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Research Article

A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED HEALTH TEACHING REGARDING PREVENTION OF PRESSURE SORES AMONG ATTENDANTS OF BEDRIDDEN PATIENTS IN SELECTED HOSPITALS OF PUNE

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ABSTRACT

Background: Pressure sores are a serious health concern for elders in acute care, long term care, and home care settings. It may result in morbidity and mortality and with high cost in terms of human sufferings, cost of treatment, and possible litigation. prevention of pressure sores involves skin care, diet, hygiene, lifestyles, position changes and supportive devices. **Aim:** To assess the effectiveness of planned health teaching regarding prevention of pressure sores among attendants of bedridden patients in selected hospitals of Pune. **Methods:** A Quasi- experimental One- group Pre-test Post-test design was done on 60 attendants of bed ridden patients, convenient sampling technique was adopted to select the samples, self-structured questionnaire was made to assess the knowledge of attendants of bed ridden patients regarding pressure sores in selected hospitals of Pune city. **Results:** Majority 19(31.67%) of the group of 39-48, 17(28.33%) in group of 29-38, 15(25.00%) in group of 19-28.9 (15%) group of \geq to 49. education wise 20(33.33%) primary education, 21(35%) secondary, 9(15%) graduate, 8(13.33) post graduate. occupation wise 26 (43.33%) had private service, 11(18.33%) government employee, 15 (25%) business. religion wise 51(85%) were Hindus, 4(6.67%) Christians, 5(8.33%) Muslims. 33(55%) were siblings, 12(20%) parents, 9 (15%) in-laws, 6(10%) friends of the patients. pre and post test knowledge scores 15(25%) poor, 44(73.33%) average, 60(100%) had good knowledge. The pre test and post test knowledge score was $p < 0.0001$. **Conclusion:** Finding from this study revealed that after planned health teaching the knowledge score is high. This mean that planned health teaching programme is significantly effective in all area.

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INTRODUCTION

A pressure ulcer is a localized injury to the skin or underlying tissue usually over a bony prominence, as a result of unrelieved pressure or pressure in combination with shear.⁽¹⁾ Skin care is a fundamental component of basic patient care and reflects on the overall quality of care a patient receives in the hospital.⁽²⁾

Pressure ulcers are caused by unrelieved pressure applied with great force over a short period or with less force over a long period that disrupts blood supply to the capillary network, impeding blood flow and depriving tissues of oxygen and nutrients. This external pressure must be greater than normal arterial capillary closure pressure of 32 mmHg to lead to inflow impairment and resultant local ischemia and tissue damage. Pressure ulcers are a serious health issue for patients in all kinds of health care settings and even at home thus reduction of pressure ulcer prevalence in long-term care is a Healthy People 2010 initiative. Approximately three million adults are affected

in the United States. Pressure ulcer incidence has been determined to be a quality of care indicator for long term care facilities and compliance is regulated by the Center for Medicare and Medicaid.⁽³⁾

Pressure ulcers have been described as one of the most costly and physically debilitating complications in the 20th century.⁽⁴⁾ Pressure ulcers are the third most expensive disorder after cancer and cardiovascular diseases.

In Japanese Geriatric Health Services facility, the immobile geriatric patients represent 91% of total population with pressure ulcer in the Geriatric Health Service facility.⁽⁵⁾

The incidence of pressure ulcers is different in each clinical setting. Incidence rates of as low as 0.4% to as high as 38% have been reported in the inpatient department while prevalence has been reported as 3.5% to 69%.⁽⁶⁾⁽⁷⁾⁽⁸⁾⁽⁹⁾

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In a study from Ankara, Turkey it was found that 59.2% of these ulcers occur in patients admitted to the intensive care unit. The acceptable incidence rates for all settings should ideally be less than 2%. Two thirds of pressure sores occur in the elderly above 70 years of age. They are also common in young patients with neurological impairment. In Indian setting, the prevalence of pressure ulcers in hospitalized patients has been reported to be 4.94% in a study conducted by Chauhan *et al.*⁽¹⁰⁾

There are many studies on the incidence of pressure ulcer. In spinal cord injury patients, pressure ulcer occurs in 30-85% of patients during the first month of injury.⁽¹¹⁾⁽¹²⁾⁽¹³⁾⁽¹⁴⁾

Also, paraplegics and quadriplegics are likely to have multiple ulcers.⁽¹⁵⁾⁽¹⁶⁾

MATERIAL AND METHODS

A Quasi- experimental One- group Pre-test Post-test design was done on 60 attendants of bed ridden patients, convenient sampling technique was adopted to select the samples, self-structured questionnaire was made to assess the knowledge of attendants of bed ridden patients regarding pressure sores in selected hospitals of Pune city. The questionnaire was divided in to two section, section-I is demographic variables and section II is self-structured questionnaire. The questionnaire consisted of Knowledge regarding prevention of pressure sores. The study adopted Goal Attainment theory.

RESULTS

Analysis and interpretation of the data was based on the projected objectives of the study.

1. To assess the knowledge of attendants of bedridden patients regarding prevention of pressure sores.
2. To impart planned health teaching to the attendant of bedridden patients regarding the prevention of pressure sores.
3. To assess the effectiveness of planned health teaching regarding prevention of pressure sores.
4. To associate the knowledge sores with selected demographic variables.

