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An experimental Study to Evaluate the Effectiveness of Planned Teaching Programme on Knowledge Regarding Prevention of Nosocomial Infection Among Staff Nurses

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Vineeta Dass

Abstract

An experimental study was conducted to evaluate the Effectiveness of Planned Teaching Programme on knowledge regarding Prevention of Nosocomial Infection among Staff Nurses working in selected hospital at Gwalior. The investigator has selected the experimental evaluative research approach. The study was conducted among Staff nurse of district hospital Morar Gwalior, MP. The random sampling technique was appropriate to the study and sample size was 40. In present study pre test –47.5% Staff Nurses have inadequate knowledge, 37.5% Staff nurses have moderate knowledge, 15% staff Nurses have adequate knowledge. In post test 37.5% Staff nurses have moderate knowledge, 70% staff Nurses have adequate knowledge and it also shows that the staff nurses having improvement in their knowledge. The analysis revealed significant association between the pre test knowledge score with demographic variables like age, qualification clinical experience during staff nurse period at the level of $p < 0.05$.

Keywords: Staff Nurses; Nosocomial Infection.

Background of the study

Modern health care has show great progress in preventing and treating infections disease. In developed countries sanitary living conditions, clean water, un contaminated food, vaccinations, and antimicrobial, unhealthy practices develop in health worker can cause death from infections disease. A nosocomial infection also called "Hospital acquired infection". As per WHO- "An infection acquired in hospital by a patient who was admitted for a reason other than that infections. An infection occurring in a patient in a hospital or other health care facility in whom the infection was not present or incubating at the time of admission. This includes infections acquired in the hospital but appearing after discharge, and also occupational infections among staff of the facility.

A prevalence survey conducted under the auspices of WHO is 55 hospitals of 14 countries

representing 4 WHO regions (Europe, Eastern Mediterranean, South-East Asia and western pacific) showed an average of 8.7% of hospital patients had nosocomial infections. At any time, over 1.4 million people world wide suffer from infections complications acquired in hospital. The hospitals in the Eastern Mediterranean and south-East Asia regions (11.8 and 10.0% respectively), with a prevalence of 7.7 and 9.0% respectively in European and Western pacific regions.

Our study in assessing the knowledge and practice of staff nurses is essential to under stand the aseptic procedure what they are doing in the hospital setting. Spread of nosocomial infections happens due to nurses and other health care providers continue to be noncompliant with the guidelines of proper hand hygiene practices. Waste disposal management also responsible for spread of nosocomial infection. Cross infection not only in between patient but also amongst staff nurses s also a result of improper aseptic technique improper waste disposal and deficient barrier nursing

Statement of the Problem

An experimental study to evaluate the effectiveness of Planned Teaching Programme on knowledge regarding Prevention of Nosocomial

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Infection among Staff Nurses working in selected hospital at Gwalior.

Accessible population

Staff nurse district hospital Morar Gwalior, MP.

Objectives of the Study

1. Assess the existing knowledge regarding prevention of nosocomial infection among staff nurses working in hospital in terms of pre test knowledge scores.
2. Determine the Effectiveness of STP by comparing pretest and post test knowledge score.
3. Find out the association between the knowledge scores regarding prevention of nosocomial infection and the selected demographic variable.

Sample technique and sample size

Random sampling, 40 sample.

Variable: Independent

Planned teaching programme.

Dependent variable

knowledge.

Tool

Structured knowledge questionnaire was used to assess the knowledge about prevention of nosocomial infection.

Methodology

Research approach

Evaluative approach.

Method of analysis

The data was collected from staff Nurses and analyzed and interpreted by descriptive and inferential statistics. Analysis was done on the objectives of the study. Descriptive and inferential statistics.

Target population

Staff nurse.

Table 1: Distribution Frequency and Percentage by Demographic Profile of Staff Nurses.
N = 40

S.No.	Category Variables	Frequency	Percentage
1	Age (in year)		
	(a) 20 – 29	13	32.2
	(b) 30 – 39	10	25.0
	(c) 40 – 49	12	30.0
	(d) Above - 49	5	12.5
2	Sex		
	(a) Male	1	2.5
	(b) Female	39	97.5
3	Position		
	(a) Ward Incharge	12	30
	(b) Staff Nurse	28	70
4	Qualification		
	(a) B.Sc. Nursing	14	35.0
	(b) Post Basic B.Sc. Nursing	0	0
	(c) GNM	26	65.0
5	Experience		
	(a) Less than 5 years	13	32.2
	(b) 6 – 10 years	12	30.0
	(c) 11 – 15 years	10	25.0
	(d) Above 15 years	5	12.5
6	Previous Information		
	(a) Conference	0	0
	(b) Workshop	12	30
	(c) Text book	13	32.5
	(d) Nursing Journal	15	37.5

Table 1 shows the frequency and percentage distribution by age that majority of the subjects 13

(32.2%) were between are group of 5 (12.5%) subject were age. The Frequency and percentage distribution

by gender that majority of the subjects 39 (97.5%) were females and only 1 (2.5%) subject were male. The Frequency and percentage distribution by staff nurses in position that majority of the subjects 28 (70%) were Staff Nurses and only 12 (30%) subject were ward in charge. The Frequency and percentage distribution by staff nurses nursing qualification that majority of the Staff Nurses 26 (65.0%) had GNM Education and only 14 (35.0%) had completed B.Sc.

