



## Retrospective evidence based assessment of nursing needs in patients with mental illness admitted at tertiary care hospital, Assam

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### Abstract

**Background:** Mental illness is considered a clinically significant behavioral or psychological syndrome marked by distress, disability, or the risk of suffering, disability, or loss of freedom (APA, 2007). Mental illness causes a mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life's ordinary demands and routines. The common sign and symptoms of mental illness are decreased sleep, sometimes increase anger, decrease self care, increase talk or sometimes decrease interaction, loss of appetite, thought disturbances, perceptual disturbances, abnormal behavior, fearfulness, suicidal thoughts etc. The most frequently detected needs of the patients by staff in the area concerning psychotic symptoms, daytime activity, physical health and information about their condition and treatment.

**Aim of the study:** To assess the nursing needs among patients with mental illness.

### Objectives

1. To assess the socio-demographic profile of patients with mental illness admitted at Tertiary care Hospital, Assam.
2. To find out the clinical variables of the patients with mental illness.
3. To assess the nursing needs among patients with mental illness admitted at Tertiary care Hospital at different point of time i.e. on 1<sup>st</sup>, 3<sup>rd</sup>, 14<sup>th</sup> and 30<sup>th</sup> days of hospitalization from patient's files.

**Material and methods: Research Approach:** A qualitative approach and historical retrospective design with a total of 30 samples of patient's files (10 schizophrenia, 10 mood disorder and 10 substance use disorder) were included in the study. Purposive sampling technique was used for selecting the sample. Socio-demographic data sheet and observation of nurse's notes and other professional notes documentation in patient's files was used. The notes on the 1<sup>st</sup> day, 3<sup>rd</sup> day, 14<sup>th</sup> day and 30<sup>th</sup> day of hospitalization were considered for data collection. Analyses were done manually and analyzed by systematic text condensation inspired by Goirigi (content and thematic analysis).

**Results:** In this study, it has been revealed that 1<sup>st</sup> day, 3<sup>rd</sup> day, 14<sup>th</sup> day and 30<sup>th</sup> day of hospitalization the nursing needs are different in all domain and also nursing needs are significantly differs in patients with schizophrenia, substance use disorder and mood disorder. From the evidence based findings of the study it was also found that the nursing needs are different according to their severity of symptoms and illness of the patient's.

**Keywords:** nursing needs, mental illness

### Introduction

#### Background of the study

Mental illness can be defined as a clinical, significant, behavioral or psychological syndrome that occurs in a person and this is normally associated with impairment in one or more important areas in functioning, or an important loss of freedom. Most of the mental illness is associated with a major change in the behavioral pattern of the client and these changes may affect the patient and family in different degrees. Mental illness causes a mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life's ordinary demands and routines. Some of the more common disorders are depression, bipolar disorder, dementia, schizophrenia and anxiety disorders. Symptoms like changes in mood, personality, personal habits and/or social withdrawal may be seen in this disorders.

#### Need for the study

People with severe mental illness often have a complex mixture of clinical and social needs. The importance of needs assessment for service development has been widely recognized. Mental health services should be provided on the basis of needs. Concept of client needs and the measurement of needs differ substantially among professionals, patients and involved family members. Comparing the needs assessments of the patient from different perspectives provide a powerful means of patient evaluation and is potentially valuable information for planning care for the patient.

Nursing care is considered as an essential component of health services. Patients' health improvement depends upon the quality of nursing care. As an important principle, perceptions of nurses as well as their active participation in decision makings has an important role in the quality of services.

World health report 2001 by the WHO assessed the leading causes of disability using disability adjusted life years (DALY). Mental illnesses accounted for 25% of total disability and 16 percent of total burden.

### Material and methods

Research Approach: The Qualitative Research Approach is adopted for the present study.

Research design: The present study adopted the historical retrospective research design to find out nursing needs of patient with schizophrenia, substance use disorder and mood disorder.

### Settings

The study was conducted in the inpatient department of Tertiary care Hospital, Assam.

### Population

The population in this study includes hospitalized patients files diagnosed with schizophrenia, substance use disorder and mood disorder as per ICD-10.

