A Study to Assess Knowledge Regarding Psycho Physiological Disorder among Relatives of OPD Patients Attending Selected OPDS, At Selected Tertiary Care Hospital of Belgravia City, Kanata

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I. Introduction

In the empirical literature, there appears to be some relationship between childhood adversity to trauma several types of psycho physiological disorders (that is physical disorder with psychological components) in adulthood[2]. Psychological issues can affect a person's physical body, occurs when a physiological condition causes or exacerbates physical symptoms[10].

Stress is an unavoidable aspect of our daily lives; we face deadlines and get stuck in traffic experience conflict and financial straggles, and live in a race against time. There components can lead serious neurological-physiological and psychological consequences when prolonged or in excess[13].

Although the routes of psychophysiology may be traced back thousands of years, its establishment as an independent, formula discipline is generally pinpointed to the 1960s with formation of the society for psycho physiological research in 1960 and publication of its official journal psycho physiological in 1964. Systematic research with a predominant   psycho physiological perspective, however has been pursed since the late nineteenth century, these include investigations of electroduramal response and there   sensitivity to psychological process, studies of emotion and autonomic control and work on the conditioning of autonomic and visceral response, From these early beginnings, the field psycho physiology has developed and matured considerably[8].

"Psychophysiology is the Branch of psychology that is concerned with the relationship mental and physical processes, it is the scientific study of the interaction between mind and body. The field of psycho physiology   draws upon the work of physicians, psychologist, biochemists, engineers and other scientists"[14].

"A psycho physiological disorder is characterised by physical symptoms that are partly induced by emotional factors. Some of the more common emotional status responsible in forming illness include anxiety, stress and fear common psychosomatic ailments include migraine, headaches, attention deficit hyperactivity disorder, arthritis, ulcerative colitis and heart disease"[14].

Before the 1970s the best know and most common of psycho physiological disorder were ulcer asthma, insomnia, chronic headaches, high blood pressure and coronary heart diseases. Recent research has shown that Many other physical illnesses may be caused by an interaction of psychosocial and physical factors. The psycho-physiological disorder of focus includes[11].

ULCER : lesions in the wall of the stomach resulting in burning sensation or pain, vomiting and stomach bleeding caused psychosocial factors, environmental stress, anger anxiety dependent personality style. Caused physiological factors, bacterial infection[11].

ASTHMA: a narrowing of body's airway that makes breathing difficulty caused psychosocial factors environmental pressures troubles family relationship, anxiety, high dependency. Caused physiological factors: Allergies weakened respiratory system[11].

INSOMNIA: difficulty falling asleep, caused psychosocial factors: high level of anxiety, caused physiological factors: overactive arousal system, certain medical ailments[11].

CHRONIC HEADACHES: frequent intense aches of the head or neck that next caused by another physical disorder. Caused psychosocial factors: environmental pressures general feelings of helplessness, anger anxiety, depression. Caused psycho physiological factors: abnormal serotonin activity, muscles weakness[11].

HYPERTENSION: chronic high blood Pressure, caused psychosocial factors: constant stress, general feeling of anger or depression, caused physiological factors: obesity, smoking poor kidney function[11].

CORONARY HEART DISEASES: caused by a blocking of the coronary arteries including angina pectoris (chest pain), coronary occlusion (complete blockage of coronary arteries) and myocardial infarction (heart attack), caused psychosocial factors: job stress , high level of anger or depression, caused physiological factors: high level of cholesterol, obesity, hypertension effect of smoking[11].

As clinicians have discovered that stress and related psychosocial factors may contribute physical disorder they applied **psychological treatment to more and medical problems.h**[11].

A) The most common of the interventions are relaxation training, biofeedback training, meditation, hypnosis, cognitive intervention, insight therapy and support groups[11].

B) The field of treatment that combines psychological and physical interventions to treat or prevent medical problems is known as behavioural medicine[11].

II. Results

Analysis is defined as categorizing, ordering, manipulating and summarizing of data to reduce it to intelligible and interpretable form so that research problem can be studied and tested including relationship between variables.

This chapter deals with the analysis and interpretation of data obtained from 80 patient relatives attending selected OPD's at tertiary care hospital Belagavi, to assess knowledge regarding psycho physiological disorder.

Descriptive and inferential statistics are used to analyze the collected data. The data findings have been organized, finalized and presented under the following sections.

