

A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING PREVENTION OF PRESSURE SORE AMONG CAREGIVERS OF CEREBROVASCULAR ACCIDENT PATIENT AT SRM MCH & RC

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ABSTRACT

Effectiveness of video-assisted teaching on the prevention of pressure sores among caregivers of cerebrovascular accident patients at SRM MCH&RC. Assess caregivers' knowledge of pressure sore prevention before and after a cerebrovascular accident. Determine the relationship between the post test level of knowledge And the chosen demographic characteristics among caregivers of cerebrovascular accident patients.

METHODS

The research approach was quantitative. The study used a one-group pretest/posttest design. The purposive sample technique was used to select 50 caregivers of patients who had suffered a cerebralvascular accident. A pretest was conducted by delivering structured questionnaires to measure knowledge and prevention of pressure sores. Caregivers of cerebrovascular accident patients received video-assisted education on pressure sore prevention. The posttest used the same questionnaire. Data were collated, processed, and interpreted using descriptive and inferential statistical methods.

MAJOR RESULTS OF THE STUDY

In the pretest among caregivers of cerebrovascular accident patients, 24 (48%) had poor knowledge, 20 (40%) had fairly adequate knowledge, and 6 (12%) had adequate knowledge regarding pressure sore prevention. In a post-test of caregivers of cerebrovascular accident patients, 0 (0%) had inadequate knowledge, 14 (28%) had moderately adequate knowledge, and 36 (72%) had adequate knowledge on pressure sore prevention.

CONCLUSION

The study's findings demonstrated a considerable improvement in students' knowledge of video-assisted instruction. The study suggests that video-assisted education is a beneficial and effective way to improve caregivers' understanding of pressure sore avoidance.

KEYWORDS

Pressure sore, Cerebrovascular, Caregivers.

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INTRODUCTION

The human skin is the body's biggest organ, covering the whole exterior surface. It receives one-third of the body's blood flow. The skin protects us from microorganisms and the elements, regulates our body temperature, and allows us to feel touch, heat, and cold. It actively participates in the immune system, protecting us from infection. It consists of three layers: the epidermis, dermis, and hypodermis. The epidermis is the skin's thin outer layer, made up of three types of cells: squamous, basal, and melanocytes. The dermis is the middle layer of skin. The dermis has blood arteries, lymph vessels, hair follicles, sweat glands, collagen bundles, and fibroblasts. Hypodermis It is the skin's deepest layer. It is made up of a network of collagen and fat cells. It conserves body heat and protects against harm.[1]

Skin care is an essential component of basic patient care and influences the overall quality of treatment a patient receives in the hospital. Maintaining skin integrity is an important nursing role. Skin abnormalities result from impaired skin integrity. Pressure ulcers are common skin irregularities in nursing practice and are typically a concern to the elderly and patients with limited mobility or chronic sickness. Bedridden patients experience a variety of difficulties, including sadness, anxiousness, poor hygiene, and pressure ulcers. [2] Pressure ulcers, also known as pressure sores, decubitus ulcers, and bedsores, are now referred to as pressure injuries. They are localized damage to the skin and underlying tissue that typically occurs over a bony prominence as a result of pressure or pressure combined with shear and friction. The skin covering the sacrum, coccyx, heels, or hip is the most common site, but it can also affect the elbows, knees, ankles, back of shoulders, and back of the cranium.[3] **Potter and Perry's Fundamentals of Nursing, Third South Asian Edition.** Pressure damage, pressure sore, decubitus ulcer, and bed sore are all words that refer to compromised skin integrity caused by unrelieved, continuous pressure. The most current nomenclature is Pressure damage is compatible with the National Pressure Ulcer Advisory Panel's recommendations.[4]

MJ Kumari Adult Health Nursing II Medical Surgical Nursing Cerebrovascular accident (CVA) is the disruption of the blood supply to the brain, due to ischemia and hemorrhage within the brain tissue is termed as cerebral vascular accident which is resulting in neurological dysfunction. It is also known as transient ischemic attack or stroke or brain

attack.[5] The National Pressure Ulcer Advisory Panel (NPUAP) issued new nomenclature standards in 2016, with Pressure Injury being the preferable descriptor for improved skin breakdown. The organization also formally declared the transition from NPUAP.[6] Pressure ulcer almost exclusively in people with limited mobility, so it is a challenge to prevent the occurrence of pressure sore.[7] **Cerebrovascular accidents carry high risk of death.**

