Volume : 3 | Issue : 12 | December 2014 • ISSN No 2277 - 8179

Research Paper

A Study to Assess The Effectiveness of The Planned Teaching Programme To The Family Members on Knowledge Regarding Prevention and Management of Constipation In Geriatric Clients in Selected Community At Mangalore

Medical Science

KEYWORDS : *Effectiveness; family members; planned teaching programme; Constipation.*

Ms. Linu mol. Mammoottil house , Nidle P.O,BelthangadyTq,Dharmasthala , Dakshina Kannada Dist, pin -574216, KarnatakaState.

Mrs.Shambhavi. Associate Professor,Department of Medical Surgical Nursing, Laxmi Memorial College Of Nursing, Mangalore, Karnataka.

ABSTRACT

Constipation is a common complaint among older people and a frequent concern for their health care providers. This study is to assess the effectiveness of planned teaching programme to the family members on knowledge regarding prevention and management of constipation in geriatric clients in selected community at Mangalore.An evaluative approach with one group pre-test post-test design was used for the study. Using purposive sampling technique,60 family members of geriatric clients were selected and data was collected using demographic proforma and structured knowledge questionnaire.The results revealed that, inpre-test majority (100%) of the family members had inadequate knowledge on prevention and management of constipation.In post-test, majority (91.7%) of the family members of geriatric clients had adequate knowledge.The study concluded that planned teaching programme was an effective measure to improve the knowledge of the family members of the geriatric clients regarding prevention and management of constipation.

Introduction:

Old age is an integral part of human life. It is unavoidable, undesirable and problem ridden phase of life. Ageing is a time of numerous illness and common disability. Old people have limited regenerative capability and are more prone to disease, syndromes, and sickness than other age groups.1

Constipation is a chronic problem in many patients all over the world. In some groups of patients such as the elderly, constipation is a significant health-care problem, but in the majority of cases chronic constipation is an aggravating, but not life-threatening or debilitating complaint that can be managed in primary care with cost-effective control of symptoms.2

The incidence of constipation is over 10% worldwide and over 15% in India. Around 2% of the population suffers recurrent and constant constipation and is more common in women than in men. Twenty-six percent of women and 16 percent of men 65 years and older consider themselves constipated. In people over 84, the reported incidence is 34 and 26 percent, respectively.3

Constipation is due to a number of factors, including low-fibre diets, limited fluid intake, low calorie intake, impaired mobility and cognitive disorders, stress, resisting the urge to have a bowel movement, which is sometimes the result of pain from hemorrhoids.4

A variety of non-pharmacological approaches to constipation have been evaluated including massage, exercise, biofeedback, diet etc.Exercise is an integral feature of bowel management programs, if lack of physical activity is a factor in the development of constipation. Dietary management (increasing fluid and fibre) remains the most effective treatment for constipation.5

Review of the Literature

A study was conducted to evaluate the role of age difference in the frequency of various characteristics and frequency of constipation, specific symptoms, bowel and dietary habits, and to assess the effects of risk factors. The data was collected from 518 patients who were evaluated for constipation at a specialty centre. The assessment was done to see whether age-related difference exist, three age groups were created: 1) patients <40 years of age, 2) patients 40 to <65, and 3) patients ≥ 65 years of age. Self-reported questionnaires were given to assess the demographics, medical history, characteristics of constipation, bowel symptoms as well as bowel and dietary habits. After the controlling for variables found to vary significantly by age and that might be associated with constipation, younger and middle aged patients were more likely than older patients to have infrequent bowel movement (younger > older, OR 2.67[1.35,5.29]; middle aged > older OR 2.12 [1.21,3.69]), increased frequency of occurrence of abdominal pain (younger > older OR 2.89 [1.44,5.80]).6

