



Assess the knowledge and attitude of a family members towards the patient with schizophrenia in Selected Psychiatric Hospital

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Abstract

Background: The researcher was examined that the knowledge and attitude of the family members towards the patients with schizophrenia. schizophrenia is the common problem in the India one of the most problem present in social communities and the people with such illness are often subjected to defame.

Objectives: 1. To assess the knowledge and attitude of family members towards the patient with schizophrenia. To determine the relationship between knowledge and attitude of family members and the selected demographic variable.

Methodology: Descriptive survey approach was adopted for this study Sample size of the present study consisted of 100 family members of schizophrenia patients.

Results: 100 sample researcher was taken.82 out of 100 sample had positive attitude and 18 had negative attitude towards the patients with schizophrenia.

Conclusion: According to the level of knowledge, 30 out of 100 family members had above average knowledge whereas 42 members had average knowledge and 28 sample had below average knowledge.82 out of 100 sample had positive attitude and 18 had negative attitude towards the patients with schizophrenia. There was a very high correlation between the knowledge and attitude of family members. There was a significant relationship between the knowledge and many issues to be considered in ensuring optimal care for those who are dying, e.g. euthanasia, withholding or withdrawing life sustaining treatment.

Keywords: Assess effectiveness, schizophrenia, attitude, Psychiatric Hospital

Introduction

Every human being is born and brought up in a family. Depending on his age and sex, he has to play certain roles that are expected of him in his particular culture. The role a particular person has to play in his family is meaningful only in a relation to other member of the family with whom in interact. The roles are not rigid and in certain circumstance other member temporarily, either because of his absence of his illness.

When a person is affected with a physical illness, he cannot carry out his normal role. He assumes the role of a sick person. This benefit him in two ways: first, it permits him to give up his usual responsibilities and secondary, he becomes the focus of the care and attention of others members of the family. On the contrary, when a person suffers from mental illness he is not treated in the same way as when he has a physical illness.

Background

Historically, mental illness was view as demographic possession, the influence of ancestral sprits, the result of violating a taboo or neglecting a culture ritual and spiritual condemnation. The mentally ill have been ridiculed, neglected, banned, persecuted and deprived of their freedom. Among all the mental illness, the rapidly spreading and most serious and important disorder is "schizophrenia". Schizophrenia is the most common form of psychotic behavior, characterized by breakdown of integrated personality function, withdrawal from reality, emotional

blocking distortion and disturbances of thought and behavior – Coleman In India, many people do not make use of the available facilities. It is estimated that fewer than 10 percent of the patient who need helps take modern treatment. Majority of them go without treatment because of ignorance, fear, stigma, misconception, and faulty attitude regarding mental illness, their causes and treatment. In the so – called advanced society of today, mental illness carries the age-old stigma. The family members are likely to either reject or manhandle the patient.

Familial maladjustment and pathological behavior of members is considered as a major factor of schizophrenia. It has been observed in several cases that family therapy used specifically can reduce the relapse rated of schizophrenia patient. Hence it is high-time to assess the knowledge and attitude of family members towards patients with schizophrenia as it plays a vital role in the management of schizophrenia in various psychiatric.

Statement of the problem

"Assess the knowledge and attitude of a family members towards the patient with schizophrenia in Selected Government Hospital.

Objectives of the study

1. To assess the knowledge and attitude of family members towards the patient with schizophrenia.
2. To determine the relationship between knowledge and attitude of family members and the selected demographic variable.

Research hypothesis

H₁: There will be significant relationship between the knowledge and attitude of the family members towards the patient with schizophrenia.

H₂: There will be significant relationship between demographic variable and knowledge and attitude of family members.

Assumptions of the study

1. Family member will have some knowledge regarding schizophrenia.
2. Family members will have positive attitude towards schizophrenia patient.
3. Family members may have some amount of negative attitude towards schizophrenia.
4. Family member will give their consent and willingness to collect the necessary data about their knowledge and attitude towards the patient with schizophrenia.