There are many causes of stroke. Hypertension is the leading cause of ischemic stroke. In the younger population, there are numerous causes of stroke including clotting disorders, carotid dissection, and illicit drug abuse. and the cerebrovascular accident can also cause lasting brain damage long term disability and even death.[8]

The **American Nursing Diagnosis Association** defines inadequate tissue perfusion or cerebrovascular accident as an ischemic stroke or brain assaults. Sudden loss of brain function caused by an interruption in the blood flow to a specific area of the brain. This abnormality can be attributed to either ischemia or hemorrhage.[9] Stroke is an illness that suddenly interrupts the blood flow to the brain causing disability. Neurological morbidity, and mortality. It is a debilitating disease rendering thousands disabled and causing a significant proportion of people to death global [10]

Mobility is an individual to move about freely, Mobility serves many purposes including expression of the emotions, self-defense attaining basic needs, completing activities of daily living and performing recreational activities, besides assisting in maintain the body normal physiological activities. Immobility is a condition in which a patients cannot able to move either due to his disease condition or as a part of the treatment.[11] The **American Nursing Diagnosis Association** defines reduced physical mobility or immobility as a situation in which the individual is at risk of suffering restrictions in physical movement.[12] Selver Gökdemir, Manar Aslan 2024 in the ICU of a public hospital in Turkey. The study sample includes between 54 inpatient who were admitted in ICU of a duration of 15 or more days, supported with mechanical ventilators, unconscious, fed enterally, immobile in bed, had an albumin level of 2.5 g/dL or below, or had a hemoglobin level of 10 g/dL or below had significantly more pressure injuries ($p < 0.05$). Significant difference was found with nursing interventions (positioning, massaging, using barrier cream, moisturizing the skin, keeping

the bed linen dry and stretched) performed in the clinic and the development of a pressure injury or healing of pressure injuries present during admission to the clinic ($p>0.05$).^[13] Video assisted teaching is an effective tool to improve knowledge with easy understanding. Demonstrations in the videos are easier in grasping the attention which creates awareness and health promotion among the caregivers of cerebrovascular accident patients.^[14] Video assisted teaching program on primordial prevention of pressure sore. Video was prepared on the basis of lesson plan with the brief description of pressure injury physiology of injury process, stages, treatment and prevention of pressure sore where included.^[15]

BACKGROUND OF THE STUDY

Guifen yu, Changqing sun, Sha hao, Haiwu 2024 March conducted the study about comparative analysis of pressure ulcer development in stroke patients within and outside healthcare facilities in china. It aims to identify the factors contributing to the variance in pressure ulcers incidence rates and evaluate the effectiveness of different preventive and treatment strategies implemented across various settings.**Suma K, Sanjay M Peerapur, Sharon K Rose. 2021 in KLEs** Institute of Nursing Sciences, Hubballi, conducted the study that the organized training program was more helpful for student nurses to develop their knowledge regarding the application of the Braden scale in predicting pressure ulcer risk. The findings demonstrated that there was no significant relationship between knowledge scores and socio-demographic characteristics. According to **National Institution of Health NHI nurses are encouraged to review these comprehensive guidelines are followed by 2021** Skin assessment to determine overall condition and identify factors that increase the risk of pressure injury development. Patient and family education plays an important role in preventing pressure injuries. Nutritional and hydration deficiencies increase the risk of developing pressure injuries due to a weakened ability to maintain a healthy skin mucosa. Hydration and nutritional support will be targeted at preventing and addressing these deficits.

NEED FOR THE STUDY

This study aimed to identify caregivers' knowledge of pressure sores and cerebrovascular accidents, as well as to improve their understanding of pressure sore prevention. Pressure ulcers continue to be a major health concern, affecting roughly 3 million adults. **In Globally** - According to the WHO. Pressure ulcers were found in 280,000 hospital stays, and 11 years later, the total

number of ulcers was 455,000. **In India** - According to WHO. There is no information available on the frequency of pressure sores in India in 2024, although the prevalence of pressure ulcers, commonly known as pressure sores, in India ranges from 4.94% to 7.8% in hospitalized patients. However, some research indicate that the prevalence could be substantially higher, up to 40% or 85% in neurotrauma patients. **In Tamil nadu** According to Government of Tamilnadu its not explicitly stated of available data for incident of pressure ulcer in 2024. However, According to the International Journal of Health Science and Research Kanyakumari District in Tamil Nadu is likely to experience a higher economic burden due to pressure ulcers in May 2024.

