



Research Article

A STUDY TO ASSESS “THE EFFECTIVENESS OF HORTICULTURE THERAPY IN REDUCING THE NEGATIVE SYMPTOMS AMONG SCHIZOPHRENIC PATIENT” AT SELECTED CENTER, PUDUCHERRY

¹Dr. Danasu, R., ²Sathiyakala and ³Nithiya, K.

¹Principal, Sri Manakula Vinayagar Nursing College,

²Reader in nursing, Sri Manakula Vinayagar Nursing College,

³M.Sc (Nursing)-II Year Sri Manakula Vinayagar Nursing College

ARTICLE INFO

Article History:

Received 14th February 2016

Received in revised form

11th March 2016

Accepted 30th April 2016

Published online 30th May 2016

Keywords:

Schizophrenia,

Negative Symptoms.

ABSTRACT

Schizophrenia is a disabling group of brain disorders characterized by symptoms such as hallucinations, delusions, disorganized communication, poor planning, reduced motivation, and blunted affect. Horticultural therapy is a professionally conducted client-centered treatment modality that utilizes horticulture activities to meet specific therapeutic or rehabilitative goals of its participants. A Quantitative Research approach was adopted for this present study. This study adopted experimental research design one group pre test and post test. The study setting at selected center, Puducherry. Population includes all schizophrenic patients at selected center. Sample of the study comprises of all schizophrenic patients with negative symptoms at selected center, Puducherry. Sample size consists of 30 schizophrenic patients who fulfilled inclusion criteria. Convenience sampling technique was adopted for this present study. The level of negative symptoms among the schizophrenic patient, it reveals that 4(13%) were in mild level, 20(67%) were in moderate level, 6(20%) were in severe level.

Copyright © 2016, Dr. Danasu et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Schizophrenia is a disabling group of brain disorders characterized by symptoms such as hallucinations, delusions, disorganized communication, poor planning, reduced motivation, and blunted affect. While the incidence of the disorder is relatively low (median value 15.2 per 100,000 persons per year) the condition is one of the major contributors to the global burden of disease the substantial burden of disease is a reflection of two features of schizophrenia the disorder usually has its onset in early adulthood, and despite optimal treatment, approximately two-thirds of affected individuals have persisting or fluctuating symptoms. Schizophrenia is a severe form of mental illness characterized by positive symptoms such as delusions and hallucinations; negative symptoms such as social withdrawal, loss of motivation and an inability to experience pleasure; and abnormalities in cognition. These symptoms lead to significant social and occupational dysfunction and the majority of sufferers also experience a lack of insight, believing that they do not have a disorder that warrants treatment (Tandon 2009).

People with schizophrenia also have a significantly reduced life expectancy compared with the general population (Tiihonen 2009), due to unnatural deaths (i.e. suicide and accidents) and physical disorders (i.e. heart disease, endocrine diseases, respiratory disease and infectious diseases) (Saha 2007). The onset of schizophrenia tends to be in adolescence or early adulthood. One meta-analysis reported the median (10% to 90% quantile) incidence of schizophrenia to be 15.2/100,000 population with a greater distribution in males compared with females; the male/female rate ratio median (10% to 90% quantile) was 1.40 (95% CI 0.9 to 2.4) (McGrath 2004).

Schizophrenia is one of the severe forms of mental illnesses, which demands enormous personal and economic costs. Globally it is estimated that 25 million have schizophrenia. The majority of patients with schizophrenia, even those with favorable response to antipsychotics will have residual symptoms, cognitive impairments and limited social skills. This affects their ability to live in a community to the expected norms, take up employment, or to establish social relationships. Horticultural therapy is a professionally conducted client-centered treatment modality that utilizes horticulture activities to meet specific therapeutic or rehabilitative goals of its

*Corresponding author: Ms. Nithiya, K.

M.Sc (Nursing)-II Year Sri Manakula Vinayagar Nursing College.

participants. The focus is to maximize social, cognitive, physical and or psychological functioning and or to enhance general health and wellness. Horticultural therapy has documented use dating back to ancient times when court physicians prescribed walks in palace gardens for mentally disturbed royalty.

