

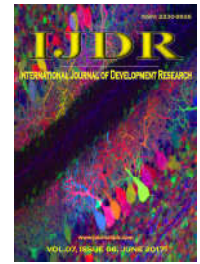


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ORIGINAL RESEARCH ARTICLE

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A STUDY TO ASSESS THE KNOWLEDGE REGARDING MENTAL HEALTH ACT AMONG STAFF NURSES AT SELECTED PSYCHIATRIC HOSPITALS IN BANGALORE WITH A VIEW TO DEVELOP AN INFORMATION GUIDE SHEET

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ABSTRACT

Background: Mental health legislation is essential for complementing and reinforcing mental health policy and providing a legal framework for meeting its goals. Such legislation can protect human rights, enhance the quality of mental health services and promote the integration of persons with mental disorders into communities. Nurses play an important role in caring the mentally ill clients and thus study of the knowledge of staff nurses regarding the mental health act may provide some insight into the present day situation prevailing in our community and thus required interventions can be planned.

Objectives of the study were

- To assess the knowledge regarding Mental Health Act among Staff Nurses at selected psychiatric hospitals.
- To find out an association between the levels of knowledge on mental health act among Staff Nurses at selected psychiatric hospitals with selected demographic variables.
- To develop and provide information guide sheet regarding mental health act.

Methods

Descriptive exploratory survey design was used for the study. The study was conducted at Spandana hospital private limited, Bangalore. Fifty staff nurses through purposive sampling technique who met the inclusion criteria were included in the study. The tool used was a knowledge questionnaire. Data was analysed using descriptive statistics and inferential statistics.

Results

Ninety two percent of the staff nurses were in the age group of 20-30 years whereas 8% of the staff nurses were in the age group of 31-40 years. Sixty four percent of the staff nurses had done their training in general nursing whereas 36% of the staff nurses had done B.Sc nursing. Knowledge scores of respondents range between 9 and 32; mean is 21.06; standard deviation is 4.49; median is 21 and mean percentage is 52.65. Majority of the samples (52%) have good knowledge and 42% of the samples have satisfactory knowledge on mental health act. 2% and 4% of the samples have excellent and poor knowledge on mental health act respectively. There was no association between the knowledge score and selected demographic variables such as Age, Professional qualification, Years of experience, Income, Marital status, Gender, Source of information at 0.05 level.

Interpretation

The result shows that majority of the samples had good knowledge and very few of the samples had excellent knowledge on mental health act.

Conclusion

The study showed that very few samples have excellent knowledge on mental health act and hence enhancement of knowledge in the area of mental health legislation can have a positive impact on the care rendered by the nurses.

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INTRODUCTION

"You must be the change you want to see in the world."

–Mahatma Gandhi

Mental, physical and social health is vital strands of life that are closely interwoven and deeply interdependent.

As understanding of this relationship grows, it becomes even more apparent that mental health is crucial to the overall wellbeing of individuals, societies and countries. Perhaps, mental health is failed to get enough attention in health sector rather than physical illness in last few years (Trivedi, 2009). The persons with mental illness are highly stigmatized and discriminated in society in all sphere of their life.

According to the World Health Report “some 450 million people suffer from mental or behavioural disorder, yet only small minorities of them receive even the most basic treatment (Trivedi, 2009)”. In WHO health report (2001) it was reported that 67% of countries in South-Asia have mental health legislation and rest of the 33% have no such law. Mental health care in India over the last 25 years has been an intense period of growth and innovation. India enters the new millennium with many changes in the social, political, and economic fields with an urgent need for reorganization of policies and programmes. The mental health scene in India, in recent times, reflects the complexity of developing mental health policy in a developing country (Trivedi, 2009). The basic function of any law is to frame rules and regulations which are least restricting and will enable the weak to enjoy all their civil rights without any hindrances. A more penal and less therapeutic service would only increase the isolation of psychiatry from other clinical specialities (Trivedi, 2009).

