

Effectiveness of Planned Teaching Programme Regarding Management of BPH on BPH Patients

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Introduction

The National Commission on Population projected that the composition of elderly population in India would be 8.14 percent in 2011 and 8.94 percent by 2016. In India the population of the aged (i.e. 60 years and older) is the second largest in the world. WHO (1995) reported that majority (61%) of the world population over 60 years of age live in third world countries. This proportion will increase to 70 percent by 2025.

Ageing involves an inevitable process of biological degeneration. Enlarged benign prostatic hyperplasia (BPH), sometimes causing difficulties in urination, is one of the consequences of biological degeneration in men. It is known that the incidence of BPH increases with age. The condition occurs in 25 percent of men aged 50 and in over 40 percent of men aged 60. In the age group 90 years and above, the prevalence of BPH is 80 percent. Although BPH does not always lead to urination problems, it is expected that the number of BPH subjects needing health care services will increase in future.

In developed countries, transurethral resection of prostate (TURP) has largely replaced other methods unless diverticuclectomy or the removal of a large stone necessitates open operation. However, in India at present, for a benign adenoma of any size, a sizeable number of general surgeons still prefer a transvesical or retropubic pros-

tatectomy. The TURP, however, is gaining popularity in India as well. Apart from the fact that this procedure requires a specially trained hand, the main disadvantage of TURP is recurrence of urinary outflow obstruction. However, the procedure may need to be repeated as and when necessary. The hospital stay of the patient is minimal.

Objectives

The objectives of this study were to (i) identify the knowledge of BPH patient on its management, (ii) develop and validate a planned teaching programme on management of BPH, (iii) determine the effectiveness of a planned teaching programme on management of BPH in terms of gain in knowledge scores, and (iv) find the association between pre-test knowledge scores, education, source of health - related information, occupation and family history of BPH.

Research Methodology

The conceptual framework of this study was based on Dorothy Orem's self care deficit. The research design was evaluative in nature. The study was conducted in Urology wards of Kasturba Hospital, Manipal, and the study selected patients who were diagnosed to have BPH, admitted in the urology wards of Kasturba Hospital, Manipal and undergoing TURP surgery.

Sample: Patient with BPH admitted in urology wards of Kasturba Hospital Manipal during the study period and those who fulfilled the inclusion criteria (age above 50 years, diagnosed to have BPH and those admitted

as in-patients) were selected for the study. The sample size was 30.

Sampling technique used for this study was non-probability purposive sampling.

Research tools: The tools used for the research study were demographic proforma and structured knowledge questionnaire on BPH management. The tool was validated by 7 experts and reliability was assessed by split half method followed by Spearman Brown prophecy formula ($r=0.86$) and it was highly reliable.

Planned teaching programme (PTP) was developed by researchers. Areas covered in PTP were anatomy and physiology of prostate gland, a etiology, clinical features, diagnosis, management of BPH, indication, post-op care, home care of TURP.

The pilot study was done on five patients in the urology ward of University Medical College (UMC) Hospital Mangalore to find out its feasibility and practicability. Data were collected from 3rd week of May to 4th week of June, 2006. On the first day, pre-test was done using knowledge questionnaire and demographic proforma were administered. On the same day, the planned teaching programme on BPH management was also administered as an intervention to the subjects. On day 5, post-test was conducted for same subjects by administering the same structured knowledge questionnaire to determine the effectiveness of the PTP.

Major Findings

Most of patients (40.00%) were in the age group of 61-65 years. Majority of the patients (76.66%) had

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only primary school education, and 53.33 percent of them were using radio for getting the health information, 66.66 percent were agriculturists, 83.33 percent belonged to Hindu religion, 46.66 percent had monthly family income of Rs.3001-6000, 73.33 percent had no family history of BPH, 90.0 percent were non-vegetarian, 73.33 percent were not aware of BPH and TURP surgery, 93.3 percent were interested in health-related information, and 53.3 percent were staying in joint families.

As for the effectiveness of planned teaching programme on BPH management, the total mean post-test knowledge score (31.73) was higher than that of the mean pre-test knowledge score (19.90). The cumulative percentage curve showed that the post-test knowledge scores

were higher than the pre-test knowledge scores at 25th, 50th and 75th percentile (pre-test : 15.67%, 19.2%, 23.69%) post-test :30.33%, 32.54%, 33.75%). The post-test mean percentage score in all areas was apparently higher than the pre-test mean percentage scores. The t-test analysis showed that post-test mean score of knowledge (31.73) was significantly higher than that of pre-test (19.90) and was statistically significant [$t(29) = 13.061$ ($p < 0.05$)]. Further, there was a no significant association between the pre-test level of knowledge with selected variables: education, occupation, source of health-related information and family history of the BPH.

Conclusion

The study revealed that knowledge level on BPH management among BPH patients is inad-

equate. The present study enables BPH patients to gain knowledge on selected areas of BPH management which could in turn help patients to seek appropriate medical care early before occurrence of complications.

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