



## **A descriptive study to evaluate the stress among of schizophrenic's caregivers**

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### **INTRODUCTION**

their life. Stress is a physical and emotional state of a person in reaction to a stressor. It is Stress is quite common among human beings. Every person experience various kinds of stress throughout a dynamic state of imbalance in response to the demands, threats, changes, needs and lack of resources.

According to John and Rao (2004) stress is one of the major health hazards of the modern world affecting all people irrespective of age, gender, education, occupation, domiciliary status, finance, religion, race, ethnicity, and nationality.

Caregiversupport.Org (2005) stated that caregivers are persons who are responsible for attending the needs of the patients. Caregiving can be a rewarding and positive experience but it can be extremely demanding and stressful. Often, caregivers experience stress which over time can lead to caregiver burnout. The caregivers become restless, nervous, exhausted, lacks concentration and shows anger towards others.

Caregivers of psychiatric patients experience stress due to the long term mental illness of the psychiatric patient. Caregivers experience 2 types of stress; primary and secondary. Primary stress is the stress felt from everyday caregiving duties like assisting the patient in bathing and toileting. Secondary stress comes from the source other than direct caregiving duties like resolving the conflicts with the other family members.

. The caregivers face several problems while taking care of psychiatric patients. In addition to the profound impact of illness on patients, there is also an equally severe impact on the patient's family and caregivers patients. The caregivers has to manage various difficult behaviours exhibited by the patient like lack of interest during depressed periods and agitation during manic periods. Moreover they have to encourage and involve themselves in personal hygiene of the patient which they often neglect. Also they have to assist the patient in proper nutrition. Psychiatric patients often tend to run away from home or commit suicide. The caregivers need to concentrate on the safety and the security of the patients. In addition to this they find it difficult to access the support organizations for long term care of psychiatric patients. They have to administer drugs to patients regularly and concentrate on drug compliance of the patient to reduce relapse of disease. Above all they have to assist the patients in activities of daily living like dressing, elimination etc. These kind of activities inflict a huge amount of stress and burden for the caregivers.

### **NEED FOR THE STUDY**

The caregivers of the psychiatric patients develop stress due to impaired coping ability with psychiatric illness in the family. Alzheimer solutions (2006) reported that 63% of caregivers experience stress in giving care to the patients. Due to caregiving stress the caregivers encounter a variety of problems. The caregivers does not find sufficient time to take care of psychiatric patients. As a result of this, working hours of the caregiver are reduced by 3% which affects them financially. More than 11% of caregivers quit their jobs to care for a patient at home. Caregivers also suffer disruption of their employment. This leads to financial crisis in the family which affects each and everyone in the family. According to *National Alliance for Caregiving and Evercare (2009)*, *working caregivers complaint that increase in the caregiving expense had made them to use all their savings. This imposes a huge financial burden for the caregivers. Most of the patients are unemployed which further adds financial burden to the caregivers.*

*Caregivers also develop faulty habits due to stress of caregiving .They tend to drink alcohol more often than non-caregivers. Caregivers tend to develop negative health behaviours like smoking, not exercising and overeating. Only 41% of caregivers get enough time to do exercise when compared to 56 % of non caregivers.*

*Caregivers also develop faulty habits due to stress of caregiving* .They tend to drink alcohol more often than non-caregivers. Caregivers tend to develop negative health behaviours like smoking, not exercising and overeating. Only 41% of caregivers get enough time to do exercise when compared to 56 % of non caregivers.

The caregivers average exercise time is 1.4 hours when compared to 3.6 hours of non caregivers. The caregivers also develop depressive and anxiety features. About 30% of caregivers use psychotropic drugs, compared to 20% of non-caregivers. Dee Jones (2007) found that, 16% of caregivers often complaint that caregiving affects their family integrity and family functions. It creates a lot of conflicts among the family members. According to [Hara](#) (2003), 90% of the spouses of patients with bipolar disorder divorce their partners. He compared the anxiety level in caregiving between spouse and daughter caregivers. He found that daughter caregivers experienced higher anxiety as they have to manage their own family and also take care of psychiatric patient. Caregivers also complaint of lack of privacy and insufficient time to spend with their family. For example spouses of patients with bipolar disorder spend less time with their children. Caregivers are also stressed by restrictions on their social life. The caregiving experience often affects the social structure and activities of the family. More than 60% of caregivers say that socializing and participating in hobbies are curtailed by caregiving. The caregivers also find it difficult to communicate and maintain good interpersonal relationship with the patients. Most of the patients are completely dependent on the caregivers and asks for frequent help which further adds burden to them. Because of this, the caregivers become anxious about the patient's future.

