A Study to Evaluate the Effectiveness of Psycho Education on Family Burden among the Family Members of Schizophrenic Patients

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1. Introduction

Mental health is vital for individuals, families and communities; also it is more than simply the absence of a mental disorder. Mental health is defined by the World Health Organization (WHO) as ‘a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community’. According to National Alliance of Mental Illness (NAMI) there are 1 in 20 lives with a serious mental illness such as schizophrenia in India. In addition to the person directly experiencing by a mental illness, the family, friends and communities are also affected. In India 4.3 to 8.7 million people were affected by Schizophrenia. 50% of mental health conditions begin by the age of 14 and 75% of mental health conditions develop by the age of 24. Schizophrenia is a common and serious neurologic illness that affects 1% of people globally and approximately 2.5 million Americans (National Institute of Mental Health, 2006). Nowadays, there is evidence suggesting that the course of the schizophrenic disorder is highly associated with patient psychosocial factors and home atmosphere (Urizar, et al., 2014). The family members are significantly distressed by the fact of having one of their members suffering from schizophrenia. Mental Illness attached to stigma in families is still frequent and can contribute to social isolation (Martensant and Ton A., 2001). Family members often play a vital role in the lives of individuals with schizophrenia and other serious mental illnesses, as an estimated 30% to 65% of adults with serious mental illnesses live with family members. Schizophrenia is ranked fourth worldwide in terms of burden and illness (WHO).

2. Need for the Study

Schizophrenia occurs in all societies regardless of class, color, religion and culture. However there are some variations in terms of incidence and outcomes for different groups of people. Schizophrenia Ranks among the top 10 causes of disability in developed countries worldwide. The Prevalence Rate for schizophrenia is approximately 1.1% of the population over the age of 18 or, in other words, at any one time as many as 51 million people worldwide suffer from schizophrenia. Epidemiological studies
report prevalence rates for psychiatric disorder from 9.5 to 370/1000 population in India (Math, B.S., Chandrashekar, C.R. and Bhugra, D., 2007).

Being overburdened with worry about a loved one, family members of schizophrenic patients can ignore their own needs and become depressed and anxious. In order to prevent caregiver “burnout,” it is crucial that family members find support of their own. National Alliance on Mental Illness (NAMI, 2008) survey of caregivers for schizophrenic patients found that 41 percent of caregivers have been filling that role for more than 10 years, 19 percent currently provide care for more than 40 hours a week, 63 percent have difficulties finding time for them, 55 percent of caregivers face challenges in taking care of their own health, 51 percent report that they have been taken advantage of by loved ones living with schizophrenia and 90 percent worry what will happen to their loved one when they (the caregiver) die.

Psycho educational interventions are likely to have equivalent effects when conducted with other significant support interventions, regardless of the degree of biological relation. The critical factor is identifying people who are integrally involved in the care and support of the patient. The more that the patient and family are involved with each other, (outcomes that they would like to see eg, reduced relapses, employment), the more likely they will benefit from family psycho education in terms of better outcomes.

For generation, life in India revolved around the joint family system, which acted as a buffer against stress. However with rapid industrialization leads to fragmentation of this joint family system and now more number of nuclear families are emerging (Indian Journal of Psychological Medicine, 2012).

3. Objectives

1) To assess the existing level of knowledge and family burden among family members of schizophrenic patients.

2) To evaluate the effectiveness of psycho education on the level of knowledge and family burden among family members of schizophrenic patients.

3) To associate the pretest level of knowledge and family burden among family members of schizophrenic patients with their selected demographic variables.

4. Methodology

The pre experimental design was used based on quantitative approach. The study was conducted at Mercy Hospital in Trichy. The sample consisted of 30 family members of schizophrenic patients. The study was conducted over a period of six weeks using Simple Random Sampling Technique (Lottery method). The researcher explained the purpose of the study and written consent was obtained from the samples. The participants were taken to assess the pretest knowledge and family burden and the psycho education was given using power point by the researcher. Then after an interval of six weeks posttest knowledge and family burden was assessed by the researcher.

4.1. Inclusive Criteria

[A]. Family members who are willing to participate in the study.

[B]. The care giver who stayed with the patient and provided minimum 6 month of care to the Patients.

[C]. Both male and female family caregivers.

[D]. Family members who are able to understand Tamil or English language.
4.2. Exclusive Criteria

[A]. The health care providers.
[B]. The Family members who are all other than schizophrenic patient.
[C]. The care givers who are having any obvious psychiatric illness.

4.3. Description of the Tools

Section A: It contains two parts

Part I: Demographic variables of the Family Members of Schizophrenic Patients
Part II: Demographic variables of the Schizophrenic Patients

Section B: Structured Questionnaire to assess the knowledge regarding care and management of Schizophrenic Patients

Section C: Semi structured interview schedule to assess the family burden of family members of Schizophrenic Patients. (SAFB, Pai and Kapur, 1981)

4.4. Data Collection Procedure

Formal permission was obtained from Head of the Department of Mercy Psychiatric Hospital at Trichy. The samples were selected according to the inclusion criteria by using Simple Random Sampling Technique (Lottery method). The subjects were contacted individually and the purpose of the study was explained to them and they were assured that the data collected will be kept confidential. Written consent was taken from the study participants. After assembling all the study participants in a common room, the general introduction was given. The pre-test was conducted to the family members. The investigator accompanied the study participants and clarified the doubts. Then, the psycho education was given to the family members of schizophrenic patients for 45–50 minutes by using power point presentation. After interval of six weeks, the post-test was conducted. The data was collected from each family member by using Knowledge questionnaire and Perceived Family Burden Assessment scale. The investigator has taken minimum 15 minutes for collecting data from each family member. However the data was collected within a stipulated time of six weeks.

