

A Study to Assess the Effectiveness of an Information Booklet on Caretakers' Knowledge of Selected Common Geriatric Problems and Their Management in the Geriatric Wards of SAIMS Hospital, Indore (M.P.)

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Abstract

Caretakers play a vital role in supporting older adults, identifying early health problems, and ensuring adherence to treatment plans, yet many lack adequate knowledge about common geriatric issues such as falls, polypharmacy, dementia, incontinence and nutritional needs. This study evaluated the effectiveness of an information booklet designed to improve caretakers' understanding of these problems and their basic management in the geriatric wards of SAIMS Hospital. A quasi-experimental one-group pre-test post-test design was adopted, and caretakers of hospitalized older adults were selected through convenience sampling. Baseline knowledge was assessed using a validated structured questionnaire, after which participants received a culturally appropriate, illustrated information booklet along with a brief orientation session. Knowledge was reassessed after 7–14 days using the same tool. Statistical analysis with appropriate paired tests demonstrated a significant improvement in overall knowledge scores following the intervention ($p < 0.05$). Notable gains were seen in areas such as fall prevention, safe medication practices, recognition of cognitive changes, and nutrition and hydration management. Most caretakers reported that the booklet was easy to understand and helpful for daily caregiving. The findings suggest that a simple, low-cost information booklet is an effective method to enhance caretakers' knowledge of common geriatric problems and their management. Routine use of such educational tools in geriatric wards may contribute to better caregiving practices and

Article History

Received Date: Jan 19, 2026

Published Date: Feb 07, 2026

improved patient outcomes, and further research with stronger study designs is recommended.

Keywords: Caretakers, Caregiver Education, Fall Prevention, Geriatrics, Geriatric Problems, Information Booklet, Medication Management

INTRODUCTION

Geriatric care is a specialized domain of healthcare that focuses on meeting the physical, psychological, and social needs of the ageing population. Advancing age is commonly associated with progressive functional decline, cognitive impairment, and social vulnerabilities, which require holistic, individualized, and multidisciplinary care approaches. The fundamental aim of geriatric care is to optimize health outcomes, enhance overall well-being, and effectively manage age-related conditions, thereby supporting older adults in maintaining independence, dignity, comfort, and quality of life. In Europe, approximately 30.8 million individuals currently depend on long-term care services, a number projected to increase to nearly 38 million by the year 2050. Concurrently, healthcare systems are expected to encounter substantial workforce constraints, with an estimated shortage of 2.3 million nurses anticipated by 2030. Demographic projections further suggest that by 2080, the population aged 80 years and above will expand by nearly 2.5 times. A significant proportion of dependent older adults suffer from chronic conditions such as arthritis, sensory impairments, and other long-term illnesses. Additionally, comorbidities including a history of myocardial infarction, congestive heart failure, cardiac arrhythmias, renal failure, and chronic pulmonary disease are associated with an increased risk of mortality among nursing home residents.

With the ongoing demographic transition in India, the proportion of the elderly population is projected to increase to approximately 12% of the total population by 2025. This rapid growth of the ageing population presents significant social and economic challenges and places considerable pressure on the healthcare system, particularly due to a pronounced shift toward chronic non-communicable diseases. Additionally, changing social dynamics—including declining family size, increased workforce participation of women who traditionally provided elder care, rapid urbanization, and the growing prevalence of nuclear families necessitate greater attention to geriatric concerns

encompassing both medical and socio-economic dimensions. The elderly population in India is highly heterogeneous, exhibiting substantial variation in health status influenced by factors such as gender, place of residence, and socioeconomic conditions, alongside extensive cultural and religious diversity. Notably, nearly 65% of older adults reside in rural areas and are often illiterate and economically dependent. These realities underscore the urgent need to address the complex medical and socio-economic challenges faced by this vulnerable group and to implement strategies that promote healthy and dignified ageing.

REVIEW & LITERATURE

Dipti Govil, & Harihar Sahoo (2024) This section seeks to examine the elderly caregiving process in India from the perspectives of both older adults and working women caregivers, with particular emphasis on the challenges encountered and the coping strategies employed during caregiving. In-depth interviews were conducted with 48 participants, comprising care providers and care recipients, drawn from 25 multigenerational households in the slum areas of Mumbai. The qualitative data were analysed using QSR NVivo version 10. Findings revealed that working women caregivers simultaneously managed the care needs of dependent elderly individuals while fulfilling household responsibilities and engaging in paid employment. However, discrepancies were often observed between the care expected or demanded by the elderly and the care actually delivered by caregivers. In the absence of adequate support systems and time, caregivers frequently experienced silent suffering manifested as poor social, physical, and emotional well-being. In some instances, physical exhaustion and emotional strain led caregivers to unintentionally engage in neglectful or abusive behaviours toward the elderly. Despite these challenges, caregiving was characterized by a bidirectional exchange of support, with elderly individuals contributing through childcare, household assistance, and financial support. Although caregiving imposed considerable strain on working women caregivers, strong family bonds,

recognition of the elderly's past contributions, and a desire to model caregiving responsibilities for the younger generation motivated caregivers to continue fulfilling their roles. Acceptance of their circumstances emerged as the primary coping strategy for both caregivers and care recipients.

