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Family Caregivers Burden and Coping strategies for Patient With Schizophrenia in Mosul City

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Abstract

Background, The family, remains the primary source of care for the patient with schizophrenia, having a patient with schizophrenia in a family also affects the roles and interactions within the family.

Objectives: The objectives of the present study are to study the demographical data of the caregivers and to identify coping strategies and burden in family caregivers of schizophrenic patients as well as the effect of such a burden on the quality of health caring provided by family caregivers.

Materials and Methods: A cross-sectional, descriptive study was done on 105 family caregivers of schizophrenic patients, the study was carried out from 15th October 2019 through 30th July 2020. The data were collected through the use of Caregiver Burden Scale and Coping Strategies Scale through the interview with relatives of the patient. This study was conducted in psychiatry consultant and psychiatric lounges in Ibn Sina Teaching Hospital in Mosul city. The study Instrument consists of four parts; was the demographic data for the patient, part two demographic data for the caregivers, part three use the Caregiver Burden Scale, and part four use the coping scale.

Results : The mean age of the caregivers (26-36) years. Most of the caregivers were male. The economic level of caregivers did not influence the burden score. Caregivers reported their family burden the overall total score is (55), which mean a moderate to severe burden according to the caregiver burden scale(41-60), which represent (74.3%) of the caregivers.

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Conclusion : The study concluded the mean of burden was moderate to severe. There were significant differences between females and males; females had a higher subjective burden and males had a higher objective burden. No significant differences were found between participants according to their age in all burden types.

Recommendations : The study recommended psychiatric nursing intervention should be focused on the need of the caregivers and an emphasis placed on community care for mentally ill patients as well as family intervention. Mental health professionals should increase attention to the caregivers in addition to the patients and develop more programs for families; they should be provided social support, especially by healthcare professionals, and they should also be provided psychoeducation. Further studies should examine the association between patients' characteristics and level of burden, and to explore models of family interventions.

Key words : *Caregivers Burden , Coping strategies, Schizophrenia*

Introduction

Schizophrenia is one of the most serious mental disorders. It carries a lifetime risk of approximately 1%, It is a leading contributor to the global burden of the disease accounting for about 1% of disability-adjusted life year, 3% of the year lived with disability and is the 8th leading cause of disability in people aged 15to 44 years(Adeosun, 2013).

it usually occurs in the second or third decade of life but some studies found several noticeable signs of neuropathology in infancy, childhood, and adolescence. So The onset of the disease is always at the threshold of productive life, i.e. especially in late adolescence age or early adulthood, which leads to disrupting social and educational development(Mohammadibakhsh, Aryankhesal, Jafari, Damari, & Promotion, 2020).

Studies show that the incidence rate of schizophrenia is higher for men than for women based on the negative symptoms and long duration of illness(Li, Yang, et al., 2020; Li, Zhang, et al., 2020; Tesfaw, Kibru, & Ayano, 2020; Tian et al., 2020; Wei, Chen, Ma, Xiu, & Zhang, 2020).

Also, the studies demonstrate that schizophrenia symptoms are more severe in men than in women. In general, schizophrenia is diagnosed 1.4 times more frequently in men than in women.

Furthermore, in men, the symptoms appear between 18 and 25 years of age, while in women, symptoms appearance has two peaks 25–30 years and after 40 years(Rajesh & Tampi, 2018).

Schizophrenia is considered to be a severe mental illness people with schizophrenia may experience impairments in their thought processes, which influences their behaviors also, the disease may relapse during the treatment and recovery period(McCutcheon, Marques, & Howes, 2020).

That schizophrenia is harmful to thought, perception, and behavior, patients often have difficulty performing normal life roles and have to receive ongoing care and support from the family. The family remains the main source of care for the patient with schizophrenia, having a patient with schizophrenia in a family also affects the roles and interactions within the family(Guan et al., 2020).

The burdens face the families are many including care burden, fear, and embarrassment about illness signs and symptoms, uncertainty about the course of the disease, lack of social support, and stigma. Burden refers to the negative impact of the individual’s mental illness on the entire family(Hsiao, Lu, Tsai, & Nursing, 2020).

Objective of the Study

1. To study the demographical data of the caregivers.
2. To identify burden and coping strategies in family caregivers of schizophrenic patients.
3. the effect of such a burden on the quality of health caring provided by family caregivers.

