

Coping Strategies Among Caregivers Of Patients With Schizophrenia: A Descriptive Study

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Abstract: Schizophrenia is a severe mental disorder affecting about 1% of the human population with relatively uniform distribution throughout the world. Being chronic and often incapacitating, it extracts tremendous cost from patients, caregivers and society. Caregivers of patients with schizophrenia face stress and emotional hardship and are frequently forced to assume lifelong care-taking roles. For many families having a relative with mental illness can be stressor. Ignorance and misconceptions among the care givers of patients, de-institutionalization policy and lack of resources cause serious burden of disease among the care givers. Many families believe that they do not have the necessary coping strategies to help with managing the mental illness of their relative. The coping strategies utilized by the care givers are important. Coping can be defined as a set of cognitive and affective actions that arise in response to a particular concern. They represent an attempt to restore the equilibrium or remove the turbulence for the individual. This may be done by solving the problem or accommodating to the concern without bringing about a solution. The aim of this study was to assess the coping strategies among the caregivers of patients with schizophrenia. The objective was to explore the strongest and the weakest coping strategies used by the caregivers and to associate their coping strategies with selected socio demographic variables. This study adopted a descriptive exploratory research design. 100 adult caregivers were recruited from the psychiatric wards of selected tertiary care hospital of Nagpur, India, by non probability purposive sampling method. Necessary permission and approval was obtained from the competent authority. The tools used to collect data were socio demographic profile and Family Crisis Oriented Personal Evaluation Scale (FCOPES McCubbin, Larson, Olson, 1981). The result shows majority of the caregivers were male and parents above the age 50 yrs. Majority of the caregivers were non literate and unemployed. Most of the caregivers used 'seeking spiritual support' as the strongest coping strategy and 'mobilizing family to accept help' as the weakest coping strategy. There was no association found between the selected demographic variable and the caregivers' coping strategies.

Keywords: schizophrenia, caregivers, coping strategies and FCOPES.

I. Introduction

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. [1]

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. [2]

Families are often on the front lines of care for persons with schizophrenia. The role of a long term caregiver is accompanied by many burdens and family members are left emotionally depleted and desperate for help. They need support to best assist their ill family member and to cope with the stress associated with schizophrenia. [3]

Coping is an emotional or behavioral response to stress. It is a process which focuses on what the individual thinks and does when encountering stress. Little is known about the ways in which families cope while caring for a relative with schizophrenia in developing countries. A caregiver's burden increases due to negative coping skills and lack of resources. [4] Studying coping strategies could be a useful way of generating information that can guide management strategies.

This study aims to look at different coping strategies used by relatives to cope with such patients and the objective was to explore the strongest and the weakest coping strategies used by the caregivers and to associate their coping strategies with selected socio demographic variables.

Need of the study

Worldwide prevalence of schizophrenia is 1%. De-institutionalization policy is adopted under National Mental Health program. In India the great majority of patients with schizophrenia stay with their families, especially in joint families. [5] There is limited number of mental health professionals and facilities in India. The Disability Adjusted Life Year (DALY) losses due to mental disorders are expected to be 15% of the global burden of diseases by the year 2020. [6] Revolving door phenomena causing relapse and readmission is common in patients with schizophrenia.

This study is also based on the conceptual framework of Double ABCX model by McCubbin, Olson and Patterson (1983) in which ‘a’ the stressor event interacts with ‘b’, the family’s crisis-meeting resources which interacts with ‘c’, the family’s interpretation of the event, which produces ‘X’, the crisis. McCubbin, Olson and Patterson (1983) [7] in one of the first papers that introduced the double ABCX model, used on war-affected families to extend the ABCX model into a model that not only stops with explanations of the pre-crisis and crisis phases, but also goes further and explains the family’s resilient response as well. In the figure (Figure: 1), post-crisis elements depicted are aA, bB and cC, denoting respectively the pile-up of demands, adaptive resources and perception of the crisis. It was designed to study the variables that discriminate between balanced and imbalanced family units faced with the chronic strain of caring for patients with schizophrenia.

