

Original Research Article

Assess the Effectiveness of Structured Teaching Programme on Stress and Coping Strategies among Parents with Mentally Ill Child in Selected Psychiatric Hospital, Bangalore

Mrs. Sushma Yadav

Associate Professor in the Department of Psychiatric Nursing, Prakash College of Nursing, Omega -IV, Greater Noida, Up- 201310.

ABSTRACT

Mental illness is maladjustment in living. It produces a disharmony in the person's ability to meet human needs comfortably or effectively and function within a culture. There are so many types of mental illness in children. Such as speech & language disorder, motor dysfunction, autism, emotional disorder, behavioral disorder, tic disorder, development disorder, bed wetting, pica disorder, sclerotic disorder. Many factors influencing mental illness such as biological factor influence our behavior to a great extent. It may be genetic, constitutional, physical deprivation and disruptive emotional factors, Psycho social factors have attributed the imbalance between id, ego and super ego as cause of mental disorder. Other physiological factors like maternal deprivation, pathogenic family pattern pathogenic interpersonal relationship and severe stress. Social culture factors influencing the development of abnormal behavior are violence, technological and social changes. The research approach adopted for the study was evaluative approach and the research design was Quasi-experimental one group pre-test /post-test design. The sample of the study was conducted in the Spandana hospital among parents with mental ill child in Bangalore. The sample size was 100, selected by non-probability purposive sampling. The researcher conducted pretest for the first day by using self administered questionnaire by demographic Performa of parent, the perceived stress rating scale and the coping rating scale and structured teaching programme was administered on the 8th day followed by the post-test. Then collected data were analyzed by the one of descriptive and inferential statistics 90.5% belong to nuclear family where as 78.5% female belong to same, but only 9.5% males and 21.5% females belong to joint family. In pretest out of 100 parents none (0 percent) of subjects had adequate knowledge, about 79 (79.0 percent) had inadequate knowledge, and the remaining 21(21.0 percent) of the subjects had moderately adequate knowledge In post test 12 (12.0 percent) of subjects had adequate knowledge, majority of the subjects 80 (80.0percent) had moderately adequate knowledge and 8 (8.0 percent) of subjects had inadequate knowledge. Comparison of mean, SD and mean percentage of the knowledge scores of the pre and post test revealed an increase of 27.8 percent in the total mean percentage of parents in selected psychiatric hospitals. **Key words:** structured teaching programme, parents with mental ill child, knowledge level of stress and coping strategies among the parents with mentally ill child.

BACKGROUND

Stress is fact of life that every human deals with on a daily basis. It is a

familiar condition known to everyone. Stress is the non- specific response of the body to any demand regardless of its nature.

As a matter of fact, stress may or may not be harmful depending upon the circumstances. [1]

Distress is that stress which is harmful and can cause one to feel helpless, frustrated and disappointed. It can cause physical or psychological damage and challenge to life. An individual seeks a challenge, watches an exciting sporting event, or anticipates a positive outcome of change in life, the resulting stress, which is perceived positively, is called as Eustress. [2]

Many factors influencing mental illness such as biological factor influence our behavior to a great extent. It may be genetic, constitutional, physical deprivation and disruptive emotional factors, Psycho social factors have attributed the imbalance between id, ego and super ego as cause of mental disorder. Other physiological factors like maternal deprivation, pathogenic family pattern pathogenic interpersonal relationship and severe stress. Social culture factors influencing the development of abnormal behavior are violence, technological and social changes. [3]

The vast repertoire of human responses to stress and a person's ability to modify the environment in response to stress are not merely individual's behaviors but are products of social life and culture. Stress has long been regarded as a common part of the graduate school experience, comparing with medical, law, psychology, and chemistry graduate students. Stress seems to be related to any type of graduate work. Stress in graduate school has been correlated with poor academic performance, coping problems, poor family relations, and dropping out of graduate school. [4]

India has some forty to eighty million people living with disability; among them thirty percent of them are children below the age of fourteen years. In India ninety percent of disabled children do not get any form of schooling. In this survey of children (age 0-14 years) with delayed mental growth, it was found that twenty nine out of a thousand children in the rural

areas had developmental delays, which are usually linked with mental retardation. Although India has a growing disability rights movement and one of the more progressive policy frameworks in the developing world, a lot more needs to be done in accomplishment and getting the basic right. We should teach disabled children's parents how to become an effective supporter for their child. [5]

OBJECTIVES

- To assess the level of stress and coping strategies among parents with mentally ill child.
- To evaluate the effectiveness of structured teaching programme on stress and coping strategies among parents with mentally ill child.
- To find out the association between the stress and coping strategies of parents with mentally ill child with their demographic variables.

