



*Target Population-Type II diabetic patient,  
Accessible Population: Type II diabetic patients  
attending OPD of selected Hospitals of Gujarat, by  
Purposive sampling, 60 sample where taken.*

#### **MAJOR FINDINGS OF THE STUDY**

- *The study findings showed a highly significant difference ( $t_{59}=15.33$ ,  $p < 0.001$ ) between mean pre-test Knowledge (8.53) and post test (16.76) Knowledge scores. The objective made by investigator that there is significant difference in Knowledge score after administration of structured teaching programme through pamphlet among diabetic patients at the level of  $p \leq 0.05$  was accepted. Their knowledge and practices regarding foot care were assessed by a pre-tested questionnaire and classified as good, satisfactory and poor depending upon the score. Fifteen questions each were asked regarding knowledge and practices of foot care. Each question was assigned one mark. If score was more than 70% (11-15), it was regarded as good, if score was 50-70% (8-10) it was regarded as satisfactory and if score less than 50% (<8) it was regarded as poor both for knowledge and practice for foot care. The mean age of the respondents was 48 +/- 10.8 years. About 29.3% respondents had good knowledge, 40% had satisfactory knowledge and 30.7% had poor knowledge about foot care. Whereas only 14% respondents had good practices for foot care, 54% had satisfactory practices and 32% had poor practices. Education of the respondents had significant statistical association with knowledge ( $p\text{-value} < 0.001$ ) and practices ( $p\text{-value} < 0.001$ ) regarding foot care. Literacy has significant association with the knowledge and practices related to foot care in diabetic patients.*

#### **Conclusions:**

*Conclusions drawn from present study was as follows- Educating the patient will help them to improve their knowledge regarding foot care, prevents future complication and leads to safe diabetes mellitus. Structured teaching programme through pamphlet is considered an effective education strategy to improve the awareness and knowledge of type II diabetic patient regarding foot care.*

#### **Key Point:**

*Type II diabetes is a chronic metabolic disorder with long-term complications, Outpatient Departments (OPD) in Foot Care Management,*

#### **Introduction:**

Diabetic foot is one of the most incapacitating chronic complications resulting from poor disease management. It has a social and economic impact on families, health system, and society as a whole in both developing and developed countries. Every 30 seconds; a lower limb is lost as a consequence of diabetes. Worldwide, more than a million amputations are performed each year as a consequence of diabetes. Up to 85 percent of all amputations in people with diabetes are preceded by foot ulcers. A serious challenge for early diagnosis of diabetic patients at high risk of lower limb ulcers is inadequate foot care and foot self-examination. Studies have reported that, in patients diagnosed with diabetes who were admitted to hospitals, 10% to 19% of them had their feet examined after footwear and socks were taken off. However, it is well-established that 85% of diabetic foot problems are preventable with specialized care. The investigator during her clinical experience has come in contact with diabetic patients who have ulcers, corns or even injuries in their feet which they did not assess before. Ignorance and negligence go hand in hand since most physicians do not bother to undertake even clinical examination of the feet, which costs nothing. The patients do not know the foot related complications of diabetes even while suffering with it. The investigator also found that they lacked knowledge regarding the foot care and they expressed their desire to learn it. Therefore the investigator chooses a

structured teaching programme to improve their knowledge and makes them aware about their foot problems.

## REVIEW OF LITERATURE

The literature reviewed for the study had been organized under the following headings

1. Literature review on prevalence and risk factors for foot complications
2. Literature review on effectiveness of structured teaching programme regarding foot care among diabetic patient.

