

## A Study to Assess the Knowledge Regarding Homecare Management among Primary Caregivers of Depressive Patients in Selected Hospitals, Gujarat

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### Abstract

Depression is the oldest and most common psychiatric illness. A study to assess the effectiveness of the Planned Teaching Programme related to depression in selected mental health hospitals of Gujarat state. *Aims:* To assess the level of knowledge regarding depression and its homecare management among primary caregivers of patients admitted with depression before and after administration of planned teaching programme, To assess the effectiveness of Planned teaching programme regarding depression and its homecare management, To find out association of pre-test knowledge score regarding depression and its homecare management with selected demographic variables. *Method:* Pre-experimental research approach was used with one group pre-test post-test design, samples consisted of 40 and non probability purposive sampling technique for selecting 40 samples. A structured knowledge questionnaire was prepared to assess the knowledge of the samples. *Result:* The mean pre-test knowledge score of samples about primary caregivers of patients admitted with depression was 10.2 where as post-test knowledge score was 22.45. The mean post test knowledge score is significantly higher than the mean pre test knowledge score with the mean difference of 12.28 and the calculated 't' value ( $t = 22.22$ ) was greater than tabulated 't' value ( $t = 2.02$ ) which was statistically proved at 0.05 level of significance. The findings of the study reveal that there is no significant association with pre-test knowledge scores and selected demographic variables of the samples except religion of primary caregivers regarding homecare management of depression. *Conclusion:* The result of the study reveals that the primary caregivers of patients had poor knowledge before administration of Planned Teaching Programme. After administration of planned teaching programme, the knowledge had been improved. Hence, it can be seen that the Planned Teaching Programme was effective in enhancing knowledge of primary caregivers of depressive patients.

**Keywords:** Home care management; Depressive patients; Primary caregivers; Planned Teaching Programm.

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### Introduction

Depression is the common cold of mental disorders-most people will be affected by depression in their lives either directly or indirect through a

friend or family member with a prevalence of 10-15% in general population 7-12% in men and 20-25% in women Overall 30-70% of depression has attributed to heritable factors Monozygotic twins have two folds greater concordance rates (50-70-%) for major depressive disorder than the dizygotic twins (20-25%) [2].

Depression is a different from feeling down. There are also the types of depression. Major depression, Persistent psychotic depression, Premenstrual dysphoric depression, Post partum depression, Seasonal depression, that people may experience [4] Depression is characterized by a number of common symptoms like Appetite and/or weight loss or overeating and weight gain may be symptoms of depression in some people. Many

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others experience decreased energy, fatigue, and a constant feeling of being slowed down. Thoughts of death or suicide are not uncommon in those suffering from severe depression. Restlessness and irritability are also found among depression patients [1,3].

## Materials and Methods

The study was conducted in government mental health hospitals of Gujarat, India. Samples were taken from primary caregivers of patients admitted with depression. The sample consisted of 40 samples. Pre experimental one group pre test and post test design was used. Samples were selected using non probability purposive sampling techniques. The subjects were given structure knowledge questionnaires which consisted of 30 questions.

## Results

### Part I: Findings related to sample characteristics

The table 1 shows that out of 40 samples, 14 (35%) were in age group 41- 50 years. 21 (52.5%) samples were female, 22 (55%) were Hindu, 13 (32.5%) were studied primary, 17 (42.5%) had monthly income of as rupees10,001 to15,000.

**Table 1:** Frequency and percentage distribution of samples based on demographic Variables [n=40]

Sr No.	Demographic Variables	Frequency (F)	Percentage (%)
.1	<b>Age (in years)</b>		
1.	21-30years	8	20%
2.	31-40 years	13	32.5%
3.	41-50 years	14	35%
4.	>50 years	5	12.5%

<b>2 Gender</b>		
1. Male	19	47.5%
2. Female	21	52.5%
<b>3 Religion</b>		
1. Hindu	22	55%
2. Muslim	10	25%
3. Christian	5	12.5%
4. Others	3	7.5%
<b>4 Education Status</b>		
1. Illiterate	8	20%
2. Primary	13	32.5%
3. Higher secondary	11	27.5%
4. Graduate or above	8	20%
<b>5 Occupation</b>		
1. Service	11	27.5%
2. Business	12	30%
3. Labor	3	7.5%
4. None of above	14	35%
<b>6 Income per month (In Rupees)</b>		
1. <5000	4	10%
2. 5001 to 10,000	12	30%
3. 10,001 to 15,000	17	42.5%
4. >15,000	7	17.5%

### Part II: Findings related to mean pre and post test score of samples

Table 2 shows the percentage gain in the area related to introduction was 26.67%, in the area related to types was 20%, in the area related to causes was 18%, in the area related to sign and symptoms was 19%, in the area related to depression and suicidal risk 32.5% and in the area of risk factor was 33%, in the area related treatment was 45%, in the area related homecare management was 51.52%. So the investigator concluded that there was marked increase in the mean post test knowledge score as compared to mean pre test knowledge score of samples after the administration of a Planned Teaching Programme regarding homecare management.

