



Available Online at http://www.recentscientific.com

International Journal of Recent Scientific Research Vol. 6, Issue, 10, pp. 6798-6801, October, 2015 International Journal of Recent Scientific Research

## **RESEARCH ARTICLE**

## THE LEVEL OF STRESS AND COPING AMONG CARE GIVERS OF PATIENTS WITH MENTAL ILLNESS

## Meenu K Thomas., Mereena Thomas., Neenu Varghese., Remya R., Viji Prasad C\* and Vineetha Jacob

Department of Psychiatric Nursing, Yenepoya Nursing College, Mangaluru

ARTICLE INFO	ABSTRACT
Article History:	<b>Background of the study:</b> Stress has been viewed as a complex and vibrant transaction between individuals and their surroundings. It will adversely affect the emotional, physical, psychological and social
Received 05 <sup>th</sup> July, 2015	functions of an individual even though the perception and reaction to stress and way of coping differs
Received in revised form	individually. Caregivers of patient with mental illness can experience stress that leads to negative
08 <sup>th</sup> August, 2015	consequences not only for themselves but also for the patients and other family members.
Accepted 10 <sup>th</sup> September, 2015	<b>Objectives:</b> The study is aimed to assess the level of stress and coping among caregivers of patients with
Published online 28 <sup>st</sup>	mental illness.
October, 2015	<b>Methodology:</b> A total of 100 caregivers of patients with mental illness were selected by Non probability convenient sampling technique. The tools used for the data collection were perceived stress scale and
Key words:	modified coping scale and socio-demographic proforma.
Level Of Stress, Coping, Caregiver, Patient, Mental Illness	<b>Results:</b> The study results revealed that majority of the caregivers (76%) were in the age group of 19 to 50 years. Majority of them (65%) had moderate level of stress, 33% had mild level of stress and 2% had severe level of stress. Majority of the caregivers (75%) had average coping.
	<b>Discussion</b> : Majority of the care givers had moderate level of stress and average coping. The nurse administrator should plan and organize educational program for care givers of patients with mental illness, in order to prepare them to cope up with any stressful situations. Hence the researcher emphasizes the need for more research to improve the knowledge and by applying the research finding for future.

**Copyright** © **Meenu K Thomas** *et al.* **2015**, This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

## INTRODUCTION

Mental illness can be defined as a clinical, significant, behavioural or psychological syndrome that occurs in a person and this is normally associated with impairment in one or more important areas in functioning, or an important loss of freedom<sup>1</sup>. The society views the mental illness as something to be ashamed of and usually the members of the society initially recognize that most of the patients' behaviour deviated from the social norms<sup>2</sup>.

The main change in most of the mental illness is associated with behavioural pattern of the patients and these changes may influence them and family in different altitudes. Most of the mental illness does not have a single cause in common and it is generally associated with structural changes in the brain.<sup>3</sup> In such a point, the families play a significant role in caring of these patients with mental illness even though the family members of the patients are less likely to label the individuals' behaviour as mental illness. The core concept of the care giving consists of accepting, encouraging and supporting the patients and assists them in daily activities.<sup>4</sup>

Stressors can be broadly defined as situation or events that have the potential to influence health outcomes. Stress can be regarded as a psychological hazard, in which the individual sees a situation as an impending hazard.<sup>5</sup> Family stress can have both positive and negative effects and involves a demand for change in family functioning. Family distress reflects the family's required resources imbalance and can significantly affect family functioning.<sup>6</sup>

The World Health Report (2001) has stated that nearly 45 crore, individuals suffer from mental and behavioural disorders globally. In China, it is estimated that there are 16 millions of adults with mental illness; 30 millions of adolescents and children with emotional and behavioural problems and numerous elderly people with dementia and mental problems. In India the prevalence rates for all mental disorders is  $65.4/1000.^7$ 

In India the period of 1960 was termed as a period of Psychiatric Epidemiological survey. According to a survey by (Reddy, 1998) the estimated prevalence rate of mental illness in India is 58.2/1000 population. Now ,a more recent study of

