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Original Article

A Study to Assess the Effectiveness of Structured Teaching Program on Knowledge and Attitude of Adults towards Geriatrics Care at Selected Rural Area at Bharatpur

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Abstract

Introduction : Geriatric care management is the process of planning and coordinating care of the elderly and others with physical and/or mental impairments to meet their long term care needs, improve their quality of life, and maintain their independence for as long as possible. It entails working with persons of old age and their families in managing, rendering and referring various types of health and social care services.1

Methodlogy : The research approach adopted for this study was quantitative research approach. Pre - experimental one group pre test post test research design was used for this study. Research setting for this study was Selected Rural Area at Bharatpur. Target population was Adults have Geriatric Persons with 60 samples of adults from selected area at bhartapur. Purposive sampling technique was used for the study.

Results : The co relation is (-0.08). It means that there is some negative relationship. Out of total adults have good knowledge but have a negative attitude regarding geriatric care. But if the knowledge is poor or good then it is not necessary that the attitude of the adults is also poor or good. The correlation score is less than zero so we can say that there is some negative relationship between knowledge and attitude of adults towards geriatric care.

Conclusions : The overall post test knowledge SD score of adults towards geriatric care was 2.26. The overall pre test attitude mean score of adults towards geriatric care was 84.3.

Keywords : Effectiveness; Structured Teaching Program; Geriatrics Care

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Introduction :

Geriatric care managers accomplish this by combining a working knowledge of health and psychology, human development, family dynamics, public and private resources as well as funding sources, while advocating for their clients throughout the continuum of care. They may assist families of older adults and others with chronic needs such as those suffering from Alzheimer's disease or other dementia.[1]

Geriatric care professionals were forced to rapidly adopt the use of telemedicine technologies to ensure the continuity of care for their older patients.[2]

Ageing population is a global trend. Even in relatively "young" countries, people over the age of 80 years are the most rapidly growing segment of the population. As a result, health services are dealing with an increasing number of older patients, those with geriatric profile included.[3]

It has been well documented that the caregiver's mental health had been adversely affected by care giving. Care giving refers to activities and experiences involved in providing help and assistance to ordinary relationships or friends who are unable to provide for themselves with the activities of their daily living. Compared to non-caregivers, caregivers have a higher risk of psychological burden.[4]

Ageing is a natural process in the words of "SENECA", old age is an incurable disease but more recently "Sir. James Sterling Ross" commented that do not heal old age, protect it, promote it, 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.[5]

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. Even with the best resource in terms of health care facilities, financial support, social support and emotional support, all organisms lose adaptability with the passage of time.[6]

The change in ageing process, the loss of adaptability leads the organism to increase vulnerability to internal and external environmental change. 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.[7]

As Advances in Medical technology have lengthened lifespan and cracks have developed in traditional support system as the joint family and the village community, problems of the uncared elderly have been impinging on the welfare agenda of the state.[8]

Methodlogy :

Research Approach : The research approach adopted for this study was quantitative research approach.

Research design : The pre-experimental one group pretest posttest research design was considered as the appropriate design for this study. The purpose of a pre - experimental research design is to describe the variables and examine relationships among these variables.

Setting of the Study : Setting refers to the physical locations and conditions in which data collection has been taken place. This study was undertaken in selected area of Bharatpur namely Pnchayat Samiti, Sever, Bharatpur. The selection of these areas done on the geographic proximity, feasibility of conducting study and availability of sample.

Popultion : Population includes "all possible elements that could be included in research." The requirement of defining population for a research project arises from the need to which the results of the study can be applied. In this study, the population includes 60 adults with geriatric person at Pnchayat Samiti, Sever, Bharatpur.

Sample : A sample was a small portion of the population selected for observation, analysis and the members of the sample are study subjects. In this study the adults with geriatric person at Pnchayat Samiti, Sever, Bharatpur were the samples.

