IJRAR.ORG E-ISSN: 2348-1269, P-ISSN: 2349-5138

INTERNATIONAL JOURNAL OF RESEARCH AND ANALYTICAL REVIEWS (IJRAR) | IJRAR.ORG

An International Open Access, Peer-reviewed, Refereed Journal

"A Study To Assess The Effectiveness Of Selective Psychiatric Nursing Intervention On Stress And Coping Among Care-Providers Of Schizophrenic Clients At Psychiatric Tertiary Care Centre, Chennai -10."

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ABSTRACT: *Psycho education was originally conceived as a composite of numerous therapeutic elements within a complex family therapy intervention and to an improvement in overall strength and energy to the body, in turn promoting overall health. It also improves mental health, which in turn helps in treating depression, stress, anxiety and improving the coping abilities.*

Title: *"A study to assess the effectiveness of selective Psychiatric nursing intervention on stress and coping among Care-providers of schizophrenic clients at psychiatric tertiary care centre, Chennai -10"*

Objectives1.*To assess pre test of stress, and coping among the care providers of schizophrenic clients.2.To assess post test of stress, and coping after effectiveness of selective psychiatric nursing intervention among the care providers of schizophrenic clients.3.To correlate the level of stress and coping of the care providers of schizophrenic clients.4.To associate the level of stress, and coping with the selected demographic variables of the care providers of schizophrenic clients*

Methods and materials: *A Quasi study design was chosen Non probability purposive sampling technique used to select the sample.60 care -providers of schizophrenic clients were the sample. Perceived stress scale was used to assess the care -providers of schizophrenic clients stress. And coping scale also used to assess the coping level of care -providers of schizophrenic clients.*

Results: *In pre test, Study group are having 25.20 score and control group are having 24.00 score, so the difference is 1.20, this difference is small and it is not significant. It was tested using Student independent t-test. In post test, Study group are having 16.73 score and control group are having 23.40 score, so the difference is 6.67, this difference is large and it is significant. It was tested using Student independent t-test. . Qualitative data Difference between pre test and post test was calculated using Extended Mc Nemar's test. .It was statistically significant at. A p-value of ≤0.05 level.*

Conclusion: *Statistical significance was calculated by using chi square test and, student independent t-test. After psycho education intervention the stress level has reduced among the care -providers of schizophrenic clients. So psycho education intervention has significant impact in reducing the stress and improving coping level among the care -providers of schizophrenic clients.*

Key words: *Stress coping. The care -providers of schizophrenic clients and psycho education intervention.*

1. Introduction

A severe mental illness like schizophrenia has a devastating impact on the patient as well as his or her family members. This is due to the chronic nature of the illness and the long term disability it often involves. Patients experience problems related to both positive symptoms such as aggressive behavior, delusions, hallucinations and negative symptoms such as poor motivation and inadequate self – care. The capacity for social relationships is often diminished, and employment opportunities are reduced. Modern methods of treatment have helped a large number of patients to recover or to improve significantly, but many continue to display deficits in several areas of functioning. Thus chronic mental illness poses a heavy burden, stress on the patients, the family and community. (Schene,Van Wijngazrden & Koeter, 2016).

A quarter of the global population is suffering from mental health problems in a way or other. In India the prevalence of psychiatric disorders is 58.2/1000 population which means 5.7 crore Indians are suffering from some sort of psychiatric disturbance; out of this, 1.5 crore people are suffering from severe mental illness. Many people still do not understand that mental health issues in general population affect all of us, whether we are suffering from mental illness or not; it can even affect one of our family member(WHO ,2017)

