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Family Caregivers' stress and coping strategies among clients living with Schizophrenia in Federal Teaching Hospital, Ido Ekiti Ekiti State.

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ABSTRACT

Schizophrenia is a chronic psychosis in which the patient loses contact with reality, it may result in some combination of hallucination, delusions and extremely disordered thinking and behavior that impairs daily function and can be disabling. Schizophrenia has a global prevalence of 0.3-0.7% or 21 million people worldwide as of 2011 (about one in every 285), with about 1.7 million people suffering from schizophrenia in Nigeria (Adegbaju,2014). The caregivers of schizophrenic patients are likely to face increasing level of stress including care burden, dealing with patient's symptoms and behavior, changes in household routines and family relations, fear and embarrassment about illness, uncertainty about the cause of disease, lack of social support and stigma. Little is known about stress of care and coping strategies of family members while caring of schizophrenia patient in developing countries. Therefore, the aim of this research is to determine the family caregivers' stress and coping strategies with clients living with schizophrenia in Federal Teaching Hospital Ido Ekiti, Ekiti State. A cross-sectional descriptive research design was used to assess the extent of stress and coping strategies, using convenient sampling technique to select respondents. Questionnaire was used to elicit information from 84 participants. In conclusion, the family caregivers of patients living with schizophrenia are moderately stressed with their relatives' illness. Most of them are making effort to be out of this challenge. Therefore, it is recommended that effort should

be made to provide psychosocial intervention to caregivers of patient with schizophrenia at both hospital and community level.

Key Words: Family Caregivers, Stress, Coping Strategies, Schizophrenia.

INTRODUCTION

Background of the study

Schizophrenia is a chronic psychosis in which the patient loses contact with reality, it may result in some combination of hallucination, delusions and extremely disordered thinking and behavior that impairs daily function and can be disabling (Farshid, Fatemah & Saied, 2017). It is a devastating illness often resulting in a loss of social functioning in affected individuals. So far, no society or culture anywhere has been found free from schizophrenia and there is evidence that this puzzling illness represents a serious public health problem.

World Health Organization (2006) estimated that around 450 million people are suffering from a mental or behavioral disorder worldwide. Schizophrenia has a global prevalence of 0.3-0.7% or 29 million people worldwide as of 2011 (about one in every 285), with about 1.7 million people suffering from schizophrenia in Nigeria (Adegbaju, 2014). Schizophrenia is a chronic psychiatric disorder, and its effects can be classified at three levels; first, the patient who is suffering, secondly, the family caregivers' stress of care, and the third, the society as a whole for suffering from frequent hospitalization and long term financial and psychosocial support.

The family remains the major source of care for patient with schizophrenia and has profound effect on their illness. The caregivers of schizophrenic patients are likely to face increasing level of stress including care burden, dealing with patient's symptoms and behavior, changes in household routines and family relations, fear and embarrassment about illness, uncertainty about the cause of disease, lack of social support and stigma (Farshid, et al, 2017).

Stress refers to the negative impacts of the individual's mental illness on the entire family. (Farshid, et al, 2017)

The perceived stress among family caregivers of patients with schizophrenia has been studied in various regions and cultures. In Europe, a Spanish study described several major effects of caring, which includes poor health of family members, disruptions to social and leisure activities and domestic routines, and reduction in household income. In Thailand, families preferred to take care of their mentally ill relatives at home. Nevertheless, a qualitative study found that families perceived caring as suffering; "suffering" referred to the negative experiences in care giving, which included physical stress, emotional distress, economic problems, stigma about mental illness and its symptoms.

In many resource-poor countries, community-based mental health services and effective formal support system are unavailable to cater for the needs of patients with schizophrenia. Therefore, the trend towards shorter hospital stay and reduction in in-patient beds have shifted the responsibility of the day-to-day care of patients with schizophrenia from formal caregivers in mental health institutions to informal caregivers within the family setting.

The task involved in rendering care is enormous, and caregivers may become overwhelmed by the demands associated with these roles and therefore coping strategies are needed (Adeosun, 2019).

Coping refers to the cognitive and behavioral efforts to master, decrease, or endure the internal or external demands created by a stressful encounter (Wilborn-Lee, 2015). Coping mechanism are expending conscious effort to solve personnel and interpersonal problem and seeking to master, minimize or tolerate stress and conflict. Care givers used variety types of coping strategies to reduce these symptoms, both problem and emotional focused. The most coping strategies used by care givers were self-controlling, positive appraisal and escape avoidance (Hassan, Mohamed, Elnaser and Sayed, 2018).

