Effect Of Structure Teaching Program On Knowledge Regarding Somatoform Disorder Among Nurses Working On Selected Hospital Of The City.

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Abstract: Aim: The study aims to find the Effect of structure teaching program on knowledge regarding somatoform disorder among nurses working on selected hospital. **Problem statement:** Effect of structure teaching program on knowledge regarding somatoform disorder among nurses working on selected hospital of the city. **Primary objective:** To find out the effect of STP regarding somatoform disorder among nurses working on selected hospital. **Objectives:** 1 To assess the existing knowledge regarding somatoform disorder among nurses working on selected hospital. 2.To determine the association between the pre-test and post-test knowledge score with somatoform disorder among nurses. 3.To assess the effectiveness of planned teaching on knowledge regarding somatoform disorder among nurses. 4.To evaluate the effectiveness of structured teaching program on knowledge regarding somatoform disorder among nurses. **Methodology:** Pre Experimental One group pre- test and post- test research design used for the study. It was conducted over 60 nurses by using Non probability Convenient sampling technique**. Results:** Pre-test score 48% of the samples had average level of knowledge score,0.0001% had good level of knowledge score. In post-test 3.07% of the sample had very good level of knowledge score and 3.07 % had excellent level of knowledge score. The difference between pre-test and post-test level of knowledge score that there was marked improvement in knowledge of staff nurses after implementation of structured teaching value is 0. 0056.Conclusion. There was marked improvement of scores. pre -test of the samples had average level of knowledge score, 0.0001% had good level of knowledge score. In post -test 0.23% of the samples had very good level of knowledge score and 3.07% had excellent level of knowledge score. The difference pre-test and post-test level of knowledge score shows that there was marked improvement in knowledge of nurses in selected hospital after implementation of structured teaching. There is significant difference between pre-test and post-test knowledge score regarding somatoform disorder among nurses working on selected hospital of the city.So

researcher accepts research hypothesis H1.

Key words: "Assess","Effectiveness","structure teaching programme", "knowledge", "somatoform disorder", Nurses", Hospitsal".

INTRODUCTION

Somatoform disorder constitutes a group of illness that present with predominant physical symptoms for which there is no demonstrable aetiology and psychological factors are implicated initiating, exacerbating and maintaining the disorder. The Diagnostic and Statistical Manual of mental disorder fourth edition of text revision [DSM- IV-TR] has seven sub types of somatoform disorder namely Somatization disorders, conversion disorder, somatoform pain disorder, Hypochondriasis, body dysmorphic disorder, undifferentiated somatoform disorder not otherwise specified .International Classification of diseases Tenth Revision [ICD-10] as a reference on the other hand describe seven major categories, namely somatization disorder, undifferentiated somatoform disorder, hypochondrial disorder, autonomic dysfunction , persistent pain disorder ,other somatoform disorder and somatoform disorder unspecified.1One of the psychiatric diagnoses, that there are a lot of controversies about its diagnostic criteria, is somatoform disorders. Medically unexplained symptoms are categorized as somatoform disorders in both DSM –IV and ICD-10 [Rief and ISSAC 2007].2 The term somatic symptom disorder was introduced in 2013 with publication of the DSM-5 in 2013. It has a female predilection with an estimated prevalence of 5% in the general population and 25% of individuals develop a chronic somatic illness.3 The prevalence of somatic symptoms disorders a thought to be about 5 to 7 % in general population [APA,2013]. It is more common in women than in men.in rural areas, and in less educated persons [Black&Andreasen,2011.4

