



# “A STUDY TO EVALUATE THE EFFECT OF PLANNED TEACHING PROGRAMME ON COPING STRATEGIES ADOPTED BY CAREGIVERS OF THE PATIENT WITH SCHIZOPHRENIA IN SELECTED PSYCHIATRIC HOSPITALS OF AHMEDABAD CITY, GUJARAT.”

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## ABSTRACT

### Background:

Caregivers of patient with mental illnesses are a key support system. The caregiver burden is a global problem. Coping is an emotional or behavioural response to stress. It is process which focuses on what the individual thinks and does when encountering stress. Little is known about the ways in which families cope while caring of relative with schizophrenia in developing countries. A caregiver's burden increases due to negative coping skills and lack of resources. Studying coping strategies could be a useful way of generating information that can guide management strategies.

### Aim:

The aim of the study was to evaluate the effect of planned teaching programme on coping strategies adopted by caregivers of patient with schizophrenia in selected psychiatric hospitals of Ahmedabad city, Gujarat.

### Objectives:

1. To assess the pre-test score of coping strategies adopted by care givers of the patient with schizophrenia in selected psychiatric hospitals of Ahmedabad city, Gujarat.
2. To assess the post-test score of coping strategies adopted by care givers of the patient with schizophrenia in selected psychiatric hospitals of Ahmedabad city, Gujarat.
3. To assess the effect of the planned teaching programme regarding coping strategies adopted by care givers of the patient with schizophrenia in selected psychiatric hospitals of Ahmedabad city, Gujarat.

4. To find association between pre-test score with selected demographic variables on coping strategies adopted by care givers of the patient with schizophrenia in selected psychiatric hospitals of Ahmedabad city, Gujarat.

## Method:

**Quantitative research** approach was used. The investigator used **non- probability purposive sampling technique** for **60 samples**. A **self-structured rating scale on coping strategies of schizophrenia** were prepared to assess the coping of the samples. The reliability of the tool was determined, by using “**Karl Pearson’s correlation coefficient**” test and the tool was reliable.

## Results:

According to findings, declared that in **pre-test** level of coping strategies **45(75%)** had **poor coping strategies** and **15(25%)** had **average coping strategies**, in **post-test** level of coping strategies **38(63.3%)** had **good coping strategies** and **22(36.7%)** had **average coping strategies**. In **pre-test mean score was 34.86** and in **post-test mean score was 78.25**. the findings also revealed there was significant association found in **Gender, Duration of care giving and Relation of patient**.

## Conclusion:

Planned teaching programme regarding coping strategies was effective in improving coping strategies of schizophrenia among caregivers. The findings clearly indicate that planned teaching is effective for the care giver of patient with schizophrenia.

## Key Words:

Coping strategies, Schizophrenia, Caregivers, Psychiatric Hospitals.

## INTRODUCTION

Mental and behavioural disorders are found in people of all regions, all countries and all societies. Schizophrenia is one of the commonest of serious mental disorders. The word “Schizophrenia” comes from Greek origins, with “schizo” meaning “split” and “phrene” meaning “mind”. The world Health Organization has identified schizophrenia as one of the ten most debilitating diseases affecting human. Schizophrenia has devastating impact on the patients as well as their family members. Patients experience problems related to both positive symptoms such as aggressive behaviour, delusions, hallucinations as well as negative symptoms such as poor motivation and inadequate self-care. The capacity of social relationship is often diminished and employment opportunities are reduced.

Coping is an emotional or behavioural response to stress. It is process which focuses on what the individual thinks and does when encountering stress. Little is known about the ways in which families cope while caring of relative with schizophrenia in developing countries. A caregiver’s burden increases due to negative coping

skills and lack of resources. Studying coping strategies could be a useful way of generating information that can guide management strategies.

**Schizophrenia** affects **approximately 24 million people** or **1 in 300 people (0.32%) worldwide** this rate is **1 in 222 people (0.45%) among adults**.

