# Effectiveness of Planned Teaching Programme on Home Care of Patients with Depression in Terms of Knowledge and Attitude of Primary Care Givers

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**ABSTRACT** *Background: Human beings are socially oriented and to achieve satisfaction in life must be able to establish positive relationship. Any kind of sickness may affect the individual, family, as well as other members of this society.1 Objective: Evaluate the effectiveness of Planned Teaching Programme on Home Care of patients with Depression in terms of knowledge and attitude of primary care givers in selected Psychiatric hospital. Methods: A pre-experimental one group pretest post test design was used. 30 primary care givers were selected by using convenient sampling technique. Data was collected with interview method by using self structured knowledge questionnaire and 5 point likert scale. Pre test was taken and PTP was administered. After seven days, post test was taken. Collected data was analyzed by using descriptive and inferential statistics. Results: Findings of the study revealed that the mean post test knowledge score (38.40) was found significantly higher than the mean pretest score (27.07) with 't' value 17.70 at p<0.05. In pre test, majority of the subjects (96.7%) had attitude scores between 36-55, while in post-test most of the subjects attitude scores reached between 56-75. The coefficient of correlation between post test knowledge score and attitude score (0.58) was found statistically significant at p<0.05. Conclusion: The Planned Teaching Programme on "Home care of Patients with Depression" was found to be effective in increasing the knowledge and developing the positive attitude of primary care givers.*

## INTRODUCTION

A healthy individual is not only physically healthy, but is also mentally healthy. The modern concept of health extends beyond the proper functioning of the body. It includes a sound, efficient mind & controlled emotions. "Health is a state of being hale, sound or whole, in body, mind or soul". It means that both body & mind are working efficiently & harmoniously. Human being is an integrated mechanism a psychosomatic unit (body-mind unit), whose behavior is determined by both physical & mental factors.[2]

**According to Sadock's & Kaplan (2007)** misconception about mental illness, fear and anxiety towards mentally ill leads to stigmatization in the community and society they reject the services. The family members may deny, isolate and reject it. The social stigma towards mentally ill clients is associated with cultural differences, misconceptions, superstition. Community still believes that devils, curse of God, evil spirits, are predisposing factors to mental illness. Excessive faith in religion, saints, and priests will heal sickness, as they have healing power. These beliefs and reactions of the society will affect individual's values, person's belief.[3]

## OBJECTIVES OF THE STUDY

- To assess and evaluate the knowledge of primary care givers regarding home care of patient with depression before & after planned teaching programme.
- To assess the attitude of primary care givers regarding home care of patient with depression before and after planned teaching programme.
- To determine the relationship between knowledge and attitude of primary care givers regarding home care of patient with depression before and after planned teaching programme.

## HYPOTHESIS

$H_1$. The mean post test knowledge scores of primary care givers regarding home care of patient with depression will be significantly higher than pre-test knowledge scores as evident from structured knowledge questionnaire.

$H_2$. The mean post test attitude scores of primary care givers regarding home care of patient with depression will be significantly higher than pre- test attitude scores as evident from Likert Scale.

$H_3$. There will be significant relationship between post test knowledge and post test attitude score of primary care givers regarding home care of patient with depression.

## METHODOLOGY:

A pre-experimental one group pretest post test study was conducted at, Vidiya Sagar Institute of Mental Health (Govt. Mental hospital), Amritsar. Formal administrative permission was obtained from Director of the selected hospital to conduct the study in OPD. Data were collected from 17th February 2010 to 1st March 2010. 30 primary care givers were selected by using convenient sampling technique. Self introduction and introduction to the nature of the study were given to the care givers to obtain a free and frank response, the purpose of the study was explained and the subjects were assured about confidentially of their response. Data was collected with interview method by using self structured knowledge questionnaire and 5 point likert scale. Pre test was taken and PTP was administered in two groups. After seven days, post test was taken. Collected data was analyzed by using descriptive and inferential statistics.

## RESULTS:

### SECTION I: Demographic Data

**Table – 1 Percentage Distribution of Primary Care Givers by Sample Characteristics                 N=30**

| S. No. | Sample Characteristics | Frequency (n) | Percentage (%) |
|---|---|---|---|
| 1. | Relationship with the patient | | |
| | Spouse | 16 | 53.3 |
| | Parent | 7 | 23.3 |
| | Daughter/ son | 5 | 16.7 |
| | Brother/ Sister | 2 | 6.70 |

| S. No. | Sample Characteristics | Frequency (n) | Percentage (%) |
|---|---|---|---|
| 2. | **Do you stay with the patient at home** | | |
| | Yes | 30 | 100 |
| 3. | Age | | |
| | 15-25 yrs | 3 | 10 |
| | 26-35 yrs | 17 | 56.7 |
| | 36-45 yrs | 4 | 13.3 |
| | Above 45 yrs | 6 | 20 |
| 4. | Gender | | |
| | Male | 13 | 43.3 |
| | Female | 17 | 56.7 |
| 5. | Religion | | |
| | Hindu | 16 | 53.3 |
| | Sikh | 11 | 36.7 |
| | Christian | 3 | 10 |
| 6. | Education | | |
| | Illiterate | 8 | 26.7 |
| | Primary school | 8 | 26.7 |
| | Middle school | 11 | 36.6 |
| | High school | 3 | 10 |
| 7. | Marital Status | | |
| | Single | 7 | 23.3 |
| | Married | 20 | 66.7 |
| | Widow / Widower | 3 | 10 |
| 8. | Monthly Income of Family | | |
| | Rs. 10,000 and less | 17 | 56.7 |
| | Rs.10,001 to Rs. 25,000 | 13 | 43.3 |
| 9. | Duration of illness | | |
| | Less than 6 months | 16 | 53.3 |
| | 6 months to 2 years | 11 | 36.7 |
| | More than 2 years | 3 | 10 |
| 10. | Source of information regarding treatment of mental illness | | |
| | News paper | 8 | 26.7 |
| | Friends and relatives | 22 | 73.3 |
| 11. | Is there any history of having depression in family? | | |
| | Yes | 5 | 16.7 |
| | No | 25 | 83.3 |

