Original Article

Research Journal of Health Sciences

Family caregivers' burden and coping strategies with clients living with schizophrenia in neuropsychiatry specialist hospital in Akure, Ondo state, Nigeria

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Abstract

Objective: Caring for schizophrenic clients has an enduring effect and leads to a substantial level of burden for the caregivers. This study assessed the caregivers' burden and coping strategies with patients living with schizophrenia.

Methods: A descriptive cross-sectional research design was used to assess the family caregivers' burden and coping strategies with clients living with schizophrenia in Neuropsychiatry Specialist Hospital. The Zarit Burden Interview Scale was used to assess the participants' level of burden while the Brief CopeScale was utilized for the assessment of their coping strategies. Data were analyzed using Statistical Package for Social Sciences (SPSS) version 23.

Results: 63.5% of the family caregivers were married.53%had a mild to moderate burden, 38% had a moderate to a severe burden, 1% had severe, and only 8% had little or no burden. The family caregivers utilized a mix of coping strategies. The coping strategy most commonly used among the respondents was 'Religion' mean being 2.9270±0.86466 SD.

Conclusion: A significant number of family caregivers experience a burden related to the care of their loved ones. Therefore, healthcare providers must offer psychological support to and teach family caregivers effective coping strategies necessary for reducing their burden of care.

Keywords: Family, Caregivers, Burden, Coping Strategies and Schizophrenia.

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Received: August 1, 2022 *Accepted: October 20, 2022* *Published: December 15, 2022*

http://dx.doi.org/10.4314/rejhs.v10i4.8

Article Original Research Journal of Health Sciences

Fardeau des soignants familiaux et stratégies d'adaptation avec les clients vivant avec la schizophrénie dans un hôpital spécialisé en neuropsychiatrie à Akure, État d'Ondo, Nigéria

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Résumé

Objectif: La prise en charge de clients schizophrènes a un effet durable et entraîne un niveau de fardeau substantiel pour les soignants. Cette étude a évalué le fardeau des soignants et les stratégies d'adaptation des patients vivant avec la schizophrénie.

Méthodes : Une conception de recherche transversale descriptive a été utilisée pour évaluer le fardeau des aidants familiaux et les stratégies d'adaptation avec les clients vivant avec la schizophrénie à l'hôpital spécialisé en neuropsychiatrie. La Zarit Burden Interview Scale a été utilisée pour évaluer le niveau de charge des participants tandis que la Brief CopeScale a été utilisée pour l'évaluation de leurs stratégies d'adaptation. Les données ont été analysées à l'aide du package statistique pour les sciences sociales (SPSS) version 23.

Résultats: 63,5 % des aidants familiaux étaient mariés. 53 % avaient un fardeau léger à modéré, 38 % avaient un fardeau modéré à sévère, 1 % avaient un fardeau sévère et seulement 8 % avaient peu ou pas de fardeau. Les soignants familiaux ont utilisé une combinaison de stratégies d'adaptation. La stratégie d'adaptation la plus couramment utilisée parmi les répondants était la moyenne de la « religion » étant de 2,9270 ± 0,86466 SD.

Conclusion: Un nombre important d'aidants familiaux vivent un fardeau lié à la prise en charge de leurs proches. Par conséquent, les fournisseurs de soins de santé doivent offrir un soutien psychologique et enseigner aux aidants familiaux les stratégies d'adaptation efficaces nécessaires pour réduire leur fardeau de soins.

Mots-clés: famille, soignants, fardeau, stratégies d'adaptation et schizophrénie.

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INTRODUCTION

Schizophrenia is a devastating psychiatric disorder leading to loss of contact with reality. It may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs the daily functions of an individual (1).Hence, it does not only affect the patient but also negatively impacts the family members caring for him or her due to frequent hospital visits, long-term financial commitment, associated stigma, and psychological distress.

Caregiving is a fundamental component of human nature and germane to maintaining and sustaining relationships in every society (2). Caring for schizophrenic clients has an enduring effect and contributes to a substantial burden for the caregivers (3). The caregivers of schizophrenic patients are likely to face increasing levels of burden and stress including care burden, dealing with the 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 (1).

The burden of care is more pronounced after the patient's discharge from the hospital and the family members then assume responsibility as the primary caregivers (4). The enormous task of rendering care during this period makes caregivers prone to several emotional and psychological problems; they are exposed to many internal and external stressors, and the inability to effectively and efficiently adapt, manage and cope with these stressors may result in mental illness.

Furthermore, the psychosocial challenges such as disruption of family functioning, lack of social support, stigmatization, and discrimination associated with the condition, do not only have a negative impact on the clients but also the family. Caregivers may experience a considerable amount of distress themselves and so, have a poor quality of life (QOL) if they cannot cope well with the stress associated with providing care (5).

The caregivers' burden can be either objective or subjective (5). The objective burden refers to the physical effect of caregiving on the household including financial loss; effects on health, children, and family routine; and the abnormal behavior displayed by the clients, while Subjective burden refers to the emotional responses of the caregiver to the behavioral and social difficulties of the mentally ill (6). It has been established that 85.3% and 84.2% of caregivers reported objective and subjective burden respectively (4).

