

Short Communication

A COMPARATIVE STUDY ON COPING STRATEGIES AND SENSE OF COHERENCE AMONG CAREGIVERS OF MENTALLY AND NEUROLOGICALLY ILL PATIENTS IN KASTURBA HOSPITAL, MANIPAL, KARNATAKA.

Rigi George¹, Asha Nayak² & Anjalin D'Souza³¹M.Sc. (N) Student-2010-12 batch, ²Assistant Professor, Department of Psychiatric/Mental Health Nursing,³Assistant Professor, Department of Child Health Nursing, Manipal College of Nursing Manipal, Manipal University, Manipal, Udupi, Karnataka - 576 104

Correspondence:

Asha Nayak

Assistant Professor, Department of Psychiatric/Mental Health Nursing, Manipal College of Nursing Manipal, Manipal University, Manipal, Udupi, Karnataka - 576 104

Mobile : +91 94482 52940 E-mail : ashanarasimha@yahoo.co.in

Abstract :

Introduction : Diseases take a toll not only on those affected, but also on the ones around them. Regardless of language, culture or country caregiving has become an everyday part of life for millions of people around the globe. Though differently named on each continent, these millions of 'carers' or 'caregivers' provide care to family members, partners or friends each year because they are sick, elderly or have a disability. This cross-sectional study was undertaken to assess the coping strategies and sense of coherence among caregivers of patients with mental and neurologic illness.

Methods : Comparative, descriptive study design was used. The study was conducted among 40 caregivers of clients who were admitted in psychiatric and neurologic wards of Kasturba Hospital, Manipal. Tools used were demographic proforma, coping scale and sense of coherence-29 scale.

Results : Findings showed that there was no significant difference in the coping strategies and sense of coherence of caregivers of mentally and neurologically ill patients ($p>0.05$). The study also revealed that there was no association between sense of coherence and coping strategies of caregivers of mentally ill patients ($p=1$).

Conclusion : Both the caregivers of mentally and neurologically ill patients used almost same coping strategies such as substance abuse and denial. Both the caregivers of mentally and neurologically ill patients considered caring their relative during illness is meaningful. The study highlights the need for family interventional programs to address the specific concern, related to coping and sense of coherence of caregivers.

Keywords : Caregivers, Coping, Sense of Coherence, Mentally and Neurologically ill patients.

Introduction: objectives, purpose to be mentioned

Diseases take a toll not only on those affected, but also on the ones around them¹. Regardless of language, culture or country caregiving has become an everyday part of life for millions of people around the globe. Though differently named on each continent, these millions of 'carers' or 'caregivers' provide care to family members, partners or friends each year because

they are sick, elderly or have a disability. The care they provide is unpaid or often unrecognized and undersupported. In most countries, family care is the primary means of caregiving with immediate or extended family rather than institutions². The objectives of the study is to assess the sense of coherence and coping strategies of caregivers of clients with mentally ill and neurologically ill and to compare the coping strategies and sense of coherence of caregivers of mentally and neurologically ill patients

Materials and methods:

After obtaining the administrative permission from the

Access this article online

Quick Response Code



authority ethical clearance was obtained . Consent was taken from participants of the study

Fourty caregivers of patients diagnosed as paranoid schizophrenia, severe depression with or without psychotic symptoms, recurrent depressive disorder, dysthymia, psychosis and bipolar affective disorder according to ICD 10 criteria were selected from psychiatric ward and fourty caregivers of patients diagnosed as stoke were selected from neurologic wards of KH, Manipal. Caregivers were above 20 years , living with the patient for atleast one year and taking care of the patients at home and hospital was included in the study. Caregivers having chronic physical illness, past/current psychiatric illness, unwilling to participate in the study and those who were illiterate were excluded from the study.

Coping Scale is a self reported rating scale comprised of twenty six questions. The maximum score was 130 and minimum score was 26. Based on the total scores obtained, the subjects were classified into three categories- Low coping: 26-60, moderate coping: 61-95, High coping: 96-130.

Sense Of Coherence Scale is a standardized tool of 29 items which is scored in a seven point rating scale. The maximum score was 203 and minimum score was 29. The language validity was determined by giving the translated Kannada and Malayalam version of tools to language experts and translated back to English.. Descriptive statistics (mean, mean percentage, Standard deviation) and inferential statistics (Independent sample t-test, chi-square) were used for the analysis.