According to Awad, George Voruganti and Lakshmi (2008) caregivers of patients with schizophrenia face stress due to social stigma from the society. Families are often embarrassed by the symptoms of an ill relative. Visitors may feel awkward about what to say or how to help the family. Often both the family and their friends prefer to say nothing and it creates a negative image in the minds of the family members. They develop shame, embarrassment, feeling of guilt and self blame. As a result the mentally ill are confined to home and are never taken out into the society. [Deborah](#) et al., (2007) stated that there is a positive relationship between social stigma and depression among caregivers of bipolar disorder. He reported that 63% of caregivers experiencing social stigma develop depression.

Psychological health appears to be a important aspect of the family caregiver's life that is most affected by providing care. Studies consistently reported that higher levels of mental health problems among caregivers than non caregiving peers. Caregivers often complaint of guilt, loss, helplessness, fear, vulnerability, anxiety, resentment and anger.

Lubow, Miller and McBee (2006) conducted a study and concluded that one third of caregivers develop anxiety and 5% to 10% develop depression. They become anxious about the resumption of the disruptive behaviours of the patient and the prognosis of the patient's condition.

Guia (2003) stated that prolonged caregiving of patients can lead to development of caregiver stress syndrome in caregivers which affects them physically and psychologically. This may be due to chronic or acute stress. The symptoms of caregiver syndrome are slow wound healing, fatigue, insomnia, stomach complaints, grief, resentment and anger. In a nut shell, caregiving is tedious, frustrating and isolating for caregivers.

## **METHODOLOGY**

This chapter provides a clear picture of the basic research plan. It gives the reader a brief outlook of the strategies that are used to conduct the research. This chapter deals with the description of the research approach, setting, population, criteria for sample selection, sampling, variables of the study, main study and plan for data analysis.

### **3.1. RESEARCH APPROACH**

The researcher has adopted descriptive research approach in this study to analyze the level of stress among caregivers of psychiatric patients.

### **3.3. SETTING**

The study was conducted in Athma hospital, Trichy

### 3.4. POPULATION

The target population for the present study was caregivers of psychiatric patients.

### 3.5. CRITERIA FOR SAMPLE SELECTION

The samples were taken based on the following inclusion criteria.

#### 3.5.1. Inclusion criteria

- a) Primary caregivers of psychiatric patients.
- b) Age group above 20 years of age.
- c) Participants who are willing to participate in the study.

#### 3.5.2. Exclusion criteria

- a) Caregivers with any other physical illness.
- b) Caregivers having psychological problems undergoing any form of psychological therapies like meditation, yoga etc.
- c) Primary caregivers who will not be available during the therapy.
- d)

#### e) 3.6. SAMPLING

- f) Purposive sampling technique was used for sample selection. Data was collected from 62 caregivers of in patients and out patients of ATHMA hospital. 62 caregivers of psychiatric patients were recruited in the study.

#### g) 3.8. MATERIALS

- h) The tool consist of 2 sections
- i) Section 1                                      Demographic Variables
- j) Section2                                      Caregiver stress assessment scale (Steven Zarit, 2001)

**k) 3.8.1. SECTION 1**

- 1) *Demographic Variables* : This is a self administered tool which consist of personal information of the caregivers like age, gender, educational status, marital status, occupational status, monthly income and duration of caregiving

**3.8.2. SECTION 2**

*Care giver stress assessment scale (Steven Zarit, 2001)* : Steven Zarit developed caregiver stress assessment scale in 2001 to assess the stress of caregivers who cares

the psychiatric patients. Caregiver stress assessment scale is a 20 item scale presented in multiple choice format which measures the level of stress perceived by the caregivers. Each specific item in the scale denotes the attitude of the caregivers towards the patient's condition.