Hassan, et al. (2018) concluded that ways of coping are influenced by relatives' perceptions of situation with patients. Caregivers used mostly Resignation, an Emotional focused strategy rather than problem focused to cope the situation. An emotional strategy has a negative impact on patient's level of motivation and further consequence on clinical and social outcome of the patients. Little is known about stress of care and coping strategies of family members while caring of schizophrenia patient in developing countries. Therefore, the prime purpose of this study is to find out the level of burden of care and coping strategies among family caregivers of patient living with schizophrenia.

STATEMENT OF PROBLEM

Stress among informal caregivers have resulted in physical and psychological health challenges which are consequences of financial insecurity, social isolation, and delaying or completely discontinuing personal and career goals among others in order to care for a chronically ill family member (Wilborn-Lee, 2015).

There is not much study carried out among the family caregivers of mental illness in developing and underdeveloped countries. Therefore, the aim of this research is to determine the family caregivers' stress and coping strategies with clients living with schizophrenia in Federal Teaching Hospital, Ido Ekiti, Ekiti State, Nigeria.

OBJECTIVE OF STUDY

General Objective

To determine the family caregivers' stress and coping strategies with clients living with schizophrenia in Federal Teaching Hospital in Ido Ekiti, Ekiti State, Nigeria.

Specific Objective

- To assess the caregivers' socio-economic characteristics that contribute to caregivers' stress in Federal Teaching Hospital, Ido Ekiti.
- To establish the level of stress among family caregivers of client living with schizophrenia in Federal Teaching Hospital, Ido Ekiti.

- To identify the coping strategies adopted by family caregivers of clients living with schizophrenia in Federal Teaching Hospital, Ido Ekiti.

Research Questions

- What are the family caregivers' socio-demographic characteristics that contribute to care of stress?
- What level of stress do family caregivers of clients living with schizophrenia experience?
- What are the coping strategies adopted by family caregivers of clients living with schizophrenia?

Significance of Study

This study sets out to determine the level of family caregivers' stress and coping strategies with clients living with schizophrenia. Significantly, the research to a large extent is a big contribution to the body of knowledge on the predictive influence of caregivers' stress. Findings from the study is a source of enlightenment to health practitioners and organizations on the benefits of taking a more holistic approach to examining predictors for caregivers' stress and providing preventive services to caregivers who takes on the burden of caregiving. It as well helps in the reinforcement of effective family support system in the care of the mentally derailed.

Operational Definition of Terms

Family caregivers: The parents, spouse, siblings or relatives involved in the care of clients living with schizophrenia.

Stress: This refers to a state of mental, physical and/or emotional problems or strains experienced by caregivers of clients living with schizophrenia.

Coping strategies: refers to the cognitive and behavioral efforts to master, decrease, or endure the internal or external demands created by caring for a schizophrenic patient.

Client: is a person who receives advice or health care in an ambulatory care setting.

Schizophrenia: is a disorder that affects a person's ability to think, feel, and behave clearly.

LITERATURE REVIEW

Conceptual Review

The term schizophrenia was introduced into the medical language at the beginning of the 21st century by the Swiss psychiatrist Bleuler. It implies a major mental disorder, or group of disorders, whose cause are still largely unknown and which involves a complex set of disturbances of thinking, perception, affect and social behavior. According to Inogbo, Olotu, James etal. 2017, it ranks among the 5th and 6th leading contributors to global disease burden among males and females respectively such that no society or culture anywhere in the world has been found devoid of the ailment.

Schizophrenia is characterized by significant impairments in the way reality is perceived and changes in behavior related to persistent delusion, persistent hallucinations etc. People with schizophrenia often also experience persistent difficulties with their cognitive or thinking skills, such as memory, attention, and problem-solving. At least one third of people with schizophrenia experiences complete remission of symptoms. Some people with schizophrenia experience worsening and remission of symptoms occasionally throughout their lives, others a gradual worsening of symptoms over time (Tamizi, 2019).

Stigma against people with this condition is often obvious, resulting in social discrimination and negatively impacting their relationships with others which in turn brings reduction to patients' access to general health care, education, housing, and employment.

Family is the most vital important environmental factor in the life experience of any individual. It has a major effect on development, treatment and prognosis of mental illness. Caregiver stress refers to the negative feelings and subsequent strain experienced as a result of caring for a chronically sick person (Natalie et al., 2020).

Nigeria is a developing country with a population of about 200 million, and schizophrenia accounts for about 55% of all in-patient psychiatric admissions in the country. Even though Nigeria is endowed with rich cultural resources like the extended family system, the cohesiveness of this family-based social support structure is on the decline, with a shift towards nuclear family units more characteristic of westernized nations. Despite this trend, the family of the Nigerian psychiatric patient continues to play a very crucial role in the management of a mentally ill relative.

The caregivers' stress has common characteristics in physical and mental diseases, and caregivers often experience symptoms such as anxiety disorders and depression, as well as many economical and occupational problems. However, different pathologies make specific effects on caregivers through the symptoms and social reaction to them, so these differences create special needs for care of patients.

