Chapter – VII

Results and Discussion
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RESULTS AND DISCUSSION

The preceding six chapters describe the demographic, socio-economic conditions, emotional problems and efficacy of nursing interventions about the musculoskeletal injury patients.

This importance of health in any society is immeasurable. Health of the people makes a country healthy, it all stems from the behaviour of the people concerned since man is a social animal, he has an innate urge to express himself and communicate the same to the other members of his species.

In this study scholar selected three components that were social aspects, emotional aspects and nursing needs of families of musculoskeletal injury patients. These components are closely related and frequently observed. Then nursing intervention like Jacobson’ relaxation therapy, counselling were rendered to the families of the patients with musculoskeletal injury.

7.1. The first objective is to assess the emotional problems of the immobilized patients.

Under emotional problems, three variables such as anger, anxiety and depression were selected and assessed. These variables were assessed at pre and post assessment level. Emotional problems such as anxiety correlated anger and depression were not correlated with the age of the patients with musculoskeletal injury besides the areas of family burden experienced by
families of patient with musculoskeletal injury such as effect on physical health of others and effect on mental health of others were correlated with depression in pre assessment. But none of the variables of family burden were correlated with emotional problems of patient with musculoskeletal injury in post assessments.

7.2. The second objective is to understand the impact of musculoskeletal injury on the family.

The sufferings of the patients and their families at the psychological level are notable. Psychological reactions of the patients and their families are noted, anxiety depression affect their recovery and mental health social, vocational and economical and also disturbed responsibilities.

Families routine daily activities were altered on account of patient with musculoskeletal injury, family members are also physically strained and mentally disturbed. Family members took care of the patient with musculoskeletal injury in every activity so that, their daily life activity were interrupted.

Role function of the family members and patients with musculoskeletal injury were also disturbed. Their working pattern was altered. They were not working more enthusiastically.

The patients faced problems in their economical status due to loss of income and expenditure on the medical treatment. Besides, most of the families were not known about the progress in patient's condition. They are unaware about what was going around them, because they were emotionally
disturbed. Conflicts also arise between the family members due to loss of family interaction and divert their time, energy and attention towards care of the patient in long run.

7.3. Third objective is to study the pattern of socio-economic status that the families receive.

The social support, family burden were assessed and associated with demographic variables such as occupation, education marital status, family income, family typology and causes of injury.

Social support was assessed which received from friends and relatives by the patients with musculoskeletal injury were not associated with demographic variables such as occupation, education, marital status, family income, family typology and causes of injury.

The level of family burden experienced by the families of the patients with musculoskeletal injury were assessed in various respects such as financial burden, disruption of routine family activities, disruption of family leisure, effect on physical health of others and effect on mental health of others were not associated with demographic variables.

Emotional problems were assessed at pre and post assessment. The analysis shows that, the variables of emotional problems such as anxiety, anger and depression were not associated with the demographic variables.

Besides, the level of burden experienced by the families of the patient with musculoskeletal injury was not correlated with the age of the patient. Among the areas of family burden disruption of family interaction was
correlated with socializing aspect of social support received from the friends. More over, depression level in pre assessment was correlated with the areas of family burden such as effect on physical health of others and effect on mental health of others. But anxiety and anger in pre & post assessment were not correlated with areas of family burden.

Social supports received by the patients from their friends and also from relatives were not correlated with age of the patient. The emotional disturbances of the patients were also correlated with social support which received from friends in pre and post assessment. But socializing is one of the aspect of social support is correlated with depression in pre assessment. Social support received by patient from relatives and friends were not correlated with age of the patient with musculoskeletal injury.

7.4. The fourth objective is the efficacy of nursing intervention.

The research scholar administered relaxation therapy and counseling for families and patients with musculoskeletal injury. Jacobson's relaxation therapy was taught to the families and patient with musculoskeletal injury. Besides, home programs were also assigned which instructed about self administered relaxation therapy. Tape recorder was used to implement the nursing intervention.

