



**A study to assess the effectiveness of video assisted teaching on knowledge regarding empty nest syndrome among elderly in a selected community, Bangalore**

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**Abstract**

**Background of the study:** Empty Nest Syndrome is not a mental disorder or clinical diagnosis. Instead, it is a term used to characterize the real feelings of deep sadness and loneliness that parents can feel when all of their children are grown and leave home. In clinical terms, it would be diagnosed as something called an “adjustment disorder,” falling into the same class as other life transitions such as the loss of a job, a divorce, the loss of a parent or a move to a new city. Due to lack of knowledge regarding empty nest syndrome there is risk to develop depression and anxiety whereas depression and anxiety is very common with up to almost half of the elderly patients.

**Research Methodology:** Quasi Experimental – one group pre-test and posttest design was adapted and simple random sampling technique was used to select 60 elderly as samples in selected rural area, Kommaghatta, Bengaluru. The data was collected using structured questionnaire to assess the knowledge

regarding empty nest syndrome. Based on the objectives and hypothesis the data was analyzed by using various statistical tests.

**Results:** The findings revealed that majority of elderly in pre-test (93.3%) had inadequate knowledge whereas in posttest (86.7%) of elderly had moderately adequate knowledge.

**Interpretation and Conclusion:** The study concluded that the video assisted teaching was effective in improving the knowledge regarding empty nest syndrome among elderly.

**Keywords :** Effectiveness, Knowledge, Video assisted teaching, Empty nest syndrome, Elderly.

**Introduction**

‘Empty nest syndrome’ is a persistent and pervasive feeling of loneliness, sadness, and or grief that parents and or other guardian relatives may undergo when their children leave home. Current day India is witnessing such issues more than any other sections of its history. In comparison to the aging population in general,

empty-nest older adults have a lower level of subjective well-being and poorer mental health status due to a lack of emotional support from their children. The term “empty nest syndrome” was first introduced in 1914 by writer Dorothy Canfield. The term clinically identified and popularized in 1970’s. The period when child leave parental home is considered by many parents as normative event. This is a developmental phase faced by many parents in midlife. When child leave home, it is a significant event for both parents as well as child. Both are entering the new phase of life. Empty nest syndrome can have a significant impact on parent’s health and relationship. Empty nest syndrome occurs as a result of urbanization and loosened relationships among family members. It may threaten the life quality of older adults and stability of society as a whole. Life can be full of unexpected changes, but transitioning from full house to empty nest is one that all parents know will eventually come. All parents are susceptible to have empty nest syndrome although some factors can create predisposition to it. Such factors include unstable or unsatisfactory marriage life, difficulty accepting change in general. The adult who are dealing with other stressful life events such as menopause, the death of spouse or retirement are also more likely to experience the syndrome. Various challenges faced by parents experiencing empty nest syndrome include: Establishing a new kind of relationship with their adult children, becoming a couple again, after years of sharing the home with children, Filling the void in the daily routine created by absent children, Lack of sympathy or understanding from others, who consider children moving out to be a normal, healthy event. Psychotherapy is beneficial when managing the symptoms. One of the easiest ways for parents to cope with empty nest syndrome is to keep contact with their

children. Technology development such as cell phone, massage and internet all allows for increased communication between parents and their children. In times of stress and loneliness, reaching out for social support can also be helpful. Treatment with a health-care practitioner may be recommended if loneliness, depression, and sadness are in any way overwhelming the individual.

### **Materials and Methods**

**Type of study:** The research design selected for the present study is Quasi-experimental – one group pre-test and posttest design.

**Time and place of the study:** study was conducted in a Kommaghatta, Sulikeri rural community, Bengaluru in December 2019.

**Population and sample of the study:** In this study population comprise of Elderly people in a Kommaghatta, Sulikeri rural community, Bengaluru.

**Data collection tools:** In this study, structured knowledge questionnaire to collect the baseline information was prepared by the researcher.

**Data collection process:** After obtaining the written permission from the concerning authorities of PHC, Sulikere and informed consent from each sample, the investigator collected the data in the following phases.

#### **The data was collected in following three phases:**

**Phase I:** Pretest was conducted by using structured knowledge questionnaire among elderly.

**Phase II:** Video assisted teaching was provided regarding empty nest syndrome among elderly on the same day of data collection.