THE OBJECTIVES OF THE STUDY:
* To assess the existing knowledge regarding psycho physiological disorder among relative of patient attending selected OPD's.
* To find out the association between demographic variables with knowledge questionnaires among relative of patient attending selected OPD's.
* To develop and distribute informational pamphlet on psycho physiological disorders to relative of patient attending selected OPD's.

ASSUMPTION: patient relatives are having some knowledge regarding psycho physiological disorder.

III. Organization of the Findings

The analysis of the data are organized and presented under the following headings:

Section - I: Demographic Characteristics of Respondents

Section I: Distribution of sample characteristics according to socio-demographic variables of respondents.
n=80

Sl. No.1	Sociodemographic Vareables	Frequency (f)	Percentage (%)
	Age (Yrs)		
a.	21-30 Yrs	30	37.5
b.	31-40Yrs	21	26.25
c.	41-50Yrs	20	25
d.	Above 51Yrs	09	11.5
	GENDER		
a.	MALE	50	62.5
b	FEMALE	30	37.5
	TYPES OF FAMILY		
a.	JOINT FAMILY	37	46.25
b.	NUCLEAR FAMILY	38	47.5
c.	EXTENDED FAMILY	05	6.25

	RELIGION		
a.	HINDU	61	76.25
b.	CHRISTIAN	10	12.5
c.	MUSLIM	09	11.25
d.	OTHERS SPECIFY	00	00

	EDUCATIONAL LEVEL		
a.	NO FORMAL EDUCATION	10	12.5
b.	PRIMARY EDUCATION	22	27.5
c.	SECONDARY EDUCATION	26	32.5
d.	GRADUATE EDUCATION	20	25
e.	PG AND ABOVE	02	2.5
	OCCUPATIONAL STATUS		
a.	SELF EMPLOYEE/BUSINESS	28	35
b.	GOVERNMENT EMPLOYEE	17	21.25
c.	PRIVATE EMPLOYEE	29	36.25
d.	OTHER SPECIFY/AGRICULTURE	06	7.5
	AREA OF RESIDENCE		
a.	URBAN	33	41.25
b.	RURAL	47	58.75
	MARITAL STATUS		
a.	MARRIED	47	58.75
b.	UNMARRIED	24	30
c.	WIDOW OR WIDOWER	07	8.75
d.	DIVORCED	02	2.5

Sl. No9.	FAMILY INCOME PER MONTH	Frequency (f)	Percentage (%)
a.	BELOW RS.5000	14	17.5
b.	RS.5001-8000	16	20
c.	8001-10000	17	21.25
d.	10001-15000	09	11.25
e	15001AND ABOVE	24	30

Figure No. 1: Colam daigram showing percentage distribution of subjects according to age
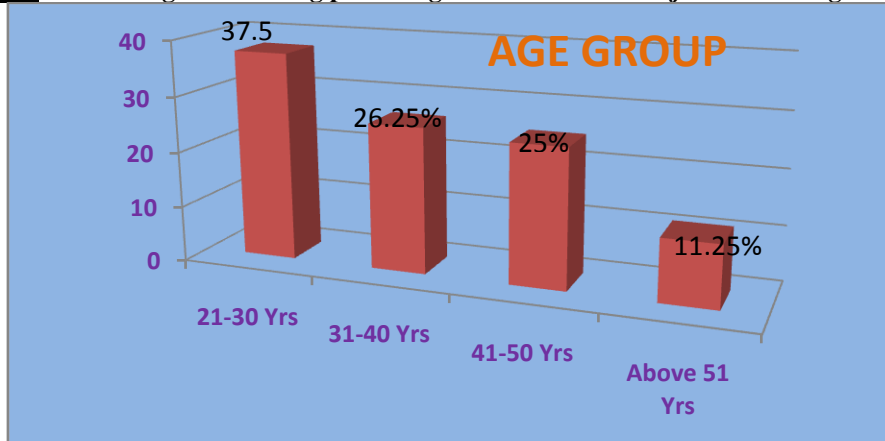

