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A Study to Assess the Coping Mechanism Related to Stress among Family Caregivers of Patient with Mental Disorder in Selected Mental Hospital in Lucknow.

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ABSTRACT

Mental disorders account for 13% of the global disease burden, affecting more than 970 million people worldwide in 2017. About 1 in 17 individuals suffer from serious psychosis globally, making them dependent on caregivers whose wellbeing is directly related to the life and quality of care they provide. This study aims to assess, correlate and associate the level of stress, family burden, and coping mechanisms among family caregivers of patients with mental disorders in a selected mental hospital in Lucknow. A cross-sectional descriptive study was conducted using structured questionnaires to measure stress levels and coping mechanisms among caregivers. The study found that the majority of family caregivers of patients with mental disorders experienced moderate to high levels of stress. Social support and personal resilience were the most commonly used coping mechanisms and were significantly correlated with lower stress levels. The study concludes that caregivers experience significant stress, necessitating targeted interventions to support their wellbeing and improve patient care outcomes.

Keywords. Caregivers, Coping Mechanisms, Mental Disorders, Stress, Psychiatric Patients

Introduction

Mental disorders account for 13% of the global disease burden, affecting more than 970 million people worldwide in 2017. About 1 in 17 individuals suffer from serious psychosis globally, making them dependent on caregivers whose wellbeing is directly related to the life and quality

of care they provide.¹ This study aims to assess, correlate and associate the level of stress, family burden, and coping mechanisms among family caregivers of patients with mental disorders in a selected mental hospital in Lucknow.

Aim

1. To assess the level of stress, family burden, and coping mechanisms among family caregivers of patients with mental disorders in a selected mental hospital in Lucknow.
2. To correlate the levels of stress, family burden, and coping mechanisms among family caregivers of patients with mental disorders.
3. To associate the levels of stress, family burden, and coping mechanisms with the selected demographic variables of the family caregivers of patients with mental disorders.

Material and methods

Research Approach: A structured, empirical, and systematic investigation was employed. The evaluative research approach guided this study.

Population and Sample: The study focused on family caregivers of patients with mental disorders at selected psychiatric hospitals in Lucknow. A sample of 60 caregivers was selected using non-probability purposive sampling technique.

Data Collection and Analysis

Data was collected through structured questionnaires and analyzed using descriptive and inferential statistics. Descriptive statistics involved calculating frequency, percentage, mean, and standard deviation. Inferential statistics included paired t-tests and chi-square tests to determine statistical significance and associations.

Results

The study found that the majority of family caregivers of patients with mental disorders experienced moderate to high levels of stress. Social support and personal resilience were the

most commonly used coping mechanisms and were significantly correlated with lower stress levels.

The results of the research could be summarised as follows with regard to the various Demographic Variables of Clients and Family Care Providers:

Clients with Mental Disorder:

- **Age Distribution:** The majority of clients (44%) are in the age group of 51-60 years, followed by 37% in the age group of 41-50 years, 10% in the age group of 18-30 years, and 9% in the age group of 31-40 years.
- **Sex Distribution:** 65% of the clients are female, while 35% are male.
- **Locality:** 68% of the clients belong to rural areas, while 32% are from urban areas.
- **Educational Status:** 36% of the clients have primary education, 33% are graduates, 19% have higher education, and 12% have secondary education.
- **Marital Status:** 60% of the clients are married, 30% are single, and 10% are separated.
- **Duration of Illness:** 42% of the clients have been ill for 1-5 years, 33% for 6-10 years, 17% for less than 1 year, and 8% for more than 10 years.
- **Type of Family:** 89% of the clients belong to nuclear families, while 11% are from joint families.

