

A study to assess the Effectiveness of Planned Teaching Program on Geriatric Care Safety Measures Among Geriatric Population at Old Age Home in Delhi NCR

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ABSTRACT

Geriatrics refers to the medical care of elderly people. Gerontology is the study of physical and psychological changes incident to old age. India is currently facing a demographic transition with an increasing elderly population due to reduced mortality, reduced fertility, and increased life expectancy. People above 60 years are included in the elderly demographic. The geriatric population is often neglected and presents numerous medical, social, psychological, and economic problems, creating a significant burden on the country. It is crucial to understand these geriatric problems for their timely detection and management, thereby improving the quality of life of the elderly and decreasing the national burden.

In the past, few people lived to old age. However, the 20th century saw a significant increase in the number and proportion of aged people worldwide. Throughout the 1990s, various activities were undertaken by the United Nations. In 1990, the United Nations General Assembly designated October 1st as the International Day for the Elderly and dedicated 1992 as the 10th anniversary of the World Assembly on Ageing. The assembly developed a practical strategy to achieve selected targets by 2001. Promoting healthy lifestyles for older people is vital in helping them maintain health and functional independence, enabling them to lead healthy and independent lives. Providing information about disease prevention and health promotion activities will help individuals and their loved ones become more knowledgeable about health. The year 1999, the last year of the 20th century, was dedicated by the United Nations to older persons to focus global attention on "Ageing population, its issues and problems," and to formulate policies and action programs to promote health and quality of life. Healthy ageing was recognized as a universal goal and an achievement to be celebrated by society as a whole. Therefore, WHO, during the same year (1999), chose the theme for World Health Day as "Active Ageing Makes the Difference" to coincide with the International Year of Older Persons.

Chapter-I

INTRODUCTION

“LOVE, CARE AND TREASURE THE ELDERLY PEOPLE IN THE SOCIETY.”

(Lailah Gifty Akita)

Geriatrics refers to the medical care of the elderly people. Gerontology refers to the “study of physical and psychological changes which are incident to old age”. India is currently facing a demographic transition with an ageing population. This transition consists of increasing elderly population, due to reduced mortality, reduced fertility and increased life expectancy. People above 60 years are included in elderly Geriatric population is usually neglected and brings with them a large number of medical, social, psychological and economic problems, creating a huge burden on the country. It is the need of hour to know about problems of geriatrics, for their timely detection and management in order to improve quality of life of the elderly and thus decreasing the burden on the country.

Ageing is a natural process. Ageing reflects all the changes taking place over the course of life. These changes start from birth—one grows, develops and attains maturity. According to World Health Organization, ageing is a course of biological reality which starts at conception and ends with death. It has its own dynamics, much beyond human control. The age of 60 is considered equivalent to retirement age and it is said to be the beginning of old age.

Geriatrics refers to medical care for older adults, an age group that is not easy to define precisely. “Older” is preferred over “elderly,” but both are equally imprecise; > 65 is the age often used, but most people do not need geriatrics expertise in their care until age 70, 75, or even 80. Gerontology is the study of aging, including biologic, sociologic, and psychologic changes.

Old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. The National Policy on Older Persons (1999) of Government of India defines “senior citizen’ or elderly’ as a person who is of age 60 years or above (Ministry of Social Justice and Empowerment, GOI; 1999).

In the past, few people lived to old age. But during the 20th century there has been significant increase in member and proportion of the aged people throughout the world during the 1990s many activities have been under taken by the United Nations. In 1990, the United Nations General Assembly designated 1st October as the International Day for the elder lies and dedicated 1992 as the 10th anniversary of the World Assembly on ageing. The assembly worked out a practical strategy to achieve selected target by the year 2001.

The year 1999, the last year of the 20th century was dedicated by the United Nations to the older persons so as to focus attention of the people in the world “Ageing population, its issues and problems” and accordingly formulates policies and action programs to promote health and quality life. Healthy ageing was considered as everyone’s goal and an achievement to be celebrated by society as a whole, Therefore WHO during the same year 1999 had chosen the theme for World Health Day as “ Active Ageing Makes the Difference” to coincide with the International year of the older persons.

Great improvements in medicine, public health, science, and technology have enabled today's older Americans to live longer and healthier lives than previous generations. Older adults want to remain healthy and independent at home in their communities. Society wants to minimize the health care and economic costs associated with an increasing older population. The science of aging indicates that chronic disease and disability are not inevitable. As a result, health promotion and disease prevention activities and programs are an increasing priority for older adults, their families, and the health care system.

Many people fail to make the connection between undertaking healthy behaviors today and the impact of these choices later in life. Studies indicate that healthy eating, physical activity, mental stimulation, not smoking, active social engagement, moderate use of alcohol, maintaining a safe environment, social support, and regular health care are important in maintaining health and independence.

Promoting the healthy lifestyles of older people is vital in helping them to maintain health and functional independence and lead healthy and independent lives. Providing information to you about disease prevention and health promotion activities will help us help you and your loved ones become more knowledgeable about the health.

“CURRENT POPULATION OF WORLD IS 7.9 BILLION AS OF MARCH 2022” Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%. By 2020, the number of people aged 60 years and older will outnumber children younger than 5 years. In 2050, 80% of older people will be living in low- and middle-income countries. The pace of population ageing is much faster than in the past. All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.

Is 1,402,717,252 (148Cr) as of Monday, March 7, 2022. Based on World meter elaboration of the latest United Nations data. India 2020 population is estimated at 1,380,004,385 (138Cr) people at midyear according to UN data. India population is equivalent to 17.7% of the total world population.” Older people are a valuable resource for any society. Ageing is a natural phenomenon with opportunities and challenges. According to Census 2011, India has 104 million older people (60+years), constituting 8.6% of total population. Amongst the elderly (60+), females outnumber males. India's elderly population (aged 60 and above) is projected to touch 194 million in 2031 from 138 million in 2021, 41 per cent increase over a decade, according to the National Statistical Office (NSO)'s Elderly in India 2021 report.

Flagging concerns around an ageing population and stressing the need for India to plan for a changing population structure, the report said there will be 93 million males and 101 million females in 2031 — up from 67 million males and 71 million females in 2021. The NSO, which falls under the Ministry of Statistics and Programme Implementation (MoSPI), sought to provide insights about the problems and status of elderly persons in the country, and help in policymaking.

The report stressed the 2017 United Nations Report on World Population Ageing, which claimed that by 2030 the people aged 60 years or above are expected to outnumber children under age 10.

In India, the geriatric age group, 60 years and above constitute 8.6% of the total population. The projected increase in the size of geriatric population is 118.1 million by 2021 and 173.18 million by 2026. About 3.5% of the elderly are above 80 years of age, with women in the majority. This group is socially vulnerable and in need of assistive technologies to keep them engaged and connected to health care services. The use of Health to resolve health issues can bring about a change

towards affordable and accessible health care for the minority (2.4%) of the elderly living alone that constitutes 3.49% of women and 1.42% of men In rural India, healthcare resources and accessibility to healthcare services for seniors has a major problem, hence Health is a viable solution with a simple smart phone, a low-cost internet-enabled device, that can be used by old people for maintaining a healthy lifestyle. The use of applications like fitness trackers, medication reminders, doctor appointments, diagnostics, preventive care, and medical service search remain unfulfilled without elder health IT initiatives at the micro level For example, the maternal and child health indicators in the state of Madhya Pradesh specify the need for implementation of “eSanjeevani tele-medicine” platform to effectively manage the health of the highly dispersed population

Old age is an unavoidable reality and is a community need. Aging occurs at different dimensions, such as social, behavioral, psychological morphological and molecular. The elderly face several problems like physical health problems, financial problems. The identified problems in an elderly are feeling of negligence and loss of importance in the family and environmental problems. These problems further strengthen the feelings of loneliness, feelings of unwantedness, feeling of inadequacy, obsolescence of skill and education. Expertise on these aspects is interdependent and inductive in nature. Each one of these aspects may affect the quality and quantity of the problems in other categories. The raising proportion of elderly people in the population in both developed and developing countries is creating new health care challenges in the 21st century. Older age is inevitably accompanied by an increasing risk of physical and psychological disorder. Depression is the most common psychiatric disorder in older people with estimated rates ranging from 10% to 65%.

Quality of life is the subject of interest of various scientific disciplines. In the past, the focus was on the elimination and alleviation of suffering of the ill and the poor. Nowadays satisfaction with one's life is under investigation. Quality of life is about needs and the satisfaction of one's needs values and preferences, which naturally change with the development of a human personality (Cevela et al., 2013). With life expectancy increasing, it is becoming more and more important to consider the factors that can positively influence ageing and quality of life in old age. The basic starting point for the application of reminiscence in the care of the elderly in institutions is the adoption of the principles of patient-centered care – such care which would be based on respect and aimed at promoting human dignity.

With increasing age, the number of people living well past 80 grows in turn growing the need for those with an aging expertise. Gerontology nurses are nurses who specialize in gerontology and work in many different settings including private practices, personal homes, and nursing homes. These nurses specialize in geriatric care and geriatric medicine both to provide the older adults with specialized care and geriatric nursing and a high quality of life.

Functionally and cognitively fit elderly are physically and mentally fit to be independent and may be fit enough to even work and earn. Main concern for these elderly is the need for more health promotional activities. These include geriatric medicine, nutrition, physical activity, social contact, psychological support, and activities for the brain.

For elderly with mild functional limitations or mild cognitive impairment, assistance for living is needed. They usually fall in the age group of 70–80 years. Geriatric care in many forms like support with Meals on Wheels, special transport, need for assistance for hospital visits or support for physical rehabilitation is required for these people.

Many recommendations for effective safety practices have been proposed by the IOM and the AHRQ (1-3). These recommendations focus on designing a safer health care system by integrating well-established safety methods to avert medical errors. We believe that these recommendations can and should be applied to geriatrics. Furthermore, we have identified and expanded on six specific recommendations that we believe will improve the safety of geriatric care. These six recommendations include the detection and reporting of geriatric syndromes, identifying system failures when geriatric syndromes occur, establishing dedicated geriatric units, improving the continuity of care, reducing adverse drug events, and improving geriatric training programs.

NEED FOR THE STUDY

Our aim of providing geriatric care safety measures Maintenance of healthy function. Detecting severe disease at an early stage. Prevention of deterioration of an existing health problem. These are usually in the age group of 70 - 80 years. They need assistance for living, special geriatric clinics for comprehensive assessment and rehabilitation, and constant medical help. Our goal is to help them live independently with assistance.

The problems of safety care measures among geriatric people is facing Since our country has attained independence and moved a step toward socio-cultural and economic changes like Modernization, industrialization and cost of living, increasing employment of women in offices and in factories created many problems for older people in India.

The joint family structure as well as the values and respect attached to the aged in our culture for long provided emotional strength, security and adjustment to them. But the gradual disappearance of joint families has contributed too many problems of the aged in our country.

In Indian society children have usually been considered as a source of security and economic support to their parents, particularly in times of distress, sickness and in old age. However, this support base of elderly people has shake due to rising inflation unemployment and poverty.

Consequently the aged have become a problem for the society and their problem of adjustment ahs assumed social and economic significance. The old age also implies increasing economic, physical, mental and psychological problems.

Health problems are supposed to be the major concern of a rapidly aging society as older people are more prone to suffer from ill health than younger age groups mainly due to degenerative changes. It is often claimed that ageing is accompanied by multiple illnesses and physical ailments. Besides physical illnesses, the aged are more likely to be victims of poor mental health, which arises from senility, neurosis and extent of life satisfaction.

Age-related disorders include life threatening diseases such as heart diseases, stroke, cancer, diabetes and infections as well as certain chronic disabling conditions affecting vision, morbidity, hearing and cognition.

Older persons also complain about various symptoms that may appear non-specific and unrelated to any classic disorder. These include general weakness, sleeplessness, constipation, flatulence, diminished appetite, decreased libido, and so forth (Kumar; 2005).

A major classification of the common health problems of the elderly are given here:

We need to support their decision-making skill and encourage them for independence in making choices for themselves. And help adults to achieve emotional stability. On overcoming emotional blockage and expressing themselves to their loved ones. We should

Stimulate mental acuity and sensory input and physical activity to uplift their mood, self-esteem, and confidence. And make the elders feel homely at their home. Help them stay lively and happily involved with the family members. Offer diversion/ occupational therapy.

Maintain privacy. Make them feel safe and secure to openly talk about their physical and emotional needs, handle them gently and Offer utmost comfort with the facilities you provide such as a comfortable bed, clean bed sheet, dry bed that's smooth and unwrinkled. Keep their surroundings neat, clean and fresh.

Teach and encourage them to maintain body hygiene thus regulate body temperature. Assist them for taking care of their vision, auditory and dental aid. Prevent them from any risk of injuries, falls and accidents. Provide a much safer surrounding. Ensure a healthy, and nutritional meal. Facilitate elimination. Support them in maintaining external genitalia hygiene. Support them in participating in active range of motion exercise for maintaining body alignment and posture. Ensure 100% mobility.

Help them achieve a healthy sleeping pattern. Caution elders from any type of drug use.

Get them a routine physical checkup to avoid any problem. Closely observe any psychophysical changes in their body and behavior.

As things currently stand, our nation is not prepared to meet the social and medical needs of this aging population. Bottom line, our work force is inadequately trained to care for older adults creating a work force shortage that will threaten the quality of care available to older adults. Additionally, our aging population will be a much more diverse group of individuals requiring a complex array of care and management. There will be more individuals who are fit and functional well into their 80s as well as more individuals living into their late 90s and even into their 100s.

Not only is there a need to increase the geriatric competence of our work force, there is a need to generate more interest in working with older adult as the number of geriatric specialists is declining. We also must expand our view of the "work force" focusing not only on paid professionals but on informal caregivers and older adults themselves. More than 90% of older Americans who receive care at home rely in part on informal caregivers and over 80% rely solely on family and friends. We need to recognize caregivers as integral members of the health care team and provide them with the information and support they need to take care of their loved ones. At the same time, we need to arm older adults with the knowledge to age successfully so they can stay engaged with life both physically and mentally. With all this in mind, the educational goals of the Center for Aging and Translational Research include: Generating interest in working with older adults. Increasing the geriatric competence of the workforce and informal caregivers through educational programs that link research to practice providing education to older adults that promotes successful aging.

There are many things you can do to help keep your loved one safe and comfortable at home. They're things that might not have mattered in the past, when he or she was younger. But if the person you care for is now unsteady on their feet, it's important to address any risks. Then you'll have peace of mind, knowing they can move about safely and that you're providing the best possible care.

Consider using a medical alert device – you can purchase a wearable alarm for your loved one to use in the event of an emergency. He or she simply has to press the button on the device and the appropriate emergency service will be alerted. Create a simple, easy-to-read list of your/your loved one's important numbers, and keep it within easy reach. Include numbers of other relatives, neighbours, and emergency services.

Most senior citizens do not possess adequate nutrition related knowledge, attitudes and practices and are unable to make healthier food choices both in health and disease. Lower income, physical, psychological and social changes of ageing, emergence of age related disorders and inability to bring about behavioral modifications are further barriers to healthy eating and act as impediments to an active and independent life in old age.

Despite good intentions and well planned policies, programs & schemes, overall health condition of the elderly population is not so encouraging in our country. We need to adopt a holistic approach towards old age healthcare and develop a healthcare support system for elderly by ensuring greater participation of the community and family members, so that every old person can get proper healthcare support when he/she needs it.

We need to run the Skill Training programme for Old Age and for old age homes. The life expectancy of human beings has increased remarkably over the last few decades. In India, the official life expectancy age for men is 67 years and 72 years for women. However, people are outliving these numbers and comfortably living much longer lives. In reality men are living up to 75 to 80 years and most women are living above the age of 80! In India most people retire at the age of 60 which leaves many old people to live with 20 to 25 of non- income generating years. The fast diminishing joint family system also leaves older individuals feeling lonely, this brings many difficulties in their old age not just financially but emotionally as well. We currently live in a fast -paced technology driven society where most things happen with a click of a finger, with digital communication and information technology advancing rapidly many people from the older generations find themselves lost due to the lack of digital literacy.

This leads to marginalization of older people in the society and also adds to the lack of proper social and financial security that one requires in old age, the majority of older persons, particularly in the age group of 60 and 70 have good health and can easily continue working. In view of a longer life span and old age, it has become imperative that we invest in skill training and re-skilling of retired and older person of our society.

We need to Growing of Old Age Home/Shelter Homes Currently, there are less than 1000 operational Old Age Homes in India with a capacity of less than 100 thousand older persons. In a country of 140 million older persons, old age homes/retirement homes/shelters caters only 0.07% of elderly population. The concept of Old Age / Retirement homes is comparatively new to India and people still hesitate to live in Old Age homes/Retirement homes in their old age due to their traditional mind-set. However, with fast changing socio-economic-demographic order, migration of children from their hometowns to other places in search of better opportunities, general attitude towards living in old age homes has

transformed and need for more old age homes has increased over the years. Unlike other developed countries, in India people are emotionally attached to their homes in old age and their children don't want to admit their elderly family members in old age homes and they look for old age homes as last resort only. Instead of full-time stay in old age homes, short-stay facilities are being preferred by senior citizens / their family members as per their requirements. In Indian traditional societies, people also look for community-based day-care centers for the elderly, where they can get services such as skill building, financial, medical, legal advice, entertainment, etc. At the community level old age day-care, greater participation and involvement of the elderly is important.

We need to grow the financial Security in Old Age. In India majority of older persons face financial hardship in old age as most of them are not in a position to earn their livelihood. Today, approx. 2/3rd elderly population have no financial security i.e. more than 90 million elderly depend on their family members/relatives and others for their financial needs in old age. Today there is an urgent need to promote old age financial schemes as well social security schemes for all. Government at all levels must emphasize on schemes / programs in order to reduce old age poverty in India and meet the universal Sustainable Development Goals as well. At the same time, special attention must be given on financial inclusion of marginalized digitally illiterate older persons so that marginalized elderly can avail benefits of Direct Benefit Transfer and other targeted welfare schemes for older persons Since the world today is changing in its approach towards financial management and changing ways of banking, shopping and other financial transactions i.e. internet banking, online payment services and social media penetration in all forms of communication, old people invariably find it tough to plan their finances accordingly. Hence, old people also need financial literacy and awareness about all available financial avenues and schemes. In our country, awareness about financial security schemes is very low, financial security in old age has emerged as a major challenge over the years, particularly in view of the fast-growing population of old people.