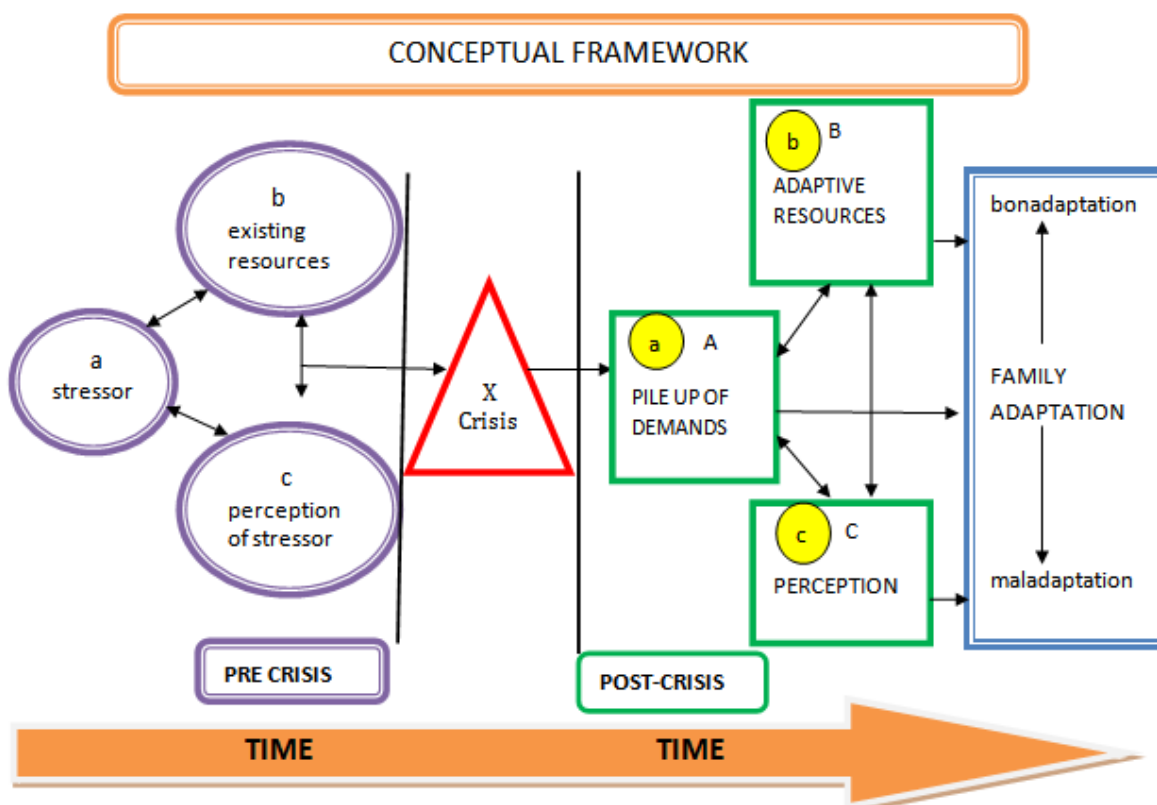
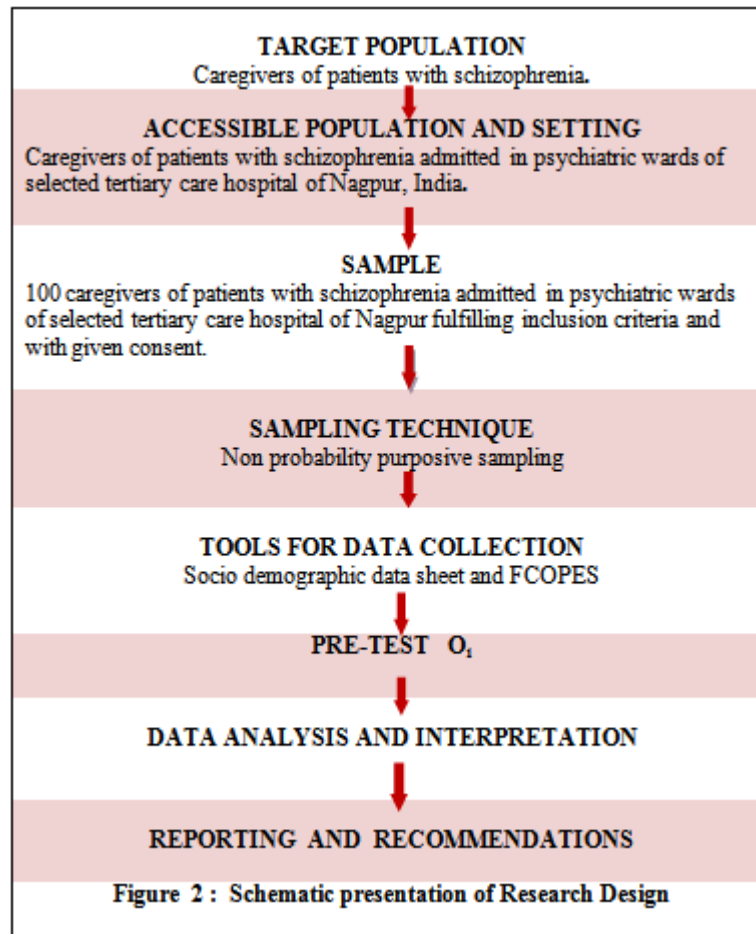


