International Journal of Applied Research

Surabhi Dutta
Department of Mental Health Nursing, Rahman Institute of Nursing & Paramedical Sciences, Guwahati, Assam, India

Yumnam Chanu Superior
Department of Medical Surgical Nursing, Rahman Institute of Nursing & Paramedical Sciences, Guwahati, Assam, India

Perception of illness and work performance of person diagnosed with headache attending out-patient department: A descriptive study

Surabhi Dutta and Yumnam Chanu Superior

Abstract
Background of the study: The concept of illness is significantly related to several outcome measures in different medical conditions. However, very little population is aware about headache-related causal attributions and cognitive and emotional representations in patients with migraine. Headache is one of the most common causes of morbidity that everyone has faced at least once in lifetime. Primary headache is not only commonest disorders in the world but also among the most burdensome, causing considerable morbidity and loss of productivity.

Objectives
- To assess the socio-demographic and clinical variable of person diagnosed with headache attending Out-Patient Department, LGBRIMH, Tezpur, Assam.
- To assess the perception of illness of a person diagnosed with headache attending Out-Patient Department, LGBRIMH, Tezpur, Assam.
- To assess the work performance of the persons diagnosed with headache attending Out-Patient Department, LGBRIMH, Tezpur, Assam.
- To find out the association of perception of illness with selected socio-demographic and clinical variables of person diagnosed with headache attending Out-Patient Department, LGBRIMH, Tezpur, Assam.
- To find out the association of work performance with selected socio-demographic and clinical variables of person diagnosed with headache attending Out-Patient Department, LGBRIMH, Tezpur, Assam.

Methods: A sample of 30 patients who were diagnosed with headache operationally migraine visiting in the Out-Patient Department of Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam was selected by purposive sampling technique. Data was collected by using Brief Illness Perception Questionnaire (BPIQ) and the Work and Social Adjustment Scale (WSAS). The collected data was analyzed using descriptive and inferential statistics.

Results: The results showed that majority 93.3% (n=28) of the participants were female and among them 90% (n=27) were married. Majority 86.7% (n=26) experienced headache associated with nausea. Most of the respondents 70% (n=21) experienced throbbing pain during headache. Major part of the participants 73.3% (n=22) reported of headache that starts gradually. Most of the participants 43.3% (n=13) found to have severe headache in the morning. Majority of the participants 60% (n=18) experienced headache due to exposure to sunlight and 20% (n=6) accounted for headache due to physical activity.

Conclusion: Headache disorders are one of the most common disorders of the nervous system. As migraine does not have complete cure so people are fed up of repeated treatment and severity of pain hampers in the work performance and not able to concentrate in any work or do any productive work which leads to distress, anger, low mood, fear in individual. So, it is needed to understand the proper course of illness, its implication and provide necessary information to the patient about the disease process and sought out the emotional problems with adequate information.

Keywords: Assess, illness, perception, work performance, headache

Introduction
Headache is one of the most important causes of morbidity and common to such an extent that everyone has faced at least once in lifetime. It is the common physical complaint in the today's world. It refers to the pain which occurs in the head starting from above the eyes or the ears behind the occipital region or back of upper neck. According to WHO, headache was

Corresponding Author:
Yumnam Chanu Superior
Department of Medical Surgical Nursing, Rahman Institute of Nursing & Paramedical Sciences, Guwahati, Assam, India

ranked in the top ten causes of disability in the world and among women it is in top five causes of disability. It affects all age group and is prevalent in both sexes.

Headache can be basically classified into primary headache and secondary headache. Primary headaches are those type of headache in which particular organic causes cannot be identified and it is basically classified into Migraine, Tension type headache, Cluster headache and other primary headache. Secondary headaches those arises as a symptom of another disorder (structural or metabolic abnormality) such as Extracranial: Sinusitis, Otitis media, Glaucoma. Intracranial: SAH, Vasculitis, Central Vein Thrombosis, Tumor, Abscess, Meningitis Metabolic disorders- CO_2 retention, CO poisoning.

Among all the types, the migraine ranked the third common cause of disability among age group 15 to 49 years worldwide. Migraine is defined as a benign, episodic syndrome of headache associated with other symptoms of neurologic dysfunction in varying admixtures. Migraine attack can be basically identified into 5 clinical phases which follows the sequence of premonitory phase, aura, headache, resolution and lastly recovery.

