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A Study to Assess the Effectiveness of Planned Demonstration Programme on Cardiopulmonary Resuscitation in Terms of Practice among Higher Secondary Students of HV Vidyalaya School, Surat

Alka Tajne

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Author's Affiliations: Principal, Vibrant Nursing College, Surat, Gujrat 394540, India.

Corresponding Author: Alka Tajne, Principal, Vibrant Nursing College, Surat, Gujrat 394540, India.

E-mail: alkatajne@gmail.com

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Abstract

Background of the Study: Birth and death are the two natural phenomena that all of us have to accept. When a child is born we are happy because a new person is added to our company, whereas, when someone dies, we grieve because he/she is no more with us. Death can occur at any cause. However death in certain instances can be prevented. For instance death due to cardiac arrest can be prevented by giving Cardio Pulmonary Resuscitation (CPR) in time. Cardio Pulmonary Resuscitation is a technique used in a cardiac arrest to establish heart and lung function until more Advance Cardiac Life Support (ACLS) is available.

Aim of the Study: To Assess the Effectiveness of Planned Demonstration Programme on Cardio Pulmonary Resuscitation.

Material and Methods: The study was conducted at H.V.Vidhyalay School of Surat. The researcher used Non-probability convenient sampling method to select 30 higher secondary students. A Planned Demonstration Programme and an Observational Checklist were developed to assess the practice of the students. Content validity of the developed tool was established by 4 experts and necessary notification was made as suggested by them. Reliability of an observational checklist was done by inter rater technique and the tool was found to be reliable.

Conclusion: The findings of the study showed that the structured teaching programme was very effective in improving the level of knowledge.

Keywords: Cardiopulmonary Resuscitation; Advance Cardiac Life Support.

Introduction

Basic Life Support (BLS) is the level of medical care which is used for patients with life threatening illness or injuries until the patient can be given full medical care at hospital. It can be provided by medical personnel, including emergency medical technicians, paramedics and by easy persons who have received BLS Training. It is generally used

in the pre hospital settings and can be provided without medical equipment's.

CPR can consist of many different things, but the initial, vital part is BLS. Cardio means "of the heart" and Pulmonary means "of the lungs" Resuscitation is a medical word that means "to revive" or "bring back to life". Many people who handle emergencies such as police officer, fire-fighters, paramedics,

doctors and nurses are all trained to do CPR. Many other non medical persons like lifeguards, teachers, and students of higher secondary schools and may be your mom or dad knows how to do CPR too. People can start getting credible work experience at an earlier age, which will only help them out more down the road. And since the courses are so short, it dose not have to interfere with high school.

The absence of normal breathing to be the main sign of cardiac arrest in a non-responsive victim. Once CPR has started, it is now recommended that the rescuer should only stop if the victim shows signs of regaining consciousness such as coughing, opening his eyes, speaking or moving purposefully as well as breathing normally.

The advantage of the training is also essential for parents of small children and teachers, adolescents at play and sunstroke. When an emergency strikes, all of a sudden immediate medical help is not available on the spot. The training in BLS equips trained persons to help, save life promptly and effectively in such emergencies instead of being were helpless out workers.

In India, very spars data are available about survival after CPR. Among those who survive, survival rates vary substantially between countries due in large part to community differences in the chain of survival. To improve survival after cardiac arrest, care must be optimized at each point along the cardiac arrest continuum including a rapid emergency response, provision of CPR by bystanders, delivery of high quality chest compressions with minimal interruptions by first responders, rapid defibrillation, and optimization of post resuscitation care. Out of Hospital Cardiac Arrest (OHCA) is a leading cause of death in first world countries. The estimated incidence in the United States is about 1/1000 population per year (15% - 20% of all deaths). If victims of OHCA can receive immediate and appropriate treatment, they have a 30%-70% chances of survival.

In India 98% population is not trained in the basic lifesaving technique of CPR, shows a survey conducted by Lybrate, an online doctor consultation platform. This is the most crucial and basic procedure to save a life in the event of sudden cardiac arrest. The pan survey shows that less than 2% of the 1,00,000 surveyed agreed to be knowing the technique, while only 0.1% said they have ever performed it on someone in case of an emergency .6% of the people surveyed were from Bangalore, out of that, 4.5% of the people knew about CPR, 4.3% of male and 4.8% of female from Bangalore knew about CPR, reveals the study.

Objectives of the Study

- To assess the level of practice regarding Cardio Pulmonary Resuscitation among higher secondary students of HV Vidhyalaya school of Surat before and after planned demonstration Programme.
- To determine the effectiveness of planned demonstration programme among higher secondary students of H.V. Vidhyalaya school of Surat by comparing the pre-test and post-test practice score.

Material and Methods

The study was conducted at H.V.Vidhyalay School of Surat. The researcher used Non-probability convenient sampling method to select 30 higher secondary students. A Planned Demonstration Programme and an Observational Checklist were developed to assess the practice of the students. Content validity of the developed tool was established by 4 experts and necessary notification was made as suggested by them. Reliability of an observational checklist was done by inter rater technique and the tool was found to be reliable.

Ethical Consideration

The study was proposed and submitted to the ethical committee, Vibrant Nursing College and experts on the committee approved the study. All respondent were carefully informed about the purpose of the study and their part during the study. Informed consent for the study was obtained from all participants. Thus, the investigator followed the ethical guidelines, which issued by the research committee. Necessary permission to conduct the study was requested and obtained from the Vibrant Nursing College Surat, Principal of H.V School Surat. The study was done without any violation of human rights.

Results

In the above table 1, it can be seen that the practice area was divided into 5 sub areas i.e. checking scene safety, Assessment and activation, Cycle 1 of CPR, Cycle 2 of CPR and Evaluation. The Mean pre-test score of area related to Checking scene safety was 0.23 (7.67%) and Mean post-test score was 2.8 (93.33%). Hence the gain in this area was 85.66%. The Mean pre-test score of area related to Assessment and activation was 0.67 (16.75%) and Mean post-test score was 3.6 (90.00%). Hence the gain in this area was 73.25%. The Mean pre-test

score of area related to Cycle 1 of CPR was 0.77 (12.83%) and the Mean post-test score was 5.5 (91.67%).

Table 1: Area wise Mean, Mean percentage and Percentage gain of pre-test and post-test Practice scores on Practice of Cardiopulmonary Resuscitation.

Task	Max. score	Pre-test score		Post-test score		% gain
		Mean score	%	Mean score	%	
		(N=30)				
Checking Scene Safety	3	0.23	7.67%	2.8	93.33%	85.66%
Assessment and Activation	4	0.67	16.75%	3.6	90.00%	73.25%
Cycle 1 of CPR	6	0.77	12.83%	5.5	91.67%	78.84%
Cycle 2 of CPR	2	0.7	35.00%	2	100.00%	75.00%
Evaluation	1	0.57	57.00%	1	100.00%	43.00%
Total	16	2.94	25.85%	14.9	95.00%	69.15%

Hence the gain in this area was 78.84%. The Mean pre-test score of area related to Cycle 2 of CPR was 0.70 (35.00%) and the Mean post-test score was 2 (100.00%). Hence the gain in this area was 75.00%. The Mean pre-test score of area related to Evaluation was 0.57 (57.00%) and the Mean post-test score was 1 (100.00%). The data in the table further indicates that the post-test mean percentage practice scores in all content areas were higher than the pre-test mean percentage practice scores.

Table 2: Mean, Median, Standard deviation of Pre-Test and Post-Test Practice Scores of Higher Secondary Students on Procedure of Cardiopulmonary Resuscitation.