5. Findings

Table 1: Frequency and Percentage Distribution of Pretest and Posttest Knowledge Regarding Care of Schizophrenic Patients among Family Members of Schizophrenic Patients. N=30

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Level of Knowledge</th>
<th>Pre test</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>1.</td>
<td>Inadequate knowledge</td>
<td>11</td>
<td>37%</td>
</tr>
<tr>
<td>2.</td>
<td>Moderately adequate knowledge</td>
<td>18</td>
<td>60%</td>
</tr>
<tr>
<td>3.</td>
<td>Adequate knowledge</td>
<td>1</td>
<td>3%</td>
</tr>
</tbody>
</table>

Table 1 shows the distribution of level of knowledge on care and management of schizophrenic patients in pre and post-test. In pre test 11(37%) of them had inadequate knowledge, 18(60%) of them had moderately adequate knowledge and 1(3%) of them had adequate knowledge. In post test, none of them (0%) had inadequate knowledge, 13(43%) had moderately adequate knowledge and 17(57%) had adequate knowledge.
Table 2 shows the distribution of level of family burden among the family members of schizophrenic patients in pre and post-test. In pre test, 1(3%) of them had mild burden, 11(37%) of them had moderate burden and 18(60%) of them had severe burden. In the post test, 25(83%) of them had mild burden, 5(17%) of them had moderate burden and none of them (0%) had severe burden.
Table 3: Comparing of Mean and Standard Deviation of Knowledge and Family Burden Scores among Family Members of Schizophrenic Patients in Pre and Post Test

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Category</th>
<th>Max Score</th>
<th>Pre test</th>
<th>Post test</th>
<th>Pre test</th>
<th>Post test</th>
<th>Paired “t” Value</th>
<th>“P” Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Knowledge level</td>
<td>20</td>
<td>11.4</td>
<td>22.96</td>
<td>4.306</td>
<td>4.358</td>
<td>t=14.45</td>
<td>SIGNIFICANT (p&lt;0.05)</td>
</tr>
<tr>
<td>2</td>
<td>Family burden level</td>
<td>48</td>
<td>40.9</td>
<td>33.3</td>
<td>8.027</td>
<td>5.7953</td>
<td>t=8.752</td>
<td>SIGNIFICANT (p&lt;0.05)</td>
</tr>
</tbody>
</table>

Table 3 shows the mean and standard deviation of knowledge and family burden scores in pre and post test. The mean knowledge score was less in pre test (11.4) compared to post test (22.96). The calculated value of knowledge (14.45) paired ‘t’ test was greater than the table value at 5% level of significance. The mean burden score was more in pre test (40.9) compared to post test (33.3). The calculated value of burden (8.752) paired ‘t’ test was greater than the table value at 5% level of significance. The results revealed that psychoeducation programme was effective in gaining knowledge regarding care and management of schizophrenic patients and reducing the family burden.

There is a significant difference between the pre test and post test level of knowledge and family burden among family members of schizophrenic patient.

There is a significant association between family member’s gender, relationship with patient, number of visits per week, time spend with the patients per day and residence with the knowledge of the family members. The other variables like age, marital status, number of children, education, occupation, income and had no association with burden of family members.

There is a significant association between family members, number of children, education, family income, relationship with the patients and time spend with the patients per day with the burden of family members of schizophrenia (P<0.05). The other variables like gender, age, religion, marital status, number of visit and residence had no association with burden of the family members.

6. Discussion

The first objective to assess the existing level of knowledge and family burden among family members of schizophrenic patients represent the pre test level of knowledge reveals that 11(37%) of them had inadequate knowledge, 18(60%) of them had moderately adequate knowledge, 1(3%) of them had
adequate knowledge regarding care and management of schizophrenic patients and post test level of knowledge reveals that 0(0%) of them had inadequate knowledge, 13 (43%) of them had moderately adequate knowledge, 17(57%) of them had adequate knowledge. In the family burden 1(3%) of them had mild burden, 11(37%) of them had moderate burden and 18(60%) of them had severe burden in pre test. The Post test level of burden reveals that 25(83%) of them had mild burden, 5(17%) of them had moderate burden and none (0%) of them had severe burden.

The second objective is to evaluate the effectiveness of psycho education on the level of knowledge and family burden among family members of schizophrenic patients. The mean knowledge score was less in pre test (11.4) compared to post test (22.96). The calculated value of knowledge (14.45) paired’t’ test was greater than the table value at 5% level of significance. The mean burden score was more in pre test (40.9) compared to post test (33.3). The calculated value of burden (8.752) paired’t’ test was greater than the table value at 5% level of significance. The results revealed that psychoeducation programme was effective in gaining knowledge regarding care and management of schizophrenic patients and reducing the family burden.

7. Nursing Implication

This study would help the mental health nurses to provide the effective care to the patient. Understanding the level of burden of the family members would help the nursing community to plan for better care. Psychoeducation may improve the knowledge of the family members and reduce the family burden and in turn it decreases the severity of symptoms and recurrent episodes among the schizophrenic patients. Effective care helps the patient to have faster recovery.

8. Conclusion

Family Members of schizophrenic patients experience burden on the physical, emotional and financial aspects and the extent of the family burden is closely linked to the amount of symptomatic behavior of the patient. Psycho education helps to improve the knowledge of family members and to reduce the family burden. Hence, the family members has less burden and able to provide a better care for the schizophrenic patients.

References


