



ISSN Print: 2394-7500  
ISSN Online: 2394-5869  
Impact Factor: 5.2  
IJAR 2018; 4(8): 60-64  
www.allresearchjournal.com  
Received: 01-06-2018  
Accepted: 03-07-2018

**Surekha Kasab**

Lecturer, Dr. D. Y. Patil  
College of Nursing, Pune,  
Maharashtra, India

**Rupali Salvi**

Research Guide,  
Associate Professor and  
Principal Incharge, Dr. D.Y.  
Patil College of Nursing, Pune,  
Maharashtra, India

## A study to assess the knowledge and practice regarding home management of chronically ill clients among care givers residing in selected slums

**Surekha Kasab and Rupali Salvi**

### Abstract

**Introduction:** In a country, care of terminally ill is often on a priority. The individual with musculoskeletal injury accounts for about 66% of all system and primary causes of disability. Chronically illness are an integral part of the process of old age and present as repetitive, psychological stress as a result of physical disability, and finances, and disruption in family and social life. After all drug treatment 33% of patients do not improve. Estimated population of chronically ill patients in India was 50million by 2017. Caregiver refers to an unpaid family member, friend, relatives who provides care to an individual who has an acute or chronic condition and needs assistance to manage variety of tasks. The prolonged bed rest and immobilization inevitable, leads to complications such as loss of muscle strength and endurance, contracture, soft tissue changes deep vein thrombo phlebitis, skin integrity. Taking in to consideration these issues, a study was designed to explore the self-care practices of the chronically ill patients of villages and urban slums pcmc area.

### Methods Research Approach

**Research Approach:** Descriptive survey approach.

Research design used was exploratory design .the conceptual framework based on health belief model was used for the study which is designed by Hochbaum (1958). The setting for this study was the selected areas of urban and rural areas in PCMC, Pune. Non probability Purposive Sampling Technique was used for 30 samples. The tool developed which includes, Section 1: The demographic variables, Section 2: Level of knowledge regarding home management of chronically ill client among care givers in selected slums. Section 3: Existing practice regarding home management of chronically ill client among care givers in selected slums. Section 4: Association of knowledge regarding home management of chronically ill patients among care givers with demographic variables. Tool for assess the knowledge using structured questionnaire. and for practices using observation checklist. Tool validity was done and tool found reliable. Study found feasible after pilot study.

**Results:** It has been observed that in this study exploratory design was used. The population for the present study comprised of chronically ill patient above 58 years residing in their own home in selected slums at PCMC. Total 30 samples were taken, Sample was collected through the use of Non Probability Purposive Sampling Technique. To ensure reliability of tool reliability for knowledge section was assessed using test-retest method Karl Pearson's Correlation Coefficient was found to be 0.82. reliability for practices was found using inter-rater method Cohen's Kappa was to be found 0.82. The data was analyzed using descriptive & inferential statistics. Chi-square tests were assessing the relationship practices and demographic variables. Chi-square test will be used to associate knowledge of chronically ill client among care givers with selected demographic variables. Majority of 73.3% of the care givers had average knowledge (score 8-14), 16.7% of them had poor knowledge (score 0-7) and 10% of them had good knowledge (score 15-21) regarding home management of chronically ill client. Majority of 96.7% of the care givers had good practices (score 14-20) and 3.3% of them had average practices (score 7-13) regarding home management of chronically ill client. association was assessed using Fisher's exact test. The p-values are large (greater than 0.05), there is no evidence against null hypothesis. None of the demographic variable was found to have significant association with knowledge of care givers regarding home management of chronically ill patients. Since all the p-values are large (greater than 0.05), there is no evidence against null hypothesis. None of the demographic variable was found to have significant association with practices of care givers regarding home management of chronically ill patients.

**Conclusion:** It has been observed that in descriptive study indicates that there is no evidence against null hypothesis. This none of the demographic variable was found to have significant association with knowledge of care givers regarding home management of chronically ill patients. There is no evidence against null hypothesis.

