

Study to Evaluate the Effectiveness of Structured Teaching Programme on Knowledge Regarding Complementary Therapies Among Arthritis Patients in Selected Hospitals at Jaipur

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Abstract

Introduction : Complementary therapy is a group of many different health care systems, practices, and products. These are not yet a part of mainstream medicine. Many people are using complementary therapies to promote health and assist with healing from illness. The term complementary and alternative therapies refers to interventions that are complementary (they can be used with the traditional medical interventions and thus complement them) as well as alternative (not included in the scope of conventional medical care) is becoming more prevalent among the general public.

Materials & Methods: A pre-experimental research approach was used for this study; the study is carried out in selected hospitals at Jaipur. The research design was a pre-experimental, one group pre-test and post-test design. The sample comprised of 60 arthritis patient. The arthritis patients were selected by purposive sampling technique.

Results: The results of the study have shown that the arthritis patients have inadequate knowledge regarding complementary therapies. The pre- test mean percentage knowledge score was 17.5 with a mean knowledge score found to be 47.5% with standard deviation of 3.56 with minimum and maximum score 40 respectively. The post- test mean percentage knowledge score was 32.16 with a mean knowledge score found to be 80.4 % with standard deviation of 1.77 with minimum and maximum score 40 respectively.

Conclusions: The findings of this study support the need for conducting an awareness programme regarding a significant increase in the knowledge of arthritis patients after administration of STP regarding complementary therapies. Hence it was concluded that STP has been an effective method to increase knowledge of arthritis patients regarding complementary therapies.

Keywords: Structured teaching prog; Knowledge; Complementary therapies; Arthritis

Introduction:

"A wise man ought to realize that health is his most valuable possession."

Health is the level of functional and metabolic efficiency of a living being. It is not just a state, but also "a resource for everyday life, not the objective of

living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."1 If the person's health is altered, that leads to disease stage. Disease is nothing more or less than Nature's blind attempt at cure. It is the system's attempt to deal as effectively as it can under given conditions with factors which, through man's ignorance, folly, and self-indulgence, are causing impediment of function.²

Complementary therapy is a group of many different health care systems, practices, and products. These are not yet a part of main stream medicine.³ Many people are using complementary therapies to promote health and assist with healing from illness. The term complementary and alternative therapies refers to interventions that are complementary (they can be used with the traditional medical interventions and thus complement them) as well as alternative (not included in the scope of conventional medical care) is becoming more prevalent among the general public.

According to National Center for Complementary and Alternative Medicine (NCCAM) the complementary and alternative medicine is defined as a group of diverse medical and health care systems, practices and products that are not presently considered part of conventional medicine. According to NCCAM, Complementary and alternative therapies are not same Complementary Medicine is used together with Conventional medicine. Alternative Medicine is used in place of Conventional medicine.

Complementary medicine is growing in popularity all the time, and is becoming a significant part of modern-day healthcare, with millions of treatments taking place each year. It reaches back into the distant past; drawing on health wisdom from ancient cultures such as the Greeks, Egyptians, and Chinese, and yet is also bang up-to-date with new health innovations and the latest technological advances.⁴

Complementary therapies have important role in suppressing the signs and symptoms of every disease. In arthritis, complementary therapies role is inevitable. Arthritis is inflammation of one or more joints.. A joint is the area where two bones meet. Arthritis involves the breakdown of cartilage. Cartilage normally protects a joint, allowing it to move smoothly. Cartilage also absorbs shock when pressure is placed on the joint, such as when you walk. Without the normal amount of cartilage, the

bones rub together, causing pain, swelling (inflammation), and stiffness. It is very common in older persons. In India 5.3% of males and 4.8% of females are aged more than 65 years. Although the proportionate percentage of elderly people in developing countries is lesser but absolute number is more than the developed world. Old age cannot be healed or prevented. The commonest obstacle for elderly to carry out daily activities is the problem of joint-pain and decreased mobility. Worldwide arthritis is the most common articular disease of people 65 years and old.⁵ In India nearly 70% of older patients are suffering from arthritis. Many of the arthritis are not completely cured. So we can use the complementary therapies as a good symptomatic treatment.

There are dozens of complementary therapies. They fall under three categories:

1. Touch, pressure and movement therapies
2. Medicine and diet-related therapies
3. Mind and emotion therapies

Some complementary therapies are reputable and required to be regulated. Others make dubious claims without the scientific evidence to back them up. Treat any practitioners who advise you to stop conventional treatment with extreme caution.⁶

Some critics argue that complementary medicine is all placebo, that is, that the treatments work simply because the patients want them to work rather than through any value of their own and that benefits are 'all in the mind' or are due to the increased personal attention and time spent with patients in complementary consultations. The growing body of scientific evidence doesn't really justify such a claim and yet all treatments involve placebo to some extent. For example, studies have shown that, even in orthodox medicine, patients do better if they have strong confidence in their doctor or the treatment/medicine that they're receiving. So some researchers argue that placebo is a power to be harnessed rather than dismissed.⁴ Prince Charles famously said, 'The unorthodoxy of today may well become the orthodoxy of tomorrow', and so it may prove that some of the therapies that are so maligned and ridiculed now prove to be accepted and commonplace in years to come.

