Research Article

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURETEACHING PROGRAMME ON KNOWLEDGE REGARDING CONTROL OFHYPERTENSION AMONG HYPERTENSIVE PATIENTS ATTENDING MEDICAL OPD IN SELECTED HOSPITALS AT TUMKUR

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ABSTRACT

Objectives: To assess the pretest knowledge regarding control of hypertension among hypertensive patients attending medical OPD in selected hospital tumakur. 2. To evaluate the effectiveness of structured teaching program on knowledge regarding control of hypertension. To find out the association between the pre test knowledge regarding control of hypertension among hypertensive patients. **Methodology:** A pre experimental one group pre-test post-test design and a quantitative research approach was carried out on 60pu OPD Patients selected by convenient sampling technique to test the effectiveness of structured teaching programme. the data was collected by using structured questionnaire consists of 32 items **Result:** the resent study evaluates and found that demographic variables majority 36% 56.7 of them were in the age group 60 and above age in years, majority 56.7% of them males, majority 96.7% of Hindu religion, majority 50% of Vegetarian. **Conclusion:** the data were analysed by applying descriptive and inferential statistics the result of the study indicate that after intervention there was an improvement in the knowledge and they gain good knowledge about, Hypertension ,analysis data shows highly significance difference found between pre-test and post-test knowledge score at the level of (P<0.05). the hypothesis is proved and accepted.

Keywords: Effectiveness, structured teaching programme (STP), Hypertension, knowledge.

INTRODUCTION

According to the World Health Organization arterial hypertension, is a public health problem that currently affects 40% of the worldwide population. The incidence of hypertension varies among different countries, the most affected ones are developing countries.1 In Venezuela, it is estimated that for every 100 people, 34 suffer from hypertension and more than 80% of those cases are not controlled. 2, Its frequency increases with age, also observing that before 55 years, men are more likely to have high blood pressure, but after 55 years, women are more likely to have it than men. The most affected people are African descent, obese, those with a high consumption of sodium, people with low levels of physical activity, smokers and those with excessive alcohol intake.

However, Hypertension usually does not present symptoms, which is why it often goes unnoticed, although occasionally headache, respiratory distress, dizziness, chest pain, palpitations or nosebleeds may be evident.1 Uncontrolled hypertension can lead to ventricular hypertrophy, myocardial infarctions, heart failure, hypertensive retinopathy, strokes and chronic renal failure. Among these complications, the highest percentage of deaths is due to coronary heart disease or heart failure.

Moreover Studies worldwide have reported deficiencies in the knowledge of hypertension in patients who suffer from it., However, no previous studies comparing knowledge between hypertensive and non-hypertensive patients were found. In addition, it is estimated that between 30 and 50% of hypertensive patients are unaware that they have the disease, People at risk of suffering hypertension must be

educated early and periodically assess their health status so that at the time of their diagnosis, they have a higher knowledge level and adhere better to therapeutic guideline Hypertension or high blood pressure is defined as persistent systolic blood pressure greater than or equal to 140 mmHg diastolic blood pressure greater than or equal 90mmHg.

However Hypertension is the leading modifiable risk factor for morbidity and mortality world wide It is known as silent killer disease which is diagnosed incidentally. Hypertension is a major public health problem due to its high prevalence all around the globe. Around 7.5 million deaths or 12.8% of the total of all annual deaths worldwide occur due to high blood pressure (BP). It is predicted to be increased to 1.56 billion adults with hypertension in 2025.

NEED FOR THE STUDY

Hypertension (high blood pressure) is when the pressure in our blood vessels is too high (140/90 mmhg or higher). It is common but can be serious if not treated. People with high blood pressure may not feel symptoms. The only way to know is to get our blood pressure checked. Most people don't feel any symptoms. Very high blood pressures can cause headaches, blurred vision, chest pain and other symptoms. Checking our blood pressure is the best way to know if we have high blood pressure. If hypertension isn't treated, it can cause other health conditions like kidney disease, heart disease and stroke. People with very high blood pressure (usually 180/120 or higher) can experience symptoms including: severe headaches, chest pain, Dizziness, Difficulty breathing, Nausea, vomiting, blurred vision, anxiety, confusion, buzzing in the ears, nosebleeds, abnormal heart rhythm. If peoples are experiencing any of these symptoms and a high blood pressure, seek care immediately. The only way to detect hypertension is to have a health professional measure blood pressure. Having blood pressure measured is quick and painless.

