



A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING MAJOR GERIATRIC PROBLEMS AND ITS MANAGEMENT AMONG CAREGIVERS AT SELECTED OLD AGE HOMES, RAMANAGARA

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ABSTRACT

Background: 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. Dates on the calendar denote only the passing of time but ageing denotes the declining level of physical activity and response to it. **Aim:** To assess the effectiveness of a structured teaching programme on knowledge regarding major geriatric problems and its management among caregivers at selected old age homes, ramanagara. **Methods:** A pre-experimental, one-group pre-test–post-test design was adopted. The study was conducted among **60 care givers** selected by purposive sampling. A structured questionnaire was used to assess knowledge. The structured teaching programme covered of major geriatric problems and its management. Data were collected before and one weeks after the intervention. **Results:** The pre-test mean knowledge score was **43.33 (SD=4.72)**, and post-test mean score was **85.56 (SD= 6.68)** indicating a statistically significant improvement ($p < 0.05$) in knowledge and management. The findings suggest that structured teaching programmes are effective in improving awareness and promoting healthy practices among care givers. **Conclusion:** The present study attempted to assess the structured teaching programme on major geriatric problems and its management among care givers at selected old age home and concluded that there was a significant improvement in the knowledge after structured teaching programme. Thus structured teaching programme is effective in improving the knowledge of care givers.

KEYWORDS: Major geriatric problems and its management, care givers, structured teaching programme.

INTRODUCTION

Ageing is a universal phenomenon old age is not in itself a disease but is a normal part of the human life span. Ageing is normal, universal, progressive, irreversible process. It is an inevitable physiological phenomenon. The human life span follows a recognized pattern birth to death. Then there is a gradual deterioration in physical and mental abilities. As the ageing process progress mental capabilities such as memory and physical abilities further deteriorate.^[1]

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 and you extend it. These are in fact the principles of Preventive Medicine. A man's life is normally divided into five main stages namely infancy, childhood, adulthood and old age. In each of these stages an individual has to find himself in different situations and face different problems. The old age is not without problems. In old age physical strength deteriorates, mental stability diminishes; money power becomes bleak coupled with negligence from the younger generation.^[2]

Need for study

According to W.H.O: Currently about two-third of all older persons are living in the developing world; by 2052 that will rise to 75%. Its report of 2004 state that, 536 elderly people per 10,000 suffer from physical and psychosocial problems of old age. In Karnataka, out of a population of 5.5 cores, 8% is elderly citizens. The 1st of October every year is celebrated as “World elder’s day” globally.^[16]

India has 112 million elderly people with multiple physical, social psychological and economic problems with unmet needs in all domains of health. If we look at the physical and psychological domain, we have the following figures from the previous studies conducted in India. 3.7 million suffer dementia, 40 million suffer from poor vision, 1.6 million annual stroke cases, 1 in 3 suffer from arthritis, 1 in 3 has hypertension, 1 in 5 has diabetes, 1 in 5 has auditory problems, 1 in 4 suffer from depression, 1 in 10 falls and sustains a fracture, 1 in 3 bowel disorder, Cancer is 10 times more common.^[17]

Indian elderly face several social issues such as loneliness, elder abuse, neglect, lack of income security, and poor access to health care. We also have lack of policies on advanced directive, palliative care, and end-of-life care for the elderly.^[18]

According to the National Council on Aging, about 92 percent of seniors have at least one chronic disease and 77 percent have at least two. Heart disease, stroke, cancer, and diabetes are among the most common and costly chronic health conditions causing two-thirds of deaths each year.^[19]

Therefore, this study aims to explore major geriatric problems, knowledge, and barriers among the target population, with the goal of informing evidence-based interventions that promote health, education, and practice about geriatric care.

REVIEW OF LITERATURE

A cross-sectional study was conducted to find the morbidity rate among geriatric age group aged people at Gulbarga. The study result showed that the prevalence of psycho social problem was the commonest (37.3%), followed by cataract (35.40%), hearing impairment (22.43%) and cardio vascular problems (17.23%). Cardio vascular problem morbidity was more in urban area (20%) as compared to rural area (15.14%). Musculoskeletal problems, respiratory problems, cataract and hearing impairment were more common in rural area. The study concluded that, there is a rapid expansion of morbidity of geriatric age group so there is an urgent need to geriatric health care services in developing countries like India.^[46]

A community-based cross-sectional study was carried out by house to house survey of all people aged over 60 years in an urban slum and a village in the field practice

area of a teaching hospital. Results urinary complaints were also more common in males. History of weight loss was higher in the rural areas, while tendency to obesity was higher in the urban areas. An appreciable number 29.2% (119/407) had un operated cataract. Prevalence of hypertension was 30.7% (125/407); 12% (49/407) had diabetes; 7.6% (31/407) gave history of ischemic heart disease, males more than females (OR = 3.75, 95% CI 1.62-8.82). A large proportion, 32.6%, (133/407) had dental problems. Almost half of the population gave history of depression. Conclusion a large number of unmet healths needs, such as un operated cataract, uncontrolled hypertension, uncorrected hearing impairment and tobacco use, exist in marginalized groups. Health interventions for these are needed in developing countries. Preventive services such as tobacco cessation campaigns among the elderly should also get priority.^[47]