We need the Social Security in old age. Social security has always been a primary focus area of various plans and policies of Government of India since independence. Initially almost all social security schemes and programs were focused on younger generations and issues related to healthcare and disabilities were addressed through different schemes. Keeping in view the fast changing scenario of Old Age in the country, Government of India has now started prioritizing old age related issues in its social security and social protection schemes programs. India's social security system comprises a number of programs. Still, government-controlled social security structure in India applies to only a small portion of the elderly population. Majority of elderly population is retired from unorganized sector, with no social security cover. In India only 10% of retired employees enjoy social security cover in form of pensions and 90% have no such dedicated social security cover. Most of them have to face financial problems and insecurity. They have to depend on others for their old age related needs and do not enjoy independence, dignity & respect in old age

We need to provide the Gainful Engagement Opportunities for Old Age Majority of Older persons, though retired, are more active, healthier and energetic. They no longer want to lead a marginalized / isolated life in old age and want equal participation and opportunities in the society. Older persons want to change general perception about old age and need appreciation and opportunities to do something instead of getting sympathy from the society. Majority of retired older persons see post-retirement as second inning of their life. They understand that due to old age and changed socio-economic scenario, their needs have also changed and they cannot depend on others to address their changed needs. However, they want that their experience, knowledge, wisdom and resources must be recognized and explored in the

society. Elders do not want to be seen as a burden to their families, society or state, as long as it is in their capacity. Elders contribute to the society through productive activities, which may be income generating or cost saving.

Problems Statement:

“A Study to assess the effectiveness of planned teaching program on geriatric care safety measures among geriatric population at old age home in Delhi NCR”.

OBJECTIVE OF THE STUDY

- A-** To assess pre and post test knowledge score regarding geriatric care safety measure.
- B-** To find out association between demographic variable of pre and post test knowledge score.
- C-** To find correlation between pre and post test knowledge score regarding geriatric care safety measure.

ASSUMPTIONS

Various health policies and programmers have been implemented over time for benefit of elderly, to address their medical, psychological, social and financial problems.

Old people are forgetful, slow, sour and stuck in the past. As Geriatric people age, some may find themselves feeling isolated and alone. This can lead to feelings of depression, anxiety, and sadness. As Geriatric people age, they may find themselves having a harder time falling and staying asleep. Older adults still have the ability to learn new things, create new memories, and improve their performance in a variety of skills. While aging does often come with changes in thinking, many cognitive changes are positive, such as having more knowledge and insight from a lifetime of experiences.

RESEARCH HYPOTHESIS:-The study aims to test the following hypothesis. All hypotheses will be tested at 0.05 level of significance.

H1: There will be a significant difference between pre and post test knowledge score regarding geriatric care safety measures.

H2: There will be a significant association between pre and post test knowledge score regarding geriatric care safety measures.

H3: There will be a significant correlation between pre and post test knowledge score regarding geriatric care safety measures.

DELIMITATIONS OF THE STUDY

- This Study delimit to the Geriatric people only to assess the effectiveness of planned teaching program on geriatric care safety measures among geriatric population at old age home in Delhi NCR only.
- Administration of self structure questionnaire and planned teaching program to assess the effectiveness of planned teaching program on geriatric care safety measures among geriatric population at old age home.
- Structured questionnaire to assess knowledge will be administered once before and after the planned teaching program.

OPERATIONAL DEFINITION

GERIATRICS:- Geriatrics refers to medical care for older adults, an age group that is not easy to define precisely. "Older" is preferred over "elderly," but both are equally imprecise; > 65 is the age often used, but most people do not need geriatrics expertise in their care until age 70, 75, or even 80.

.ASSESS: The dictionary meaning of assess is to find out. In my study researcher will assess the level of satisfaction score among geriatric people.

.PRE KNOWLEDGE:- It is the information and educational context a learner already has before they learn new information. In my study it is to that know that how much knowledge the geriatric people have.

.POST KNOWLEDGE:- It is the knowledge gained after the study. In my study it will help to know that after assess them how much knowledge they get.

.DEMOGRAPHIC VARIABLES:-It is the transition of geriatric people living in India. In my study to know the demographic people and assess the pre and post knowledge to them about occupation, Economics, Disease, physiology etc.

.CORRELATION:-It is statistical measurement of the relationship between two variables. In my study to find a the correlation between pre and post knowledge score in geriatric people.

CONCEPTUAL FRAMEWORK

- Conceptual framework is schematic presentation of the study providing a theoretical approach for the study of the problem that are significantly based and which lays emphasis on the selection, arrangement and clarification of its concept. It is a frame or direction for reaching a relevant question on phenomenon and pointing solution to the practical problem.
- **According to Politant Beck (2011)** a conceptual framework is a interrelated concepts of abstraction that are gathered together in some rationale scheme by virtue relevance to common theme.

THEORETICAL FRAMEWORK

The conceptual framework for the present study is based on Orem's self-care theory. Dorothy Orem's concept of nursing focuses on the individual. According to Orem's nursing's special concerns, man's need for self care action and the provision of it on a continuous basis in order to sustain life and health recover from disease or injury and cope with their

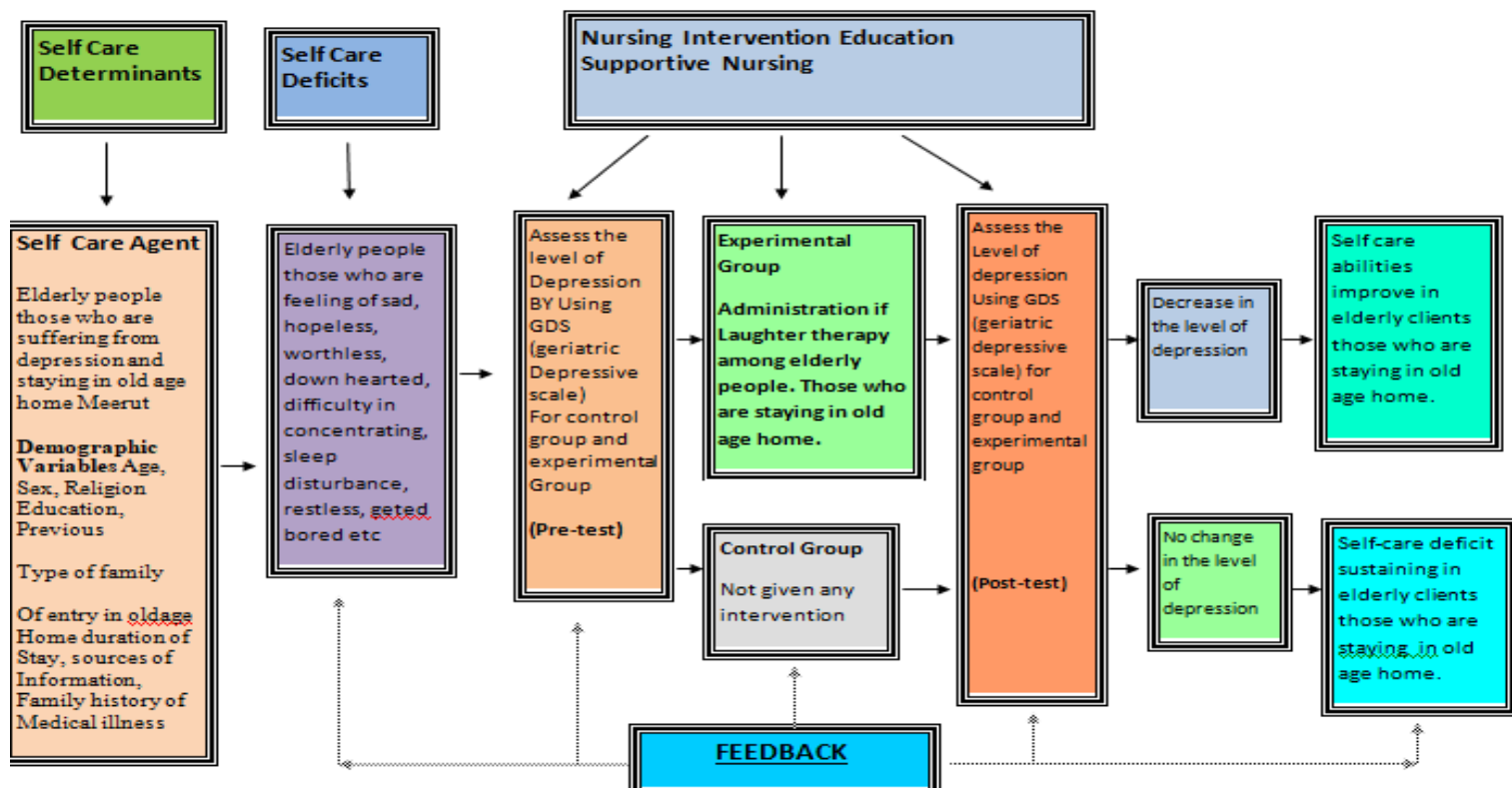
effects . Orem further states that nursing is the way of overcoming human limitations nursing have developed because man is not self-sufficient during illness.

The care of Orem's philosophy is the belief that man has an innate ability to care for himself. Orem defines self care as the practice of activities that individuals personally intimate and perform on their behalf in maintaining life health and well being.

SUMMARY

This chapter deal with the contents of introduction, need for the study. It contains statement of the problem, objective of the study, operational definitions, Assumptions, delimitation, ethical considerations.

OREM'S SELF CARE MODEL



Chapter-II

REVIEW OF LITERATURE

“Literature is kind of intellectual light, which like the light of the sun may sometimes; enable us to see what we do not like”.

Samuel Johnson

Review of literature is an essential step in development of research project. It help the researchers to design the proposed study in a scientific manner also help to know the strength and weakness of the previously done researchers, So as to achieve desired outcome.

Review of literature attempts to present view of studies done, methodology used and conclusion achieved by previous researchers which will help in this study

Review of literature attempts to present view of studies done, methodology used and conclusion achieved by previous researchers which will help in this study.

Existing studies have paid attention to population ageing and its social and economic implications. A wide variety of literature is available on the elderly covering these aspects. Given the heterogeneity among the elderly in India, the varied published as well as unpublished literature, project reports and surveys on issues relating to them have been looked into.

The aim of this chapter is to review earlier studies that focused on various dimensions of ageing and living arrangements and factors influencing it among elderly in India, so as to identify the research gaps in this field.

This chapter is set into three parts viz.

SECTION: 1- Review Of Literature Related to the planned teaching programme on

Geriatric population.

SECTION: 2- Review Of Literature Related to the Geriatric Care among geriatric
population.

SECTION: 3- Review Of Literature Related the safety measure of geriatric population.

A Descriptive and Qualitative Research conducted by: Agewell Foundation (May 2022): “To assess the current situation of older persons and challenges before them through an in-depth qualitative study in order to examine their role and contribution in the sustainable development”. **Sample Size:** A total of **10000** respondents were studied by 500 volunteers across all the five regions of Northern, Southern, Western, Eastern and Central India. The survey was conducted during the month of January-February 2022. Equal number of respondents was drawn from rural and urban areas. As for as gender wise composition of the sample is concerned, out of 10000 total respondents, 5079 respondents were older men and 4921 older women. However, the number of older women respondents from rural areas was comparatively higher (2511). **Result:** Out of 10000 subjects interviewed during the survey, 5127 respondents (51.3%)

were found to be in the age group of 60-70 years, 3598 respondents (36%) were between 71-80 years and the remaining 12754 (12.8%) respondents comprised the oldest old group (81+ years). Elderly respondents were divided into 4 categories on the bases of gender and community of the respondents. Each of the category, rural older men (24.9%), rural older women (25.11%), urban older men (25.9%) and urban older women (14.1%) consisted of nearly one fourth of the total subjects.

A Qualitative Research conducted by: Agewell Foundation (March 2020): “To study the status of access to justice in old age and availability of legal judicial system in the country for old people”. For the survey a representative sample of **5000** older persons (2464 older men and 2536 older women) was interviewed spread across 100 districts of 20 states & Union Territories of India. Volunteers visited various public / community places including court complexes (various courts/ Lok Adalats (local public courts)/ Consumer courts) spread across the country. Sample respondents comprise the following: (a) Rural elderly men (b) Rural elderly women (c) Urban elderly men (d) Urban Elderly women (e) Older persons from all age groups (60-70, 71-80 and 80+) (f) Older Persons from different religions and castes. **Result:** During the study it was found that 33.88% elderly respondents (i.e. 1694 elderly respondents out of 5000 sample respondents) felt the need in old age. Among them 44.4% were older men and remaining 23.5% were older women. Among these 1694 elderly respondents, 70.1% respondents (i.e. 1188 elderly) were from urban areas, while 29.9% elderly (i.e. 506 older persons) were from rural areas. In rural areas, 21.5% elderly respondents (26.2% older men & 16.6% older women) said that they felt the need of justice in their old age and in urban areas. Among 506 rural elderly respondents, 314 were male respondents while 192 were female respondents. In urban areas, 44.85% elderly respondents (60.4% older men & 28.7% older women) claimed that they need or needed justice during their old age. Among 2188 urban elderly respondents, 812 were male respondents while 1376 were female respondents. On the analysis of data obtained from older persons, it was found that 12.9% respondents (14% in urban areas and 11.7% in rural areas) were working/gainfully engaged. Out of 5000 elderly respondents, 647 claimed that they are gainfully engaged in old age. Among older persons who are not gainfully engaged, almost every second person accepted that he/she need some work in old age. 51.4% (52.4% in urban Yes No All 275 2076 2351 372 2277 2649 People gainfully engaged in Old Age Urban Rural Agewell Research & Advocacy Centre Agewell Study on Access to Justice In Old Age With Special Focus on Right To Work 39 areas and 50.3% in rural areas) said that they are in need of some gainful engagement / work due to various reasons. Out of total 4353 elderly who are not gainfully engaged, 2239 older persons were looking for jobs in old age.

A Comparative Study Conducted by: Emilia Kramkowska and Wioleta Danilewicz (Sept 2019): “Exploring Learning and Teaching Needs of Elderly People:” A total of **622** filled in questionnaires were obtained: **200** in Bulgaria, 196 in Poland and **226** in Portugal. **Result:** More than half (55.1%) of all the respondents were women, whose proportion was the highest in the Portuguese sample (65.9%), whereas the highest proportion of men (44.9% of all the respondents) was observed in Poland (60.2%). The most numerous group (58.8%) was people aged 61-70 (Figure 1). Respondents from this group were the most numerous in each partner country: Bulgaria – 49.5%; Poland – 63.3%; Portugal – 63.3%. One third of the respondents (27.0%) are in the 71-80 age group (Bulgaria: 28.5%, Poland: 26.5%, Portugal: 26.1%). 11.4% of all the respondents were people aged 55-60, with the highest proportion among respondents from Bulgaria (18.5%). In Poland and Portugal the youngest respondents accounted for approx. 8% of the sample. The oldest ones, aged 81+, accounted for 2.7% of the respondents. Nearly half the respondents (48.6%) were people with higher education, 37.8% had secondary or vocational education, and the others, elementary education (Figure 2). Regarding the specificity of the partner countries, higher education was most often declared by the

respondents from Bulgaria (73%), followed by those from Poland (50.5%) and Portugal (25.6%).

A Experimental Study Conducted by: Gijss Hesselink and Mehmet Demirbas (3 July 2019): “Geriatric Education Programs for Emergency Department Professionals”: A sample size of study is included identified **7122** records. After exclusion of duplicates, 5626 records were screened by title and abstract. Sixteen full-text studies were retrieved and reviewed, of which eight were excluded. One study was identified through snowballing, so the final set consisted of nine published studies that underwent full-text extraction. **Results:** Nine before-after studies were included. Learners were mostly ED residents and, to a smaller extent, ED nurses and physicians. Study quality was moderate, with the lowest scores on sampling and instrument validity. Programs varied from a 1-day workshop to a 2-year curriculum, mostly combining didactic lectures with active and experiential learning formats. Topics commonly addressed included managing: geriatric syndromes, trauma and falls, medication, atypical presentations, and care transitions. Statistically significant improvements were mostly found in learners' knowledge acquisition (six studies). Significant improvements were also found in single studies on: self-reported geriatric screening, documentation of geriatric care, and appropriate urinary catheter placement. Factors promoting program implementation included: solving competing educational demands and busy work schedules, embedding the program in preexisting curricula, and close collaboration between emergency and geriatric medicine faculties.

A Descriptive study conducted by: Işıl Kalayci and Beyhan Akay (2018) “The Opinions of the Relatives of Elderly People Regarding Elderly People” The research is planned in a descriptive and cross-sectional manner. The sample of the study is composed of the relatives of elderly people, staying with elderly patients treated in hospital between 1 June 2017 and 1 September 2017. A sample of **200** randomly selected relatives of elderly people was included in the study. Relatives of elderly people who are not living with the elderly in the same house are excluded from the research. To collect data, a questionnaire, created by the researchers by reviewing the related literature, was used. The questionnaire contained questions that reveal the demographic characteristics of the relatives of elderly people and their thoughts about the topic. The purpose of the research along with the questionnaire was explained to the participants, and the obtained data were evaluated in the SPSS Statistical Programme. Percentage and Chi-square test were used for data analysis. **Result:** 62% of the relatives of elderly people are women, 39.0% are men. 78.0% of the participants are single, 13.5% are married, 8.5% had been married (widow/ divorced). 28.5% are between ages of 40-50. 45.5% of the relatives of elderly people are primary school graduates. 63.5% of them do not have a job that brings regular income. The level of income is between 1,001 and 1,500 TL (48%). 52.5% of the relatives of elderly people are children of elderly, 7.0% are grandchildren, 6.5% are daughters-in-law, 25.5% are spouses of the elderly, 4.5% are fathers, 2% are mothers, 2% are brothers. Women participants defined old age as being 65 years old and older (41.5%), being in need of care (26.9%), being ill (16.9%) and feeling old (14.7%) ($p < 0.5$) Male participants defined old age as being 65 years or older (41.6%), being ill (24.7%), feeling old (18.2%) and being in need of care (15.5%) ($p < 0.05$).

A Descriptive study conducted by: Shah R. Venu and Christian S. Donald (2017) “Quality of life among elderly population residing in urban field practice area of a tertiary care institute of Ahmadabad city, Gujarat” A study was carried out at urban field practice area of one of the teaching institutes of Ahmadabad, Gujarat. Considering the prevalence of about 7.5% of 60 years and above people sample size of **250** was calculated. A predesigned questionnaire related to the QOL of elderly people devised by the World Health Organization-QOL was used. **Results:** Total 250 geriatric age group people (age 60 years or more) were included in the study. Mean age of the study population was 65.8 years with standard deviation of 5 years. Number of people belonged to age group 60–64 were

114 (45.6%) while 103 (41.2%) were between 65 and 70 years age. Only 8% were above 75 years. Female preponderance was found in our study with 57.6% as compared to males ($n = 106$, 42.4%). People who were married and having spouse alive, constitute 64.4% whereas 28% were either widow or widower. Educational status of study population showed that 35.6% were illiterate while half of the geriatrics ($n = 131$, 52.4%) was primary educated. Only nine (3.6%) were graduates or above graduate. Twenty percent ($n = 50$, 20%) were living retired life, whereas $n = 70$ (28%) and $n = 45$ (17.8%) were unskilled and skilled workers. The study of geriatrics population living in a joint family constitutes 56% while 27.2% had nuclear family and 15.6% of them were living alone. Quite good proportions ($n = 208$, 83.2%) of geriatrics were supported by their family as far as mode of income was concerned, $n = 16$ (6.4%) were destitute.