Sampling Technique : Sampling technique was the procedure that the researcher adopts in selecting the samples for the study. Purposive sampling technique was used to conduct the study.

Sample Size : The sample comprised of 60 adults with geriatric person from Pnchayat Samiti, Sever, Bharatpur.

Results :

The analyzed data has been organized and presented in the following sections :

Section I : Description of demographic variables of the adults

Section II : Comparison of pre test and post test level of knowledge and attitude of adults towards geriatric care

Section III : Effectiveness of structured teaching program regarding geriatric care

Section IV : Association level of knowledge with selected demographic variables.

Section V : Association level of attitude with selected demographic variables.

Section I : Description of Demographic Variables of The Adults

Table-1 : Frequency and Percentage Distribution of Adults as Demographic Vriables

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S. No.	Variables	Frequency	Percentage %
1.	Age (in years)		
	20 - 25	10	16.66%
	26 - 30	25	41.66%
	31 - 35	15	25%
	35 - 40	10	16.66%
2.	Gender		
	Male	35	58.33%
	Female	25	41.66%
3.	Religion		
	Hindu	40	66.66%
	Muslim	10	16.66%
	Christian	08	13.33%
	Sikh	02	3.33%
4.	Educational Status		
	No formal education	05	08.33%
	Up to secondary	15	25%
	Up to senior secondary	30	50%
	Graduation and above	10	16.66%
5.	Taking care of older people		
	Yes	60	100%
	No	00	00%
6.	Have lived with older people		
	Yes	50	83.33%
	No	10	16.66%

SECTION II : Comparison of Pre Test and Post Test Level of Knowledge and Attitude of Adults towards Geriatric Care

a) Comparison of Pre Test and Post Test Level of Knowledge of Adults

Table-2 : Comparison of Pre Test and Post Test Level Knowledge

S. No.	Level of Knowledge	Pre Test		Post Test	
		F	%	F	%
1.	Poor (< 50%)	28	46.66%	00	00%
2.	Average (50 to 65%)	26	43.33%	03	05%
3.	Good (>65%)	06	10%	57	95%

b) Comparison of Pre Test And Post Test Level Of Attitude Of Adults

Table-3: Comparison of Pre Test and Post Test Level Attitude

S. No.	Level of Attitude	Pre Test		Post Test	
		F	%	F	%
1.	Poor (< 50%)	38	63.33%	00	00%
2.	Average (50 to 65%)	22	36.66%	15	25%
3.	Good (>65%)	00	00%	45	75%

SECTION III : Effectiveness of Structured Teaching Program Regarding Geriatric Care

a) Area Wise Pre Test Knowledge Score of Adults towards Geriatric Care

Table-4 : Area Wise Pre Test Knowledge Score Of Adults Towards Geriatric Care

S.No.	Aspect of Knowledge	Max. Score	Mean	Median	Standard Deviation
1.	Question related to introduction of geriatric	09	5.73	6	1.19
2.	Question related to problems in geriatric	07	4.25	4	0.99
3.	Questions related to geriatric care	14	9.48	9	1.45

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b) Area Wise Post Test Knowledge Score of Adults Towards Geriatric Care

Table-5 : Area Wise Post Test Knowledge Score of Adults towards Geriatric Care

S.No.	Aspect of Knowledge	Max. Score	Mean	Median	Standard Deviation
1.	Question related to introduction of geriatric	09	7.55	8	1.14
2.	Question related to problems in geriatric	07	5.9	6	0.92
3.	Questions related to geriatric care	14	11.25	11	1.73

Table-6 : Mean, Median, SD, and t Test Value of Adults

Knowledge Test	Mean	Mean Difference	Median	Median Difference	SD	Df	't' Test
Pre test	19.46	5.24	19	6	±2.08	59	12.20
Post test	24.7		25		±2.26		

Table-7: Mean, Median, SD, and t Test Value of Adult's Attitude

Attitude Test	Mean	Mean Difference	Median	Median Difference	SD	Df	't' Test
Pre test	84.3	66.56	84	67	±6.56	59	57.01
Post test	150.86		151		±5.60		

Table-8: Correlation between Knowledge and Attitude towards Geriatric Care

S.No.	Aspect	Pre test		Post test		Correlation
		Mean	Median	Mean	Median	
1.	Knowledge	19.46	19	24.7	25	-0.08
2.	Attitude	84.3	84	150.86	151	

SECTION IV : Association Level of Knowledge with Selected Demographic Variables.