In the late 1700s and early 1800s in the U.S. and the U.K., a greater understanding evolved about the relationship between people and plants, and the ability to use that relationship in a clinical setting as an accepted approach to treatment.

STATEMENT OF THE PROBLEM

A Study to Assess “The Effectiveness of Horticulture Therapy in reducing the Negative Symptoms among Schizophrenic patient” selected center, Puducherry.

It deals with the research approach, research design, setting of the study, population, criteria for sample selection, sample size, sample technique development and description of the tool for data collection, content validity, pilot study, procedure for data collection and statistical analysis.

A Quantitative Research approach was adopted for this present study. This study adopted experimental research design one group pre test and post test. The study setting at selected center, Puducherry. Population includes all schizophrenic patients residing at selected center. Sample of the study comprises of all schizophrenic patients with negative symptoms at selected center, Puducherry. Sample size consists of 30 schizophrenic patients who fulfilled inclusion criteria. Convenience sampling technique was adopted for this present study.

Section A: This section consist of Socio-demographic variables such as Age, sex, Education, occupation, Marital status, Religion, Duration of staying, Duration of illness, Family income, Type of family, and regarding negative symptoms of schizophrenia

Section B: This section consists of knowledge questionnaire on palliative care prepared by the investigator was used to assess the knowledge among caregivers of patients with cancer. This questionnaire consists of 25 questions where the each question has score of 0-1 with a maximum total score of 25 and a minimum score of 0.

The patients are instructed not to omit any of the questions. The questions were translated in two different languages (Tamil and English) and designed in a manner that they can be self-evaluated by the patient them-self. Based on the total score in the 25 questions, the score interpretation was done.

SCORE INTERPRETATION OF THE INSTRUMENTS

Totalscore: 49 **SCORING INTERPRETATION**

DESCRIPTION	SCORE
Mild	20
Moderate	21-35
Severe	36-49

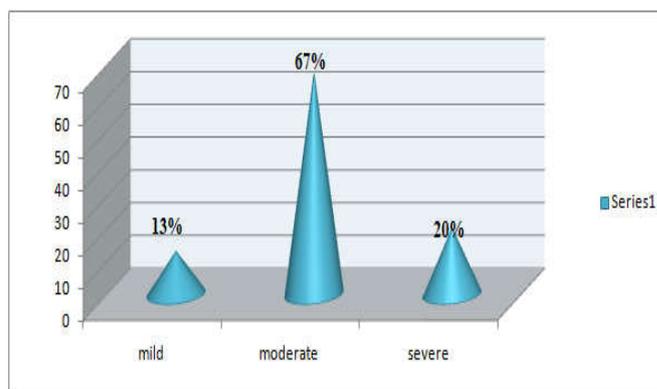
Table 3: Mean, Standard deviation to assess the negative symptoms among the schizophrenic patient residing at selected center puducherry.

Overall (%)	Mean	Standard deviation
30	20.8	10.24

Table 3 reveals that mean and standard deviation contributing factor in which mean value was 20.8 with the standard deviation of 10.24.

Table 3 reveals that mean and standard deviation contributing factor in which mean value was 20.8 with the standard deviation of 10.24

Level of Negative Symptoms	Frequency (n)	Percentage (%)
Mild	04	13
Moderate	20	67
Severe	06	20



RESULTS

The level of negative symptoms among the schizophrenic patient, it reveals that 4(13%) were in mild level, 20(67%) were in moderate level, 6(20%) were in severe level.

DISCUSSION

The goal of study was evaluate “A study to assess the effectiveness of horticulture therapy in reducing the negative symptoms among schizophrenic patients at selected home, Puducherry”.

This chapter discusses the main finding of research study and review that in relation to the findings from the result of the present study identify the level of negative symptoms among schizophrenic patients.

The total of sample collected were 30, an intervention study to identify the level of negative symptoms among schizophrenic patients, the demographic variables such as age, sex, education, occupation, marital status, and religion, duration of staying, duration of illness, family income and type of family.

