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A Study to Assess The Effectiveness of Family Focused Nursing Interventions on Knowledge and Functional Health Problems among older Adults and Their Caregivers at Selected Rural Community Setting (Part 2)

Ms. Nisha Verma, Ph.D Scholar,
Dr. Khem Chand, Professor,
Department Of Community Health Nursing, DBU, Mandi Gobindgarh
nishasingh4686@gmail.com

ABSTRACT:

Normal aging brings about certain changes that are both inevitable and irreversible. These changes due to ageing are partially responsible for the increased risk of developing health related problems within the elderly population. With this aim, the study was conducted to evaluate the effectiveness of family focused nursing interventions on knowledge and functional health problems among older adults and their caregivers at selected rural community setting. Quantitative approach with a Pre Experimental One Group Pre-test Posttest Research Design was used. By using probability simple random sampling technique, 135 older adults and their caregivers were selected from village Hazara and Jandu Singha, Distt. Jalandhar Punjab in the month of July 2023. The data were collected using the performa for selected socio-demographic variables and Modified Fulmer SPICES (Sleep disturbances, Problems with eating, Incontinence, Confusion, Evidence of fall and Skin breakdown) Screening tool among the older adults and Structured Interview Schedule (Checklist) regarding knowledge on Functional Health Problems among caregivers. Findings of the study revealed that maximum 44 (32.6%) of older adults were between age group of 60-65 years, 73 (54.1%) of were males, 47 (34.8%) were Hindus, 85 (63%) were non vegetarian, maximum 93 (68.9%) were married, 81 (60%) had primary level of education, 89 (65.9%) of older adults were unemployed, 76 (56.3%) belonged to joint family, 48 (35.6%) had ≥ 8 family members and majority 85 (63%) had monthly income between Rs. 20,001/- to 30,000/-. Among caregivers, maximum 42 (31.1%) of caregivers of older adults were between age group of 26-30 years, 71 (52.6%) were males, 63 (46.7%) were graduated and above, 88 (66.2%) were government employees, 85 (63%) had monthly income between Rs. 20,001/- to 30,000/-, 70 (51.9%) of caregivers spend 5-6 hours with older adults, and 106 (78.5%) caregivers were unmarried. Among the older adults, the mean pre-test score of the functional health problems was high (98.43±4.932) whereas mean post-test score for the same group was less (84.11±3.029). Calculated paired 't' value ($t_{(0.05)}$ = 29.095, <0.001) of experimental group shows highly significant at 0.05 level. Hence, the research hypothesis was accepted. After the administration of family focused nursing intervention among the caregivers, the mean pre-test functional health problems score was less (5.78±3.014) whereas mean post-test functional health problems score for the same group was high (14.8±3.289). Calculated paired 't' value ($t_{(0.05)}$ = 24.442, <0.001) shows highly significant at 0.05 level. Hence, the research hypothesis was accepted. There was no association of pre-test functional health problems with the socio-demographic variables among older adults with their socio- demographic variables such as age, gender, educational status, occupational status, family income per month, duration of time spending with older adults and marital status. There was no association of pre-test knowledge scores with age, gender, educational status, occupational status, family income per month, duration of time spending with older adults and marital status among the caregivers. Hence, it was concluded that family focused

nursing intervention was an effective intervention in increasing the level of knowledge regarding functional health problems among caregivers to a great extent.

Keywords: Family focused nursing intervention, functional health problems.

INTRODUCTION:

Living is a process of continual change which consists of three phases in a human's life. They are childhood, middle age and old age. Childhood is a wonderful period and youth is considered to be an energetic phase. The charm of this phase starts getting vanished as the individual transits from the middle age towards the old age. Elderly (or) Geriatrics (or) older adults consist of age nearing (or) surpassing the average life span of human being. The Government of India adopted National policy on older person in January 1999. The National policy defines senior citizen (or) elderly (or) older adults as a person who is of age 60 years (or) above. [1]

Normal aging brings about certain changes that are both inevitable and irreversible. These changes due to ageing are partially responsible for the increased risk of developing health related problems within the elderly population. The prevalent problems experienced by the older adult includes sleep disorders, problems with eating or feeding , incontinence, confusion, depression, evidence of fall and skin break down. Falls and sleep disorders are the major problems among the older adults. These are the important causes of morbidity and mortality among older adults and predictor of poor physical and cognitive status.[2]