Practice Score	Mean	Mean diff.	Median	SD	Calculated t-value	Tabulated t-value
Pre-test	2.94	11.96	3	0.27	13.4	2
Post-test	14.9		15	1.89		

Significant at 0.05 level DF (29), t value= 2.00

The data presented in table 2 shows the comparison between pre-test and post-test practice score obtained by the samples on procedure of Cardiopulmonary Resuscitation. There was total 16 items in Structured Observational Checklist for practice. The data presented in the table also indicates that the Mean post-test practice score 14.90 is higher than the Mean pre-test practice score 2.94 with a Mean difference of 11.96. The findings also showed that the Standard Deviation of pre-test is 0.27 and post-test practice score is 1.89. Thus, it

indicates that Planned Demonstration Programme was effective in increasing the practice of the higher secondary students. Percentage distribution of higher secondary students regarding practice on Cardiopulmonary Resuscitation. As the calculated value of 't' > the tabulated value of 't' (13.40 > 2.00), the null hypothesis H01 was rejected and H0 hypothesis was accepted that the mean post-test practice score is significantly higher than the mean pre-test practice score at 0.05 level of significance.

Table 3: Percentage distribution of higher secondary students regarding practice on Cardiopulmonary Resuscitation.

Score	Inter-pretation	Pre-test		Post-test	
		Frequency	Percentage	Frequency	Percentage
1-8	Poor	30	100%	0	0%
9-16	Good	0	0%	30	100%

Table 3 shows that, out of 30 samples 30 (100%) had poor practice score in pre-test practice score. But in post-test practice score there was increase in practice of the samples by 30 (100%) which is very good score. Therefore, it is concluded that post practice score is higher than the pre practice score. Hence the Planned Demonstration Programme was effective in increasing practice on Cardiopulmonary Resuscitation (CPR).

Discussion

This study addressed to assess the effectiveness of a planned demonstration programme regarding Cardiopulmonary Resuscitation in terms of Practice among Higher Secondary Students of H. V. Vidyalaya School of Surat. The investigator used an Observational Checklist for assessment of practice among higher secondary students. In this study, 30 samples participated. In relation of the finding of the study, it was revealed that out of 30 samples, 30 (100%) had poor practice score of pre-tests. In the column of post-test of practice, it shows that out of 30 samples whole 30 (100%) students had very good practice on Cardiopulmonary Resuscitation. Thus, it indicates that the Planned Demonstration Programme was effective in increasing the practice of the Higher Secondary Students on Cardiopulmonary Resuscitation.

The presented study can be supported with the Vatsala Rao et al., (2019) a quasi-experimental study was conducted, with a post-test design, to compare the effect of two self-instructional modules and demonstration method of teaching cardiopulmonary resuscitation in terms of knowledge and practice

among 2nd year B.Sc. Nursing Students of selected college of Ahmedabad. 60 samples were selected using convenience sampling technique and were randomly allotted to the group demonstration and self-study module. A knowledge questionnaire consisting of 36 multiple choice questions was used to assess knowledge and an observational checklist of cardiopulmonary resuscitation steps were used to assess the practice.

The study revealed that the mean difference in the post-test knowledge scores in between two groups was statistically significant. The demonstration group had a post-test mean of 27.43 and the self-instructional module group had a post-test mean of 21.6. There was also a significant difference in the acquisition of skills from pre-test to post-test. The demonstration group should the least amount of errors on post-test with an adjusted mean of 13.4 as compared to self-instructional module group's adjusted mean of 8.83. It was concluded that demonstration is more effective as compared to self-instructional module for teaching Cardiopulmonary Resuscitation.

Conclusion

The following conclusion can be drawn from the study findings:

Practice deficit exist in all the areas of Cardiopulmonary Resuscitation. The planned demonstration programme was found to be effective in enhancing the practice of samples regarding cardiopulmonary resuscitation. Thus, the planned demonstration programme can be used for the large population in different settings.

The investigator concluded that there was significance increase in the mean post-test score as compared to mean pre-test score of practice after administration of planned demonstration programme. In practice the calculated t value was greater than tabulated t value at 0.05 level

of significance which was statistically significant the null hypotheses were rejected, and research hypotheses were accepted so, investigator concluded that higher secondary students gained significant increase in practice that planned demonstration programme was effective.

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A Study to Assess Effectiveness of Self Instructional Module on Knowledge Regarding Prevention of Oral Cancer among UG Students in Selected College

Diksha Bhimrao Patil

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Author's Affiliations: Lecturer, Department of Medical Surgical Nursing, Sumantai Wasnik College of Nursing, Nagpur, Maharashtra 440023, India.

Corresponding Author: Diksha Bhimrao Patil, Lecturer, Department of Medical Surgical Nursing, Sumantai Wasnik College of Nursing, Nagpur, Maharashtra 440023, India.

Email: Dikhpatil1994@gmail.com

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Abstract

Cancer is when cells in the body change and grow out of control. Your body is made up of tiny building blocks called cells. Normal cells grow when your body needs them, and die when your body does not need them any longer. Cancer is made up of abnormal cell that grow even though your body doesn't need them. In most type of cancer, abnormal cell grow to form a lump or mass called a tumor. Oral cancer is cancer that starts in the mouth or throat. Oral cancer is fairly common and curable if found and treated at an early stage.¹ The low income groups in India are affected most due to a wide exposure to risk factors such as tobacco chewing and insufficient exposure to newly diagnostic aids, resulting in a delay in reporting of oral cancer.²

Oral cancer is the most common cancer in Indian males. It accounts for 50% to 70% of total cancer mortality. The incidence is nearly 11% in male and 5% in female. It is more common in men (male to female ratio of 2:1). Mortality rate have been decreasing since the early 1980s. The survival rate for all stages of cancer of the oral cavity and pharynx combine is 53%, and 10 year ratio.³ Tobacco consumer in India. A study showed that in India 34.6% (29,66,24,682) people consume tobacco out of which 5.7% (4,88,65,916) smoked cigarettes, 9.2% (7,88,71,303) were bidi smokers and 25.9% (22,20,39,863) used tobacco in other forms (smokeless) disease cause by tobacco include buccal mucosa at first position followed by tongue, larynx, hypopharynx, oropharynx and floor of mouth cancers.⁴ This study was based on quantitative evaluative research approach A probability simple random sampling. Quasi experimental one group pre-test and post-test research design. In this study included 30 samples. Based on the objectives and the hypothesis the data were analyzed by using various statistical tests. Analysis of data showed that there is significant difference between the pre test and post test. The calculated 't' test values are much higher than the tabulated values. Hence it is statistically interpreted that the self instructional module on prevention of oral cancer at selected college. In this study SIM on prevention of oral cancer was very effective.

Keywords: Effectiveness of self instructional; Module on knowledge; Oral cancer; UG student.

Introduction

"It's Possible Not Just To Survive, But To Thrive And To Live A Healthy, wonderful Life Again".

Erika Evans

Cancer is the major public health problem in the world and major chronic life threatening disease. It is increasing as a leading killer across the globe especially in the developing countries. Oral cancer is associated with smoking cigarettes and cigars as well as chewing tobacco.⁵

Oral cancer is the most common cancer in the Indian males. It accounts for 50%-70% of total cancer mortality. The incidence is nearly 11% in males and 5% in females.⁶

Cancer is uncontrollable growth of cell that invades and cause damage to surrounding tissue. Oral cancer appears as a growth or sore in the mouth that does not go away. Oral cancer, which includes cancers of the lips, tongue, cheeks, floor of the mouth, hard and soft palate, sinuses, and pharynx (throat), can be life threatening if not diagnosed and treated early.⁷

The incidence is nearly 11% in males and 5% in females. It is more common in male (male-to-female ratio of 2:1). Mortality rates have been decreasing since the early 1980s years. The survival rate for all stages of cancer of the oral cavity and pharynx combined is 53%, and the 10 year rate is 43%.⁴ In India 20 per 10,000 populations are affected by oral cancer which account for about 30% of all type of cancer over 5 people in India die every hour every day because of oral cancer and the same number of people die from cancer in oropharynx and hypopharynx. Tobacco consumer in Maharashtra 31.4% (2,58,99,273) people consume tobacco out of which 3.4% (28,04,380) were cigarette smokers 2.7 % (22,27,088) used bidi and 27.6% (2,27,64,966) used smokeless tobacco product.

