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Burden and coping strategies of caregivers of schizophrenic patients attending psychiatric outpatient department at Bankura Sammilani Medical College and Hospital, Bankura, West Bengal

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Abstract

Background: Caregiver's responsibility has increased in the last three decades for caring mentally ill peoples due to the advent of deinstitutionalization of mental health care to community based psychiatric services.

Aims: The aims of this study are to assess burden and coping strategies of caregivers of schizophrenic patients and find out the relationship between burden and coping strategies of caregivers of schizophrenic patients.

Materials and Methods: 106 caregivers of schizophrenic patients were selected by purposive sampling from psychiatric outpatient department, Bankura Sammilani Medical college and Hospital, Bankura. Standardized Zarit Burden Interview (ZBI) schedule was used to assess burden and standardized brief COPE scale was used to identify adopted coping strategies.

Results: The study result depicted that 31.13% caregivers had severe burden, 58.49% had moderate to severe burden, 10.38% had mild to moderate burden and caregivers experienced highest burden in finances. In coping strategies, majority 70.75% of caregivers were adopted moderate coping strategies. Burden was negatively correlated with coping strategies at 0.05 level of significance.

Conclusion: As schizophrenia is a global mental health problem, the nurses should take a key role in educating the patients and family members to improve psychological wellbeing.

Keywords: Burden, coping strategies, schizophrenic patient

Introduction

Schizophrenia is characterized by abnormalities in several mental modalities, including thinking, perception, self-experience, cognition, volition, affect, and behaviour ^[1]. Schizophrenia is classified by the American Psychiatric Association as "a group of disorders manifested by characteristic disturbance of thinking, mood, and behaviour."

A great deal of schizophrenia patients in India reside with their families due to the deinstitutionalization policy developed under the National Mental Health program. The family provides a significant source of support and the primary care for the people with schizophrenia in India. Even though Indian families are incredibly resilient in caring for their sick relatives, they experience a lot of emotional and physical discomfort. A long-term care provider confronts numerous burden and is emotionally depleted ^[2].

The burden or pressure borne by a person who looks after a family member who is chronically ill, disabled, or elderly has been termed as the caregiver's burden (Stucki&Mulvey, 2000). It is a multidimensional response to the financial, social, emotional, and mental pressures that come with providing care. Both subjective and objective burdens are possible. The term "objective burden" refers to behavioral phenomena that are easily verifiable, such as unfavorable patient symptoms, disruptions to the caregiver's normal routine, social interactions, and leisure time, social isolation, issues with finances and employment, effects on the family's overall health, and unusual patient behavior. The caregiver's subjective burden includes mental stressors like fear, grief, anger, shame, loss, stigma, rejection, etc ^[3].

Coping, the act of performing internal or external demands is viewed as straining or exceeding a person's capacity. Coping mechanisms are distinguished into two categories: problem-focused and emotion-focused and adaptive or maladaptive.

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The commonly used coping strategies in a particular group of subjects can provide valuable insights for designing solution to reduce the burden [4].

About one in 4000 patients with schizophrenia are diagnosed in a year. Suicide is quite common, with 50% of attempts and 10 to 15% of completions [5].

According to WHO, there are 24 million people worldwide, who are affected by schizophrenia, or 1 in 300 people, or 1 in 222 adults [6].

Schizophrenia affects roughly 3/1000 persons in India, which has a population of 1.1 billion. The prevalence of schizophrenia is higher in men, and the average age at onset is around five years younger in men than in women [7].

Further reviewing the literature in this area, it was found that limited Indian Nursing Researchers have done some scientific studies regarding the caregiver's burden, coping strategies of caregivers of schizophrenic patients. Hence, it was felt that there is a need for scientific study to investigate those factors in West Bengal. The researcher while working at psychiatric field noticed that a considerable number of caregivers were having some level of family burden, coping strategies and they were in a need of some level of psychological support. All these observation made curiosity and interest in this field, and promoted the researcher to undertake the study related to caregiver's burden and coping strategies.