Figure: 1 McCubbin, Olson and Patterson’s Double ABCX Model

II. Method

In an exploratory descriptive survey study, 100 caregivers of patients with schizophrenia from psychiatric wards of the tertiary care hospital of Nagpur were recruited during 2014-2015 to explore their coping strategies. The research approach was quantitative.



2.1 Participants

100 care givers who were the primary caregivers and spending maximum hours with the patients and fulfilling the inclusion criteria such as, caregivers of the patients who were diagnosed as schizophrenia and illness duration of 1 to 10 years, those between the age of 18 and 65 years, those able to comprehend tool and willing to participate in the study were chosen by non probability purposive sampling method.

2.2 Procedure

After seeking informed consent to participate in the study, caregivers were individually assessed via a self reporting questionnaire in psychiatric wards of the tertiary care hospital of Nagpur.

2.3 Data Collection Instruments:

These instruments were:

1. Socio-demographic data sheet of the caregivers to collect the characteristics of caregivers: age, gender, education, employment, area of residence, duration of care giving, relation with the patient.
2. Family Crisis Oriented Personal Evaluation Scales. FCOPES (McCubin, Larson, Olson,1981) to assess the coping strategies of the caregivers.[8]

The F-COPES is a 30-item instrument, which is used to identify problem-solving and behavioral strategies used by families in crisis or problem situations. The instrument focuses on the two levels of interaction outlined in the Double ABCX model. The 30 item scale, rated on a five point (1to5) likert type scale indicating the extent to which they agreed or disagreed with the statement given. The responses are 'strongly disagree', 'moderately disagree', 'neither agree nor disagree', 'moderately agree' and 'strongly agree'. FCOPES consists of five subscales, namely 'acquiring social support', 'reframing', 'seeking spiritual support', 'mobilizing family to accept help', and 'passive appraisal'. Reliability by computed Chronbach's Alpha was 0.87 for the total scale. FCOPES was utilized in measuring coping strategies used by families having a person with schizophrenia to understand the coping behaviors focused on individual to family system and the family to social environment to adapt to stressful situations successfully.

2.4 Ethical consideration:

Prior permission from the administrative authority of the hospital was taken. Permission from institutional review board was taken. Informed consent from the caregivers of the patients with schizophrenia duly taken. Assurance of confidentiality, freedom to dropout from the study as and when they wish to do so, was communicated to them.