Nagpur: It may appear unbelievable that 50% of cancer in men and 20% in women can directly be attributed to tobacco use. These scary figures come from a study conducted by the Indian council of medical research (ICMR).⁸

Tobacco and alcohol are essentially chemical factors, but can also be considered lifestyle factor, since we have some control over them. Besides these, there are physical factors such as exposure to the ultraviolet radiations. This is a causative agent in cancers of the lip, as well as other skin cancers. Cancer of the lip is one oral cancer whose numbers have declined in the last few decades. Another physical factor is exposure to x-rays. Radiographs

regularly taken during examinations and at the dental office are safe, but remember that radiation exposure is accumulative over a lifetime.

High risk factors include use of tobacco and alcohol (particularly in combination) use of smokeless tobacco (snuff), pipe smoking, marijuana use, etc. A sexually transmitted virus called HPV (human papilloma virus) is also responsible.⁷

When oral cancer is detected early, it is treated with surgery or radiation therapy. Oral cancer that is further along when it is diagnosed may use as a combination of treatment. For example, radiation therapy and chemotherapy are often and given at some time. Another treatment option is treated therapy, which is never type of cancer treatment that uses drugs or the other substance to precisely identify and attack cancer cells. The choice of treatment depends on your health, where in your mouth or throat cancer began, the size and type of tumor, and whether the cancer has spread.⁹

Prevention of this devastating disease can come from fundamental changes in socioeconomic status, as well as from action to reduce demand, production, marketing, and use of tobacco product and alcohol. A healthy diet, good oral and sexual hygiene, and awareness of sign and symptoms of disease are important. Success depend on political will, intersectoral action, and culturally sensitive public health message disseminated through educational campaigns and mass media initiatives.

R. Ganesh. J, John, S. Saravanan, (2013), conducted a study to assess the socio-demographic profile of oral cancer patients at a cancer hospital in Chennai Tamil Nadu, India. Results shows a total of 266 oral cancer patients aged 21-60 years and above comprise the study population. Most of about 48.5% of rural subjects had agriculture as source of occupation and 28.6% of urban subjects were unskilled labors. In both rural and urban subjects, majority, 94.9% and 71.9% had family income below as Rs 5000. The percentage of illiterates was high in both rural and urban classes (i.e) 55.8% and 21.9%.¹⁰

Dr. Zahidullah Khan, (2012), conducted a study to assess the current prevalence and risk factor for oral carcinoma across the India subcontinent. Cancer is the second most common cause of mortality and morbidity today after cardiovascular problems, Oral cancer is the eleventh most common cancer in the world and two third deaths due to the oral cancer occurs in developing world, out of which one third occurs in Indian subcontinent. Human papilloma virus is a known risk factor for

oral cancer specially type 16 and 18 study suggest that primary prevention to secondary and tertiary prevention method. These includes better hygienic, health education, and proper screening methods to detect those at risk, earlier treatment and smoking cessation clinics, proper legislation at government level and global approach also suggest as well.

Problem definition: A study to assess the effectiveness of self-instructional module on knowledge regarding prevention of oral cancer among ug student in selected college”.

Methodology

Research approach: Quantitative evaluative research approach was used for this study.

Research design

Variables under study: (1) Independent variable: self instructional module on prevention of oral cancer.

Dependent variable: knowledge of UG student on prevention of oral cancer. The study was conducted in selected college.

Population: In this study, the population included student in selected college. Target population consists ug student. Accessible ug student in selected college. Who fulfill the inclusive and exclusive criteria.

Sample and sampling technique

Sample: In the study UG student in selected college.

Sample size: The sample size for the present study is 30 UG students who fulfill the set inclusion criteria.

Sampling technique: Probability simple random sampling.

Inclusion criteria: Students who are:

- Student who are able to read, write and speak English.
- Students who are willing to participate in the study.

Exclusion criteria: Students who are

- Who are sick at time of data collection

Preparation of the tool Section I: Demographic data, Section II Structured knowledge questionnaires.

Results: Organization of the data:

Section I: Demographic Variables

- In the study, according to age of the undergraduate students, 80% of them were

from the age group 17-20 years, 13.33% from the 21-22 years, 6.67% from the age group 23-24 years and no one from the age group above 24 years of age.

- In the study, according to gender of the undergraduate students, 73.33% of them were males and 26.67% were females.
- In the study, according to health habits of the undergraduate students, 23.33% of them had habit of smoking and 20% had habit of all the things like Tobacco chewing, smoking and alcohol.
- In the study, to the question previous history of cancer to the undergraduate students, 3.33% of them answered yes and 96.67% answered no.
- In the study, only one student had blood cancer.
- In the study, to the question previous knowledge regarding prevention of oral cancer to the undergraduate students, 83.33% of them answered yes and 16.67% answered no.
- In the study, according to Source of previous knowledge regarding prevention of oral cancer of the undergraduate students, 64% of them answered mass media, 4% from family and friends, 4% from the workshops and 28% of the students from the books.

Section-II

General assessments of knowledge regarding the prevention of oral cancer among undergraduate students Pre & Post Test.

For the assessment of the level of knowledge regarding the prevention of oral cancer among undergraduate students in selected college, the score range 0 to 30 divided in to the three groups like, 0-10 score (poor), 11-20 score (average), 21-30 score (Good).

At the time of pretest level of knowledge regarding the prevention of oral cancer among undergraduate students, 33.33% of them in the poor knowledge group, 66.67% in the average knowledge group and no one in the good knowledge group.

At the time of posttest level of knowledge regarding the prevention of oral cancer among undergraduate students, no one of them in the poor knowledge group, 16.67% in the average knowledge group and 83.33% in the good knowledge group.

Table 11: General assessments of knowledge regarding the prevention of oral cancer among undergraduate students: Pre & Post Test.

Variable	Groups	Score	Pre Test		Post Test	
			Frequency	Percentage	Frequency	Percentage
Knowledge	Poor	0-10	10	33.33	0	0
	Average	11-20.	20	66.67	5	16.67
	Good	21-30	0	0	25	83.33

Section-III

Comparison of the knowledge regarding the prevention of oral cancer among undergraduate students (Paired t test).

The comparisons of the pretest and posttest means of the knowledge regarding the prevention of oral cancer among undergraduate students in selected college were done by the paired t test. The test was conducted at 5% level of significance.

The pretest average score was 12.03 with standard deviation of 4. The posttest average score was 22.46 with standard deviation of 2.7. The test statistics value of the paired t test was 13.58 with p value 0.00. The p value less than 0.05, shows the significant difference in the pretest and posttest average knowledge regarding the prevention of oral cancer among undergraduate students in selected college.

Shows that self-instructional module to improve knowledge regarding the prevention of oral cancer among undergraduate students in selected college was effective.

Section IV

Association of Pretest Knowledge Score with Selected Demographic Variables.

The chi square test was used to see the association between the demographic variables with the pretest knowledge score. The test was conducted at 5% level of significance, assuming the null Hypothesis, that there will be no significant association between pretest knowledge score and demographic variables.