**Table 2:** Area wise mean, mean percentage and percentage gain of pre-test and post test knowledge of the samples. [n=40]

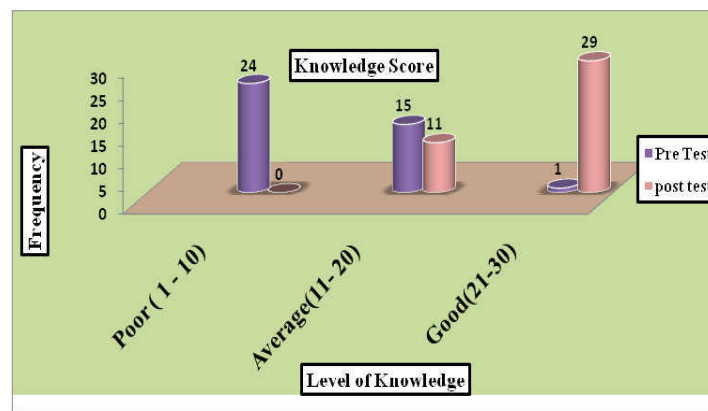
Sr No	Area of content	Max score	Pre-test knowledge score		Post-test knowledge score		Percentage (%) gain	Mean difference
			Mean score	Mean (%)	Mean score	Mean (%)		
1	Introduction	3	1.1	36.66%	1.9	63.33%	26.67%	0.8
2	Types	2	0.7	35%	1.1	55%	20%	0.4
3	Causes	1	0.35	35%	0.53	53%	18%	0.18
4	Sign and Symptoms	2	0.9	45%	1.28	64%	19%	0.38
5	Depression and suicidal risk	2	0.65	32.5%	1.3	65%	32.5%	0.65
6	Risk factor	1	0.4	40%	0.73	73%	33%	0.33
7	Treatment	2	0.6	30%	1.5	75%	45%	0.9
8	Homecare management	17	5.4	32%	14.2	83.52%	51.52%	8.8
	Total	30	10.2	34 %	22.48	75%	41 %	12.28

*Part III: Findings related to effectiveness of planned teaching programme.*

Table 3 Shows that 24 (60%) samples had poor, 15 (37.5%) samples had average, 1 (2.5%) had a good knowledge as per their pre- test knowledge scores where as 11 (27.5%)samples had average, 29 (72.5%) samples had good knowledge as per their post- test knowledge scores.

**Table 3:** Analysis and interpretation of the data related to knowledge to assess the effectiveness of planned teaching programme regarding home care management. [n=40]

Level of Knowledge	Pre Test		Post Test	
	Frequency	Percentage%	Frequency	Percentage%
Poor (1-10)	24	60%	0	0
Average (11-20)	15	37.5%	11	27.5%
Good (21-30)	1	2.5%	29	72.5%
Total	40	100%	40	100%



**Fig. 1:** Bar Graph Showing the Comparison of Pre Test and Post Test Knowledge Frequency of Samples regarding homecare management among primary caregivers of patients admitted with depression.

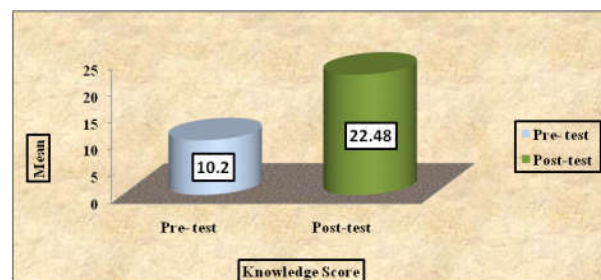
*Part IV: Findings related to mean, mean difference, standard deviation, and t test.*

Table 4 shows the comparison between pre-test and post-test knowledge scores obtained by the respondents regarding homecare management among primary caregivers of patients admitted with depression. The mean Pre-test score was 10.20 and the mean post test score was 22.48. The mean difference between pre-test and post-test knowledge score was 12.28. The table 4 also shows that the standard deviation of pre-test score of knowledge was 2.68 and Standard deviation of post test score of knowledge was 2.97. The calculated 't' was 22.22 and the tabulated 't' was 2.02 at 0.05 level of significance at for 39 df Above table reveals that the mean post-test knowledge score was significantly higher than the mean pre-test knowledge.