Delimitation

The study was delimited

1. The 100 subject selected as sample for the study.
2. Family members of patient with schizophrenia attending O.P.D in G.P.H..
3. The family members who were willing to participated in the study.

Methodology

Research approach

Descriptive survey approach was adopted for this study.

Research design:

Non experimental research design was used to carry out the study

Setting of the study

The investigation selected psychiatric out-patient department in Government General Hospital.

Population

The population for the present study was the family member of schizophrenia patients attending psychiatric OPD in GPH

Sample and sample size

Sample size of the present study consisted of 100 family members of schizophrenia patients.

Sampling technique

Purposive sampling method was used to select psychiatric OPD and non-probability convenient sampling technique was used to selected family members of schizophrenia.

Description of the tool

Knowledge questionnaires

The knowledge questionnaires of two section

Section I – It contained items on background data such as relationship with the patient, age, education, occupation, community, duration of illness, admission to the hospital and health information received from the Hospital.

Section II – It comprised 20 knowledge items covering the following content areas.

- Meaning of schizophrenia
- Misconception
- Causes and symptoms of schizophrenia
- Diagnosis and treatment and
- Role of the family

A scoring key was prepared. Each correct response carried a score of one and the total maximum score was 20

Above average – 15 and above

Average – Between 10 and 15

Below average – Below 10

Attitude scale: A five Likert type attitude scale was constructed to assess the attitude of family members. It consists of 25 items – 12 positive and 13 negative. There were five alternative response “Strongly disagree”.

The positive items were scored five on “Strongly agree” whereas the negative items were scored five on ‘Strongly disagree’ indicating a high positive attitudes was 125 and minimum score was 25.

Plan for data analysis

Data analysis is conducted to reduced, organized and give meaning to the data. Data analysis was planned to use both descriptive and inferential statistics. The data obtained from family members of schizophrenia patients would be analysis as given below:

- Analysis of sample characteristics in terms of frequency and percentage
- Frequency and percentage of knowledge and attitude of family members
- Percentage of relationship between the knowledge and attitude of family members
- Percentage of relationship between the knowledge and attitude of family members and the selected demographic variable.

Major finding

Section 1 Sample characteristics

- Based on the relationship with the patient, majority of the family members were children [28%].
- Maximum number of subject were in the age group of 16-30 years and 31-45 years [34%]
- Majority [38] of the sample had completed SSC.
- Majority [70%] of the sample were from urban community.
- Majority [40%] of the samples patients duration of illness was below 1 year.
- Majority [80%] of the samples received health information from private agencies.

Section 2 – Finding related knowledge and attitude of family members

According to the level of knowledge 30 out of 100 family members had above average knowledge whereas 42 members had average knowledge and 28 sample had below average knowledge.

82 out of 100 sample had positive attitude and 18 had negative attitude towards the patients with schizophrenia.

Section 3 – Finding related to relationship between knowledge and attitude of family members

The coefficient of correlation was computed and the value was 0.99985. So, a very high correlation was found showing that there was a significant relationship between knowledge and attitude of family members.

Section 4 – Finding relationship between the knowledge and attitude of family members and the selected variables

- There was a significant relationship between the knowledge and attitude of family members and relationship with the patient
- There was a significant relationship between the knowledge and attitude of family members and age

- There was a significant relationship between the knowledge and attitude of family members and education
- There was a significant relationship between the knowledge and attitude of family members and occupation
- There was a significant relationship between the knowledge and attitude of the family members and community
- There was a significant relationship between the knowledge and attitude of the family members and patient’s duration of illness
- There was a significant relationship between the knowledge and attitude of the family members and health check-up
- There was a significant relationship between the

