

Effectiveness of Psycho-educational Nursing Intervention on Feeling of Burden and Self-Efficacy among Caregivers of Mentally Retarded Children

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Abstract

Background: Mental retardation produces psychological, social and financial distress to the whole family. **Aim of study:** This study aimed to evaluate the effectiveness of psycho-educational nursing intervention on feeling of burden and self-efficacy among caregivers of mentally retarded children. **Research design:** A quasi-experimental design (pre and posttest) was used to achieve the aim of the study. **Setting:** This study was conducted at the outpatient clinics for children at the Psychiatric Mental Health Hospital in Benha City, Qalubia Governorate, which is affiliated to General Secretariat of Mental Health in Egypt. **Sample:** A convenience sample of 40 family caregivers of mental retarded children from the above setting. **Tools of data collection:** Three tools were used for data collection. **I:** Structured interview questionnaire was used to collect data about socio demographic characteristic of caregivers and mental retarded children. **II:** Burden interviewing questionnaire to measure the extent of family caregiver have feeling of burden and **III:** General self-efficacy scale to assess a general sense of perceived self-efficacy. **Results:** There was a highly statistically significant improvement in total mean score of feeling of burden and total mean score of self-efficacy post implementation of the program than preprogram. **Conclusion:** Psycho-educational nursing program had a positive effect on enhancement of feeling of burden and self-efficacy among caregivers of mental retarded children. **Recommendations:** Psycho educational program should be given to all caregivers of mentally retarded children to reduce their feeling of burden, enhance their self-efficacy and positive optimistic attitude to their mentally retarded children.

Key words: Feeling of Burden, Mental Retarded Child, Psycho-educational Nursing Intervention, Self-efficacy

Introduction

Mental retardation is a life-long disability and has a major impact on the lives of the children and their families. Caring child with mental retardation affects several aspects of caregiver's life negatively including poor physical and emotional state. Mental disabilities are not diseases. Children with mentally retarded have limited mental function, communication skills, ability to maintain themselves and independence of children during the period of developmental

and adaptive function, but it is not a disease (Shanti et al., 2018).

Self-efficacy refers to the individuals' different reactions to life stressful experiences and exclusively is applied in care area to describe how the caregivers tackle the ongoing challenges (Azar et al., 2019). Nurses provide care to intellectually disabled children and parents should undertake a variety of distinct roles and act as educators, consultants, advocates and decision makers.

Determining the family burden of the parents of intellectually disabled children is important for providing professional support to families suffer from burden and for identifying coping behaviors. The families of disabled children will feel that are not alone and will be able to receive professional support for the issues that burden those (**Hosny et al., 2020**).

The psycho-educational intervention is a set of systematic intervention based on supportive ,handling and upgrading the lives of mentally retarded children depend on the participation, support from families and family needs. The intervention is focused on increasing family knowledge about disease, better adjustment to illness, communication and facilitating problem solving skills (**Esther et al., 2018**).

Significance of the study

Mental retardation is a condition of "arrested or incomplete development of the mind" and characterized by impaired developmental skills that contribute to the overall level of intelligence. Nearly 83 million of the world's population is estimated to be mentally challenged, with 41 million having long-term or permanent disability. It ranks fourth in the list of leading causes of disability. The overall prevalence of mentally challenged children is between 1-3%, overall prevalence of mild to severe mentally challenged ranges from 2.5 to 5 per thousand (**Rijal, 2013**).

In Egypt, Statistics showed that the highest rate of mental retardation was 22.4%, or about 1.6 million. The presence of a mentally handicapped child shakes the family to its foundations. Family experiences a kind of initial shock to stress and reacts with grief, hopelessness, and shame , guilt feelings, feeling of burden and lack of self-efficacy (**Mukesh et al., 2015**).

Aim of the study

This study aimed to evaluate the effectiveness of psycho-educational nursing intervention on feeling of burden and self-efficacy among caregivers of mentally retarded children.

Research hypothesis

The mean score for feeling of burden and self-efficacy among caregiver with mentally retarded children would be improved after implementation of psycho-educational program than before program.

