

## EFFECTIVENESS OF TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE REGARDING INCISIONAL HERNIA AND IT'S PREVENTION TO DEVELOP AN INFORMATION BOOKLET

**Author's Name:** Mr. G Vishwaprakash<sup>1</sup>, Mr. Libin Babu<sup>2</sup>

**Affiliation:**

1. Associate Professor, TSM College of Nursing, Lucknow, Uttar Pradesh, India
2. Associate Professor, Era College of Nursing, Era University, Lucknow, Uttar Pradesh, India

**Corresponding Author Name & E-Mail:** Mr. Libin Babu, Libin.babu@erauniversity.in

### ABSTRACT

An pre experimental study was conducted to assess the effectiveness of structured teaching programme on knowledge and practice regarding incisional hernia and it's prevention among the clients between the age group of (21-60 years) who underwent selected abdominal surgeries at Mamata General Hospital, Khammam, Telangana and to develop an information booklet regarding incisional hernia and it's prevention. The objectives of the study were to assess the level of pre test knowledge and practice regarding incisional hernia and it's prevention among the clients. To assess the effectiveness of structured teaching programme on knowledge and practice regarding incisional hernia and its prevention. To associate the post test knowledge and practice scores with their selected socio demographic variables of clients regarding incisional hernia and it's prevention.

**METHODOLOGY OF THE STUDY:** The study was conducted in surgical wards and obstetrics and gynecological wards at Mamata General Hospital, Khammam. The population for the study was clients who underwent selected abdominal surgeries. The research design adopted for the present study was pre experimental design a convenient sampling technique was used to select the sample, The sample size 60 and a structured interview schedule was prepared to assess the knowledge and practice levels of clients regarding incisional hernia and its prevention. Tool was validated by the experts from various fields like Medicine and Nursing Pilot study was conducted to find out feasibility, reliability and validity of the tool.

**RESULTS AND CONCLUSION:** The pretest knowledge scores 42(70%) had moderately adequate knowledge, 14(23.33%) had inadequate knowledge, 04(6.67%) had adequate knowledge and pretest practice scores 48(80%) had fair practice, 10(16.67%) had poor practice, 02(3.33%) had good practice, post test knowledge scores 38(63.33%) had moderately adequate knowledge, 22(36.67%) had adequate knowledge, post test practice scores 49(81.66%) had fair practice, 11(18.37%) good practice The study showed that sample was lacking knowledge about incisional hernia and its prevention before the teaching programme. The Mean difference values of post test knowledge scores( 5.2 ) and practice scores( 0.5 ) Thus indicates structured teaching programme was highly effective in enhancing the knowledge and practice among the clients who underwent abdominal surgeries.

**Keywords:** EFFECTIVENESS, KNOWLEDGE, INCISIONAL HERNIA, PREVENTION, INFORMATION BOOKLET

## INTRODUCTION

Health is the level of functional or metabolic efficiency of a living organism. In humans, it is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain (as in "good health" or "healthy"). The World Health Organization (WHO) defined health in its broader sense in 1946 as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Disease management is defined as "a system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant. Surgery is the medical speciality that treats disease, injuries or other physical conditions. Surgery came from Greek word "cheirourgia" meaning "hand work". In India sushruta samhita is also known as by the title "father of surgery ". Billroth is father of abdominal surgeries, he had done first abdominal surgery in 1881(gastrectomy ). Surgery is major event in any person's life. Good results of the surgery depend on careful pre-operative evaluation balancing the risks and benefits of the surgery attention to pain management and avoidance of post operative complications.1

The different types of abdominal surgeries are cholecystectomy, splenectomy, appendectomy, gastrectomy, pyloroplasty, herniorrhaphy, resection of duodenum and colon, kidney transplantation, nephrectomy, liver transplantation, lower segment caesarean section and these surgery patients are not able to mobilize, so encourage them for early ambulation.

