

A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING PSYCHOSOCIAL NEEDS OF GERIATRICS AMONG RESIDENTS, ALANDUR, CHENNAI, TAMIL NADU.

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ABSTRACT:

The study aimed to assess the level of knowledge on psychological needs of geriatrics among family members at Alandur, Chennai. A quantitative non experimental survey research design was used. The study was conducted at Alandur, located within 20 km radius from Meenakshi College of Nursing. The Target population was 1000, out of which 500 (both male & female) constituted the study sample. Convenient Sampling technique was used to select the sample. The data collection tool consisted of a structured questionnaire comprising 25 multiple choice questions to assess the psychological needs of the geriatrics. The tool was validated by subject experts from the field of community medicine and gerontology. The reliability of the tool was established by test and re-test method ($r=0.86$). Pilot study was conducted in Nesapakkam, among 100 residents, which revealed the feasibility to proceed with the main study. Data was collected over a period of two months. The collected data was tabulated, analyzed and interpreted by using descriptive statistics. The overall finding of the study reveals inadequate knowledge of family members on psychological needs of the elderly.

KEY WORDS: Knowledge, Psychological needs, Geriatrics, Residents

INTRODUCTION:

When we were kids there were people to tell us stories and become our horse when we needed a horse ride. Those people were none other than our grandparents. Although we have come to our adulthood but we are still kids them whom they love and take care.

In our community, after children and women the most important population is the geriatrics for whom the proper care both physically, mentally as well as the social needs must be given. Geriatrics are the adults above 60 years of age. Even each and every family has geriatrics in their family.

The need of the geriatrics and their problems vary from one geriatrics to the other. The commonest needs which should be met by almost all the geriatrics are physical needs like health related needs like care of bed ridden older patients should be cared more. Emotional needs like respect, mind should be free from depression and should have peace full set of mind. Financial support and special attention should be paid towards the emotional stability of the geriatrics.

The needs of a person which meet the satisfaction of mind, physical health, and socioeconomic status and culturally are called as psychosocial needs. In the present community due to the busy work or lack of time, these psychological needs are not provided to the geriatrics by the family members. This may be intentionally or unintentionally leads to “elder neglect”.

MATERIALS & METHODS:

Quantitative non experimental descriptive survey design was used to assess the knowledge of Alandur inhabitants on psychological needs of the geriatrics. The study sample consisted of 500 male & female residents of Alandur. The study subjects were chosen by convenient sampling technique. A structured questionnaire with 25 multiple choice questions was used to collect data. The tool had two sections; section 1 dealing with demographic variables and section 2 dealing with psychological needs of the geriatrics. Each question had one right response and one mark was awarded for every right response thus totaling to a maximum of 25 score converted to percentile score. The scoring was interpreted as follows. A score less than 33% was classified as inadequate knowledge, a score of 34 -66% was classified as moderately adequate knowledge and score higher than 67% was interpreted as adequate knowledge. The tool was validated by subject experts from the field of community medicine and gerontology. The reliability of the tool was established by test and re-test method ($r=0.86$). The tool was constructed in English and translated to Tamil with the help language expert. Pilot study was conducted in Nesapakkam, among 100 residents, which revealed the feasibility to proceed with the main study. Data was collected over a period of one and half a month months. During the data collection period one week was spent to survey Alandur, following which area map was drawn on the next week. Data was collected by administering the questionnaire to the family members for a period of one month covering 10 subjects per day. The collected data was tabulated, analysed and interpreted by using descriptive statistics. The findings of the study reveal that majority (92%) had inadequate knowledge and only 3% had adequate knowledge.

RESULT ANALYSIS:

TABLE 1: Frequency and percentage distribution of study subjects by their demographic variables

N=500

S.No	Demographic Variables	Frequency (N)	Percentage (%)
1.	Age		
	(a)20-30 years	235	47
	(b)31-40years	200	40
	(c)>40 years	65	13
2.	Gender		
	(a)Male	367	73.4
	(b)Female	133	26.6
3.	Educational Qualification		
	(a)Post Graduate	-	-
	(b)Under Graduate	134	26.8
	(c)Higher Secondary	200	40
	(d)High School	150	30
	(e)Illiterate	16	3.2
4.	Occupation		

