

CAREGIVER'S STRESS OF PSYCHIATRIC PATIENTS

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ABSTRACT

INTRODUCTION: Psychiatric disorders are as old as human life. The prevalence of psychiatric disorders and their undesired personal, familial and social effects have increased simultaneously with population growth and urbanity. Limited psychiatric health care services coupled with increased psychiatric disorders led their families to play a critical role in taking care of the patients and they have to be considered as a main source of patients' caregivers. Long term care to psychiatric patients' increases caregivers' burden and decreases their mental health status. This may result in increasing psychiatric stress of caregivers and decreased patient care.

MATERIAL AND METHODS: A descriptive research design was adopted to assess the caregiver's stress of psychiatric patients and coping mechanisms in this study. Fifty care givers of the psychiatric patients were selected through purposive sampling technique from inpatient and outpatient units of Universal College of Medical Sciences, Teaching Hospital. Modified and combined version of General Health Questionnaire-12 and Kingston caregiver scale, Cope scale and demographic performa were used to interview the samples. Collected data was analysed using descriptive and inferential statistics. Sociodemographic data was analyzed using frequency and percentage. Level of stress and coping was analyzed by computing frequency, percentage, mean, median, and standard deviation. The association between the caregiver's stress with sociodemographic variables was computed using chi-square test.

RESULT: Result related to stress level of respondents revealed that majority of the respondents (86%) were at moderate stress, followed by 14% with severe stress. Study findings showed that caregivers were stressed with care giving, family and financial issues. In relation to coping strategies, 68% of respondent used active coping measures whereas 32% adopted passive coping methods. Majority of the respondents used social support, positive reinterpretation and religious coping strategies to overcome the stress. Caregiver's stress compared with sociodemographic variables showed a significant association between religion, ethnicity, education, marital status, onset of illness, type of illness, type of patient and relation with patient.

CONCLUSION: The present study revealed that all of the respondents were under stress and most of them used active coping measures to manage their stress. The study has important implications for service delivery and clinical practice. Health care personnel should be observant of psychological problems of caregivers and if subjective complaints or functional impairment are present, evaluation and therapeutic interventions should be suggested. Information regarding support and practical assistance should also be offered to families of psychiatric patients.

KEY WORDS: Caregiver; Coping measures; Psychiatric patient; Stress

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INTRODUCTION

Mental illness is the maladjustment in living and abnormal change in one's thinking, feeling, memory, perception, and judgment which produce disharmony in person's ability to meet human needs effectively and function with culture. Mental illness is not easily cured as other physical disorder and it requires long treatment course and close supervision. Majority of the mentally ill are taken care by their relatives. With this change in care model it has been observed that burden of care has been shifted to family members who have assumed role of informal caregiver. Irritated behavior of patient coupled with responsibilities of caregivers for long time results in exhaustion and stress among caregivers.

Mental illness is increasing day by day due to competitive life, poverty, developmental changes and different physical disorder. An estimated 26.2% of American ages 18 and older about one in four adult suffer from diagnosable mental disorder in a year. About 6 % or 1 in 17 suffers from serious mental illness.¹

According to WHO, one percent of population suffers from severely incapacitating mental disorder. In 2001, WHO has reported that major depression is leading cause of disability and rank fourth in ten leading cause of global burden of disease. Globally, 70 million people suffer from alcohol dependence, about 50 million have epilepsy, another 24 million have schizophrenia and 10 to 20 million attempt suicide every year.²

WHO 2001 reports that, people who suffer from mental illness are marginalized and 10% of Nepalese suffer from one or more mental illness and estimated 1-3% of the population suffers from chronic severe mental illness. It is estimated that in four families at least one member currently suffer from mental or behavioral disorder. About 23% of all the total patients attending the health post and 28 % attending the district hospital has diagnosable psychiatric disorder.³

Psychiatric patients are increasing day by day and caregivers play vital role in supporting them. They not only provide practical help and personal care but also give emotional support to their relatives with mental disorders. Therefore the effected person is dependent on caregiver, and their wellbeing is directly related to nature and quality of care provided by caregiver. These demands can bring significant level of stress for caregiver and can affect their overall quality of life, including work, socializing and relationship. As stress is everyday wear and tear on the body it challenges or exceeds one's adaptive resources. So too much stress will be harmful

for caregiver as well as for patient. Stress has been identified as a 20th century disease and has been viewed as a complex and dynamic transaction between individuals and their environments.⁴ Stressors can be broadly defined as situations or events which directly affect coping mechanism and performance of the individual. It is highly subjective so perception varies from person to person. Coping has been viewed as a stabilizing factor that may assist individuals in maintaining psychosocial adaptation during stressful events. The process of coping is a very complex response that occurs when an individual attempts to remove stress or a perceived threat from the environment. Coping mechanisms help to change cognitive and behavioral effort to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person.