Subject and methods

Research design:

A quasi-experimental design (pre and posttest) was used to achieve the aim of the study.

Setting:

This study was conducted at the outpatient clinics for children at the Psychiatric Mental Health Hospital in Benha City, Qalubia Governorate, which is affiliated to General Secretariat of Mental Health in Egypt.

Research Subject:

Sample size:

The estimated sample size was 40 family caregivers

Sample technique:

A convenience sample was obtained from caregiver of mentally retarded children who meet inclusion criteria. The study will conduct on 40 family caregivers of mentally retard children who receive follow up care in outpatient clinic.

Tools of data collection:

The data was collected using the following tools:

Tool (1):- A structured Interview Questionnaire which developed by the researcher & consists of two parts:

Part 1:- Socio-demographic characteristic of caregivers such as age, sex, marital status, level of education, occupation.

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Part II: - Socio-demographic characteristics of mentally retarded children include age, sex, degree and type of mental retardation

Tool (2): Burden interviewing questionnaire:

Modified version of Zarit Burden Interviewing questionnaire (ZBI) developed by **Zarit et al., (1986)**. This tool was used to measure the extent of family caregiver have physical, social and psychological burden as a result of caring their child with mental retarded and modified by **Abdel Salam, (2006)**.

The ZBI questionnaire consisted of 29 items in three main sections:

Physical stress consists of 4 items, social stress consists of 10 items and psychological stress consists of 15 items. 3point likert scale of response for each statement indicates how often the caregiver feels that way: never score (0), sometimes: score (1), always: score (2)

The scale scoring system:

The burden level was rated

- ❖ From (0-19) mild
- ❖ From (<19>38) moderate.
- ❖ From (38-58) sever.

Tool (3): General self-efficacy Scale:

It was designed by **Schwarzer& Jerusalem, (1995)** and translated into Arabic by **Radwan, (1997)**. This scale was created to assess a general sense of perceived self –efficacy, and composed of 10 items.

Rating Scale:

- 1 = Not at all true.
- 2 = hardly true.
- 3 = moderately true.
- 4 = exactly true

The total score is calculated by finding the sum of the all items. For the general self-efficacy, the total score ranges between 10 and 40, with a higher score indicating more self-efficacy and lower score indicate low self- efficacy.

Reliability of the tool: Test-retest reliability was applied for tool (zarit burden interviewing questionnaire and General self-efficacy Scale). The tools proved to be strongly reliable ($r. = 0.823$ and 0.799) respectively.

Pilot study:

Before starting data, collection a pilot study was conducted to assess the clarity and applicability of the study tools and identify the time needed to fill each tool. It was carried out on 10% of the subjects, who were excluded from the main study sample. According to the result of the pilot study necessary modification was done as follow modification of some words in the Arabic form of (zarit Burden interviewing questionnaire) to give the right meaning of the phrase.

Ethical Consideration:

Before conducting the study the participants were assured about confidentiality and anonymity of their obtained information throughout the study. They were informed about their right to refuse to participate in the study and the right to withdraw from the study at any time. Acceptance of participants who agreed to participate in the study was taken from the participants through a written consent filled by assistance of the patients' rights committee in the hospital.

Field work:

The psycho-educational nursing program was developed by the researcher after a thorough review of the related literatures and after making the pilot study. The psycho-educational nursing program aimed to improve feeling of burden and self-efficacy among caregivers of mentally retarded children. This program has a set of general objectives and specific objectives for each session. The number of program's sessions was 10 sessions. Based on the results obtained from the assessment tools and review of

literature, the program content was developed by the researcher in the form of a booklet, which was revised and approved by the supervisors after that the final booklet is distributed for caregivers of mentally retarded children in the first session.