**Al-Maskari F, El-Sadig M (2007)** conducted a cross sectional survey study to determine the prevalence and risk factors for foot complications among diabetic patients in Al-Ain district, United Arab Emirates (UAE). A sample of 513 diabetic patients with a mean age of 53 years (SD: +/- 13) were randomly selected during 2003/2004. All completed an interviewer-administered questionnaire and underwent medical assessment including foot examination and assessment of presence of peripheral neuropathy (PN) and peripheral vascular disease (PVD). Forty nine percent of the study populations were diagnosed to have DM without presenting with symptoms of diabetes and 35% had hypertension. The majority (86%) had type 2 DM. Of the total sample, 39% (95% CI: 35.1-43.7%) had PN and 12% (95% CI: 8.8-14.4%) had PVD. Significant risk factors for PN and PVD were: male gender, poor level of education, UAE nationality, increased duration of diabetes, type 2 DM, presence of hypertension and microalbuminuria (MA). Conclusion of the study was that the low prevalence of foot ulceration and

amputation among the study population, nevertheless, a substantial proportion had potential risk factors for foot complications.

**Kshitij Shankhdhar, 2008** A lack of awareness also contributes to the problem. Given the large numbers of people walking barefoot, there are innumerable foot lesions. However, these lesions are often neglected by patients due to diabetic neuropathy. In 90 percent of foot ulcer cases in patients with diabetes, sensory neuropathy is part of the problem.

**Vatankhah .N,et al (2009)** conducted an experimental study to evaluate the impact of a simple educational program on the knowledge and practice of people with type II diabetes in relation to the foot at risk in Tehran, Iran. One hundred and forty-eight people with type 2 diabetes underwent a structured interview using a 32-item designed questionnaire about their knowledge of foot care standards in diabetes and their personal foot care behaviors. The mode of the intervention was face-to-face and found that the applied educational intervention aimed at patients with type 2 diabetes has improved their knowledge and practice about diabetic foot care ( $p < 0.0001$  and  $p = 0.011$ ; wilcoxon signed ranks test, respectively). Knowledge and practice scores were increased significantly after the education in the lean group ( $BMI < \text{or} = 25$ ) rather than the obese ones. In conclusion the findings of study have shown that a simple face-to-face education is an effective and applied method to improve the knowledge about foot care.

**Grupo de Trabalho Internacional sobre, 2001** Diabetic foot is one of the most

incapacitating chronic complications resulting from poor disease management. It has a social and economic impact on families, health system, and society as a whole in both developing and developed countries. Every 30 seconds; a lower limb is lost as a consequence of diabetes. Worldwide, more than a million amputations are performed each year as a consequence of diabetes. Up to 85 percent of all amputations in people with diabetes are preceded by foot ulcers. The investigator during her clinical experience has come in contact with diabetic patients who have ulcers, corns or even injuries in their feet which they did not assessed before. Ignorance and negligence go hand in hand since most physicians do not bother to undertake even clinical examination of the feet, which costs nothing. The patients do not know the foot related complications of diabetes even while suffering with it. The investigator also found that they lacked knowledge regarding the foot care and they expressed their desire to learn it. Therefore the investigator chooses a structured teaching programme to improve their knowledge and makes them aware about their foot problems.

### **Methodology**

In this study, the researcher used the Experimental -Quantitative research approach, population of the research was a type 2 diabetes Clients who have participated in the study, Pre experimental research design (One group pretest, post-test design). Target Population-Type II diabetic patient, Accessible Population Type II diabetic patients attending OPD of selected Hospitals of Gandhinagar District, Gujarat State, by Purposive sampling, 60

sample where taken. This study tool structured interview schedule, with Intervention structured teaching programme through pamphlet.

### **Sampling:**

The subjects of this study are those who have participated in study were present at the time the data were collected additionally; those who meet the inclusion and exclusion criteria established for the research project and are willing to take part in the study. selected sample by Purposive sampling 60 type II diabetic patients were used.

### **Inclusion Criteria:**

- Type II Diabetic patient's age above 30 yrs.
- Type II Diabetic patients whose blood sugar level is above 140mg/dl.
- Type II Diabetic patients who attends OPD in Gatujuarat hospital Gandhinagar District, Gujarat State.
- Type II Diabetic patients who can understand and respond in Hindi & English.
- Type II Diabetic patients who are willing to participate.

