

A STUDY TO EVALUATE THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON MANAGEMENT OF DEPRESSION IN TERMS OF KNOWLEDGE AND THE LEVEL OF DEPRESSION AMONG GERIATRIC PATIENT ADMITTED IN SHANMUGA HOSPITAL AT SALEM (TAMIL NADU)

Mr. Anil Kumar Mavliya

Associate Professor, Jaipur Hospital Collage of Nursing
Mansarovar, Jaipur

Corresponding Email: akmavliya@yahoo.com

ABSTRACT

Background: Depressive disorder is the most frequent psychiatric illness of older people. It has a negative impact on quality of life, adds significantly to disability from physical disorder and is the leading cause of suicide in older people. After many awareness program for depression among older people is still poor in many countries

Objectives: The aim of study is to assess effectiveness of self instructional module on manage of depression among geriatric patients.

Methods: the one group pre-test post-test, pre experimental design was used. Total 30 geriatric medically ill patients were taken by convenient sampling technique. The study was done from 07/09/2007 - 20/09/2007 at Shanmuga Hospital Salem.

Result: Mean post test level of depression was significantly lower than mean pre-test level of depression and mean post test knowledge score was higher than mean pre test knowledge score on management of depressant at 0.05 level of significant.

Conclusion: Self instructional module is effective in improving the knowledge regarding management of depression and also to decrease level of depression among geriatric patient.

Key words: Effectiveness, self instructional module, knowledge, depression.

INTRODUCTION

Depression is the common cold of psychiatric nursing.¹ Depression is increasing day by day. The major risk factors for depression among old age population are retirement, inadequate income, loss of friends and spouse, loneliness, decline in social status, authority, love and affection, respect etc. All these factors may progressively deplete “psychic energy” resulting in depression. Some

mental and physical illness of aged include Coronary heart disease, Hypertension, arthritis, Neurological problem, Alzheimer’s disease, old age psychosis etc can lead depression.² As the medical facilities improved life expectancy has also increased. This had lead to increase proportion in old age population and eventually old age health problem and requiring more care and facilities. The population of India increased from 685 millions [geriatric group 6.4%] in

1981 to 846 millions [geriatric group 7.5%] in 1991. The life expectation of an average Indian has increased from 54 years in 1981 to 64.6 years in 2002. India now has the second largest aged population in the world. According to the Sharma the population of people aged 60 years and above is likely to increase to 18.4% of the total population by the year 2025³.

Depression is common in late life affecting nearly 5 million of the 31 million American aged 65 and above. Early UK study cited by the audit commission [2000], 10-16% of people aged 65 and above living in their own home, suffering from depression. Depression is a common disorder of late life with high prevalence rate found in studies of hospitalized inpatient, ranging from 10-45% with a average of about 15%. It is also evidenced that the diagnosis is frequently missed by hospital physicians. In one study only around 8.7% of depressed patients were identified by junior doctors. Various studies have been carried out in India to estimate the depression rates, Ramchandran [2000] found that psychiatric disorders were present in 35% of the elderly population out of which the rate of depression was found to be 240 per 1000 population. Using DSM-IV diagnostic criteria Martha[2000] found that

13.5% of newly admitted elderly home care patient suffering from major depression. It has been shown that patient with any medical diagnosis are twice as likely as those without a medical diagnosis to develop depression. Depression is the most common diagnosis in older adult who commit suicide. So depression should be recognized and treated as soon as possible.

STATEMENT OF THE PROBLEM:

A study to evaluate the effectiveness of self instructional module on management of depression in terms of knowledge and the level of depression among geriatric patient admitted in Shanmuga Hospital at Salem.

OBJECTIVES:

1. To assess the mean pre-test and mean post-test level of depression among geriatric patient.
2. To assess the mean pre-test and post-test knowledge score on management of depression among geriatric patient.
3. To compare the mean pre-test and mean post-test level on depression among geriatric patient.
4. To compare the mean pre-test and mean post-test knowledge score on management of depression among geriatric patient.

5. To associate the mean pre-test level of level of depression and mean pre-test knowledge score on management of depression with selected socio demographic variables.