### Sample

Sampling techniques: In the present study purposive sampling technique was used.

Sample size: In this study 30 hospitalized patients' files (10 schizophrenia, 10 mood disorders and 10 substance use disorders) were taken as sample.

Sampling criteria

Inclusion criteria

File of patients admitted in indoor who are diagnosed with mental and behavioral disorder according to ICD-10 criteria such as schizophrenia, mood disorder and psychoactive substance use disorders.

- Both male and female patient's file.
- Patients who completed one month of hospital stay.

### Description of the Tool

The tool for the study consists of three parts.

#### Part- I

(A): PATIENTS PROFILE- It includes age, gender, religion, marital status, educational status, occupation, habitat, type of family, monthly family income of the patients.

#### Part -II

(B): CLINICAL PROFILE- It includes clinical diagnosis, duration of illness, number of admission, medication prescribed.

#### Part-III

(C): Observation of documentation of mental health professional notes regarding patient status.

### Ethical consideration

- Ethical clearance from the institutional ethics committee was obtained.
- Formal written permission was obtained from the concerned authority of Tertiary care Hospital to conduct the study.

- There was no direct involvement of the patients in the study.
- Confidentiality and anonymity of the study subjects and data was maintained.

### Pilot study

After getting formal permission from the concerned authorities of the Tertiary care Hospital. The pilot study was conducted from 30/6/16 to 10/7/16 prior to main study by the researcher for the following purpose:

1. To study the feasibility and practicability of the study.
2. To assess the availability of study subjects.
3. To familiarize with the administration of the tool.
4. To find out problems encountered in the present study.
5. To finalize the data collection method and analysis process.

The pilot study was carried out at indoor of Tertiary care Hospital. The tools were administered to 10 samples who fulfilled the inclusion criteria and it was found feasible.

Problems encountered in the pilot study

1. Some of the files of the patients were not documented regularly by the professional health workers regarding the patient's problem.
2. Systematic documentation in patient's files was not maintained, so it was difficult to assess all the patients' problems.
3. Some of the files are excluded as there was lack of information in some of the particular days of assessment i.e, on 14th and 30th day of admission.
4. When patients become manageable in wards, there was lacking of documenting information in patients files.
5. Most of the time there was difficulty in assessing the patients' problem on 30th day of admission.

### Data collection procedure

Written permission was obtained from the concerned authorities prior to collection of information. Data collection was started in the month of September 2016. The data were collected from the patient's files i.e, those who are diagnosed under ICD-10 criteria as schizophrenia disorder, mood disorder and substance use disorder based on the criteria made for the study. The selection of the files was done by reviewing the patients file records in the indoor. The patient's files who met the inclusion criteria were selected for the study. A peaceful environment was maintained for data collection and privacy was maintained while collecting the data and recording the data from the patient's files observation in written form. The data were collected from 30 patient's files (10 schizophrenia, 10 mood disorders and 10 substance use disorders) in written form, from the nurse and professional health workers notes which are documented in patient's files. The notes on 1st day, 3rd day, 14th day and 30th day were considered for data collection. Everyday two to three patient's files were taken for data collection for more than one hour for each file. Socio demographic information of patient's was collected from patients files itself. Documentation of the nurse's and others professional health workers notes in patient's files are considered for the assessment of patients needs. The information from patient's files, documented by

the nurses and professional health workers was recorded. The entire data collection was completed in 30 days (one month period).

### Data analysis

The data material was organized manually and analyzed by systematic text condensation. Content and thematic analysis was done. The analysis process was carried out in four steps. First, all the narration (1st day, 3rd day, 14th day and 30th day of admission) were read several times to get a general sense of the entire data material. Secondly, using an editing style, the researcher reread the data to discriminate 'meaning units/ segments' from the narration focusing on the historical events being studied. Third, from the data extracted, different codes were identified related to the written records from the patients file notes constructing into different code groups. Fourthly, the synthesized of all the transformed meaning units i.e., the similar codes were grouped together and different subthemes were identified using the headings of the coded group.

