### https://doi.org/10.48047/AFJBS.6.2.2024.765-769



# African Journal of Biological Sciences



ISSN: 2663-2187

"Effectiveness Of Nursing Interventions Regarding Homecare Management Of Depressive Patients Among Primary Caregivers In Selected Mental Health Hospitals."

Ms. Hinabahen B.Patel1\*, Dr. Sateesh Biradar2

<sup>1</sup>\*Ph.D Research Scholar, P P Savani school of Nursing, P P Savani University Surat Gujarat Contact no: 9429545571 Email id: <a href="https://heenapatel0044@gmail.com">heenapatel0044@gmail.com</a>

<sup>2</sup>Principal, P P Savani school of Nursing, P P Savani University Surat Gujart

Article History
Volume 6,Issue 2, 2024
Received:12 Jan 2024
Accepted: 22 Apr 2024
Doi:10.48047/AFIBS.6.2.2024.765-769

### **ABSTRACT**

Depression is the common mental disorders. It includes the low degree of mood, sadness, loss of interest in the daily activities, lack of social interaction and aloofness. Quantitative Pre-experimental research approach was used in this research with the research design of one group pre-test post-test. The research settings of the study was selected hospitals for mental health hospitals. Non probability Convenient sampling technique was used for sample selection. samples. In this study, nursing interventions were given on how to do homecare management among primary care persons of depressive patients. In this study mean score of pretest was 10.5 and post-test score of sample was 21.5. in a ddition to that mean post-test knowledge score is higher than the mean pre-test score of the samples with the difference of 11. The calculated value t = 17.36 was higher than tabulated 't' value t = 2.02 at 0.05 level of significance. it was ended that nursing interventions was more effective in terms of n improving knowledge regarding care of depressive patients among primary care persons of patients with depression.

KEY WORD: Nursing interventions, Homecare management of depressive patients, Primary caregivers.

### INTRODUCTION:

Depression is the common mental condition with the fluctuation of mood. It is different from regular mood changes. It causes the physical and emotional problems into the person and decline the ability of social and occupational work. It can affect to anyone during their life. Research Estimated 3.8 percentage of population experience depression. Ration of depression in men is 5 percentages and in women it is 6 percentages. Families are the solid support system for take care of patient with depression. Primary caregivers for depressive patients should be knowledgeable and trained professionally to execute psychosocial interventions. Severe depression is a serious mental health concern that will give suicidal burden on individual, family and society.

The Symptoms of depression includes sadness, irritation, hopeless, loss of interest in daily activities, changes in dietary patterns in some cases weight loss and in some of the cases weight gain, insomnia, lethargy, more of aimless activities, suicidal thoughts in case of major depression,

guilty feelings, patients have confusion in making decisions, lack of concentration, slow activities, memory loss.

Cognitive behavioral therapy was one of the most effective treatment to reduce the depression. Antidepressant medications are effective in treating depression. CBT reduces the negative thoughts and reconstruct the positive thoughts into the patients. It replaces the healthy thinking with unhealthy thinking. CBT therapy is to be given with medications and without medications.

METHODOLOGY: Quantitative Pre-experimental research approach was used in the research with design with one group pre-test post-test. Non probability Convenient sampling technique was used for sample selection. The research study was conducted in selected mental hospitals in month of December 2023. A set of questionnaire was prepared to evaluate the samples opinions. Content validity and tool evaluation was done from the subject experts before starting the data collection. Reliability of the tool was assessed by Karl Pearson coefficient correlation's formula. The reliability of the tool was 0.72. for analyzing the data descriptive and inferential statistics was used.

### **RESULTS:**

### 1. ANALYSIS AND INTERPRETATION OF DEMOGRAPHIC VARIABLES.

Table no 1: Frequency and percentage of the samples. [sample size=40]

Serial No.	Demogra	aphic data	Frequency	Percentage			
1	Age						
	1.	21-30years	4	10%			
	2.	31-40 years	12	30%			
	3.	41-50 years	15	38%			
	4.	>50 years	9	23%			
2	Gender		·	•			
İ	1.	Male	21	52.50%			
	2.	Female	19	47.50%			
3	Religion						
	1.	Hindu	20	50%			
	2.	Muslim	12	30%			
	3.	Christian	3	7.50%			
	4.	Others	5	12.50%			
4	Education Status						
	1.	Illiterate	10	25%			
	2.	Primary	11	27.50%			
	3.	Higher secondary	13	32.50%			
	4.	Graduate or above	6	1 5%			
5							
6	Occupation						
	1.	Service	10	25.00%			

2.	. Bı	usiness	13	33%
3.	. La	abor	9	22.50%
4.	. N	one of above	8	20%

out of 40 samples 4 samples (10%) samples were of 20-30 age 12(30.0%) in age group of 31-40 years, 15(38%) in the 41-50 age. 9 samples with (23%) sample was in above 50 years of age group. In gender 19(47.5%) samples were female and 21(52.5%) samples were male. In religious 22(55%) were Hindu, 12(30%) were Muslim, 3(7.5%) were Christian, 5(12.5%) are others. In education status 10(25%) were illiterate, 11(27.00%) were primary, 13(32.50%) had done higher secondary, 6(15%) were graduate or above.

In occupation 10(25.00%) had a service, 13(33%) had a business, 9(22.50%) had a labor, 8(20%) had none of above.

## 2.ANALYSIS OF DATA ON EFFECTIVENESS OF NURSING INTERVENTIONS REGARDING HOME CARE MANAGEMENT.

Table no:2 Knowledge level of the samples before and after administration of nursing interventions.

