

Physical and Psychological Self-Care Assessment for Disabled clients attending Emergency Management Center in Erbil City

تقييم الرعاية الشخصية للجوانب الجسمية والنفسية من ذوي الاحتياجات الخاصة لمراجعي المركز العلاجي للطوارئ في مدينة اربيل

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الخلاصة:

خلفية البحث : وضعت منظمة الصحة العالمية اطر لقياس صحة ذوي الاحتياجات الخاصة في كلا الاتجاهين الجسدي والنفسي وتشمل الرعاية الشخصية والحفاظ على النظافة الشخصية وإمكانية ارتداء الملابس والقابلية على تناول الغذاء وكذلك التفاعل وبناء العلاقات مع الآخرين وبناء العلاقات الاجتماعية وخصوصا مع العائلة.

الهدف: تهدف الدراسة الحالية الى تقييم الرعاية الشخصية لذوي الاحتياجات الخاصة وايجاد العلاقة بين المتغيرات الديمغرافية والاجتماعية وبين العوامل الجسمية والنفسية لهم.

المنهجية: الدراسة هي وصفية وشملت احدى وخمسون من ذوي الاحتياجات الخاصة من الذين يراجعون مركز الطوارئ وكانت فترة البحث للفترة من ٢٠١٤/٧/١ ولغاية ٢٠١٥/٢/١ وتم بناء الاستبيان لمعرفة ردود الافعال واستخدم اسلوب المحاوره لجمع المعلومات وتم تحليل المعلومات باستخدام نظام النسخة ١٨ من spss .

النتائج: كان متوسط الاعمار هو ٣٦.٦٦ سنة واطهرت نتائج الدراسة بان ردود افعال المرضى كانت جيدة لكافة عوامل الحالة الجسمية التي تمت دراستها وكانت اقل الفقرات المتعلقة بالعوامل الجسمية هي ضعف في القابلية الجنسية و اما اقل الفقرات في الجانب النفسي فتتعلق بعدم توفر علاج نفسي خاص.

الاستنتاج: استنتجت الدراسة بان الرعاية الجسمية لذوي الاحتياجات الخاصة ايجابية عدا الفعالية الجنسية وكانت الرعاية الشخصية للحالة النفسية سلبية ومنها عدم توفر علاج نفسي خاص وعدم المشاركة في اية نشاطات ذهنية وعدم قراءة الكتب المفضلة.

التوصيات: اوصت الدراسة بضرورة العمل على ايجاد مراكز تاهيلية لغرض تدريب المراجعين للرعاية الجسمية والنفسية لغرض التخفيف من الاعباء عليه وضرورة تبليغ المركز العلاجي للطوارئ بالنتائج السلبية التي ظهرت في هذا البحث وان هذه المعلومات قد تساعد ذوي الاحتياجات الخاصة من تحسين قابلياتهم الجسمية والنفسية.

الكلمات المفتاحية : ذوي الاحتياجات الخاصة، الرعاية الشخصية، التقييم.

Abstract

Background :The World Health Organization's (WHO) framework for measuring health for disability at both levels physical and psychological 'activities including self-care, attending to one's hygiene, dressing, and eating, also interpersonal interactions and relationships, and social relationships, especially family relationships .

Objectives: This study aims to identify and assess the self care activities for disabled patients, and to identify the relationship between sociodemographic characteristics and physical and psychological factors.

Methods: The study is Descriptive study, the study sample were 51 disabled clients who had been attended to emergency management center ,the study start from 1/7/2014 to 1/2/2015, Constructed questionnaires were used to obtain the feedback, and interview was used as methods of data collection and data was analyzed using SPSS version 18.

Results: The mean age of the participants was (36.66) years. Results revealed that feedback responses as a general was good in all factors underline the study, and the lowest score for physical self care was in items related to ability to do sexual activity while for psychological factors was for item related to concern of having any own personal psychotherapy .

Conclusion: the study concluded that Self care assessment outcomes for disabled were positive for the most of the physical factors except for sexual intercourse while the psychological self care assessment were negative in many factors including haven't own personal psychotherapy, not engage in any intelligence in new area, and ability to read favorite books

Recommendation: The study recommended establishing rehabilitation centers for training disabled about physical and psychological care and informing these negative factors to the emergency management center so the information gained from self care assessment could lead to changes in some of physical and psychological aspect of disabled clients

Keywords: Disabled, Self care, Assessment .

INTRODUCTION

Disabled person” means a person who has a physical, mental, psychological, emotional, or other impairment that impedes him from participating to the best of his ability in social and economic activities⁽¹⁾.