Significant Association

For the demographic variables gender, previous knowledge and source of previous knowledge the p value of the association test with knowledge regarding the prevention of oral cancer among undergraduate students was less than 0.05. That means, the pretest knowledge was associated with these demographic variables. Concludes that, there was significant association of these demographic variables with the pretest level of Knowledge.

No Significant Association

For the demographic variables age, health habits and previous history of cancer the p value of the association test with knowledge regarding the prevention of oral cancer among undergraduate students was more than 0.05. That means, the pretest knowledge was not associated with these demographic variables. Concludes that, there was no significant association of these demographic variables with the pretest level of Knowledge.

Conclusion

The study findings concluded that the ug students were had poor knowledge regarding prevention of oral cancer. the self-instructional module had great potential for accelerating the awareness regarding knowledge of prevention of oral cancer.

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Effectiveness of Planned Teaching on Knowledge Regarding Psychiatric Emergencies and its Management among Staff Nurses in Selected Hospital

Deepali D Chaware

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Author's Affiliations: Lecturer, Sumanatai Wasnik Institute of Nursing Nagpur, Indian Youth Welfare Multipurpose society, Maharashtra 440023, India.

Corresponding Author: Deepali D Chaware, Lecturer, Sumanatai Wasnik Institute of Nursing, Indian Youth Welfare Multipurpose society, Nagpure, Maharashtra 440023, India.

E-mail: deepalichawre@gmail.com

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Abstract

Effectiveness of planned teaching on knowledge regarding psychiatric emergencies and its management among staff nurses in selected hospital" **Objectives of the study:** To assess the existing knowledge regarding psychiatric emergencies and its management among staff nurses before planned teaching. To assess the effectiveness of planned teaching regarding psychiatric emergencies and its management after teaching planned teaching. To determine the association between knowledge regarding psychiatric emergencies and its management among staff nurses with their selected demographic variables. This study was based on quantitative approach. **Sample:** The population was staff nurses in selected hospitals. The sample consisted of 30 staff nurses. The inclusion criteria were: (a) Staff nurses working in the hospitals, (b) Staff nurses willing to participate in the study, (c) Staff nurses who could understand and speak Marathi, Hindi, and English. The tool was self-structured knowledge questionnaire. Based on the objectives and the hypothesis the data were analyzed and by using various statistical tests i.e. percentage, mean, chi square and standard deviations' test. The level of significance set for testing the hypothesis was at 0.05. **Results:** The findings show that the calculated 't' value was 10.19 for knowledge regarding study psychiatric emergencies. The calculated 't' value was much higher than the tabulated value. Hence, it was strongly interpreted that the planned teaching regarding psychiatric emergencies was effective. So, the H1 was accepted.

Keywords: Effectiveness; Planned teaching; Psychiatric emergencies and its managements.

Introduction

A psychiatric emergency is an acute disturbance of behavior, thought or mood of a patient which if untreated may led to harm, either to the individual or to others in the environment. Thus, the definition of a psychiatric emergency differ from other medical emergencies in that the danger of harm to the society is also considered. Conditions requiring

psychiatric interventions may include attempted suicide, substance abuse, depression, psychosis, violence or other rapid changes in behavior.

The demand for emergency psychiatric services has rapidly increased throughout the world since the 1960s, especially in urban areas. Psychiatric emergencies are conditions in which there is alteration in behaviors, emotions or thought,

presenting in an acute form, in need of immediate attention and care. Psychiatric emergencies do not mean that patient is suffering from only psychic disorders. They may present due to medical conditions unrelated to medical fields, like disaster, rape, violence.

Psychiatric emergency is a stress induced pathologic response that physically endanger the affected individual or others or that significantly disrupts the functional equilibrium of the individual or his/her environment and calls for immediate attention.

An emergency is defined as an unforeseen combination of circumstances which calls for an immediate action.

A medical emergency is defined as a medical condition which endangers life and or causes great suffering to the individuals. A psychiatric emergency is a disturbance in thought, mood and action which causes sudden distress to the individuals (or to significant others) and sudden disability, thus requiring immediate management.

Psychiatric emergency is a condition wherein the patient has disturbances of thought, affect and psychomotor activity leading to a threat to his existence (suicide), or threat to the people in the environment (homicide). this condition needs immediate intervention of safeguard the life of the patient, bring down the anxiety of the family members and enhance emotional security to other in the environment.

Background of the Study

The psychiatric emergency services (PES) is a major hub in the mental health care delivery system. The aim of this study was to more precisely define what psychiatrist consider to be a psychiatric emergency and to examine the underline basis of the assessment method over twenty two thousand PES visits were assessed prospectively for pertinence and urgency by psychiatrist in the four functionally and structurally different service in the province of Canada. This study took place between July 15, 1996 and Aug 31, 2004.

Acute psychiatric emergency such as excitement violence steps and suicidal attempts out of total 60 patients 70% male and 30% female most of the patients 41.7% belong to the age group of 31 to 40 years, 53% were married majority 60% were referred by family members while 25% were referred by non-psychiatric medical professional-symptoms along the physical illness 38% while 25% were referred as they has predominant psychiatric symptom. The

centers for disease control recently announced a 24% increase in the rate of suicide in united states from 2000 to 2014 statistics will not surprise many on the front line on American medicine. sociability often arise in known psychiatric setting such as general hospital emergency services or doctors, offices and give rise to stress for all person involve they may be life threatening and must therefore be treated at once in this article we discuss the main presenting features differential diagnosis and treatment options for the main type of psychiatric emergency as and aid to their rapid and effective management.

If we understand utilization and outcome of PES patient then we can Improve clinical productivity, Improved quality of care, Improved patient outcome, before our study there were limited internal data and little publish data and patients who use psychiatric emergency services. A PES visit however can also include a more subjective qualitative type of information that might also prove in defining a psychiatric emergency.

The promptness in the management of cases crucial for the proper functioning of an emergency services may imply some limitation, related both to treatment of patient and to the training of health care staff to act in this type of service in general PES have few beds available for better observation which often leads to early decision for full time hospitalization.

This article describes a review of relationship PES and other services that constitute the mental health network assessing possible changes brought about by guidelines of reform in mental health assistance.⁷

Need For Study

"This will bring to light that you have the right to see a doctor when you go to the emergency room and you should expect the highest possible care when you go to a hospital."

(Larry Simmons)

Psychiatric emergencies such as acute psychomotor agitation or suicidality often arise in non-psychiatric settings such as general hospitals, emergency services, or doctors' offices and give rise to stress for all persons involved. They may be life, threatening and must therefore be treated at once.

According the latest report of National Crime Records Bureau (NCRB) in every four minutes, one person takes his or her life in India and one in each three of victims is a youth below the age of 30 years, according to the Accidental Deaths

and Suicides 2009 released recently, 68.7% of total of 1,27,151 people who committed suicide across the country in 2009 were in the age group of 15-44 years. Karnataka the percentage of suicidal death was 14.9%.⁸

Violence, another psychiatric emergency is a significant problem in many hospitals. A study identified the incidence of violence by patients towards nurses in two ED's (Emergency departments), of the 71 ED nurses who participated, 50 (70%) reported 110 episodes of violence in a five-month period. That is approximately five violent incidents per week. Identification of trends and patterns of violence is necessary so that better health care planning and service provision as well as effective preventative and safe strategies for nurses in the workplace can be implemented.⁹

A study conducted on behavioral emergencies aimed to evaluate the occurrence of acute behavioral problems as an emergency attended by our emergency management service 108 services. During the period of August 1st 2007 July 31st 2008, all behavioral emergencies presenting to our emergency services in the states of Gujarat and Andhra Pradesh, which together account for more than 15% of India's population, were reviewed for data completeness and validity. Key word analysis of recorded case details was carried out to determine cause of emergency. Survival to hospital and 48h outcome was also evaluated to study risk factors for mortality.