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Although individuals can measure their own blood pressure using automated devices, an evaluation by a health professional is important for assessment of risk and associated condition Hypertension in low- and middle-income countries,

The prevalence of hypertension varies across regions and country income groups. The World health organization African Region has the highest prevalence of hypertension (27%) while the WHO Region of the Americas has the lowest prevalence of hypertension (18%). The number of adults with hypertension increased from 594 million in 1975 to 1.13 billion in 2015, with the increase seen largely in low- and middle-income countries. This increase is due mainly to a rise in hypertension risk factors in those population. Complications of uncontrolled hypertension, Among other complications, hypertension can cause serious damage to the heart. Excessive pressure can harden arteries, decreasing the flow of blood and oxygen to the heart. This elevated pressure and reduced blood flow can cause: chest pain, also called angina; heart attack, which occurs when the blood supply to the heart is blocked and heart muscle cells die from lack of oxygen. The longer the blood flow is blocked, the greater the damage to the heart;

heart failure, which occurs when the heart cannot pump enough blood and oxygen to other vital body organs; and irregular heart beat which can lead to a sudden death. Hypertension can also burst or block arteries that supply blood and oxygen to the brain, causing a stroke. In addition, hypertension can cause kidney damage, leading to kidney failure.

To support governments in strengthening the prevention and control of cardiovascular disease, WHO and the United States Centre's for Disease Control and Prevention (U.S.CDC) launched the Global Hearts Initiative in September 2016, which includes the HEARTS technical package. The six modules of the HEARTS technical package (Healthy-lifestyle counseling, Evidence-based treatment protocols, Access to essential medicines and technology, Risk-based management, Team-based care, and Systems for monitoring) provide a strategic approach to improve cardiovascular health in countries across the world. According to WHO 1.28 billion adults worldwide have hypertension one in 5 adults.

The world health organization press release the number of adults aged 13 to 79 years with hypertension has increased from 650 million to 1.28 billion in the last 30 years.

A prospective cross sectional study was conducted on knowledge, attitude, practice and awareness of hypertension among patient in tumakur city Karnataka in 2020. The study aim to assess the knowledge, attitude, practice and awareness of hypertension among the hypertensive patient in tumakur city Karnataka. Study was conducted for 6 moths among hypertensive patient in tumakur city. The data were collected analysed and interpreted using descriptive statistics.

The result was revealed that a total of 100 cases of hypertension were Examined of which males were 55% and females were 45% . Age ranges from 35-75 years within which most of the respondents were between the ages of 55-65 years. Around 64% of the respondents had a case history of hypertension. A prospective cross sectional study was allotted for six months among patients with hypertension in Tumkur city. Data were collected, analysed, and interpreted using descriptive statistics. Regarding the attitude towards hypertension, the mean score attained was 63.4%. However, concerning practice the mean score gained was 51.4%.

The result of our study indicated that its fully important to know this status of patient knowledge, attitude, and practice concerning hypertension. It's necessary to grasp these patient factors to develop effective strategies.

Hypertension not only has a high prevalence, but also brings disease burden to the affected patients. To assess the level of awareness, treatment and control of hypertension in the northeast of China, we investigated the rates of awareness, treatment and control of hypertension and identified its related factors among hypertensive patients aged 18 to 59 years old in Jilin, China. The data (n = 4632) for the present study were extracted from a cross-sectional study in Jilin. Among individuals with hypertension, the standardized rates of awareness, treatment and control of hypertension were 44.9%, 36.5%, 24.3%, respectively. The rates of awareness and treatment of hypertension among middle aged patients were higher than those among young patients. Compared to patients with normal Body Mass index (BMI), obese hypertensive patients had a higher rate of treatment (43.7% vs. 25.9%) and a lower rate of control (18.9% vs. 29.6%). Compared to patients with normal BMI, patients who were obese were more likely to take measures to treat hypertension (OR = 2.50, 95% CI: 2.05–3.05); but were less likely to have well-controlled blood pressure (OR = 0.55, 95%CI: 0.40–0.78). BMI is one of the influencing factors of hypertension awareness, treatment and control among patients 18 to 59 years old with hypertension.

