

Family Functioning among Caregivers of Patients with Schizophrenia in Baghdad city

Hassan A. Hussein, PhD, mental health nursing *, Ali K. Khudhiar, PhD, mental health nursing**

*Instructor, Head of Mental Health Nursing Department, College of Nursing, University of Baghdad

** Assistant Professor, Vice dean of Academic affairs, College of Nursing, University of Karbala

Abstract

Objective: To determine the family functioning among caregivers of patients with schizophrenia and its association with patient's and caregiver's socio-demographic characteristics.

Methodology: Sixty caregivers of patients with schizophrenia were recruited during their relatives' in-patient psychiatric hospitals: Baghdad Teaching Hospital, 10th floor, and Ibn-Rushd Psychiatric Hospital. Caregivers were interviewed and the data were collected by a self-reported questionnaire through using the Family Functioning Scale. Then, data were analyzed by using descriptive statistical measures and inferential statistical measures "Linear Regression".

Results: All the dimensions of the family functioning are healthy. There was significant association between patients' clinical characteristics and caregivers' socio-demographic characteristics with family functioning.

Recommendations: The researchers recommend conducting a longitudinal studies on family caregivers, using psychiatric and family assessment / intervention for those caregivers with family dysfunction

Keywords: Caregivers; family functioning; Schizophrenia

Introduction

Schizophrenia is a severe mental illness, which is stressful not only for patients, but also for family members. Numerous studies have demonstrated that family caregivers of persons with a severe mental illness suffer from significant stresses, experience moderately high levels of burden, and often receive inadequate assistance from mental health professionals. Effective family functioning in families with schizophrenia may be influenced by a variety of psychosocial factors ⁽¹⁾. Family is a basic unit that is responsible in preserving the integrity of individuals, who form the unit. Families extend emotional, social, and economic support to their members. A high functioning family helps in maintaining the dimensions of communication, emotional and behavior control, and also

helps in problem solving and coping behaviors of its members. An illness like schizophrenia is serious and disabling and causes an emotional and financial brunt on the supporting family members ⁽²⁾. In the last three decades, many researches were published discussing the role of the family in the course of schizophrenia. The importance has been given to the family environment, role of supportive caregivers and a well-functioning family as contributing factors to the relapse or rehabilitation of the patient. The development of services for families has to be an integral part of any comprehensive program for patients with first-episode psychosis. The family involvement in initial treatment-seeking is very important issue to be considered in efforts to reduce treatment delays ⁽³⁻⁵⁾. Thus, the family is an important factor which affects the patient's mental well-being and outcome. However, the family may itself be

burdened by the enormous hardships created by the schizophrenic patient. A comprehensive and empathic understanding of the family members on various dimensions would throw more light in determining the behavioral patterns existing in the family and development of newer treatment techniques⁽²⁾Famil

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Hassan A. Hussein, PhD, mental health nursing *Ali K. Khudhiar, PhD, mental health nursing**y functioning is important factors in psychiatric treatment. The perception of the psychiatric patients regarding their family may be distorted due to their disorders. Hence, an understanding of their perceptions of family functioning is important as it predicts the clinical outcomes⁽⁶⁻⁷⁾. It is equally important to know how each family member perceives family functioning, as studies have found a discrepancy in the perceptions of family functioning between patients and their family members⁽⁸⁻¹⁰⁾.

A review of the social science literature reveals numerous studies of family adaptation and functioning. Family adaptation and functioning are important concepts that help in understanding the family's efforts to manage the situations created by severe mental illness⁽¹¹⁾.

Severe mental illness affects all aspects of family functioning; being so altered the roles and family relations, and several studies also revealed that good family functioning facilitated patient recovery and reduced the risk of suicide⁽¹²⁾.It has been found that families providing care for a family member with schizophrenia were able to function more effectively as a family unit when they used more problem-solving skills, coping strategies, and social support and experienced fewer instances of psycho-logical distress and family member behavioral problems. Family psychological distress and client behavioral problems were identified as significant predictors of

effective family functioning among these families.

Methodology

Study Design and Sample

This IS a cross-sectional study carried out from January, 1st through May, 30th 2012. The sample is comprised of caregivers of patients with schizophrenia who attended inpatient clinic of the Ibn Rushd Teaching and Baghdad Teaching Hospital.

The patients' diagnosis of schizophrenia was confirmed by clinical interview based on the 4th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria. Three inclusion criteria were: being caregivers of any patients with schizophrenia aged above 18 years, they lived with the patient, who gave informed consent to participate in the study.