### **Data Collection Procedure:**

Data is collected at various points and stages in time from a variety of samples because organisations and researchers always work hard to make effective judgments using data. Prior to starting data collection, formal administration permission was gained. The researcher

prepared and adhered to the plan of the data gathering process as follows: -

- A written permission was obtained from the concerned authority.
- Total 60 samples were selected for the study from OPD of Gandhinagar District, Gujarat State
- The purpose of the study was explained to the respondents and informed consent was obtained.
- Confidentiality was assured to all the subjects to get their cooperation.
- A pre-test with the socio demographic data and structured interview schedule was used to assess the knowledge of type II diabetic patients regarding foot care from all 60 subjects following explanation of questionnaire was given to each respondent to response the questions as per their knowledge for pre-test.

**DATA ANALYSIS & INTERPRETATION**

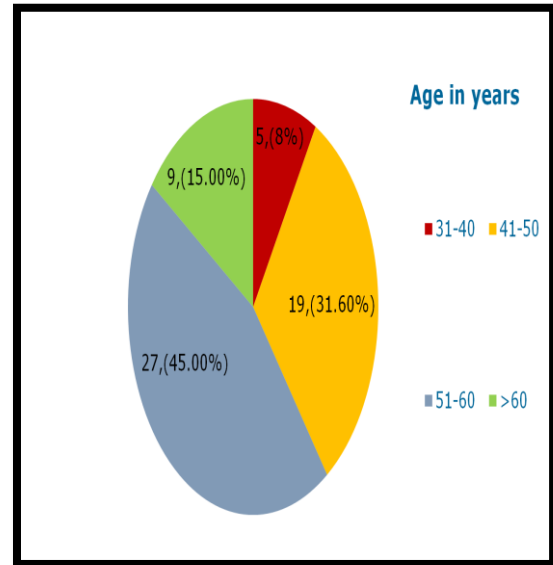
The collected data was tabulated, organized and analysed by using descriptive and inferential statistics.

- Section I: Demographic Data of Respondent
- Section II: Association of pre test knowledge score with selected demographic data
- Section III: Comparison of mean score of significant demographic variable

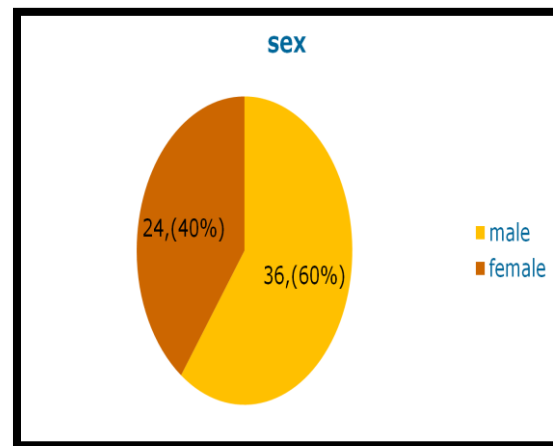
- Section IV: Association between pretest knowledge score and selected demographic variables

