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Assessment of the Stress and Coping Strategies used by the Family Members of Schizophrenic Patients

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Abstract

Introduction: The objectives of the study were to assess the stress and coping strategies used by the family members of schizophrenic patients. *Methods:* The research approach in this study was quantitative with non-experimental descriptive survey design. Sample comprised of family members of 30 schizophrenic patients from a selected hospital of New Delhi selected through purposive sampling technique. Structured interview schedule was used to collect data. The data were analyzed using descriptive and inferential statistics. *Results:* Out of 30 subjects, 53% were found to be stressed and 47% were not stressed about their financial condition. In the area regarding work or employment, 65% of the subjects were stressed and 35% subjects were not stressed. 57% of the subjects were stressed whereas 43% subjects were not stressed about social and leisure life. In the area regarding role performance and responsibilities, 57% subjects were stressed and 43% subjects were not stressed. Physical effects due to client's illness were stressful for 62% of the subjects and non-stressful for the 38% of the subjects.

Keywords: Stress; Coping Strategies; Family Members; Schizophrenia.

Introduction

Mental illness is currently a major topic worldwide, as it is increasingly found in the day-to-day life of the population. About 700 million people worldwide suffer some form of mental or neurological disorder [1].

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We often find that not only the individual involved suffers losses resulting from this situation, but also their family members and society at large. The family experiences a sequence of stressors that interfere in family unity, such as the diagnosis of the disease itself, the adverse effects of medication, the individual's inability to perform daily tasks, possible changes in economic and social status, uncertainty as to whether there is a cure, and the possibility that the disease may become chronic [2,3].

Families are generally vulnerable and unprepared to cope with the entire process of the illness and treatment [3]. For this reason, nurses and other healthcare professionals who live with this reality have a fundamental role to play on the patient/family binomial, supporting them and helping them identify stressors, understanding and recognizing how they cope with problems so as to intervene and minimize suffering, thus making a positive contribution to their readjustment [2,4,5].

The family is a major source of support for the mentally ill in India. Although Indian families show tremendous resilience in caring for their ill relatives, they experience a lot of physical and emotional distress. Caregiver burden refers to the negative feelings and subsequent strain experienced as a result of caring for a chronically sick person [6]. Families are generally vulnerable and unprepared to cope with the entire process of the illness and treatment [3,7].

Severe mental illness like schizophrenia has devastating impact on the patients as well as their family members. Patients experience problems related to both positive symptoms such as the aggressive behavior, delusions, hallucinations as well as the negative symptoms such as poor motivation and inadequate self-care. The capacity for social relationship is often diminished and employment opportunities are reduced [6].

Coping with a mentally ill relative can be difficult, and many families are being faced with the added responsibility of transitioning their relative from inpatient psychiatric treatment to outpatient treatment [8,9].

We often find that not only the individual involved suffers losses resulting from this situation, but also their family members and society at large. The family experiences a sequence of stressors that interfere in family unity, such as the diagnosis of the disease itself, the adverse effects of medication, the individual's inability to perform daily tasks, possible changes in economic and social status, uncertainty as to whether there is a cure, and the possibility that the disease may become chronic [3,10].

Stressors are coped with based on how significant they are for those involved. Coping means trying to overcome that which is causing stress, and may refocus the significance associated with the difficulties, guide the individual's life and keep him/her physically, psychologically and socially healthy [3,11].

Pearlin and Schooler defined coping as "any response to external life strains that serves to prevent, avoid, or control emotional distress [12]."

Lazarus and Folkman supported the view that even though stress is inevitable, it is the coping that makes the difference in adaptation outcomes. The authors' theory defined coping ability as one's response to a demand and not an automatic response to the environment [7].

Caring a mentally ill at home is a burden upon the family in terms of time, energy and finance, caring for a schizophrenic relative can increase the likelihood that the caregiver is at risk to develop symptoms of physical and mental illness. Depression, anxiety, drug and alcohol abuse are common to people who take care of relatives with schizophrenia [13].

Studies have indicated that families caring for individuals with mental illness suffer from increased levels of stress and find it difficult to cope with their situation [14-15].

Some family members use positive coping strategies to help them manage their situation, such as positive thinking and the utilization of appropriate social support, which includes family, friends, and the church [16,17]. Some families may also use negative coping strategies, such as the use of avoidance behaviours, negative thinking, and substance abuse [18]. This study was conducted to assess the stress faced, and the coping strategies adapted by the family members of schizophrenic patients.

1. To determine the relationship between the stress and coping strategies adapted by the family members of schizophrenic patients.

Methods

The research approach in this study was quantitative with non-experimental descriptive design to assess stress and coping strategies used by the family members of schizophrenic patients in selected hospitals of New Delhi. Sample comprised of family members of 30 schizophrenic patients from a selected hospital of New Delhi selected through purposive sampling technique.Structured interview schedule was used to collect the data. Content validation of the structured interview schedule was done by seven Nursing and Psychiatry experts. The interview schedule consisted of 77 items and it was divided into three sections: Section 1 comprised of items pertaining to socio-demographic data of the subjects. Section 2 contained items related to the stress among the family members of schizophrenic patients and section 3 contained items related to coping strategies used by the family members of schizophrenic patients. Administrative approval was taken from the authorities of the selected hospital and informed consent was taken from the subjects. The data obtained was subjected to analysis using descriptive and inferential statistics.

