Research Paper

A Study to Assess the Effectiveness of Structured Teaching Programme on Prevention of Delirium Among Elderly In Selected Community Area At Puducherry

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ABSTRACT

Introduction: Delirium is an acute organic brain syndrome characterized by inattention, cognitive impairment and alteration of consciousness.Delirium is triggered by multiple potential causes, including acute medical illness, drug use or withdrawal, trauma or surgery.The prevention strategies include early mobilization, adequate hydration, sleep enhancement, orientation to time and place, therapeutic activities such as reminiscence (for cognitive stimulation), and hearing and vision optimization by using hearing and vision aids as needed.Objectives of the study: The main oobjective of the study to assess the level of knowledge regarding prevention of delirium among elderly and to evaluate the effectiveness of structured teaching program on knowledge regarding prevention of delirium among elderly and to associate the pretest level of knowledge on structured teaching programme on prevention of delirium among elderly with their selected demographic variables.Methodology: A quantitative research approach was adopted for the present study. By using purposive sampling technique 30 samples were selected for the present study. Results: The present revealed that, in pretest, 20(66.7%) had moderate knowledge and 6(20%) hadadequate level of knowledge and in post-test, 15(50%) had adequate and 12(40%) had moderately adequate level of knowledge regarding prevention of delirium among elderly. Conclusion: The study findings concluded that majority of the elder people had gained adequate knowledge after structured teaching programmed regarding prevention of delirium.

I.   INTRODUCTION:

"Life creates itself in delirium and is undone in ennui"
-Emil Ciaran

The term 'delirium' is derived from the Latin word deli rare, meaning 'to go out of the furrow' 'delirium'. Delirium is an acute organic brain syndrome characterized by inattention, cognitive impairment and alteration of consciousness. Delirium can be further characterized as hypoactive, hyperactive or mixed.Delirium is triggered by multiple potential causes, including acute medical illness, drug use or withdrawal, trauma or surgery. Most causes originate outside of the brain, but delirium with primary neurological causes, such as stroke, is also recognized. The term 'subsyndromal delirium' has been used to describe patients who have some delirium features but do not fulfil all criteria for a delirium diagnosis and the preventive interventions such as frequent reorientation, early and recurrent mobilization, pain management, adequate nutrition and hydration, reducing sensory impairments, and ensuring proper sleep patterns to reduce the incidence of delirium, regardless of the care environment. These prevention strategies include early mobilization, adequate hydration, sleep enhancement, orientation to time and place, therapeutic activities such as reminiscence (for cognitive stimulation), and hearing and vision optimization by using hearing and vision aids as needed. Nurses play a crucial role in patient care, including teaching about causes, risk factors, monitoring sleep patterns and advising on healthy diets to prevent delirium.

II. REVIEW OF LITERATURE:

Mary Ann Francisco et al. (2022) was conducted a study on delirium on hospitalized patients and is associated with increased hospital length of stay, discharge to skilled care, cost, morbidity, and mortality. At our organization, there was no formal delirium assessment performed by the nursing staff outside of the intensive care unit. Assessment of nurses' knowledge about delirium, a nurse-driven delirium screening protocol, and patient education were implemented on an adult inpatient neurology unit. Knowledge change, protocol implementation, and patient-level outcomes were assessed. No change in nursing knowledge occurred pre/postintervention. Falls, falls with injury, and restraint and sitter usage decreased. Changes in length of stay varied over the intervention period. The trend to discharge to home increased, while the trend to discharge to skilled nursing care decreased.

STATEMENT OF THE PROBLEM:
A study to assess the effectiveness of structured teaching program on prevention of delirium among elderly in selected community area at Puducherry.

OBJECTIVES:
■ To assess the level of knowledge regarding prevention of delirium among elderly.
■ To evaluate the effectiveness of structured teaching program on knowledge regarding prevention of delirium among elderly.
■ To associate the pretest level of knowledge on structured teaching programme on prevention of delirium among elderly with their selected demographic variables.

ASSUMPTION:

■ Elderly people have some knowledge regarding prevention of delirium.