BACKGROUND OF THE STUDY

The diagnostic and Statistical Manual for Mental Disorder ,fifth edition [DSM-5] .category of somatic symptoms disorder and related disorder represent group of disorder characterized by the thought feeling or behavior related somatic symptom. Somatic symptom disorder and other related disorder challenge medical provider, clinician need to estimate the relative contribution of psychological factor to somatic symptom.A somatic symptoms disorder may be present when the somatic symptom is a focus of attention, is distressing, or is contributing to impairment. Anxiety disorder and mood disorder commonly produce physical symptom. Somatic symptoms can dramatically improve with successful treatment of the anxiety or mood disorder. However it bear mentioning that the presence of general medical condition with reasonable physical explanation for symptom does not preclude the possibility of a somatic symptom disorder diagnosis. The DSM -5 include 6 specific diagnosis in the somatic symptom disorder and other related disorder category. These include [1] somatic symptom disorder, [2] illness anxiety disorder, [3] conversion disorder (functional neurological symptom disorder [4] psychological factor affect medical condition ,[5] factitious disorder,[6] other unspecified somatic symptom and related disorders. This article focuses on somatic symptom disorder.Somatic symptom disorders and other related disorders challenge medical providers. A somatic symptoms disorder may be present when the somatic symptom is a focus of attention is distressing or is contributing to impairment.7

SSD is a new disorder defined in the DSM-5 replacing somatoform and related disorders from the DSM-4 text revision (TR) . For example, criteria for SSD required the patient constellation of somatic symptoms to include four different pain symptoms, one sexual symptom and one pseudoneurologicalsymptoms. In contrast, diagnosis of Further any one somatic symptom is no required to be continuously present, but rather the state of being symptomatic with any variation of symptoms, is required for the diagnosis of SSD. These diagnostic criteria are inclusive of a broader array of presentation than the formerDSM-4-TR diagnoses of somatization disorder, undifferentiated somatoform disorder, somatoform disorder not otherwise specified (NOS) and pain disorder, which were not included in the DSM-5. Individuals previously meeting criteria for these disorders may now be diagnosed with SSD. Therefore, a re-examination of the disorder presentation in clinical practice is important to address. More specifically, be aim to :

1. Present a detailed account of a clinical case of SSD.

2. Provide date on health care utilization associated with SSD.

3. Describe the current evidence-based guidelines for the management of SSD.

NEED OF THE STUDY

Somatoform disorder is neurotic-stress related disorder. The somatoform disorders in which client experiences physical symptoms despite no underlying medical condition that can explain them fully in somatoform disorders, clients, complaint of severe symptoms that have no organic or physical pathological basis on examination. Researchers have spent years investigating and study how thinking and the mind can affect bodily functioning without pathological process. Somatization disorder is a chronic, undulating, and relapsing disorder that rarely remits completely. It is unusual for the individual with somatization disorder to be free of symptoms for greater than 1 year, during which time they may see a doctor several times. Research has indicated that a person diagnosed with somatization disorder has approximately an 80 percent chance of being diagnosed with this disorder 5 years later. Although patients with this disorder consider themselves to be medically ill, good evidence is that they are no more likely to develop another medical illness in the next 20 years than people without somatization disorder.10 In women, rate is 0.2% to 2%; in men, the condition is rare. It tends to run in families, occurring in 10% to 20% of primary female relatives of clients with somatization disorder. The likelihood of substance abuse, alcoholism and antisocial personality disorder is increase in primary male relatives.9

PROBLEM STATEMENT

Effect of structure teaching program on knowledge regarding somatoform disorder among nurses working on selected hospital of the city"

OBJECTIVES:

Primary objective:

- To find out the effect of STP regarding somatoform disorder among nurses working on selected hospital

Secondary objectives:

- To assess the existing knowledge regarding somatoform disorder among nurses working on selected hospital.
- To determine the association between the pre-test and post-test knowledge score with somatoform disorder among nurses.
- To assess the effectiveness of planned teaching on knowledge regarding somatoform disorder among nurses.
- To evaluate the effectiveness of structured teaching program on knowledge regarding somatoform disorder among nurses.

Hypothesis

H0- There is no significant difference between pre-test and post-test knowledge regarding somatoform disorder among nurses.

H1-There is significant difference between pre-test and post-test knowledge score regarding somatoform disorder among nurses working on selected hospital of the city.

H2 -There is significant association between post–test knowledge score regarding somatoform disorder among nurses.

REVIEW OF LITERATURE

1. Literature related to knowledge regarding somatoform disorder among nurses.
2. Literature related to awareness regarding somatoform disorder.
3. Literature related to structured teaching program on somatoform disorder.

