"A Study To Assess The Effectiveness Of Planned Teaching Programme On Knowledge Regarding Prevention Of Osteoarthritis Among Aged People Residing In Old Age Home At Hassan Karnataka".

ASHISH DAVID & *SHRITI DAVID

M.Sc. Nursing (medical surgical nursing)
Department of nursing officer in LNJP hospital,delhi gate,new Delhi(INDIA)
* Department of nursing, kailash institute of nursing,knowlwdge park- 3,Grator noida,U.P.(INDIA)
Corresponding Address: Mrs Shriti David, H.No. 774/28, RFZ, Gali No. 14, F-Block, Rajnagar Extension, Near Bagdola Mother Dairy, Dwarka Sector 8, New Delhi – 110077, Mobile No. 9971813437,

Abstract

Aging begins the moment a person is born. A child develops and matures into an adult. The person begins a decline in function that leads to various physical problems and one of them is osteoarthritis. Osteoarthritis is a problem of joints the point at which two or more bones are connected is called joint. Osteoarthritis is a common condition in older adults, especially in women. The degree to which the mobility of older adults is impaired depend upon extend of the disease and joint affected. Joints are designed to provide flexibility, support, stability, and protection. These functions, essential for normal and painless movement, are primarily supplied by specific parts of the joint: the synovium and cartilage

Date of Submission: 14-11-2022 Date of Acceptance: 28-11-2022

I. Introduction:

To assess the knowledge on prevention of osteoarthritis before implementation of planned teaching programme in selected samples. To asses the knowledge on prevention of osteoarthritis after the implementation of planned teaching programme. To compare the level of knowledge between pretest and posttest after given the planned teaching programme. To associate the level of knowledge on prevention of osteoarthritis with the selected demographic variables. The old age people may have lack of knowledge regarding prevention of osteoarthritis. Administration of planned teaching programme will enhance the knowledge regarding prevention of osteoarthritis. **Major findings: 1**) assess the knowledge on prevention of osteoarthritis before implementation of PTP in selected samples.in pre test the total mean of Knowledge was 12.16, SD 2.32 and mean percentage 40.5%, 2) asses the knowledge on prevention of osteoarthritis after the implementation of PTP. overall posttest mean knowledge was 23.40 SD is 1.21 and total percentage was 78%; 3) compare the level of knowledge between pretest and posttest after given the PTP. level of knowledge shows the pretest and posttest level of knowledge Before administration of Planned Teaching Programme 84% of aged people are having inadequate knowledge and after administration of Planned Teaching Programme 76% having adequate knowledge and 4) associate the level of knowledge on prevention of osteoarthritis with the selected demographic variables.

Limitation

- 1. The study was limited to the selected setting.
- 2. The sample size was limited to 50 old age people.

Recommendation:

- ✓ The study can be replicated as a longitudinal study with follow up.
- Comparative study can be conducted between the different age groups in different population.
- ✓ A similar study can be conducted in assessing the knowledge of the health care professionals or the nursing students regarding prevention of osteoarthritis. e.g. (Diploma, B. Sc. (N) Degree).

Osteoarthritis is a problem of joints the point at which two or more bones are connected is called joint. In all joints the bones are kept from grinding against each other by padding called cartilage. Bones are joined to bones by strong elastic bands of tissue called ligaments. Tendons are tough cord of tissue that connected muscle to bone. Muscle work in opposing pair to bend and straighten joints.

		Inadequate		Moderate			
Socio-Demographic variables		n	%	n	%	Total	Pearson chi square test
Age	50 -60 yrs	5	83.3%	1	16.7%	6	
	60 -70 yrs	29	85.3%	5	14.7%	34	χ2=0.16P=0.92 N.S
l	=>70 yrs	8	80.0%	2	20.0%	10	14.5
Sex	Male	8	88.9%	1	11.1%	9	χ2=0.20P=0.66
	Females	34	82.9%	7	17.1%	41	N.S
Religion	Hindu	38	84.4%	7	15.6%	45	χ2=0.07P=0.80
	Christian	4	80.0%	1	20.0%	5	N.S
Education	Illiterate	9	75.0%	3	25.0%	12	
	Primary school	20	87.0%	3	13.0%	23	γ2=1.67P=0.64
	High school	9	81.8%	2	18.2%	11	N.S
	PUC & above	4	100.0%			4	
Family structure	Nuclear family	33	84.6%	6	15.4%	39	χ2=0.05P=0.82 N.S
	Joint family	9	81.8%	2	18.2%	11	
Income	< Rs.5000	8	80.0%	2	20.0%	10	
	Rs.5000 -10000	9	81.8%	2	18.2%	11	χ2=0.72P=0.87
	Rs.10000 -15000	11	91.7%	1	8.3%	12	N.S
	>Rs.15000	14	82.4%	3	17.6%	17	
Residential area	Rural	16	80.0%	4	20.0%	20	χ2=0.39P=0.53 N.S
	Urban	26	86.7%	4	13.3%	30	
Source of information	TV/radio	15	93.8%	1	6.3%	16	
	News paper	3	100.0%			3	
	Books	3	60.0%	2	40.0%	5	χ2=6.04P=0.20 N.S
	Health workers	18	85.7%	3	14.3%	21	11.5
	Others	3	60.0%	2	40.0%	5	
Dietary pattern	Non Vegetarian	33	82.5%	7	17.5%	40	χ2=0.33P=0.56
	Vegetarian	9	90.0%	1	10.0%	10	N.S
Degree of activity	Moderate	27	90.0%	3	10.0%	30	
	Heavy work	15	75.0%	5	25.0%	20	χ2=2.01P=0.16 N.S