The majority of health problems that are been faced by older persons are the result of risk factors such as smoking, lack of physical activity and unhealthy diets. Maintaining an active lifestyle is one of the most cost effective ways to stay healthy. An active lifestyle means older persons continue to participate in social, economic, cultural, spiritual and civic affairs. Longer life is a benefit to individual and community only if the quality of life is maintained.[3]

OBJECTIVES OF THE STUDY:

1. To assess and compare the pre and post test level of functional health problems among older adults.
2. To assess and compare the pre and post test level of knowledge on functional health problems among caregivers in experimental group.
3. To administer and assess the effectiveness of family focused nursing interventions on functional health problems among older adults.
4. To assess the effectiveness of family focused nursing interventions on level of knowledge on functional health problems among caregivers.
5. To determine the association between pre-test level of functional health problems with the selected socio-demographic variables among older adults.
6. To determine the association between the pre-test level of knowledge regarding functional health problems with the socio-demographic variables among caregivers.

MATERIALS AND METHODS:

A Pre- Experimental one group pre test post test research design was used for the study. The non-probability simple random sampling technique was used and 135 older adults and their caregivers were taken as sample from village Hazara and Jandu Singha, Distt. Jalandhar Punjab in the month of July 2023. The data were collected using the performa for selected socio-demographic variables and Modified Fulmer SPICES (Sleep disturbances, Problems with eating, Incontinence, Confusion, Evidence of fall and Skin breakdown)

Screening tool among the older adults and Structured Interview Schedule (Checklist) regarding knowledge on Functional Health Problems among caregivers. The tools were validated by experts. Reliability of tool was established through split half method by computing Karl Pearson's coefficient of correlation which was found reliable (r=0.86). The pretest level of functional health problems was assessed by using Modified Fulmer SPICES (Sleep disturbances, Problems with eating, Incontinence, Confusion, Evidence of fall and Skin breakdown) Screening tool among the older adults and Structured Interview Schedule (Checklist) regarding knowledge on Functional Health Problems among caregivers. Then post test was conducted by using the same tool after the administration of family focused nursing intervention. The data analysis was done by using both descriptive and inferential statistics.

PROBLEM STATEMENT

A study to assess the effectiveness of family focused nursing interventions on knowledge and functional health problems among older adults and their caregivers at selected rural community setting

RESULTS AND DISCUSSION:

Table1a:Distribution of older adults according to their socio-demographic variables.

N=135

Variables	Opts	Frequency	Percentage
Age	60-65 years	44	32.6%
	66-70 years	42	31.1%
	71-75 years	25	18.5%
	≥76 years	24	17.8%
Gender	Male	73	54.1%
	Female	62	45.9%
	Other	0	0.0%
Religion	Hindu	47	34.8%
	Muslim	41	30.4%
	Sikh	12	8.9%
	Christian	35	25.9%
Dietary pattern	Vegetarian	50	37.0%
	Non- Vegetarian	85	63.0%
Marital status	Married	93	68.9%
	Unmarried	20	14.8%
	Widow	17	12.6%
	Divorced	5	3.7%
Educational Status	No formal education	23	17.0%
	Primary education	81	60.0%
	Secondary education	12	8.9%
	Graduation and above	19	14.1%
Occupational status	Unemployed	89	65.9%
	Private employee	8	5.9%
	Government employee	38	28.1%
	Self employed	0	0.0%
	Joint Family	76	56.3%

Type of family	Nuclear Family	59	43.7%
Family size	≤3 members	30	22.2%
	4-5 members	30	22.2%
	6-7 members	27	20.0%
	≥8 members	48	35.6%
Family monthly income	≤10,000/-	7	5.2%
	10,001/- to 20,000/-	27	20.0%
	20.001/- to 30,000/-	85	63.0%
	≥30,001/-	16	11.9%

Table 1 denotes that shows the distribution of primipara mothers according to their socio- demographic variables such as age, gender, religion, dietary pattern, marital status, educational status, occupational status, type of family, family size and family income per month.

