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Kusum
Associate Professor,
Department of Medical
Surgical Nursing Harsha
College of Nursing, Nelmangla,
University of RGHUS,
Bangalore, Karnataka, India

A study to evaluate the effectiveness of self-instructional module (SIM) in terms of knowledge and attitude regarding home care management among patients with cancer admitted selected hospital at Meerut

Kusum

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Abstract

Aim: A study to evaluate the effectiveness of self-instructional module (SIM) in terms of knowledge and attitude regarding home care management among patients with cancer admitted selected hospital at Meerut.

Methods: A study was conducted using quantitative research approach at valentis cancer hospital, Meerut. Pre experimental research design has been adopted. The conceptual Framework utilized in this study was Orem's self-care deficit theory. The total sample size was 50. Non probability purposive sampling technique was used. Data collection was done using structured interview schedule and grinder modified attitude scale.

Result: The mean posttest knowledge scores (18.2) and S.D (2.94) is higher than the mean pretest knowledge scores (15.32) and SD (4.45) with a mean difference 2.88. The obtained mean difference was found to be statically significant as evident from 't' value 3.65 which is greater than the table value of 2.02 at 0.05 level of significance. Hence null Hypothesis H_{01} was rejected and research hypothesis H_1 was accepted. It can be inferred that the self-instructional module for cancer patients regarding home care management was effective in improving their knowledge. 16(32%) were having good knowledge, 29(58%) were having average knowledge, 5(10%) having below average knowledge in pretest. In bt test were good knowledge 29(58%) and 21(42%) were having average knowledge. The mean post attitude scores (92.28) is higher than the mean pretest attitude scores (86.62), the standard deviation of pre-test is 10.02 while post-test is 9.97, with a mean difference 5.26. Coefficient of correlation (r-value) between post-test knowledge and attitude scores was found to be 0.28 is higher than table value (.273). Chi square there is no association between knowledge score of the subjects regarding home care management among cancer patients with other selected demographic variables.

Conclusion: The present study revealed that there is a proper home care management is needed for subsiding the side effects of cancer treatment. Researcher also observed that patients and their family members faced a tremendous stressed up situation while dealing with cancer treatment and self-instructional module was helped to improve knowledge regarding home care management.

Keywords: Evaluate, effectiveness, self-instructional module, knowledge, attitude, home care management, patients with cancer

Introduction

Cancer is a leading cause of death and accounted for 7.6 million deaths (around 13% of all deaths) in 2008. Lung, breast, colorectal, stomach, and prostate cancers cause the majority of cancer deaths. In India, cancers account for about 3.3% of the disease burden and about 9% of all deaths. Fairly conservative assumptions show that the number of people living with cancer will rise by nearly one-quarter from 2001 to 2016. Some of these individuals were diagnosed recently and are actively undergoing treatment, while others were diagnosed many years ago with no current evidence of cancer. The World Health Organization has promoted National Cancer Control Programmes and India is one of the few countries that has actively taken up this initiative. The major areas in which WHO contribute are Tobacco Control, Palliative Care and Human Resource Development.

Corresponding Author:
Kusum
Associate Professor,
Department of Medical
Surgical Nursing Harsha
College of Nursing, Nelmangla,
University of RGHUS,
Bangalore, Karnataka, India

India could take up these programmes and demonstrate to the World that Cancer Control is feasible and become a model for Cancer Control Programmes in low resource settings.

Need for the study: As per data provided by Indian Council of Medical Research (ICMR), (March 2014) the cases of various types of cancer, including prostate cancer, and related deaths are on the rise in the country," said Harsh Vardhan (Health minister), replying to a question in the Lok Sabha. The minister said the increase in the number of cases may be attributed to ageing population, unhealthy life styles, use of tobacco and tobacco products, unhealthy diet and better diagnostic facilities. The maximum number of cases, 186,638 has been recorded in Uttar Pradesh.

Home health care can help cancer patients stay in the comfort of their own homes while receiving care. Being at home contributes to an atmosphere of comfort and security. While hospital stays can lead to feelings of isolation, loneliness, and decreased responsibility, staying at home allows cancer patients to stay connected with family and friends and enjoy more freedom to choose daily activities.

Objectives of the study

- To prepare and validate of self-instructional module

regarding home care management among patient with cancer.

- To evaluate the level of knowledge and attitude regarding home care management among patients with cancer before and after administration of Self-instructional module.
- To find out the correlation between post-test knowledge and post-test attitude score regarding home care management among patients with cancer.
- To find out the association between selected demographic variables with posttest knowledge and post-test attitude score regarding home care management among patient with cancer.

Assumptions

1. Sample may have some knowledge regarding home care management among patient with cancer.
2. Sample’s attitude may vary regarding home care management.
3. Self-instructional module may improve the knowledge and positive attitude on home care management among patient with cancer.
4. Knowledge and attitude will be able to measured by semi structured knowledge and attitude scale.

