

Stress & Coping Strategies among Family Members of Patients with Schizophrenia

Silas Treveli M.¹, Sheela Upendra²

¹Student of Post Graduate Diploma in Clinical Research, Symbiosis Institute of Health Sciences

²Associate Professor & Head, Department of Mental Health Nursing, Symbiosis College of Nursing, Symbiosis International University, Pune, Maharashtra 411004, India.

Abstract

Schizophrenia is a major mental illness that not only adversely affects an individual, but also has an adverse impact on his or her family members and caregivers. Therefore, family members of clients with schizophrenia are placed in constant stress, due to never ending and ever growing problems. Family members of schizophrenic client calls for extra adjustment and coping to deal with the ongoing stress, hence this study was conducted to assess the level of stress and coping strategies among family members of clients with schizophrenia. *Methods:* Descriptive survey approach was adapted to collect data, structured interview schedule was developed and 50 family members of clients with schizophrenia based on purposive sampling technique were interviewed at rehabilitation centres of Pune city. *Results:* The findings showed that the overall stress score of respondents was 50.9 percent and the overall coping strategies score was found to be 23.8 percent. The highest stress score found in the dimension of social stress (73%) and the lowest in physical stress (17%). With respect to coping strategies, majority (51%) of respondents had used escape avoidance coping strategies and 6.7% used problem focused coping. Study reveals that higher the level of stress lower the coping strategies ($r = -0.344^*$, $p < 0.05$). *Interpretation and Conclusion:* Family members of clients with schizophrenia suffer from moderate stress with few coping strategies. These results suggest that close monitoring of caregivers' mental health and the provision of psychoeducation, family intervention

programmes and psychosocial support may reduce the stress among family members of patients with schizophrenia by adopting better coping strategies.

Keywords: Schizophrenia; Stress; Coping Strategies; Mental Illness; Rehabilitation Centres.

Introduction

What goes on in one's mind influences every part of the body. Stress has a powerful effect on the mind and therefore a significant effect on one's health and well-being. We live in a world overrun by stress. Global urbanization, competition and the spread of technology have created a world in which access to information has become an obligation and necessity. People are now held accountable for their actions and whereabouts 24 by 7 and they are losing both their privacy and down time [1].

Stress occurs when individuals perceive that they cannot adequately cope with the demands being made on them or with the threats to their well-being. Circumstances or events are stressful only if the person perceives them as stressor. What is emotionally or psychologically stressful to one person may not be stressful to another. In humans there can be great variability among individuals in response to the same stressor. Stress perception and personal meaning attached to a potential stressor influence the way an individual respond to a stressor. The causes of stress in old people are oriented with sense of insecurity, loneliness, increasing health problems and many other factors inadvertently related with old age problems, the causes of stress in young people are mainly professional work pressure related [2].

Stress is linked to leading causes of death, including heart disease, cancer, accidents, and suicide. Chronic stresses can double a person's risk of having a myocardial infarction. Seventy-five percent of visits to doctor's offices concern stress-

Corresponding Author: Silas Treveli Munighati, Student of Post Graduate Diploma in Clinical Research, Symbiosis Institute of Health Sciences, Symbiosis International University, Pune, Maharashtra 411004, India.

E-mail: silastreveli07@gmail.com

Received on 13.04.2018, **Accepted on** 15.6.2018

related ailments. Thus the study of stress is very important in understanding its role in relationship to physical and emotional health [3].

According to the Global Economic Indicator Survey undertaken by the Regus Group in 2009, 57% of the Indian employers are under higher stress. Along with the employers, the students and the caregivers of the sick, disabled are undergoing higher stress. The amount of stress is more among the working caregivers [4].

Stress becomes magnified and unmanageable when the family member has sleep deprivation and other kinds of ailments. Hence coping mechanisms may be used to overcome stress. But most of the coping mechanisms fail as the family members find it too difficult to overcome with the stress [5].

Schizophrenia ranks among the top 10 causes of disability in developed countries worldwide. Many individuals with schizophrenia revolve between hospitals and shelter homes. The major reason for rehospitalisation of patients is due to stress and improper coping mechanisms used by the patients and family members who caused in lack of quality care to the patients [6].