GLOBAL SCENARIO OF SCHIZOPHRENIA

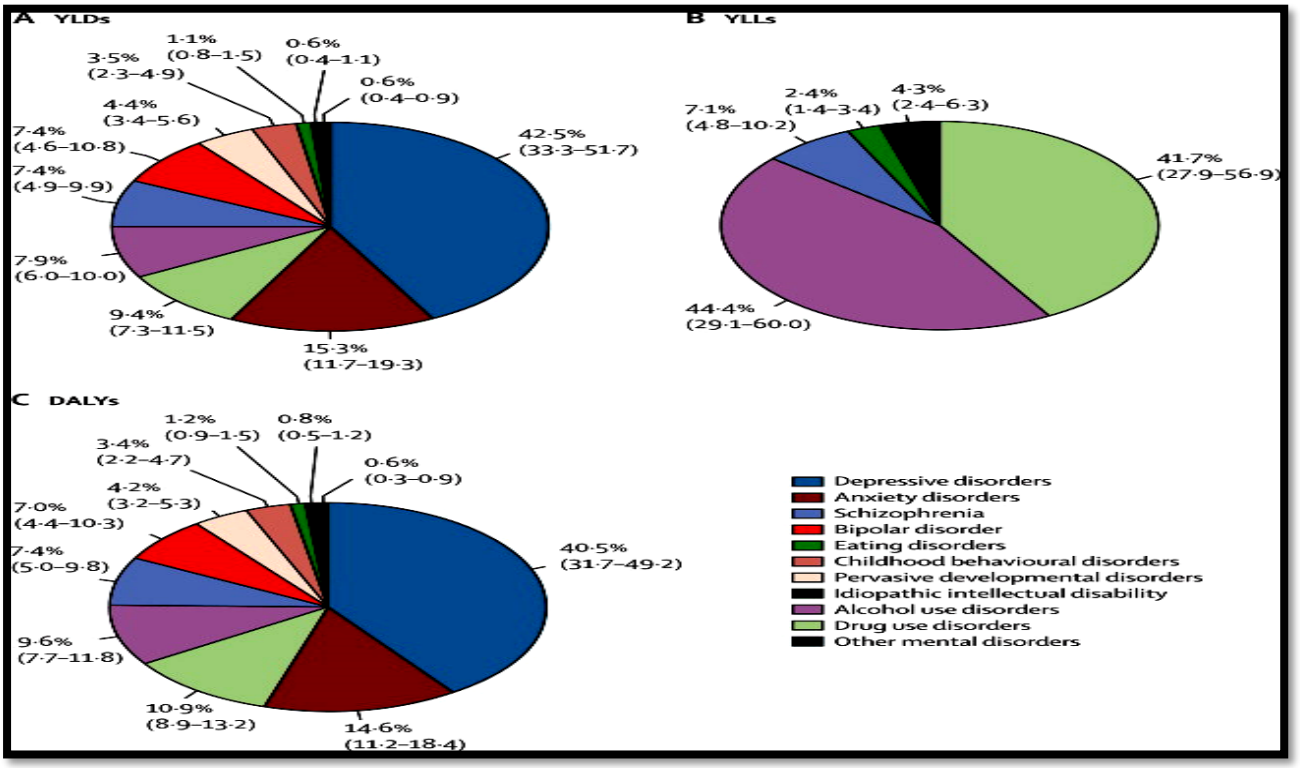
Age	**60 – 64 yrs**	**65 – 69 yrs**	**70 – 74 yrs**	**75 – 79 yrs**	**80 – 84 yrs**
West Europe	1.2	1.9	3.8	7.0	13.6
South America	0.9	1.9	3.8	7.7	15.8
Middle East	0.9	1.8	3.5	6.6	13.6
Japan	1.5	1.6	3.3	6.4	14.1
Australia	0.9	2.3	2.8	5.8	21.4
China	0.7	1.8	2.6	4.7	10.4
India	0.8	0.9	1.8	3.7	8.2