Figure No. 2: Pie diagram showing percentage distribution of subjects according to gender
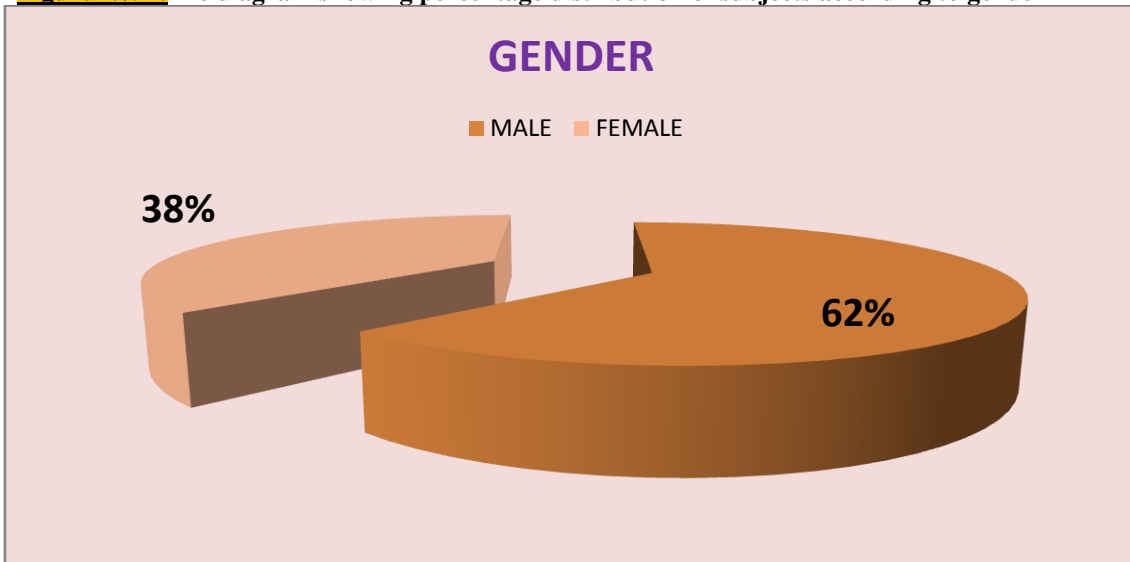

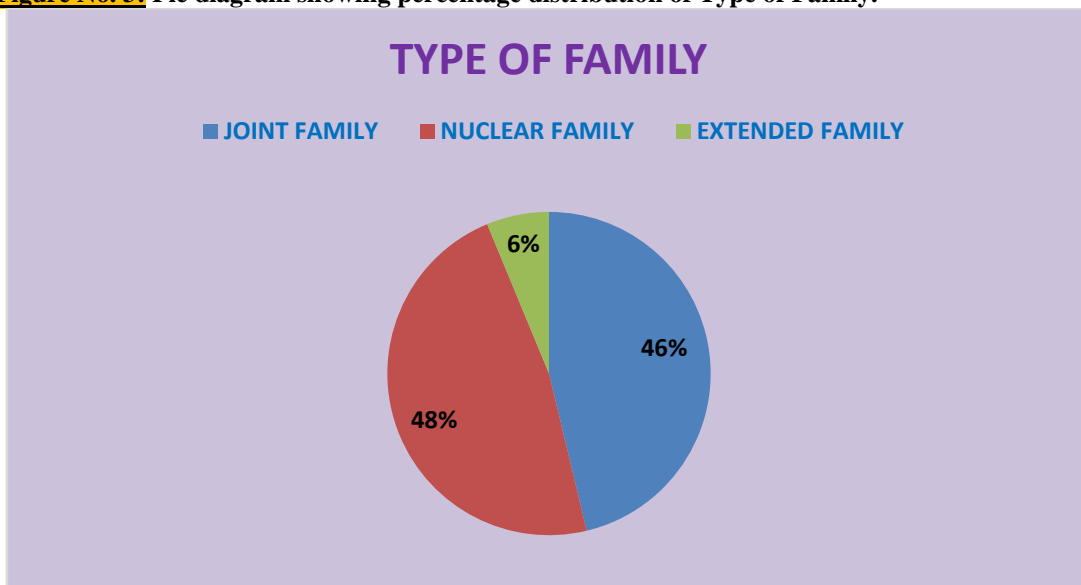**Figure No. 3:** Pie diagram showing percentage distribution of Type of Family.

