A Study to Assess the Stress and Coping Strategies among Family Members of Schizophrenic Clients who Attend out Patient Department in Selected Hospitals at Bagalkot with a View to Develop an Information Guide Sheet

Nagaraj Sunagar

INTRODUCTION

In the modern concept, mental health is not merely an absence of mental illness. Some psychologists have defined mental health as the ability of an individual to make personal and social adjustments. These adjustments relate to one's daily life in relation to others, at home and at work. Health in its modern concepts as defined by WHO implies, dynamic state of complete physical, mental and social wellbeing and not merely an absence of disease. Mental health contributes to physical health and vice-versa.[1]

The recent meta-analysis of 13 epidemiological studies in India concluded that the prevalence estimate of mental health problems and disorders is 58.2 per 1000 population. Among the various problems, schizophrenia (2.7/1000) is one of the major problems encountered in the community. This study concluded that nearly 1.5 million people suffer from various psychiatric disorders requiring immediate help at any given point of time.[2]

NEED FOR THE STUDY

Schizophrenia is a disruptive and distressing illness for patients and family members who care for them. The caregiving experience has been conceptualized as distress or dissatisfaction attributed to various factors in the carer's external and internal world. The seriousness and persistence of schizophrenia causes great strain on affected individuals, their families, communities, and the larger health care system.

Caregivers of schizophrenic clients are faced with situations that may be unpredictable, stressful and therefore need adequate coping strategies. Many family caregivers must deal routinely with the problem of threats, intimidation and violence from their family members with mental illness. The stress of these encounters may cause a progressive decline in the physical and emotional wellbeing of the family member as well as exacerbate their patients' disabilities. Caregivers must be therefore prepared to handle such situations.[3]

STATEMENT OF THE PROBLEM

"A Study to Assess the Stress and Coping Strategies among Family Members of Schizophrenic Clients who Attend out Patient Department in Selected Hospitals at Bagalkot with a View to Develop an Information Guide Sheet."

OBJECTIVES OF THE STUDY

1. To assess the level of stress among family members of schizophrenic clients.
2. To assess coping strategies among family members of schizophrenic clients
3. To correlate the level of stress and coping strategies among family members of schizophrenic clients

4.   To find out an association between stress levels and coping strategies with selected demographic variables.

5.   To develop an information guide sheet on stress and coping strategies.

ASSUMPTIONS

- Family members of schizophrenic clients may experience severe level of stress.
- Family members of schizophrenic clients may use low coping strategies
- The information guide sheet may help the family members of schizophrenic clients to manage stress and use adaptive coping strategies.

HYPOTHESIS

H_1: There is a significant relationship between stress levels and coping strategies among family members of schizophrenic clients.

H_2: There is a significant association between stress levels experienced by family members of schizophrenic clients and the selected demographic variables.

RESEARCH METHODOLOGY

RESEARCH APPROACH

Descriptive survey design

RESEARCH DESIGN

Descriptive research design

SETTING OF THE STUDY

Outpatient department of psychiatry Hospital, Bagalkot

POPULATION

Family members of schizophrenic clients

SAMPLE & SAMPLE SIZE

50 family members of schizophrenic clients

SAMPLING TECHNIQUE

Non probability purposive sampling technique

CRITERIA FOR SELECTING THE SAMPLE

(a)   Inclusion Criteria

- Family members of schizophrenic clients who are accompanying the client to the out patient department of psychiatry.
- Family members of schizophrenic clients who are willing to participate in the study.
- Family members of schizophrenic clients who can speak and understand Kannada or English.
- Family members of schizophrenic clients between 20 to 60 years of age group.

(b)   Exclusion Criteria

- Family members of schizophrenic clients with systemic illness.
- Family members of schizophrenic clients suffering from schizophrenia for more than 5 years.

DESCRIPTION OF THE TOOL

The interview schedule comprised of three sections:

Section I: Consists of 11 items related to socio-demographic variables of the respondents about age, sex, marital status, educational status, occupation, religion, residence, type of family, family income, relationship with patient, duration of suffering of their relative from schizophrenia.

Section II: Consists of 30 items to assess the stress among family members of schizophrenic clients under 4 aspects namely physical, psychological, social and financial stress.