**Keywords:** Assess, knowledge, practice, home management, chronic illness, care givers, chronically ill clients

### Introduction

It was Home management of chronically ill client is a tedious task for the care givers observed by the Investigator there are very few studies done in selected slums, there is a need

### Correspondence

**Surekha Kasab**

Lecturer, Dr. D. Y. Patil  
College of Nursing, Pune,  
Maharashtra, India

to do assess home management of chronically ill clients. Home care of chronically ill clients who are bed ridden, have a chronic wound, diabetic foot, amputation, CVA, tube feeding, and lower limb fracture in selected slums. Therefore the investigator decided to assess knowledge and practice regarding home management of chronically ill clients among care givers residing in selected slums. 'Chronic illness' refers to clients who with Bed ridden, have a chronic wound or diabetic foot or amputation, or CVA, are on tube feeding, or lower limb fracture. Health care provider must have a clear understanding and recognition of the unique and specific influences culture has on a patient's behavior, attitudes, preferences and decisions around end-of-life care. An assessment should be made of how acculturated person and their family are, their language skills and whether an interpreter is needed.

Study was to evaluate the knowledge of chronic illness prevention in families of patient at risk. During a 4 month period, 62 care givers(78% family members and 22% non-related)filled out the questionnaire enquiring about the issue related to pressure ulcer prevention and treatment. Only 11% of questioned person knew what the pressure ulcer was 42% of caregivers were not aware of possible chronic illness causes, and 54.8% were not able to mention any pressure ulcer risk factor.53%of questioned persons never received any information about pressure ulcer prevention.

### Research Design

The research design selected for the study was an exploratory Research Design

### Research Setting

The present study was conducted in the selected slums of Phule nagar slums, Laltopi nager slums, Gawalimatha slums, Ajmera slums, and Balaji nagar at PCMC. Pune.

### Population

In the present study sample was selected as all the clients who were chronically ill who were suffering with chronic wound, diabetic foot, amputation, CVA, tube feeding, lower limb fracture and are at home, and those who were bed ridden.

### Sample

In the present study sample was the chronically ill and residing in selected slums of PCMC.

### Sample size

Sample size consisted of 30 chronically ill clients.

### Sample technique

In the present study the sample was collected through Non probability Purposive Sampling Technique.

### Criteria for selection of sample

#### Inclusion Criteria

1. Care givers those are willing to participate in this study.
2. Care givers who are suffering selected problems and who are at home.
3. Care givers who can read and write Marathi or English.

#### Exclusion Criteria

1. Care givers who are not willing to participate.

2. Care givers who are unable to read and write Marathi or English.
3. Care givers with problem of mental illness

### Development of tool

Structured Knowledge Questionnaire was used to assess knowledge of care givers and Observation checklist to assess practice of chronically ill clients among care givers was prepared. and used for data collection.

Opinions and suggestions were taken from the experts, which helped in determining the important areas to be included.

### Description of the tool

In this study the tool consisted of:

#### Section A: Demographic Performa

**Section B:** Structured Knowledge Questionnaire was used to assess knowledge.

**Section C:** Observation checklist to assess practice of chronically ill clients.

#### Section I: Demographic Performa

The Demographic Performa which included Structured Questionnaire to collect sample characteristics like Age, Religion, Family income in rupees, Family Structure, Addiction, Education, Occupation.

#### Section II: Section II Contain:

Knowledge regarding home management of chronically ill client among care givers in selected slums. It consists, knowledge regarding tube feeding, food, personal hygiene, sleep, elimination.

**Section III:** Section III Contains: Existing practice regarding home management of chronically ill client among care givers in selected slums. It consists, practice regarding tube feeding, food, personal hygiene, sleep, elimination.

### Validity

The tools and content were given to 25 experts. These were received with their valuable suggestions & comments on the study tool. The experts belonged to different fields which included professors & lecturers in the field of Medical Surgical Nursing, Community Health Nursing, Statistian, Surgical, Medical department. They were requested to give their opinion on the appropriateness& relevance of items in the tool.

### Reliability of the Tools

The reliability was done by Inter-rater Method Calculation tool reliability was done by Cohen's Kappa Formula and the reliability was found to be (0.8) hence the tool was reliable

### Ethical consideration

- Researcher had obtained approval from appropriate review boards to conduct the study.
- Researcher had taken formal permission from care givers to conduct study.
- Only the samples who had signed the consent form are included in the study.
- Confidentiality of the data is maintained strictly.

