



Evaluate the effectiveness of teaching programme on knowledge regarding geriatric care among staff nurses

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Abstract

Background: Ageing is a natural process and the change in ageing process, the loss of adaptability leads the organism to increase vulnerability to internal and external environmental change. As physical change or disease affects ageing parents, some or all of their independent function may be lost, this is distressing for the family members as well as for elderly themselves. Ageing population has serious implication both as the macro and the household level especially as the transition has been accompanied by changes in society and economy, the proportion of elderly persons in the country has raised from 5.6% in 1961 to 7.1% in 2001. By the year 2020 the world population of the people would be about 1000 million of which about 700 million (70%) would be living in developing countries resulting in increasing the burden of disease associated with old age.

Objectives: To assess the effectiveness of structure teaching programme regarding care of elderly among staff nurses.

Methodology: It is pre-experimental study (one group pre test post design) carried out in SGT Hospital, Gurugram. Sample size is 30 staff nurses of SGT Hospital, Gurugram. Sampling Technique is Total Enumerative sampling. Firstly, pre-test were administered and the structured teaching programme was given to the staff nurse in SGT hospital and after that post test were taken from the group on the another day.

Result: The result depicts that the Mean±SD of pre-test is 4.2±1.52 and Standard Error of Mean is 0.27. The Mean ± SD of Post test is 7.8 ± 0.94 and Standard Error of Mean is 0.16. The 't' value is 10.27 and p value is 0.001* that is highly significant.

Conclusion: It is concluded that the structured teaching programme were effectiveness in improving the knowledge regarding care of elderly among staff nurses.

Keywords: effectiveness, knowledge, care of elderly

Introduction

Ageing is a natural process in the words of "SENECA", old age is an incurable disease but more recently "Sir. James Sterling Ross" commented you do not heal old age, you protect it, you promote it, you extend it, it is not the fact that growing old should be a time of dismay and withdrawal from everything around, in fact most people growing old is a time to be enjoyed^[1].

The change in ageing process, the loss of adaptability leads the organism to increase vulnerability to internal and external environmental change^[2]. As physical change or disease affects ageing parents, some or all of their independent function may be lost, this is distressing for the family members as well as for elderly themselves^[3]. Ageing population has serious implication both as the macro and the household level especially as the transition has been accompanied by changes in society and economy, the proportion of elderly persons in the country has raised from 5.6% in 1961 to 7.1% in 2001^[4].

The percentage of elderly population is continuously increasing globally due to decline in overall death rate, decline in fertility and sustained improvement in survival.

Worldwide, there are estimated 605 million people aged 60 years and above^[1, 2]. One out of every ten persons is 60 years or above. By 2050, this number is expected to be one out of five of 60 years or older and by 2150, one out of three persons will be 60 years or older^[3]. As the age advances, there is decline in physical functions of the elderly. It leads to a loss of independence and the person become susceptible to both the acute and chronic health problems. In general, most organ systems demonstrate an age-related decline of about 0.5% per year^[4]. As the people become aged, the patterns of diseases that they suffer and die from also changes. Different studies show varied results in the morbidity pattern^[5]. The various risk factors for reduced physical function in elderly people, as identified in longitudinal studies, relate to comorbidities, physical and psychosocial health, environmental conditions, social circumstances, nutrition, and lifestyle^[11].

Though the proportion of elderly population is more in developed countries, majority of the old people live in developing countries in absolute numbers such of about 530 million people above 60yrs living in the world, about 355 (61.2%) million people live in developing countries^[9].

By the year 2020 the world population of the people would be about 1000 million of which about 700 million (70%) would be living in developing countries resulting in increasing the burden of disease associated with old age^[9].

The availability of improved medical service better awareness regarding health and nutrition and comparatively better overall standard of living have resulted in the delayed onset of ageing and associated problems with an ultimate increase in life expectancy consequently the population of the elderly has been increasing over the years^[10].

In India the population of older persons (60+) in the total population of India was around 5.5% which increased to nearly 6% in 1971 and above 7.5% in 2001 in absolute terms the magnitude of such population has increased from nearly 2 cores in 1951 and 7.2 cores in 2001 and expected to be 8% in the next decade^[10].

A cross sectional study conducted on knowledge and perception of erectile dysfunction among the elderly diabetic and nondiabetic patients in Unners 200 individuals of diabetic and nondiabetic patients involved in the study, the results showed that 63.7% of diabetic patients had total knowledge of erectile dysfunction and 53.8% maximum score of nondiabetic had knowledge of erectile dysfunction, there score significantly lower regarding perception towards sexual active 65% in diabetics and 70% in nondiabetics, the study concludes that health care professional should be more practice in dissemination health information about

erectile dysfunction to the public in order to increase knowledge and assessment on the diabetic^[11].

A descriptive study conducted on a model of care to prevent functional decline in hospitalized elderly clients, 240 patients were taken for study, successfully implemented on 4 units, 93% in general clarification of elderly, 41% managements of immobility, 41% management of bladder and bowel problems, 25% prevention of pressure ulcer, 25% confusion evaluation, 18% adjustment of medication, overall 68% of specify recommendation were documented. The study concluded an innovative model of care in which guide nursing care was integrated as a part of nursing care^[11].

