



“EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME (STP) ON KNOWLEDGE REGARDING PREVENTION OF CEREBROVASCULAR ACCIDENT AMONG HYPERTENSIVE PATIENT IN TERTIARY CARE HOSPITAL, BELAGAVI.”

Nursing

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ABSTRACT

Introduction: Increased blood pressure, one of the non-communicable disorders which have become a giant burden to the society. The hypertension related complications has lead to high mortality and morbidity rate worldwide. CVA is the most common complication of hypertension and can affect anyone.

Objectives: The aim of the study is to evaluate the Effectiveness of Structured Teaching Programme (STP) On Knowledge Regarding Prevention of Cerebrovascular among Hypertensive Patient in Tertiary Care Hospital, Belagavi.

Methodology: A pre-experimental design study was conducted among 80 hypertensive patients using structured knowledge questionnaire. The study was conducted using purposive sampling technique.

Results: The study revealed, most of the participant 24(30%) at the age group of 51-60 years while majority were males 47 (58.75%). Most of the participants 45 (56.25%) were illiterate and, majority 48 (60.00%) of the participants were having family income above 20001. Majority 50 (62.50%) were having a mixed diet and most of the participants 22 (27.50%) were unemployed. The data were analyzed and interpreted using inferential and descriptive statistics indicates that there is no connection found between chosen socio-demographic characteristics and pretest knowledge score.

Conclusion: The study findings concluded, STP was used to be found highly effective in teaching and to improve knowledge regarding prevention of cerebrovascular accident among hypertensive patient.

KEYWORDS

Structured Teaching Programme (STP); Prevention; Cerebrovascular accident; Hypertensive patients.

INTRODUCTION:

Human health is affected by many external forces such as aging, urbanization, unhealthy lifestyle and so on which has become one of the major issues in today's swift world. Illness is not due to a disease, but it defines the imbalance state of health which can be caused by stress. As today we see individuals working for their livelihood at their work stations, there are specific responsibilities to carry out their duties. Responsibilities lead to mental stress where then erupts many diseases such as Heart diseases, gastrointestinal disorders, Diabetes, Obesity and Hypertension.

Hypertension is a silent killer and has taken a lead worldwide, knowingly or unknowingly it has become so common that, man has taken a negligent diversion towards this lethal disease. This negligence has led millions to another fatal complication which is known as cerebrovascular accident.

Hypertension plays a vital role in changing the risk factor for cerebrovascular accident. It is said to be one of the life saving precaution of premature disease and death rate all over the world. It will lead to many other conditions such as CVA, DM, CCF and Kidney disorders.¹

CVA is the abrupt damage of brain cells because of less supply of oxygen to the brain which is mainly caused by either tearing or stoppage of artery. It is also known as "Stroke". In this, the person loses certain functioning of the body part due to disturbances in supply of blood to a brain. It has three types mainly – blockage in the artery, tearing of blood vessels and acute loss of focal cerebral function.²

Ischemic CVA is a fluctuation of the blood circulation due to blockage eruption, mainly by clotting or embolus which leads to cessation of brain tissue. It occurs in 8 out of 10 strokes. Hemorrhagic CVA is initially caused by an intracranial hemorrhage. It might be because of continuous rupture of tiny vessels. It is less common but can be more serious. Transient ischemic attack is sudden drop of focal cerebral function with symptoms.^{3,4}

The risk for CVA and transient ischemic attack increases exponentially with age. High BP is said to be the changeable risk factors for cerebrovascular accident. Lowering blood pressure is helpful for primary and secondary prevention of CVA. Most cerebrovascular accident patients have well known risk factors for cerebrovascular

disease, some time before CVA. Thus, it is possible to decrease the CVA incidence by reducing the occurring dangers and identifying "high risk" individuals, who can be treated.^{5,6}

There has been a gradual decline in industrialized countries, due to improved quality and treatment of the risk factors. Lifestyle changes help in lowering the risk of BP. It is a vital changeable risk factor for fluctuation of the blood circulation and continuous rupture of tiny vessels CVA.^{7,8}

Risk factors can be broadly classified into controllable and uncontrollable risk factors. Controllable risk factors include hypertension, smoking, heart diseases, TIA, DM, high cholesterol, sedentary lifestyle, overweight, alcohol, drug abuse & injury to brain. Uncontrollable risk factors include age, gender and hereditary.^{5,6}

The avoidance of the CVA is to retain normal BP, limited sugar intake, fat intake, cessation from puffing, ingestion of alcohol, controlled DM, retaining normal body posture, daily workout with healthy diet. Priorly use of blood thinning drugs to avoid clots. The sugar levels in diabetes are considered to be increased after CVA attack. Supply of oxygen to be given as per needs. Lowering BP is an effective method to decrease burden in cerebrovascular accident.⁹

Therefore, the treatment of these conditions must urgently become a widespread tool of prevention.