### Plan for data collection

- Ethical committee clearance
- Permission from the Corporator and Nagar Sevak of selected slums.
- Consent from care givers from selected slums.
- The investigator approached the chronically ill clients of selected samples, informed them regarding the objectives of the study and obtained their informed consent after assuring the confidentiality of the data.
- The data collection was done among selected sample by using structured questionnaires for knowledge and observational checklist for practice. Duration of the data collection for sample was 45 minutes.

### Pilot study

A pilot study conducted from 3/10/14 to 8/10/14 to assess the Feasibility of the study and decided the plan for data analysis. Prior administrative permission was obtained from the Nagar sevak of Phule nagar and Nager sevak of Balaji nager, Pimpri Pune.

The objective of study and obtained consent for participation in study. Test-Retest was done assessed knowledge of chronically ill client among care givers and inter-rater method was done to observe the practice of chronically ill clients among care givers.

The informed written consent taken prior to the study from the subjects & objective of the study were informed & assured the subjects about the confidentiality of data. So, the present study was feasible to carry out or an actual study.

### Data analysis and interpretation

For the analysis of demographic variable would be analyzed in terms of frequency and percentage was be calculated.. Mean, Median, Mode, Standard deviation, Percentage, Distribution, Frequencies for assess the knowledge. Chi-square tests were assessing the relationship practices and demographic variables. Chi-square test will be used to associate knowledge with selected demographic variables. Association was assessed using Fisher Exact Test & formulated in tabulation forms.

### Result

**Section I:** The major findings of the study were based on the objective: Description of samples according to personal characteristics in terms frequency and percentage. 60% of the chronically ill patients were males and 40% of them were females, 90% of them were Hindu, 3% of them were Muslim 3.3% of them were Christian and 3.3% of them had some other religion, 36.7% of them had monthly family income up to Rs. 5000, 56.7% of them had family income Rs. 5001-10000 and 6.7% of them had family income Rs.10001-15000, 46.7% of them was from joint family, 36.7% of them were from nuclear family, 13.3% of them had extended family and 3.3% of them had extended family, 36.7 Of them had addiction of alcohol, 26.7% of them had habit of Mishri, 23.3% of them had habit of cigarette and 13.3% of them had habit of tobacco, 30% of them were illiterate, 33.3% of them had primary education and 36.7% of them had secondary education, 7% of them were laborer, 13.3% of them had daily wages, 26.7% of them were house wives, 10% of them were retired and 3.3% of them had business.

### Section II-Analysis of data related to the level of knowledge regarding home management of chronically ill client among care givers in selected slums.

1. Majority of 73.3% of the care givers had average knowledge (score 8-14), 16.7% of them had poor knowledge (score 0-7) and 10% of them had good knowledge (score 15-21) regarding home management of chronically ill client.

2. 86.7% of the caregivers knew the position to be given to client during tube feeding. 46.7% of them knew how to take care of articles used for tube feeding. 83.3% of them knew how frequently tube feeding should be given to bed ridden client. 83.3% of them knew advantage of tube feeding. 70% of them knew when the care givers should consult the physician. 3. 90% of the caregivers knew the type of container to be used for storage of feed. 83.3% of them knew the type of feed to be given for bed ridden client. 80% of them knew the type of food should be preferred for most of diabetic client. 73.3% of them knew how to maintain client's meal pattern. 4. 73.3% of them knew what hygiene includes. 93.3% of them knew how to maintain client's oral hygiene. 86.7% of them knew how to maintain personal hygiene of client on tube feeding. 5. 73.3% of the caregivers knew how many hours should the client sleep. 90% of them knew what to do for good sleep for client. 70% of them knew how to ensure good sleep for the client. 73.3% of them knew why client gets disturbed during sleep. 6. 90% of them knew meaning of increased frequency of bowel movement. 73.3% of them knew what skin care should be given to a client with urine incontinence. 80% of them knew how to ensure daily bowel emptying of client.

### Section III- Analysis of data related to the existing practice regarding home management of chronically ill client among care givers in selected slums.

Majority of 96.7% of the care givers had good practices (score 14-20) and 3.3% of them had average practices (score 7-13) regarding home management of chronically ill client. Majority of the care givers followed the good practices regarding feeding. Majority (around 90%) of the care givers followed the good practices regarding personal hygiene. Majority (around 90%) of the care givers followed the good practices regarding sleep. Majority of the care givers followed responding to clients elimination need and bowel & bladder movements.