Mohammad ZakariaKiaei, Rohollah Kalhor 2023,

Developing a structured framework to enhance elderly participation in Primary Health Care (PHC) is crucial in the context of a rapidly ageing population. This mixed-methods study examined the extent of elderly involvement in PHC services across health complexes in Tabriz City and proposed a participatory framework to strengthen their engagement. The study commenced with a comprehensive review of international models of elderly participation in PHC, followed by a qualitative exploration of perceived barriers and facilitators. Data were collected through three focus group discussions comprising 8–10 participants each and seven in-depth individual interviews with elderly individuals and healthcare providers in Iran. Qualitative data were analysed using content analysis. The proposed framework was subsequently developed through an expert panel and validated using the Delphi technique involving 11 subject experts. Validation employed the Content Validity Index and modified kappa coefficient to ensure rigor. Findings from the systematic review classified existing participation models into five key domains: characteristics of service users, intervention facilitators, ownership of care centers, areas of participation, and participatory methods. Challenges and corresponding solutions identified in the qualitative phase were organized into 12 themes and 46 sub-themes. The finalized framework encompassed five overarching components, focusing on strategies to promote elderly participation, indicators and outcomes of participation, implementation strategies for elderly care, supporting infrastructure, and the goals and domains of elderly engagement in PHC.

Flynn and Dobson (2021) The COVID-19 pandemic has been shown to exert substantial short- and long-term negative effects on the well-being of older adults. Physical distancing measures, while necessary to limit viral transmission, have intensified social isolation and loneliness, which are strongly associated with adverse outcomes such as anxiety, depression, cognitive decline, and increased mortality. A narrative review synthesized existing evidence on remotely delivered interventions—

including community-based initiatives and professional mental health services—aimed at alleviating loneliness and psychological distress among older adults. The review also offered practical recommendations to overcome implementation barriers across diverse living environments.

Arlene O. Awing (2021) Family caregivers play a key role in geriatric care, especially during the COVID-19 pandemic when elderly individuals depended largely on family support. This cross-sectional study conducted at Baguio General Hospital and Medical Center among 212 caregivers found that caregiving was mainly provided by female family members. Educational level and relationship to the patient were significantly associated with caregivers' knowledge, while relationship to the patient showed the strongest link with caregiving practices. The findings emphasize the need for structured geriatric training programs to improve caregivers' knowledge and skills for effective elderly care.

Kanika, Jyotika Sharma (2016) Ageing is a universal and natural process, and old age itself is not a disease but an inevitable stage of the human life span. It is characterized by a gradual and generalized decline in functional capacity, leading to reduced adaptability to stress and an increased susceptibility to age-related illnesses. The study adopted a quantitative research approach with a pre-experimental one-group pre-test and post-test design. It was conducted in Pakhowal village, Ludhiana, and involved 60 caregivers aged 19–50 years, who were selected using a purposive sampling technique. The findings revealed that in the pre-test, the majority of caregivers (86.66%) had an average level of knowledge. Following the intervention, the post-test results showed that more than half of the caregivers (53.33%) attained good knowledge. The improvement in knowledge scores was found to be statistically significant at the 0.05 level, indicating a significant difference between the mean pre-test and post-test knowledge scores.

METHODOLOGY

Research Design: The study will adopt an exploratory research design to examine and describe holistic health lifestyle practices among the geriatric population. This design is appropriate as it facilitates an in-depth understanding of lifestyle patterns and health-related behaviors in older adults.

Setting: The study will be conducted in selected geriatric wards and outpatient departments of SAIMS Hospital (Molak Hi-Tech Specialty

Hospital), Indore, Madhya Pradesh.

Population: The study population will comprise geriatric individuals aged 55–75 years who are either attending the outpatient departments or admitted to the geriatric wards of SAIMS Hospital.

Target Population: All geriatric patients receiving care at hospitals such as SAIMS Hospital, Indore.