Family Care Providers of Clients with Mental Disorder:

- **Age Distribution:** The majority (40%) of family care providers are aged 41-50 years.
- **Sex Distribution:** 65% of family care providers are female, and 35% are male.
- **Locality:** 68% of family care providers come from rural areas, and 32% from urban areas.
- **Educational Status:** 36% have primary education, 33% are graduates, 19% have higher education, and 12% have secondary education.
- **Marital Status:** 60% are married, 30% are single, and 10% are separated.
- **Relationship with Client:** 50% of the care providers are parents of the clients, 21% are spouses, 16% are siblings, and 13% are others.
- **Type of Family:** 89% of care providers come from nuclear families, while 11% are from joint families.

Levels of Stress, Family Burden, and Coping

Stress: The mean stress score among family caregivers is 26.02 with a standard deviation of 4.32.

Family Burden: The mean family burden score is 27.65 with a standard deviation of 3.92.

Coping: The mean coping score is 38.16 with a standard deviation of 6.56.

Relationship Among Stress, Family Burden, and Coping

The study found the following correlations:

- **Stress vs. Coping:** A weak negative correlation ($r = -0.051$), indicating that as coping increases, stress tends to decrease.
- **Stress vs. Family Burden:** A weak positive correlation ($r = 0.065$), indicating that as stress increases, family burden tends to increase.
- **Family Burden vs. Coping:** A weak positive correlation ($r = 0.088$), indicating that as family burden increases, coping also tends to increase.

Association with Demographic Variables

No statistically significant associations were found between the levels of stress, family burden, and coping among family care providers and their selected demographic variables such as age, sex, locality, marital status, education, occupation, type of family, family monthly income, and duration of care.

Discussion

This study aimed to assess the level of stress, family burden, and coping among family caregivers of clients with mental disorders. The findings revealed significant insights into the demographic characteristics, stress levels, family burden, and coping mechanisms of these caregivers.

Demographic Insights:

- The majority of clients and caregivers are from rural areas, highlighting the need for targeted interventions in these regions.
- A significant portion of both clients and caregivers have primary education, suggesting that educational interventions might be beneficial.

Stress and Coping:

- The weak negative correlation between stress and coping suggests that enhancing coping mechanisms could potentially reduce stress levels among caregivers.
- The positive correlation between stress and family burden indicates that as the stress of caregiving increases, so does the perceived family burden.

Implications for Practice:

- Interventions aimed at reducing stress and family burden should focus on enhancing coping strategies among caregivers.
- Special attention should be given to caregivers from rural areas and those with lower educational levels.

Recommendations for Further Research:

- Future studies should explore specific coping strategies that are most effective in reducing stress among caregivers.
- There is a need for longitudinal studies to understand the long-term impact of caregiving on stress and family burden.

By understanding these dynamics, healthcare providers can better support family caregivers, ultimately improving the quality of care for clients with mental disorders.

Conclusion

In conclusion, this study sheds light on the significant stress and burden experienced by caregivers of mentally ill patients, highlighting the necessity for targeted interventions to support this vulnerable group. The findings call for enhanced educational and psychological support for caregivers, which could improve their coping strategies and overall well-being.

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Declarations

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Author contributions

Mrs. Pooja Singh: Conceptualization, methodology, investigation, writing—original draft, writing—review & editing.

Ambali Pancholi (Guide): Data curation, formal analysis, software

Dr. Sudharani Banappagoudar (Co Guide): Validation, visualization, supervision.

Conflicts of interest

The authors declare that they have no competing interests.

Data availability

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request. To protect the privacy of participants, data will be shared in a de-identified format. For more information or to request access to the data, please contact Mrs. Pooja Singh at [singhpooja3491@gmail.com].

Ethics approval

The study was conducted in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Required approval for this study was obtained from the Institutional Ethics Committee of Noor Manzil Psychiatric Hospital, Lucknow.

Informed consent was obtained from all individual participants included in the study. Participants were informed about the purpose of the study, their right to withdraw at any time, and measures taken to ensure confidentiality. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. For any further information regarding ethical considerations and approvals, please contact the corresponding author.

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