III. Statistical Analysis

The present study analyzed the data based on the objectives. The data obtained from 100 completed forms was analyzed by using STATA 13.0 version statistical software. All study parameter scores were presented as Mean ± SD. Categorical data was expressed in actual numbers and percentages. Chi-square test applied to see the association between FCOPE score and the selected demographic variables of the caregivers. p<0.05 was considered as statistically significant.

IV. Observations and results

Section-I : Socio Demographic details of caregivers:

Table 1 :Age wise distribution of caregivers n=100		
	Frequency	%
18-30 yrs	24	24 %
31-40 yrs	20	20 %
41-50 yrs	20	20 %
51-65 yrs	36	36 %

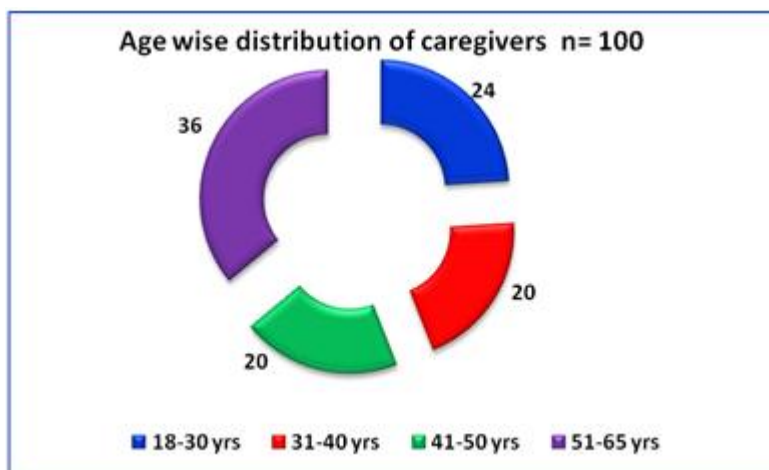


Table 1 and Fig. 3: Doughnut chart depicts age wise distribution of caregivers

Table 2 : Gender wise distribution of the caregivers n=100		
	Frequency	%
Male	65	65%
Female	35	35 %

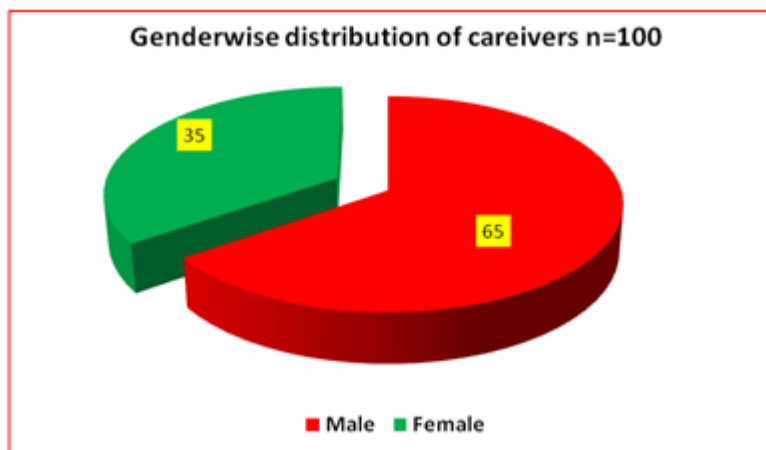


Table 2 and Fig.4: Exploded pie chart depicts gender wise distribution of caregivers

Table 3 :Education wise distribution of caregivers n=100		
	Frequency	%
Non literate	36	36 %
Primary	20	20 %
Secondary	20	20 %
Graduate & above	24	24 %

