

A Study To Assess The Effectiveness Of Cognitive Behavioral Therapy On Parental Stress And Quality Of Life Among The Caregiver Of Special Children In Selected Special School

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Abstract

evaluative study regarding parental stress and quality of life to assess the effectiveness of cognitive behavioral therapy among the caregiver of special children. The research approach used was evaluative approach, Total 80 sample selected for the study. The research design selected for the study was one group pre-test post test research design. The setting was selected special school

. The sample included caregiver of special in selected special school, Sampling technique was used non-probability convenient sampling . The standardized tools was used to collect data from sample .The pilot study was conducted with 8 sample. Reliability was established by split half method and test re test methods. Data was analyzed by using descriptive and inferential statistics. Accordingly, finding and analysis of data shows that, caregiver having increased level of stress and reduced quality of life for caregiver.

STATEMENT

A Study to assess the effectiveness of cognitive behavioral therapy on parental stress and quality of life among the caregiver of special children in selected special school.

• OBJECTIVES

- To evaluate the effectiveness of cognitive behavioral therapy on parental stress and quality of life among the caregiver of special children
- To assess the existing parental stress & quality of life among the caregiver of special children.
- To find out the association between the parental stress and quality of life with their selected demographic variables

RESEARCH METHODOLOGY

RESEARCH APPROCH - Quantitative Evaluation research

RESEARCH DESIGN - A pre-experimental group pre and post test design

SETTING OF THE STUDY - Selected special school

SAMPLE POPULATION – Caregiver Of Special Children.

SAMPLE SIZE - 80 caregiver of special children

SAMPLE SIZE CALCULATION-

$$n = \frac{Z^2 S^2}{d^2}$$

SAMPLING TECHNIQUES- Non probability convenient sampling.

DURATION OF THE STUDY- Four Week

CRITERIA FOR SELECTION OF SAMPLES:

INCLUSION CRITERIA

Care giver of special children those who are-

- Male or female
- Able to read ,write & understand local language.
- Resedential area Rural/Urban.
- Care giver of all age group.
- Care giver of all religion

EXCLUSION CRITERIA CARE GIVER THOSE WHO ARE

- Caregiver of special children who are-

- Not present at the time of data collection.
- Physically and mentally ill.
- Hospitalized due to illness during data collected

SUBJECT WITHDRAWAL CRITERIA

Subject have the rights to withdraw from (i.e., discontinue participation in) research at any time. If subject decide to withdrawal from all component of research study, the investigator must discontinue all the following research activities involving that subjects participation in the present study

Following are the reason for subject withdrawal from present research study: Personal reason can include death of loved one, relocation, change in job, divorce or any family related issues.

- Health and safety
- Unacceptable adverse effect
- Disclose confidentiality
- Non – compliance like subject may ties over time treatment or intervention or due to lengthy study

DATA ANALYSIS AND INTERPRETATION

The analysis and interpretation of the data involve the objective material in the possession of the researcher and his subjective reactions and to derive from the data the inherent meaning in that relation to the problem. To avoid making conclusions or interpretations from insufficient or invalid data, the final analysis must be anticipated in detail, when plans are being made for collecting information. The problem should be analyzed in detail to see that what data are necessary in its solution and to be assured that the method used will provide definite answers. The researcher must determine whether or not the factor chosen for study will satisfy all conditions of the problem and if the sources to be used will provide the requisite data. Analysis is a process of fitting data together, of making the invisible obvious of linking and attributing consequences to antecedents. It is a process of conjecture and verification, of correction and modification, of suggestion and defence.(Morse J.M. & Field P.A., 2005)

Analysis is the categorizing ordering, manipulate and summarizing of the data to obtained answer to the research question Analysis is the categorizing, ordering, manipulate and summarizing of the data to obtained answers to the research question. This chapter deals with the analysis and interpretation of data collected from selected Parents in selected urban area, in order to assess the effectiveness of Cognitive behavioral therapy on parental stress and quality of life among the caregiver of special children. The purpose of the analysis is to reduce the data to a manageable and interpretable form, so that the research problem can be studied and tested. The data collected were analyzed according to the plan for data analysis which includes both Descriptive and inferential Statistics.

Table : Frequency & percentage distribution of caregiver of special children in selected special school.

