

“Level of burden and coping strategies among caregivers of patients with affective disorders.”

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Abstract:

Background: Manic depressive psychosis is now termed as ‘bipolar’ mood disorder. The mood disorders are commonly known as affective disorders. Schizophrenia and manic depressive disorder patient’s relatives experienced considerable burden. The family members developed different coping strategies to overcome burden. **Aim:** The aim of this study is to assess coping among relatives of chronic Schizophrenia and manic depressive patients and make a comparison between them. The study also tries to assess the relationship between the burdens experienced by the caregivers of both groups of patients with the coping strategies.

Material & Method: The research approach employed in the present study is Quantitative survey approach. The research design used for the presents study is descriptive research design. Researcher felt that it is suitable method for research. The present study was conducted at selected psychiatric hospitals at Udaipur.

Result: The study reveals that the maximum care givers of affective disorders patient was 60(50%) were had moderate to severe levels of burden, 29(24.17%) were had severe burden, 13(10.83%) were had no or little burden and 18(15%) were had mild to moderate burden. The mean percentage score was 54.71 with mean and standard deviation of 48.15±2.75. The coping strategies among care givers, 19(15.83%) were had moderately adequate coping strategies, 93(77.50%) were had adequate coping strategies and 08(6.67%) had inadequate coping strategies.

Conclusion: This chapter deals with the conclusion, implication of the study to nursing, recommendation for the future studies and data collected from 120 individual samples regarding the level of burden and coping strategies among care givers of affective disorders. The data was collected by using the Zarit burden Interview and Rating scale for assessing coping strategies.

Keywords: Burden, Coping Strategies, Affective disorders, Caregivers.

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I. Introduction:

In 1896, Kraepelin reported ‘manic-depressive psychoses’ as a circumscribed disease entity. Manic depressive psychosis is now nosology termed as ‘bipolar’ mood disorder. The mood disorders are commonly known as affective disorders¹. Schizophrenia and manic depressive disorder patient’s relatives experienced considerable burden. The family members developed different coping strategies to overcome burden. Care giving is a chronic stress and various variety of coping methods were used to manage such a situation². Subjective burden is defined as the emotional response of the caregiver to the behavioral and social difficulties of the ill person. As well as the consequences of ill person on their family members. Family members of people with affective diseases will feel a different level of burden compared with other medical illnesses. The annual years of healthy life lost per 100,000 people from bipolar disorder in India has increased by 14.3% since 1990, an average of 0.6% a year³. Various strategies, knowingly or unknowingly used to deal with burden and tensions arising from perceived threats to psychological integrity. Coping means cognitive and behavioral actions taken by a person to manage troubles with environmental relationship. Coping is a reaction to life stressors that helps to prevent and control distress of emotions. Positive strategy and the utilization of specific social support system, whereas use of destructive behaviors, negative thought process and use of drugs and smoking are negative coping styles⁴.

II. Material & Method:

Research Approach: Quantitative survey approach

Research Design: descriptive research design

Setting Of The Study: Geetanjali medical college and hospital, Udaipur.

Description of Tools: tool has three sections:-

I) Demographic Data: Which Includes Age in years, Gender, Religion Education, Monthly income in Rs, Type of family, Duration of the care giving, Care giver relationship with the patient

II) Zarit Burden Scale: Zarit Burden Interview

III) Rating Scale For Assessing Coping Strategies: Rating scale for assessing coping strategies. The scoring was given with 0-never, 1-rarely, 2-sometimes, 3-frequently, 4-nearly always. For burden total score is divided in four categories which are the following.

- Burden Score: 0-20 – NO or little burden.
- 21-40 – Mild to moderate burden.
- 41-60 –Moderate to severe burden.
- 61-88 – Severe Burden.

Population of the Study: The population of the study comprises of Caregivers of the patients with affective disorders.

Sample Size: The sample size comprises of 120 samples

Sampling Technique : non probability convenient sampling technique

Procedure For Data Collection : The data collection for study was from 09 March to 05 April 2019.

Reliability of Tools : The reliability coefficient ‘r’ of the Zarit Burden interview was 0.81 and Rating scale for assessing coping strategies was r= 0.78 which is more than 0.7, hence it was found to be reliable.

Inclusion criteria

1. Family members of patients with affective disorders, who are attending outpatient department.

Exclusion criteria

1. Caregivers who are not available during the time of data collection.

procedure methodology :

The data collected of the study was classified, organized and analyzed under following sections:-

Section I: Deals with description of demographic data of care givers of patients with affective disorders in selected hospitals of Udaipur, corporation area in terms of frequency and percentage.

