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# Determine to Level Coping With Stress and Social Support of the Relatives of the Patients Who Have Schizophrenia at Psychiatry Unit

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### Abstract

*Purpose: The research has been carried out in a defintary way in order to search the ability level on coping with the perceived social support and stress of the relatives of patients of schizophrenia. Methods: The sampling universe of the research has consisted of the relatives of the patients that have been responsible for the primary care of the 103 schizophrenia patients staying at the Psychiatry services of Selçuk University Meram School of Medicine and Konya Numune Hospital. In the research, "Multidimensional Scale of Perceived Social Support" has been used to determine the social support and "Ways of Coping Inventory" (WCI) has been used to determine the abilities of coping with stress. Data collection of the research has been done by applying face to face interview method. Data assessment and analysis has been done in computer by SPSS 13.0 software. Assessment has been done on the data by making use of percentile distribution, arithmetic mean, t-test on independent groups, variance analysis, Kruskal-Wallis and one-way ANOVA tests. In cases where difference has been observed in variance analysis result, in order to determine the groups among which the difference causes the observed difference, Tukey-HSD multicomparison test (post-hoc) has been used. Results: According to the results obtained in the research, of the subscale grades of "Scale of styles on coping with stress" of relatives of schizophrenia patients, self confident approach grades statistically vary according to family structure and existence of social security; desperate approach grades vary according to the state of belief that 66 their patient will recover; optimistic approach grade varies depending on the state of being effected by the illness of the patient. Total "Multi-dimensionally perceived social support scale" grades of relatives of schizophrenia patients statistically significantly vary depending on their levels of education; special person grades significantly vary depending on the state of being effected by the illness of their patient. Conclusion : In order to increase the abilities to cope with stress and*

*social support levels of schizophrenia patients relatives, psychological training is required.*

Keywords: *Schizophrenia, Patients Who Have Schizophrenia, Social Support*

## **1. INTRODUCTION**

Schizophrenia is one of the mental illnesses that are very common in the society and cause significant disabilities. Schizophrenia is a mental illness in which the individual has severe disorders in his/her thought, emotion, behavior, interpersonal relationships, work and social adjustment. The fact that the cause of schizophrenia has not been exactly clarified, accordingly the absence of proper treatment, the increasing number of cases, the onset of the illness at young ages, and weakening the ability to work make this disease the most recent problem of psychiatry (İsmailov & Özakkaş 1998, Öztürk 2004, Yüksel 2001).

Schizophrenia affects the individual, family members and community in a multidimensional way. Schizophrenia has negative effects reducing the quality of life of the individual and forcing the family and community with frequent recurrences (İlkay 2002, Yıldız et al., 2002). In addition, individuals cannot participate in work and leisure time activities due to incompetence, stigma, and discrimination caused by the disease and have decreased self-esteem and lack of confidence (Rössler et al., 2005, Perlick 2004, Sağduyu et al., 2001).

Since the family members do not know what to do about approaching symptoms of illness while living with schizophrenic patient, they often show ineffective coping behaviors such as denial, negligence, submissiveness, abidance, despair, helplessness, and their help needs increase (Birchwood & Cochrane 1990).

In daily life, some stress is required for the individual to fulfill his/her functions. A certain stimulus is needed to maintain the functions of the nervous system. However, a very intense and prolonged state of stimulation creates tension in the organism and causes physical and psychological stress effects (Atkinson and Atkinson 1995).

Stress-coping behaviors include all of the emotional reactions shown to reduce emotional stress. Coping with stress is necessary to protect mental and physical health and to maintain a productive and efficient life (Akbaba and Gözüm 1998, Atkinson and Atkinson 1995, Bulut 2005).

During the disease process, social support has an important effect in the patient and his/her family's coping with stress (Eker et al., 2001). All interpersonal relationships that have an important place in the life of the individuals and provide them with emotional, material and cognitive assistance when necessary constitute their social support systems (Birchwood and Cochrane 1990, Sorias 1988a).

Support is given by those who know and constantly stay with the individual. According to Caplan, individuals who provide support help the patient to use his/her own psychological resources and to solve their emotional problems (Sorias 1988b).

It is known that the family members of individuals with mental problem move away from the social life in order to be with the patient in coping with his/her problems more (Gülseren 2002). For this reason, it is necessary to help for the stress management of the patient's relatives (Rössler et al., 2005).

Providing social support for the individual responsible for the care of a schizophrenic patient and clarifying the methods of coping with stress are important in identifying existing problems and finding solutions to these problems. Because these problems negatively affect not only the patient's family but also the whole society in which the family lives.

The study was designed to determine the social support and stress-coping levels of the relatives who were responsible for primary care of schizophrenic patients. At this point the data to be obtained about the patients' relatives' social support and coping with stress is thought to help psychiatric nurses to identify the problems of the relatives of schizophrenic patients and to produce solutions in this direction and accordingly, they would also guide the future studies and contribute to the planning of studies for eliminating the problems of the patients' relatives.

## **2. MATERIAL and METHOD**

### **2.1.Type and Sample of the Study**

This study was designed as descriptive to identify the stress-coping and social support status of the patients' relatives who were primary caregivers of patients diagnosed with schizophrenia.

The sample of the study consisted of 103 relatives including 70 women and 33 men who agreed to participate in the study, met the inclusion criteria of the study, and were primary caregivers of schizophrenic patients hospitalized in Selçuk University Meram Medical Faculty Psychiatry Service and Konya Numune Hospital Psychiatry Service between 1 July and 1 November.