<sup>\*</sup>Corresponding author: Viji Prasad C

Department of Psychiatric Nursing, Yenepoya Nursing College, Mangaluru

mental illness in India conducted in 2003 June, concluded that the prevalence rate of a mental illness in India is 73/1000 that is in rural 70.5 and in urban 73 out of 1000.<sup>7</sup>

Families not only provide personal care but also give emotional support to the person with a mental illness. There is no doubt that the families of those with mental illness are affected by the condition of their near ones. Research into the impact of care-giving reveals that one-third to one-half of care givers bear significant psychological distress and experience higher rates of mental ill health than the general population.<sup>8</sup>

#### **MATERIAL AND METHODS**

A descriptive study design was adopted in order to assess the level of stress and coping of caregivers of patients with mental illness in a selected hospital at Mangaluru. The tools used for this study were demographic proforma, perceived stress scale and modified coping scale. The content validity of the tool was established in consultation with seven experts. The perceived stress scale consists of 10 items it is measured with help of modified Likert type scale. Each item has 5 alternatives never, almost never, sometimes, fairly often, and very often. The modified coping scale consists of 20 items. Each item has 5 alternatives strongly agree, agree, uncertain, disagree, strongly disagree. After the ethical approval from the Ethical Committee of Yenepoya University, the tool was pre-tested by administering it to 10 caregivers of patients with mental illness. The samples found that the instructions and the language of the tool were clear and understandable and the time taken to complete the tool was 30 minutes. Reliability of the tool was tested by Crohnbach's alpha method and it was found to be 0.8. Pilot study was conducted to find out the feasibility of the study. A total of 100 samples were selected by non probability convenient sampling technique. Data collected from the samples were analyzed using descriptive and inferential statistics.

#### RESULTS

The present study showed that the majority of the caregivers of patients with mental illness (34%) were in the age group 41-50 years,(54%) were belongs to male,61% were belonged to Muslim religion, 49% were belongs to rural area,(61%) were belongs to nuclear family,(60%) of the caregivers had primary school education, majority (30%) were worked as private employee. Among the majority (51%) had Rs. 5,001 to 10,000 income per month. The details are depicted in Table 1.

The study finding showed that majority of the caregivers (65%) had moderate level of stress, 33% of caregivers had mild stress and only 2% of them had severe level of stress. The details of the findings are summarized in Figure 1.

Figure 1 shows distribution of caregivers of patients with mental illness according to their level of stress. Majority of them had moderate stress (65%). The study finding showed that majority of the caregivers (75%) have average coping, 20% caregivers have well coping and only 4% caregivers have poor coping. The details depicted in figure 2.

<b>Table 1</b> Frequency and percentage distribution of sample				
characteristics N=100				

SL.NO	Demographic variables	Frequency(f)	Percentage (%)		
	Age in years				
1.	19-30	12	12		
	31-40	29	29		
	41-50	34	34		
	51-60	20	20		
	61-70	6	6		
	Gender				
2.	Male	54	54		
	Female	46	46		
	Religion				
	Hindu	36	36		
3.	Muslim	61	61		
	Christian	2	2		
	Others	1	1		
	Area of residence				
4.	Rural	49	49		
4.	Semi-urban	48	48		
	Urban	3	3		
	Type of family				
5.	Nuclear	61	61		
э.	Joint	36	36		
	Extended	3	3		
	Educational qualification				
	No formal schooling	19	19		
6.	Primary school education	60	60		
	High school education	16	16		
	Collegiate education	5	5		
	Occupation				
	Government employee	2	2		
7.	Private employee	30	30		
7.	Business	23	23		
	Coolie worker	29	29		
	Others	16	16		
	Monthly income				
8.	< 5000	27	27		
	5001-10000	51	51		
	10001-15000	20	20		
	15001-20000	20	20		
	> 20000	0	0		
	20000	0	U		

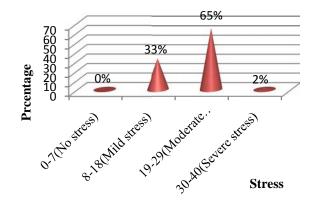
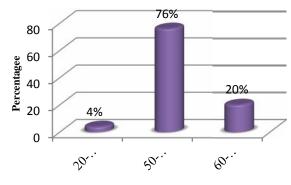


Figure 1 Description of subjects according to level of stress

The data presented in Table 4 shows that, there is significant association between level of stress and demographic variables such as age and income. The level of stress scores are independent of variables like gender ( $^2$ =.244,p>0.05), religion ( $^2$ =.528,p>0.05), area of residence ( $^2$ =.276,p>0.05), type of family ( $^2$ =.106,p>0.05), educational qualification ( $^2$ =.463,p>0.05), occupation ( $^2$ =.916,p>0.05). Figure 2 reveals that 76% caregivers have average coping, 20% have well coping and 4% had poor coping.



