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A Study to Assess the Basic Living Skills Of Mentally Ill Patients In Psychiatric Hospital

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ABSTRACT

It is well known that most of the psychiatric disorders are associated with severe and persisting disability and development of remedial measures to prevent disability need utmost attention. Self-care is learnt, culturally linked, deliberate action which (1) leads to decision to act and includes deciding what is to be done for what purpose, (2) follow the decision to act, including performance of the action. Even when self-care is performed out of habit it is still a deliberate action .Self care is a response to attend to oneself. The purpose of the deliberate action called self-care is named as self-care requisites. Psychiatric patients lack interest in self-care in the absence of physical disability.

Skill training has been found effective in rehabilitating psychiatric patients. This study was aimed at finding out deficits in basic living skills of psychiatric patients, train them in basic living skills, and assess the effect of structures teaching through video film and follow up. The following hypotheses were formulated:

1. There will be deficits in basic living skills in psychiatric patients.
2. Patients with deficits in areas of basic living skills show improvement after structured teaching programme.
3. There will be significant difference in the areas of basic living skills in experimental and control groups.

Experimental design was adopted with 50 subjects in experimental group and 50 subjects in control group. Matching was done on socio demographic variables as well ason base line data on deficits. Tools used were socio demographic profile and rating scale on basic living skills, which were developed and validated by researcher. Areas covered in the rating scale were housekeeping, toileting, brushing teeth, bathing, hair care, nail care, dressing, eating habits, money management, interacting with others and spending leisure time.

Rating scale was validated for content and constructvalidity. Reliability was tested by inter-rator reliability (r=0.9933) and test - retest reliability (r=0.6532) Pearson's Product Movement Correlation method was used for the reliability testing. Chi-square test was used to compare experimental and control groups on socio demographic variables. Student * t * test was used to know the comparative differences among both groups on scores obtained on rating scale globally and area wise. Both groups did not differ at base line. After the base line assessment experimental group underwent structured teaching through video film where as control group did not undergo teaching. Both groups were assessed after 5 days and 10 days. On * t' test the scores of experimental group were significantly higher, than the control group ($p < 0.000$) with $df = 98$ on total scores as well as on scores on all 11 areas. It is concluded that deficits in basic living skills could be reduced by structured teaching in psychiatric in-patients thereby rehabilitating them effectively.

INTRODUCTION

Nurses are in a strategic position to assist patients in making positive life style changes. An understanding of the process of moving towards fitness, positive nutrition, positive relationships, stress management, clear life purpose, consistent belief systems, commitment to self care and environmental sensitivity/comfort lead to wellness in human beings. Medical model is most appropriate in dealing with patients medical problems. Life style changes on the other hand often allow more time for the nurse to work with patient in meeting goals at his/her own pace. Blending of concept from both the medical and wellness models can greatly facilitate what the patient needs to accomplish (Ginger Armentrout, 1993).

When functional limitations imposed by psychiatric impairments result in decrements in the ability to perform certain activities, the individual is said to have disability. Among individuals with severe psychiatric disorders such as Schizophrenia disabilities include poor self-care skills (Eg. Cooking, cleaning, grooming and teeth care) social withdrawal and seclusiveness, abandonment of family responsibilities and work incapacity.

Nurses in inpatient settings are in an excellentposition to assess basic living skills of psychiatricpatients. The available literature deals with basic livingskills in other alternative forms such as activities of dailyliving andself care abilities. While the physically illpersonshave disability due to dysfunction of bodypsychiatrically ill persons lack the will to do.

Need for the study

basic living skills is an exclusive area where nurses are totally responsible the researcher decided to test this area. Various studies have been conducted in social skill training by social scientists. Tools to measure social living skills and basic living skills have been developed. To be able to say that the

improvement in basic living skills is due to planned and organised teaching by nurses it need to be proved through research. Hence the researcher chose experimental deisign to test this assumption.

