A Study To Evaluate The Effectiveness Of Structured Teaching Programme On Knowledge On Life Style Practices Of Patients Suffering From Hypertension At Selected Hospitals In Jaipur (Raj.)

Kailash Chandra Saini

ABSTRACT

The WHO has identified hypertension, or high blood pressure, as the leading cause of cardiovascular mortality. The world hypertension league (WHL) an umbrella organization of 85 national hypertension societies and leagues, recognized that more than 50% of hypertension population worldwide are unaware of their condition. To address this problem the world hypertension league initiated a global awareness campaign on hypertension in 2005 and dedicated May 17 of each year as world Hypertension Day. The main of study was evaluate the effectiveness of structured teaching programme on knowledge on life style practices of patients suffering from hypertension at selected hospitals in Jaipur (Raj). The research approach adopted for the study evaluative method. Pre experimental research design was used. Sample select for the study was 100 patients suffering from hypertension. Purposive sampling technique was used. The study result showed that the value in all aspects of knowledge so we can say that the structured teaching programme regarding life style practice of hypertension can enhance the knowledge of patients. Because there was difference between the pre-test mean score post-test mean score. It means that the structured teaching programme regarding life style practice of hypertension is effective to improve the knowledge of patients suffering from hypertension. This indicates that structured teaching program helps to improve the on knowledge on life style practices of patients suffering from hypertension.

KEY WORDS: Patient’s Knowledge, Practice, Hypertension, Structured Teaching Program.
INTRODUCTION

The WHO Hypertension, or high cholesterol, has been recognised as the primary cause of cardiovascular death. More than half of the world's hypertension population is uninformed of their disease, according to the World Pressure League (WHL), an umbrella organisation comprising 85 national hypertension organisations and leagues. To address this issue, the World Hypertension League launched a worldwide hypertension awareness campaign in 2005 and declared May 17th as World Hypertension Day. Over the last three years, more national organizations have been involved in international cooperation. World Hypertension Day and have been innovative in their activities to get the message to the public. In 2015 there was record participation from 47 member countries of World Hypertension League. During the week of World Hypertension On World Hypertension Day, all of these nations, in collaboration with the local governments, professional societies, nonprofit organisations, and corporate sectors, raised public awareness about hypertension via a variety of media and public rallies. The message reached over 250 million individuals through mainstream media such as the internet and television. The World Hypertension League is certain that almost all of the projected 1.5 billion individuals afflicted by high blood pressure may be reached as the momentum grows year after year.¹

Hypertension continues to be the leading cause of cardiovascular mortality such as heart attacks. High blood pressure is linked to a higher risk of atherosclerosis, stroke, and nephropathy, peripheral vascular disease, aortic aneurysm and heart failure. If hypertension is not treated, around half of hypertensive patients would die of heart disease, one-third of hypertension will die of stroke, and the remaining 10-15% will die of kidney failure. In the aetiology of many deaths due to stroke or heart disease, hypertension is indeed a silent killer.²

The normal blood pressure reading is 120/80 mmHg, with 120 representing the systolic reading and 80 representing the diastolic reading. Blood pressure of more than 140/90 mmHg is referred to as hypertension.³

Primary (essential) hypertension and secondary hypertension are the two types of hypertension; roughly 90-95 percent of cases are classed as "Primary Hypertension," which is high blood pressure with no clear medical explanation. Other disorders that impact all other systems produce the remaining 5-10% of instances (secondary hypertension). When only the
systolic BP number is high it is called isolated systolic hypertension which is common in older adults.⁴

**NEED OF STUDY**

Control and control of contagious illnesses were focused until recently. In light of escalating trends, public focus has recently switched to the control and prevention of no communicable illnesses such as stroke, hypertension, and coronary artery disease.⁵

A number of studies have demonstrated that interventions aimed at changing these modifiable factors might decrease blood pressure and even prevent the development of hypertension.⁶

Hypertension is a major medical and public health issue. Hypertension is a sign it is most likely to have many causes to occur hypertension. According to a national survey 31% of people who had pressure exceeding were unaware of their evaluated people.⁷

According to current estimates, roughly one out of every three persons in the United States has excessive blood pressure. The prevalence rate is 32 percent in the United States and 22 percent in Canada, respectively. Hypertension is more common in the South Eastern United States, especially among African Americans.⁸

According to study performed in India, hypertension affects roughly 25% of individuals in cities and 10% of adults in rural regions. India's total prevalence of hypertension is believed to be 66 million people.⁸