	(a)Cooley	66	13.2
	(b)Home Maker	234	46.8
	(c)Export	-	-
	(d)Others	200	40
5.	Monthly Income		
	(a)Rs.1500-3000	150	30
	(b)Rs.3000-6000	217	43.4
	(c)Rs.6000-9000	-	-
	(d)Rs.>9000	133	26.6
6.	Type of Family		
	(a)Nuclear	300	60
	(b)Joint	200	40

Table 1 depicts frequency and percentage distribution of demographic variables of 500 adults residing at Alandur. Among 500 subjects majority (47%) aged between 20-35 yrs, percentage wise distribution of the samples according to their gender shows 73.4% were males. With respect to education qualification majority (40%) were undergraduates. Percentage wise distribution of the residents according to their occupation depicts that maximum (46.8%) were home makers. With respect of the monthly income (43.4%) earned up to 6000 per month and 60% of the study subjects were nuclear families.

PERCENTAGE DISTRIBUTION OF EDUCATIONAL QUALIFICATION

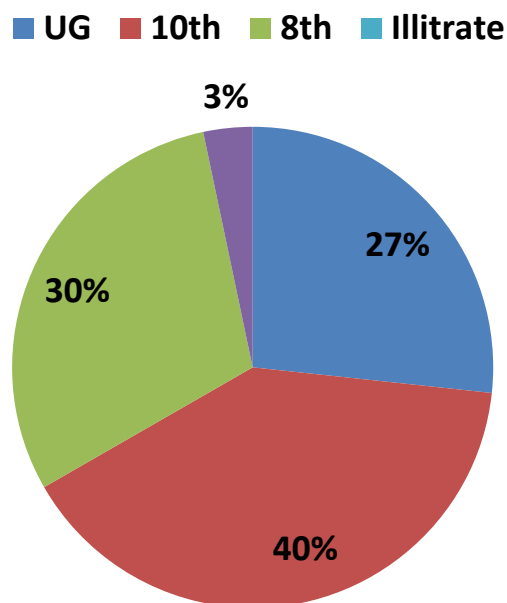


TABLE 2: FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVEL OF KNOWLEDGE REGARDING PSYCHOLOGICAL NEEDS

N=500

Level of knowledge	Frequency	Percentage
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	(n)	(%)
a) Inadequate	460	92
b) Moderate	25	5
c) Adequate	15	3

Table:2 The frequency and percentage distribution of level of knowledge of independents of Alandur on psychological needs of the elderly depicts that majority(92%) had inadequate knowledge and only 3% had adequate knowledge on the psychological needs of the elderly