HYPOTHESES

H₁: There will be significant difference between the pre-test and post-test knowledge level of stress and coping strategies among the parents with mentally ill child.

H₂: There will be significant association between the selected demographic variables with knowledge level of stress and coping strategies among the parents with mentally ill child

RESEARCH APPROACH

Research approach for current study is Evaluative approach was adopted for the present study.

RESEARCH DESIGN

A research design is the master plan specifying the methods and procedure for collecting and analyzing the data is Quasi-experimental one group pre-test /post-test design was used in the present study.

VARIABLES IN THE STUDY

Independent Variable (IV):

The independent variable is the condition or characteristic manipulated by the researcher. The Structured teaching programme on stress and coping strategies is the independent variable.

Dependent Variable (DV): The Dependent variable is the condition or characteristic that appears or disappears as a result of independent variable. Here the dependent variable is Knowledge of parents regarding stress and coping strategies.

RESEARCH SETTING

Setting is the physical location and condition in which data collection place in the study. The study was conducted at Spandana Hospital, Bangalore. The selection of the setting was done for the present study on the basis of geographical proximity, feasibility of the study and availability of sample.

POPULATION

Population is any group of individuals that have one or more characteristics in common that are of interest to the researcher. The target population of the present study includes all the parents with mentally ill child admitted in selected psychiatric hospitals, Bangalore.

SAMPLE

Sample size Sample is a subject of the population selected to participate in a research study.

A sample of 100 parents with mentally ill child in selected psychiatric hospitals, Bangalore. It was considered as samples for the study.

Sampling Technique Sampling defines the process of selecting a group of people or other elements with which to conduct a study. Purposive sampling, sometimes referred to as “judgmental or theoretical sampling”, which involves the conscious selection by the investigator of certain subjects or elements to include in the study. The purposive sampling is based on the belief that a researcher’s knowledge about the population can be used to hand

pick the cases to be included in the sample. The sampling technique used in this study was purposive sampling technique. The data collected from the 100 samples who met the inclusion criteria from Spandana Hospital,

SAMPLING CRITERIA

INCLUSION CRITERIA Inclusion criteria Parents who are

1. In the selected psychiatric hospitals.
2. Available during data collection.
3. Willing to participate in the study.
4. able to read and write in Kannada or English

EXCLUSION CRITERIA Parents who are not

1. Available during data collection.
2. Able to read and write in Kannada or English.
3. In the selected psychiatric hospitals.
4. Willing to participate in the study.

DESCRIPTION OF TOOL

Structured knowledge closed interview questionnaire used for data collection. The tool consists of sections:

Section – A: Socio-Demographic Performa of the parents: It was included details of the parents such as Age, sex, education, occupation income, marital status, type of family, religion, place of living, **child is previously hospitalized**. Totally it consists of 10 items.

Section-B: Five point Likert’s scale for stress and coping methods:

1. Stress scale to assess the level of stress experienced by the parents. The perceived Stress scale consists of 30 items. It is measured with the help of modified Likert’s type scale. Each item has 5 alternatives no, occasionally, sometimes, frequently and always. It includes stress like psychological stress, physiological stress and social stress.
2. Coping scale to assess the level of coping among parents: Coping scale consists of 30 items. It is measured with the help of modified five points likert’s

type scale. Responses are scored in such a way that the endorsement of positively worded statements and negatively worded statements assigned a higher score. Each item has 5 alternatives no, occasionally, sometimes, frequently and always.

Section – C: Structured closed interview schedule questionnaire to assess the Knowledge regarding stress and coping strategies.