A study on knowledge of Hypertension Guidelines Recommendations Reflected in Their Practice. The study concluded In the pharmacotherapy of simple hypertension, high blood pressure with left ventricular hypertrophy, renal illness, and diabetes mellitus, a gap between guidelines recommendations and practice was seen.⁹

A cross sectional study on The duties, training, and understanding of community health workers in Khayelitsha, Cape Town, regarding diabetes and hypertension. According to the findings, only 52% of CHWs had received formal NCD-related training, and fewer than half of those who had received training (n = 35; 44%) had attended follow-up refresher training. Diabetes and hypertension were not well-understood by CHWs. If society NCD management is to be effective, they must be improved.¹⁰
the main of the study to evaluate the effectiveness of structured teaching programme on knowledge on life style practices of patients suffering from hypertension at selected hospitals in Jaipur (Raj.)

**METHODOLOGY:** Evaluative research was considered because of the nature of the topic chosen for the study and the goal to be achieved. The study's goal was to analyses individuals with hypertension's pre- and post-test knowledge of healthy lifestyle habits. Assess the efficacy of a structured training programme in terms of patient understanding of hypertension-related lifestyle habits. To find association of the knowledge of life style practice of the patients suffering from hypertension with their selected demographic variables.

A pre experimental research design is best suitable, as it is used to examine characters of a single sample. This study was conducted in Shri Nidaan Hospital, Jaipur. The target population in the present study includes patients suffering from hypertension admitted in Shri Nidaan Hospital, Jaipur. The sample select for the study was 100 patients suffering from hypertension. If subjects were discovered engaged in their emergency service even after earlier appointments, effort was made not to disturb them and appropriate time was taken. Interviewing the individuals was used to fill out the study instrument. Frequency and percentage were used to characterize the sample characteristics. The efficacy of organized education was evaluated using Pearson's co-relation coefficient. The instrument's content reliability and validity were assessed, and the results indicated that now the tool was trustworthy. The pilot research was conducted on 20 samples, and it was determined that the study would be possible for the final study.

The data were analyzed using descriptive & inferential in order to meet the study's goal. The data analysis strategy was created with the help of professionals in the fields of nursing and statistics.

**RESULTS:**

**COMPARISON OF PRE TEST AND POST TEST LEVEL OF KNOWLEDGE REGARDING LIFE STYLE PRACTICES OF HYPERTENSION OF PATIENTS SUFFERING FROM HYPERTENSION.**
a) **Comparison Of Pre Test And Post Test Knowledge Score Of Patients Suffering From Hypertension**

Table – 1: Comparison Of Pre Test And Post Test Level Knowledge

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Level Of Knowledge</th>
<th>Pre Test</th>
<th>Post Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>1.</td>
<td>Poor (&lt; 50%)</td>
<td>49</td>
<td>49%</td>
</tr>
<tr>
<td>2.</td>
<td>Average (50 to 65%)</td>
<td>46</td>
<td>46%</td>
</tr>
<tr>
<td>3.</td>
<td>Good (&gt;65%)</td>
<td>05</td>
<td>5%</td>
</tr>
</tbody>
</table>

Figure No. 1: Cylinder Diagram Showing Comparison Of Pre Test And Post Test Level Of Knowledge

b) **Area Wise Pre Test Knowledge Score Of Patients**

Table – 2: Area Wise Pre Test Knowledge Score

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Aspect Of Knowledge</th>
<th>Max. Score</th>
<th>Mean</th>
<th>Median</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Questions related to</td>
<td>13</td>
<td>6.76</td>
<td>7</td>
<td>1.26</td>
</tr>
</tbody>
</table>
Area wise pre test knowledge score of patients regarding lifestyle practices of patients suffering from hypertension. The knowledge assess through the structured knowledge questionnaire. The structured knowledge questionnaire consists of three parts that is questions related to concept of hypertension, questions related to causes and clinical manifestation of hypertension and questions related to management and prevention of hypertension. The mean, median and standard deviation of first part that was related to concept of hypertension, were 6.76, 7 and 1.26 respectively. Regarding causes and clinical manifestation of hypertension, mean, median and standard deviation were 4.72, 5 and 0.99 respectively. About management and prevention of hypertension the mean, median and standard deviation was 6.25, 6 and 1.14.