- According to age, maximum 44 (32.6%) of older adults were between age group of 60-65 years, 42 (31.1%) were in 66-70 years, 25 (18.5%) were in 71-75 years of age group, 24 (17.8%) belonged to ≥76 years of age group.
- According to gender, majority 73 (54.1%) of older adults were males and only 62 (45.97%) were females.
- According to religion, maximum 47 (34.8%) of older adults belonged to Hindu religion, 41 (30.4%) were Muslims, 35 (25.9%) were Christians and only 12 (8.9%) were Sikhs.
- According to dietary pattern, majority 85 (63%) of older adults were non vegetarian whereas only 50 (37%) were vegetarian.
- According to marital status, maximum 93 (68.9%) of older adults were married, 20 (14.8%) were unmarried, 12 (12.6%) were widows and only 5 (3.7 %) were divorced.
- According to educational status, majority 81 (60%) of older adults had primary level of education whereas 23 (17%) had no formal education, 19 (14.1%) were graduated and above and only 12 (8.9%) had secondary level of education.
- According to occupational status, majority 89 (65.9%) of older adults were unemployed, 38 (28.1%) were government employees, only 08 (5.9%) older adults were private employees and none of them were self employed.
- According to type of family, maximum 76 (56.3%) of older adults belonged to joint family whereas only 59 (43.7 %) belonged to nuclear family.
- According to family size, majority 48 (35.6%) of older adults had ≥ 8 members, whereas 30 (22.2%) had ≤3 members in their family and also 30 (22.2%) had 4-5 members in their family and only 27 (20%) had 6-7 family members.
- According to family income per month, maximum 85 (63%) had monthly income between Rs. 20,001/- to 30,000/-, 27 (20%) had their monthly income between Rs. 10.001/- to 20,000/-, 16 (11.9%) had their monthly income ≥Rs.30,001/-, only 7 (5.2%) had their monthly income below Rs. 10.000/-.

Table1b:Distribution of caregivers according to their socio-demographic variables.

N=135

Variables	Opts	Frequency	Percentage

Age	21-25 years	41	30.4%
	26-30 years	42	31.1%
	31-35 years	26	19.3%
	≥36 years	26	19.3%
Gender	Male	71	52.6%
	Female	64	47.4%
	Other	0	0.0%
Educational Status	No formal education	22	16.3%
	Primary education	21	15.6%
	Secondary education	29	21.5%
	Graduation and above	63	46.7%
Occupational status	Unemployed	14	10.4%
	Private employee	33	24.4%
	Government employee	88	65.2%
	Self employed	0	0.0%
Family monthly income	≤10,000/-	7	5.2%
	10,001/- to 20,000/-	27	20.0%
	20.001/- to 30,000/-	85	63.0%
	≥30,001/-	16	11.9%
Duration of time spending with older adults.	≤ 2 hours	39	28.9%
	3-4 hours	11	8.1%
	5-6 hours	70	51.9%
	≥7 hours	15	11.1%
Marital Status	Married	26	19.3%
	Unmarried	106	78.5%
	Widow	1	0.7%
	Divorced	2	1.5%

Table 1b denotes that shows the distribution of caregivers of the older adults according to their socio-demographic variables such as age, gender, educational status, occupational status, family income per month, duration of time spending with older adults and marital status.

- According to age, maximum 42 (31.1%) of caregivers of older adults were between age group of 26-30 years, 41 (30.4%) were in 21-25 years, whereas 26 (19.3%) belonged to 31-35 years and also ≥36 years of age group.
- According to gender, majority 71 (52.6%) of caregivers of older adults were males and only 64 (47.4%) were females.
- According to educational status, majority 63 (46.7%) of caregivers were graduated and above whereas 29 (21.5%) had secondary level of education, 22(16.3%) no formal education and only 21 (15.6%) had primary level of education.
- According to occupational status, majority 88 (66.2%) of caregivers of older adults were government employees whereas 33 (24.4%) were private employees, 14 (10.4%) were unemployed and none of them were self employed.
- According to family income per month, maximum 85 (63%) of caregivers had monthly income between Rs. 20,001/- to 30,000/-, 27 (20%) had their monthly income between Rs. 10.001/- to 20,000/-, 16 (11.9%) had their monthly income ≥Rs.30,001/- and only 7 (5.2%) had their monthly income below Rs. 10.000/-.

- According to duration of time spending with older adults, maximum 70 (51.9%) of caregivers spend 5-6 hours with older adults whereas 39 (28.9%) spend ≤2 hours, 15 (11.1%) spend ≥7 hours with older adults and only 11 (8.1%) spend 3-4 hours with older adults.
- According to marital status, maximum 106 (78.5%) of caregivers were unmarried, 26 (19.3%) were married, 2 (1.5%) were divorced and only 1(0.7%) was widow.