Figure No. 4: **Doughnut diagram showing percentage distribution of subjects according to Religion.**
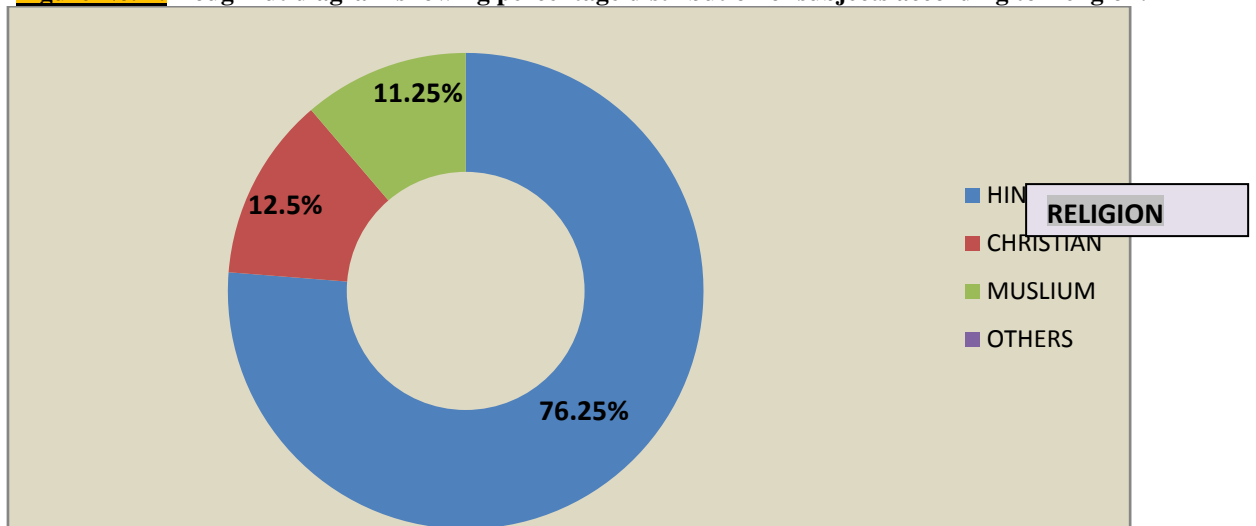

Figure No. 5: Cone diagram showing percentage distribution of subjects according to Educational status
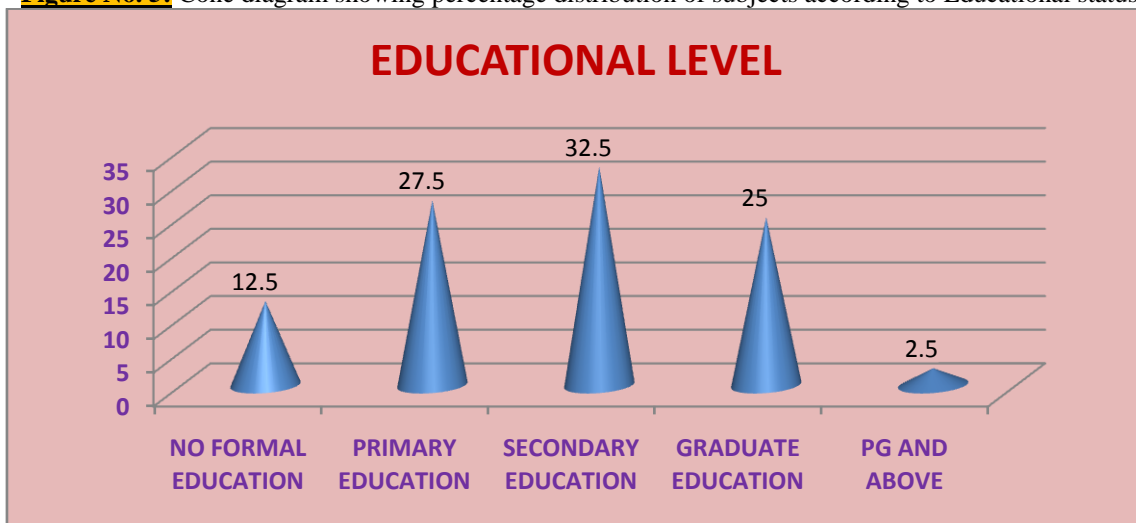