Materials and Methods

Study Design and sample size: This study was a descriptive survey and participants were caregivers of schizophrenic patients attending psychiatric outpatient department, Bankura Sammilani Medical College and Hospital, Bankura. 106 caregivers of schizophrenic patients were selected by purposive sampling technique from with 95% confidence interval.

Selection criteria

Participants included either male or female caregivers who are responsible to give care to schizophrenic patients, and caregivers who can speak in Bengali. Caregivers who are not willing to participate were excluded from the study.

Ethical consideration

The ethical clearance was obtained from Institutional Ethics Committee, BSMC, Bankura. The written informed consent was obtained from the caregivers before conducting the interview. Confidentiality and anonymity was maintained throughout the study.

Data collection

Final data collection period was from 12.01.2023 to 11.02.2023. After getting permission from all concerned authorities data collection procedure was done from 106 samples met the inclusion criteria in psychiatric outpatient department, Bankura Sammilani Medical College and Hospital, Bankura.

At first the investigator interviewed the caregivers of schizophrenic patients by using semi-structured interview schedule to collect the demographic data. After that the investigator again interviewed the caregivers by using Zarit Burden Interview (ZBI) schedule to assess the level of

burden. Then the investigator interviewed the caregivers by using Brief COPE Scale to identify the coping strategies adopted by them. Time for interviewing was 30 minutes for each respondent.

Data collection tools and technique

There are three validated and reliable tools are used to collect the data. Semi structured interview schedule was developed to collect demographic data. It consists of 13 items which includes age in years, gender, educational status, marital status, occupation, type of family, no. of family member, residence, socio-economic class, relation with patient, duration of staying with the patient, duration of illness of the patient, no. of mentally ill patient in the family.

Standardized Zarit Burden Interview schedule (22 questions) is used to assess the level of burden experienced by the principal caregivers. A higher score suggests greater caregiver burden (Range of score 0 to 88). The score range between 0 - 20 indicates mild or no burden, in mild to moderate burden score range is 21-40, in moderate to severe burden score range is 41-80 and score range 61 - 88 indicates severe burden.

Standardized Brief COPE Scale (containing 28 items) were used for measuring coping and regulating cognition in order to get relief from stress or burden. The score range below <Median-1SD indicates poor coping, Median-1SD to Median+1SD indicates moderate coping and range of score >Median+1SD) suggests good coping. All data were collected by using interviewing technique.

Statistical analysis

Data have been organized in statistical way so that the summarized result will be visualized scientifically. Both descriptive and inferential statistics had been used to classify, tabulate and analyze data. The collected data were analyzed by computing frequency percentage. Pearson's correlation and coefficient formula was used to find out the relationship between burden and adopted coping of the caregiver. Chi-square test was also used to determine the association of selected demographic variables with burden and adopted coping of the caregiver.

Results

Maximum (42.45%) of caregivers belongs to the age group 41 - 50 years. Majority (61.32%) of caregivers were female. Majority (79.25%) of caregivers were married. Majority (60.38%) of caregivers belonged to nuclear family. Majority (55.66%) of caregivers had <5 members in family. Maximum (28.30%) caregivers were others. Most (84.91%) of caregivers were lived in rural area. Maximum (25.47%) caregivers had primary education. Maximum (34.90%) were home maker. Maximum (45.28%) caregivers were from lower middle class. About (51.89%) of caregivers have stayed with schizophrenic patients for 5-10 years. Maximum (43.39%) patients suffering from illness for 5-10 years. Most (97.17%) caregivers had only one schizophrenic patient in family.

Findings related to level of burden of caregivers of schizophrenic patients

Table 1: Distribution of respondents according to level of burden of caregivers of schizophrenic patients n =106

Level of Burden	Range of Score	Frequency	Percentage (%)
Little or no burden	0 – 20	Nil	Nil
Mild to moderate burden	21 – 40	11	10.38
Moderate to severe burden	41 – 60	62	58.49
Severe burden	61 - 88	33	31.13

Minimum score = 0, Maximum score = 88

Data presented in table 1 revealed that majority (58.49%) caregivers were having moderate to severe burden and data

also showed that maximum (31.13%) were having severe burden.