Session of the program focused on:-

- Session 1: Acquaintance session.
- Session 2: Overview about mental retarded
- Session 3: Overview of feeling of burden
- Session 4: Activity of daily living
- Session 5: Practice steps to help caregivers to manage problem of elimination to their child
- Session 6: How to play with the child and train their child to initiate social interaction
- Session 7: Relaxation technique
- Session 8: Promote self-esteem
- Session 9: Developing skills of solving problem and decision making
- Session 10: Summary of the program sessions

Implementation Phase:-

This phase was beginning by data collection then implementation of psycho-educational nursing program for parent of mentally retarded children who meet previously mentioned criteria.

Data collection (Pre-test):

Data collection of this study was carried out at outpatient clinic for mental retarded children at the Psychiatric Mental Health Hospital at Benha City, Kaluobia Governorate. The data collection was done on study group (pretest) in first session (acquaintance session) after identify the purpose of the program, describe schedule of the program (number of sessions, time and duration of each session) and outlines the content and steps of the program.

Implementation of the Program:

- This step focused on the implementation of Psycho-educational Nursing Program for the study group (40 famil caregivers). This group was divided into 8 subgroups; each subgroup composed of 5 caregivers.

- The program consisted of 10 sessions, 30-45minute for session's theoretical and 45-60 hours sessions practical. Each subgroup received 10 sessions of psycho-educational nursing program. Sessions was implemented two day per week, usually at Sunday and Thursday every week.

- Researcher work with (8 subgroup, 2days/week). Each subgroup composed of 5 parents, received one session/day /week which lasted for about 30-60 minute and 10 minute for break.

- The program sessions were conducted in the outpatient clinic for children entertainment hall and room for group therapy (includes chairs arranged in 2 raw and table for the equipment).

- To ensure that the parents understand the program contents, each session was started with a summary about what was given through the previous session, and the objectives of the new session were mentioned taking into consideration using simple language to suit all parents. During the session, the researcher used demonstration and modeling by the researcher and one parent to practice skills in psycho-educational nursing program. After that, the researcher used re- demonstration of the skill by each patient to master the skill. After finishing, the researcher thanked the caregivers for participation and encouraged the caregivers for asking about any unclear points.

- Moreover, the researcher made a summary at the end of the session and told the parents about the time of the next session.

Strategies of program implementation:-

- **Methods of teaching:** - Open discussion, group discussion, lecture, demonstration, real situation, positive reinforcement, modeling, group cooperation, role play.

- **Media:** - brochure and video tape.

- **Methods of evaluation:** - Feedback through oral questions, re-demonstration,

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positive participation, direct observation, role play.

Evaluation Phase (post-test). -This phase aimed to estimate the effect of psycho-educational nursing program on improvement of sense of burden and self-efficacy among parent of mental retarded children. After the conduction of the psycho-educational nursing program sessions for the study group a post-test was done for study group using the pervious assessment tool for data collection (tool two and three for data collection) to compare the effect of the program pre post intervention .

Statistical analysis:

The collected data were organized, computerized, tabulated and analyzed by using the Statistical Package for Social Science (SPSS) version 20. Data analysis was accomplished by the use of number, percentage distribution, mean, and standard deviation. Paired t-test was used to compare means within group, and t-test was used to compare two independent means. A significant level value was considered when p- value = <0.05.

Results:

Table (1): Shows that, less than half (**47.5%**) of the caregivers aged between $31 \leq 41$ years old the mean age of them $\bar{X} \pm SD$ of 38.45 ± 8.81 , three quarter of them (75.0 %) of them were females, and more than third (37.5%) had intermediate education. As regards the marital status, near to three quarter (67.5%) of caregivers were married

Table (2): Reveals that there were highly statistically significant enhancement in all subscale levels of feeling of burden among the studied caregiver post program than preprogram ($P \leq 0.001$).

Table (3): Illustrates that, there were highly statistically significant relations between

levels of feeling of burden among the studied caregivers' and all their socio-demographic characteristics items pre and post program

Table (4): Shows that, there were highly statistically significant relations between the studied caregivers' sense of perceived self-efficacy and their socio-demographic characteristics pre and post program.

Table (5): Indicates that, there were highly statistically significant negative correlations between the studied caregivers' perceived self-efficacy and feeling of burden pre and post program ($P < 0.001$).