The World Health Organization (WHO) estimates suggest that there are 60 to 70 million alcoholics in India, of which 50% are "hazardous drinkers" and require treatment. The age of initiation to alcohol has come down from 19 years in 1986 to 13.5 years in 2006. Studies have revealed that the revenue generated from the industry (216 billion) is less than the revenue lost due to alcohol related health problems (244 billion). In a report for WHO, a multicenter collaborative study 'Injury and Alcohol' at NIMHANS Bangalore, found that the proportion of injuries 'linked' to alcohol use was 58.9% of all injuries. Alcohol related injuries include road accidents (46%), violence (24%), falls, (24%) and others (6%) and the related outcome is the after effect is they end up in the emergency wards of the hospital.

According to a retrospective study performed at the Hannover Medical School the rate of presentation of psychiatric patients to the emergency room in the year 2002 was 12.9%. 12% to 25% of emergency cases seen by the emergency medical services were psychiatric emergencies. General practitioners

and family physicians, who are the most broadly accepted providers of primary care, saw psychiatric emergencies in 10% of cases. Be this as it may, there are hardly any reliable data on this matter from the German speaking countries, and differences in health care systems from one country to another may limit the generalizability of findings from any particular country.¹⁰

It follows from the above that all physicians need basic knowledge of the diagnostic and therapeutic steps to be taken in psychiatric emergencies. The same conclusion can be drawn from a number of studies in which it was found that as many as 60% of mental disturbances presenting to medical attention in primarily non-psychiatric facilities and hospitals are neither correctly diagnosed nor properly treated.

Factors that increase risk of aggression also result in higher group-related rates of aggression. For example, the annual incidence of suicide in the United States is 10.7 suicides for every 100,000 persons, and the estimated lifetime rate is 0.72%. In persons with a mood disorder, the lifetime rate is 14.6% to 15.5%, and in those with previous suicide attempts it is 27.5%. The estimated lifetime rate of suicide in schizophrenia is 6%.

Women make many more unsuccessful suicide attempts than men, and men complete suicide more often and do so by more violent means (e.g., shooting, jumping, hanging). The suicide death rate among men peaks in the 40 to 44 year old age group. The rate of completed suicide in men begins to increase starting at age 65 years and peaks at age 85 years or older when the rate has been documented to be as high as 60 per 100,000. Among those in the 14 to 25 year old age group, suicide is the third leading cause of death, whereas it is the ninth leading cause of death in the general population.

During the researcher's clinical experience, it has been observed that the psychiatric emergencies were not properly managed and handled as the nurses were not much equipped with knowledge. Hence the researcher felt the need to undertake a study on Effectiveness of planned teaching programme on knowledge of staff nurses regarding psychiatric emergencies in order to meet the challenges of crises later

Various psychiatric emergencies are seen at unearthly hours in the hospital like Suicide, Agitated and Violent patients, panic attacks, Catatonic stupor, Hysterical attacks, Transient situational disturbance, Grief reaction, Rape,

Disaster, Delirium tremens, Acute drug induced Extra pyramidal syndrome and Drug toxicity.

Problem Statement

“Assessment of The Effectiveness of Planned Teaching on Knowledge Regarding Psychiatric Emergencies and its Management among Staff Nurses in Selected Hospital.”

Objectives

- To assess the existing knowledge regarding psychiatric emergencies and its management among staff nurses before planned teaching.
- To assess the effectiveness of planned teaching regarding psychiatric emergencies and its management after teaching planned teaching.
- To determine the association between knowledge regarding psychiatric emergencies and its management among staff nurses with their selected demographic variables such as age, education, etc.

Hypothesis

- H_0 : There is no significant difference in pretest and posttest knowledge regarding psychiatric emergencies and its management among staff nurses measured at $p < 0.05$ level of significance.
- H_1 : There is a significant difference in pretest and posttest knowledge regarding psychiatric emergencies and its management among staff nurses measured at $p < 0.05$ level of significance.

Scope of the Study

- The study will help to improve the knowledge among staff nurse by providing planned teaching.
- A study will help to create awareness among staff nurses regarding psychiatric emergencies and its management which will in turn help to manage psychiatric emergencies.

Conceptual Framework

A conceptual framework is a theoretical approach to study problem that are scientifically based and emphasizes the section, arrangement and clarification of its concepts. Conceptual framework as a building block for research study. The overall purpose of frame work is to make scientific finding

meaningful and generalized. It provides a certain framework of reference for clinical practice, education and research. Framework selected for this study is King Goal Attainment Theory, developed in 1981. Imogene King proposes an open systems framework as basis for her theory of goal attainment. Open system framework is based on assumption that humans are open system are in constant interaction with their environment. It consists of three interaction system; personal, interpersonal and social system. Personal system consists of perception, self growths and development, body image, space and time. Interpersonal system occurs when human socializes and include interaction, communication, transaction role stress and coping. Social system is the group of interpersonal system including family, schools and society etc.

The present study aims at evaluating the effectiveness of planned teaching on “knowledge regarding psychiatric emergencies and its management among staff nurses in selected hospitals. The conceptual framework of the present study was modified by the investigate based on Imogene king’s goal attainment model. The study is on modified Imogene king goal attainment theory.

Perception

Perception is process in which data obtained through the senses and from memory are organized, interpreted and transformed, which are related to concept of self and educational background.

In the present study investigator and staff nurses perceive the need to gain knowledge regarding psychiatric emergencies and its management. Both the investigator and staff nurses set the mutual goal to improve the knowledge regarding psychiatric emergencies and its practice.

Action

During the action phase, the investigator prepared the planned knowledge questionnaire and to assess the knowledge and management of staff nurses. The investigator prepared planned teaching on psychiatric emergencies and its management.

Interaction

It is the process of perception and interaction between person and person or person or environment, represented by verbal and non-verbal behaviors that are goal directed.

During the interaction the investigator administered the planned knowledge questionnaire to assess the knowledge of staff nurses regarding

psychiatric emergencies and its management. As a result of this planned teaching the staff nurses and the researcher enter into the transaction phase.

Transaction

It is the observable behavior of human being interaction with their environment. When transaction occur between the researcher and staff nurse goals are attained in the present study, staff nurses attained regarding psychiatric emergencies and its management.

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Review of Literature

Researcher almost never conduct a study in an intellectual vacuum; their studies are usually undertaken within the context of an existing knowledge base.

A literature review is a synthesis of literature that describes what is known or has been studied regarding the particular research question. A research literature review is a written summary of the state of evidence of the research problem.

A major step in preparing the written research review include formulating a question, devisers a research strategy, concluding a search, retrieves relevant sources and abstracting encoding information, to studies, analyzing the aggregated information and preparing a written synthesis.