■ Structured teaching programme enhance the knowledge regarding prevention of delirium may chance to prevent the delirium and create the awareness among elderly.

RESEARCH APPROACH:
A quantitative research approach was used for this study.
RESEARCH DESIGN:
The one group pre-test and post-test research design was adapted for this study.
SETTING OF THE STUDY:
The study was conducted at Vinayagampet, Puducherry. It is located near by the institute of Sri ManakulaVinayagar Nursing College and is located 9500 kilometre away from Sri ManakulaVinayagar Nursing College.
POPULATION:
The population of the study was elderly people at Vinayagampet.
SAMPLE:
The sample of the study was elderly people those who fulfils the inclusion criteria.
SAMPLE SIZE:
The sample size of the study consists of 30 elderly people.
SAMPLING TECHNIQUE:
The purposive sampling technique was adopted for this present study.

SAMPLE SELECTION CRITERIA:
Inclusion criteria:
• Those who are willing to participate in the study.
• Those who are in the age group of 55-75 years

Exclusion criteria:
• Those who cannot read and write and understand Tamil and English.
• Those who are absent on the day of data collection.

III. MATERIALS AND METHODS:
SECTION A:DEMOGRAPHIC VARIABLES
It consists of ddemographic variables such as age, gender, education, residence, religion, family income, marital status, type of marriage, type of family, living status, underwent any ongoing treatment, source of income, source of information.

SECTION B: KNOWLEDGE QUESSIONNAIRE
It consists of mmultiple choice questionnaires to assess the effectiveness of structured teaching program on prevention of delirium. It includes definition, causes, signs and symptoms, diagnosis, treatment and preventive measures of delirium.

SCOREINTERPRETATION:

Classification	Inadequate	Moderately adequate	Adequate
Score	0-6	7-13	14-20

DATA ANALYSIS AND INTERPRETATION:
The data collected was analyzed using descriptive and inferential statistics. The data was organized as
Section A: Description of the demographic variables.
Section B: Pretest and posttest aassessment for the level of knowledge on prevention of delirium among elderly.
Section C: Effectiveness on level of knowledge on prevention of delirium among elderly on before and after conduct structured teaching programme (pretest and post-test).
Section D: Association between level of knowledge on prevention of delirium among elderly with their selected demographic variables.

TABLE 1: FREQUENCY AND PERCENTAGE WISE DISTRIBUTION OF DEMOGRAPHIC VARIABLES. (N=30)

SL.NO	DEMOGRAPHIC VARIABLES	FREQUENCY (n)	PERCENTAGE (%)
1.	**Age in years**		
	a)55-60years	3	10
	b)60-65 years	11	36.7
	c)65-70 years	14	46.7
	d)Above 70 years	2	6.7
2.	**Gender**		
	a) Male	11	36.7
	b) Female	19	63.3
3.	**Religion**		
	a) Hindu	30	100
	b) Muslim	0	0
	c)Christian	0	0
4.	**Educational qualifications**		
	a) School	22	73.3
	b) Undergraduate	0	0
	c) Postgraduate	0	0
	d)Illiterate	8	26.7
5.	**Family monthly income**		
	a) Below Rs.5,000/month	14	46.7
	b) Rs.5,000-10,000/month	10	33.3
	c) Rs.10,000-15,000/month	6	20
	d) Above Rs.15,000/month	0	0
6.	**Marital status**		
	a) Married	29	96.7
	b) Unmarried	1	3.3

