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"A study to assess the level of knowledge regarding paranoia among the staff nurses at SMVNCH, puducherry."

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ABSTRACT :
The word paranoia comes from the Greek madness . The term was usedto describea mental illness in which a delusional belief is the sole or most prominent feature.In this definition, the belief does not have to bepersecutory to be classified asparanoid, so any number of delusionalbeliefs can be classified as paranoia. These individuals typically have a biased perception of reality, often exhibiting more hostile beliefs.frequency and Percentage wise distribution of demographic variables among staff nurse. Out of the 30 staff nurses who were interviewed, Majority of the staff nurse 16(53.3%) of study population were in the age group are above 25-35 years. Majority of the staff nurse were female 27(90%). Most of the staff nurses were Hindu 24(80%). Most of the staff nurses were B.Sc., (N) 29(96.7%). Majority of the staff nurse were Rural 27(90%). Most of the staff nurses were 5 years of experience 17(56.7%). Majority of the staff nurse were Joint family 18(60%). All of the staff nurses were Middle class 30(100%). Majority of the staff nurse were one sibling13(43.3%). All of the staff nurses were not had previous history ofpsychiatric illness 30(100%).Most of the staff nurses were Married 16(53.3%). Most of the staff nurses were Non-vegetarian 24(80%). Majority of the staff nurse were 10,000 Income 13(43.3%). All of the staff nurses were not had Working experience inforeign countries 30(100%). All of the staff nurses' Comfortable languages were Tamil 30(100%) respectively.

I. INTRODUCTION:

" No one would ever say that someone with a broken arm or a broken leg is less than a whole person, but people say that or imply that all the time about people with mental illness."
Elyn R. Saks

The word paranoia comes from the Greek madness . The term was usedto describe a mental illness in which a delusional belief is the sole or most prominent feature. In this definition, the belief does not have to bepersecutory to be classified as paranoid, so any number of delusionalbeliefs can be classified as paranoia. The word paranoia is associateddeparture from the normal.Paranoia is a pattern of thinking that leads to irrational mistrust and suspicion of other people. It can range from mild feelings of discomfort toan intense, extremely distressing pattern of thinking that indicates aperson's mental well-being is at serious riskHowever, for people with mental illnesses such as bipolar disorder,schizophrenia, and paranoid personality disorder, the experience of paranoia can be persistent, extremely unpleasant, and even dangerous.A common symptom of paranoia is the attribution bias. These individuals typically have a biased perception of reality, often exhibiting more hostile belief. A paranoid person may view someone else's accidental behavioras though it is with intent or threatening.An investigation of a non-clinical paranoid population found that feelingpowerless and depressed, isolating oneself, and relinquishing activities arecharacteristics that could be associated with those exhibiting more frequentparanoia.Some scientists have created different subtypes for the varioussymptoms of paranoia including erotic, persecutory, litigious, and exalted.

II. REVIEW OF LITERATURE:

P Pavlovský (2006) The term paranoid is derived from the Greek word paranoia meaning nadnese. It does not only mean self-reference, but there are various personality features as they are hostility, a tendency towards aggressiveness, irritability, a lack of sense of humour, feelings of overestimation of one-self and a tendency towards accusations. These features may appear also within normal psychology and they becomeclinically important after thein increase of intensity and conspicuousness (los sof hearing, long-term abuse of alcohol and psychostimulants) and organic disorders of the brain may contribute to the development of

paranoidity. A mechanism of projection is considered as a decivise factor from the point of view of dynamic psychiatry. Clinically unimportant sign sof paranoidity can be observed due to unusual situations. If a paranoid reaction becomes more serious, formation of a paranoid delusion should be taken to account. In our koncept the term paranoid and paranoidity should be used only as a psychopathological term.

STATEMENT OF PROBLEM:
A study to assess the level of knowledge regarding paranoia among the staff nurses at SMVNCH, puducherry.

OBJECTIVES:
❖ To assess the level of knowledge regarding paranoia among Staff nurses.
❖ To associate between the level of knowledge towards difficulties faced with their selected demographic variables.

ASSUMPTION:
❖ The staff nurses will have favorable level of knowledge regarding the paranoia.
❖ The tool prepared for the study will be sufficient for assessing the knowledge of the staff nurses regarding paranoia.

III. MATERIALS & METHODS:

This chapter deals with the research approach, research design, setting, population, sample, sampling technique, selection and development of tool and data collection techniques and plan for data analysis.
Section A: Description of the demographic variables among staff nurses.
Section B: Assessment of the level of knowledge regarding paranoia among the staff nurses.
Section C: Association between the levels of knowledge regarding paranoia among the staff nurses with selected demographic variables.

