

Descriptive study to assess knowledge regarding the management of patients with psychosomatic disorders among Nurses in selected Hospitals of Gwalior

Jyoti Walia¹, Prof. Vishnupriya Knnan², Mr. Ram Prasad³

^{1,2,3}Department of Psychiatric Nursing, Gwalior

Abstract: BACKGROUND: The general hospital psychiatric care is most important since 30-50% of the patients attending primary care levels or general hospitals suffer from various forms of psychosomatic disorders, but they complain only vague symptoms which cannot be diagnosed medically. So, nurses working in general hospitals setting can help these clients by assessing and proper psychosocial care should be given for a permanent relief.

INTRODUCTION

Mental and physical healths are two vital strands of life that are closely interwoven and deeply interdependent¹. Since the beginning of the society, mental health has taken the back seat. Not much importance given to this field and much less with regards to rights of mentally ill clients. The human rights of mentally ill have been violated and they have been stigmatized since the origin of civilization. One of the reason for ill treatment may be due to decreased or absent contribution in the economic field by mentally ill clients².

Human rights deal with balancing the rights of all human beings as individuals within the community. In the context of mentally ill persons, it includes their privileges and their remedial right and right of protection against infringement of their human and other statutory rights².

Human rights in health care involve both recipients and providers. These rights include the right to choose or decline care, including the right to accept or refuse treatment or nourishment, informed consent, confidentiality and dignity. Nurses have obligation to safeguard people's health rights at all times in all places. This includes assuring that adequate care is provided within resources available and in accordance with nursing ethics. Each psychiatric patient has to be respected as an individual and the aim of the treatment should be early restoration of the functioning of the individual³.

RESEARCH PROBLEM:

Descriptive study to assess knowledge regarding the management of patients with psychosomatic disorders among Nurses in selected Hospitals of Gwalior with a view to develop an information booklet.

OBJECTIVES

- To assess the knowledge of nurses regarding management of patients with psychosomatic disorders .
- To find out association between knowledge scores and selected demographic variables.
- To develop an information booklet regarding management of psychosomatic disorders.

METHODOLOGY:

MATERIAL AND METHODS:

The modified conceptual frame work of the present study is based on Pender's Health Promotion model. In the present study descriptive design was selected. The structured knowledge questionnaire was developed and used to collect the data. The main study was conducted at Mahaveer Jain Hospital, by using convenient sampling technique and collected data were analyzed and interpreted based on descriptive and inferential statistics.

METHOD OF COLLECTION OF DATA (including sampling procedure, if any):

SAMPLE: Staff nurses working in selected hospitals of Mysore.

SAMPLING CRITERIA

Inclusion criteria:

1. Both male and female staff nurses who are available during the period of data collection
2. Both male and female staff nurses who are willing to participate

Exclusion criteria:

1. Both male and female Staff nurses who are not willing to participate

SAMPLING TECHNIQUE: Non-probability convenience sampling

SAMPLE SIZE: 80 staff nurses

- Experimental group (STP) – 40 staff nurses
- Control group – 40staff nurses

DATA COLLECTION TECHNIQUES:

1. Structured knowledge questionnaire to assess the knowledge regarding human rights of mentally ill.

METHOD OF DATA COLLECTION:

1. Approval from authority.
2. Select sample as per criteria.
3. Administer structured knowledge questionnaire to assess the knowledge of staff nurses regarding human rights of mentally ill.

Groups	Day 1		Day 8
	Pre test	Intervention	Post test
Experimental group	SKQ	Structured teaching programme (1hr 30min)	SKQ
Control group	SKQ	--- (No Intervention)	SKQ

RESULTS: Majority 63.3% of subjects belonged to the age group of 21- 31 years, 70% of subjects were females, 56.7% of subjects belonged to Christian religion, 58.3% of subjects ere GNM, majority 51.7% of subjects were married, 85% of subjects were staff nurses. The highest mean knowledge of the respondent were found in the aspect of Etiology (83%), followed by medical management (76.90%) and least knowledge score (71.33%) found in Clinical manifestation. The overall mean knowledge score of the respondent was found to be 75.75 with standard deviation of 1.55.

Interpretation and Conclusion:

The present study revealed the staff nurses who are working in hospital had considerably moderate knowledge (53.33%) regarding the management of psychosomatic disorders. The enhancement in knowledge is greatly required on all the aspects of psychosomatic disorders.

BIBLIOGRAPHY

1. ALAN D, DHANALAKHSMI D. Psychosomatic disorders m psychiatric patients in a developing country, Psychiatry m Asia. 1st Ed. 2005.
2. GEORGE S. Study proves learning need of staff nurses in assessment of psychosomatic disorders. 2007 May; 19(2):201-6. House. New Delhi 2004.
3. BEGOVAC I, RAIC VOTHVA. General psychosomatic m children and adolescence. 2004 Jan-Feb; 126(1-2): 32-8.
4. NEERAJA KP. Essentials of Mental Health and Psychiatric nursing. 1st editions. JP Brother's publishers. Bengaluru.
5. KAPOOR B. Textbook of Psychiatric Nursing. 1st Ed. Kumar publishing
6. CHATURVEDI SK. Prevalence of Psychosomatic disorders in developing country. 2006 Jan; 19(2): 301-6.
7. CHATURVEDI SK. Psychosomatic disorders m developing countries: current issues and future challenges. 2006 Mar; 19(2):201-6.
8. CHAKRABORTI RN, CHAKRABORTI N. Psychosomatic illnesses in patients attending the medical outpatient department in a government hospital. India 1999;99 (4):4-16
9. SMULEVICH AB, SYRKIN AL. Prevalence of psychosomatic disorders in Russia. 2009 July (4):4-16