HYPOTHESIS:

H₁ : The mean pre-test level of depression will be higher than mean post-test level of depression among geriatric patients.

H₂ : The mean post-test knowledge score on management of depression will be higher than the mean pre-test knowledge score among geriatric patients.

H₃ : There will be a significant association between the mean pre-test level of depression and selected socio demographic variables.

H₄ : There will be a significant association between the mean pre-test knowledge score on management of depression and selected socio demographic variables.

METHODOLOGY:

Research approach:-

Quantitative research approach was adopted for this study.

Research design:-

The research design selected for present study was pre-experimental research design, single group pre-test and post-test design.

Population:

Population means all the possible elements that could be included in research [Dane-1995]. In the present study the population was the geriatric patients [above 60 years] admitted in hospital with medical illness.

Research setting:

This study was conducted in Shanmuga Hospital, Salem, Tamil Nadu.

Sample and sample size:

Sample consist of a sub set of population, selected to participate in research study [Polit and Hungler, 1995]. The sample of the study comprised of 30 geriatric patients admitted in Shanmuga Hospital, Salem.

Sampling Technique:

Non probability convenient sampling technique was adopted to select the sample for the study.

Inclusive criteria:

1. Patient with medical disorder and aged 60 years and above admitted in Shanmuga Hospital, salem.
2. Both male and female patients.
3. Patients who were willing to participate in the study.
4. Patients who can read and speak Tamil or English.

Exclusive criteria :

1. Those who have previous exposure of SIM on depression.

2. Patients who have admitted in ICU, unconscious and known case of mental disorder.

Description of tool:

Section- I – Socio-demographic variable of the geriatric patients.

Section – II- A short form geriatric depression scale.

Section – III- Structured questionnaires to assess the level of knowledge on management of depression.

Data collection procedure:

Before collecting the data prior permission were obtained from the concerned authorities. An verbal consent was taken after explaining about the study. The participant who were willing to participant were selected, adequate assistance was taken from staff members of the hospital for sample selection. They were also explained about study objectives, questionnaires & maintaining confidentiality about participants. The data was personally collected by the investigator. Pre-test conducted to assess the level of depression and knowledge score on management of depression was done on the first day. After that SIM was given on same date. The post-test was conducted on 7th day after administration of SIM. The maximum time

taken by the subjects to complete the tool was 30-45 minutes.

Statistical analysis:

Data was analyzed using descriptive and inferential statistics. Distribution of subject with respect to demographic variables were presented using frequencies and percentages. Mean, Standard deviation and mean percentage were used to describe the knowledge and level of depression of geriatric patients. Further statistical significance of the effectiveness of self instructional module was analyzed by using paired ‘t’ test.

RESULTS:

The data gathered was analyzed is interpreted in the term of objectives of the study. Percentage, descriptive and inferential statistics were used for the data analysis. The analysis revealed that half of the subjects (50%) belong to age group 60-65 years, 30% subjects belongs to 66-70 years and 20% subjects above 70 years. More than half (53.4%) subjects were male. Most of the subjects (60%) were belongs to VI – X educational standard, 30% subjects were XI –XII and 10% subjects were graduate and above. Majority of subject’s (63.4%) spouse were living with them.

Table 1: Frequency and percentage distribution of subjects according to their demographic variables.

| SL. No. | DEMOGRAP HIC VARIABLES | FREQUE NCY | PERCENT AGE |
|---------|------------------------|--------------|----------------|
| 1. | Age(in years) | | |
| | 1. 60-65 | 15 | 50 |
| | 2. 66-70 | 9 | 30 |
| | 3. Above 70 | 6 | 20 |
| 2. | Sex | | |
| | 1. Male | 16 | 53.4 |
| | 2. Female | 14 | 46.6 |
| 3. | Educational | | |
| | 1. VI-X standar d | 18 9 3 | 60 30 10 |
| | 2. XI-XII standar d | | |
| | 3. Gradua te and above | | |
| 4. | Spouse | | |
| | 1. Present | 19 | 63.4 |
| | 2. Absent | 11 | 36.6 |

N=30

In pretest the majority of subjects (77.33%) having mild depression. 16.67% subjects having moderate depression and 10% subjects having severe depression. In posttest 60% of subjects over come from

depression and 40% subjects were having mild depression only.

