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Effectiveness of transitional care model on holistic care among patients with chronic illness

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Abstract

Background: Transitional care-range of time limited services and environments that complement primary care and care designed to ensure health care continuity and avoid preventable poor outcomes among at risk populations as they move from one level of care to another, among multiple providers and across settings.

Aim: To assess the effectiveness of transitional care model on holistic care among patients with chronic illness.

Setting and Design: The study was conducted in Narayana Medical College Hospital, Nellore by using a Quasi-experimental Nonequivalent control group design.

Materials and Methods: A total of 60 samples were included in this study. Samples were selected by using Non probability convenience sampling technique.

Statistical Analysis Used: The collected data was organized, tabulated, analysed and interpreted by using descriptive statistics like actual numbers and percentages, mean, standard deviation and inferential statistics like Chi-square test.

Results: Out of 60 samples, Shows that frequency and percentage distribution of illness levels in experimental group, during pre-test 6(20%) had moderate signs& symptoms, 24(80%) had severe signs& symptoms. Where as in posttest, 7(23%) had moderate signs& symptoms, 23(77%) had severe signs& symptoms. In control group, during pre-test 7(23%) had moderate signs& symptoms, 23(77%) had severe signs& symptoms. Where as in posttest, 6(20%) had moderate signs& symptoms, 24(80%) had severe signs& symptoms.

Conclusion: The results shows that the transitional care model is effective in changing the holistic aspects of psychological well-being and maintaining the blood pressure levels among patients with hypertension.

Keywords: holistic care, transitional care, chronic illness

Introduction

Background of the study: A chronic illness is a condition that lasts for a very long time and usually cannot be cured completely, although some illnesses can be controlled or managed through illnesses & certain medications. The term chronic is usually applied when the course of the disease lasts for more than 3months. Common chronic diseases include arthritis, asthma, cancer, COPD, diabetes & HIV/AIDS. Many people with these illnesses become depressed. In fact, depression is one of the most common complications of chronic illness.¹ Transitional care-range of time limited services and environments that complement primary care and care designed to ensure health care continuity and avoid preventable poor outcomes among at risk populations as they move from one level of care to another, among multiple providers and across settings.

The underlying foundation and prerequisite for true healing is compassion for the patient, and consideration of all aspects of the patient's nature, including the family, culture and community. A holistic theory based approach puts a patient's perceived needs first and offers care not only for the body but also for the human spirit. His or her response to illness and the effect of the illness on the ability to meet self-care need. Holistic nursing is the modern nursing that expresses this philosophy of care, also called comprehensive care.

Research Design: Quasi-experimental Nonequivalent control group design.

Research Setting: The study was conducted in Narayana Medical College Hospital, Nellore by using a Quasi-experimental Nonequivalent control group design.

Sampling Technique: Non probability convenience sampling technique.

Sample Size: A Total of 60 samples were evaluated.

Data collection procedure: The data collection procedure was done for a period of 6 weeks from 17/2/16 to 18/3/16. After obtaining formal written permission from the Medical Superintendent, data collection procedure was carried out for 6 weeks. The subjects were informed by the investigator

about the purpose of the study and their written consent was obtained. A total 60 hypertensive patients who met the inclusion criteria were selected by using the non-probability convenience sampling technique. Among them 30 were assigned to experimental and 30 were assigned to control group. After collection of data, the intervention is started and provided 7 days. For each intervention 30 minutes time was taken. 7 days were interventions were provided.

Statistical Analysis Used: The collected data was organized, tabulated, analysed and interpreted by using descriptive statistics like actual numbers and percentages, mean, standard deviation and inferential statistics like Chi-square test.