Research approach- Quantitative research approach

Research design- Pre Experimental One group pre -test and post- test research design

Setting of the study-The study is conducted in selected hospital of the city.

Research variable- The dependant variable is Knowledge and Independent Variable is structure Teaching programme.

Demographic variables-Age, Gender, Religion, Education, Monthly Income, Type of Family, Language Known, Working ward, Years of Experience.

Population– Nurses

Target population: It includes Nurses

Accessible population: The accessible populations for the study were nurses from selected hospital in the city.

Sampling -

Sample size: 60 nurses.

Sampling technique: Non probability convenient sampling technique

Description of Tools –

Section I - Semi structured questionnaire of demographic variables.

Section II – Structured Questionnaire on somatoform disorder.

PLAN FOR DATA ANALYSIS

Collected data from staff nurses was planned to analyse by using descriptive and inferential statistics. The descriptive statistics includes; percentage, mean, mean percentage and standard deviation. The inferential statistics includes; t test and one-way ANOVA using 27 SPSS software. However, the tabulated data were planned to analyse under following heading.

SECTION – I
Table.1: distribution of staff nurses with regards to demographic characteristics.

Demographic variables	Number of staff nurses	Percentage (%)
Age		
20 to 30 yr	23	39%
31 to 40 yr	24	40%
41 to 50 yr	10	16%
51 & above	03	05%
Gender		
Male	04	6.6%
Female	56	93.3%
Transgender	00	00
Religion		
Hindu	38	63.34%
Muslim	02	3.3%
Christian	08	13.3%
Buddhist	12	20%
Others	00	00
Education		
Diploma	47	78.34%
Graduation	11	18.33%
Post Graduation	02	03.33%
PHD	00	00
Monthly Income		
10,000/ to 15,000/	38	63.35%
16,000/ to 20,000/	10	16.66%
21,000/ to 25,000/	02	03.33%
26,000/ & Above	10	16.66%

Types of family		
Nuclear Family	35	58.33 %
Joint Family	25	41.66
Extended family	00	00
Language Known		
Marathi	44	73.34%
Hindi	15	25 %
English	01	1.66%
Others	00	00
Specialized Ward		
Gynae ward	16	26.67%
Medicine/Surgery ward	33	55 %
Psychiatric ward	05	8.33%
Pediatric ward	06	10%
Year of Experience		
Below 1yr	10	17 %
1 to 2 yr	21	35 %
3 to 4 yr	05	08.33%
Above 5 yr	24	40 %

SECTION-II: ASSESSMENT OF KNOWLEDGE SCORE OF SOMATOFORMS

Table.2.: Assessment of knowledge score of nurses in selected hospital regarding somatoform disorder before

Category	Maximum score	Mean	Standard Deviation	Mean Percentage
Knowledge	12	4	0.122	42.00

The above table depicts that the mean knowledge level was 4 (42%). Its reveals that the samples

had good knowledge.

Table.3.: Assessment of knowledge score of nurses in selected hospital regarding somatoform disorder after giving structure teaching program.

n=60

Category	Maximum score	Mean	Standard Deviation	Mean Percentage
Knowledge	12	19	1.6361	78.00

The above table depicts that the mean knowledge level was 19 (78%) its reveals that there is marked improvement in knowledge level after giving structure teaching program.

SECTION III- EVALUATE THE EFFECTIVNESS OF STRUCTURE TEACHING PROGRAM ON STAFF NURSES REGARDING SOMATOFORM DISORDER.

Table.4. Significance of knowledge score regarding somatoform disorder of nurses in selected hospital before and after structure teaching program.

Overall	Maximum Score	Mean	Standard Deviation	t-value	p-value
Pre-test	12	4	0.122	1.12	1.41
Post-test	12	19	1.6361	1.41	1.12

SECTION IV

LEVEL OF KNOWLEDGE SCORE OF SUBJECTS PRE AND POST TEST

This section deals with the analysis of data to determine the level of pre- test and post- test knowledge score of the sample.