Measurement

The Thai Family Functioning Scale (TFFS), which was adapted from the Family Assessment Device (FAD) developed by the Butler/Brown Family Research Group, is made up of four scales; this questionnaire is self-rated and can be filled out by family members aged over 18 years. The questionnaire consists of 30 items and the subjects have to rate their agreement or disagreement with how well an item describes their families by selecting between three alternative responses (Always, sometimes, never).The scale identifies four dimensions of family functioning. Problem-solving (the first dimension) refers to the family's ability to solve problems at the level that maintains effective family functioning. The second dimension is Communication, which is the exchange of information among family members. The third dimension is Roles, which is the family's established patterns of behavior for handling a set of family functions, including: provision of resources, providing nurturance, supporting personal development, maintaining and managing family system, and providing adult sexual gratification. The

test-retest reliability for the different scales was good and was found to have good sensitivity and specificity. This TFFS has been translated to Arabic and back-translated into English. The TFFS Arabic version has been successfully used by other local researchers selected for use in this study.

Statistical Analysis

Data were analyzed using the Statistical Package for Social Sciences (SPSS) computer program, Windows version 16.

Ethical Considerations

This research project was approved by the Research and Ethics Committee, Ibn-Rushd Hospital and Baghdad hospital teaching. Informed consent was obtained from the patient and caregiver. The purpose of the study was explained. All the respondents were assured of data confidentiality, and subjects were included on a voluntary basis. The data were then keyed into the SPSS software anonymously.

Results

Table 1. Demographic characteristics for patients and caregivers (N=60) f: frequency

Variable	Patient f	Caregivers f
Gender		
Men	35	34
Women	25	26
Age		
20-29	27	16
30-39	10	19
40-49	13	7
≥50	10	18
Marital status		
Married	34	50
Unmarried	26	10
Occupation		
Employee	20	29
unemployed	40	31
Level of education		
≤Primary school graduate	25	35
≥Intermediate school graduate	35	25
Monthly income		
Sufficient	20	34
insufficient	40	26
Residence		
Urban		47
Rural		13
Kinship		
Father/mother	23	
Brother/sister	27	
Husband/wife	3	
Daughter/son	6	
relative	1	
Years of providing care	(53.4%)	
Time of hospitalization (No. of relapses)	1-2 (71.7)	

Sixty caregivers of patients with schizophrenia who included in this current study .The majority of the subjects (31.7%) were 30-39 years old, male (56.7%), married (83.3%). and had elementary school level education (61.4%). More than thirty percent of them were unemployed and the monthly income is sufficient (56.7%).The majority of

subject (78.3%) lived in urban. Based on the patient's characteristics, the majority of the persons with schizophrenia (61.7%) were 20-29 years old (M=27.44, SD=7.03), male (58.3%), 1-2 times hospitalization (71.7%).The majority of the subjects were brother and sister (38.3%), 1-5 years of providing care (53.4%) (M = 6.90, SD = 5.54), providing full day care (90.9%).

Table 2. Description of family functioning (N=60)

Family functioning	Frequency	Percent
Always	38	63.3
Never	22	36.7
Total	60	100.0

Table (2) describes that there were associations between number of relapse and the total family functioning (P=0.02; P < 0.05).

Table 3. Linear Regression analysis for patient's socio-demographic and clinical characteristics variables predicting Family Functioning (N=60)

Variables	B	SE	β	P
Gender	-.448-	.389	-.154-	0.25
Age	-2.475-	.970	-.367-	0.51
Marital status	-1.044-	.936	-.145-	0.26
Education Level	.960	1.011	.135	0.34
Occupation	-.323-	.875	-.046-	0.71
Monthly Income	-.669-	.967	-.099-	0.49
Age on Diagnosis	-4.021-	2.754	-.215-	0.15
Number of Relapse	-7.469-	3.113	-.367-	0.02
Duration of Illness	-.806-	2.543	-.043-	0.75
Average of Hospitalization	-1.072-	2.490	-.056-	0.66
Type of Admission	2.437	2.469	.128	0.32
Duration of psychotic symptoms appeared on patient before hospitalization	1.194	2.324	.067	.610

*Correlation is significant at the 0.05 level (2-tailed); **. Correlation is significant at the 0.01 level (2-tailed)

B: Regression coefficient, slop of the line; SE: Standard error of the mean; β : Standardized Regression Coefficient

P: P

Table 4. Linear Regression analysis for provider's socio-demographic variables predicting family functioning (N=60)