Table 2a: Comparison of the pre and post test level of functional health problems among older adults. N=135

SCORE LEVEL		PRE TEST		POST TEST	
		f	(%)	f	(%)
MILD.	**(28-56)**	0	(0%)	0	(0%)
MODERATE.	**(57-84)**	4	(3%)	72	(53.3%)
SEVERE.	**(85-112)**	131	(97%)	63	(46.7%)

Maximum Score=112 Minimum Score=28

Table 2a denotes the comparison of pre-test and post- test level of functional health problems among older adults.

In pre-test, 131 (97%) older adults suffered from severe level of functional health problems whereas only 4 (3 %) older adults had moderate level of functional health problems and none of them had mild level of functional health problems. By conducting post-test in same group, it was seen that 72 (53.3%) older adults had moderate level of functional health problems whereas 63 (46.7%) older adults had severe level of functional health problems. While none of them had mild level of functional health problems.

It was found that in the pre-test level of functional health problems, majority of older adults suffered from severe level of functional health problems whereas in posttest, the majority had moderate level of functional health problems. Hence, it reveals that the family focused nursing intervention was effective to reduce the level of functional health problems from severe to moderate among the older adults.

Table 2b: Comparison of the pre and post test level of Knowledge on functional health problems among caregivers. N=135

SCORE LEVEL		PRE TEST		POST TEST	
		f	(%)	f	(%)
INADEQUATE	**(0-7)**	85	(63%)	5	(3.7%)
MODERATE	**(8-13)**	50	(37%)	34	(25.2%)
ADEQUATE	**(14-20)**	0	0%)	96	(71.1%)

Maximum Score=20 Minimum Score=0

Table 2b denotes the comparison of pre-test and post- test level of knowledge on functional health problems among caregivers.

In pre-test, 85 (63%) caregivers had inadequate level of knowledge on functional health problems whereas only 50 (37%) caregivers had moderate level of knowledge and none of them had adequate level of knowledge on functional health problems. By conducting post-test in the same group, it was seen that 96 (71.1%) caregivers had adequate level of knowledge on functional health problems whereas remaining 34

(25.2%) caregivers had moderate level of knowledge on functional health problems. While none of them had inadequate level of knowledge on functional health problems.

It was found that in the pre-test level of knowledge on functional health problems, majority of caregivers had inadequate level of knowledge on functional health problems whereas in posttest, the majority had adequate level of knowledge on functional health problems and none of them had inadequate level of knowledge. Hence, it reveals that the family focused nursing intervention was effective to enhance the level of knowledge regarding functional health problems to great extent among the caregivers of the older adults.

Table 3a: Effectiveness of family focused nursing interventions on functional health problems among older adults. N=135

Paired T Test	Mean±S.D.	Mean%	Mean Diff.	Paired T Test	P value	Table Value at 0.05
PRETEST HEALTH PROBLEMS	98.43±4.932	87.90	-14.320	29.095 *Sig	<0.001	1.98
POSTTEST HEALTH PROBLEMS	84.11±3.029	75.10				

** Significance Level 0.05 Maximum=112 Minimum=28

Table 3a summarizes the paired 't' test analysis of pre-test and post-test level of functional health problems after the administration of family focused nursing intervention among the older adults. The mean pre-test pain score of the experimental group was high (98.43±4.932) whereas mean post-test pain score for the same group was less (84.11±3.029). Calculated paired 't' value ($t_{(0.05)}$ = 29.095, <0.001) of experimental group shows highly significant at 0.05 level. Hence, the research hypothesis was accepted. Thus, it can be concluded that family focused nursing intervention was an effective intervention in decreasing the functional health problems among older adults to some extent.

Table 3b: Effectiveness of family focused nursing interventions on functional health problems among caredgivers. N=135

Paired T Test	Mean±S.D.	Mean%	Mean Diff.	Paired T Test	P value	Table Value at 0.05
PRETEST KNOWLEDGE	5.78±3.014	28.90	9.020	24.442 *Sig	<0.001	1.98
POSTTEST KNOWLEDGE	14.8±3.289	74.00				

** Significance Level 0.05 Maximum=20 Minimum=0

Table 3b summarizes the paired 't' test analysis of pre-test and post-test level of knowledge regarding functional health problems after the administration of family focused nursing intervention among the caregivers. The mean pre-test pain score of the experimental group was less (5.78±3.014) whereas mean post-test pain score for the same group was high (14.8±3.289). Calculated paired 't' value ($t_{(0.05)}$ = 24.442, <0.001) of experimental group shows highly significant at 0.05 level. Hence, the research hypothesis was accepted. Thus, it can be concluded that family focused nursing intervention was an effective intervention

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in increasing the level of knowledge regarding functional health problems among caregivers to a great extent.