| 7.	**Type of marriage**		
	a) Consanguineous	5	16.7
	b) Non-consanguineous	25	83.3
8.	**Type of family**		
	a) nuclear family	27	90
	b) Joint family	3	10
9.	**Occupational status**		
	a) Currently working	5	16.7
	b) Not working	25	83.3
10.	**Living status**		
	a) Alone	6	20
	b) With family members	24	80
11.	**Are you getting any treatment for delirium?**		
	a) Yes	12	40
	b) No	18	60
12.	**Sources of income**		
	a) Family support	17	56.7
	b) Pension	13	43.3
	c) Institutional support	0	0
13.	**Sources of information regarding delirium**		
	a) Television	15	50
	b) Internet	0	0
	c) Newspaper	15	50
	d) Work experience	0	0
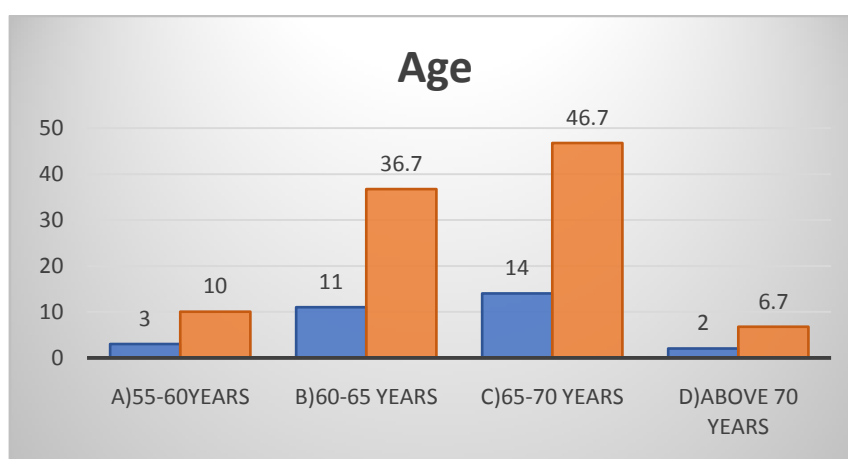
Fig-1: Bar diagram shows frequency and percentage distribution of subjects according to age in years
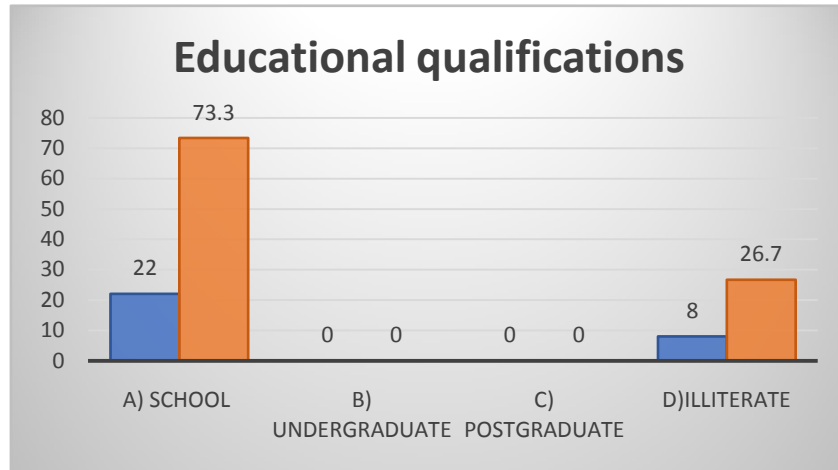
Fig:2 Frequency and percentage wise distribution of demographic variables according to educational qualification
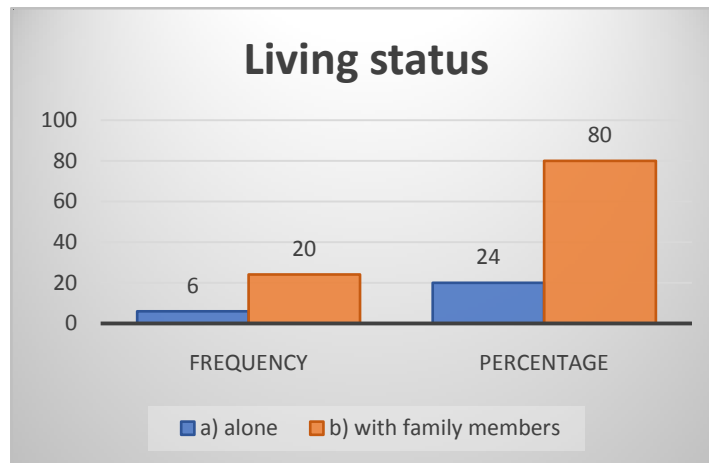

