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## Importance of Basic Nursing Training to the Family Member for Chronic Patient

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**Abstract:**

*It has been attempted to discuss about the significance of dealing with a long term acute patient of a family. It is very difficult to available of nurses who are taking care of long term chronic patient especially in the rural area, furthermore affordability of paying remuneration in a regular wise is almost like a dream now-a-days for maximum family.*

*Here researchers tried to find out the importance of basic training in nursing to any member of the family having a chronic patient. A primary investigation was conducted from the members of different family who have already undertaken a 'Basic Nursing Training' and consequently taking care of the patient exist in their own family.*

**Keywords:** *Basic nursing training, health care provider, long term acute patient & patient, social value, emotional stress, knowledge and skills.*

### 1. Introduction

Nurse is supposed to impart an exceptional individual relationship to the patient and is likewise responsible to serve as good as guardian, who should also be the symbol of an alloy of professional & emotional matrix as well. Serious mental and physical instability of acute patients sometimes put forward a significant burden to the guardians in terms of supervision. Trained nurse of the family brings out the effective methods for managing the feelings of patient and additionally the relatives. The individual, who chooses to tackle this tremendous obligation by giving consideration to friends and family who are regularly coming across the physical and passionate anxiety.

Trained Nurse can be in any age and any sex and they may be in any relations like grandparents, spouse, children, parents and maybe of friends, volunteers and neighbor. This can be found in mother who tends to taking care her child suffering from chronic disorder or vice-versa.

Trained Nurses are obliged to help to an old aged, sick and disabled individual who may require therapeutic help and other related consideration. Certain people experiencing a disable condition or disease are regularly caring and backing from relatives and companions.

In spite of this awesome obligation and requirement of giving maximum consideration, numerous individuals make a phenomenal showing; consideration giving is twenty-four-hourwork. The individual who choose to tackle this colossal obligation of giving consideration to friends and family frequently stumble upon with physical exhaustion and psycho-anxiety. Now and then they may even need to leave their job so as to deal with debilitated persons.

In that situation, people can hire spastic professional to take care of old aged as well as other disable or acute patients, but, unfortunately it is very difficult to get that type of trained experts in India. To expect that type of professionals in rural area is almost like a nightmare. Records of last few years say that very negligible number of volunteers and NGO has come with that pattern of jobs.

### 2. Review of Literature

Samuel Noh, R. Jav Tumer in their Article, living with acute patients: Implications of the mental health of family members - Social Science & Medicine 25(3):263-72 · February 1987: This paper discussed about the relationship between degree of mental tension between relatives and hospital relieved acute patients. This relationship is evaluated inside of a multivariate model that likewise considers memorable experience as an extra wellspring of anxiety and social backing and authority as potential anxiety of middle level people. Notwithstanding, evaluation of collaborations demonstrated that strain is autonomously connected with distress among those

subjects who scored generally low on the expert scale. The most broad conclusion is that the existence of a few patients has a tendency to be linked with significant 'psychological costs' for a few families.

**Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Supporting Family Caregivers in Providing Care.** Susan C. Reinhard; Barbara Given; Nirvana Huhtala Petlick; Ann Bemis. It is very common understanding that families of patient supporting and caring the patient. Sometime they care to the patients who are very old and suffering from chronic disease. There is requirement of knowledge and intensity for that. But, in that case there is possibility of adverse event or risk of injury to the patient because of lack of knowledge. So, in that case healthcare providers are considered as 'secondary patient' who are always in requirement of guidance as well as protection too. This research says that healthcare providers to be considered as client to protect family health and safety. Moreover, they are also in requirement of continues learning process for becoming competent safe volunteer workers to care and able to defend in any adverse situation. Researchers said that "In the first section, we discuss the evidence for protecting the caregiver from harm. The second section addresses research aimed at protecting the care recipient from an ill-prepared family caregiver

An evaluation of a family psycho-education program in community mental health by De Groot L, Lloyd C, King R

The object of this paper is to recognize the viability of the family psycho-education program as a procedure for decreasing the hospital admission of young populace. It likewise expected to figure out whether the family psycho-education system has really an effect of trained nurses who are dedicated to provide mental health services especially to their family members. A telephonic survey was conducted with 27 clients; and a compared chart prepared of readmission history of 27 customers whose families went to a psycho-education program with readmission history and whose families did not go to the system. The outcomes demonstrated that families who have taken interest in psycho-education program i.e. participation of families in psycho-education program did not decrease the number the readmission. But they have the proper evidence of greater than earlier knowledge and percept the situation as compared to the control group

Research on the penalties of intellectual sickness for patients' spouse and children may also be divided into three distinguished durations. First, beginning in the Nineteen Fifties, researchers described in element all the distinctive consequences for family members (Wing et al, 1959; Mandelbrote & Folkard, 1961).