However, it has been established that the coping strategies individuals employed during stress are vital to the successful management of the situation and can assist them to adapt (7). This adaptation helps to promote health and improve psychological well-being and functioning. Coping with schizophrenic clients is somewhat associated with variables such as psychological distress, expressed emotions and psycho-pathology in patients, social support, socio-demographic variables of clients and caregivers as well as clinical variables and illness perception (5).

Hence, the enormous and overwhelming burden associated with caring for clients diagnosed with schizophrenia has prompted the researcher to carry out this study. The objectives of the study were to assess the caregivers' socio-demographic characteristics that contribute to care burden; to establish the level of burden among family caregivers of clients living with schizophrenia, and to identify the coping strategies adopted by them.

MATERIALS AND METHODS

Study Design

A descriptive cross-sectional research design was used to assess the family caregivers' burden and coping strategies with clients living with schizophrenia in Neuropsychiatry Specialist Hospital.

Study Setting

This study was conducted in the Neuropsychiatry Specialist Hospital, Akure. The hospital is located beside the College of Health Technology along Oda road, in Akure South Local Government Area in Ondo State. The hospital has two major wards i.e. female and male wards, and an outpatient department where less critical conditions are treated and health education is given to patients on clinic days.

Study Population

A total of 137 family caregivers whose relatives were diagnosed and receiving treatment for schizophrenia were recruited into the study using an appropriate formula for sample size determination.

Instrument for Data Collection

A 3-section well-structured questionnaire was used for data collection. Section A elicited socio-demographic information from the respondents; Section B asked questions to assess the level of burden experienced by the family caregivers using the Zarit Burden Interview Scale (8) composed of 22 questionnaire items rated on a 5-point Likerts' Scale with '0'as Never and '4' as Nearly always while Section C sought information on coping strategies adopted by the family caregivers of patients living with schizophrenia using the Brief CopeScale (9) composed of 28 questionnaire items rated on 4-point Likert's scale with 1 as 'I haven't been doing this at all' and 4 as 'I have been doing this a lot'.

Data Collection and Analysis

Data were collected from the respondents on clinic days for patients who were on an outpatient schedule while the questionnaires were administered to the relatives of those on admission after the ward round. Questionnaires were retrieved on the spot and data were analyzed using Statistical Package for Social Sciences (SPSS) version 23.

Ethical Consideration

Ethical approval for the conduct of this study was obtained from the Research Ethics Committee of the Ondo State Ministry of Health, Alagbaka, Akure. All relevant ethical issues relating to the study such as informed consent, confidentiality, autonomy, and anonymity were strictly observed before, during, and after data collection.

RESULTS

Results revealed that 64.2% were between below 40 years and 35.8% were above 40 years of age.58.4% of them were graduates. Also, findings showed that 42.3% of the family caregivers were Civil Servants; 43.8% were Business Men; 6.6%were Farmers and 7.3% were unemployed. The majority 83.9%were Yoruba, 3.6% were Hausa, and 10.9%were Ibo. With respect to marital status, 63.5% of the respondents were married, while 21.9% and 10.9% were single and engaged respectively. On the level of relationship with the patient 21.2%, 22.6% 32.1%, and 19% are parents, spouses, brothers, and sisters respectively (Table 1).

A majority of them (53%) had a mild to moderate burden, 38% had a moderate to severe burden, 1% had severe while only 8% had little or no burden (Table 2). The descriptive analysis of the items on the Zarit Burden Interview Scale. Overall, the mean score of how burdened the family caregivers do feel was 3.1168±1.15087SD (Table 3).

In terms of coping mechanisms used by the respondents, 'Religion' was most commonly used mean being2.9270±0.86466 SD. It was found that, mean ± SD of Using 'Self-Distraction' as coping strategy was 2.5109±0.95576, 'Active coping' was 2.9124±0.87004, denial was 1.7007±0.85203, 'Substance use' was 1.5912±0.8913(Table 4).

DISCUSSION

The study shows that 35.8% are above 40 years of age. This is similar to the findings of (10) who found out that burden of care of schizophrenic patients was higher amount people 60 years and above. A majority of this population are either civil servants (42.3%), business tycoons or self-employed (43.8) while 6.6% are farmers. The combination of these socio-demographic characteristics with the care of their sick relations would constitute a great deal burden this group. This is in consonant with (11) in their study on family burden of schizophrenic patients in China in which it was established that having additional dependents and higher care network function were positive predictors of family burden.

It was further observed that 7.3% of the respondents were unemployed. This on its own is another burden as it will be very difficult, if not totally impossible, for them to meet the overwhelming financial demands of their family members' psychiatric treatment and management. This also agrees with (11) who submitted that financial burden is common among the relatives of schizophrenic patients.

The study further reveals that 53% of the family caregivers experienced mild to moderate level of burden while 38% had moderate to severe level of burden. This correlates with (12) who reported that 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.