## OBJECTIVES OF THE STUDY

1. To describe the socio demographic variables of the clients.
2. To assess the level of pre test knowledge and practice regarding incisional hernia and it's prevention among the clients.
3. To assess the effectiveness of structured teaching programme on knowledge and practice regarding incisional hernia and it's prevention.
4. To associate the post test knowledge and practice scores with their selected socio demographic variables of clients regarding incisional hernia and it's prevention.
5. To Develop and distribute an information booklet regarding incisional hernia and it's prevention.

## RESEARCH METHODOLOGY

**RESEARCH APPROACH:** Quantitative evaluative approach.

**RESEARCH DESIGN:** pre experimental design.

### VARIABLES OF THE STUDY

**INDEPENDENT VARIABLES:** Structured Teaching programme regarding incisional hernia and it's prevention.

**DEPENDENT VARIABLES:** The knowledge and practice scores of the clients regarding incisional hernia and it's prevention.

**SOCIO DEMOGRAPHIC VARIABLES :** such as age, gender, religion, education, Occupation, income per month , Duration of illness, history of any previous surgery Source of information regarding incisional hernia and it's prevention.

**SETTING OF THE STUDY:** The study was conducted in surgical and OBG wards at Mamata General Hospital, Khammam, and Telangana.

**POPULATION:** Clients who underwent selected abdominal surgeries.

**SAMPLE:** The clients between the age group of 21-60 years who underwent abdominal surgeries.

**SAMPLE SIZE:** 60 Clients.

**SAMPLING TECHNIQUE:** Convenient Sampling technique

### **CRITERIA FOR SAMPLE SELECTION**

#### **INCLUSIVE CRITERIA:**

- Who are between the age group of 21-60 years.
- Who are underwent abdominal surgery like laprotomy, caesarian section.
- Who are willing to participate in the study.
- Who are available at the time of data collection.
- Who can understand and speak Telugu and English.

#### **EXCLUSIVE CRITERIA:**

Who are not admitted in Mamata general hospital Khammam, Telangana.

**METHOD OF DATA COLLECTION:** Interview technique

**TOOL FOR THE DATA COLLECTION:** structured interview schedule

#### **DEVELOPMENT AND DESCRIPTION OF THE TOOL:**

The tool for collection of data was structured interview Schedule. The schedule was organized in to 3 sections.

Section – I : Consists of Socio demographic Data.

Section - II: Consists of Questions on Knowledge regarding incisional hernia and it's prevention.

Section – III: Consists of Check list on practice regarding incisional hernia and it's prevetion.

**PILOT STUDY:** Pilot study was conducted at Mamata General Hospital. A written permission was obtained from the medical superintendent of Mamata General and Super Speciality Hospital. A brief introduction about the self and the study was explained. 10th percentile of samples were selected as sample from surgical wards. Written consent was obtained and the confidentiality of the response was assured. Structured interview schedule was administered to the patients who underwent abdominal surgeries.

**RELIABILITY:** The data was collected through interview schedule .The subjects were asked to answer the questions which provided in questionnaire, and it took 20 minutes for each individual to fill the tool. The pilot study findings found the pre test post test knowledge and practice levels by using split half method, the pre test knowledge reliability ( r) value is= 0.93, and pre test practice checklist reliability (r) value is = 0.96, and after structure teaching programme effective on knowledge and practice, the reliability for post test knowledge is (r) value is = 0.97 and post test for practice checklist is (r) value is = 0.97, which denotes the tool is reliable, applicable, feasibility and practicability in all aspects to conduct the main study.

**PROCEDURE OF DATA COLLECTION:** Formal written permission was obtained, from Medical Superintendent of Mamata General and Super Specialty Hospital, Khammam. The study was conducted at Mamata General Hospital, Khammam. Formal consent was obtained from clients who underwent abdominal surgeries and confidentiality of the response was assured. A brief introduction about self and the study was explained. The investigator assessed pre test knowledge and practice by interview technique. Each individual took 30 minutes to complete interview schedule and Structured Teaching Programme was given on the day of pre test. Post test was done after one week by using the same tool from sample.