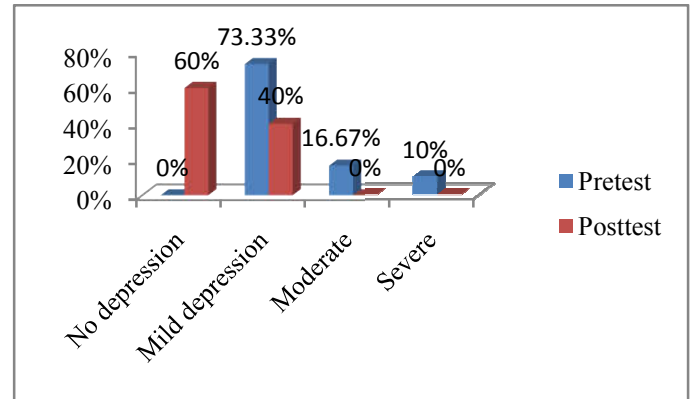


Fig.1: Analysis of mean pretest and mean post test level of depression among geriatric patients

In pretest knowledge score, most of subjects (93.33%) were having low and 6.66% subjects having medium knowledge score on management of depression. In posttest knowledge score, 46.66% subjects were having low, 50% subjects were having medium and 3.33% subjects were having high knowledge score on management of depression. Mean pretest level of depression (7.83%) is higher than mean posttest level of depression (3.87%) and the calculated paired 't' value ($t_{29}=16.216$) was found greater than the table value (2.042) at the level of 0.05 level of significance.

Mean posttest knowledge score on management of depression (16.70%) is higher than mean pretest knowledge score (9.50%) and the calculated paired 't' value

($t_{29}=18.29$) was found greater than the table value (2.042) at the level of 0.05 level of significance. There were no significant association of mean pre test level of depression with selected demographic variable like age ($X_6^2=1.17$) sex ($X_3^2=0.370$), education ($X_6^2=0.603$), presence or absence of . spouse ($X_6^2=0.247$) and mean pre test knowledge score on management of depression with selected demographic variables like age ($X_4^2=2.142$), sex ($X_2^2=1.875$), education ($X_4^2=1.926$), and presence or absence of spouse ($X_2^2=0.164$) at 0.05 level of significance because Chi-square value was less than table value.

CONCLUSION: From the study findings it can be concluded that the level of depression were reduced and knowledge score on management of depression was increased after giving self instructional module. This shows that depression level can be reduced by the self instructional module if they use it effectively.

REFERENCES:

1. Nambi S. (2006); "Psychiatry for nurses" Jaypee brothers, New Delhi, P.No. 69.
2. Radhakrishnan G. (2006); " A study to assess depression among geriatric out patient attending selected general

hospital at belgam Karnataka", nursing times, 43(12), P.No. 29-32.

3. Sharma S.N. and Srivastava A.S. (2006); " Psychiatric morbidity in geriatric people" Journal of Indian psychiatric", 46(9), P.No. 88-94.
4. Tiple prashant, (2006); "Psychiatric morbidity in geriatric people", Indian journal of psychiatric, 48(2), P.No. 88-94.
5. Warren D. Taylor, (2002); " Management of late life depression focus on comorbid conditions", Journal of Psychopharmacology, 36(8), P.No. 113-130.
6. Soskolne V and Bonne, (1997); "Depressive symptoms in hospitalized patients a cores sectional survey" International journal of psychiatric medicine, 26 (3), P.No. 271-285.
7. Sood Aman, (2006), " Psychiatric morbidity in non psychiatric geriatric inpatient". American Journal of psychiatric; 48(21); P.No. 56-61.
8. Ryan C. W. Hall, (2003); "Identifying geriatric patient at risk for suicide & depression", Clinical Geriatrics, 11(10), P.No. 36-44.