Table 2: Domain wise mean and mean percentage of level of burden obtained by caregivers n =106

Domains	Range of Score	Mean	Mean Percentage (%)
Burden in relationships	0-24	15.73	65.57
Emotional well being	0-28	16.86	60.22
Social and family life	0-16	7.50	46.89
Finances	0-4	2.78	69.52
Loss of control over one’s life	0-16	10.22	63.88

Data depicted in Table 2 interpreted that among five domains of burden, caregivers felt highest (69.52%) burden in finances, and lowest (46.89%) burden in social and family life.

Findings related to coping strategies of caregivers of schizophrenic patient

Table 3: Distribution of respondents according to level of coping strategies of caregivers of schizophrenic patients n =106

Level of Coping	Range of Score	Frequency	Percentage (%)
Poor coping	< (median- 1 SD) = < 52.08	12	11.33
Moderate coping	(Median-1 SD to median +1 SD) = 52.08-59.92	75	70.75
Good coping	>(median+1 SD) =>59.92	19	17.94

Minimum score = 28, maximum score = 112

Data presented in table 3 depicted that (11.33%) caregivers were adopted poor coping strategies and data also showed

that majority (70.75%) of caregivers were adopted moderate coping strategies.

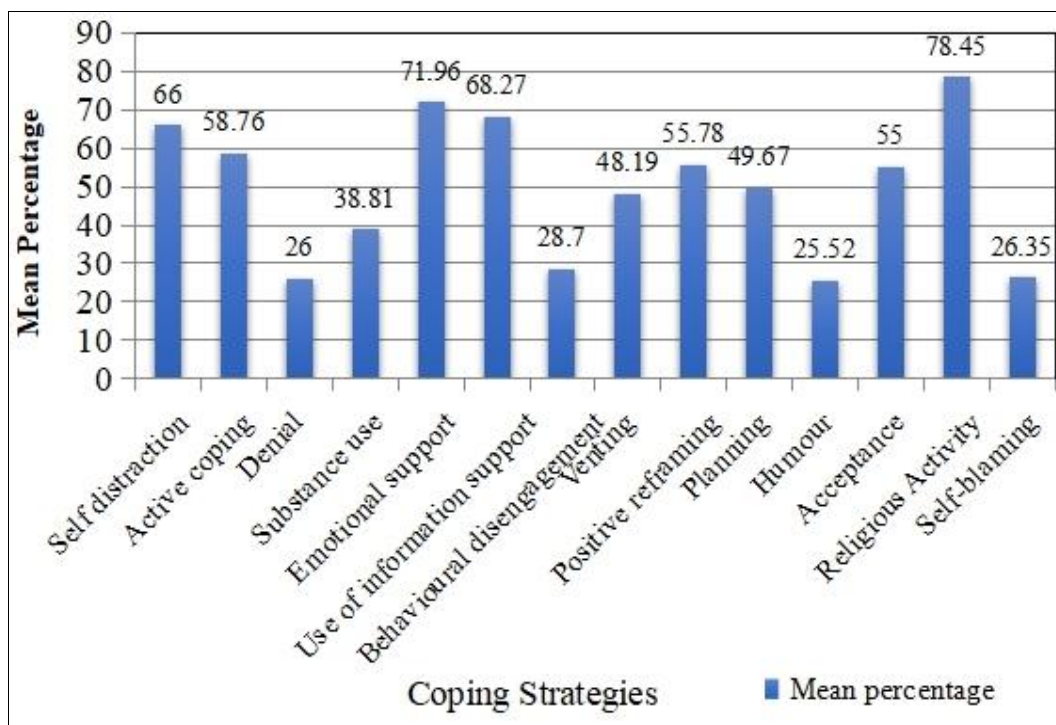


Fig 1: Area wise mean percentage of coping strategies of caregivers of schizophrenic patients n=106

Data depicted in figure 1 interpreted that caregivers used humour (mean percentage 25.52) as coping strategies minimum time whereas, religious activity (mean percentage 78.45) used maximum time as coping strategies.