*Reliability*

The test retest reliability of the tool was found to be 0.89. The Cronbach's alpha value of the tool was found to be 0.93

*Validity*

This tool demonstrated concurrent validity and construct validity.

*Administration*

Initially the researcher maintained good rapport with the participants. The researcher obtained oral consent to involve the participants in the study. The Zarit Caregiver Stress Assessment Scale was administered to the caregivers of psychiatric patients individually. This is a self reporting scale in which the participants were asked to tick the options in each item as they feel.

**DATA ANALYSIS AND INTERPRETATION**

The present chapter deals with the method of data analysis and interpretation. The study was intended to find out level caregivers stress. The study was conducted in Athma Hospital Trichy. A total of 64 caregivers of psychiatric patients were recruited in the study. The caregiver stress was assessed. The collected data were grouped and analyzed using descriptive and inferential statistical methods.

**SECTION I****4.1. DEMOGRAPHIC VARIABLES**

The demographic characteristics of the participants were collected and presented in the form of tab

**TABLE 4.1**  
**DEMOGRAPHIC VARIABLES**

(N=64)

<b>Demographic Data</b>	<b>Number of participants</b>	<b>Percentage (%)</b>
<b>Age ( in years)</b>		
30-39	10	16
40-49	14	22
50-59	30	47
60-70	10	16
<b>Gender</b>		
Male	22	34
<b>Demographic data</b>	<b>Number Of Participants</b>	<b>Percentage (%)</b>
Female	42	66
<b>Marital status</b>		
Married	54	84
Unmarried	10	16

**Educational status**

Elementary	38	59
Higher	8	12
Graduate	18	28

**Monthly income (in Rupees)**

< 3000	6	9
3000-5000	20	31
> 5000	38	59

**Occupational status**

Sedentary	2	6
Moderate	19	59
Heavy	5	15
None	6	18

**Duration of caregiving**

Less than one year	7	22
More than one	25	7

Table 4.1 denotes the percentage distribution of demographic variables. In age distribution the majority of 47% were between the age group of 50-59 years, 22 % of participants were between 40-49 years, 16 % of participants were between 30-39 years and 60-70 years of age respectively. In distribution of sex, majority of 66% were female and 34% were male. In distribution of marital status, majority of 84% were married and 16% were unmarried. In educational status distribution, majority of 59% have completed elementary education, 28% were graduates and 12% have completed higher education. As per monthly income status distribution, majority of 59% earned more than Rs.5000, 31% earned between Rs.3000- Rs.5000 and 9% of samples earned less than Rs.3000. According to distribution of occupational status, majority of 59% were moderate workers, 15% heavy workers,



6% were sedentary workers and 18% of participants were unemployed. According to distribution of duration of caregiving, 78% of participants have cared psychiatric patients for more than one year and 22% for less than one year.

**TABLE 3**  
**DISTRIBUTION OF CAREGIVER'S STRESS SCORES**

Level of Stress	No of Participants	Percentage (%)
No stress	-	-
Mild stress	42	66
Moderate stress	12	19
Severe stress	10	16

The above table shows the distribution of stress scores among caregivers of psychiatric patients before and after administering mindfulness therapy. In the pretest 66% of them had mild stress, 19% had moderate stress and 16% had severe stress. Whereas in post test 53% of them had no stress, 44% had mild stress and 3% had moderate stress.

## RESULTS AND DISCUSSION

This chapter deals with the interpretation of the results and discussion of findings in the study. The study was conducted in Athma hospital, trichy. The main focus of the study was to assess the stress among caregivers of psychiatric patients.

64 caregivers were identified and demographic variables were recorded. The sample was selected using the purposive sampling technique. Observation tool was administered using the caregiver stress assessment scale to elicit the stress of participants. Appropriate statistical techniques were used to analyze the data.

The findings of the present study arrived after an indepth analysis of the data gathered. Descriptive and inferential statistical methods were employed to analyse of the data and test the hypothesis.