Section III: Consists of 30 items to assess the coping strategies under 5 aspects namely problem solving, social support, emotion focused, escape avoidance and spiritual support coping

RESULT

The findings were presented under the following sections:

Section 1: Demographic variables of respondents

Section 2: Assessment of level of stress of respondents

Section 3: Assessment of coping strategies of respondents

Section 4: Correlation between level of stress and coping strategies

Section 5: Association between level of stress with selected demographic variables

Section 6: Association between coping strategies with selected demographic variables

Section 1: Demographic Variables of Respondents

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

n=50

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
Educational status	Illiterate	5	10.0
	Primary	11	22.0
	High school	8	16.0
	PUC	11	22.0

	Degree	15	30.0
Occupation	Housewife	10	20.0
	Employed	19	38.0
	Self-employee	12	24.0
	Agriculture	9	18.0
Religion	Hindu	38	76.0
	Muslim	5	10.0
	Christian	7	14.0
Residence	Urban	26	52.0
	Rural	24	48.0
Type of family	Nuclear	32	64.0
	Joint	18	36.0
Family income/month	Below Rs. 3,000	14	28.0
	Rs. 3,001-4,500	24	48.0
	Rs. 4,501-7,000	12	24.0
Relationship with patient	Spouse	20	40.0
	Parents	10	20.0
	Siblings	7	14.0
	Children	13	26.0
Suffering from schizophrenia	Below 1.5 years	13	26.0
	1.5-2.5 years	23	46.0
	2.6-3.5 years	14	28.0

Section 2: Assessment of Level of Stress of Respondents

Table 2: Aspect wise Mean Stress Scores of Respondents

n=50

No.	Aspects	Statements	Max. Score	Respondents Stress Scores		
				Mean	Mean (%)	SD (%)
I	Physical stress	8	16	2.72	17.0	9.8
II	Psychological stress	8	16	8.34	52.1	17.7

III	Social stress	7	14	10.22	73.0	17.2
IV	Financial stress	7	14	9.28	66.3	13.7
	Combined	30	60	30.56	50.9	12.2

Table 2 and Figure 1 depicts the aspect wise mean stress scores of respondents. The result indicates that the highest mean stress was 73.0 per cent in social domain, 66.3 per cent in financial domain. Further, the mean stress noticed with respect to psychological domain as 52.1 per cent physical mean stress found among the respondents with 17.0 per cent.

However, the overall mean stress scores of respondents was 50.9 per cent with standard deviation of 12.2 per cent.
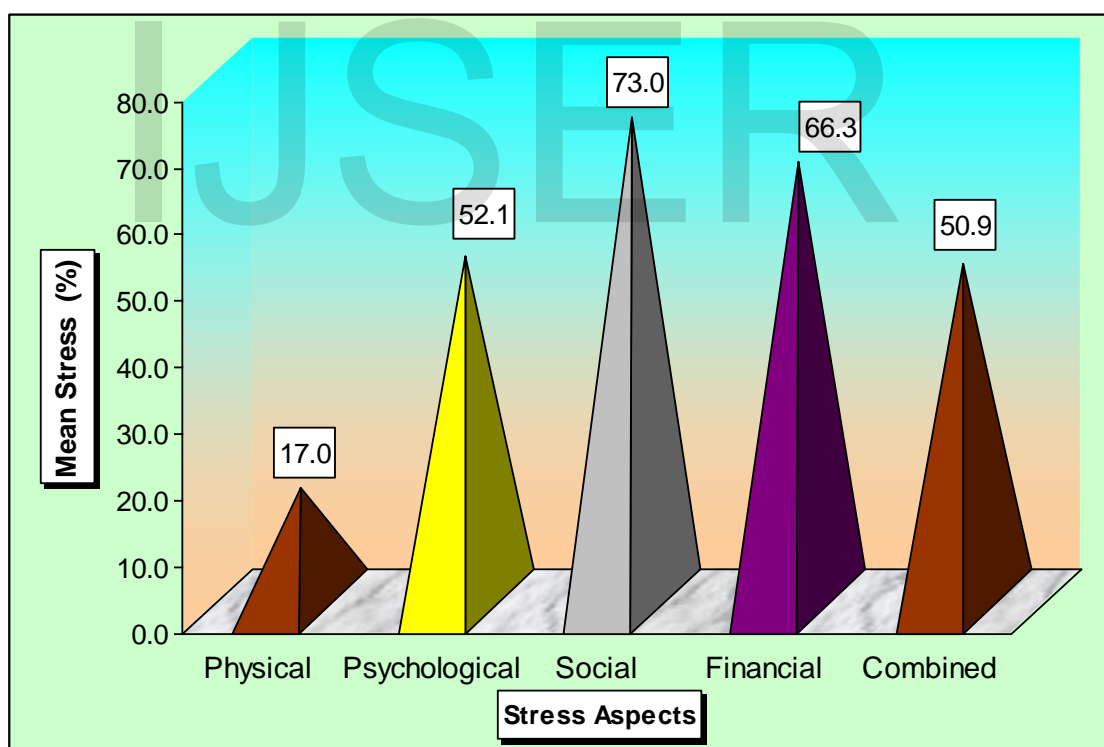

