

# Family Burden and Family Support Among Caregivers of Clients with Schizophrenia: A Descriptive Study

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## Abstract

### Introduction:

Schizophrenia is a very incapacitating mental disorder that has far-reaching consequences for both the patient and their loved ones. A caregiver's responsibilities typically encompass all but the most basic aspects of a client's health and well-being. The purpose of this research is to measure the family burden and family support among caregivers of schizophrenic patients.

**Materials and Methodology:** The study was of a quantitative and descriptive in nature. 50 caregivers of patients with schizophrenia were selected using a convenience sampling technique from the outpatient departments of three psychiatric institutions in South India. Research study lasted for a total of 4 weeks. Caretakers of patients with schizophrenia between the ages of 18 and 60 were considered. Non-relative caregivers were not allowed to participate. Statistical information was gathered with the aid of the Socio-Demographic Scale, the Modified Family Burden Assessment Scale, and the Family Support Assessment Scale. The data was entered into a Microsoft Excel spreadsheet and analysed with IBM SPSS version 26.

**Results:** The results shows that about 66% and 34% of the study participants were having moderate and severe family burden respectively. Regarding family support 76% of the participants were having low level of family support and 24% having moderate family support.

**Conclusion:** Caregivers of people with schizophrenia would benefit greatly from having family support, according to the study's findings. The nurse administrator plays a pivotal role in educating the caregivers.

**Keywords:** Family Burden, Family support, Schizophrenia, Caregivers.

## INTRODUCTION:

As many as 24 million individuals, or almost 1 in 300 persons (0.32%), worldwide, have schizophrenia in 2022, according to a report by the World Health Organization (WHO). One in every 222 adults (0.45%) has this condition. (1) Prior to the 1950s, many of these people would have been locked away in psychiatric institutions. Most patients with these diseases are now being cared for by their families due to advances in psychopharmacology and an increasing emphasis on outpatient treatment in psychiatry, making deinstitutionalization viable (2).

However, the hypothesized psychological elements that influence illness progression gained attention due to frequent relapse and remission. During the deinstitutionalization of mental health care, families took on

a far more active role in treatment and care due to the widespread acceptance of the theory that dysfunctional family interactions and communication patterns contribute to the onset and maintenance of mental illness (3). There is a ripple effect from a person's mental illness that affects their entire family and community. Personal wealth, employment prospects, and net contributions to the national economy are all predicted to suffer as a result (4). Constraints, social activities, financial difficulties, and workplace issues are most often cited as sources of stress for family members.

The effects of mental illness are magnified since emotional disturbance hinders stress tolerance and workplace performance (5). Substance abuse, criminal behavior, and diminished quality of life are further consequences for family members. The families of people with mental illness are receiving more attention in the field of mental health (6). The deinstitutionalization of the mentally ill, the growing professional acknowledgement of the family's burden in caring for members with mental illness, and the expanding self-help movement of the relatives of the mentally ill have all contributed to this renewed interest.

Caregivers are responsible for the vast majority of their patients' well-being. Caregiving places a heavy load on family members and can have devastating effects on everyone involved. Schizophrenia is an extremely distressing mental illness that profoundly affects not only the person who has it but also their family members. As psychiatric care shifts from hospitals and clinics to homes and communities, family members have taken on a greater role in the lives of adult patients. Depending on the accessibility of services, resources, and support to individuals with schizophrenia and their family caregivers, families may be required to take on complete responsibility for the care of their clients or provide limited assistance in caring for their clients.

Research has shown that moderate stress is experienced by 62% of schizophrenic relatives in social relationships. About finances, 60% of people report feeling some anxiety and 48% report feeling severe anxiety (7). There have been hardly any studies evaluating the stress placed on and received by family members of caretakers of people with schizophrenia. The purpose of this research is to measure the family burden and family support among the caregivers of people with schizophrenia.

## **METHODS AND MATERIALS:**

A quantitative descriptive survey was employed in this study. Convenience sampling was used to recruit 50 caregivers of patients with schizophrenia from the outpatient departments of 3 teaching hospitals in southern India. The duration of the study was 4 weeks. Participants in the study were caregivers ranging in age from 18 to 60 years. Caregivers other than family members were excluded. Institutional Ethics Committee and Department Head approval was obtained before to conducting the study. The purpose of the study was explained to the caregivers and obtained informed consent. Sociodemographic scale, The Modified Family Burden Assessment Scale and the Family Support Assessment Scale were used to gather data. Information was entered into Microsoft Excel for coding, and then analyzed using IBM SPSS version 26.