Age of caregivers were statistically distributed. Highest percentage of caregivers 46.9% belong to age group of 50-59 years, 21.9% of caregivers belong to the age group of 40-49 years and 15.6% of caregivers belong to age group of 30-39 years and 60-70 years respectively.

The respondents of the present study is found have more of females 66% than the males 34%. On analysing the marital status of the respondents, most of the respondents are married ie., 84% and 16% only are unmarried. While comparing the educational status of the respondents, only 12% of the respondents have completed higher education, 28% are graduates and most of the respondents ie., 59% have completed elementary education. Monthly income of the respondents show that majority of 59% earn more than Rs. 5000, 31% earn between Rs. 3000- Rs5000 and 9% of samples earn less than Rs. 3000. Based on occupational status, majority of 59% were moderate workers, 15% heavy workers and 6% were sedentary workers and 18% of participants are unemployed. On analysing duration of caregiving, 78% of participants have cared psychiatric patients for more than one year and 22% for less than one year.

## 5.2. ANALYSIS OF CAREGIVER'S STRESS SCORE REGARDING TAKING CARE OF PSYCHIATRIC PATIENTS.

The caregivers stress scores is analysed under following dimensions namely emotional, physical, social and financial dimensions. On analysing the emotional dimension of stress, it showed that percentage was 49.21%,. In social dimension, percentage was 29.16%, As far as financial dimension is concerned, the percentage was 77.34. Finally in physical dimension, percentage was 68.75%,

No stress	-	-
Mild stress	42	66 %
Moderate stress	12	19 % %
Severe stress	10	16

## RESULTS AND DISCUSSION

This chapter deals with the interpretation of the results and discussion of findings in the study. The study was conducted in Athma hospital, Trichy. The main focus of the study was to assess the stress among caregivers of psychiatric patients.

64 caregivers were identified and demographic variables were recorded. One group pretest posttest design was adopted in this study. The sample was selected using the purposive sampling technique. A pretest was administered using the caregiver stress assessment scale to elicit the stress of participants. Appropriate statistical techniques were used to analyse the data.

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### 5.1. CAREGIVER'S STRESS SCORES ON VARIOUS DIMENSIONS.

The total mean percentage of the stress scores of the was 48.7 % with total mean and standard deviation of  $38.96 \pm 8.62$ . Mean percentage of stress score was highest 36.91% in emotional dimension with mean and standard deviation of  $29.53 \pm 6.05$ . The least mean percentage 3.4% was obtained in physical dimension with

mean and standard deviation of  $2.75 \pm 1.31$ . In social dimension the mean percentage was 4.3% with mean and standard deviation of  $3.5 \pm 2.72$ . As far as financial dimension is concerned mean percentage was 3.9% with mean and standard deviation of  $3.09 \pm 1.37$ . This reveals that the stress of the caregivers was high in emotional dimension when compared to other dimensions.

## SUMMARY AND CONCLUSION

The study was undertaken to evaluate stress among caregivers of psychiatric patients. The caregivers are burdened physically, emotionally, socially and financially while taking care of psychiatric patients. This stress affects the caregiver's life to a greater extent.

The present study was conducted at Athma hospital, Trichy. Total number of caregivers selected for the study was 64. A test was administered using the caregiver stress assessment scale to elicit the stress of participants. The results revealed that there was a notable level of stress in the participant

### 6.1. MAJOR FINDINGS OF STUDY

1. The study shows that the caregivers experience stress to a great extent while taking care of psychiatric patients.
2. The study shows that the caregivers experience stress in various dimensions like physical, emotional, financial and social dimensions.
3. The study shows that the caregivers experience highest stress in emotional dimension

### 6.2. LIMITATIONS

1. Generalization is not possible as sample size is small
2. Data collection period was for one month only.

### 6.3. RECOMMENDATIONS

1. A similar study can be undertaken with a large sample to generalize the findings.
2. A comparative study can be done with the caregivers of patients with medical illness to assess the difference in stress level.
3. A similar study can be undertaken with a control group design.
4. A comparative study can be conducted on various alternative therapies to reduce stress.
5. A similar study can be undertaken for caregivers of patients with specific psychiatric disorders.
6. A similar study can be undertaken for a longer period of time to generalize the findings.