Results:

Tables

Table 1: Frequency and percentage distribution of sample characteristics of caregivers of mentally and neurologically ill patients n = 40+40=80

Sample characteristics	Caregivers of mentally ill patients		Caregivers of neurologically ill patients	
	f	%	f	%
Age in years				
20-30	11	27.5	13	32
31-40	11	27.5	11	27.5
41-50	7	17.5	9	22.5
51-60	8	20	4	10
61 and above	3	7.5	3	7.5
Gender				
Male	22	55	21	52.5
Female	18	45	19	47.5
Marital status				
Married	28	70	27	67.5
Single	9	22.5	12	30
Divorced	1	2.5	0	0
Widowed	2	5	1	2.5
Religion				
Hindu	38	95	38	95
Christian	1	2.5	0	0
Muslim	1	2.5	2	5

Sample characteristics	Caregivers of mentally ill patients		Caregivers of neurologically ill patients	
	f	%	f	%
Educational level				
Illiterate	1	2.5	0	0
Primary	2	5	2	5
Middle school	8	20	5	12.5
High school	14	35	17	42.5
Secondary school	6	15	5	12.5
Diploma	9	22.5	9	22.5
Graduate	0	0	2	9
Occupation				
Unemployed	15	37	13	32.5
Unskilled worker	17	42.5	13	32.5
Office worker	7	17.5	8	20
Professional	1	2.5	6	15
Monthly family income in Rs.				
< 2000	20	30	15	37.5
2000- 5000	10	25	9	22.5
5001- 8000	4	10	3	7.5
8001-11,000	4	10	4	10
11,000	2	5	9	22.5
Relationship with the client				
Parents	14	35	19	47.5
Son/Daughter	4	10	5	12.5
Siblings	9	22.5	12	22.5
Spouse	7	17.5	1	30
Others	6	15	3	7.5
Type of family				
Joint	28	70	24	60
Nuclear	12	30	15	37.5
Extended	0	0	1	2.5
Place of living				
Urban	33	32.5	28	70
Rural	7	17.5	12	30

Table 2: Frequency and percentage distribution of sample characteristics of mentally and neurologically ill patients
n =40+40=80

Sample characteristics	Mentally ill patients		Neurologically ill patients	
	f	%	f	%
Age in years				
20-30	14	35	4	10
31-40	9	22.5	3	7.5
41-50	3	7.5	9	22.5
51-60	8	20	13	32.5
61 and above	6	15	11	27.5
Duration of illness in years				
Less than 2	20	50	21	52.5
≥ 2-5	20	50	19	47.5
Duration of present hospitalization in weeks				
Less than 2	33	82.5	33	82.5
≥2-4	7	17.5	7	17.5
Number of hospitalizations				
One	11	27.5	15	37.5
Two	12	30	12	30
Three	9	22.5	6	15
More than three	8	20	7	17.5

Table 3: Mean percentage and standard deviation of domains of coping strategies among caregivers of mentally and neurologically ill patients
n=40+40=80

Domains	No. of Items	Maximum possible score	Caregivers of mentally ill patients		Caregivers of neurologically ill patients	
			f	%	f	%
Active coping	3	15	10.47	3.02	10.47	3.02
Venting	3	15	9.20	2.37	9.67	2.30
Self distraction	3	15	9.45	3.54	8.77	2.36
Denial	3	15	10.95	2.55	10.57	2.44
Emotional support	3	15	9.07	3.53	8.90	2.79
Substance abuse	2	10	17.85	4.20	17.25	3.94
Spiritual support	2	10	6.97	2.45	6.77	2.22
Planning	2	10	6.55	2.87	6.52	2.45
Positive reframing	3	15	9.85	2.90	9.50	2.39
Self blame	2	10	6.57	2.25	6.67	1.52
Total			96.93		95.07	

Table 4: Mean percentage and standard deviation of domains of sense of coherence among caregivers of mentally ill and neurologic patients

n=40+40=80

Domains	No.of Items	Maximum possible score	Caregivers of mentally ill patients		Caregivers of neurologically ill patients	
			Mean	SD	Mean	SD
Comprehensibility	11	77	57.23	12.88	58.44	12.43
Manageability	10	70	63.07	12.46	67.60	10.97
Meaningfulness	8	56	65.80	9.46	70.21	10.08
Total			96.93		95.07	

Table 5: Comparison of coping and sense of coherence between caregivers of mentally and neurologically ill patients

n=40+40=80

Variables	df	't' value	'p' value
Coping	78	0.392	0.696
Sense of coherence	78	1.005	0.318

*significant at p < 0.05 level

Discussion :

The present study findings are supported by the previous study conducted by Eaton (2011) to examine the coping strategies of family members of hospitalized psychiatric patients showed that the common coping strategies used by family members were substance abuse, avoidance, and spirituality⁵.