The National Health Policy, 2002 clearly spells out the place of mental health in the overall planning of health care. These developments have occurred against the over 25 years of efforts to integrate mental health care with primary health care (from 1975), replacement of the Indian Lunacy Act 1912 by the Mental Health Act 1987, and the enactment of The Persons with Disabilities Act 1995 focusing on the equal opportunities, protection of rights and full participation of disabled persons. The growth of voluntary action for mental health care in the areas of suicide prevention, disaster mental health care, setting up of community mental health care facilities, movement of family members (care givers) of mentally ill individuals, drug dependence, public interest litigation to address the human rights of the mentally ill; research in depression, schizophrenia and child psychiatric problems are other major developments (Trivedi, 2009). The rapid growth of private psychiatry with associated spread of services to peripheral cities and small towns and challenges of regulation is another significant development of the last 10 years. Against the above positive developments, the main challenges are the extremely limited number of mental health professionals and the very limited mental health service infrastructure; limited investment in health by the government (estimated public sector expenditure on health is only 17 % of total health expenditure) and problems of poverty (about 30% of population live below poverty line) and low literacy with associated stigma and discrimination for persons with mental disorders (Trivedi, 2009). Mental health legislation should be viewed as a process rather than as an event that occurs just once in many decades. This allows it to be amended in response to advances in the treatment of mental disorders and to developments in service delivery systems. Mental health legislation is essential for complementing and reinforcing mental health policy and providing a legal framework for meeting its goals. Such legislation can protect human rights, enhance the quality of mental health services and promote the integration of persons with mental disorders into communities (Trivedi, 2009).

The dignity of persons with mental illness is not respected in many mental health institutions. The well known incident of Erwadi, where 27 mentally ill people died in fire accident in 2001 has opened up the eyes of Government and civil society. Government took lots of affirmative actions to improve mental health sector in country. Nurses play an important role in caring the mentally ill clients and thus study of the knowledge of staff nurses regarding the mental health act may provide

some insight into the present day situation prevailing in our community and thus required interventions can be planned. Mental health legislation plays an important role in implementing effective mental health services, particularly by utilizing political and popular will to reinforce national mental health policies. Enactment of mental health legislation can improve funding of mental health services, create accountability for those responsible for providing mental health services and overcome bureaucratic gridlock to ensure compliance with mental health policies and directives.¹

Need for the study

“The test of any civilization is the measure of consideration and care which

it gives to its weaker members”

Health is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity. Mental health is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others (Sreevani, 2007). Mental disorders are common, affecting more than 25% of all people at some time during their lives. It is also universal, affecting people in all countries and societies, individuals of all ages, woman and men, the rich and the poor from urban and rural environments (Sreevani, 2007). International alliance of specialists in mental health is launching a campaign today to shift the focus of the world’s attention from disorders of the body to disorders of the mind. Some 30 per cent of the world’s population suffers some form of mental disorder each year, yet at least two-thirds receive inadequate or no treatment, even in countries with the best resources, such as the United Kingdom (World Health Organisation, 2008). Mental illness outranks cancer and heart disease as a cause of chronic ill health – mainly due to the disabling nature of depression and alcohol or drug problems, today it attracts a fraction of the resources of these more fashionable conditions (World Health Organisation, 2008).

The majority of the classical Indian Psychiatric epidemiology studies in the last four decades have been population based. There is wide variation in prevalence rates ranging from 10 to 370 / 1000 population in different part of the country (Lalitha, 2007). A more recent Meta – analysis of 13 epidemiological studies in India, comprising 33,572 individuals, concluded that the prevalence estimate is 58.2 per 1000 population. Among the various problems, organic psychosis 0.4/1000; schizophrenia 2.7/1000; affective disorders 6.9/1000 are major problems encountered in the community (Lalitha, 2007). A Nurse acting with professional standards while practicing, many of these risks and dangers can be averted. He/she must know the law that governs her/his profession to avoid law suit against her. Knowledge of legal responsibilities is integral with the expanding clinical role, and a logical application of the planned, systematic and focused care, which should be the goal of modern nursing (Barnabas, 2008). A Psychiatric Nurse is in the ward 24 hours of the day and the final responsibility of the ward management is on the nurse and the nurse should be well-versed in legal aspects of care and treatment of the mentally ill (Lalitha, 2007). In an increasing number of societies, health is no longer accepted as a charity or the privilege of the few, but demanded as a right for all. However when resources are limited, the Governments cannot provide all the needed health services under these circumstances the