Therefore, I felt that need to study on knowledge regarding control of hypertension among hypertensive patients is very essential because as the statistics shows that hypertensive patients are stressful and very little knowledge regarding control aspect of hypertension. So it's necessary to give educational intervention regarding control of hypertension among hypertensive patients.

THE STUDY OBJECTIVES

1. To assess the pretest knowledge regarding control of hypertension among hypertensive patients attending medical OPD in selected hospital tumakur.
2. To evaluate the effectiveness of structured teaching program on knowledge regarding control of hypertension.
3. To find out the association between the pre test knowledge regarding control of hypertension among hypertensive patients

HYPOTHESIS

H1: There is a significant difference between pre test and post test knowledge regarding control of hypertension.

H2: There is a significant association between the pre test knowledge on hypertensive patients regarding control of hypertension with their selected demographic variables.

METHODOLOGY

The research design of the study was pre experimental one group pre-test post-test design. The population was Hypertensive patients visiting SIMS & RH Medical OPD. a quantitative research approach will be used. The sample consists of 60 Hypertensive patients at tumakur. convenient sampling technique was used for the study .the pre-test was conducted using structured questionnaire and structured teaching programme was given to the Hypertensive patients visiting SIMS & RH Medical OPD after pre-test on the same day. The post-test was conducted after 7 days of intervention by using the same questionnaire. The data was analysed by using descriptive and inferential statistics.
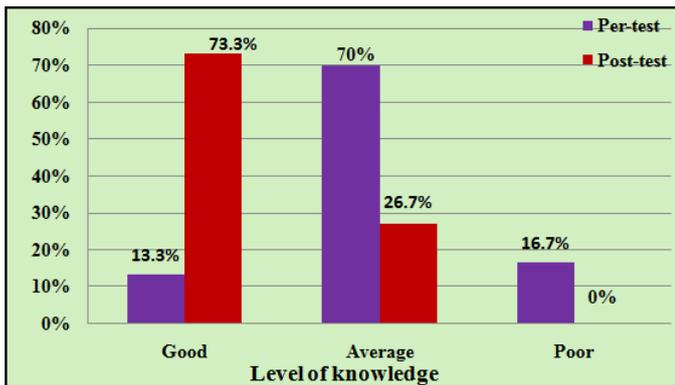
RESULT

Table No 1: Frequency and percentage distribution of knowledge scores of subjects regarding control of hypertension.

n=60

Level of knowledge	Pre test		Post test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Good (above 22.03)	8	13. 3	44	73.3
Average (22.03-15.97)	42	70	16	26.7
Poor (below 15.97)	10	16.7	0	0

Table No. 1 reveals that, distribution of level of knowledge among hypertensive patients regarding control of hypertension during pre-test and post-test. Most of them in the pre-test 21 (70%) had average knowledge, 05 (16.7%) had poor knowledge and 04 (13.3%) had good knowledge. In post-test after structured teaching program, 22 (73.3%) had good knowledge and 08 (26.7%) had average knowledge regarding control of hypertension.

DISCUSSION

he discussion brings the research report to closure. A well-developed discussion section "makes sense" of the research results. This is the most important section of research report.

The findings of the study have been discussed with reference to the objective and hypothesis. Here this study evaluated the effectiveness of structured teaching programme on knowledge regarding control of hypertension among hypertensive patients attending medical opd in Shridevi hospital at Tumakur. Apre-Experimental one group pre-test, post- test design was used to assess the effectiveness of structured teaching programme on knowledge regarding control of hypertension among hypertensive patients. A structured questionnaire was use to collect the data. A structured teaching programme was implemented to find out the effectiveness. The investigator utilized the convenient sampling technique to select the subjects. Pre-test was conducted prior to implementation of intervention (structured teaching programme) and post-test was conducted after a week, using the same questionnaire as employed for pre-test.