### Section IV-Analysis of data related to association of knowledge and practice regarding home management of chronically ill client among care givers with their demographic variables.

Analysis of data related to association of knowledge and practice regarding home management of chronically ill client among care givers with their demographic variables. None of the demographic Variable was found to have significant association with knowledge of care givers regarding home management of chronically ill patients. The p-values are large (greater than 0.05), there is no evidence against null hypothesis. None of the demographic variable was found to have significant association with knowledge of care givers regarding home management of chronically ill patients. Since all the p-values are large (greater than 0.05), there is no evidence against null hypothesis. None of the demographic variable was found to have significant association with practices of care givers regarding home management of chronically ill patients.

## Conclusion

The study was a new learning experience for the Investigator. Analysis of the problem faced by the care givers due to knowledge and practice regarding home management of chronically ill client among care givers in selected slums. It consists, knowledge and practice regarding tube feeding, food, personal hygiene, sleep, elimination. The overall experience of conducting this study was satisfying one, with good co-operation from chronically ill clients at the selected slums. The study was a new learning experience for the investigator. The result of the present study shows that the demographic variables which were found to have significant association with home management of chronically ill client among care givers.

## Discussion

Association of practices regarding home management of chronically ill patients among care givers with their demographic variables. None of the demographic variable was found to have significant association with knowledge and practices of care givers regarding home management of chronically ill patients. The p-values are large (greater than 0.05), there is no evidence against null hypothesis. None of the demographic variable was found to have significant association with knowledge of care givers regarding home management of chronically ill patients. Since all the p-values are large (greater than 0.05), there is no evidence against null hypothesis.

## Limitations

- Data collection period was limited to 4 weeks
- The data was collected only through the baseline data and a Questionnaire.
- The study was conducted to only one group of 30 chronically ill clients at selected slums in Pune, hence generalization was limited to the population under study.
- Internal validity as the Investigator had no control over the events that took place between the test and re-test.

## Recommendations

1. On the basis of the findings of the study, the following recommendations are made for the future research:
2. A similar study may be replicated on large samples; there by findings can be generalized.
3. A study can be done on association between various demographic variables, which were significant on larger sample.
4. A study can be undertaken in different settings and different target population.
5. A similar study can be replicated on a larger sample with different demographic characteristics.
6. A similar study can be replicated with broader content area on chronicle illness.

## Acknowledgement

“Nothing is more beautiful than cheerfulness in an old face”. With profound joy and deep sense of gratitude, I thank Almighty God Subhantallah for able providence, throughout the course of this project. It is because of the Almighty that the investigator has been able to drive all strength to complete this study. This effort in my academic pursuit would not have been a reality but for the constructive support, guidance and encouragement by a number of

people, whose help, I specially recognize through this study. No words can express my heartfelt gratitude to my Guide Mrs. rupali salvi, Asso-professor and I also thanks to research coordinator Ms. Sucheta Yangad, Associate Professor, Dr. D. Y. Patil College of Nursing, for her expert positive and supportive guidance. During my darkest, stressful moment, my guide and coordinator were like the rising sun casting brightness, hope and bringing life to the gloomiest areas. their humor, wisdom and expertise in projecting the positive aspects of any situation was the propelling force which culminated in this dissertation, the crowning glory of all my endeavors. I am thankful to both of them for their inspiration constant ii guidance, sustained patience, valuable suggestion and support and moreover encouragement right from the inception until the completion of study.

I am deeply indebted to Mrs. Rupali Salvi, class coordinator for expert guidance, sustained patience and valuable suggestions. I express my profound gratitude to Dr (Mrs.) Khurshid Jamadar, Principal, Dr. D. Y. Patil College of Nursing, who through her constant encouragement valuable guidance & constant patience made me accomplish this study.

I take this opportunity to express my sincere gratitude towards the entire faculty of Dr. D. Y. Patil College of Nursing, as well as the administrative staff for their support and assistance throughout the study period.