Level of Coping

Figure 2 Description of subjects according to level of coping

 Table 2 Association between level of stress and selected demographic variables N=100

SL.	D	Stres	s score	Df	Chi-square
NO	Demographic variable	< Median	≥ Median	DI	value ( <sup>2</sup> )
	Age				
	19-30	6	6		
1.	31-40	14	16	1	.021*
1.	41-50	14	19	1	.021
	51-60	11	8		
	61-70	4	2		
	Gender				
2.	Male	26	28	1	.244
2.	Female	23	23	1	.244
	Religion				
3.	Hindu	15	20		
5.	Muslim	31	31		
	Christian	2	0	1	.528
	Others	1	0		.526
	Area of residence	21	27		
4.	Rural	21	21		
4.	Semi-urban	25	23		
	Urban	3	1		
	Type of family				
5.	Nuclear	35	27	1	
5.	Joint	13	21	1	.106
	Extended	2	2		
	Education				
	No formal education	6	13		
6.	Primary school education		29		
0.	High school education	8	7	1	.463
	Collegiate				.405
	Education	4	2		
	Occupation				
	Govt employee	1	1		
7.	Private employee	17	13	1	.916
7.	Business	10	12	1	.910
	Coolie workers	12	17		
	Others	9	8		
	Income				
	<5000	8	19		
8.	5001-10000	30	21	1	
0.	10001-15000	9	11	1	.024*
	15001-20000	2	0		
	>20000	0	0		

P=0.05 \* significant

Data presented in Table 5 shows that there is significant association between level of coping and demographic variables such as age, family, educational qualification and income. The coping level scores are independent of all variables like gender ( $^2$ =0.402,P>0.05), religion ( $^2$ =0.958,P>0.05), area of residence ( $^2$ =0.137,P>0.05), occupation ( $^2$ =0.675,P>0.05).

Table 5 Association between coping and selected
demographic variables N=100

CT NO	Demographic Coping score			36	Chi-square
SL.N0	variables	<median< th=""><th>Median</th><th>df</th><th>value (<sup>2</sup>)</th></median<>	Median	df	value ( <sup>2</sup> )
	Age	5	7		
	19-30				
1	31-40	15	14	1	0.002*
	41-50	12	22	1	0.002
	51-60	8	12		
	61-70	0	5		
	Gender	20	34		
2	Male			1	0.402
	Female	19	27	1	
	Religion	12	24		
	Hindu	12	24		0.958
3	Muslim	26	35	1	0.958
	Christian	0	2		
	Others	1	0		
	Area of residence	19	30		
	Rural	19	29		
	Semi urban	1	29	1	0.137
	Urban	1	2	1	0.157
	Type of family	23	39		
5	Nuclear	15	19	1	
5	Joint	15	3	1	0.000*
	Extended	1	3		
	Educational				
	qualification				
	No-formal				
	education	7	12		
6	Primary school	20	40		
0	education			1	0.000*
	High school	8 3	7 3	1	0.000*
	education	3	3		
	Collegiate				
	education				
	Occupation	1	1		
	Government	10	20		
	employee				
7	Private employee	9	13	1	0.675
	Business	11	18		
	Coolie worker				
	Others	8	9		
	Monthly Income		1.0		
	<5000	11	16		
0	5001-10000	19	32		
8	10001-150000	9	11	1	0.000*
	15001-20000	0	2	-	
	>20000	0	0		

P=0.05 \*significant

DISCUSSION

# Description of level of stress among care givers of patients with mental illness

In the present study result revealed that majority of care givers (65%) have moderate stress and 33% of them have mild stress and remaining 2% has severe stress.