Problem statement: A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED

TEACHING PROGRAMME ON KNOWLEDGE REGARDING COMPLEMENTARY THERAPIES AMONG ARTHRITIS PATIENTS IN SELECTED HOSPITALS AT JAIPUR.

Objectives:

- To assess the existing knowledge of patients regarding complementary therapies used in arthritis
- To assess the pre-test knowledge score of patients regarding complementary therapies.
- To find out significant difference between pre and pre-test knowledge score.
- To find the association between the pre-test knowledge score and selected demographic variables.

Hypothesis:

- H_1 - There is a significant difference between pre-test and post-test Knowledge score.
- H_2 - There is a significant association between post-test knowledge score and selected demographic variables

Materials & Methods:

Research design: The research design of a study spells out the basic strategies that the researchers adopt to develop information that is accurate and interpretable evidence. It is the overall plan for how to obtain answers to the questions being studied and handling some of the difficulties encountered during the research process. The research design selected for this study is a pre-experimental, one group pre- test and post-test design to measure the effectiveness of structured teaching program among arthritis patients regarding complementary therapies.

Sample: Arthritis Patients

Sample size: 60

Sampling techniques: Purposive sampling technique were used for the study.

Setting of the study: in Selected Hospitals at Jaipur

Population: The sample comprised of 60 arthritis patients admitted at the time of data collection in selected hospitals at Jaipur.

Validity and Reliability

The reliability was obtained by administering the tool to 10 arthritis patients possessing similar sample characteristics of the main study. The data of the structured knowledge questionnaire was analyzed by

split half method and the reliability coefficient was calculated using Spearman Brown Prophecy formula. The reliability co-efficient of the tool was found to be 0.8. Hence the tool was found to be valid, reliable, and feasible.

Results

The findings of study depicted a real evidence of significance between pre-test and post-test knowledge scores. The difference was statistically proved that paired "t" test (t calculated value pre-test and post-test knowledge score) 26.65 and it is significant at $p < 0.05$. So there is a significant difference between the pre and post-test knowledge score of arthritis patients on complementary therapies, hence the hypothesis (H_1) is accepted. And the second assumption ie; STP on complementary therapies for arthritis patients is an effective means of increasing knowledge.

In the present study, the outcome of chi-square test of education is 10.08 and duration of illness was 13.13. It shows association between education and post-test knowledge and duration of illness and knowledge score. The chi-square was resulted to be significant at 0.05 (i.e., $P < 0.05$). So there is statistical association between education and post-test knowledge and duration of illness and post test knowledge score.

In the present study the frequency and percentage distribution of demographic variables of participants revealed. Majority of the subject 25 % arthritis patients are in the age group of 21-40 years, 55% Arthritis patients are in the age group of 41-60 years, and 20% in the age group of 61-80 years.

Majority of arthritis patients, 61.67 % patients were male. Similarly remaining 38.33 % patients were female.

Majority of patients, 38% patients were Hindu, 28% patients were Muslim, 22% patients were Christian and 12% patients from other religion.

Majority of patients, 52% patients have primary education, 25% patients have secondary level education, 20% patients have pre university education and 3% patients have degree education.

Majority of patients, 58% patients from nuclear family, 25% arthritis patients from joint family and the remaining 17% arthritis patients from extended family.

It depicts that 37% patients are getting information

from television,39% patients through newspapers, 13% patients are getting information from friends and neighbors and remaining 12% patients get information from health professionals.

It depicts that 42% patients are suffering from arthritis for< 1 years,22% patients are from 1-5 years and remaining 37% patients are suffering for >5 years.

It depicts that 62% patients experienced with complementary therapies And remaining 38% patients did not experience with complementary therapies.

Conclusions: The findings of this study support the need for conducting an awareness programme regarding a significant increase in the knowledge of arthritis patients after administration of STP regarding complementary therapies. Hence it was concluded that STP has been an effective method to increase knowledge of arthritis patients regarding complementary therapies.

Recommendations

- A similar study can be replicated on a larger sample with different demographic characters.
- An Experimental study can be under taken with control group.
- A Similar study can be conducted using other strategies like SIM, booklets and pamphlets.
- A Similar study can be conducted among diabetic patients, asthmatic patients etc.

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