Figure (1): Reveals that, one quarter (25.0%) of the studied caregivers had mild total feeling of burden preprogram which increased to more than half (52.5%) post program. More than third (32.5%) of them had moderate total feeling of burden preprogram which decreased to 25.0% post program, while 42.5% of them had sever total feeling of burden preprogram which decreased to 22.5% post program.

Figure (2): Demonstrates that, more than third (40.0%) of the studied caregivers had high sense of perceived self-efficacy preprogram which increased to less than two third(62.5%)post program, while less than two third (60.0%) of them had low sense of perceived self-efficacy preprogram which decreased to (37.5%)post program.

Table (1): Socio-demographic characteristics of studied caregivers (n = 40).

Socio-demographic characteristics	No.	%
Age (Years):		
20 - 30	6	15.0
31 – 40	19	47.5
41 – 50	12	30.0
50+	3	7.5
$\bar{X} \pm SD$ 38.45 ± 8.81		
Gender:		
Male	10	25.0
Female	30	75.0
Educational level:		
Don't read and write	3	7.5
Read and write	7	17.5
Intermediate education	15	37.5
University education	10	25.0
Postgraduate studies	5	12.5
Marital status:		
Single	3	7.5
Married	27	67.5
Divorced	5	12.5
Widowed	2	5.0
Separated	3	7.5
The relationship for the child:		
Father	10	25.0
Mother	27	67.5
First degree relatives	3	7.5
The kinship between the spouses:		
Yes	23	57.5
No	17	42.5
History of mental disorder:		
Yes	15	37.5
No	25	62.5

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Table (2): Distribution of feeling of burden subscale levels among the studied caregivers' of mental retardation children pre and post program, (n = 40).

The caregivers' feeling of burden subscale levels	Preprogram		Post program		Significance test	
	No.	%	No.	%	χ^2	P-value
The physical burden:						
Mild	9	22.5	20	50.0	57.56	$\leq 0.001^{**}$
Moderate	10	25.0	10	25.0		
Sever	21	52.5	10	25.0		
The social burden:						
Mild	8	20.0	22	55.0	55.28	$\leq 0.001^{**}$
Moderate	8	10.0	5	12.5		
Sever	28	70.0	13	32.5		
Occupational burden:						
Mild	5	12.5	19	47.5	47.18	$\leq 0.001^{**}$
Moderate	10	25.0	12	30.0		
Sever	25	62.5	9	22.5		
Relationship with others:						
Mild	7	17.5	18	45.0	44.92	$\leq 0.001^{**}$
Moderate	9	22.5	15	37.5		
Sever	24	60.0	7	17.5		
Psychological burden:						
Mild	7	17.5	23	57.5	31.61	$\leq 0.001^{**}$
Moderate	14	35.0	9	22.5		
Sever	19	47.5	8	20.0		

Table (3): Relation between socio-demographic characteristics of the studied caregivers' and their feeling of burden pre and post program, (n = 40).

