

A Study to Assess the Family Burden and Coping Strategies among the Caregivers of Patients with Schizophrenia

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Abstract

Schizophrenia has often been described as the “*cancer*” of mental illness and care giving is a burdensome task for the family members. Assessing the family burden and coping strategies among the caregivers of patients with schizophrenia may help the caregivers to understand the nature of the problem and plan for better care. The Non experimental descriptive design was used. Fifty caregivers of schizophrenic patients were selected by using Non probability purposive sampling technique. Semi structured interview schedule and Coping inventory was used to assess the level of family burden & coping strategies of the caregivers of schizophrenic patients. The results regarding the *Family burden of caregivers* shows that 24(48%) of them had no burden and only 13(26%) of them had severe burden in the item of loss of patients income. 38(76%) of them had no burden and 6(12%) of them had severe burden in the item of family become secluded or withdrawn from others. *Regarding coping strategies of caregivers* in problem oriented coping method 74% of the them „Always“ used the item of „Accept the situation as it is“ and Ineffective oriented coping strategies 82% of them „Always“ used the item of „pray“ as a coping method. The study concludes that the caregivers of schizophrenic patients experience burden on the physical, emotional, financial aspects and the extent of the burden is closely linked to the amount of symptomatic behaviour of the patient. Coping positively will not only make the caregivers to feel better and also they will be able to take better care of schizophrenic patients.

Introduction

To keep the body in good health is a duty...otherwise we shall not be able to keep our mind strong and clear
-Buddha

Schizophrenia has often been described as the “**cancer**” of mental illness. The word schizophrenia was coined in 1908 by the Swiss psychiatrist Eugen Bleuler. It was derived from the Greek words “**Skhizo**” means **split** and “**Phren**” means **mind**. Schizophrenia is defined as a severe mental condition in which there is disorganization of the personality, disorientation in social functioning, and loss of contact with, or

distortion of reality. There may be evidences of hallucinations and delusional thinking.

An estimated 50% to 80% of persons with schizophrenia and related psychotic disorders live with or have regular contact with a family caregiver. Caring for someone with mental health problems can be challenging and difficult responsibility. The burden of caring for a mentally ill individual often falls on the patient’s immediate family or relatives. While caring for someone else can be very rewarding, it can also be a stressful and demanding one, taking its toll both emotionally and physically on the caregiver.

Demands of care giving includes managing the activity of daily living of

patient by caregivers, paying for psychiatric treatment, supervision of a mentally ill family member, dealing with societal stigma associated with mental illness, and emotional distress that may result from symptoms of a family member's illness.

As a result of the high proportion of family members providing care to persons with schizophrenia and the high rates of burden reported by these caregivers, researcher have attempted to identify predictors of family burden and their coping level of care givers with schizophrenia and also the strategies by which caregiver can be helped.

Objectives

1. To assess the level of family burden among the caregivers of the schizophrenic patients.
2. To assess the coping strategies adopted by the caregivers of the schizophrenic patients
3. To correlate the family burden with coping strategies adopted among the caregivers of the schizophrenic patients.
4. To associate the family burden and coping strategies with selected demographic variables

Methodology

The descriptive design based on the quantitative approach was adopted. The study was conducted at ATHMA hospital at Trichy. The population consisted of care givers of psychotic patients. The sample consisted of 50 caregivers of schizophrenic patients. The study was conducted over a period of six weeks using Non probability purposive sampling technique. The researcher explained the purpose of the study and written consent was obtained from the samples. The patient and participants

were first registered in the outpatient department and then to the psychiatrist. Then the participants were taken to the counseling room and the interview was conducted by the researcher.

Inclusion criteria:

1. Care givers who were 18 years or above
2. The care giver who stayed with the patient and provided minimum one year of care to the Patients.
3. Both male and female caregivers

Exclusion criteria

1. Care givers of psychotic patients who do not know English or Tamil
2. Care givers who do not give consent for the study.
3. The care givers who were having any obvious psychiatric illness.

Description of the tool

1. The Demographic variables of the Schizophrenic Patient's Caregivers
2. The Demographic variables of the Schizophrenic Patients
3. Semi structured interview schedule to assess the family burden of caregivers (SAFB, Pai and Kapur, 1981)
4. Coping inventory to assess the coping level of caregivers with schizophrenic patients (Lazarus, 2001, Moran 2001)

Ethical consideration

Formal permission was obtained from Head of Department of ATHMA hospital.

Informed consent was obtained from the study participants. Assurance was given to the participants regarding the confidentiality of collected data

Findings

Table I: Frequency distribution of Burden of caregiver of patients with schizophrenia

S.No	Items	No Burden		Moderate Burden		Severe Burden	
		No	%	No	%	No	%
1	Loss of patient Income	24	48	13	26	13	26
2	Expense due to patient illness or treatment	15	30	17	34	18	36
3	Patient not helping in the house hold work	12	24	16	32	22	44
4	Family become secluded or withdrawn	38	76	6	12	6	12
5	Any members of the family become depressed, weepy or irritable	11	22	21	42	18	36

Table I shows that 24(48%) had no burden and 13 (26%) of them had severe burden in the item of loss of patients income. 18 (36%) had severe burden and 15(30%) of them had no burden due to expenditure of the family members for the patients treatment. 22 (44%) had severe burden and 12(24%) of them had no burden in the item

of patient inability to help in the house hold work. 38 (76%) had no burden and six (12%) of them had severe burden in the item of family become secluded or withdrawn from others. 11 (22%) were able to cope normally and 21(42%) of them become depressed, weepy or irritable.