**RESULTS:**

**TABLE 1: DEMOGRAPHIC VARIABLES OF THE STUDY PARTICIPANTS**

Demographic variables		Care providers (N=50)	%
Age	18-30 years	19	38.00%
	31-40 years	11	22.00%
	41-50 years	14	28.00%
	51-60 years	6	12.00%
Sex	Male	27	54.00%
	Female	23	46.00%
Education	Primary	10	20.00%
	Secondary	14	28.00%
	Degree	22	44.00%
	Graduate	4	8.00%
Work	Job/Business	17	34.00%
	House work/farming	12	24.00%
	Others	21	42.00%
Locality	Urban	30	60.00%
	Rural	20	40.00%
Marital status	Single	9	18.00%
	Married	35	70.00%
	Separated	4	8.00%
	Widowed	2	4.00%
Relationship with client	Parents	13	26.00%
	Spouse	25	50.00%
	Sibling's	6	12.00%
	Others	6	12.00%
Duration of care (years)	<1	17	34.00%
	1 to 5	33	66.00%
	6 to 10	0	0.00%
	>10	0	0.00%

The study population's demographic data were displayed in Table No. 1. Most of the participants were male (54%) and between the ages of 18 and 30 (38%). They were mostly educated (54%), mostly married (70%), and mostly were spouses (50%).. Majority of them were caring schizophrenic patients for 1-5 years.

**LEVEL OF FAMILY BURDEN:**

**Table 2: DOMAIN WISE FAMILY BURDEN SCORE**

S. No.	Domains	Maximum score	Mean	Standard Deviation	% of Mean score
1	PATIENT CARE	12	7.74	1.27	64.50%
2	PERSONAL HEALTH	12	7.40	1.44	61.67%
3	FINANCIAL BURDEN	12	9.26	1.29	77.17%
4	FAMILY STABILITY	12	7.00	1.50	58.33%
5	SOCIAL RELATIONSHIPS	15	9.86	1.31	65.73%
6	PATIENT BEHAVIOUR	12	9.10	1.25	75.83%
	<b>TOTAL</b>	<b>75</b>	<b>50.36</b>	<b>3.88</b>	<b>67.15%</b>

Table no.2 shows that care givers are having more percentage of score in the domain “FINANCIAL BURDEN (77.17%)” and minimum percentage of score in the domain “FAMILY STABILITY” (58.33%).

**Table 3: LEVEL OF FAMILY BURDEN:**

Level of score	No. of Care providers	%
Mild	0	0.00%
Moderate	33	66.00%
Severe	17	34.00%
Total	50	100.00%

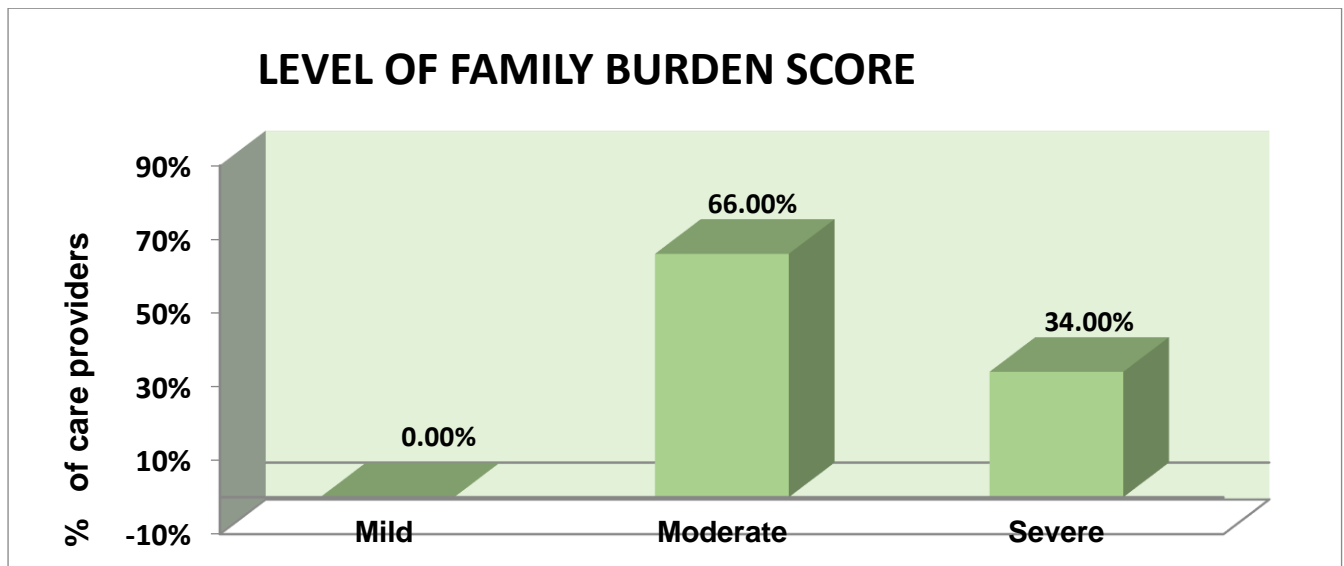


Table No.3 shows the percentage level of family burden score among Care providers. In general, none of them are having mild level of score, 66.00% of them having moderate level of score and 34% of them are having severe level of score.