**PLAN FOR THE DATA ANALYSIS:** The data was analyzed by using relevant and appropriate descriptive and inferential statistics.

**Descriptive statistics:** Includes frequency and percentage distribution, mean, and standard deviation used to assess the knowledge and practice scores.

**Inferential statistics:** Includes paired “ t ” test to compare pre and post test knowledge and practice scores. The chi-square used to find out the association between post test knowledge and practice scores with their selected socio demographic variables.

Does the study require any investigation or intervention to be conducted on the patients or other human beings or animals.

**YES (structured teaching programme.)**

**ETHICAL CONSIDERATION:**

Permission obtained from the research and ethical committee.

Permission was obtained from the medical superintendent of Mamata General and Super Specialty Hospital.

Informed consent was obtained from the sample who were willing to participate in the study.

**RESULTS AND CONCLUSION**

Hernia is the protrusion of an organ (or) the fascia of an organ through the wall of the cavity that normally contains it from within. (or) Hernia defined as a protrusion of organs through weakened abdominal wall (or) tissue. An incisional hernia is a type of hernia caused by an incompletely-healed surgical wound. Since median incisions in the abdomen are frequent for abdominal exploratory surgery, incisional hernias are termed ventral hernias. Incisional hernias can develop as a complication of abdominal surgery. The risk of an incisional hernia developing after surgery will vary depending on the type of surgery involved. This study was conducted in surgical wards at mamata general hospitals and assessed 60 clients by using convenient sampling with help of structured interview schedule among 60 samples pre-test knowledge levels 42(70%) had moderate knowledge, 14(23.33%) had inadequate knowledge and 04(6.67%) had adequate knowledge, and pre-test practice levels 48(80%) had fair practice and 10(16.67%) had poor practice and 02(3.33%) had good practice. After structured teaching programme Post test knowledge levels among 60 clients 38(63.33%) had moderate knowledge, 22(36.67%) had adequate knowledge. And post test practice levels 49(81.66%) had fair practice and 11(16.67%) had good practice.

Knowledge levels 42(70%) had moderate knowledge, 14(23.33%) had inadequate knowledge and 04(6.67%) had adequate knowledge, and pre-test practice levels 48(80%) had fair practice and 10(16.67%) had poor practice and 02(3.33%) had good practice. After structured teaching programme Post test knowledge levels among 60 clients 38(63.33%) had moderate knowledge, 22(36.67%) had adequate knowledge. And post test practice levels 49(81.66%) had fair practice and 11(16.67%) had good practice.

In the present study there is a significant association between knowledge scores with selected socio-demographic variable such as previous number of abdominal surgeries a on significant association between the variables such as age, gender, religion, educational status, occupational status, income per month, source of Information regarding incisional hernia and its prevention. As the chi square obtained was greater than a calculated value to attain significance.

The significant association between the practice scores with selected socio-demographic variables such as previous number of abdominal surgeries and source of information and the non significant association between the age, gender, religion, educational status, occupational status, income per month. Knowledge and practice scores of the clients who underwent selected abdominal surgeries as the chi-square value obtained was lesser than calculated value. The data shows that out of 60 samples, majority of the clients 17 (28.33%) were the age group between 51 - 60 years, 42 (70%) were males, 22 (36.67%) were Hindus, 36 (60%) were non literate, 27 (45%) were private employee, 24(40%) were Rs 5001-7000/-, and 38 (63.33%) were history of previous number of abdominal surgeries, and 25 (41.67%) were getting information from health care personnel

The calculated 't' value for knowledge( 18.7) and practice (21.5) is greater than tabulated value at 0.05 level .Thus indicates structured teaching programme was highly effectively.

## CONCLUSION:

The study concludes that the structured teaching programme on incisional hernia and its prevention was effective in enhancing the knowledge and practice among the clients who underwent abdominal surgeries.

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