AIM

Effectiveness of video-assisted instruction on the prevention of pressure sores among caregivers of cerebrovascular accident patients at SRM MCH&RC

OBJECTIVES

To measure caregivers' knowledge of pressure sore prevention before and after a cerebrovascular accident.

The purpose of this study was to assess the impact of video-assisted education on knowledge of pressure sore avoidance among caregivers of cerebrovascular accident patients. To investigate the relationship between the posttest level of knowledge and selected demographic characteristics among caregivers of cerebrovascular accident patients.

HYPOTHESIS

Caregivers of cerebrovascular accident patients will have significantly different levels of knowledge about pressure sore prevention between the pretest and posttest. There will be a substantial connection between posttest level of knowledge and the specified demographic factors of caregivers of cerebrovascular accident patients.

LIMITATIONS & ASSUMPTION

The study solely looked at caregivers of cerebrovascular accident patients. The trial period was confined to one week only. The sample size is limited to fifty samples. The study assumes that knowledge is the foundation for activity. Caregivers of patients with cerebrovascular accidents may be unaware of how to prevent pressure sores.

Education intervention is an interactive and effective way to learn about the prevention of pressure sores.

REVIEW OF LITRATURE

A literature review involves systematic identification, location, and summary of written material that contain information on research topics of general interest is incredibly beneficial in changing the researcher to an unresolved research problem or to a new application fit for this study. A study on the prevalence of pressure sores. pressure sores in cerebrovascular accident patients video-assisted instruction and knowledge of pressure sore avoidance.

METHODOLOGY

The primary strategy for addressing the research problem is known as the research technique. The word "research methodology" refers to how data is acquired, organized, and analyzed. Methodological research focuses on the development, validation, and assessment of research instruments. It comprises information on the dependent and independent variables, the tool's description and research design, the sample design and criteria, the pilot study, the proposed data collection format, and the data analysis method. The research technique is a methodical process in which the investigator starts with the initial identification of the problem and finishes with its solution. The current study was out to assess how well caregivers of patients who had suffered cerebrovascular accidents, understood the subject of pressure sore prevention through video-assisted instruction. The study used a one-group pretest/posttest design. The purposive sample technique was used to select 50 caregivers of patients who had suffered a cerebralvascular accident. A pretest was conducted by delivering structured questionnaires to measure knowledge and prevention of pressure sores. Caregivers of cerebrovascular accident patients received video-assisted education on pressure sore prevention. The posttest used the same questionnaire. Data were collated, processed, and interpreted using descriptive and inferential statistical methods.

RESEARCH APPROACH, DESIGN, SETTING, VARIABLE AND POPULATION

The effect of video-assisted education on pressure sore prevention knowledge among caregivers of patients with cerebrovascular accidents at SRM MCH&RC was assessed using a quantitative research approach. The study employed a one-group pretest-posttest design. The study included 50 caregivers of cerebrovascular patients admitted to the Neuro medical, Neuro surgical, and Neuro ICU units. The choice of setting was decided with regard for the study's practicality, subject availability, and authority clearance. Caregivers of

Cerebrovascular accident patients who were admitted with neurological problems. It consisted of all caregivers who were available during data collection period in Neurological unit. Independent variable: Video-assisted teaching on pressure sore prevention for caregivers of patients with cerebrovascular accidents. Dependent variable: knowledge on pressure sore prevention. Demographic variables Demographic characteristics include gender, age, religion, the caregiver's marital status, the client's relationship, educational status, income, and whether anyone in the family works in medicine.

SAMPLE SIZE, TECHNIQUE AND CALCULATION

The sample consists of caregivers of Cerebrovascular accident patients and those who met the inclusion criteria. The sample size was estimated using previous study results and power calculations, with 95% confidence and 80% power for the study, resulting in a sample size of 50.