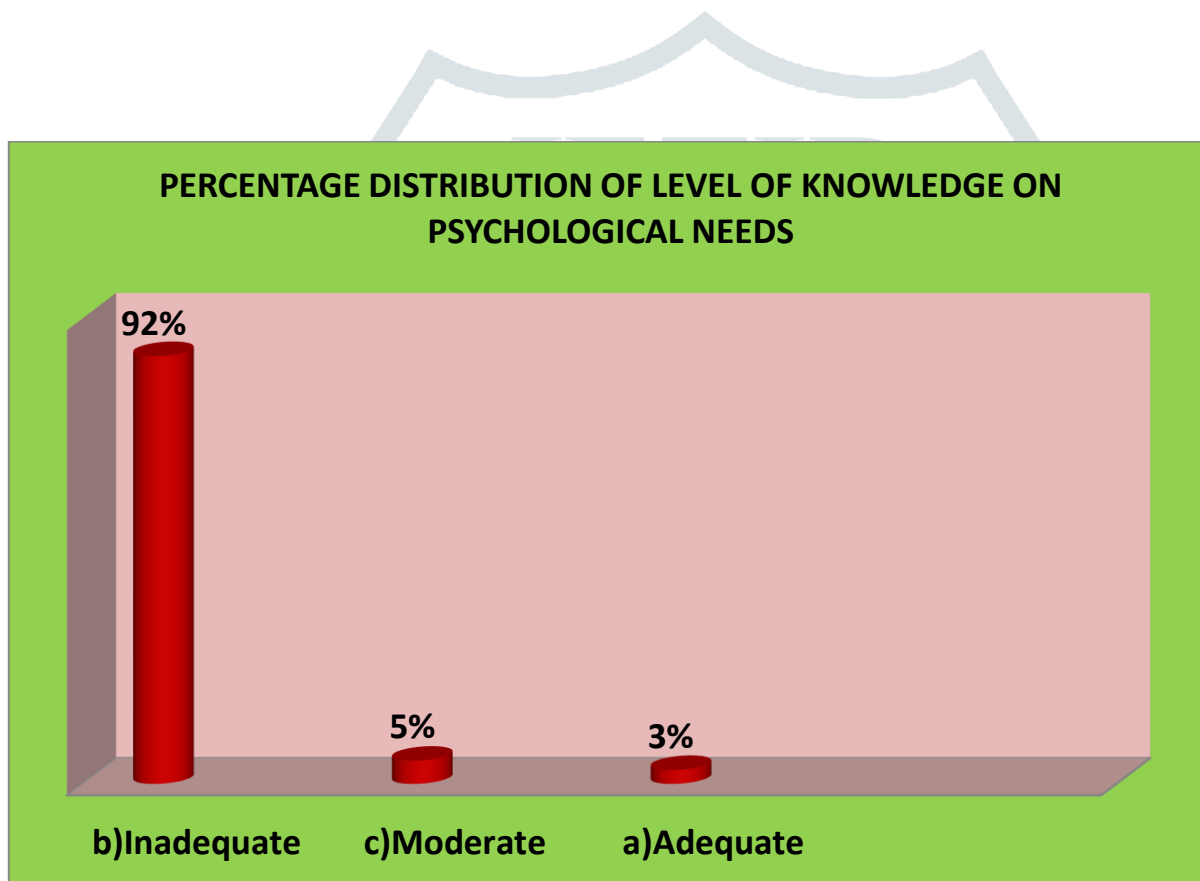


Table : 3a. Level of knowledge of Alandur residents on psychological needs of geriatrics

TABLE- 3a.

N=500

S.No	ITEM No	ITEM	RESPONSE					
			INADEQUATE KNOWLEDGE		MODERATE KNOWLEDGE		ADEQUATE KNOWLEDGE	
			N	%	n	%	n	%
1	I	What is depression	462	92.4	24	4.8	14	2.8
2	II	Causes for depression	460	92	27	5.4	13	2.6

3	III	Signs and symptoms of depression	465	93	20	4	15	3
4	IV	Management of depression	459	91.8	22	4.4	19	3.8
5	V	Prevention of depression	464	92.8	16	3.2	20	4
6	VI	Complication of depression	461	92.2	25	5	14	2.8
7	VII	Signs and symptoms of memory loss	450	90	28	5.6	22	4.4
8	VIII	Causes of memory loss	455	91	33	6.6	12	2.4
9	IX	Management of memory loss	462	92.4	23	4.6	15	3
10	X	Causes of delirium	459	91.8	25	5	16	3.2

With respect to item 1, that deals with **what is depression** –majority 92.4% of the study subjects had inadequate knowledge whereas only 2.8% had adequate knowledge.

With respect to item 2 that deals with **Causes for depression** –majority 92% of the study subjects had inadequate knowledge whereas only 2.6% had adequate knowledge.

With respect to item 3, which deals with **Signs and symptoms of depression**–majority 93% of the study subjects had inadequate knowledge whereas only 3% had adequate knowledge.

With respect to item 4 that deals with **Management of depression**–majority 91.8% of the study subjects had inadequate knowledge whereas only 3.8 had adequate knowledge.

With respect to item 5 that deals with **Prevention of depression** –majority 92.8% of the study subjects had inadequate knowledge whereas only 4 %had adequate knowledge.

With respect to item 6, which deals with **Complication of depression** –majority 92.2% of the study subjects had inadequate knowledge whereas only 2.8 %had adequate knowledge.

With respect to item 7, which deals with **Signs and symptoms of memory loss**–majority 90% of the study subjects had inadequate knowledge whereas only 22% had adequate knowledge.

With respect to item 8 that deals with **Causes of memory loss** –majority 91% of the study subjects had inadequate knowledge whereas only 2.4% had adequate knowledge.

With respect to item 9, which deals with **Management of memory loss**–majority 92.4% of the study subjects had inadequate knowledge whereas only 3% had adequate knowledge.

With respect to item 10 that deals with **Causes of delirium** –majority 91.8% of the study subjects had inadequate knowledge whereas only 3.2% had adequate knowledge.

