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EFFECT OF INDIVIDUALIZED MEDICATION EDUCATION PROGRAMME ON KNOWLEDGE AND DRUG TAKING CHARACTER AMONG CARDIAC PATIENTS IN BISHOP BENZIGER HOSPITAL

Nursing

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ABSTRACT

Introduction: Patients with coronary disease who understand the rationale behind recommended life style changes and recognize the potential benefits that can result are more likely to cooperate with physician in implementing treatment. Setting goals, outlining methods for achieving these goals and monitoring the patient progress are also critical to the success of life style modification strategies.

Materials and Methods

- **Research approach and design:** Quantitative approach with Pre-experimental one group pretest posttest design was used in this study.
- **Sampling technique:** Purposive sampling technique was applied for the selection of samples.
- **Samples:** Samples were 50 cardiac patient who attended in Outpatient Department at Bishop Benziger Hospital, Kollam.
- **Tools:** Structured Knowledge Questionnaire was used to assess the effect of individualized medication education programme on knowledge and drug taking character among cardiac patient in Bishop Benziger Hospital

Results: The data were analyzed using both descriptive and inferential statistics on the basis of the hypotheses of the study. The findings of the study shows that there was a significant increase in mean posttest knowledge score of the sample ($P < 0.0001$) regarding individualized medication education programme among cardiac patient in Bishop Benziger Hospital. The study results shows that mean posttest knowledge score of selected samples (13.98) was higher than the mean pretest score (9.28).The calculated value was greater than the table value at 0.0001 level of significance.

Conclusion: The findings of the study revealed that there was statistically significant difference in the knowledge of cardiac patients regarding drug taking character before and after the administration of the intervention in the selected samples. The present study indicated that there was a significant difference between mean pretest and posttest knowledge score regarding individualized medication education programme among cardiac patient in Bishop Benziger Hospital.

KEYWORDS

Coronary disease, life style modification

INTRODUCTION

Cardiac disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart muscles, values or rhythms, are considered forms of heart disease. Cardiac diseases are the number one cause of death worldwide, with an estimated 17.7million deaths in 2015, with around 7.4million (over 41%) of these due to specifically to CHD and about 6.7 million (just over 39%) specifically due to stroke (WHO 2017). According to centre for disease control, heart disease is the leading cause of death in the United Kingdom. Heart disease had topped the chart in Kerala in 1990 and also now in 2016. A substantial aspect of health literacy is the knowledge of prescribed medication. In chronic heart failure, incomplete intake of prescribed drugs (medication non-adherence) is inversely associated with clinical prognosis.

MATERIALS AND METHODS

Quantitative approach with Pre-experimental one group pretest posttest design was used in this study. Purposive sampling technique was applied for the selection of samples. Samples were 50 cardiac patients who attended in Outpatient Department at Bishop Benziger Hospital, Kollam. Structured Knowledge Questionnaire was used to assess the effect of individualized medication education programme on knowledge and drug taking character among cardiac patient in Bishop Benziger Hospital. Prior to data collection a formal written permission was obtained from the head of the institutions. The purpose of the study was explained to the samples. Purposive sampling technique was used to select the participants. Written consent was taken from the participants. Pretest was done on the first day followed by individualized medication education programme (Day 1) to all the samples and posttest on the 7th day. The data collection was terminated by thanking the participants for their co-operation. The data collected was then compiled for analysis.

RESULTS

Frequency and percentage distribution of demographic data

N=50

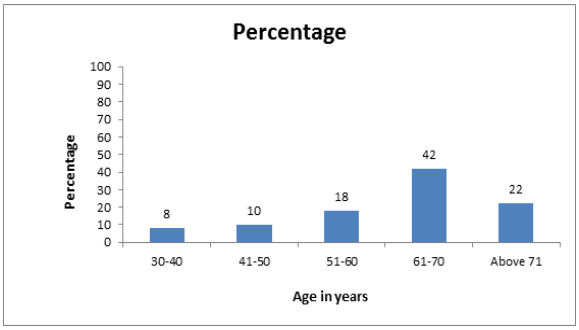

Figure 1. Percentage distribution of samples according to the age

N=50

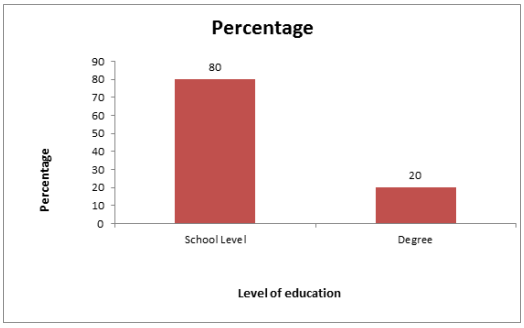

Figure 2. Percentage distribution of samples according to the level of education

N=50

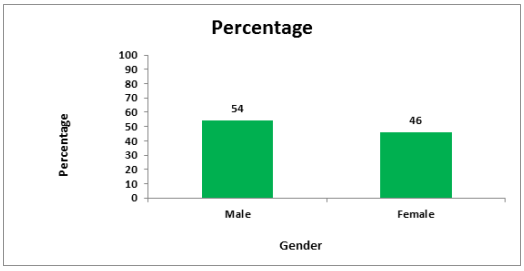

Figure 3.Percentage distribution of samples according to gender

N=50

Figure 4.Percentage distribution of samples according to occupation

Table 1. Frequency and percentage distribution of knowledge score

N=50

Level of knowledge	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Poor (0-5)	6	12%	0	0%
Average(6-10)	25	50%	1	2%
Good (11-15)	19	38%	49	98%

Table 2. Mean, Standard Deviation and t value of pretest and posttest knowledge score after individualized education programme

N=50

Group	Mean	Standard Deviation	t value
Pretest	9.28	2.73	9.8089
Posttest	13.98	1.74	

DISCUSSION

In a prospective randomized controlled study by Cabezas et al, nurses delivered a year-long educational intervention to 134 participants after discharge to improve adherence rates. In this study, 70 participants were assigned to the intervention group and 64 to the control group. In the present study 50 participants were selected with purposive sampling technique. The intervention group received education from the nurses and telephone follow-up every month for the first 6 months and every 2 months for the remainder of the study. The control group received regular care with a telephone follow-up. In the present study the participants received individualized education programme. Medication adherence rates were measured by pill count. The patients were classified as reliable (taking 95%–100% of prescribed doses), partially reliable (85%–95%), and not reliable (<85%). The intervention group had a medication adherence rate of 85% at 12 months, while the control group had an adherence rate of 73.9%. Also, the intervention group had only 410 days of hospital stay, while the control group had a total of 611 days of hospital stay. The differences in medication adherence and hospital days were not significant for this study due to positive effect on participating in a research study. Participants in the intervention group had a lower mortality rate than those in the control group (29.7% vs 12.9%, P=0.017). The effect of individualized medication education programme on knowledge and drug taking character among cardiac patients were assessed. The study results shows that mean posttest knowledge score of selected samples (13.98) was higher than the mean pretest score (9.28).The calculated value was greater than the table value at 0.0001 level of significance.

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