

# ‘A Descriptive Study To Assess The Knowledge Regarding Bed Sore Among Caregiver Of Bed Ridden Patient At LLR Hospital, Kanpur.’

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## Abstract-

Bedsore are localized areas of necrotic soft tissue that occur when pressure applied to the skin over time is greater than normal capillary closure pressure, which is about 32mmhg. Critically ill patients have a lower capillary closure pressure and a greater risk of pressure ulcers. Patients who are prone to pressure ulcers include those confined to bed for long period, those with motor or sensory dysfunction, and those who are experience muscular atrophy and reduction of padding between the overlying skin and the underlying bone(Lyder and Ayello,2008).

The healthcare cost and utilization project (HCUP) reported that 50,330 hospitalization annually in the United States are complicated by that bed sore (Russo, Steiner, and Spector,2008); this represents a nearly 80% increase over a 10 year period. The average length of stay for hospitalization related to bed sore is 13.4 days, with an average treatment cost of nearly \$20000 for each affected patient. All possible efforts to prevent skin breakdown must be made because the treatment of bedsore is costly in term of healthcare dollars and quality o life for patients at risk.

## Objectives

- To assess the knowledge regarding bed sore among caregiver of bed ridden patient.
- To find out association between score with selected demographic variables.

**Methodology-**Research design used in study is a descriptive method. Data collected from 40 care giver from LLR Hospital Kanpur. Semi Structured questionnaire with 30 questions was used for data collection. There were two sections in the questionnaire, section A included selected socio-demographic variables of care giver and section B included 30 multiple choice question on bed sore. Methods used for analyzing the data were frequency, percentage distribution. The association of knowledge score of care giver regarding bed sore

with the selected socio-demographic variables was calculated using non-parametrical (chi squire) test.

Result-Out of 40 samples (7.5%) were having good knowledge, (82.5%) were having average knowledge and (10%) were having poor knowledge.

## Keywords-

Study,Assess,Knowledge,CareGivers,Bedsore,Patie nt,Hospital.

## INTRODUCTION-

### Background of the study

#### “Prevention is better than cure”

Bedsore are localized areas of necrotic soft tissue that occur when pressure applied to the skin over time is greater than normal capillary closure pressure, which is about 32mmhg. Critically ill patients have a lower capillary closure pressure and a greater risk of pressure ulcers. Patients who are prone to pressure ulcers include those confined to bed for long period, those with motor or sensory dysfunction, and those who are experience muscular atrophy and reduction of padding between the overlying skin and the underlying bone (Lyder & Ayello,2008).

The healthcare cost and utilization project (HCUP) reported that 50,330 hospitalizations annually in the United States are complicated by that bed sore (Russo, Steiner, & Spector, 2008); this represents a nearly 80% increase over a 10-year period. The average length of stay for hospitalization related to bed sore is 13.4 days, with an average treatment cost of nearly £20,000 for each affected patient. All possible efforts to prevent skin breakdown must be made because the treatment of bed sore is costly in term of healthcare dollars and quality of life for patients at risk.

## 2- Research statement

“A descriptive study to assess the knowledge regarding bed sore among caregiver of bed ridden patient at LLR hospital, Kanpur.”

### 3. Objective

- To assess the knowledge regarding bed sore among caregiver of bed ridden patient.
- To find out association between knowledge score with selected demographic variables.

### Research Methodology

<b>Research Approach</b>	Quantitative research approach
<b>Design</b>	descriptive research design
<b>Setting</b>	LLR hospital Kanpur
<b>Sample Size</b>	40
<b>Population</b>	Care giver from selected LLR Hospital Kanpur
<b>Sample technique</b>	Non probability Purposive sampling
<b>Tool</b>	Structured questionnaire

#### Development and description of the tool

A structured knowledge questionnaire was prepared for assessing the knowledge of care giver of bed ridden patient on bed sore.

**Description of Structured Knowledge Questionnaire-**Based on the objectives and the conceptual framework of the study the researcher had used the following Tools,

Section I: Personal variables

Section II: Structured Knowledge Questionnaire

Section- I: It comprises of 09 items seeking information pertaining to background data of the health personnel as place of residence, care giver age in years, gender, educational status, occupational status, religion, marital status, income of the family, and source of information.

Section - II: It comprises of 30 knowledge items covering the following content area.

- Concepts of bedsore.
- Risk factors, causes and sign and symptoms, sites of bed sore.
- Prevention and management of bed sore.

The test items were multiple choice items. Each item had a single correct answer. Every correct answer was awarded a score of one (1) and every wrong answer was awarded a score of zero(0). The maximum possible score was 30 and minimum score was zero.

**TABLE 1-**Range of score of knowledge of care giver regarding bed sore

S.no	Level of knowledge	Range of Score	Percentage
1.	Good	21-30	67-100%
02.	Average	11-20	34-66%
03.	Poor	0-10	0-33%

#### Plan for data collection

Procedure of data collection formal administrative permission was obtained from nursing superintendent from LLR hospital Kanpur to conduct the study on 08/12/2023. The study was explained to care giver of bed ridden patient briefly written consent was also taken from them to ascertain their willing has to participate in the study. Investigator got full support from care giver during data collection on 11/12/2023 and 12/12/23. The aim of study was to assess the knowledge of care giver related to bed sore. The structured questionnaire was given to the care giver for knowledge assessment. Whenever necessary the questions were clarified by explaining in simple terms and care was taken to see that no suggestion and recommendation were given to respondent by investigator.

#### Data analysis and interpretation

The data obtained would be analysed using both descriptive and inferential statistics.