**Table 4:** Mean, Mean Difference, Standard Deviation (SD) and 't' test value of the Pre-test and Post-test Knowledge scores of samples. [n=40]

Knowledge Test	Mean	Mean difference	SD	Calculated 't' value
Pre- test	10.20	12.28	2.68	22.22
Post-test	22.48		2.97	

Df (39) 0.05 level t value = 2.02.



**Fig. 2:** Bar Graph Showing the Comparison of Mean Pre Test and Mean Post Test Knowledge Scores of Samples regarding depression and its homecare management

*Part V: Findings related to association of pre test knowledge score with demographic variables.*

Table 5 shows that regarding, religion of the samples with the pre test knowledge scores, the calculated value of chi square ( $\chi^2$ ) was 13.532 is greater than table value of ( $\chi^2$ ) 12.59 at 6 degree of freedom and 0.05 levels of significant. Hence, it has significant association with the knowledge of the samples.

**Table 5:** Analysis and interpretation of the data related to association of pre-test knowledge score with selected demographic variables [n = 40]

Sr. No.	Demographic variables	Frequency (f)	$\chi^2$		Df	Significance	
			Calculated value	Table value			
1	<b>Age (in year)</b>	1. 21-30 years	8	9.627	12.59	6	Non significant
		2. 31-40 years	13				
		3. 41-50 years	14				
		4. >50 years	5				
2	<b>Gender</b>	1. Male	21	1.136	5.99	2	Non significant
		2. Female	19				
3	<b>Religion</b>	1. Hindu	22	13.532	12.59	6	Significant
		2. Muslim	10				
		3. Christian	5				
		4. Others	3				
4	<b>Education Status</b>	1. Illiterate	8	5.902	12.59	6	Non significant
		2. Primary	13				
		3. Higher secondary	11				
		4. Graduate or above	8				
5	<b>Occupation</b>	1. Service	11	6.212	12.59	6	Non significant
		2. Business	12				
		3. Labor	3				
		4. None of above	14				
6	<b>Income per month (in Rupees)</b>	1. <5000	4	2.802	12.59	6	Non significant
		2. 5001 to 10,000	12				
		3. 10,001 to 15,000	17				
		4. >15,000	7				

## Discussion

The present study was conducted to assess the effectiveness of Planned Teaching Programme regarding homecare management among primary caregivers of patients admitted with depression in selected mental health hospitals of Gujarat. In order to achieve the objective of the study, pre experimental one group pre test post test was adopted. The data was collected from 40 primary caregivers of depressive patients by using structured knowledge questionnaire. The post test score (mean 22.48) was higher than that of pre test score (mean 10.20) and which was statistically proved and it revealed that Planned Teaching Programme was effective in terms of knowledge among the primary caregivers of patients admitted with depression [9].

## Conclusion

From the above finding the conclusion can be drawn that care givers were aware about depression and its homecare management, and the planned teaching programme was found effective in enhancing the knowledge of the primary caregivers of depressive patients. There was statistically significant association of pre test knowledge score with selected demographic variable such as religion.

## References

1. Ahuja N. A Short Text Book of Psychiatry. 6th edition, New Delhi, JP Publications. 2006.
2. Baswanthappa B.T. Nursing Education. 2nd edition, New Delhi, Jaypee brothers. 2005.
3. Baswanrhappa B.T. Nursing research. 2nd edition. New Delhi: Jayp brothers. 2005.
4. Bimla Kapoor. Text book of psychiatric nursing. 1st

- edition. New Delhi: kumar Publishing house
5. C.I subhash indra kumar A text book of " psychiatry and mental health nursing" emmess.
  6. Kaplan and sadock. Comprehensive Text Book of Psychiatry. Vol-2, William and Wilking publication. 1996.
  7. Kumar N. Essentials of Psychiatry. 1st edition. A.I.T.B.S Publishers, India. 2009.
  8. Neeraja K.P. Essential of Mental Health and Psychiatric Nursing. (1st ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd. 2008.
  9. Polit DF & Beck CT. Essentials of Nursing Research" Appraising Evidence for Nursing Practice 7th ed. Lippincott Williams & Wilkins. 2009.
  10. Polit DF and Hungler BP. Nursing Research-principle and Methods. 4th ed. 1995.
  11. R. Sreevani. A Guide to Mental health and psychiatric nursing, 3rd ed, Jaypee Publications.
  12. Shaffer D Depressive disorders and suicide in children and adolescents. In Sadock BJ, Sadock VA, eds. Kaplan & Sadock's Comprehensive "Textbook of Psychiatry" 8th ed. Vol. 2. Baltimore: Lippincott Williams & Wilkins; 2005.

