

Role play on drugs non-compliance among caretakers of mentally ill clients in tertiary hospitals, Coimbatore

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Abstract

Objective: To evaluate the effectiveness of Role play on drug non compliance among caretakers of mentally ill clients.

Methodology: Pre experimental one group pretest – posttest design was adopted. Convenient sampling technique was used and 30 caretakers of mentally ill clients were selected at PSG Hospital, Peelamedu, and Coimbatore. The data was collected, organized and analyzed in terms of both descriptive and inferential statistics.

Result: The analysis revealed that the mean value of pretest was 7.92 ± 3.92 and was increased in posttest to 17.36 ± 2.67 . The 't' value was 10.92, which had high statistical significance at $p < 0.05$ level and which confirms that there was a statistically significant difference between pretest and posttest level of knowledge on non-compliance to drug among caretakers of mentally ill clients.

Conclusion: This study proves that Role play was effective in improving level of knowledge on non-compliance to drug among caretakers of mentally ill clients.

Keywords: role play, drugs, non-compliance, mentally ill clients, tertiary hospitals

Introduction

Non adherence is a poly faceted problem but triadic model relating therapeutic relationship between the patient and clinician, factors related to the medications and factors related to patients and their illness help to explain non adherent behaviour [1]. The consequences of non-adherence are mainly manifested and expressed through clinical and economic indicators. Clinically it means an increase in the rate of relapse and re-hospitalization. As per one study non adherent patients have about a 3.7 times high risk of relapse within 6 months to 2 years as compared to patients who are adherent [2]. Unfortunately, there is no agreed consensual standard to define non-adherence. Problems with adherence can include taking excess medication, but this is less common, and this review is concerned with those who take less medication than prescribed. Schizophrenia is a clinical syndrome of variable, but disruptive, psychopathology that involves cognition,

emotion, perception and other aspects of behavior [3].

Need for the Study

The World Health Organization has reported the ratio of medication adherence as around 50% in people with a chronic disease [4]. Non adherence to treatment is a major problem in psychiatric patients [5]; a recent review has stated a ratio of 20%–60% in psychiatric patients [6]. Treatment non adherence can be in the form of not taking the medication at the recommended dose and frequency, not taking the medication at all [4], and irregular attendance to follow-up appointments or not attending at all. The most important and highly encountered form of medication non adherence is where a patient does not follow the recommended dose and frequency. The ratio of non adherence has been reported as 40%–60% for antipsychotics, 18%–56% for mood stabilizers, and 30%–97% (63% on average) for antidepressants [7–9]. Moreover, in studies evaluating medication adherence based on diagnosis, the ratio of nonadherence to medication has been shown to be 12%–64% in patients with bipolar disorders, 11%–80% in patients with schizophrenia, and 30%–60% in patients with depression [10].

Review of literature

An experimental study was conducted on perspectives on reasons of medication non Adherence in psychiatric patients. The sample of the study was 253. Socio demographic Parameters and clinical findings within 6 months before admission and patients'

views on reasons of medication non adherence were examined. The result of the study was the ratio of medication non adherence was higher in the bipolar disorder group when compared to the groups with schizophrenia/schizoaffective disorder, depression, and other disorders (12.1%, 18.2%, and 24.2% vs 45.5%); however, the ratio of medication non adherence was similar in schizophrenia/schizoaffective disorder, depression, and the others group. In logistic regression analysis, irregular follow-up (odds ratio [OR]: 5.7; 95% confidence interval [CI]: 2.92–11.31) and diagnosis (OR: 1.5; 95% CI: 1.07–1.95) were determined to be important risk factors for medication non adherence. The conclusion of the study was Medication non adherence is an important problem in psychiatric patients and should be dealt with by taking into account the diagnosis, attendance to follow-up appointments, and the patient's attitude^[11].

A pre experimental design was conducted on effectiveness of Psychiatric Nursing Intervention on Adherence to Medications and Quality of Life of Schizophrenic Patients. Non-probability sampling of 50 schizophrenic patients from the previously mentioned setting was recruited in MIT-Khalaf at Menoufia Hospital, Egypt. Tools of the study include a structured interview questionnaire, the Medication Adherence Rating Scale and The world health organization quality of life scale. The result shows that the 54% of participants have a negative attitude toward medication adherence before the intervention and 94% of them have a positive attitude of medication adherence after the intervention with a highly statistically significant difference. This means that the medication adherence is improved after the nursing intervention. The conclusion of the study was the psychiatric nursing intervention was effective in improvement of medication adherence and quality of life of schizophrenic patients. So, it was recommended that, the psychiatric hospital should utilize educational programs to all psychiatric inpatients and outpatients to improve their awareness about their disorder and their medications to improve their adherence and quality of life^[12].

