



"A Study To Assess The Effectiveness Of Planned Teaching Program On Knowledge Regarding Postoperative Self Care Activities Among Post-Operative Hysterectomy Women Admitted In Gynecology Ward In Selected Hospital At Indore"

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ABSTRACT

Introduction : The positive attitude of women towards hysterectomy prevents many Physical, psychological and social complication, which is possible only with adequate knowledge regarding the causes and consequences of hysterectomy. Post-operative knowledge is very essential to the clients who are posted for surgery. Adequate information is very helpful to prevent post-operative complication by following proper self-care activities. Hysterectomy is a subject where women need more information because it is still a sort of taboo. Many of the complications and psychological disturbances of the women with hysterectomy is mostly myths rather than realities. **Methodology:** An evaluative research approach with one group pre-test, post-test design was used for the study. The sample was consisting of 60 hysterectomy women who are admitted in the Gynaecology ward after of the surgery. They were chosen by Non probability convenience sampling technique. The study was conducted at Bhandari hospital, Sri Aurobindo Hospital, keep safe hospital, Asha deep hospital, prime care hospital, Apollo hospital, Indore.

Result :the present study Further to know the statistically significance between pre-test and post-test knowledge score 't' test was computed. The 't' test value ('t'= 27.01 $p < 0.05$) showed that there was a highly significant difference between pre-test and post-test knowledge score. Mean practice score of post operatively hysterectomy women in pre test was 8.5. The gain in knowledge score had highlighted by mean score of post operatively hysterectomy women that was measured after administration of planned teaching programme .

Conclusion :It is statistically proved and concluded that the planned teaching programme on knowledge regarding post operative self care activities, is highly effective for improving the knowledge score of post operative hysterectomy women .

KEYWORDS : Postoperative hysterectomy women, planned teaching programme, knowledge, post operative self care activities, Self Structured Questionnaire.

INTRODUCTION:

Hysterectomy is the most common non-pregnancy related major surgery performed on women. In India annual incidence of hysterectomy is 23, 10,263 [twenty three lakhs ten thousand two hundred and sixty three]. In USA annual incidence of hysterectomy is 5, 19,000 [five lakhs ninety thousand] or 0.22%. In 2003 over [6, 00,000] sixty lakhs hysterectomies were performed in US alone. Post-operative hysterectomy pain scares off lots of people. After hysterectomy doctors are prescribing analgesics and complimentary therapies to manage the post-operative pain. In India 33.3% of Hysterectomy performed in the age group of 20-25 yrs, 22.2% in the age group of 25-30 yrs, 38.8% in the age group of 30-35 yrs, and 5.5% in the age group of 35-40 yrs. About 10% of Hysterectomies are performed to treat cancer of the cervix, ovaries and uterus. The most frequent reason for Hysterectomy in U.S.A. is to remove fibroid tumours accounting for 30% of surgeries. Treatment of endometriosis is the reason for 20% of Hysterectomies. Another 20% of Hysterectomy is because of heavy abnormal vaginal bleeding. The remaining 20% are performed for prolapsed uterus, pelvic inflammatory diseases. Over 500,000 women die each year due to complications of pregnancy and childbirth, a number that has remained relatively unchanged since 1990, when the first global estimates of the burden of maternal mortality were developed (WHO 2005). As we all known Obstetric haemorrhage is most common cause. Hysterectomy is a last resort to save maternal life. Hysterectomy is the removal of uterus at the time of caesarean section, following caesarean section, immediately after vaginal delivery or in the period of puerperium. The maternal outcome greatly depends on timely decision, the surgical skill and the speed of performing obstetric hysterectomy.

Problem statement :

A study to assess the effectiveness of planned teaching program on knowledge regarding postoperative self care activities among post-operative hysterectomy women admitted in gynaecology ward in selected hospital at Jabalpur.

Objectives :

- To assess the pre-test knowledge regarding postoperative self care activities among hysterectomy women.
- To assess the effectiveness of planned teaching program regarding post operative self care activities among hysterectomy women
- To find out the association between pre-test and post test knowledge score with selected demographic variables.

HYPOTHESIS:

- **RH₁:** There will be significant increase in the mean post test knowledge score than mean pre- test knowledge scores on knowledge regarding post operative self care activities among post- operative hysterectomy women at the level of $p \leq 0.05$.
- **RH₂:** There will be significant association between the pre-test and post test knowledge score of hysterectomy women with selected demographic variables at $p \leq 0.05$ levels.