Sr. No.	Variable	Groups	Frequency	Percentage
1	Age (in years)	Less than 25	13	16.25
		26-35	34	42.50
		36-45	23	28.75
		above 45	10	12.50
2	Gender	Male	45	56.25
		Female	35	43.75
3	Religion	Hindu	20	25.00
		Muslim	24	30.00
		Christian	26	32.50
		Other	10	12.50
4	Type of family	Joint	21	26.25
		Nuclear	43	53.75
		Extended	9	11.25
		Other	7	8.75
5	Residential area	Urban	25	31.25
		Rural	26	32.50
		Tribal	22	27.50
		Slum	7	8.75
6	Education of caregiver	Illiterate	0	0.00
		Primary school	5	6.25
		High school	36	45.00
		Secondary High school	33	41.25
		Graduation & above	6	7.50
7	Occupation of father	Government Sector	9	11.25
		Private Sector	32	40.00
		Business	20	25.00

Frequency	8	Occupation of mother	Unemployed	12	15.00
			Government Sector	5	6.25
			Private Sector	37	46.25
			Business	13	16.25
			Homemaker	20	25.00
	9	Family MonthlyIncome	Less than Rs 5000	10	12.50
			Rs 5000-Rs 10000	18	22.50
			Rs 10001-Rs 15000	25	31.25
			Rs 15001-Rs 20000	18	22.50
			More than 20001	9	11.25
	10	Types of parenting	Widow	7	8.75
			Widower	2	2.50
			Divorce mother /father	5	6.25
			Stepmother/ stepfather	7	8.75
	11	Number of children in family	One	27	33.75
			Two	36	45.00
			Three	17	21.25
			more than three	0	0.00
	12	History of mental retardation in family	Yes	43	53.75
			No	37	46.25
13	Source of previous knowledge	No previous knowledge	11	13.75	
		Health worker	22	27.50	
		Family & relatives	32	40.00	
		Friends	12	15.00	
		Media	3	3.75	

Table : General assessments of stress- PRE & POST test

Variable	Groups	Score	Pre Test	Post Test
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			Frequency	Percentage	Frequency	Percentage
STRESS	Low	0-13	10	12.50	17	21.25
	Moderate	14-26.	54	67.50	56	70.00
	High	27-40	16	20.00	7	8.75
STRESS	Minimum		2		2	
	Maximum		40		40	
	Average (SD)		21.26 (9.56)		18.42 (7.93)	

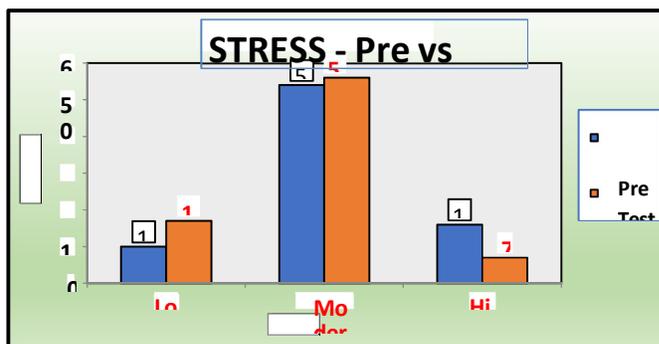
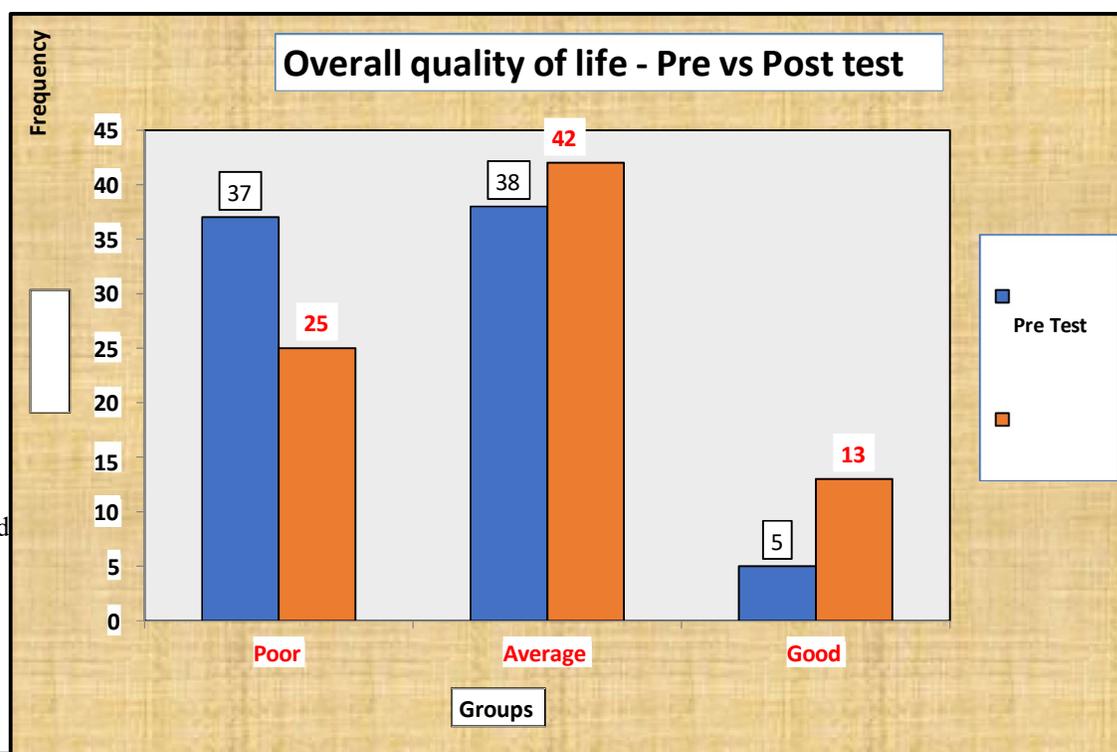