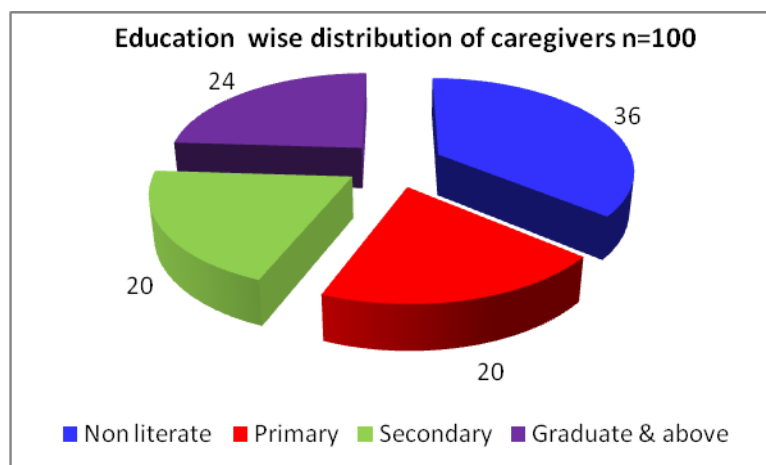


Table 3 and Fig. 5: Exploded Pie chart depicts education wise distribution of caregivers

Table 4 : Caregivers' Employment n=100		
	Frequency	%
Employed	32	32 %
Unemployed	68	68 %

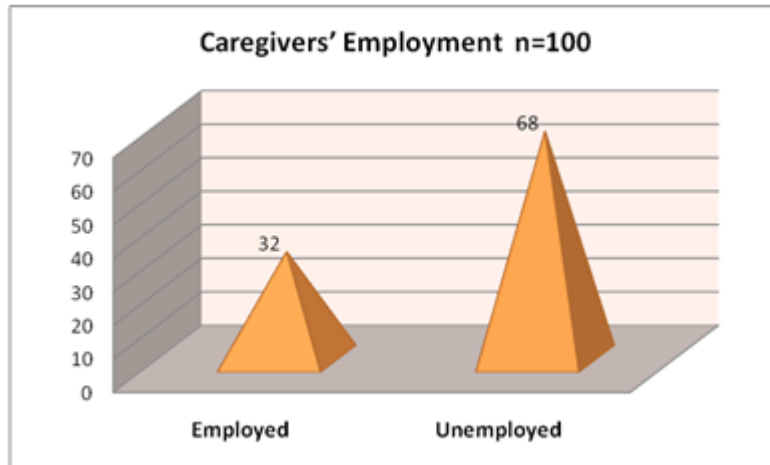


Table 4 and Fig. 6: Pyramid chart depicts caregivers' employment

	Frequency	%
Urban	30	30 %
Rural	70	70%

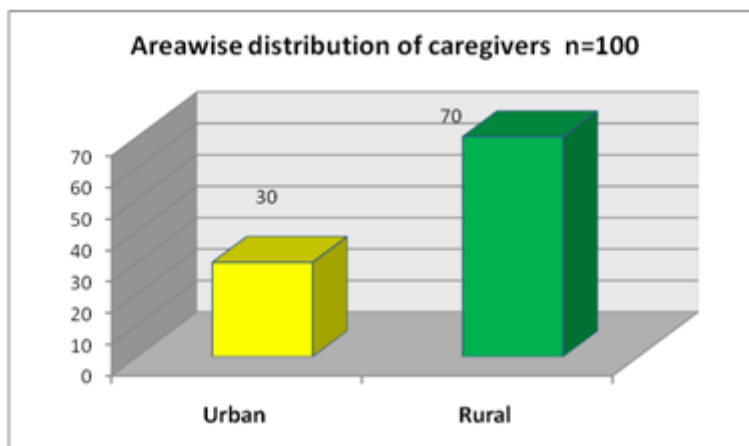


Table 5 and Fig.7: Clustered bar chart depicts area wise distribution of caregivers