A Descriptive study conducted by: PROF. Raju .S. Siva and Ms. Panchal Pranali (2016) “A rapid increase in the number of older persons as well as their proportion in our population has led to us to being more conscious of the many social, economic, psychological and health problems of the older population.”. A Descriptive study was conducted using both qualitative and quantitative methods in two localities within Mumbai, namely, Lower Parel and Dharavi All elderly members aged 60 years or above were interviewed. The field work was carried out during the period November 2015 to January 2016 and a total of **sample of 2700** elderly interviews were conducted. The collected data was analyzed in four clusters forming localities, namely; Matunga Labor Camp, Dharavi, Lower Parel and BDD Chawl. **Result:** The survey covered a total of 2700 elderly (aged 60 years and above), out of which 57.74 percent were women and 42.25 percent men. Thus the overall sex ratio among elderly is 1366 females per 1000 males, more females than males in the enumerated population. The age group distribution of elderly shows that 36.3 percent of elderly are above 70 years of age, 35 percent of elderly lie in the 60-65 years age group followed by 28.6 percent in the 65-70 years group. The sex ratio is uniformly seen to be more than 1000 females per 1000 males in all the three age groups. Overall, around 55 percent of the elderly are currently married while almost 43 percent are widowed. The remaining 2.7 percent are either separated, divorced, deserted or never married. The percentage of widows is far higher among elderly women (62.3%) than among elderly men (16.2%). It indicates that a large proportion of widows may have to face more isolation and ordeal compared to their married counterparts. Womanhood and widowhood may jeopardize social, economic and psychological status of females more than their male counterparts in later years of life. The proportion of widowed elderly increases with age as expected. Dharavi showed an opposite trend, with the number of widowed elderly (60%) being higher than married ones (48.2%), as compared to the other three localities The traditional co-residential family living arrangement is the most common practice across all survey localities. However, a few trends are noteworthy as seen from the profile of elderly men and women by their place of residence and living arrangements. A majority of the elderly are co-residing (more than 83%), and only less than 15 percent of all elderly are either living alone or with their spouse only; and almost 5 percent are living alone. A higher proportion of elderly women (5.6%) than men (3.6%) live alone. This trend is observed in all the four localities.

A Cross-Sectional study conducted by: Mr. Chalise Hom Nath (2014): “Depression among elderly living in Briddashram (old age home)”. The study based on planned teaching program on elderly people. The sample of the study comprises of **150** elderly living in the above Briddashram or Trust. All the elderly living in these four residences were approached to include in this study. Elderly people who had been staying for at least six month were considered eligible. Those suffering from severe mental and physical illness e.g., psychosis, dementia, hearing impairment, and dumbness were excluded. **RESULT:** Subjects ranged in age from 60 to 95 years with a mean ($\pm$ SD) age of 73.67 ($\pm$ 3.23) years. Ninety one (50.6%) were male, one hundred seventy (94.4%) were Khas ethnicity, fifty five (30.6%)

were from nuclear family, forty five (25.0%) were married, thirty two (17.8%) were literate, 92.8 percent had health problems, majority of the subjects reported their health fair (86.1%), 77.8% had feeling of loneliness. Mean functional limitation in IADL score was 2.53. More than ninety percent (93.9%) elderly had some health problem recently. Mean functional disability of the elderly was 6.11 (± 2.05). More than fifty percent (50.9) elderly felt loneliness some time, 33 percent often and 15.8 felt loneliness rarely. Average income of the elderly was NRs 10181.82 (± 2403.05) and 61% elderly spent less time with the family members. the situation of depression of the subjects elderly included in this study. For the measurement of Depression GDS (SF = 15) was used. This study found mean depression score of elderly was 5.6 (± 2.19) ranging from 3 to 13. Severity of depression is measured on the basis of depression score. This study shows that 42.2 percent elderly had normal depression score, 46.7% had mild depression, 8.9% had moderate and 2.2% had severe depression. From this data we can say that prevalence of depression was 57.8% in this population. For the further regression analysis depression score was now dichotomized score 0 - 4 no depression and score 5 and above as having depression.

A Case Control study conducted by: Moatassem S. Amer and Tamer M. Farid (2014): “Ability of Comprehensive Geriatric Assessment to Detect Frailty”. The study is comprises of **104 Elderly** patients (60 years old and above), both males and females were recruited from Ain Shams University hospital 52 frail elderly 60 years and older diagnosed by Fried’s criteria The participants were considered to be “frail” if they had three or more frailty components among the five criteria 52 elderly 60 years and older. They are not frail or have 2 or less of frailty criteria. **Results:** As regards demographic criteria of the study population, there was no significant difference between cases and controls as regards: age, gender, living arrangement and smoking habits but there was a higher percentage of illiteracy among frail cases. There was a higher mean number of associated chronic disease in frail cases, there was higher percentage of diabetes mellitus (DM), ischemic heart disease (IHD), hypertension, stroke, visual and hearing impairment among cases. The three most prevalent chronic illnesses among cases were visual impairment, DM, and IHD (the least common were hearing impairment, stroke and chronic liver disease). As for controls the three most prevalent chronic illnesses were chronic obstructive pulmonary disease (COPD), Visual impairment and arthritis and It had more assistance & dependence in ADL & IADL than controls and the differences where significant statistically ($P < 0.01$ highly significant). Also there was higher percentage of depression & cognitive impairment among cases and the difference is highly significant statistically ($P < 0.01$). The odds ratio were 4.8 for GDS.

A Descriptive study conducted by: Dr (Mrs) Jansi Rani S.S. Sharmila (2014): “A Study to Assess the Effectiveness of Teaching Module on Practice of Caregivers’ and the Satisfaction of the Elderly in Selected Old Age Homes in Kanyakumari District”. The samples of **300** elderly, and 100 caregivers’ of the elderly were selected for this study. Among 16 old age homes in Kanyakumari District, the investigator selected 10 old age homes by lottery method. Ten caregivers of the elderly from each selected oldage home were selected by lottery 10) 100. 30 elderly from×method making a number of (10 each selected old age home were selected by lottery method, making a number of (30×10) 300. **Result:** In the pretest the overall practice score among the care of elderly shows the mean of 81.18 with a standard deviation of 25.97 but in posttest the overall improvement in practice score was shown with a mean of 143.16 and SD of 37.5 among the caregivers of the elderly. In average the caregivers of the elderly had improved their practice score from 81.18 to 143.16 after the administration of the teaching module. The difference between the pretest and the posttest practice score was high and significant. In the pretest inadequate practice was found among the caregivers in the care of the elderly in all the aspects. In the posttest improvement was shown in all the aspects. The mean and standard deviation were high compared with those of the pretest. In the pretest the overall level of

satisfaction of the elderly, mean score was 160.13 with standard deviation of 21.5 but in the posttest mean was 282.07 with a standard deviation of 32.33, regarding the caregivers care. The difference between the pretest and the posttest level of satisfaction score was high and significant. in the pretest inadequate level of satisfaction was found among the elders in all the aspects of their case. In the posttest improvement was shown in all the aspects. The mean and standard deviation were higher as compared with those of the pretest. The practice score of the caregivers was 143.16 with an SD of 37.5. The mean level of satisfaction of elderly was 282.07 with an SD of 32.33. To test the relation between practice of the caregivers and the satisfaction of the elderly, the line of regression and scatter diagrams were traced and was found to be positively related. The equation line of regression was $y = 0.0299x + 276.71$ with $R^2 = 0.0036$.

SECTION: 2- Review Of Literature Related to the Geriatric Care among geriatric population.

A Mixed Method study conducted by: Allison M Gustavson and Kathryn A Nearing (2022): “Implementation of a rehabilitation model in a Program of All-Inclusive Care for the Elderly (PACE)” The sample of the study is composed of the relatives of elderly of 28 people are at high risk for falls. The research involved amixed-methods, pre-post implementation study with longitudinal patient follow-up at one Denver PACE site. Transform expectations in age and aging (SHIFT) rehabilitation program over six weeks. Outcomes included the short physical performance battery (SPPB); 4-meter gait speed at baseline, discharge, and 6 and 12 months post discharge from SHIFT. A focus group with staff explored facilitators and barriers to program implementation in the PACE setting and with complex patients and perceived effectiveness. Results: The rehabilitation team demonstrated high treatment fidelity to SHIFT (>80%). No treatment-specific adverse events were reported. SPPB scores and gait speeds improved significantly over time ($p < 0.005$). The average SPPB score at evaluation was 4.6 ± 0.24 compared to 7.7 ± 0.38 points at discharge. The average gait speed at evaluation was 0.58 ± 0.03 meters/second (m/s) compared to 0.79 ± 0.04 m/s at discharge. Common barriers to program completion included changes in health status and environmental factors (e.g., transportation). Rehabilitation therapists incorporated a high-intensity resistance training program into routine care of complex older adults in PACE and improved pre-post physical function to levels above independence thresholds (SPPB ≥ 6 ; gait speed ≥ 0.65 m/s). Our pilot implementation study informed refinement of eligibility criteria, number of visits, and strategies to address long-term adherence to enhance scalability and optimize impact.

A Descriptive study conducted by: Sahoo Harihar and Govil Dipti (2021): “Health issues, health care utilization and health care expenditure among elderly in India: Thematic review of literature”. The sample of the study is composed of the relatives of elderly of 72 people In this thematic review, a search strategy was developed to find the comprehensive literature on “health issues, healthcare utilization and expenditure on healthcare among elderly in India”. This review was performed to identify all research studies from SCOPUS, Pub Med, Re-searchGate, and Google-Scholar from Internet search by using different combinations of key words- “Issues of Elderly”, “Health Care Utilization”, “Health Care Expenditure”, “Elderly”, and “India”. Synonyms and other closely related words were used to identify potential articles and references for this study. Titles, abstracts and the content of the articles were screened to determine the suitability for inclusion. It has also used cross-referencing to check the references cited in the review papers and articles identified through the search engines and to find additional relevant papers. **Result:** An increase in life expectancy among the elderly increases the risk in the incidence of non-communicable chronic conditions and it further leads to increased morbidity and disability [37]. Mostly age-related disorders include life-threatening diseases like cardio-vascular disease, cancer, diabetes, and infections, as well as certain chronic disabling conditions affecting vision, mobility, hearing, and cognition [70]. The risks of non-communicable diseases (NCDs), particularly

cardiovascular, metabolic, and degenerative disorders, are on the rise among the adults and elderly. About 80% of older adults have at least one chronic disease and 77% have at least two. Further, developing countries like India, are likely to face an enormous burden of NCDs in future [25]. While hypertension is one of the most important treatable causes of mortality and morbidity order among the elderly. The global prevalence studies have largely remained single-disease focused [36]. Very few studies have used socio-economic status [4] and GDP i.e. Gross Domestic Product [3], have evaluated the distribution of chronic conditions and multi-morbidity. However, studies have shown the association of multi-morbidities with many adverse health out-comes, such as reduced physical functions [30], poor quality of life[24], increased use of inpatient and ambulatory care [57]. In India, the problem of multiple chronic diseases among Indian elderly is, however, relatively under-explored primarily owing to the lack of nationally representative data on chronic diseases and associated factors. A study by Kowal et al. [31] highlighted that 23.3% of Indian men and 24.3% of Indian women in the age group of 60–69 years reported multiple chronic diseases. In another study conducted across six states in India, 26% of older respondents reported having a single chronic health condition, while 16% had multiple morbidities. Further, the prevalence of morbidity and particularly of multiple co-morbidities was higher in the older age cohort as the proportion of persons with at least one condition increased from 8% in the 18–29 age group to 57% for the 80-plus group[8].According to IHDS data (2004–2005 & 2011–2012), about 11% of elderly have major morbidity and 8% elderly have short-term morbidity. The female elderly are more prone to have both short-term and long-term morbidity [55]. According to another survey carried out in India, 62.1% of the elderly did not get healthcare services.

A Descriptive and Qualitative Study conducted by: Naz Lubna and Ghimire Umesh:(Jan-2021): “to assess the factors determining the utilization of healthcare services by the elderly population in public and private healthcare facilities in Pakistan.” This study used a sample of 5319 individuals aged 60 and above extracted from the Pakistan Social and Living Standards Measurement Survey 2014–15. We followed the Anderson’s Behavioral model of healthcare utilization. The behavioral factors, including predisposing, enabling and need factors, associated with the use of healthcare care were analyzed using exploratory data analysis and binary logistic regressions. The utilization of healthcare service in the study refers to the visits to private and government hospital. Results: Out of total 5319 participants around three-fourth or 72.4% of participants visited private hospitals for their healthcare needs. Multivariate analysis showed that older age-group (80 years and above) and participants from urban were 1.35 and 1.53 times more likely to avail healthcare service in private hospitals, respectively. The elderly persons from Khyber Pakhtunkhwa were three times (AOR: 3.29, 95%CI 2.5–4.8) more likely to visit government hospitals than their peers in Punjab. Participants who attended school (AOR: 1.21, 95%CI 0.82–1.31) were more likely to utilize healthcare service in private hospitals. Elders from rich (AOR: 1.04, 95%CI 0.84–1.13) and richest (AOR: 1.29, 95%CI 0.89–1.87) wealth quintiles were more likely to use healthcare in private hospitals. The likelihood of the utilization of healthcare service in private hospitals was 1.7 times higher for three or more consulting visits than the single visit, and 1.5 times higher in the public hospital.

A Qualitative Research Study by: Abbas Heydari and Mohammadhesam Sharifi (13 Oct 2019): “Challenges and Barriers to Providing Care to Older Adult Patients in the Intensive Care Unit:” Based on theoretical sampling, we carried out 34 in-depth semi-structured interviews from two medical adult ICUs. Data analysis was carried out using qualitative conventional content analysis. This study was conducted by a qualitative research method. Using purposive sampling, nurse participants with at least one year of work experience in the ICU were eligible to participate in the study. Maximum variations in sampling in terms of various socio-demographic and educational status were considered

during the recruitment of the participants. Also, patients' family members and healthcare professionals who worked at ICU were interviewed using theoretical sampling. The number of interviews was guided by reaching data saturation. Finally, data saturation was reached with 34 participants (26 initial interviews and 8 additional interviews as member check). The study was conducted between June 2017 and June 2019 within two ICUs of Emam-Reza hospital, a principal referral center in northeast Iran, which is affiliated to the Mashhad University of Medical Sciences, Mashhad, Iran. Results: 26 participants with maximum variation were interviewed, 16 participants were female and 10 were male, 8 participants were re-interviewed (member check). Due to the gender distribution of ICU nurses, the majority of nurses were female, and therefore, the majority of participants in this research project were female. The mean age of the participants was 36 years (ranged from 26 to 52 years). ICU nurses were the main participants in this study. However, data analysis led to planning for interviews with other caregiver members. Accordingly, the participants included the staff involved in elderly patient care including nurses (at least Bachelor of Science in Nursing degree), physiotherapists, intensive care specialists, anesthesia residents, and patient family members. The mean duration of the interview was 47 minutes (25 to 85 minutes).

A Randomized Controlled Trail by: Ann Ashburn and Ruth Pickering(23 July 2019): "To estimate the effect of a physiotherapy programme for fall prevention among people with Parkinson's disease": A Sample Size of **474** people with Parkinson's disease (i.e. Hoehn and Yahr scale stages 1-4) were recruited: 238 were assigned to a physiotherapy programme and 236 were assigned to usual care. Random allocation was 50: 50. **Results:** PDSAFE is the largest RCT of falls management among people with Parkinson's disease: 541 patients were screened for eligibility. The average age was 72 years, and 266 out of 474 (56%) participants were men. Of the 474 randomised participants, 238 were randomised to the intervention group and 236 were randomised to the control group. No difference in repeat falling within 6 months of randomization was found [PDSAFE group to control group odds ratio (OR) 1.21, 95% confidence interval (CI) 0.74 to 1.98; $p = 0.447$]. An analysis of secondary outcomes demonstrated better balance (Mini-BESTest: mean difference 0.95, 95% CI 0.24 to 1.67; $p = 0.009$), functional strength (CST: $p = 0.041$) and falls efficacy (Falls Efficacy Scale - International: mean difference 1.6, 95% CI -3.0 to -0.19; $p = 0.026$) with near-falling significantly reduced with PDSAFE (OR 0.67, 95% CI 0.53 to 0.86; $p = 0.001$) at 6 months. Prespecified subgroup analysis (i.e. disease severity and FoG) revealed a PDSAFE differing effect; the intervention may be of benefit for people with moderate disease but may increase falling for those in the more severe category, especially those with FoG.

A Community Based Cross-Sectional Survey by: Acharya Sabnam and Ghimire Saruna (15 Feb 2019): "Health Care Utilization and Health Care Expenditure of Nepali Older Adults" A community-based cross-sectional survey was conducted among **401** older adults residing in Pokhara Lekhnath metropolitan of Nepal. The survey tool was adapted from the Study on Global Aging and Adult Health (SAGE)'s questions on "Health Care Utilization." The predictors of health care utilization were assessed in binary logistic regression models. Results: Study participants, mean ($\pm SD$) age 70.2 (± 8.0) years, had various preexisting conditions such as hypertension (37.7 %), gastritis (28.4 %), asthma (25.4 %), and arthritis (23.4%) reported in the past 12 months but only 70% visited a health facility. A notable proportion (30%) of participants didn't utilize health services despite having a health problem. The utilization of out-patient and in-patient health services were 87.5 and 14.6% respectively. The use of private health facilities (56.4%) was high compared to the use of government health facilities (35.7%). Privileged ethnicity, living with a partner, higher annual income, knowledge of social insurance, and multi-morbidity were associated with higher odds of utilizing health services. Participants of privileged ethnicity, with higher household income, attending private health facility, and having multi-morbidities had significantly higher out of pocket health expenditures.

A retrospective cohort study conducted by: Jason R Falvey and Robert E Burke (Jan 2019): “Impaired Physical Performance Predicts Hospitalization Risk for Participants in the Program of All-Inclusive Care for the Elderly” This study used a sample of 1093 individuals aged 60 and above. This study tested whether physical therapist-assessed physical performance, measured by the Short Physical Performance Battery (SPPB), can be used to identify participants in PACE at risk for all-cause hospitalizations or potentially avoidable hospitalizations (PAH). Data were acquired from linked electronic medical record data and hospitalization claims. Unadjusted and adjusted Cox proportional hazards regression models were used to evaluate the relationship between SPPB scores and the probabilities of both all-cause hospitalizations and PAH. Results: The unadjusted likelihood of hospitalization increased with greater physical performance impairment (for SPPB scores $\geq 8/12$: 12.2%; for SPPB scores of 4/12 to 7/12: 15.7%; for SPPB scores $< 4/12$: 21.1%). Compared with participants with SPPB scores $\geq 8/12$, participants with SPPB scores $< 4/12$ had nearly double the unadjusted hazard for hospitalization (hazard ratio = 1.99; 95% CI = 1.34-2.96). In adjusted Cox regression models, participants with SPPB scores $< 4/12$ remained significantly more likely to be hospitalized (hazard ratio = 1.87; 95% CI = 1.24-2.84). Similar relationships were observed for PAH. The findings suggest that impaired physical performance is an independent risk factor for hospitalization among participants in PACE. These findings could help guide the development of PACE program modifications for measuring and intervening on impairments in physical function.