Section II: Deals with analysis of data related to assessment the level of burden among care givers of affective disorders patients in terms of frequency, percentage, mean, and mean percentage and SD.

Section III: Deals with analysis of data related to assessment of coping strategies among care givers of affective disorders patients in terms of frequency and percentage, mean, and mean percentage and SD.

III. Result

SECTION I: Deals with description of demographic data of care givers of patients with affective disorders in selected hospitals of Udaipurcity.

TableNo.1: Frequency and percentage distribution of samples according to demographic variables.

n=120

Sr. No	Demographic variables	Frequency	Percentage%
1	Age in years		
	20 to 25 years	20	16.67%
	26 to 30 years	20	16.67%
	31 to 35 years	30	25.0%
	36 to 40 years	30	25.0%
	41 to 45 years	20	16.67%
2	Gender		
	Male	50	41.70%
	Female	70	58.30%
3	Religion		
	Hindu	80	66.7%
	Muslim	30	25.0%
	Christian	10	08.3%
4	Education		
	Primary	21	17.5%
	Secondary	30	25.0%
	Graduates	69	57.5%
5	Monthly income of family		

	Less than 10000	40	33.33%
	Rs. 10000 to 15000	50	41.66%
	Rs. 15001 to 20000	20	16.66%
	Rs. 20001 and above	10	8.33%
6	Type of family		
	Nuclear	40	33.30%
	Joint	80	66.70%
7	Duration of care giving		
	Less than one year	30	25%
	1 year to 3 year	40	33.33%
	4 to 5 years	20	16.66%
	Above 5 years	30	25%
8	Care givers relationship		
	Father	30	25%
	Mother	20	16.67%
	Son	30	25%
	Daughter	20	16.67%
	Son In law	10	8.33%
	Wife	10	8.33%

SECTION II: Deals with analysis of data related to assessment of the level of burden among care givers in terms of frequency, percentage, mean, and mean percentage and SD.

Table.No.1: Classification of respondents based on levels of burden among care givers of affective disorders.

Sr. No	Level of Burden	Score	Frequency	Percentage%
1	No or little burden	0-20	13	10.83%
2	Mild to moderate burden	21-40	18	15%
3	Moderate to severe burden	41-60	60	50%
4	Severe Burden	61-88	29	24.17%

n=120

The above table & below figure describes the levels of burden among care givers of affective disorders, 60(50%) were had moderate to severe levels of burden, 29(24.17%) were had severe burden, 13(10.8350) were had no or little burden and 18(15%) were had mild to moderate burden.

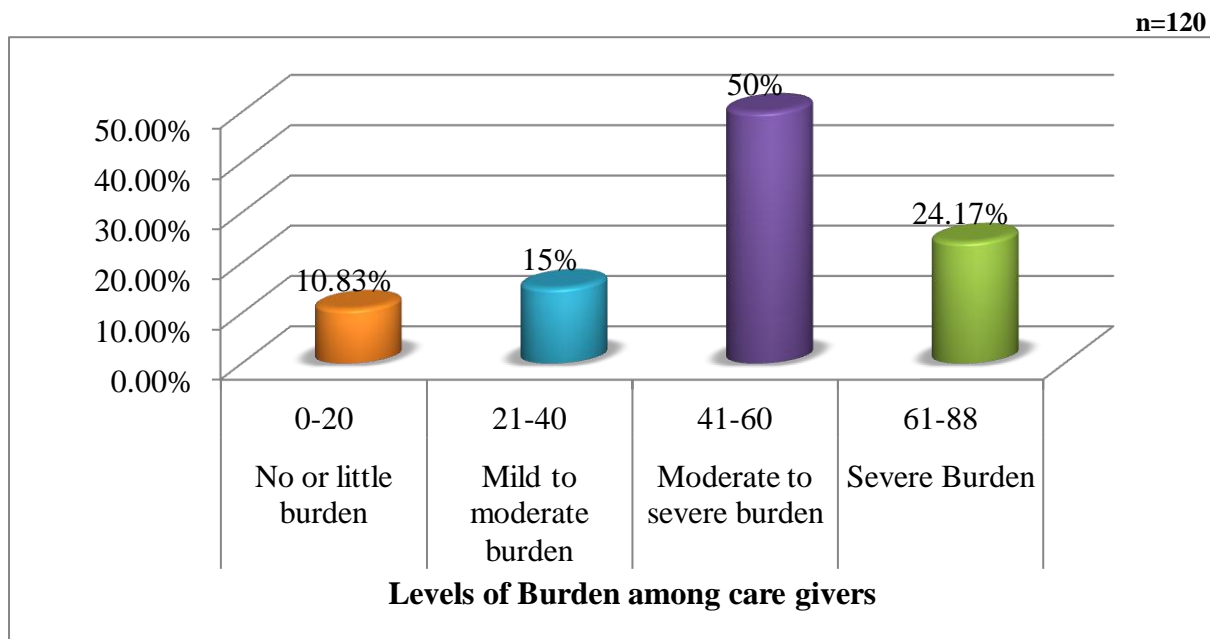


Fig.No.1: Percentage distribution of samples according to levels of burden among care givers of affective disorders.