SCORING INTERPRETATION:

LEVEL OF KNOWLEDGE	SCORING
Inadequate	**0-10**
Moderately adequate	**11-20**
Inadequate	**21-30**

RESEARCH APPROACH:
A quantitative research approach was adapted for this study.
RESEARCH DESIGN:
A descriptive research design was adapted for this study.
SAMPLE:
The study sample consists of staff nurses in SMVMCH, Puducherry who fulfill the inclusion criteria.
SAMPLE SIZE
Sample size consists of 30 staff nurses.
SETTING OF THE STUDY:
The study was conducted in SMVMCH, Puducherry.
SAMPLING TECHNIQUE:
Sampling technique is defined as the process of selecting a group of people or the other elements with which conduct a study. Purposive sampling technique is used for the present study.

SAMPLE SELECTION CRITERIA:
INCLUSION CRITERIA:
● Staff nurses both male and female .
● Staff nurses who are willing to participate in data collection.
● Staff nurses who are available at the time of data collection.

EXCLUSION CRITERIA:
● Staff nurses are not willing to participate in the study.

IV. RESULTS:

Table 1 shows frequency and Percentage wise distribution of demographic variables among staff nurse. Out of the 30 staff nurses who were interviewed, Majority of the staff nurse 16(53.3%) of study population were in the age group are above 25-35 years. Majority of the staff nurse were female 27(90%). Most of the staff nurses were Hindu 24(80%). Most of the staff nurses were B.Sc., (N) 29(96.7%). Majority of the staff nurse were Rural 27(90%). Most of the staff nurses were 5 years of experience 17(56.7%). Majority of the staff nurse were Joint family 18(60%). All of the staff nurses were Middle class 30(100%). Majority of the staff nurse were one sibling 13(43.3%). All of the staff nurses were not had previous history of psychiatric illness 30(100%). Most of the staff nurses were Married 16(53.3%). Most of the staff nurses were Non-vegetarian 24(80%). Majority of the staff nurse were 10,000 Income 13(43.3%). All of the staff nurses were not had Working experience in foreign countries 30(100%). All of the staff nurses' Comfortable languages were Tamil 30(100%) respectively.

Table 1:- Frequency and percentage wise distribution of demographic variables among staff nurse.

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
1	**Age**		
	20-25 age	11	36.7
	26-35 age	16	53.3
	36-45 age	3	10
	45 above	0	0
2	**Gender**		
	Male	3	10
	Female	27	90
3	**Religion**		
	Hindu	24	80
	Muslim	2	6.7
	Christian	4	13.3
	Others	0	0
4	**Educational status**		
	ANM	1	3.3
	GNM	0	0
	B.Sc., (N)	29	96.7
	M.Sc., (N)	0	0
5	**Residential area**		
	Urban	3	10
	Rural	27	90
	Semi urban	0	0
	Tribal	0	0
6	**Year of experience**		
	3 years	10	33.3
	5 years	17	56.7
	6 years	2	6.7
	15 years	1	3.3
7	**Types of family**		
	Nuclear family	12	40
	Joint family	18	60
	Step family	0	0
	Extended family	0	0
8	**Family status**		

	Poor economic status	0	0
	Middle class	30	100
	Rich economic status	0	0
9	**Numbers of siblings**		
	None	10	33.3
	1	13	43.3
	2	7	23.4
	3	0	0
10	**Previous history of psychiatric illness**		
	Yes	0	0
	No	30	100
11	**Marital status**		
	Unmarried	14	46.7
	Married	16	53.3
	Divorced	0	0
12	**Diet pattern**		
	Vegetarian	6	20
	Non-vegetarian	24	80
13	**Income**		
	10,000	13	43.3
	25,000	7	23.3
	15,000	8	26.7
	Below 10,000	2	6.7
14	**Working experience in foreign countries**		
	Yes	0	0
	No	30	100
15	**Comfortable language**		
	Tamil	30	100
	Hindi	0	0
	Telugu	0	0
	English	0	0

