



ORIGINAL RESEARCH PAPER

Nursing

A STUDY TO ASSESS THE LEVEL OF STRESS AND COPING STRATEGIES AMONG THE RELATIVES OF PSYCHIATRIC PATIENT ATTENDING PSYCHIATRY OPD OF SELECTED HOSPITAL AT KARAD CITY

KEY WORDS:

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ABSTRACT

BACKGROUND AND OBJECTIVES: The study is intended to assess the level of stress and coping strategies among the family members of mentally ill person and to find the association of the selected demographic data. The objectives of the study where to assess the stress level & coping methods among the relatives of clients attending psychiatry OPD of selected hospital at Karad setting and Association of finding with selected demographic data.

METHOD: An evaluative study approach was adopted to collect the data. Structured questionnaire including 50 questions were used to assess the level of stress and coping strategies .60 samples were taken for the study. Structured Questions on stress and coping strategies were used among family members of mentally ill person attending psychiatry OPD.

RESULT: Majority of 28(46.66%) have poor coping capacity, 18(30%) have average coping capacity where 14(23.33%) have good coping capacity. 42(69.44%) have maximum stress rate, 16(26.66%) have minimum stress rate where 2(3.33%) have average stress rate. There is a significant association between the marital status and stress and coping of family members of mentally ill person. For stress the p value is 0.0249 and f value is 3.945 and for coping the p value is 0.0228 and f value is 4.041.

CONCLUSION: It was concluded that 28(46.66%)of relatives have poor coping capacity and 42(69.44%) have maximum stress rate.

INTRODUCTION:

A research study was conducted to examine how caregivers cope with stressful care giving situations and the relations between coping strategies and caregiver's psycho social wellbeing. Respondents were 58 family caregivers to patients discharged from a rehabilitation hospital. Caregivers identified a recent stressful event in care giving and indicated strategies used to cope with this even. After controlling for patients impairment level, analysis indicated that caregivers engaging in more escape-avoidance coping related greater depression and more conflict in their personal relationships.¹ A comparative study was conducted among 50 caregivers both male and female and they reported female caregivers are facing more stress than male caregivers. It was 62% when compare to male caregiver 38% and majority of complains was found among caregivers such as depression, anxiety and mental disorders.² A study found that those who are taking or providing care to psychiatric patients were worried about the patient's general health. Treatment, safety and future there were relational strains and they felt burdened and they often felt distressed and had to visit a (mental) health practitioner. So, attention should be paid to support relatives and spouses of depressed patients and special attention should be paid to patient's children.³ A preliminary study found that caregivers of psychiatric patients were seeking help from the others because of stress. They are expecting counseling from psychiatrics, psychologists, relatives and family members. Some of risk factors of stress and coping factors among caregivers are lack of information about care, lack of training, low quality care and dysfunctional coping and it leads to severs stress and loss of coping ability, nearly 50%.¹ Coping with stress is one of the biggest health concerns and its effect can be different from one person to another. Stress is primarily a process of motivation since it requires some sort of adaptation (coping) to the demand or set of demands. The effect of stress is directly linked to coping.⁵ A health survey conducted in Pondicherry, evaluated the coping styles adopted by caregivers of schizophrenia patients. 44 patients (20 men and 24 women) and some number of caregivers were included in this study. 71% of caregivers used resignation strategies, 79% failed to maintain social contacts and 60% did

not seek information about their illness. Only 1/3 of the caregivers were attempted active social involvement of the patients, coercion and avoidance strategies.⁶

Caregivers are using a wide variety of coping strategies in both aspects. It was problem-focused coping strategies and emotion-focused strategies .While taking care of mentally ill-patient ,caregivers are facing overburden ,stress, anxiety and depression .So ,they are trying to adopt the situation ,even though trying also ,they don't have that much adequate coping abilities¹⁶ .

RESEARCH METHODOLOGY

Data were collected from significant family members of mentally ill person in selected setting at Karad city. Non experimental and descriptive design were adopted for the study to assess the level of stress and coping strategies among significant family members of mentally ill. The research approach adopted for this study is quantitative method. **The** study were conducted in selected area of Krishna Hospital at Karad city. The population selected was significant family members of mentally ill persons. 60 family members of mentally ill persons were selected by convenient sampling technique were used by the researcher in study. The data was collected within the period of 2 weeks.

METHOD OF DATA COLLECTION:

Written permission is obtained from the concerned sectors for conducting research study. Written consent is obtained from the study participants. The investigator administered the structured rating scale to assess the level of stress and coping strategies among family members of mentally ill person.

RESULTS:

Table 1: Demographic Description of Family Members of Mentally Ill Person by Frequency and Percentage.