Table 4a: Association between the pre-test functional health problems with the socio-demographic variables among older adults N=135

Variables	Opts	SEVERE	MODERATE	MILD	Chi Test	P Value	df	Table Value	Result
Age	60-65 years	42	2	0	2.352	0.503	3	7.815	Not Significant
	66-70 years	40	2	0					
	71-75 years	25	0	0					
	≥76 years	24	0	0					
Gender	Male	70	3	0	0.727	0.394	1	3.841	Not Significant
	Female	61	1	0					
	Other	0	0	0					
Religion	Hindu	45	2	0	0.680	0.878	3	7.815	Not Significant
	Muslim	40	1	0					
	Sikh	12	0	0					
	Christian	34	1	0					
Dietary pattern	Vegetarian	48	2	0	0.297	0.586	1	3.841	Not Significant
	Non- Vegetarian	83	2	0					
Marital status	Married	91	2	0	1.159	0.763	3	7.815	Not Significant
	Unmarried	19	1	0					
	Widow	16	1	0					
	Divorced	5	0	0					
Educational Status	No formal education	22	1	0	2.006	0.571	3	7.815	Not Significant
	Primary education	79	2	0					
	Secondary education	11	1	0					
	Graduation and above	19	0	0					
Occupational status	Unemployed	87	2	0	1.102	0.576	2	5.991	Not Significant
	Private employee	8	0	0					
	Government employee	36	2	0					
	Self employed	0	0	0					
Type of family	Joint Family	75	1	0	1.641	0.200	1	3.841	Not Significant
	Nuclear Family	56	3	0					
Family size	≤3 members	29	1	0	2.914	0.405	3	7.815	

	4-5 members	30	0	0					Not Significant
	6-7 members	25	2	0					
	≥8 members	47	1	0					
Family monthly income	≤10,000/-	7	0	0	2.425	0.489	3	7.815	Not Significant
	10,001/- to 20,000/-	27	0	0					
	20.001/- to 30,000/-	81	4	0					
	≥30,001/-	16	0	0					

- According to age, the obtained chi square value ($\chi^2_{(3, 0.05)}$ = 2.352, 0.503) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of functional health problems with age among older adults.
- According to gender, the obtained chi square value ($\chi^2_{(1, 0.05)}$ = 0.727, 0.394) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of functional health problems with gender among older adults.
- According to religion, the obtained chi square value ($\chi^2_{(3, 0.05)}$ = 0.680, 0.878) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of functional health problems with religion among older adults.
- According to dietary pattern, the obtained chi square value ($\chi^2_{(1, 0.05)}$ = 0.297, 0.586) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of functional health problems with dietary pattern among older adults.
- According to marital status, the obtained chi square value ($\chi^2_{(3, 0.05)}$ = 1.159, 0.763) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of functional health problems with marital status among older adults.
- According to educational status, the obtained chi square value ($\chi^2_{(3, 0.05)}$ = 2.006, 0.571) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of functional health problems with educational status among older adults.
- According to occupational status, the obtained chi square value ($\chi^2_{(2, 0.05)}$ = 1.102, 0.576) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of functional health problems with occupational status among older adults.
- According to type of family, the obtained chi square value ($\chi^2_{(1, 0.05)}$ = 1.641, 0.200) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of functional health problems with type of family among older adults.
- According to family size, the obtained chi square value ($\chi^2_{(3, 0.05)}$ = 2.914, 0.405) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of functional health problems with family size among older adults.

- According to family income per month, the obtained chi square value ($\chi^2_{(3, 0.05)}$ = 2.425, 0.489) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of functional health problems with family income per month among older adults.

