ASSESSMENT OF RELAPSE PREVENTION AMONG PSYCHIATRIC PATIENTS BY NURSES IN AHMADU BELLO UNIVERSITY TEACHING HOSPITAL SHIKA-ZARIA, NIGERIA

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ABSTRACT

The purpose of this study was to determine the attitude of nurses towards relapse prevention among psychiatric patients of Ahmadu Bello University Teaching Hospital (ABUTH),Shika, Zaria. A descriptive survey design was used for the study. Questionnaire was used as instrument for data collection among 20 respondents working in the psychiatric ward of ABUTH and all the 20 questionnaires were retrieved. Data were analyzed using frequency distribution tables, and chi-square. Findings from the study revealed that 60% of the respondents had agreed that educational background of the nurses affected their attitude towards relapse, 75% agreed that nurses have the ability to prevent relapse, 85% held that the experience of nurses helps to identify symptoms of relapse, 95% agreed that nurses have the ability to identify a relapsed patient, 90% agreed that poverty predispose psychiatric patient to relapse and 90% agreed that compliance to drug prevents relapse. The hypothetical tests revealed that the relationship between educational background of nurses and their attitude towards prevention of relapse was insignificant ($P>0.05$; $X^2=2.97$). Alsothe relationship between the experience of nurses and their ability to identify symptoms of relapse wasinsignificant($P>0.05$;$X^2=0.22$). It can therefore be concluded that nurses in Ahmadu Bello University Teaching Hospital Shika-Zaria have the ability of preventing relapse among psychiatric patients because they are well trained in the area of psychiatry.

Key words: Attitude, nurses, mental illness, prevention, relapse.
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INTRODUCTION

Psychiatric illness has fascinated and confounded healers, scientists and philosophers for centuries. Its symptoms have been attributed to possession by demons considered to be punishment by the gods for the evil done or accepted as evidence of the inhumanity of its sufferer victims [1]. These resulted in enduring stigma for those who were diagnosed with such disorders. Even today, much of the stigma persist although it has less to do with demonic possession than with society's unwillingness to shoulder the tremendous cost associated with mental illness[2]. Relapse is one of the most severe problems of mental illness. It is common in about 1.3% of the already treated cases of mental illness or more than two million people [3]. The cost of relapse in terms of individuals and family suffering are probably inestimable [3].

Despite the current trend in modern treatment, there is still an alarming rate of relapse and the reoccurrence of psychiatric illness globally. Individual who ought to be productive and responsible in life are wasting away on daily basis [4]. Today patients are required to stay for a short period of time in the hospital and discharge to home environment to help reduce dependency on the hospital care and reducing relapse. Also this helps to reduce stigmatization and prevent complications [5].

The frequency of patients having readmission into the hospital over the last few years has become a problem. This has made the achievement of good control of patients' symptoms and cure impossible [6]. Nurses suffered frustration seeing the readmission of patients, whom were recently discharged home after being stabilized on admission. Some patients relapse as soon as they are discharged home. Others on trial discharge relapse while others still relapse while on admission. Various factors ranging from financial problems, lack of adequate staff have contributed to the relapse of patients. Some patients have about a day or two days journey distance to the hospital resulting in poor monitoring and accessibility to the mental health services. Other factors also include stigmatization and dependency on care giver. All these have contributed in the frequency of relapse experienced in the care of these groups of patient leading to the social disability [7], and hence resulting in untold hardship, financial constraints, and societal nuisance.

This study was aimed to determine the attitude of nurses towards relapse prevention among psychiatric patients in Ahmadu Bello University Teaching Hospital Shika, Zaria, relative to our hypothesis that there is no significant relationship between attitudes of nurses and relapse prevention among psychiatric patients.

MATERIALS AND METHODS

Descriptive survey design was adopted for this study, which also involved the administration of structural questionnaire to the respondents as instrument for data collection.The target population were nurses in psychiatric ward of Ahmadu Bello University Teaching Hospital Shika, Zaria. The total number of nurses in psychiatric unit were twenty (20), it was all unanimously agreed that if the population of the study is less than hundred (100) all the subjects should be used as sample of the study [8].The data collected was analyzed using a descriptive statistical

method where frequency distribution table was used and chi-square to test the hypothesis stated at p = (0 .05) level of significance.

RESULTS

The results was analyzed and presented using frequency table and Chi-square test, differences were regarded as significant with P< 0.05.

Table 1: Socio-demographic variables

Variable	Frequency	Percentage (%)
(1) Sex		
(a) Male	3	15%
(b) Female	17	85%
Total	20	100%
(2)Age (years)		
(a) 20-30	8	40%
(b) 31-40	4	20%
(c) 41-50	5	25%
(d) 51 and above	3	15%
Total	20	100%
(3) Marital status		
(a) Single	8	40%
(b) Married	12	60%
Total	20	100%
(4) Religion		
(a) Muslim	8	40%
(b) Christian	12	60%
Total	20	100%
(5) Professional Rank		
(a) CNO	4	20%
(b) ACNO	3	15%
(c) SNO	3	15%
(d) NO	10	50%
Total	20	100%

(n=20)

From Table 1 above, it shows that 3 (15%) of the respondents were Males while most of the respondents were 17 (85%) are Females. It also shows that, 8 (40%) of the respondents were within the ages of 20-30 years, 4 (20%) were within the ages of 21-40 years, 5 (25%) were within the ages of 41-50 years, while 3 (15%) were within the ages of 51 years and above. It therefore shows that, most of the respondents were between the ages of 20-30 years.

