



**A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING PREVENTION AND MANAGEMENT OF DECUBITUS ULCER IN BED RIDDEN PATIENTS ON THE KNOWLEDGE AND PRACTICE OF CARE GIVERS IN A SELECTED TERTIARY HOSPITAL OF DEHRADUN, UTTARAKHAND**

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**Abstract**

**Background:** Decubitus ulcer is most common and preventable Hospital Acquired Conditions due to immobility. It imposed significant burden i.e.psychological, economical social life of individual and family. The aim of the study was to assess the effectiveness of teaching programme regarding prevention and management of decubitus ulcer on knowledge and practice of caregivers of bedridden patient. **Methods:** Pre experimental one group pretest and posttest research design was used. 51 caregivers of bedridden patient were selected by purposive sampling techniques who were admitted in hospital. Structured knowledge questionnaire was used to collect the data. **Results:** The difference in pretest knowledge score and posttest knowledge score was 7.4, paired’ test was performed.The mean difference in pretest practice score and posttest practice score was 6.5, paired’t’test was performed. **Conclusion:** Most of the caregivers of the bedridden patients had inadequate knowledge regarding prevention and management of decubitus ulcer in bedridden patient. The teaching programme was effective method for increasing the knowledge and practice of caregivers of bedridden patient as cognitive changes can be brought by teaching methods.

**Keywords:** Bedridden Patient, Knowledge, Practice, Structured Teaching Programme.

**I. Introduction**

A bedridden/bedfast person confined to bed for a prolonged period and demands whole time care and attentiveness from the caregivers. These patients were very susceptible to develop complications including life threatening, while some of the complications lead to disablement, disfigurement leading to a difficult treatment.<sup>1</sup>

Decubitus ulcer common but often miscalculated health problem and worldwide recognized as an undesirable effect of stay at health care facility and one of the most common Hospital Acquired Conditions. Regardless of recent technical advances in medical field, decubitus ulcer though mostly preventable yet occurrence of considerable rates of decubitus ulcer in health care facilities.<sup>2</sup>

Decubitus ulcer leads to pain, retard recovery, extend ailment, hospital stay and will eventually put-up patient to dysfunction, disfigurement and death. Decubitus ulcer has been a major health problem because it does occur not only in hospital settings but also in nursing homes, hospice center and with a bedridden patient at home.<sup>3</sup>

Glajchen,(2004) reported that involving family members in care of patient was important factor which helps in better compliance with treatment, continuum care, social support and resulting ideal treatment of patients. It was essential that caregivers must aware of complications of the disease and its preventive measures as they play an essential role in providing care to the patient.<sup>4</sup>

Upasana S, Sukhpal K, Amarjeet S, (2013) found that the quality care was not provided to bedridden patient so there was need of formal training for the caregivers as most of them were untrained.<sup>5</sup>

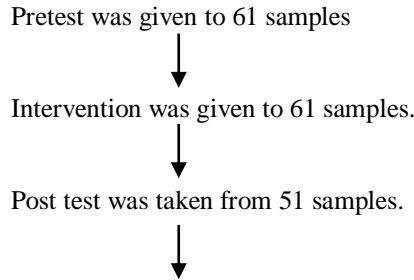
S Poudyal et al (2014) also found that families and caregivers of bedridden patients had insufficient knowledge regarding prevention of pressure ulcer.<sup>6</sup>

**II. Material and methods**

Pre-experimental One Group Pretest Posttest research design was used. Purposive sampling technique was used to select the study samples. 51 caregivers of bedridden patients those who were admitted in Neurology ward, orthopedic ward, and IMC ward of selected hospital were included in the study. Data was collected by interview method with the help of socio demographic, structured knowledge questionnaire and practice checklist. Before data collection purpose of research study was explained and informed written consent was obtained from study samples. Care givers of bed ridden patients with pressure ulcer, prone to develop pressure ulcer and was bedridden more than three days were included while Clinical areas where caregivers were not allowed to stay with the patient were excluded.



**Sampling process**



10 samples couldn't attend posttest as they were discharged before the completion of 7 days of duration after intervention.