Figure No. 6: Pie diagram showing percentage distribution of subjects according to Occupational status
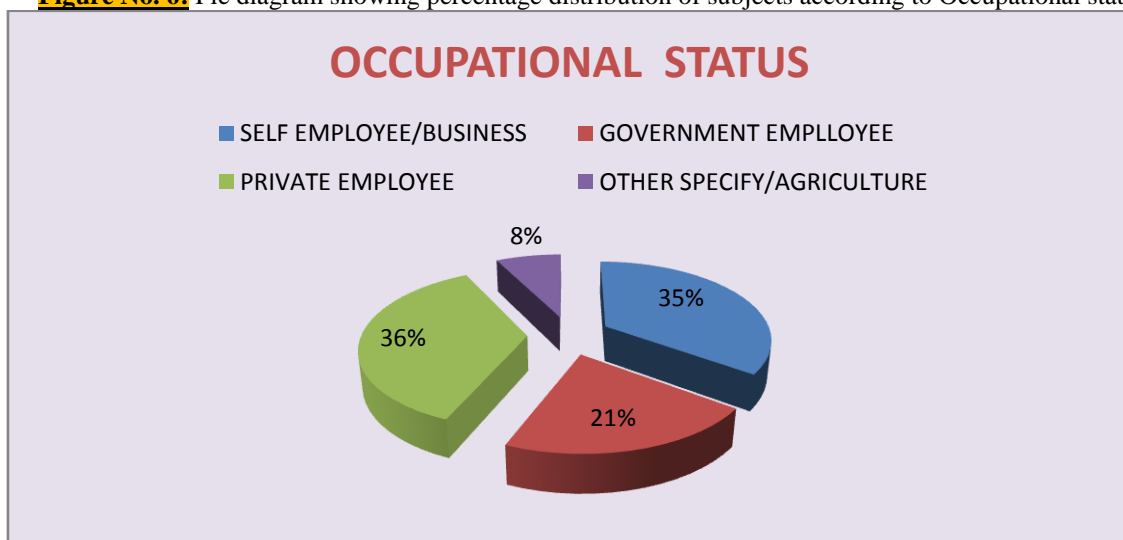
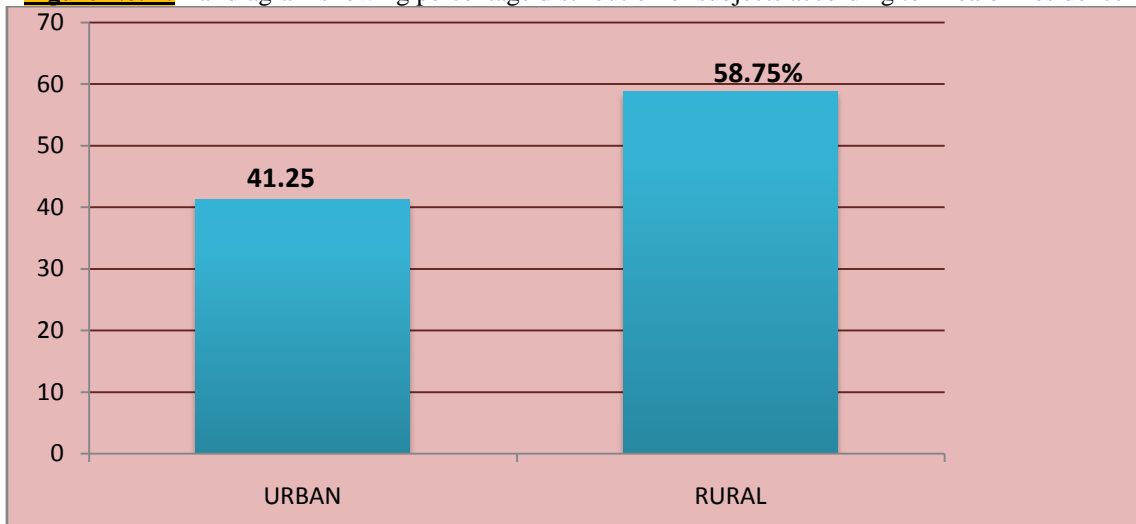**Figure No. 7:** Bar diagram showing percentage distribution of subjects according to Area of Residence

Figure No. 8: Cylindrical diagram showing percentage distribution of subjects according to marital status
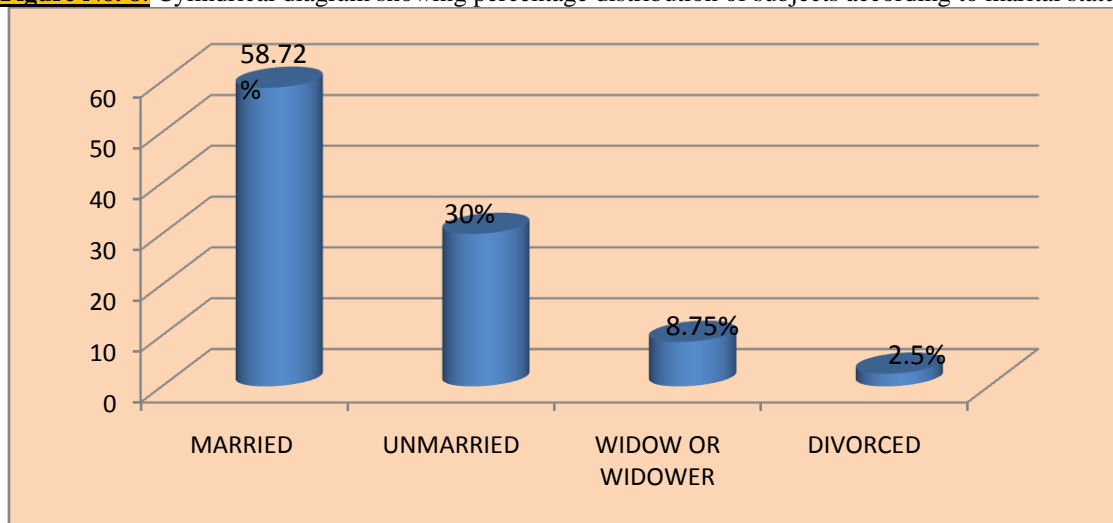