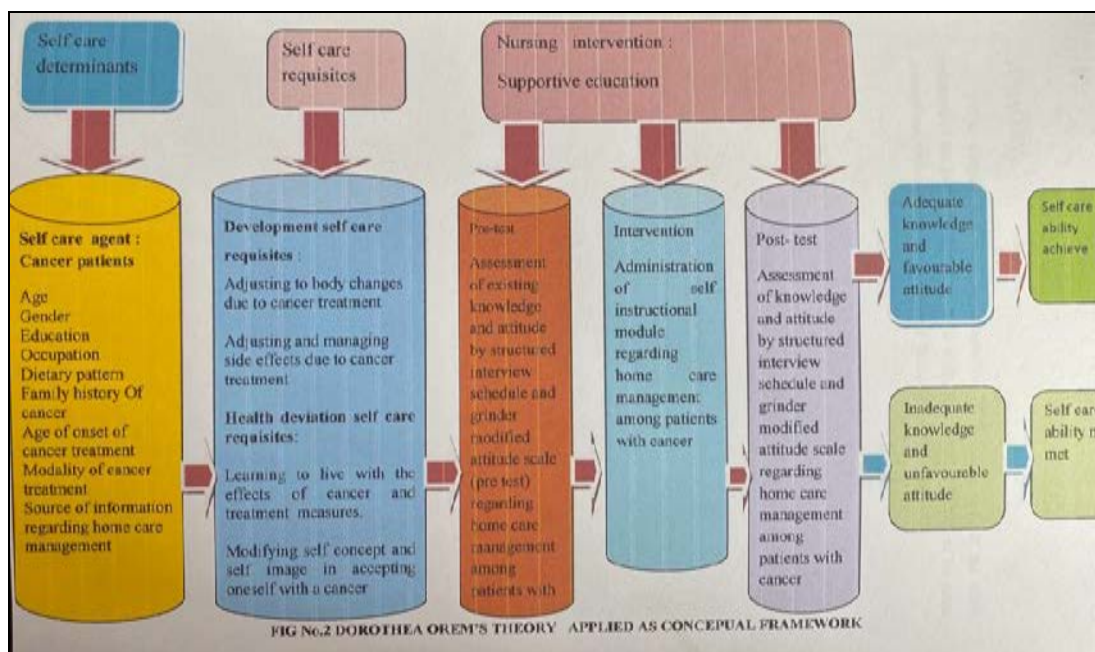
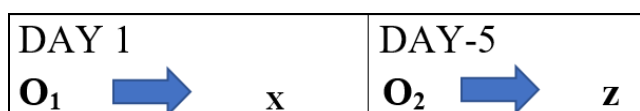


Fig 1: Conceptual framework based on Dorthorea Orem’s self-care deficit-theory

Research design: Pre-experimental research design (one group pre-test and posttest design).



O1: Assessment of the pretest level of knowledge and attitude regarding home care management among patients with cancer.

X: Administration of self-instructional module regarding home care management among patients with cancer.

O2: Assessment of post-test level of knowledge and attitude regarding home care management among patients with

cancer.

Variables

Independent variables: In this study, self-instructional module regarding home care management among patient with cancer is the independent variables.

Dependent variables: In this study, knowledge and attitude on home care management among patient with cancer is the dependent variables.

Setting of the study: The main study, will be conducting in Valentis Cancer Hospital at Meerut. The pilot study will be conducting in Lokpriya Hospital at Meerut.

Target population: In this study, population will be included patients who are diagnosed with cancer.

Sample: In this present study, sample who are fulfilling the inclusion and exclusion criteria.

Criteria for sample selection: The criteria selected for the study are quantitative by nature and eligibility criteria are specified for the study.

Inclusion criteria

- Patients who are receiving cancer treatment (chemotherapy and radiation therapy).
- Patients who is willing to participate in this study.
- Both male and female patients will be included.
- Patients who are able to read and understand Hindi.

Exclusion criteria

- Patients who are not receiving cancer treatment.
- Patient with mental problem will not be included.
- Patients who are in advance stage of cancer.

Sampling technique and size: Non probability sampling elements are selected by non-random methods.

In this present study, the sample is cancer patients will be selecting by using the Non Probability Purposive Sampling Technique. This is a sampling technique, where the researcher draws a sample with a specific purpose that is associated with the research study. The sample size will be 50.

Data collection tools

Data collection tools are the devices that a researcher uses to collect data. The type of data collection tool required depends upon the nature of the data to be gathered to answer the research questions. A search for data collection literature was made for the purpose of locating an appropriate tool. The instruments selected in a research must be the vehicle that obtains that obtains best data for drawing conclusion of the study (Treeze & Treeze 1996) ^[30] and add to the body of knowledge in a discipline.

Development and description of the tool: It comprises of self-administered questionnaire, which consists of two sections.