According to National Mental Health Survey conducted by **NIMHANS** (National Institute of Mental Health and Neuro Sciences), the **prevalence of schizophrenia** in the Indian population is **0.5% for current** and **1.4% for a lifetime experience**.

In India, where about **1.1 billion** people reside, the prevalence of schizophrenia is about **3/1000 individuals** It is more **common in men**, and in terms of age of onset, men tend to be younger by an average of about five years than women when they develop schizophrenia.

In **Gujarat, 2.8 million adults with common and severe mental disorders** at any point of time and each year about **11,000 new cases of schizophrenia** are added to mental disorder burden.

### Objectives of the studies were

1. To assess the pre-test score of coping strategies adopted by care givers of the patient with schizophrenia in selected psychiatric hospitals of Ahmedabad city, Gujarat.
2. To assess the post-test score of coping strategies adopted by care givers of the patient with schizophrenia in selected psychiatric hospitals of Ahmedabad city, Gujarat.
3. To assess the effect of the planned teaching programme regarding coping strategies adopted by care givers of the patient with schizophrenia in selected psychiatric hospitals of Ahmedabad city, Gujarat.
4. To find association between pre-test score with selected demographic variables on coping strategies adopted by care givers of the patient with schizophrenia in selected psychiatric hospitals of Ahmedabad city, Gujarat.

### Methodology For Research

Quantitative research approach was used. The investigator used non- probability purposive sampling technique for 60 samples. A self-structured rating scale on coping strategies of schizophrenia were prepared to assess the coping of the samples. The reliability of the tool was determined, by using **“Karl Pearson’s correlation coefficient”** test and the tool was reliable.

**RESULT****SECTION - A****Table 1: Distribution of Caregivers of Patient with Schizophrenia according to their Demographic Variables. (N=60)**

<b>Sr. No</b>	<b>Demographic Variables</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
<b>1</b>	<b>Age in years</b>		
	a. 20 to 30 years	5	8.3
	b. 31 to 40 years	19	31.7
	c. 41 to 50 years	24	40
	d. 50 years and above	12	20
<b>2</b>	<b>Gender</b>		
	a. Male	25	41.7
	b. Female	35	58.3
<b>3</b>	<b>Educational status</b>		
	a. Illiterate	11	18.3
	b. School education	20	33.4
	c. Under graduation	15	25
	d. Post-graduation	9	15
	e. Any other	5	8.3
<b>4</b>	<b>Employment status</b>		
	a. Unemployed	32	53.3
	b. Labourer	17	28.3
	c. Professional	4	6.7
	d. Any other	7	11.7
<b>5</b>	<b>Area of residence</b>		
	a. Urban	27	45
	b. Rural	33	55
<b>6</b>	<b>Duration of Care giving</b>		
	a. 1 month	13	21.7
	b. 3 months	16	26.7
	c. 6 months	22	36.6
	d. > 1 year	9	15
<b>7</b>	<b>Relation with patient</b>		
	a. Mother	13	21.7
	b. Father	15	25
	c. Son	20	33.3

	d. Daughter	4	6.7
	e. Spouse	8	13.3
<b>8</b>	<b>Type of family</b>		
	a. Nuclear family	38	63.3
	b. Joint family	22	36.7
<b>9</b>	<b>Monthly family income</b>		
	a. < 10,000	9	15
	b. 10,001 – 20,000	18	30
	c. 20,001 – 30,000	20	33.3
	d. > 30,001	13	21.7
<b>10</b>	<b>Have you cared for the mentally ill patient earlier</b>		
	a. Yes	5	8.3
	b. No	55	91.7