Fig:3 Percentage and frequency wise distribution of demographic variables according to living status

TABLE 2: FREQUENCY AND PERCENTAGE WISE DISTRIBUTION FOR THE LEVEL OF KNOWLEDGE ON PREVENTION OF DELIRIUM ON BOTH PRETEST AND POSTTEST.
(N=30)

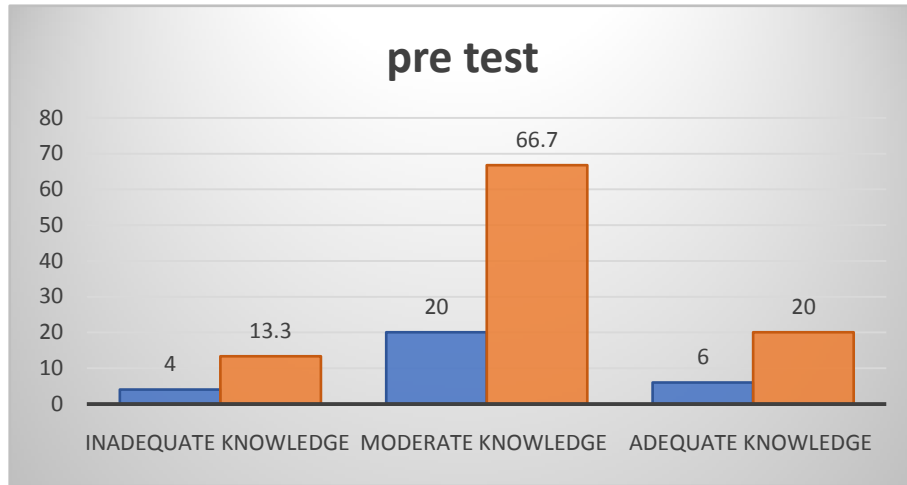| Sloe	Level of knowledge	Pre test		Post test	
		Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
1.	Inadequate knowledge	4	13.3	3	10
2.	Moderate knowledge	20	66.7	12	40
3.	Adequate knowledge	6	20	15	50

Fig:1 Frequency and percentage wise distribution for level of knowledge on pretest.
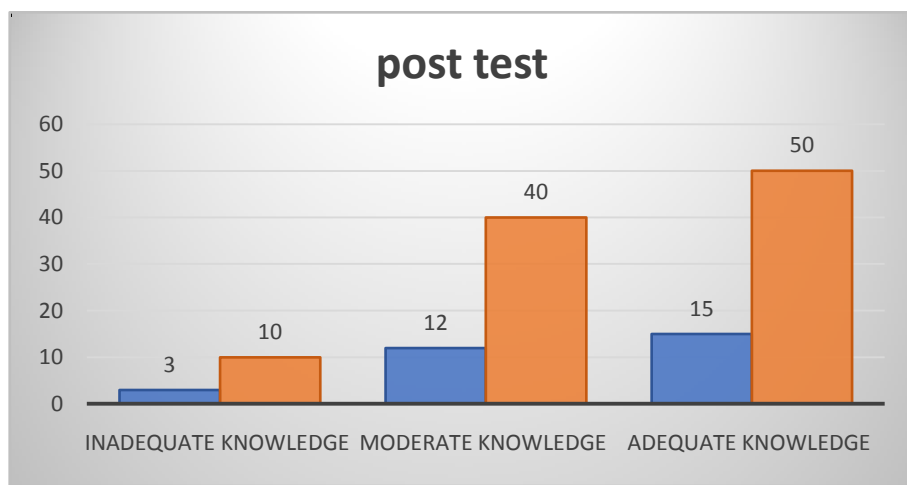
Fig: 2 Frequency and percentage wise distribution for level of knowledge on post test

TABLE 3: TO EVALUATE THE MEAN AND STANDARD DEVIATION LEVEL OF KNOWLEDGE ON PREVENTION OF DELIRIUM AMONG ELDERLY ON BEFORE AND AFTER CONDUCT STRUCTURED TEACHING PROGRAMME (PRETEST AND POST TEST).