Findings related to relationship between burden and coping strategies among caregivers of schizophrenic patients

H₀: There is no significant correlation between burden and

coping strategies of caregivers of schizophrenic patients at 0.05 level of significance.

- **H₁:** There is significant correlation between Burden and coping strategies of caregivers of schizophrenic patients at 0.05 level of significance.

Table 4: Correlation between burden and coping strategies of caregivers of schizophrenic patients n=106

Variables	Mean ± SD	Correlation coefficient (r)
Level of burden	53.60±10.06	-0.32
Coping strategies	56.29±3.92	

df (104) = .087 at 0.05 level of significance, P value (0.087>0.05)

Data presented in table 4 showed that P value is not significant at 0.05 level of significance. It means null hypothesis is accepted and research hypothesis is rejected. This leads to conclude that there is negative correlation between burden and coping strategies among caregivers of schizophrenic patients. Above data showed that when the coping strategies are good, then level of burden is low.

Findings of association between burden and demographic variables of caregivers of schizophrenic patients

There was significant association between burden of caregivers of schizophrenic patients and their age ($\chi^2=8.24$, $p=0.004$, $df=1$), type of family ($\chi^2=12.23$, $p=0.0004$, $df=1$), relationship with patient ($\chi^2=7.20$, $p=0.21$, $df=2$) at 0.05 level of significance.

There was no significant association between burden of caregivers of schizophrenic patients and their gender, educational status, occupation, marital status, no. of family member, residence, socio-economic class, duration of illness of the patient, duration of staying with patient and no. of mentally ill patient in family.

Findings of association between coping strategies and demographic variables of caregivers of schizophrenic patients

There was significant statistical association between coping strategies of caregivers of schizophrenic patients and their education ($\chi^2=4.81$, $p=0.02$ at $df=1$), marital status ($\chi^2=4.65$, $p=0.03$ at $df=1$), residence ($\chi^2=4.71$, $p=0.02$ at $df=1$), residence ($\chi^2=8.47$, $p=0.003$ at $df=1$) at 0.05 level of significance.

There was no significant association between coping strategies of caregivers of schizophrenic patients and their age, gender and occupation, type of family, no. of family member, relationship with patient, duration of illness, staying with patient as a caregiver and no. of mentally ill patient in family.

Discussion

A discussion was made in relation to major variables of the study.

Discussion related to demographic characteristics of caregivers of schizophrenic patients

The present study was supported by the study which was conducted by Sasikala G (2010) the level of perceived family burden, coping strategies and psychological wellbeing among the primary caregivers of chronic schizophrenia patients in a selected hospital at Madurai, Tamilnadu. The researcher highlighted in their study that

study maximum 25% were 30-40 years, maximum 40% of primary caregivers were female, 88% of the primary caregivers were married and 58% caregivers belonged to nuclear family^[8].

The present study was supported by the study which was conducted by Gupta A, Solanki RK, Koolwal GD, Gehlot S on Psychological well-being and burden in caregivers of patients with schizophrenia in the psychiatry department of Dr. S.N. Medical College, Jodhpur. The researcher indicated that 46% were aged between 20 and 29 and 34% were between 30 and 39 years. 74% patients were from rural background^[9].

Another study on burden and coping strategies of caregivers of schizophrenic patients conducted by Ms Jain Babu was supported the present study. The researcher depicted that 37% belongs to the age group of 40-50, 62% were female, 84% were married and 33% were having higher secondary level education^[10].

In the present study maximum 42.45% of caregivers belongs to the age group 41 - 50 years, majority 61.32% of caregivers were female and majority 79.25% of caregivers were married and majority 60.38% of caregivers belonged to nuclear family.