"A literature review is a body of text that aims to review the critical points of knowledge on a

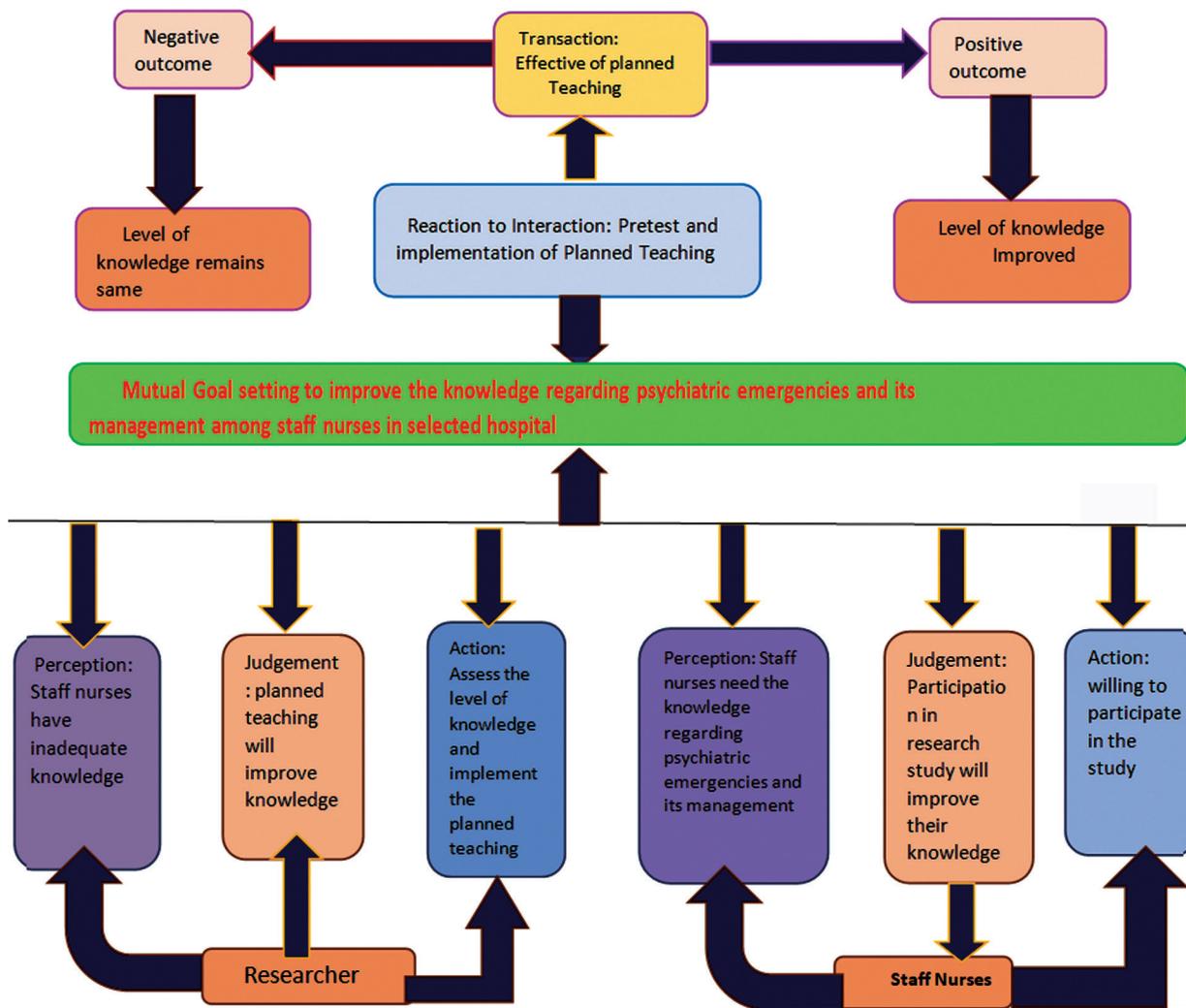


Fig. Conceptual framework based on modified Imogene King's goal attainment theory.

particular topic research". "Literature review defined as a broad, comprehensive in depth, systematic and critical review of scholarly publication, unpublished printed or audiovisual materials and personal communication". The purpose of review of literature is to generate research question to identify what is known and not known about a topic to identify a conceptual of theoretical tradition with in the bodies of literature and to describe of inquiry used in earlier work include their success and short coming.

Source of literature review are primary and secondary. A primary source in a research review is original description of the study prepare by the researcher who conducted it. A secondary source is description of the study by a person unconnected with it. Literature review should be based on primary source material. Reviewing the literature is important to gain a better understanding and

insight necessary to develop a broad conceptual frame work within which the problem can be examined.

An extensive review of literature was done through books, government publications/reports/schemes/internet and journals. The research and non-research literature were reviewed and organized under the following headings:

Review of literature of the present study has been consisted of four parts:

- Review related to psychiatric emergencies.
- Review related type of psychiatric emergencies.
- Review related to management of psychiatric emergencies.
- Review related to psychiatric emergencies.

National crime records bureau (NCRB) reported

that over 100,000 people die by suicide in India every year. India alone contributes to more than 10% of suicides in the world. The suicide rate in India has been increasing steadily and has reached 10.5 per 100,000 of population in 2006. Registering a 67% increase over the value of 1980. Majority of suicides occur among men and in younger age groups. Despite the gravity of the problem, information about the causes and risk factors is insufficient.

A study conducted by Arulmani, (2006) on adverse drug reaction monitoring in a secondary care hospital in south India the result shows that out of the total of 187 adverse drug events (ADEs) reported 164 reports from 121 patients were confirmed as ADRs, giving an overall incidence of 9.8%. This included 58 (3.4%) ADR related admissions and 63 (3.7%) ADRs occurring during the hospital stay. About two thirds of the reactions (102,62.2%) were classified as probable. The majority of the reactions (53.7%) were mild. Most patients (72.6%) recovered from the incidence. The majority of the reactions were not predictable and not potentially preventable. An average cost of 481 rupees (pound 6) was spent on each patient to manage ADRs.

This study was conducted on predictors and correlates of suicide attempts over 5 years among 1,237 alcohol dependent men and women, the result shows that, a past history of suicide attempts was an excellent predictor of such behavior during follow up. More than half of the alcoholics who attempted suicide during the follow-up had prior attempts, compared with only 14% of the subjects with no prior suicidal behavior. An individual with a prior attempt had a 15.2% risk for a new attempt during the follow-up, compared with a 2.6% risk for the subject without a prior attempt. The importance of prior attempts as a predictor of future suicidal behavior.

A study conducted on prevention and management of aggression and violent incident in acute psychiatric wards. Where training programme was conducted for 31 months for staffs. The result showed that use of manual restraint involves taking the patient down to the floor in a controlled manner, this control and restraint method been felt by the staff nurses more-safer and confident in dealing with aggressive situations.

A study was conducted on efficacy of a short cognitive behavioral therapy intervention with 90 adolescents and who had recently engaged in self harm. Patient who received cognitive behavioral

therapy in addition to treatment fund to have a significantly greater reduction in self harm, suicidal thoughts and symptoms of depression and anxiety. This eventually improved their self-esteem and problem-solving ability compared with the control group.

A study conducted to evaluate an education programme on suicide prevention for nurses working in general hospitals. There were statistically significant positive changes in the pre and post- test measures of participant's attitudes and competence levels. Qualitative data showed that participants had applied the new knowledge they acquired in clinical practice. They perceived themselves as being more aware of the problem of suicide and more competent in managing suicide risk. Ongoing education may be necessary to expedite changes. The education programme provided can be delivered to other health care professional groups and the results further evaluated.

A study was conducted on efficacy of a short cognitive behavioral therapy intervention with 90 adolescents and who had recently engaged in self harm. Patient who received cognitive behavioral therapy in addition to treatment fund to have a significantly greater reduction in self harm, suicidal thoughts and symptoms of depression and anxiety. This eventually improved their self-esteem and problem-solving ability compared with the control group.

Research Methodology

Sample Criteria

Inclusion criteria

- Staff nurses working in the hospitals.
- Staff nurses willing to participate in the study.
- Staff nurses who could understand and speak Marathi, hindi, and English.

Exclusive criteria

- Staff nurses who have undergone similar training program.