Table 5: Association of pretest knowledge scores with selected socio-demographic variables among caregivers. N=135

Variables	Opts	ADEQUATE KNOWLEDGE	MODERATE KNOWLEDGE	INADEQUATE KNOWLEDGE	Chi Test	P Value	df	Table Value	Result
Age	21-25 years	0	16	25	0.692	0.875	3	7.815	Not Significant
	26-30 years	0	14	28					
	31-35 years	0	9	17					
	≥36 years	0	11	15					
Gender	Male	0	29	42	0.931	0.335	1	3.841	Not Significant
	Female	0	21	43					
	Other	0	0	0					
Educational Status	No formal education	0	9	13	0.902	0.825	3	7.815	Not Significant
	Primary education	0	9	12					
	Secondary education	0	9	20					
	Graduation and above	0	23	40					
Occupational status	Unemployed	0	5	9	2.494	0.287	2	5.991	Not Significant
	Private employee	0	16	17					
	Government employee	0	29	59					
	Self employed	0	0	0					
Family monthly income	≤10,000/-	0	2	5	5.129	0.163	3	7.815	Not Significant
	10,001/- to 20,000/-	0	11	16					
	20.001/- to 30,000/-	0	35	50					
	≥30,001/-	0	2	14					
Duration of time spending with older adults.	≤ 2 hours	0	10	29	3.142	0.370	3	7.815	Not Significant
	3-4 hours	0	5	6					
	5-6 hours	0	29	41					
	≥7 hours	0	6	9					
Marital Status	Married	0	11	15	3.250	0.355	3	7.815	Not Significant
	Unmarried	0	38	68					
	Widow	0	1	0					
	Divorced	0	0	2					

- According to age, the obtained chi square value ($\chi^2_{(3, 0.05)}$ = 0.692, 0.875) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of knowledge regarding functional health problems with age among caregivers.
- According to gender, the obtained chi square value ($\chi^2_{(1, 0.05)}$ = 0.931, 0.335) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of knowledge regarding functional health problems with gender among caregivers.
- According to educational status, the obtained chi square value ($\chi^2_{(3, 0.05)}$ = 0.902, 0.825) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of knowledge regarding functional health problems with educational status among caregivers.
- According to occupational status, the obtained chi square value ($\chi^2_{(2, 0.05)}$ = 2.494, 0.283) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of knowledge regarding functional health problems with occupational status among caregivers.
- According to family income per month, the obtained chi square value ($\chi^2_{(3, 0.05)}$ = 5.129, 0.163) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of knowledge regarding functional health problems with family income per month among caregivers.
- According to duration of time spending with older adults, the obtained chi square value ($\chi^2_{(3, 0.05)}$ = 3.142, 0.370) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of knowledge regarding functional health problems with duration of time spending with older adults among caregivers.
- According to marital status, the obtained chi square value ($\chi^2_{(3, 0.05)}$ = 3.250, 0.355) was higher at 0.05 level of significance. Hence, the research hypothesis was rejected. So, it was concluded that there was no association between pre-test level of knowledge regarding functional health problems with marital status among caregivers.

RECOMMENDATIONS:

Based on the results of study, the recommendations made were:

- The study can be replicated on a large sample to validate and generalize its findings.
- Similar studies can be conducted on older adults regarding functional health problems in selected hospital(s).
- A descriptive study can be conducted to assess the knowledge and attitude of caregivers regarding functional health problems in selected villages (s).
- A study can be conducted to assess the attitude and level of satisfaction of family focused nursing interventions regarding Functional health problems in selected hospital(s) or community setting.

CONCLUSION:

Based on the findings the following conclusions were drawn. In pre-test, the older adults suffered from severe level of functional health problems whereas in post-test in same group, it was seen that the older

adults had moderate level of functional health problems. While none of them had mild level of functional health problems. In pre-test level of knowledge on functional health problems, majority of caregivers had inadequate level of knowledge on functional health problems whereas in posttest, the majority had adequate level of knowledge on functional health problems and none of them had inadequate level of knowledge. There was no association of pre-test functional health problems with the socio-demographic variables among older adults with their socio- demographic variables such as age, gender, educational status, occupational status, family income per month, duration of time spending with older adults and marital status. There was no association of pre-test knowledge scores with age, gender, educational status, occupational status, family income per month, duration of time spending with older adults and marital status among the caregivers. Hence, it was concluded that family focused nursing intervention was an effective intervention to reduce the level of functional health problems to some extent and in increasing the level of knowledge regarding functional health problems among caregivers to a great extent.

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