



ASSESS THE LEVEL OF KNOWLEDGE ON HOME CARE MANAGEMENT OF CVA AMONG CARE GIVERS WITH A VIEW TO DEVELOP TEACHING MODULE AT BBH, KOLLAM

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ABSTRACT

Subject: A descriptive study to assess the level of knowledge on home care management of CVA among care givers with a view to develop teaching module at BBH, Kollam. The objectives of the study were to develop a teaching module on home care management among care givers of patients with CVA and to find the association between level of knowledge on home care management among care givers with selected demographic variables like age, gender, socio economic status, education.

Methods: Quantitative research approach was selected with descriptive design. Purposive sampling was used, with a sample size of 50 care givers of CVA patient in Bishop Benziger Hospital Kollam. Researcher assessed the knowledge using multiple choice questions related to knowledge regarding home care management about CVA.

Result: Findings of the study were that 14% of the care givers had poor knowledge, 48% had average knowledge and 38% had good knowledge. There was no association between knowledge and selected demographic variables such as gender, occupation, education, socio economic status, diet, habit and source of information.

Conclusion: The present study suggested the need for developing teaching module for home care management of CVA among care givers.

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INTRODUCTION

It is terms like “The Golden Hour” and “The Platinum Ten Minutes” that typify the importance of Emergency medical Services all over the world. Among the medical emergencies, Stroke is reported to take a life every five seconds worldwide. According to the World Health Organization, 15 million people suffer stroke worldwide each year. Of these, 5 million die and another 5 million are permanently disabled. Stroke is the second single most common cause of death in the world causing 6.7 million deaths each year. “Cerebrovascular accident is also referred to as stroke is the sudden death of some brain cells due to lack of oxygen when the blood flow to the brain is impaired by blockage or rupture of an artery to the brain”. Stroke is a common disabling disease requiring the involvement of family caregivers’ for patients’ successful rehabilitation and monitoring of stroke patients has become an important step in stroke care.

Stroke care is complex and covers a whole spectrum of care including acute care, rehabilitation and long-term care with in-hospital, outpatient and community-based care. Because of all these different types of care; stroke care is multidisciplinary and the integration of care is of particular concern. The inclusion of a high standard of stroke care training for all

primary care givers would draw attention to the specific needs of these patients and knowledge could initiate confidently and responsibly to ensure better outcomes. Teaching effective problem-solving skills to family caregivers of patients with stroke has been shown to be useful for promoting physical and psychosocial well-being.

TamylinBakas, and Joan K Austin (2002) was conducted a study to determine the self-reported needs, concerns, strategies, and advice of family caregivers of stroke survivors during the first 6 months after hospital discharge. The sample size were 14 female family caregivers of stroke survivors (8 African American, 6 white) .They were interviewed with open ended questions. Findings revealed five major categories of caregiver needs and concerns: information, emotions and behaviours, physical care, instrumental care, and personal responses to caregiving. Based on the findings, an initial needs and concerns checklist was developed, along with a list of caregiver strategies and advice. Upon further testing, the needs and concerns checklist, as well as the list of strategies and advice, may help to identify relevant areas for caregiver intervention.

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MATERIALS AND METHODS

The main study was conducted in BICU of Bishop Benziger Hospital, Kollam. The data collection period extended from 16.10.17 to 04.11.17. Clearance certificate was obtained from the institutional ethics committee of Bishop Benziger College of Nursing, Kollam. A formal permission was obtained from the administrator of the BBH before data collection. Samples were selected by using purposive sampling criteria. The researchers introduced them self and provided a brief introduction about research and a written informed consent was obtained from the relatives of stroke patients. Baseline data was collected from the participants. Then the knowledge was assessed by using structured questionnaire. The data collection was terminated by thanking the participants for their co-operation. The data collected was then compiled for analysis.

RESULT

The data was analysed using descriptive statistics on the basis of the hypotheses of the study.

A majority 70% of the sample were males and 30% of sample were females. 10% of the sample were illiterate, 56% of the sample were having school level education, 20% of the sample were undergraduate and 14% of sample were having PG level education.

60% of the sample were unemployed and 40% were employed. 18% of the sample had <2000 per month, 24% of the sample were having 2001-5000 monthly income, 34% of the sample were having 5001-10000 and 24% of sample were having >10000 per month. 84% of the sample were Non vegetarians and 14% were Vegetarian. 80% of the sample did not have any unhealthy habits, 6% of the sample were smokers, 10% of the sample had Alcoholism and only 4% of sample had both smoking and alcoholism habit.

24% of the sample got information through media, 6% of the sample got through Health Talk, 10% of the sample got information from peer group and 60% of the sample got information through all of the above source.

| Sl. No. | Knowledge Score | No. of Care Givers | Percentage | Mean |
|---------|-------------------|--------------------|------------|------|
| 1 | 0 - 10 (Poor) | 7 | 14 | 9.4 |
| 2 | 11 - 15 (Average) | 24 | 48 | |
| 3 | 16 -20 (Good) | 19 | 38 | |

A negotiable majority of 48% of the sample had average knowledge, 38% had good knowledge and 14% had poor knowledge.

DISCUSSION

Demographic data

The data analysed showed that good majority of the 70% of sample were males and 30% were females. A majority of 84% of the sample were Non vegetarians and 14% were Vegetarians. 80% of the sample were not having any unhealthy habits, 6% of the sample were having smoking, 10% of the sample were having Alcoholism and 4% of sample were having both smoking and alcoholism. 24% of the sample got information through media, 6% of the sample got through Health Talk, 10% of the sample got information from peer group and 60% of the sample were got information through all of the above source

Description of level of Knowledge on home care management of CVA among care givers

The study result showed that 14% of the care givers have poor knowledge, 48% have average knowledge and 38% have good knowledge.

The findings of the present study was supported by a quasi-experimental study with pre-test, posttest design on Effectiveness of Demonstration Regarding Feeding of Hemiplegia Patient among Caregivers. The study was conducted among 60 study subjects, 30 each for oral feeding group and nasogastric tube feeding group. In the oral feeding group, pre-test phase the mean of the scores was 17.36, whereas in the post-test phase the mean of the score was 35.70. In the nasogastric tube feeding pre-test phase the mean of the scores was 14.26, whereas in the post-test phase the mean of the score was 32.96. The post-test score of both the groups is significant at $P < 0.05$, which clearly indicates that there has been an increase in the knowledge level of caregivers regarding feeding technique after the demonstration.

Association between knowledge score with demographic variables

There is no association between knowledge and selected demographic variables such as Gender, occupation, education, Socio economic Status, Diet, Habit and Source of information. The findings of the present study was supported by a study conducted on awareness of stroke among elderly public in Eastern India, revealed that out of a study population of 418, 57.2% were male and 42.8% were female. Among them 33.0% were unaware of any stroke symptoms and 49.8% were unaware of any stroke risk factors. On multiple regression analysis, higher income, Hindu religion and urban residence were associated with better knowledge of stroke symptoms; and male gender, higher education and higher income were associated with better knowledge of stroke risk factors. Close to two fifths of the respondents were reluctant to seek medical assistance in response to anticipatory stroke symptoms

CONCLUSION

The present study suggests there is a need of educational intervention among care givers on home care management of CVA so that their knowledge can be accelerated which in turn will improve the quality of patient care in home settings. With such a view a teaching module was developed and given to BBH. The limitation of the present study was that the study did not have a control group hence the results of the study must be generalized with caution.

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