A descriptive study was assessed the prevalence of antipsychotics non-adherence and its associated factors among patients with schizophrenia. A total 154 of patients were selected by non-probability convenient sampling technique. Self-Structured and interviewer administered MARS (medication adherence rating scale) questionnaires were used by data collectors. This study found a prevalence of antipsychotics medication non adherence in HFSUH was 39.6%. 66.88% were male and 33.12% were females and 57.79% of participants were lived in urban and the rest were in rural. The factors significantly associated with non-adherence are, forgetfulness (OR=5.85), carelessness (OR=11.24), stop if better (OR=6.51), stop if worse (OR=15.87), take when only sick (OR=6), feeling weird like zombie (OR=3.4) and medication side effect (OR=3.85). This study found a prevalence of antipsychotic medication non adherence among patients with schizophrenia which is a significant high value. The findings of this study imply that psycho education could be helpful to improve adherence to antipsychotic medication in schizophrenia^[13].

Statement of the Problem

A study to assess the effectiveness of role play on drugs non-compliance among caretakers of mentally ill clients in Tertiary Hospitals, Coimbatore.

Objectives

1. To assess the level of knowledge on non-compliance to drug among caretakers of mentally ill clients.
2. To evaluate the effectiveness of role play on drug noncompliance among caretakers of mentally ill clients.
3. To associate the role play regarding drug noncompliance among caretakers of mentally ill clients.

Operational Definition

Education Programme

Refers to the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and for intellectual development.

Non drug compliance

Refers to clients those who are not taking the follow up medications regularly.

Mentally ill clients

Refers to the any of various disorders in which a person's thoughts, emotions, or behaviour are so abnormal as to cause suffering to himself, herself, or other people.

Caretakers

Refers to persons who provide all aspects of care and support to the patients.

Assumptions

Role play will help the patients to understand the importance of taking drugs.

Hypothesis

H₁: There will be a significant difference in the pre and posttest level of knowledge on drugs noncompliance among mentally ill clients and caretakers.

H₂: There will be a significant association of the posttest level of knowledge on drugs noncompliance with selected demographic variables among the care givers of mentally ill clients.

Projected Outcome

This study will help the patient to identify the factors and to evaluate the effectiveness of role play by the patients during admission in psychiatric ward.

Research Design

The research design selected for this study is pre experimental design, one group pretest – posttest design. Here the test acts as a measurement tool for the evaluation effect on post test.⁸

Variables

Independent Variable

Role Play on non-drug compliance

Dependant Variable

Level of knowledge on non-drug compliance.

Setting of the Study

Setting of the study will be in psychiatric ward P.S.G. Hospital, the psychiatric ward has a bed strength of 30.

Population

Purposive sampling technique will be used. The population of the study consists of caretakers of patients admitted in the psychiatric ward.

Samples

Caretakers of mentally ill client were stayed in psychiatric ward, who fulfills the inclusive criteria.

Sample Size

Sample size of the study is 30 Caretakers of mentally ill clients.

Sampling Technique

Non probability convenient sampling technique.

Sampling Criteria

Criteria for Sample Selection

Inclusion criteria

- Caretakers who are willing to participate in this study.

Exclusion criteria

- Outpatient Caretakers department patients.

Development and Description of the Tool

The tool constructed in this study consists of 2 parts.

Section A

It includes demographic data such as age, sex, occupation, religion, type of family, residential area, education, family monthly income and mass media at home.

Section B

It includes 20 structured questionnaire to assess the knowledge of patients and care givers regarding drug noncompliance.

Score interpretation

Adequate	-	>75%
Moderately adequate	-	50-75%
Inadequate	-	<50%

Intervention

We had conducted 3 role plays regarding Alcohol dependence syndrome, Bipolar affecting disorder and Schizophrenia in psychiatric ward at PSG. Hospitals.

In all three role plays we have focused mainly on the importance of following recommendations given by the physician, continuing the medications, regular follow-up & prevention of recurrence.

Findings

Table 1: Frequency and percentage distribution of level of pre and posttest level of knowledge on drug noncompliance among Caretakers of mentally ill clients. N=30

Interpersonal relationship communication	Pre test			Post test		
	Inadequate <50%	Moderately adequate 50 75%	Adequate >75%	Inadequate <50%	Moderately adequate 50-75%	Adequate >75%
Improvement in previous symptom	26	4	0	0	3	27
Medication Side effects	24	6	0	0	2	28
Financial problems	25	5	0	0	4	26
Lack of awareness about long-term medication	27	3	0	0	5	25

Table 2: Comparison of level of knowledge on drug noncompliance among Caretakers of mentally ill clients. (n = 30)

Interpersonal Relationship Communication	Pre Test		Post Test		t test
	Mean	SD	Mean	SD	
Improvement in previous symptom	1.56	2.03	4.33	0.80	11.77
Medication Side effects	2.03	1.24	3.86	1.52	5.09
Financial problems	1.96	1.47	4.83	0.46	10.16
Lack of awareness about long-term medication	2.33	1.51	4.33	0.81	6.38
Over all	7.9	3.92	17.36	2.67	10.92

*p<0.05level significant

Conclusion

The study findings conclude that the post-test caretakers of mentally ill clients score was higher than the pre-test score after administration of role play. Thus this study proves that "role play was effective in improving drug noncompliance among Caretakers of mentally ill clients".

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