More than half 12 (60%) of the respondents were married, 8 (40%) were single, while none were divorced. Most of the respondents 12 (60%) were Christians, 8 (40%) were Muslims, while none were others. It also shows that, 4 (20%) of the respondents were Chief Nursing Officers (CNO), 3 (15%) were Assistant Chief Nursing Officers (ACNO), 3 (15%) were Senior Nursing Officers (SNO), and 10 (50%) were Nursing Officers (NO) that is half of the respondents were Nursing Officers (NO).

Table 2: Relationship between educational background of nurses and their attitude towards relapse prevention

Variable	Educational background of Nurses	Attitude of nurses towards relapse prevention	Total
Agree	12	17	29
Disagree	8	3	11
Total	20	20	40

X^2= E (Oi-Ei)^2/Ei

From table 2 above, the calculated X^2=2.97 on 1 degree of freedom. Here tabulated chi-square on 1 degree of freedom at 5% is 3.84. Do not reject Null hypothesis if P>0.05, therefore association between educational background of nurses and their attitude towards relapse prevention was statistically insignificant.

Table 3: Relationships between the status of nurses and their ability to prevent relapse among psychiatric patients

Variables	The status of nurses.	Nurses ability to prevent relapse.	Total
Agree	12	15	27
Disagree	8	5	13
Total	20	20	40

X^2= E (Oi-Ei)^2/Ei

From table 3 above, the calculated X^2=0.67 on 1 degree of freedom. The calculated chi-square is smaller than the tabulated chi-square and therefore P>0.05. Here tabulated chi-square on 1 degree of freedom at 5% is 3.84. Do not reject Null hypothesis if P>0.05, therefore association between status of nurses and their ability to prevent relapse among psychiatric patients was statistically insignificant.

Table 4: Relationship between the experience of nurses and their ability to identify symptoms of relapse

Variable	The experience of nurses.	Nurses ability to identify the symptoms of relapse	Total
Agree	17	19	36
Disagree	3	1	4
Total	20	20	40

X^2= E (Oi-Ei)^2/Ei

From table 4 above, the calculated X^2=0.22 on 1 degree of freedom. The calculated chi-square is smaller than the tabulated chi-square and therefore P>0.05. Here the tabulated chi-square on 1 degree of freedom at 5% is 3.84. Do not reject Null hypothesis if P>0.05, therefore association between the experience of nurses and their ability to identify symptoms of relapse was statistically insignificant.

Table 5: Methods of preventing relapse

Variables	Frequency	Percentage (%)
(a) Referral of cases from community to hospital	2	10%
(b) By employing the right professional	1	5%
(c) By provision of enough facilities	2	10%
(d) All of the above	15	75%

From the table 4 above, it shows that 2 (10%) of the respondents are of the view that by referral of cases from community to hospital, relapse of psychiatric conditions can be prevented, 1 (5%) choose by employing the right professionals, 2 (10%) choose by provision of enough facilities and 15 (75%) choose all of the above.

DISCUSSION

Findings from the study indicates that majority of the respondents are females constituting 85% while male nurses are 15%. Most of the respondents nurses fall within the age range of 20-30 years 40%, 20% are within the range of 31-40years, 25% are within the age of 41-50years while few fall within the range of 51years and above with 15%. Findings from the study also indicate that most of the respondents are married with 60%, the single nurses are 40%, while none are divorced. Most of the respondents nurses were Christian (60%), while 40% were Muslims. The findings also indicated that half of the respondents (50%) were nursing officers (NO), 20% were chief nursing officers (CNO), 15% were assistants chief nursing officers (ACNO) while 15% of the respondents were senior nursing officers (SNO).These indicates that majority of the respondents have attained a certain level of the profession which will make them to use their knowledge and experience in preventing relapse.

Results from the hypothetical tests revealed that, the relationship between the status of nurses and their ability to prevent relapse is insignificant since $P>0.05$ where $x^2=0.67$, also the relationship between educational background and their attitude towards prevention of relapse is insignificant since $P>0.05$ where $x^2=2.97$, also the tests revealed that the relationship between the experience of nurses and their ability to identify symptoms of relapse is insignificant since $x^2=0.22$. It was stated that, if calculated chi-square is smaller than tabulated chi-square, then $P>0.05$ and do not reject null hypothesis if $P>0.05$ [9]. Here tabulated chi-sqaure on 1 degree of freedom for all objectives with relationship between the variables at 5% are 0.67, 0.22 and 2.97 respectively. It is therefore found out that rehabilitation reduces the incidence of relapse and it should starts from admission when the patient develops insight [10].

Patient can breakdown due to non-tolerance to the drug and their effectiveness while adherence to drug regimen prevent relapse [11]. Non-compliance with medications is commonly related to the frequency of re-hospitalization [12]. In addition, non-compliance with medication, lack of proper follow-up and keeping appointment is the major factor that contributes to relapse among psychiatric patients [13]. Relapse can be effective through referral of cases from community to hospital, by nurses by employing the right professional.

This study incorporates with others studies such as related illness symptoms can be severe enough to disrupt daily activities or require unscheduled in-patient or out-patient intervention [14]. Today patients are required to stay for a short period of time in the hospital admission and discharge to home environment to help reduce dependency on the hospital care thereby reducing relapse, also this helps to reduce stigmatization and prevent complications. It also found out that if the general public bring relapsed psychiatric patients promptly to the hospital and the patients are attended to promptly, that relapse rate will be greatly reduced [14].

CONCLUSION

It was concluded that poverty predisposes psychiatric patient to relapse and also non-compliance with drugs can increase incidence of relapse despite the fact that the hospital have trained psychiatric nurses.

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