CONCLUSION

Based on the finding of the study, the following conclusions were drawn. The overall pre-test knowledge scores of the subjects were average. The post-test knowledge scores of the subjects after administration of the structured teaching program was significantly higher than the pre-test knowledge score.

Post-test knowledge scores after administration of structured teaching program showed significantly improvement in the level of knowledge. There was no association found with selected demographic variables.

RECOMMENDATION

Keeping in view the findings of the present study, the following recommendations were made:

1. A similar study can be undertaken for a larger and wider sample size, this would be more pertinent in making broad generalization.
2. A comparative study can be conducted between Structured teaching programme and Video Assisted Teaching among hypertensive patients of hospitals on knowledge regarding control of hypertensions.
3. A descriptive study can be conducted to assess the knowledge and attitude regarding control of hypertensions among nurses.
4. The study can be conducted to assess the knowledge and practice of the nurses regarding control and management of hypertension.
5. An experimental study can be conducted regarding effectiveness of control of hypertension among hypertensive patient.

ACKNOWLEDGEMENT

REFERENCES

1. Organization Mundial de la Salud, Information general sober la hipertensiónenel Mundo. Ginebra;2013. Available from: http://apps.who.int/iris/bitstream/10665/87679/1/WHO_DCO_WHD_2013.2_spa.pdf?u
2. El Nacional. Hipertensión arterial en Venezuela es una de las másaltas de Latino América. Caracas, Venezuela; 15 Mayo 2014. Available from http://www.eluniversal.com/vida/140515/hipertension-arterial-en-venezuela-es-una-de-las-mas-altas-de-latinoam.
3. M. Rondón, A. Rondón, A. Guerra. Manual Clinic de Hypertension Arterial. Venezuela, (2013),Available from: http://www.saber.ula.ve/bitstream/123456789/37250/1/manual_clinico_hta.pdf

4. National Heart, Lung, and Blood Institute. Factors de riesgo para la person arterial alta. Bethesda, Estados Unidos; 2 Nov 2015. Available from: https://www.nhlbi.nih.gov/health-spanish/ health-topics/temas/hbp/atrisk.

5. Campos, L. Hernández, R. Rojas, Hypertension arterial: prevalence, diagnostic opportune, control y tendencies en adults Mexicans. Salud Pública de México.(2013),55(2). Available from: http://www.scielo.org.mx/scielo.php?script=sci_arttextπrd=S0036-36342013000800011.

6. National Heart, Lung, and Blood Institute. Cuáles son lossignos, síntomas y complicaciones de la presión arterial alta? Bethesda, Estados Unidos; 2 November 2015. Available from: https://www.nhlbi.nih.gov/health-spanish/health-topics/temas/hbp/signs.

7. M. Urina.Complicaciones de la hipertensión arterial sistémica. En Hipertensión Arterial Sistémica.Agosto, (2012), pp. 264-268 Available http://scc.org.co/wp-content/uploads/2012/08/capitulo4.pdf.

8. E. Martínez. LA activated físicaenel control de la hipertensión arterial. IATREIA, 13 (2000), pp. 230-236 Available https://aprendeenlinea.udea.edu.co/revistas/index.php/iatreia/article/viewFile/3782/3499.

9. L. Barraza, C. Sarmiento.Conocimiento de la enfermedadenuna población hypertense colombiana.RevFac Med, 62 (2014), pp. 399-405 Available https://www.crossref.org/iPage?doi=10.15446%2Frevfacmed.v62n3.43370.

10 S.A. Oliveria, R.S. Chen, B.D. McCarthy, Hypertension knowledge, awareness, and attitudes in a hypertensive population, J Gen Intern Med, 20 (2005), pp. 219-225 Availeble from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490067

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