Figure 1: Aspect wise Mean Stress Scores of Respondents

Section 3: Assessment of Coping Strategies of Respondents

Table 3: Aspect wise Mean Coping Scores of Respondents

n=50

No.	Aspects	Statements	Max. Score	Respondents Scores		Coping
				Mean	Mean (%)	SD (%)
I	Problem focused coping	6	12	0.80	6.7	6.5
II	Social support	6	12	0.92	7.7	5.5
III	Emotion focused coping	8	16	7.44	46.5	9.6
IV	Escape–avoidance	5	10	5.10	51.0	22.1
V	Spiritual support	5	10	1.80	18.0	11.1
	Combined	30	60	14.26	23.8	6.1

Table 3 reveals the aspect wise mean coping scores of respondents.

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

The combined mean coping scores of respondents found to be 23.8 per cent with standard deviation of 6.1 per cent as depicted in the Figure 2.
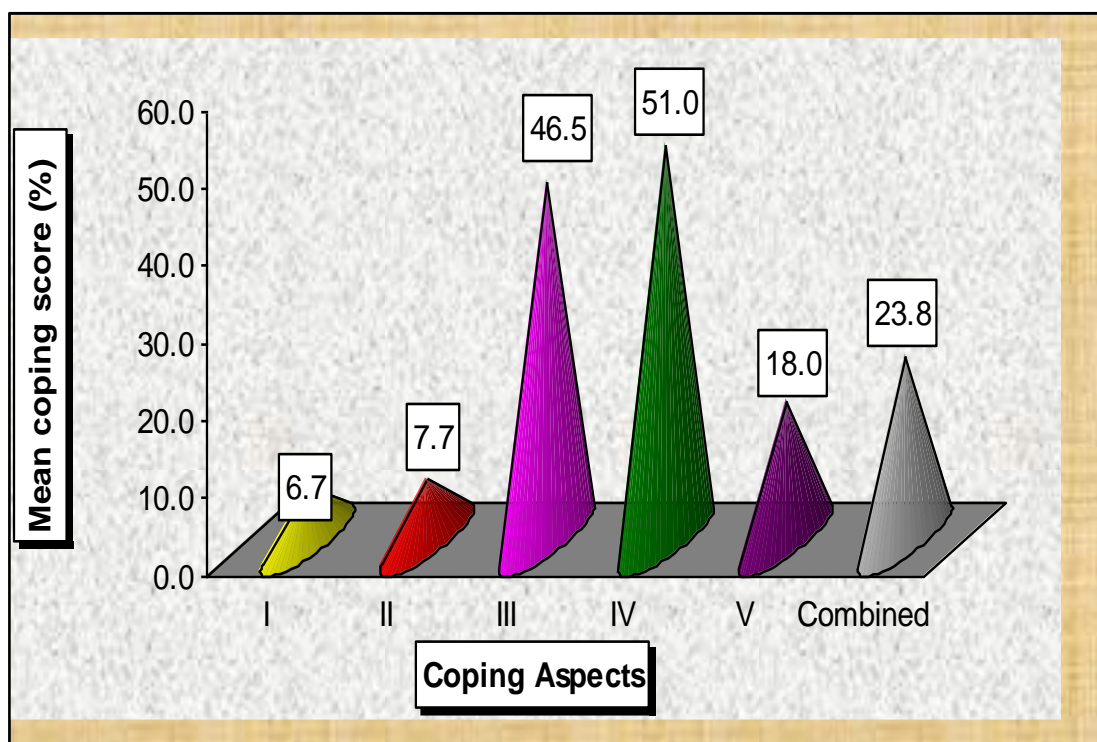
Figure 2: Aspect wise Mean Coping Scores of Respondents

