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A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED INSTRUCTIONAL MODULE (SIM) REGARDING CARE OF STROKE PATIENTS AMONG PRIMARY GIVERS IN SELECTED HOSPITALS GWALIOR

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Abstract: A quasi experimental approach with one group pre-test, post-test design was used 30 stroke patients among primary care givers, patients full filling the inclusive criteria, selected by purposive sampling. Tool used was structured interview schedule. The mean post-test knowledge score of the patients was more than the mean pre- test knowledge score, (p value=0.000) the stroke patient primary care giver knowledge with a extraneous variable during pre-test and post-test using Pearson chi-square test was significant ('p' value <0.001) related to all criteria in SIM, SIM was effective in improving knowledge among primary care givers of the stroke patient This study is provided with specific evidence based knowledge for rendering comprehensive care to the stroke patient and improves primary care givers knowledge.

Keywords: experimental, post-test, patients, pre-test.

I. INTRODUCTION

A stroke, or cerebrovascular accident (CVA), is the rapid loss of brain function(s) due to disturbance in the blood supply to the brain. Stroke is the third leading cause of death in the United States. According to the WHO More than 140,000 people die each year from stroke in the United States⁴. Strokes can and do occur at any age percent. Surveys on stroke were conducted from different parts of India. During the last decade The greatest challenges for the patient and care givers occur after the patient has survived from the initial acute stroke period. The patient and family need to be included in all explanations of interventions and procedures, as well as to be provided with realistic appraisals of the patient's future status and deficits Support by family members or care givers are critical to achieving the best possible long-term outcome for individuals with disabilities⁵. It is important to provide education and training to caregivers so that they should provide better care to their patients.

According to the WHO

Each year, approximately 795,000 people suffer a stroke. About 600,000 of these are first attacks, and 185,000 are recurrent attacks. Nearly three-quarters of all strokes occur in people over the age of 65. The risk of having a stroke more than doubles each decade after the age of 55.

Stroke death rates are higher for African-Americans than for whites, even at younger ages.



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Stroke mortality for 2005 was 137,000. From 1995–2005, the stroke death rate fell ~30 percent and the actual number of stroke deaths declined ~14 percent. Surveys on stroke were conducted from different parts of India.

According to Madhya Pradesh health department In 2012, from a total of 23,312 available death records at Bhopal, Indore, Jabalpur, 1,690 (7.5%) deaths could be categorized as probably due to stroke.

II. METHODOLOGY

■ Research Design: Pre-experimental one group pre-test, post-test design

■ **Approach:** Descriptive and evaluative approach

■ **Setting: J.**A group of hospitals and civil hospital Morar

■ **Population:** primary care givers of stroke patients in selected Hospitals, Gwalior (M.P)

■ Sample Size: 30 primary care givers

■ Sampling Technique: Purposive sampling or judgemental sampling

Result: Analysis of knowledge scores n = 30

Descriptive Statistic	Total (Pre-test)	Total (Post-test)
Range	8-22	19-33
Mean	15.00	25.23
Median	15.00	24.00
SD	4.12	3.68

■ The mean \pm standard deviation of pretest knowledge score of 30 respondents studied is 15 \pm 4.12 which range between 8-22 with a median of 15, whereas post-test knowledge score is 25.23 \pm 3.68 which ranges between 19-33 with a median of 24.00

■ Comparison of knowledge scores between pre-test and post-test of respondents.

	Pre-test		Post-test			
Aspects	Mean	SD	Mean	SD	t-value	P-value
Meaning and definition of stroke	0.80	0.81	1.93	0.25	7.577	<0.001(S)
Causes and types of Stroke and risk factors	1.37	0.96	1.67	0.99	1.201	>0.234(NS)
of the stroke						
Sign and symptoms of stroke	2.20	1.10	2.83	0.99	2.726	<0.011(S)
Physical Therapy	1.50	1.31	3.37	1.25	6.911	<0.001(S)
Communication	2.10	1.21	3.77	1.07	6.906	<0.001(S)
Nutrition	2.37	1.35	4.07	0.91	6.567	<0.001(S)
Self care	2.50	1.17	3.80	1.10	4.510	<0.001(S)
Complication and its prevention	2.17	1.26	3.80	0.85	5.977	<0.001(S)
Total	15.00	4.12	25.23	3.68	13.094	<0.001(S)

■ *P-value is considered significant whenever $p \le 0.05$.