aspirations of the people should be satisfied by giving them equal right to available health care services (Park, 2007). A study on knowledge about the Scottish mental health act in general hospital setting was conducted. A questionnaire about emergency detention legislation was circulated to non-psychiatric medical staff to test their knowledge of the provisions relevant to the general hospital. Two hundred and seventy four medical staff replied. Results showed that all understanding of detention procedure and applicability were marked by deficient irrespective of grade speciality or experience (Baig et al., 2008). A Case Study on the District Mental Health Programme in India was conducted to review the development of mental health services in India and to analyse the implementation of the DMHP under the NMHP in Delhi. Initially, information was gathered through the ministry about the programme and its objective. Further information was collected from different studies and research papers from various sources. Information was collected from the field by administering case studies on selected nine patients and informal interviews with local people, patients and their family members, and service providers (the doctor and social worker). For the in-depth qualitative insights, the study was undertaken using observation technique [at the Psychiatric OPD at Babu Jagjivan Ram Memorial Hospital] and in-depth case studies were conducted with nine patients visiting the DMHP clinic at Jahangirpuri in Delhi during September-December 2000. Structured and unstructured interview schedule and observation technique were mainly used to collect information for the study. This technique was followed throughout the study from the services point of view to see the services rendered by the OPD. The study Concluded that the development of mental health programmes in India is still at an embryonic stage. A lag has been noticed in the implementation of the Mental Health Act, which in spite of having been accepted by the parliament in 1987 become operational only in April 1993. It is necessary on the part of public health personnel to conduct research in bringing out the epidemiological basis of such programmes (Baig et al., 2008).

The Human Rights Act is sometimes misunderstood as being an obstruction to the provision of safe and effective mental health care, allowing patients to cry 'human right abuse' too easily. For nurses, of how human rights are currently understood to be protected in mental health care and steps that could improve the protection of Rights. The investigator himself has found mentally ill patients in a poor condition and the health professionals ignored the rights of the mentally ill. In order to achieve all the above goals and to help nurses in improving, adapting and applying their knowledge in the area of Mental Health, the investigator has taken the study.

Statement of the Problem

“A Study To Assess The Knowledge Regarding Mental Health Act Among Staff Nurses At Selected Psychiatric Hospitals, Bangalore With A View To Develop An Information Guide Sheet”

Objectives of the Study

- To assess the knowledge regarding Mental Health Act among Staff Nurses at selected psychiatric hospitals.
- To find out an association between the levels of knowledge on mental health act among Staff Nurses at

selected psychiatric hospitals with selected demographic variables.

- To develop and provide information guide sheet regarding mental health act.

Operational Definitions

Knowledge

In this study it refers to the correct response of Staff Nurses regarding mental health act as per structured questionnaire.

Staff Nurse

In this study it refers to the person who is registered in the state nursing council and working in the selected psychiatric hospitals.

Mental Health Act

In this study it refers to the act which is amended for protection of rights, treatment and care of mentally ill person

Psychiatric Hospital

In this study it refers to the health care setting which provides Mental Health Service to the public.

Information Guide Sheet

In this study it refers to the concise and comprehensive information material regarding mental health act.

Assumptions

- Staff Nurses may have some knowledge regarding mental health act.
- There may be significant association between knowledge regarding mental health act among staff nurses with selected demographic variables

Hypothesis

H₁: There will be a significant relationship between knowledge regarding mental health act and selected demographic variables among Staff Nurses

Scope of the study

- The result of this study can have great implications in nursing education which can guide nurses in providing teaching to nursing students which can aid in providing care within their legal boundaries.
- It can place emphasis on mental illness to gain attention in the health sector.
- This can provide significant contribution to protection of the clients' rights and thus improve their outcome.
- This can stimulate further research in the field.

Summary

This chapter dealt with the statement of the problem, objectives, operational definitions, assumptions, hypothesis, conceptual framework, and scope of the study. The following chapter deals with the review of related literature

METHODOLOGY

“Our attitude toward life determines life’s attitude towards us.”

–John N. Mitchell

This chapter deals with the methodology of the present study, which includes research approach, research design, variables under study, setting of the study, population and sample, sampling technique, criteria for sample selection, description of the tool, pilot study, data collection process and plan for data analysis. Research methodology deals with decisions about the methods to be used to address the research questions and careful planning for the actual collection and analysis of data. Thus, research methodology is the systematic way of doing a research to solve a problem.