### Section I

### Results and discussion

The analysis and interpretation of data of this study were based on data collected through the written record in depth observation of the nurses and other professional notes documented in the patients file (n = 30). The results were computed using the descriptive and historical qualitative analysis. The aim of the study was to reduce, organize and give meaning to the data. The findings of the study were presented in the following sections.

#### Section I & II

In this section, the data of the sample was analyzed by using descriptive statistics and presented in terms of frequency, percentage and diagrams.

The demographic variables of the 30 sample are presented in terms of age, gender, marital status, religion, educational status, occupation, habitat, monthly income, type of family, clinical diagnosis, duration of illness, number of admission and medication prescribed in the tables and charts given below.

**Table 1:** Frequency and percentage distribution of the selected socio-demographic variables of the patients. (N=30)

Variables	Frequency	Percentage
Gender		
Male	23	76.7%
Female	7	23.3%
Marital status		
Married	18	60%
Unmarried	12	40%
Religion		
Hindu	21	70%
Islam	5	16.7%
Christian	3	10%
Others	1	3.3%
Educational status		
No formal schooling	1	3.3%
Primary school	5	16.7%
High school	13	43.3%
PUC	5	16.7%
Graduate or above	6	20%
Occupation		
Cultivators	2	6.7%
Business/self employed	4	13.3%
Home maker	3	10%
Daily wage earner	5	16.7%
Government employee	7	23.3%
Unemployed	9	30%
Habitat		
Rural	25	83.3%
Urban	5	16.7%
Type of family		
Joint	19	63.3%
Nuclear	11	36.7%

**Section II**

**Table 2:** Frequency and percentage distribution of clinical profile of the patients.

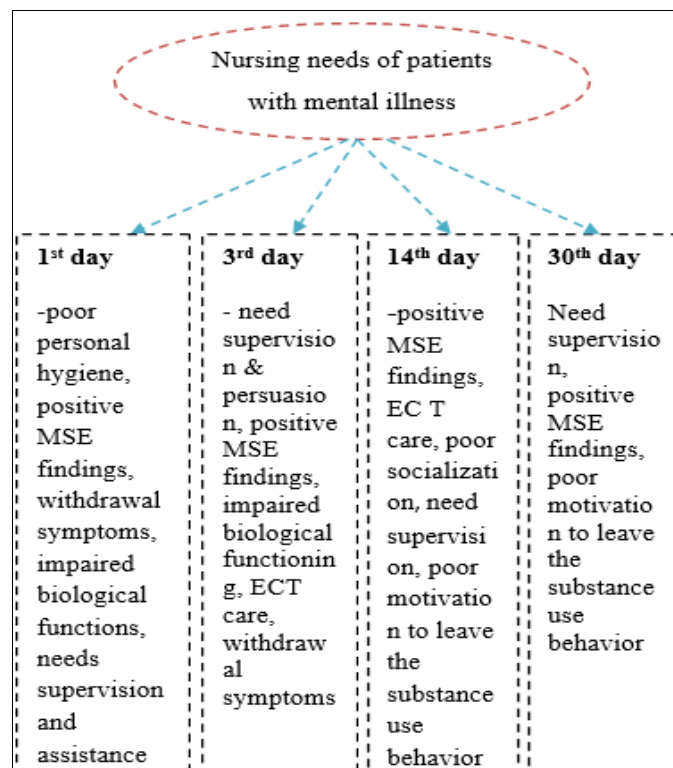
Variables	Frequency	Percentage
Clinical diagnosis		
Schizophrenia	10	33.3%
Mood disorder	10	33.3%
Substance use disorder	10	33.3%
Medication prescribed		
Antipsychotic drug	20	66.7%
Mood stabilizer drugs	10	33.3%
Anticraving drugs	11	36.7%
Anxiolytic drugs	16	53.3%

**Table 3:** Mean, range and standard deviation of selected socio-demographic variables of the patients. (N=30)

Variables	Minimum	Maximum	Mean	Standard deviation
Age	19	50	36.43	10.061
Family income	3,000	55,000	15933.33	15556.201
Duration of illness	1	16	5.37	3.891
Number of admission	1	6	1.50	1.137

**Section III**

This section deals with the assessment of the nursing needs among patients with mental illness admitted at indoor of Tertiary care Hospital, Assam (ie, schizophrenia, mood disorders and psychoactive substance use disorders) at different point of time i.e. on 1st, 3rd, 14th and 30th day during hospital stay, using the written recorded data in the patients files as a source of data collection and presentation of the data in narration and figures.