Figure No-16: General assessments of stress - PRE & POST test

Table : General assessments of quality of life - PRE & POST test

Variable	Groups	Score	Pre Test		Post Test	
			Frequency	Percentage	Frequency	Percentage
QOL	Poor	2-4.	37	46.25	25	31.25
	Average	5-7.	38	47.50	42	52.50
	Good	8-10.	5	6.25	13	16.25
QOL Frequency	Minimum		2		1	
	Maximum		10		10	
	Average (SD)		4.62 (1.87)		5.46 (2.22)	



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Variable	Groups	Score	Pre Test		Post Test	
			Frequency	Percentage	Frequency	Percentage
Physical Health	Poor	7-16.	37	46.25	22	27.50
	Average	17-26	38	47.50	42	52.50
	Good	27-35	5	6.25	16	20.00
Physical Health	Minimum		8		8	
	Maximum		33		34	
	Average (SD)		17.30 (6.17)		20.28 (6.63)	

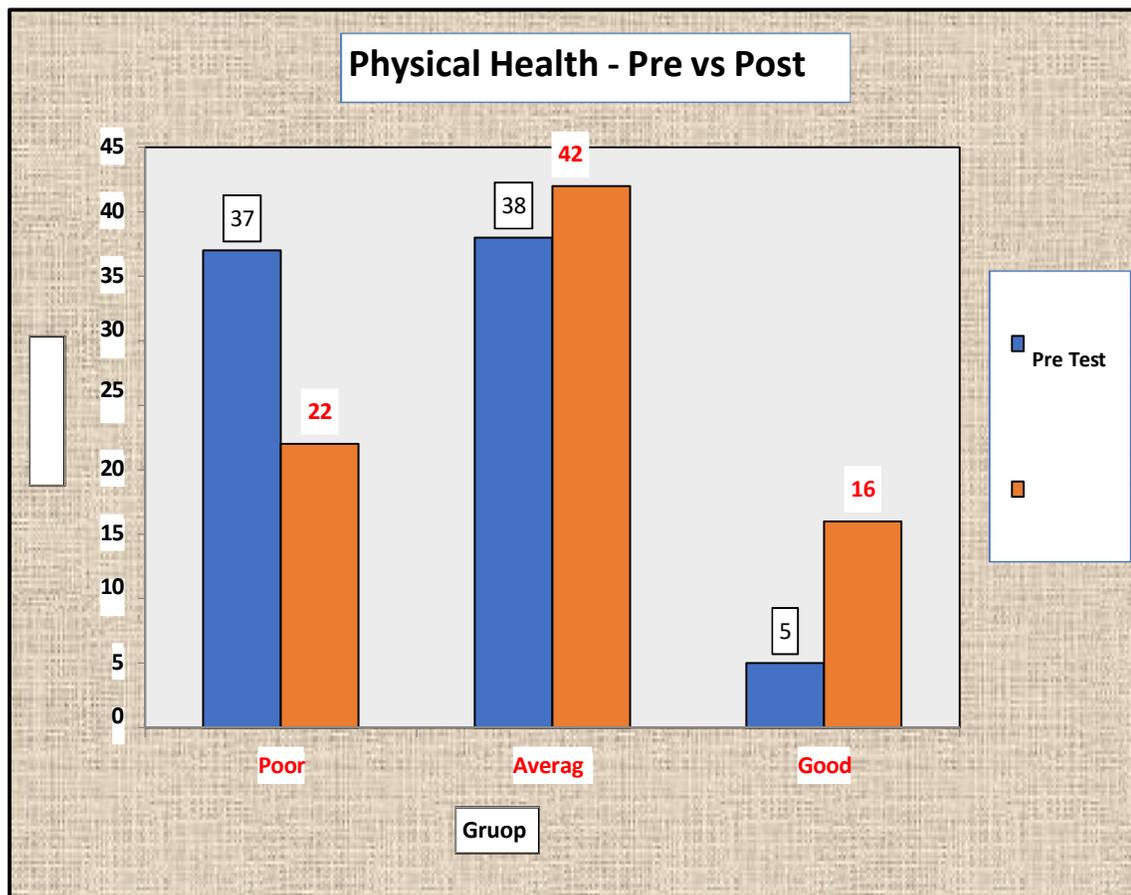