Nursing. The Frequency and percentage distribution by years of experience of staff nurse that most of the subject 13 (32.2%) had less than five years experiences and 5 (12.5%) subjects had more experiences. The Frequency and percentage distribution of Staff Nurses by previous information that most of the subject 15 (37.5%) had information about prevention of nosocomial infection through the nursing Journal and 12(30%) subjects had information through workshop.

Table 2: Distribution of Level of Knowledge on Prevention of Nosocomial Infection Among Staff Nurses Pre Test Knowledge. N = 40

S.No.	Knowledge on Prevention of Nosocomial Infection	Level of Test Knowledge					
		Inadequate knowledge = 50%		Moderate Knowledge = 50-75%		Adequate knowledge above = 75%	
1	Pre test Knowledge	No 19	% 47.5	No 15	% 37.5	No 6	% 15
2	Post test knowledge	----	----	No 12	% 30%	No 28	% 70%

The table 2 shows that in pre test –47.5% Staff Nurses have inadequate knowledge, 37.5% Staff nurses have moderate knowledge, 15% staff Nurses have adequate knowledge. Knowledge of prevention of nosocomial infection. It shows that Staff nurses have

Less knowledge about prevention of nosocomial infection. The data is table shows that in post test 37.5% Staff nurses have moderate knowledge, 70% staff Nurses have adequate knowledge and it also shows that the staff nurses having improvement in their knowledge

Fig 1: Distribution Percentage Level of Knowledge on Prevention of Nosocomial Infection Among Staff Nurses Pre Test and Post-Test Level of Knowledge.

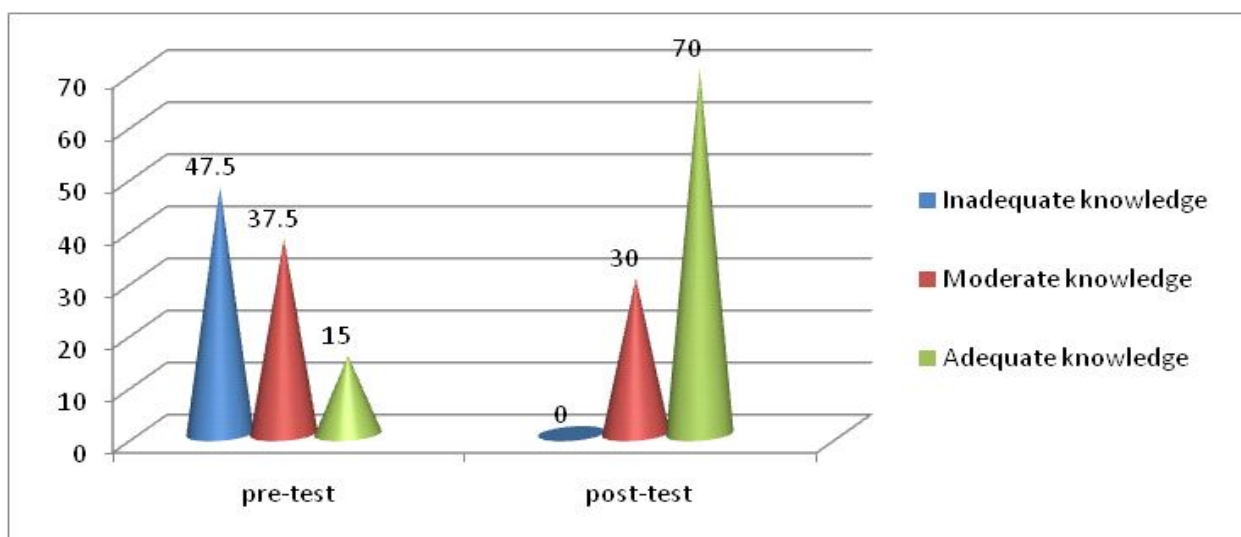


Table 3: Effectiveness of Structured Teaching Planned Through Comparison of Pre Test and Post Test Knowledge Among Staff Nurses Regarding Prevention of Nosocomial Infection.

Pre test (x) (%)	Post test (x) (%)	Effectiveness of STP E = (y-x) %
7.3	81	23.7%

Table 3 show that, the mean post test knowledge score 24.3 (81%) of staff nurses regarding prevention of nosocomial infection after structured teaching

planned had significantly higher than the mean pre test knowledge score 17.2 (57.3%) of staff nurses. The effectiveness of structured teaching planned was

Fig 2 : Comparison of Pre and Post Test Knowledge Regarding Prevention of Nosocomial Among Staff Nursing.