**Fig 1**

Six major themes emerged on 1st day of hospitalization: poor personal hygiene, positive MSE findings, impaired biological functions, physical injury, need supervision & assistance and withdrawal symptoms. On 3rd day of hospitalization five major themes emerged: need supervision & persuasion, positive MSE findings, impaired biological functioning, ECT care and withdrawal symptoms. On 14th day of hospitalization major themes emerged were: positive MSE findings, ECT care, poor socialization, need supervision and poor motivation. And on 30th day of assessment the themes identified from the patient’s files are: need supervision, poor motivation, and positive MSE findings and poor motivation.

**Discussion**

This section includes the findings of the study and discussion of the results with other related studies.

**A. Findings of the nursing needs of the patients with schizophrenia**

The study highlighted the nursing needs of the patients on different domains which needs are differs according to their illness and symptoms severity.

The findings of the study revealed some of the major themes which were emerged on 1st day of hospitalization, as nursing needs of the patients with schizophrenia in areas of: poor personal hygiene, positive mental status findings, impaired biological functions, physical injury, need supervision and assistance.

The main themes which were emerged on 3rd day of hospitalization, as nursing needs of the patients with schizophrenia in areas like: need supervision and assistance, positive MSE findings, ECT Care, impaired biological functioning.

Similarly on the 14th day of hospitalization, the main themes found was: ECT care, need supervision, positive MSE findings.

Findings of the study shows three major themes which were emerged on 30th day hospitalization, as nursing needs of the patients with schizophrenia in areas of: need supervision, poor socialization, positive MSE findings

**B. Findings of the nursing needs of the patients with mood disorder**

The findings of the study, revealed some of the major themes which were emerged on 1st day of hospitalization, as nursing needs of the patients with mood disorder in areas of: poor personal hygiene, positive mental status findings, physical injury, impaired biological functions, need supervision and assistance.

The main themes which were emerged on 3rd day of hospitalization, as nursing needs of the patients with mood disorder in areas like: need supervision and persuasion, positive MSE findings, impaired biological functioning.

Similarly on 14th day of hospitalization, five main themes were found: need supervision, positive MSE findings, ECT care, impaired biological function, and poor socialization.

Findings of the study shows four major themes which were emerged on 30th day hospitalization, as nursing needs of the patients with mood disorder in areas of: need supervision, ECT care, positive MSE findings, and poor socialization.



### C. Findings of the nursing needs of the patients with substance use disorder

The findings of the study, revealed five major themes which were emerged on 1st day of hospitalization, as nursing needs of the patients with substance use disorder in areas of: poor personal hygiene, withdrawal symptoms, impaired biological functions, positive MSE findings, need supervision and persuasion.

Six main themes which were emerged on 3rd day of hospitalization, as nursing needs of the patients with substance use disorder in areas like: poor personal hygiene, withdrawal symptoms, positive MSE findings, need supervision, poor motivation and poor socialization.

Similarly on 14th day of hospitalization, five main themes were found: withdrawal symptoms need supervision, positive MSE findings, poor motivation and poor socialization.

Findings of the study shows two major themes which were emerged on 30th day hospitalization, as nursing needs of the patients with substance use disorder in areas of: need supervision and poor motivation.

### Conclusion

The present study was conducted with an aim to assess the nursing needs of patients with schizophrenia, substance use disorder and mood disorder at different point of hospitalization.

In this study it has been revealed that 1st day, 3rd day, 14th day and 30th day of hospitalization the nursing needs are different in all domain and also nursing needs are significantly differs in patients with schizophrenia, substance use disorder and mood disorder.

Regular individual assessment of the patients and evidence based interventions would help to reduce the deterioration of the symptoms and helps in further prevention of illness. The findings call for improvement in mental health service delivery in maintaining a proper documenting record of the patient's status regularly and maintaining a proper protocol for caring different groups of mental illness according to the patients needs

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