Organization of the study findings

Section I: It deals with the description of samples (attendants of bedridden patients) based on their personal characteristics.

Section II: It deals with the analysis of data based on their knowledge.

Section I: Description of samples (attendants of bedridden patients) based on their personal characteristics

Table 1 Description of samples (attendants of bedridden patients) based on their personal characteristics in terms of frequency and percentages

N=60			
Demographic variables		Freq	%
Age	19-28	0	0%
	29-38	2	20%
	39-48	2	20%
	≥49	6	60%
	Total=	10	100%
Education	Primary	0	0
	Secondary	1	10
	Graduation	5	50

Occupation	Post Graduation	3	30
	Other	1	10
	Total=	10	100%
Religion	Private	1	10
	Government	3	30
	Own business	2	20
	Others	4	40
	Total=	10	100%
Duration of stay in hospital	Hindu	10	100
	Christian	0	0
	Muslim	0	0
	Others	0	0
	Total=	10	100%
Relation with the patient	<3 week	0	0
	> 3 week	0	0
	< 2 week	2	20
	< 1 week	8	80
	Total=	10	100%
previous knowledge	Siblings	4	40
	Parents	5	50
	In laws	1	10
	Friends	0	0
	Total=	10	100%
If yes, specify	Yes	10	100
	No	0	0
	Total=	10	100%
	Newspaper/Magazine	4	40
	Health care profession	4	40
	Friends/Relatives	4	40
	Others	1	10

Table 1 shows description of attendants of bedridden patients based on their personal characteristics in terms of frequency and percentages. Maximum number 60% patients belonged to the age of ≥ 49 yr. Maximum 50% were Graduate ,40% had other occupation.100% were Hindu and 80% were <1 week of stay in the Hospital. 50% were parents and 100% of attendants had previous knowledge about pressure sore from newspaper, magazine, health profession, friends and relatives.

Section II: Analysis of data related to association of knowledge and attendants of bedridden patients.

Table 2 Distribution of samples (attendants of bedridden patients) according to their knowledge

Knowledge	Pre		Post	
	Freq	%	Freq	%
S1	7	70%	10	100%
S2	8	80%	10	100%
S3	5	50%	9	90%
S4	2	20%	8	80%
S5	1	10%	6	60%
S6	8	80%	10	100%
S7	3	30%	10	100%
S8	8	80%	8	80%
S9	5	50%	9	90%
S10	3	30%	7	70%
S11	7	70%	9	90%
S12	3	30%	8	80%
S13	2	20%	8	80%
S14	3	30%	8	80%
S15	9	90%	10	100%
S16	5	50%	10	100%
S17	5	50%	6	60%
S18	2	20%	7	70%
S19	2	20%	3	30%
S20	9	90%	9	90%

Table 2 shows description of attendants of bedridden patients based on their knowledge score in terms of frequency and percentages. Pre test knowledge score was less were post test knowledge score was high. Maximum attendants of bedridden

patients had 30% knowledge in pre test score. Maximum attendants of bedridden patients had 100% knowledge in post test score.

Table 3 Distribution of samples (attendants of bedridden patients) according to knowledge before and after intervention

Knowledge Grade	Range of Score	Pre		Post	
		Freq	%	Freq	%
Poor	0 to 6	2	20	0	0
Average	7 to 13	7	70	0	0
Good	14 to 20	1	10	10	100

Table 3 shows distribution of attendants of bedridden patients based on their knowledge score in terms of frequency and percentages. 20% attendants of bedridden patients had poor,70% had Average,10% had good knowledge score in pre test.100% attendants of bedridden patients had good knowledge score ,0% had poor and Average knowledge score in post test.

Table 4 Descriptive statistics of knowledge score before and after intervention

Knowledge score	Mean ± SD	t	Df	table value	p-value
Pre knowledge score	9.7 ± 2.908	-5.9488	9	1.833	0.000108**
Post knowledge score	16.5 ± 1.269				

Table 4 shows Descriptive statistics of knowledge score before and after intervention. As p value less than 0.01, we reject Ho and conclude that there is a significant difference between the pre test and post test level of knowledge.

DISCUSSION

The present study was undertaken to assess the effectiveness of planned health teaching regarding prevention of pressure sores among attendants of bedridden patients in selected hospitals. The study proved that after planned health teaching the knowledge score is high. This mean that planned health teaching programme is significantly effective in all area.

Maneesh Sharma, Himanshu Vyas, Vijay Purbia conducted study on “Effectiveness of Planned Health Teaching Programme on Knowledge Regarding Care of Pressure Sores Among Caregivers of Non-Ambulatory Clients” tend to show pre-test the sampled subjects were having poor knowledge regarding care of pressure sore i.e. about 41% and in the post-test the sampled subject had an improved knowledge regarding care of pressure sore. i.e. about 100 %. In relation to Planned teaching program, the paired “t” test showed that, the teaching program was statistically significant at p<0.0001 level in caregivers of non ambulatory client’s. in that study they proved that the knowledge of caregiver’s of non ambulatory client’s had been markedly increased after the administration of planned teaching program.⁽¹⁷⁾

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