**Table 4: LEVEL OF FAMILY SUPPORT**

Level of score	No. of care providers	%
Poor	38	76.00%
Moderate	12	24.00%
Good	0	0.00%
Total	50	100.00%

Table No.4 shows the percentage level of family support score among care providers. In general, 76.00% of the care givers were having poor level of support score, 24.00% of them having moderate level of support score and none of them were having good level of support score.

**TABLE 5: CORRELATION BETWEEN FAMILY BURDEN AND FAMILY SUPPORT**

Correlation	Mean score Mean±SE	Karl pearson Correlation coefficients
Family burden score Vs Family support score	50.36±0.55 27.96±2.91	r = -0.43P=0.001

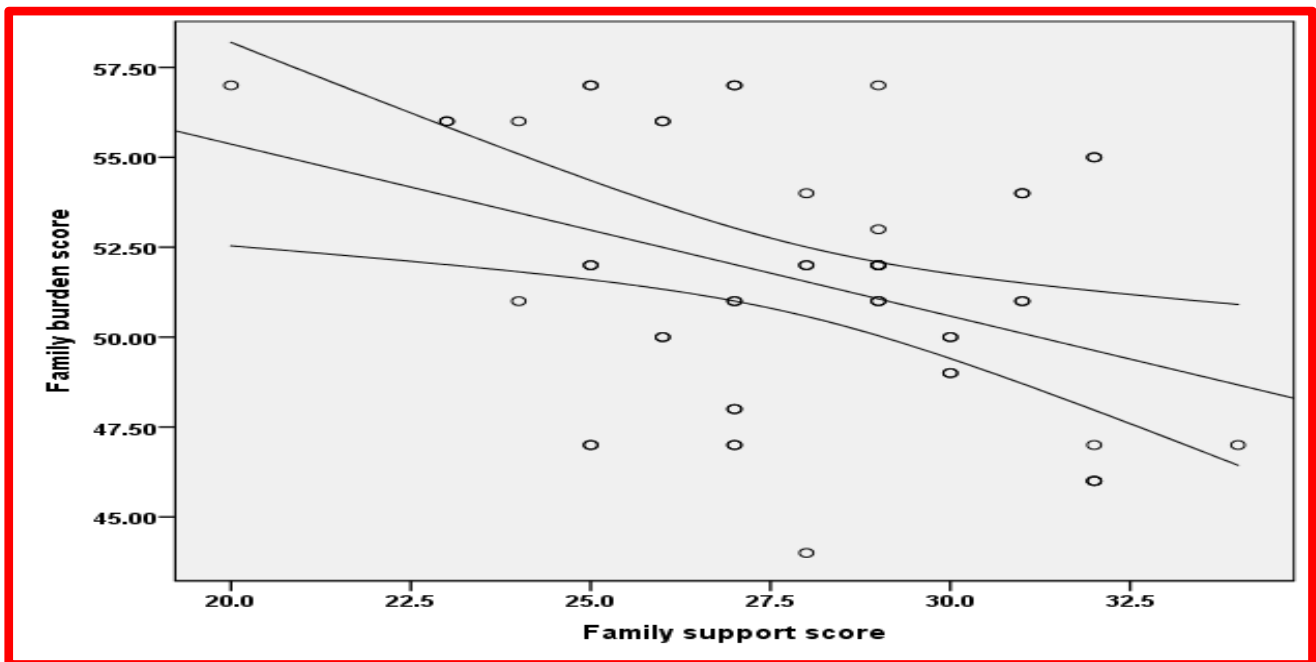


Table no.5 shows that there is a significant negative moderate correlation between burden score and support score. It means that family burden score decreases when the family support increases moderately.

**DISCUSSION:**

The purpose of this research is to measure the family burden and family support among the caregivers of patients diagnosed with schizophrenia. It was shown that 34% of caregivers of people with schizophrenia experienced severe burden, whereas 66% experienced moderate burden. This was supported by a study conducted by Ahmad Hajebi et.al (2019) which show that more than 70% of the caregivers were experiencing a moderate level of burden. Similarly, a study conducted by Ayalew, M et.al (2019) shows that 48.8% & 24.1% of caregivers have moderate and severe burden respectively which supports this study.

In the present study about 76% of the caregivers had poor family support and 24% of them were having moderate family support. This was supported by a study conducted by Yu YH (2020) shows that most of the caregivers lack family and social support.

**CONCLUSION:**

Most caregivers experienced a moderate level of family burden and had low levels of family support, as evidenced by the study results. Nurse administrators and educators plays a vital role in educating the caregivers of patients with schizophrenia to improve their standard of living.

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