Figure No. 9: Pie diagram showing percentage distribution of subjects according to Economic status
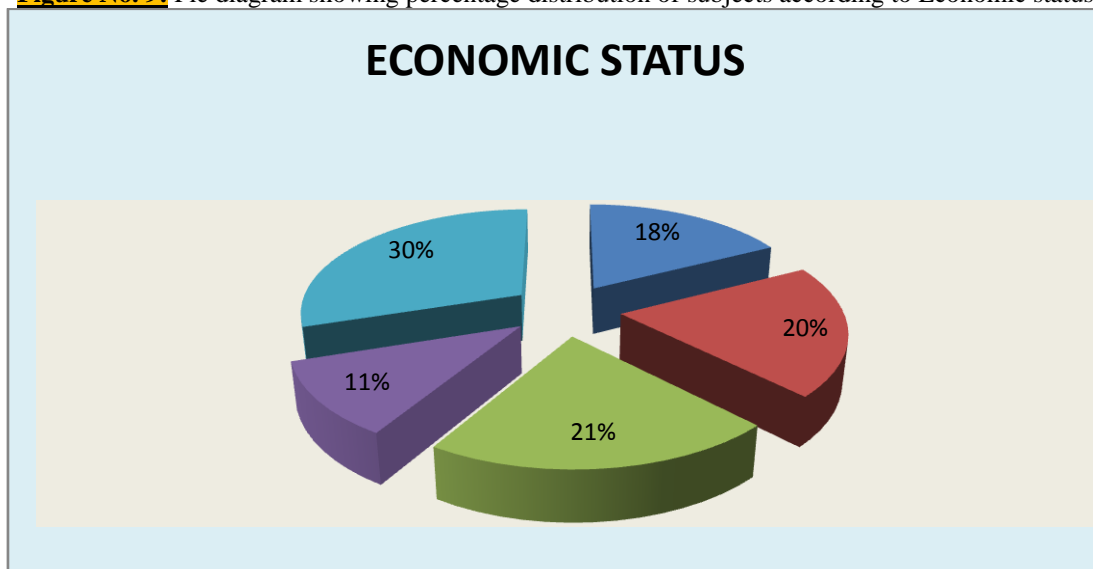
Table2: Mean, median, mode, standard Deviation and range of knowledgeScore of patient relatives.**n=80**

Mean	Median	Mode	S.D.	Range
13	12	11	4	9

Table, depicted that overall mean 13, median 12, mode is 11, and range is 9

Table 3: Frequency and percentage (%) distribution of knowledge score of
Regarding Psycho physiological disorder among relatives of OPD patients
Attending selected OPDs, at selected tertiary care Hospital of Belagavi.
n=80

Knowledge Score	Frequency	%
Good (19-28)	4	5
Medium (10-18)	55	68.75
Poor (0-9)	21	26.25

Table, revealed that in test, majority of the patient relatives 55(68.75%) had
Medium knowledge and 21(26.25%) had poor knowledge.