As indicated by Mandelbrote and Folkard (1961) 55% of relatives of patients experiencing acute were having emotional stress and confined to home. Around 2% of the family members are experiencing life in stress because of heavy challenging job.

Interventions or medication programs with a psycho-academic procedure which aimed toward a reduction of family burden, loved one's stress or expressed emotion grew to be the significant factor of curiosity (Kuipers & Bebbington, 1988).

Relentless mental sickness reminiscent of acute frequently imposes a substantial burden on the patients who undergo from it, as well as on their households and the broader society (Hatfield & Lefley, 1987).

The beneficiary of the care is disabled by a psychological disorder with a protracted-time period course; and for the caregiver(s), their care giving role is out of synchrony with the suitable stage of their own lifecycle (Schene et al, 1996).

### 3. Objectives

1. To understand the value of members as a healthcare provider who are taking care of their long suffering family member.
2. Importance of basic nursing training to a member of the family as a healthcare provider of the patient.
3. To understand the managing challenges and difficulties of illness by the nursing trained family members face every day.
4. To know the degree of safe space for sharing their experiences, sharing responsibility of care that are part of care and treatment of patients.
5. To understand the value of providing a psycho-educational interactive program to the caregiver to decrease their emotional stress.
6. To know the value of providing a basic nursing interactive program of healthcare provider to increase their knowledge and understanding about the acute chronic issues of patient.

### 4. Rationale of the study

Because of the pattern of deinstitutionalization of patient with long term chronic disease, the duty of thought rests for the foremost spare family and community people. Health care providing is monetarily expensive further as takes a toll on the parental figure's physical and emotional eudemonia. The burden of thought prompts prodigious anxiety. What are more the parental figures are often ignorant relating to the illness, treatment, administration and accessible administrations? Parental figures in addition encounter the necessity to share and vent their feelings. Studies have proved that nursing training prompts progress in patient further as within the guardians and other relatives. Considering the importance and applicability of this issue the current study has been composed.

### 5. Hypothesis

1. H1: 'Basic Nursing Training' (psycho-education program) does not decrease emotional stress.
2. H2: 'Basic Nursing Training' does not decrease the patient hospital admission.
3. H3: 'Basic Nursing Training' (psycho-instruction) does not prompt in diminishing in acute side effects of care receiver.
4. H4: 'Basic Nursing Training' (Social-psycho education) does not increase the social value.
5. H5: 'Basic Nursing Training' does not decrease their substantial burden.
6. H6: 'Basic Nursing Training' does not reduce difficulties that are a part of care and treatment of patients.

7. H7: ‘Basic Nursing Training’ (psycho-educational interactive program) does not increase their knowledge and understanding about acute and related issues.
8. H8: ‘Basic Nursing Training’ does not establish a safe space for sharing their experiences, sharing responsibility of care.
9. H9: ‘Basic Nursing Training’ does not give mental tension to relatives for their hospital relieved acute patients.
10. H10: ‘Basic Nursing Training’ does not reduce mental tension in long term continuation of caring their relatives suffering from mental chronic disorder.
11. H11: ‘Basic Nursing Training’ does not improve skills of caring care receiver.
12. H12: ‘Basic Nursing Training’ is not necessary to the member of the family to care the patient.

**6. Research Methodology**

*6.1. Method of Data Collection*

Data is collected through Basic source which are collected through well-structured questionnaire format. Secondary sources like newspaper, magazine, and published summarized article and research paper, book and web engine are also used to get the authentic information.

*6.2. Research Design*

- A 5 point Likert scale was used.
- Data collected through a well-structured ordinal scale questionnaire.
- Collected data was subjected to statistical analysis, SPSS version 20 after submitting an application into MS EXCEL.

*6.3. Sampling*

Samples of 100nurses who have already undertaken ‘Basic Nursing training’ have sampled out of 200 through stratified purposive random sampling method.

**7. Analysis**

*7.1. H1: Basic Nursing Training (Psycho-Education Program) to Healthcare Provider Does Not Reduce Emotional Stress.*