Mental and behavioural disorders account for 12% of the global burden of disease. The World Health Report 2001 has drawn attention to the fact that of nearly 45 crore people estimated to be suffering from mental and behavioural disorder globally, only small minority are adequately cared for. Worldwide about 24 million people suffer from schizophrenia [7].

The family plays a central role as caregiver for the seriously mentally ill. It is estimated that 65% of patients discharged from mental hospitals return to live with families. Severe mental illness like schizophrenia, bipolar affective disorder and depression is one of the major causes of concern from many Indian homes. Again, it has been reported that the stress on the caregivers of the patients with severe mental disorders is enormous [8]. In a study conducted in rehabilitation centres of Pune, it was found that Prevalence of Schizophrenia was found to be 50.37% which is highest among all the mental health disorders. This was the main reason for undergoing the current study on stress and coping mechanisms among family members of clients with schizophrenia [9].

Methodology

The objectives of the study were to assess the level of stress among family members of clients with schizophrenia, to assess coping strategies among family members of clients with schizophrenia

and to correlate the level of stress and coping strategies among family members of clients with schizophrenia.

Descriptive survey approach was adapted to collect the data, structured interview schedule was developed and 50 family members of clients with schizophrenia based on purposive sampling technique were interviewed at rehabilitation centres of Pune city.

The modified stress and coping tool had been prepared and were divided into three sections

- *Section I:* It consisted of 11 items related to socio demographic variables. It has been developed on the basis of the objectives of the study.
- *Section II:* It is a stress scale to assess the level of stress among the family members of clients with schizophrenia, the scale consisted of 30 statements and the subjects were asked to respond for each statement.
- *Section III:* It is a coping scale to assess the coping strategies used by the family members of clients with schizophrenia. The researcher gave the scores to the family members based on their response to the statements.

Results

Section I:

Table 1: Classification of Respondents by Age, Gender and Marital Status

Characteristics	Category	Respondents	
		Number	Percent
Age group (years)	24-34	14	28.0
	35-45	20	40.0
	46-56	16	32.0
Gender	Female	18	36.0
	Male	32	64.0
Marital status	Married	36	72.0
	Unmarried	8	16.0
	Widow(er)	6	12.0
	Illiterate	5	10.0
	Primary	11	22.0
Educational status	High school	8	16.0
	PUC (12th Standard)	11	22.0
	Degree	15	30.0
	Housewife	10	20.0
	Employed	19	38.0
Occupation	Self-employed	12	24.0
	Agriculture	9	18.0
	Hindu	38	76.0
Religion	Muslim	5	10.0
	Christian	7	14.0

Section II:

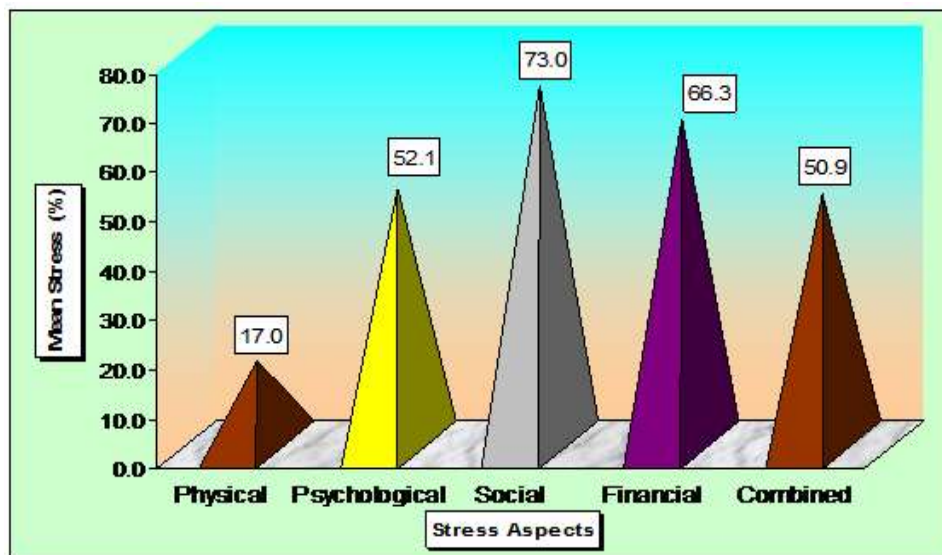


Fig. 1: Aspect wise Mean Stress Scores of Respondents

From Figure 1, the result indicates that the highest mean stress was 73.0 percent in social domain, 66.3 percent in financial domain. Further, the mean stress noticed with respect to psychological domain

as 52.1 percent physical mean stress found among the respondents with 17.0 percent. However, the overall mean stress scores of respondents were 50.9 percent with standard deviation of 12.2 percent.