Accessible Population: Geriatric patients aged 55–75 years who are admitted to selected hospitals or attending outpatient departments during the period of data collection.

Sample Size: The sample size for the study will be 60 geriatric participants.

Sampling Technique: Sampling refers to the systematic process of selecting a representative subset of the population to obtain relevant data related to the research problem. A suitable non-probability sampling technique will be employed to select participants for the study.

Variables

Dependent Variables: The condition or characteristics that appears or disappear as a result of independent variables. Hence the dependent variables are for geriatric patients of SAIMS hospital.

Independent Variables: The independent variables Is the condition or characteristics manipulate by researcher through information booklet regarding geriatric selected common problem and its management among caretakers.

Criteria for sample selection

Inclusion criteria

People who are

- Those who are between the age group of 55-75 years.
- Able to read and write Hindi and English.
- Those who are willing to participate.

Exclusion Criteria

Elderly who are

- Having hearing loss and vision impairments.
- Chronic ill and bed ridden.
- Those who are not willing to participate.
- those who are admitted in intensive care unit.

Development and Description of Tools

A structured self-report checklist was developed to assess holistic health lifestyle practices among geriatric individuals, with a focus on the prevention of Alzheimer's disease, in selected hospitals of

Indore city. In addition, an informative booklet was designed to enhance lifestyle practice scores among older adults identified as having poor holistic health practices. The booklet was developed using evidence from journals, textbooks, holistic care workbooks, and expert guidance to ensure accuracy, relevance, and applicability.

Procedure for Data Collection

A total of 60 geriatric was selected for the study; data collection was field in selected hospitals. The data is planned to be collected for a period of from

1. A prior formal permission will be obtained from concerned authority.
2. The purpose of the study will be explained.
3. Consent of the participants will be obtained to involve in the study.
4. A structured Knowledge questionnaire will be administered.
5. Administer information booklet regarding geriatric selected common problems and its management among caretakers.
6. The duration of data collection will be 30 days.

RESULTS

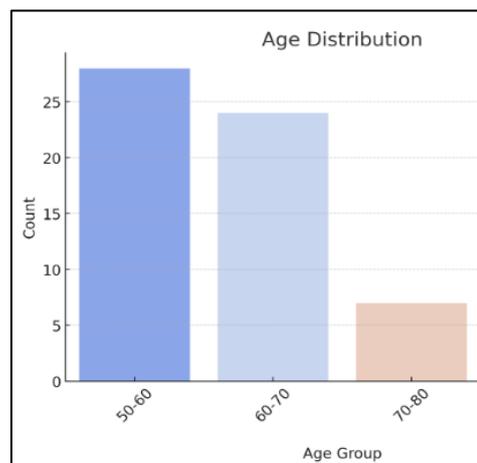


Figure 1. Age Distribution of Respondents.

The bar chart illustrates the distribution of participants across three age groups: 50–60 years, 60–70 years, and 70–80 years. The highest number of participants falls within the 50–60 years age group, indicating that this group constitutes the largest proportion of the study population. This is followed by the 60–70 years age group, which also shows a considerable representation, though slightly lower than the youngest group. In contrast, the 70–80 years age group has the lowest number of participants, reflecting minimal representation in the sample. Overall, the chart indicates that the majority of participants are below 70 years of age, with a declining trend in participation as age increases.