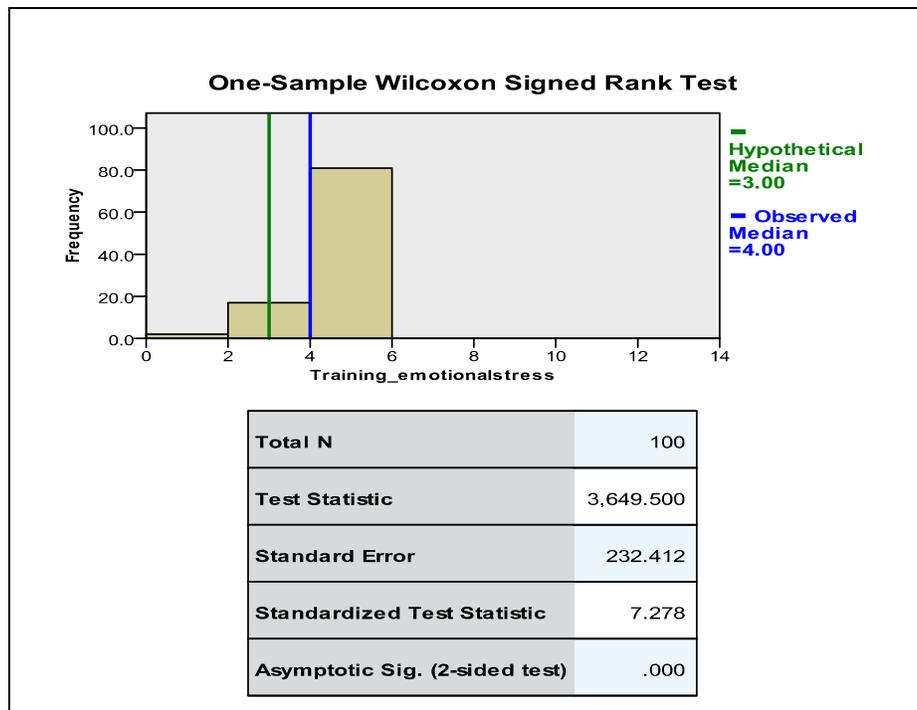


Figure 1

The Wilcoxon signed rank statistic test is 3649, which is significant at 95% confidence interval with P value of 0.000(2tailed). We have taken into consideration more than 3 ranks on five-point scale will show the reducing of emotional stress after basic training. After going through one sample Wilcoxon Signed Null hypothesis, it is observed that there is significant difference of emotional stress (Median value 4) and benchmarked level of caregiver’s emotional stress (more than 3) is failed to accept the null hypothesis. Hence we can conclude that there is a prevalence of significant reducing emotional stress after basic nursing training.

7.2. H2: Basic Nursing Training Does Not Decrease the Patient’s Hospital Admission.

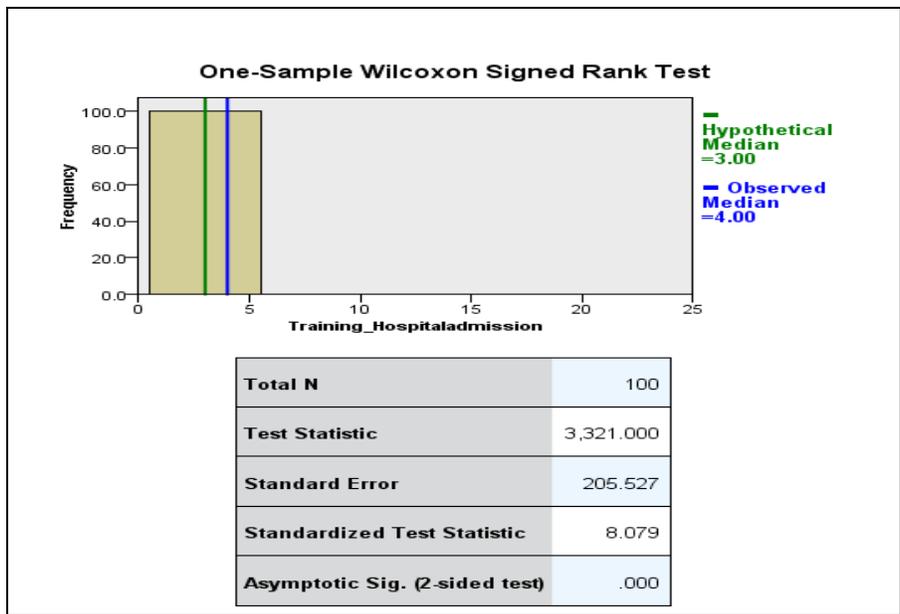


Figure 2

The Wilcoxon signed rank statistic test is 3321, which is significant at 95% confidence interval with P value of test statistics is 0.000(2tailed). We have taken into consideration more than 3 ranks on five-point scale will show the reducing of hospital admission of the patient after basic nursing training and its submission to the patient of the family members. It shows after going through one sample Wilcoxon Signed Null hypothesis that there is significant difference of reducing hospital admission (Hypothetical Median value 4) and benchmarked level of reducing hospital admission (more than 3) is failed to accept the null hypothesis. Hence we can conclude that there is a prevalence of significant reducing hospital admission after basic nursing training and its practice by the family members.

7.3. H3: Basic Nursing Training (Psycho-Instruction) Does Not Prompt in Diminishing in Acute Side Effects of Care Receiver.