Research Approach

In view of the nature of the problem and the study to accomplish the objectives of the study, descriptive survey approach was considered as appropriate. Descriptive research studies are designed to obtain pertinent and precise information concerning the current status of the phenomena and whenever possible, to draw valid general conclusions from the facts observed. The research approach used for the study is depicted in the figure in the following page:

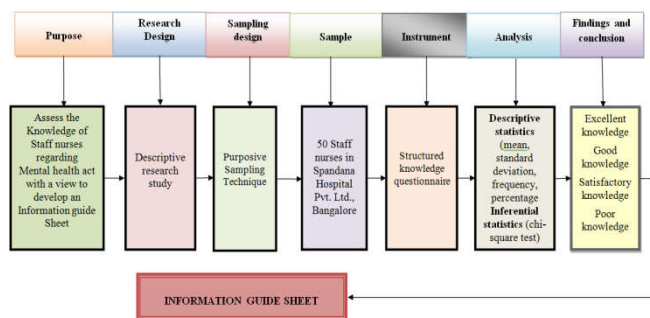


Figure 2. Schematic Representation of the Research Design

Research Design

The research design is the plan, structure and strategy of investigation, of answering the research question, is the overall plan or blueprint the researcher selects to carry out their study (Polit, 1999). Descriptive exploratory design is a non experimental sample survey method which collects data from the natural setting directly from the respondents by some systematic technique to explore the existence of known phenomena and to describe it (Polit, 1999). The research design selected for this study is descriptive exploratory survey design. It is carried out for providing accurate outcome knowledge of staff nurses regarding mental health act.

Setting

The study will be conducted at Spandana hospital private limited, Bangalore.

Population

Population is the total number of people who meet the criteria that the researcher has established for the study, from whom

subjects will be selected and to whom the findings will be generalised (Polit, 1999). The population in this study included registered nurses appointed in Spandana hospital private limited, Bangalore and who were available at the time of data collection.

Sample and Sampling Technique

Sample is the subset of the units that comprise the population (Polit, 1999). Sampling is a process of selecting a subset of the population to obtain data regarding a problem (Polit, 1999). Purposive sampling technique was used because of the limited availability of time and subjects. It is based on knowledge and expertise of the subjects that the investigator selects or handpicks the elements of the study. The elements chosen are thought to best represent the phenomenon or topic being studied. The sample in the study consisted of fifty registered nurses who met the inclusion criteria.

Inclusion Criteria

- Staff nurses who are working at selected psychiatric hospitals, Bangalore.
- Staff nurses who are willing to participate in the study.
- Staff nurses who are available at the time of data collection.
- Staff Nurses who can understand and speak English.

Exclusion Criteria

- Staff nurses who are sick or ill.

Data collection instruments

Tools are the procedures or instruments used by the researcher to collect the data. The tool used to collect the data consisted of:

- **Tool I:** Demographic variables
- **Tool II:** Knowledge questionnaire to assess the staff nurses’ knowledge on mental health act

Development of the tool

The following steps were adopted in the development of the tool:

- Review of literature.
- Discussion with experts.
- Development of blueprint.
- Construction of tool.
- Content validity.
- Reliability.

Preparation of blueprint: A blueprint was developed prior to the construction of the knowledge questionnaire which depicted the distribution of items into four main content areas: Historical perspective (15); definitions of the act (10); Conditions of the act (65) and Objectives of the act (10).

Construction of tool: The tool was developed based on the review of literature and discussion with experts. It comprised of two parts – Demographic variables with 9 items and knowledge questionnaire with 40 questions.

Content validity: Content validity refers to the extent to which an instrument measures what it is supposed to measure (Polit, 1999). The tool along with the blueprint and criteria checklists and information guide sheet (Annexure 6, 7, 8, 9 and 10) was submitted to 8 experts (Annexure 12) to establish the content validity. The experts were seven mental health nursing experts and one expert was a specialist in child health nursing and diploma in psychiatric nursing. They were requested to verify the items for their relevance, accuracy, and appropriateness. There was 100% agreement on almost all items, but suggestions were given to modify a few items. The modifications were made in the tool. The draft tool consisted of 7 items in the Demographic variables and 40 items in the knowledge questionnaire. Based on the suggestions given by the validators, necessary modifications were made. The final tool consisted of 9 items in the demographic variables and 40 items in the knowledge questionnaire.