A study was conducted to evaluate the knowledge of community pharmacists in the management of constipation among adult 103 community pharmacists from Bhavani and Komarapalayam town in Tamil Nadu. The data was collected by using a well-designed interview questionnaire The result of the study showed that the constipation was more prevalent in older adult with the age group of 50-60 years. The deficiencies in basic information such as medical history, food and fluid intake and lack of knowledge in non-pharmacological treatment such as increase in fibre diet, adequate fluid intake and exercise were found.7

A study to assess the effectiveness of health education on prevention and management of constipation among 150 geriatric cardiac clients, conducted in Little Sisters of the Poor's Joseph's Home in Kolkata. The knowledge questionnaire was administered to the subjects to test their knowledge regarding prevention and management of constipation prior to imparting of specific health education and pre-test practice was also observed by spending the whole day with the clients in the old age home. The health education was implemented after one day. After 7 days the post-test knowledge questionnaire was again administered to check the increase in the knowledge level of the client. Again on 14th day of the implementation of health education, the 2nd post –test observation was done to see the effectiveness of health education. The specific health education was found to be effective in promoting the knowledge on "prevention and management of constipation(39)=20.4, p<0.001, it is also be effective in improving the practice of the geriatric cardiac subjects in the prevention of constipation $t_{(39)}$=10.7 on 7th day of observation and on 10th and 14th day of observation p<0.001, and it was also found that there was low but significant correlation between pre-test knowledge and practice score r=0.70, p>0.05 and post-test knowledge and practice score r=0.161, p>0.05.8

Objectives:

1. To determine the knowledge regarding prevention and management of constipation among family members of geriatric clients
2. To evaluate the effectiveness of planned teaching programme on knowledge regarding prevention and management of constipation among family members of geriatric clients.
3. To find out the association of knowledge level on the pre-

Volume : 3 | Issue : 12 | December 2014 • ISSN No 2277 - 8179

vention and management of constipation among family members of geriatric clients with the selected demographic variables.

Methodology:
Setting: The study was conducted in Bondel PHC in Mangalore.

Population: Family members of the geriatric client.

Sample size:60

Sampling technique: purposivesampling technique

Research design: One group pre-test – post-test design

Tools:
- Demographic Proforma
- Structured knowledge questionnaire

Data collection method:
- Prior to the data collection, permission was obtained from the concerned authorities for conducting the study.
- Subjects were selected according to the selection criteria
- Written consent was obtained from the subjectsand confidentiality was assured.
- First day, the pre-test data was obtained using the self-administered structured knowledge questionnaire.
- Second day, the planned teaching programme was administered through LCD
- Seventh day, the post-test was conducted using the same knowledge questionnaire.

Results of the study
The highest percentage (33.3%) of subjects were in the age group of 41-50 years and60% were females.Maximumpercentage (36.6%) of family members had pre-university education. Highest percentage (58.3%) of the family members were married. Maximum percentage (51.7%) of the family members belonged to nuclear family. Highest percentage (43.3%) of family members were professionals and 35% of the family members belonged to the income group of Rs. 10,001-15,000.

The post-test knowledge range (12-17) was significantly higher than the pre-test knowledge range (7-12). The mean post-test knowledge score (15.533±1.320) was higher than the mean pre-test knowledge score (8.866±1.534).

The study revealed that planned teaching programme was effective in improving the knowledge of the family members of the geriatric client as computed using paired' test($t_{(59)}$=2.001, P<0.05. The association ofpre-test and post-test knowledge score withdemographic variables was computed using Chi-Square test.

The data inTable1 shows that the mean post-test knowledge score (15.53) was higher than the mean pre-test knowledge score (8.86). The calculated't' value (24.246) was higher than the table value (t59=2.001) at 0.05 level of significance. Hence, the null hypothesis H01 was rejected and the research hypothesis H1was accepted. It showed that there was a significant difference between the pre-test and post-test knowledge scores of the family members of geriatric clients.It indicated that PTP was effective in improving the knowledge of the family members of the geriatric clients on prevention and management ofconstipation

Data in Table 2 shows that the mean post-test knowledge scores in all areas were higher than the mean pre-test knowledge scores. The calculated 't' value in all areas were significantly higher than the table value (t59=2.001) at 0.05 level of significance. This suggested that the planned teaching programme was effective in increasing the knowledge of family members of geriatric clients on prevention and management of constipation.