There has been an evolutionary process in changing attitudes regarding the disabled around the globe. Including rejection, isolation, and abuse. Currently, there is a positive attitude towards the disabled^(1, 2).

This becomes more important considering the fact that country incurs a huge expenditure directly in supporting and indirectly through loss of economic productivity of the disabled⁽³⁾.

The goal of Nursing and medicine is to promote, preserve, and restore health when it is impaired and to minimize suffering and distress. These goals are embodied in the word prevention. Successful prevention depends upon knowledge of causation, dynamics of transmission, identification of risk factors and risk groups, availability of prophylactic or early detection and treatment measures, an organization for applying these measure to appropriate persons or groups and continuous evaluation and development of procedures applied. For better understanding of the subjects, it is necessary to have clarity of what kind of self care they have the ability to do it in order to improve their life⁽⁴⁾. Training in self-care activities including social graces, etiquette, mobility, communication, and daily living skills with special provisions as needed are important for their daily activity of living⁽⁵⁾.

OBJECTIVE:

1. To assess the physical and psychological self care activities for disabled patients
2. To identify the relationship between sociodemographic characteristics (age, gender, educational level, occupation status, marital status ,income, type of disability, and residential area and physical and psychological factors

METHODS:

Design: Descriptive study design will be conduct.

Sampling and Setting: A convenience sampling method was selected; a total of 51 disabled clients were interviewed attending Emergency Management Center, this center was established in Erbil city in 1998, and they are responsible of caring all clients complaining from physical and psychological disability

Data collection:

Data was collected using interview technique and the Participants’ responses were according to how well you think you are doing: as following

3 = I do this well (e.g., frequently)

2 = I do this OK (e.g., occasionally)

1 = I barely or rarely do this

0 = I never do this

Tools: Tools was constructed for assessing self-care that is relevant for the subjects on how often and they are taking care of themselves these days. The tools was included physical and psychological self care (Eat regularly, breakfast, lunch, and dinner), eat healthily, exercise, get regular massages,, swim, walk, run, play sports, , or do some other physical activity, take time to be sexual with myself, with a partner, get enough sleep, wear clothes I like and take vacations. The scoring of question were measured as 0 for never, 1 for barely, 2 for occasionally, and 3 for frequently, and considered 1.5 as cut point and it was considered statistically significant

Data analysis:

Data was analyzed using descriptive and chi square

Ethical consideration:

Permission was taken from all subjects before starting the interviews. The researchers was explain the objectives of the study and all requests from study sample

RESULT:

Table 1: Socio-demographic Characteristics of the study sample

Socio-demographic Characteristics		*n= 51	
		F	%
Age group (years)	18-27	12	23.5
	28-37	18	35.3
	38-47	12	23.5
	≥ 48	9	17.6
	M ± SD	36.66 ± 12.35	
Gender	Male	41	80.4
	Female	10	19.6
Marital status	Single	21	41.2
	Married	27	52.9
	Widower	2	3.9
	Separated	1	2.0
Educational levels	Illiterate	11	21.6
	Can read and write	5	9.8
	Primary school	14	27.5
	Secondary school	18	35.3
Occupational status	Employment	9	17.6
	Unemployment	42	82.4
Income	Insufficient	12	23.5
	Sufficient	13	25.5
	Exceed needs	26	51.0
Type of Disability	Paraplegia	36	64.7
	Tetraplegia	5	9.8
	MonoPlegia	10	19.6
	Amputation	3	5.9
Residential area	Urban	38	74.5
	Rural	13	25.5

Table 1 shows that the majority of study samples were at age group (28 - 37) years old which represent (35.3%), most of them were males which represents (80.4.2%)of the sample, majority of them were married (52.9%),they mostly graduated from secondary school (35.3%),they were not employed, but they had enough money and its exceed their needs which represents 51%, most of them have their own home(47.1%), and they were from urban area (74.5%).

Table 2: Distribution of assessment responses regarding physical self care

Physical Self-Care	Never		Rarely		Occasionally		Frequently		MS
	F	%	F	%	F	%	F	%	
1.Eating regularly	2	3.9	0	0.0	4	7.8	45	88.2	2.8
2.Eat Healthy	0	0.0	1	2.0	6	11.8	44	86.3	***2.84
3. Make Exercise	3	5.9	8	15.7	16	31.4	24	47.1	2.2
4.Get regular medication	4	7.8	3	5.9	5	9.8	39	76.5	2.55
5.Get massages	10	19.6	4	7.8	7	13.7	30	58.8	2.12
6.Ability to do sexual, with a partner	24	47.1	11	21.6	5	9.8	11	21.6	*1.06
7.Get enough sleep	2	3.9	9	17.6	10	19.6	30	58.8	2.33
8.Wear clothes	3	5.9	3	5.9	14	27.5	31	60.8	2.43

***High ** Moderate * low

Table 2 shows that the mean scores of most factors related to active learning were positive. The highest mean of score of their responses were to item 2, which concerned with healthy eating (2.84), while the mean of score was not significant in item 6 which related to ability to do sexual activity which represents (1.06).