Sr No:	Characteristics	Frequency	Percentage (%)
1	Age In Years		
	20-40 Years	27	45

	41-60years	24	50
	Above 60	9	5
2	Sex		
	Male	34	56.66
	Female	26	43.33
3	Religion		
	Hindu	45	75
	Muslim	10	16.66
	Christian	5	8.33
4	Education		
	Primary	31	51.66
	Secondary	20	33.33
	Graduate	9	15
	Post Graduate	0	0
5	Type Of Family		
	Joint	44	73.33
	Nuclear	15	25
	Extended	1	1.66
6	Occupation		
	Housewife	26	43.33
	Employee	28	46.66
	Business	5	8.33
	Not Working	1	1.66
7	Income		
	Below 5000	26	43.44
	5000-10000	28	46.66
	10000-20000	5	8.33
	Above 20000	1	1.66
8	Marital Status		
	Single	23	38.33
	Divorce	20	33.33
	Married	17	28.33
	Widow	0	0
9	Relation With Pateint		
	Husband/Wife	14	23.33
	Brother/Sister	10	16.66
	Relative/ Inlaws	24	40
	Friends	12	20
10	Bad Habits		
	Tobacco	37	61.66

	Alcohol	8	13.33
	Drug Abuse	1	1.66
	Smoking	0	0
	None	14	23.33
11	Duration Of Illness		
	Since 6 Months	17	28.33
	6months-1 Year	23	38.33
	1-3year	10	16.66
	Above 3 Years	10	16.66
12	Type Of Illness		
	Mood Disorder	18	30
	Personality Disorder	10	16.66
	Neurotic Disorder	21	35
	Others	9	15
	Not Specified	2	3.33
13	Previous Admission In Psychiatry Hospital		
	Yes	12	20
	No	47	78.33
	Not Specified	1	1.66
14	Family H/O Illness		
	Yes	15	25
	No	45	75

PART 2: TABLE 2: STRESS RATING & COPING RATING

SR NO	STRESS RATING	FREQUENCY
1	Mild	42
2	Moderate	16
3	Severe	2
SR NO	COPING RATING	FREQUENCY
1	POOR	28
2	AVERAGE	18
3	GOOD	14

The above table shows that 42 samples have mild stress 16 samples are having moderate stress and only 2 samples are showing severe stress symptoms.

The above table shows that 28 samples have poor coping strategies, 18 samples have average coping strategy where 14 samples have good coping strategy.

TABLE 3: ASSOCIATION OF DEMOGRAPHIC VARIABLES

Demographic data	Options	Mean	Standard deviation	Minimum	Median	Maximum	F/T Value	P Value	Inference
Age Stress	1	52.44	13.698	25.000	50	77	F-0.2770	0.7591	NS
	2	55.04	12.519	30.000	51.500	78			
	3	55.11	15.720	25.000	62	69			
Coping	1	60.85	16.847	26.000	61	84	F-1.628	0.2053	NS
	2	59.45	14.359	32.000	61.500	79			
	3	69.77	8.700	53.000	68	82			
Sex Stress	1	51.5	12.712	25.000	49.500	73	T-0.132	0.6413	NS
	2	57	13.833	25.000	57.500	78			
Coping	1	59.85	14.294	34.000	60	84	T-0.269	0.5208	NS
	2	63.96	16.079	25.000	67.500	83			
*Religion Stress	1	53.26	13.22	25.000	51	77	F-0.3634	0.6969	NS
	2	57.2	15.23	34.000	62	78			
	3	52.8	12.63	37.000	50	71			
Coping	1	62.91	14.703	25.000	65	84	F-0.6531	0.5243	NS
	2	53.3	16.780	34.000	62	79			
	3	52.8	16.634	32.000	58	75			
*Education Stress	1	50.70	13.174	25.000	49	71	F-1.858	0.1653	NS
	2	57.35	12.906	30.000	60.500	78			
	3	57.11	13.896	36.000	54	77			
Coping	1	57.58	15.037	25.000	61	84	F-3.902	0.0258	NS
	2	63	15.359	32.000	67	83			
	3	57.11	8.428	58.000	75	82			