**Phase III:** After 7 days of administration of video assisted teaching, posttest was conducted to the same subjects by using same structured knowledge questionnaire.

### Ethical consideration

1. Formal permission was obtained from the concerned authorities of PHC, Sulikere, rural community, Bengaluru.
2. Informed consent was obtained from the study samples.
3. The subjects were informed that confidentiality of the data will be maintained.
4. The subjects were informed that their participation was on voluntary basis and can withdraw from the study anytime.

No ethical issues arose during the study

### Data analysis and assessment:

The data collected was analyzed through descriptive and inferential statistics.

### Descriptive statistics

1. Frequency and percentage distribution were used to describe the demographical profile of elderly.
2. Range, mean and standard deviation was used to assess the pre and posttest level of knowledge among elderly.

### Inferential statistics

1. The paired t test was used to test the significance of pre-test and post-test mean score level of knowledge regarding empty nest syndrome among elderly.
2. The Chi-square test was used to test the association between pretest levels of knowledge among elderly with their selected demographic variables.

**Limitations of the study:** Samples had difficulty in allocating time for researcher due to their work schedule.

1. No attempts were made to do the follow up to check the retention of knowledge of elderly.
2. The study was confined to a specific geographical area i.e. komaghatta, Bangalore, which imposes limits to any larger generalization.

### Results

- Results With regard to age, majority of the elderly belonged to age group of 60-64years i.e. 31(51.7%), least belonged to 75 above years i.e. 4(6.7%) , 8(13.3%) belonged to age group of 70-74 years, and 17(28.3%) belonged to age group of 65-69 years.
- With regards to gender majority were female i.e.36 (60%) and male were 24(40%).
- With context to religion, majority of elderly belonged to Hindu religion i.e. 53(88.3%) and 4(6.7%) belonged to Muslim religion, 3(5%) belonged to Christian religion.
- With respect to educational status of elderly, majority of the elderly had primary education i.e. 34(56.7%) whereas 17(28.3%) had secondary education, 8(13.3%) elderly had PUC Education and 1(1.7%) having degree and above.
- With regard to occupational status, maximum elderly were private employee i.e. 24(40%) and self-employed 21(35%), retired 9(15%), government employee were 6(10%).
- With context to elderly family income per month, majority elderly 39(65%) had an income of >Rs 20000 per month, and 1(1.7) least income of ≤ Rs.10000 per month.
- With regard to type of family, majority of elderly belonged to joint family 30(50%), 18(30%) belonged to extended family and least belongs to nuclear family 12(20%).
- With respect to marital status majority of the elderly were 58(96.7%) married, 2(3.3) were widow and none of them were single and divorce.
- With regard to no. of children of elderly majority of having 3 children i.e. 23(38.3%), 3 and above

16(26.7%), 2 children 14(23.3%) and least were 1 children 7(11.7%)

- With respect to recreational activities, maximum elderly were using television as recreational activities i.e.30 (50%), gardening and reading18 (30%), 4(6.7%) respectively and others8 (13.3%)
- With regard to personal habits, majority of elderly 25(41.7%) had no personal habits, 16(26.7%) having habit of smoking, 12 (20.0%) had habit of chewing tobacco and least of them having habit of drinking alcohol i.e. 7(11.7%)
- With regard to having care from family, maximum elderly were getting care from family 57(95%) whereas 3(5%) were not getting care from family.

Figure 1 Shows in the pre-test 53(93.3%) had inadequate knowledge, 4(6.7%) had moderately adequate knowledge whereas none of the subjects had adequate knowledge. In context to post test, 52 (86.7%) had moderately adequate knowledge and 3(5%) of them had inadequate and 5(8.3%) adequate knowledge.

The overall knowledge regarding empty nest syndrome consisted of maximum score of 30 where the pretest range was 7-16, mean was 10.25 with Standard deviation of 2.22 and Mean percentage score of 34.2%. Whereas in posttest, range was 13-25, mean was 19.50with Standard deviation of 2.63 and Mean percentage score was 65%.(Figure.2)

Regarding Effectiveness of video assisted teaching on knowledge regarding empty nest syndrome among elderly.