- Section V Effectiveness of Pamphlet

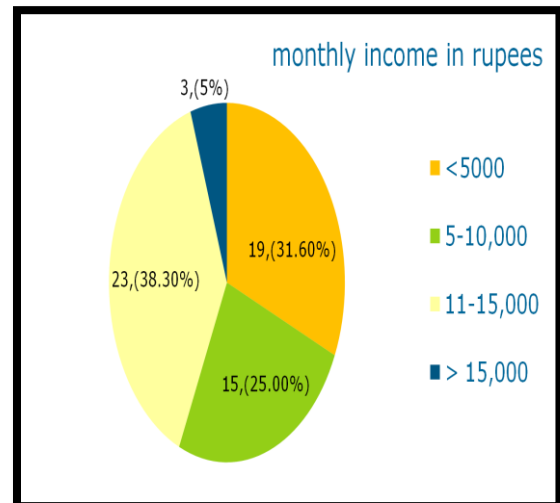
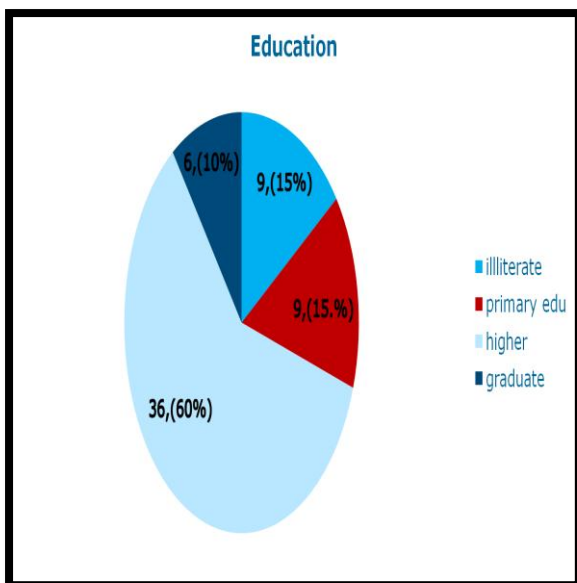
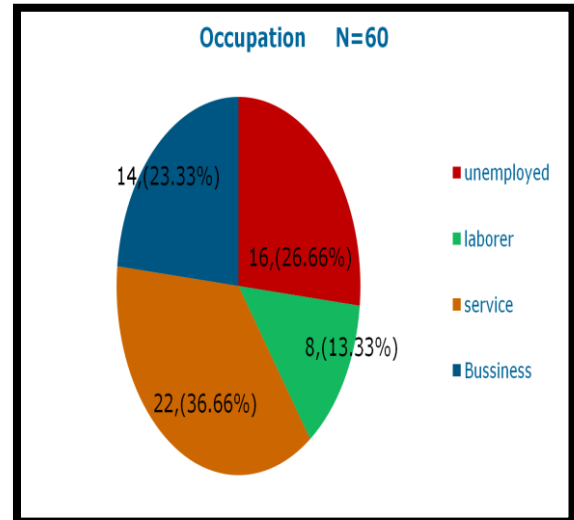
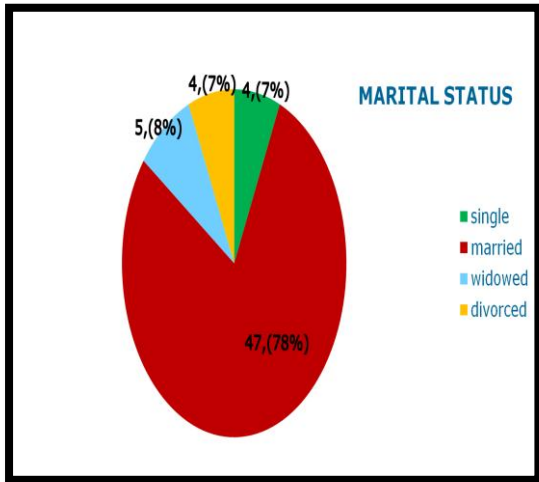
**Section I: Demographic Data of Respondent**