Based on the studies carried out by the World Health Organization (2020), schizophrenia is one of ten diseases leading to the loss of ability in individuals. The majority of mental disorders often imposes heavy stress on caregivers; however, among these disorders, schizophrenia attracts more attention not only due to the deterioration of the patient's individual and social performance and the symptoms that affect the caregivers' quality of life but also because of the nature and the early breakout of the disorder (Tamizi, et al. 2019).

The caregivers of patients with schizophrenia experience more stress than other psychiatric disorders. The family caregiver stress impresses the physical and mental health, social relationships, and the financial life of caregivers. Also, it is associated with psychological morbidity, less leisure time, workload, and burnout of caregiver. They also experience a feeling of frustration, anger, embarrassment, fear, sadness, and stress because of the behavior of patients, as well as a negative attitude toward the patient.

Several review studies have been conducted on the family caregiver stress in patients with schizophrenia. The results of Shiraishi and Reilly's study (2017) showed family members of schizophrenia patients experience traumatic events at the onset of the disease. Then, they experience negative impacts such as uncertainty, unpredictability behaviors, stigma, limitation of personal and social resources, family disruptions, and conflicts in interpersonal relationships during the continuous caregiving. Furthermore, they experience positive aspects of caregiving such as compassion, self-confidence, and personal growth in the same caregiving cycle.

It was reported that 83%–95% of family caregivers of schizophrenia patients experience a significant stress, which decreases their quality of life and makes the caregivers and their patients vulnerable to various risks. Furthermore, they experience anger, guilt, fear, hopelessness, sadness, and negative feelings toward the patient. Most of these evidence comes almost exclusively from researches done in high-income countries that lead to many added challenges in family caregivers in low- and middle-income countries. On the other hand, the experiences of family caregivers of psychiatric patients have been well reported, but the differences between countries is of great significance as a result of the fact that cultural differences and related factors affect people's perception about mental illness, caregiving and they may lead to variety in experiences of caregivers.

Empirical Review

According to a research conducted by Farshid, et al. (2017) among family caregivers of patients with schizophrenia in Farshchain psychiatry Hospital in Hamand, Iran, the result shows that 7.6% of the caregivers experienced “no to low” stress, 23.5% “mild to moderate”, 41.8% “moderate to severe” stress. The level of stress experienced was significantly associated with age, gender, and educational level, relation to care recipient, care duration and duration of schizophrenia illness.

In another study conducted by Opoku-Boateng, et al. (2017) among family caregivers of clients with schizophrenia in Ghana, the result shows that total monthly cost to caregivers was US\$ 273.28, on average. Key drivers of direct costs were medications (50%) and transportation (27%). Direct costs per caregiver represented 31% of the reported monthly earnings. Mean QoL of caregivers was 28.2 (range: 19.6–34.8) out of 100. Better educated caregivers reported lower indirect costs and better QoL. Caregivers with higher severity of depression, anxiety and stress reported higher caregiver burden and lower QoL. Males reported better QoL.

Inogbo, Olotu, James, and Okechukwu (2017) carried out a study among caregivers who are first degree relatives of patients with schizophrenia at the outpatient clinic of the Federal Neuro-Psychiatric Hospital (FNPH), Benin City, Edo State in Southern Nigeria. The mean \pm SD age of caregivers and patients were 45.1 ± 12.3 and 36.7 ± 13.4 years respectively. About 49% of caregivers experienced high level of stress. Older caregiver's age ($r = 0.179$; $p < 0.004$) and greater illness severity ($r = 0.332$; $p < 0.0001$) in the patient had weak to moderate positive correlation with burden of care. Caregiver's stress also increased with poorer functioning of the patient ($r = -0.467$ $p < 0.0001$). Independent predictors of caregiver stress were low level of education of the caregiver (OR 2.45; 95% CI 1.27-