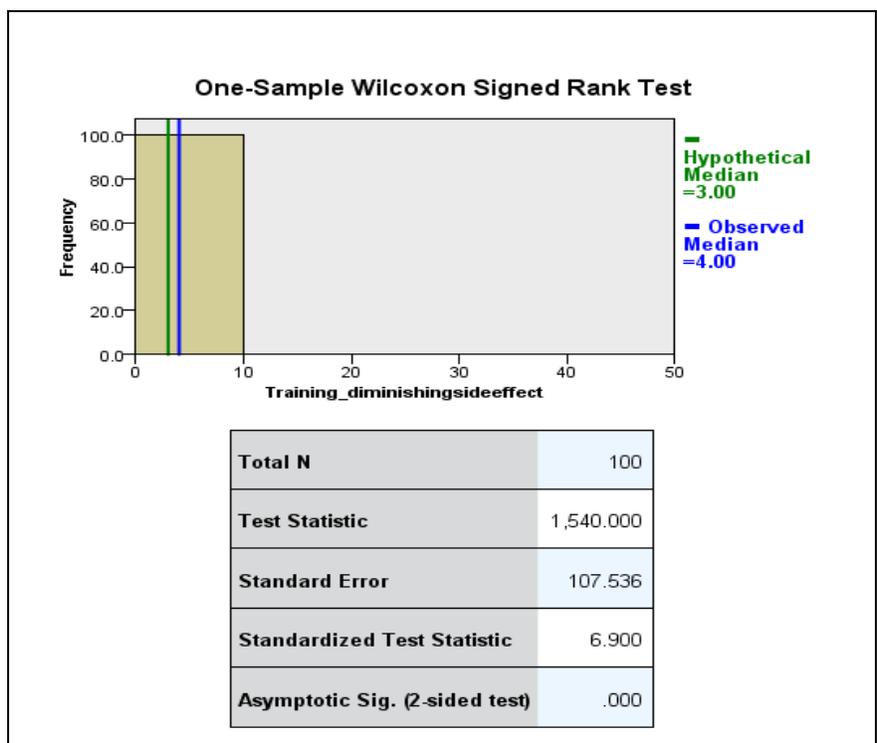


Figure 3

The Wilcoxon signed rank statistic test is 1,540, which is significant at 95% confidence interval with P value of test statistics is 0.000(2tailed). We have considered more than 3 ranks on five-point scale; will show the prompt in diminishing in acute side effects of care receiver of basic nursing trained family member (caregiver). One sample Wilcoxon Signed Null hypothesis i.e. there is significant difference of diminishing acute side effects of care receiver (Median value 4) and benchmarked level of reducing hospital admission (more than 3) is failed to accept the null hypothesis. Hence we can conclude that there is occurrence of diminishing side effects of care receiver with the help basic trained nurse of family member.

7.4. H4: Basic Nursing Training (Social-Psycho Education) Followed By Regular Care Does Not Increase The Social Conformity.

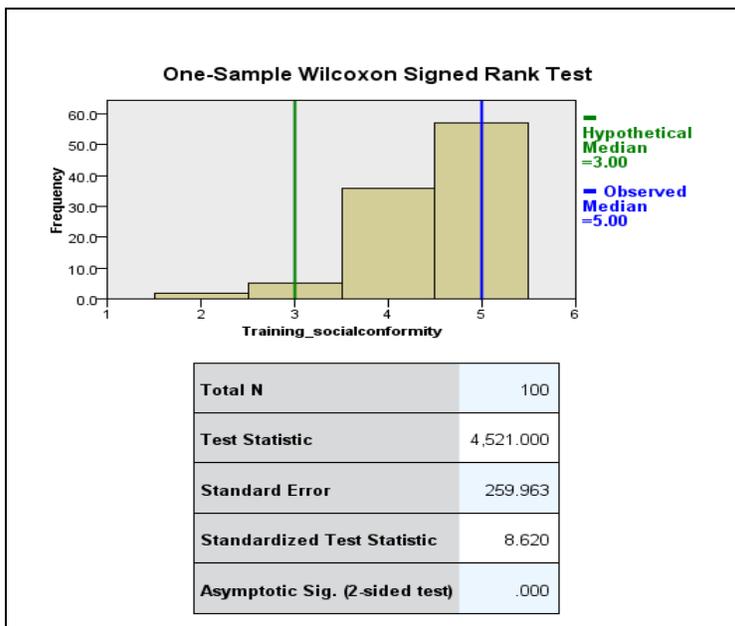


Figure 4

7.5. H5: Basic Nursing Training Does Not Decrease the Caregiver’s Substantial Burden.

The Wilcoxon signed rank statistic test is 4521, which is significant at 95% confidence interval with P value of test statistics is 0.000(2tailed). It is decided to take more than 3 ranks on five-point scale that will show that there is increase in social value of family member who has undertaken a basic nursing training. After going through one sample Wilcoxon Signed Null hypothesis i.e. there is significant difference (Median value 5) between benchmarked levels (more than 3), so, the null hypothesis is not accepted. Hence we can conclude that after basic training there is increase of social value of the family member.