The formula used to determine the sample size was

$$P1Q1 + P2Q2 (Z\alpha + Z\beta)^2$$

$$(P1 - P2)^2$$

The estimated sample size for the study = 50

DATA COLLECTION PROCEDURE

The investigator collected data over a six-day period, from February 21 to February 26, 2023, and 50 samples were chosen from individuals who met the inclusion criteria and were admitted to the neurological unit. The investigator discussed the research project's objectives and obtained written consent from each sample. Demographic data was gathered using standardized questionnaire technologies. Pre-testing was conducted using structured questionnaire tools that included fundamental facts on skin and its function, knowledge of pressure sores, and Prevention of pressure sores. The questionnaires were in both Tamil and English. The intervention was carried out by a video assistant who taught the caregivers who participated. The movie was visualized on a laptop and the caregivers were instructed on pressure sore prevention. The same questions were used for the post-test. The acquired data was examined using descriptive and inferential statistics.

PLAN FOR DATA ANALYSIS

Descriptive statistics - Frequency and percentage distribution was used to assess the

demographic variables.

Inferential statistics - Chi square test have been used to determine the associated between the selected demographic variables and pre test and post test level of knowledge.

DATA ANALYSIS AND INTERPRETATION

This chapter analyzes and interprets the data collected from 50 patients. The next sections explain the findings from the descriptive and inferential statistical analyses of the data, which were tabulated and analyzed in accordance with the objectives.

SECTION – A: Frequency and percentage distribution of demographic variable of the caregivers of cerebrovascular accident patients.

Table 4.1.1: Frequency and percentage distribution of demographic variables of the caregivers of cerebrovascular accidents patients.

N = 50

Demo graphi c Variab les	Fre que ncy	P e r c e n t a g e
Gender		
Male	14	28 %
Female	36	72 %
Age in years		
18 – 20	-	-
21 – 30	10	20 %
31 – 40	22	44 %
Above 40	18	36 %
Religion		
Hindu	39	78 %

		8 %
Christi an	7	14 %
Musli m	4	8 %
Marital status of caregiver		
Marrie d	37	74 %
Unmar ried	13	26 %
Relation to the client		
Spouse	19	38 %
Childre n	17	34 %
Grand childre n	2	4 %
Others	12	24 %
Educational status		
Illiterat e	7	14 %
Primar y educati on	13	26 %
Second ary educati on	18	36 %
Gradua te	12	24 %
Income		
Below 1000	6	12 %
1000 – 15000	8	16 %

		0
15000	26	5
25000		2
		.
		0
25000	10	2
		0
50000		.
		0
Is anyone in the family is in medical field		
Yes	6	1
		2
		.
		0
No	44	8
		8
		.
		0

The table 4.1.1 shows that most of the caregivers of cerebrovascular accidents patients out of 50 samples, In gender 36(72%) participants were female, whereas 14(28%) participants were male.

Regarding age, of the 50 samples, 22 (49%) of the individuals were between the ages of 31 and 40, and 18 (36%) were above 40. 10(20%) of the participants were between the ages of 21 and 30. However, there were no volunteers in the 18–20 age range. According to Religion. out of 50 samples, 39(78%) Participants were Hindu, 7(14%) participants were Christian and 4(8%) of participants were Muslim. Considering Marital Status of caregiver, out of 50 samples, 37 (74%) participants were married and 13 (26%) participants were unmarried. With regards to Relation to the client, out of 50 samples, 19(38%) were spouse. Participated, 17(34%) participants were children, 2(4%) participants were grandchildren and others participants was 12(24%) related to client. According to education, out of 50 samples, 18(36%) participants were done secondary education, 13(26%) participants were completed till primary education, 12(24%) participants were graduated, whereas 7(14%) participant were illiterate. Considering income out of 50 samples. 26(52%) participants were as Rs. 15000 to 25000, 10(20%) of participants were Rs. 25000 to 50000, 8(16%) participants were Rs. 1000 to 15000, 6(12%) participants has below Rs. 1000. Among is anyone of the family member in medical field 44 (88%) participants were answered no, whereas 6(12-%%) were participant had family members in medical field.

SECTION-B: Frequency and percentage distribution of pretest and posttest level of knowledge regarding prevention of pressure sore among caregivers of cerebrovascular accident patients.

Table 4.2.1 : Frequency and percentage distribution of pretest and post test level of knowledge regarding prevention of pressure sore among caregivers of cerebrovascular accident patients.