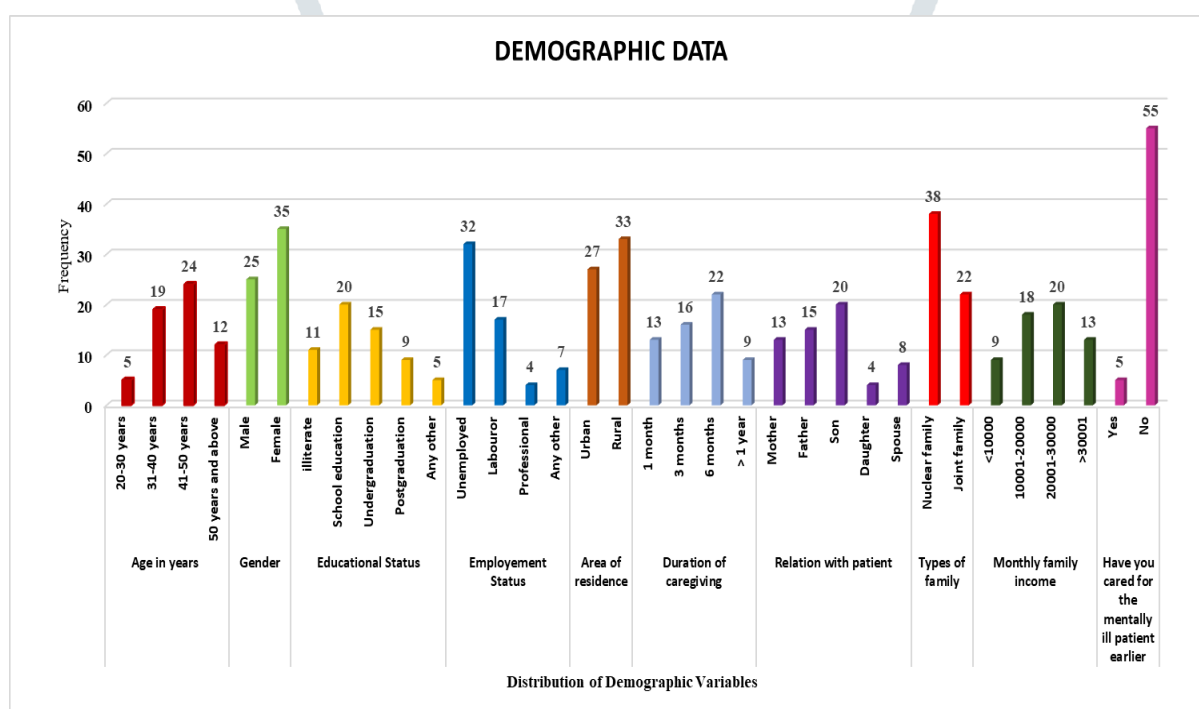


Figure 1: Bar Graph Showing Frequency Wise Distribution of Demographic Variables of Samples

According to their Age, majority 24(40%) were in 41 to 50 years of age, followed by 19(31.7%) were in 31 to 40 years of age, 12(20%) were in 50 years of age and above and 5(8.3%) were in 20 to 30 years of age. Regarding Gender of Caregivers, maximum 35(58.3%) were female Care givers and 25(41.7%) were male Caregivers. As per Educational Status of Caregivers, majority 20(33.4%) had School Education, 15(25%) had Under Graduation, 11(18.3%) were illiterate, 9(15%) had post-Graduation and 5(8.3%) had other Education. With regard to employment status of Caregivers, maximum 32(53.3%) were Unemployed, 17(28.3%) were Labourer, 7(11.7%) had other Employment and 4(6.7%) were Professional. According to Area of Residence of Caregivers, majority 33(55%) were living in Rural area and 27(45%) were living in Urban area. Regarding