10. B.T. BASAVANTHAPPA' S Nursing Research, First edition. New Delhi: Jaypee Brothers, Medical publisher's Pvt. Ltd; 2006.
11. CHATURVEDI SK, MICHAEL A. DO SOCIAL and demographic factor influence the nature and localization complaints? 1993;26(5- 6) :255-60 .13
12. ROW CS. Summarization revisited: diagnosis and perceived causes of common mental disorders. 2006 JUL (4):4- 16.
13. NAMBI SK, PRASAD J, SINGH D, ABRAHAM V, KURUVILLA A. JACOB KS. EXPLANATORY
14. HENNINGSEN P, JAKOBSEN T. Psychosomatic disorders at primary care. Italy 15(8) :331-5.
15. AGUGLIA. M The organism as a body-mind functional unit consequences for psychosomatic medicine 1991 Dec; 41(12):465-811
16. RARBER AS. General theoretical framework for psychosomatic disease. 1998 Jun; 45(6):2486 .
17. SHATRI H, MUDJADDID E. SURVEILLANCE of psychosomatic disorders in internal medicine in Cipto Mangunkusumo Hospital, Jakarta, Indonesia. 2004 Oct-Dec; 36(4): 207-10 . (PS)
18. MEARES R. A model of psychosomatic illness. 2007; 79(1):61- 4.
19. TER ARKH . Main risk factors of psychosomatic diseases. 1981 Apr -Jun; 27 (2):1 17-32. 21. McLeod CC, Budd MA, McClelland DC. Somatization in primary care 1997 Jul; 19 (4):251-8.
20. NOVIKOVA IA, SIDOROV PI, SOLOV'EV AG. Experiences with psychosomatic patients-problems of etiology, perception and truth. 1981 Apr-Jun: 27(2) :1 17-32.
21. COODY D. Health Care Partners/ Bday Shores Medical Grop, Torrence, CA 90503-1671, Novikova I A, Sidorov PI, Solov'ev AG. Main risk factors of psychosomatic diseases. 2007; 79(1) :61-4 .
22. MEARES R. A model of psychosomatic illness. 1975 Jul 19; 2(3):97-100.
23. MURRAY JB. New trends in psychosomatic research. 1977 Aug; 96 (First Half):3-74.
24. NELSON LB, WILSON TW. Etiological model for psychosomatic disorder. 1989 Sep; 84(3):438-41.
25. HALBREICH U. Some psychological and physiological considerations for psychosomatic disorders. 2003; Dec 733- 42.
26. WEINSTEIN AG, CHENKIN C, FAUST D. Caring for the severely asthmatic client and family. The rationale for family system integrated medical / psychological treatment . 2001; 80(6):457.
27. MCLEOD CC, BUDD MA, MCCLELLAND DC. Treatment of somatization in primary care. 1997 Jul; 19(4)251-8.
28. KAUTH D. Experiences with psychosomatic patients problems of etiology, perception and truth. 1981 Apr-Jun; 27(2): 117-32.
29. TSIMMERMAN IS. Depressive syndrome in gastroenterology: diagnosis and treatment - 2007; 85(5): 15-23.
30. HEPPELL J, BESS MA, MCLLRATH DC, DOZOIS RR. Surgical treatment of recurrent psychosomatic peptic ulcer disease. 2005 Apr-Jun; 30(4): 18-24.
31. FRANKEL FH. Hypnosis as a treatment method in psychosomatic medicine. Aug; 89(9): 121-4, 128-9.
32. KELLNER R. Psychotherapy in psychosomatic disorders. 1975 Aug; 32(8): 1021-8.
33. DURET-COSYNS S. Therapeutic approach in psychosomatic gastroenterology. 1975 Jun-Jul; 75(4): 425-38.
34. HUMPHREYS K, MOOS R. Can encouraging obese patients to participate in self-help groups reduce demand for health care? A quasi-experimental study. 2003; Jan 933-42.
35. EDWARD M. Use of family therapy for psychosomatic disorders. 1989 ;(6):356-71.
36. RALPH GRABHORN, M.D. Affective Experience in a Case of Group Therapy with Psychosomatic Inpatients. 2005 Sep; 12(3): 183-9
37. WHITEHEAD WE. Behavioral medicine approaches to gastrointestinal disorders. 1992 Aug; 60(4): 605-12.
38. GROVE K SUSAN, BURNS NANCY. The Practice of Nursing Research: Conduct, Critique, and Utilization, 5th Ed. Mosby: Illinois: 2007.
39. TREECE EW, TREECE JW. Elements of research in nursing. London : C. V. Mosby Company; 1986
40. ROBERTS CA, BURKE SD. Nursing Research, London. Jones and Bartlett Publications; 1989.
41. ROBERTS CA, BURKE SD. Nursing Research, London. Jones and Bartlett Publications; 1989.