socio-demographic characteristics items	Caregiver sense of burden											
	Pre program						Post program					
	Mild		Moderate		Sever		Mild		Moderate		Sever	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Age (Years):												
20 ≤ 30	3	7.5	1	2.5	2	5.0	4	10.0	0	0.0	2	5.0
31 ≤ 40	3	7.5	5	12.5	11	27.5	16	40.0	2	5.0	1	2.5
41 ≤ 50	1	2.5	3	7.5	8	20.0	5	12.5	3	7.5	4	10.0
50+	2	5.0	1	2.5	0	0.0	3	7.5	0	0.0	0	0.0
Significance test	X² = 18.89				P-value < 0.018*		X² = 22.73				P-value < 0.001**	
Sex:												
Male	3	7.5	2	5.0	5	12.5	6	15.0	1	2.5	3	7.5
Female	6	15.0	8	20.0	16	40.0	22	55.0	4	10.0	4	10.0
Significance test	X² = 17.86				P-value < 0.001**		X² = 19.90				P-value < 0.001**	
Educational level:												
Don't read and write	1	2.5	0	0.0	2	5.0	2	5.0	0	0.0	1	2.5
Read and write	2	5.0	1	2.5	4	10.0	4	10.0	1	2.5	2	5.0
Intermediate education	4	10.0	4	10.0	7	17.5	11	27.5	2	5.0	2	5.0
University education	2	5.0	2	5.0	6	15.0	6	15.0	2	5.0	2	5.0
Postgraduate studies	0	0.0	3	7.5	2	5.0	5	12.5	0	0.0	0	0.0
Significance test	X² = 16.88				P-value < 0.005**		X² = 18.99				P-value < 0.001**	
Marital status:												
Single	1	2.5	2	5.0	0	0.0	3	7.5	0	0.0	0	0.0
Married	6	15.0	6	15.0	15	37.5	19	47.5	4	10.0	4	10.0
Divorced	2	5.0	1	2.5	2	5.0	3	7.5	0	0.0	2	5.0
Widowed	0	0.0	0	0.0	2	5.0	0	0.0	1	2.5	1	2.5
Separated	0	0.0	1	2.5	2	5.0	3	7.5	0	0.0	0	0.0
Significance test	X² = 19.72				P-value < 0.002**		X² = 19.79				P-value < 0.001**	
The relation for the child:												
Father	2	5.0	0	0.0	8	20.0	8	20.0	1	2.5	1	2.5
Mother	6	15.0	9	22.5	12	30.0	19	47.5	3	7.5	5	12.5
First degree relationship	1	2.5	1	2.5	1	2.5	1	2.5	1	2.5	1	2.5
Significance test	X² = 17.75				P-value < 0.010**		X² = 17.55				P-value < 0.001*	

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Table (4): Relation between socio-demographic characteristics of the studied caregivers' and their sense of perceived self-efficacy pre and post program, (n = 40).

Caregivers' socio-demographic characteristics	Total sense of perceived self-efficacy							
	Pre program				Post program			
	High		Low		High		Low	
	No.	%	No.	%	No.	%	No.	%
Age (Years):								
20 ≤ 30	5	12.5	2	5.0	6	15.0	1	2.5
31 ≤ 40	4	10.0	14	35.0	16	40.0	2	5.0
41 ≤ 50	7	17.5	5	12.5	7	17.5	5	12.5
50+	0	0.0	3	7.5	2	5.0	1	2.5
Significance test	X² =16.94		P-value < 0.018*		X² =22.73		P-value < 0.001**	
Gender:								
Male	4	10.0	6	15.0	7	17.5	3	7.5
Female	12	30.0	18	45.0	20	50.0	10	25.0
Significance test	X² =15.57		P-value < 0.007*		X² = 20.90		P-value < 0.001**	
Educational level:								
Don't read and write	3	7.5	0	0.0	3	7.5	0	0.0
Read and write	3	7.5	4	10.0	5	12.5	2	5.0
Intermediate education	4	10.0	11	27.5	13	32.5	2	5.0
University education	6	15.0	4	10.0	9	22.5	1	2.5
Postgraduate studies	0	0.0	5	12.5	3	7.5	2	5.0
Significance test	X² =13.42		P-value < 0.009*		X² =18.80		P-value < 0.001**	
Marital status:								
Single	0	0.0	3	7.5	3	7.5	1	2.5
Married	11	27.5	16	40.0	20	50.0	7	17.5
Divorced	3	7.5	2	5.0	4	10.0	1	2.5
Widowed	2	5.0	0	0.0	2	5.0	0	0.0
Separated	0	0.0	3	7.5	2	5.0	1	2.5
Significance test	X² =17.84		P-value < 0.009**		X² = 16.79		P-value < 0.001**	
The relation for the child:								
Father	5	12.5	5	12.5	7	17.5	3	7.5
Mother	10	25.0	17	42.5	21	52.5	6	15.0
First degree relationship	1	2.5	2	5.0	3	7.5	0	0.0
Significance test	X² =16.73		P-value < 0.005*		X² = 18.56		P-value < 0.001**	

Table (5): Correlation between the studied caregivers' total mean score of perceived self-efficacy and total mean score of feeling of burden pre and post program, (n = 40).