Establishing reliability of the tool: Reliability is the degree of consistency that the instrument or procedure demonstrates.¹⁷ Reliability of the tool was carried out among 10 subjects working in Spandana rehabilitation centre. Split half technique was used to estimate the reliability of the knowledge questionnaire. Spearman brown prophecy formula was used to determine the reliability. The value obtained was 0.75. Hence the tool is considered to be reliable.

Description of the final tool

The final tool consisted of the following two parts:

Tool I: Demographic variables.

Tool II: knowledge questionnaire to assess the knowledge of staff nurses regarding the mental health act

The items in the knowledge questionnaire were divided into historical perspective, definitions of the act, conditions' of the act and objectives of the act. Historical perspective section included six questions, definitions of the act section included four questions, conditions of the act included twenty six questions and objectives of the act included four questions. Scores were assigned as 1 and 0 for positive item and negative item respectively. The maximum possible score was 40 and minimum was 0 in the questionnaire.

Development of Guide Sheet

Information guide sheet regarding mental health act was developed based on the review of literature. The steps adopted in the development of guide sheet were

- Preparation of first draft of guide sheet
- Editing of guide sheet
- Preparation of final draft of guide sheet

Preparation of Guide Sheet

The information guide sheet was prepared on the basis of review of literature, which pertained to the development of guide sheet regarding mental health act.

Content Validity of Guide Sheet

To ensure content validity of the guide sheet, it was given to mental health nursing experts.

The experts were requested to give their opinions and suggestions on the content of the guide sheet. Necessary modification was made on the basis of the expert's suggestions.

Pilot Study

Pilot study is a small preliminary investigation of the same general character as a major study. The main aim was to assess the feasibility, practicability, and assessment of adequacy of measurement (Polit, 1999). The investigator conducted the pilot study in Spandana rehabilitation centre, Bangalore from 14-12-09 to 16-12-09. The sample size for pilot study was ten. The objectives of the pilot study are

- To find out how much time is needed to answer all questions.
- To identify whether the subjects understood the questions.
- To refine the instrument.

Prior to the pilot study, permission was obtained from the concerned authority. The purpose of the study was explained to the subjects prior to the study, to obtain their cooperation, an informed consent was taken. After which the instrument was administered to the nurses. Each participant took about 20-30 minutes to complete the questionnaire. The information guide sheet was given to the participants after the completion of the questionnaire. The study was found to be feasible and practicable. No modification was made in the tool after the pilot study. Data analysis was done using descriptive and inferential statistics (Annexure 13).

Data collection process

A formal written permission was obtained from the administrator of Spandana hospital private limited, Bangalore (Annexure 2). Data was collected from 17-12-09 to 28-12-09. The investigator personally visited the hospital and introduced himself to the unit chief and explained the purpose of the study. Prior to data collection, the investigator familiarised himself with the subjects and explained to them the purpose of the study. He requested the participant's full cooperation and assured them confidentiality of their response. An informed consent was obtained from the subjects (Annexure 11).

The investigator was motivated throughout the study by the cooperation of the subjects and their positive response. The subjects were very cooperative and showed much interest in the study. The investigator was satisfied and happy with the cooperation, interest, and appreciation from others. The data collected was compiled for data analysis.

Plan for data analysis

Data was planned to be analysed on the basis of objectives and hypothesis.

- Demographic variables would be analysed in terms of frequency and percentage and presented in the form of tables and figures.
- The knowledge scores of staff nurses will be analysed in terms of mean, mean percentage, median and standard deviation and will be presented in the form of tables.

- The association between knowledge and selected variables will be analysed by a 2x2 contingency table chi-square test.

Problems faced during data collection

- The data collection time varied for each sample according to the duty timings (shift) of the staff nurses.

Summary

In this chapter the research approach, setting of the study, population, sample and sampling technique, sampling criteria, development and testing of the tool, development of the information guide sheet, pilot study, data collection process, and plan for data analysis are discussed. The next chapter deals with the result of the study.

RESULTS

Organization of Findings

The data is analyzed and presented under the following headings.

Section I: The demographic characteristics.

Section II: Knowledge score of staff nurses regarding mental health act.