Table 3 Distribution of client’s responses regarding psychological self care

Psychological and emotional care	Never		Rarely		Occasionally		Frequently		MS
	F	%	F	%	F	%	F	%	
1.Take vocations	6	11.8	10	19.6	15	29.4	20	39.2	1.96
2.Make a time for email and internet	19	37.3	4	7.8	6	11.8	22	43.1	1.61
3.Have my own personal psychotherapy	45	88.2	2	3.9	2	3.9	2	3.9	*0.24
4.Engage my intelligence in new things	31	60.8	9	17.6	6	11.8	5	9.8	*0.71
5.Attend to minimizing stress in my life	4	7.8	6	11.8	21	41.2	20	39.2	2.12
6.Allow myself to cry	1	2.0	13	25.5	23	45.1	14	27.5	1.98
7..listen to my thoughts, beliefs, and feelings	4	7.8	7	13.7	24	47.1	16	31.4	2.02
8.Spend time with others whose company I enjoy	3	5.9	6	11.8	11	21.6	31	60.8	***2.37
9.Read favorite books	17	33.3	15	29.4	8	15.7	11	21.6	1.25
10.Find things that make me laugh	3	5.9	8	15.7	25	49.0	15	29.4	2.02

***High ** Moderate * low

Table 3 Shows that the mean scores were highly significant in item (8) which related to spending times with other, and it was no significant in many items especially with item (3) and (4) which concern of haven’t any own personal psychotherapy (0.24),and engage intelligence in new things(0.71).

Table 4: Association Overall of Physical Self-Care with Socio Demographic Characteristic:

Socio-demographic Characteristics		Physical self care				Chi-Square P-Value & Decide
		Never	Barely (rarely)	Occasionally (doing some times)	Frequently (doing all times)	
		F	F	F	F	
Age group	18-27	0	1	7	4	0.277 NS
	28-37	0	2	8	8	
	38-47	0	1	3	8	
	≥48	0	2	6	1	
Gender	Male	0	4	20	17	0.653 NS
	Female	0	2	4	4	
Marital status	Single	0	2	8	11	0.138 NS
	Married	0	3	15	9	
	Widower	0	0	1	1	
	Separated	0	1	0	0	
	Divorced	0	0	0	0	
Formal years of education	Illiterate	0	3	6	2	0.322 NS
	Can read and write	0	1	1	3	
	Primary school	0	0	7	7	
	Secondary school	0	1	9	8	
Occupational status	Employment	0	1	1	1	0.550 NS
	Unemployment	0	2	4	3	
Income	Insufficient	0	4	20	18	0.860 NS
	Sufficient	0	1	7	4	
	Exceed needs	0	1	6	6	
Type of Housing	Owned	0	2	13	9	0.011 NS
	Rented	0	3	3	0	
	Shared	0	1	8	12	
Residential area	Urban	0	4	18	16	0.892 NS
	Rural	0	2	6	5	

NS= Not Significant

VHS = Very High Significant

Table (4) shows that there was no significant relationship between all sociodemographic characteristics and all over physical factors.

Table 5: Association Psychological care with Socio Demographic characteristics

Socio-demographic Characteristics		Psychological care				Chi-Square P-Value & Decide
		Never	Barely (rarely)	Occasionally (doing some times)	Frequently (doing all times)	
		F	F	F	F	
Age group	18-27	0	2	9	1	0.586 NS
	28-37	0	6	11	1	
	38-47	0	4	8	0	
	≥ 48	0	5	4	0	
Gender	Male	0	12	29	0	0.003 HS
	Female	0	5	3	2	
Marital status	Single	0	3	18	0	0.002 HS
	Married	0	12	14	1	
	Widower	0	1	0	1	
	Separated	0	1	0	0	
	Divorced	0	0	0	0	
Formal years of education	Illiterate	0	8	3	0	0.215 NS
	Can read and write	0	1	4	0	
	Primary school	0	3	10	1	
	Secondary school	0	4	13	1	
Occupational status	Employment	0	4	5	0	0.630 NS
	Unemployment	0	13	27	2	
Income	Insufficient	0	4	8	0	0.507 NS
	Sufficient	0	3	10	0	
	Exceed needs	0	10	14	2	
Type of Housing	Owned	0	9	15	0	0.119 NS
	Rented	0	4	2	0	
	Shared	0	4	15	2	
Residential area	Urban	0	13	23	2	0.658 NS
	Rural	0	4	9	0	

NS= Not Significant

HS= High Significant

Table 5 shows that there were high significant relationship between gender and marital status with all over all of psychological factors while it was not significant with other factors.