The data in Table 3 shows that there was no significant association of the pre-test and post -test knowledge level with the selected demographic variables.Thus the null hypothesis H02 was accepted.

Conclusion:
The present study proves that the family members of geriatric clients lacked adequate knowledge regarding the prevention and management of constipation.The planned teaching programme is effective strategy in improving the knowledge of the family members of geriatric clients.

Table 1: Mean, Mean Difference, Standard Deviation and't' Values of Pre-test and Post-test Knowledge Scores
N=60

Parameters	Mean	SD	Mean Difference	't' value
Pre-test	8.86	1.53	6.67	24.246*
Post-test	15.53	1.32		

Table value: t59=2.001,p<0.05 *** Significant**

Table 2: Area-wise Mean, Mean Difference, SD and 't' value of Pre-test and Post-test Knowledge Scores of the Family Members of the Geriatric Clients on Prevention and Management of Constipation
N=60

Area	Pre-test		Post-test		Mean Diff.	't' value
	Mean	SD	Mean	SD		
Meaning and causes	1.80	0.725	3.28	0.66	1.48	11.596*
Clinical features and signs and symptoms	0.95	0.529	1.26	0.60	0.31	7.3755*
Prevention and management of constipation	6.11	1.46	10.98	1.44	4.87	18.178*

*** Significant** **'t'59 value=2.001, P<0.05**

Table 3: Association of Pre-test and Post-test Knowledge Scores with the Selected Demographic Variables
i. N=60

Sl. No.	Demographic Variables	df	Table Value	Calculated χ^2 value		Inference
				Pre-test	Post-test	
1.	Age	2	5.991	0.2426	1.497	NS
2.	Gender	1	3.841	2.542	0.045	NS
3.	Education	2	5.991	0.2424	0.048	NS
4.	Marital status	1	3.841	0.0078	0.537	NS
5	Type of family	1	3.841	1.1600	0.032	NS
6.	Occupation	2	5.991	0.5012	0.268	NS
7.	Monthly income	1	3.841	0.2298	1.340	NS

NS: Not significant

REFERENCE

1. Monahan, Sands, Neigbhours, Marek, Greek.(2008). Phipps medical surgical nursing. 8th ed. St. Louis: Elsevier. | 2. Lindberg G, Hamid S, Malfertheiner P, Garisch J.(2010). Constipation: a global perspective. World Gastroenterology Organisation Global Guidelines,19(3):311-7 | 3. Smeltzer SC, Bare BG.(2004). Brunner and Suddarth's textbook of medical and surgical nursing. 10th ed. Philadelphia: Lippincott Publications. | 4. Amy E.Chronic constipation in older patients.Gastroenterology and hepatomegaly.1998. [online]. Available from:http://www.mayoclinic.org/medicalprofs/constipation-older-adults-pudd0412.html | 5. Cachero-Salavrakos MD, Klopp A, Simon M. (2006). Textbook of nursing care plans: constipation-impaction; obstipation. 5th ed. Philadelphia: Elsevier Publication | 6. .Rantis PC Jr, Vernava AM 3rd Daniel GL, Longo WE.(1997).Chronic constipation--is the work-up worth the cost? Medline Plus ,40(3):280-6. | 7. Moorthi C, Paul R, Hussaain KPT.(2001). Assessment of community pharmacists' knowledge in the management of constipation in adults. International Journal of Pharmacy,1(2):67-72. | 8. Sengupta M.(2007). An evaluative study to assess the effectiveness of health education on prevention and management of constipation among geriatric cardiac clients. Asian Journal of Cardiovascular Nursing,15(1):19-24. |