Table.No.2: Mean, Median, SD and Mean percentage distribution of samples burden score.

Sr. No	Burden	Mean	Median	SD	Mean %
1	Burden Score	48.15	47	2.75	54.71

n=120

The above table describes the burden score among the care givers of affective disorders, the mean percentage score was 54.71 with mean and standard deviation of 48.15±2.75.

SECTION III: Deals with analysis of data related to assessment the coping strategies among care givers of affective disorders patients in terms of frequency and percentage, mean, and mean percentage and SD.

Table No.1: Classification of respondents based on levels of coping strategies among care givers of affective disorders

Sr. No	Strategies	Score	Frequency	Percentage %
1	Inadequate coping strategies	01-24	08	6.67%
2	Moderately adequate coping strategies	25-50	19	15.83%
3	Adequate coping strategies	51-75	93	77.50%

n=120

The above table below fig. describes the levels of coping strategies among care givers, 19(15.83%) were had moderately adequate coping strategies, 93(77.50%) were had adequate coping strategies and 08(6.67%) were had inadequate coping strategies.

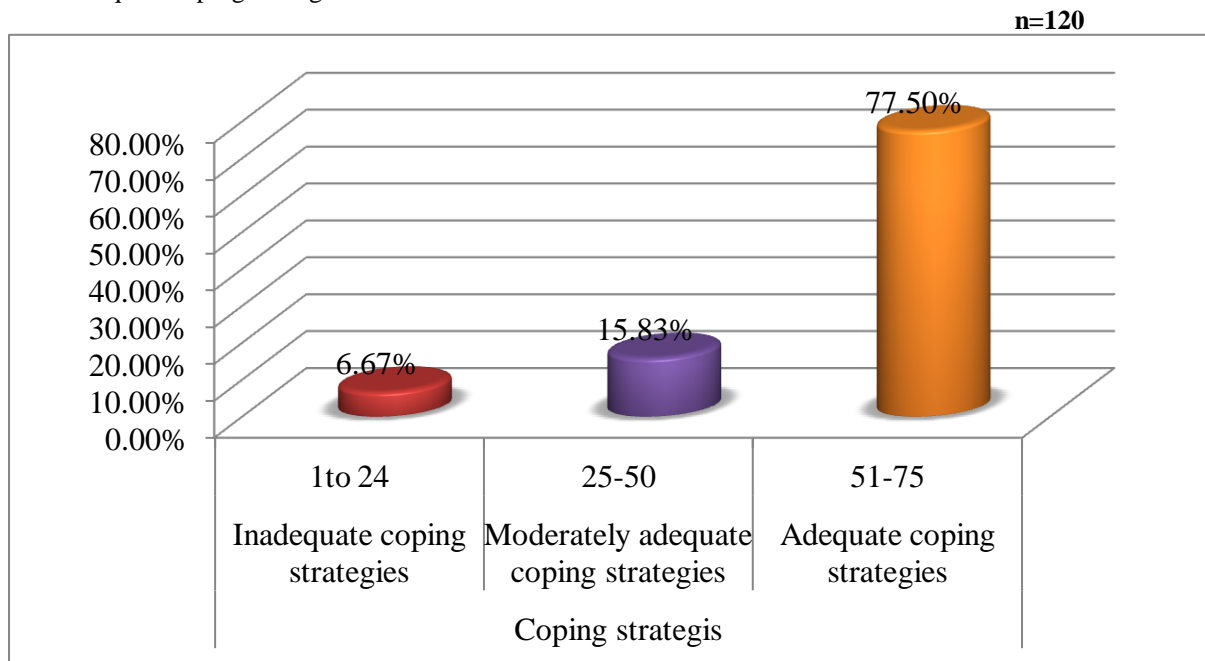


Fig No.1: Percentage distribution of samples according to coping strategies.

Table No.2: Mean, standard deviation, mean percentage distribution of samples according to coping scores.