The overall knowledge regarding empty nest syndrome, out of maximum score of 30, the mean score was found to be 9.25, with Standard Deviation of 1.81, mean score percentage was 30.8% and paired 't'-value was 39.387 at the level of  $p < 0.01$ .( Table.1)

Table2. Depicts the Association between knowledge regarding empty nest syndrome among elderly with their selected demographic variables. In reference to the Association between knowledge regarding empty nest syndrome among elderly, out of which age, educational status, previous occupational status, family monthly income, type of family, no. of children, recreational activities, personnel habits were significant with  $P < 0.05$  and rest of all had no significant association of knowledge score with any of the demographic variables.

### Discussions

#### 1. The first objective was to assess the pretest level of knowledge regarding empty nest syndrome among elderly.

With regards to the pretest level of arding empty nest syndrome among elderly from table 2.1 it is evident that, the pre-test (93.3%) had inadequate knowledge, (6.7%) had moderately adequate knowledge whereas none of the subjects had adequate knowledge. From the table 2.2, all the pre-test knowledge scores ranged from 7-16, mean score was10.25, with SD of 2.22 and mean percentage score of 34.2%. The study concluded that samples had inadequate knowledge about empty nest syndrome and there was a need of awareness program to increase information on empty nest syndrome.

The finding of the study was supported by a study was conducted by Kamala Varuda of Andhra University has been studying empty nest families in Visakhapatnam, India. Research done in 2014 with 1,000 families in the surveyed. The 200 families already identified and interviewed come mostly from the middle and upper class and their ages range from 45 to 90. It has found that children tend to move to other Indian cities or go abroad to pursue higher education. They often settle in

foreign countries after finding good jobs. The elderly parents are then left alone as they do not want to move.

**2. The second objective was to assess posttest level of knowledge regarding empty nest syndrome among elderly.**

With regard to the post test level of knowledge regarding empty nest syndrome among elderly from table 2.1 it is evident that, posttest, (86.7%) had moderately adequate knowledge and (5%) of them had inadequate and (8.3%) adequate knowledge. From the table 2.2, all the posttest knowledge scores were ranging within 13-25, mean score was 19.50 with SD of 2.63 and mean percentage score of 65.0%.

**3. The third objective was to assess the effectiveness of video assisted teaching on knowledge regarding empty nest syndrome among elderly.**

With regard to the pretest and posttest level of knowledge regarding empty nest syndrome among elderly from the table 3.1, the 't' value was found to be 39.387 for which was statistically significant at  $P < 0.001$  level. Hence it reveals that there is significant increase in the knowledge regarding empty nest syndrome among elderly. The finding of the study was supported by a study conducted on Efficacy of path-oriented psychological self-help interventions to improve mental health of empty-nest older adults in the Community of China by using Quasi-Experimental controlled intervention. Study was conducted from 2015 to 2017 including sample of 76 empty-nest older adults. The result of the study revealed that the P-oPSI yielded a greater benefit for the mental health status, coping styles, and psychological self-help ability of the participants in the intervention group.

**4. The fourth objective was to associate pre-test level of knowledge regarding empty nest syndrome among elderly with their demographic variables.**

In reference to the association of pre-test level of knowledge regarding empty nest syndrome among elderly with their demographic variables using chi-square test. In this study, the findings reveal that the result of chi-square analysis presented in table 4.1 indicated that there was significant association between knowledge score with educational status, previous occupational status, family monthly income, type of family, No of children, recreational activities and personnel habits. These finding were statistically significant at the level of  $p < 0.05$ .

**Conclusion**

The present study assessed the effectiveness of video assisted teaching on knowledge regarding empty nest syndrome among elderly in Kommaghatta, Sulikere, rural community, Bengaluru. It Shows in the pre-test (93.3%) had inadequate knowledge, (6.7%) had moderately adequate knowledge whereas none of the subjects had adequate knowledge. In context to post test, (86.7%) had moderately adequate knowledge and (5%) of them had inadequate and (8.3%) adequate knowledge. The paired 't'-test was carried out and it was found to be significant at  $p < 0.001$ . Hence, null hypothesis is rejected and research hypothesis is accepted.

The study concluded that the VAT is significantly effective on improving the level of knowledge regarding empty nest syndrome among elderly. The results of the study have implications on nursing practice, nursing administration, nursing education and nursing research.

