



TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING ON KNOWLEDGE REGARDING COMPLICATION OF BENIGN PROSTATIC HYPERPLASIA AMONG THE MALES ABOVE 40 YEAR.

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ABSTRACT

Benign Prostate Hyperplasia (BPH) is defined as non cancerous enlargement of the prostate gland caused by the growth of new cells. It is characterized by the Lower Urinary Tract Symptoms (LUTS) like urinary hesitancy and intermittency, weak urinary stream, nocturia, increased frequency, urgency and the sensation of incomplete bladder emptying. Objectives: To assess the knowledge regarding complication of benign prostatic hyperplasia among the male above 40 years. To assess effectiveness of planned teaching on the knowledge regarding complication of benign prostatic hyperplasia among the males above 40 years. To associate the knowledge score with the demographic variables. Method and Material: The study design was one group pre test and posttest and descriptive evaluatory approach. This study was conducted in acharya vinoba bhav hospital, sawangi meghe, wardha. Sample size 60 males. Result: The pre test findings shows that 14(23%) of males had good level of knowledge score and 1(2%) of them had very good level of knowledge score, After planned teaching in the post test 6(10%) of males had good level of knowledge score and 54(90%) of them had very good level of knowledge score, thus it indicate that after post test the knowledge score was increased, To find the effectiveness of planned teaching 't' test was applied and t value was calculated, post test score was significantly higher at 0.05 level than that of pretest score.

KEYWORDS : Knowledge, Effectiveness, Planned teaching.

Introduction

Benign Prostatic Hyperplasia (BPH) is the most common benign neoplasm in older men. The prevalence of histologically hyperplasia increases with age. According to the different authors by the age of 60 from 13% to 50% of men suffer from this disease, and by the age of 90, approximately 90% of men have morphological changes typical for BPH. On average, half of these patients come along with a macroscopic increase in gland, and about 25% of patients develop clinical symptoms of prostatism that requires treatment (Robert, 2007).¹ The social Significance and relevance of this issue highlight by the World Health Organization, the demographic study indicates an increase in population over the age of 60 years, the pace has outstripped population growth in general. According to Noble J. et al (2001), by the age 80 every fourth man will need treatment for prostatic hyperplasia.³ Manifestations of BPH symptoms are various there are not of a specific nature and very diverse, in association with, there is disagreement about the interpretation of diagnostic tests. Assessment of symptoms, their intensity, degree, frequency, duration and the importance, often are subjective and depends not only on the patient, but also from qualification of the urologist.² Also of course, this subjectivity is not only difficult in diagnosis and prognosis of BPH, but does not allow an objective comparison of results of treatment in different hospitals and by that assess the effectiveness of various methods of conservative and surgical treatment (Ferri,2006).⁴

1. Problem statement

To assess the effectiveness of planned teaching on knowledge regarding complication of benign prostatic hyperplasia among the males above 40 year.

Objectives

1. To assess the knowledge regarding complication of benign prostatic hyperplasia among the male above 40 years.
2. To assess the effectiveness of planned teaching on knowledge regarding complication of benign prostatic hyperplasia among the male above 40 years.
3. To associate the knowledge scores with selected demographic variables.

2. Methodology

Research approach- Descriptive evaluatory approach.

Research design- One group pretest-posttest design.

Setting of study- Selected hospital of wardha.

Sample- 40 above males.

Sample size- 60

Sampling techniques- Non probability convenience sampling

Tool- structured knowledge questionnaire including demographic variables will be used for the study.

Independent variable- planned teaching regarding complication of benign prostatic hyperplasia among the male above 40 years.

Dependent variable- knowledge of complication of benign prostatic hyperplasia among the male above 40 years.

Sampling criteria

- Inclusion criteria:**
1. Male who are above 40 year of age willing to participate in study.
 2. Males who are available during the period of data collection.

Exclusion criteria:

- Males above 40 yrs of age participated in the similar study on complication of benign prostatic hyperplasia.
- Males suffering with any mental illness.
- Males less than 40 yrs of age.

Result

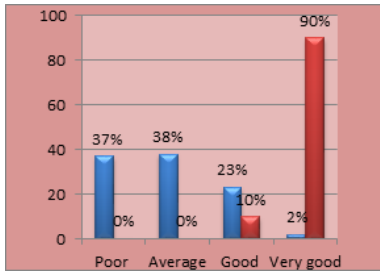
This section deals with the assessment of knowledge regarding complication of benign prostatic hyperplasia among male above 40 year. The level of knowledge is divided under following headings: poor, average, good, very good

Table no. 1 Assessment of pretest knowledge score regarding complication of benign prostatic hyperplasia among male above 40 year.