N = 50

L e v e l o f K n o w l e d g e	Pretest		Pos t Tes t	
	F r e q u e n c y	P e r c e n t a g e	F r e q u e n c y	P e r c e n t a g e
I n a d e q u a t e (0 — 1 0)	2 4	4 8 . 0	0	0

Moderately adequate (11-20)	20	40	14	28
Adequate (21-30)	6	12	36	72

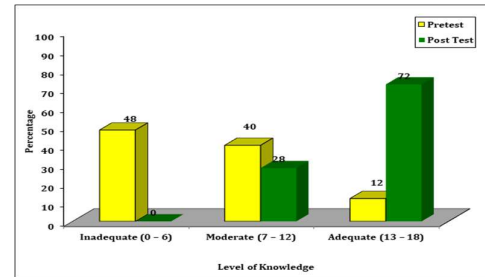


Figure 4.2.1 Percentage distribution of pretest and post test level of knowledge regarding prevention of pressure sore among caregivers of cerebrovascular accident patients

The table 4.2.1 shows that in pretest among caregivers of cerebrovascular accident patients, 24(48%) had inadequate knowledge, 20(40%) had moderately adequate knowledge and 6(12%) had adequate knowledge regarding prevention of pressure sore. Whereas in post test among caregivers of cerebrovascular accident patients, 0(0%) had inadequate knowledge, 14(28%) had moderately adequate knowledge and 36(72%) had adequate knowledge regarding prevention of pressure sore.

SECTION-C:Effectiveness of Video Assisted Teaching on knowledge regarding prevention of pressure sore among caregivers of cerebrovascular accident patients.

Table 4.3.1: Effectiveness of Video Assisted Teaching on knowledge regarding prevention of pressure sore among caregivers of cerebrovascular accident patients.

N = 50

Knowledge	Mean	S.D	Mean Score	Difference	Paired 't' test & p-Value
Pretest	12.48	5.76	12.26		t=11.875 p=0.0001, S**
Post Test	24.74	4.71			

***p<0.001, S – Significant

Table 4.3.1 indicates that the mean knowledge score before the test was 12.48±5.76, while the mean score after the exam was 24.74±4.71. 12.26 was the mean difference score. The computed Paired “t” test result of t=11.875 was determined to be statistically significant at the p<0.001 level, indicating a statistically significant difference in the knowledge scores of cerebrovascular accident patients’ caregivers before and after the test on pressure sore prevention. These results unequivocally suggest that administering video-assisted instruction on pressure sore prevention to caregivers of cerebrovascular accident patients was successful in raising their post-test knowledge level.

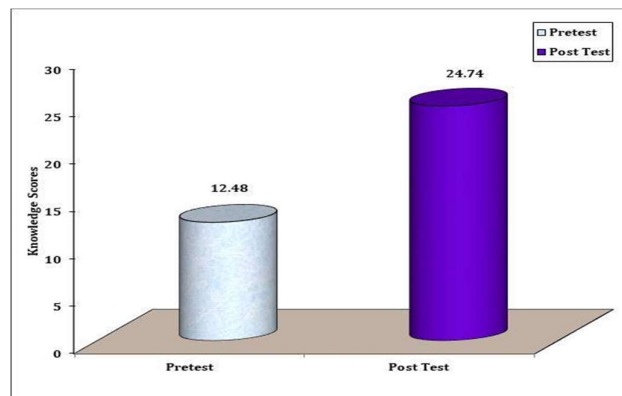


Figure 4.3.1 Comparison of pretest and post knowledge scores regarding prevention of pressure sore among caregivers of cerebrovascular accident patients after video assistant teaching

SECTION – D: Association of post test level of knowledge regarding prevention of pressure sore among caregivers of cerebrovascular accident patients with their selected demographic variables.

Table 4: Association of post test level of knowledge regarding prevention of pressure sore among caregivers of cerebrovascular accident patients with their selected demographic variables.