A Descriptive study conducted by: Chilapur Gundurao, Patali S Chetan and Pinnapati S Suvarna (July 28, 2018) “A Study to Evaluate the Effectiveness of Planned Teaching Programme Regarding Knowledge on Care of Old Age Health Problems Among family Members of Simikeri Village (Tal & Dist) Bagalkot” .This was quasi experimental study with 80 subjects were selected through simple random sampling technique. One group pre test post test design was used. Data was collected by means of structured interview schedule which was divided in to 2 sections (socio-demographic data and knowledge regarding care of selected old age health problems among family members). The reliability of the tool was established by Split Half method. The Karl Pearson’s coefficient of correlation $r = 0.7999$ Planned teaching programme on care of selected old age health problems was developed. After content validity of the tool was established by six experts. Data was analyzed by using descriptive and inferential statistical in terms of frequency, percentage, mean, standard deviation, student ‘t’ test values. **Result:** It was proved that there was increase in the knowledge level of family members after implementing planned teaching programme, thus planned teaching programme on care of selected old age health problems among family members was effective. Out of 80 subjects 42 (52.50%) of subjects had inadequate, 31 (38.75%) had satisfactory and 7 (8.75%) had adequate knowledge regarding care of selected old age health problems before teaching programme (pre test). However after teaching programme (post test) about 21(26.25%) subjects had adequate knowledge and 37(46.25%) satisfactory knowledge, where as 22(27.50%) had inadequate knowledge regarding care of selected old age health problems.

A Cross-Sectional study conducted by: Bartwal Janki and Awasthi Sadhana (2016): “Nutritional status of elderly in rural areas of Haldwani, Nainital district of Uttarakhand” **Methods:** A community based cross-sectional study in rural areas of Haldwani was done over a period of one year. Two stage sampling technique was used to collect the data from 440 elderly aged 60 years and above on a pretested semi structured questionnaire. Data was entered into Microsoft excel sheet, coded and then analyzed using SPSS version 16. Chi square test was used as test of significance

and $p < 0.05$ was considered significant. **Results:** Most (59.54%) of the elderly belongs to 60-69 years of age, females (57.5%) outnumbered males. Majority of the aged were married (59.77%), living in joint families (92.5%), illiterate (60%), not working (78.64%) and belonging to class III socio-economic status (59.09%). Overall 51.36% of the elderly were non vegetarian. The difference in dietary habits of male and female elderly was found statistically significant ($\chi^2 = 21.4$, $p = 0.001$). The difference in BMI of elderly males and females were found statistically significant ($\chi^2 = 10.0$, $p = 0.019$). BMI decreases with increase in age and this was found statistically significant ($\chi^2 = 13.6$, $p = 0.034$). **Conclusions:** Nutritional assessment of the elderly is essential because it is one of the measures to assess the health status of elderly.

A descriptive cross-sectional study conducted by: Adhikari Dewa and Prasad Dagendra Rijal (13 March 2014): “FACTORS AFFECTING HEALTH SEEKING BEHAVIOR OF SENIOR CITIZENS OF DHARAN” A descriptive cross-sectional study based on household survey was adapted. The sample consisted **400** senior citizens resident of Dharan. Simple random sampling technique was employed to select the study subject. Individuals were interviewed through self developed semi-structured pre-tested questionnaires. Descriptive and inferential statistics (chisquare test) were used. **Results:** Among 400 respondents, the most frequently reported illness were hypertension(29.3%), diabetes mellitus(8.3%), arthritis/joint pain(24.8%), eye problems(19.0%), hearing problems(3.3%), oral health problems(17.5%), digestive system problems(17.8%), respiratory problems(11.0%), heart disease(3.8%), renal problem(5.3%), skin diseases(7.5%), tuberculosis(3.0%), liver disease(3.0%), mental illness(5.75%), fracture(1.0%), Gynecological problems(7.3%) and male genital (6.3%) problems were also noted. Faith healers were the first treatment choice (97.2%) irrespective of age, gender or ethnicity. After that they visited BPKIHS (36.3%), private practitioner (26.3%), self-treatment (11.3%) and self-drug-use (6.8%). Half of the respondents utilized formal health institutions only in major chronic conditions. Poverty emerged as a major determinant of health seeking behavior and treatment was considered waste of money (indirect effect 64%) and lack of money (35.5%) followed by poor attitude of health worker (41%).

SECTION: 3- Review Of Literature Related the safety measure of geriatric population.

A Cross-Sectional Study conducted by: Zainab Saima and Khoso Anita (Oct -2021): “Healthy ageing: Assessment of health-promoting lifestyle among the elderly population in Karachi Pakistan and To determine the health promotion practices among the older aged population in Pakistan and to explore the factors associate with adopting healthy lifestyle practices.” A sample size of conducted on **317** participants of age more than 60 years in Pakistan. The participants included healthy attendants of patients visiting the outpatient clinics of different disciplines in the Liaquat National Hospital Karachi through purposive sampling technique. The health-promoting practices were assessed using Health-Promoting Lifestyle Profile II Questionnaire. The factors that determined the healthy practices among the elderly population were identified using independent t -test and analysis of variance and Tukey test, with a significance level of $P < 0.05$. IBM SPSS Statistics 22 was used for data entry and analysis. Result: A total of 317 participants were enrolled in the study. Major socio-demographic factors age range was 60–76 years, with a mean of 67.08 ± 3.26 years. Over half of the participants were males (54.9%). Half of them had more than 10 years of education; however, 20% never attended formal school. Over one-third of the participants were housewives, and over one-third of them were still working to earn a living. Concerning marital status, a majority of the participants were married (75.1%) and living with their spouses (72.3%). As for living arrangements, 76% reported that they lived in unitary family including their spouse, children, and parents. More than half (59.6%) were suffering from chronic diseases, mainly hypertension

(15.8%) and diabetes (11%). Some of them had two or more chronic diseases simultaneously (15.8%). Half of the participants (47.4%) mentioned not having their regular medical checkups. The median monthly family income as well as personal income was about 80,000 and 22,500 Pakistani Rupees, respectively. Half of the participants (52.1%) were able to bear their monthly expenses.

A Descriptive and Qualitative Study conducted by: Age Well Foundation NGO:(March 2021): “to assess the fast changing needs of older persons, current status of support mechanism available for them and future challenges through an in depth qualitative study. “A sample of 10000 older people (5016 from rural / slum areas and 4984 from urban areas) were interviewed spread across 300 districts of 27 states & Union Territories of India. The interviews were conducted during the months of January – February 2021. **Result:** Among the elderly respondents, interacted by volunteers, 47.4% were in the age group of 60-70 years. Out of total 10000 elderly respondents, 4740 (2401 older men and 2339 older women) were in the younger older people group i.e. 60-70 years. Another 32.8% elderly respondents i.e. 3279 elderly respondents (1572 older men & 1707 older women) were in the age group of 71-80 years and remaining 19.8% respondents were in the age group of 81+ Overall, about every third older person (approx 35% elderly respondents) was living alone, 45% elderly respondents found living with his/her spouse only and approx. 20% older people were living in joint families, with their children. During the survey it was found that 28.64% elderly respondents (26.3% in rural areas and 31% in urban areas) were getting monthly pension from the government as their primary source of income. • According to 21.54% elderly respondents (22.75% rural elderly and 20.3% urban elderly), their primary source of income in old age is Old Age Pension. Among 10000 elderly respondents, 2154 claimed so. • As per 7.6% elderly respondents, they were earning income in the form of interests on bank deposits/investments, rental, etc. as main source of their income in old age. In urban areas percentage of such elderly was slightly higher (8.51% in comparison to 6.68% rural elderly).

A Cross-Sectional Study conducted by: Myung Kyung Lee and Jihyun Oh (Dec -2020): “Health-Related Quality of Life in Older Adults: Its Association with Health Literacy, Self-Efficacy, Social Support, and Health-Promoting Behavior” A total Sample of 240 older adults aged >65 years were recruited from three community senior welfare centers in South Korea. Standardized self-administered questionnaires measuring socio demographic characteristics, health literacy, social support, self-efficacy, health-promoting behavior, and health-related quality of life were distributed to older adults. **Result:** The mean age of the participants was 75.6 years (standard deviation (SD) = 6.3), ranging from 65 to 95 years. More than half of the participants were male (57.9%), 65.0% were married, and the proportion of those who did not receive education or elementary school was 43.3%. A majority of participants (69.6%) were affiliated with a religious group. More than half of the participants (58.8%) reported their economic status as above mid-level, and 46.7% had at least one co morbidity. Regarding the PCS scores according to participants’ general characteristics, there was a significant difference in age group ($t = 2.652, p = 0.008$), marital status ($F = 3.92, p = 0.021$), economic status ($t = 2.60, p = 0.010$), and number of co morbidities ($F = 13.82, p < 0.001$). Regarding the MCS scores according to participants’ general characteristics, there was a significant difference in economic status ($t = 2.76, p = 0.006$) and number of co morbidities ($F = 6.22, p = 0.002$). The results of the post hoc tests with ANOVA showed that older adults who had more than one co morbidity showed significantly lower PCS scores than those without co morbidities. Moreover, older adults who had more than one co morbidity showed significantly lower MCS scores than those without comorbidities. the mean comprehension and numeracy scores for HL was 5.0 out of a maximum possible score of 7, and the mean health-related term score for HL was 4.3 out of a maximum possible score of 5. Of the social support subscales, the scores for tangible support, affectionate support, positive social interaction,

and emotional-informational support were 14.8 (SD = 4.7), 11.5 (SD = 3.4), 14.9 (SD = 4.5), and 30.0 (SD = 5.8), respectively.

A Cross-Sectional Study conducted by: Khagi BR and Maharjan SA (5 Oct -2020): “Attitude of Nurses towards Care Of Elderly People in Teaching Hospitals of Kathmandu Valley.” A cross sectional research design was used to identify attitude of nurses towards care of elderly people. Propionate stratified random sampling technique was used to select **450** nurses. Ethical approval was taken from Institutional Review Board of Nepal Health Research Council. Data collection was done from 17 April 2017 to 16 April 2018 by using self-administrated questionnaire on socio-demographic characteristics and Multi-factorial attitude Questionnaires (MAQ) to measure attitude. Data analysis was done using descriptive and inferential statistics. **Results:** The study revealed that 55.3% of respondents had negative attitude and 44.7% had positive attitude towards care of elderly people. There was significant association between age, marital status, studied geriatric nursing and work experiences in nursing with attitude of nurses. However, there is no association found of ethnicity, religion, type of family, living with elderly, education and currently working with elderly with attitude of nurses. From these findings, it is concluded that more than half of the nurses had negative attitude towards care of elderly. Gerontological nursing course plays significant role in the attitude of nurses. Therefore, it should be given continuity in all level of nursing education for providing quality care of elderly people.

A Controlled Trial Programme study by: Yiqiao Xin and Ann Ashburn(2019): “Cost-effectiveness of the PDSAFE personalised physiotherapy intervention for fall prevention in Parkinson's: an economic evaluation alongside a randomised controlled trial” A total Sample of 238 participants randomised to the PDSAFE intervention and 236 participants randomised to control, at baseline, 3 months, 6 months (primary outcome), and 12 months. Adjusted cost and quality-adjusted life-years (QALYs) were estimated using generalised linear models and uncertainty estimated using a non-parametric bootstrap. **Results:** Over 6 months, the PDSAFE intervention was associated with an incremental cost of £925 (95% CI £428 to £1422) and a very small and statistically insignificant QALY gain of 0.008 (95% CI - 0.006 to 0.021). The resulting incremental cost-effectiveness ratio (ICER) was £120,659 per QALY and the probability of the intervention being cost-effective at a UK threshold of £30,000/QALY was less than 1%. The ICER varied substantially across subgroups although no subgroup had an ICER lower than the £30,000 threshold. The result was sensitive to the time horizon with the ICER reducing to £55,176 per QALY when adopting a 12-month time horizon and assuming a sustained treatment effect on QoL, nevertheless, the intervention was still not cost-effective according to the current UK threshold.

A Descriptive study conducted by: Mr. Shareef Suleman and Ms. M.R. Deepika (2019): “A study to assess the effectiveness of planned teaching program on knowledge of safety precautions among senior citizens of selected old age homes, Tirupati, Chittoor District, Andhra Pradesh.” The sample of the study comprises of “**40**” senior citizens at selected areas Tirupati. We selected 20 samples from interventional and 20 sample for control group. **Results:** The level of knowledge in post-test regarding safety precautions among senior citizens 4 (20%) had inadequate knowledge, 5(25%) had moderate knowledge, 11(55%) had adequate knowledge and computed post-test mean was 2.3500 and computed **post-test** standard deviation was 0.81273. The level of knowledge in **pre-test** regarding safety precautions among senior citizens 8 (40%) had inadequate knowledge, 8(40%) had moderate knowledge, 4(20%) had adequate knowledge and computed post-test mean was 1.7500 and computed post-test standard deviation was 0.63867. Comparison of pre and post-test knowledge levels in interventional group pretest mean values was 1.55 and post- test mean value was 2.35 and pre-test S.D was 0.82558 and posttest mean 2.35 and S.D 0.81273. the ‘t’ value was 4.660,

which is /highly significant at 0.01. The control group pre -test mean value was 1.4500, and the post-test mean value was 1.7500 and pre-test S.D was 0.75915 and post-test S.D was 0.63867, the 't' value was 2.042 which is significant at 0.01 level in control group .Comparison of post -test knowledge in between interventional and control group, post mean value in interventional group was 2.3500 and control post-test mean value in was 1.7500 and interventional post –test S.D was 0.81273 and the control post- test S.D was 0.63867. The 't' value obtained 't' value was 19 (table value 2.449) which is highly significant at 0.01 level. Hence it is proved that planned teaching improves the knowledge about safety precautions among senior citizens The 't' value obtained from calculation was 4.660 (table value), which is /highly significant at 0.01. There is significant association of religion at 0.01 level, residence area at 0.05 levels, type of diet at 0.05 levels. Hence H05 (null hypotheses – 5) was rejected. There was no significant association of age in years, education, type of family, monthly income, marital status and number of meals per day, source of information regarding safety precautions, most frequent self-reported health problems.

A Descriptive study conducted by: Taj Mohammed and Midhun Ashok (2019) “A descriptive study to assess the knowledge regarding health related safety precaution to be followed by senior citizens residing in Abdullapur Maffi, Bareilly, U.P. with a view to develop an information pamphlet”. The sample of study consisted of 50 males and females senior citizens, out of which 60 from old age home and 60 residing in family. **Result:** shows difference in senior citizens staying with family and senior citizen staying in old age home under borderline well-being (61.80 %), 5% (negative emotional well-being) 92% (positive emotional well-being) 8% are under borderline emotional well-being, the study concluded that there is no association of emotional well-being with any demographic variable. An experimental study was conducted on social support, loneliness and depression status of elderly nursing home residence by a video conference, the result shows that the experimental group had significantly higher mean emotional and appraisal social support score at 1 week and 3 month after baseline than those in the control group, subjects in experimental group had lower mean loneliness scores at 1 week and 3 months after baseline in control group after a video conference the study conducted that this programmed could be used for residence of long term care institution particularly those with better ability to perform activities of daily living.

A Controlled Trial Programme study by: Matchar B David and Eom Kirsten (2019): “A Cost-Effectiveness Analysis of a Randomized Control Trial of a Tailored, Multi-factorial Program to Prevent Falls Among the Community-Dwelling Elderly”. The sample of study consisted of 354 of age above 65. The intervention group received a tailored program of physical therapy focused on progressive training in strength, balance, and gait for a period of 3 months. They also received screening and referrals for low vision, poly-pharmacy, and environmental hazards. The Short Physical Performance Battery (SPPB) test was assessed at regular intervals to allocate participants into either a home-based or group center-based program. The control group received usual care prescribed by a physician and educational materials on falls prevention. Results: The ICER was 120,667 Singapore dollars (S\$) per QALY gained (S\$362/0.003 QALYs), above benchmark values (S\$70,000). However, the intervention was more effective and cost-saving among those with SPPB scores of greater than 6 at baseline, higher cognitive function, better vision and no more than 1 fall in the preceding 6 months. The intervention was also cost-effective among those with 0-1 critical co morbidities (S\$22,646/QALY). The intervention was, overall, not cost-effective, compared to usual care. However, the program was cost-effective among healthier subgroups, and even potentially cost-saving among individuals with sufficient reserve to benefit.

A Qualitative study conducted by: AgeWell Foundation NGO (2019): “To assess the impact of social security system and social protection floors on the lives of elderly persons through an in-depth qualitative study.” Sample Size: A total of **10000** respondents were studied by 450 volunteers across all the five regions of Northern, Southern, Western, Eastern and Central India. The survey was conducted during the months of February-March 2019. **Result:** Pension/family pension has been main source of income of approx. 2/3rd of the respondents (39%). Interest on deposits, dividend on investments/savings and rent from house properties etc. has been found to be main source income w.r.t. 12% respondents. For 13% elderly respondents, old age pension was found to be the main source of income. About every tenth elderly (12.5%) said that they were working or engaged in some gainful assignment and income from such activities was main source of their income. As regards monthly income, it was observed that almost 28.9% earned fairly good monthly income age (more than Rs. 10,000 per month) during sun set years. More than two fifth of the respondents (45%) stated to have their monthly income up to Rs. 5000/ In comparison to rural area's 40% respondents 37% urban elderly respondents said that they get pension as their main source of income. In urban areas, 2/3rd elderly respondent (39.7%) was earning monthly income of Rs. 10,000/- and above, whereas in rural areas, only 18% respondents were earning Rs. 10,000+ per month. More than 4/5th of the respondents (84%) were found to be living with their respective spouses only. Almost half of the elderly (47.5%) claimed to be living all alone, as their family members were settled abroad or living in other places. The percentage of respondents dependent on their children/close relatives for their financial needs is 27% (19% older men and 34% older women) whereas 16% respondents (15% older men and 16% older women) were found to be dependent on others for financial needs. 55.1% respondents i.e. 5509 out of total 10000 respondents were found to disagree with the fact that in India, there are sufficient provisions for financial security of people and people have financial security out of them 17.5% of the total respondents had strong reservations to this fact.