Section 4: Correlation between Level of Stress and Coping Strategies

Table 4: Overall Mean Stress and Coping Scores of Respondents

n=50

Aspects	Statements	Max. Score	Respondents Scores		
			Mean	Mean (%)	SD (%)
Stress	30	60	30.56	50.9	12.2
Coping	30	60	14.26	23.8	6.1
Correlation Coefficient	r = - 0.344*				

* Significant at 5% level

Table 4 depicts the result of the overall mean stress and coping scores of respondents. The overall mean stress was found to be 50.9 per cent and SD as 12.2 per cent, whereas mean coping was found to be 23.8 per cent and SD as 6.1 per cent.

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 5: 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
Total	50	100.0	50	100.0
Median (%)	53.3		23.3	

Table 5 and Figure 6 reveals the classification of respondents on stress and coping level. In this study, 54 per cent 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.

Section 5: Association between Levels of Stress with Selected Socio-Demographic Variables

Table No. 6: Association between levels of stress with selected socio-demographic variables

n=50

Age Group (yrs)	Stress Level of Respondents						X^2 value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
24-34	9	64.3	5	35.7	14	100.0	
35-45	8	40.0	12	60.0	20	100.0	2.64 [NS]
46-56	6	37.5	10	62.5	16	100.0	
Sex	Stress Level of Respondents						X^2 Value
	Low		Moderate		Combined		

	N	%	N	%	N	%	
Male	7	38.9	11	61.1	18	100.0	0.57 NS
Female	16	50.0	16	50.0	32	100.0	

Marital Status	Stress Level of Respondents						X^2 Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
Married	18	50.0	18	50.0	36	100.0	2.36 NS
Unmarried	4	50.0	4	50.0	8	100.0	
Widow(er)	1	16.7	5	83.3	6	100.0	

Educational Status	Stress Level of Respondents						X^2 Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
Illiterate	2	40.0	3	60.0	5	100.0	2.10 NS
Primary	4	36.4	7	63.6	11	100.0	
High school	5	62.5	3	37.5	8	100.0	
PUC	4	36.4	7	63.6	11	100.0	
Degree	8	53.3	7	46.7	15	100.0	

Occupational Status	Stress Level of Respondents						X^2 Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
House wife	3	30.0	7	70.0	10	100.0	3.69 NS

	N	%	N	%	N	%	
Employed	9	47.4	10	52.6	19	100.0	
Self employed	8	66.7	4	33.3	12	100.0	
Agriculture	3	33.3	6	66.7	9	100.0	

	Stress Level of Respondents						X^2 Value
Religion	**Low**		**Moderate**		**Combined**		
	N	**%**	**N**	**%**	**N**	**%**	
Hindu	15	39.5	23	60.5	38	100.0	
Muslim	3	60.0	2	40.0	5	100	2.87 [NS]
Christian	5	71.4	2	28.6	7	100.0	

	Stress Level of Respondents						X^2 Value
Residence	**Low**		**Moderate**		**Combined**		
	N	**%**	**N**	**%**	**N**	**%**	
Urban	9	34.6	17	65.4	26	100.0	2.83[NS]
Rural	14	58.3	10	41.7	24	100.0	

	Stress Level of Respondents						X^2 Value
Type of Family	**Low**		**Moderate**		**Combined**		
	N	**%**	**N**	**%**	**N**	**%**	
Nuclear	9	28.1	23	71.9	32	100.0	11.43 *
Joint	14	77.8	4	22.2	18	100.0	

	Stress Level of Respondents						X^2 Value
Family Income/	**Low**		**Moderate**		**Combined**		