Table 1 depicts the socio-demographic profile of the subjects. Majority (100%) of the primary care givers were staying with the patients at home. Maximum numbers of subjects (56.7%) were in the age group of 26-35 years of age. Maximum number of the primary care givers (53.3%) was Hindu. Most of the subjects (36.6%) were educated up to middle school. The data also revealed that maximum numbers of primary care givers (56.7%) had a monthly income below Rs 10,000. Source of information regarding treatment of mental illness were friends and relatives (73.3%). 83.3% does not have any family history of depression.

**Table - 2**
**Comparison of pre test and post test mean knowledge score on "Home care of Patients with Depression" among primary care givers**

| Knowledge Test | Mean | Mean$_D$ | SD | df | t value |
|---|---|---|---|---|---|
| Pre-Test | 27.07 | 11.33 | 3.48 | 29 | 17.70* |
| Post- Test | 38.40 | | | | |

Maximum Score= 40
*Significant at p<0.05 level

Minimum Score= 0

Table-2 shows that 't' value (17.70*) is significant at p<0.05 level for df 29. It indicates a significant difference between the mean pre- test and post-test knowledge score. The difference obtained in the mean pre- test and post-test knowledge scores was the true difference and not by chance. This suggests that the PTP on 'Home care of patients with depression' was an effective method for enhancing the knowledge of the primary care givers. Thus, null hypothesis $H_{O1}$ was rejected and research hypothesis $H_1$ was accepted.

**Table - 3**
**Comparison of pre test and post test attitude score on "Home care of Patients with Depression" among primary care givers**

N=30

| Attitude Score | Mean | Mean$_D$ | SD$_D$ | df | 't' Value |
|---|---|---|---|---|---|
| Pre-test | 45.83 | 13.80 | 5.55 | 29 | 13.66* |
| Post- test | 59.6 | | | | |

Maximum Score= 75
*Significant at p<0.05 level

Minimum Score= 15

Table-3 revealed that the obtained 't' value (13.66) is significant at p<0.05. It indicates that there is a significant difference between the mean pre-test attitude score and mean post test attitude scores. Hence, null hypothesis Ho$_2$ was rejected and the research hypothesis $H_2$ was accepted. This suggests that the PTP on "home care of the patients with depression" was an effective method to enhance the attitude of the primary care givers regarding home care of patient with depression.

**Figure 1 Percentage Distribution of Primary Care Givers in terms of Range of Attitude Scores on Attitude Scale**



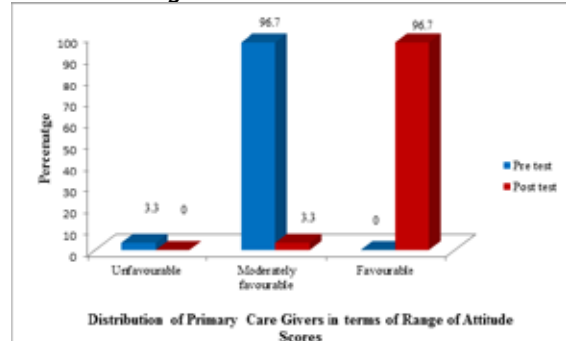Distribution of Primary Care Givers in terms of Range of Attitude Scores

Figure 1 depicts that in pre test maximum number (96.7%)

of primary care givers had moderately favorable attitude and 3.3 % had unfavorable attitude regarding home care of depressive patient. After, the administration of planned teaching programme majority of primary care givers (96.7%) had shown favorable attitude and only 3.3 % had shown moderately favorable attitude regarding home care of depressive patient.

**Table - 4**
**Correlation between Mean Knowledge Scores and Attitude Scores Obtained by Primary Care Givers**

N=30

| Test | Knowledge Score | | Attitude Score | | R |
|---|---|---|---|---|---|
| | Mean | SD | Mean | SD | |
| Pre Test | 27.07 | 5.41 | 45.83 | 4.36 | 0.33[NS] |
| Post Test | 38.40 | 2.54 | 59.60 | 2.39 | 0.58* |

**\*Significant at p<0.05**

**[NS] Non significant at p<0.05**

Table- 4 shows that the coefficient of correlation between pre-test knowledge scores and attitude scores is 0.33, suggesting a low correlation between pre test knowledge and attitude scores of primary care givers regarding home care of the patient with depression.

Further, data revealed that coefficient of correlation between post test knowledge scores and attitude scores is 0.58 indicating a significant relationship between the post test knowledge scores and attitude scores at p<0.05. Thus, null hypothesis $H_{O3}$ was rejected and research hypothesis $H_3$ was accepted.

**CONCLUSION:**
The Planned Teaching Programme on "Home care of Patients with Depression" was found to be effective in enhancing the knowledge and developing the positive attitude of primary care givers.

Primary care givers gained knowledge and change attitude in all content areas.

**REFERENCES:**
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2. Michael, Gelder. Oxford Textbook of Psychiatric. Oxford University. 5th-Edition. 2008.
3. Sadock's & Kaplan. Synopsis of Psychiatry. Wolters Kluwer (India). New Delhi. Edition-10th, 2007.