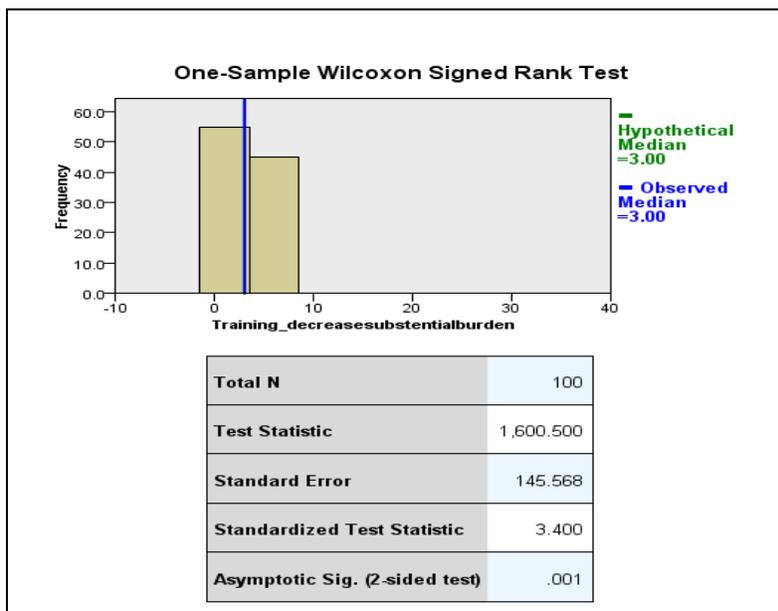


Figure 5

The Wilcoxon signed rank statistic test is 1,600, which is significant at 95% confidence interval with P value of test statistics is 0.000(2tailed). We have considered more than 3 ranks on five point scales. After going through one sample Wilcoxon Signed test that the substantial burden is neither decreasing and nor increasing of basic trained Nurse because hypothetical value and observed value both are same. (Median value/Observed value 3) But as asymptotic Sig (2-sided test) is 0.000, which is lesser than 0.05 so we can say the hypothesis is leaning towards positive side.

7.6. H6: Basic Nursing Training Does Not Reduce Difficulties That Are a Part of Care and Treatment of Patients.

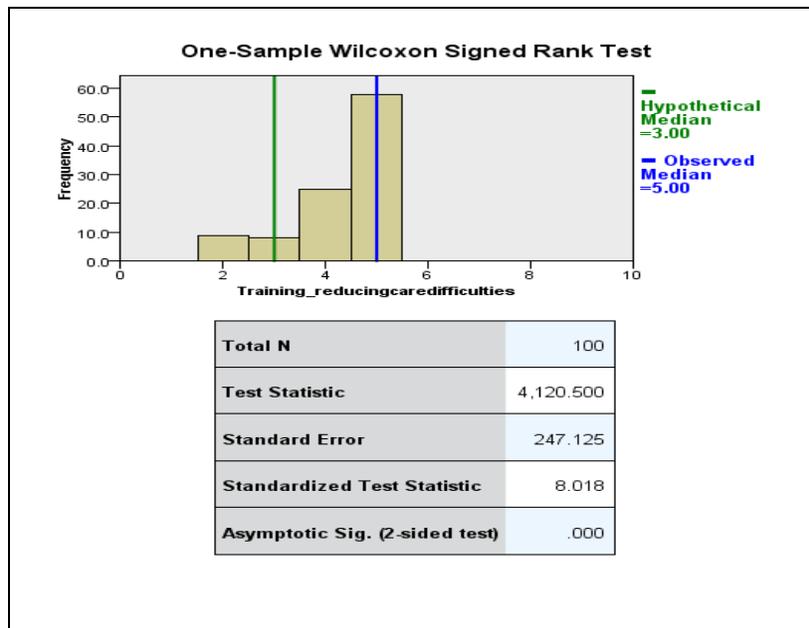


Figure 6

The Wilcoxon signed rank statistic test is 4,120, which is significant at 95% confidence interval with P value of 0.000(2tailed). We have taken into consideration more than 3 ranks on five-point scale will show the reducing difficulties used to face by care giver after training. After going through one sample Wilcoxon Signed Null hypothesis i.e. there is significant difference between reducing difficulties in caring (Observed Median value 5) and benchmarked value is more than 3, so, it is failed to accept the null hypothesis. Hence we can conclude that there is an occurrence of significant reducing the difficulties in caring the patient after training.

7.7. H7: Basic Nursing Training (Psycho-Educational Interactive Program) Does Not Increase Their Knowledge and Understanding about Acute and Related Issues.