Section III:

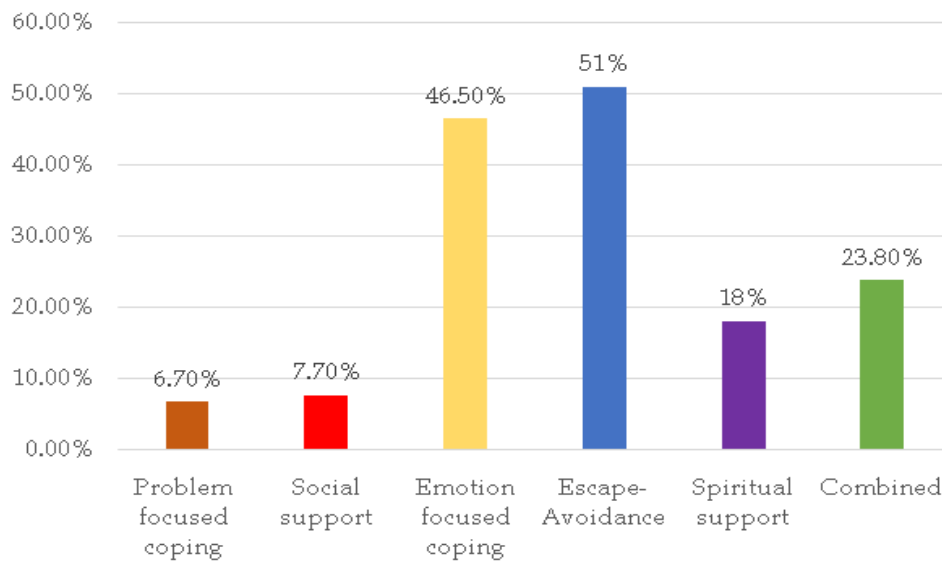


Fig. 2: Aspect wise Mean Coping Scores of Respondents

In this study, mean coping strategies observed to be 51.0 percent in escape avoidance followed by 46.5 percent in emotion focused coping, 18.0 percent in spiritual support, 7.7 percent in social support and only 6.7 percent in problem focused

coping respectively.

The combined mean coping scores of respondents found to be 23.8 percent with standard deviation of 6.1 percent as depicted in the Table 2.

Table 2: Overall Mean Stress and Coping Scores of Respondents

Aspects	Max. Score	Mean	Respondents Scores		Correlation coefficient
			Mean (%)	SD (%)	
Stress	60	30.56	50.9	12.2	r=-0.344*
Coping	60	14.26	23.8	6.1	

n=50

*Significant at 0.05 level

Table 2 depicts the result of the overall mean stress and coping scores of respondents. The overall mean stress was found to be 50.9 percent and Standard Deviation as 12.2 percent, whereas mean coping was found to be 23.8 percent and SD as 6.1 percent. The data subjected for statistical test of correlation in measuring the relationship, it evidently noticed the existence of negative relationship between stress and coping scores ($r = -0.344^*$). It can be concluded that higher the stress, lesser is the coping aspect among the respondents.

Table 3: Classification of Respondents on Stress and Coping Level

n=50

Level	Classification of Respondents			
	Stress		Coping	
	Number	Percent	Number	Percent
Less (≤ Median)	23	46.0	28	56.0
Moderate (> Median)	27	54.0	22	44.0

Table 3 reveals the classification of respondents on stress and coping level. In this study, 54 percent of respondents had moderate stress level and remaining 46 per cent of respondents had low stress level. With respect to coping, 56 per cent had low coping level and 44 per cent had moderate coping level among the study respondents.

Discussion

The result indicates stress found for Psychological domain was 52.1%. However, the overall mean stress scores of respondents found to be 50.9 percent. This study was supported by a study conducted by Arun kumar N, Saiyad, Vankar CK on caregiver distress. Findings indicate that schizophrenia caregivers are at significant psychological distress [10].