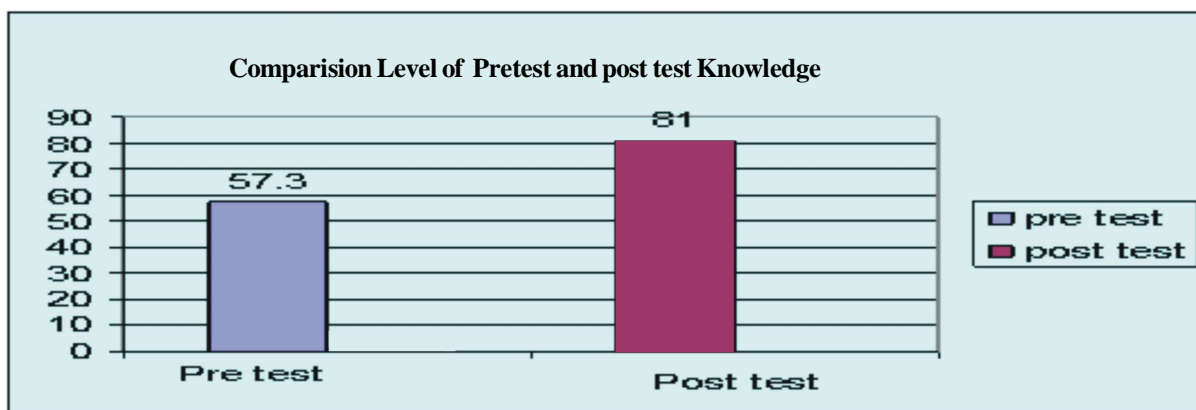


Table 4: Association Between Knowledge With Selected Demographic Variables of Staff Nurses.

Association between the pre test knowledge with selected demographic variable of staff nurses.

S.No.	Variables	Below average	Above average	Chi-square value	df	Calculated Value	Level Significance	of
1	Age (in year)							
	(e) 20 – 29	1	12					
	(f) 30 – 39	7	3	12.32	3	7.82	Significant*	
	(g) 40 – 49	8	4					
	(h) Above - 49	3	2					
2	Sex			1.12	1	3.84	NA**	
	(c) Male	1	0					
	(d) Female	18	21					
3	Position			1.72	2	5.99	NA**	
	(c) Ward Incharge	1	4					
	(d) Staff Nurse	18	17					
4	Qualification							
	(d) B.Sc. Nursing	1	13					
	(e) Post Basic B.Sc. Nursing	0	0	14.06	2	5.99	Significant*	
	(f) GNM	18	8					
5	Experience							
	(e) Less than 5 years	1	12					
	(f) 6 – 10 years	8	4	15.76	3	7.82	Significant*	
	(g) 11 – 15 years	8	2					
	(h) Above 15 years	1	4					
6	Previous Information							
	(e) Conference	0	3					
	(f) Workshop	9	11	5.82	3	7.82	NA**	
	(g) Text book	5	6					
	(h) Nursing Journal	5	1					

NA** Non significant, Significant* at $p < 0.005$ level

found as a significant 23.7% increase in the level of knowledge regarding prevention of nosocomial infection among staff nurses.

From the above table findings revealed that there was statically significant association between the pre test knowledge score with demographic variables like age, qualification clinical experience during staff nurse period at the level of $p < 0.05$ except for gender, position, previous information by using chi-square test hence the research hypothesis stated that there will be significant association between the pre test knowledge score with selected demographic

variables was accepted expect for gender ,position, previous information.

Conclusion

The present study revealed that most of the subjects 47.5% had inadequate knowledge regarding prevention of nosocomial infection in the pre test while in the post test 30% subjects had moderate knowledge and 70% subjects had adequate knowledge in the post test. Hence the above findings indicate that the planned teaching programme was

effective in increasing the knowledge of the subject regarding prevention of nosocomial infection, and it was found to be appropriate, effective and can motivate the staff nurses to enhance their knowledge.

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A Study to Assess the Empty Nest Syndrome Among Retired People

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Priti

Abstract

A descriptive study was conducted to assess the Empty Nest Syndrome among retired people. The objectives of the study were (a) To Assess the Empty Nest Syndrome among retired people in selected urban area, and (b) To find out the association between the Empty Nest Syndrome with their selected demographic variables. The sample of this study includes 100 Retired People in Urban Area of Moradabad. Purposive sampling technique was used to draw the sample for the study. The present study reveals that 23% of retired people had mild Empty Nest Syndrome, 66% had moderate Empty Nest Syndrome, and only 11% had severe Empty Nest Syndrome. There was association between Empty Nest Syndrome with their selected demographic variables. The conclusion of study is that Empty Nest Syndrome must be reduced.

Keywords: Empty nest syndrome; Retired people.