Discussion related to level of burden of caregivers of schizophrenic patients

The present study was supported by the study which was conducted by Konwar G *et al.* to assess the burden of care and coping of family members of a patient with Schizophrenia. The researchers depicted that 60% caregivers had moderate followed by 21.7% had mild and 18.3% had the severe burden^[11].

The present study was supported by the study of Rahmani F *et al.* conducted a descriptive correlational study on coping strategies of family caregivers of patients with schizophrenia in Iran to identify coping strategies used by family caregivers of patients with schizophrenia and their determinants. The researcher showed that 38.27% caregivers had severe level of burden, 29.41% reported high level of burden and 19.39% reported mild level of burden^[12].

Another study on burden and coping strategies of caregivers of schizophrenic patients conducted by Ms Jain Babu was supported the present study. The researcher depicted that 52% caregivers had moderate, 26% had mild, 22% had severe burden^[10].

The present study was supported by the study which was conducted by Gupta A, Solanki RK, Koolwal GD, Gehlot S on Psychological well-being and burden in caregivers of patients with schizophrenia in the psychiatry department of Dr. S.N. Medical College, Jodhpur. The researcher observed that 80% experienced moderate levels of burden whereas 20% experienced severe burden^[9].

In the present study researcher observed that Majority (58.49%) caregivers were having moderate to severe burden followed by 31.13% having severe burden and 10.38% having mild to moderate burden.

Discussion related to coping strategies of caregivers of schizophrenic patients

The study was supported by Rahmani F *et al.*'s study on the coping strategies of family caregivers of patients with schizophrenia in Iran. The aim of this study was to discover coping methods of family caregivers of patients with

schizophrenia and their determinants. The study discovered that 45.78% of caregivers utilized adaptive coping techniques and 54.22% of them were maladaptive [12].

Another study by Konwar G *et al.* to determine the burden of care and coping for family members of a patient with schizophrenia served as support for the current study. Here, the researcher emphasized that the bulk of the family members, or 73.3%, had moderate coping, followed by 16.7% of the study population who had inadequate coping, and 10% who had adequate coping [11].

In the present study the researcher highlighted that 70.75% of caregivers were adopted moderate coping strategies followed by 11.33% adopted poor coping strategies and 17.94% good coping strategies.

Discussion related to correlation between burden and coping strategies

This study was supported by a study on the level of perceived family stress, coping mechanisms, and psychological well-being among primary caregivers of chronic schizophrenia patients in Tamilnadu, which was conducted by Sasikala G. According to the researcher, there is a somewhat negative, statistically significant link ($r = -0.43$) between caregiver load and coping mechanisms for people with schizophrenia [8].

The present study was supported by a separate investigation by Konwar G *et al.* to determine the burden of care and coping for family members of schizophrenia patients. The load and coping of caregivers of schizophrenia patients were negatively correlated ($r = -0.033$) [11].

The present study was supported by a previous study by Rahmani F *et al.* on coping strategies of family caregivers of patients with schizophrenia in Iran in order to determine the coping mechanisms employed by family caregivers of patients with schizophrenia and their determinants, the burden and coping strategies had a strong negative association [12].

In the present study result depicted that there was negative correlation (-0.32) between burden and coping strategies among caregivers of schizophrenic patients at 0.05 level of significance.

Discussion related to association between burden and selected demographic variables

The present study was supported by a study by Sasikala G on the primary caregivers of chronic schizophrenia patients in a psychiatric hospital in Tamilnadu on level of perceived family stress, coping mechanisms, and psychological wellness. Significant correlations existed between burden, age, and patient relationship [8].

The present study was supported by Ms. Jain Babu's study on the load and coping mechanisms faced by caregivers of schizophrenia patients. According to the researcher, there is a strong correlation between burden and age [10].

In the present study researcher observed that there was significant association between burden and age, type of family, relationship with patient at the 0.05 level of significance.

