ABSTRACT

Self-Instructional Material for Management of Cancer Chemotherapy Patients

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THE present study was undertaken to assess the learning needs of Cancer Chemotherapy patients, with a view to developing and testing self-instructional material for management of cancer chemotherapy patients by Gaddam Rachel Andrews in partial fulfilment of the requirements for the degree of Master of Nursing at the Rajkumari Amrit Kaur College of Nursing, New Delhi during the year 1993-94.

The Objectives

The specific objectives of the study were:

1. To identify the self-care deficit in terms of knowledge of Cancer Chemotherapy patients in the areas of: (a) disease; (b) cancer therapies - drugs and radiation therapy; (c) self-care activities - personal hygiene and diet, rest and comfort, bleeding problems, infection problems, gastric problems, skin problems, emotional problems and follow up care; and (d) investigations.
2. To develop self-instructional material on Cancer Chemotherapy management based on identified knowledge deficit and expressed learning needs.
3. To evaluate the effectiveness of self-instructional material in terms of knowledge gain of Cancer Chemotherapy patients to establish self-care agency in the patients.
4. To find out the acceptability and utility of self-instructional material from patients, Doctors and Nurses.

The study was evaluative in nature, and was done in two phases. In Phase I, the learning needs of the sample consisting of 12 Cancer Chemotherapy patients were assessed with the help of a structured interview schedule. In Phase II of the study, the SIM was developed by reviewing existing literature on care of Cancer Chemotherapy patients, the assessed learning needs and criteria check list, which was developed from literature available and later validated by experts in the field of Cancer Chemotherapy, and Medical Surgical Nursing. The SIM was administered to 30 Cancer Chemotherapy patients, the entry level behaviour and knowledge gain of each subject was assessed by the structured interview schedule used in Phase I. Two opinionnaires were used to obtain opinion regarding acceptability and utility of SIM from the patients' group, and the group consisting of doctors and nurses.

To analyse the data of Phase I, frequencies and percentages were calculated, for Phase I background data on age, sex, marital status, educational status, occupation, per capita income, place of living, family support network and information on Cancer therapies. Knowledge deficit in each of the learning need areas were found out by calculating mean percentage scores. In Phase II, modified gain score, standard deviation, mean percentage scores, median and mean scores for all the eleven (learning need) areas as well as for total score were computed. To test the statistical significance 't' value was computed for all areas.

Percentage of agreement was calculated for the data obtained from experts on validation of SIM against a criteria check list.

The Findings

* The findings of the study revealed majority of patients (in Phase I, 7 out of 12 and in Phase II, 17 out of 30) were in the age group of 20-40 years.

* Majority of patients received combined modality of treatment for Cancer rather than single therapy (29 out of 30).

* Distribution of knowledge scores of Phase I were as follows: Mean percentage score varied between 4.16 per cent and 58.33 per cent score in all the learning need areas of cancer subjects.

* Maximum knowledge deficit was found in self-care activities — in emotional problems (4.16%) followed by gastric problems (12.39%) and infection problems (13.33%). Maximum knowledge was found in the sub-area of rest and comfort (58.33%), followed by personal hygiene and diet (49.99%) and disease (44.44%).

In Phase II SIM was found effective as in all the eleven areas, there was a gain in knowledge as measured by modified gain scores. Maximum knowledge gain was in the area of self care activities - rest and comfort: 0.95 and minimum gain was in emotional problems: 0.14.

The mean pre-test, post-test knowledge scores were X 28.1 and X 83.267 respectively, the 't' value

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computed to find statistical significance at .01 level between pre-test and post-test was found to be significant ('t' value 29.7076).

The mean score related to acceptability and utility of SIM were X 44.3 for patient group, X 39.3 for Nurses' group and X 39 for Doctors' group. Maximum possible score for patients' group was 48 and for Doctors and Nurses it was 45, indicating high acceptability and utility of SIM by both consumer and professional groups in the setting.

Correlation between gain in knowledge scores of patients with their utility scores were found to be non-significant ('p' 0.15). Hence it was concluded that no correlation exists between gain in knowledge scores and acceptability and utility scores.

The SIM was evaluated by seven experts from the field of Cancer Chemotherapy and Medical-Surgical Nursing. Sixty seven to hundred per cent agreement was seen amongst all the experts on all items except brief description about 'Radiation therapy side effects and care of the radiation site', only 33 per cent respondents' response was 'fully met', the remaining 67 per cent said 'mostly met' but as the major focus of the study was on management of side effects of Cancer Chemotherapy, it was retained without further change. On the whole all the experts agreed that the SIM had mostly met the criteria.

On the whole, the findings revealed that the Cancer Chemotherapy patients had knowledge deficit in specified learning need areas and had very high expressed 'need to know' in all the areas (100%). The SIM was effective in bringing about changes in the cognitive behaviour of Cancer Chemotherapy patient, for the management of Cancer Chemotherapy.

Conclusion

It was concluded that for developing a structured teaching material for patient education, learning needs must be identified in order to set priorities and judge the amount of emphasis required for the identified learning need areas, and the SIM was found to be an effective means of health education. The study emphasised the need for developing more of similar teaching materials for other areas of Cancer therapies, and for other categories of patients with chronic illnesses which require patient participation in one's own care, so that individuals are made more responsible for their own health under the guidance of health professionals which is also the essence of the strategy to achieve the goal of 'Health for All by 2000 AD'.

Focus on

Breast Feeding Week

August 1-7, 1997

The Theme for 1997 is 'Breastfeeding: Nature's Way'. State Branches, Units and members observing this important week and helping in promoting breastfeeding advocacy could refer to *NJI*, June 1997 issue, page 137, where the detailed suggestions proposed by World Breast Feeding Alliance (WABA) and Breastfeeding Promotion Network of India (BPNI) has been printed.

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