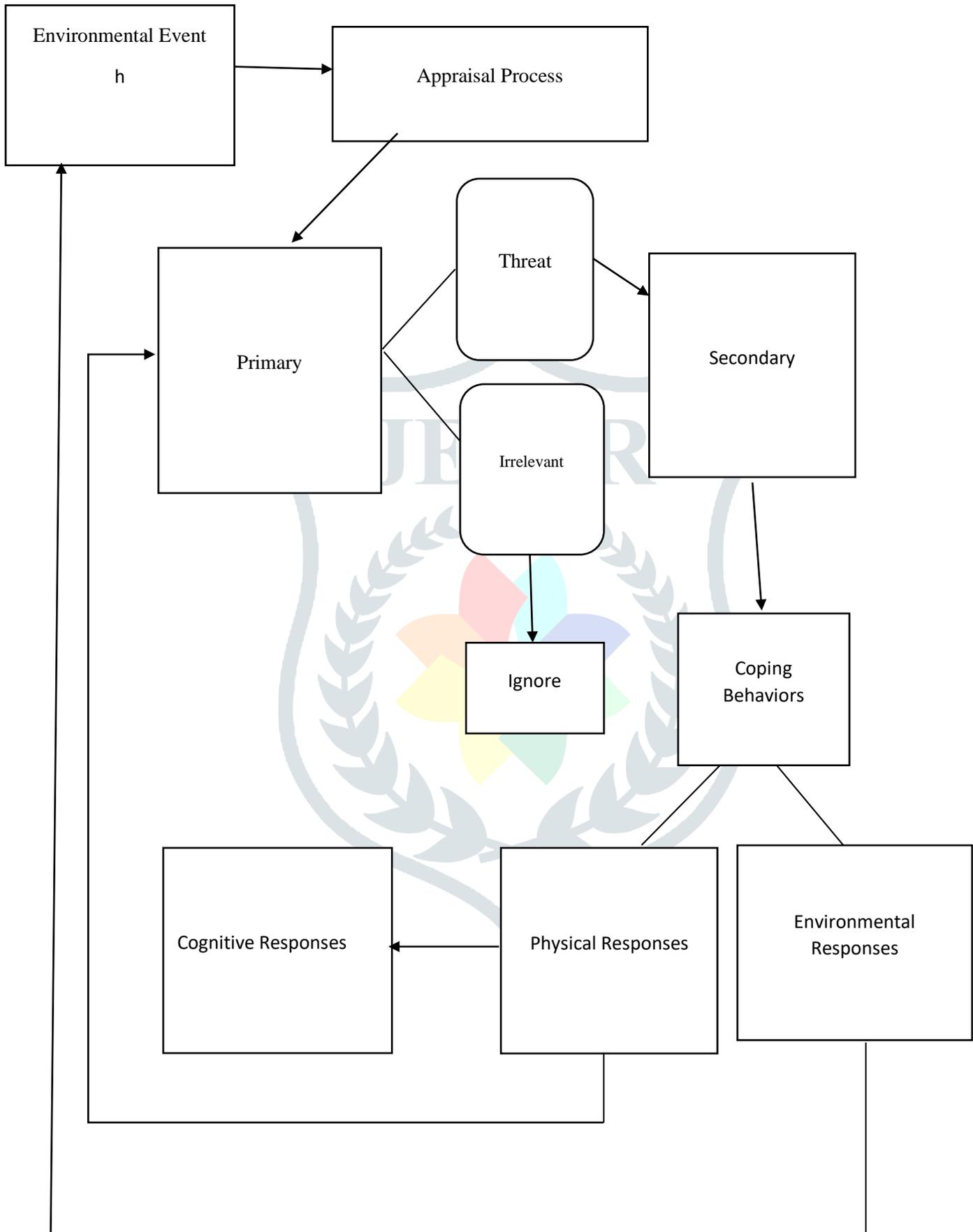
4.73), psychiatric morbidity in the caregiver (OR 6.74; 95% CI 2.51-18.15) and poor patient functioning (OR 2.81; 95% CI 1.27-6.18).

According to a research conducted by Bazondlile, Frances, Lazarus, and Muchirahondo,(2016) at a psychiatric hospital in Harare, Zimbabwe. Caregivers experienced physical, psychological, emotional, social and financial burdens associated with caregiving. They used both emotion-focused and problem-focused coping strategies, depending on the ill family members' behaviors. Seeking spiritual assistance emerged as their most common way of coping. Twenty-one (68%) of the caregivers were at risk of CMDs (including three participants who were suicidal) and were referred to a psychiatrist for further management. Caregivers required support from healthcare professionals to help them cope better.

In a study conducted by Kali, Gouping, and Wang (2014) Finding revealed that the family caregivers experienced mild (36.7%) to moderate (46.9%) level of stress, the total mean stress score was 39.27 ± 12.38 . Caregivers most often used problem focused coping strategies (using of instrumental support, emotional support, acceptance and religion) rather emotional strategies. Extent of stress found to be significantly associated with self-distraction, substance use, emotional support, behavior disengagement, venting, Acceptance and Religion coping strategies, correspondingly marital status, duration of illness, education of caregivers and place of residence of demographic variables were also significantly linked with the extent of stress.