**Pie diagram showing percentage distribution of sex**



**Pie Diagram showing percentage distribution of marital status**

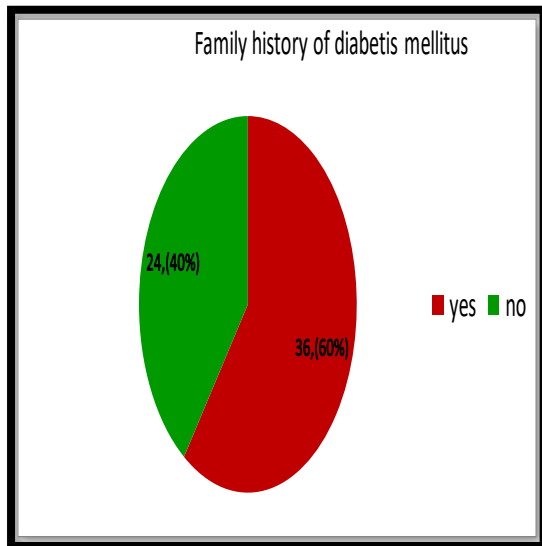


Pie Diagram showing percentage distribution of Education

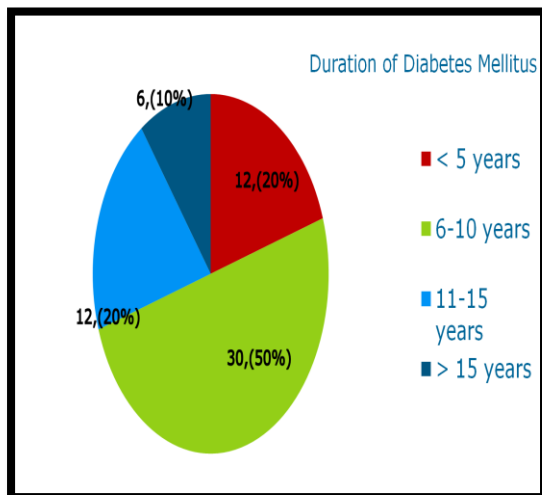
Pie diagram showing percentage distribution of Monthly income

Pie diagram showing percentage distribution of Occupation

Pie diagram showing percentage distribution of Family History of D M



Pie Diagram showing percentage distribution of duration of Diabetes Mellitus



Section: II Association of pre test knowledge score with selected demographic data

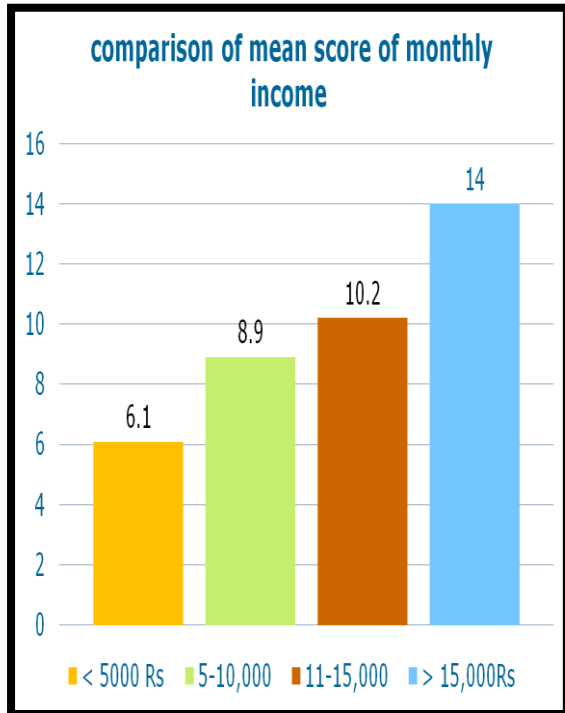
S.No.	Demographic variables	Frequency (n)	Percentage (%)	X <sup>2</sup> Value
1.	Age in years	5	8.3%	10.52
	31-40	19	31.6%	NS
	41-50	27	45%	
	51-60	9	15%	
	≥60			
2.	Sex	36	60%	1.8
	Male	24	40%	NS
3.	Marital Status	4	6.66%	5.67
	Single	47	78.33%	NS
		4	6.66%	

	Married	5	8.3%	
	Divorced			
	Widow			
4.	Qualification	9	15%	10.88
	Illiterate	9	15%	NS
	Primary Education	36	60%	
	Higher Secondary Graduate	6	10%	
5.	Occupation	8	13.33%	15.09
	Laborer	14	23.33%	S
	Business Service	22	36.66%	
	Unemployed	16	26.66%	
6.	Monthly Income in Rs.	19	36.1%	18.28
	<5000	15	25%	S
	5000-10000	23	38.3%	
	11000-15000 >15001	3	5%	
7.	Family history of diabetes	36	60%	9.3
	Yes	24	40%	S
8.	Duration of diabetes mellitus	12	20%	5.44
	<5 years	30	50%	NS
	6-10 years	12	20%	
	11-15 years	6	10%	
	>15 years			