Table 3.1: Scoring procedure on knowledge regarding psychiatric emergencies and its management.

Level of Knowledge Score	Score Range	Percentage Range (%)
Poor	0-10	33.33
Average	11-20	33.33
Good	21-30	33.33

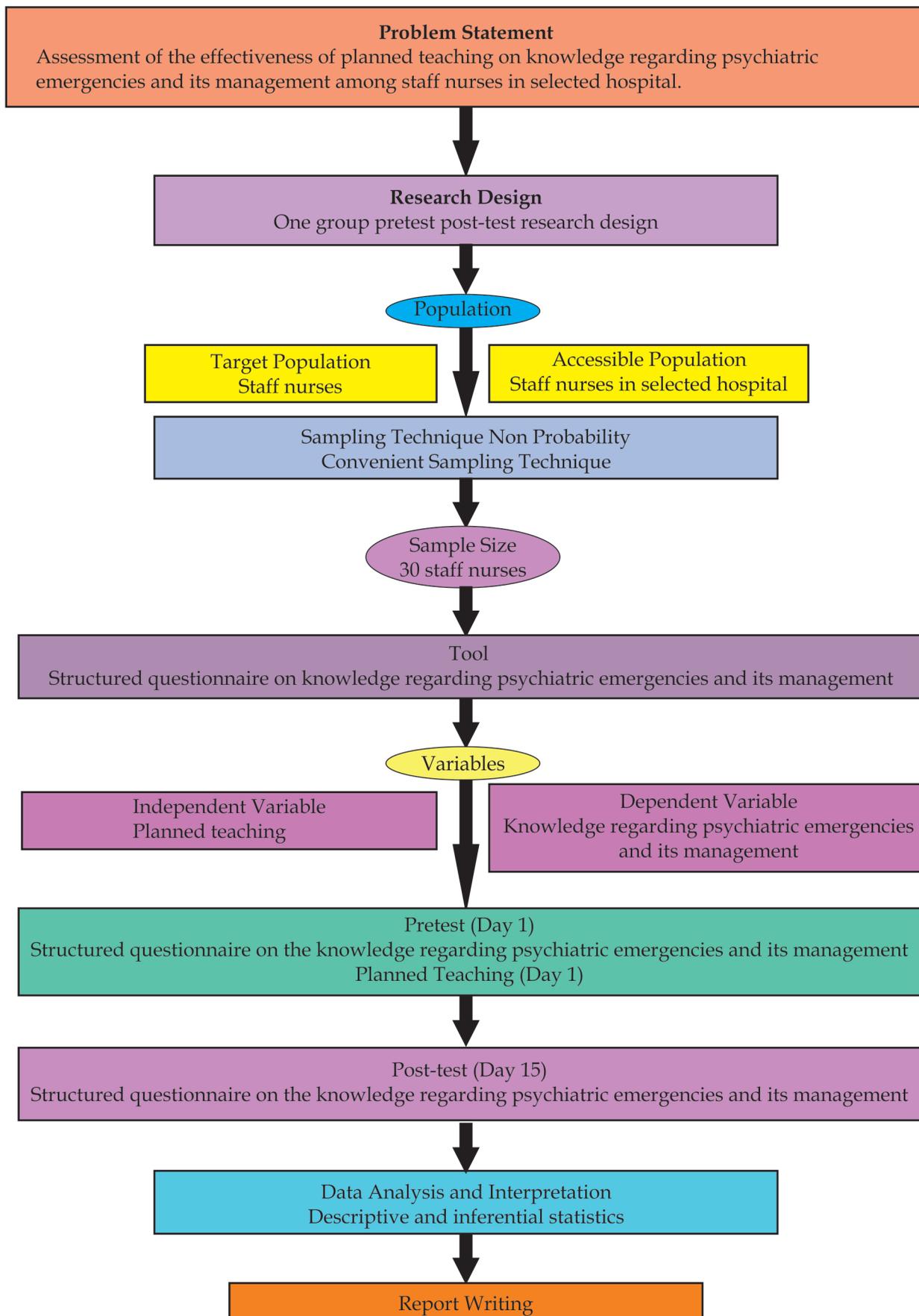


Fig: Schematic Representation of Research Design

Analysis and Interpretation

Organization of Findings

The analysis and interpretation of the observations are given in the following section:

Section A: Description of demographic character of staff nurses.

Section B: Assessment of existing knowledge regarding psychiatric emergencies and its management.

Section C: Analysis of effectiveness of planned teaching on knowledge regarding psychiatric emergencies and its management.

Section D: Association of knowledge of staff nurses regarding psychiatric emergencies and its management with selected demographic variables.

Table 4.1: Frequency and percentage distribution of demographic variables among staff nurses.

n = 30			
Demographic Variable	Category	Frequency	Percentage
Age	21-30	12	40
	31-40	8	26.67
	41-50	8	26.67
	51-60	2	6.67
Gender	Male	2	6.67
	Female	28	93.24
Area of residence	Urban	20	66.6
	Rural	10	33.3
Education/ Professional Qualification	Auxiliary Nurse Midwife	12	40
	General Nurse Midwife	8	26.67
	B.Sc. Nursing	6	19.8
	P.BSc Nursing	4	13.33
Attend any workshop on psychiatric emergencies and its management	M.Sc Nursing	0	0
	Yes	0	0
	No	30	100

Table 4.4: Comparison of knowledge regarding psychiatric emergencies and its management before and after planned teaching (n =30).

Level of knowledge	Knowledge Score Pre-test		Knowledge Score Post-test	
	Freq- uency	Percen- tage	Freq- uency	Percen- tage
Inadequate	29	96.67	2	6.67
Moderate	1	3.33	26	86.67
Adequate	0	0	2	6.67

Table 4.5: Comparison of knowledge level.

Knowledge Level	Mean	SD	MD	't' value	Significance
Pre-test	10.7	3.22	12	10.19	P<0.05
Post-test	22.7	3.29			
P<0.05 level					*Significance

The above table shows that there is statistically difference between knowledge regarding psychiatric emergencies and its management before and after planned teaching. The statistically paired t test implies that the difference in the pre-test and post-test knowledge score found to be 10.19 statistically significant at p<0.05 level. Thus, H1 is accepted and H0 is rejected. Association of knowledge score with their demographic variables.

Table 4.6: Frequency, percentage and Chi square (χ²) analysis on level of knowledge among staff nurses with their selected demographic variables.

Demo- graphic Variables	Level of Knowledge						Chi- square (X ²)
	Poor		Average		Good		
	F	%	F	%	F	%	
Age							X ² = 0.83NS df=9
21-30	0	0	2	6.67	10	33.3	
31-40	0	0	1	3.33	5	16.6	
41-50	0	0	2	6.67	6	19.9	
51-60	0	0	1	3.33	3	9.99	
Gender							X ² = 4.52NS df=3
Male	0	0	1	3.33	1	3.33	
Female	0	0	5	16.6	23	76.5	
Area							X ² = 0.29NS df=3
Rural	0	0	2	6.67	11	36.6	
Urban	0	0	4	13.3	13	43.2	
Professional qualification							X ² = 2.39NS df=12
ANM	0	0	3	9.99	5	16.6	
GNM	0	0	2	6.66	10	33.3	
B.B.Sc(N)	0	0	1	3.33	7	23.3	
P.B.Sc(N)	0	0	0	0	2	6.66	
M.Sc(N)	0	0	0	0	0	0	
Attend any workshop							X ² =0 df=0
Yes	0	0	0	0	0	0	
No	0	0	6	19.9	24	79.9	

*significant

NS- non-significant
df= degree of freedom

Summary

The researcher has selected this study keeping in mind the necessity to improve the knowledge regarding psychiatric emergencies among staff nurses in selected hospitals.