This finding is consistent with previous research showing that caregivers of patients with schizophrenia who have higher education experience less caregiving stress than those with low or no education (Hidru et al., 2016;Jagannathan et al., 2014;Siddiqui & Khalid, 2019;Yükü & Derleme, 2017;Rahmani et al., 2018). Financial strain is prevalent among these families due to a lack of support from the government (Chen et al., 2019;Tamizi et al., 2020;Weinmann & Koesters, 2016). Overall, our results suggest that caregivers from lower socioeconomic status experienced a more statistically significant stress. The regression analysis results also showed that the caregiver's relationship with the patient was a statistically significant factor affecting the caregiver, with spouse caregivers experiencing a statistically significantly higher stress than parent, child or sibling caregivers.

Family caregivers of patients with schizophrenia experience elevated levels of caregiving stress associated with multiple patient and caregiver-related factors. Interventions to reduce the caregiving stress may include financial support (Tamizi et al., 2020), respite care and access to affordable mental healthcare services (Lök & Bademli, 2021). Family caregivers should be involved in care planning for the patient to enhance their knowledge of the patient's disease states (Hamann & Heres, 2019) and be prepared to take responsibility for caring for a patient with schizophrenia through education and participation in peer groups (Akbari et al., 2018).



Theoretical Framework

Transactional Stress Theory

The overarching theoretical framework for this research is the Transactional Stress Theory (Lazarus and Folkman, 2017). The Transactional Stress Theory suggested that a stress reaction occurs under situations where the demands of the environment exceed the individual's resources. In the presence of threat, the individual will engage in both primary and secondary appraisals of the perceived threat. Primary appraisal is set into action when the individual appraises the encounter as harmful, a threat, or a challenge. The person makes a secondary appraisal or judgment regarding his or her available coping resources for managing the potential threat. Stress is the interaction between the person and the environment that is burdening to the person's coping resources or taxing to the extent that it threatens his or her physical and psychological well-being. The individual makes a cognitive assessment of his or her ability to cope with the situation. In turn, the individual copes with the stress by engaging in cognitive and behavioral efforts to manage the physical and emotional demands that are beyond the individual's resources to manage the stressful event (Lazarus & Folkman, 2017). The more negative or threatening the individual perceives the stressful situation; the more unfavorable the stress reaction. For example, the demands of caregiving can create stress that involves an increased number of caregiving activities that conflict with other responsibilities. The caregiving demands can cause a loss of opportunity to regenerate from caregiving activities, obtain adequate rest, or engage in social activities. The caregiver's stress may be exacerbated by inadequate caregiving skills to care for the patient and inadequate coping strategies to manage the caregiving stresses (Lazarus & Folkman, 2017; Pearlin et al., 2015). Therefore, stress will become a negative self-reinforcing process (Lazarus & Folkman, 2017; Pearlin et al., 2015).

Application of Transactional Stress Theory to Family Caregivers stress and Coping Strategies with Client Living with Schizophrenia.

The demand for caring for a schizophrenic relative creates stressors such as financial constraints, psychological stress, change in household routines, stigma, lack of social support, time constraint. The primary appraisal depends on how the individual responds to the stressor, whether or not the stressor is experienced as discomforting and involves determining whether the stressor poses a threat. Secondary reappraisal is ongoing and involves continually reappraising both nature of stressor and the resources available for responding to the stressor. Coping strategies ranges from cognitive (therapy, hobbies, meditation, planning, time management) to physical (yoga, art, natural medicine, deep breathing) to environmental (music, nature, pets, spa visits) and others (conflict resolution, prayer).

RESEARCH METHODOLOGY

This section gives detail of the method that was used to carry out the study. It involves the research design, research setting, target population, sampling technique, instrument for data collection, reliability of instrument, method of data collection, data analysis and ethical consideration.

RESEARCH DESIGN

A cross-sectional descriptive research design was used to assess the family caregivers' stress and coping strategies with clients living with schizophrenia in Federal Teaching Hospital, Ido Ekiti, Ekiti State.

RESEARCH SETTING

This research study was conducted in the Federal Teaching Hospital, Ido Ekiti, Ekiti State. Ekiti State of Nigeria was created on 1st October, 1996. It is situated entirely within the tropics. It lies south of Kwara and Kogi State as well as east of Osun State. It is bounded in the east and South by Ondo State. It has two tertiary hospitals namely; Federal Teaching Hospital, Ido Ekiti and Ekiti State University Teaching Hospital, Ado Ekiti. Federal Teaching Hospital is situated at Oke Bareke area of Ido Ekiti, Ekiti State, a South Western Nigerian State with latitudes $7^{\circ}40'N$ and $7^{\circ}43'N$ and longitudes $5^{\circ}07'N$ along Ifaki road in Ido Osi Local government area of Ekiti State. The hospital was established in the year 1954 as a general hospital and was changed to Federal Medical Centre in the year 1988 and later to Federal Teaching Hospital in the year 2014. The hospital serves as a referral center for all other health institutions in Ekiti State.

