



EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING HOME CARE MANAGEMENT OF ADVERSE EFFECTS OF CHEMOTHERAPY AMONG PATIENTS IN A SELECTED HOSPITAL, BANGALORE

Dinesh Selvam S¹ Jolly Joseph², Almas Banu³,
 Professor and Principal¹ Professor and HOD², Msc.(N) student³
 Sarvodaya College of Nursing, Bangalore, Karnataka.

Abstract: Cancer is a serious epidemiological problem and is the second leading cause of death worldwide, accounting for nearly 10 million deaths in 2020, or nearly one in six deaths. A Pre-experimental one group pre-test and post-test design with quantitative approach was used to conduct to assess the effectiveness of Structured Teaching Programme on knowledge and attitude regarding home care management of adverse effects of chemotherapy. Most of the cancer patients gain knowledge and develop a favourable attitude regarding home care management of adverse effects of chemotherapy after the structured teaching programme. The study concluded that further awareness programs will enhance the patients to improve their knowledge and skills in managing the side effects of chemotherapy in home effectively.

Keywords: cancer, home care management, adverse effects of chemotherapy

Introduction:

Cancer is a disease characterized by uncontrolled, uncoordinated and undesirable cell division. Unlike normal cells, cancer cells continue to grow and divide uncontrollably, replicating into more harmful cells. Cancer is a large group of disorders with different causes, manifestations, treatments and prognoses.¹

In India, it is estimated that 14.5 lakh people are living with the disease, with over 7 lakh new cases being registered every year and 5,56,400 deaths which are said to be cancer related. An estimated 71 per cent of all cancer related deaths are occurring in the age group between 30 to 69 years.²

Chemotherapy is a standard modality of cancer treatment that uses chemical agents or drugs to kill cancer cells by interfering with cellular functions. Chemotherapy is an aggressive form of chemical drug therapy meant to destroy rapidly growing cells in the body. It works by stopping or slowing the growth of cancer cells, which grow and divide quickly.³ Common physical side effects of chemotherapy may include nausea, vomiting, bone marrow suppression, taste changes, alopecia, mucositis, neuropathy, skin changes and fatigue. specific side effects vary with the type of chemotherapeutic agent used. Many of the side effects of chemotherapy can be managed well, allowing patients to maintain their daily routines and work schedules. This can be achieved by providing meticulous education and psychological support to the patients and their families by nurses, oncologists, social workers, and other members of the health care team.⁴

Health care providers are the core members who share the knowledge and guide the cancer patients and their care takers to get optimal knowledge regarding home care management of adverse effects of chemotherapy. There is a great need for increasing awareness about the importance of managing adverse effects of chemotherapy effectively in home.

The aim of this study was to assess the effectiveness of Structured Teaching Programme on knowledge and attitude regarding home care management of adverse effects of chemotherapy among patients in a selected hospital, Bangalore.

Conceptual Framework: The study adopted the modified Roy's Adaptation Model to facilitate the adaptation of the person and the environment through management of stimuli.

Review of Literature: Extensive review of literature related to impact of chemotherapy on patients and the knowledge and attitude of patients regarding home care management of adverse effects of chemotherapy was done.

aMethodology

Research Approach and Research Design:

Quantitative Research Approach and Pre-experimental- One group pretest and posttest design.

Independent Variable: Structured Teaching Programme

Dependent Variable: Knowledge and Attitude of cancer patients regarding the home care management of adverse effects of chemotherapy

Socio-demographic variables - age, gender, religion, marital status, number of children, area of residence, type of family, qualification, occupation, family income, family history of cancer, history of any comorbid illness, and source of information

Setting of the study: the study was conducted at Manipal Hospitals, Bangalore.

Population and Sample: Population comprised of all the cancer patients undergoing chemotherapy at Manipal Hospitals. 60 cancer patients receiving chemotherapy and who fulfilled the inclusion criteria were considered as samples of the study.

Data Collection Tool: It consisted of Structured Questionnaire on Demographic Variables and Knowledge. Likert Scale was used to assess the attitude. The reliability and validity of the tool was established in Pilot study.

