



Effect of Psychosocial Intervention on Family Functioning Among Caregivers of Clients With Chronic Illness

M. Hemamalini

Associate Professor, S.R.M. College of Nursing, SRM University, Kattankulathur, Kancheepuram District, Pin Code : 603203, TamilNadu, India

Dr.A. Judie

Dean, SRM College of Nursing, SRM University, Potheri, Kattankulathur, Kancheepuram District, Pin Code : 603203, TamilNadu, India

ABSTRACT

Objective: The objective of this study is to determine the effect of psychosocial intervention on family functioning among caregivers of clients with chronic illness. **Design:** True experimental pretest and post-test design was adopted for the study. **Setting:** The study was conducted in Kattankulathur Block, Kancheepuram district, Tamilnadu. **Participants :** 240 caregivers of stroke patients were selected by simple random sampling technique. **Intervention:** Individual counseling and Enrollment in Self help groups were used as the interventional strategy for the purpose of this study. **Results:** The results of the study revealed that statistically significant difference was found in the pretest and posttest level of family functioning among the caregivers of clients with chronic illness in study group ($F=253.21$, $p=0.001$). **Conclusion:** It was found that psychosocial intervention is an effective nursing strategy that can be employed for improving family functioning of the caregivers.

KEYWORDS

Psychosocial intervention, Family functioning, , Caregivers, chronic illness

INTRODUCTION

Chronic illnesses are referred as non communicable diseases and degenerative diseases. Chronic illness is generally characterized by a long latency period, a prolonged course of illness within unlikelihood of cure, non contagious origin, functional impairment of disability and complex causality. Chronic diseases are expected to alter the health of the globe over the next decades dramatically. Epidemiologists estimate that by the year 2020 chronic illness will account for seven out of ten deaths in low income regions of the world compared with less than half today (Michael.H. Merson and etal 2005)

Chronic diseases account for 60% of all deaths corresponding to a projected 36.65 million deaths worldwide in 2007. In a world where more and more people are dying as a result of chronic diseases, and many more millions are disabled, and have personal impact of chronic diseases on individuals and their families. (WHO 2005)

A family develops a kind of homeostasis, a normal dynamic and routine, that is disrupted when a member of that family develops a chronic illness. Indeed, chronic illness changes family members' roles, responsibilities and boundaries. It disrupts their self images and self-esteem. It results in uncertain and unpredictable futures. And it triggers distressing emotions like anxiety, depression, resentments, feelings of helplessness, as well as illness-related factors such as permanent changes in physical appearance or bodily functioning. How a family responds to chronic illness varies based on the age and developmental stage of the ill individual, the strength and coping mechanisms of the family, and the family life-cycle stage. There are many different ways that a chronic illness can affect a family. The person who is chronically ill may feel guilty about the demands his or her illness makes on the family. He or she may resent the change in roles and responsibilities caused by the limitations imposed by the illness, and he or she must deal with the threat to his or her autonomy and the need to depend on healthy family members. Chronic illness can be extremely disruptive to family life. But; it can be possible to maintain a homeostasis by using the many coping strategies available, as well as seeking help when necessary. The literature provides substantial evidence that caregivers are hidden patients in need of protection from physical and

emotional harm. Interventions directed to the family caregiver should serve two purposes. First, interventions can support the caregiver as client, directly reducing caregiver distress and the overall impact on their health and well-being (Erica Lawrence 2012)

Campbell and Patterson (1995) found that most family nursing interventions were psychological approaches. In patients with chronic illness caregiver interventions may help the mental health of the caregivers and delay nursing home placement. Family nursing practice is an evolving area of Nursing and continuous to a significant aspect of health care in the future. Most nursing research has focused on the individual, not family health care. Recently nursing has awakened to the connection between family dynamics and health illness which instigated the researcher in exploring the family system strengths by means of family coping intervention package for the families presenting with chronic illness, thereby the family structure, family function and coping will be enhanced.

AIM OF THE STUDY

The aim of the study is to determine the effect of psychosocial intervention on family functioning among caregivers of clients with chronic illness.