II. Methodoly-

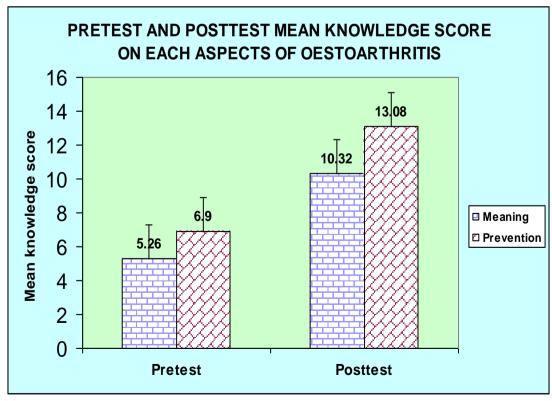
The research design adopted for this study was pre-experimental design and the research approach adopted for this study was an evaluative and an educative approach. The research design adopted for this study was pre experimental design with one group pre-test and post - test design was applied. The non probability convenient samplings were used to select the sample for the study. The sample consists of the 50 old age people those who are living in the old age home at Hassan, Karnataka. The Instrument used for the data collection structured questionnaire about the prevention of osteoarthritis. The Instrument used for the Data collection was a multiple choice questionnaire.

Table-3: Frequency and percentage distribution of socio-demographical variable

Socio-demographic variables		n	Percentage
Age	50 -60 yrs	6	12%
	60 -70 yrs	34	68%
	=>70 yrs	10	20%
Sex	Male	9	18%

	Females	41	82%
Religion	Hindu	45	90%
	Christian	5	10%
Education	Illiterate	12	24%
	Primary school	23	46%
	High school	11	22%
	PUC & above	4	8%
Family structure	Nuclear family	39	78%
	Joint family	11	22%
Income	< Rs.5000	10	20%
	Rs.5000 -10000	11	22%
	Rs.10000 -15000	12	24%
	>Rs.15000	17	34%
Residential area	Rural	20	40%
	Urban	30	60%
Source of information	TV/radio	16	32%
	News paper	3	6%
	Books	5	10%
	Health workers	21	42%
	Others	5	10%
Dietary pattern	Non Vegetarian	40	80%
	Vegetarian	10	20%
Degree of activity	Moderate	30	60%
	Heavy work	20	40%

N=50

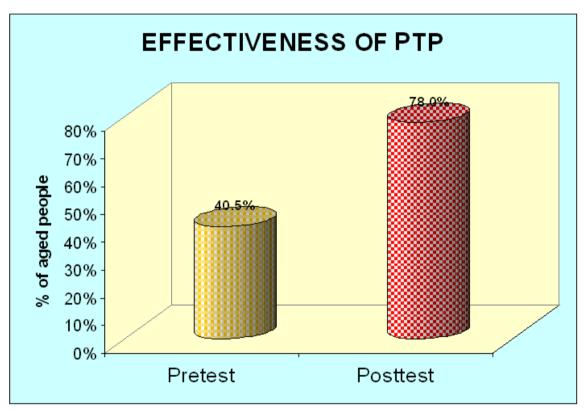


Results: Bar diagram shows the knowledge on prevention of osteoarthritis before & after Planned Teaching Programme.

Knowledge gain after planned teaching programme.

knowledge assessment	% of Pretest knowledge	% of Posttest knowledge	%of knowledge gain
Meaning of osteoarthritis.	40.5%	79.4%	38.9%
Prevention of osteoarthritis.	40.6%	76.9%	36.3%

Table shows the knowledge gain after the planned teaching programme. Old aged people gained the maximum knowledge on "meaning of osteoarthritis" in pretest is 40.5% and in posttest 79.4%. Now the knowledge gain after planned teaching programme is 38.9%. Same as in relation to "prevention of osteoarthritis" old aged people gained the maximum knowledge in pretest 40.6% and in posttest 76.9%. Now the knowledge gain after planned teaching programme is 36.3%.



cylinder diagram shows the effectiveness of planned teaching prograam

III. Discussion

This chapter discusses the major findings of the study and reviews them in relation to findings from the results of other studies. The main aim of the study was to evaluate the effectiveness of planned teaching program on knowledge regarding prevention of osteoarthritis among old age people.