Month	N	%	N	%	N	%	
Below Rs.3,000	4	28.6	10	71.4	14	100.0	
Rs.3,001-4,500	11	45.8	13	54.2	24	100.0	3.78 NS
Rs.4,501-7,000	8	66.7	4	33.3	12	100.0	
Relationship with Patient	**Stress Level of Respondents**						X^2 Value
	Low		**Moderate**		**Combined**		
	N	%	N	%	N	%	
Spouse	4	20.0	16	80.0	20	100.0	
Parents	6	60.0	4	40.0	10	100.0	9.41*
Siblings	4	57.1	3	42.9	7	100.0	
Children	9	69.2	4	30.8	13	100.0	
Duration of Suffering (years)	**Stress Level of Respondents**						X^2 Value
	Low		**Moderate**		**Combined**		
	N	%	N	%	N	%	
Below 1.5	2	15.4	11	84.6	13	100.0	
1.5-2.5	11	47.8	12	52.2	23	100.0	8.58*
2.6-3.5	10	71.4	4	28.6	14	100.0	

Table No 6 depicts the association between Type of Family 11.43, Relationship with patient 9.41 and duration of suffering 8.55 and stress level of respondents. Hence there was significant association between type of family, relationship with patient and duration of suffering with levels of stress

Section 6: Association of Coping Strategies with Selected Demographic Variables

Table 7: Association of Coping Strategies with Selected Demographic Variables

n=50

Age Group (yrs)	Coping Level of Respondents						X^2 Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
24-34	6	42.9	8	57.1	14	100.0	
35-45	11	55.0	9	45.0	20	100.0	2.05 NS
46-56	11	68.7	5	31.3	16	100.0	

Gender	Coping Level of Respondents						X^2 Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
Male	12	66.7	6	33.3	18	100.0	
Female	16	50.0	16	50.0	32	100.0	1.30 NS

Marital Status	Coping Level of Respondents						X^2 Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
Married	19	52.8	17	47.2	36	100.0	
Unmarried	6	75.0	2	25.0	8	100.0	1.41 NS
Widow(er)	3	50.0	3	50.0	6	100.0	

Educational Status	Coping Level of Respondents						X^2 Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
Illiterate	4	80.0	1	20.0	5	100.0	
Primary	7	63.6	4	36.4	11	100.0	4.95 NS
High	3	37.5	5	62.5	8	100.0	

school							
PUC	4	36.4	7	63.6	11	100.0	
Degree	10	66.7	5	33.3	15	100.0	

Occupational Status	Coping Level of Respondents						X² Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
House wife	7	70.0	3	30.0	10	100.0	
Employed	9	47.4	10	52.6	19	100.0	1.96 NS
Self employed	6	50.0	6	50.0	12	100.0	
Agriculture	6	66.7	3	33.3	9	100.0	

Religion	Coping Level of Respondents						X² Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
Hindu	21	55.3	17	44.7	38	100.0	
Muslim	3	60.0	2	40.0	5	100.0	0.05 NS
Christian	4	57.1	3	42.9	7	100.0	

Residence	Coping Level of Respondents						X² Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
Urban	12	46.2	14	53.8	26	100.0	2.13 NS
Rural	16	66.7	8	33.3	24	100.0	

Type of Family	Coping Level of Respondents						X² Value
	Low		Moderate		Combined		

	N	%	N	%	N	%	
Nuclear	22	68.8	10	31.2	32	100.0	5.86 *
Joint	6	33.3	12	66.7	18	100.0	

Family Income/ Month	Coping Level of Respondents						X^2 Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
Below Rs.3,000	8	57.1	6	42.9	14	100.0	1.42 NS
Rs.3,000-4,500	15	62.5	9	37.5	24	100.0	
Rs.4,500-7,000	5	41.7	7	58.3	12	100.0	

Duration of Suffering (years)	Coping Level of Respondents						X^2 Value
	Low		Moderate		Combined		
	N	%	N	%	N	%	
Below 1.5	7	53.8	6	46.2	13	100.0	1.80 NS
1.5-2.5	15	65.2	8	34.8	23	100.0	
2.6-3.5	6	42.9	8	57.1	14	100.0	

Table No 7 depicts the association between Type of Family 5.86 with coping strategies of respondents. Hence there was significant association between types of family with coping strategies

DISCUSSION

The result indicates the highest mean stress found to be 73.0 per cent in social domain, 66.3 per cent in financial domain (66.3%). Psychological domain (52.1%) physical mean stress (17%). However, the overall mean stress scores of respondents found to be 50.9 per cent with standard deviation of 12.2 per cent.