Figure No. 10: Pie diagram showing percentage distribution of knowledge score of regarding Psycho
physiological disorder among relatives of OPD patients attending selected OPDs, at selected tertiary
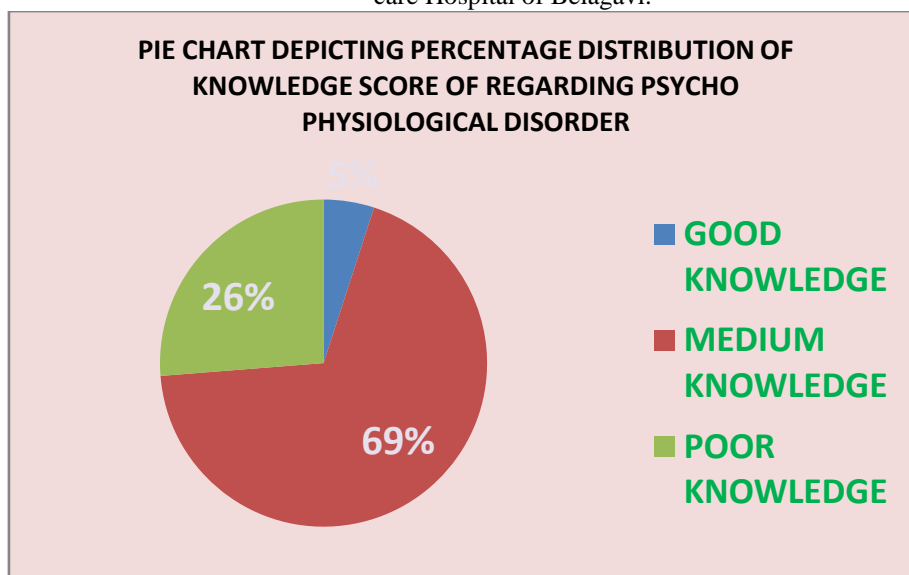care Hospital of Belagavi.

Table 4 : Revealed that the calculated chi square values for the socio-demographic variables such as age,
gender, type of family, religion, education, occupation, area of residency and marital status.

Sl. No.	Socio demographic variables	Good	Medium	poor	calculated χ^2value	Tabulated χ^2value	Df
1	Age (Yrs)						
a.	21-30 Yrs	0	21	9			
b.	31-40Yrs	0	17	4	5.3	12.59	6 NS
c.	41-50Yrs	3	11	6			
d.	Above 51Yrs	2	5	2			
2	GENDER						

a.	MALE	4	36	10	2.57	5.99	2 NS
b	FEMALE	0	19	11			
3	TYPES OF FAMILY						
a.	JOINT FAMILY	2	26	9			
b.	NUCLEAR FAMILY	2	27	9	4.9	9.49	4 NS
c.	EXTENDED FAMILY	0	1	4			
4	RELIGION						
a.	HINDU	4	43	14			
b.	CHRISTIAN	0	7	3	0.87	12.59	6 NS
c.	MUSLIM	0	5	4			
d.	OTHERS SPECIFY	0	0	0			
5	EDUCATIONAL LEVEL						
a.	NO FORMAL EDUCATION	0	4	6			
b.	PRIMARY EDUCATION	0	18	4			
c.	SECONDARY EDUCATION	1	22	3	11.7	15.51	8 S
d.	GRADUATE EDUCATION	3	11	6			
e.	PG AND ABOVE	0	1	1			
6	OCCUPATIONAL STATUS						
a.	SELF EMPLOYEE/BUSINESS	0	18	9			
b.	GOVERNMENT EMPLOYEE	3	7	6	8.2	12.59	6 NS
c.	PRIVATE EMPLOYEE	1	25	4			
d.	OTHER SPECIFY/AGRICULTURE	0	5	2			
7	AREA OF RESIDENCE						
a.	URBAN	4	32	3	12.7	5.99	2 S
b.	RURAL	0	23	18			
8	MARITAL STATUS						
a.	MARRIED	4	36	8			
b.	UNMARRIED	0	18	5	16.2	12.59	6 S
c.	WIDOW OR WIDOWER	0	1	6			
d.	DIVORCED	0	0	2			

IV. Discussion

This chapter deals with major findings of the study. The present study was undertaken to assess the knowledge regarding Psycho physiological disorder among relatives of OPD patients attending selected OPDs, at selected tertiary care Hospital of Belagavi."

The major finding of the study is organized under the following Headings:
1. Finding related to Demographical data.
2. Finding related to assessing knowledge regarding Psycho physiological disorder among relatives of OPD patients attending selected OPDs, at selected tertiary care Hospital of Belagavi."

Section A: Findings related to social demographical variables regarding Psycho physiological disorder among relatives of OPD patients attending selected OPDs, at selected tertiary care Hospital of Belagavi."

➤ Majority 30(37.5%) of the subject belong to 21 – 30 years of age, 21(26.25%) belongs to 31-40 Years, 20(25%) belongs to 41-50 Years and minimum 9(11.25%) belongs to 51 years and above.

➤ Majority of the subjects 50(62.5%) were male and 30(37.5%) were female.

➤ Majority of the subjects 38(47.5%) belongs to the nuclear family, 37(46.25%) belongs to joint and 5(6.25%) belongs to extended.