Methodology

It is pre-experimental study (one group pre test post design) carried out in SGT Hospital, Gurugram. 30 staff nurses who are present at the time teaching were enrolled in this study and total enumerative sampling were used for the data collection. The setting of the study was SGT Hospital. A pre validated Questionnaire were administered to evaluate the effectiveness of teaching programme. Firstly, pre-test were administered and the structured teaching programme was given to the staff nurse in SGT hospital and after that post test were taken from the group on the another day.

Result and Analysis

Table 1: Demographic Variables

| S. No | Variables | Frequency | %age |
|-----------|------------------------|-----------|------|
| 1. | Age (yrs) | | |
| 1.1 | <20 | 0 | 0 |
| 1.2 | 21- 25 | 9 | 30 |
| 1.3 | 25-30 | 12 | 40 |
| 1.4 | >30 | 9 | 30 |
| 2 | Gender | | |
| 2.1 | Male | 13 | 43.3 |
| 2.2 | Female | 17 | 57 |
| 3 | Religion | | |
| 3.1 | Hindu | 19 | 63.3 |
| 3.2 | Sikh | 4 | 13.3 |
| 3.3 | Muslim | 5 | 17 |
| 3.4 | Christian | 2 | 7 |
| 4 | Work experience | | |
| 4.1 | 0-1 | 6 | 20 |
| 4.2 | 1-2 | 7 | 23.3 |
| 4.3 | 2-3 | 10 | 33.3 |
| 4.4 | >3 | 7 | 23.3 |
| 5 | Habitat | | |
| 5.1 | Urban | 12 | 40 |
| 5.2 | Rural | 18 | 60 |

In this table 1 it depict that nearly half of the staff nurse were in the age group of 25-30 (40%), among of them more than half of the staff nurses were female (57.7%). Out of which 63.3% of the staff nurses were from the Hindu

Religion and nearly half (33.3%) staff nurse having work experience of 2 to 3 years. More than half (60%) of the staff were belong to Rural Area.

Table 2: t' Showing the Effectiveness of Structured Teaching Program

| Test | Mean | SD | SE _{MD} | 't' test | p value |
|------------|------|------|------------------|----------|---------|
| Pre-test | 4.2 | 1.52 | 0.27 | 10.27 | 0.001* |
| Post -test | 7.8 | 0.94 | 0.16 | | |

In this table 2 it depict that the Mean±SD of pre-test is 4.2±1.52 and Standard Error of Mean is 0.27. The Mean ± SD of Post test is 7.8 ± 0.94 and Standard Error of Mean is 0.16. The 't' value is 10.27 and p value is 0.001* that is highly significant.

This shows that this structure teaching programme is effective in increase the knowledge of staff nurse regarding care of elderly

Discussion

There is tremendous rise in the elderly population worldwide. The current study was conducted to elucidate the knowledge of staff nurses regarding care of elderly peoples. Geriatric nursing as speciality is still in an infancy stage in India. Even there is no separate subject on elderly care in the undergraduate and post graduate nursing curricula. The topic of geriatric care is incorporated and taught to the students along with other nursing subjects such as medical surgical nursing and advanced nursing practice. The elderly people are admitted and being provided care along with other adult patients in the wards. Past studies shown that model of care to prevent functional decline in hospitalized elderly clients, 240 patients were taken for study, successfully implemented on 4 units, 93% in general clarification of elderly, 41% managements of immobility, 41% management of bladder and bowel problems, 25% prevention of pressure ulcer, 25% confusion evaluation, 18% adjustment of medication, overall 68% of specify recommendation were documented. The study concluded an innovative model of care in which guide nursing care was integrated as a part of nursing care ^[11].

Conclusion

In light of above findings, it is concluded that the structured teaching programme were effectiveness in improving the knowledge regarding care of elderly among staff nurses. This study may replicate to large sample and to nursing students also.

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References

1. Park K. text book of preventive and social medicine, 19th edition, M/s Banassiadass Bhanot publishers, 2007, 475.
2. Joyce M Black. Medical surgical nursing, 7th edition, Elsevier publication, 1, p.53.
3. Shoba Gusain, the nursing journal of India, xclx. 2008; 1:24.
4. Suryakantha AH, community medicine, 1st edition, Jaypee publication, 2009, 688.
5. Prataph Singh, social welfare, issue 0037-8038. 2009, 57(7):4-5.
6. Anil JP, Joy B, Malini K, Kavita V, Perushottam P. Morbidity pattern among the elderly population in the rural area of Tamil Nadu, India. Turkey Journal of Medical Sciences. 2006; 36:45-50.
7. Troisi J. Ageing in Africa: Older persons as a resource. International Conference on Rapid Ageing and the changing role of the elderly in African households, Union for African Population Studies UAPS/UEPA (Senegal), South Africa, 2004.
8. Stuck AE, Walthert JM, Nikolaus T, Büla CJ, Hohmann C. Risk factors for functional status decline in community-living elderly people: a systematic literature review. Soc Sci Med. 1999; 48:445-69.
9. Ayis S, Gooberman-Hill R, Bowling A, Ebrahim S. Predicting catastrophic decline in mobility among older people. Age Ageing. 2006; 35:382-87.
10. Mohammed Azmi Assur Akmal. Yasin. www.senil.org/gins.
11. Inouge SK, Alampora D, miller RI farmer. T. Hursg LD http; Archiner .ama.assm.org.lesil model of prevention.