Section A: Demographic variables of the samples: It consists Age, gender, educational status, occupation, Income, dietary pattern, personal history, family history of cancer, Age of onset of cancer, modality of treatment, age of onset of cancer treatment, period of suffering from, sources of information. Among 50 Samples of cancer patients 21 of them were in between the age group of 55-56 (42%), 15 of them were of 43-54(30%), 11 of them were in 31-42 years(22%), 3 of them were in 19-30 years (6%). Most the subject 38% were having upto 8th, most of the subject of them 42% were others (housewife), 66% subjects were vegetarian, most of the subjects of them 72% were nonalcoholic, 94% were having no history of cancer in family, 21 out of them were in between the age of 55-56years (42%). Most of the subject of them 44% were depend on the combination of chemotherapy and radiation therapy. Source of information about home care management for cancer out of 50 samples, 46(92%) was

obtained by health personnel.

Section B: Semi structured questionnaire to assess the knowledge regarding home care management among patient with cancer

In this tool, 25 question of cancer is modified by researcher for assessing the knowledge regarding home care management. These 25 are divided into three categories (general aspects of cancer, side effects of treatment regimen, home remedies for side effects of cancer treatment). Each category is having different number of items. There are 5 items in general aspects of cancer, 5 items in side effects of treatment regimen for cancer, 15 items in home remedies for side effects of cancer treatment. In this total score are 25.

The mean post-test knowledge scores (18.2) and S.D (2.94) is higher than the mean pre-test knowledge scores (15.32) and S.D (4.45), with a mean difference 2.88. The obtained mean difference was found to be statistically significant as evident from 't value 3.65 which is greater than the table value of 2.02 at 0.05 level of significance. Hence null hypothesis H01 was rejected and research hypothesis H1 was accepted. It can be inferred that the self-instructional module for cancer patients regarding home care management was effective in improving their knowledge, 16(32%) were having good knowledge, 29 (58%) were having average knowledge, 5(10%) having below average knowledge in pretest. In post-test 29(58%) were good knowledge and 21(42%) were having average knowledge. Thus it indicates that self-instructional module was effective to improve the knowledge of cancer patients regarding home care management.

Section C: Grinder modified attitude scale regarding cancer, treatment regimen and home care management

In this tool, 22 question of Grinder modified attitude scale regarding cancer, treatment regimen and home care management and is modified by researcher. All 22 questions are scored on a scale from 0 to 88 representing the positive and negative attitude score will be include: "Strongly Agree -4", "Agree - 3", "Undecided - 2", and "Disagree -1", "Strongly Disagree - 0". These 22 questions are divided into 4 categories, (Related to cancer, Treatment regimen for cancer, inner resource to cope with serious illness, home care management). Each category is having different having different no of items. There are 6 items in questions related to cancer, 4 items in treatment regimen for cancer, and 8 items in inner resource to cope with serious illness, 4 items in home care management. In this attitude scale there are positive and negative statements. Negative Attitude score is - 1- 50, Positive Attitude score is > 50

The mean post-test attitude scores (92.28) is higher than the mean pre-test attitude scores (86.62), the standard deviation of pre-test is 10.02 while that of post-test is 9.97, with a mean difference 5.26. Hence null hypothesis H01 was rejected and research hypothesis H1 was accepted. It can be inferred that the self-instructional module for cancer patients regarding home care management was effective in improving their attitude.

31(62%) were having favorable attitude, 19(38%) were having less unfavorable in pretest. In post-test 40(80%) were having favorable attitude and 10(20%) having less favorable. Thus it indicates that self-instructional module was effective to improve the attitude of cancer regarding home care management.

Section D: Finding related to correlation between post-test knowledge and attitude scores of the sample regarding home care management among with patients

Coefficient of correlation (r-value) between post-test knowledge and attitude scores was found to be 0.28 is higher than table value. 273 so it can be said the moderate positive relationship between post-test knowledge and attitude score is statically significant.

Section E: Findings related to association between posttest knowledge scores and selected demographic variables regarding home care management among patients with cancer

Chi square computation reveals that except modality of cancer treatment ($X^2 = 10.57$) that there was no association between the knowledge scores of the subjects regarding home care management among cancer patients with other selected variables such as age, gender, education, occupation, dietary pattern, personal history, family history of cancer, age of onset of cancer treatment, source of information. Hence null hypothesis H_{03} was rejected.

Conclusion drawn from the study were as follows

The present study revealed that there is the proper home care management I needed for subsiding the side effects of cancer treatment. Researcher also observed that patients and their family members faced a tremendous stressed up situation while dealing with cancer treatment and self-instructional module was helped them to improve knowledge regarding home care management. In future, bring the better outcome of the patient educational programme should be conducted by the hospital to improve knowledge about home remedies for side effects of cancer treatment.

Results

Organization of the study findings Analysis of the study findings are categorized and presented under the following headings

Section 1: Description of the demographic characteristics of subjects regarding home care management among patients with cancer.

Section 2: Data analysis related to knowledge score of the sample regarding home care among patients with cancer.

Section 3: Data analysis related to the attitude score of the sample regarding home care management among patients with cancer.

Section 4: Data on comparison between post-test knowledge and attitude scores of the sample regarding home care management among patients with cancer.

Section 5: Findings related to association between posttest knowledge scores and selected demographic variables regarding home care management among patients with cancer.

Conflict of Interest

Not available

Financial Support

Not available

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