Section III: Association between knowledge score and demographic variables.

Section I: The Demographic Characteristics

This section deals with the analysis of data related to the demographic characteristics of the staff nurses.

Table 1: Frequency and percentage distribution according to the age

N=50		
Variable	Frequency (f)	Percentage (%)
Age in years		
a.20 – 30	46	92
b.31 – 40	4	8
c.41 – 50	-	-
d.51 and above	-	-
Total	50	100

Data in table 1 and figure 3 shows that 92 % of the staff nurses were in the age group of 20-30 years whereas 8% of the staff nurses were in the age group of 31-40 years.

Table 2. Frequency and percentage distribution according to the professional qualification

N=50		
Variable	Frequency (f)	Percentage (%)
Professional qualification		
a.General nursing	32	64
b.B.Sc Nursing	18	36
c.M.Sc Nursing	-	-
d.Additional Qualification	-	-
Total	50	100

Data in table 2 and figure 4 shows that 64% of the staff nurses had done their training in general nursing whereas 36% of the staff nurses had done B.Sc nursing.

Table 3: Frequency and percentage distribution according to the years of experience in the psychiatry ward

N=50		
Variable	Frequency (f)	Percentage (%)
Years of experience in the psychiatry ward		
a.Less than 2years	42	84
b.2.1 to 5 years	4	8
c.5.1 to 10 years	4	8
d.10.1 years and above	-	-
Total	50	100

Data in table 3 and figure 5 shows that 84% of the staff nurses had less than 2 years of experience whereas 8% of the staff nurses had their experience between 2.1 to 5 years and 8% of the staff nurses had their professional experience between 5.1 to 10 years.

Table 4. Frequency and percentage distribution according to the religion

N=50		
Variable	Frequency (f)	Percentage (%)
Religion		
a.Hindu	21	42
b.Christian	28	56
c.Muslim	1	2
d.Any others	-	-
Total	50	100

Data in table 4 and figure 6 shows that Forty two percent of the staff nurses belonged to Hindu religion; 56% of the staff nurses were Christians and 2% of the staff nurses were Muslims.

Table 5: Frequency and percentage distribution according to the income

N=50		
Variable	Frequency (f)	Percentage (%)
Income		
a.Up to 5000	42	84
b.5001 to 10000	8	16
c.10,001 to 15,000	-	-
d.15,001 and above	-	-
Total	50	100

Data in table 5 and figure 7 shows that 84% of the staff nurses earned up to 5000 per month whereas only 16% earned between Rs 5001 to 10,000

Table 6. Frequency and percentage distribution according to the marital status

N=50		
Variable	Frequency (f)	Percentage (%)
Marital status		
a.Unmarried	43	86
b.Married	7	14
c.Widow	-	-
d.Divorcee	-	-
Total	50	100

Data in table 6 and figure 8 shows that 86% of the staff nurses were unmarried whereas 14% of the staff nurses were married.

Table 7. Frequency and percentage distribution according to the gender

N=50		
Variable	Frequency (f)	Percentage (%)
Gender		
a.Male	12	24
b.Female	38	76
Total	50	100

Data in table 7 and figure 9 shows that twenty four percent of the staff nurses were male whereas 76% of them were females

Table 8: Frequency and percentage distribution according to the source of information

N=50		
Variable	Frequency (f)	Percentage (%)
Source of information		
a.Radio	-	-
b.Television	-	-
c.Magazine	9	18
d.Newspaper	14	28
e.Health professional	27	54
Total	50	100

Data in table 8 and figure 10 shows that twenty percent of the staff nurses' source of information regarding the mental health act was television; 18% from magazine; 28% from newspaper and 54% from health professionals.

Section II: Knowledge score of staff nurses regarding mental health act.

Table 2. Range, Mean, SD, median and mean percentage of overall knowledge Score of Respondents on mental health act

N=50				
Overall Knowledge scores				
Range	Mean	SD	Median	Mean percentage
9-32	21.06	4.49	21	52.65

Data in table 2 shows that knowledge scores of respondents range between 9 and 32; mean is 21.06; standard deviation is 4.49; median is 21 and mean percentage is 52.65.