Sr. No	Strategies	Mean	SD	Median	Mean%
1	Psychological	11.56	1.22	11	77.07%
2	Physical	11.02	1.19	11	73.47%
3	Financial	11.47	0.76	12	76.47%
4	Social	11.08	1.63	11	73.87%
5	Spiritual	10.15	1.85	10	67.67%
	Total	55.30	4.45	55	73.73%

n=120

The above table describes the aspect wise levels of coping strategies, in the aspect of psychological coping strategies, the mean percentage was 77.07% with mean and SD of 11.56±1.22, in the aspect of physical, the mean percentage was 73.47% with mean and SD 11.02±1.19. in the aspect of financial aspect, the mean percentage was 76.47% with mean and SD of 11.47 ±0.76. In the aspect of social, the mean percentage was 73.87% with mean and SD of 11.08±1.63. In the aspect of spiritual, the mean percentage was 67.67% with mean and SD of 10.15±1.85. The overall, mean percentage score was 73.73% with mean and SD of 55.30±4.45.

Table No.3: Frequency and percentage distribution of samples based aspect wise coping strategies.

n=120

Sr. No	Strategies	Max. Score	Inadequate coping strategies		Moderately adequate coping strategies		Adequate coping strategies	
			F	%	F	%	F	%
1	Psychological	15	5	4.17	21	17.50	94	78.33
2	Physical	15	12	10.00	32	26.67	76	63.33
3	Financial	15	13	10.83	20	16.67	87	72.50
4	Social	15	6	5.00	41	34.17	73	60.83
5	Spiritual	15	4	3.33	74	61.67	42	35.00
	Total	75	8	6.67	19	15.83	93	77.50

The above table describes the aspect wise coping strategies adopted by caregivers of affective disorders. In the aspect of psychological, 5(4.17%) were had inadequate coping strategies, 21(17.50%) were had moderately adequate coping strategies and 94(78.33%) had adequate coping strategies. In the aspect of physical, 12(10%) were had inadequate coping strategies, 32(26.67%) were had moderately adequate coping strategies and 76(63.33%) were had adequate coping strategies. In the aspect of financial, 13(10.83%) were had inadequate coping strategies, 20(16.67%) were had moderately adequate coping strategies and 87(72.50%) had adequate coping strategies. In the aspect of social, 6(5%) had inadequate coping strategies, 41(34.17%) had moderately adequate coping strategies and 73(60.83%) had adequate coping strategies. In the aspect of spiritual, 4(3.33%) had inadequate coping strategies, 74(61.67%) had moderately adequate coping strategies and 42(35%) had adequate coping strategies. In the overall, 8 (6.67%) had inadequate coping strategies, 19(15.83%) had moderately adequate coping strategies and 93(77.50%) had adequate coping strategies.

IV. Discussions

Discussions: Majority of the caregivers, 30(25%) were between 20-25 years. The majority of care givers were 70(58.30%) were females. With regard to religion, 80(66.7%) were Hindus. Majority 69(57.5%) were graduates. With regard to monthly income, 50(41.66%) were had Rs. 10000 -15000 income per month. In relation to the type of family, 80(66.70%) were from joint family. With regard to duration of care giving, majority 40(33.33%) were giving for 1 to 3 years, In relation to the care givers relationship, 30(25%) were fathers, 30(25%) were son

The First Objective to assess the levels of Burden among care givers of patients with affective disorders:

The study reveals that the majority caregivers of affective disorders patient **60(50%)** were had moderate to severe levels of burden, **29(24.17%)** were had severe burden, **13(10.83%)** were had no or little burden and **18(15%)** were had mild to moderate burden. The mean percentage score was **54.71** with mean and standard deviation of **48.15±2.75**.

The Second Objective to assess the coping strategies among the caregivers of patients with affective disorders

The levels of coping strategies among care givers, **19(15.83%)** were had moderately adequate coping strategies, **93(77.50%)** were had adequate coping strategies and **08(6.67%)** had inadequate coping strategies.

V. Conclusions:

The study reveals that the care givers of affective disorders patients was **60(50%)** were had moderate to severe levels of burden, **29(24.17%)** were had severe burden, **13(10.83%)** were had no or little burden and **18(15%)** were had mild to moderate burden.

The mean percentage score was **54.71** with mean and standard deviation of **48.15±2.75**.

The coping strategies among care givers of affective disorder using **19(15.83%)** were had moderately adequate coping strategies, **93(77.50%)** were using adequate coping strategies and **08(6.67%)** were using inadequate coping strategies.

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