Background of the Study

'Empty Nest Syndrome', a term used to describe the psychological condition of parents when their children leave home for education, work or after marriage. The syndrome comprises of assortment of symptoms anxiety, depression emptiness, loneliness, lack of sleep, appetite, loss of purpose, feeling rejection etc. Menopausal symptoms, loss of spouse, retirement etc. makes the syndrome worse. Individuals reach their 60s and 70s, they have experienced numerous losses, and mourning has become a lifelong process. In later life begin to experience many different types of losses, such as health, job, money, home, and death of friends and family. To avoid and overcome empty nest syndrome the parents to anticipate such planning, hobby, part time job especially when your spouse is dead, go on holiday, socialise and seek new friendship, and spiritual guidance will help to wipe out the grief.

Were you looking forward to your children leaving?

Kong Wei (2010) the elderly in empty nest: China's challenge "Empty nests" refer to families. Whose young adults have left home in search of either education or career opportunities, thus leaving the elderly alone, at home. Presently there are at least 23.4 million elderly people who do not live with their children. Empty nest families account for at least 30% of families with elder members. The proportion will probably increase to 80% by 2010. According to the 5th National Population Census, in 2000 the number of the families with an elderly aged 65 and above constitutes 20.09% of the national total families, while empty-nest families take up 22.83% of the families with an elderly over 65. These elderly in empty nests live alone, have no one to care for them and they are in need of care and assistance.

Problem Statement

"A study to assess the Empty Nest Syndrome among Retired People in selected urban area of Moradabad."

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Objectives

1. To Assess the Empty Nest Syndrome among retired people in selected urban area.
2. To find out the association between the Empty Nest Syndrome with their selected demographic variables.

Hypothesis

H₁: There will be significance association among retired people with their selected demographic variables.

Methodology

Research Approach

Quantitative Research approach

Research Design

Descriptive

Target Population

Retired people in Urban Area of Moradabad

Sample size

100 Retired People

Sampling

Purposive sampling

Instrument

Structured Rating scale

Data Analysis

Descriptive and Inferential Statistics

Analysis, Interpretation and Discussion Section A

Frequency and Percentage Distribution of Retired People with Their Selected Demographic Variables

The Table 1 describes the frequency and percentage distribution of retired people with their selected demographic variables such Age, Sex, Marital Status, Religion, Retirement sector, Number

of Children in the Family, Types of home, Source of income, Monthly income, Type of family. The above table shows that majority of retired people were 36% belong to the age group 65-70 year, 31% belong to the age group 60-64 year, 25% belong to the age group 71-75 year and 13% belong to >76 %. The above table shows that majority of retired people were Male 62 % and female were 38%. The above table shows that majority of retired people, Married were 82%, Widow were 10%, Unmarried were 4%, Divorce were 4% . The above table shows that majority of retired people were 54% Hindu, 29% were Christian, 16% were Muslim and other were 1%. The above table shows that Majority of retired people from Government sector were 61%, and Non government sector were 39%. The above table shows that majority of 43% retired people had above 3 children, 25% had 3 children, 17% had 2 children, 11% had 1 children, 4% had 0 children. The above table shows that majority of 91% had owned home, 5% had rented home, 4% had relative home, 0 % had other. The above table shows that majority of retired people 67% were getting pension, 19% were private job and only 14% were doing business. The above table shows that majority of retired people 29% had monthly income of 5000-10000 rupees, 29% had 10000-15000 rupees, 25% had >15000 rupees, 17% had <5000 rupees. The majority of retired people 71% were living in joint family, 26% were living in nuclear family and 3% were living in extended family.

The findings of the study showed that majority (23%) retired people had mild Empty Nest Syndrome (66%) had moderate Empty Nest Syndrome and only (11%) had severe Empty Nest Syndrome. The finding of the study shows that the association of Empty Nest Syndrome among selected demographic variable were following:-The Empty Nest Syndrome among retired people and their age was only significant.

Discussion

The study reveal that the maximum score was 80. The mean was 34.01, mean percentage was 42.51; standard deviation was 0.340214. The level of Empty Nest Syndrome was found to be moderate. The findings of the study showed that majority (23%) retired people had mild Empty Nest Syndrome (66%) had Moderate Empty Nest Syndrome and only (11%) had severe Empty Nest Syndrome. There was association between Empty Nest Syndrome with their selected demographic variable such as Age. However there was no significant association with their selected demographic variables such as Sex, Marital Status, Religion, Retirement Sector, Number of Children in The Family, Type of Home,

Table 1: Showing Frequency and Percentage Distribution of Retired People with Their Selected Demographic Variables