| Level of knowledge score | Score | Percentage score | Pretest Knowledge score | |
|--------------------------|-------|------------------|-------------------------|------------|
| | | | Frequency | Percentage |
| Poor | 0-4 | 0-20% | 22 | 37 |
| Average | 5-8 | 21-40% | 23 | 38 |
| Good | 9-12 | 41-60% | 14 | 23 |
| Very good | 13-16 | 61-80% | 1 | 2 |
| Minimum score | | | 1 | |

| | |
|-----------------|---------------|
| Maximum score | 14 |
| Mean score | 6.15 ± 2.93 |
| Mean Percentage | 38.43 ± 18.31 |

The above table shows that 22(37%) of males were having poor level of knowledge score, 23(38%) of them had average and 14(23%) of them had good level of knowledge score, only 1(2%) had very good level of knowledge. The minimum score was 1 and the maximum score was 14, the mean score was 6.15 ± 2.93 with a mean percentage score of 38.43 ± 18.31.



Graph 1: knowledge score regarding complication of benign prostatic hyperplasia among male above 40 year in pretest

Table no. 2 Assessment of posttest knowledge score regarding complication of benign prostatic hyperplasia among male above 40 year.

| Level of knowledge score | Score | Percentage score | Posttest Knowledge score | |
|--------------------------|--------------|------------------|--------------------------|------------|
| | | | Frequency | Percentage |
| Poor | 0-4 | 0-20% | 0 | 0 |
| Average | 5-8 | 21-40% | 0 | 0 |
| Good | 9-12 | 41-60% | 6 | 10 |
| Very good | 13-16 | 61-80% | 54 | 90 |
| Minimum score | 15 | | | |
| Maximum score | 20 | | | |
| Mean score | 18.22 ± 1.27 | | | |
| Mean Percentage | 91.1 ± 6.35 | | | |

The above table shows that 6(10%) of males were having good level of knowledge score and 54(90%) of them had very good level of knowledge score. The minimum score was 15 and the maximum score was 20, the mean score was 18.22±1.27 with a mean percentage score of 91.1 ± 6.35.

Discussion

Most men will develop histological BPH if they live long enough. Approximately, half will develop benign prostatic enlargement (BPE) and about half of these will get BOO with high bladder pressures and low flow, this in turn leads to detrusor wall hypertrophy. Many of these men will only have lower urinary tract symptoms (LUTS) but a significant number will also suffer the other complications of BPH. These include urinary retention (acute and chronic), haematuria, urinary tract infection, bladder stones, bladder wall damage, renal dysfunction, incontinence and erectile dysfunction. Recognition of the complications of BPH/BOO early allows more effective management of these complications. This is particularly important for the more serious urinary infections and also for high-pressure chronic retention (HPCR). Complications of LUTS/BPH are very rare in clinical trials because of their strict inclusion and exclusion criteria but are more common in real life practice.

Hematuria is a recognised complication of BPH/BOO, and it is also an indication for secondary care referral from general practitioner LUTS management. It is usually caused by the friable hypervascularity of the enlarged prostate, the superficial vessels being disrupted by physical activity. It can occasionally result in clot retention, but generally it presents as initial hematuria with the subsequent urinary stream being clearer. Finasteride has been suggested as a

treatment for BPH related hematuria as it may lower the microvessel density (MVD) and vascular endothelial growth factor (VEGF).

Urinary infections associated with benign prostatic hyperplasia (BPH) occur as patients are unable to completely empty their bladder and the stagnant urine acts as a growth medium for bacteria. Although infections can be asymptomatic, symptoms can range from mild dysuria, frequency and urgency to severe systemic infection and frank hematuria causing acute retention.

3. Conclusion

The main aim of the study was to assess the effectiveness of teaching planned on the knowledge regarding complication of benign prostatic hyperplasia among males above 40 year. Information is given to the males through a teaching planned which includes various aspects like general knowledge regarding benign prostatic hyperplasia, causes, symptoms, complications, investigation, treatment and prevention.

The following conclusion drawn on the basis of findings of the study:

- The pre test findings showed that knowledge of males regarding complication of benign prostatic hyperplasia was inadequate.
- The administration of planned teaching helped the males to understand more about complication of benign prostatic hyperplasia.
- Most of the males having adequate knowledge after planned teaching.
- The planned teaching is proved to be very effective method of transforming knowledge.

4. Recommendation

On the basis of findings of the study, it is recommended that the following studies can be conducted –

1. A similar study can be replicated on large scale to generalize the findings.
2. A similar study can be conducted by using video assisted teaching.
3. A similar study can be conducted to find out the difference in the knowledge level of the staff nurses on the basis of various institutional setting such as government and private setting.
4. A similar study can be conducted to find the knowledge level of the nursing students.
5. A similar study can be conducted to assess the effectiveness of Self Instructional Module regarding complication of benign prostatic hyperplasia.
6. A similar study can be conducted in community area.

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