Table no 5: level of Knowledge score of subjects pre- and post- test

n=60

Level of knowledge score	Pre-test		Post-test	
	f	%	f	%
Poor	36.91	0.0001	2,97	3.07
Average	-	0.48	98	1.98
Good	7.53	0.0001	4,95	2.45
Very Good	1.47	0.23	2,97	3.07
Excellent	3.88	0.024	2,97	3.07

The table no. 7 despites that, in pre -test of the samples had average level of knowledge score, 0.0001% had good level of knowledge score. In post -test 0.23% of the samples had very good level of knowledge score and 3.07% had excellent level of knowledge score. The difference pre- test and post- test level of knowledge

score shows that there was marked improvement in knowledge of adolescent girls in selected school after implementation of structured teaching.

SECTION V

ASSOCIATION OF KNOWLEDGE SCORE OF STAFF NURSES IN RELATION TO DEMOGRAHIC VARIABLES

This section deals with significance of difference of post -test knowledge score in relation to per age education and so on.

- Two group comparisons are done by using the test.
- Three group comparisons are done by using the one-way ANOVA.

Table no 6: association of knowledge on somatoform disorder in relation to age

Age Yrs	No of Staff Nurses	poor	average	good	Very good	excellent	F -value	P value
20 to 30 yr	23	0	1	7	8	7	2.87	
31 to 40yr	24	0	2	6	8	8	2.97	
41 to 50yr	10	0	2	3	3	3	6.4	P=0.65
51 &above	03	0	0	1	1	1	9.8	

In the above mention Table No 8 by applying one way ANOVA to associated knowledge with age, in which P-value = 0.65 which Is more than the p=0.05 hence not associated with the age groups of staff nurses.

Table no.7: association of knowledge on somatoform disorder in relation to gender

Gender	No of Staff Nurses	poor	average	good	Very good	excellent	F-value	P-value
Male	04	0	0	0	2	2	2.49	
Female	56	0	8	12	18	18	1.55	P=0.34
Transgender	00	0	0	0	0	0	0	

In the above mention Table No 8 by applying one way ANOVA to associated knowledge with gender, in which P-value = 0.34 which Is more than the p=0.05 hence not associated with the gender groups of staff nurses.

Table no.8: association of knowledge on somatoform disorder in relation gender

Religion	No of Staff Nurses	poor	average	good	Very good	excellent	F-value	P value
Hindu	38	0	8	10	9	11	3.58	P=0.79
Muslim	02	0	0	0	1	1	1.21	
Christian	08	0	0	1	3	4	1.67	
Buddhist	12	0	0	3	4	5	3.43	
Others	00	00	00	00	00	00	0	

In the above mention Table No 8 by applying one way ANOVA to associated knowledge with religion, in which P-value = 0.79 which Is more than the p=0.05 hence not associated with the religion groups of staff nurses.

Table no.9: association of knowledge on somatoform disorder in relation to gender

Education	No of Staff Nurses	poor	average	good	Very good	excellent	F-value	P value
Diploma	47	0	7	10	19	11	3.12	P=0.091
Graduation	11	0	0	0	1	10	1.98	
Post Graduation	02	0	0	0	1	1	0.34	
PHD	00	0	0	0	0	0	00	

In the above mention Table by applying one way ANOVA to associated knowledge with education, in which P-value = 0.091 which Is less than the p=0.05 hence knowledge is associated with the education of staff nurses.

Table no.10: association of knowledge on somatoform disorder in relation to gender

Monthly Income	No of Staff Nurses	poor	average	good	Very good	excellent	F-value	P value
10,000/ to 15,000/	38	0	8	10	9	11	1.45	
16,000/to 20,000/	10	0	0	1	2	7	3.22	P=0.56
21,000/to 25,000/	02	0	0	0	1	1	5.32	
26,000/& Above	10	0	0	0	3	7	7.81	

In the above mention Table by applying one way ANOVA to associated knowledge with monthly income, in which P-value =0.56 which Is more than the p=0.05 hence knowledge is not associated with the monthly income of staff nurses.