I would like to take this opportunity to thank all experts in the field of community health nursing, preventive and social medicine as well as medicine departments, surgical department, Statistician for their valuable suggestions and validation of the data collection instrument and plan. Richter With profound joy and deep sense of gratitude, I thank Almighty god Subhantallah for able providence, throughout the course of this project. This effort in my academic pursuit would not have been a reality but for the constructive support, guidance and encouragement by a number of people, whose help, I specially recognize through this study. No words can express my heartfelt gratitude to my Guide Mrs. Rupali Salvi Asso, Professor Lecturer and I also thanks to research coordinator Ms. Sucheta Yangad, Associate Professor, Dr. D. Y. Patil College of Nursing, for her expert positive and supportive guidance I express my profound gratitude to Dr.(Mrs.) Khurshid Jamadar, Principal, Dr. D. Y. Patil College of Nursing, who through her constant encouragement valuable guidance & constant patience made me accomplish this study.

## References

1. Addis Ababa. Indian Journal of Public Health, India. 2012; 14(4):155-156.
2. Ramvi. Journal AIDS-Protective Behaviors in Care givers Programmes Young Adults, India. 2011; 14(9):362-373.
3. Marsteller. Department of Management, India. 2010; 14(2):170-174.
4. Premji S. Journal trauma and critical care. 2008; 47(5):22-24.
5. Nair P. AT. Awareness and Practices of management male in a rural area of East Delhi, Indian J Community Med. 2007, 2010; 9(8):32-33.
6. Feinberg, Hauser. Field Report from a National Consensus Development and Conference, 2012; II(8):12-15.