Stress level scale consists of 30 items which were divided into three areas namely

1. Psychological stress related item
2. Physiological stress related item
3. Social stress related item

Coping level scale consists of 30 items which were divided into three areas namely

1. Problem oriented related item
2. Emotional oriented related item
3. Avoidance oriented related item

DATA COLLECTION PROCEDURE

Prior to data collection, permission was obtained from the concerned authorities. Further, the investigator obtained consent from parents. Confidentiality was maintained during data collection. Data was collected from 1.2.2011 to 15.3.2011 an average of 10 to 15 parents were given questionnaire per day and approximately 20 to 30 minutes were spent for collecting the completed data. On the same day an STP was administered in English and Kannada, the session took 60 minutes. After an interval of seven days, a post test was conducted for the sample using same structured closed interview schedule questionnaire for evaluating the effectiveness of STP.

DATA ANALYSIS

The objectives of the study using descriptive and inferential statistics. The plan of data analysis was developed accordingly. The collected data was coded and transformed to master sheet for statistical analysis.

Demographic data was planned to represent in terms of frequency and percentage. Mean, median and standard deviation for total scores of the parents was computed. The knowledge of parents regarding stress and coping strategies before and after the administration of STP would be calculated using frequency, mean and standard deviation. Chi-square test was computed for finding out the association between level of stress, coping and demographic variables. Further statistical significance of the effectiveness of the planned teaching programme will be analyzed by the paired test Karl Pearson's Coefficient of Correlation was calculated to find the relationship between stress and coping. The data was entered in master data sheet for tabulation and statistical processing. The obtained data were analyzed, organized and presented under the following headings:

1. Description of baseline variables, among parents with mentally ill child.
2. Assessment of pretest knowledge
3. Assessment of posttest level of knowledge.
4. Mean and SD for pre and post test scores among parents with mentally ill child
5. Distribution Of parents according to their stress levels.
6. Distribution of parents according to their coping level
7. Relationship between the level of stress and coping mechanisms of parents with mentally ill child.
8. Association between stress levels with selected demographic variables.
9. Association between coping methods with selected demographic variables

The obtained Chi-square value indicates that there is no significant association between the stress levels of the parents and the demographic variables: - age, gender, religion, education, marital status, income, type of family and place of living.

Table-1 Association between Stress levels with selected demographic variables among parents with mentally ill child

Variables	Stress score below median	Stress score above median	χ^2	Level of significance
Age				
21-30	0	0	1.13	0.57 (Not significant)
31-40	26	30		
41-50	24	20		
Gender				
Male	13	8	1.51	0.22 (Not significant)
female	37	42		
Marital status				
Married	16	14	0.19	0.66 (Not significant)
single	34	36		
Religion				
Hindu	21	28	1.96	0.06 (Not significant)
Christian	29	22		
Monthly family income				
Below 2000	23	24	0.57	0.75 (Not significant)
Above 3000	27	26		
Family type				
Joint	40	41	0.06	0.80 (Not significant)
Nuclear	10	9		
Education status				
Educated	35	40	1.33	0.25 (Not significant)
Illiterate	15	10		
Place of living				
Rural	16	14	0.19	0.66 (Not significant)
Urban	34	36		

Table 2 Association between Coping levels with selected demographic variables of parents

Variables	Stress score below median	Stress score above median	χ^2	Level of significance
Age				
21-30	0	0	1.46	0.47 (Not significant)
31-40	25	31		
41-50	25	19		
Gender				
Male	8	13	1.57	0.22 (Not significant)
female	42	37		
Marital status				
Married	36	34	0.16	0.66 (Not significant)
single	14	16		
Religion				
Hindu	24	27	0.36	0.55 (Not significant)
Christian	26	23		
Monthly family income				
Below 2000	21	26	1.72	0.42 (Not significant)
Above 3000	29	24		
Family type				
Joint	41	40	0.06	0.80 (Not significant)
Nuclear	9	10		
Education status				
Educated	39	36	0.48	0.49 (Not significant)
Illiterate	11	14		
Place of living				
Rural	12	18	1.71	0.09 (Not significant)
Urban	38	32		

The obtained Chi-square value indicates that there is no significant association between the coping methods of the parents and the demographic variables: - age, sex, religion, education, marital status, occupation, income, type of family and place of living.