METHODOLOGY

The research method adopted for the study was an evaluative approach. Since the study aims at evaluating the effects of a planned teaching programme on knowledge regarding postoperative self care activities among post-operative hysterectomy women. The research design selected for this study was a pre- Experimental, one group pre-test post-test design. The study was conducted at Bhandari hospital, Sri Aurobindo Hospital, keep safe hospital, Asha deep hospital, prime care hospital, Apollo hospital, Indore. The reliability correlation co-efficient for the quality of life was calculated by using Karl Pearson's formula. The reliability coefficient was found to be $r = 0.92$ which proved that the tool was highly reliable. No modification was made. Thus, tool was found to be valid, reliable and feasible for the purpose of study. 60 post operative hysterectomy women those who admitted in the gynaecology ward at selected hospital Indore was taken by Non -probability Convenient Sampling technique.

RESULT

Main findings are discussed under the following headings:

Section I : To find out the demographic variables in order to identify the characteristic and features of the samples and the assessment of pre test and post test knowledge .

1. Frequency and percentage distribution of socio demographic variables of post operative hysterectomy women in pre test:

1. This study consists of 60 post operative hysterectomy women in experimental group with age group of 35 year and above. The majority 27 (45%) hysterectomy women were in the age group >50 years, followed by 25 (41.7%) were in age group 46-50 years also followed by 5 (8.3%) were in age group 41-45 and 3 (5 %) were in the age group 35-40 years.
2. The finding revealed that approximately 46 (76.7%) married hysterectomy women, 6 (10%) had unmarried followed by 5 (8.3%) women widow and 3 (5%) women divorces.
3. The finding revealed that approximately 34 (56.6%) hysterectomy women had received education up to primary school /middle school , 10(16.7%) had received education up to higher secondary/high school. 10(16.7%) had received education up to graduates/post graduates and 6 (10%) hysterectomy women were illiterate.
4. The finding revealed that approximately 39 (65%) hysterectomy women had government job, 11 (18.33%) had private job, 06 (10%) had house wife, and 4 (6.67%) hysterectomy women were had any other job.
5. Majority 25(41.7%) hysterectomy women had a monthly income10000-15000, 20 (33.3%) had a monthly income above 1500 and 15 (25%) hysterectomy women had a monthly income 5000-10000, and 0% women has monthly income less than 5000.
6. In that Majority with 37(61.7%) hysterectomy women had 2 children, 13 (21.6%) had more than 2 children and 10 (16.7%) hysterectomy women had 1 child, and 0% hysterectomy women has no children.
7. There were 33 (55%) hysterectomy women are non vegetarian and 27(45%) hysterectomy women are vegetarian.
8. There were 27 (45%) hysterectomy women having knowledge through T.V, 22 (36.7%) hysterectomy women having knowledge from magazine, and 11 (18.3%) having no any knowledge and 0% hysterectomy women has knowledge through news paper.

Section –II: The assessment of the knowledge in pre-test and post test and comparison between tests scores to assess the effectiveness of the planned teaching programme.

Table 2 -Frequency and percentage distribution of pre and post test scores of studied subjects:

Knowledge Score	Mean $\pm$ SD	Difference of the means	't' Value	Degree of Freedom	P value
Pre-test	8.5 $\pm$ 1.99	10.5	27.01	59	P<0.0001
Post-test	19 $\pm$ 2.67			('t' value 2.00)	

Mean and SD of pre-test and post-test were compared and 't' test was applied, it can be clearly seen that the 't' value was 27.01 and the p value was > 0.05 , which clearly shows that planned teaching programme on knowledge regarding post operative self care activities, is highly effective for improving the knowledge score of post operative hysterectomy women in the hospitals of Indore city.

SECTION III: ASSOCIATION BETWEEN PRE-TEST AND POST TEST KNOWLEDGE SCORE WITH SELECTED DEMOGRAPHIC VARIABLES

In order to find the relationship between pre-test knowledge score and selected demographic variables chi-square test was used.

◎ Association with age

It can use the analysis ($\chi^2=28.808$) shows that there was significant association for 6 (12.59)degrees of freedom at the $p>0.05$ level of significance between pre-test knowledge score of age.

◎ Association with marital status

It can use the analysis ($\chi^2=12.76$) shows that there was significant association for 6 (12.59) degrees of freedom at the $p>0.05$ level of significance between pre-test knowledge score of marital status.

◎ Association with educational qualification

It can use the analysis ($\chi^2_6=20.62$) shows that there was significant association for 6 (12.59) degrees of freedom at the $p>0.05$ level of significance between pre-test knowledge score of education status.

◎ Association with occupational status

It can use the analysis ($\chi^2_6=31.64$) shows that there was significant association for 6 (12.59) degrees of freedom at the $p>0.05$ level of significance between pre-test knowledge score of occupational status.