N = 50

Demographic Variables	Frequency	Knowledge
	Chi-Square & p-value	
Gender		$\chi^2=0.574$
Male	14	d.f=1
Female	36	p=0.449
		N.S
Age in years		$\chi^2=0.026$
18 – 20	-	d.f=2
21 – 30	10	p=0.987
31 – 40	22	N.S
Above 40	18	
Religion		$\chi^2=5.484$
Hindu	39	d.f=2
Christian	7	p=0.064
Muslim	4	N.S
Marital status of caregiver		$\chi^2=0.067$
Married	37	d.f=1
Unmarried	13	p=0.7
		96 N.S

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Relation to the client		$\chi^2=0.969$
Spouse	19	d.f=3 p=0.809 N.S
Children	17	
Grand children	2	
Others	12	
Educational status		$\chi^2=2.309$ d.f=3 p=0.511 N.S
Illiterate	7	
Primary education	13	
Secondary education	18	
Graduate	12	
Income		$\chi^2=2.810$
Below 1000	6	d.f=3 p=0.422 N.S
1000 – 15000	8	
15000 – 25000	26	
25000 – 50000	10	
Is anyone in the family is in medical field		$\chi^2=-0.096$
Yes	6	d.f=1 p=0.756 N.S
No	44	

*p<0.05, S – Significant, N.S – Not Significant

Table 4.4.1 demonstrates that the post-test level of knowledge regarding pressure sore prevention among caregivers of cerebrovascular accident patients had no a statistically significant association with the demographic characteristics.

DISCUSSION

This chapter covers data analysis in connection to the study's aims and hypotheses. The assertion has a problem: "Effectiveness of video assisted teaching on knowledge regarding prevention of pressure sore among caregivers cerebrovascular accident patients at SRM MCH&RC"

The research design used for the study was one group pretest and posttest design. It was determined to gather information from 50 samples caregivers of cerebrovascular patients who are admitted in Neuro medial, Neuro surgical, Neuro ICU. The quantitative research approach was used to assess the effectiveness of video assisted teaching on knowledge regarding prevention of pressure sore among the caregivers of cerebrovascular accident patients. The researcher employed a standardized tool to evaluate the caregivers of cerebrovascular accident about knowledge regarding prevention of pressure sore as well as demographic factors. The Pilot study was

conducted among 6 caregivers of cerebrovascular accident Patients were selected who fulfilled the inclusion criteria with to test the feasibility, reliability and major flaws of the tool.

The first objective - The Pretest among caregivers of cerebrovascular accident patients, 24(48%) had inadequate knowledge, 20(40%) had moderately adequate knowledge and 6(12%) had adequate knowledge regarding prevention of pressure sore. In post test among caregivers of cerebrovascular accident patients, 0(0%) had inadequate knowledge, 14(28%) had moderately, adequate knowledge and 36(72%) had adequate knowledge regarding prevention of pressure sore.

The second objective - The knowledge mean score was 12.48 ± 5.76 on the pretest and 24.74 ± 4.71 on the posttest. 12.26 was the mean difference score. The computed Paired "t" test result of $t=11.875$ was determined to be statistically significant at the $p<0.001$ level, indicating a statistically

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significant difference in the knowledge scores of cerebrovascular accident patients' caregiver before and after the test on pressure sore prevention. These results unequivocally suggest that administering video-assisted instruction on pressure sore prevention to caregivers of cerebrovascular accident patients was successful in improving their post-test knowledge level.

The third objective - There was no statistically significant correlation between the demographic characteristics and the post-test level of knowledge among caregivers of cerebrovascular accident patients about pressure sore prevention.

CONCLUSION

The study sought to determine the efficacy of video-assisted education on knowledge of pressure sore avoidance among caregivers of cerebrovascular accident (CVA) patients. The study's findings demonstrated that caregivers' knowledge levels improved significantly following the deployment of video-assisted instruction. Pre-test scores revealed that caregivers lacked adequate information, however post-test scores showed a significant increase in knowledge, emphasizing the effectiveness of video-based education as an interactive and engaging teaching medium. The study shows that video-assisted education is a good and effective way to improve caregivers' comprehension of pressure sore prevention, which is critical in lowering the risk of complications for cerebrovascular accident patients. Thus, incorporating video-assisted educational tactics into routine caregiver training programs can improve patient outcomes and the quality of care delivered at home.

The findings of this study can be used by nursing professionals and educators to direct future research into the usefulness of various teaching tactics for boosting pressure sore prevention awareness among other groups, such as rehabilitation and senior home care workers.

It is possible to undertake research into pressure sore prevention knowledge and techniques, a comparative study could be used to assess the mindset and methods of pressure sore prevention, a comparable study can be performed with a single group of pre and post tests, a comparable study can be conducted to evaluate the effectiveness of video assistant teaching strategies.

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