Objectives

1. To evaluate current status in areas of basic living skills of psychiatric patients(experimental group, 50 and control group 50).
2. To train psychiatric patients in practicing basic living skills by using a planned structured teaching through video film.
3. To train the relatives in assisting the psychiatric patients to practice basic living skills.
4. To evaluate the effect of structured teaching (after 5th and 10th day after training).
5. To compare two groups on pre and post teaching scores on basic living skills.

Hypotheses

1. There will be deficits in basic living skills in psychiatric patients.
2. Patients with deficits in the areas of basic living skills show improvement after structured teaching programme.
3. There will be significant difference in post test scores in the areas of basic living skills inexperimental and control groups.

REVIEW OF LITERATURE

Studies related to findings on basic living skills

Joyce, Staley and Hughes (1990) have concluded intheir study on Staying well. Factors contributing to successful community adaptation that the friends were rated as the most important factor in assisting former psychiatric patients to avoid rehospitalization. When respondents were asked to comment on rehospitalization in their own words, the most frequent responses dealt with factors related to keeping active, developing a healthy life style and positive self image, and accepting their illness. Self-help groups, community health workers, and community nurses were rated as the least beneficial in preventing rehospitalization.

RESEARCH METHODOLOGY

Research Design

The design of the present study was experimental, with experimental group and control group with one pre, and two post assessments. Each group consisted of 50 subjects. Both groups were matched

on socio-demographic variables such as age, sex, religion, education, level of income and type of family they belong to.

Study Setting

The study was conducted in the in-patient openpsychiatric male and female wards of the psychiatric hospitals.

Sampling Procedure

For the purpose of the study psychiatric patients who had deficits in basic living skills were identified by the X nurses who were working in open male and female psychiatric wards. After identifying the patients, the nurses summoned title researcher to come and take interview with patients and relatives. Case files were kept ready to go through detailsabout socio-demographic data and particulars about illness.

Population and Sampling

The randomness of the sample was not possible with individual patients. Group randomness was followed. From each of the male and female open psychiatric wards alternate groups were allotted to experimental and control groups. This was done with a view that contamination was avoided. As group teaching method was adopted care was taken to see that both groups do not interact with each other. This was possible because male and female open wards are situated away from each other. If one group from male ward was chosen for experimental group from the female ward the group was taken for controls. Next group controls were taken from the male wards and experimental subjects from female wards. While doing so the researcher waited till all the experimental group patients got discharged and selected another group for controls in the same ward. After all the control group patients got discharged another experimental group was selected from the same ward. This procedure was discussed with statisticians, before starting the collection of data and was approved by them to maintain randomness not individually but group wise. Simultaneously the groups were matched on socio-demographic variables. The above procedure was adopted till the number of subjects totalled 50 for control group and 50 for experimental group.

Description of the Tools

1. Consent form consisted of the identity of the researcher explaining the purpose of the study seeking cooperation of family member (relative) as well as the

patient.

2. Socio-demographic data schedule consists of details of identity, age, sex, religion, date of admission, discharge, diagnoses, duration of illness, education, occupation, family structure, income of the family, relationships of the family member with the patient.

3. Rating scale for basic living skills: The rating scale was developed by the researcher. This rating scale consists of 4 responses to each statement with the following numerical values:

Does correctly without any help - 3 points

Requires help to do it correctly - 2 points

Requires much help to do it correctly - 1 point

Cannot: perform the skill by self and correctly - 0 point

FINDINGS

Base line data was not statistically significant fromgroup 1 and group 2. Hence both groups were matched for thepurpose of experimental study. While group 1 improvedsignificantly after 5th and 10th day, the improvement ingroup 2 after 5th and 10th day was not significant. Meanscores of group 1 after 5th day and 10th day were much higherthan that of group 2. The difference between group 1 andgroup 2 vms highly statistically significant after 5th and10th day.

There was no difference in the mean scores of group 1and group 2 before teaching to group 1. After teaching 5thand 10th days ratings show that mean scores of group 1 werehigher than group 2 mean scores. The difference between twogroups was highly statistically significant. Higher meanscores of group 1 after 5th and 10th day could be attributedto teaching.

