



“A Study To Assess The Knowledge About Case Of Clients Among Caregivers Of Schizophrenic Clients In Psychiatric Department At Govt.Mohan Kumaramangalam Medical College Hospital, Salem – 30.”

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ABSTRACT

According to present statistics, worldwide, 1.50million people are newly diagnosed as schizophrenia, 51 million people totally affected with schizophrenia, 3.87/1000 population.

Objectives are identified that is to assess the knowledge level of care givers and associating knowledge with demographic variables. King’s goal attainment model is selected as **conceptual framework**, quantitative research approach is used. Quasi Experimental **research design** and Non- randomized Purposive **sampling technique** are used. The study was conducted among 30 care givers of Schizophrenic clients care giver at Psychiatric department, GMKMCH, Salem.

Data was collected by using structured knowledge questionnaire and analyzed by descriptive and inferential statistics. Knowledge of caregivers were assessed with their selected demographic variables and tested the association of variables using Chi square(x²). The **study findings** shows that the knowledge

of caregivers in age 31 to 40 years, Graduates and Joint Family type are having higher level of knowledge 65%, 68%, and 70% respectively.

In overall 67% of caregivers are having average knowledge, 27% of caregivers are having below average knowledge and 6% of caregivers are having above average knowledge.

Keyword: Knowledge, Demographic variables, Home based management.

INTRODUCTION

A sound mind is when you feel good about yourself and cope well with the everyday pressures of life. People with mental health problems are now becoming more prevalence due to more stress in day to day life.

Schizophrenia is a mental disorder which is a major public health concern since it affects the quality of life of the schizophrenic clients. The client requires a caregiver to support them in entire phase of the condition. Caregiver's knowledge facilitates recognition of mental illness and health seeking behavior.

When schizophrenia is active, symptoms can include delusions, hallucinations, disorganized speech, trouble with thinking and lack of motivation. However, with treatment, most symptoms of schizophrenia will greatly improve and the likelihood of a recurrence can be diminished.

While there is no cure for schizophrenia, research is leading to innovative and safer treatments. Experts also are unravelling the causes of the disease by studying genetics, conducting behavioral research, and using advanced imaging to look at the brain's structure and function. These approaches hold the promise of new, and more effective therapies.

The complexity of schizophrenia may help explain why there are misconceptions about the disease. Schizophrenia does not mean split personality or multiple-personality. Most people with schizophrenia are not any more dangerous or violent than people in the general population. While limited mental health resources in the community may lead to homelessness and frequent hospitalizations, it is a misconception that people with schizophrenia end up homeless or living in hospitals. Most people with schizophrenia live with their family, in group homes or on their own.

Research has shown that schizophrenia affects men and women fairly equally but may have an earlier onset in males. Rates are similar around the world. People with schizophrenia are more likely to die younger than the general population, largely because of high rates of co-occurring medical conditions, such as heart disease and diabetes.

BACKGROUND OF THE STUDY

According to present statistics, worldwide, 1.5 million people are newly diagnosed as schizophrenia, 51 million people totally affected with schizophrenia, 3.87/1000 population as per the study conducted by SCARF and the Department of Psychiatry, Madras Medical College about the population of 100000 was screened.

In India 4.3 to 8.7 million people were affected with schizophrenia

In Tamilnadu, 0.5 million people were affected with schizophrenia

In Government Mohan Kumaramangalam Medical College Hospital, Salem-1 about 10% of total inpatient was diagnosed as schizophrenia. And about 8-12/100 patients attend outpatient department in this hospital.

NEED FOR STUDY

It is important to understand real schizophrenia statistics and facts because myths about schizophrenia and misinformation are 20 common around this mental illness. Misinformation about schizophrenia leads to a stigma surrounding the disease which is the last thing the sufferers need.

Schizophrenia can affect anyone but the typical age of diagnosis is from the late teenage years to the mid-30's. There is an incidence of schizophrenia in about 1 out of 100 people. Men and women have equal rates of schizophrenia. Men may manifest symptoms of schizophrenia earlier than women. Children and people over 45 rarely get schizophrenia. All races show equal incidence of schizophrenia.

Percentage of adult with schizophrenia who will die by suicide about 10%. Risk of violence in schizophrenia is very small unless there are additional substance abuse issues. Using substances can worsen schizophrenia symptoms. 25% of people have experienced recovery. 25% are much improved and living independently. 25% are improved but require constant support.