Table : General assessments of Psychological Health - PRE & POST test

Variable	Groups	Score	Pre Test		Post Test	
			Frequency	Percentage	Frequency	Percentage
Psychological Health	Poor	6-14.	38	47.50	23	28.75
	Average	15-22	38	47.50	44	55.00
	Good	23-30	4	5.00	13	16.25
Psychological Health	Minimum		7		7	
	Maximum		27		30	
	Average (SD)		15.38 (5.08)		17.63 (5.66)	

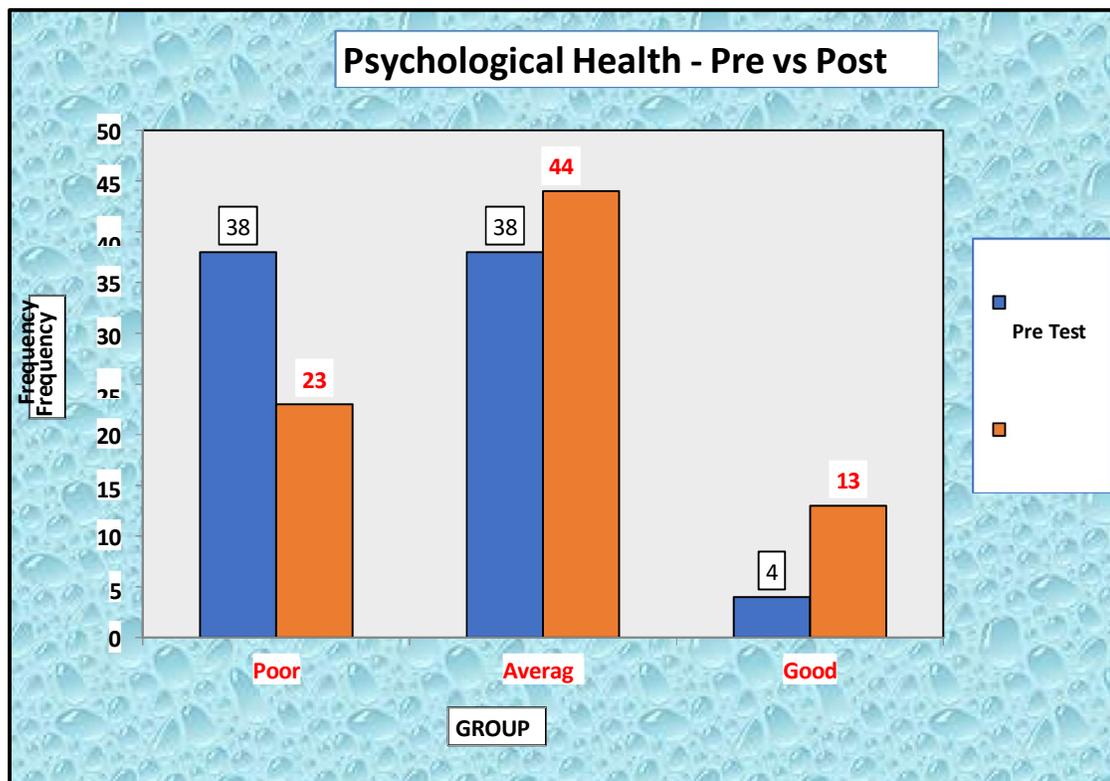


Table 23: General assessments of Social relationship - PRE & POST test

Variable	Groups	Score	Pre Test		Post Test	
			Frequency	Percentage	Frequency	Percentage
Social relationship	Poor	3-7.	35	43.75	20	25.00
	Average	8-11.	37	46.25	43	53.75
	Good	12-15.	8	10.00	17	21.25
Social relationship	Minimum		3		3	
	Maximum		14		15	
	Average (SD)		7.88 (2.82)		9.27 (2.92)	