This study was supported by the study done by Surekha Kumari *et al* who reported moderate level of stress present in the family members. The stress was higher among the young age, single, illiterate and urban areas caregivers yet were no statistical significant association with amount of stress.<sup>9</sup>

# Description of coping adopted by care givers of patients with mental illness

In the present study 76% care givers are having average

coping, 20% of them have well coping and 4% of care givers have poor coping.

The above findings of the study are compatible with the findings of study was conducted in NIMHANS, Bangalore. This study shows that caregivers are using more coping strategies.<sup>10</sup>

# Association between level of stress and selected demographic variables

The present study finding shows that there is significant association between stress scores and selected demographic variables such as age and monthly income.

Findings of the present study are consistent with another study conducted in Nepal to assess the stress and coping among family care givers living with schizophrenic patients. The sample size was 147. The result of the study showed that there was significant association between the stress levels with selected demographic variables.<sup>11</sup>

# Association between level of coping with selected demographic variables

The presents study findings shows that there is a significant association between level of coping with selected demographic variables such as age, type of family, educational qualification and monthly income.

Findings of the present study are consistent with another study conducted in Nepal to assess the level of stress and coping among family care givers of patients with schizophrenia. The result of the study showed that there is significant association between the coping methods with selected demographic variables.<sup>12</sup>

### CONCLUSION

The findings of the study suggest the need of training and counselling by the nurses to the caregivers of patients with mental illness regarding how to cope with stressful situations. It helps them to prevent and manage stress due to the care of patient with mental illness.

#### Acknowledgement

We wish to express our sense of gratitude and respect to our guide Ms. Viji Prasad C, Associate professor, department of

#### How to cite this article:

mental health nursing, Yenepoya nursing college. We thank all participants who have formed the core & the basis of this study for their wholehearted cooperation.

### References

- 1. Meyer AC. Information and support needs of family of psychiatric patients. *International journal of psychiatry*; 52(3):278-285.
- Jugbauer J. Stress of family care givers of psychiatric patients. Abstract retrieved from pub med database on 17.12.10 PMID: 11407252. 2006
- 3. Fan CC, Chen YY. Factors associated with care burden and quality of life among caregivers of the mentally ill in Chinese society. *International journal of psychiatry* 2011; 57(2):195-206.
- 4. Kaplan HI and Sadock BJ. Comprehensive text book of Psychiatry. Lippincott Williams and Wilkins, Philadelphia, 7th edition, 2000;2587-2613.
- Day AL, Livingstone HA. Gender differences in perceptions of stressors and utilization of social support among university students, *Canadian Journal of Behavioural Science*: 2004;35(2):73-83.
- Malliori MM, Chioti V .Extra care burden in co morbid mental-somatic illnesses. *Curr opin psychiatry* 2010; 23 (4):373-7.
- 7. Gururaj G, Grish N, Issac MK. Mental, Neurological and psychological problems of caregivers of patient with mental illness: Strategies towards a systematic approach.
- 8. Oyebode JR. Carers as partners in mental health services for older people. Advances in Psychiatric Treatment. 2005; 11: 297-304.
- Surekha kumari, Singh A R, Verma A N, Verma P K and Chaudhary S. Subjective burden on spouses of schizophrenia patients. *Indian Psychiatry Journal*. 2009; (18)97–100.
- 10. Burns N, Grove SK. Understanding nursing research. 2<sup>nd</sup> ed. Delhi: Harcourt (India) Pvt. Ltd.; 2002.
- Lasebikan, Olufolahan V, Ayinde, Olayinka O. Family Burden in Caregivers of Schizophrenia Patients Prevalence and Socio-demographic Correlates. Indian Journal Psychological Medicine. [On-line]. 2013; 35(1):60-66 Available: http://www.ncbi.nlm.nih.gov/ pubmed/23833344 [Pub med].
- 12. Chandrasekran R., Sivaprakash B., Jayestri SR. Coping Strategies of the relatives of schizophrenic patients. *Indian Journal of Psychiatry*.2002; (44)9-13.

Meenu K Thomas *et al.*2015, The Level of Stress And Coping Among Care Givers of Patients With Mental Illness. *Int J Recent Sci Res.* 6(10), pp. 6798-6801.

\*\*\*\*\*\*