The study design is schematically represented as following

Group	1 <sup>st</sup> Observation on 1 <sup>st</sup> day	After 1 <sup>st</sup> Observation	2 <sup>nd</sup> Observation on 7 <sup>th</sup> day
Care Givers of Bedridden Patients	Pretest O1	Intervention X	Posttest 2 O3
Knowledge	✓	✓	✓
Practice	✓	✓	✓

**III. Analysis & Interpretation**

**Table No. 1:** Frequency and percentage of socio demographic characteristics of care givers of bed ridden patients.

N=61

S. No.	Sample Characteristics	f	%
1.	Age in years		
	18 - 35	38	62
	36 and above	23	38
2.	Gender		
	Male	33	54
	Female	28	46
3.	Educational qualification		
	No formal education	16	26
	Senior education	12	20
	Senior secondary education	16	26
4.	Graduate or above	17	28
	Occupational Status		
	Unemployed	21	34
	Government job	4	7
	Private job	19	31
5.	Self-employed	17	28
	Family Income per month in Rupees		
	Less than 5000	29	48
	5001-10000	23	38
	10001-15000	5	8
6.	15001 and above	4	6
	Type of Family		
	Nuclear family	13	21
7.	Joint family	48	79
	Marital Status		
	Married	39	64



	Unmarried	22	36
8.	History of previous hospital exposure		
	Yes	21	34
	No	40	66
9.	Relationship with patient		
	Wife	8	13
	Husband	5	8
	Daughter	4	6
	Son	15	25
	Others (father, mother, daughter in law, son in law, father in law, mother in law, friend)	29	48
10.	Duration of hospital stay		
	1wk	49	80
	2wks	9	15
	3wks	1	2
	>3wks	2	3

**Table No.1:** depicted that a total of 61 participants took part in the study. Of these, majority (62%) of the caregivers were in the age group of 18-36years, male constituted 54%of study participants. Majority 28% were graduate and above in educational status and 34% were unemployed, with 48% income was less than 5000 Rs per month, with more than half 79% belongs to joint family, 64% were married. 66% of study participants had no previous hospital exposure, almost half of the caregivers (48%) belong to other relationship such as father, mother, daughter in law and son in law and friend. Majority 80% stayed in hospital for at least a week with their patient.

**Table No. 2:** Comparison of pretest and posttest knowledge score of caregivers on prevention and management of decubitus ulcer. N=51

S. No.	Knowledge score	Range	Mean ±SD	Mean difference	t value	p value
1	Pretest	08-20	14.41±2.8	7.43	19.95*	0.0001*
2	Posttest	19-24	21.84±1.52			

Maximum Score: 24 \*Paired Sample't' test, tabulated value=2.01 at df=50 and p=0.0001

Minimum Score: 0

**Table No.2:** depicted that the mean posttest knowledge score 21.84(±1.52) was improved as compared to pretest knowledge score 14.41(±2.8), which was significantly higher at the level of p≤0.001. The men difference in knowledge score was 7.43, paired' test was performed to find the significant difference between mean pretest knowledge score and posttest knowledge scores. The calculated't' value was 19.95, which was more than tabulated't' value 2.01.

**Table No.3:** Comparison of pretest and posttest practice score of caregivers on prevention and management of decubitus ulcer. N=51

S. No.	Practice Score	Range	Mean ±SD	Mean difference	t value	p value
1	Pretest	10-18	14.76±1.52	6.5	23.97*	0.0001*
2	Posttest	19-24	21.26±1.14			

Maximum Score = 24 \*Paired Sample't' test, tabulated value=2.01 at df=50 and p=0.0001

Minimum Score = 0

**Table No.3:** Illustrated that the mean posttest practice score (21.26 ±1.14) was improved as compared to pretest practice score (14.76±1.52) which was significantly higher at the level of p≤0.001. The mean difference in practice score was 6.5; paired't' test



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was performed to find the significant difference between mean pretest practice and posttest practice score. The calculated 't' value was 23.97, which was more than tabulated 't' value 2.01 at  $p \leq 0.001$ .

#### IV. Discussion

The study highlighted that most of the caregivers of bedridden patient had less knowledge and poor practice regarding prevention and management of pressure ulcer. These findings were consistent with Bhavani A et. al. study result showed that sample had inadequate knowledge regarding complications of immobilization among the caregivers of bedridden patients.<sup>7</sup>

The structured teaching programme significantly improved the knowledge and practice of the caregivers of bedridden patient on pressure ulcer prevention and its management. These findings were consistent with Eliedi A, El-Daharja T, Dukhan study revealed the result that the difference between the total domains after the program ( $m=3.47$ ) was significantly higher than the prior to the intervention.<sup>8</sup>

#### V. Conclusion

The result of present study revealed that the knowledge regarding prevention and management of decubitus ulcer were inadequate. Structured teaching programme significantly improved the knowledge and practices of caregivers of bedridden patient regarding prevention and management of decubitus ulcer. Education helped the caregivers of bedridden patient to prevent and manage the decubitus ulcer and further complications associated with decubitus ulcer.

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