IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

PRE-EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SIDE EFFECTS OF CHEMOTHERAPY AND ITS COPING STRATEGIES AMONG THE PATIENTS ADMITTED IN CANCER UNITS OF SELECTED HOSPITALS KASHMIR.

[1]Masood Ahmad Sheikh, [2]Sukhdip Kaur, [3]Tabasum Gul, [4]Balraj Sharma
[1]Ph. D Research Scholar, [2]Professor cum principal, [3]Assistant Professor, [4]Assistant Professor
[1]Department Community Health Nursing
[1]Desh bhagat University Mandi Gobingarh Punjab

Abstract: **-** Globally the magnitude and burden of cancer increased and even on pace despite using efforts and technological procedures from all health sectors. In India cancer burden has shown a steady increase with an estimated 0.8 million new cancer cases every year. As per Union Health Ministry's figures, J&K has reported an estimated 39041 cancer cases, of which 12675 were recorded in 2019, 13012 in 2020 and 13354 in 2021. A cursory look at the figures points out that there is constant increase in cancer cases. So on the basis of above views a study was conducted to evaluate the effectiveness of structured teaching programme on knowledge regarding side effects of chemotherapy and its coping strategies among the patients admitted in cancer units of selected hospitals Kashmir. Forty Five cancer patients were selected by using non probability purposive sampling technique. Self-structured interview schedule was used to assess the knowledge of patients. Data was analyzed by using descriptive and inferential statistics which included mean, standard deviation, standard error mean, t test and t tabulated. The findings revealed that in the posttest 37(83.33%) had good knowledge and 8 (17.77%) had average knowledge. The calculated paired't' value (t cal = 20.866) was greater than the tabulated value (t tab = 1.960) at $p<0.05$. The findings also concluded that structured teaching progamme on side effects of chemotherapy and its coping strategies was effective in improving the knowledge of patients. The study recommended that health education and other coping mechanism therapies should be imparted to enhance the knowledge regarding management of side effects of chemotherapy among cancer patients.

Keywords: Assess, Effectiveness, Structured teaching progamme, Side effects, Chemotherapy, Coping strategies.

1. INTRODUCTION

The magnitude of the problem of non-communicable diseases in our society is only partially reflected by statistics on mortality and morbidity. Cancer is one among the major killing disease in the beginning of the 20th century, cancer was the 6th cause of death in industrialized countries, and today it stands as second leading cause of death in the world. [1]

In 2005, 7.6 million people died of cancer out of 58 million deaths worldwide. More than 70% of all cancer death can occur in low and middle income countries. Based on projection, cancer deaths will continue to rise with an estimated 9 million people dying from cancer in 2015 and 11.4 million dying in 2030.[2]

Many management options for cancer exist including: chemotherapy, radiation therapy, surgery, immunotherapy and other methods. Which are used depends upon the location and grade of the tumor and this stage of the disease. Most of the physician practice chemotherapy due to the easy availability and the advantage of the chemotherapy over the other therapy. Chemotherapy is the specific

treatment of disease by the administration of chemotherapeutic agents administered by the oral, intramuscular and intravenous routes occasionally directly into the body cavity, used to arrest the progress of or eradicate a specific pathological condition in the body without causing irreversible harm to healthy tissue[3].

The chemotherapy leads to side effects which generally depend on the type of therapy being offered. Most chemotherapy side effects cease after treatment. Although uncommon, some treatments may produce long-term effects. The most common side effects of chemotherapy are, anemia/low red blood cell counts, diarrhea and constipation, fatigue, fertility issues, hair changes, infection, memory loss,menopause and menopausal symptoms, mouth and throat sores, nail changes, neuropathy (problems with hands and feet), taste and smell changes, vomiting, weight changes bone loss/osteoporosis, heart problems, vision/eye problems, flu-like symptoms, fluid retention. [4, 5]

The deteriorating effects of chemotherapy on cancer patients are well documented, so is the need and impact of psychological, behavioural, or educative interventions in improving quality of life. In the developing countries, cancer centres have a very high patient load and providing quality treatment and achieving good survival is still the first priority. However, in the pursuit of quality of survival, the quality of life is often ignored. Psychological and/or behavioural interventions that could enable the patient to cope better, be independent and well informed about the treatment which might improve quality of life of remaining years. This report discusses a case of a 46-year-old female breast cancer patient and her views on the impact of chemotherapy on her life.[6]