(N=30)

SL.NO	EFFECTIVENESS OF KNOWLEDGE	MEAN	STANDARD DEVIATION	P VALUE
1.	Pre test	6.30	3.365	0.05*
2.	Post test	14.00	3.686	

Fig 4: Mean and standard deviation values on the effectiveness of knowledge for both pretest and post-test.
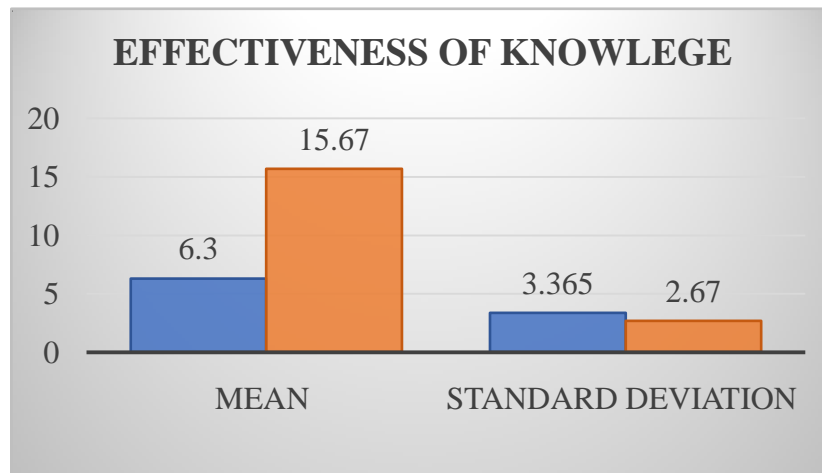
TABLE 4: ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE ON PREVENTION OF DELIRIUM ON BOTH PRETEST AND POST TEST WITH THEIR SELECTED DEMOGRAPHIC VARIABLES. (N=30)

SI. NO	DEMOGRAPHIC VARIABLES	PRETEST				POST TEST						X^2
		Inadequate		Moderate		Adequate		Inadequate		Moderate		Df
		N	%	N	%	N	%	N	%	N	%	P value
1.	Age in years											
	a)55-60years	3	10	0	0	3	10	0	0	0	0	**14.178***
	b)60-65 years	6	20	5	16.7	8	26.7	0	0	3	10	**6**
	c)65-70 years	11	36.7	3	10	4	13.3	2	6.7	8	26.7	**0.028**
	d)Above 70 years	1	3.3	1	3.3	0	0	1	3.3	1	3.3	**S**
2.	Gender											
	a) Male	7	23.3	4	13.3	5	16.7	1	3.3	5	16.7	0.2152
	b) Female	14	46.7	5	16.7	10	33.3	2	6.7	7	23.3	0.898 NS
3.	Religion											
	a) Hindu	21	70	9	30	15	50	3	10	12	40	K
	b) Muslim	0	0	0	0	0	0	0	0	0	0	
	c)Christian	0	0	0	0	0	0	0	0	0	0	
4.	Educational qualifications											
	a) School	16	53.3	6	20	15	50	0	0	7	23.3	**15.085***
	b) Undergraduate	5	16.7	3	10	0	0	0	0	0	0	**2** **0.001**
	c) Postgraduate	0	0	0	0	0	0	0	0	0	0	**S**