A Randomized Controlled Trail study conducted by: Janelle M and Yvonne L (2018): “Interventions to Prevent Falls in Community-Dwelling Older Adults: A Systematic Review for the U.S. Preventive Services Task Force” The conducted this systematic review to support the U.S. Preventive Services Task Force in updating its recommendation on the prevention of falls in older adults. A Sample size of **35058**. Results: We identified 62 trials (n=35,058) examining seven intervention types aimed at reducing the risk of falls and fall-related outcomes. The largest bodies of literature evaluated multi factorial and exercise interventions with 26 and 21 trials, respectively. Our findings suggest that there is a fall-related benefit associated with both multi factorial and exercise interventions, but evidence is most consistent across multiple fall-related outcomes for the exercise trials. Meta-analysis of multi factorial intervention trials showed a 21 percent reduction in falls with substantial heterogeneity (17 RCTs; n=9,737; incidence rate ratio [IRR], 0.79 [95% CI, 0.68 to 0.91]; $I^2=87.2\%$) but no statistically significant effect on people experiencing a fall (24 RCTs; n=12,490; relative risk [RR], 0.95 [95% CI, 0.89 to 1.01]; $I^2=56.4\%$), people experiencing a fall-related injury (16 RCTs; n=9,445; RR 0.94, [95% CI, 0.85 to 1.03]; $I^2=34.3\%$) or mortality (23 RCTs; n=9,721; RR, 0.96 [95% CI, 0.79 to 1.17]; $I^2=0\%$) at 6 to 36 months of follow up. Small numbers of the multi factorial studies reported no statistically significant effect on fall-related injuries, fall-related fractures, people experiencing fall-related fractures, activities of daily living (ADL), quality of life (QOL), hospitalization and institutionalization, but were underpowered for these outcomes. Meta-analysis of exercise trials showed an 11 percent reduction in people experiencing a fall (15 RCTs; n=4,926; RR, 0.89 [95% CI, 0.81 to 0.97]; $I^2=43.9\%$), a 13 percent non-statistically significant reduction in falls (14 RCTs, n=4,663; IRR, 0.87 [95% CI, 0.75 to 1.00]; $I^2=57.3\%$), a 19 percent reduction in injurious falls (10 RCTs, n=4,622; IRR, 0.81 [95% CI, 0.73 to 0.90]; $I^2=0.0\%$), and a qualitative reduction in people experiencing an injurious fall, with estimates ranging from 0.61 to 0.90 (5 RCTs, n=2,776) and no individual study reaching statistical

significance. There was no effect on mortality (11 RCTs, $n=4,263$; RR, 0.93 [95% CI, 0.71 to 1.22; $I^2=0\%$) at 12 to 60 months of follow up.

A Randomized Controlled Trial study conducted by: David B Matchar and Pamela W Duncan (2017):

“Randomized Controlled Trial of Screening, Risk Modification, and Physical Therapy to Prevent Falls Among the Elderly Recently Discharged From the Emergency Department to the Community: The Steps to Avoid Falls in the Elderly Study” Sample Size: A total of **354** respondents were studied to evaluate the effectiveness of a multi-factorial, tailored program of physical therapy to reduce the occurrence of falls among a heterogeneous group of high-risk elderly Singaporeans recently discharged from the emergency department (ED). The intervention primarily consisted of a tailored program of physical therapy focused on progressive training in strength, balance, and gait for a period of 3 months. Participants in the intervention group also received screening and follow-up for vision, poly-pharmacy, and environmental hazards. Participants in the control group received usual care prescribed by a physician and educational materials on falls prevention. Results: During the 9-month study period, 37.8% of the control group and 30.5% of the intervention group fell at least once, which was not statistically significantly different (odds ratio [OR]=.72; 95% confidence interval [CI], .46-1.12; $P=.146$). The intervention group had statistically significantly fewer individuals with injurious falls (OR=.56; 95% CI, .32-.98; $P=.041$) and less deterioration in physical performance, reflected by a mean difference of 0.6 in SPPB scores ($P=.029$). Multivariate analyses indicated a strong interaction effect between the intervention and the presence of 2 or more major co morbidities; after accounting for this effect, the intervention program reduced the number of people experiencing at least 1 fall (OR=.34; 95% CI, .17-.67; $P=.002$).

Chapter-III

RESEARCH METHODOLOGY

"Methodology gives those with no ideas something to do"

Mason Cooley

Research methodology is a way to systematically solve problem research methodology refers to the principal and ideas on which researcher has their procedure and strategies. Research methodology involves the systematic proceeding by which the researcher starts from the time of initial identification of the problem to its final conclusion.

This chapter presents research methodology adopted for the present study. It includes research approach, schematic representation of research methodology, description of setting, population, sample, sample size, sampling technique, development and description of the tool, development of Self structured knowledge questionnaire, pilot study and procedure for data collection and plan for data analysis.

3.1 Research approach:

The research approach is an overall planned or blue print chosen to carry out the study. In the view of the nature of the problem selected for the study and objectives to be accomplished an evaluative research approach was considered the best to assess the effectiveness of structured teaching programme on Geriatric People.

Present study aimed to “A Study to assess the effectiveness of planned teaching program on geriatric care safety measures among geriatric population at old age home in Delhi NCR”.

Hence, based on the nature of study researcher adopted quantitative approach to achieve the objectives of the present study.

3.2 Research Design:

The research design refers to the researcher's overall plan for obtaining answer to the research questions and it spells out strategies that the researcher adopted to develop information that is accurate, objective and interpretable.

The research design selected for the present study was pre-experimental; one group Pre-test, one group Post-test design was used to answer the hypothesis, to find out the relationship between the independent variable and dependent variable. In this design pre-test is conducted followed by structured teaching programme and then post-test for same group after 7 days.

Pre	Intervention	Post
Knowledge Questionnaire regarding pre test knowledge score for geriatric care safety measure.	Structure teaching programme on Geriatric care safety measures.	Knowledge Questionnaire regarding post test knowledge score for geriatric care safety measure.

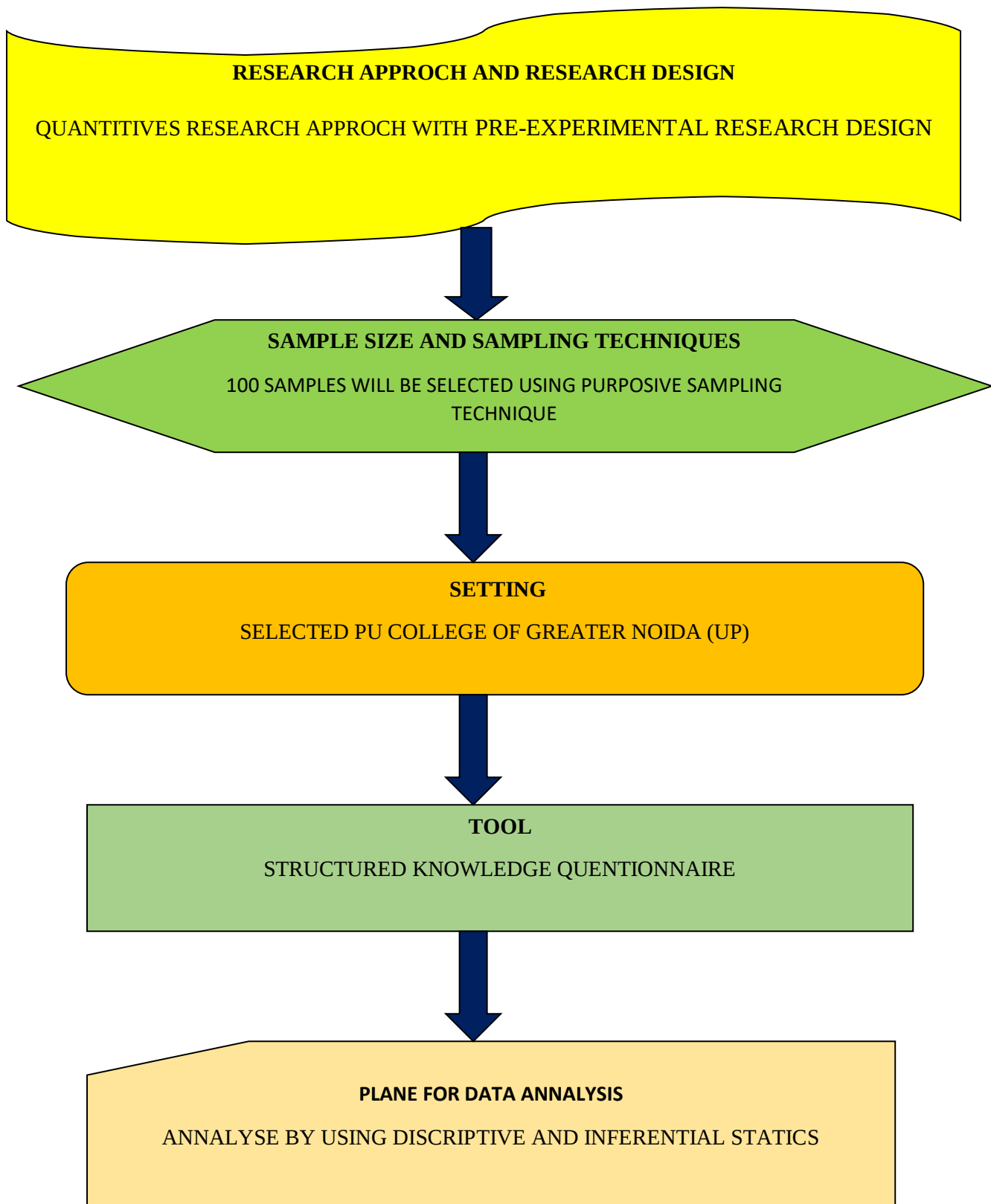


Fig.2 schematic representation of Research Methodology

3.3 Research setting

Research Setting refers to the area where the study is conducted. It is the physical location and condition in which data collection takes place in study. The study was conducted in Old Age Homes in Delhi.NCR, which are located in Delhi Capital Region, Uttar Pradesh, Meerut. The reason for selecting this setting was the investigator's interest in imparting knowledge to the prospective geriatric people who in turn would educate many others. Familiarity of setting, availability of the setting and availability of the required sample were also considered while selecting the study group. The selection of the Old Age Homes was done for on the basis of:

- Geographical proximity.
- Feasibility of conducting the study.
- Availability of the samples

3.4 Variables

Variables are concepts at various levels of abstraction that are measured, manipulated or controlled in the study. Three types of variables are identified in this study, they are: independent variable, dependent variable & extraneous variable:

• Independent variable:

Independent Variable is that which is believed to cause or influence the dependent variable, in experimental research by manipulated (treatment) variable. In this study the independent variable refers to Structured Teaching Programme on geriatric care safety measures.

• Dependent variable:

The variable is hypothesized to depend on, or be caused by another variable, (the independent variable) for the outcome of interest. In the present study it refers to the knowledge level of geriatric care and safety measures in geriatric people as measured by structured questionnaire..

• Socio-demographic variables:

Extraneous Variable is those variables that are present in research environment that may in therefore with research finding by acting as unwanted independent variables. In the present study it refers to the selected variables such as age, religion, type of family, educational status, occupation, and source of information.

3.5 Population

Population refers to the entire set of individuals or objects in which the researcher interested in studying. Population in the present study is geriatric people.

3.6 Sample

Sample refers to a subset of population that is selected to involve in the research study. The sample is selected for this study is geriatric people in selected Old Age Homes in Delhi NCR. Meerut.

3.7 Sample size

The sample size is a term used in research for defining the number of subjects included in a research study. In this study the samples size consists of **100** geriatric people will be selected for the study.

3.8 Sampling technique

Sampling technique refers to the process of selecting a portion of population to represent the entire population. Purposive sampling technique was used to draw the samples, which is the type of non-probability sampling technique. Purpose of sampling derives from the belief that the investigator knowledge about the population and its element can be used to handpick cases to be included in the sample.

3.9 SAMPLING CRITERIA

Sampling criteria includes list of characteristics essential for membership in target population.

3.9.1 Inclusion criteria

- Geriatric People who are living in Old Age Homes in Delhi NCR, Meerut.
- Geriatric People who are willing to participate in research.

3.9.2 Exclusion criteria

- The Geriatric People who are physically and mentally retarded.
- This study do not covered the people who are below the Age of 60 Years.
- This study do not covered the geriatric people on the scale of pan India.

3.10 Data Collection Tool

Data collection tool refers to devices / instruments used to collect data, such as paper, questionnaire, case-studies, checklist, interviews etc.

3.10.1 Selection & Development of the Research Tool

Based on research problem, review of literature, need for the study, suggestion by guide & expert in the fields of Mental Health Nursing. Structured knowledge questionnaire was considered to be the most appropriate instrument to elicit the response from the subjects. Based on research problem the blue print of the tool was prepared. The following steps were used to prepare the research tool.

3.10.2 Selection of the Research Tool

In this structured knowledge questionnaire was felt to be appropriate to assess the knowledge level of the geriatric care and safety measures.

3.10.3 Construction of Structured Knowledge Questionnaire

Knowledge questionnaire was selected to get exact and complete information from the geriatric people, it was felt that face to face contact information would encourage the subjects to give prompt information and will help in collecting the data, it was considered to be the appropriate tool, and the main strengths behind developing the tool were.

- Related review of literature.
- Guidance and consultation taken from the guide, subject experts of mental health nursing.
- Opinion and suggestion of experts
- Based on the concept of the study
- Based on objectives of the study
- Establishment of validity and reliability
- Books, journals, unpublished research studies and internet etc.
- Discussion with colleagues and personal experience.

All the above provided relevant data is necessary to construct the tool on geriatric care safety measures. The developed tool was validated by the subject experts, guide and co guide. A blue print was prepared prior to the construction of the tool.

3.11 Description of the Tool:

The structured knowledge questionnaire consists of:

Section I: Gender, age, Religion, Geriatric Care Knowledge, Educational Status, Any Disease etc. and previous information about geriatric care and safety measures.

Section II: structured knowledge questionnaire consisted of 20 items on knowledge regarding geriatric care safety measures.

Scoring of items: For knowledge questions each correct answer was given a score of '1' and each wrong answer was given a score of '0'. Maximum score is 20 and minimum score is 0.

3.12 Data Collection: Data collection instrument are divided into two sections for the present study.

Section 1: It deals with the collecting identification data of the study participants.

Identification data related to socio-demographic variables such as Gender, age, Religion, Geriatric Care Knowledge, Educational Status, Any Disease etc.

Section 2: It deals with the research tool that will be used to assess knowledge regarding geriatric care safety measure.

Self-structured knowledge questionnaire on planned teaching programme knowledge score regarding geriatric care safety measure.

3.13 Ethical Consideration

Prior to conduct study, researcher will obtain a formal ethical clearance from the ethical committee of Metro College of Nursing Greater Noida, Uttar Pradesh.

3.14 Content Validity of the Tool

Content validity is concerned with the sampling adequacy of items for being measured. Content validity is relevant for both affective & cognitive measures. The construct that it refers to "The degree to which an instrument measures what it is intended to measure". The tool was validated by subject experts and corrections were made based on their recommendation and suggestions after consultation with the guide. The tool was modified as per the suggestion of the experts and final tool was constructed.

3.15 Reliability of the Tool

Reliability of the research instrument is defined as the extent to which the instrument yields the same results on repeated measures. It is then concerned with consistency, accuracy, precision, stability, equivalence and homogeneity. The tool after validation was subjected to test for its reliability. The structured knowledge questionnaire was administered to 06 samples. The reliability of the tool is computed using split half Karl Pearson's correlation formula (Raw score method). The reliability co-efficient of half test of knowledge questionnaire (riz) is found to be 0.73. The reliability of the tool is computed by using Brown's prophecy formula ($r1-2ria / 1+ ria$). Since the knowledge reliability for the scale is >0.70 the tool was found to be reliable and feasible.

3.16 Pilot Study

A pilot study is a small-scale version or trial run done in preparation for major study. "A pilot study is small preliminary investigation of the same general character as the major study. It is designed to acquaint the researcher with the problems to be corrected in preparation for the larger research project and try out problems for collecting the data." Permission was obtained from concerned authority (Janta inter college Yakubpur, greater Noida, Uttar Pradesh) to conduct study. The pilot study was conducted at, Janta Inter College Yakubpur, Greater Noida, Uttar Pradesh w.e.f 17.02.2021 to 26.02.2021. Participants were informed about the purpose of the study. The pre-test was conducted by using structured knowledge questionnaire and structured teaching programme was given on geriatric care safety measures. On 7 day, post-test was conducted with same structured knowledge questionnaire. The respondents took 60 minutes to complete the tool. The finding of the pilot study revealed that the study is feasible. No problems were developed during pre-test, conducting the structured teaching programme, post-test, data analysis and inference. Pilot study revealed that the major study is feasible to be conducted on the large scale.

3.17 Data Collection and Procedure

Data collection is the systematic gathering of information (data) relevant to the research purpose.

3.17.1 Permission from the concerned authority. Permission was obtained from the principal of Gautam Budh Balak inter college, greater Noida, Uttar Pradesh for conducting the main study.

3.17.2 Period of data collection main study data collection was conducted for period of 1 month between 05/05/2021 to 05/06/2021 at Old Age Homes in Delhi NCR Meerut.

3.17.3 Pre-test (01): Data collection is the gathering of information from the sampling units. The investigator conducted the pre-test to assess the knowledge of 100 Geriatric People regarding geriatric care safety measures in Delhi NCR Meerut, Uttar Pradesh. The purpose and objectives of the study were explained to geriatric people and confidentiality was assured with participate in the study was obtained. Approximately 120 minutes were spent for collecting the data.

3.17.4 Conduct the structured teaching programme

The structured teaching programme on geriatric care safety measures to the geriatric people was conducted after pre-testing on the same study.

3.17.5 Post-test (02)

Post test was conducted on 8th day after pre testing and STP to find out the effectiveness of structured teaching programme in terms of increase in their knowledge by using structured knowledge questionnaire. Each subject took about the 60 minutes to complete the post-test. All the participants co-operated well with the investigator in both pre-test and post-test.

3.18 Plans for Data Analysis Method

Data analysis is the used to reduce, organize and give meaning to the data. In the present study, the data obtained were analyses on the basis of the objectives of the study, using descriptive & inferential statistics for analyzing the significance difference between the pre and post-test knowledge scores. Paired't' test was used to assess the effectiveness of video assisted teaching programme. Chi-square test was used to determine the association between the pre-test knowledge scores and the selected demographic variables. The significant findings will be expressed in form of tables, figures and graphs. A master sheet was prepared with responses given by the subjects. The plan for data analysis was as follows:

- Demographic variables are to be analyzed in terms of frequencies and percentage.
- Finding related to knowledge score on pre and post geriatric care safety measures.
- Finding related to area wise pre-test knowledge scores
- Finding related to area wise post-test knowledge scores
- Finding related to effectiveness of structured knowledge questionnaire
- Paired't' test was used to assess the effectiveness of structured teaching programme.
- Chi-square test is used to determine the association between demographic variables and knowledge level of geriatric people on geriatric care safety measures.