Setting	Location	Prevalence (%)
Urban	Chennai	0.9% for age >65yrs
	Kochi	3.3% for age >65yrs
	Kolkata	1% for age >60yrs
	Mumbai	2.3% for age >65yrs
	Trivandrum	4.8% for age >65yrs.
Rural	Ballabgarh (Delhi)	1.1% for age >65yrs
	Ernakulam (Kerala)	3.1% for age >65yrs
	Vellore (Tamil Nadu)	3.5% for age>60yrs

The World Health Organization (2013) statistical report stated that currently 35.6 million people are living with Schizophrenia . It will double by 2030 and then triple by 2050

BACKGROUND OF THE STUDY:

Mental and behavioural disorders account for about 12% of the global burden of disease. The World Health Report 2013 has drawn attention to the fact that of nearly 45 crores people estimated to be suffering from mental and behavioural disorder globally. WHO 2011 report states by 2020, 15% of the Disability Adjusted Life Years (DALYs) lost would be due to mental and behaviour disorders, up from 10% in 2000 to 12% in 2010 and that about 24 million people suffer from schizophrenia and 21 million from depression.



CONCEPTUAL FRAMEWORK

A Conceptual framework facilitates communication and provides for a systemic approach to nursing research, education, administration and practice. The conceptual framework selected for this research study was based on Imogene M. King‘s ―Transaction model‖

The theory focus on interpersonal systems reflects King‘s belief that the practice of Nursing is differentiated from that of other health profession by what Nurses do with and for individual. The major elements of the theory are ―in the interpersonal systems in which two people, who are usually strangers, come together in a health care organization to help and be helped to maintain a state of health that permits functioning in roles.

The concepts of the theory are perception, action, interaction and transaction. These concepts are interrelated in every Nursing situation. These terms are defined as concepts in the conceptual framework.

Perception

Perception is each person‘s representation of reality the elements of perception are importing of energy from the environment and organizing it by information, transforming energy, processing information storing information and exporting information in the form of overt behaviors. In this study, investigator perceives that there is lack of knowledge and proper attitude regarding care providers of schizophrenia clients. Care providers have a varied perception towards schizophrenia and have excessive stress to give care to them.

Action

Action refers to the activity to achieve the goal what the individual perceives. In this study, it is a mutual goal setting to reduce care providers stress. Investigator prepares psycho educational intervention and perceived stress scale to assess the care providers stress level And Brief coping scale to measure the coping level of care providers of schizophrenic clients.

