Knowledge of Senior Citizens on Second Stroke in Allinayakkanpalayam

K. Chandramathi[1]*, J. Logeshwari[2]
[1]Reader, Department of Medical Surgical Nursing, Dhanvantri College of Nursing, Pallakkapalayam (PO), Namakkal (DT), Tamil Nadu, India
[2] Lecturer, Department of Community Health Nursing, Dhanvantri College of Nursing, Pallakkapalayam (PO), Namakkal (DT), Tamil Nadu, India

ABSTRACT

Context: Stroke is one of the leading causes of adult disability worldwide. Stroke is the second most common cause of death and major cause of disability worldwide. Because of the ageing population, the burden will increase greatly during the next 20 years, especially in developing countries. Ageing is the process of maturing or becoming older, several physical and psychological changes are known to occur with normal ageing, Stroke is the 4th leading cause of death among senior citizens in the US, with one person dying every four minutes as a result. Stroke must be recognized as quickly as possible to prevent disability and death. Prevalence of stroke *in rural areas was higher, compared to urban areas. Objective: The present study aimed to assess the level of knowledge on second stroke among senior citizens residing at Allinayakkanpalayam. Methods: The research approach utilized in this study was quantitative research approach and design adopted was non-experimental descriptive design. Setting was senior citizen residing at Allinayakkanpalayam village. Non probability convenient sampling technique was used in this study and also checklist was used for data collection. Results: The senior citizens had moderate knowledge among second stroke. Conclusion: The findings of the study reveal the level of knowledge of second stroke among public was moderate.*

Keywords: Senior citizens, second stroke

*Corresponding Author
E-mail: srimathidharshana@gmail.com

INTRODUCTION

As ageing proceeds, bio-physical systems are those that lose efficiency, psychological characteristics maintain stability, and show gains and declines depending not only on the biological organism but also on the socio-cultural context, and on the control individuals exert through his/her behaviours [1]**.** Stroke is a serious health hazard. Stroke is a "neurological deficit of cerebrovascular cause that persists beyond 24 hours or is interrupted by death within 24 hours" [2]. Because stroke injures the brain, victims may be unable to verbalize symptoms-or even recognize them. So the burden of quick, efficient action shifts to alert bystanders (such as family members, friends, neighbours, and co-workers) and healthcare providers. A recent study of Americans found that "25% of senior citizens who had a stroke died within a year and 8% had another stroke within one year. Altogether 50% died or had another stroke or a heart attack within four years" [3]. Stroke is also an economic drain. The American Heart Association estimated stroke costs of $74 billion in 2010, including the cost of healthcare services, drugs, and lost productivity [4].

Researchers have found worse stroke outcomes in women than men, even after accounting for differences in age and other potential risk, largely because of their poorer functional outcomes, strokes typically have a greater social impact in women [5].

STATEMENT OF THE PROBLEM
A descriptive study to assess the knowledge of second stroke among senior citizens residing at Allinayakkanpalayam.

OBJECTIVES
(1) To assess the level of knowledge of second Stroke among senior citizens.
(2) To associate the knowledge score of senior citizens on second stroke with selected demographic variables

METHODOLOGY
Research Approach: The research approach utilized in this study was quantitative research approach.

Research Design: The research design adopted for this study was non-experimental descriptive design

Variable
Dependent Variable: Knowledge of Senior Citizen regarding Second stroke.
Independent Variable: Structure Knowledge Questionnaire.

Sample: The study sample comprised of Senior Citizen at Allinayakanpalayam.
Sample size: The sample size 30.

Population: Senior Citizen.

Study Setting: The setting was Allinayakkanpalayam, Namakkal.

Criteria for Sample Selection: The following criteria were adopted for the selection of respondents
Inclusive Criteria
Senior citizens with
- Above the age group of 60 years.

- Both Genders.
- One who had previous stroke attack.
- People who are under risk of getting stroke.

Exclusive Criteria
- Who were not willing to participate in this study.
- Mentally ill.

Sampling Technique
Non probability convenient sampling was used to select the samples for this study.

Development of the Tool
1. Data collection tool
Section A: Check list to collect demographic data. This section consisted of demographic variables details such as Age, Gender, education, Occupation, diet, previous attack.
Section B: The knowledge questionnaire was developed to assess the knowledge of the senior citizens. It consists of 15 items with yes or no response. Based on the percentage of scores, the level of knowledge of second stroke was graded into three categories as poor, average and good. Analysis was done by using mean, standard deviation and chi square test.

RESULTS
Description of Samples Characteristics according to their selected demographic variables
❖ Assess the level of knowledge of second Stroke among senior citizens.
❖ Associate the knowledge score of senior citizens on second stroke with selected demographic variables

The senior citizens most of them were have Average knowledge score regarding second stroke.

DISCUSSION
The study was descriptive in nature. It was conducted among senior citizens residing at Allinayakkanpalayam. The primary purpose of the study was to find out the

knowledge of senior citizens on second stroke.