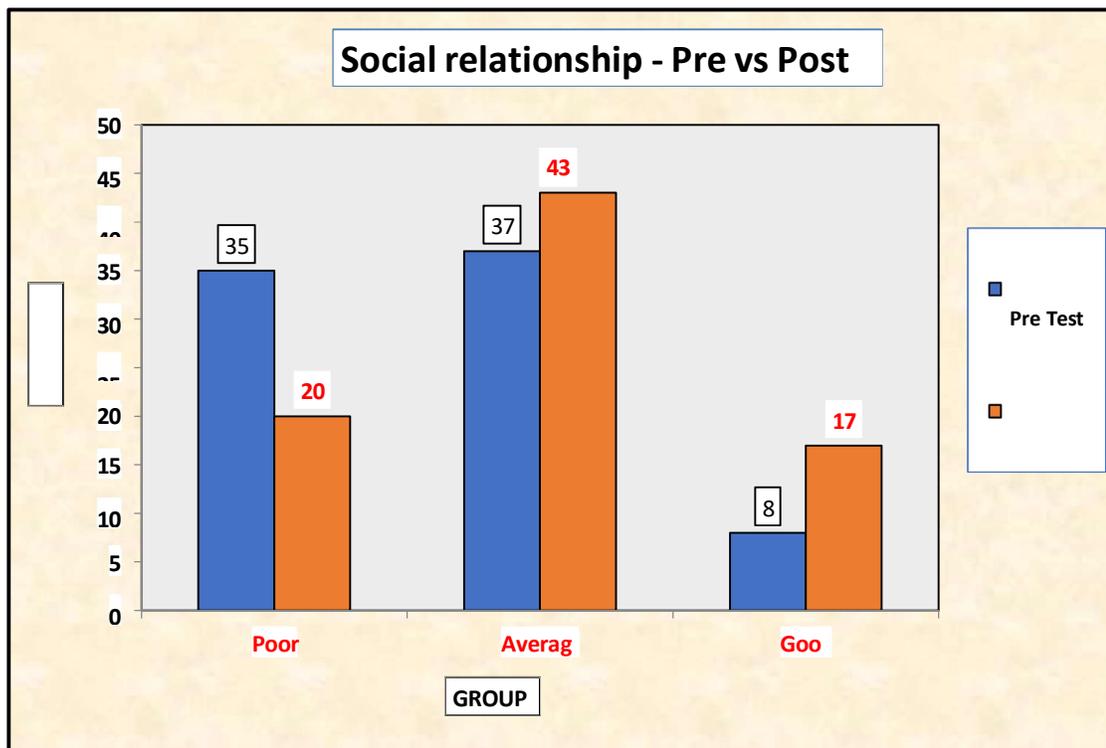
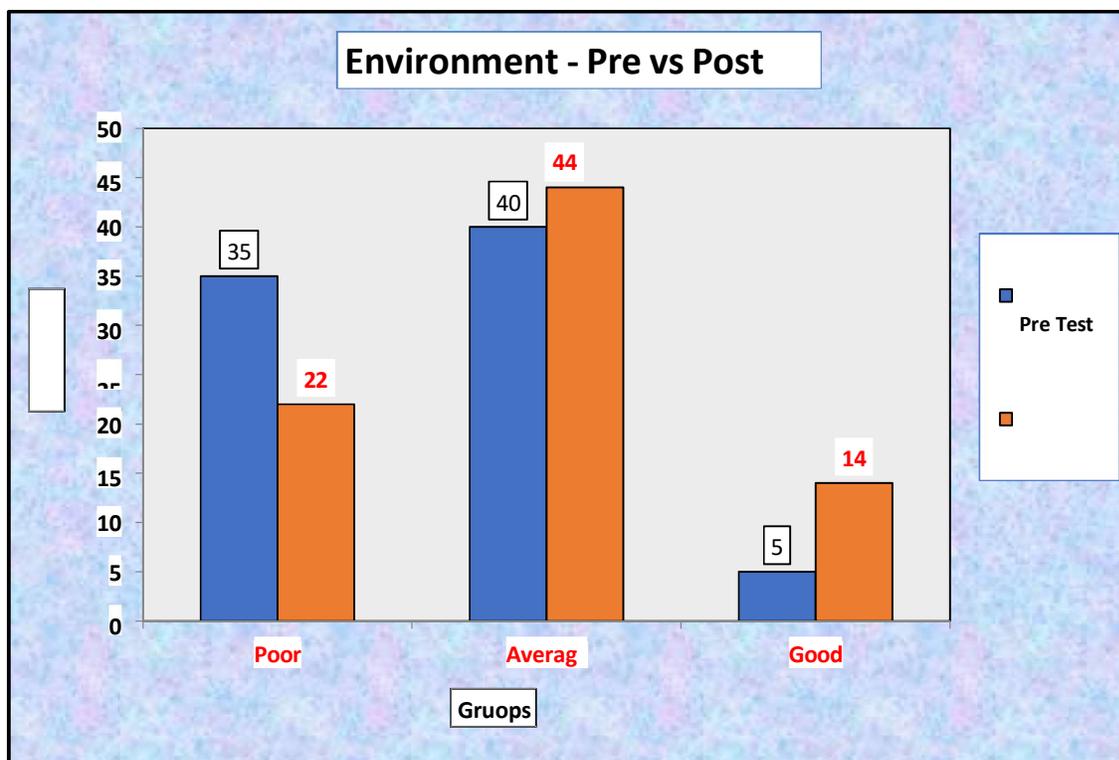