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**Legend Table and Graph**

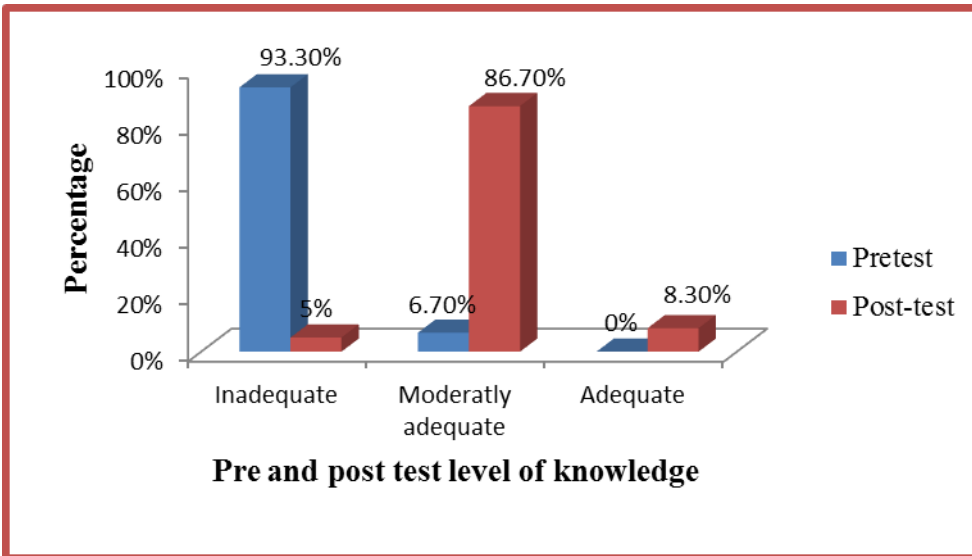


Figure.1: Percentage distribution of elderly according to pre and posttest knowledge regarding empty nest syndrome among elderly.

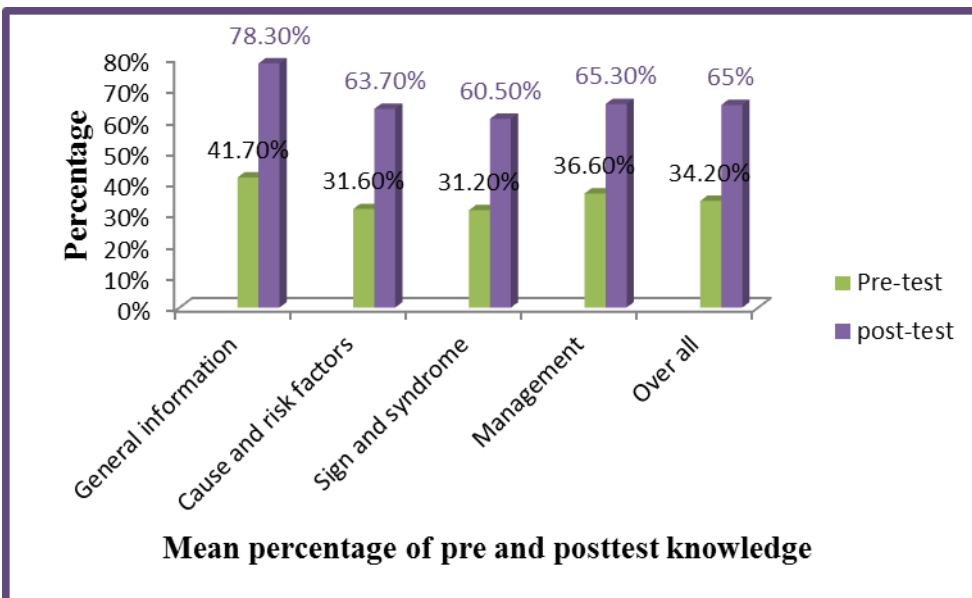


Figure 2: Mean Percentage distribution of elderly according to pre and posttest knowledge regarding empty nest syndrome among elderly.