Sl. No.	Variables Category		Frequency	%
1	Age (in year)	60-64	26	26%
		65-70	36	36%
		71-75	25	25%
		>76	13	13%
2	Sex	Male	62	62%
		Female	38	38%
3	Marital Status	Married	82	82%
		Unmarried	4	4%
		Divorced	4	4%
		Widow	10	10%
4	Religion	Hindu	54	54%
		Muslim	16	16%
		Christian	29	29%
		Others	1	1%
5	Retirement Sector	Government sector	61	61%
		Non government sector	39	39%
6	Number of Children in the Family	0 Children	4	4%
		1Children	11	11%
		2Children	17	17%
		3Children	25	25%
		Above 3 Children	43	43%
7	Type of home	Rented home	5	5%
		Owned home	91	91%
		Relative's home	4	4%
		Other	0	0%
8	Source of Income	Pension	67	67%
		Private job	19	19%
		Business	14	14%
9	Monthly Income	<5000 Rupees	17	17%
		5000-10000 Rupees	29	29%
		10000-15000 Rupees	29	29%
		>15000Rupees	25	25%
10	Type of family	Joint family	71	71%
		Nuclear family	26	26%
		Extended Family	3	3%

Source of Income, Monthly Income, Type of Family .Hence hypothesis H_1 is accepted.

Conclusion

The following conclusion were drawn on the basis of the present study i.e.to assess the Empty Nest Syndrome among retired people in selected urban area of Moradabad. It is proved that in urban area there is moderate Empty Nest Syndrome among retired people as evidence by the present study. The present study reveals that 23% of retired people had mild Empty Nest Syndrome, 66% had moderate Empty Nest Syndrome, and only 11% had severe Empty Nest

Syndrome. There was association between Empty Nest Syndrome with their selected demographic variables. The conclusion of study is that Empty Nest Syndrome must be reduced. This necessitates the need to promote the health, and prosperous life of retired people.

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A Pre-Experimental Study on Knowledge Regarding Prevention of Diabetic Foot Ulcer

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Abstract

A pre-experimental study with one group, pre-test and post-test design was chosen to assess the effectiveness of structured teaching program in improving knowledge in prevention of diabetic foot ulcer among diabetes mellitus patients. 50 patients with diabetes mellitus in the age group of 45 years to 75 years were selected using non-probability purposive sampling technique. After explaining about study pre test was done by using structured multiple choice questionnaires and structured teaching program on prevention of diabetic foot was administered for 30 min and the post test was done after 7 days. The data collected was interpreted using inferential statistics. In this study pre test the mean was 10.48 and SD was 5.31 and in post test mean was 23.00 and SD was 1.79.

Keywords: Diabetic Foot Ulcer; Diabetes Mellitus; Structured Teaching Program.

Background of the Study

"I marvel that society would pay a surgeon a fortune to remove a person's leg – but nothing to save it!" George Bernard Shaw Health is the level of functional or metabolic efficiency of a living being. In humans, it is the general condition of a person's mind, body and spirit, usually meaning to be free from illness, injury or pain. Healthcare continues to pose a major challenge for developing countries. The successes of individual health programs remain overshadowed by the problems these nations face in the 21st century.

Diabetes is a chronic health problem with devastating, yet preventable consequences. It is characterized by high blood glucose levels resulting from defects in insulin production, insulin action, or both. Taking control of diabetes to improve quality of life has put the spotlight on the need for additional support and education for patients with diabetes. Diabetes is a chronic disease for which control of the condition demands patient self-management. 8-10 Self-management behaviors include monitoring

blood glucose levels, taking medication, maintaining a healthy diet and regularly exercising. For most patients, it is important to conduct daily foot exams. However, despite the technological and scientific advances made toward the treatment of diabetes, the American Association of Clinical Endocrinologists reports that only 1 in 3 patients with diabetes is well controlled.

Self-management of diabetes requires time and activities (i.e. monitoring blood-glucose levels) that can attract the attention of others. Daily decision making in diabetes can have direct implications for health, however many daily self-care activities are aimed at achieving maintenance of acceptable standards that are necessary to prevent long term complications. Diabetic foot ulcer (DFU) is one of the common but often neglected complications of diabetes. There is no doubt that people with DFU have considerable mortality and morbidity. The risk of death for those with foot ulcers is 12.1 per 100 person-years of follow-up compared with 5.1 in those without foot ulcers. Similarly the risk for amputation in patients with diabetes is 15 times greater than for the non-diabetic population and the majority of amputations are preceded by DFU. In addition to increased morbidity and mortality, subjects with DFU have a poorer quality of life in comparison to those without ulcers. The annual incidence of DFU is 2.5% and it is estimated that 15% of all diabetics are affected by diabetic foot ulcers during their lifetime causing a considerable financial burden on health care providers.

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India leads the world with largest number of diabetic subjects earning the dubious distinction of being termed the “diabetes capital of the world”. According to the Diabetes Atlas 2006 published by the International Diabetes Federation, the number of people with diabetes in India currently around 40.9 million is expected to rise 69.9 million by 2025 unless urgent preventive steps are taken. Even though the prevalence of micro vascular complications of diabetes like retinopathy and nephropathy are comparatively lower in Indians, the prevalence of premature coronary artery disease is much higher in Indians compared to other ethnic groups.