STUDY POPULATION

The study population for the study is the family caregivers of clients living with schizophrenia in mental health department Federal Teaching Hospital Ido Ekiti, Ekiti State.

SAMPLE SIZE AND FORMULA

Using the Taro Yamane's formula

$$n = \frac{N}{1 + N(e)^2}$$

where n = sample size

$$N = \text{Total target population} = 100$$

$$e = \text{The margin of error (0.06)}$$

$$I = \text{Constant}$$

$$n = \frac{100}{1 + 100(0.06)^2}$$

$$n = \frac{100}{1 + 100(0.0036)}$$

$$n = \frac{100}{1 + 0.36}$$

$$n = \frac{100}{1.36}$$

$$n = 73.5 = 74$$

The sample size therefore is 74 respondents

Attrition rate = 10% (10% of sample size + sample size)

$$74/7.4=10$$

$$74+10= 84$$

SAMPLING TECHNIQUE

Convenient sampling technique was used to select respondents.

INSTRUMENT FOR DATA COLLECTION

Questionnaire was the instrument used for collecting data for the study. The questionnaire is divided into three sections A, B and C respectively:

Section A focuses on socio-demographic characteristics of care givers.

Section B centered on questions to assess the level of stress being experienced by care givers. Zarit Burden Interview Scale was used, it is composed of 15 questionnaire items rated on a 5-point Likert's scale with '0' as Never and '4' as Nearly always.

Section C sought information on coping strategies used by caregivers of patients living with schizophrenia. Brief Cope scale was used to collect data from respondent. The scale was developed by Carrer (1997). It is composed of 18 questionnaire items rated on 4-point Likert's scale with 1 as 'I have not been doing this at all' and 4 as 'I have been doing this a lot'.

RELIABILITY OF INSTRUMENT

Reliability of the instruments was carried out through detailed description of method used and transcription of all data collected.

METHOD OF DATA COLLECTION

This adapted questionnaire was prepared and taken to the study population, consent was sought for and appropriate explanation was made on filling of the questionnaire. Also, appropriate interpretation was done for those who do not understand English, the questionnaire was given to the respondents and the researchers waited for collection in order to ensure 100% return rate.

METHOD OF DATA ANALYSIS

The data was analyzed using Statistical Package for Social Sciences (SPSS) version 23 and other statistical analysis consisting of frequency, percentage and tables.

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

This section presents the analysis of the data, which include answering of research questions and the explanation. The questionnaires administered to eighty-four (84) caregivers of schizophrenia in Federal Teaching Hospital, Ido Ekiti. The results of the analysis were described using descriptive statistics such as frequency count, central tendency and measure of dispersion. The participants were selected using accidental sampling technique. Tables were used to present the data analysis that answered the research questions. A response rate of 100% (84) was achieved for the study as all the questionnaires were retrieved.

Research Question 1: What are the family caregivers' socio-demographic characteristics that contribute to care of stress?

TABLE 1: SOCIO DEMOGRAPHIC CHARACTERISTICS

Variables	Categories	Freq	(%)
Age	21 - 30	53	63.1
	31 - 40	18	21.4
	41 – 50	11	13.1
	51 and above	2	2.4
Sex	Male	27	32.1
	Female	57	67.9
Religion	Christianity	57	68.7
	Islamic	23	27.7
	Traditional	3	3.6
	Others	Nil	Nil
Educational Level	O'Level	13	15.5
	Undergraduate	33	39.3
	Graduate	35	41.7
	None	3	3.6
Occupation	Civil servant	39	48.8
	Business man/woman	35	43.8
	Farmer	6	7.5
Relationship	Parents	7	8.5
	Spouse	17	20.7
	Brother	16	19.5
	Sister	31	37.8
	Others	11	13.4

N=84

Table 1 above described the socio-demographic characteristics of the caregivers of schizophrenia patients in FETHI. Majority 53(63.1%) of the caregivers were in age group of 21-30years, while some 18(21.4%) were between 31-40years but just 51years and above were 2(2.4%). The male caregivers were 27(32.1%) and the female caregivers were 57(67.9%). Majority 57(68.7%) were Christians and 23(27.7%) were Muslims. The caregivers that were graduates were 35(41.7%) and 33(39.3%) were undergraduates but 3(3.6%) did not attend formal school.

The civil servants among the caregivers were 39(48.8%) and 35(43.8%) were business man/woman. The relationship of the caregivers was also assessed it was found that 7(7.5%) were parents to the patients, 17(20.3%), 31(37.8%) were sister to the patients.

Research Question 2: What level of stress do family caregivers of clients living with schizophrenia experienced?