c) Area Wise Post Test Knowledge Score Of Patients

Table – 3: Area wise post-test knowledge score

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Aspect Of Knowledge</th>
<th>Max. Score</th>
<th>Mean</th>
<th>Median</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Questions related to concept of hypertension</td>
<td>13</td>
<td>11.36</td>
<td>12</td>
<td>1.06</td>
</tr>
<tr>
<td>2.</td>
<td>Questions related to causes and clinical</td>
<td>09</td>
<td>8</td>
<td>8</td>
<td>0.78</td>
</tr>
</tbody>
</table>
The area wise post test knowledge score of patients regarding life style practices of patients suffering from hypertension. The knowledge assess through the structured knowledge questionnaire. The structured knowledge questionnaire consists of three parts that is questions related to concept of hypertension, questions related to causes and clinical manifestation of hypertension and questions related to management and prevention of hypertension. The mean, median and standard deviation of first part that was related to concept of hypertension, were 11.36, 12 and 1.06 respectively. Regarding causes and clinical manifestation of hypertension, mean, median and standard deviation were 8, 8 and 0.78 respectively. About management and prevention of hypertension the mean, median and standard deviation was 10.52, 11 and 0.89.

Evaluate The Effectiveness Of Structured Teaching Programme By Comparing Pre Test And Post Test Knowledge Score Of Patients Suffering From Hypertension Regarding Life Style Practices Of Hypertension.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Aspect Of Knowledge</th>
<th>Pre Test</th>
<th>Post Test</th>
<th>Mean Difference</th>
<th>T Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td>Median</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>1.</td>
<td>Questions related to concept of hypertension</td>
<td>6.76</td>
<td>7</td>
<td>1.26</td>
<td>11.36</td>
</tr>
</tbody>
</table>
The mean median standard deviation, mean difference and ‘t’ value of pre test and post test as per aspect of knowledge area.

The pre tests mean of part I that is related to concept of hypertension is 6.76 while post test mean is 11.36 with 4.6 mean difference. The pre test median is 7 while post test median is 12. The SD for pre test is 1.26 whereas post test SD is 1.06. The t value is the 28.06.

The pre tests mean of part II that is related to causes and clinical manifestations of hypertension is 4.72 while post test mean is 8 with 3.28 mean difference. The pre test median is 5 while post test median is 8. The SD for pre test is 0.99 whereas post test SD is 0.78. The t value is the 25.95.

The pre tests mean of part III that is related to management and prevention of hypertension is 6.25 while post test mean is 10.52 with 4.27 mean difference. The pre test median is 6 while post test median is 11. The SD for pre test is 1.14 whereas post test SD is 0.89. The t value is the 31.01.
The overall mean of pre test score is 17.73 whereas the mean of post test score is 29.88 with 12.15 mean differences. The median of pre test score is 18 and the median of post test score is 30 and the standard deviation of pre test was 1.96 whereas in post test the standard deviation was 1.52. The t value is 49.32. The tabulated value of ‘t’ is 1.96 at the 0.05 level of significance on 99 degree of freedom. The calculated value is higher than the tabulated value in all aspects of knowledge so we can say that the structured teaching programme regarding life style practice of hypertension can enhance the knowledge of patients. It means that the structured teaching programme regarding life style practice of hypertension is effective to improve the knowledge of patients suffering from hypertension.

The hypothesis $H_1$ that was significant difference between pre test and post test level of knowledge score regarding life style practice among hypertensive patients is accepted.

DISCUSSION: The study aimed at determining the evaluate the effectiveness of structured teaching programme on knowledge on life style practices of patients suffering from hypertension at selected hospitals in Jaipur (Raj.). A pre experimental research design is best suitable, as it is used to examine characters of a single sample. This study was conducted in Shri Nidaan Hospital, Jaipur. The target population in the present study includes patients suffering from hypertension admitted in Shri Nidaan Hospital, Jaipur. The sample select for the study was 100 patients suffering from hypertension. If subjects were discovered engaged in their emergency even after earlier appointments, care has been taken not to disturb them and appropriate time was taken. Interviewing the individuals was used to fill out the study instrument. The study result showed that the value in all aspects of knowledge so we can say that the structured teaching programme regarding life style practice of hypertension can enhance the knowledge of patients. Because there was difference between the pre-test mean score post-test mean score. It means that the structured teaching programme regarding life style practice of hypertension is effective to improve the knowledge of patients suffering from hypertension.

CONCLUSION: Hypertension is among the most frequent chronic health diseases in industrialised and developing nations, resulting in enormous worldwide responsibilities. This study conclude that In conclusion, the result indicates that the there was the structured teaching programme regarding life style practice of hypertension is effective to improve the knowledge of patients suffering from hypertension.
Conflict of Interest: The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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BIBLIOGRAPHY


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