➤ Most 61(76.25%) of the subjects belongs to Hindu, 10(12.5%) of the subject belongs to Christian and 9(11.25%) of the subject belongs to Muslim.

➤ Majority of the subjects 26(32.5%) belongs to secondary education, 22(27.5%) belongs to primary education, 20(25%) belongs to graduate, 10(12.5%) are no formal education and 2(2.5%) belongs to PG and above.

➤ Majority of the subjects 30(37.5%) belongs to Private Employee, 27(33.75%) belongs to Self Employee, 16(20%) belongs to the Government Employee and 7(8.75%) belongs to other occupation.

➤ Majority of the subjects 41(51.25%) belongs to rural area and 39(48.75%) belongs to urban area.

➤ Majority of the subjects 48(60%) are married, 23(28.75%) are unmarried, 7(8.75%) are widow are widower and 2(2.5%) are divorced.

➤ Majority of the subjects 24(30%) belongs to RS. 15001 and above income per month, 17(21.25%) belongs to RS.8001 -10000 income per month, 17(21.25%) belongs to RS. 5001- 8000 income per month, 14(17.5%) belongs to below RS.5000 income per month and 8(10%) belongs to 10001- 15000 income per month.

Section B: Finding related to level of knowledge regarding Psycho physiological disorder among relatives of OPD patients attending selected OPDs, at selected tertiary care Hospital of Belagavi."

As per the results there were 4(5%) in were having good knowledge, 55(68.75%) having medium knowledge and 21(26.25%) were having poor knowledge regarding psycho-physiological disorders.

Section c: Findings related to association between socio demographic variables and pre test knowledge score of psycho-physiological disorders.

As per the chi-square test there was association found between education, area of residency and marital there was no significant association found between age, gender, type of family, religion, occupation status and income.

V. Conclusion

The following conclusion were drawn on the bases of the present study

❖ It was found that more than 30(37.5%) subjects, are in the age groups of 21-30 years, maximum numbers of subjects, 50 (62.5%) were belongs to male, more than 38(47.5%) subjects belongs to nuclear family, majority of the subjects, 61(76.25%) belongs to Hindu, more than ,22(27.55) subjects belongs to primary education, more than ,29 (36.25%) belongs private employee, maximum subjects, 47(58.75%) belongs to urban area residency, maximum subjects , 47 (58.75%) were married,and more than 17(21.25%) family income was between RS. 8001-10000 per month.

❖ It was found that majority of the patient relatives, 55(68.75%) had medium knowledge, more than, 4(5%) had good knowledge and more than, 21(26.25%) had poor knowledge.

❖ **NURSING IMPLICATION**
❖ The finding of the study had varied implication in different areas of Nursing Practice, Nursing Administration, Nursing Education and Nursing Research.

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* ❖ **NURSING PRACTICE**
* ❖ The present study will be in preventing the complication of psycho-physiological disorders. The nurse helps in assessing the sings and symptoms and their effect in there nursing practice. Education programmers can be conducted by the nursing personnel for the general population

* ❖ **NURSING ADMINISTRATION**
* ❖ Nurse as administrator should plan and organize and identify the epidemiology in general population as a nurse she can teach the psycho physiological disorder and the way to adapt by conducting a teaching program me or an interview with the population.

* ❖ **NURSING EDUCATION**
* ❖ The study to assess to knowledge regarding the Psycho physiological disorder among relatives of OPD patients attending selected OPDs, for nurses to understand the factors that are contributing to psycho-physiological disorder. The nurse educator should periodically organize special training programme for general population in community are large setting

* ❖ **NURSING RESEARCH**
* ❖ The present study serves as secondary sources of review of literature for nurse researchers. Nurse can take up the present study as research project based on the recommendation for the future studies. The present study findings could be presented in international, national and state level conferences and help all the nurses to be aware of the finding which will help them to strengthen their nursing research in the field of psych-physiological disorder.

* ❖ **LIMITATION OF THE STUDY**
* ❖ 1. The present study was limited to Dr.Prabhakar kore Hospital and MRC
* ❖ 2. The study was limited to 80 samples of Psycho physiological disorder among relatives of OPD patients attending selected OPD's.
* ❖ 3. The study had only pamphlet distribution.

* ❖ **RECOMMENDATION**
* ❖ The following recommendations are offered for further studies.
* ❖ 1. A similar study on large and wider sample for a longer period would be more pertinent in making board generalization.
* ❖ 2. A similar study can be conducted in community setting

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