Variables	Total sense of perceived self-efficacy			
	Preprogram		Post program	
	R	P-value	r	P-value
Total sense of burden	- 0.478	0.001**	-0.699	0.001**

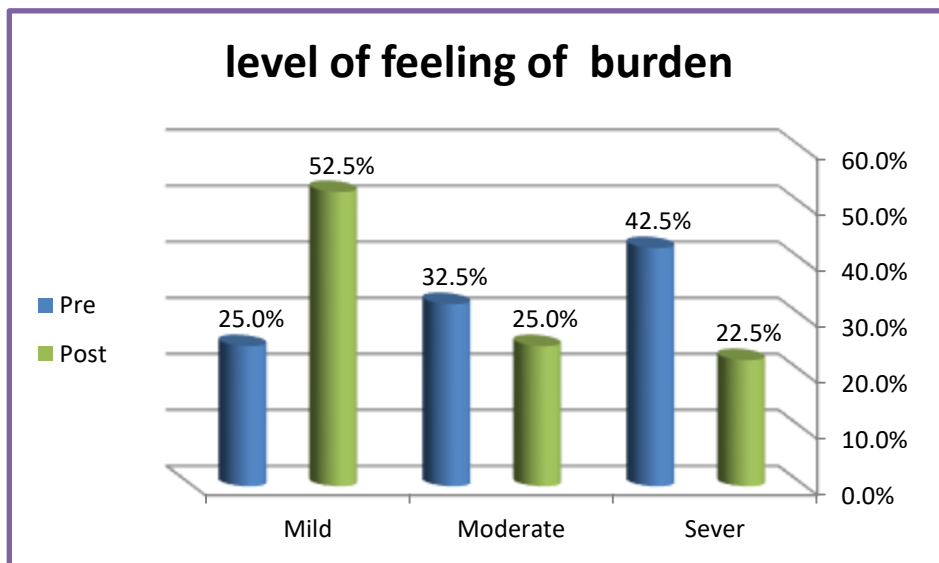


Figure (1): Percentage distribution of the levels of feeling of burden among the studied caregivers' of mental retardation children pre and post program, (n = 40).

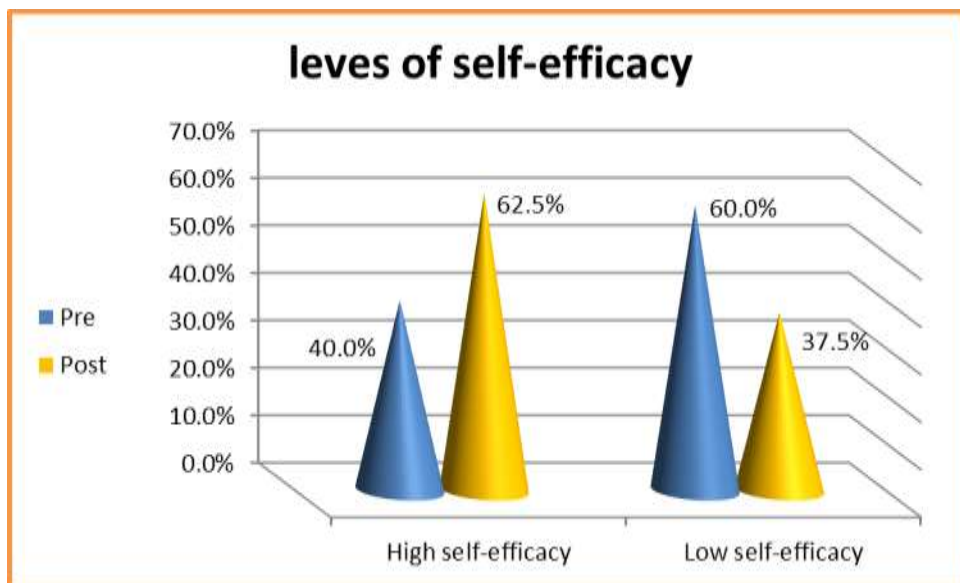


Figure (2): Percentage distribution of the studied caregivers' levels of perceived self-efficacy pre and post program, (n = 40)