Table.1 Outcomes paired t-test analysis for comparison of pre- and post-test scores of knowledges regarding empty nest syndrome among elderly.

n=60

S.no	Aspect of knowledge	Max score	Paired t-difference (Enhancement)			t-test value	P-value
			Mean	SD	Mean%		
1.	General information	4	1.46	0.76	36.5	14.764*	p<0.001
2.	Cause and risk factors	8	2.57	1.21	32.1	16.398*	p<0.001
3	Sign and syndrome	10	2.93	1.31	29.3	17.303*	p<0.001
4	Management	8	2.28	1.20	28.5	14.634*	p<0.001
5	Over all	30	9.25	1.81	30.8	39.387*	p<0.001

Note: \*-denotes significant (p<0.05) for df=59.

Table2. Association between the knowledge regarding empty nest syndrome among elderly with their demographic variables.

n=60

S.no	Demographic Variables	Sample (n=60)		Knowledge				Chi-square value	p-value
				≤Median		>Median			
		F	%	F	%	F	%		
1	Age in years								
	a. 60-64years	31	51.7	11	31.4	20	80.0	14.284, df=3, S	P<0.05
	b. 65-69 years	17	28.3	15	42.9	2	8.0		
	c. 70-74 years	8	13.3	6	17.1	2	8.0		
	d. 75 and above	4	6.7	3	8.6	1	4.0		
2	Gender								
	a. Male	24	40.0	14	40.0	10	40.0	0, df=1, NS	p>0.05
	b. Female	36	60.0	21	60.0	15	60.0		
3	Religion								
	a. Hindu	53	88.3	32	91.4	21	84.0	0.977, df=2, NS	p>0.05
	b. Muslim	4	6.7	2	5.7	2	8.0		
	c. Christian	3	5.0	1	2.9	2	8.0		
	d. Others	-	-	-	-	-	-		
4	Education								
	a. Primary	34	56.7	31	83.6	3	12.0	30.161, df=3, S	P<0.05
	b. Secondary	17	28.3	4	11.4	13	52.1		

	c. PUC	8	13.3	0	0	8	32.0		
	d. Degree and above	1	1.7	0	0	1	4.0		
5	Previous occupation								
	a. Private employee	24	40.0	16	45.7	8	32.0	9.453, df=3, S	P<0.05
	b. Government employee	6	10.0	0	0	6	24.0		
	c. Retired	9	15.0	6	17.1	3	12.0		
d. Self employed	21	35.0	13	37.1	8	32.0			
6	Family income								
	a. ≤10,000	1	1.7	1	2.9	0	0	13.976, df=3, S	P<0.05
	b. 10,001-15,000	4	6.7	4	11.4	0	0		
	c. 15,001-20,000	16	26.7	14	40.0	2	8.0		
d. >20,000	39	65.0	16	45.7	23	92.0			
7	Type of family								
	a. Nuclear	12	20.0	3	8.6	9	35.0	12.709, df=2, S	P<0.05
	b. Joint	30	50.0	16	45.7	14	56.0		
c. Extended	18	30.0	16	45.7	2	8.0			
8	Marital status								
	a. Married	58	96.7	33	94.3	25	100	1.475, df=1, NS	p>0.05
	b. Single	-	-	-	-	-	-		
	c. Widow	2	3.3	2	5.7	0	0		
d. Divorce	-	-	-	-	-	-			
9	No. of children								
	a. One	7	11.7	0	0	7	28.0	15.861, df=3, S	P<0.05
	b. Two	14	23.3	7	20.0	7	26.0		
	c. Three	23	38.3	14	40.0	9	36.0		
d. Three and above	16	26.7	14	40.0	2	8.0			
10	Recreational activities								
	a. Television	30	50.0	16	45.7	14	56.0	10.766, df=3, S	P<0.05
	b. Reading	4	6.7	0	0	4	16.0		
	c. Gardening	18	30.0	15	42.9	3	12.0		
d. Others	8	13.3	4	11.4	4	16.0			
11	Personal habits								
	a. Drinking alcohol	7	11.7	7	20.0	0	0	8.485, df=3, S	P<0.05
b. Chewing tobacco	12	20.0	8	22.9	4	16.0			

	c. Smoking	16	26.7	9	25.7	7	28.0		
	d. No personal habits	25	41.7	11	31.4	14	56.0		
12	Are you having care by family members?								
	a. Yes	57	95.0	33	94.3	24	96.0	0.090, df=1, NS	P>0.05
	b. No	3	5.0	2	5.7	1	4.0		

Note: S-significant ( $p < 0.05$ ); NS-Not significant ( $p > 0.05$ ).