In pretest 42 patients are having inadequate knowledge and 8 persons are having moderate knowledge. In posttest 12 persons are having moderate knowledge and 38 persons are having adequate knowledge. Out of 42 inadequate knowledge persons, 9 persons were move to moderate level and 33 moves to adequate level of knowledge. Out of 8 moderate knowledge persons in pretest, 3 persons were move to moderate level and 5 persons move to adequate level of knowledge. Improvement of Pretest and posttest level of knowledge was calculated using Extended McNemar's chi-square test.

IV. Conclusion

In the pre-test finding of the study showed that 40.5% of knowledge regarding the meaning and prevention of osteoarthritis. In the post test finding was 78% of knowledge. The difference assessed was 37.5% between pretest and post-test level of knowledge.

Reference

- [1] Linda Anne silvestri, text book of comprehensive review for the NclexRn, Publication Elsevier, 3ed edition, USA 2005:(12) 1010-1011.
- [2] Potter & Perry, text book of fundamental of nursing, Publication Elsevier, 6th edition, USA 2005, 240-251.
- [3] American Academy of Orthopaedic Improving Musculoskeletal Care in America, AAOS Osteoarthritis of the Knee Fact Sheet, USA 2004, www.arthritis.org
- [4] National Institute of Arthritis and Musculoskeletal and Skin Diseases, UK 2005-2006, www.niams.nih.gov
- [5] Lawrence RC, Felson DT, Helmick CG, et al. Estimates of the arthritis and other rheumatic conditions in the United States. Part II. Arthritis Rheum 2008; 58(1):26.
- [6] Harris ED Jr., Barnett GD, Budd RC, et al., eds. Kelley's Textbook of Rheumatology, 7th ed. Philadelphia, PA: Saunders; 2005.
- [7] Langston AL, Johnston M, University of Aberdeen, langston@abdn.ac.uk Health Serve Res UK 2006 Jun 8; 6:71.
- [8] Hunter DJ relationship of knee height and chances of development of osteoarthritis USA, orthosupersite.com/view.asp, 2005 Apr; 32(4).
- [9] Heijbel B, Josephson M, Jensen I, Vanguards, Employer insurance and health system response to long-term sick leave in the public sector: policy implications. Sweden bodil.heijbel@cns.ki.se 2005 Jun;15(2):167-76.
- [10] Lohmander LS, Ostenberg A, Lund University, High prevalence of knee osteoarthritis, and functional limitations in female soccer players twelve years after anterior cruciate ligament injury. Sweden 2004 Oct; 50(10):3145-52.
- [11] Rohit Mehara, Bachavat jain. Suppression of elevated cartilage turnover in postmenopausal women by estrogen and a selective estrogen-receptor modulator (SERM). Indian institute of orthopedics, Goa, India. Menopause. 2004 Sep -Oct; 11(5):508-18.
- [12] March LM, Bagga H. Professorial Department of Rheumatology, and Royal North Shore Epidemiology of osteoarthritis in Australia, Hospital, St. Leonards, Australia lynmar@med.usyd.edu.au Med J Aust. 2004 Mar 1; 180(5 Suppl):S6-10.
- [13] Goldy JK, Nitesh Sharma, Kishor Trivedi, Department of Biomedical, The University of medicine, Patient-specific finite element analysis of chronic contact of infectious disease exposure Calcutta Orthop Res. 2003 Aug;26(8):1039-45.
- [14] Suresh KM, Gajendra singh, Department of orthopedics, knee malalignment increase the risk of development and progression of knee osteoarthritis, Delhi, India. 2003 Apr15; 61(4):459-67.
- [15] Zhonghua Wai Ke Za Department of Traumatology and Orthopaedics, Complications of operative treatment of acetabular fractures Beijing Jishitan Hospital, Beijing100035, China. 2003 May;41(5):342-5.
- [16] Yamada, Department of orthopedics, find out the relation between increase age and affect on cartilage USA Orthot Int. 2002 Jun;33(2):173-8.
- [17] Stone J, department of orthopedic, effect of hysterectomy and development of osteoarthritis in women, Orthop. Germany, 2001 Aug; 33(4):1155-64
- [18] Frohnauer A, Neff A, Knechtle, Department of Orthopaedic surgery, University of medical sciences, running increase the risk of osteoarthritis, 2004 Aug30;95(35):1305-16.
- [19] Polit D. and Hungler B.P. Nursing Research- Principles and Methods.6th edition, US, J.B. Lippincott 1999; 155-171.

ASHISH DAVID, et. al. "A Study To Assess The Effectiveness Of Planned Teaching Programme On Knowledge Regarding Prevention Of Osteoarthritis Among Aged People Residing In Old Age Home At Hassan Karnataka." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 11(6), 2022, pp. 28-32