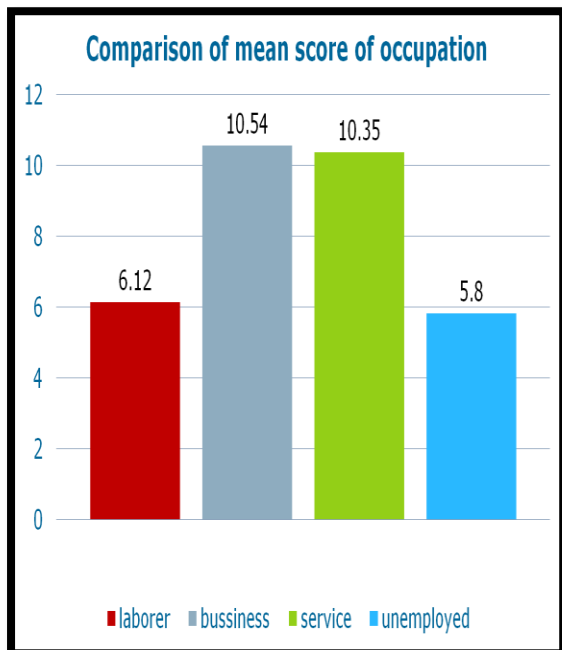
Section III : Comparison of mean score of significant demographic variable

Column diagram showing mean score of socio demographic data of monthly

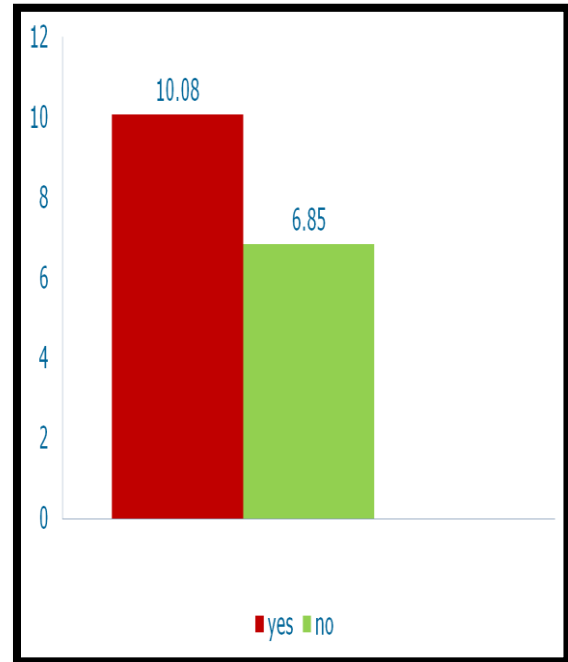
income



Column diagram showing mean score of different occupation.



Column diagram showing mean score of data related to family history of diabetes mellitus



**Section IV Association between pretest knowledge score and selected demographic variables**

There is a association with occupation, family history of diabetes mellitus of type II diabetic Patients regarding foot care. so the hypotheses RH<sub>1</sub> There is significant association with knowledge & selected demographic variable is accepted.