TABLE 2: KINGSON CAREGIVER STRESS SCALE (KCSS)

CARE GIVING ISSUES	Feeling no stress	Some stress	Moderate stress	A lot of stress	Extreme stress
To what extent are you having feelings of overwhelmed or overworked or over stressed?	16(19.0%)	20(23.8%)	35(41.7%)	11(13.1%)	2(2.4%)
To what extent has there been a change in your relationship with your spouse/relative?	24(28.6%)	22(26.2%)	25(29.8%)	9(10.7%)	4(4.8%)
To what extent have you noticed any changes in your social life?	18(21.4%)	12(14.3%)	38(45.2%)	14(16.7%)	2(2.4%)
To what extent are you having any conflict with your previous daily commitments (work/volunteering)?	20(23.8%)	24(28.6%)	20(23.8%)	14(16.7%)	6(7.1%)
To what extent do you have any feelings of being confined or trapped by the responsibilities or demand of care giving?	21(25.0%)	19(22.6%)	21(25.0%)	13(15.5%)	10(11.9%)
To what extent do you have any feelings related to a lack of confidence in your ability to provide care?	19(22.6%)	21(25.0%)	20(23.8%)	17(20.2%)	7(8.3%)
To what extent are you having conflicts within your family over care decisions?	22(26.5%)	13(15.7%)	22(26.5%)	17(20.55)	9(10.8%)
To what extent are you having any conflicts within your family over the amount support you are receiving in providing care?	28(33.3%)	13(15.5%)	17(20.2%)	17(20.2%)	9(10.7%)
To what extent are you having financial difficulties associated with care giving?	12(14.3%)	20(23.8%)	21(25.0%)	16(19.0%)	15(17.9%)
Total	180	160	219	128	64

N= 84

The Table 2 presented level of stress experienced by family caregivers of clients living with schizophrenia. Those that have feeling of moderate stress of overwhelming were just 35 (41.7%) those with extreme stress were 2 (2.4%) and those that have no stress at all were 16 (19.0%). Those that had a lot a stress with their spouses/relatives were 9 (10.7%) but those that have no feelings of stress with spouses/relatives were 24 (28.6%) but those with moderate stress with spouses/relatives were 25 (29.8%). Having extreme stress with social life were 4(4.8%), moderate stress with social life carried 38 (45.2%) of the family caregivers but those that did not have feelings of stress with social life were 18(21.4%). Those that have feel of a lot of stress with previous daily commitment were 14 (16.7%), feeling of extreme stress was 6 (7.1%) and those with moderate were 20 (23.8%). Those that have no feeling of stress related to lack of confidence in ability to provide care were 19 (22.6%), those with moderate stress were 20 (23.8%) and those with extreme stress in related to lack of confidence in ability to provide care were just 7 (8.38%). Those that have a lot of stress related to care decision were 17 (20.5%), no stress in care decision were 22 (26.5%),

and extreme stress in care decision were 9 (10.8%). Those that have no stress as regards finance were 12 (14.3%), moderate stress as per finance were 21 (25.0%) and those with extreme stress as per finance were 15 (17.9%)

Research Question 3: What are the coping strategies adopted by family caregivers of clients living with schizophrenia?

TABLE 3: BRIEF COPE SCALE

BRIEF COPE	I haven't been doing this at all	I have been doing this a little bit	I have been doing this a medium amount	I have been doing this a lot
I have been turning to work or other activities to take my mind off things.	22(26.2%)	35(41.7%)	10(11.9%)	17(20.2%)
I have been using alcohol or other drug to make myself feel better.	62(73.8%)	11(13.1%)	3(3.6%)	8(9.5%)
I have been getting emotional support from others.	17(20.2%)	20(23.8%)	31(36.9%)	16(19.0%)
I have been taking action to try to make the situation better.	11(13.1%)	16(19.0%)	22(26.2%)	34(40.5%)
I have been making fun of the situation.	53(63.1%)	10(11.9%)	9(10.7%)	12(14.3%)
I have been trying to see it in a different light to make it seem more positive.	8(9.5%)	30(35.7%)	18(21.4%)	28(33.3%)
I have been criticizing myself.	46(54.8%)	16(19.0%)	8(9.5%)	14(16.7%)
I have been giving up the attempt to cope.	37(45.1%)	25(30.5%)	10(12.2%)	10(12.2%)
I have been looking for something good in what is happening.	12(14.3%)	18(21.4%)	28(33.3%)	26(31.1%)
I have been doing something to think about it less, such as going to movies, watching TV, reading, day dreaming, sleeping or shopping.	9(10.7%)	22(26.2%)	26(31.0%)	27(32.1%)
I have been accepting the reality of the fact that it has happened.	15(17.9%)	31(36.9%)	19(22.6%)	19(22.6%)
I have been expressing my negative feelings.	23(27.7%)	36(43.4%)	9(10.8%)	15(18.1%)
I have been trying to find comfort in my religion or spiritual belief.	23(27.4%)	9(10.7%)	17(20.2%)	35(41.7%)
I have been trying to get advice or help from other people about what to do.	13(15.5%)	18(21.4%)	27(32.1%)	26(31.0%)
I have been thinking hard about what step to take.	21(25.0%)	7(8.3%)	16(19.0%)	40(47.6%)