In this study, coping strategies observed in Emotion focused coping was 46.5%. However, the combined mean coping scores of respondents found to be 23.8 per cent. This study is supported by the study conducted by Nehra R, Chakrabarti S, Kulhara P, Sharma R on caregiver coping in schizophrenia. Results revealed that caregivers of patients with schizophrenia were using emotion-focused strategies significantly more often [11].

The overall mean stress was found to be 50.9 percent, whereas mean coping was found to be 23.8 percent. It evidently noticed the existence of negative relationship between stress and coping scores ($r = - 0.344^*$). Kim T, Mueser, David P conducted exploratory study on strategies that schizophrenia patients and their relatives employ

to cope with negative symptoms. The findings suggest that patients and relatives use a wide variety of strategies to cope with negative symptoms of schizophrenia [12].

Conclusion

Family members of clients with schizophrenia suffering from moderate stress adopt lower coping strategies. These results suggest close monitoring of caregivers' mental health and the provision of a psychoeducation, family intervention programmes and psychosocial support for caregivers.

Source of Funding: Self.

Conflict of Interest: None

Acknowledgement

First of all, I raise my heart in gratitude to God Almighty who has been the guiding force and light behind all my efforts.

In my journey towards completing my degree, I have found an inspiration, a role model and a pillar of support in my aunty Dr. Vijayasree Kalburgi, she constantly ensured that the passion in me was there at all times and kept my focus undivided towards the course of my B.Sc. Nursing.

I am deeply gratified to my uncle M. Douglas, Dr. Vinod Kalburgi, Amulu Aunty, Kumari Aunty, Swarna Aunty, My cousins (Vidyanand, Vinayasree, Avin Vincent, Vindhya, Grace Anusha, Nikhil, Donald & Susan) for being my prime source of ideas. They never let things get dull or boring and have made a tremendous contribution in helping me reach this juncture in my life. This would not have been possible without their unwavering and unconditional love and support given to me at all times.

I am indebted to the entire family of SDM Institute of Nursing Sciences, Dharwad for wonderfully moulding and shaping me into this nursing profession.

Extensive sense of gratitude is due to my class teacher Mrs. Metilda Bijapur for bringing out the leadership qualities in me and giving me cheerful memories in SDMINS.

References

1. Stuart GW, Lararia MT. Principles and practice of psychiatric nursing. 8th ed. New Delhi: Mosby Publishers; 2005.

2. Lalitha K. Mental health and psychiatric nursing. 1st ed. Bangalore: VMG Book House; 2008.p.16.
3. Michael G, Richard M, Philip C. Oxford textbook of psychiatry. 4th ed. Oxford: University Press; 2004.p. 246-307.
4. Barbara SJ. Psychiatric mental health nursing. 4th ed. Philadelphia: Lippincott; 1997.p.192-7.
5. Gallagher SK, Mechanic D. Living with the mentally ill: effects on the health and functioning of other household members. Soc Sci Med 1996 Jun;42(12): 1691-701.
6. Birchwood M, Cochrane R. Families coping with schizophrenia: coping styles, their origins and correlates, psychological medicine. Act Psychiatric Scandinavica 1998 May;20(2):857-65.
7. Laidlaw TM, Coverdale JH, Falloon IR, Kydd RR. Caregivers' stresses when living together or apart from patients with chronic schizophrenia. Community Mental Health J 2002 Aug;38(4):303-10.
8. Chandrasekaran R, Sivaprakash B, Jayestri SR. Coping strategies of the relatives of schizophrenic patients. Indian Journal of Psychiatry 2002;44(1): 9-13.
9. Munighati ST, Ngasainao W, Upendra S. A Study to Assess Mental Health Disorders in Selected Mental Health Centres, Pune, India. 2018;7(2):2016-8.
10. Arunkumar N, Saiyad, Vankar CK. Caregiver distress: relation with burden of care and illness characteristics in schizophrenia. Indian Journal of Psychiatry 2004;19(55):83.
11. Nehra R Chakrabarti S, Kulhara P, Sharma R. Caregiver-coping in bipolar disorder and schizophrenia-a reexamination. Soc Psychiatry Epidemiol 2005 Apr;40(4):329-36.
12. Kim T, Mueser, David P. Coping with negative symptoms of schizophrenia: patient and family perspectives. Schizophrenia Bulletin 1997;23:15-18.