A survey in Iran (2001) shows that the prevalence of psychiatric disorders is 2-2.5% among social population. Nearly 50 to 80 % of psychotic patient lives with one of their relatives, thus most of their relatives perceive a high psychological burden.⁵ This is a major concern because prolonged stress can have serious emotional consequences. Emotional impact can vary from frustration, anxiety, fear, depression and guilt to grief. Studies conducted by Partiente and Carpiniello, 1996 have reported that family caregivers of patients with chronic psychiatric disease suffer from higher levels of burden than family caregivers of patients with Alzheimer's disease, cancer or chronic renal failure.⁶ Also, several studies have found a correlation between patient's stress such as negative symptoms and frequent re-hospitalization with an increase of caregivers' burden. Studies have found that the prevalence of psychiatric problems was 41-94% among chronic psychiatric patients' caregivers. Also, demographic factors including gender, race and severity of the disease play an important role in the presentation of these disorders (Ostman *et al.*, 2000).⁷

As the caregiver plays vital role in the treatment and progress of the patient, when the caregiver suffer from stress and unable to use effective coping measure than this may be fatal to patient as well as caregiver.

Though important research works have been reported from various countries in this field in the past we have very few literature in Nepal on the stress of caregiver of psychiatric patient. The present study was conceptualized with this background knowledge.

The study tried to investigate the caregiver's stress of psychiatric patients and coping mechanisms used by them. The objectives of the present study were to:

1. assess the level of stress on caregiver's of psychiatric patients.
2. identify the coping mechanisms used by the caregiver during stress.
3. associate caregiver's stress with selected demographic variables

MATERIAL AND METHODS

The research design adopted for the study was descriptive research design. The study was conducted in Universal College of Medical Sciences, Teaching Hospital, Bhairahawa, Nepal. The study sample consisted of fifty care givers of the psychiatric patients attending inpatient and outpatient psychiatric units and was selected using purposive sampling technique. Caregiver who was giving care for the patients continuously for more than one year was included in the study. Samples that were not interested and had difficulty in understanding Nepali language were excluded from the study. A demographic performa, modified and combined version of GHQ-12 and Kingston caregiver stress scale to assess the stress and cope scale to assess the coping mechanisms of caregivers were used to gather the data.

There were 25 items in the stress scale which was categorized into care giving issue (21), family issue (3) and financial issue (1). Ten items in the cope scale was grouped into 5 categories i.e. social support, positive reinforcement, substance use, suppression and religious coping and in each category 2 items were included. Items in both scale were scored in terms of 5 point rating scale. The maximum possible score for the stress was 125 and was categorized arbitrarily as 0-40 (mild), 41-80(moderate), 81-125 (severe) and for coping it was 50 which was classified into 31-50 (active), 16-30 (passive), 1-15 (negative) coping. Data collection was carried out through interview method from 30th March to 27th April 2013. Administrative approval and ethical clearance was obtained from the concerned authority prior to data collection.

The investigator contacted each person personally and obtained their consent for the study and interview was conducted in Nepali language. Both descriptive and inferential statistics were used to compute the data. Sociodemographic data was analyzed using frequency and percentage. Level of stress and coping was analyzed by computing frequency, percentage, mean, median, and standard deviation. The association between the caregiver's stress with sociodemographic variables was computed using chi-square test.

RESULTS

Sociodemographic characteristics showed that maximum respondent were of age group 20-30 (30%) and 26% were females. Majority of them were Hindu (92%), and belonged to disadvantage janjati . Most of the caregivers were literate and educated up to secondary level (34%). Most of them were housewife and farmer. Majority of the samples were married (76%) and 36 % of patients were taken care by their spouse. Thirty eight percent of caregivers were giving care since 3 years and more than half of them provided care for psychotic cases. Results regarding level of stress depicts that 86% of caregivers had moderate stress and 14% were in severe stress. Among them, 68% of caregivers used active coping measures whereas 32% used passive coping during stressful periods.