Materials and Methods

Institutional Review Board (IRB) was obtained from the College of Nursing, University of Mosul, then approval letters were attained from the Ministry of Health, Ninevah Health Directorate, Ethical Research Committee, and request letters were sent to the psychiatry consultant in hospital Ibn Sina Teaching-City of Mosul, Iraq. Permission and consent forms were taken from participants before starting the study. A cross-sectional study was carried out from 1st November 2019 through 30th July 2020 to achieve the objectives of the present study. This study was conducted in psychiatry consultant and psychiatric lounges in Ibn Sina Teaching Hospital in Mosul city.

The population of this study was the caregivers of schizophrenia patients who followed up at the psychiatry consultant and psychiatric lounges in Ibn Sina Teaching Hospital in Mosul city.

Convenience samples consist of (105) subject relatives of the patients. The data were collected through the use of the Caregiver Burden Scale through the interview with relatives of the patient. The study has been conducted for three months extending from 1st December 2019 through 14th February 2020.

The consent was obtained from the relative, the information will be collected from the relative came with the patients through the interview using the Caregiver Burden Scale. In the International questionnaire, we divided the variables into four parts: Part one comprised questions about demographic data for a patient: patient age, gender, marital status, number of children, education level, occupation, residential and residential address, monthly salary, duration of illness, ECT, source of service, medicines source. Part two contained questions about relatives of the patient: age, gender, kinship, occupation, monthly income, care period, marital status, number of children, residential and residential address, number of the family, rooms number. Part three Caregiver Burden Scale. This self-administered 22-item questionnaire assesses the "experience of burden." The scale was answered according to the Likert scale with five options as(0 Never), (1 Rarely), (2 Sometimes), (3 Frequently), (4 Nearly always) the scale was measured the caregiver burden based on the scores which were given by family. (0 - 20 = little or no burden), (21 - 40 = mild to moderate burden), (41 - 60 = moderate to severe burden), (61 - 88 = severe burden). Part four the coping scale contains 13 questions about dealing with problems. Data was entered and analyzed using the Statistical Package for Social Science (SPSS). Chi-square test was used for categorical variables; T-test and ANOVA were used to test the relationship between burden types and demographical characteristics. Fisher's Least Significant Difference (LSD) was used to measure the differences

Results

Table (1) : Demographic Characteristics of the Caregivers

Variables		Frequency	%	Mean	Std. Deviation
Age	15_25	17	16.2%	2.56	1.082
	26_36	32	30.5%		
	37_47	28	26.7%		

	48_58	26	24.7%		
	59_69	2	1.9%		
Gender	Male	65	61.9%	1.38	0.488
	Female	40	38.1%		
Marital status	Single	34	32.4%	1.76	0.701
	Married	67	63.7%		
	Separated	1	1%		
	Divorced	1	1%		
	Widower	2	1.9%		
Number of children	Nothing	36	34%	1.34	1.142
	1_3	17	16.2%		
	4_6	32	30.8%		
	>7	20	19%		
Kinship	Father	26	24.7%	3.24	2.022
	Mother	15	14.3%		
	Brother	27	25.7%		
	Sister	14	13.3%		
	Son	8	7.6%		
	Daughter	3	2.9%		
	Wife	8	7.6%		
	Husband	3	2.9%		
	Other	1	1%		
Occupation	Unemployed	48	45.7%	1.81	0.833
	Employee	29	27.4%		
	Housewife	25	24%		
	Other	3	2.9		
Monthly	<500,000	83	79%	1.21	0.409

income	500,000_1000,00	22	21%		
Care period	1-5	58	55.3%		
	6_10	37	35.2%	1.54	0.665
	>11	10	9.5%		

Table (1) shows the demographic characteristics of the caregivers according to the age the highest percentage was in the age group (26-36),(30.5%), the highest rate was in the male (61.9%), regarding the marital status the highest percentage was married (63.7%), as for the number of children, the highest percentage was off (34%). As for kinship is a brother, the highest percentage (25.7%), followed by father with a rate of (24.7%). The highest percentage was self-employment (45.7%), as monthly income, the highest percentage (79%) were have amonthly income less than (500.000).

Table (2): Comparison Between The Mean Of Caregiver ‘S Burden According To Their Gender

Gender	N	Mean	Std. Deviation	Std. Error Mean	T	df	Sig. (2-tailed)
Male	65	44.9500	7.49785	.96797			
Female	40	48.0000	7.50385	1.18646	-1.992	98	.049

The table shows that there are significant differences between the mean of caregiver ‘s burden according to their gender at P value (0.05).