Children and people over 45 rarely get schizophrenia. 15% are hospitalized. 10% are dead mostly of suicide. That's why we selected this research project to improve the knowledge of care givers of schizophrenic clients.

STATEMENT OF RESEARCH PROBLEM

“A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHO EDUCATION MODULE OF KNOWLEDGE AMONG CAREGIVERS OF SCHIZOPHRENIC CLIENTS IN PSYCHIATRIC DEPARTMENT AT GOVERNMENT MOHAN KUMARAMANGALAM MEDICAL COLLEGE HOSPITAL, SALEM-1”.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge among caregivers of client with schizophrenia.
2. To assess the effectiveness of the psychoeducation, regarding case of clients with schizophrenia, among the caregivers.
3. To associate the level of knowledge of caregiver with their selected demographic variables.

HYPOTHESIS

1. H0: there will be a significant variation between pretest and post test knowledge of schizophrenic care givers.
2. H1: there will be a significant association between the levels of knowledge of caregivers regarding management of clients with schizophrenia with selected demographic variables.

METHODOLOGY

RESEARCH APPROACH: Evaluative approach.

RESEARCH DESIGN: Quasi-experimental research;

RESEARCH VARIABLES:

- Independent variable -caregivers of schizophrenic clients
- Dependent variable- Knowledge through Psycho education

SETTINGS OF THE STUDY: The study was conducted in Psychiatric outpatient Department, Government Mohan Kumaramangalam Medical College Hospital, Salem-1.

POPULATION: Caregivers of Schizophrenia clients in Psychiatric outpatient department, Government Mohan Kumaramangalam Medical College Hospital, Salem-1.

SAMPLE: Caregivers of client who fulfill the inclusion criteria.

SAMPLE SIZE: 30 Samples

SAMPLING TECHNIQUES: Non randomized purposive sampling technique.

CRITERIA FOR SELECTION OF THE SAMPLE:

INCLUSIVE CRITERIA: Schizophrenia client's caregivers who are willing to participate in the study and the caregivers age between 20 years to 60 years

TOOL: Structured knowledge questionnaire regarding management of schizophrenic clients.

SCORING PROCEDURE: Each correct answer carries 1 mark.

S.NO	KNOWLEDGE LEVEL	%
1.	BELOW AVERAGE	(<50 %)
2.	AVERAGE	(50 - 75%)
3.	ABOVE AVERAGE	(>75%)

The reliability and validity of the tool assessed by the Experts – Psychiatrist and Psychiatric Nursing at GMKMCH, Salem.

DATA COLLECTION PROCEDURE:

Before conducting the study written permission obtained from the Dean, HOD of Psychiatric department and from our principal of Government College of Nursing, GMKMC, Salem-1.

Collection of data is done with full co-operation from the caregivers of schizophrenic clients. We made good physical environment, adequate privacy and maintained confidentiality. With full equipped manner, obtained informed consent, collected the adequate and necessary information from the caregiver's. About 30 samples were collected in 1 week. 15 to 20 minutes were spent to collect data from each sample. Data was collected by interview schedule.

PROTECTION OF THE HUMAN RIGHTS:

Ethical consideration is maintained in this study. Consent obtained from the study subject. There's no active manipulation of the subject, no object is harmed during the study. Patient and caregivers were informed about the information.

DATA ANALYSIS AND INTERPRETATION: Data analyzed by using descriptive statistical analysis.

SECTION A: DEMOGRAPHIC VARIABLE

S.NO	DEMOGRAPHIC VARIABLES	FREQ	ENCY	PERCENTAGE
1.	AGE			
	a) 20-30 years	6		20%
	b) 31-40 years	3		10%
	c) 41-50 years	12		40%
	d) 51-60 years	9		30%
2.	GENDER			
	a) Male	12		40%

	b) Female	18	60%	
	c) transgender	0	0	
3.	EDUCATION			
	a) School	20	67%	
	b) Graduate	2	7%	
	c) Diploma	0	0	
	d) Illiterate	8	26%	
4.	OCCUPATION			
	a) Cooley	22	73%	
	b) Business	6	20%	
	c) Govt. Employee	0	0	
	d) Not working	2	7%	
5.	INCOME			
	a) 10000-20000	27	90%	
	b) 20000-30000	3	10%	
	c) 30000-40000	0	0	
	d) 40000-50000	0	0	
6.	MARIETAL STATUS			
	a) Married	26	87%	
	b) Unmarried	4	13%	
	c) Divorce	0	0	
	d) Widow	0	0	
7.	TYPE OF FAMILY			
	a) Nuclear family	25	83%	
	b) Joint family	4	13%	
	c) Broken family	1	4%	