Table 4: Frequency and percentage wise distribution of selected demographic variables on level of negative symptoms among schizophrenic patient

Demographic Variables	Mild		Moderate		Severe		X2	P -Value
	n	%	n	%	n	%		
1)Age :								
a) Below 20	0	0%	0	0%	0	0%	6.97	0.323
b) 21-25	2	50%	4	20%	2	33%	DF= 6	Ns
c) 26-30	0	0%	2	10%	0	0%		
d) Above 30	2	50%	14	70%	4	67%		
2) SEX:								
a) Male	4	100%	12	60%	2	33%	10.24	0.005
b) Female	0	0%	8	40%	4	67%	DF=2	S
3) Education:								
a) Illiteracy	2	50%	0	0%	0	0%		
b) Primary	2	50%	10	50%	2	33%	11.36	0.077
c) Secondary	0	0%	10	50%	4	67%	DF=6	NS
d) Degree	0	0%	0	0%	0	0%		
4) Occupation:								
a) Unemployed	4	100%	10	50%	0	0%		
b)Employed	0	0%	0	0%	0	0%	20.32	0.0024
c)House wife	0	0%	6	30%	4	67%	DF=6	S
d) Self employee	0	0%	4	20%	2	33%		
5)Maraital Status:								
a) Unmarried B)Married	2	50%	12	60%	0	0%	32.29	<0.00001
	2	50%	8	40%	6	100%	DF=2	S
6) RELEGION:								
a) Hindu	2	50%	10	50%	2	34	18.48	0.00099
b) Muslim	2	50%	0	0%	2	33	DF=4	S
c)Christian	0	0%	10	50%	2	33		
7) Duration of Staying:								
a) 0- 6 month								
b) 6-1 year	2	50	2	10	0	0		
c) More than 1 year	0	0	4	20	0	0	19.73	0.003093
d) Life long	0	0	14	70	6	100	DF=6	S
	2	50	0	0	0	0		
8) Duration of Illness:								
a) 0-6 Month								
b) 6-1 year	2	50	0	0	0	0		
c) 1-3 year	0	0	4	20	0	0	32.3	1.4E
d) more than 3 year	0	0	16	80	4	67	DF=6	S
	2	50	0	0	2	33		
9) Income								
a) Rs. 2000	0	0	2	10	2	33		
b) Rs. 2000-6000	4	100	12	60	0	0	23.86	0.000554
c) Rs. 6000-10,000	0	0	6	30	4	67	DF=6	S
d) Above 10,000/ Rs	0	0	0	0	0	0		
10) Type of Family:								
a) Joint family								
b) Nuclear family	4	100	14	70	6	100	12.16	0.002288
	0	0	6	30	0	0	DF=2	S

Conclusion

The aim of the present study was to assess the factors contributing to horticulture therapy reducing the negative symptoms among schizophrenic patient at selected center, puducherry. The study was concluded that the horticulture therapy will effectiveness to negative symptoms of schizophrenic patient.

REFERENCES

- Abdellah, Faye, Eugene levene. Better care through nursing research London: the mac million publishing company.
- Basvanthapa, B.T., "A textbook of nursing research", published by newdelhi,jaypee brothers medical publishers(P) Ltd.
- Carson, V. 2002. Mental Health Nursing. Philadelphia: W. B. Saunders Company; 644
- Dr.Lalitha.k "Textbook of mental health nursing"1st edition published by medical publishers.
- Kaplan, H.I. and Sedock, B.J. 2000. "comprehensive text book of psychiatry nursing", 7th edition, published by lippincott willians and willians, Philadelphia, p.no 2587-2613.
- Kothari CR.Research methodology – methods and techniques, 2nd edition new.
- Richard P.Halgin. 2007. Abnormal psychology: clinical perspective on psychological Disorders MC Graw Hill higher education 5th edition.
- Stauart, G. and Laraia, M. 2005. "Textbook of Principles and practice of psychiatric nursing" New Delhi: Elsevier, adivison of Reed Elsevier India Pvt.Ltd;388,820,394.
- Townsend M. 2003. " Psychiatric Mental Health Nursing" published by Philadelphia F.A.Davis Company; 449.
- Vyas, J.N. and Ahuja, N. 1999. "Textbook of postgraduate psychiatry" published by New Delhi Jaypee Brothers Medical Publishers (p) Ltd;.174, 153-154