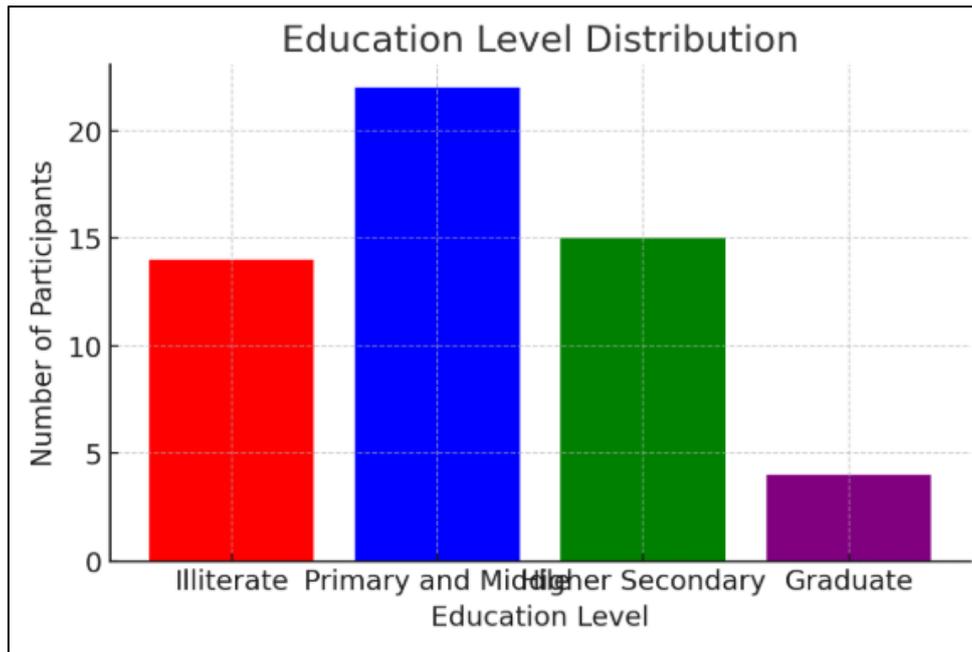


Figure 2. Education Level Distribution of Respondents.

The bar chart illustrates the educational status of the participants. Among the 55 participants, the largest group consists of those with primary and middle education (22 participants, 40%), indicating that basic formal education predominates in the study population. This is followed by participants with higher secondary education (15 participants, 27.3%). A substantial proportion of respondents are

illiterate (14 participants, 25.5%), accounting for nearly one-fourth of the sample. In contrast, only 4 participants (7.3%) are graduates, showing minimal representation of higher education. Overall, the findings reveal that most participants have attained education only up to the primary or secondary level, with very few progressing to graduation.

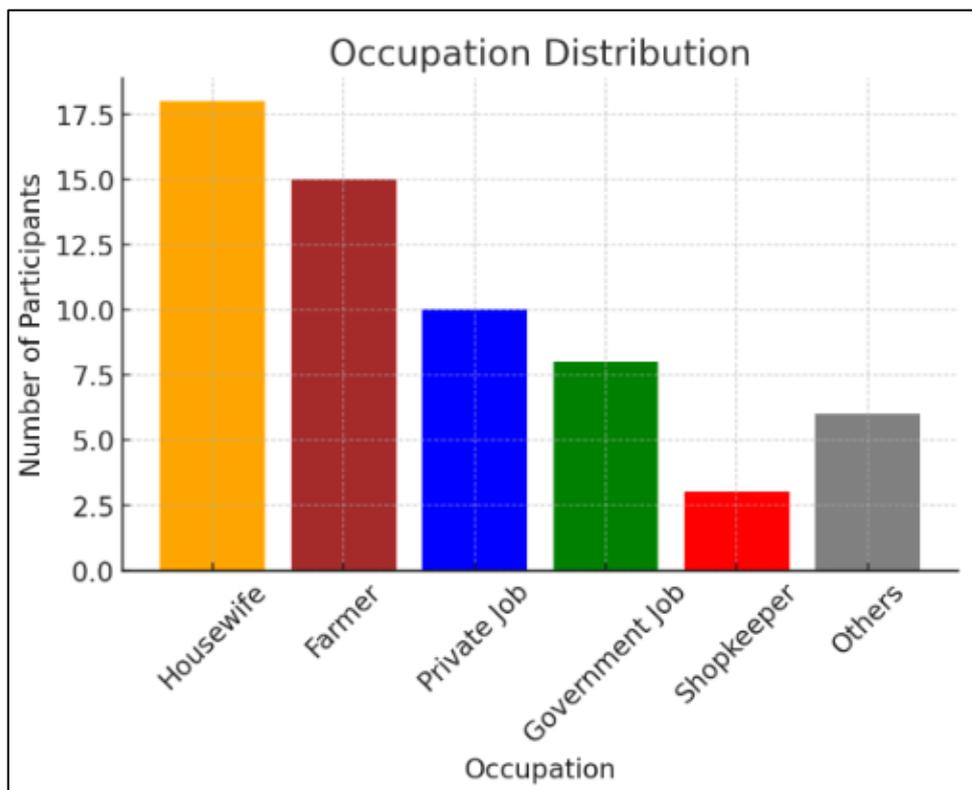


Figure 3. Occupation Distribution of Respondents.

The bar chart depicts the occupational distribution of the participants. Among the 60 participants, housewives form the largest group (18; 30%), followed by farmers (15; 25%). Participants engaged in private jobs account for 10 (16.7%), while those in government jobs constitute 8 (13.3%). The others

category includes 6 participants (10%), and shopkeepers represent the smallest group with 3 participants (5%). Overall, the findings indicate that most participants are homemakers or involved in agriculture, with fewer engaged in formal employment or business.