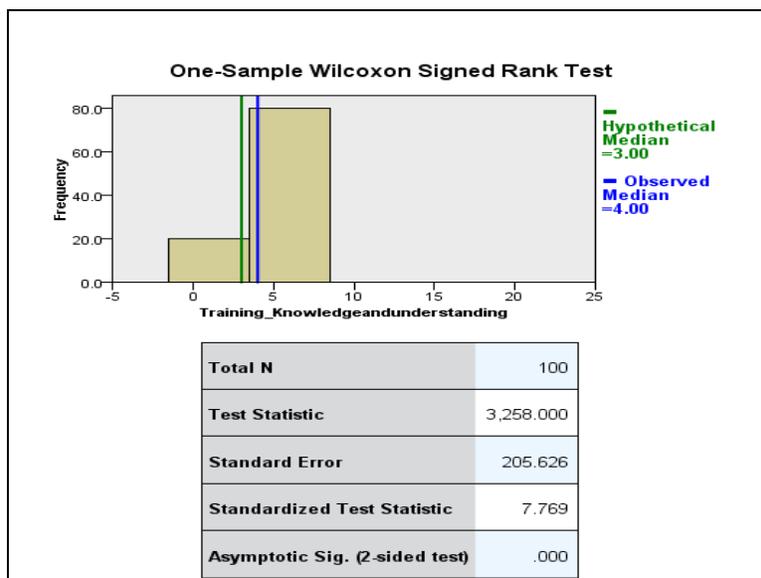


Figure 7

The Wilcoxon signed rank statistic test is 3,258 which is significant at 95% confidence interval with P value of test statistics is 0.000(2tailed). We have taken into consideration more than 3 ranks on five-point scale; will show the increase their knowledge and understanding about acute and related issues after training. After going through one sample Wilcoxon Signed Null hypothesis i.e. there is significant difference of increase their knowledge and understanding about acute and related issues(Median value 4) and benchmarked level of the same (more than 3) is failed to accept the null hypothesis. Hence we can conclude that there is an occurrence of increasing their knowledge and understanding about acute and related psychological issues after training.

7.8. H8: Basic Nursing Training Does Not Establish a Safe Space for Sharing Their Experiences, Sharing Responsibility of Care.

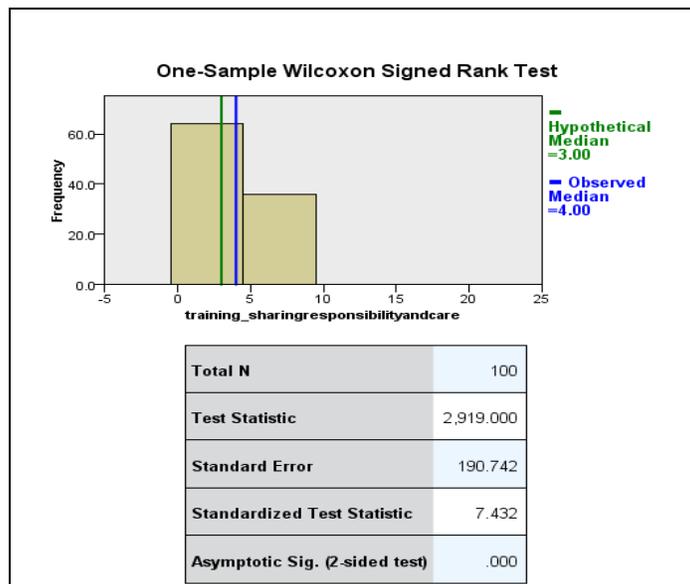


Figure 8

The Wilcoxon signed rank statistic test is 2919, which is significant at 95% confidence interval with P value of test statistics is 0.000(2tailed). We have taken into consideration more than 3 ranks on five-point scale willestablish a safe space for sharing their experiences, responsibility of care after training. After going through one sample Wilcoxon Signed Null hypothesis i.e. there is significant difference of establish a safe space for sharing their experiences, responsibility of care after training (Median value 4) and benchmarked level of the same (more than 3) is failed to accept the null hypothesis. Hence we can conclude that there is prevalence in establishing a safe space for sharing their experiences, responsibility of care after basic nursing training.

7.9. H9:Basic Nursing Training Does Not Relieve Mental Tension to Trained Nurses for Their Hospital Relieved Acute Patients.