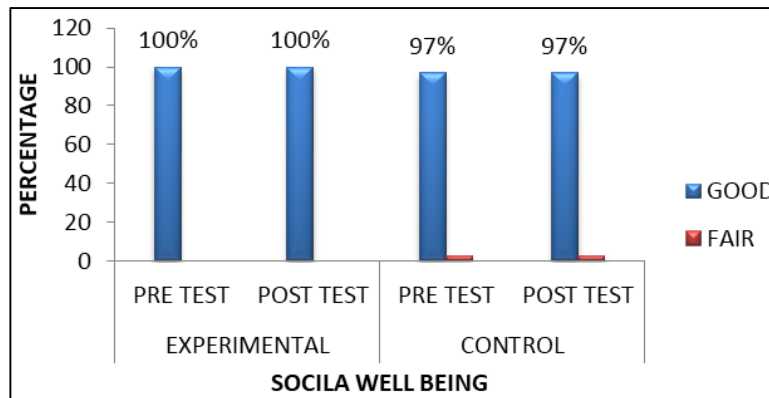


Fig 1: Holistic care on chronic illness patients of social well being

Fig: 1 shows that frequency and percentage distribution of illness levels in experimental group, during pre-test all are 30(100%) had good. Where as in posttest, all are 30(100%)

had good. In control group, during pre-test 29(97%) had good, 1(3%) had fair. Where as in posttest, 29(97%) had good, 1(3%) had fair.

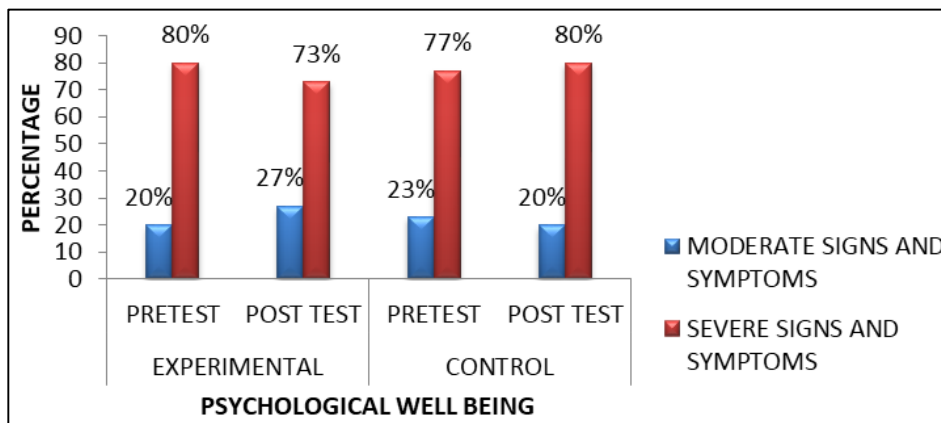


Fig 2: Holistic care on chronic illness patients' psychological well-being.

Fig: 2 Shows that frequency and percentage distribution of illness levels in experimental group, during pre-test 6(20%) had moderate signs& symptoms, 24(80%) had severe signs& symptoms. Where as in posttest, 7(23%) had moderate signs& symptoms, 23(77%) had severe signs&

symptoms. In control group, during pre-test 7(23%) had moderate signs& symptoms, 23(77%) had severe signs& symptoms. Where as in posttest, 6(20%) had moderate signs& symptoms, 24(80%) had severe signs& symptoms

Table 1: Effectiveness of holistic care among patients with chronic illness

Chronic illness	Pre test		Post test		Paired "t" test
	Mean	S.D	Mean	S.D	
Experimental Group	22.53	2.224	22.20	2.024	2.408 t=2.04 P<0.05 S*

Table: 1shows that effectiveness of holistic care among patients with chronic illness. In experimental group pretest illness mean value is 22.53 with S.D 2.224. In posttest the

chronic illness mean value is 22.20 with S.D 2.024. The calculated value of holistic care 2.408, the tabulated value of holistic care 2.04. The calculated value is greater than the

tabulated value. So, the null hypothesis (H_0) is rejected and the research hypothesis (H_1) is accepted at $P < 0.05$ in holistic care among patients with chronic illness (HTN).

It concluded that in experimental pretest group based on gender there is statistical significance at the level of 0.05, and remaining all demographic variables are showing no statistical significance at the level of 0.05. In control group pretest group all demographic variables are showing no statistical significance at the level of 0.05.

Conclusion

The results show that the transitional care model is effective in changing the holistic aspects of psychological well-being and maintaining the blood pressure levels among patients with hypertension.

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