	Frequency	%
0-5 years	54	54 %
6-10 yrs	20	20 %
> 10 yrs	26	26%

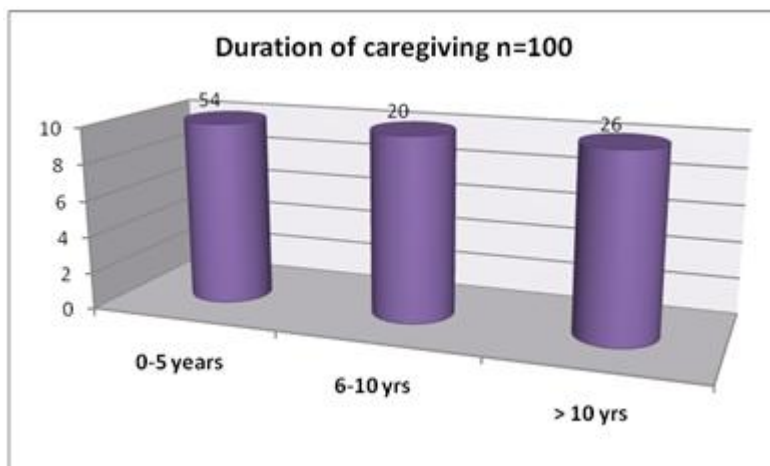


Table 6 and Fig. 8: Clustered cylinder chart depicts duration of care giving

	Frequency	%
Parents	40	40%
Spouse	20	20%
Sibling	30	30%
Children	6	6%
Other	4	4 %

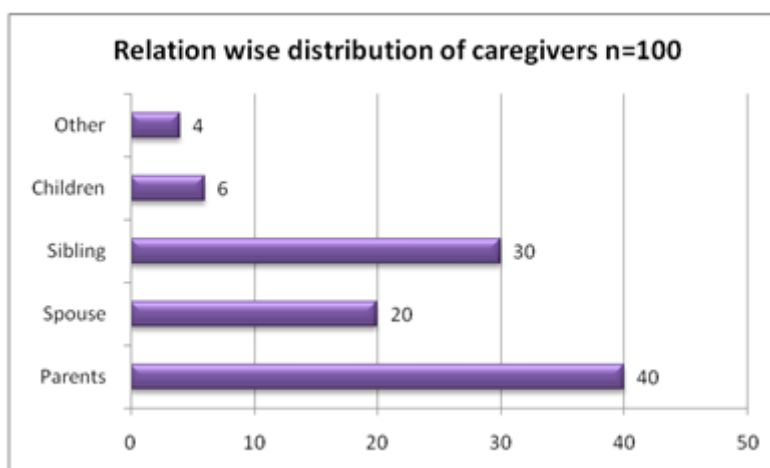


Table 7 and Fig.9: Horizontal bar chart depicts caregiver’s relation wise distribution

4.1 Major Findings of the socio demographic data of caregivers

- Majority of caregivers (65%) were male.
- Most of the caregivers (36%) were 50 yrs of age and above.
- Many of the caregivers (36%) were non literate.
- Many of the caregivers (68%) were unemployed.
- Majority of the caregivers (70%) were from rural area.
- The mean duration of caregiving was 6.62 ± 5.37 years.
- Most of the caregivers(40 %) were parents.

Section II :Family Crisis Oriented Personal Evaluation Scale (FCOPES) Score

Table 8 : FCOPES SCORE n=100			
	Mean Score	SD	%
ASS	27.81	3.95	61.80
RF	23.46	4.43	58.65
MFAH	14	3.51	56
SSS	18.85	2.61	94.25
PA	12.26	2.67	61.3
TOTAL	96.38	6.47	64.25%