N=84

Table 3 depicted the cope strategies adopted by the family caregivers of the patient living with schizophrenia using BRIEF COPE scale. Those that have turning to work and other activities to take mind off the predicament were

17(20.2%) but those that have not been using this strategy were 22(26.2%). The use of alcohol or other drugs as means of coping strategies was adopted by 8(9.5%) while majority 62(73.8%) did not take alcohol or other substance. Getting emotional support from other as mean of coping strategies was endorsed by 16(19.0%) and those that did not use emotional support from others were 17(20.2%). Those that making fun of the situation were just 12(14.3%) but 53(63.1%) could not use this strategy. Those that have contemplating of giving up as strategy was 10(12.2%) but 37(45.1%) did use this coping mechanism. Acceptance of reality that it has happened as coping strategies was used by 19(22.6%) but 15(17.9%) could not use this coping strategy. Seeking for advice on what to do was adopted as a coping strategy by 26(31.0%) family caregivers but 13(15.5%) of them did not adopt this strategy at all.

DISCUSSION OF FINDINGS

This section presents the discussion of the results, summary, limitation to the study, implication to nursing, conclusion and recommendations. The findings of this study revealed that the family caregivers experienced moderate stress. Several review studies have been conducted on the family caregiver stress in patients with schizophrenia. The results of Shiraishi and Reilly's study (2017) showed family members of schizophrenia patients experience traumatic events at the onset of the disease. Then, they experience negative impacts such as uncertainty, unpredictability behaviors, stigma, limitation of personal and social resources, family disruptions, and conflicts in interpersonal relationships during the continuous caregiving.

According to a research conducted by Farshid, et al. (2017) among family caregivers of patients with schizophrenia in Farshchain psychiatry Hospital in Hamand, Iran, the result shows that 7.6% of the caregivers experienced "no to low" stress, 23.5% "mild to moderate", 41.8% "moderate to severe" stress. The level of stress experienced was significantly associated with age, gender, and educational level, relation to care recipient, care duration and duration of schizophrenia illness.

Again, coping strategies adopted by the family caregivers were also assessed to be getting emotional support from others 48%, taking action to better the situation 56%, looking for something good out of the situation 54%, watching films, reading daydreaming and others 54% and religious activities 52%. These results were in lines with a study conducted by Kali, Gouping, and Wang (2014) finding revealed that the family caregivers experienced mild (36.7%) to moderate (46.9%) level of stress, the total mean stress score was 39.27 ± 12.38 . Caregivers most often used problem focused coping strategies (using of instrumental support, emotional support, acceptance and religion) rather emotional strategies. Extent of stress found to be significantly associated with self-distraction, substance use, emotional support, behavior disengagement, venting, Acceptance and Religion coping strategies, correspondingly marital status, duration of illness, education of caregivers and place of residence of demographic variables were also significantly linked with the extent of stress.

IMPLICATIONS OF FINDINGS TO NURSING

The result of the study shows that the family caregivers are stressed with their relatives' illness. Hence, they need emotional and psychological supports from the nurses in order to cope with the challenge. They as well need advice and encouragement from the medical professionals to help them cope better.

LIMITATIONS OF THE STUDY

The researchers encountered some challenges in the cause of carrying out this work. Some of the family caregivers were not ready to participate in the study due to stigmatization and their state of mind. This however did not in any form affect the validity of the study.

SUMMARY

The research work was carried out with the aim to assess family caregivers stress and coping strategies among client living with schizophrenia. The research design used was non-experimental descriptive which employed cross-sectional type. The sampling technique was convenience that produced sample size of 84. The family caregivers experienced moderate stress and coping strategies employed include religious activities 52%, emotional support from others 58%. Taking action to better the situation 56% and looking for some good out of the challenges 54%.

CONCLUSION

It can be concluded from the caregivers' responses that they experienced mild stress with several coping strategies to cushion the effect.

RECOMMENDATIONS

In view of the findings of the study, the following are hereby recommended:

1. The caregivers should be counseled on how to reduce stress from time to time.
2. The caregivers should be allowed to have time for themselves so that they would not be having feeling of confinement or restriction, hence more health assistant could be drafted to the mental health unit.
3. The caregivers should be allowed to continue to socialize even when having clients in the hospital.
4. The family members and spouses should have more patience with caregivers because of the stress they are passing through.
5. Support groups should be formed so that affected individual can get support and encourage one another.

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