There is evidence from some countries of a trend towards increasingly aggressive pharmacological treatment of patients with advanced, incurable cancer. To what extent should this be understood as a progressive development in which technological innovations address previously unmet needs, or is a significant amount of this expansion explained by futile or even harmful treatment? In this article it is argued that while some of this growth may be consistent with a progressive account of medicines consumption, part of the expansion is constituted by the inappropriate and overly aggressive use of drugs. Such use is often explained in terms of individual patient consumerism and/or factors to do with physician behaviour. Whilst acknowledging the role of physicians and patients' expectations, this paper, drawing on empirical research conducted in the US, the EU and the UK, examines the extent to which upstream factors shape expectations and drive pharmaceuticalisation, and explores the value of this concept as an analytical tool.[7]

2. Objectives of the Study

1. To assess the knowledge regarding side effects of chemotherapy and its coping strategies among the patients admitted in cancer units.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding side effects of chemotherapy and its coping strategies among the patients admitted in cancer units.
3. To find out an association between pre-test knowledge scores with selected demographic variables.

3. RESEARCH METHODOLOGY

A pre-experimental study design was conducted to assess the knowledge of patients regarding side effects of chemotherapy and its coping strategies in cancer units of selected hospitals Kashmir. Forty Five subjects were selected by non-probability purposive sampling technique. Structured interview schedule was adopted to collect the information from the participants in cancer units of selected hospitals Kashmir. The tool consisted of demographic variables (age, gender, area of residence and qualification). Prior to data collection informed consent was obtained from the participants. The data was analyzed using descriptive and inferential statistics.

4. RESULTS

Table 1: Distribution of study subjects according to age.

Age	Study Subjects	
	Frequency	Percentage (%)
Above 40 years	38	84.44
21-40	6	13.33
0-20	01	2.22

The data presented in table 1 showed that most of study subjects 38(84.44%) belonged to age group (above 40 years), 6(13.33%) belonged to age group (21-40) and1(2.22%) belonged to age group (0-20).

Table 2: Distribution of study subjects according to gender.

Gender	Study Subjects	
	Frequency	Percentage (%)
Male	21	46.66
Female	24	53.33

The data presented in table 2 showed that most of study subjects 24(53.33%) were females and 21(46.66%) were males respectively.

Table 3: Distribution of study subjects according to educational qualification.

Educational Qualification	Study Subjects	
	Frequency	Percentage (%)
Graduate	4	8.88
12th standard	14	31.11
Normal Formal Education	27	60.00

The data presented in table 3 showed that most of study subjects 27(60.00%) were having non formal education, 14(31.11%) were 12th standard and 4(8.88%) were graduates.

Table 4: Distribution of study subjects according to residence.

Residence	Study Subjects	
	Frequency	Percentage (%)
Rural	18	40
Urban	27	60

The data presented in table 4 showed that most of study subjects 27(60%) were belonged to urban areas and 18(40%) were belonged to rural areas.

Table 5: Pre-test and post-test percentage of knowledge scores of study subjects regarding side effects of chemotherapy and its coping strategies.

S. No.	Items	Total Score	Mean % of knowledge score of subjects		
			Pre-test(x)	Post-test(y)	Gain in knowledge
1.	Structured Interview Schedule	2205	39.72	60.92	30.20

The data presented in table 5 revealed that mean percentage post test score was 60.92 and mean pretest percentage score was 39.72 with percentage gain knowledge was 30.20 respectively.

Table 6: Frequency and percentage distribution of knowledge scores of subjects regarding side effects of chemotherapy and its coping strategies.

Knowledge score	Pre test		Post test	
	Frequency	%	Frequency	%
Good	7	15.55	37	83.33
Average	30	66.66	8	17.77
Poor	8	17.77	0	00.00

The data presented in table 6 revealed that in pre-test majority of subjects 30(66.66%) had an average knowledge, 8(17.77%) had poor knowledge and 7(15.55%) had good knowledge, where as in posttest majority of study subjects 37(83.33%) had good knowledge and 8(17.77%) had average knowledge.