Table 3. Area wise Mean, SD and mean percentage knowledge Score of Respondents on mental health act

Area	Maximum	Minimum	Maximum possible	Mean	SD	Mean %
Historical perspective	5	1	6	3.04	1.16	50
Definitions	4	0	4	2.16	1.02	55
Conditions of the act	21	5	26	13.24	3.11	50
Objectives of the act	4	1	4	2.66	0.77	67.5

Data in table 3 shows that mean percentage in the area of objectives of the act is highest (67.5) whereas mean percentage in the area of historical perspective and conditions of the act is lowest (50).

Table 4. Area wise range, mean, standard deviation and median knowledge Score of Respondents on mental health act

Area	Range	Mean	Median	SD
Historical perspective	1-5	3.04	3	1.16
Definitions	0-4	2.16	2	1.02
Conditions of the act	5-21	13.24	13	3.11
Objectives of the act	1-4	2.66	3	0.77

Data in table 4 shows that range, mean, median and standard deviation of historical perspective is 1-5, 3.04, 3, 1.16; definitions is 0-4, 2.16, 2, 1.02; conditions of the act is 5-21, 13.24, 13, 3.11 and objectives of the act is 1-4, 2.66, 3, 0.77 respectively. Data in table 5 shows that majority of the samples (52%) have good knowledge and 42% of the samples have satisfactory knowledge on mental health act. 2% and 4% of the samples have excellent and poor knowledge on mental health act respectively.

Table 5: grading of knowledge Score of Respondents on mental health act

N=50			
	Range	Frequency (f)	Percentage (%)
Excellent	31-40	1	2
Good	21-30	26	52
Satisfactory	11-20	21	42
Poor	0-10	2	4

Section III: Association between knowledge score and demographic variables.

H₀: There will be no association between knowledge score and selected demographic variables at 0.05 level.

Table 6. Chi-square test for association between knowledge score and demographic variables

N=50				
Variable	<median	≥ median	Chi-square value	Inference
1. Age	23	23		
a. 20 – 30	0	4	1.96	NS
b. 31 and above				
2. Professional qualification	20	21		
a. General nursing			0.22	NS
b. Degree in nursing				
	3	6		
3. Years of experience	22	20		
a. Less than 2years			2.85	NS
b. 2.1 and above				
	1	7		
4. Income	22	20		
a. Up to 5000			2.85	NS
b. 5001 and above				
	1	7		
5. Marital status	21	22		
a. Unmarried			0.35	NS
b. Married				
	2	5		
6. Gender	5	7		
a. Male			0.12	NS
b. Female				
	18	20		
7. Source of information	10	13		
a. Mass media			0.11	NS
b. Health professional	13	14		

$\chi^2 (0.05; 1 df) = 3.841$; NS- Not Significant

The findings in Table 6 show that there was no association between the knowledge score and selected demographic variables at 0.05 level. Hence, the null hypothesis (H₀) is accepted.

Summary

This chapter dealt with analysis and interpretation of the data collected from 50 staff nurses working in a selected psychiatric hospital. Descriptive and inferential statistics were used for analysis. It was shown that knowledge scores of respondents ranged between 9 and 32 and mean was 21.06. Majority of the samples (52%) had good knowledge and 42% of the samples had satisfactory knowledge on mental health act.

Two percent and 4% of the samples had excellent and poor knowledge on mental health act respectively. There was no association between the knowledge score and selected demographic variables such as Age, Professional qualification, Years of experience, Income, Marital status, Gender, Source of information at 0.05 level

Major findings of the study

Sample characteristics

- Ninety two percent of the staff nurses were in the age group of 20-30 years whereas 8% of the staff nurses were in the age group of 31-40 years.
- Sixty four percent of the staff nurses had done their training in general nursing whereas 36% of the staff nurses had done B.Sc nursing.
- Eighty four percent of the staff nurses had less than 2 years of experience whereas 8% of the staff nurses had their experience between 2.1 to 5 years and 8% of the staff nurses had their professional experience between 5.1 to 10 years.
- Forty two percent of the staff nurses belonged to Hindu religion; 56% of the staff nurses were Christians and 2% of the staff nurses were Muslims.
- Eighty four percent of the staff nurses earned up to 5000 per month whereas only 16% earned between Rs 5001 to 10,000.
- Twenty percent of the staff nurses' source of information regarding the mental health act was television; 18% from magazine; 28% from newspaper and 54% from health professionals.

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