The impact of migraine may affect in numerous ways which includes educational and employment choices. Migraine has serious deleterious effects on patient's quality of life by causing considerable morbidity and loss of productivity.

Methods
The research approach selected for the study was quantitative approach with descriptive design. The study was conducted in the Outpatient Department of Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam. Data was collected by using purposive sampling technique. A formal permission was obtained from concerned authority of LGBRIMH, Tezpur, Assam. A total of 30 participants participated in the study. Data was collected through structured interview by using Brief Illness Perception Questionnaire (BPIQ) and the Work and Social Adjustment Scale (WSAS). Care was also taken to ensure privacy and confidentiality of the participants.

Sample Size
The sample size was 30 participants.

Sampling technique
Purposive sampling technique was used to select the sample.

Tool for data collection
The tool consists of three sections:
Section-I consists of 2 parts
Part A: Addressed the demographic data prepared by the investigator.
Part B: addressed clinical profile of participants.
Section-II addressed Brief Illness Perception Questionnaire (BPIQ) which consists of 9 items.
Section-III addressed Work and social adjustment scale (WSAS) which consists of 5 items.

Method of data collection
Data was collected by using structured interview.

Procedure for data collection
Prior consent was obtained from the participants before the interview. The participants were explained about the purpose of the study and ensured the anonymity and confidentiality and written consent was obtained from them. Data was collected in Assamese through interview method by the investigator from the patients with migraine who were attending Out-Patient Department for check- up and follow-up in LGBRIMH, Tezpur, Assam. The translation of the tool in Assamese (BPIQ and WSAS) was done with the help of 3 experts.

Data analysis
The collected data were analyzed and interpreted as per the objectives of the study by using descriptive and inferential statistical methods. The Assamese version of the tools, BPIQ and WSAS were used. The internal consistency of Assamese version of both the tool was calculated using split half method. The translated Assamese version of BPIQ and WSAS was found to be r= 0.75, r= 0.85 respectively.

Results
The results revealed that the participants gained maximum score of 61 and minimum score of 46 in illness perception and mean and standard deviation is 54.20±3.97 according to Brief Illness Perception questionnaire (BPIQ). In work performance, the participants gained maximum score of 38 and minimum score of 14 and mean and standard deviation is 31±7.86. Majority 66.7% (f=20) participants experienced headache associated with moderate psychopathology 66.7% (f=20) and 33.3% (f=10) experienced headache associated with significant functional impairment.

Table 1: Description of Range, Mean and Standard deviation (SD) of illness perception and work performance of person diagnosed with headache n=30

Variables	Range		Mean	Median	SD
	Minimum	Maximum			
Brief illness perception Questionnarie (BPIQ)	46	61	54.20	55	3.97
Work and Social Adjustment scale(WSAS)	14	38	28	31	7.86

Table 2: Chi-square (x^2) values showing association between Perception of illness and selected socio-demographic and clinical variables in persons diagnosed with headache n= 30

Socio demographic variable	Categories	BIPQ		Calculated Chi-square (x^2) value	df	P value (< 0.05)	*S/NS at 0.05 level
		<55	>55				
Gender	Male	1	1	0.01	1	0.9(Fisher exact test)	NS
	Female	15	13				
Socio-economic status	Lower	1	2	0.2	1	1.00(Fisher exact test)	NS
	Upper Lower	13	14				
	Married	13	14	0.2		1.00(Fisher exact	NS

Marital Status	Married once	1	2		1	test)	
Occupation	House maker	6	10	1.15	1	0.2	NS
	Others	8	6				
On average how often do you have headache?	Daily	7	5	1.09	1	0.2	NS
	Weekly/Monthly	7	11				
What do you think cause of your Headache?	Stress/Injury	7	10	0.4	1	0.4	NS
	Others	7	6				
What symptoms you feel as warning signs of headache?	Warning signs present	12	14	0.02	1	1.00	NS
	No warning signs	2	2				
Whether headache is associated with nausea?	Yes	12	14	0.02	1	1.00	NS
	No	2	2				
Whether headache is associated with vomiting?	Yes	7	11	1.09	1	0.02	NS
	No	7	5				

S=Significant at 0.05 level NS= Not Significant

Table 2 showed that there is no significant association between perception of illness with socio demographic and clinical variable at 0.05 level of significance.