Data Collection method: Structured Interview Schedule was adopted to collect the pretest and Post test. The structured teaching program was implemented using AV aids to the diabetic clients. The post test was conducted after 7 days of intervention. The data was analyzed using descriptive and inferential statistics.

Results and Discussion

The mean post-test knowledge score (82.1) on home care management of adverse effects of chemotherapy was greater than the mean pre-test score (49.1) on home care management of adverse effects of chemotherapy. The mean enhancement between pre-test and post-test level score was 33.1. It was evident that a comparison of pre-test and post-test level score on home care management of adverse effects of chemotherapy among patients using paired 't' test (25.64) to determine the effectiveness of structured teaching programme on knowledge and attitude regarding home care management of adverse effects of chemotherapy among patients shows a statistical significance at 5% level for 59 degrees of freedom.

The mean attitude post-test scores on home care management of adverse effects of chemotherapy (97.8) was greater than the mean attitude pre-test scores on home care management of adverse effects of chemotherapy (71.0). It was evident that a comparison of pre-test and post-test level score on home care management of adverse effects of chemotherapy among patients using paired 't' test (31.94) to determine the effectiveness of structured teaching programme on knowledge and attitude regarding home care management of adverse effects of chemotherapy among patients shows a statistical significance at 5% level for 59 degrees of freedom.

The study result showed that there is positive relationship between post-test knowledge and attitude scores on home care management of adverse effects of chemotherapy. During post-test knowledge (82.1%) and attitude (97.8%) correlation is +0.7159 at 5% level of significance. Thereby we can see that the relationship between post-test knowledge and attitude scores on home care management of adverse effects of chemotherapy is statistically significant at 0.05 level.

Among the demographic variables, gender (6.03), number of children (6.14), family income (6.63), family history of cancer (4.29), comorbid illness (6.03) was found to be significant at 5% level showing that there was a significant association between the pre-test attitude scores with demographic variables.

Conclusion:

The investigator as a nurse felt the need to act as facilitators to educate the patients regarding home care management of adverse effects of chemotherapy which may help to improve the quality of life of patients and decrease the financial burden due to frequent hospitalizations. Nurses should conduct training program for patients to promote their wellbeing. The study helps the nurse researcher to develop insight into the development of promotion of health over the full life span and enhance the ability of individuals to respond effectively to actual or potential health problems.

Table 1: Overall Pre-test and Post-test Mean Knowledge scores on home care management of adverse effects of chemotherapy

N=60

Aspects	Max. Score	Knowledge Scores				Paired 't' Test
		Mean	SD	Mean (%)	SD (%)	
Pre test	25	12.27	2.57	49.1	10.3	25.64*
Post test	25	20.53	1.77	82.1	7.1	
Enhancement	25	8.27	2.50	33.1	10.0	

* Significant at 5% level,

t (0.05,59 df) = 1.96

Table 2: Over all Pre-test and Post-test Mean Attitude scores on home care management of adverse effects of chemotherapy

Aspects	Max. Score	Attitude Scores				Paired 't' Test
		Mean	SD	Mean (%)	SD (%)	
Pre test	85	60.37	5.43	71.0	6.4	31.94*
Post test	85	83.12	0.49	97.8	0.6	
Enhancement	85	22.75	5.49	26.8	6.5	

* Significant at 5% level,

t (0.05,59 df) = 1.96

Table 3: Correlation coefficient between Knowledge and Attitude scores on home care management of adverse effects of chemotherapy

N=60

	Aspects	Max. Score	Scores				Correlation (r)
			Mean	SD	Mean (%)	SD (%)	
Pre test	Knowledge	25	12.27	2.57	49.1	10.3	+0.7789*
	Attitude	85	60.37	5.43	71.0	6.4	
Post test	Knowledge	25	20.53	1.77	82.1	7.1	+0.7159*
	Attitude	85	83.12	0.49	97.8	0.6	

*Significant at 5% level,

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