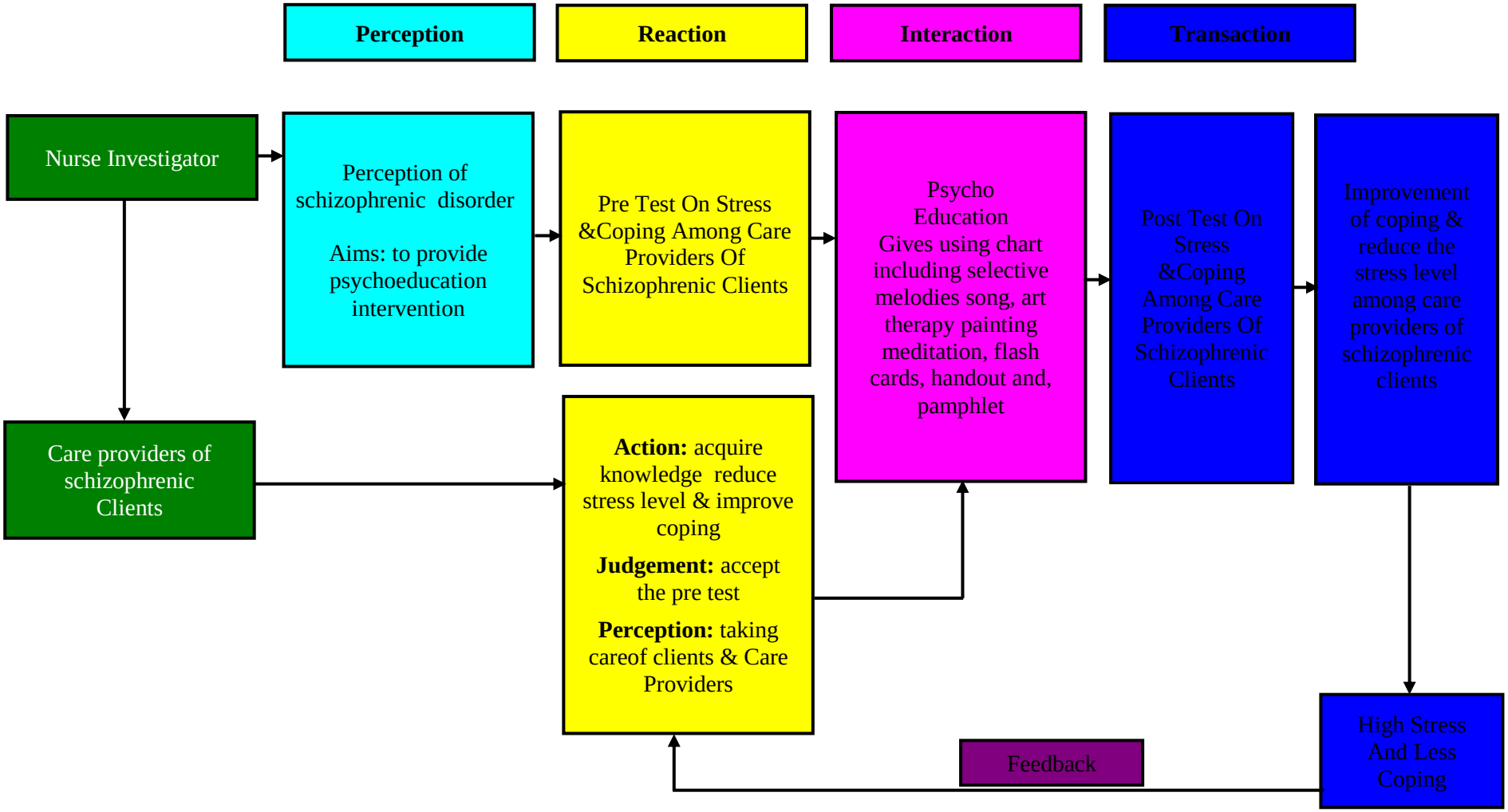
Interaction

Interaction refers to the perception and communication between a person and the environment or between two or more persons. In this study the investigator administers psycho educational intervention among care providers of schizophrenic clients for 45 minutes

Transaction

Transaction is a process of interaction in which human beings communicate with the environment to achieve the goals that are evaluated and directs human behavior. In this study there is a gain in knowledge and attitude regarding schizophrenia and lowering the stress of care providers of schizophrenic clients and improving coping ability also.

CONCEPTUAL FRAME WORK BASED ON
MODIFIED IMOGENE KING'S GOALATTAINMENT THEORY (1981)



MATERIAL AND METHODS: The research approach used for this study is quantitative approach. This study consists of pre test, psycho educational intervention and post test method. The sample of this was care providers of schizophrenic clients admitted at (Institute of mental Health) at Psychiatric Tertiary Care Centre, Chennai and those who fulfilled the inclusion criteria .The sample size of the study was 60 care providers of schizophrenic client admitted at (Institute of mental Health) at psychiatric tertiary care centre, Chennai. . 30 participants from inpatient unit-Acute ward were selected as study group and 30 participants from outpatient unit were selected as control group. 60 care providers of schizophrenic clients were selected by probability Purposive sampling technique.

DATA COLLECTION: Data collection is the gathering of the information to address the research problem. The word "data" means information i e systematically collected in the course of study. The main study was conducted after the pilot study; the entire data collection procedure was spread out over a period of four weeks, initially the investigator approaches each care providers of schizophrenic clients after getting permission from the Director of Institute of Mental Health. Following continuous visit to the acute ward and Outpatient department, the care provider's o schizophrenic clients were selected by using Probability purposive sampling technique. During the data collection period the investigator selected 75 samples from 29/03/2021 to 25/04/2021. Each day the investigator selects 7-8 samples from study group and 7-8 samples in control group.