MATERIAL AND METHODS:

The study was conducted at Tertiary Care hospital, Belagavi. A pre-experimental design was used. The study was approved, ethical clearance was granted by the Human Ethics Committee and permission was obtained from concerned authorities. Patient who met the inclusion criteria were involved in the study. All the patients who have hypertension for more than 5 years were included in the study.

The data was collected using structured knowledge questionnaire on prevention of cerebrovascular accident among hypertensive patient. The sample consists of 80 hypertensive patient. For the association of socio-demographic variables and mean pre-test score Chi-square, unpaired 't' test was used.

RESULTS:

The data was collected using structured knowledge questionnaire on prevention of cerebrovascular accident among hypertensive patient.

The sample consists of 80 hypertensive patient. In order to explore the current association, the data were analyzed and interpreted using inferential and descriptive statistics.

PRESENTATION OF DATA

The data obtained in the study is presented under the following sections:

Section I: Assessing the knowledge scores of hypertensive patient on prevention of cerebrovascular accident.

Section II: Analysis and interpretation of data to find out the association between pre-test knowledge score with selected socio-demographic variables.

Section I: Analysis And Interpretation Of Knowledge Score Of Hypertensive Patient On Prevention Of Cerebrovascular Accident.

Table 1: Pre-test And Post-test Frequency And Percentage Of The Knowledge Score Of The Participants Regarding Prevention Of Cerebrovascular Accident.

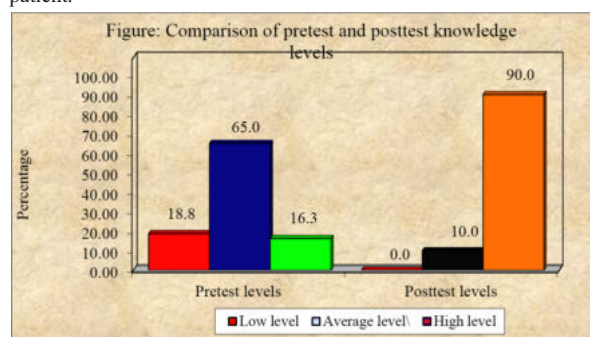
Table 1 indicates that the pre-test mean knowledge score of the participants was 40.19 and the standard deviation was 11.81. While the post-test mean knowledge score was 67.19 and standard deviation was 9.83. The difference between mean pre-test and post-test is 27. Similarly, the difference between pre-test and post-test standard deviation is 1.98 and the range difference between pre-test and post-test is 20.

Table 2: Frequency and Percentage Distribution of Pre-test and Post-test knowledge score of the participants.

n=80

Knowledge level	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency(f)	Percentage (%)
Poor	15	18.75	-	-
Average	52	65	8	10
Good	13	16.25	72	90

Table 2 represents that pre-test knowledge score shows maximum 52 (65%) were having average knowledge, 15 (18.75%) had poor knowledge score and only 13 (16.25%) had a good knowledge score. Whereas, in post-test knowledge maximum 72 (90%) had an good knowledge score and only 8 (10%) had an average knowledge score. Therefore, the table revealed that there is increase in the level of knowledge score after administering structured teaching programme on prevention of cerebrovascular accident among hypertensive patient.



Section II: Analysis And Interpretation Of Data To Find Out The Association Between The Pre-test Knowledge Scores And The Selected Socio-demographic Variables.

Table 3: Association between the pre-test knowledge score and the selected socio-demographic variables.

Table 3 reveals that the calculated chi-square value for all the selected socio-demographic variables are not significant at ($p \leq 0.05$) level which indicates that there is no association between the pre-test knowledge score and all the socio-demographic variables.

CONCLUSION:

The study concluded by saying that socio-demographic variables of hypertensive patient such as Age, Gender, Educational status, Family

income, Diet and Occupation were found to have no significant association with pre-test knowledge scores.

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Nil

Conflicts of interest:

There are no conflicts of interest.

ABBREVIATION: CVA-Cerebrovascular Accident, DM- Diabetes Mellitus, TIA-Transient Ischemic Attack, BP-Blood pressure, CCF- Congestive Cardiac Failure.

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