- **Descriptive Statistics-**It includes
  - Frequency and percentage distribution of care giver according to demographic characteristics.

- Frequency and percentage distribution of care giver regarding knowledge on bed sore.
- **Inferential Statistics**
- To find the association between knowledge score with selected demographic variables, chi-square test will be used as inferential statistics.

### Plan of data analysis would be as follows:

- Frequency and Percentage Distribution of personal variables.
- Chi-Square Value showing association of knowledge scores with personal variables of care giver regarding bed sore.

### Analysis and interpretation

#### ORGANISATION AND PRESENTATION OF DATA-

The findings are presented according to the objectives set for the study. The analysis of data is organized under the following heading.

Section -I: Findings on sample characteristics. This part deals with the description of sample characteristics.

Section - II: Findings related to knowledge score of care giver.

Section - III: Findings related to the association between knowledge score and demographic variables.

s. no	Demographic Variable	Frequency	%
1	Place of residence		
	Rural	26	65
	Urban	14	35
2	<b>Age</b>		
	18-30	15	37.5%
	31-40	16	40%
	41-60	09	22.5%
	61-75	00	0%
3	<b>Gender</b>		
	Male	26	65%

	Female	14	35%
4	<b>Educational Status</b>		
	Primary	15	37.5%
	10th standard	14	35%
	12th standard	14	20%
	Graduation	08	5%
	Post. Graduation	02	2.5%
		01	
5	<b>Occupational Status</b>		
	Working	27	67.5%
	Non-working	13	32.5%
6.	<b>Religion</b>	30	
	Hindu	10	75%
	Muslim	10	25%
	Sikh	00	0%
	Christian	00	0%
	Other	00	0%
7	<b>Marital Status</b>		
	Unmarried	10	25%
	Married	29	72.5%
	Divorce	00	0%
	Widow	01	2.5%
8	<b>Income of Family</b>		
	>10,000	28	70%
	10,001-30,000	09	22.5%
	30,001-50,000	03	7.5%
	50,001-70,000	00	0%
	>70,001	00	0%
9	<b>Source of information</b>		
	Internet	11	27.5%
	Books	01	2.5%
	Newspaper	02	5%
	Workshop	00	0%
	Other	26	65%

### SECTION –II

TABLE -3

Frequency and percentage distribution of knowledge score of care giver

N=40

Level of knowledge	Range of score	KNOWLEDGE SCORE	
		Frequency	Percentage
Poor	0-10	04	10%
Average	11-20	33	82.5%
Good	21-30	03	7.5%

### SECTION -III

#### FINDINGS RELATED TO THE ASSOCIATION BETWEEN KNOWLEDGE AND DEMOGRAPHIC VARIABLES

Association of knowledge level of care giver regarding bed sore with their demographic variables

•The above-mentioned table shows that association between the knowledge levels of care giver regarding with their place of residence. The chi – square value is 3.171, df is ‘2’ and probability is 5.99 which is greater than 0.05. It indicates that there is no significant association between the knowledge score of care giver with their place of residence.

•The above-mentioned table shows that association between the knowledge levels of care giver regarding with their age. The chi – square value is -0.67, df is ‘6’ and probability is 12.59 which is greater than 0.05. It indicates that there is no significant association between the knowledge score of care giver with their age.

•The above-mentioned table shows that association between the knowledge levels of care giver regarding with their gender. The chi – square value is 1.27, df is ‘2’ and probability is 5.99 which is greater than 0.05. It indicates that there is no

significant association between the knowledge score of care giver with their gender.

•The above-mentioned table shows that association between the knowledge levels of care giver regarding with their educational status. The chi – square value is 8.89, df is ‘8’ and probability is 15.51 which is greater than 0.05. It indicates that there is no significant association between the knowledge score of care giver with their educational status.

•The above-mentioned table shows that association between the knowledge levels of care giver regarding with their occupational status. The chi – square value is 0.17, df is ‘2’ and probability is 5.99 which is greater than 0.05. It indicates that there is no significant association between the knowledge score of care giver with their educational status.

•The above-mentioned table shows that association between the knowledge levels of care giver regarding with their religion. The chi – square value is 0.16, df is ‘8’ and probability is 15.51 which is greater than 0.05. It indicates that there is no significant association between the knowledge score of care giver with their religion.

•The above-mentioned table shows that association between the knowledge levels of care giver regarding with their marriage. The chi – square value is 0.715, df is ‘6’ and probability is 12.59 which is greater than 0.05. It indicates that there is no significant association between the knowledge score of care giver with their marriage.

•The above-mentioned table shows that association between the knowledge levels of care giver regarding with their income of family. The chi – square value is -0.08, df is ‘6’ and probability is 12.59 which is greater than 0.05. It indicates that there is no significant association between the knowledge score of care giver with their income of family.

•The above-mentioned table shows that association between the knowledge levels of care giver regarding with their source of income. The chi – square value is 18.14, df is ‘6’ and probability is 12.59 which is greater than 0.05. It indicates that there is significant association between the knowledge score of care giver with their source of income.

## 6- Discussion

The first objective was to assess the knowledge regarding bed sore among care giver. In the domains of knowledge level among care giver majority (82.5%) had average level of knowledge regarding bed sore.

The second objective is to find out the association between knowledge regarding bed sore with their selected demographic variables. The study revealed that there was association with knowledge level of care giver regarding bed sore with the selected demographic variables like residence, age, gender, education, occupation, religion, marital status, income, source of information.

## 7-Conclusion

- Non-Significant association of knowledge on bedsore among care giver with their age and educational status.
- Care giver was having average knowledge about bed sore.

## Author Profile-



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