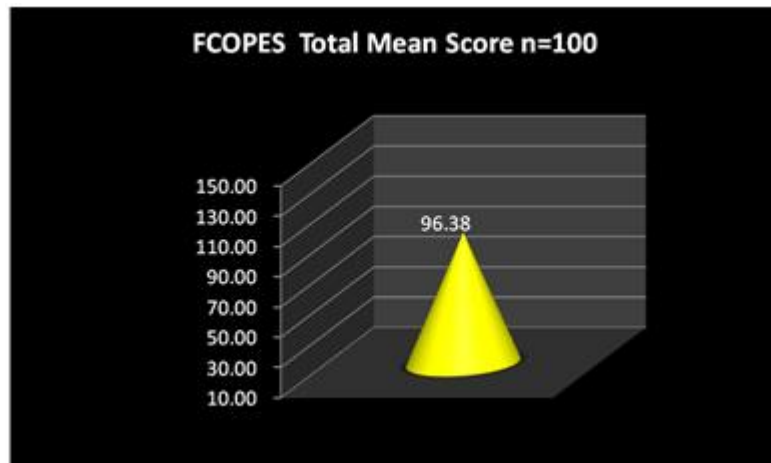


Fig.10: Cone chart depicts FCOPES total mean score in caregivers

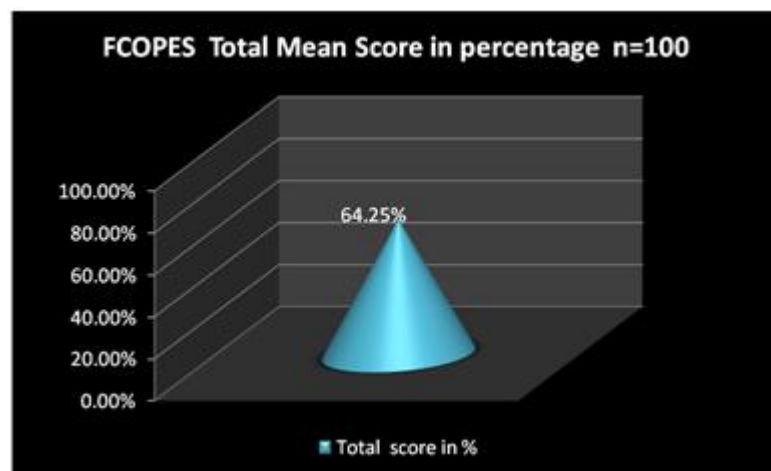


Fig. 11 : Cone chart depicts FCOPES total mean score in percentage

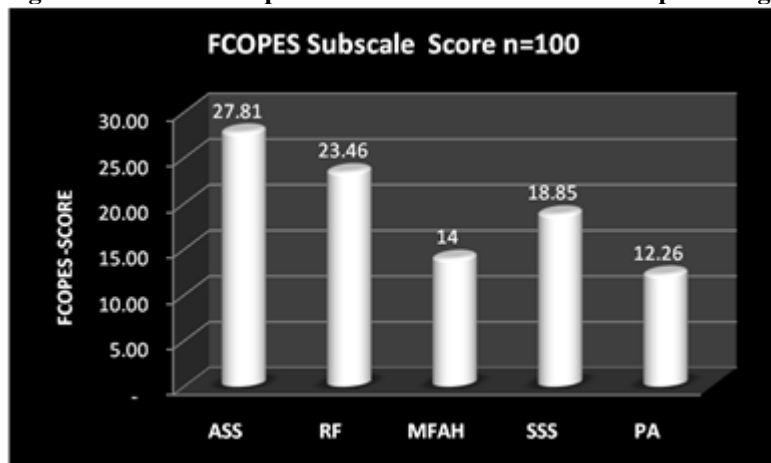


Fig. 12: Clustered cylinder chart depicts the FCOPES subscale wise score in caregivers