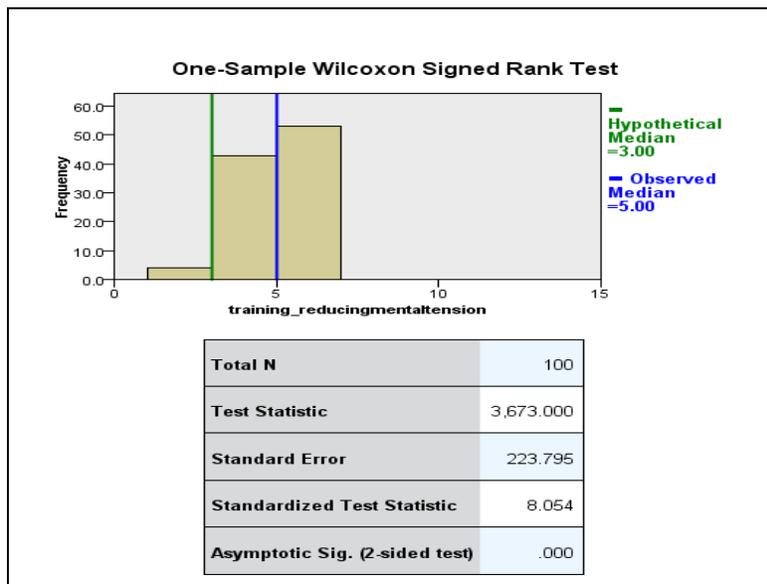


Figure 9

The Wilcoxon signed rank statistic test is 3,673, which is significant at 95% confidence interval with P value of test statistics is 0.000(2tailed). We have taken into consideration more than 3 ranks on five-point scale that will establish the relieving of mental tension to relatives for their hospital relieved acute patients after training. After going through one sample Wilcoxon Signed Null hypothesis i.e. there is significant difference of relieving mental tension for relatives of their hospital discharged acute patients (Median value 5) and benchmarked level of the same (more than 3) is failed to accept the null hypothesis. Hence we can conclude that there is possibility of relieving mental tension to relatives for their hospital discharged acute patients after basic training.

7.10. H10: Basic Nursing Training Does Not Reduce Mental Tension in Long Term Caring to Relatives Suffering from Mental Chronic Disorder.

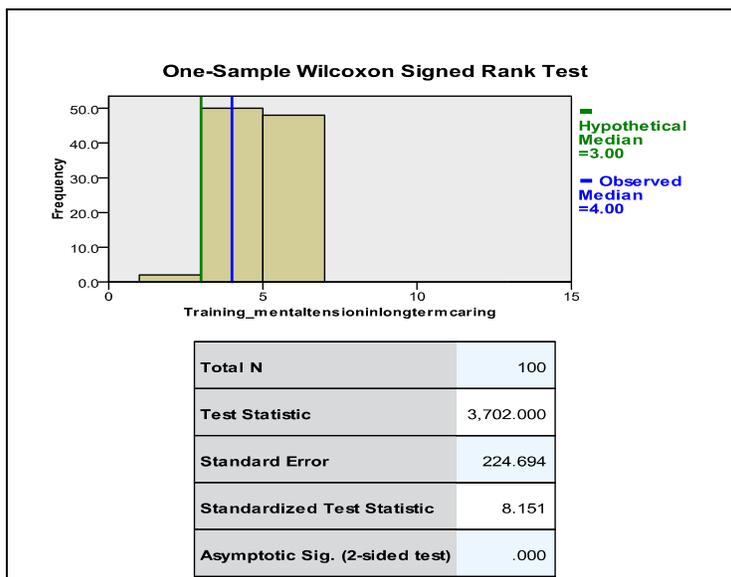


Figure 10

The Wilcoxon signed rank statistic test is 3,702, which is significant at 95% confidence interval with P value of test statistics is 0.000(2tailed). We have taken into consideration more than 3 ranks on five-point scale that will establish the reducing the mental tension to relatives in long term caring their relatives suffering from mental chronic disorder after training. After going through one sample Wilcoxon Signed Null hypothesis i.e. there is significant difference between Observed median value 4 and benchmarked level of the more than 3 i.e. it is failed to accept the null hypothesis. Hence we can conclude that basic trained Nurses reduce mental tension for long term caring to relatives suffering from mental chronic disorder.