This study was supported by a study conducted by **Arunkumar N, Saiyad, Vankar CK (2004)** on caregiver distress. Findings indicate that schizophrenia caregivers are at significant psychological distress.[4]

In this study, mean coping strategies observed to be 51.0 per cent in escape avoidance, Emotion focused coping (46.5%), spiritual support (18.0%), social support (7.7%)

and problem focused (solving) coping respectively (6.7%). 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 (2005)** on caregiver coping in schizophrenia. Results revealed that caregivers of patients with schizophrenia were using emotion- focused strategies significantly more often.[5]

The overall mean stress was found to be 50.9 per cent and SD as 12.2 per cent, where as mean coping was found to be 23.8 per cent and SD as 6.1 per cent. 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.

Kim T, Mueser, David P (1997) 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.[6]

The findings show that there is no significant association between age, sex, marital status educational level, occupation, religion, type of residence and income with stress levels (P>0.05).

In this study, 62.5 per cent of respondents in the age of 46–55 years had moderate stress and 37.5 per cent had low stress. Higher the age more is the stress level and equal distribution (63.6%) respondents with primary level of education and PUC had moderate stress level and remaining 36.4 per cent had low stress level. The finding of this study is contrary with the study conducted by **Sandy M, Jorge I, Ramirez G, Maria G, Hernandez, Raymond C (2007).** Results revealed that Younger Latino caregivers and those with lower levels of education are particularly at risk of depression.[7]

The study reveals that majority (66.7%) of respondents belong to joint family had moderate coping level as compared to 68.8 per cent of respondents belong to nuclear family had low coping level. The obtained statistical value (X^2=5.86) is greater than the table value (3.841), hence, it indicates that statistically significant association was found between coping level and type of family of respondents at 5 per cent level of significance.

In this study the investigator developed an information guide sheet on stress management and coping strategies based on the findings of the study. Keeping in view the guide sheet could be useful for the family members of schizophrenic clients to learn about stress and its effects and to use adoptive coping strategies in order to manage their stress.

CONCLUSION

- Majority (54.0%) of the respondents had moderate stress whereas 46.0% had low stress.
- Dimension-wise result indicates that the highest mean stress (73.0%) was found in social aspect, followed by 66.3% in financial aspect, 52.1% in psychological aspect and 17.0% in physical aspect.
- With regard to coping strategies, majority (56.0%) of the respondents had low coping and 44.0% had moderate coping strategies.
- Majority (51.0%) of the respondents used coping strategies in the aspect of escape-avoidance followed by emotion focused coping (46.5%), spiritual support (18%), social support (7.7%) and problem focused coping (6.7%). Hence the family members level of coping to solve the problem was poor.
- There was statistical significant association between type of family and stress i.e., nuclear family had higher stress. There was also significant association between relationship of patient and stress i.e., spouse experienced higher stress comparing to parents, siblings and children. And there was also significant association between duration of suffering of patient and stress i.e., the patients

who suffered for less than 1.5 years their family members experienced higher stress.

- With respect to coping strategies there was significant association between type of family and coping i.e., joint families had higher coping strategies compared to nuclear families.

- There was no statistical significant association between age, sex, marital status, educational level, occupation, religion, type of residence, income and the stress and coping strategies.

- Overall mean stress of family members was 50.9% and the overall mean coping was 23.8%. Hence, it was concluded that the family members had higher stress and low level coping strategies (r = - 0.344*, P< 0.05).

RECOMMENDATIONS

- A similar study may be conducted on a large sample for wider generalization.

- A comparative study may be undertaken to compare the findings with regard to the rural and urban population.

- A similar study may be conducted using phenomenological approach to overcome the limitations due to a structured tool.

- A study can be conducted to evaluate the planned family intervention program on stress management techniques.

- A follow up study may be conducted to evaluate the effectiveness of an information guide sheet.

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