**duration of Caregiving**, maximum **22(36.6%)** of Caregivers were giving care for 6 months, **16(26.7%)** were care giving for 3 months, **13(21.7%)** were care giving for 1 month and **9(15%)** were care giving for more than one year. As per **Relation with Patient** among Caregivers, majority **20(33.3%)** Relation with patient were Son, **15(25%)** were Father, **13(21.7%)** were Mother, **8(13.3%)** were Spouse and **4(6.7%)** were Daughter. With regard to **type of family** of Caregivers, maximum **38(63.3%)** were living in nuclear family and **22(36.7%)** were living in Joint family. According to **Monthly family income** of Caregivers, maximum **20(33.3%)** had income of Rs 20,001-30,000, **18(30%)** had Rs 10,001-20,000, **13(21.7%)** had above RS 30001 and **9(15%)** had up to Rs 10,000. Regarding **have you cared for the mentally ill patient earlier**, majority **55(91.7%)** had not cared for the mentally ill patient earlier and only **5(8.3%)** had for the mentally ill patient earlier.

### SECTION - B

**Table 2: Distribution of Caregivers of Patient with Schizophrenia according to the Pre-test and Post-test Score of Coping Strategies adopted by Caregivers of the Patient with Schizophrenia in selected Psychiatric Hospitals. (N=60)**

Coping Strategies	Pre-Test		Post-Test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Poor	45	75	0	0
Average	15	25	22	36.7
Good	0	0	38	63.3
Total	60	100	60	100

**Pre-Test** Level of Coping Strategies adopted by Caregivers of the Patient with Schizophrenia in Selected Psychiatric Hospitals revealed that majority **45(75%)** had **Poor Coping Strategies** and **15(25%)** had **Average Coping Strategies**.

**Post-Test** Level of Coping Strategies adopted by Caregivers of the patient with Schizophrenia in selected Psychiatric Hospitals revealed that majority **38(63.3%)** had **Good Coping Strategies** and **22(36.7%)** had **Average Coping Strategies**.