ETHICAL APPROVAL: The study was proposed and submitted to the ethical committee, Madras Medical College and the committee approved the study vide reference no., EC.Reg.NO.ECR/270/Inst/TN/2013/RR-16/0125363970.

DATA ANALYSIS: **To assess pre test of stress, and coping among the care providers of schizophrenic clients**

Level of score	Experiment		Control		chi-square test
	N	%	N	%	
Low	14	.46.67%	12	40.00%	$\chi 2=1.07$ P=0.30(NS)
Moderate	16	53.33%	18	60.00%	
High	00	00.00%	00	00.00%	
Total	30	100.00%	30	100.00%	

***very high significant at p<0.001

PERCENTAGE DISTRIBUTION OF CARE PROVIDERS ACCORDING TO THEIR COMPARISON OF PRETEST LEVEL OF STRESS SCORE IN STUDY AND CONTROL GROUP

STRESS SCORE INTERPRETATION

Total score = 40 min=0 max=4

Level	Score	% of score
Low	0 -13	0 -33%
Moderate	14-26	34 – 66%
High	27-40	67- 100%

Comparison of Pretest Level of Coping Score

Level of score	Experiment		Control		chi-square test
	N	%	N	%	
Poor	22	73.33%	20	66.67%	$\chi 2=0.31$ P=0.57(NS)
Moderate	8	26.67%	10	33.33%	
Good	0	0.00%	0	0.00%	
Total	30	100.00%	30	100.00%	

***very high significant at p<0.001.

PERCENTAGE DISTRIBUTION OF CARE PROVIDERS ACCORDING TO THEIR COMPARISON OF PRETEST LEVEL OF COPING SCORE IN STUDY AND CONTROL GROUP

COPING SCORE INTERPRETATION:

Total score = 112 min=1 max=4

Level	Score	% of score
Poor	0 -37	0 -33%
Moderate	38-75	34 – 66%
Good	76-112	67- 100%

To assess post test of stress, and coping after effectiveness of selective psychiatric nursing intervention among the care providers of schizophrenic clients:

Table-6: Comparison of Posttest Level of Stress Score

Level of score	Study		Control		chi-square test
	N	%	N	%	
Low	6	80.00%	0	.33.33%	$\chi 2$=16.36 P=0.001***(S)
Moderate	24	20.00%	20	66.67%	
High	0	0.00%	10	00.00%	
Total	30	100.00%	30	100.00%	