Table 24: General assessments of Environment - PRE & POST test

Variable	Groups	Score	Pre Test		Post Test	
			Frequency	Percentage	Frequency	Percentage
Environment	Poor	8-18.	35	43.75	22	27.50
	Average	19-29	40	50.00	44	55.00
	Good	30-40	5	6.25	14	17.50
Environment	Minimum		8		8	
	Maximum		37		40	
	Average (SD)		20.75 (7.12)		23.75 (7.68)	



MAJOR FINDINGS OF THE STUDY

The analysis of demographic data of study samples gave an idea about general characteristics of caregiver of special children in selected special school.

The following are the major findings of the study.

SECTION –I - DEMOGRAPHIC VARIABLES

1. According to age of caregiver of special children in selected special school, 16.25% of them were of age less than 25 years, 42.50% from the age group 26-35 years, 28.75% from 36-45 years and 12.50% of caregivers were above age 45 years.

2. In the study, according to gender of caregiver of special children in selected special school, 56.25% caregiver were males and 43.75% of caregiver were females.

3. According to religion of caregiver of special children in selected special school, 25% of them were from Hindu religion, 30% from Muslim religion, 32.50% from Christian religion and 12.50% of caregivers from other religions.

4. According to type of family of caregiver of special children in selected special school, 26.25% of them were from joint families, 53.75% from nuclear families, 11.25% from extended families and 8.75% of caregivers from other families.

5. In the study, according to residential area of caregiver of special children in selected special school, 31.25% of them were from urban area, 32.50% from rural areas, 27.50% from tribal areas and 8.75% of caregivers from slum residential areas.

6. According to education of caregiver of special children, 6.25% of them were educated up to primary school, 45% educated up to high school, 41.25% educated up to secondary high school and 7.50% caregivers were graduate and above.

7. According to occupation of father of special children in selected special school, 11.25% of them were in government sector, 40% of them were in private sector, 25% had own business and 15% of father were unemployed.

8. According to occupation of mother of special children in selected special school, 6.25% of them were in government sector, 46.25% of them were in private sector, 16.25% had own business and 25% of mothers were homemakers.

9. According to family income of caregiver of special children in selected special school, 12.50% of them had income less than Rs 50000, 22.50% had income in Rs 5000-Rs 10000, 31.25% had income in Rs 10001-Rs 15000, 22.50% caregivers had income in Rs 15001-Rs 20000 and 11.25% had income more than Rs 20001.

10. In the study, according to types of parenting of special children in selected special school,

8.75% of them were widow, 2.50% were Widower, 6.25% of caregivers were Divorce mother /father and 8.75% of them were Stepmother/ stepfather.

11. According to number of children in family of caregiver of special children in selected special school, 33.75% answered as one, 45% answered as two children, 21.25% families had three children and no one of them answered as more than three children.

12. To the question, do you have history of mental retardation in family, 53.75%of caregiver of special children in selected special school answered as yes and 46.25% of them answered as no.

13. According to Source of previous knowledge of caregiver of special children in selected special school, 13.75% of them answered as No previous knowledge, 27.50% from Health worker, 40% from Family & relatives, 15%from friends and 3.75% caregivers from media.

SECTION-II

GENERAL ASSESSMENTS OF STRESS - PRE & POST TEST

For the assessment purpose total score of stress among caregiver of special children in selected special school was divided in to three groups like low (0-13score), moderate (14-26 score) and high (27-40 score).

Pre Test:

At the time of pretest, assessment of stress among caregiver of special children in selected special school shows that, 12.50% of them had low stress level, 67.50% had moderate stress and 20% caregiver had high stress level.

Average stress score at the time of pretest was 21.26 with standard deviation of 9.56. The minimum score of stress was 2 with maximum score of 40.

Post Test:

At the time of posttest, assessment of stress among caregiver of special children in selected special school shows that, 21.25% of them had low stress level, 70%had moderate stress and 8.75% caregiver had high stress level.

Average stress score at the time of posttest was 18.42 with standard deviation of 7.93. The minimum score of stress was 2 with maximum score of 40.

GENERAL ASSESSMENTS OF QUALITY OF LIFE OVERALLHEALTH - PRE & POST TEST

For the assessment purpose total score of quality of life among caregiver of special children in selected special school was divided in to three groups like poor (2-4 score), average (5-7 score) and good (8-10 score).