MATERIALS AND METHODS

True experimental pre-test and post-test design was adopted for the study. The independent variable for the study was support group intervention and the dependent variable was family functioning. The study was conducted in Kattankulathur Block, a rural area in Kancheepuram district, after obtaining permission from the Block Development Officer. The study population comprised of all caregivers of chronic illness residing in the area. The selection criteria for the sample selection was caregivers of patients with chronic illness (stroke, renal failure, or cancer) for more than one year, unemployed caregivers, female caregivers, caregivers willing to participate in the study, and caregivers who were able to understand the local language, Tamil. 120 samples in the experimental group and 120 samples in the control group were selected by the simple random sampling technique. Informed consent was obtained from all the study participants. Family functioning was assessed for experimental and control group were carried out

using the Family functioning questionnaire. 2 samples from the study group was withdrawn due to migration. Reliability of the questionnaire was established by the split half method and the *r* value was 0.75. The research proposal was approved by the Institutional Ethical Committee.

INTERVENTION

The study group (experimental group) participants were given monthly counseling and instructed to enroll in the self help groups (support group) of their village. Following this, they were taught about the importance of such self help groups and were asked to participate in the group meetings, held every 15days. While the study group participants attended a total of 6 meetings over a 3 month period, the control group did not attend any of these meetings and counseling was not given. After the 3 months study period, the family system functioning were reassessed using the Family functioning questionnaire for both the groups. Descriptive and inferential statistics were used to analyze the data

RESULTS

Out of the total 240 participants, 120 were in the experimental group and 120 in the control group. Two participants from the experimental group withdrew from the study leaving 118 participants in this group. The demographic variables of the caregivers were described as follows, majority of the caregivers, i.e., 55.1% (65) belonged to the age group of 31-40 years and 76.3% (90) of the caregivers were married. 49.2% (58) of the caregivers' family income was above INR12,000 per month. With respect to their family, 73.7% (87) of the caregivers lived as a joint family and 56.8% (67) of the caregivers reported the number of family members in their family to be between 6 and 9. Furthermore, 59.3% (70) of the caregivers reported the presence of past history of chronic illness in the family. 33.1% (39) of the caregivers had completed their higher secondary education and 56.8% (67) of the caregivers were Hindus.

Table 1 Assessment of pre test level of family functioning among care givers of clients with chronic illness
N =238

Variables	Level	Group			
		Study group(118)		Control group(120)	
		n	%	N	%
Family Functioning	Poor	58	49.2	55	45.8
	Moderate	60	50.8	65	54.2
	Good	0	0.0	0	0.0

Table 1 reveals that 60(50.8%) caregivers had moderate family functioning, 58(49.2%) caregivers had poor family system strengths, and none of them reported good family functioning in study group. In control group 65(54.2%) caregivers had moderate family functioning, 55(45.8%) caregivers had poor family system strengths and none of them reported good family system strengths

Table 2 Posttest level of family functioning among care givers of clients with chronic illness
N=238

Variables	Level	Group			
		Study group(118)		Control group(120)	
		n	%	n	%
Family Functioning	Poor	0	0	42	35
	Moderate	33	28	78	65
	Good	85	72	0	0

The above table reveals that 33 (28%) caregivers had moderate family functioning and 85 (72%) caregivers had good family functioning in study group whereas in control group majority of the caregivers reported moderate family functioning and none of them reported good family functioning

Table 3 Comparison of pretest and posttest level of family functioning among the caregivers of clients with chronic illness
N=238

Groups	Pre test		Post test		ANOVA F-test
	Mean	SD	Mean	SD	
Study group (n=118)	37.96	2.20	44.73	5.83	F=253.21 p=0.001***
Control group (n=120)	21.06	4.92	22.08	3.07	F=0.25 p=0.77

*** very high significance at $p \leq 0.001$

The above table reveals that there was a statistical difference between pretest and post test level of family functioning at $p = 0.001$ level whereas there was no statistical difference between pretest and posttest in control group.

Table 4 Mean difference of family functioning between study group and control group with 95% confidence interval

Family system strength	Max score	Mean value		Mean Difference with 95% CI	Proportion with 95% CI
		Pretest	posttest		
Study group (118)					
Family functioning	60	21.06	44.73	23.67 (22.57-24.77)	39.45% (37.6%-41.28)
Control group(120)					
Family functioning	60	21.48	22.08	0.6(0.08-1.12)	1.0 (0.13%-1.8%)

The above table depicts the mean difference of family functioning between study group and control group with 95% confidence interval. The results revealed that there was a significant improvement of family functioning in study group which indicates that family psychosocial intervention was effective in improving the family functioning.