DISCUSSION:

The information gained from self care assessment could lead to changes in some of physical and psychological aspect of disabled clients if we can recommend some of the result to the disabled center. The majority of the clients were male, and their mean age was 36.66 and this was considered as young individuals as its reported by Etersilia, 2001, who mentioned that age group between 18 to 44 years old are young individual. Most of them were married, graduated from secondary schools that means most of them they were not very well educated and this could affect on some parts on understand the importance of self care ⁽⁶⁾.

From all physical factors under line current study and to assess the objectives of the study, it shows that feedback responses as a general was good in all factors underline the study, and the lowest score were shown in items related to ability to do sexual with a partner. According to the World Health Organization ⁽⁷⁾, “Sexuality is an integral part of the personality of everyone: man, woman and child; it is a basic need and aspect of being human that cannot be separated from

other aspects life. This result agree with study done in USA which shows that the majority of the quadriplegic patients had sexual dysfunction, but can like other function be correct, the problems if sex and disability are discussed, it is very much in terms of capacity, technique, and fertility - in particular, male capacity and technique and female fertility - with no reference to sexual feelings by ignoring aspects of sexuality, such as touching, affection, and emotions ⁽⁸⁾. The researcher feels that some of clients feels shy for asking their doctor questions about sexuality, sexual functioning, contraceptives, and reproductive concerns,. Health care professionals and people with disabilities should feel comfortable talking to each other about sexual health and sexuality.

The other physical factors were significant in factors related to exercise and message, eating, get enough sleep, taking medication, and wearing clothes. These positive outcomes gave indicator that a disability does not mean they are not healthy or that he or she cannot be healthy. Being healthy means the same thing for all of us getting and staying well so we can lead full, active lives. That means having the tools and information to make healthy choices and knowing how to prevent illness^(7,9), and also the other indicators for good self care was related to the extensive health education which had been done by staff nurses in the center.

Regarding psychological factors, the non significant factors were for many factors including haven't own personal psychotherapy, not engage in any intelligence in new area, and ability to read favorite books. The result disagree with a study done by Oliveira in 2001 who shows that groups psychotherapy was highly done in rehabilitation centers and it effect and facilitate self-disclosure and emotional interactions among the disability to accomplish more meaningful results⁽⁹⁾. For important health benefits, all people, including those with disabilities might feel isolated from others, or have low self-esteem. They may be depressed. There are different ways to treat depression. Exercise may be effective for some people. Counseling, medication, or both might also be needed ⁽⁸⁾. Everyone feels worried, anxious, sad or stressed sometimes. If these feelings do not go away and they interfere with your daily life, the health professional should talk with other people about client's feelings, such as a family member or health care professional ⁽⁹⁾. The majority of disability clients didn't read books or engage in any activity and this could related to their educational level in that most of them are from secondary school and not having any encouragement for reading from friends, family or health professionals. The result agree with study done to disability clients and found they didn't read interesting books due to difficult or impossible for them to hold a book, turn the pages, or read regular print⁽¹⁰⁾.

There was no significant relationship between all socio demographic characteristics and physical factors, and this is could be because most of the sample size was in almost same age, most of them were in secondary education and unemployment, so there was no huge diversity between them which could affected on their daily activity.

While there was significant relationship between gender, and marital status on psychological factors, this result agree with study done by Schiphorst in 2008 who mentioned that strong relationship exists between psychological factors and disability in variables like age, gender ,and marital status. Also the result agree with study done about association between gender and psychological factors, it shows that, female disabled were likely to report more depressive symptoms, life stresses, and low self-esteem and poor health practices. After controlling for the psychosocial variables differed by gender, gender differences in depressive symptoms were eliminated ⁽¹¹⁾.

CONCLUSION:

Self care assessment outcomes were positive for the most of the physical self care related to exercise, message, eating, taking medication wearing clothes, and get enough sleep, except for sexual intercourse and his ability to do sexual with a partner which was negative. While many negative factors were appears in psychological factors including haven't own personal psychotherapy, not engage in any intelligence in new area, and ability to read favorite books.

RECOMMENDATION:

1. Establishing rehabilitation centers for training disabled about physical and psychological care.
2. Provide some health education session to disabled person to help them to improve their intelligent ability and encourage them to read some books that help to increase their awareness about sexual problems and it might help them to improve their ability.

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