Pre Test:

At the time of pretest, assessment of quality of life among caregiver of special children in selected special school shows that, 46.25% of them had poor quality of life level, 47.50% had average quality of life and 6.25% caregiver had good quality of life level.

Average quality of life score at the time of pretest was 4.62 with standard deviation of 1.87. The minimum score of quality of life was 2 with maximum score of 10.

Post Test:

At the time of posttest, assessment of quality of life among caregiver of special children in selected special school shows that, 31.25% of them had poor quality of life level, 52.50% had average quality of life and 16.25% caregiver had good quality of life level.

Average quality of life score at the time of posttest was 5.46 with standard deviation of 2.22. The minimum score of quality of life was 1 with maximum score of 10.

GENERAL ASSESSMENTS OF PHYSICAL HEALTH - PRE & post test

For the assessment purpose total score of Physical Health among caregiver of special children in selected special school was divided in to three groups like poor (7-16 score), average (17-26 score) and good (27-35 score).

Pre Test:

At the time of pretest, assessment of Physical Health among caregiver of special children in selected special school shows that, 46.25% of them had poor Physical Health level, 47.50% had average Physical Health and 6.25% caregiver had good Physical Health level.

Average Physical Health score at the time of pretest was 17.30 with standard deviation of 6.17. The minimum score of Physical Health was 8 with maximum score of 33.

Post Test:

At the time of posttest, assessment of Physical Health among caregiver of special children in selected

special school shows that, 27.50% of them had poor Physical Health level, 52.50% had average Physical Health and 20% caregiver had good Physical Health level.

Average Physical Health score at the time of posttest was 20.28 with standard deviation of 6.63. The minimum score of Physical Health was 8 with maximum score of 34.

GENERAL ASSESSMENTS OF PSYCHOLOGICAL HEALTH - PRE & POST TEST

For the assessment purpose total score of Psychological Health among caregiver of special children in selected special school was divided in to three groups like poor (6-14 score), average (15-22 score) and good (23-30 score).

Pre Test:

At the time of pretest, assessment of Psychological Health among caregiver of special children in selected special school shows that, 47.50% of them had poor Psychological Health level, 47.50% had average Psychological Health and 5% caregiver had good Psychological Health level.

Average Psychological Health score at the time of pretest was 15.38 with standard deviation of 5.08. The minimum score of Psychological Health was 7 with maximum score of 27.

Post Test:

At the time of posttest, assessment of Psychological Health among caregiver of special children in selected special school shows that, 28.75% of them had poor Psychological Health level, 55% had average Psychological Health and 16.25% caregiver had good Psychological Health level.

Average Psychological Health score at the time of posttest was 17.63 with standard deviation of 5.66. The minimum score of Psychological Health was 7 with maximum score of 30.

GENERAL ASSESSMENTS OF SOCIAL RELATIONSHIP - PRE & POST TEST

For the assessment purpose total score of Social relationship among caregiver of special children in selected special school was divided in to three groups like poor (3-7 score), average (8-11 score) and good (12-15 score).

Pre Test:

At the time of pretest, assessment of Social relationship among caregiver of special children in selected special school shows that, 43.75% of them had poor Social relationship level, 46.25% had average Social relationship and 10% caregiver had good social relationship level.

Average Social relationship score at the time of pretest was 7.88 with standard deviation of 2.82. The minimum score of Social relationship was 3 with maximum score of 14.

Post Test:

At the time of posttest, assessment of Social relationship among caregiver of special children in selected special school shows that, 25% of them had poor Social relationship level, 53.75% had average Social relationship and 21.25% caregiver had good Social relationship level.

Average Social relationship score at the time of posttest was 9.27 with standard deviation of 2.92. The minimum score of Social relationship was 3 with maximum score of 15.

GENERAL ASSESSMENTS OF ENVIRONMENT - PRE & POST TEST

For the assessment purpose total score of Environment among caregiver of special children in selected special school was divided in to three groups like poor (8-18 score), average (19-29 score) and good (30-40 score).

Pre Test:

At the time of pretest, assessment of Environment among caregiver of special children in selected special school shows that, 43.75% of them had poor Environment level, 50% had average Environment and 6.25% caregiver had good Environment level.

Average Environment score at the time of pretest was 20.75 with standard deviation of 7.12. The minimum score of Environment was 8 with maximum score of 37.

Post Test:

At the time of posttest, assessment of Environment among caregiver of special children in selected special school shows that, 27.50% of them had poor Environment level, 55% had average Environment

and 17.50% caregiver had good Environment level.

Average Environment score at the time of posttest was 23.75 with standard deviation of 7.68. The minimum score of Environment was 8 with maximum score of 40.