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Discussion

Regarding Socio-demographic characteristics of the studied sample: The present study revealed that, less than half of the caregivers aged between 31-41 years old the mean age of them $\bar{X} \pm SD$ of 38.45 ± 8.81 . This finding could be due to delayed age of marriage, failure to find satisfying job, limited financial resources and inability to meet demands of marriage.

This result was consistent with the findings of several research studies as those of (Maryline & Flinsi, 2015), who studied assessment the role of parents in the care of mentally challenged children selected special schools who reported that the majority of studied sample were mothers between age of 35 and above. Also (Laimayum et al., 2019) who found that most of parents aged 41-50 years; Also supported by (El-Bilsha, 2019) who stated that around half of his study sample had age less than 35 years.

Regarding subscale feeling of burden among studied sample pre and post program implementation, the current study results indicated that there was a highly statistically significant improvement in the mean score of all subscale of feeling of burden and total mean score of the scale post psycho educational nursing program than pre intervention program. The researcher's point of view was that after program, training sessions may increase the level of parent's awareness and acceptance towards mentally retardation and their children's characteristics, these classes can clarify the emotions and responses which often the parents express and they can decrease families' stress, increase optima parents-child optimal interaction and influence family's health remarkably through teaching strategies. This could be also attributed to the fact that the skills used in the training

program are of a comprehensive nature. In addition, improved the parent's level of self-efficacy and enabled him to relieve his negative, painful emotions and feeling of burden in an adaptive manner.

The present results agree with (Kerenhappachu & Godishala, 2014) who found that mothers of children with mental retardation are experiencing more caregiver's burden and seeking more social support than the mothers of normal children. In the same line (Lohith & Severine, 2017) who found that caregiver felt that their social status is affected much by taking the child out when compared with a normal child and felt that their life is affected at all with the presence of the mentally retarded child in the family.

The current study reveals that there were highly statistically significant relations between the studied caregivers' total sense of burden and their socio-demographic characteristics at pre and post program preprogram. This result agreement with (El-Bilsha, 2019) who found that there is a statistically significant positive correlation among caregivers' burden and their socio-demographic and clinical data. In the same line (Poonguzhali, 2015) who found there was a significant association between the level of burden of caregivers and age, education, marital status and type of family.

The current study revealed that, There were highly statistically significant relations between the studied caregivers' total sense of perceived self-efficacy and their socio-demographic characteristics at pre and post program ($P < 0.001$). This result agree with Loredana and Massimo (2017) who found that Multiple factors may influence perceived self-efficacy (PSE) such as child temperament qualities, parent individual variables (such as gender, grade of instruction, experienced

stress, etc.), or family factors (marital support, coparenting, etc.); also, (Azar et al., 2019) found that caregivers' self-efficacy had statistically meaningful relationship with the patient's gender, income potential, housing status and with the caregiver's age, gender, educational level, job, housing status, relationship with the patient, and perceived economic status .

The result of the current study revealed that there were highly statistically significant negative correlations between the studied caregivers' total sense of perceived self-efficacy and total sense of burden pre and post program ($P < 0.001$). **This was supported by Azar et al., (2019)** who found that there is a negative and significant correlation between self-efficacy and caregivers' stress or burden with different correlation power according to cultures and diseases also (Sheunget et al., 2013) found that there is negative relationship with positive gains when caregiver self-efficacy was low but a positive relationship when self-efficacy was high; thus, the overall relationship might appear to be near zero.