Table no.11: association of knowledge on somatoform disorder in relation to types of family

Types of family	No of Staff Nurses	poor	average	good	Very good	excellent	F-value	P value
Nuclear Family	35	0	5	10	11	9	2.45	P=0.20
Joint Family	25	0	0	2	12	11	1.54	
Extended Family	00	0	0	0	0	00	0	

In the above mention Table by applying one way ANOVA to associated knowledge with types of family, in which P-value = 0.20 which Is more than the p=0.05 hence knowledge is not associated with the type of family f staff nurses

Table no. 12: association of knowledge on somatoform disorder in relation to language known

Language Known	No of Staff Nurses	poor	average	good	Very good	excellent	F-value	Pvalue
Marathi	44	0	4	10	11	19	2.45	P=0.44
Hindi	15	0	0	2	2	11	1.54	
English	01	0	0	0	0	1	0.12	
Others	00	0	0	0	0	0	0	

In the above mention Table by applying one way ANOVA to associated knowledge with language known, in which P-value=0.44which Is more than the p=0.0 5hence knowledge is not associated with the language known of staff nurses.

Table no.11: association of knowledge on somatoform disorder in relation to types of family

Types of family	No of Staff Nurses	poor	average	good	Very good	excellent	F-value	Pvalue
Nuclear Family	35	0	5	10	11	9	2.45	P=0.20
Joint Family	25	0	0	2	12	11	1.54	
Extended Family	00	0	0	0	0	00	0	

In the above mention Table by applying one-way ANOVA to associated knowledge with types of family, in which P-value = 0.20 which Is more than the p=0.05 hence knowledge is not associated with the type of family of staff nurses.

Table no. 12: association of knowledge on somatoform disorder in relation to language known

Language Known	No of Staff Nurses	poor	average	good	Very good	excellent	F-value	P-value
Marathi	44	0	4	10	11	19	2.45	P=0.44
Hindi	15	0	0	2	2	11	1.54	
English	01	0	0	0	0	1	0.12	
Others	00	0	0	0	0	0	0	

In the above mention Table by applying one way ANOVA to associated knowledge with language known, in which P-value=0.44 which Is more than the p=0.05henceknowledgeisnotassociated with the language known of staff nurses.

Table no.13: association of knowledge on somatoform disorder in relation to specialized ward

Specialized Ward	No of Staff Nurses	poor	average	good	Very good	excellent	F-value	P-value
Gynae ward	16	0	0	3	6	7	2.0	P=0.066
Medicine/ Surgery Ward	33	0	0	4	12	17	1.22	
Psychiatric ward	05	0	0	0	2	3	0.12	
Pediatric ward	06	0	0	1	2	3	0.45	

In the above mention Table by applying one way ANOVA to associated knowledge with specialized ward, in which P-value=0.066 which Is less than the p=0.05hence

Knowledge is associated with the specialized ward of staff nurses.

Table no.14: association of knowledge on somatoform disorder in relation to specialized ward

Year of Experience	No of Staff Nurses	poor	average	good	Very good	excellent	F-value	P-value
Below 1yr	10	0	0	1	2	7	2.89	P=0.099
1 to 2yr	21	0	0	1	12	8	1.39	
3 to 4yr	05	0	0	0	2	3	0.33	
Above 5yr	24	0	0	4	5	15	0.54	

In the above mention Table by applying one way ANOVA to associated knowledge with year of experience, in which P-value = 0.099 which Is less than the p=0.05 hence knowledge is associated with the year of experience of staff nurses.

VI. CONCLUSION

After the detailed analysis, this study leads to the following conclusion.

The nurses do not have 100% knowledge regarding somatoform disorder. Demographic variables did not show a major role in the influencing knowledge score among nurses. Hence based on the above cited findings, it was concluded undoubtedly that the nurses have average knowledge regarding somatoform disorder. Therefore, there is a need to update the knowledge of the nurses in time through health education.

The result of our study is too consistent with the conclusion of a multiple number of research papers delivering into the information level on somatoform disorder among nurses.

The findings of this study have implications for nursing services, nursing education, nursing administration and nursing research.

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