CONCLUSION

The present study assessed the effectiveness of Cognitive behavioral therapy on parental stress and quality of life among the caregiver of special children on selected school.

The result revealed that cognitive behavioral therapy is very effective in resisting the stress and improving the quality of life, from the finding of the study, the investigators concluded that cognitive behavioral therapy has an important role in resisting the stress and improving the quality of life among the caregiver of special children and also provide the further techniques to improve well-beings.

SUMMARY

The purpose of the present study was to assess the effectiveness of cognitive behavioral therapy on parental stress and quality of life among the caregiver of special children in selected school. The present study can be justified on the fact that most of the caregiver have average knowledge regarding quality of life. The one group pretest posttest research design was used for the study, which consists of 80 caregivers of selected special school. Non-probability convenient sampling technique. The standardized tools were given to assess knowledge score of caregiver. Based on the objective and hypothesis the data was collected and analyzed by using descriptive and inferential statistics.

DISCUSSION

The findings of the study have been discussed with reference to the objective. As per the findings of the study, it provides the description related to demographic variables, which show majority of caregivers of special children. In this study, the investigator assessed the effectiveness of cognitive behavioural therapy on parental stress and quality of life among the caregiver of special children in selected school. As per the analysis of data, the comparison of pretest and post-test means of parental stress and quality of life among the caregiver of special children in selected school were done by paired t-test. The test was conducted at 5% level of significance. The test statistical value paired t-test was 3.18 with p value 0.002. The p value is less than 0.05, hence reject the null hypothesis. That means there is significant difference in pre and post test stress. Show that, cognitive behavioural therapy on parental stress and quality of life among the caregiver of special children in selected school was effective, it means H₁ and H₂ hypothesis is accepted in present study.

The finding of the current study are congruent with the finding of the study conducted by the Gandhimathi (2021), to assess the effectiveness of mindfulness based cognitive therapy on parental attitude stress coping depression and quality of life among the mother of mentally challenged children in selected special school at Ernakulam kerela. A quasi experimental design (non-equivalent control group design).Total 120 subjects ,60 who fulfilled the inclusion criteria from Adarsh special school and 60 from navjeevan special school were included mindfulness based cognitive therapy is used among the mother of mentally challenged children. Mindfulness cognitive therapy was used to established pre-test on selected mother of mentally children and post-test was conducted to establish the effectiveness of mindfulness cognitive based therapy to coping from anxiety and improve quality of life. The analysis of the result showed that mindfulness based cognitive therapy has a significant ($p<0.001$)positive impact on mother attitude, stress, coping ,depression and quality of life and reducing stress and depression among the mother of mentally challenged children in the intervention group.

LIMITATION

- This study is limited to caregiver of special children
- The study is limited to caregiver of special children in selected special school.
- This study is limited to 80 sample size
- This study limited who are willing to do cognitive behavioral therapy

IMPLICATIONS OF THE STUDY

The findings of the present study enables to determine the effect of cognitive behavioral therapy on parental stress and quality of life . The findings of the study have implications for the nursing practice, nursing education, nursing administration and nursing research.

Nursing practice:

The Extended and expanded role of professional nursing emphasizes preventive and promotive aspects of health.

Nurses are key person of health team who plays a major role in health promotion and maintenance, nursing research studies are usually intended in pursuing Cognitive behavioral therapy in reducing parental stress and quality of life among the caregiver. The investigators as a nurse felt caregiver of special children should develop skills regarding coping strategies from stress management.

Nursing administration:

The present study reveals that caregiver of special children don't know regarding stress management endeavor's can be taken up by nursing administrator and educators how to improve the parental stress

among the caregiver of special children. The nursing administrator should organize in service education programmed to caregiver of special children regarding reducing stress level. The finding of the study should be used as a basis of in-service education programmed for caregiver so as to make them aware of the present problem of stress and quality of life.

Nursing education:

Nursing education is developing rapidly in India and nurse from our country can be found all over the world providing care and education. The nursing education curriculum must include imparting cognitive behavioral therapy on reducing level of parental stress and quality of life among the caregiver. Now a day much importance is given to awareness, promotion and rehabilitation a health than the curative aspect. As the need of society are continuously changing newer components must be in corporate in nursing curriculum. Nursing education must emphasis on preventive and rehabilitative aspects.

Nursing Research:

Nursing research is an essential aspect of nursing as it uplifts the profession and develops new nursing norms and a body of knowledge about cognitive behavioral therapy on parental stress and quality of life. The nurse researcher should motivate the clinical nurse to apply the research findings in practice.

The nursing teachers can use the results of the study as an informative illustrative illustration for the students. Nursing education should help in calculating values and a sense of the responsibility.

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