Besides, patient's progress was measured with the help of clinical observation, subjective stress profile or anxiety - scale evaluation and objective indicators of relaxation important indicators of progress that gained by observing the patient during the clinical session include physical signs
such as observable movement, a reduction in the breathing pattern during the
courses of the session and a peaceful, relaxed appearance. The patient’s
ability to gain deep relaxation in shorter and shorter periods of time was also
an indicator.

Moreover, Jacobson relaxation therapy was used EMG, biofeed back
has become available. This equipment helped the used when for the treatment
to facilitate relaxation by translating muscle potential into auditory or visual
feedback to the patient. These relaxation skills have been a significant factor
in alleviating the problem.

7.5. Conclusion

The study was summarized and concluded by means of the tools were
used, implications for counselling techniques, implications for Jacobson’s
relaxation techniques, implications for psychosocial research were
summarized and concluded then the implications for nursing needs,
implications for proper nursing administration, implications for health
education and practices.

The present study was conducted on emotional aspects of the patients
and their families like anxiety, depression and anger and family burden
experienced by them. The present study also focuses on social support
rendered to the patients by the family and friends

Further the effectiveness of nursing intervention in the form of
Jacobson’s relaxation therapy and counseling is assessed by pre and post test
assessments with regard to the anxiety, depression and anger. Thus the study concentrates on social, emotional and therapeutics aspects of musculoskeletal injury patients.

Injury to one part of the musculoskeletal system usually results in injury or dysfunction of adjacent structures and of structures enclosed or supported by them. If the bone is broken, the muscles cannot function, and blood vessels and nerves in the vicinity of the fracture may be injured. The nerves in the vicinity of the fracture might be injured. If the nerves do not send impulses to the muscles, as in paralysis, the bones cannot move. If the joint surfaces do not articulate normally, neither the bones nor the muscles can function properly.

Musculoskeletal injury is viewed as a serious medical problem but its socio-psychological consequences are not paid due attention. Though expert medical care enables the earliest recovery the socio-psychological sufferings sufficiently disturb the patients and their respective families. The sufferings of the patients and their families at the psychological level are notable. Psychological reactions of the patients and their families are mostly in the form of affective symptoms like anxiety, and depression. It is quite nature that any injury or illness predisposes the victim to such reactions. Anxiety may be about the recovery and social, vocational, economical and moral responsibilities, which are disturbed by musculoskeletal injury.

Families of patients are burdened in various aspects. Financial burden, due to loss of income and expenditure on the medical treatment. The
functional aspect of the family is also disturbed. As the members divert their
time, energy and attention towards the care of the patient’s family interaction
is strained often. As the families are preoccupied and occupied with the care
of the patients and their families are unable to carry out their routine activities
properly and their leisure activities are disturbed. Family members are also
physically strained and mentally disturbed.

As man is a part of his social group, in times of his crisis, his group
generally supports him. The distress of the patients and their families are not
only determined by the injury / illness but also by the level of social support
that they receive in the form of provision of information, comfort, emotional
supports material aid etc. Social support enables the patient and their families
to cope up with their stress.

Usually families and friends provide the social support. The modes
of social support provided by them in the form of emotional support,
socialization, practical assistance, financial assistance and advice hindrance
are important aspects. Deficiency in these aspects leaves the patients and
their families in distress.

The present study aims to understand social, emotional and nursing
needs of patients with musculoskeletal injuries. An attempt is made to
understand the role of socio-demographic factors in determining the social
and emotional outcome of patients. The extent of emotional disturbances in
the form of anxiety and depression is the major concern of the present study.
The level of burden experienced by the families in the areas of finance.
routine activities, family leisure, family interaction and health are identified by the present study.

The social supports level of the present study. Nursing needs of the patient of this study, this is concerned about the care of patients. Thus the present study concentrates on social, emotional and nursing aspects of musculoskeletal injury.