Discussion related to association between coping strategies and selected demographic variables

The level of perceived family load, coping mechanisms, and psychological health among primary carers of chronic schizophrenia patients in a mental hospital in Tamilnadu

were all examined in a study by G. Sasikala. Coping mechanisms and marital status were shown to be significantly correlated. The present study offered support for this study [8].

The previous study by Rajathi A. and Dr. Gandhimathi, a non-experimental descriptive study carried out at the ATHMA hospital in Trichy, to assess family stress and coping techniques among carers of schizophrenia patients, provided support for the present study. At the 0.05 level of significance, there was a significant correlation between caregivers' coping and where they lived [13].

In the present study the researcher highlighted that there was significant association between coping strategies and marital status, residence, education, socio-economic status at 0.05 level of significance.

Conclusion

The study findings revealed that among 106 caregivers of schizophrenic patients 33(31.13%) had severe burden, 62(58.49%) had moderate to severe burden, 11(10.38%) had mild to moderate burden. Findings also revealed that 12(11.33%) had poor coping, 75 (70.75%) had moderate coping and 19 (17.94%) had good coping. It can be concluded that there is needed frequent awareness programme regarding treatment and care of patient with schizophrenia that causing burden in the caregivers in the family, so that the caregivers and family members of schizophrenic patient can easily cope with the burden and make a healthy and peaceful life.

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Conflict of Interest

Not available.

Financial Support

Not available.

References

1. World Health Organization. ICD 11 classification of mental and behavioural disorders. Diagnostic criteria for research. Geneva. p.13.
2. Batra BS, Ghildiyal R, Mathews MM. Coping strategies among caregivers of patients with schizophrenia: A descriptive study. IOSR J Dent Med Sci. 2014;1(14):20-29. DOI: 10.9790/0853-141262029.
3. Nandakumar S. A study to assess the level of family burden among the caregivers of schizophrenic patients

- at a mental health center in Salem. *RGUHS J Nurs Sci.* 2021;11(1).
4. Grover S, Chakrabarti S. Coping among the caregivers of patients with schizophrenia. *Ind Psychiatry J.* 2015 Jan;24(1):5.
 5. Raj D, Debr's Mental Health (Psychiatric) Nursing. 1st ed. EMMESS Medical Publisher; 2017. p. 407.
 6. World Health Organization. Available from: <https://www.who.int/news-room/fact-sheets/detail/schizophrenia>. Accessed 2022 Jan 10.
 7. Gururaj G, Girish N, Isaac MK. NCMH background papers – Burden of disease in India. New Delhi: Ministry of Health & Family Welfare; 2005. Mental, neurological and substance abuse disorders: Strategies towards a systems approach.
 8. Sasikala G. The level of perceived family burden, coping strategies and psychological well-being among the primary caregivers of chronic schizophrenia patients in a selected hospital at Madurai, Tamil Nadu [dissertation]. Manamadurai: Matha College of Nursing; 2017. Available from: <http://repository-tnmgrmu.ac.in/id/eprint/5556>.
 9. Gupta A, Solanki RK, Koolwal GD, Gehlot S. Psychological well-being and burden in caregivers of patients with schizophrenia. *Int. J Med. Sci. Public Health.* 2015;4:70-76.
 10. Jain B. Burden and coping strategies of caregivers of schizophrenic patients. *Paripex Indian J Res.* 2019;8(4). DOI: 10.36106/paripex.
 11. Konwar G, Borah M. A study to assess burden of care and coping mechanism of family members of schizophrenia patients. *Int. J Med. Sci. Public Health.* 2019;9(1):63-8.
 12. Rahmani F, Ranjbar F, Hosseinzadeh M, Razavi SS, Dickens GL, Vahidi M, *et al.* Coping strategies of family caregivers of patients with schizophrenia in Iran: A cross-sectional survey. *Int J Nurs Sci.* 2019 Apr 10;6(2):148-153.
 13. Rajathi A, DG. A study to assess the family burden and coping strategies among the caregivers of patients with schizophrenia. *Puducherry J Nurs.* 2015;8(1):38-43. DOI: 10.5005/pjn-8-1-38.

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