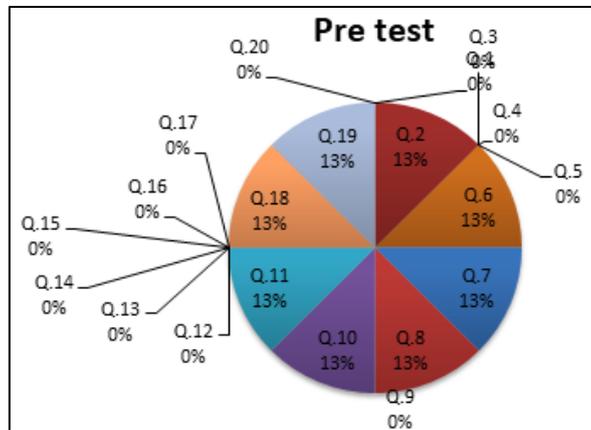


Figure 4. Pre-test Responses of Questions.

The pie chart in figure 4 illustrates the pre-test distribution of responses across 20 questions. Equal proportions of correct responses (13% each) are observed for questions Q2, Q6, Q7, Q8, Q10, Q11, Q18, and Q19, indicating uniform performance in these areas. In contrast, no correct responses (0%)

are recorded for the remaining questions (Q1, Q3, Q4, Q5, Q9, Q12–Q17, and Q20). Overall, the findings suggest limited baseline knowledge, with correct responses concentrated in only a few questions prior to the intervention.

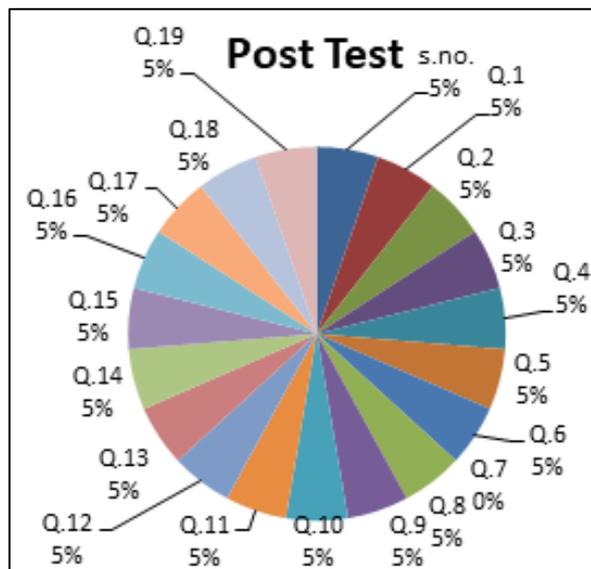


Figure 5. Post Test responses of Questions

The pie chart in figure 5 illustrates the post-test distribution of responses across 20 questions (Q1–Q20). Each question accounts for an equal proportion of 5%, indicating a uniform distribution of correct responses across all items in the post-test. This even spread suggests that participants were able to answer all questions correctly to a similar extent

after the intervention.

Final Result

The comparison of the pre-test and post-test results demonstrates a clear association between the educational intervention and improvement in

knowledge. In the pre-test, correct responses were limited to only a few questions, each contributing 13%, while the majority of questions showed 0% correct responses, indicating inadequate baseline knowledge among participants. In contrast, the post-test results show an even distribution of correct responses (5%) across all questions, reflecting a substantial improvement in participants' understanding after the intervention. This marked shift from uneven and limited pre-test performance to uniform post-test performance indicates a strong positive association between the structured teaching programme and knowledge gain. Furthermore, a positive correlation is evident between exposure to the intervention and post-test scores, as increased learning input is directly related to improved and consistent performance across all content areas. Overall, the findings suggest that the intervention was effective in enhancing knowledge, leading to improved and balanced post-test outcomes compared to the pre-test results.

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CONCLUSION

Home-based geriatric care is a sustainable and effective approach to improving the quality of life for elderly individuals. With proper medical support, social interaction, and technological advancements, aging at home can be a comfortable and dignified experience. Further policy support and awareness programs are necessary to ensure wider implementation and accessibility.

RECOMMENDATIONS

- Need for comprehensive elderly healthcare programs.
- Encouraging family involvement in geriatric care.
- Integration of modern technology for improved elderly living.
- Enhancing policy frameworks to support aging individuals.

CITE THIS ARTICLE

C. Grace Magdaline, Tulshi Shringi. A Study to Assess the Effectiveness of an Information Booklet on Caretakers' Knowledge of Selected Common Geriatric Problems and Their Management in the Geriatric Wards of SAIMS Hospital, Indore (M.P.). *Int J of Patho and Geneti of Dise in Nsg Mgt*. 2026 Feb;1(1):1-7.