Summary of analysis of association between selected demographic variables and the pre-test knowledge score of respondents

Variable	Category	Pre-test Score		Chi square	df	Critical	p-value*
		Below	Above	Value**		value	
		median	median				
	<35	4	6.00				
Age (yrs)	>35	13	7.00	Fisher's exact probability = 0.55 (Ns)			
	Male	7	4.00				
Gender	Female	10	9.00	Fisher's exact p	robabilit	y = 0.266 (Ns)
	Wife	8	5.00				



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Relationship	Husband	5	2.00	1.878	2	5.99	>0.391(NS)
	Others	4	6.00				
Type of	Nuclear	6	4.00				
family	Joint	11	9.00	Fisher's exact probability =1.0 (Ns)			
	Secondary	7	4.00				
Educational	PUC	5	3.00	0.892	2	5.99	>0.640
qualification	Degree/PG	5	6.00				(NS)
	House wife	5	2.00				
	Private	7	4.00				
Occupation	employee			2.278	3	7.82	>0.517
	Govt.	2	4.00				(NS)
	Employee						
	Business	3	3.00				
	Urban	5	5.00				
Exposure to	hospital			0.645	3	7.82	>0.886
health	Private	3	3.00				(NS)
education	Hospital						
	PHC	5	3.00				
	Polyclinic	4	2.00				
Previous	Yes	3	1.00	Fisher's exact p	orobabilit	$y = 0.2\overline{66 \text{ (Ns)}}$	
	No	14	12.00				
Structured	Yes	4	4.00	Fisher's exact p	orobabilit	y = 0.266 (Ns)	
experience	No	13	9.00				

- *P-value is considered significant whenever $p \le 0.05$.
- Summary of analysis of association between selected demographic variables and the post-test knowledge score of respondents

Variable	Category Pre-test Score		Score	Chi square	df	Critical	p-value*
		Below median	Above median	Value**		value	_
	<35	6	4.00				
Age (yrs)	>35	12	8.00	Fisher's exac	t probab	ility = 1.0(N	s)
	Male	5	6.00				
Gender	Female	13	6.00	Fisher's exac	t probab	ility = 0.266	(Ns)
	Wife	8	5.00				
Relationship	Husband	4	3.00	0.037	2	5.99	>0.982(NS)
	Others	6	4.00				
Type of family	Nuclear	6	4.00				
	Joint	12	8.00	Fisher's exac	t probab	ility = 1.0 (N	s)
Educational	Secondary	9	2.00	4.763			
qualification	and below				2	5.99	>0.092 (NS)
	PUC	5	3.00				
	Degree/PG	4	7.00				
	House wife	5	2.00				
	Private	8	3.00				
Occupation	employee			3.151	3	7.82	>0.369 (NS)
	Govt.	3	3.00				
	Employee						
	Business	2	4.00				
	Urban	4	6.00				
Exposure to	hospital			4.028	3	7.82	>0.258 (NS)
health	Private	3	3.00				
education	Hospital						
	PHC	6	2.00				
	Polyclinic	4	2.00				



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Previous	Yes	1	3.00	Fisher's exact probability = 0.274 (Ns)
	No	17	9.00	
Structured	Yes	2	6.00	Fisher's exact probability = 0.034 (Ns)
experience	No	16	6.00	

■ *P-value is considered significant whenever $p \le 0.05$.

III. DISCUSSION

The study was conduct in JA group of hospitals and civil hospital morar. A structured self-administered questionnaire selected for the study on the basis of the objectives. The Self Instructional Module was administered to the subjects after the pre-test after which post test was conducted. The research design adopted for this study was one group pre-test after post test was conducted. The research design adopted for this study was one group pre-test post-test design, purposive sampling technique was used to select 30 primary care givers of stroke patient. The mean knowledge score was 40%, in the aspect of causes, type of the stroke and risk factor of the stroke the mean knowledge scores was 55% in the aspect of physical therapy the mean knowledge scores was 25% in the aspect of communication the mean knowledge scores was 35% in the aspect of nutrition the mean knowledge score was 30.44% in the aspect of self-care the mean knowledge score was 41.67% in the aspect of complication and its prevention 36.11%. The total mean pre-test knowledge scores was 37.50% with standard deviation of ± 4.12 and post-test knowledge scores of 63.08% the improvement mean score for overall knowledge was 68.2% with t-value 13.094 statistically significant at p<0.01.

Comparison of knowledge score between pre-test and post-test of respondents in all aspects reveals that total pretest mean \pm standard deviation 15 \pm 4.12 and post-test mean \pm standard deviation 25.23 \pm 3.68. the t-value of total all aspects is 13.094 whereas p-value is <0.001(s) significant

IV. SUMMARY

This chapter dealt with the conclusion drawn based on analysis and interpretation of data collected from respondents of the study. Therefore, It is concluded that Self Instructional Module on care of the stroke patient was effective in terms of increasing the knowledge of the primary care givers.