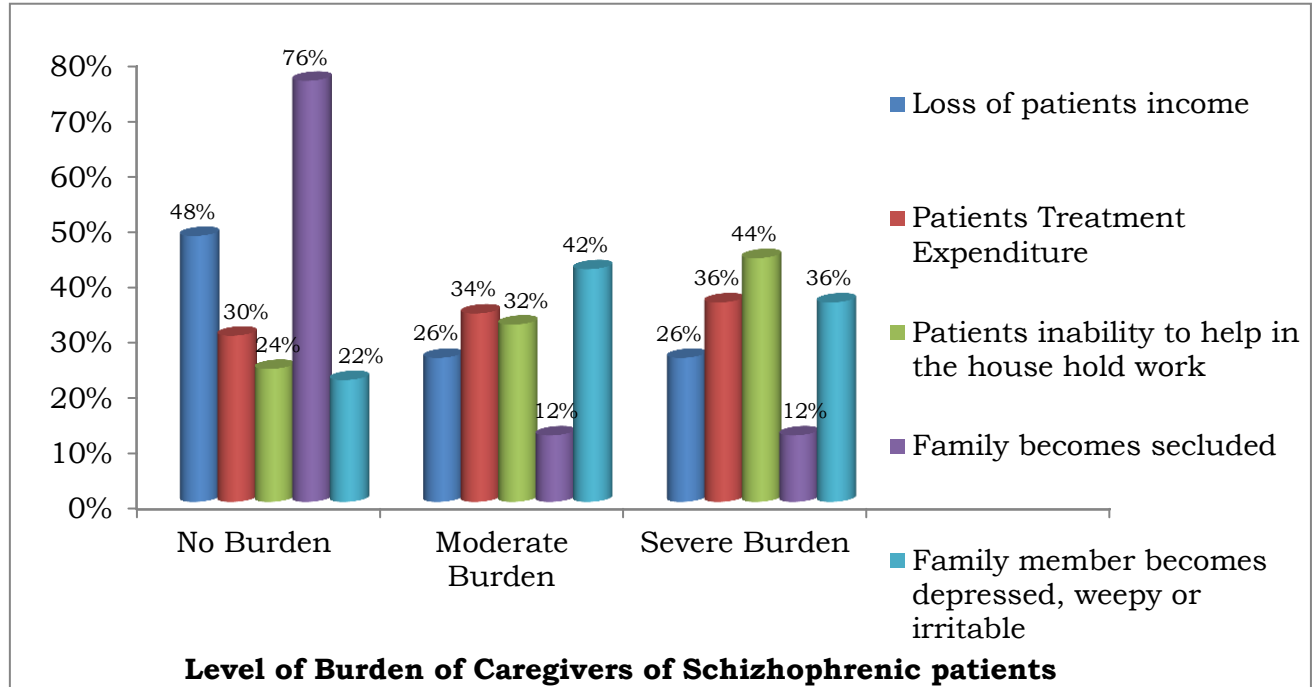


Table II: Frequency distribution of coping strategies of caregivers of patients with schizophrenia

S.No	Items	Never		Sometimes		Always	
		No	%	No	%	No	%
1	Problem oriented methods						
	Maintain Control over the situation	2	4	19	38	29	58
	Accept the situation as it is	2	4	11	22	37	74
3	Breaking the problem into smaller pieces	4	8	22	44	24	48
4	Affective Oriented methods						
	Hope	4	8	14	28	32	64
5	Pray	2	4	7	14	41	82
6	Cry, get depressed	10	20	30	60	10	20

Table II shows the coping strategies adopted by caregivers of schizophrenic patients in the problem oriented coping strategy shows that twenty nine care givers (58%) „always“ used the item of „Maintain control over the situation“. Majority of the care givers (74%) „always“ used the item of „Acceptthesituationasitis“. Twentytwo care givers(44%) „sometimes“ used the item of „breaking downthe problem into small pieces“ and 24(48%) of them „always“ used it. In affective oriented coping strategies, thirty two care givers (64%) „always“ used „hope“ as a coping method. Majority

of them (82%) „always“ used the itemof „pray“. Thirty care givers (60%) „sometimes“ used the item of „cry and get depressed as a coping method in solving theirproblems.

There is a significant association between coping strategies in the items of hope, accepting the situation as it is, breaking the problems into smaller pieces and talking over the problem with someone else with the burden perceived by the caregivers of schizophrenia ($P>0.05$). The other items like pray, try to put the problem out of your mind, sleep, physical activity, past experience and maintain control over the situation had no association with burden of thecaregivers.

With regards to association between demographic variables and burden of caregivers, there was a significant association between caregiver“s marital status (p value <0.05) with the burden of caregivers. The other variables like age, sex, religion, residence, education, occupation, income, and duration of the illness had no

relationship with burden of the care givers.

With regards

to a association

between

demographic

variables and coping of

caregivers, there is a significant

association

between sex and residence ofthe

caregivers (p value <0.05) with coping strategies used by them. The other variables like age, religion, residence, occupation of the caregivers did not show any significant relationship with the coping strategies used by the caregivers.

Conclusion

Caregivers of schizophrenic patients experience burden on the physical, emotional, financial aspects and the extent of the burden is closely linked to the amount of symptomatic behaviour of the patient. Coping positively will not only make the caregivers to feel better and also they will be able to take better care of schizophrenic patients.

Recommendations

- **A comparative study on male family members and female members can be carried out.**
- **A same study can be conducted in the community setup.**
- **A comparative study with particular age group of the patients and their caregiver“s burden and coping can be assessed.**
- **A comparative study with duration of illness of the patients and their caregiver“s burden and coping can be assessed.**

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