***very high significant at p<0.001

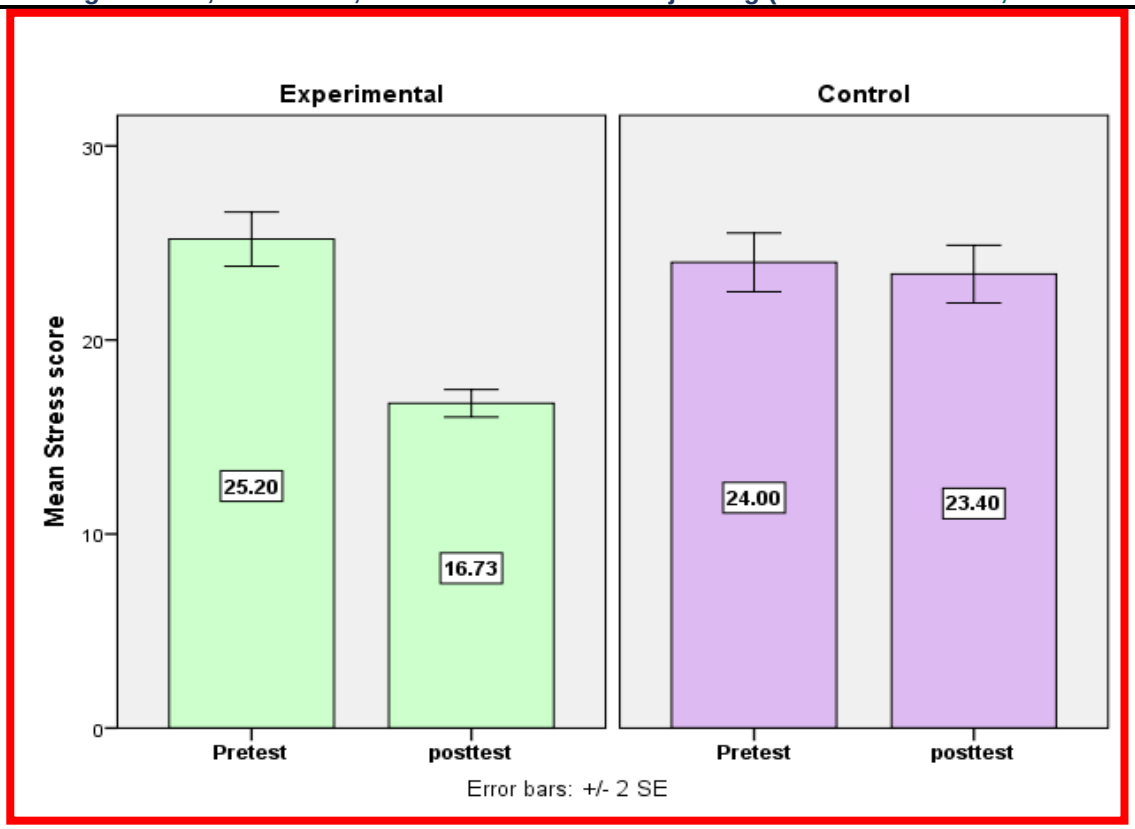
PERCENTAGE DISTRIBUTION OF CARE PROVIDERS ACCORDING TO THEIR COMPARISON OF POSTTEST LEVEL OF STRESS SCORE IN STUDY AND CONTROL GROUP

Table-7: Comparison Of Study And Control Group Stress Score

Assessment	Study		Control		Mean difference	Student independent t-test
	Mean score	SD	Mean score	SD		
Pre test	25.20	3.83	24.00	4.14	1.20	t=1.16 P=0.25 DF=58(NS)
Post test	16.73	1.95	23.40	4.07	6.67	t=8.09 P=0.001*** DF=58(S)

Comparison of Pretest and Posttest Stress Score

Assessment	Pretest		Posttest		Mean difference	Student paired t-test
	Mean score	SD	Mean score	SD		
Study	25.20	3.83	16.73	1.95	8.47	t=9.40 P=0.001*** DF=29(S)
Control	24.00	4.14	23.40	4.07	0.60	t=1.67 P=0.09 DF=29(NS)



RESULT AND DISCUSSION:

Objective 1: To assess pre test level of stress, and coping among the care providers of schizophrenic clients:

The statistical report of level of stress (Table 4 &5) revealed that maximum of 26 care providers(46.67%) were having low level of stress, and 34 care providers (53.3%) were having moderate stress and level of coping42 care providers (73.33%) were having poor level of coping and 18 care providers (26.67%) were moderate coping level. The disruption in social relationships, particularly feelings of social isolation and impact of illness on the physical and mental health of the care providers has been documented in several studies carried out in the west.

Revista Brasileira, 2019 This study was conducted that caregiver burden and stress in psychiatric hospital admission and evaluated the relation between socio demographics factors, stress and burden of care of family caregivers of patients at a psychiatric hospital admission. . Results of these study was burden of care in family caregivers at a psychiatric hospital admission was significantly associated with stress (p=0.000). The psychological symptoms of stress predicted severe burden. Most caregivers presented a moderate or severe burden, with 52.7% in the resistance phase of stress; 66.1% presented psychological symptoms. Concluded that study results show the alarming situation of caregivers of patients from a psychiatric hospital, evidencing their own vulnerability to illness. Indeed, the during admission in a psychiatric hospital, not only patients need care, but also their caregivers.