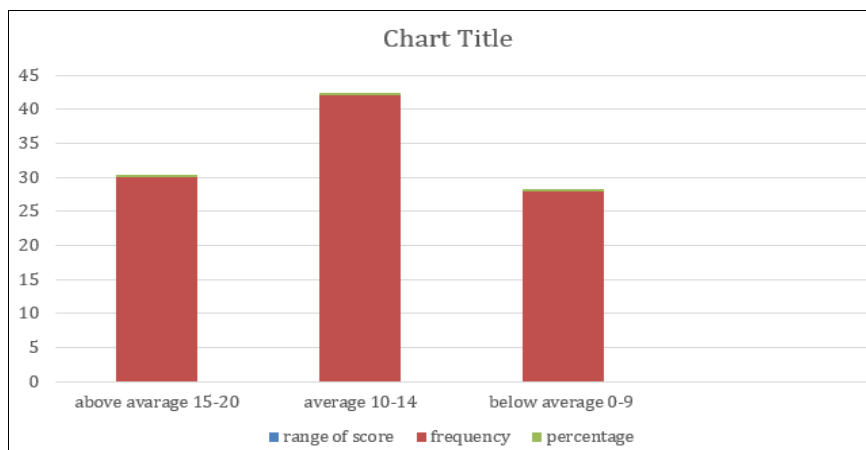
knowledge and attitude of the family members and sources of health information received.

a. Frequency and percentage distribution of knowledge of family members

Table 2

Level of knowledge	Range of score	Frequency	Percentage
Above average	15-20	30	30%
Average	10-14	42	42%
Below average	0-9	28	28%

Out of 100 family members of schizophrenia patients attending psychiatric OPD had above average knowledge [30%], whereas 42 of them had average knowledge [42%] and 28 of them had below average knowledge [28%] regarding schizophrenia.



b. Frequency and percentage distribution of attitude of family members

Table 3

Level of Attitude	Range of score	Frequency	Percentage
Positive	60-100	82	82%
Negative	0-59	18	18%

Data in Table 3 shown that 82 out of 100 family members of schizophrenia patients attending psychiatric OPD had positive attitude, whereas 18 of them had negative attitude

Pie diagram showing percentage distribution according to attitude

Section III – Finding on the relationship between the knowledge and attitude of family members

This section described the relationship between knowledge and attitude of family members. Percentage of knowledge and attitude and coefficient of correlation was computed to find out the relationship between them.

$D = R1 - R2 = 5$
 $D2 = 25$

If coefficient of correlation is between + 0r 0.90 to 0.99, it is termed as very high correlation. Hence we have 0.99, a very high correlation was found between the knowledge and attitude of family members, so H1 accepted.

Knowledge and attitude of family members

Table 4: Knowledge Attitude

Class interval	Frequency	Percentage	R1	Class interval	Frequency	Percentage	R2
6-9	26	26%	3	45-54	10	10%	3
10-13	32	32%	2	55-64	34	34%	2
14-17	38	38%	1	75-74	52	52%	1
18-21	34	34%	4	75-84	2	2%	4
				85-94	2	2%	5

Conclusion

On the basic of the finding of the study, the following conclusion can be drawn

- According to the level of knowledge, 30 out of 100 family members had above average knowledge whereas

42 members had average knowledge and 28 sample had below average knowledge.

- 82 out of 100 sample had positive attitude and 18 had negative attitude towards the patients with schizophrenia.

- There was a very high correlation between the knowledge and attitude of family members.
- There was a significant relationship between the knowledge and many issues to be considered in ensuring optimal care for those who are dying, e.g. euthanasia, withholding or withdrawing life sustaining treatment.
- The complex ethical issues involved in bioethics that are faced by the nurse have many social, legal and professional ramifications. Nurse must learn to participate in ethical dilemmas and develop some basic belief about attitude of family members and the selected variables.

Recommendation

1. The study can be replicated on a larger sample thereby finding can be generalized for a larger population.
2. A study could be undertaken to evaluate the effectiveness of a planned teaching programme on knowledge and attitude of family towards mentally ill.
3. A similar study can be undertaken on other mental illness.
4. A comparative study can be conducted between the family members caring for mentally ill patients at home and in the issues, To do so, they may read about bioethical issues or attend courses and workshops on ethical topics pertinent to their areas of practice.

Furthermore, nurse need to develop skills in logical thinking and critical analysis. In this way, they will be able to increase their skills to make ethical decision.

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