Table-3 Distribution regarding Pretest and Posttest knowledge level of parents on stress and coping n=100

1. Inadequate knowledge (< 50 %)
2. Moderately adequate knowledge (51 – 75 %)
3. Adequate knowledge (> 75 %)

Knowledge level	Classification of Respondents			
	Pre test		Post test	
	Frequency	Percent	Frequency	Percent
Inadequate (< 50 %)	79	79.0	8	8.0
Moderate (51-75%)	21	21.0	80	80.0
Adequate (> 75%)	0	0.0	12	12.0
Total	100	100.0	50	100.0

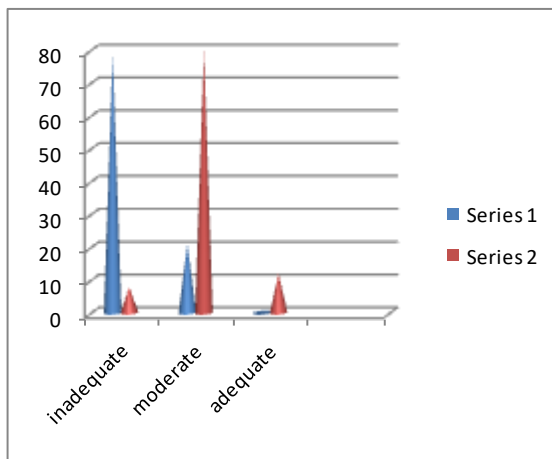


Figure:-1 Diagram showing comparison of stress and coping level on the basis of pre and posttest knowledge level

Table:-4 Distribution of parents according to their Coping Level n = 100

S. NO.	Coping scores	NO.	%	Category
1	<102	12	12%	Poor coping
2	102-128	74	74 %	Moderate coping
3	>128	14	14%	Good coping

The data presented in the table-19 and fig: 13 shows that (14%) of parents had good coping and 74% of parents had moderate coping and remaining 12% of parents had poor coping.

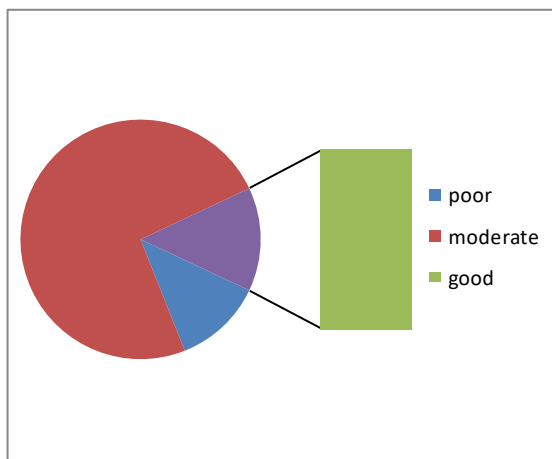


Figure:-2 coping level of parents

Table-5 Pretest and Posttest Mean knowledge of parents among stress and coping strategies N-100

Aspect	Max score	Respondents Knowledge score			Paired t-Test
		Mean	Mean (%)	SD (%)	
Pre test	60	10.32	34.4	12.9	24.88*
Post test	60	18.66	62.2	10.4	

Table shows that mean knowledge scores in Pre-test was 34.4 and increased to 62.2. It is evident that mean post-test knowledge scores of participants were

significantly higher than their mean pre-test knowledge scores. The 't' value is 24.88, significant at 5 % level. Hence the research hypothesis is accepted. These findings show that STP was effective an increasing the knowledge of parents regarding stress and coping strategies.

CONCLUSION

The aim of the study was to explore the level of stress and coping mechanisms adopted by the parents with mentally ill child in selected psychiatric hospitals, Bangalore.

Samples of 100 parents were taken from Spandna psychiatric hospital. Data was obtained through the developed and validated five points likert's rating scale, which included Stress scale and Coping scale.