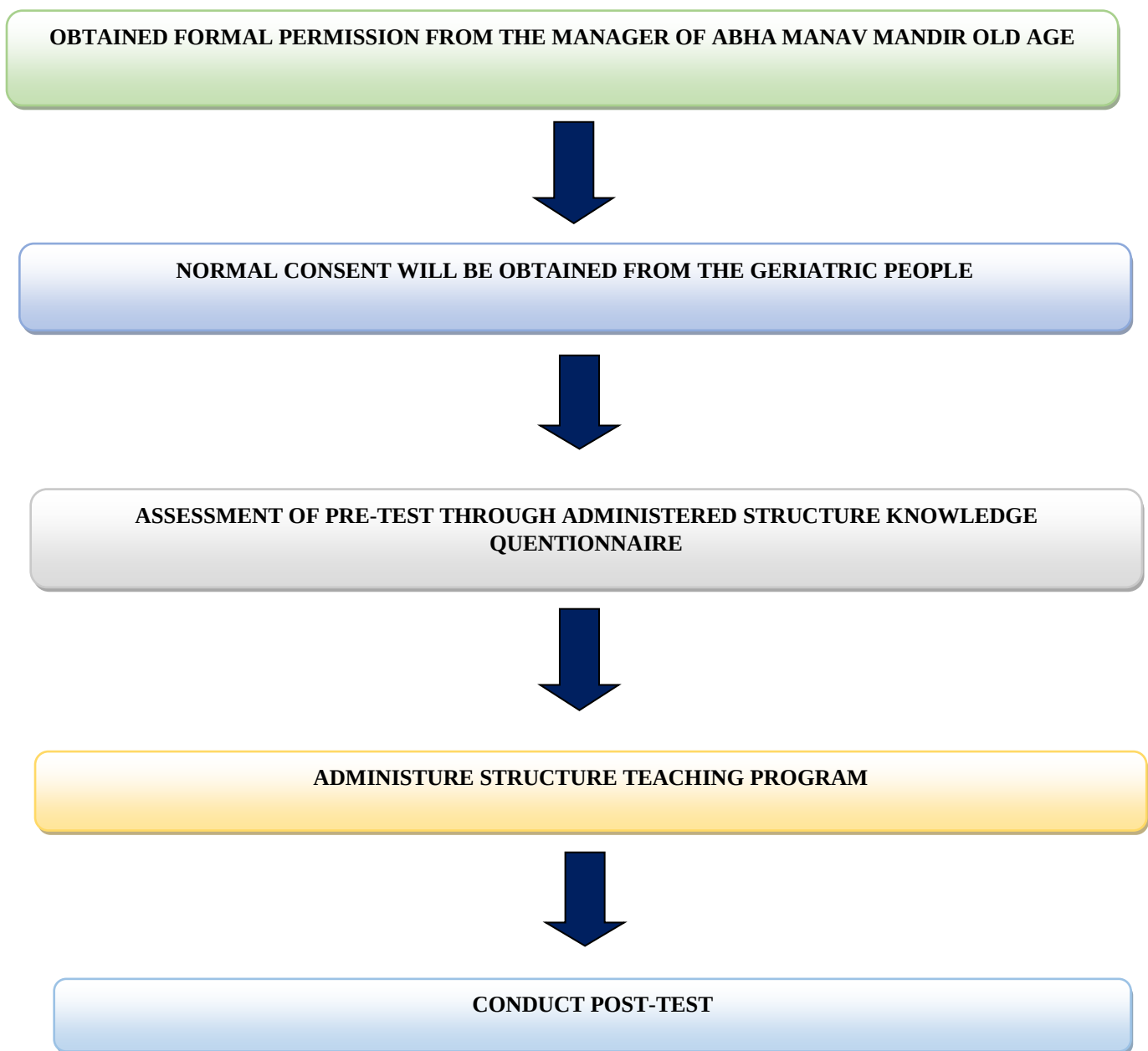


Figure No.3: schematic presentation of data collected process

CHAPTER-IV

ANALYSIS AND INTERPRETATION

This chapter deals with the research statement objectives, scheme of data analysis description of demographic characteristic of Geriatric people regarding geriatric care safety measures and identify the need for improvement and administers Structured Teaching Programme on knowledge regarding geriatric care safety measures among geriatric population.

Problems Statement:

“A Study to assess the effectiveness of planned teaching program on geriatric care safety measures among geriatric population at old age home in Delhi NCR”.

OBJECTIVE OF THE STUDY

- D-** To assess pre and post test knowledge score regarding geriatric care safety measure.
- E-** To find out association between demographic variable of pre and post test knowledge score.
- F-** To find correlation between pre and post test knowledge score regarding geriatric care safety measure.

SCHEME OF DATA ANALYSIS:

The data analysis was done including both descriptive and inferential statistics, based on the study objectives and hypothesis:

The following specific statistical tests were applied for analysis of the gathered data

- Frequencies and percentages were computed to describe socio-demographic characteristics of adolescent students regarding geriatric care safety measures among geriatric population such as Gender, age, Religion, Geriatric Care Knowledge, Educational Status, Any Disease etc.
- Paired t-test was computed to find out effectiveness of Structured Teaching Programme on knowledge regarding geriatric care safety measures among geriatric people.
- Chi-square test was computed to find association between pre-test level of knowledge score of the geriatric people and their selected socio-demographic variables.

Organization and Presentation of Data

The finding is presented in the following section

Section-1: Frequencies and percentages were computed to describe socio-demographic characteristics of geriatric people regarding geriatric care safety measures among geriatric population such as Gender, age, Religion, Geriatric Care Knowledge, Educational Status, Any Disease etc.

Section-II: To assess the level of pre-test & post-test knowledge regarding: geriatric care safety measures among geriatric population.

Self-structured knowledge questionnaire on planned teaching programme knowledge score regarding geriatric care safety measures.

Section-III: To evaluate the effectiveness of Structured Teaching Programme on knowledge regarding geriatric care safety measure among geriatric people.

Section-IV: To find out the association between post-test level of knowledge score of the geriatric people and their selected socio-demographic variables.

Section-I

Study finding related to Frequencies and percentages were computed to describe socio-demographic characteristics of geriatric people regarding geriatric care safety measures among Geriatric population such as Gender, age, Religion, Geriatric Care Knowledge, Educational Status, Any Disease etc.

Table:No.1-Frequencies and percentages were computed to describe socio-demographic characteristics of geriatric people regarding geriatric care safety measures among geriatric population such as Gender, age, Religion, Geriatric Care Knowledge, Educational Status, Any Disease etc.

N=100

SI. No	Socio-demographic variable		Respondents	
			Frequency (f)	Percentage (%)
1.	Age in Years	60-70	25	25%
		70-80	55	55%
		80 and Above	20	20%
2.	Gender	Male	60	60%
		Female	40	40%
3.	Religion	Hindu	45	45%
		Muslim	25	25%
		Sikh	20	20%
		Christian	10	10%

4.	Place of Residence	Urban	65	65%
		Rural	35	35%
5.	Educational Status Of Male	No Formal Education	05	05%
		Primary Education	10	10%
		Secondary Education	25	25%
		U.G and Above	65	65%
6	Educational Status of Female	No Formal Education	10	10%
		Primary Education	25	25%
		Secondary Education	25	25%
		U.G and Above	40	40%
7.	Marital Status	Married	90	90%
		Un-Married	10	10%
8.	Do you have any Disease	Yes	95	95%
		No	05	05%
9.	Previous Knowledge Regarding Geriatric Care Safety Measures	Yes	15	15%
		No	85	85%
10.	Socio-Economic Status	High Class	55	55%
		Middle Class	35	35%
		Low Class	10	10%
11.	Do you regularly getting Geriatric care advice	Yes	05	5%
		No	95	95 %

Frequency and Percentage

■ 60-70 yr. ■ 70-80 yr. ■ 80 and above yr.

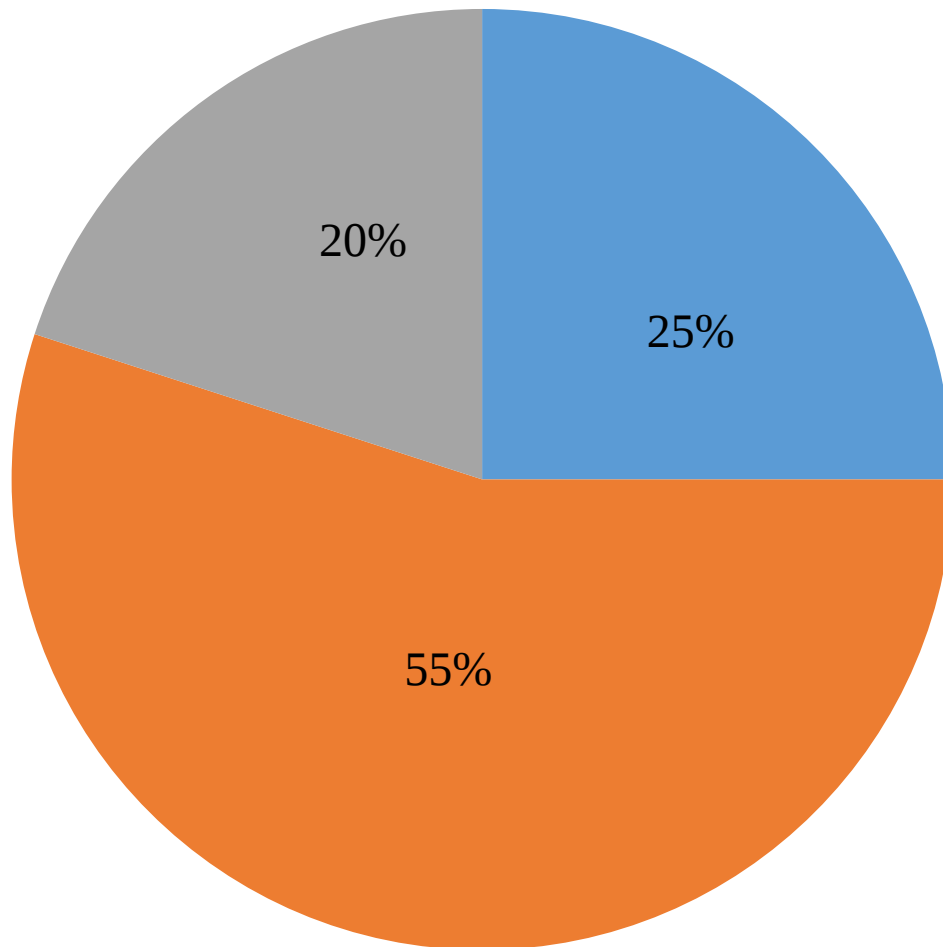


Figure 1: Classification of respondents on the basis of age

Interpretation:

The above figure depicts that age majority 55% are the age group of 70-80 yr and 25% are in the age group of 60-70 yr. and 20% are in the age group of 80 and above yr regarding geriatric care safety measures among geriatric people.

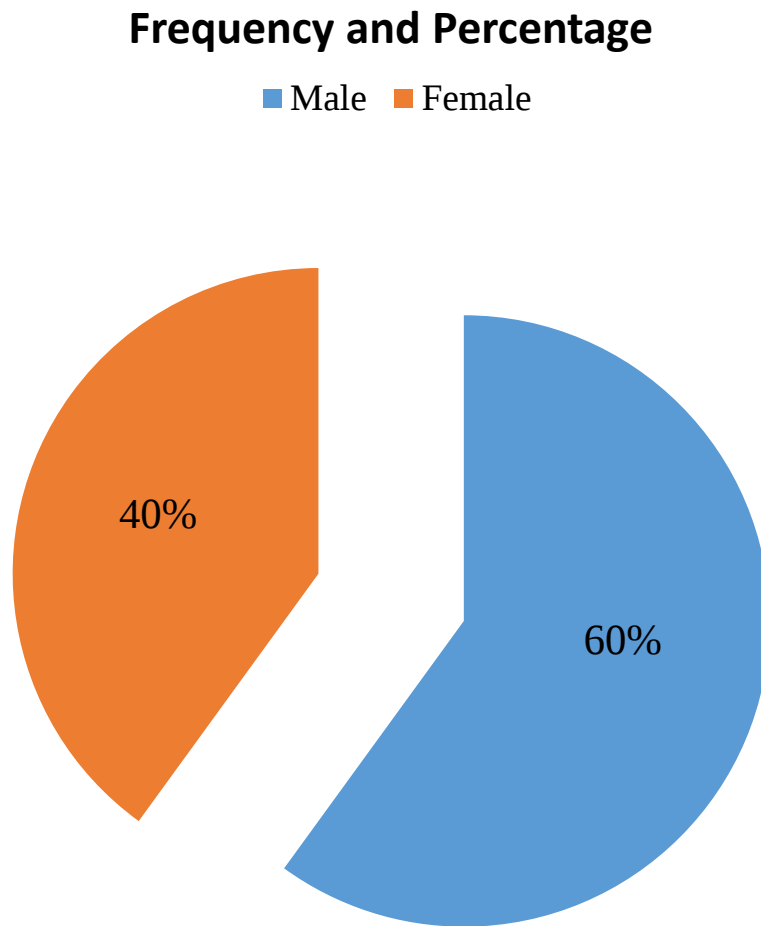


Figure 2: Classification of respondents on the basis of Gender

Interpretation:

The above figure depicts the majority 60% of the respondents are Males and 40% of respondents are Females.

Frequency and Percentage

■ Hindu ■ Muslim ■ Sikh ■ Christian

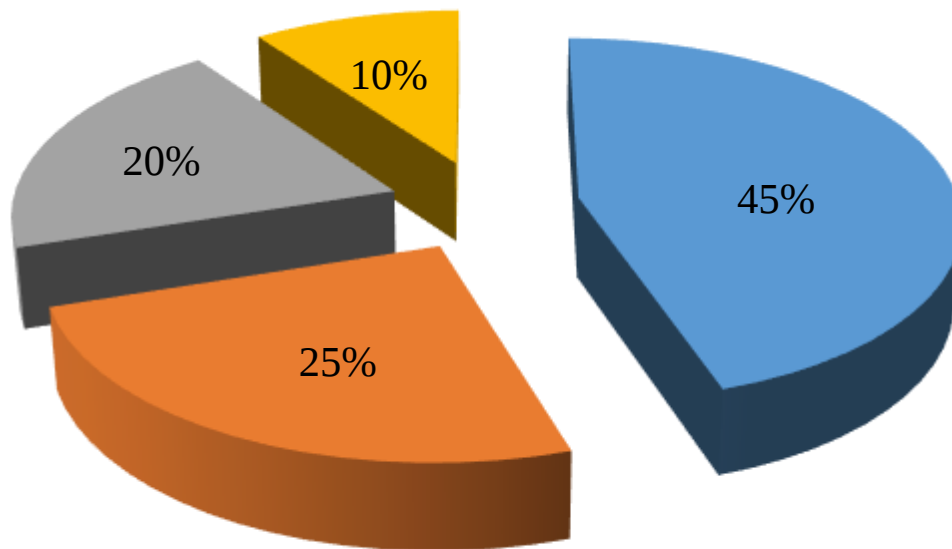


Figure 3: Classification of respondents on the basis of Religion

Interpretation:

The above figure depicts that in relation to religion 45% of geriatric people are Hindus and 25% respondents are Muslim and 20% respondents are Sikh, remaining 10% of respondents are Christians

N=100

FREQUENCY AND PERCENTAGE

■ URBAN ■ RURAL

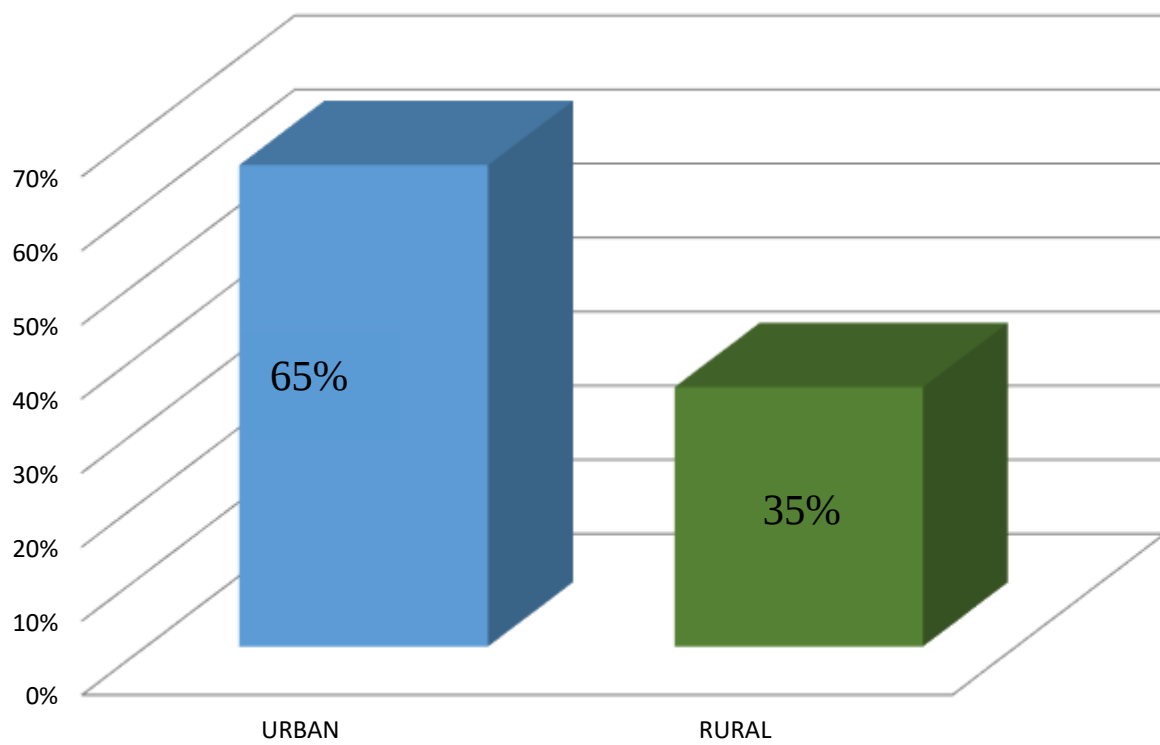


Figure 4: Classification of respondents on the basis of Place of Residence

Interpretation:

The above figure depicts the majority 65% of geriatric people had belonged to urban and 35% of respondents are from rural.