Results

Demographic profile of Subjects

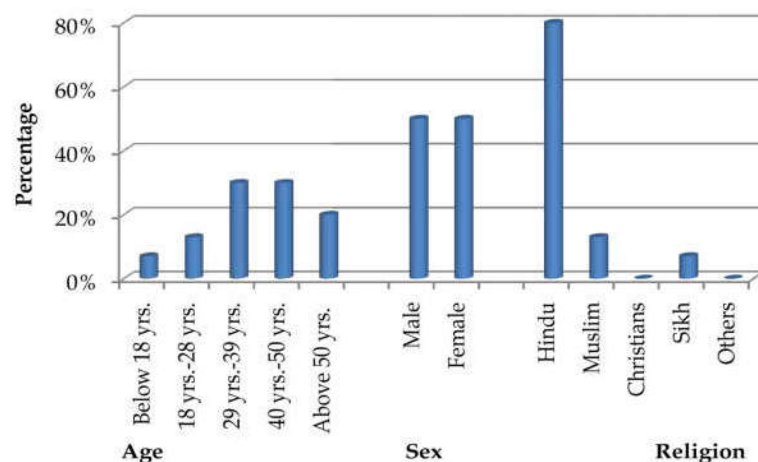

Fig. 1: Bar diagram showing frequency and percentage of subjects by their age, sex and religion.

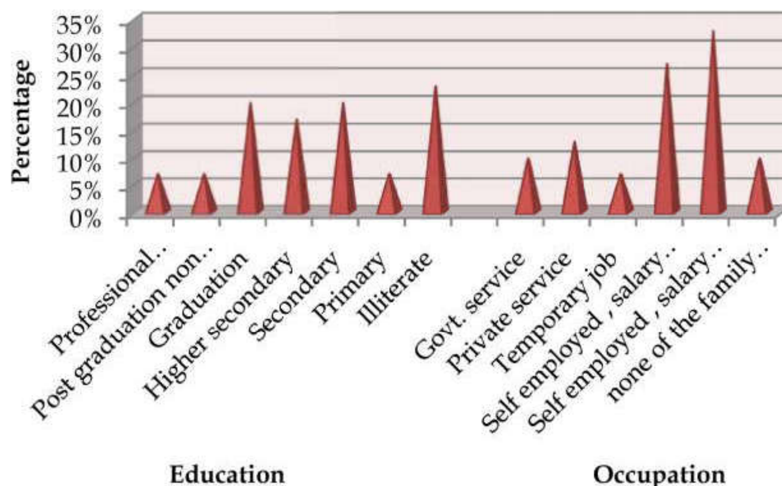

Fig. 2: Cone diagram showing frequency and percentage distribution of subjects by their education and occupation.

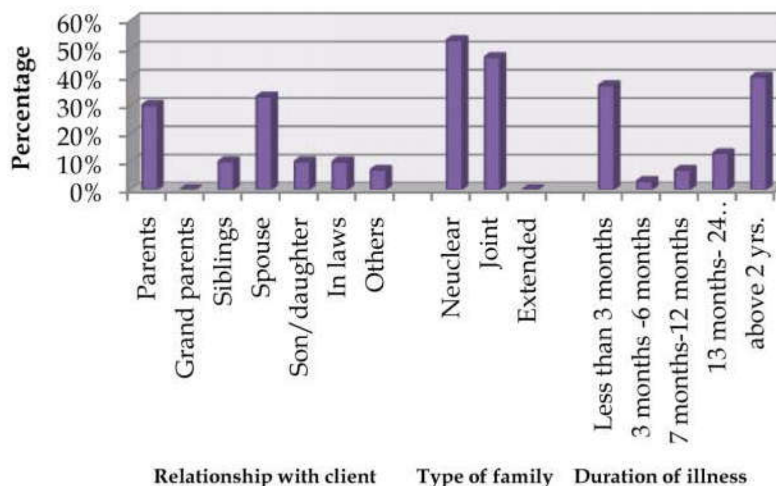

Fig. 3: Bar diagram showing frequency and percentage of subjects by their relationship with client, type of family and duration of illness.