Table 1: Overall scores related to stress and coping

Overall sores	Total score	Maximum score	Minimum score	Mean	Standard deviation
Stress	125	103	49	74.18	1.34
Coping	50	42	24	32.3	4.44

Table 1 shows that the maximum and minimum score obtained for stress was 103 and 49 as well as for coping was 42 and 24. The mean and SD for stress was 74.18 and 1.34. Similarly the mean and SD for coping were 32.3 and 4.44.

Table 2: Association of demographic variables with caregiver's stress

Sociodemographic variables	p value
Age	0.06
Sex	0.26
Religion	0.00
Ethnicity	0.02
Education	0.04
Occupation	0.10
Marital status	0.02
Onset of illness	0.00
Type of illness	0.00
Type of patient	0.02
Relation with patient	0.00

Table 2 depicts the corresponding p values of the chi-square statistic in testing the association between selected variables and caregiver stress. p values are less than 0.05 in case of religion, ethnicity, education, marital status, onset of illness, type of illness, type of patient, relation with patient. This shows that these values are significant and there is a significant association between these variables and

caregiver's stress. In case of age, sex and occupation, $p > 0.05$ which means there is no association and they are independent of caregiver's stress, at 0.05 level of significance.

DISCUSSION

Although the sample size was small and there was no control group, the study has demonstrated findings which are of interest to professionals working with mentally ill patients. There are many reasons why health professionals need to focus on caregivers. Patients themselves are more likely to have unmet needs if their caregiver has stress. Furthermore as caregivers psychological needs increase, patient's care activities decrease. Care giving for mentally ill patients impacts on various aspects of a caregiver's life, including his or her physical, emotional and psychological health. In Nepal, informal caregivers are solely responsible for looking after the needs of patients with psychiatric illness. Most of caregivers in this study were parents or spouses. The present study findings revealed that most of the caregivers of psychiatric patient had moderate stress. Concerns related to feeling overwhelmed, difficulty in concentration on work, sleep disturbances, feel of unhappy and depression, fear of being alone, reduced self confidence, unable to enjoy own life, family and financial issues associated with mental illness are some of the factors that contributed to increase level of stress in caregivers. The results demonstrated that majority of the caregivers actively coped during stress and used various coping measures like positive reinforcement, suppression, religious coping when they experienced stress. Also, the study found significant association between religion, ethnicity, education, marital status, onset of illness, type of illness, type of patient, relation with patient and caregiver's stress. Results highlight the need for attention to the mental health needs of this vulnerable group. According to the results of this study, the prevalence of stress among the caregivers was 50% and most of them were taken care by females (26%). This is similar to Okewole A et al findings who showed a prevalence of 39.4% of stress among caregivers of children and adolescent psychiatric disorders and most caregivers observed in this study were females (80.5%).⁸ This is also consistent to a study conducted by Pereira and Almeida who showed that 41% of caregivers of psychiatric patients had mental illness.⁹

In the current study, majority of caregivers used active coping measures whereas 32% used passive coping during stress. Caregivers used various coping measures like positive reinforcement, suppression, religious coping when they faced stress. This finding is not supported by Abdel et al. who found that the most coping strategies used by caregivers of schizophrenic patients were self controlling, positive

reappraisal and escape-avoidance.¹⁰ Present study reports that there is a significant association between religion, ethnicity, education, marital status, onset of illness, type of illness, type of patient, relation with patient and caregiver's stress. The result is supported by a study on factors associated with emotional distress among caregivers of patients with schizophrenia which demonstrates that 79.84% of caregivers had emotional distress and factors associated with emotional distress in caregivers were family size, education, financial support, patient gender and relationship with patient.¹¹ The results are also consistent with another study conducted on evaluation of mental health status of the caregivers of patient with chronic psychiatric disorder which showed a significant association between patient ages, onset of illness, and their stress level.⁵

There are several limitations to this study. The study was carried with a small sample size in a specific geographical area which imposes limit to any larger generalisation. The findings could be generalized only to that population, which fulfilled the criteria in the study. Caregiver who was giving care for less than 1 year, not interested to participate in the study and difficulty to understand Nepali language were excluded.

CONCLUSION

It can be concluded that the most of the caregivers of psychiatric illness were found to be stressed and use different coping measures when they faced stress. This highlights that emotional distress is common among caregivers of patient with mental illness. The caregivers play vital role in caring the psychiatric patients and psychiatric patient behavior is more irritating than other patient which may cause the stress to the caregivers easily that not only effect the patient but also caregivers. The finding suggests that various interventions should be applied to the caregivers to reduce their stress level and improve the quality of life.

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