N=100

FREQUENCY and PERCENTAGE

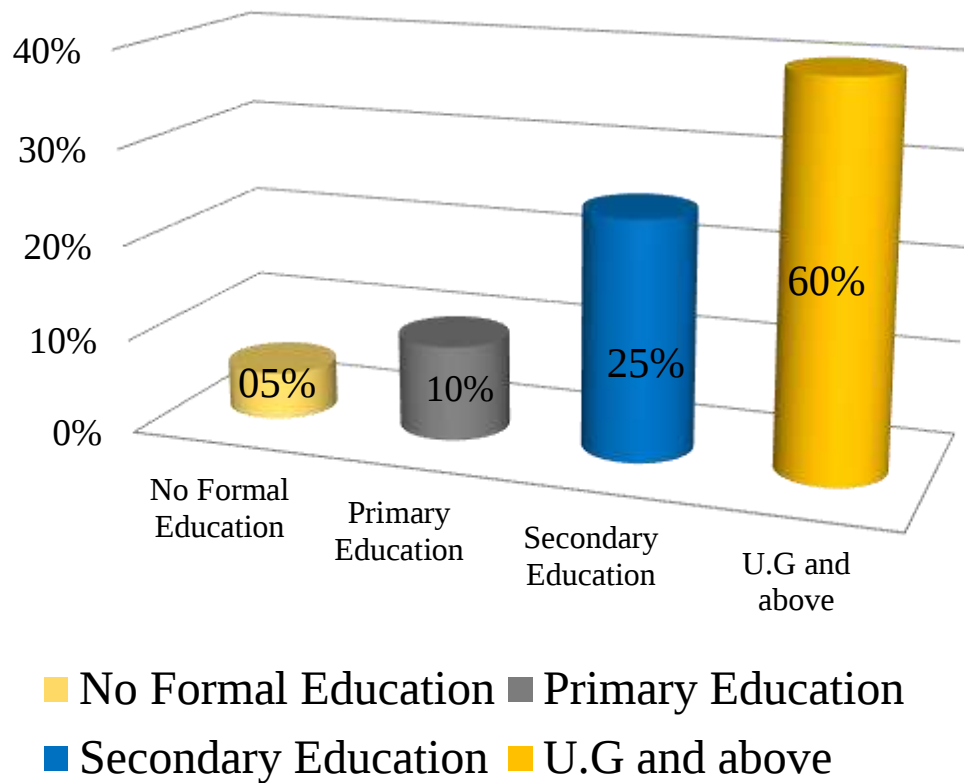


Figure 5: Classification of respondents on the basis of education status of Male.

Interpretation:-

The above figure depicts the majority 60% of male geriatric are U.G and above, 25% are Secondary, 10% are Primary Educated and 05% not having Formal Education.

N=100

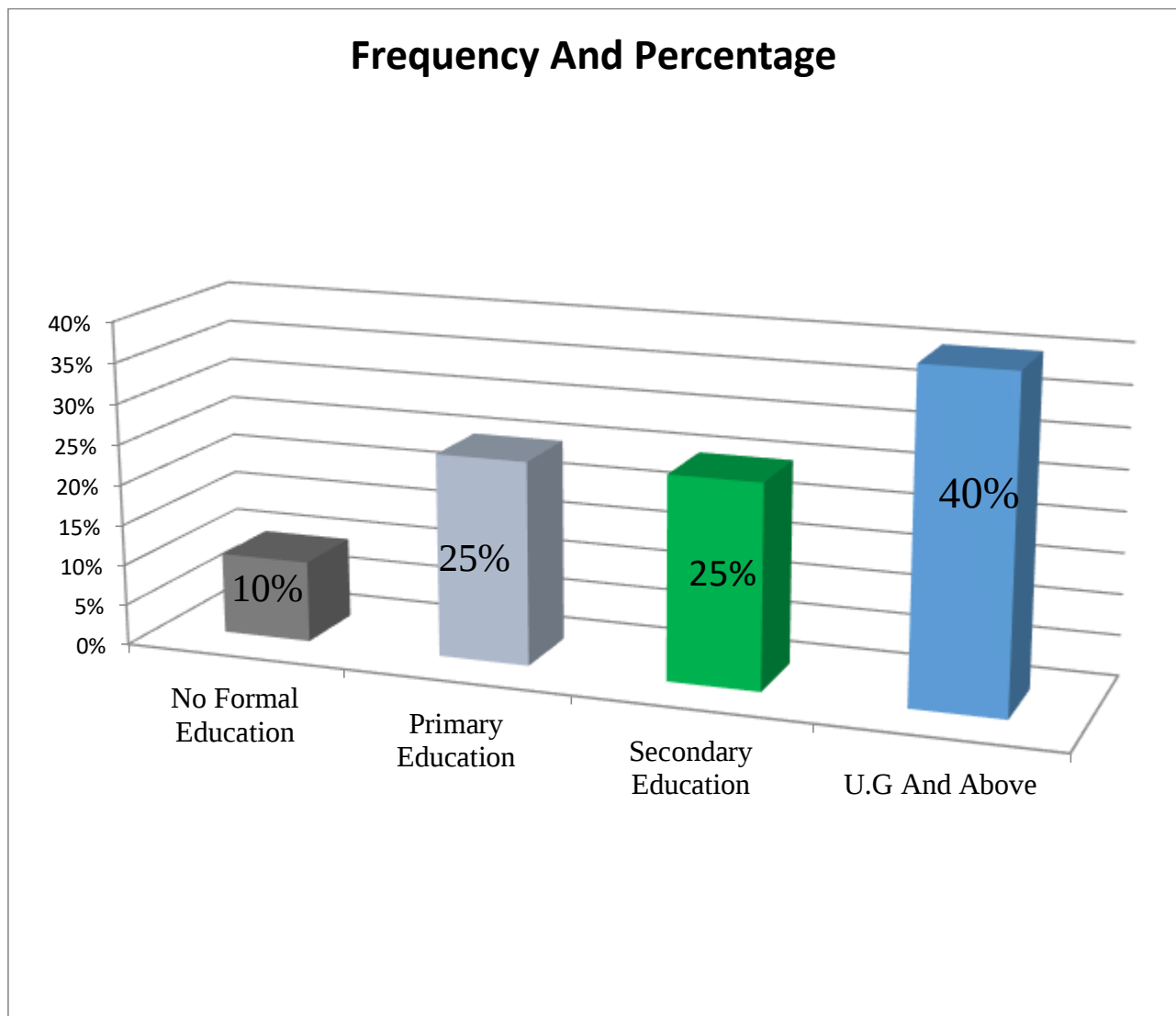


Figure 5: Classification of respondents on the basis of education status of Female.

Interpretation:-

The above figure depicts the majority 40% of Female geriatric are U.G and above, 25% are Secondary, 25% are Primary Educated and 10% not having Formal Education

N=100

FREQUENCY AND PERCENTAGE

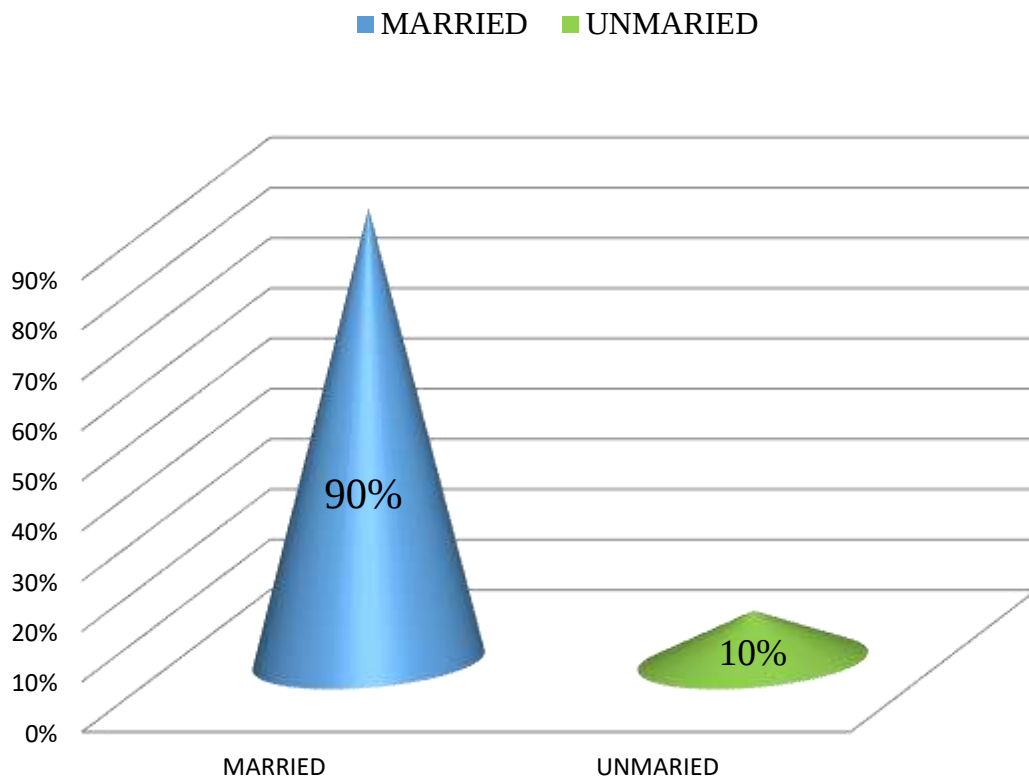


Figure 7: Classification of respondents on the basis of Married and Unmarried

Interpretation:

The above figure depicts the majority of the respondents 90% of geriatric people are married and other remaining 10% of respondents are unmarried.

N=100

FREQUENCY AND PERCENTAGE

■ YES ■ NO

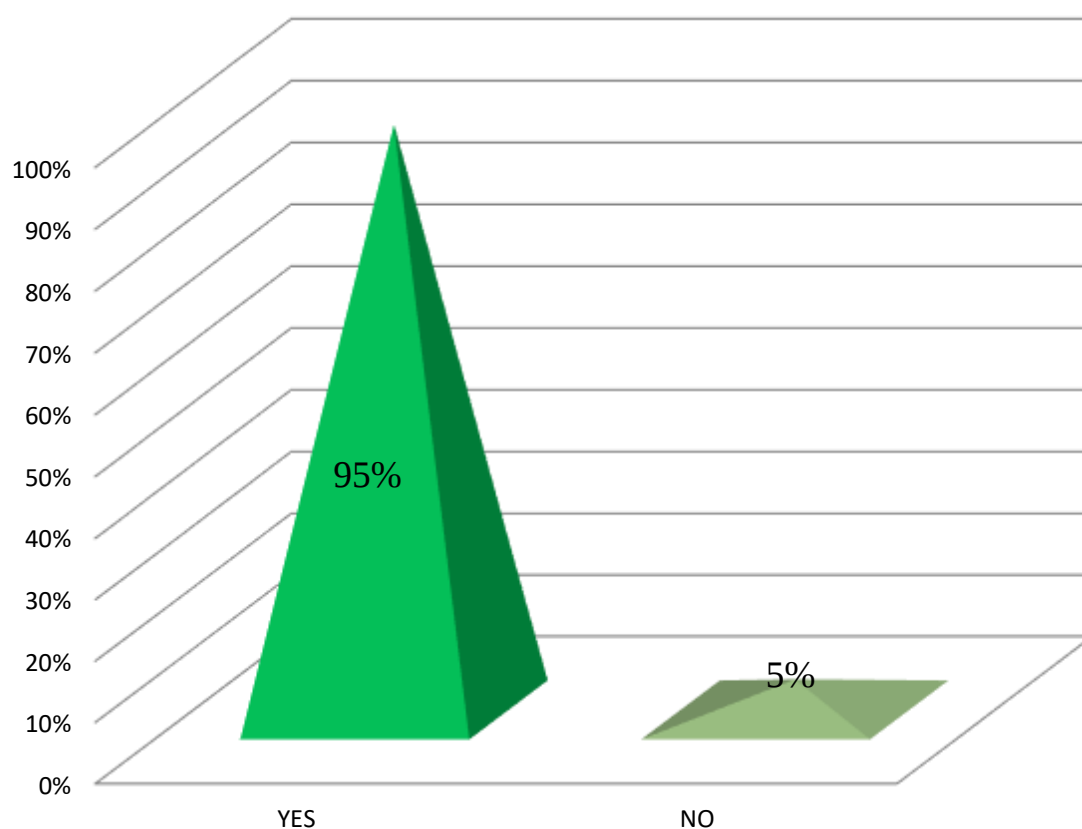


Figure 8: Classification of respondents on the basis of has any disease or not.

Interpretation:

The above figure depicts the majority of the respondents 95% have disease and other remaining 5% of respondents are healthy (have no disease).

N=100

FREQUENCY AND PERCENTAGE

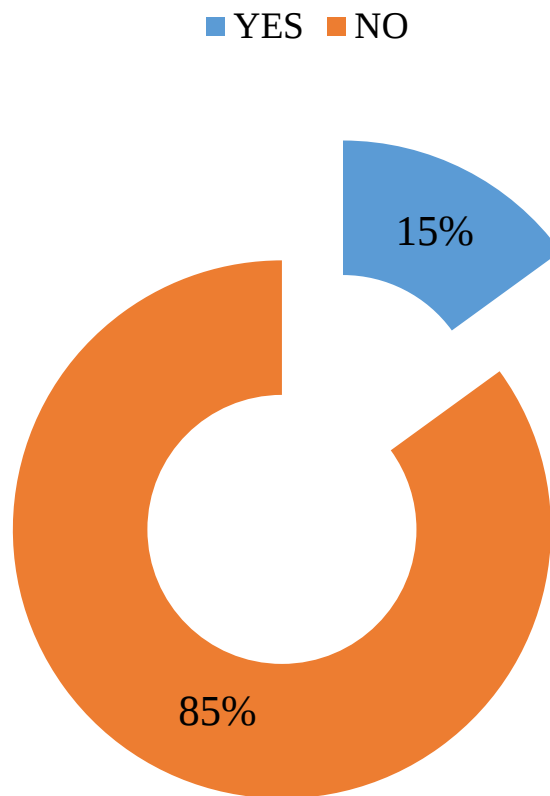


Figure 9: Classification of respondents on the basis of previous knowledge regarding Geriatric Care Safety Measures.

Interpretation:

The above figure depicts the majority of the respondents 85% who have not previous knowledge regarding geriatric care safety measures and other remaining 15% of respondents are have knowledge regarding geriatric care measure.

N=100

FREQUENCY AND PERCENTAGE

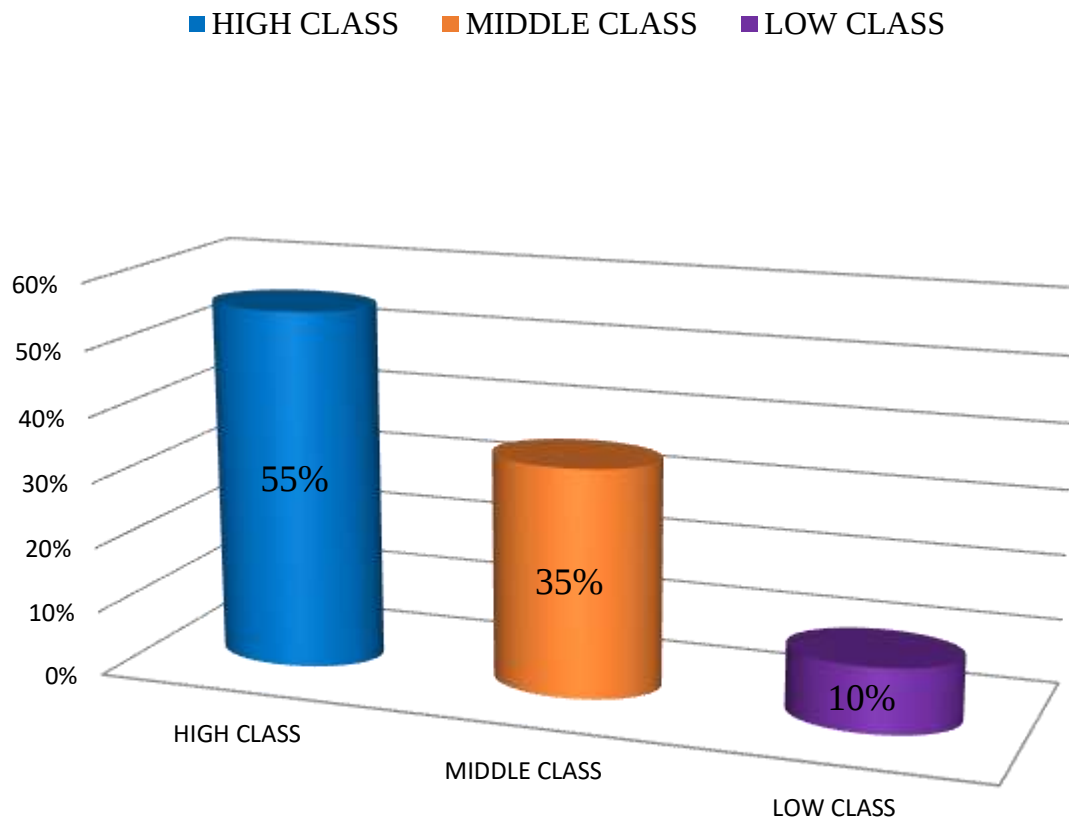


Figure 10: Classification of respondents on the basis of Socio-Economic Status

Interpretation:

The above figure depicts that majority of the respondents 55% are in the group of high class, 35% are in the group of middle class and 10% remaining are in the group of low class among geriatric people.

N=100

FREQUENCY AND PERCENTAGE

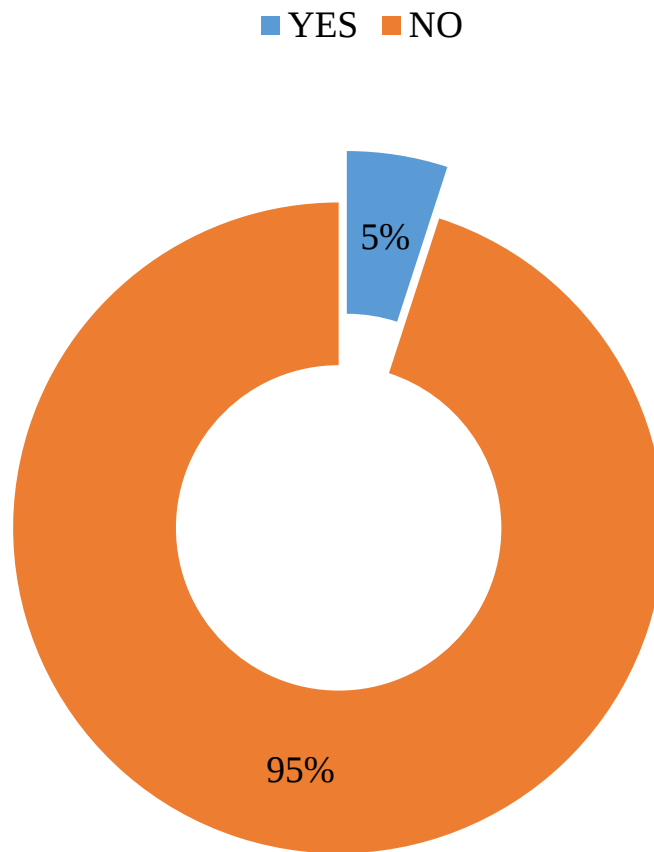


Figure 11: Classification of respondents on the basis of regularly getting Geriatric Care advice.