Binil V (2008) conducted a correlative study to assess burden and coping strategies among the caregivers of patients with affective disorders in Kasturba Hospital and A.V Baliga Hospital, Karnataka which contradicts the findings of the present study . Out of 100 caregivers, 32 % of caregivers were found to be using medium coping and 68 % were using high coping. Mean percentage score was highest ie 86% in the area of planning. Lowest mean percentage score ie 34% was in humour, substance use and behavioural disengagement⁶.

Nilsson , Axelsson ,Gustafson , Lundman , Norberg (2001) conducted a study on well-being, sense of coherence, and burnout in stroke victims and spouses during the first few months after stroke in Sweden which contradicts the findings of the present study. Findings showed that the scores of the components composing the Sense of Coherence showed that four stroke victims and one spouse

appeared to be low concerning meaningfulness, which probably makes coping with hardship still harder. Findings suggested that individuals with low Sense of Coherence scores had certain difficulties in coping with their situation⁷.

Now a days, the treatment is pointed out not only to the client, but the whole family. Sense of Coherence scale can be used as a baseline measurement for detecting the diseases or illness which may threaten the individual. So the nurses can use this tool as a daily basis both in the hospital and in the community settings.

Nurses who are caring for mentally ill and stroke clients to be sensitive to family caregivers needs and should give timely advice to the caregivers. The concepts of caregiving and effects of long term illness to the family members should incorporate into the nursing curriculum. Hence it helps the students to administer self reported questionnaires to the client and family and to identify them very earlier and to sensitize future professionals in this area.

The nurse administrators of mental health services should be aware of the needs of the carers of patients having long term illness and formulate policies which enforces mental

health professionals to include psychosocial interventions in their day to-day interventional activities with the patients and caregivers , both in hospital and in the community settings. They can also include coping scale and Sense Of Coherence scale mandatory for client assessment, so the client has a better prognosis in terms of holistic care.

Nurses can expand the studies in the area of sense of coherence and see how it can be used in better quality care of the client and helpful for the early identification of illness.

References :

1. Emotional support is the most important form of care [Internet]. Times Of India. 2011 Jul 24. Available from:[http://articles.timesofindia.indiatimes.com](http://articles.timesofindia.indiatimes.com/Collections) > Collections.
2. Caring for the caregiver: Why your mental health matters when you care for others. World Federation For Mental Health. [Internet]. 2010 [updated Oct 18;cited Nov 10].Retreived from url:<http://www.wfmh.org>.
3. Creado DA, Parkar SR ,Kamath RM .Burden and coping of caregivers in relation to the level of functioning in patients with chronic schizophrenia. Indian J Psychiatry.2006 Jan;48(1):27-33.
4. Van M, Hinojosa MS, Rittman MR. Influence of sense of coherence on caregiver burden and depressive symptoms at 12 months post-stroke,2008 May-Jun;15(3):272-82. Available from: <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=15&hid=112&sid=ffc8d14b-e981-40dd-8762-6f958ffe0172%>
5. Eaton PM, Davis BL, Hammond PV, Condon EH, McGee ZT. Coping Strategies of Family Members of Hospitalized Psychiatric Patients. Nursing Res and Pract. 2011 .Available from: www.hindawi.com/journals/nrp/2011/392705/
6. Binil V .A correlative study of burden and coping strategies among the caregivers of patients with affective disorders in selected hospitals of Udupi district, Karnataka.[M.Sc thesis].August 2008.Manipal:Manipal University.
7. Nilsson I, Axelsson K, Gustafson Y, Lundman B, Norberg A. Well-being, sense of coherence, and burnout in stroke victims and spouses during the first few months after stroke.[Internet].Scand J Caring Sci.[updated 2001;cited 2002]Available from:<http://web.ebscohost.com/sweden>

Conclusion :

In summary, the present study has shown that there was no significant difference between sense of coherence and coping experienced by caregivers of patients with mental and neurological illness. Future studies can be replicated by random sampling method ,on different groups of mentally ill patients and longitudinal studies can also be conducted to find out the pattern of coping and sense of coherence over time.

We acknowledge all the subjects who participated in the study willingly.