**Assess the pre-test knowledge scores of diabetic patients regarding foot care**

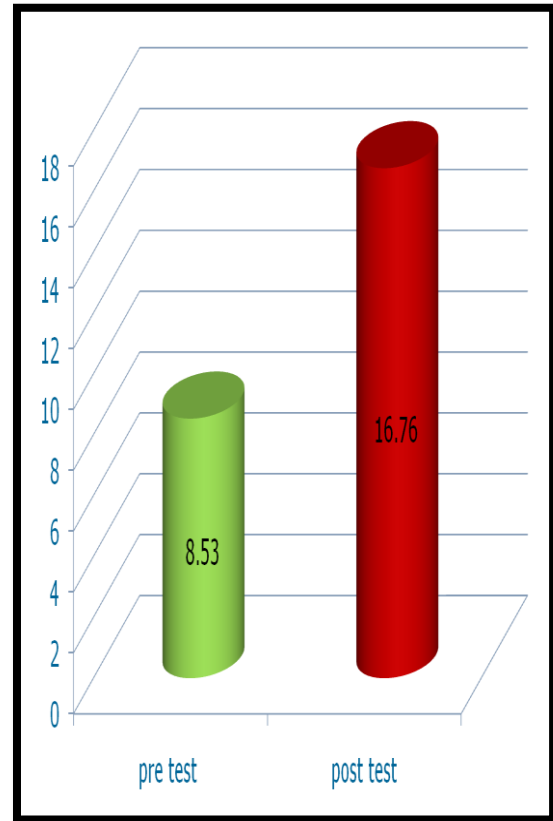
Kno wled ge scor e	Grad e	Pre test			
		Freq uenc y	%	M ea n sc or e	S.D
0-8	Poor	31	51.6	8.53	±4.3360

			6		
9-16	Average	26	43.33%		
17-24	good	3	5%		

Assess the Post-test knowledge score of diabetic patients regarding foot care

Know ledge score	Gr ad e	post test			
		Fre que ncy	%	Me an sco re	S.D
0-8	Po or	0	0	16.76	$\pm 3.836$
9-16	Av era ge	30	50		
17-24	go od	30	50		

Column diagram showing pretest and post-test mean score of type II diabetic patients regarding foot care



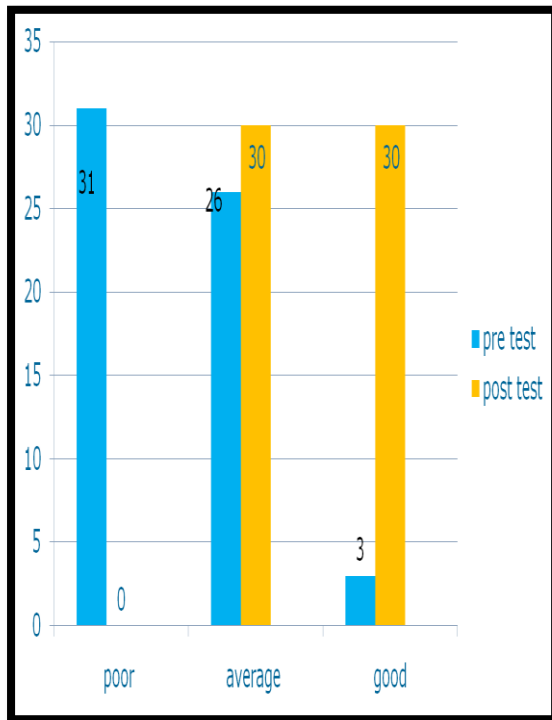
**EFFECTIVENESS OF PAMPHLET**

Mean, Standard Deviation (SD) and 't' value of pre and post-test Knowledge scores on foot care of diabetic patients

Know ledge area	Mea n score	Mean differ ence	S.D	d f,	t,v alu e
Pre test	8.53	8.23	$\pm 4.3360$	59	15.33**
Post test	16.76		$\pm 3.836$		*

$P < 0.05^*$                        $p < 0.01^{**},$

Column diagram showing the knowledge score of diabetic patients



**Conclusion:**

Educating the patient will help them to improve their knowledge regarding foot care, prevents future complication and leads to safe diabetes mellitus. Structured teaching programme through pamphlet is considered an effective education strategy to improve the awareness and knowledge of type II diabetic patient regarding foot care.

**RECOMMENDATIONS**

From the findings of the present study, the following recommendations had been suggested.

- In much larger sample for broader generalization.
- In different settings.
- With a control group.
- A follow up could be carried out to find out the effectiveness in terms of retention of knowledge and revision need of teaching programme.

- A study can be conducted to assess the prevalence of diabetes mellitus and complications associated with it.

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