No.	Category	f	%	f	%	f	%	f	%	f	%	χ²
	d) Illiterate	0	0	0	0	0	0	3	10	5	16.7	
5.	**Family monthly income**											
	a) Below Rs.5,000/month	9	30	5	16.7	2	16.7	2	6.7	7	23.3	4.9016 0.557 NS
	b) Rs.5,000-10,000/month	8	26.7	2	6.7	6	20	1	3.3	3	10	
	c) Rs.10,000-15,000/month	4	13.3	2	6.7	4	13.3	0	0	2	6.7	
	d) Above Rs.15,000/month	0	0	0	0	0	0	0	0	0	0	
6.	**Marital status**											
	a) Married	20	66.7	9	30	14	46.7	3	10	12	40	1.0342 0.596 (NS)
	b) Unmarried	1	3.3	0	0	1	3.3	0	0	0	0	
7.	**Type of marriage**											
	a) Consanguineous	4	13.3	1	3.3	3	10	1	3.3	1	3.3	1.3202 0.517 NS
	b) Non-consanguineous	17	56.7	8	26.7	12	40	2	6.7	11	36.7	
8.	**Type of family**											
	a) nuclear family	19	63.3	8	26.7	12	40	3	10	12	40	3.3332 0.189 NS
	b) Joint family	2	6.7	1	3.3	3	10	0	0	0	0	
9.	**Are you going to work?**											
	a) Yes	3	10	2	6.7	5	16.7	0	0	0	0	**7.938*2 0.019 S**
	b) No	18	60	7	23.3	10	33.3	3	10	12	40	
10.	**Living status**											
	a) Alone	5	16.7	1	3.3	1	3.3	2	6.7	3	10	**5.938*2 0.049 S**
	b) With family members	16	53.3	8	26.7	14	46.7	1	3.3	9	30	
11.	**Are you getting any treatment for delirium?**											
	a) Yes	9	30	3	10	7	23.3	1	3.3	4	13.3	0.5562 0.757 NS
	b) No	12	40	6	20	8	26.7	2	6.7	8	26.7	
12.	**Sources of income**											
	a) Family support	11	36.7	6	20	10	33.3	1	3.3	6	20	1.4932 0.474 NS
	b) Pension	10	33.3	3	10	5	16.7	2	6.7	6	20	
	c) Institutional support	0	0	0	0	0	0	0	0	0	0	

13.	Sources of information regarding delirium											
	a) Television	12	40	3	10	5	16.7	3	10	7	**23.3**	**6.193*2** **0.045** **S**
	b) Internet	0	0	0	0	0	0	0	0	0	**0**	
	c) Newspaper	9	30	6	20	10	33.3	0	0	5	**16.7**	
	d) Work experience	0	0	0	0	0	0	0	0	0	**0**	

0.5*> significant, 0.05> highly significant, k – constant**

MAJOR FINDINGS OF THE STUDY:
The present study revealed that, in pretest, 20(66.7%) had moderate knowledge and 6(20%) hadadequate level of knowledge and in post-test, 15(50%) had adequate and 12(40%) had moderately adequate level of knowledge regarding prevention of delirium among elderly.

IV. CONCLUSION:
The present study assessed the level of knowledge regarding delirium and its prevention after structured teaching programmed among elderly at selected community area, Puducherry. The study findings concluded that the majority of the elderly people had gained adequate knowledge after conducting the structured teaching programmed on prevention of delirium among elderly. In this study, the highly significant values were educational qualification, living status and source of information regarding delirium and othere than the demographic variables are non-significant such as age, gender, religion, family monthly income, marital status, type of marriage, type of family, getting any treatment for delirium, source of income.

IMPLICATIONS OF NURSING RESEARCH:
The study had implications for nursing practice, nursing education and nursing administration

NURSING PRACTICE:
The community area nurses must have some knowledge about the delirium and its prevention among elderly population.

NURSING EDUCATION:
The nurse educated the elderly people about the delirium and its prevention in community settings and provided necessary health education and to identify their common psychiatric problems and help them to promote a comfort and wellbeing.

NURSING ADMINISTRATION:
• Nurse administrator can make necessary policies to implement the prevention of delirium to identify delirium among elderly.
• Nurse administrator can organize in-service education programmed on the prevention of delirium among elderly.
• Nurse administrator give attention on proper selection, placement and effective utilization of the nurses in all areas with their ability in education regarding the prevention of delirium.

RECOMMENDATIONS:
✱ Similar study can be conducted in other parts of the country.
✱ The same study can be conducted with the large samples to generalize the research findings.
✱ The same study can be conducted in different settings as a comparative study with any other groups.

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