The data collected was subjected to analysis for descriptive statistics in terms of frequencies and percentages and inferential statistics like Chi square test, standard deviation, 't'-test and Pearson's correlation coefficient were computed

The following conclusions related to major findings are:

1. Distribution of demographic variables reveals that out of 100 samples, (56%) belong to the age group of 21-30 years, followed by 33% between 31-40 years and 11% were between 41-50 years.
2. Out of 100 parents, majority 71.4% of males and 45% females belongs to Hindu, followed by 14.3% males and 53.2% females Christian and only 14.3% males and 1.3% females belong to Muslim religion. Overall more than 51% of subjects included in this study were Hindu, followed by 45% Christian and 4% Muslims.
3. Demographic variables reveals that out of 100 samples, (74.7%) of females were married compared to 52.4% males, and 47.6% males were single compared to 25.3% of females who are single. Out of 100 parents 70% of them married and remaining 30% were single.

4. It reveals that among males 90.5% belong to nuclear family where as 78.5% female belong to same, but only 9.5% males and 21.5% females belong to joint family.
5. As per the data 81% of the subjects were from nuclear family where as 19% belong to joint family.
6. Majority 85.7% male students educational background followed by 14.3% illiterate and 72.2% female students educational background followed by 27.8% illiterate As per the data majority of the student educational background was(75%) and remaining 25% from illiterate.
7. It reveals that majority of the parents (70%) was belonged to urban area where as 30% of them belonged to rural area
8. The findings of the study reveals that majority respondents were females, majority of them were in the age group of 21-30 years.
9. In pretest knowledge on stress and coping strategies, out of 100 parents, 21 (21.0%) of them had moderate knowledge while 79 (79.0%) of them had inadequate knowledge.
10. In posttest knowledge on stress and coping strategies 12 (12.0%) parents had adequate knowledge, 80 (80.0 %) parents had moderate knowledge and 8 (8.0 %) parents had inadequate knowledge respectively.
11. The overall mean- value of the parents regarding stress and coping strategies was (34.4 %) with standard deviation of 12.9 during pre-test when compared to mean of (62.2 %) with standard deviation of 10.4 during post test. The mean posttest knowledge score 62.2 percent was apparently higher
12. Then their mean pretest knowledge score by 34.4 percent, suggesting that STP was highly effective in increasing the knowledge of the parents regarding stress and coping strategies. The mean difference between the post-test

and pre-test knowledge score of knowledge of the parents regarding stress and coping strategies was found to be significant. In this study it was found that majority of the parents (75%) had moderate stress and remaining parents (13%) had severe stress and (12%) of parents with mild stress. The mean percentage of pre-test knowledge score was highest in the area of meaning of stress and coping strategies was 45.3 percent, while the lowest pre-test mean percentage was in the area of management of stress and coping strategies, 29.6 percent. The remaining areas were process and stage – 36.5 percent, types – 35.7 percent and manifestation stress – 33.8 percent respectively.

RECOMMENDATIONS

In the view of the findings reported in the present study, the following recommendations are made for further research.

1. The study can be replicated on a large sample.
2. An evaluative study to determine the effectiveness of counseling in reducing the Stress levels of parents may be conducted.
3. An evaluative study can be done to determine the effectiveness of relaxation therapy in reducing stress.
4. A comparative study to assess the stress and coping methods of two different Psychiatric hospital parents with mentally ill child can be done.
5. An evaluative study on the effectiveness of the stress management techniques among parents can be done.

REFERENCES

1. Shrivs LR. Basic concepts of psychiatric mental health nursing. 2nd ed. Philadelphia: JB Lippincott Company; 1990. 229-231.
2. Katherine M. Psychiatric mental health nursing. London: Mosby; 1996. 639-645.

3. Morgan Robinson et al .Parenting stress and externalizing behavior, Research review .Child and family social work. University. Toledo medical center (USA); 2007: 219-225.
4. Kapoor Bimla. Text book of psychiatric nursing. Vol- I 3rd edition, Kumar publishing house; 2003. 55-64.
5. Lazarus R.S, Folk man. Stress appraisal and coping. New York: Springer publishing Inc.; 1982.54-67



Mrs. Sushma Yadav, associate professor in the department of psychiatric nursing, Prakash College of Nursing, Omega – IV, Greater Noida, UP- 201310. India received Master's degree in the psychiatric Nursing from Rajiv Gandhi University Of Health Sciences, Bengaluru, Karnataka

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