A Comparative study was conducted to assess the level of depression among the elderly residing in old age home and with the family. A non experimental comparative research design was adopted to carry out the present study. Probability simple random sampling by using lottery method technique was used to select 100 samples i.e. 50 elderly clients residing in old age home and 50 elderly clients staying with the family. Data was collected by means of a Standardized Beck’s Depression Inventory (BDI) Scale which was divided into 2 sections which consisted socio-demographic variables and variables to assess the level of Depression. The major findings indicated that the level of Depression among the elderly residing in old age home were severe to moderate and elderly residing with the family had mild to moderate level of depression, and there is no significant association between Depression, with selected demographic variables at 0.05 level of significance, except age in years of elderly residing in old age home.^[4]

Objectives

- 1) To assess the existing level of knowledge regarding major geriatric problems and its management among caregivers at selected old age homes,
- 2) To determine the effectiveness of structured teaching programme on knowledge regarding major geriatric problems and its management among caregivers
- 3) To find the association between post test knowledge scores with their selected demographic variables.

Hypothesis

H₁: There will be significant differences between pretest and post test knowledge scores of the caregivers regarding major geriatric problems and its management.
H₂: There will be significant association between the level of post-test knowledge regarding major geriatric problems and its management among caregivers with their demographic variables.

METHODOLOGY

RESEARCH DESIGN: - Pre-experimental one-group pre-test post-test design.

SETTING: - The old age home, Ramanagaram

POPULATION: - Care giver at selected old age home

SAMPLE SIZE: - 60

SAMPLING TECHNIQUE: - Purposive sampling.

CRITERIA FOR SELECTION**Inclusion criteria**

- Both male and female caregivers.
- Who are willing to participate in the study
- Caregivers who are working in the old age homes.
- Caregivers who can read English or Kannada.

Exclusion criteria

- Caregivers who are not available at the time of study
- Caregivers who have already undergone training programme on major geriatric problems and its management.
- Those who are not willing to participate in the study

RESULT**PRE-TEST RESULTS**

Level of knowledge	Score range	No of respondents (Out of 60)	Percentage
Inadequate (<50%)	6-18	33	55%
Moderate (50-75%)	4-16	27	45%
Adequate >75%	9 – 30	0	00%

POST-TEST RESULTS

Level of knowledge	Score range	No of respondents (Out of 60)	Percentage
Inadequate (<50%)	8-20	0	00%
Moderate (50-75%)	4-10	36	60%
Adequate >75%	9 – 30	24	40%

MEAN, AND STANDARD DEVIATION OF THE PRE-TEST AND POST- TEST KNOWLEDGE SCORES SCORE ON MAJOR GERIATRIC PROBLEMS AND ITS MANAGEMENT AMONG THE CARE GIVERS

Knowledge aspects	No. of Items	Max Score	Pre-test		Post- test	
			Mean	SD	Mean	SD
Overall	30	30	17.73	4.72	40.23	6.68

COMPARISON OF PRE-TEST AND POST-TEST KNOWLEDGE OF CARE GIVERS

Knowledge of the care givers	Pre test		Post test		t- test	inference
	Mean	S D	Mean	S D		
Experimental group	17.73	4.72	40.23	6.68	36.10	S

INTERPRETATION

- The mean knowledge score of care givers increased from 17.73(SD=4.72) in the pre-test to 40.23 (SD=6.68) in the post-test after the intervention (structured teaching program).
- The calculated t-value = 36.10

DATA COLLECTION TOOL

Structured knowledge questionnaire with 30 multiple choice questions.

PROCEDURE

- Pre-test was administered to assess baseline knowledge
- A 45 minute structured teaching program was delivered with the help of PPT and audio visual aids.
- Post-test was conducted after one week using the same questionnaire.

ETHICAL CONSIDERATION

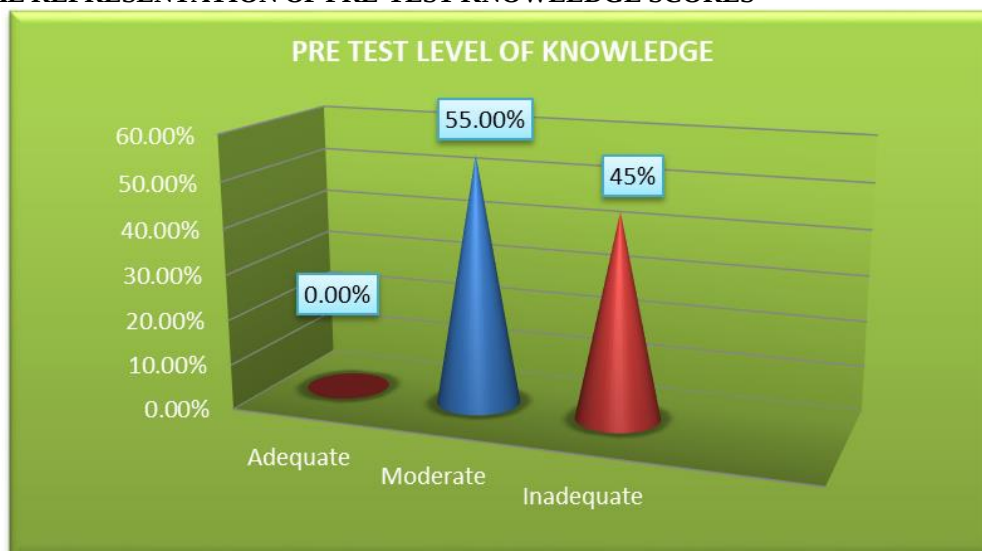
- Permission obtained from the college principal
- Informed consent from care givers
- Confidentiality and anonymity were maintained