Variable	B	SE	β	P
Provider's Gender	-3.033-	3.926	-.164-	0.44
Age	.318	1.196	.045	0.79
Marital status	.006	4.195	.000	0.99
Occupation	1.637	3.666	.089	0.65
Educational level	2.244	2.781	.121	0.42
Monthly	-2.127-	2.547	-.115-	0.40
Type of House	-.610-	3.121	-.027-	0.84
Number of Family member live together	2.697	2.685	.144	0.32
Residency	-.646-	.298	-.247.	.03

*Correlation is significant at the 0.05 level (2-tailed); ** Correlation is significant at the 0.01 level (2-tailed) B: Regression coefficient, slope of the line; SE: Standard error of the mean; β : Standardized Regression Coefficient P:

Probability level

Table (3) describes that there was an association between residency of caregivers and the total family functioning (P=0.03; P < 0.05).

Discussion

Although there have been studies on the caregivers of patients with schizophrenia, ⁽¹⁴⁾ the present study was the first that examined family functioning. The results of the current study revealed that the characteristics of the patient sample did reveal a male preponderance, while the caretakers were predominantly brother of the patients. Majority of the schizophrenics had secondary education and above as compared to their caretakers, who were illiterates, caregivers are married as compared with patients are single and they lives in urban area and the number of admissions for patients was 1-2 time. In consistent to previous studies ⁽¹⁵⁾, we found the majority of our respondents were male and had an average monthly income is sufficient ⁽¹⁶⁾. He found the mean age of the relatives group was 39.9 ± 12.37 years. Majority of the primary caretakers were brother. The majority of samples (83.3%) were married. ⁽¹⁷⁾ we found that two third of sample is primary or below of education level, ⁽¹⁸⁾ he found the high of sample is unemployed. ⁽¹⁶⁾ he found The demographic structure of the

sample showed the mean age of the patient group as 34 ± 12.61 years. The study population consisted of 35 (70%) men. Thirty five of them (70%) had secondary or higher education, Twenty-one subjects (42%) were unmarried and 23 (46%) were unemployed. and the number of admissions was 1-2. This study investigated the Family functioning among caregivers of patients with schizophrenia showed that most of the domains of the family functioning were healthy, which was consistent with the previous study ⁽¹⁹⁾. So, our finding disagrees with ⁽¹⁷⁾ that showed the families of unremitting schizophrenics weakest level of family functioning, the dysfunctional family might also precipitate, exacerbate, or delay recovery from an illness episode. ⁽²⁰⁾ Reported that the general functionality level was low in families with schizophrenia and subscales of Communication, whilst Behaviour Control was reported as highly ineffective. They could be considered a limitation and might contribute to information bias. The severity of positive symptoms, violent behaviour, life events, premorbid personality, and severity of the illness were not assessed in this study. Many of

the latter could have given rise to a strong and immediate relationship. The dimensions that were most disturbed were affective responsiveness, communication and problem solving. The findings appear to confirm that family factors differently impact the domains of family functioning, such residency variable is correlate with all dimension of family functioning, the researcher opinion there are a fewer mental health services are available for chronic patients discharge from psychiatric hospital and their families and there are many changes and present challenges in rural setting that is negative effect on the family functioning but in urban area there are more resources and mental health services are available that rely upon family to manage all other aspects of care and lead to healthy family functioning. Those results disagree with study ⁽¹⁹⁾, we stated family member variable could have a negative impact on family functioning. and there were a correlation between family functioning and number of relapse, which was consistent with the previous study, ⁽²⁰⁾ understanding perceptions of family functioning is important for treatment as they could predict patients' clinical outcomes and also agree with another study ⁽¹⁷⁾ researcher still recognize the importance of family environment as a contributing factor to the relapse or rehabilitation of the patient. These result is disagree with ⁽¹⁹⁾ reported the causal relationship between family functioning and patient course of illness is rather unclear.

Conclusion

The study highlighted the high level of family functioning associated with caring for patients with chronic mental illness like schizophrenia. It also identified some of the factors associated with high level of family functioning among caregivers of patients with schizophrenia.

Recommendations

In view of the finding of this study, we would like to make the following recommendations:

1. Clinicians should pay attention to the emotional need and provide social support for caregiver of patients with chronic mental illness.
2. The result suggests that active assessment of family mental health and functioning in patients with schizophrenia is crucial.
3. Future prospective studies should be carried out to examine the mental health of caregivers of both schizophrenia and other mental health problems with a large sample size.

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