7. Navaie, Feldman PH, Gould DA, Levine Kuerbis. *Journal of Public Health, The plight of vulnerable caregiver.* 2009; 4(3):409-412.
8. Potter PA, Perry GA. *Fundamentals of Nursing, Louis: Mosby Publishers.* 2009; 8(17):89-92.
9. Gupta Koirala. Centers, for, Disease, Control, and, Prevention. *Diabetes, related, healthconcern,* 2009. Accessed, 2009; 9(3):9-11.
10. Wak J, Haley W. *journal Current research findings on end-of-life decision making among racially or ethnically diverse groups.* *Gerontologist.* 2005; 8(9):45-47.
11. Nancy. *Principles & practice of nursing published by: N.R. publishing house, 2<sup>ND</sup>Edition, 2008, 4-8.*
12. Bruggeman, Nicholas B. *journal wound complications after open Achilles tender repair, Clinical orthopedics in diabetic foot and related research,* 2008; 6:63-65.
13. Jill Heitzman. *Foot Care for Patients with Diabetes topics-Geriatric, India.* 2009; 5(8):251-255.
14. Manmohan, Mehndiratta. *Journal, Bedridden, Stroke, in, Youngadult, clinical, research.* 2009; 6(9):3, 24, 25.
15. Chu Lin. *Field. Report, National Consensus Development Conference.* 2009; II(9):12-15.
16. Scmeiding Norma, Jean Waldman Ruth. *Nasogastric tube feeding and Medication administration: A survey of nursing practices, gastroenterology nursing,* 2008; 9(204):118-120.
17. Skulka. *A Pressure Ulcer Prevention-evaluation of awareness in families of patients at risk, Pub Med-indexed for midlines, Article in Polish.* 2009; 5(9):4-6.
18. Harman. *Journal bed Ridden client research on Bed ridden client.* 2010; 206(9):119-120.
19. Gupta. *Journal A survey of Nursing Practices Nursing India,* 2009; 8:20-24.
20. Prince, Harding. *Nursing, journal.* 2010; 8(7):165-168.
21. Kerr. *Pressure area: An exploration of Greek nurses knowledge and practice Journal advance nurses.* 2009; 9(8):40-43.
22. Prince, Harding K Cardiff. *journal Impact Schedule the development of condition specific questionnaire to assess health-related quality of life in patients with chronic wounds of the lower limb.* 2009; 7(8):10-13.
23. Hopkins Johns. *Bangladesh Journal of Medical Science.* 2012; 13(2):170-174.
24. *According to Oxford Dictionary, Medical Nursing Dictionary,* 2000; 5:26.
25. *Medical Allied Health Dictionary, 5<sup>th</sup>edition, 2008, 20.*
26. *Mosby Medical Nursing and Allied Health Dictionary.* 2009; 6:40.
27. *Baillieres Nursing and Health care Dictionary,* 2000; 6:32.
28. Clos A. *journal Patient Education a literature review stroke Advance Nursing, India,* 2009; iii(3):8-10
29. Chaves. *Journal of nursing, caring for bedridden clients assistance domiciliary, conceptualist.* 2012; 6(5):9-11.
30. Magrath P. *journal Equal access to all Meeting the need of water, sanitation of people living with stroke BMC Public Health. BMC Public Health.* 2012; 7(9):20-23.
31. Paul Stolee. *topic Address correspondence to Paul Stole Department of Health Studies and Gerontology University of Waterloo, University Avenue West,* 2010, 1-4.
32. Susan. *Journal the fractures are treated by reduction.* 2010; 5(2):1-4.
33. Suzanne L, Dodd MJ. *Topic Incidence of hip fractures set to increase to 6.3 million worldwide in.* 2011, 2050(17):24-31.
34. Evelyn. *Topic Feeling of Burden, Psychological Distress, and Anxiety among Primary Caregivers of client with Home Enteral Nutrition,* 2011; 36:188-195.
35. Mohllajee AP. *Breast size and risk of type 2 diabetes mellitus. Canadian Medical Association Journal.* 2010; 178(3):313-15.
36. Fatima L. *Topic-BMC Public Health, chronic wound of homecare management,* 2009, 20, 23
37. Brooke MH, Fenichel GM, Griggs RC. *Topic patterns of clinical progression and defects of supportive therapy. Neurology.* 1989, 2010; 39(4):48-50.
38. Adrienne H. *Indian Journal of Medical Science.* 2010; 13(2):7-9.
39. Mohan V, Deepar, Deepa. *Medical Association Journal, risk type 2 diabetes mellitus.* 2010; 178(3):313-315.
40. Arun Kadam, Mahadeo B Shinde. *International Journal of Science and Research (IJSR),* 2014; 3(4):586.
41. Agarwal SK, Srivastava RK. *Department of nephrology All India Institute of medical science newdelhi, chronic kidney disease in India: challenges and solution.* 2009; 111(3):197-203.
42. Mohammad, Mehndiratta *feeding, practice, Young, Adults clinical research.* 2010; 7(5):2-4.
43. Mehta RS. *Topic Diabetes, 3<sup>rd</sup>Edition, Diabetes Brussels, Belgium,* 2011, 23-25.
44. Fathia A. *American Journal of Research communication Caregivers Knowledge and Practice Regarding Prevention of Immobilization www.usa-journals.* 2014; 2(3):78, 79.
45. Deborah J Kenny, Petra Goodman. *Care of the Patient with Enteral Tube Feeding an Evidence Based potocol. Nursing Research.* 2010; 59(1):2-9.
46. Hiser. *Indian journal Risk factors for pressure ulcers in acute care hospitals Wound Repair.* 2010; 16(1):11-8.
47. Mohammed. [http://www.ukessays.com/essays/nursing/studies-related-to-knowledge-of-caregiver,](http://www.ukessays.com/essays/nursing/studies-related-to-knowledge-of-caregiver) 2009,
48. Arslantaş, Sulvaraj. *Journal An Evidence-Based Practice Nursing research.* 2011; 23(9):34-36.
49. Petra Goodman. *Nursing research.* 2010; 59(1):22-31
50. Archibald PG. *Pain of fracture and stress of care giving: links between patient function and caregiver burden. Journal of Orthopedic Nurses.* 2007; 26(3):155-156.
51. Cashman R. *Impact of continuing education on patient outcomes in the elderly hip fracture population, Clinical Orthopedics and Research.* 2010; 6(30):23-24.
52. Demir F. *Effects of Stroke, National Stroke Association. URL:http://www.stroke.org/site.* 2009; 7(5):33-36.
53. Viidik A. *journal the biological aging model.In: Kirk, and Schroll Knowledge about Aging—the Way to Action.* 2010; 7(9):9-11.
54. Sinha, Birendra K, Watson, David C. *International Journal of home Management.* 2007, 2010; 14(4):386-387.
55. Saurabh RS. *Services provided by Drop in Centre, care givers home care.* 2012; 2(1):445-461.