◎ Association with monthly family income

It can use the analysis ($\chi^2_6=7.32$) shows that there was not significant association for 6 (12.59) degrees of freedom at the $p<0.05$ level of significance between pre-test knowledge score of family monthly income.

◎ Association with number of children

It can use the analysis ($\chi^2_6=8.013$) shows that there was not significant association for 6 (12.59) degrees of freedom at the $p<0.05$ level of significance between pre-test knowledge score of total number of children.

◎ Association with nutritional status

It can use the analysis ($\chi^2_2 = 1.237$) shows that there was not significant association for 2 (5.09) degrees of freedom at the $p<0.05$ level of significance between pre-test knowledge score of nutritional status.

◎ Association with habit of previous knowledge of post operative self care activities

It can use the analysis ($\chi^2_6=4.471$) shows that there was not significant association for 6 (12.59)

degrees of freedom at the $p<0.05$ level of significance between pre-test knowledge score of previous knowledge of post operative self care activities.

In order to find the relationship between post-test knowledge score and selected demographic variables chi-square test was used.

⊙ Association with age

It can use the analysis ($\chi^2_6=13.334$) shows that there was significant association for 6 (12.59) degrees of freedom at the $p>0.05$ level of significance between post-test knowledge score of age.

⊙ Association with marital status

It can use the analysis ($\chi^2_6=13.695$) shows that there was significant association for 6 (12.59) degrees of freedom at the $p>0.05$ level of significance between post-test knowledge score of marital status.

⊙ Association with educational qualification

It can use the analysis ($\chi^2_6=16.736$) shows that there was significant association for 6 (12.59) degrees of freedom at the $p>0.05$ level of significance between post-test knowledge score of education status.

⊙ Association with occupational status

It can use the analysis ($\chi^2_6=15.659$) shows that there was significant association for 6 (12.59) degrees of freedom at the $p>0.05$ level of significance between post-test knowledge score of occupational status.

⊙ Association with monthly family income

It can use the analysis ($\chi^2_6=10.606$) shows that there was not significant association for 6 (12.59) degrees of freedom at the $p<0.05$ level of significance between post-test knowledge score of family monthly income.

⊙ Association with number of children

It can use the analysis ($\chi^2_6=11.661$) shows that there was not significant association for 6 (12.59) degrees of freedom at the $p<0.05$ level of significance between post-test knowledge score of total number of children.

⊙ Association with nutritional status

It can use the analysis ($\chi^2_2 = 10.543$) shows that there was significant association for 2 (5.09)

degrees of freedom at the $p>0.05$ level of significance between post-test knowledge score of nutritional status.

◎ Association with previous knowledge of post operative self care activities

It can use the analysis ($\chi^2_6=27.308$) shows that there was significant association for 6 (12.59)

degrees of freedom at the $p>0.05$ level of significance between post-test knowledge score of previous knowledge of post operative self care activities.

DISCUSSION

In order to find the relationship between pre-test knowledge score and selected demographic variables chi-square test was used. It can use the analysis ($\chi^2_6=28.808$) shows that there was significant association for 6 (12.59) degrees of freedom at the $p>0.05$ level of significance between pre-test knowledge score of age. It can use the analysis ($\chi^2_6=12.76$) shows that there was significant association for 6 (12.59) degrees of freedom at the $p>0.05$ level of significance between pre-test knowledge score of marital status. The percentage of mean practice scores of post operatively hysterectomy women in pre test were 14.2% and measured with a higher significant difference in post test was 31.7%.

CONCLUSION

Post operative self care activities as sum of activities required to influence favorably the underlying causes of disease as well as to ensure patients the best possible, social and mental conditions, so that they may by their own efforts preserve, resume as normal as possible in the life of the community. Thus the post operative self care activities are a part of total patient care. It is an active process and individuals taking part must assume responsibility for their own health, well-being and quality of life. A post operative self care activity is multifactorial intervention that has been shown to improve functional capacity, emotional well-being, return to work and longevity. Several components of post operative self care activities can be considered to be of hygiene values, physical activities, nutrition value; stress reduce mental stress events by 50% in observational studies.

Furthermore, it is statistically proved and concluded that the planned teaching programme on knowledge regarding post operative self care activities, is highly effective for improving the knowledge score of post operative hysterectomy women in the hospitals of Indore city.

RECOMMENDATION

On the basis of the study the following recommendation are offered for further research:

- The study can be replicated on a large sample of post operative hysterectomy women selected from various other hospitals; there by finding can be generalized to a larger population.
- A similar study may be conducted using a pre-test, post-test, control group design.
- A similar study can be carried out by using other teaching strategies i.e. self-instructional module, compute-assisted instruction and video assisted teaching on post operative self care activities among hysterectomy women.

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