8.	RELATIONSHIP			
	a) Husband	9	30%	
	b) Wife	7	24%	
	c) Parent	11	36%	
	d) Siblings	3	10%	
9.	RELIGION			
	a) Hindu	29	96%	
	b) Muslim	1	4%	
	c) Christian	0	0	

	d) Others	0		0	
10.	HEALTH CARE SERVICES AVAILABLE				
	a) Primary health Centre	17		56%	
	b) Private hospital	4		13%	
	c) Government hospital	7		24%	
	e) Medical college hospital	2		7%	

TABLE – 2: KNOWLEDGE OF CAREGIVERS REGARDING MANAGEMENT OF CLIENT WITH SCHIZOPHRENIA

S.NO	KNOWLEDGE LEVEL	FREQUENCY (n)		PERCENTAGE (%)	
		PRE-TEST	POST-TEST	PRE-TEST	POST-TEST
1.	BELOW AVERAGE (<50 %)	12	1	40%	3%
2.	AVERAGE (50- 75%)	17	27	57%	90%
3.	ABOVE AVERAGE	1	2	3%	7%

Table -3 ASSOCIATION OF KNOWLEDGE WITH DEMOGRAPHIC

VARIABLES

S.N O	DEMOGRAPHIC VARIABLES	KNOWLEDGE (%)		CHI-SQUARE	Df =n-1	TABULATED VALUE	S/NS
		PRE TEST	POST TEST				
1.	AGE	49%	65%	0.055	3	7.815	S
2.	GENDER	49%	67%	0.09	1	3.841	S
3.	EDUCATION	41%	63%	17.19	2	5.991	S
4.	OCCUPATION	47%	67%	1.423	2	5.991	S
5.	INCOME	48%	67.5%	0.166	1	3.841	S
6.	MARIETAL STATUS	47%	66%	0.88	1	3.841	S
7.	TYPE OF FAMILY	38%	60%	11.51	2	5.991	S
8.	RELATIONSHIP	48%	67%	0.54	3	7.815	S
9.	RELIGION	38%	61%	7.58	1	3.841	S
10.	NEARER HEALTHCARE SERVICES	43%	64%	18.61	3	7.815	S

Results: This study shows that the caregivers between age group 31-40 years have higher level of knowledge 65% than other age group. Caregivers in graduate level have higher level of knowledge 68% than other group. Caregivers in joint family have higher level of knowledge 70% than other. It also shows that 67% of caregivers were having average knowledge, 27% of caregivers are having below average knowledge and 6% of caregivers are having above average knowledge.

NURSING IMPLICATIONS:

NURSING PRACTICE: Health education is an essential component of psychiatric nursing. So, health education regarding home based management of client with schizophrenia enhances the knowledge and favorable attitude of people with which we can bring down the impact of illness.

NURSING EDUCATION:

The nursing curriculum of Indian schools and colleges gives primary importance not only to physical illness but also to the psychiatric illness. In psychiatric problems schizophrenia is considered as the major problem. Hence it is high time to include it in the field of nursing curriculum which equips the nursing students with necessary skills in teaching the same to others.

NURSING ADMINISTRATION: The nurse administrator should take the initiative in organizing the continuing educational programme for the home management of schizophrenia for nursing students, nursing staffs, and the community people to gain adequate knowledge about the home based management of client with schizophrenia.

NURSING RESEARCH: Professional organization in nursing are convinced of importance in nursing research as a major contribution to meet the health and welfare needs of the people. One of the aims of nursing research is to expand and broaden the scope of nursing. The expanded role of professional nurse emphasis these activities on prevention of illness and maintenance of positive health among the schizophrenic clients.

CONCLUSION: The present study assessed the knowledge of caregivers on home based management of clients with schizophrenia and concluded that 67% of caregivers were having average knowledge, 27 % of caregivers are having below average knowledge and 6% of caregivers are having above average knowledge and demographic variables such as sex, education, occupation, income, type of family and number family, member had a association with the level of knowledge in home based management of schizophrenic clients.

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