DISCUSSION

Chronic illness in a family member can cause emotional distress throughout the family, and may impair the family's ability to support the patient. Families are now providing long term care for chronically ill people with a variety of conditions. Care giver research has, for the most part explored burden, stress and depression as outcomes of care giving (Cannon.c and Acorn.s 1999). Caregiver interventions benefit both the caregiver and the care recipient. Use of caregiver support services has been shown to have clinically significant outcomes in improving caregiver depression, anxiety and anger. Specific caregiver interventions which appear to be most beneficial include those that work with both the caregiver and the care recipient, those that emphasize behavioral skills training, and those that are both multi-component and tailored to caregivers' specific needs. (Zarit, S.H et al., 1998). Family influences on health and disease are numerous and multifactorial. These influences can be expressed across the individual and family lifecycle Approaches for helping individuals and family

assume an active role in their health. Care should focus on empowerment rather than enabling or providing help. (Swanson 2005). Hence the aim of the investigator is to provide the psychosocial interventions for the caregivers those who are taking care of the clients with chronic illness to bring a change in the family functioning which reflects the health promotion of the caregivers and clients with chronic illness

The results of the study revealed that statistically significant difference was found in the pretest and posttest level of family functioning among the caregivers of clients with chronic illness in study group ($F=253.21$, $p=0.001$). The mean difference of family functioning revealed that there was a significant improvement of family functioning in study group which indicates that psychosocial intervention was effective in improving the family functioning

Similar study was done by Mei-Yen Chen (1999) on the Effectiveness of Health Promotion Counseling to Family Caregivers. This study examined the effectiveness of health promotion counseling of the family caregivers from Taipei Metropolitan Area. An established Chinese version of the health-promoting scale was developed by the author of this study (which was modified and authorized by Walker, Sechrist, & Pender, 1987). A two-group quasi-experimental research design was employed. From October 1996 to July 1997, 84 family caregivers were selected and assigned to one of the two groups. Members of the treatment group received health promotion counseling from four trained professional home care nurses during home visiting. The members of the control group were given no counseling but instead received traditional care. Pre-assessment was carried out after subjects were selected and post evaluation was done 6 months later. The findings showed that the counseling enabled members of

the treatment group to adopt healthier lifestyles. The research outcome supports the value of home-care nurse counseling of family caregivers.

The present study spotlights that family interventions for caregivers of chronic illness is an effective strategy in enhancing the family function.

CONCLUSION

It is clear from the results of the study that caregivers of clients with chronic illness are exposed to variety of family system stressors, their family functioning get disrupted which alter the family system strengths. A positive outcome of the study findings indicate that psychosocial intervention is an effective strategy in improving the overall family functioning among the caregivers of clients with chronic illness. Hence the researcher concludes that nursing curriculum should include variety of family nursing interventions, so that nurses can teach and create awareness to the people in the community those who are involving in giving care to their family members with chronic illness. Research-tested interventions delivered to caregivers of patients with chronic illnesses can reduce many of the negative effects and improve caregivers' coping skills. The results of the study are important to evidence-based practice and the determination of the efficacy and cost-effectiveness of interventions in improving caregiver outcomes

ACKNOWLEDGEMENT

I acknowledge Dr. A. Judie for her constant support and guidance to conduct this study. I also thank Block Development Officer of Kattankulathur for granting permission to conduct the study and offer my sincere gratitude to all the caregivers for their participation and their co-operation.

REFERENCES

1. Campbell TI, Patterson TM, (1995), The effectiveness of family interventions in the treatment of physical illness, *Journal of Marriage and Family therapy*, 21, p-545-584
2. Cannon C and Acorn S (1999), Quality of life for family care givers of people with chronic health problems, *Rehab. Nurse*, sep-oct, 24(5), 200
3. Erika Lawrence. The impact of chronic illness on the family. June-July. www.IGLiving.com: 2012
4. Mei-Yen Chen M.S.N., R.N (1999), The Effectiveness of Health Promotion Counseling to Family Caregivers *Public Health Nursing* April, Volume 16, Issue 2, 125-132
5. Michael H, Merson, Robert E. (2005) *International Public health disease programs systems and policies*. Canada : Jones and Barlett Publishers.
6. Swanson (2005) *Family Medicine Review, A Problem Oriented Approach*, 6th edition, Mosby Publication, Philadelphia.
7. WHO face to face with chronic disease 2005
8. Zarit, S.H., Stephens, M.A.P., Townsend, A. and Greene, R. (1998). Stress Reduction for Family Caregivers: Effects of Adult Day Care Use. *Journal of Gerontology: Social Sciences* 53B:S267-S277.