[sample size =40]

pie size 101						
Level of Knowledge	Pre Test		Post Test			
	No. of Samples	No. of Samples Percentage%		Percentage%		
Poor	21	53%	0	0		
Average	18	45.0%	10	25%		
Good	1	2.50%	30	75%		
Total	40	100%	40	100%		

It Shows that 21(53%) samples had poor, 18(45.0%) samples had average, 1(2.5%) had a good knowledge score in their pre- test knowledge 10(25%) samples had average score , 30(75%) samples had good knowledge score.

Tableno:3. Score of Mean, Standard Deviation (SD), Mean Difference, and 't' test value of the knowledge score. [sample size=40]

Knowledge	Mean score	Mean Difference value		Calculated 't'value	Table Value of 't'	Df	Level significance	of
Pre- test	10.5	11	2.67	17.36	2.02	39	0.05	
Post-test	21.5		2.78					

Table shows the comparison of Post- test and Pre-test scores of the samples. The Pre-test mean score was 10.5 and the post test mean score was 21.5 The mean difference was 11. Standard deviation of Pre-test score was 2.67 and post test score was 2.78. The calculated t''value was 17.36 and the tabulated 't' was 2.02 at 0.05 level of significance it shows that mean post-test Knowledge score was greater than the mean Pre-test scores. The calculated "t' value (t = 17.36) was higher than the tabulated 't' value (t = 2.02). Therefore, in this research study research hypothesis was accepted and it shows that the nursing interventions was effective for improving knowledge of the samples.

1. ASSOCIATION OF PRE-TEST KNOWLEDGE SCORE DEMOGRAPHIC VARIABLES OF THE SAMPLES. Table no: 4 Association of Demographic Variables with pretest score. of samples.

Sr	Demograp	hic data	Frequency	X <sup>2</sup>	$\chi^2$		Significance
no.				Calculated value	Table value		
1	Age (in year)		4	value	value	6	Non-
	1.20–30yr 2.31–39 yr 3.40–50 yr	·.	15 9	8.992	12.59		significant
2	4.>50 yr. Gender		21			2	Non-
	1. 2.	Male Female	21 19	0.946	5.99	2	significant
3	Religion 1. 2. 3.	Hindu Muslim Christian	20 12 3	13.335	12.59	6	Significant
4	<b>4.</b> Education	Others Status	5			6	Non-
	1. 2. 3. 4.	Illiterate Primary Higher secondary Graduate orabove	10 11 13 6	3.739	12.59		significant
5	Occupation 1. 2. 3. 4.	n Service Business Labor None of above	10 13 9 8	8.347	12.59	6	Non significant

For Age groups calculated value of chi-square ( $\chi^2$ ) was 8.992 which is less than, 12.59 the table value at 6 degree of freedom for that reason Age has no any significant association with the knowledge of the samples.

For Gender the calculated score of chi square  $(\chi^2)$  was 0.946 which is less than, 5.99 the table value at the 2 degree of freedom and 0.05 level of significant for that reason gender has no any significant association. Regarding, religion, the calculated value of chi square  $(\chi^2)$  was 13.335 is greater than table value 12.59 at degree of freedom of 6 and 0.05 levels of significant. Hence, it has significant association with their samples score.

For education calculated score of chi square ( $\chi^2$ ) was 3.739 is lower than, the table value 12.59 at the degree of freedom of 6 and 0.05 level of significant for that reason, education status has no significant association with the knowledge score of the samples.

For occupation the calculated value of chi square ( $\chi^2$ ) was 8.347 is lower than, the table value of 12.59 at the degree of freedom of 6 and 0.05 level of significant for that reason, occupation has no significant association with the knowledge score of the samples.

### DISCUSSION:

From research findings the results can be drawn that the mean post-test knowledge score is

higher than the mean score of pre-test with mean difference of 11 and the calculated' value (t = 17.36) was greater than tablulated't' value (t = 2.02) which was statistically proved at 0.05 level of significance which shows that after exposure to Nursing interventions primary caregivers of depressive patients knowledge was increased. Thus the nursing interventions was found effective in enhancing the knowledge of the primary caregivers of depressive patients. There is association between pretest knowledge score with selected demographic variable such as religion.

### **CONCLUSION**

Nursing interventions regarding homecare management of depression was effective in improving knowledge regarding depression and its homecare management among primary caregivers of patients admitted with depression.

### ACKNOWLEDGEMENT:

Most gratefully I express my sincere thanks to my mentors and Hospital staffs who encourage and guide me throughout my research work. I offer my deepest regard and sincere gratitude to Dr. Sateesh Biradar my Co-author who helped me in conceptualizing completing the endeavor. I grateful to librarian Mr. Bhavin Bhatti of Apollo Institute of Nursing for the whole hearted cooperation rendered during this period.

### **REFERANCES**

- 1. World health organization, newsroom, 31st March,2023. Retrieved from https://www.who.int/news-room/factsheets/detail/depression#:~:text = Overview,and%20feelings%20about%20everyday%20life.
- 2. World health organization, Depressive disorder (depression) overview, 31st March,2023.

  Retrieved from https://www.who.int/news-room/factsheets/detail/depression#:~:text = Overview,and%20feelings%20about%20everyday%20life.
- 3. National Library of medicine, Industrial psychiatry journal, Jan-Jun 2018. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6198594/.
- 4. National Library of medicine, Indian psychiatry journal, 2010 Apr-Jun; 52(2). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2927880/.
- 5. American psychiatric Association, what is depression. Retrieved from https://www.psychiatry.org/patients-families/depression/what-is-depression.