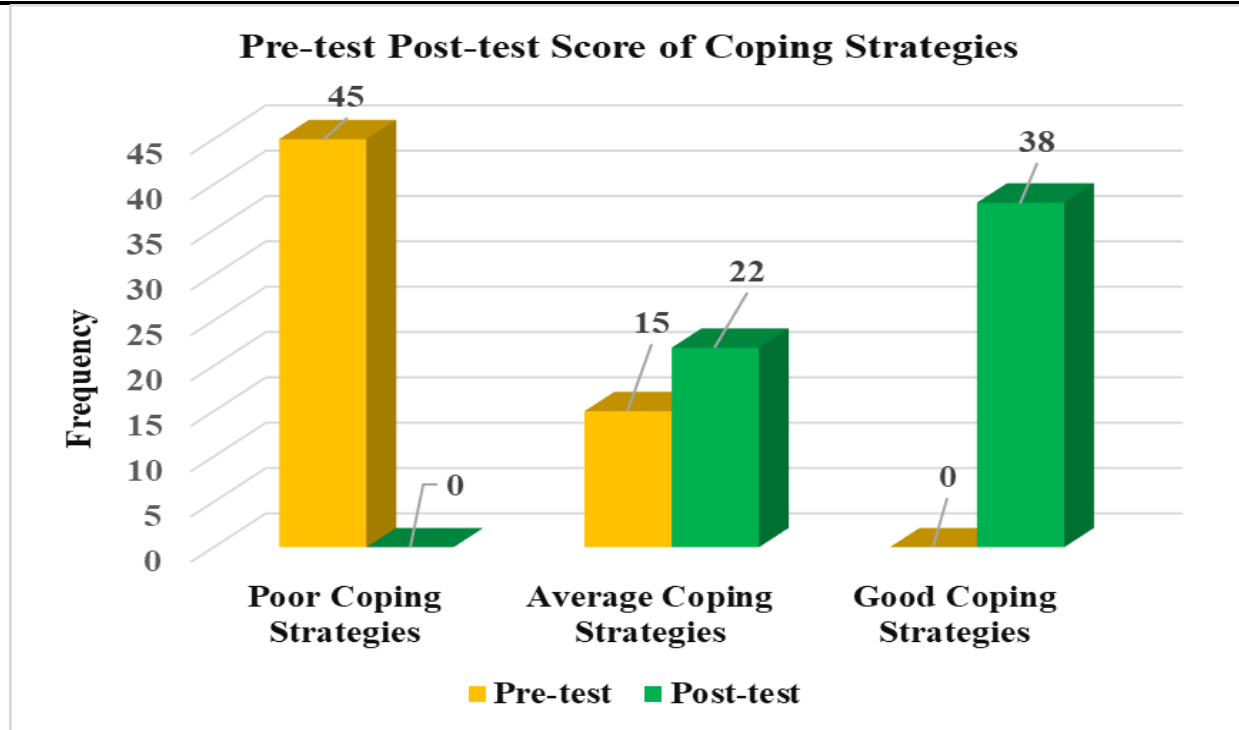


Figure 2: Bar Graph Showing Frequency Wise Distribution of Pre-test Post-test Scores of Caregivers

### SECTION - C

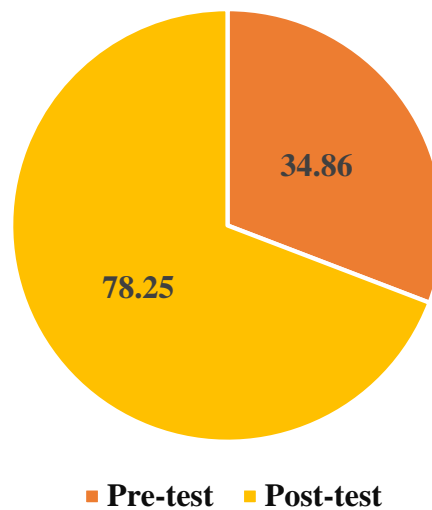
Table 3: Effect of the Planned Teaching Programme regarding Coping Strategies adopted by Caregivers of the Patient with Schizophrenia in selected Psychiatric Hospitals. (N=60)

Comparison	Mean	SD	Mean Difference	t value	df	P value	Significant/ Non-Significant
Pre-test	34.86	9.18	43.39	20.50	59	0.001*	Significant
Post-test	78.25	12.60					

\*p<0.05 level of significance

Table 3 illustrates the Effect of the Planned Teaching Programme Regarding Coping Strategies adopted by Caregivers of the Patient with Schizophrenia in Selected Psychiatric Hospitals which was tested by using Paired t test. Result showed that Mean Post-Test score  $78.25 \pm 12.60$  was higher than Mean Pre-Test score  $34.86 \pm 9.18$  with Mean Difference of  $43.39$  with obtained calculated t value ( $t=20.50$  at  $df=59$ ,  $p=0.001$ ) was found statistically highly significant at  $p<0.05$ . Findings revealed that Planned Teaching Programme was effective in improving the Coping Strategies adopted by Caregivers of the Patient with Schizophrenia in selected Psychiatric Hospitals.

## Pre-test and Post-test Mean Score



**Figure 3: Pie Graph Showing Distribution of Mean Pre-Test and Mean Post-Test Score of Coping Strategies adopted by Caregivers of the Patient with Schizophrenia in Selected Psychiatric Hospitals**

**SECTION – D**

**Table 4: Association between Pre-test Score of Coping Strategies adopted by Caregivers of the Patient with Schizophrenia in Selected Psychiatric Hospitals with their Selected Demographic Variable. (N=60)**

Demographic Variables	Pre-test coping strategies		$\chi^2$ value	df	p value	Significant/ Non-Significant
	Poor	Average				
<b>Age in years</b>						
a. 20 to 30 years	4	1	0.669	3	0.880	Non-Significant
b. 31 to 40 years	15	4				
c. 41 to 50 years	18	6				
d. 50 years and above	8	4				
<b>Gender</b>						
a. Male	23	2	6.606	1	<b>0.010*</b>	<b>Significant</b>
b. Female	22	13				
<b>Educational status</b>						
a. Illiterate	8	3	1.312	4	0.859	Non-Significant
b. school education	14	6				
c. Under graduation	11	4				
d. Post-graduation	8	1				
e. Any other	4	1				
<b>Employment status</b>						
a. Unemployed	27	5	4.201	3	0.241	Non-Significant
b. Labourer	12	5				