Major Findings of the Study

The following were the major findings of the study.

Section A: Description of staff nurses with regards to demographic variables.

- According to age, 12 (40%) staff nurses are in age group of 21-30, 8(26.6%) nurses are in group of 31-40, 8(26.6%) are in the age group of 41-50, and 2(6.67%) are in the age group of 51-60.
- According to professional qualification, 8(26.6%) staff nurses are auxiliary nurse, 12 (40%) staff nurses are general nurse, 8 (26.6%) staff nurses are P.B. Sc(N) and 2 (6.66%) staff nurses are P.B. Sc(N).
- According to attend any kind of workshop, 30 (100%) staff nurses have response in favor of they not attend any kind of workshop related to psychiatric emergencies.

Section B: assessment of existing knowledge regarding psychiatric emergency and its management.

This section deals with the assessment of knowledge regarding psychiatric emergencies and its management among staff nurses. The level of knowledge is divided under following heading: Inadequate, Moderate, Adequate. 29 (96.67%) staff nurses have inadequate knowledge, 1 (3.33%) have moderate level of knowledge and no one has adequate knowledge regarding psychiatric emergencies.

Section C: Analysis of effectiveness of planned teaching on knowledge regarding psychiatric emergencies and its management.

This chapter deals with the assessment of knowledge regarding psychiatric emergencies and its management among staff nurses after planned teaching. The level of knowledge is divided under following heading: Inadequate, Moderate, Adequate. Assessment of knowledge regarding psychiatric emergencies and its management after planned teaching in which 2 (6.67%) staff nurses

have inadequate knowledge regarding psychiatric emergencies, 26 (86.67%) have moderate knowledge and 2 (6.67%) have adequate knowledge of psychiatric emergencies after planned teaching.

Section D: comparison of knowledge before and after planned teaching regarding psychiatric emergencies and its management.

This section deals with the assessment of knowledge regarding psychiatric emergencies and its management among staff nurses. The level of knowledge is divided under following heading: Inadequate, Moderate, Adequate.

Knowledge level regarding psychiatric emergencies and its management among staff nurses from which 29 (96.67%) nurses have inadequate knowledge before planned teaching but after planned teaching it reduce and become 2 (6.67%) in case of moderate level of knowledge, 1 (3.33%) have moderate knowledge before planned teaching but after it increase up to 26 (86.67%) and in case of adequate level of knowledge no one have adequate knowledge before planned teaching it increased and become 2(6.6%) this shows that planned teaching was effective.

Section E: Association of knowledge score in relation to demographic variables.

- a. The association of level of knowledge of staff nurses regarding psychiatric emergencies and its management with age group. The calculated 'p' =0.766 which was much higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that the knowledge of staff nurses was not associated with the age group.
- b. The association of knowledge level of staff nurses regarding psychiatric emergencies and its management with gender.

Discussion

In pre-test 29 (96.67%) staff nurses have inadequate knowledge, 1 (3.33%) have moderate level knowledge and no one has adequate knowledge regarding psychiatric emergencies and its management. In post-test assessment of knowledge regarding psychiatric emergencies and its management after planned teaching in which 2 (6.67%) staff nurses have inadequate knowledge regarding psychiatric emergencies, 26 (86.67%) have moderate knowledge and 2 (6.67%) have inadequate knowledge of psychiatric emergencies after planned teaching.

Conclusion

After the detailed analysis this study leads to following conclusion that the staff nurses were not having 100% knowledge regarding psychiatric emergencies and its management. There was a significant increase in knowledge of sample after introduction of planned teaching. Thus, it was concluded that planned teaching on knowledge regarding psychiatric emergencies and its management was found effective as a teaching strategy.

Hence, based on the above cited findings, it was concluded undoubtedly the written prepared material by the researcher in the form of planned teaching helped participants to improve their knowledge regarding psychiatric emergencies and its management. The above study reveals that in post-test knowledge increase significantly.

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A Comparative Study to Assess the Level of Depression among Elderly Men and Women in Selected old Age Home, Surat, Gujarat

Alka D Tajne

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Author's Affiliations: Principal, Vibrant Nursing College, Surat, Gujarat 394540, India.

Corresponding Author: Alka D Tajne, Principal, Vibrant Nursing College, Surat, Gujarat 394540, India.

E-mail: alkatajne@gmail.com

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Abstract

Depression is a potentially preventable disease if appropriate screening and prophylactic strategies are employed. However, lack of knowledge and awareness can result in underutilization of the preventive strategies. We assessed the knowledge among men and women in selected old age home of surat district. We conducted a comparative study on men and women of selected area. Data were collected using a survey method and self-administered questionnaire related to geriatric depression scale. Data analysis was done using descriptive and inferential statistics. **Results:** Data from 60 participants were included in the final analysis. Difference between men and women was 3.7, the median difference between men and women was 4.1, the mode difference between men and women was 2, the standard deviation difference between men and women was 0.54. That is indicate men have more depression rather than women. **Conclusions:** Our study population showed depression of men and women. Preventive interventions including education for individuals with chronic illness, behavioural activation, cognitive restructuring, problem solving skills training, group support, and life review have also received support.

Keyword: Old Age Home; Socio-demographic; Public health challenge.

Introduction

Depression in old age is an emerging public health problem leading to morbidity and disability worldwide. According to World Health Organization, Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration. The WHO estimated that the overall prevalence rate of depressive disorders among the elderly generally varies between 10 and 20%, depending on the cultural

situations. Although India is the second-most populated country in the world, in terms of elderly population of 60 years and above, elderly depression is not yet perceived as a public health problem in India. Depression is a major mental health problem, which is yet to be recognized as an important public health challenge. About 322 million people affected with depression worldwide. Depression is the single largest contributor to global disability (7.5%, 2015) and a major contributor to suicides (~800,000 annually). In India, elderly persons (60 years and above) constitute 8.6% of

the total population (India Census 2011), which is projected to reach 19% by 2050. Thus, depression among elderly population is likely to be a major cause of disease burden in the future.

Objectives

- To assess the level of depression among the elderly men in selected old age home.
- To assess the level of depression among the elderly women in selected old age home.
- To compare level of depression among elderly men and women in selected old age home.

Hypothesis

H₀₁=There is no significant difference in depression level among elderly men and women.

Material and Method

Research Approach: Quantitative approach

Research Design: Non-experimental comparative survey design

Variables

Demographic variable: The demographic variables of the study is Age, Gender, type of family, income, no. of children, education, etc.

Selection Criteria

Setting of the study

The selection of the men and women was done on the basis of:

- Feasibility of conducting study
- Availability of sample

Population: In the present study the population consists were elderly men and women of old age home of Surat, Gujarat.

Sample/Sample size: The samples selected for the present study comprises of "The 60 People of Old age home of Surat (30 men and 30 women).

Recommendation

- A similar study may be conducted on a larger sample for a wider generation.

- Planned health care teaching program can be conducted for providing education to women.
- Study can be conducted by including control and experimental group in the study.

Finding of the study

The overall mean percentage the mean difference between men and women was 3.7, the median difference between men and women was 4.1, the mode difference between men and women was 2, The standard deviation difference between men and women was 0.54 and the range difference between men and women 0. which shows that both men and women have depression but somewhere men have more depression than the women in old age home.

Conclusion

Based on the findings of the study, the conclusion to be noted that:

- Elderly Men were having more depression score compare to elderly women.
- There is significant difference regarding depression among elderly men and women.
- There is no significant relationship between socio-demographic variables and depression level of men and women.

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