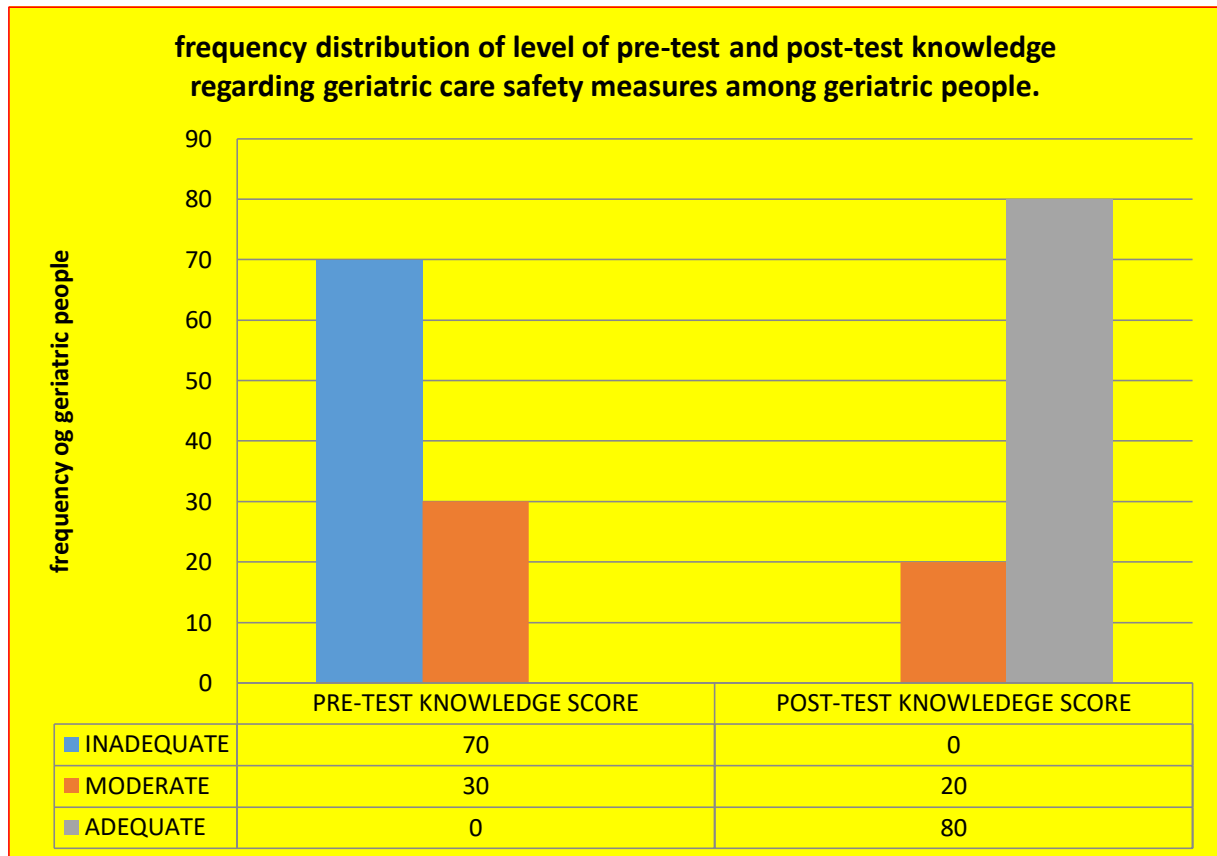
Interpretation:

The above figure depicts the majority of the respondents 95% who not getting regularly geriatric care advice and other remaining respondents 5 % get regularly geriatric care advice.

Section -II

To assess the level of pre-test and post-test knowledge regarding geriatric care safety measures among geriatric population.

N=100



Interpretation of above figure shows that:-

- Maximum 30 geriatric people had moderate level of knowledge regarding geriatric care safety measures. Followed by 70 geriatric people had Inadequate level of knowledge regarding geriatric care safety measures.
- Maximum 80 geriatric people had adequate level of knowledge regarding geriatric care safety measures. Followed by 20 geriatric people had moderate level of knowledge regarding geriatric care safety measures.

Section-III

Section-III: To evaluate the effectiveness of Structured Teaching Programme on knowledge regarding Geriatric Care Safety Measures among Geriatric people.

Table No. 2: Effectiveness of Structured Teaching Programme on knowledge regarding Geriatric Care Safety Measures among Geriatric people.

N=100

Over All	Mean	Mean %	Enhancement	Enhancement %	DF	(p) Value	(t) Value	Inference
Pre-test Knowledge Score								
Post-test knowledge Score								

‘Significant at 0.05 level.’

Interpretation of above table 2 shows that:-

The table 2 reveals that post-test knowledge score mean of knowledge regarding geriatric care safety measures was significantly lower than the pre-test mean knowledge score with the enhancement of 19. The statistical paired ‘t’ test for overall level of knowledge regarding geriatric care safety measures among geriatric people is found to be 13.42 that is greater than table value $p=0.00$ which implies that the difference in pre-test and post-test knowledge score is found statistically significant at 0.05 level.

H1: There was a significant difference between the pre-test knowledge and post-test level of knowledge regarding geriatric care safety measures among geriatric people. Hypothesis was tested at 0.05 levels. The ‘t’ value of mean difference between pre-test and post-test scores was (13.42, $p<0.05$) hence the research hypothesis is accepted and null hypothesis is rejected.

Section-IV

To find out the association between post-test levels of knowledge regarding geriatric care safety measures among geriatric people with their selected socio-demographic variables

Table No. 2: Association between post-test levels of knowledge regarding geriatric care safety measures among geriatric people with their selected socio-demographic variables

N-100

S.No.	Socio – demographic variables		(f)	Post-test knowledge score		Chi square value (X^2)
				Moderate	Adequate	
1.	Age in years	60-70	25	07	18	41.568
		70-80	55	20	35	Df- 2
		80 to above	20	05	15	NS
2.	Gender	Male	60	20	40	0.78
		Female	40	10	30	Df-1 NS
3.	Religion	Hindu	45	10	35	9.13
		Muslim	25	05	20	Df-3
		Sikh	20	05	15	NS
		Christmas	10	02	08	
4.	Place of Residence	Rural	35	05	15	5.109
		Urban	65	20	45	Df-1 NS
5.	Education status Of male	No formal Ed.	05	01	04	1.936
		Primary Ed.	10	02	08	Df-3
		Secondary Ed.	25	10	15	NS
		UG and above	65	20	45	

6.	Education status Of Female	No formal Ed.	10	04	06	3.287
		Primary Ed.	25	10	15	Df-3
		Secondary Ed.	25	05	20	NS
		UG and above	40	10	30	
7.	Marital status	Married	90	30	60	0.85
		Unmarried	10	02	08	Df-1 NS
8.	Do you have any disease	Yes	95	30	65	8.921
		No	05	01	04	Df-1 NS
9.	Previous knowledge Regarding geriatric Care safety	Yes	15	02	13	2.824
		No	85	30	55	Df-1 NS
10.	Socio-economic Status	High class	55	10	45	6.492
		Middle class	35	10	25	Df-2
		Low class	10	02	08	NS
11.	Do you regularly Getting geriatric care advice	Yes	05	01	04	8.921
		No	95	30	65	Df-1 NS

"Significant at 0.05 level"

Interpretation of above table 3 shows that

- Above table 3 shows the association of association between socio-demographic variables reveals that the calculated Chi-square values with regard to, Age (-41.568, $P > 0.05$), Gender (-0.78, $P > 0.05$), Religion (-9.13, $P > 0.05$) Place of

residence (-5.109, $P>0.05$), Educational status of male (-1.936, $P>0.05$), Educational status of female (-3.287, $P>0.05$), Marital status (-0.85, $P>0.05$), Any disease (-8.921, $P>0.05$), regarding knowledge (-2.824, $P>0.05$), socio-economic status (-6.492, $P>0.05$), getting geriatric care (-8.92, $P>0.05$) are less than the table values at 0.05 level of significance at specific degrees of freedom.

- It is concluded that the demographic variables to Age, Gender, religion, Place of residence, education status of male, educational status of female, marital status, any disease, regarding knowledge, socio-economic status, getting geriatric care, Source of information are not significantly associated with post-test knowledge level of Geriatric People.
- Hence the research hypothesis H_2 is rejected and null hypothesis is accepted.

Chapter-V

SUMMARY, DISCUSSION, CONCLUSION, IMPLICATION, LIMITATIONS AND RECOMMENDATION

It is the final chapter of a research study. The chapter comprises of summary, major findings, discussion, conclusion, implication limitations and recommendations of the study. The discussion will focus on the research objectives of the study and compare the research findings with existing literature.

SUMMARY

Geriatrics refers to the medical care of the elderly people. Gerontology refers to the “study of physical and psychological changes which are incident to old age”. India is currently facing a demographic transition with an ageing population. This transition consists of increasing elderly population, due to reduced mortality, reduced fertility and increased life expectancy. People above 60 years are included in elderly Geriatric population is usually neglected and brings with them a large number of medical, social, psychological and economic problems, creating a huge burden on the country. It is the need of hour to know about problems of geriatrics, for their timely detection and management in order to improve quality of life of the elderly and thus decreasing the burden on the country.

In the past, few people lived to old age. But during the 20th century there has been significant increase in member and proportion of the aged people throughout the world during the 1990s many activities have been under taken by the United Nations. In 1990, the United Nations General Assembly designated 1st October as the International Day for the elder lies and dedicated 1992 as the 10th anniversary of the World Assembly on ageing. The assembly worked out a practical strategy to achieve selected target by the year 2001.

Promoting the healthy lifestyles of older people is vital in helping them to maintain health and functional independence and lead healthy and independent lives. Providing information to you about disease prevention and health promotion activities will help us help you and your loved ones become more knowledgeable about the health.

To assess the current situation of older persons and challenges before them through an in-depth descriptive study in order to examine their role and contribution in the sustainable development”. Sample Size: A total of 100 respondents were studied in old Age homes “Abha Manav Vradha Ashram” Mawana Road, Meerut.. The study was conducted

during the month of May-June 2022. Equal number of respondents was drawn from rural and urban areas. As for as gender wise composition of the sample is concerned, out of 100 total respondents, 60 respondents were older men and 40 older women. Result: Out of 100 subjects interviewed during the study, 25 respondents (25%) were found to be in the age group of 60-70 years, 55 respondents (55%) were between 71-80 years and the remaining 20 (20%) respondents comprised the oldest old group (80+ years).

Problems Statement:

“A Study to assess the effectiveness of planned teaching program on geriatric care safety measures among geriatric population at old age home in Delhi NCR”.

OBJECTIVE OF THE STUDY

- G-** To assess pre and post test knowledge score regarding geriatric care safety measure.
- H-** To find out association between demographic variable of pre and post test knowledge score.
- I-** To find correlation between pre and post test knowledge score regarding geriatric care safety measure.

RESEARCH HYPOTHESIS:-The study aims to test the following hypothesis. All hypotheses will be tested at 0.05 level of significance.

H1: There will be a significant difference between pre and post test knowledge score regarding geriatric care safety measures.

H2: There will be a significant association between pre and post test knowledge score regarding geriatric care safety measures.

H3: There will be a significant correlation between pre and post test knowledge score regarding geriatric care safety measures.

Major Findings of The Study:-

About age majority 55% are the age group of 70-80 yr and 25% are in the age group of 60-70 yr. and 20% are in the age group of 80 and above yr regarding geriatric care safety measures among geriatric people.

About gender majority 60% of the respondents are Males and 40% of respondents are Females.

In relation to religion 45% of geriatric people are Hindus and 25% respondents are Muslim and 20% respondents are Sikh, remaining 10% of respondents are Christians

About the majority 65% of geriatric people had belonged to urban and 35% of respondents are from rural.

About the majority 60% of male geriatric are U.G and above, 25% are Secondary, 10% are Primary Educated and 05% not having Formal Education

About the majority 40% of Female geriatric are U.G and above, 25% are Secondary, 25% are Primary Educated and 10% not having Formal Education

About the majority of the respondents 90% of geriatric people are married and other remaining 10% of respondents are unmarried.

About the majority of the respondents 95% have disease and other remaining 5% of respondents are healthy (have no disease).

About the majority of the respondents 85% who have not previous knowledge regarding geriatric care safety measures and other remaining 15% of respondents are have knowledge regarding geriatric care measure.

About the majority of the respondents 55% are in the group of high class, 35% are in the group of middle class and 10% remaining are in the group of low class among geriatric people.

About the majority of the respondents 95% who not is getting regularly geriatric care advice and other remaining respondents 5 % get regularly geriatric care advice.

To assess the level of pre-test and post-test knowledge regarding geriatric care safety measures among geriatric people.

- Maximum 30 geriatric people had moderate level of knowledge regarding geriatric care safety measures. Followed by 70 geriatric people had Inadequate level of knowledge regarding geriatric care safety measures.
- Maximum 80 geriatric people had adequate level of knowledge regarding geriatric care safety measures. Followed by 20 geriatric people had moderate level of knowledge regarding geriatric care safety measures.

To evaluate the effectiveness of Structured Teaching Programme on knowledge regarding Geriatric Care Safety Measures among Geriatric People.

The table 2 reveals that post-test knowledge score mean of knowledge regarding geriatric care safety measures was significantly lower than the pre-test mean knowledge score with the enhancement of 19. The statistical paired 't' test for overall level of knowledge regarding geriatric care safety measures among geriatric people is found to be 13.42 that is greater than table value $p=0.00$ which implies that the difference in pre-test and post-test knowledge score is found statistically significant at 0.05 level.

H1: There was a significant difference between the pre-test knowledge and post-test level of knowledge regarding geriatric care safety measures among geriatric people. Hypothesis was tested at 0.05 levels. The 't' value of mean difference between pre-test and post-test scores was (13.42, $p<0.05$) hence the research hypothesis is accepted and null hypothesis is rejected.

To find out the association between post-test levels of knowledge regarding geriatric care safety measures among geriatric people with their selected socio-demographic variables.

- Above table 3 shows the association of association between socio-demographic variables reveals that the calculated Chi-square values with regard to, Age (-41.568, $P>0.05$), Gender (-0.78, $P>0.05$), Religion (-9.13, $P>0.05$) Place of residence (-5.109, $P>0.05$), Educational status of male (-1.936, $P>0.05$), Educational status of female (-3.287, $P>0.05$), Marital status (-0.85, $P>0.05$), Any disease (-8.921, $P>0.05$), regarding knowledge (-2.824, $P>0.05$), socio-economic status (-6.492, $P>0.05$), getting geriatric care (-8.92, $P>0.05$) are less than the table values at 0.05 level of significance at specific degrees of freedom.
- It is concluded that the demographic variables to Age, Gender, religion, Place of residence, education status of male, educational status of female, marital status, any disease, regarding knowledge, socio-economic status, getting geriatric care, Source of information are not significantly associated with post-test knowledge level of Geriatric People.
- Hence the research hypothesis H_2 is rejected and null hypothesis is accepted.

Discussion

The purpose of the study was to assess effectiveness of Structured Teaching Programme on knowledge regarding geriatric care safety measures among geriatric people of a selected PU College of Greater Noida, Uttar Pradesh. The Findings of the study were based on the statistical analysis of the collected data using paired' test and chi square test.

Conclusion

Present study was concluded that the level of knowledge regarding geriatric care safety measures among geriatric people. The finding of the study proved that the progressive Structure Teaching Programme on level on knowledge regarding geriatric care safety measures was effective in increase the level of knowledge regarding geriatric care safety measures. The study revealed that irrespective of variations in socio-demographic variables, all respondents experimental group showed increase the level of knowledge regarding geriatric care safety measures among geriatric people

Nursing Implication

The findings of the study have implications related to nursing administration. Nursing practice, Nursing Research and Nursing Education regarding the increase in level of knowledge regarding Present study was concluded that the level of knowledge regarding geriatric care safety measures among geriatric people.

Nursing Education

Nurses should have thorough knowledge regarding various aspects of health in order to provide comprehensive care to society. Nurses need to have in depth knowledge regarding behavioral problems so that they can motivate the geriatric people about management and prevention of behavioral problems. This can be done by integrating education. The findings of the study would help the nurses to develop an in-sight into the geriatric care safety measures among geriatric people.

- The study outlines, the significance of short-term courses and in-service education to equip nurses with the current knowledge on geriatric care safety measures.
- Nurse educators when planning and instructing nursing students, should provide opportunities for student to gain the knowledge in teaching students in geriatric care safety measures.
- Nursing personnel should be given in- service education to update their knowledge:
- Nurse educators when instructing the students, should provide adequate opportunity for each student.

Nursing Administration

- With technology advanced and ever-growing challenges of health needs. The college and hospital administration, have a responsibility to provide nurses, nurse educators with continuing education opportunities on geriatric care safety measures. This will enable the nurses to update their knowledge and to acquire special skills.
- The study findings will help the administrator to arrange continuing education programme for nurses regarding geriatric care safety measures. It helps to prepare adequate learning material for giving health education.
- The nurse administrator should take active part in the police making, developing protocol, standing orders related health education.

- An educational programme on geriatric care safety measures needs adequate supervision by nursing administrator motives them to carry out educative roles

Nursing Practice

- Health education is an important tool for the health care agency. It is one of the most cost effective interventions to promote healthy living. Nurses working in the community units, educational institutions as well as in the community should be equipped with knowledge on geriatric care safety measures.
- The present study has revealed that health education and counseling can be an effective method to geriatric care safety measures experienced by geriatric people. So the study carries an implication that the nurse as a service provider plays an important role in imparting knowledge helping the individual to be aware about the changes and problems occur during as geriatric age
- It is the responsibility of community health nurse to take care and reduced the prevalence of geriatric care safety measures experienced by the geriatric age group. The teaching helps to improve the knowledge and there by changes their behavior.

Limitations

- The sample size was limited to 100 geriatric people of .
- The sample were selected PU students.

Recommendation

- The same study can be replicated on a larger sample and also at different settings.
- A comparative study can be done between rural and urban geriatric people.
- A descriptive study on assessing the knowledge and attitude of geriatric people on the geriatric care safety measures and its management can be done.
- The effectiveness of various methods of teaching like interactive video and audio programmed instructions, self-instructional module about geriatric care safety measures, in implementing the knowledge and attitude of geriatric people and their practice can be tested and evaluated through the research.

ACKNOWLEDGEMENT

I owe my success to Almighty for his blessing & giving me the endurance with good, in bringing this dissertation to accomplish. The whole process of completion was an interesting experience. I have overcome all the hurdles with the help of a number of professionals who have had their expertise in the field. And I would like to take this opportunity to thank them as a token of gratitude for rendering their valuable guidance throughout these periods.

I owe my deepest gratitude to Prof. Mr. Pravin Prakash, Principal & Professor, Metro College of Nursing, Greater Noida; for providing me the opportunity to undertake this study & granting the necessary administrative permission.

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Sincere thanks to all faculty of Metro College of Nursing, Greater Noida for their valuable suggestions during every phase of this study.

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