c. Professional	2	2				
d. Any other	4	3				
<b>Area of residence</b>						
a. Urban	19	8	0.561	1	0.454	Non-Significant
b. Rural	26	7				
<b>Duration of care giving</b>						
a. 1 month	11	2	15.86	3	<b>0.012*</b>	<b>Significant</b>
b. 3 months	13	3				
c. 6 months	19	3				
d. > 1 year	2	7				
<b>Relation with patient</b>						
a. Mother	12	1	10.49	4	<b>0.032*</b>	<b>Significant</b>
b. Father	13	2				
c. Son	10	10				
d. Daughter	3	1				
e. Spouse	7	1				
<b>Type of family</b>						
a. Nuclear family	31	7	2.392	1	0.122	Non-Significant
b. Joint family	14	8				
<b>Monthly family income</b>						
a. < 10,000	6	3	3.442	3	0.328	Non-Significant
b. 10,001 – 20,000	16	2				
c. 20,001 – 30,000	15	5				
d. > 30,001	8	5				
<b>Have you cared for the mentally ill patient earlier</b>						
a. Yes	5	0	1.818	1	0.178	Non-Significant
b. No	40	15				

\*p value < 0.05 level of significance

Table 4 depicts the association between Pre-test score of Coping Strategies adopted by Caregivers of the Patient with Schizophrenia in selected Psychiatric Hospitals with their Selected Demographic Variables which was tested by using chi-square test. Result showed that Gender, Duration of care giving and Relation of patient was found significant association at  $p < 0.05$  level but other Demographic Variables such as Age, Educational status, Employment status, Area of Residence, Type of family, Monthly family income and have you cared for the mentally ill patient earlier were non-significant at  $p < 0.05$  with Pre-test score of Coping Strategies adopted by Caregivers of the Patient with Schizophrenia.

## DISCUSSION

The present study was conducted to assess the effect of planned teaching programme on coping strategies adopted by caregivers of patient with schizophrenia in selected psychiatric hospitals of Ahmedabad city. The investigator collected the samples by non-probability purposive sampling technique. The investigator collected data by using self-structured rating scale on coping strategies of schizophrenia for assessing the level of coping among caregivers of the patient with schizophrenia of selected psychiatric hospitals of Ahmedabad city, Gujarat. The investigator using pre-experimental one group pre-test post-test Research design. The tool consists of demographic variables and self- structured rating scale on coping strategies of schizophrenia to assess the level of coping. **60 caregivers** of patient with schizophrenia and who met the inclusion criteria, who were selected by non-probability purposive sampling technique. After the selection of samples, the level of coping was assessed by using self-structured rating scale on coping strategies of schizophrenia.

Descriptive and inferential statistics were used to analyze the demographic data and self-structured rating scale on coping strategies of schizophrenia. In **pre-test 45(75%) had poor coping strategies and 15(25%) had average coping strategies** and in **post-test 38(63.3%) had good coping strategies and 22(36.7%) had average coping strategies**. Mean score of pre-tests was **34.86** and post-test was **78.25**. and standard Deviation of pre-test was **9.18** and post-test was **12.60**.

## CONCLUSION

Descriptive and inferential statistics methods were used to analyze the data. The Mean Post-test Score was higher than Mean Pre-test Score. Significance of the difference between Pre-test and Post-test scores was statistically tested using paired t test and it was found significant. The association between pre-test score with selected Demographic Variables was tested by using chi-square test and finding revealed that there was significant association of selected Demographic Variables such as Gender, Duration of Care giving and Relation of Patient in which filed with the Pre-test score. This indicates that the selected Demographic Variables had significant association with Pre-test score and hence research Hypothesis  $H_2$  was accepted and null hypothesis  $H_0$  was rejected.

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