The study further revealed that family caregivers adopt a number of coping strategies in order to get along with the burden of care associated with their sick relative. Of all the coping strategies used, 'Religion' was the most commonly adopted mean being 2.9270±0.86466 SD. This is not unconnected to the fact that the relatives of schizophrenic patients often find solace in God as the great physician. 'Active Coping' mean was 2.9124±0.87004 SD, 'Emotional Support' was 2.8905±0.89672, and

'Acceptance' was 2.8029±0.89672, etc. These findings agree with (5) who submitted that family caregivers adopted a variety of coping mechanisms to relieve their burden of care.

CONCLUSION

This study assessed the family caregivers' burden and coping strategies adopted in the care of patients living with schizophrenia. The findings revealed that a significant number of family caregivers experienced moderate to severe levels of burden in the process of providing care for their loved ones and this is also related to some of their demographic characteristics. It was further established that most of the family caregivers adopted positive coping strategies while a few others used negative ones to get along with life. Therefore, healthcare providers must offer psychological support to and teach family caregivers effective coping strategies necessary for reducing their burden of care.

Acknowledgment: The authors acknowledge the cooperation of the study participants during data collection.

Conflict of Interest: There is no conflict of interest.

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Table 1: Socio-demographic Information of Respondents

Variable	Frequency (N=137)	Percent (%)
Age		
< 40 years	88	64.2
> 40years	49	35.8
Sex		
Female	63	46
Male	74	54
Religion		
Christianity	99	72.3
Islam	36	26.3
Traditional	01	0.7
Other	01	0.7
Education Level		
O' Level	09	6.6
Undergraduate	36	26.3
Graduates	80	58.4
None	12	8.8
Occupation		
Civil Servants	58	42.3
Business	60	43.8
Farmers	90	6.6
Unemployed	10	7.3
Ethnicity		
Yoruba	115	83.9
Hausa	05	3.6
Igbo	15	10.9
Others	02	1.5
Marital Status		
Single	30	21.9
Engaged	15	10.9
Married	87	63.5
Widow/Widower	5	3.6
Relationship		
Parent	29	21.2
Spouse	31	22.6
Brother	44	32.1
Sister	26	19

Table 2: Level of Burden Experienced by the Respondents

Level of Burden	Frequency (N=137)	Percent (%)
Little or no Burden	11	8
Mild to Moderate Burden	72	53
Moderate to Severe Burden	52	38
Severe Burden	2	1

Table 3: Descriptive Analysis of the ZaritBurden Interview Scale

Item	Mean	Std. Deviation
Do you feel that your relatives ask for more help than he/she needs?	2.5182	1.17011
Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	2.5401	1.07111
Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	3.1679	0.98196
Do you feel embarrassed over your relatives' behavior?	2.8613	0.87601
Do you feel angry when you are around your relative?	2.3504	1.17943
Do you feel that your relative currently affects your relationship with other family members or friends in a negative way?	2.236	1.03798
Are you afraid of what the future holds for your relative?	3.1606	1.22615
Do you feel like your relative is dependent on you?	3.2409	1.34780
Do you feel strained when you are around your relative?	2.5401	1.12469
Do you feel your health has suffered because of your involvement with your relative?	2.0000	0.89113
Do you feel that you don't have as much privacy as you would like because of your relative?	2.3869	0.97956
Do you feel that your social life has suffered because you are caring for your relative?	2.5328	1.00770
Do you feel uncomfortable about having friends over because of your relative?	2.6277	1.12464
Do you feel that your relative seems to expect you to take care of him/her as if you are the only one he/she could depend on?	2.9197	1.23108
Do you feel that you don't have enough money to take care of relatives in addition to the rest of your expenses?	2.9781	1.20335
Do you feel that you will be unable to care for your relative much longer?	2.2409	1.10829
Do you feel you have lost control of your life since your relative's illness?	2.0365	1.08742
Do you wish you could leave the care of your relative to someone?	2.2847	1.04282
Do you feel uncertain about what to do about your relative?	2.6350	1.10398
Do you feel you should be doing more for your relative?	2.2847	1.07066
Do you feel you could do a better job in caring for your relative?	3.2920	1.09920
Overall, how burdened do you feel in caring for your relative?	3.1168	1.15087

Table 4: Descriptive statistics of the Coping strategies used by the Respondents

Coping Strategy	N	Minimum	Maximum	Mean	Std. Deviation
Self-Distraction	137	1.00	4.00	2.5109	.95576
Active coping	137	1.00	4.00	2.9124	.87004
Denial	137	1.00	4.00	1.7007	.85203
Substance use	137	1.00	4.00	1.5912	.87913
Using instrumental support	137	1.00	4.00	2.6058	.77039
Using emotional support	137	1.00	4.00	2.8905	.89672
Behavior disengagement	137	1.00	4.00	2.8248	1.09072
Venting	137	1.00	4.00	1.9489	.75070
Positive reframing	137	1.00	4.00	2.6788	.84831
Planning	137	1.00	4.00	2.7956	.84138
Humor	137	1.00	4.00	2.3431	.78999
Acceptance	137	1.00	4.00	2.8029	.86466
Religion	137	1.00	4.00	2.9270	.88812
Self-blame	137	1.00	4.00	1.7445	.89958