

# STRUCTURED TEACHING PROGRAM ON FOOT CARE FOR TYPE II DIABETIC PATIENTS

\* **Sonali Kumawat, M.Sc. (N):** \*\* **Dorwin Martin, M.Sc. (N):** \*\*\* **Manju Joshi, M.Sc.(N)**

## Abstract

Diabetic foot is one of the most incapacitating chronic complications resulted 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. Therefore, to assess the effectiveness of structured teaching program (STP) in terms of knowledge regarding foot care among type II diabetic patients attending OPD of selected hospital of North India was selected for the study. A pre-experimental one-group pretest posttest approach was adopted. The sample of 60 type II diabetic patients was selected by using purposive sampling technique. Data were collected with the help of structured knowledge questionnaire. Reliability of the tool was calculated using split half method,  $r = 0.89$ , which showed that the tool was reliable. Pre-test was done to assess the knowledge of the subjects by using structured interview schedule. Structured teaching was given with power point presentation and pamphlets were handed over to them after the session. Posttest was done on fifteenth day with the same tool. Findings of the study indicated that in pre test majority of samples 31 (51.66%) scored poor knowledge, 26 (43.33%) samples scored average and only 3 (5%) scored good knowledge. Results of the posttest revealed that the mean posttest knowledge score (16.76) was higher than the mean pre test knowledge score (8.53). The computed 't' test value for knowledge was ( $t_{59} = 15.33$ ;  $p \leq 0.05$ ) which showed highly significant difference between pre and posttest knowledge scores. This revealed that the structured teaching program was effective in increasing the knowledge regarding foot care among type II diabetic patients.

**Key Words:** Structured Teaching Program (STP), Foot care, Type II diabetic patient, Knowledge.

## Background

The World Health Organization estimates that mortality from diabetes and heart disease cost India about \$210 billion every year and is expected to increase to \$335 billion in the next ten years. These estimates are based on lost productivity, resulting primarily from premature death.

**Hindustan Times, (2007)**

The **International Diabetes Federation** estimates that the number of diabetic patients in India more than doubled from 19 million in 1995 to 40.9 million in 2007. Diabetic foot syndrome is one of the common and most devastating preventable complications of diabetes mellitus (DM). The various factors contributing to this syndrome are peripheral sensory neuropathy; improper footwear; lack of patient knowledge about foot care and uncontrolled diabetes. In India, footwear practices vary

widely. (**Viswanathan V, 1997**). Apart from significant proportions of patients walking barefoot outdoors, a majority of Indians walk barefoot indoors. The custom of visiting religious shrines barefoot in a tropical country like India where the pavements or asphalt roads become very hot can lead to injury. Furthermore, use of inappropriate footwear like Hawaiian chappals having a rubber sole, supported by a strap in the first inter-digital space, but no back strap predisposes to injury. (**Kaur K, 1998**). A lack of awareness also contributes to the problem. The large numbers of people walking barefoot, there are innumerable foot lesions. However, patients due to diabetic neuropathy often neglect these lesions. 90 percent of foot ulcer cases in patients with diabetes, sensory neuropathy is part of the problem. **Kshitij Shankhdhar, (2008)**

## Need of the Study

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.

\* **Sonali Kumawat, M.Sc. (N)**

Lecturer, Indore Nursing College, Indore

E mail: sonalijya9@gmail.com Mobile: 09424010999

\*\* **Dorwin Martin, M.Sc.(N)**

Lecturer, Bombay Hospital College of Nursing, Indore