This chapter dealt with results and findings of thestudy. Tables and bar graphs were followed by brief description about findings area wise. Each area finding weredepicted in the three section (i.e., base line for group 1and 2 after 5th and 10th day). This form of presentation gavea clear picture to know the effect of teaching to group 1 andno teaching to group 2. This form of presentation was chosenby the researcher for clarity in depicting the results of thestudy.

DISCUSSION

Findings and their implications for the care of the mentally ill persons These subjects chosen for the study were those having deficits in basic living skills. These individuals were suffering from psychiatric illnesses. These individuals were heterogenous in terms of duration of illness and type of psychiatric illness. They were homogenous in terms of deficits in basic living skills. Since the area of

study was basic living skills purposive sampling method was adopted, but randomization procedure was adopted to allot subjects to experimental and control groups.

Area 1: House keeping

Many patients did not carry out these activities as they felt it was not a part of their dialy routine as hospital personnel were expected to do these activities. After the teaching all the patients started doing bed making and tidying the place hence the scores in this area after 5th and 10th day were significantly high in group 1 and low in group 2. While male patients expected their spouses to tidy the bed.

Area 2: Toileting

In spite of psychiatric illness most of the patients in group 1 and group 2 had good control over bowel and bladder and knew the place of toilet. Only activities they were not performing were adjusting clothes, pouring enough water and washing hands after coming out of toilet. After teaching the group 1 scores were significantly high comparing to group 2. It can be concluded that teaching can bring about improvement in toilet habits of psychiatric patients.

Area 3: Brushing teeth

Scores on this area were equal in both groups at base line. There was improvement in this area even in group 2 but the improvement in group 1 was significantly high comparing to group 2. These subjects were deficient in feeling the need to brush, rincing the mouth properly, washing face with soap and water, wiping face with towel. All these activities needed prompting in both groups at baseline. But after teaching group 1 subjects carried out these above activities without the help of family members or some with verbal instructions only. The mean scores of group 2 were lower than group 1 which underwent teaching through video film.

Area 4: Bathing

Baseline scores of both group 1 and 2 were not significantly different from each other at baseline. But they differed significantly after 5th and 10th day. The group 1 scores higher than group 2 scores. Comparitively difference in mean scores of group 1 were significantly

higetyr than group 2 which did not undergo teaching.

Area 5: Hair care

Base line scores in this area of group 1 and 2 were not significantly different from each other. But group 1 score were significantly higher in group 1 than group 2 after 5th and 10th day. The subjects in group 1 started caring for their hair on their own. Though there was improvement in group 2 also gradually the significant difference in group 1

was evident clinically.

Area 6: Nail care

Base line scores were equal in group 1 and group 2. But after 5th and 10th day scores of group 1 were significantly higher comparing to group 2. Some patients who did not have nail cutters started asking the ward nurses or borrowing from other patients after watching the video film. They started feeling the need to keep nails short, clean and trimmed.

Area 7: Dressing

Base line data showed no difference in scores of group 1 and 2. After the 5th and 10th day after tithing the scores of group 1 and group 2 were significantly different, i.e., The mean scores of group 1 were significantly higher than group 2.

Area 10: Interacting with others

Base line scores were not significantly different from group 1 and group 2. After undergoing teaching group 1 subjects showed marked improvement in interaction with others. The difference in group 1 and group 2 subjects scores after 5th and 10th day was significant. The group 1 scores were significantly higher than group 2 scores.

Area 11: Spending leisure time

Base line scores of group 1 and group 2 wee not significantly different from each other in this area. Where as after teaching to gorup 1 subjects they started interacting with others. With the result the scores of group 1 were significantly higher than group 2 scores. Group 1 subjects were spending their leisure time in caring for plants, listening to radio, or watching Television as these facilities are available in wards.

The researcher included the areas and activities which could be taught in inpatient set up and they can practice realistically. Though they cover basic living skills certain specific areas like menstrual hygiene could have been included for females who are in reproductive age. But the time of

observation was only 10 days keeping in mind the average stay of patients in acute open wards where relatives were accessible to participate in the study this would nothave been possible.

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