Table: 3b. Level of knowledge of Alandur residents on psychological needs of geriatrics

TABLE-3b

N= 500

S.No	ITEM No	ITEM	RESPONSE					
			INADEQUATE KNOWLEDGE		MODERATE KNOWLEDGE		ADEQUATE KNOWLEDGE	
			n	%	n	%	n	%
11	XI	Signs and symptoms of delirium	460	92	23	4.6	17	3.4
12	XII	Management of delirium	463	92.6	22	4.4	15	3
13	XIII	Signs and symptoms of loneliness	458	91.6	24	4.8	18	3.6
14	XIV	Prevention for loneliness	461	92.2	23	4.6	16	3.2
15	XV	What is dependency	463	92.6	24	4.8	13	2.6
16	XVI	Loneliness indicates	460	92	21	4.2	19	3.8
17	XVII	geriatrics thinking when they are left alone	457	91.4	23	4.6	20	4
18	XVIII	The places of geriatrics go often	465	93	20	4	15	3
19	XIX	Geriatrics expectation from residents	466	93.2	24	4.8	10	2
20	XX	The thing which often seen in geriatrics	465	93	22	4.4	13	2.6
21	XXI	Geriatrics advice	461	92.2	24	4.8	15	3
22	XXII	Residents take geriatrics when they are ill	455	91	32	6.4	13	2.6
23	XXIII	The thinking of geriatrics when they give work	460	92	25	5	15	3
24	XXIV	Parents need help from geriatrics	456	91.2	30	6	14	2.8
25	XXV	Residents thing geriatrics as burden	455	91	23	5.6	17	3.4

With respect to item11 that deals with **Signs and symptoms of delirium**—majority92 % of the study subjects had inadequate knowledge whereas only 3.4 % had adequate knowledge.

With respect to item 12, which deals with **Management of delirium**—majority92.6 % of the study subjects had inadequate knowledge whereas only 3% had adequate knowledge.

With respect to item 13, which deals with **Signs and symptoms of loneliness**—91.6 majority % of the study subjects had inadequate knowledge whereas only 3.6% had adequate knowledge.

With respect to item 14 that deals with **Prevention for loneliness**—majority 92.2 % of the study subjects had inadequate knowledge whereas only 3.2% had adequate knowledge.

With respect to item 15, that deals with **what is dependency**—majority 92.6% of the study subjects had inadequate knowledge whereas only 2.6 % had adequate knowledge.

With respect to item 16 that deals with **Loneliness indicate**—majority 92 % of the study subjects had inadequate knowledge whereas only 3.8 % had adequate knowledge.

With respect to item 17, which deals with **geriatrics thinking when they are left alone**—majority 91.4 % of the study subjects had inadequate knowledge whereas only 4 % had adequate knowledge.

With respect to item 18, that deals with **the places of geriatrics go often**—majority 93% of the study subjects had inadequate knowledge whereas only 3% had adequate knowledge.

With respect to item 19, that deals with **Geriatrics expectation from residents**
—majority 93.2% of the study subjects had inadequate knowledge whereas only 2% had adequate knowledge.

With respect to item 20, that deals with **the thing which often seen in geriatrics**
—majority 93 % of the study subjects had inadequate knowledge whereas only 2.6 % had adequate knowledge.

With respect to item 21 that deals with **Geriatrics advice**—majority 92.2 % of the study subjects had inadequate knowledge whereas only 3% had adequate knowledge.

With respect to item 22, that deals with **Residents take geriatrics when they are ill**
—majority 91 % of the study subjects had inadequate knowledge whereas only 2.6% had adequate knowledge.

With respect to item 23, that deals with **the thinking of geriatrics when they give work**
—majority 92% of the study subjects had inadequate knowledge whereas only 3% had adequate knowledge.

With respect to item 24, which deals with **Parents need help from geriatrics**
—majority 91.2% of the study subjects had inadequate knowledge whereas only 2.8% had adequate knowledge.

With respect to item 25 that deals with **Residents thing geriatrics as burden**—majority 91 % of the study subjects had inadequate knowledge whereas only 3.4% had adequate knowledge.

DISCUSSION:

The findings of the study reveal that majority (92%) had inadequate knowledge on psychosocial needs of the geriatric members of the family. The study finding is supported by Brodaty (2009). H study conducted among family care givers with dementia. Thus it is concluded that the family members be educated in this perspective to enhance quality care of the elderly to improve their quality of life.

RECOMMENDATIONS:

- 1) A similar study can be replicated on a larger sample at state level.
- 2) A comparative study can be done to assess the knowledge regarding the psychological dependence among the urban & rural family members.
- 3) A Survey can be conducted to list out the old age homes

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