7.11. H11: Basic Nursing Training Does Not Improve Skills of Caring.

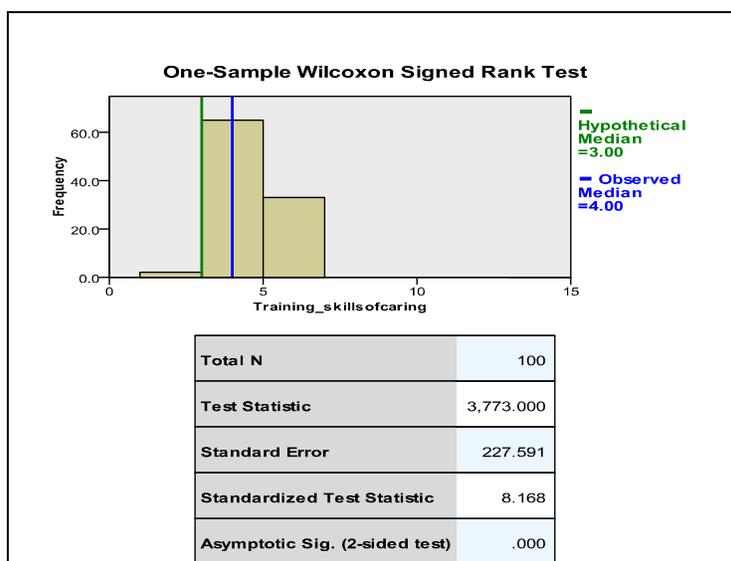


Figure 11

The Wilcoxon signed rank statistic test is 3,773, which is significant at 95% confidence interval with P value of test statistics is 0.000(2tailed). We have taken into consideration more than 3 ranks on five-point scale that will improve the skills of caring after training. After going through one sample Wilcoxon Signed Null hypothesis i.e. there is significant difference in improving the skills of caring(Median value 4) and benchmarked level of the same (more than 3) is failed to accept the null hypothesis. Hence we can conclude that skills of caring are improved after basic nursing training undertaken by family member.

7.12. H12: Basic Nursing Training Is Not Necessary to the Member of the Family to Care The Patient.

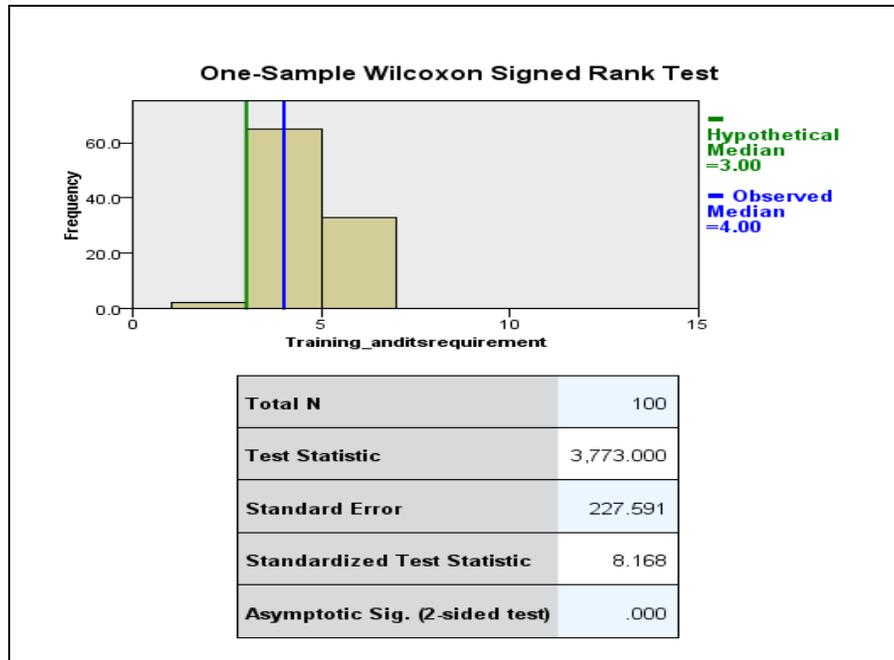


Figure 12

The Wilcoxon signed rank statistic test is 3 773, which is significant at 95% confidence interval with P value of test statistics is 0.000(2tailed). We have taken into consideration more than 3 ranks on five-point scale that will say that caregiver views that requirement of basic nursing is necessary for their receiver. After going through one sample Wilcoxon Signed Null hypothesis i.e. there is significant difference between observed median value 4) and benchmarked level of the same is more than 3 so the aforesaid result is failed to accept the null hypothesis. Hence we can conclude after caregivers view caregiver views that there is a necessity of basic nursing training for their family patient.

## 8. Conclusion & Recommendations

This research paper studies the impact of 12 major hypotheses after interviewing 100 basic trained nurses who are healthcare provider to the patient of their own family. By virtue of statistical study on the data using one sample Wilcoxon Signed analysis, we have a tendency to ascertain the conclusion that family member undertaken basic nursing training of a family reduces their emotional stress , decreases the Patient hospital admission, prompt in diminishing acute side effects of care receiver, increase the social value, reduce difficulties that are a part of care and treatment of patients, increase their knowledge and understanding about acute and related issues, establish a safe space for sharing their experiences, sharing responsibility, reduces mental tension to relatives for their hospital relieved acute patients, reduces mental tension in long term caring their relatives suffering from mental/physical chronic disorder, improve skills of health care providers for caring care receiver but H5 i.e. basic trained nurse of a family said that the training does not really reduce their substantial burden and accordingly their reply always placed in a in neutral position. All the results are found significant at the 5% level of significance. And finally maximum respondents supported that 'Basic Nursing Training' is necessary to any members of the family to care the patient of his/her own family. So it is understood from the study that there is a requirement of 'Basic Nursing Training' in a family where there is an existences of patient suffering from a chronic disease.

So it is comprehended from the study that there is a prerequisite of 'Basic Nursing Training' in a family where there is a presences of patient experiencing a chronic sickness.

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