Table (3) : Description of the Coping Strategies in Caregiver from Male and Female

Coping Strategies	Male		Female		P
	Mean	SD	Mean	SD	
Self-Distraction	2.35	0.61	2.6	0.63	NS

Active Coping	2.43	0.64	2.56	0.72	NS
Denial	2.7	0.85	2.73	0.66	NS
Substance Use	2.6	0.82	2.75	0.72	NS
Use of Emotional Support	2.29	0.6	2.64	0.73	0.01
Use of Instrumental Support	1.89	0.75	1.56	0.54	0.01
Behavioral Disengagement	2.62	0.69	2.72	0.52	NS
Venting	2.1	0.66	2.56	0.74	0.006
Positive Reframing	1.53	0.6	2.07	0.77	0.001
Planning	2.01	0.7	1.84	0.74	NS
Humor	2.09	0.6	2.58	0.8	0.001
Acceptance	1.56	0.82	1.61	0.76	NS
Religion	1.5	0.8	1.44	0.72	NS
Self-Distraction	2.35	0.61	2.6	0.63	NS

The table shows that there are highly significant differences coping strategies: emotional support,Instrumental Support, Positive Reframing and Humor.

Discussion

Table (1) shows the demographic characteristics of the caregivers, according to the age the highest percentage was in the age group (26-36), (37-47), (48-58);(30.5%), (26.7%), (24.7%) respectively, studies conducted in Asian countries show that caregiver burden increase with advancing age of the caregiver, whereas it decreases with age in Mexico and America(Bola, 2020; Ponting, Delgadillo, Rivera-Olmedo, & Yarris, 2020).

Cultural factors may also play a role in this issue. Similar to Asian countries, caregiver burden increased together with the age of the caregiver in our study. According to our observations, older caregivers seemed to accept the current condition and chronic progress of their patients, and they were more worried about how their patients would receive care after they passed away.

The highest rate of caregivers were male (61.9), regarding the marital status the highest percentage was married (63.7%), as for the number of children, the highest percentage was off (34%). As for kinship is a brother, the highest percentage (25.7%), followed by father with a rate of (24.7%). The highest percentage was self-employment (45.7%), as monthly income, the highest percentage (79%), were have amonthly income less than (500.000), as the caregiver’s monthly income decreased, caregiver burden increased.

The table (2) show that there is significant differences between the mean of caregiver's burden according to their gender at P value (0.05). These results, were in agreement with (Pajonk et al., 2), who found that there was a significant difference in gender in terms of their burden, which was explained by social gender role and hormonal factors.

Table (3) shows that there are significant differences in coping strategies, emotional support, Instrumental Support(0.01). Venting is high about(0.006). Positive reframing, and humor is high about(0.001). Our results show that caregivers used more emotion-focused coping strategies, Instrumental Support, Positive Reframing, and humor.

Eaton et al. 2011 said that when avoidance is used to reduce stressor exposure, it is called successful. On the other hand, if an aggressor 's continued avoidance could be an ineffective coping strategy and result in future depressive symptoms in caregivers(Chien et al., 2007).

Furthermore, a significant finding of the current study is that at the lowest level family caregivers used the strategy of seeking information on the patient's disease and treatment. In line with these findings, some studies have shown that families generally have little knowledge of mental illness, resulting in adverse outcomes such as negative attitudes to mental illness, readmission, and a higher rate of relapse(Alipour, Gabrielson, & Patel, 2020; Oltean, Perlman, Meyer, Ferro, & Studies, 2020; WRIGHT, BUFKA, & Disorders, 2020).

To improve the role of families in recovery of patients, it is essential to educate them about the essence of the disease(Cotton et al., 2013; Eaton et al., 2011; Kartalova-O’Doherty & Doherty, 2008; Kate, Grover, Kulhara, & Nehra, 2013; Navidian & Bahari, 2008; Navidian, Kermansaravi, & Rigi, 2012; Rahmani et al., 2019).

Conclusions

The study concluded the mean of burden was moderate to severe. There were significant differences between females and males; females had a higher subjective burden and males had a higher objective burden. No significant differences were found between participants according to their age in all burden types.

Recommendations

The study recommended psychiatric nursing intervention should be focused on the need of the caregivers and an emphasis placed on community care for mentally ill patients as well as family intervention.

Mental health professionals should increase attention to the caregivers in addition to the patients and develop more programs for families; they should be provided social support, especially by healthcare professionals, and they should also be provided psychoeducation. Further studies should examine the association between patients' characteristics and level of burden, and to explore models of family interventions.

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