The current study reveals that, more than third of studied caregiver had moderate total sense of burden preprogram which decreased post program, while less than half of them had severe total sense of burden preprogram which decreased to less than one quarter post program. This is could be due to the effect of psycho-educational intervention which leads to increased awareness about mental retarded and enhanced stress management among the caregivers. In line with the studies carried out by (Huis et al., 2015) who reported that caregivers who received psycho-educational intervention expected a decrease of caregivers' burden. In the same line (Yildirm et al., 2014) found that psycho-education programs are effective in reducing the pressures imposed on the family. In the same line (El-Bilsha, 2019), who found that all caregivers had moderate or severe

levels of burden, Moreover, after intervention the level of burden was significantly decreased to around one fifth.

The current study revealed that more than third of the studied caregivers had high total sense of perceived self-efficacy preprogram which increased to less than two third post program. This may be due to the effect of psycho educational nursing program on Caregiver can result in feeling a self-identity, high levels of self -esteem, decrease worry, or feelings of uncertainty. Caregivers have self-acceptance, feel effective and feel in control of their lives. This result agree with (Loredana and Massimo, , 2017) who found that parent have low of self-efficacy related to stress and caring of children with particular needs, low level of social orienting, and approach to environment.

Conclusions:

The presence of mentally-retarded children impacts the parents and their family and can be a source of burden for family. Feeling of burden led to feeling of failure, dissatisfaction of caregiver's role with their child and in the society, low of self-efficacy, dissatisfaction of quality of life, impaired social interactions. The psycho-educational nursing program had a positive effect on enhancement of self-efficacy and feeling of burden among caregivers with mental retarded children. There was a highly negative significant correlation between feeling of burden of the studied caregiver and their self-efficacy at post intervention of psycho-educational nursing program.

Recommendations:

- Stress management, assertiveness training and social skill training program should be given to caregivers with mental retarded children to relieve psychological problems and enhance coping patterns.
- Psychological counseling should be integrated as a part of routine nursing intervention for caregivers with mental

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retarded children to enhance their self-efficacy.

- A psycho educational program about Positive thinking about the problem and optimistic attitude by the parents to help the children to grow in a positive way

- Further research on large number of parents about how to cope with their problems effectively.

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فاعليه التدخل التمريضي التعليمي النفسي علي الشعور بالعبء و الكفاءه الذاتيه بين مقدمي الرعايه للأطفال ذي الإعاقه الذهنيه

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الإعاقة الذهنية هو اضطراب وراثي يشير إلى قلة في مستوى الأداء الذهني العام الذي ينشأ خلال فترة تطور الطفل ويرتبط بضعف أو عجز في السلوك التكيفي و معدل ذكاء أقل من ٧٠ مع صعوبة في الانشطة اليومية و نمو غير مكتمل للعقل. أن وجود طفل معاق ذهنياً يهز الأسرة من أساسها حيث تتعرض الأسرة إلى نوع من الصدمة الأولية وتوتر و يظهر الصدمه علي شكل حزن و يأس و عار و شعور بالذنب. لذا هدفت هذه الدراسة إلى تقييم تأثير برنامج تمريضي تعليمي نفسي علي الشعور بالعبء و الكفاءة الذاتية بين مقدمي الرعاية للأطفال ذوي الإعاقة الذهنية. حيث تم إجراء الدراسة في العيادات الخارجية للأطفال في مستشفى الصحة النفسية والعقلية في مدينة بنها. وقد تضمنت الدراسة عينة ملائمة من ٤٠ من القائمين بالرعاية للأطفال ذوي الإعاقة الذهنية الذين يتلقون المتابعة والرعاية في العيادات الخارجية. وأظهرت الدراسة أن برنامج العلاج التمريضي التعليمي النفسي كان له تأثير إيجابي على تحسين الكفاءة الذاتية والشعور بالعبء بين القائمين بالرعاية للأطفال ذوي الإعاقة الذهنية وقد أوصت الدراسة عمل برامج تدريبية للقائمين بالرعاية للأطفال ذوي الإعاقة الذهنية مثل برنامج إدارة الضغوط، برنامج التدريب على توكيد الذات، برنامج التدريب على المهارات الاجتماعية وذلك لمساعدتهم على تغلب على المشاكل النفسية وتعزيز أنماط التكيف لديهم.