Table-9 : Association Level Of Knowledge With Selected Demographic Variables

S. No.	Variables	Level of Knowledge			Df	X^2 Value	Table Value	Remarks
		Poor	Average	Good				
1.	**Age (in years)**							
	20 - 25	5	2	3	6	4.73	12.59	NS
	26 - 30	5	8	12				
	31 - 35	2	3	10				
	35 - 40	2	2	6				
2.	**Gender**							
	Male	12	13	10	2	9.54	5.99	S
	Female	5	3	17				
3.	**Religion**							
	Hindu	10	15	15	6	3.15	12.59	NS
	Muslim		5	2	3			
	Christian	2	2	4				
	Sikh	1	1	0				

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4.	**Educational Status**							
	No formal education	2	2	1	6	14.23	12.59	S
	Up to secondary	7	3	5				
	Up to senior secondary	3	12	15				
	Graduation and above	1	1	8				
5.	**Taking care of older people**							
	Yes	15	10	35	2	00	5.99	NS
	No	0	0	0				
6.	**Have lived with older people**							
	Yes	9	17	24	2	7.90	5.99	S
	No	6	2	2				

SECTION V : ASSOCIATION LEVEL OF ATTITUDE WITH SELECTED DEMOGRAPHIC VARIABLES.

Table-10 : Association Level of Attitude with Selected Demographic Variables

S. No.	Variables	Level of Knowledge			Df	X^2 Value	Table Value	Remarks
		Poor	Average	Good				
1.	**Age (in years)**							
	20 - 25	2	1	7	6	13.8	12.59	S
	26 - 30	10	10	5				
	31 - 35	10	3	2				
	35 - 40	8	1	1				
2.	**Gender**							
	Male	10	10	15	2	6.70	5.99	S
	Female	12	10	03				
3.	**Religion**							
	Hindu	8	7	25	6	2.37	12.59	NS
	Muslim	2	2	6				
	Christian	2	3	3				
	Sikh	2	0	0				
4.	**Educational Status**							
	No formal education	0	1	4	6	15.85	12.59	S
	Up to secondary	10	03	02				
	Up to senior secondary	08	12	10				
	Graduation and above	04	05	01				
5.	**Taking care of older people**							
	Yes	20	20	20	2	00	5.99	NS
	No	0	0	0				
6.	**Have lived with older people**							
	Yes	10	15	25	2	6.96	5.99	S
	No	6	02	02				

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Conclusions

The overall pre test knowledge mean score of adults towards geriatric care was 19.46. The correlation value between knowledge and attitude was -0.08. Which indicate the slightly negative relationship between knowledge and attitude? The association level of knowledge with selected demographic variables was significant association with gender, educational status, and have lived with older people and not significant with age, religion, and taking care of older people. The association level of attitude with selected demographic variables was significant association with age, gender, educational status, and have lived with older people and not significant with religion, taking care of older people.

Recommendations

The following recommendation were drawn based on the findings of the study

1. A similar study can be replicated on a samples with different demographic variables
2. A similar study can be conducted by taking samples from two different settings like private hospitals, nursing homes, others clinical facilities or selected area etc.
3. A similar study on a large sample may help to draw more definite conclusions and make generalization.
4. A similar study can be conducted by descriptive approach, often serves to generate hypothesis for future research.
5. A similar study can be conducted use of different research design.

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Conflict of Interest : There are no conflicts of interest

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