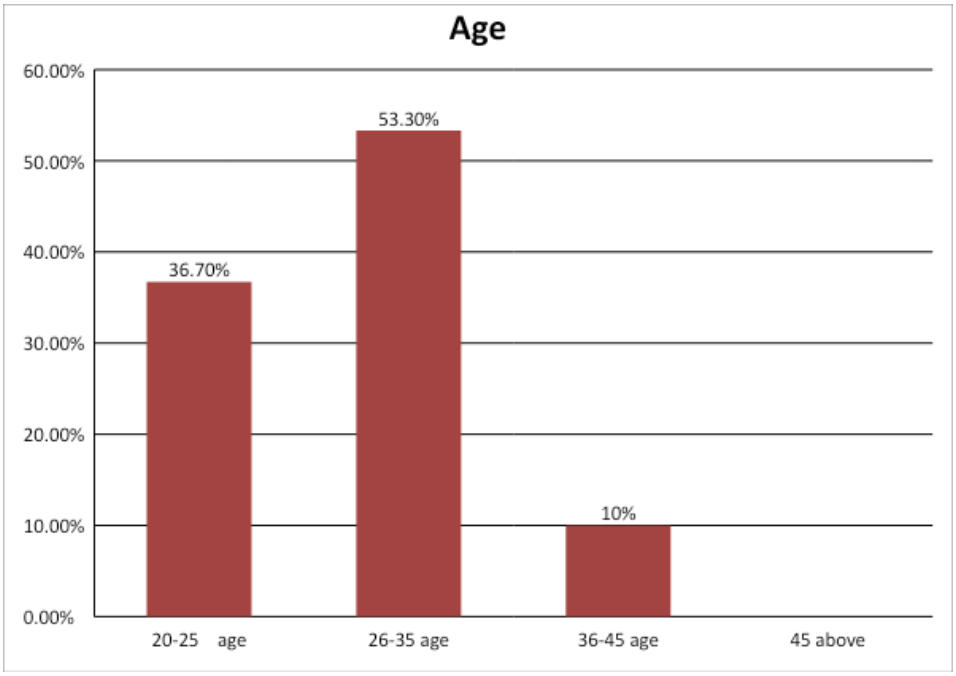

Table 2:- Frequency and percentage wise distribution of level of knowledge regarding paranoia among the staff nurse.

LEVEL OF KNOWLEDGE	FREQUENCY (n)	PERCENTAGE (%)
INADEQUATE	6	20
MODERATE	21	70
ADEQUATE	3	10
Total	30	100
Mean+Standard deviation	9.17±3.196	

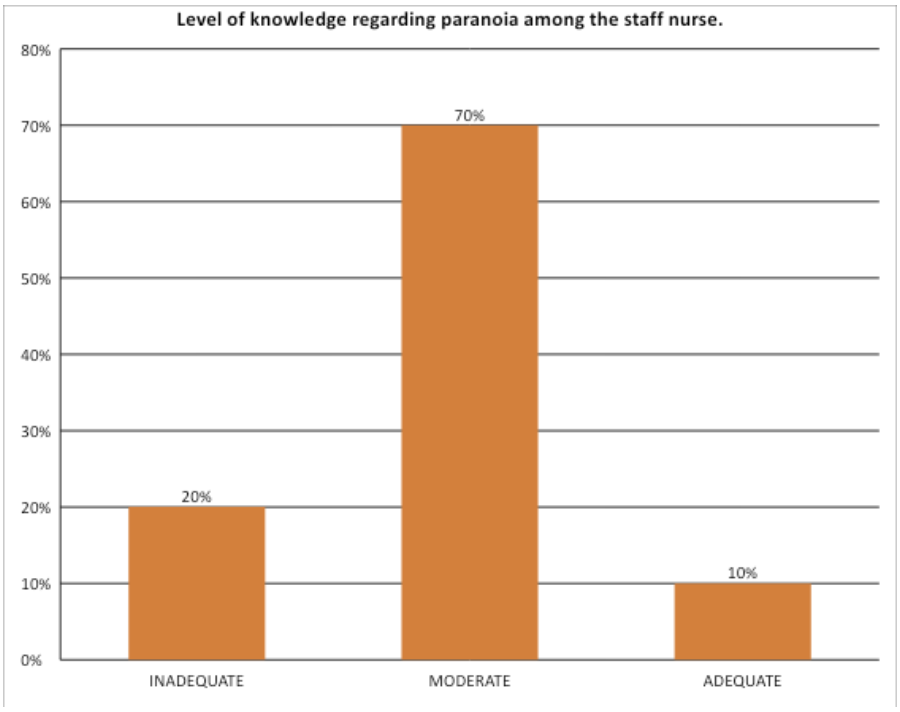

Table –3: Association between the levels of knowledge regarding paranoia among the staff nurse with selected demographic variables