DFU is a preventable condition if high risk individuals are identified by appropriate screening program and are given appropriate foot care education. Similarly, if various chronic complications of diabetes such as neuropathy, peripheral vascular disease and foot deformities are prevented, it may be possible to prevent the development of DFU and its consequences.

Hence, it is very important to impart knowledge regarding prevention of complications among diabetic patients.

Statement of the Problem

A study to assess the effectiveness of structured teaching program on knowledge regarding prevention of diabetic foot ulcer among diabetic patients at selected hospital, Bhadrachalam, AP.

Objectives

1. To assess the level of knowledge on prevention of diabetic foot ulcer among diabetic patients.
2. To assess the effectiveness of structured teaching program in knowledge on prevention of diabetic foot ulcer among diabetic patients.
3. To associate the selected demographic variables with the level of knowledge on prevention of diabetic foot among diabetic patient.

Methodology

Pre-experimental with 1 group, pre-test and post-test design was chosen to assess the effectiveness of structured teaching program in improving knowledge

in prevention of diabetic foot ulcer among diabetes mellitus patient at selected hospital at Bhadrachalam, Khammam district, AP. The settings of the study chosen to Dr. Mohan Rao Hospital at Bhadrachalam, Khammam district, AP. The target population for the study is all the patients with diabetes mellitus in the age group of 45 years to 75 years in selected hospital. The diabetic patients in the age group of 45 to 75 years will be selected as sample for the study. Sample size consists of 50 Diabetes Mellitus patients at selected hospital. Non probability purposive sampling technique is used in selecting 50 diabetic patients.

Description of the Instruments

Section I : Demographic variables

Section II : Structured multiple choice questions to assess the knowledge regarding prevention of diabetic foot ulcer among DM patients. (Score interpretation)

Data Collection Procedure

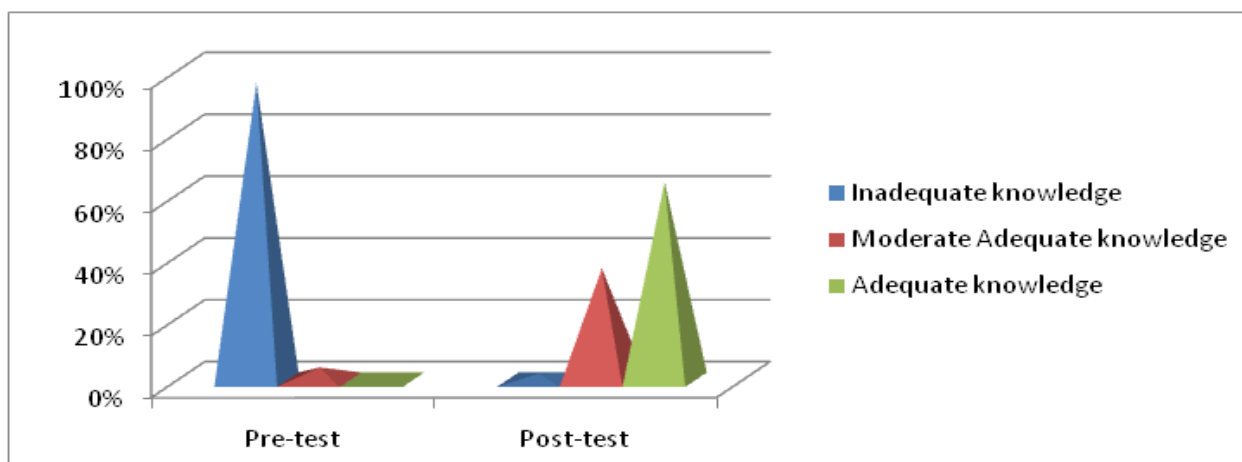
Data collection for the main study was conducted at Dr. Mohan Rao Hospital, Bhadrachalam, AP, from March 4th 2013 to March 31st 2013. The permission was obtained from Institutional Review Board and Principal, Maruthi College of Nursing; the necessary permission was obtained from Hospital Administrative Officer. A total of 50 samples were selected. After explaining about the study, informed consent was obtained; after that pre-test was done by using structured multiple choice questionnaires. After the pre test structured teaching program on prevention of Diabetic foot among Diabetes Mellitus patient, was administered for 30 minutes, then 10 minutes was given them to clarify their doubts. Same procedure was adopted for subsequent days for all the sample. The pos-test was done on seventh day or during next visit by using same questionnaire.