Table 7: Mean difference, standard error of difference and paired‘t’ values of knowledge scores of subjects. n=45

Mean Difference	Standard error of Difference(SED)	Paired ‘t’ Values	
		Calculated	Tabulated
14.42	4.63	20.866	1.960

The data presented in table 7 revealed that the calculated paired‘t’ value (t cal = 20.866) is greater than tabulated value (t tab=1.960). Hence H_1 is accepted therefore this indicates that gain in knowledge scores is statistically significant at $p<0.05$ level. Therefore the structured teaching programme on side effects of chemotherapy and its coping strategies was effective to improve the knowledge of

patients. The findings also showed that most of study subjects 27(60.00%) were having non formal education, 14(31.11%) were 12th standard and 4(8.88%) were graduates.

5. DISCUSSION

The major findings of the study and discusses them in relation to similar studies conducted by other researchers. The findings of the study were discussed as per the objectives and hypotheses. The findings of the study showed that majority of study subjects 38(84.44%) belonged to age group (above 40 years), 6(13.33%) belonged to age group (21-40) and1(2.22%) belonged to age group (0-20).Most of study subjects 24(53.33%) were females and 21(46.66%) were males respectively. The findings also revealed that most of study subjects 27(60%) were belonged to urban areas and 18(40%) were belonged to rural areas.

These findings are compared with a study conducted by Sanjay peerapur, Somashekarayya Kalmath (2017) where majority of the subjects 15 (33.33%) belonged to age group 30-45 years, while minimum number 7 (15.55%) belonged to the age group of 25-35yrs. In terms of gender, the maximum number of subjects 30 (66.67%) were females whereas the minimum number 15 (33.33%) were males.

The study results revealed that in the pretest 30(66.66%) had average knowledge & 8 (17.77%) had poor knowledge and 7(15.66%) had good knowledge on the side effects of chemotherapy and its coping strategies. Where as in the post test, 37 (83.33%) had good knowledge and 8 (17.77%) had average knowledge. The calculated paired‘t’ value (t cal = 20.866) is greater than the tabulated value (t tab = 1.960) at p<0.05which reveals that there was a gain in knowledge after administration of STP. Probability values of X2 contingency table revealed that the gain in knowledge and socio demographic variables is independent.

6. AKNOWLEDGEMENT

With profound gratitude I am deeply indebted to my Esteemed Teacher and Guide Professor (Dr.) S. Victor Devasirvadam working as Principal Desh Bhagat University Mandi Gobindgarh Punjab, who helped me in stimulating, suggestions, knowledge, experience and encouragement and helped me in all the times of research period. In addition of this finally I am deeply and heartedly grateful to all my family members who morally supported through the construction of view successfully.

.

7. REFERENCES

1. CPAA Cancer chemotherapy India: india based NGO providing information on chemotherapy. [online] 2009 April [cited 2010 oct 30]; Available from: URL: http://www.cpaaindia.org/infocenter/index.htm
2. The Indian analyst. [online] 2009 Feb 8 [cited 2010 oct 11]; Available from: URL: http:// www.whatisindia.com/issue/health.
3. Bhagat S, Sai k, Harwinder K. Cancer and risk factors environmental. [Internet]. 2009 Jun 21; (c): [about 1 p]. [cited 2011 Aug 13]; Available from: URL: http://www.blogspot.medplus.stat/ cancerunit/complication.htm
4. Irigaray P, Newby A, Clapp R. Lifestyle related factors and environmental agents causing cancer an overview. [online 2007 Dec] [Cited 2010 Oct 30]; Available from: URL: http://www.Doi:10.1016/j.biopha.2007.10.006.
5. Huang J. Studies objectively evaluating cancer information: U S National Literacy of Medicine institute of health. [online] 2007 Feb [cited 2010 Oct 29]. Available from: URL: http:// www.citeulike.org/user/giorgiobertin/cancer.
6. Thomas B. C, K Ramdas, Panday M. Chemotherapy and quality of life: a case study: National Library of Medicine; National Centre for biotechnology information.PubMed;2010 Jan;108(1):49-50. PMID: 20839580.
7. Davis. C. Drugs, cancer and end-of-life care: A case study of pharmaceuticalization; national library of Medicine Soc Sci Med. 2015 Apr; 131: 207–214 doi: 10.1016/j.socscimed.2014.12.007, PMC4376382
8. Sanjay peerapur, Somashekarayya Kalmath, A study to evalauate the effectiveness of structured teaching programme on knowledge regarding side effects of chemotherapy and its coping strategies among the patients admitted in cancer units of selected hospitals international journal of practical nursing volume 5 number 1, january - april 2017 DOI: http://dx.doi.org/10.21088/ijpn.2347.7083.5117.1