Objective 2: To assess post test of stress, and coping after effectiveness of selective psychiatric nursing intervention among the care providers of schizophrenic clients.

The statistical report of study group, level of stress (Table 6 &7) revealed that maximum of 6 care providers(80.0%) were having low level of stress, and 24 care providers (20.0%) were having moderate stress and none of them having severe level of stress .And level of coping 9 care providers (30.00%) were having moderate level of coping and 21 care providers (70.00%) were moderate coping level and none of them having no poor level of coping. The effective psycho education, reduce the stress level and improving coping capacity of the care providers has been documented in several studies carried out in the west**)**. The results obtained are therefore consistent with these findings.

Silas treveli apolo hospitals, navi mumbai October 2018, this study was conducted to assess the level of stress and coping strategies among 50 family members of clients with schizophrenia. The study result was the endings showed that the overall stress score of respondents was 50.9 percent and the overall coping strategies score was found to be 23.8 percent. The highest stress score found in the dimension of social stress (73%) and the lowest in physical stress (17%). With respect to coping strategies, majority (51%) of respondents had used escape avoidance coping strategies and 6.7% used problem focused coping. Study reveals that higher the level of stress lower the coping strategies ($r = –0.344^*$, $p < 0.05$). the provision of psycho education, family intervention programmes and psychosocial support may reduce the stress among family members of patients with schizophrenia by adopting better coping strategy

Objective 3: To correlate the level of stress, and coping of the care providers of schizophrenia clients:

The correlation (table 17) between the level of stress and coping the correlation coefficient was ($r = 0.44$) shows the moderate positive significant correlation. It means when the stress increases their coping will decreases. The statistical report of the level of stress and coping, the correlation coefficient was ($r=0.44$) indicates that the moderate, positive and significant correlation. It means when the stress decrease their coping also increases

Objective 4: To associate the level of stress, and coping with the selected demographic variables of the care providers of schizophrenia clients:

V. Hemavathy, Rengila.S 2016 The study was conducted Lack of knowledge of family member's leads to more complications like recurrence. Psycho educations for the family have been considered to be the most promising and successful one to improve knowledge of family members. The study was concluded in the pre test the level of knowledge among selected 30 samples 26 (86.7 %) Of them had Inadequate level of knowledge and 4 (13.5 %) of them had moderate level of knowledge. In the post test level of knowledge 22 (73.3 %) had adequate level of knowledge 8 (26.7 %) of them had moderate level of knowledge. The effectiveness of psycho education programme on the knowledge of schizophrenia among caregivers of the patients with schizophrenia using paired t test shows 10 significant at the level of $P < 0.05$ Which implying that there was significant improvement in the level of knowledge among care givers of schizophrenic patients in the post test.

CONCLUSION:

The association between selected socio demographic variables and post test stress score of care providers stress among the care providers of schizophrenic clients were calculated by $\chi 2$ at 0.05 level of significance. It described the relationship of a 60 individual socio demographic variable with level of care provider stress among the care provider of schizophrenic clients. Level of care provider stress among care provider in the post test was significantly associated with their age since the calculated $\chi 2=6.90$ $p=0.03$ and also with their duration of psychiatric illness since the calculated value was $\chi 2=4.05$ $p=0.05$ and nature of admitted in psychiatric hosptitals $\chi 2 =4.80$ $p=0.03$. All other variables were not significantly associated among the care provider with their post test score of care provider stress.

ACKOWLEDGEMENT:

The Researchers would like to extend their gratitudeand thanks to the study participants.

Financial Support and Sponsorship - **Nil**

Conflict of Interest - **Nil**

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