Table 1 shows the frequency and percentage distribution of selected demographic variables of Diabetic Patients. Regarding to age out of 50 diabetic patient, 18(36.0%) belong to age group of 36-45 years and 13(26.0%) belong to age group of 46-55 years and 11(22.0%) belong to 56-65 years of age group and 8(16.0%) belong to 65-75 years of age group. Out

Table 1: Frequency and Percentage Distribution of Demographic Variables Among Patients With Diabetes Mellitus.(N=50)

Sl No	Selected Demographic Variables	Frequency n	Percentage %
1	Age		
	a)36-45	18	36.0
	b)46-55	13	26.0
	c)56-65	11	22.0
	d)65-75	8	16.0
2	Sex		
	a)Male	27	54.0
	b)Female	23	46.0
3	Education		
	a)PG	3	6.0
	b)UG	12	24.0
	c)Intermediate	18	36.0
	d)School	17	34.0
4	Occupation		
	a)Employee	18	36.0
	b)Business	9	18.0
	c)Farmer	8	16.0
	d)Unemployed	15	30.0
5	Income		
	a)<5000	17	34.0
	b)5000-10000	17	34.0
	c)10000-15000	10	20.0
	d)>15000	6	12.0
6	Family		
	a)Joint Family	15	30.0
	b)Nuclear Family	35	70.0
7	Diet		
	a)Vegetarian	8	16.0
	b)Non-vegetarian	3	6.0
	c)Mixed	39	78.0
8	Area		
	a)Rural	16	32.0
	b)Urban	34	68.0
9	Habits		
	a)Alcoholic	8	16.0
	b)Smoker	5	10.0
	c) a & b	7	14.0
	d)None	50	60.0
10	Family history		
	a)Yes	19	38.0
	b)No	31	62.0

Frequency and Percentage Distribution of Level of Pre and Post Test Knowledge Regarding Prevention of Diabetic Foot Ulcer among Diabetic Patients.



of 50 samples, 27(54%) belong to Male and 23(46%) belong to Female. Regards to education 3(6%) were educated up to PG, 12(24%) were educated up to UG, 18(36%) were educated till intermediate and

17(34%) had school education In Pre-test out of 50 sample, 48(96%) of them had inadequate knowledge, 2(4%) of them had moderated adequate knowledge and none of them had adequate knowledge.

Table 2: Mean and Standard Deviation of Pre and Post Test Level of Knowledge Among Diabetic Patient Regarding Prevention of Diabetic Foot. (N=50)

Sl. No.	Measurements	Pre Test	Post Test
1	Mean	10.48	23.00
2	S.D	5.31	1.79
3	Paired 't' test value	t=15.688,df=49 P=0.000***	

Note: ***-P<0.001 Level of significance

Table 3: Association Between Selected Demographic Variable With Pre Test Level of Knowledge on Prevention of Diabetic Foot Among Diabetic Foot. (N=50)

Sl.No.	Selected Demographic Variables	Inadequate n	%	Moderately adequate n	%	Adequate n	%	Chi-square
1	Age							X ² =4.512
	a)36-45	10	20.0	8	16.0	1	0.0	D.F=6
	b)46-55	9	18.0	3	6.0	1	2.0	P=0.608
	c)56-65	8	16.0	2	4.0	0	2.0	NS
	d)65-75	5	10.0	3	6.0	2	0.0	
2	Sex							X ² =2.823
	a)Male	15	30.0	10	20.0	2	4.0	D.F=2
	b)Female	17	34.0	6	12.0	2	0.0	P=0.244NS
3	Education							X ² =3.304
	a)PG	1	2.0	2	4.0	0	0.0	D.F=6
	b)UG	8	16.0	4	8.0	0	2.0	P=0.770
	c)Intermediate	13	26.0	4	8.0	1	2.0	NS
	d)School	10	20.0	6	12.0	2	4.0	
4	Occupation							X ² =6.827
	a)Employee	12	24.0	6	12.0	0	0.0	D.F=6
	b)Business	7	14.0	1	2.0	1	2.0	P=0.337
	c)Farmer	5	10.0	2	4.0	1	2.0	NS
	d)Unemployed	8	16.0	7	14.0	0	0.0	
5	Income							X ² =3.042
	<5000	10	20.0	7	14.0	0	0.0	D.F=6
	5000-10000	11	22.0	5	10.0	1	2.0	P=0.804
	10000-15000	7	14.0	2	4.0	1	2.0	NS
	>15000	4	8.0	2	4.0	0	0.0	
6	Family							X ² =3.580
	Joint Family	7	14.0	7	14.0	1	2.0	D.F=4
	Nuclear Family	23	46.0	9	18.0	1	2.0	P=0.466NS
7	Diet							X ² =2.429
	Vegetarian	5	10.0	3	6.0	0	0.0	D.F=4
	Non-vegetarian	1	2.0	2	4.0	0	0.0	P=0.657
	Mixed	26	52.0	11	22.0	2	4.0	NS
8	Area							X ² =0.870
	a)Rural	10	20.0	5	10.0	1	2.0	D.F=4
	b)Urban	21	42.0	11	22.0	1	2.0	P=0.929NS
9	Habits							X ² =19.983
	a)Alcoholic	5	10.0	3	6.0	0	0.0	D.F=6
	b)Smoker	3	6.0	0	0.0	2	4.0	P=0.003
	c) a & b	5	10.0	2	4.0	0	0.0	NS
	d)None	19	38.0	11	22.0	0	0.0	
10	Family history							X ² =2.382
	a)Yes	11	22.0	8	16.0	0	0.0	D.F=2
	b)No	21	42.0	8	16.0	2	4.0	P=0.304NS