Family Income Stress	1	49.69	13.579	25.000	49.500	71.000	F-o.156	0.0587	NS
	2	56	12.329	34.000	57.500	78.000			
	3	65.6	11.194	50.000	71.000	77.000			
	4	65	0.000	65.000	65.000	65.000			
Coping	1	59.19	16.604	25.000	61.000	84.000	F-0.197	0.4106	NS
	2	62.03	14.431	32.000	65.500	83.000			
	3	68.8	7.981	58.000	68.000	78.000			
	4	78.00	0.000	78.000	78.000	78.000			
*Type Of Family	1	54.97	13.56	25.000	55.000	78.000	T-1.032	0.3066	NS
	2	50.86	12.54	30.000	48.000	72.000			
Coping	1	61.81	14.52	25.000	63.500	84.000	T-0.3701	0.7127	NS
	2	60.13	17.19	32.000	67.000	83.000			
Habits Stress	1	55.07	14.022	25.000	56.000	77.000	F-0.4642	0.7084	NS
	2	55.37	9.753	37.000	59.000	67.000			
	3	52.22	20.741	30.000	48.000	78.000			
	4	48.50	4.278	42.000	50.000	54.000			
Coping	1	60.80	14.490	25.000	64.000	84.000	F-1.133	0.3436	NS
	2	57.25	17.086	32.000	60.000	83.000			
	3	63.80	18.130	34.000	67.000	82.000			
	4	71.33	13.619	46.000	75.000	83.000			
Marital Status Stress	1	52.60	12.583	34.000	50.000	72.000	F-3.945	0.0249	S
	2	60.45	10.495	47.000	61.000	78.000			
	3	49.05	15.279	25.000	51.000	72.000			
Coping	1	55.26	15.151	32.000	51.000	84.000	F-4.041	0.0228	S
	2	63.70	11.141	34.000	67.000	79.000			
	3	67.82	16.535	25.000	76.000	88.000			
occupation Stress	1	52.45	11.970	36.000	50.000	69.000	F-0.3256	0.7235	NS
	2	55.53	14.265	25.000	57.000	78.000			
	3	52.88	13.086	30.000	50.000	72.000			
Coping	1	55.45	14.659	39.000	51.000	84.000	F-1.181	0.3143	NS
	2	63.66	14.060	25.000	66.000	83.000			
	3	62.11	17.033	32.000	68.000	83.000			
Relation with patient Stress	1	48.922	14.68	25.000	50.500	72.000	F-1.470	0.2326	NS
	2	54.000	12.41	36.000	52.000	72.000			
	3	58.000	12.79	34.000	61.000	78.000			
	4	52.833	13.051	34.000	47.500	73.000			
Coping	1	60.78	17.03	25.000	61.500	83.000	F-1.050	0.3777	NS
	2	63.66	15.981	32.000	64.500	82.000			
	3	64.45	13.141	39.000	67.500	83.000			
	4	55.33	15.657	34.000	48.500	84.000			
Duration of illness Stress	1	54.41	13.771	25.000	53.000	73.000	F-0.1122	0.9526	NS
	2	55.08	13.443	25.000	58.000	78.000			
	3	54.00	14.900	34.000	49.500	77.000			
	4	52.01	13.034	30.000	52.000	71.000			
Coping	1	63.82	13.920	40.000	67.000	83.000	F-0.5495	0.6506	NS
	2	60.04	17.219	25.000	59.000	84.000			
	3	58.11	14.525	32.000	63.500	76.000			
	4	65.10	13.110	39.000	67.500	81.000			
Previous admission Stress	1	55.55	16.82	25.000	58.000	72.000	F-0.7674	0.4690	NS
	2	54.48	12.711	25.000	53.000	78.000			
	3	45.00	7.000	37.000	48.000	50.000			
Coping	1	68.55	8.405	53.000	68.500	81.000	F-1.588	0.2133	NS
	2	59.97	16.072	25.000	61.000	84.000			
	3	59.00	17.349	39.000	68.000	70.000			
Type of illness Stress	1	54.94	14.416	34.000	56.000	73.000	F-1.677	0.1836	NS
	2	61.88	8.892	48.000	62.500	71.000			
	3	52.23	13.122	25.000	53.000	77.000			
	4	49.90	14.286	25.000	50.000	78.000			

Coping	1	59.00	14.340	39.000	62.500	84.000	F-0.4007	0.7530	NS
	2	63.22	14.398	34.000	63.000	79.000			
	3	61.33	14.333	32.000	62.000	82.000			
	4	65.09	14.238	25.000	72.000	83.000			
Family H/O illness Stress	1	53.06	13.34	30.000	56.000	72.000	F-1.031 t-0.3809	0.7047	NS
	2	54.66	13.552	25.000	53.000	78.000			
Coping	1	58.66	14.176	32.000	62.000	77.000	F-1.184 t-0.8769	0.3842	NS
	2	62.62	15.422	25.000	67.000	84.000			

There is an association between the marital status and stress and coping of family members of psychiatric patients. There is no association between other variables.

DISCUSSION

The findings of the study revealed that 70% of the participants had severe stress, 26.66% had moderate stress and 3.33% of participants had mild stress. The second objective of the study was to assess the coping strategies of the family members of mentally ill patient. The findings of the study revealed that 46.66% had poor coping strategy, 30% had average coping strategy and 23.33% had good coping capacity. These findings collaborate with the findings of many scholars. Nautiyal in there study found that 65% of the relatives reported mild to moderate degree burden while 60% reported severe stress. Apart from this financial difficulty was perceived as most burdensome. Madianos et al reported that 45% of primary caregivers of schizophrenia patients had high levels of burden which is same with the findings of Yusuf et al Ogilvie et al found that caregiver burden is high and largely neglected in bipolar mood disorder. Again, Reinares et al found that caregivers of bipolar patients showed moderate level of subjective burden. Fadden et al found that finance was much worse in 41% spouses of persistent depression patient since the patient became ill.

CONCLUSION:

The third objective of the study is to associate the demographic variables with stress and coping. There is a significant association between the marital status and stress and coping of family members of mentally ill. For stress the p value is 0.0249 and f value is 3.945 and for coping the p value is 0.0228 and f value is 4.041. There is no association between other variables.

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