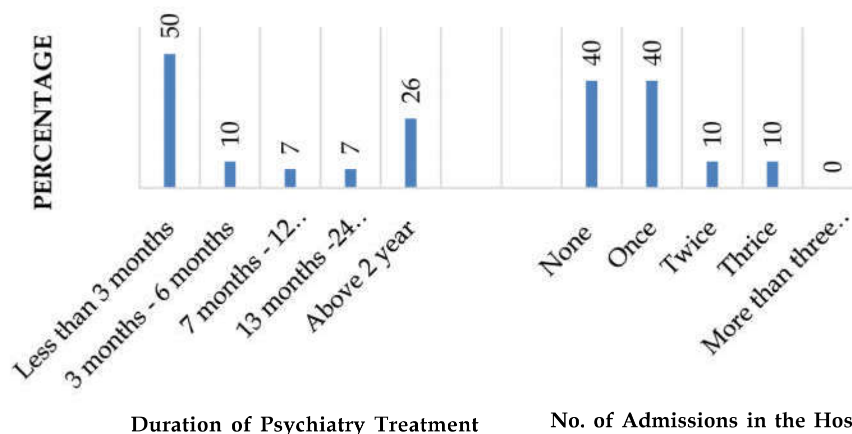

Fig. 4: Bar diagram showing frequency and percentage of subjects by their Duration of psychiatry treatment and Number of admissions in the hospital.

Data represented in the Table 1 shows that out of 30 subjects 53% were stressed and 47% were notstressed about their financial condition.In the area regarding work or employment, 65% of the subjects were stressed and 35% subjects were not stressed.Fifty seven percent (57%)of the subjects were stressed whereas 43% subjects were not stressed about social and leisure life.In the area regarding role performance and responsibilities, 57% subjects were stressed and 43% subjects were not stressed.Physical effects due to client's illness were stressful for 62% of the subjects and non-stressful for the 38% of the subjects. In the area regarding effect on mental health, 80% of subjects were stressed and 20% subjects were not stressed.Interpersonal relationship with the client was stressful for 74% of subjects, whereas non-stressful for 26% of the subjects.

Data represented in the Table 2 shows that in the area of information seeking related to client's illness, 46% subjects were coping positively and 54% subjects were negatively coping. In problem solving related to the care of client, 57% subjects were positively coping and 43% subjects were negatively coping.Sixty eight (68%) were positively coping with ventilation of feelings and 32% were negatively coping.Forty eight percent (48%) subjects were positively coping with relaxation exercises and 52% were negatively coping.

In the area regarding minimization of threat, 40% subjects were positively coping and 60% subjects were negatively coping. In the area regarding wishful thinking/fantasy regarding client's recovery, 38% subjects were positively coping and 62% subjects were negatively coping.In the area regarding self- blaming, 34% subjects were positively coping and 66% subjects were negatively coping.

Table 1: Frequency and percentage distribution of Study subjects in various areas according to their stress N=30

S. N	Area	Category	Score of stress	*f*	%
A	Financial condition	Stress	91	16	53%
		No stress	89	14	47%
B	Work or employment	Stress	39	20	65 %
		No stress	21	10	35%
C	Social and leisure life disturbances	Stress	131	17	57%
		No stress	109	13	43%
D	Role performance and responsibilities	Stress	69	17	57%
		No stress	51	13	43%
E	Physical effects due to client's illness	Stress	111	18	62%
		No stress	69	12	38%
F	Effect on mental health	Stress	120	24	80%
		No stress	30	6	20%
G	Interpersonal Relationship with the client	Stress	67	22	74 %
		No stress	23	8	26%

Table 2: Frequency and percentage distribution of the study subjects for positive and negative stress coping scores in various areas N=30

S. N	Area	Category	Score of stress	*f*	%
A	Information seeking regarding various aspects of client's illness.	+ve coping	55	14	46%
		_ve coping	65	16	54%
B	Problem solving related to the care of client	+ve coping	69	17	57 %
		_ve coping	51	13	43%
C	Ventilation of feelings regarding client's illness	+ve coping	41	20	68%
		_ve coping	19	10	32%
D	Relaxation exercises	+ve coping	67	14	48%
		_ve coping	73	16	52%
E	Minimization of threats	+ve coping	24	12	40%
		_ve coping	36	18	60%
F	Emotional discharge	+ve coping	75	13	42%
		_ve coping	105	17	58%
G	Wishful thinking/ Fantasy regarding client's recovery	+ve coping	34	11	38 %
		_ve coping	56	19	62%
H	Self-blaming	+ve coping	31	10	34%
		_ve coping	59	20	66%

Table 3: Correlation between Stress and Coping strategies adapted by the family members of Schizophrenic patients N=30

Factor	Mean score	Standard Deviation	'r' value
Stress	45	4.31	
Coping strategies	57	8.18	**-0.338****

**'r'(28)=0.354, p≤0.05level, significant at 0.05 level of significance

The findings in table show that there was a statistically not significant negative (inverse) correlation between stress and coping strategies as evident from the r value of 0.338 (absolute r value), which is less than the table value of 0.349, df (28) at 0.05 level of significance.

Conclusion

It can be concluded that the family members of schizophrenic patients are stressed and they need robust coping to deal with stress. Their own mental health is at risk due to prolonged stress caused by financial burden and physical tiredness as well as work environment and workpressures. Stress and coping strategies are negatively co-related in the present study, which indicates that as the stress increased coping decreased and vice-versa. Nurses are in aposition to educate and train family members for practice of better coping strategies. It can also be concluded that other health care providers can also be trained to educate family members about nature, course, treatment modalities, prognosis of Schizophrenia and how to manage a family member with Schizophrenia.

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Conflict of Interest: None

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