Table 4: Association between selected demographic variable with post test level of knowledge on prevention of diabetic foot among Diabetic foot. (n=50)

Sl.No.	Selected Demographic Variables	Inadequate N	%	Moderately adequate n	%	Adequate n	%	Chi-square
1	Age							
	a)36-45	0	0.0	2	4.0	16	32.0	$X^2=3.704$
	b)46-55	0	0.0	0	0.0	13	26.0	D.F=3
	c)56-65	0	0.0	0	0.0	11	22.0	P=0.295 NS
	d)65-75	0	0.0	0	0.0	8	16.0	
2	Sex							$X^2=0.013$
	a)Male	0	0.0	1	2.0	26	52.0	D.F=1
	b)Female	0	0.0	1	2.0	22	44.0	P=0.908NS
3	Education							
	a)PG	0	0.0	0	0.0	3	6.0	$X^2=3.704$
	b)UG	0	0.0	0	0.0	12	24.0	D.F=3
	c)Intermediate	0	0.0	2	4.0	16	32.0	P=0.295 NS
	d)School	0	0.0	0	0.0	17	34.0	
4	Occupation							$X^2=1.100$
	a)Employee	0	0.0	1	2.0	17	34.0	D.F=3
	b)Business	0	0.0	0	0.0	9	18.0	P=0.777
	c)Farmer	0	0.0	1	0.0	8	16.0	NS
	d)Unemployed	0	0.0	2	2.0	14	28.0	
5	Income							$X^2=4.044$
	<5000	0	0.0	0	0.0	17	34.0	D.F=3
	5000-10000	0	0.0	2	4.0	15	30.0	P=0.257
	10000-15000	0	0.0	0	0.0	10	20.0	NS
	>15000	0	0.0	2	4.0	6	12.0	
6	Family							$X^2=0.442$
	Joint Family	0	0.0	1	2.0	14	28.0	D.F=2
	Nuclear Family	0	0.0	1	2.0	34	68.0	P=0.802NS
7	Diet							$X^2=1.840$
	Vegetarian	0	0.0	1	2.0	7	14.0	D.F=2
	Non-vegetarian	0	0.0	0	0.0	3	6.0	P=0.399
	Mixed	0	0.0	1	2.0	38	76.0	NS
8	Area							$X^2=0.333$
	a)Rural	0	0.0	1	0.2	15	30.0	D.F=2
	b)Urban	0	0.0	1	0.2	32	64.0	P=0.846NS
9	Habits							
	a)Alcoholic	0	0.0	1	2.0	7	14.0	$X^2=2.040$
	b)Smoker	0	0.0	0	0.0	5	10.0	D.F=3
	c) a & b	0	0.0	0	0.0	7	14.0	P=0.564 NS
	d)None	0	0.0	1	2.0	29	58.0	
10	Family history							$X^2=1.277$
	a)Yes	0	0.0	0	0.0	19	38.0	D.F=1
	b)No	0	0.0	2	4.0	29	58.0	P=0.258NS

Note: NS- Not Significant

In Post- test out of 50 sample, 32(64%) of them had adequate Knowledge and 16(32.0%) of them had moderately adequate Knowledge and 2 (4%) had Inadequate knowledge.

Table 5 reveals the association of selected demographic variable with post test knowledge on prevention of diabetic foot among diabetic patients. The Chi-square reveal that, there was no significant association with age, sex, education, occupation, marital status, residence, smoking habit, family history and hobbies since it was not statistically significant at the level of $P<0.001$.

Discussion

1.To assess the level of knowledge on prevention of diabetic foot ulcer among diabetic patients.

The study revealed that the knowledge among diabetic patients regarding prevention of diabetic foot ulcer was effectively assessed in pre-test and post-test. In Pre- test out of 50 sample, 48(96%) of them had inadequate knowledge, 2(4%) of them had moderated adequate knowledge and none of them had adequate knowledge.

2. To assess the effectiveness of structured teaching program in knowledge on prevention of diabetic foot ulcer among diabetic patients.

In Post- test out of 50 sample, 32(64%) of them had adequate knowledge and 16(32.0%) of them had moderately adequate knowledge and 2 (4%) had inadequate knowledge.

3. To associate the selected demographic variables with the level of knowledge on prevention of diabetic foot among diabetic patient.

The association of selected demographic variable with post- test knowledge on prevention of diabetic foot among diabetic patients. The Chi-square reveal that, there was no significant association with age, sex, education, occupation, marital status, residence, smoking habit, family history and hobbies since it was not statistically significant at the level of $P < 0.001$.

Conclusion

This study reveals that educating the client about preventive practices to save them from foot ulcer is very essential. Nursing professionals together with their counterparts must organize health teaching for diabetic subjects and safeguard them from complications of disease.

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Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, What this study adds to the available evidence, effects on patient care and health policy, possible mechanisms)? Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying

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Standard journal article

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