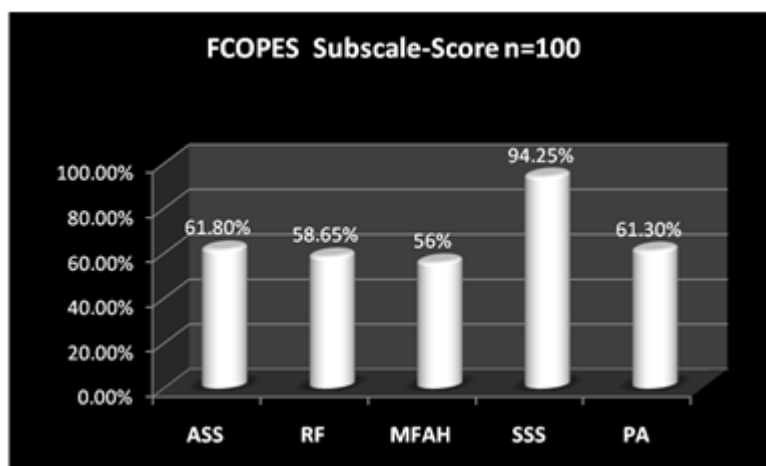


Fig. 13: Clustered cylinder chart depicts the FCOPES subscale score in percentage

4.2 :The Major finding of FCOPES Score

- The FCOPES total mean score of caregivers 96.38 with SD \pm 6.47 (64.25%).
- The FCOPES subscales, ‘acquiring social support’ (ASS) mean score was 27.81 with SD \pm 3.95 (61.80%)
- Reframing (RF) mean score was 23.46 with SD of \pm 4.43 (58.65%).
- Mobilizing family to accept help (MFAH) mean score was 14 with SD of \pm 3.51(56%).
- Seeking spiritual support (SSS) mean score was 18.85 with SD \pm 2.61(94.25%).
- Passive appraisal (PA) mean score was 12.26 with SD of \pm 2.67(61.3%).
- Overall caregivers used ‘seeking spiritual support’ as the strongest coping strategy and ‘mobilizing family to accept help’ as the weakest coping strategy.

4.3 Association between demographic factors and FCOPES Score

Various demographic factors and their association to coping strategies in caregivers were calculated by Chi square test. For all the demographic factor results the calculated value is less than tabulated value, so there is no association between the selected demographic variables and coping strategies of the caregivers.

V. Discussion

The goal of coping strategies is to strengthen or maintain family resources, reduce the source of stressor, negative emotions and achieve a balance in family functioning, McCubin et al. (1980). Throughout this study it is not the absolute score that matters, rather what is used a lot, what is used a little and what needs to be changed was observed. In the present study “seeking spiritual support” has emerged as the strongest coping strategy among the caregivers and “mobilizing family to accept help” as the weakest coping strategy. This is in contrast to the findings of Scazufca and Kuipers (1999) who reported that relatives used more problem-focused strategies.

Many studies including by Creado et al. (2006) [9] also found that better coping mechanisms such as problem solving can decrease the burden of illness on caregivers and may even improve the level of functioning of patients.

Strategies directly aimed at coping with the source of stress, such as problem solving and seeking information are more adaptive strategies than those efforts to deny or minimize the situation. Bailey & Smith, (2000).[10]

5.1 Recommendations

More emphasis and time spent on individual family coping with stresses relating to patient management should be incorporated in a family psycho education program.

The effectiveness of intervention has been demonstrated in a study by Magliano et al. (2005) [11] who found that the provision of psycho educational intervention was associated with a statistically significant improvement in family burden and coping strategies.

5.2 Future research

- Coping strategies of caregivers in case of other mental illnesses can also be studied.

- A comparative study on coping strategies of caregivers of patients with physical illness and mental illness is required.
- True experimental study on the effect of family intervention on coping strategy can be conducted.

5.3 Limitations of the study:

The parameters of this study are limited to caregivers of patients with schizophrenia of 1 to 10 years illness duration and those between the age of 18 yrs and 65 years. It is also limited to the patients and the caregivers who were available to the investigator during the time frame of the data collection and who attended the psychiatric wards of selected tertiary care hospital of Nagpur.

VI. Conclusion

This study identifies the different problem solving and behavioural strategies utilized by the caregivers of patients with schizophrenia in difficult or problematic situations. The study concluded that necessary steps should be taken to enhance the coping strategies of the caregivers such as 'acquiring social support' (ASS) and 'mobilizing family to accept help' (MFAH) by the psychoeducation sessions, family intervention program and the utilization of the resources available in the community.

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