SL. NO	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE						Chi-square X^2 and P-Value
		Inadequate		Moderate		Adequate		
		N	%	N	%	N	%	
1	**Age**							
	20-26 age	1	16.7	9	42.9	1	33.3	**X^2=7.88 Df=4 p =0.018 *S**
	25-35 age	4	66.7	10	47.6	2	66.7	
	35-45 age	1	16.7	2	9.5	0	0	
	45 above	0	0	0	0	0	0	
2	**Gender**							
	Male	1	16.7	2	9.5	0	0	X^2=0.63 Df=2 p =0.728 NS
	Female	5	83.3	19	90.5	3	100	
3	**Religion**							
	Hindu	6	100	16	76.2	2	66.7	X^2=2.97 Df=4 p =0.562 NS
	Muslim	0	0	2	9.5	0	0	
	Christian	0	0	3	14.3	1	33.3	
	Others	0	0	0	0	0	0	
4	**Educational status**							
	ANM	0	0	1	4.8	0	0	**X^2=8.44 Df=2 p =0.006 *S**
	GNM	0	0	0	0	0	0	
	B.Sc., (N)	6	100	20	95.2	3	100	
	M.Sc., (N)	0	0	0	0	0	0	
5	**Residential area**							
	Urban	1	16.7	2	9.5	0	0	X^2=0.635 Df=2 p =0.728 NS
	Rural	5	83.3	19	90.5	3	100	
	Semi urban	0	0	0	0	0	0	
	Tribal	0	0	0	0	0	0	
6	**Year of experience**							
	3 years	2	33.3	6	28.6	2	66.7	**X^2=9.22 Df=6 p =0.005 *S**
	5 years	3	50	13	61.9	1	33.3	
	6 years	1	16.7	1	4.8	0	0	
	15 years	0	0	1	4.8	0	0	
7	**Types of family**							
	Nuclear family	2	33.3	9	42.9	1	33.3	X^2=0.238 Df=2 p =0.888 NS
	Joint family	4	66.7	12	57.1	2	66.7	
	Step family	0	0	0	0	0	0	
	Extended family	0	0	0	0	0	0	
8	**Family status**							
	Poor economic status	0	0	0	0	0	0	CONSTANT
	Middle class	6	100	21	100	3	100	
	Rich economic status	0	0	0	0	0	0	
9	**Numbers of siblings**							

	None	2	33.3	8	38.1	0	0	X^2=5.28 Df=4 p =0.259 NS
	1	1	16.7	10	47.6	2	66.7	
	2	3	50	3	14.3	1	33.3	
	3	0	0	0	0	0	0	
10	**Previous history of psychiatric illness**							
	Yes	0	0	0	0	0	0	CONSTANT
	No	6	100	21	100	3	100	
11	**Marital status**							
	Unmarried	4	66.7	9	42.9	1	33.3	X^2=1.30 Df=2 p =0.522 NS
	Married	2	33.3	12	57.1	2	66.7	
	Divorced	0	0	0	0	0	0	
12	**Diet pattern**							
	Vegetarian	2	33.3	4	19	0	0	X^2=1.42 Df=2 p =0.490 NS
	Non-vegetarian	4	66.7	17	81	3	100	
13	**Income**							
	10,000	2	33.3	9	42.9	2	66.7	X^2=6.46 Df=6 p =0.373 NS
	25,000	0	0	7	33.3	0	0	
	15,000	3	50	4	19	1	33.3	
	Below 10,000	1	16.7	1	4.8	0	0	
14	**Working experience in foreign countries**							
	Yes	0	0	0	0	0	0	CONSTANT
	No	6	100	21	100	3	100	
15	**Comfortable language**							
	Tamil	6	100	21	100	3	100	CONSTANT
	Hindi	0	0	0	0	0	0	
	Telugu	0	0	0	0	0	0	
	English	0	0	0	0	0	0	

****-p < 0.05 significant, NS-Non significant***

V. CONCLUSION & RECOMMENDATIONS:

Majority of the staff nurse 21 (70%) had moderate level of knowledge, 6(20%) had inadequateand 3(10%) had adequate level of knowledge and the mean and standard deviation level ofknowledge regarding paranoia among the staff nurse is(9.17±3.196) respectively.

NURSING IMPLICATIONS:

The study has implicated for nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE:

● This study emphasis in improving the knowledge of paranoia through educative measures.

● More knowledge regarding symptoms of paranoia will help for early identification of the Paranoia in adolescents and adult.

NURSING EDUCATION:

● Nurse educator should emphasize more on preparing staff nurses for health information regarding paranoia.

● The study has clearly proved that questionnaire was helpful in identify the level of knowledge of staff nurses

NURSING ADMINISTRATION:

● Nurse as an administrator should take limitation in formulating policies and protocols for health teaching.

● The nursing administration should motivate the subordinate for participating in various educational programs and improve their knowledge and skills.

NURSING RESEARCH:

• There is a good scope for nurse to conduct research in this area, to find out the effectiveness of various teaching strategy to educate the teachers and the parents

• The research study can be made by further implication of the study.
• Can be used for evidence based nursing practice as a rising trend.

RECOMMEDATIONS:

• The study can be conducted to assess the level of knowledge among the staff nurses.
• Comparative study can be done between the staff nurses.

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