DATA ANALYSIS

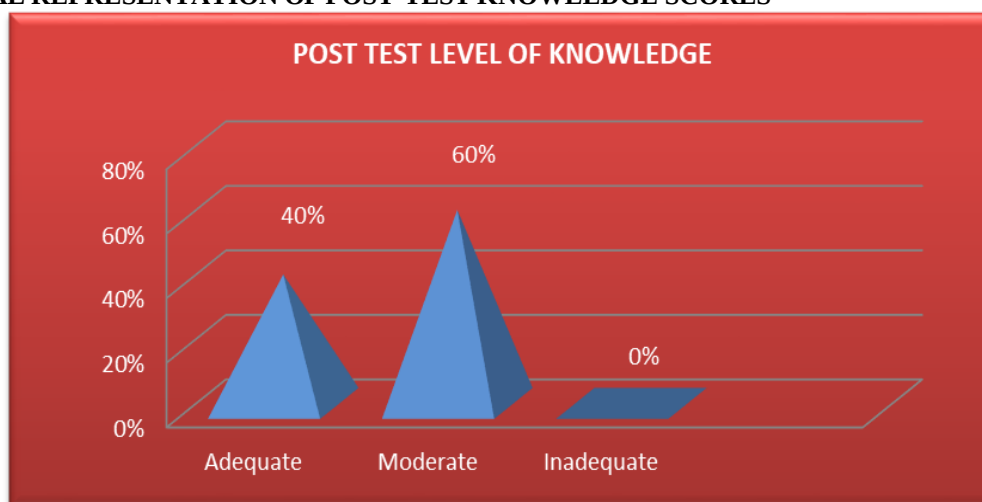
Descriptive statistics: - Mean, frequency, percentage, standard deviation were used to summarize data.

Inferential statistics: - Paired t-test was applied to compare pre-test and post-test score.

GRAPHICAL REPRESENTATION OF PRE-TEST KNOWLEDGE SCORES



GRAPHICAL REPRESENTATION OF POST-TEST KNOWLEDGE SCORES



DISCUSSION

The present study aimed to evaluate the effectiveness of a structured teaching program on care givers knowledge. The findings revealed that the **mean pre-test knowledge score** of the experimental group was 17.73 ± 4.72 , while the **mean post-test score** increased to 40.23 ± 6.68 . The **t-test value of 36.10** was found to be **statistically significant**, indicating that the improvement in knowledge was not due to chance but due to the intervention.

The results highlight that the structured teaching program was highly effective in enhancing care givers knowledge. The significant gain in post-test scores suggests that well-planned teaching strategies can bridge the knowledge gap effectively.

These findings are consistent with similar studies in the field of education and nursing, where structured teaching interventions have shown positive outcomes in improving awareness and knowledge levels. The

reduction in standard deviation in the post-test also reflects **better consistency and uniform understanding among care givers**.

RECOMMENDATION

On the basis of present study, following recommendations can be made.

- The study can be replicated by using a large sample there by findings can be generalized.
- A comparative study can be conducted in two different old age home care givers with similar set up to identify the similarities and differences in knowledge.
- A study can be conducted with control group.
- A study can be conducted by involving persons working in different old age home
- A quasi experimental study can be conducted with structured teaching programme regarding major geriatric problems and its management
- A comparative study with illiterate and literate people.

CONCLUSION

The findings of the study revealed that the structured teaching programme on knowledge regarding major geriatric problems and their management was effective in improving the knowledge levels of caregivers working in selected old-age homes. The mean post-test knowledge score was significantly higher than the mean pre-test knowledge score, and the difference was **statistically significant ($t = 36.10$, $p < 0.05$)**. These findings indicate that the structured teaching programme was effective in enhancing caregivers' knowledge regarding major geriatric problems and their management.

Improved knowledge among caregivers regarding major geriatric problems and their management is essential for providing quality care to older adults. Adequate knowledge can help caregivers prevent and manage age-related health problems, including falls, injuries, hypertension, diabetes mellitus, high cholesterol, dementia, psychiatric problems, and abuse. Caregivers should be encouraged to adopt preventive measures, identify health problems at an early stage, and provide appropriate care to improve the health and quality of life of older adults.

Therefore, nurses should take an active role in educating caregivers about major geriatric problems and their management. Structured teaching programmes should be conducted regularly and incorporated into caregiver training programmes to enhance their knowledge, improve the quality of care, and promote the health and well-being of older adults residing in old-age homes.

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