Table 3: Chi-square (x^2) values showing association between work performance and selected socio-demographic and clinical variables, in person diagnosed with headache n=30

| Socio-demographic variable | Categories | WSAS | | Calculated Chi Square (x^2) value | df | P value (< 0.05) | *S/NS at 0.05 level |
		>20	10-20				
Gender	Male	1	1	0.26	1	1.00(Fisher exact test)	NS
	Female	19	9				
Socio economic status	Lower	1	2	1.67	1	0.2(Fisher exact test)	NS
	Upper lower	19	8				
Marital Status	Married	18	9	0.00	1	1.00(Fisher exact test)	NS
	Married once	2	1				
On average how often do you have headache?	Daily	10	2	2.50	1	0.2(Fishers exact test)	NS
	Weekly/Monthly	10	8				
What do you think the cause of your headache?	Stress/Injury	12	5	0.2	1	0.7(Fishers exact test)	NS
	Other	8	5				
What symptoms you feel as warning signs of headache?	Warning signs present	17	9	0.1	1	1.00(Fishers exact test)	NS
	No warning signs	3	1				
Headache associated with nausea	Yes	18	8	0.57	1	0.5	NS
	No	2	2				
Headache associated with vomiting	Yes	12	6	0.00	1	1	NS
	No	8	4				

*S=Significant at 0.05 level NS= Not significant

Table 3 showed that there is no significant association between selected socio-demographic and clinical variable with work performance at 0.05 level of significance.

Discussion
In this study total 30 participants were participated. Majority of the participants has described that the cause of headache is unknown to them as they are not aware of the risk factors and the triggering factors. Majority of the participants revealed that the headache is severe during morning 43.3% (f=13) followed by night 30% (f=4) and evening and the rest 6.7% (f=2) reveals that there is no significant time period. The study shows that there was no significant association between the Brief Illness Perception and the selected socio-demographic and clinical variables at 0.05 level of significance. There is no correlation between illness perception and work performance of the participants.

Conclusion
It is important for nurses to know about headache and its triggering factors as it is one of the most important problems in the today's world everyone faces in their lifetime. Among all migraine headache is one of the most distressing type of headache which need immediate intervention. Gaining adequate knowledge regarding migraine headache will help to deal with patient with same problems and apply the knowledge in practice.

References
1. Sirri L, Pierangeli G, Cevoli S, Cortelli P, Grandi S, Tossani E. Illness perception in patients with migraine: An exploratory study in a tertiary care headache centre. Journal of psychosomatic Research; [Internet] [2018 august]; [cited on 2020 Feb 15];111:52-7. https:/doi.org/10.1016/j.jpsychores.2018.05.11
2. Ahmed F. Headache disorder: differentiating and managing common subtypes. British Journal of pain: [Internet] [2012 august]; [cited on 2020 feb 15];6(124-32). doi:10.1177/2049463712459691
3. Pavana1 G, Nagarathnam M. Assessment of knowledge on migraine and identify the triggering factors among migraine patients at tertiary care centre of Tirupati, Andhrapradesh: IOSR Journal of Nursing and Health Science (IOSR-JNHS); [Internet] [2015 aug]; [cited on 2020 feb 15];4(4):68-76. DOI: 10.9790/1959-04466876.
4. Kulkarni BG, Rao NG, Steiner JT. Headache disorders and public health in India: prevalence estimates in

Karnataka State. The Journal of head and neck; [Internet]; [2015Jul 22]; [cited on 2020 Jun 27] doi:10.1186/s10194-015-0549.

5. Lane R, Davies P. Migraine. New York: Taylor and Francis Group, 2006.
6. Lipton BR, Bigal EM. Migraine and Other Headache Disorders. New York: Taylor and Francis Group270 Madision Avenue. 2006;1:16-24.
7. Jameson LJ, Fauci SA, Kasper LD, Hauser LS, Longo LD, Loscalzo J. Harrisons Principles of Internal Medicine. 20 [th]ed. McGraw Hill Professional. 2018.
8. Edvinsson L. Migraine and Headache Pathophysiology. United Kingdom: Martin Dunitz Lt, 1999, p. 3.