The data was collected by using self-administered questionnaire. Content validity of the tool was established by suggestion of five experts. Tool was found reliable, which is calculated by test re-test method. (R=0.90).

Ethical consideration: formal administrative approval was obtained from Bharati Vidyapeeth college of nursing and obtained written inform consent from the participants.

3. Findings

Section I: Analysis of data related to demographic variables. Below table shows that in

Age - In majority of diabetic patient 12% are under 20-30years, 23% of them are 31-40years, 16% under 41-50 years, 23% under 51-60 years 19% under 61-70 years and 07% under 71-80 years.

Gender - In majority sex ratio of male is 44% and female 56%.

Marital status - In majority 93% are married and 7% are unmarried.

Educational Status - In majority of diabetic patient educational status is primary education is 37%, secondary education 32%, 11 and HSC is 18% and HSC and above is 13%.

Occupation Status - In majority of diabetic patient occupation 39% are job, 11% are driver, 49% are housewife, 01% are farmer.

Weight - In group majority of diabetic patient 6% are under 30-40 kg, 23% under 41-50 kg, 34% under 51-60 kg, 29% under 61-70 kg and 8% under 71-80 kg.

Duration of disease - In majority of diabetic patient duration of disease 23% in 1- 12 months, 45% in 2-5 years and 32% in 6-10 year.

Dietary pattern - In majority dietary pattern of diabetic patient 51% are non-vegetarian and 49% are vegetarian.

Family history of diabetes mellitus - In control group 01% with family history of diabetes mellitus and 99% with no family history of diabetes mellitus

Table 1: Frequency and percentage distribution of the diabeti	c
patient according to the demographic variables.	

Sr. no	Demographic variables	frequency	Percentage%
	Age		
	20-30	12	12%
	31-40	23	23%
1	41-50	16	16%
	51-60	23	23%
	61-70	19	19%
	71-80	07	07%
	Sex		
2	Male	44	44%
	Female	56	56%
	Marital Status		
3	Married	93	93%
	Un-married	07	07%
	Educational Status	37	37%
	Primary education	32	32%
4	Secondary education		
	11 & HSC	18	18%
	HSC & Above	13	13%
	Occupation		
	Job	39	39%
5	Driver	11	11%
	Housewife	49	49%
	Farmer	01	01%
	Weight		
	30-40	06	06%
6	41-50	23	23%
0	51-60	34	34%
	61-70	29	29%
	71-80	08	08%
	Duration of disease		
7	1-12 Month	23	23%
/	2-5 Years	45	45%
	6-10 Years	32	32%
	Dietary pattern		
8	Vegetarian	51	51%
	Non- vegetarian	49	49%
9	Whether on insulin		
	Yes	39	39%
	No	61	61%
	Family history of diebetic		
10	mellitus		
10	Yes	01	01%
	No	99	99%

Section II A

Analysis of the data related to the level of knowledge of life style changes among diabetic patient according to their score.

 Table 2: Frequency percentage of knowledge score. n=100

Sr. No.	Knowledge score	Frequency	Percentage
1.	Good knowledge	0	0%
2.	Average knowledge	10	10%
3.	Poor knowledge	90	90%

Table No.2- In majority of diabetic patient had good knowledge regarding lifestyle changes among diabetic patient is 0%, 10% had average knowledge regarding lifestyle changes among diabetic patient and 90% had a poor knowledge regarding lifestyle changes among diabetic patient.

Section II B

Table 3: Mean and standard deviation of knowledge assessed.

Sr. no.	Mean	Standard deviation	
1	7.65	2.119524	

Table No.3- Mean is 7.65 and standard deviation is 2.119524.

Section III

 Table 4: Association of the research findings with selected demographic variables.

Sr. no.	Demographic	X ²	P value
1	Age	6.772	0.75
2	Gender	11.936	0.05
3	Marital Status	0.40	0.951
4	Education	2.016	0.90
5	Occupation	5.435	0.50
6	Weight	1.671	0.99
7	Duration of disease	10.797	0.05
8	Dietary pattern	11.838	0.05
9	Whether on insulin	0.358	0.95
10	Family history of diabetes mellitus	0.112	0.95

Table No. 4 - The p value was more than level of significance 0.05. So, there is association between gender, duration of disease, dietary pattern with knowledge. There is no any association between ages, marital status, education, occupation, weight, whether on insulin family history of diabetes mellitus with knowledge.

4. Discussion of the research findings

In this research study we find 90% diabetic patient had poor knowledge, 10% diabetic patient had average knowledge and no one had good knowledge regarding life style changes among diabetic patient.

The major finding of the study with supportive are Mehta R S conducted this study in 2005, were familiar about the disease they suffering with and 38.7% understood the treatment of diabetes , 51.56% aware of diabetic diet , 20% were aware of symptoms of hypoglycemia. These finding clearly show the knowledge among the patient regarding management of disease.

5. Conclusion

In this study the issues were some people were not cooperative while taking the samples .Some people were not giving proper information. Some people were not ready to listen our information more than 5 minutes.

We thought that adults may have good knowledge about early signs of myocardial infarction. We thought that they will co-operate with us. We thought that we will finish our samples in very few days.

The same study can be done with quantitative research approach having a major group. A similar study can be replicated in different setting to strengthen the finding.

6. Recommendation

Keeping in view the finding of the present study the following recommendation made.

- 1. The same study can be done with quantitative research approach having a major group.
- 2. A similar study can be replicated in different setting to strengthen the finding.

7. Acknowledgement

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8. References

- 1. Dr. Rajivgupta, 2008. (Online) available from: http://Express health care.in/200808/diabetes02..
- Younis H, Soran H. An International journal of medicine. The prevention of Type 2 diabetes mellitus. 2004; 97(7):451-455.
- 3. Asha A, Pradeepa R, Forook S. Evidence for benefits from diabetes education programme. International journal of dibetes mellitus in developing countries. 2004; 24(4):96-102.
- 4. Sarah wild, Gojka Roglic. Global prevalence of dibetes. Diabetescare. 2004; 7(5):1047-1053.
- 5. Gruber A, Nasser K. Diabetes Prevention Health Education International Journal of Clinical practice. 2006; 60(5):590-594.
- Dev senapathi. Life style modification. 2009; (online) available http://www.associate.com/article/1353402.
- Younis H, Soran H, farooks. An International Journal of Medicine. The prevention of diabetes mellitus. 2004; 97(7):451-455.
- 8. American diabetes association. All about diabetes how exercise helps, 2007.
- 9. Bansal R, Living with diabetes, the times of India, 2006, 02.
- Brunner & Siddharatha's. Textbook medical surgical nursing tenth addition Lippincott Williams & Willkins, 2004.
- 11. Jocye M Black, Medical surgical nursing fifth edition Neerja KP. Textbook of nursing education, First edition
- 12. http://www.diabetes-india.com
- 13. http//www.ijjdc.com
- 14. http//www.nih.com
- 15. http//www.diabetes.org
- 16. http://www.medicalcentre.osu.edu
- 17. http://www.medicalcentre.osu/diabetes

- 18. http//www.eric.ed.gov
- 19. http://www.endocrineindia.com
- 20. http://www.ibnlive.com
- 21. http://www.novoindia.com
- 22. http://www.penacea-biotech.com
- 23. http://www.whoindia.org
- 24. www.worlddiabetesday.com
- 25. http://www.diabetes.health.ivillage.com
- 26. http://www.pubmed.com