The instrument used for the study consisted of:
Section 1: Demographic variables
Section 2: Knowledge questionnaire.

The 15 knowledge questionnaire was used to assess the knowledge among senior citizens (Table 1).

Findings related to distribution of senior citizens according demographic variables with regard to the age group 60–65 (66%), 16% of the senior citizens were in age group of 66–70 years, and 18% of them were in age group of above 71 years [6]. In gender majority are male 54% and only 46% was female, with regard to education majority of senior citizens were uneducated 73%, in occupation 46% of them were moderate worker [7]. 74% of them belong to non-vegetarian diet. 60% of them had previous attack.

In this study level of knowledge revels that 73% of senior citizens have average knowledge, 17% of them have poor knowledge; only 10% was of senior citizens have good knowledge (Table 2). The mean level of knowledge score was 15 of senior citizens, mean % was 57, and SD is 1.4 of knowledge on second stroke of senior citizens (Table 3). Chi-square value of level of knowledge score of senior citizens and the demographic variables was not significant expect age and education were significant (Table 4).

NURSING IMPLICATIONS
The study proved that senior citizens have moderate knowledge regarding second stroke. The implications of this study are discussed under the following headings: nursing practice, nursing education, nursing administration, nursing research.

Table 1: Frequency and percentage distribution of senior citizens (N = 30).

Demographic variables	Frequency	Percentage
1. Age		
a) 60–65 years	20	66%
b) 66–70 years	5	16%
c) Above 71 years	5	18%
2. Gender		
a) Male	16	54%
b) Female	14	46%
3. Education		
a) Primary	5	16%
b) Higher secondary	3	11%
c) Degree	0	0%
d) Uneducated	22	73%
4. Occupation		
a) Sedentary worker	12	40%
b) Moderate worker	14	46%
c) Heavy worker	4	14%
5. Diet		
a) Vegetarian	8	27%
b) Non-vegetarian	22	73%
6. Had previous stroke attack.		
a. Yes	18	60%
b. No	12	40%

Table 2: Frequency and percentage distribution and grading of senior citizens according to their knowledge score.

Knowledge Scores	Grade	Frequency	%
Less than 5	Poor	5	17
6–10	Average	22	73
11–15	Good	3	10

Table 3: Level of knowledge of senior citizens on second stroke.

Senior Citizens	Max Scores	Mean	SD	Mean %
Level of knowledge	15	8	1.4	57%

Table 4: Association between knowledge scores of senior citizens and demographic variables.

Areas	DF	χ2	TV	Level of significance
Age	4	27.1	9.49	P < 0.05 significant
Gender	2	2.5	5.99	P > 0.05 Not significant
Education	4	13.5	9.49	P < 0.05 significant
Occupation	4	3.25	9.49	P > 0.05 Not significant
Diet	2	2.5	5.99	P > 0.05 Not significant
Previous stroke attack	2	6.5	5.99	P > 0.05 Not significant

Nursing Practice
The nurse have a key role in health care delivery system mainly emphasis on

primary prevention of stroke. Because the saying prevention is better than cure is perfect for second stroke. The nursing personnel have to motivate and provide knowledge to the senior citizens and community people for prevention of second stroke.

Nursing Education
It is the responsibility of the nurses to educate other health care team members regarding the prevention of second stroke. The nurse educator should impart the use of innovative technological media to provide awareness to the hospitalized and community people regarding second stroke.

Nursing Administration
The nurse administrators at various levels of healthcare delivery system should focus their attention to make public and health workers conscious about the prevention of second stroke. The nurse administrators based on second stroke, the attitude of the people can be assessed and awareness and prevention programme can be planned and implemented.

Nursing Research
The study shows light on the level of knowledge of second stroke among senior citizens.

Nursing Recommendation
The study can be repeated on larger scale sample to validate and for better generalization of the findings.

(1) The comparative study can be undertaken between senior citizens and adults.
(2) An experimental study can be conducted with control group

CONCLUSION
The findings of the study reveal that senior citizens have moderate knowledge on second stroke.

REFERENCES
[1] Jittima Saengsuwan, Neurology international journal, knowledge of stroke risk factors and warning sign in patients with recurrent stroke or TIA in Thailand. Published 2017.Oct 9
[2] Anne Hickey, stroke awareness in general population, knowledge of stroke risk factors and warning sign in older Adults. Aug 5 2009
[3] Donnan GA, Stroke drug trail, LANCET. 2008 May 10
[4] Centres for diseases control and prevention- stroke, March 27 2018
[5] Meira F. knowledge about stroke in belo horizonte, brazil; a community based study using an innovative video approach, volume 2 2018.
[6] Brunner and Suddharth, A text book medical surgical nursing, 12th edition; Lippincott Williams & Wilkins.
[7] Polit & peck, a text book of Nursing Research Principles and methods, seventh edition, Lippincott Williams & Wilkins.