### **2.2.The Place of the Study**

This study was conducted with the relatives of the patients hospitalized in the Psychiatry Service of Selçuk University Meram Medical Faculty and Konya Numune Hospital Psychiatry Service due to the diagnosis of schizophrenia.

### **2.3.Data Collection Tools**

The "Data Form for Descriptive Characteristics, Multidimensional Scale of Perceived Social Support and Family Burden Form" were used to collect the data.

### **2.3.1.Data Form for Descriptive Characteristics**

The questionnaire (Appendix 1) with 18 questions including descriptive information about the socio-demographic characteristics of the patients' relatives and the disease process was prepared by the researcher by reviewing the literature (Cassidy et al., 2001, Rössler et al., 2005, Arkonaç 27 1996b, Amuk et al. 2004, Dixon 1999, Sağduyu et al., 2003, Tel 1999, Akbaş 2006, Başer 2006, Altay 2007).

### **2.3.2.Multidimensional Scale of Perceived Social Support (MSPSS)**

Turkish validity and reliability studies of the scale (MSPSS) developed by Zimet et al., in 1988 were conducted by Eker & Arkar in 1995, the Cronbach's alpha coefficient of the scale was determined as 0.78-0.92 and its internal consistency and reliability were found to be very high. The scale consists of 12 items. MSPSS is a 7-point Likert-type scale rated as "Absolutely No 1,2,3,4,5,6,7 Absolutely Yes" (Appendix 2). The scale has three subscales including family, friend, and significant other supports reflecting the support sources and each subscale consists of 4 items. Items 3, 4, 8, and 11 in the scale measure the family support, items 6, 7, 9, and 12 measure the friend support, and items 1, 2, 5, and 10 measure the support of significant other (trustable close friends). While the lowest score to be obtained from the subscales is 4, the highest score is 28. While the lowest total score obtained from the addition of the scores from subscales is 12, the highest total score is 84. The high score from the scale signifies that the perceived social support is high (Eker & Arkar 1995, Eker et al., 2001).

### **2.3.3.Ways of Coping Inventory (WCI)**

Inventory of coping methods whose original name was "Ways of Coping Inventory (WCI) developed by Folkman and Lazarus includes statements determining individuals' status of coping with general or certain stress conditions. WCI is a 4-point Likert type scale with 30 items for the situation (Appendix 3). 30 items of WCI constitute 5 subscales including self-confident approach (8, 10, 14, 16 20, 23, 26), helpless approach (3, 7, 11, 19, 22, 25, 27, 28), submissive approach (5, 13, 15, 17, 2 1, 2 4), optimistic approach (2, 4, 6, 12, 18) and seeking for social support approach (1, 9, 29, 30). The Cronbach's Alpha internal consistency coefficients of the scale were stated to be between 0.49-0.68 for optimistic approach, 0.62-0.80 for self-confident approach, 0.64-0.73 for helpless approach, 0.47-0.72 for submissive approach, and 0.45-0.47 for seeking for social support approach. Among the subscales of WCI, self-confident approach, optimistic approach, and seeking for social support approach are the positive coping with stress methods; whereas, helpless approach, and submissive approach are the negative coping with stress methods (Tuğrul 1994, Şahin 1995, Şahin 1998).

### **2.4.Data Analysis**

The evaluation and analysis of the data were performed using SPSS 13.0 packaged software in the computer environment. The data were assessed using percentage distribution, arithmetic mean, independent samples t test, analysis of variance, Kruskal-Wallis and one-way analysis of variance (ANOVA) tests. As a result of the analysis of variance, in the cases where a

difference was observed, Tukey HSD multiple-comparison (post-hoc) test was used in order to determine which group caused the difference.

### **2.5. Ethical Considerations of the Study**

Institutional permission was received in written from Psychiatry Department of Selcuk University Meram Medical Faculty and from the Head Physician of Konya Numune Hospital, Additionally, the patients' relatives included in the study were informed about the study their consents were obtained.

## **3. RESULTS**

### **3.1. Socio-Demographic Characteristics of Patients' Relatives and Information Related to Disease Process**

It was determined that 68% of patients' relatives were female, 28.2% were in the age group of 20-29 years and their age averages were  $38.50 \pm 11.14$  (20-63), 66% of them were married, 53.4% had nuclear families, 39.1% were secondary school graduates, 55.2% were unemployed, 84.5% had social security, 57.3% were living with minimum wage, 37.9% of the spouses provided the care for the patient, 81.6% were affected by the disease of the patient, 67% were providing care for the patient for more than 5 years, 37.9% of the caregivers had a psychiatric problem, and 47.6% of the patients' families had another person with psychiatric problem in their family.

### **3.2. Results of the Patients' Relatives concerning the Ways of Coping Inventory (WCI)**

It was determined that there was a statistically significant difference between the family structure and self-confident approach mean scores of the patients' relatives ( $p < 0.05$ ), self-confident approach scores of the patients' relatives living in nuclear family were high and there was no statistically significant difference between the WCI total score and submissive approach, helpless approach, optimistic approach, and seeking for social support approach scores in terms of the family structure of the individuals ( $p > 0.05$ ). According to family structure, optimistic approach scores of all of the patients' relatives' were found to be very low compared to other subscale scores.

It was found that there was a statistically significant difference between the social security and self-confident approach mean scores of the patients' relatives ( $p < 0.05$ ), self-confident approach scores of the patients' relatives with no social security were higher and there was no statistically significant difference between the WCI total score and submissive approach, helpless approach, optimistic approach, seeking for social support approach scores in terms of the status of individuals to have social security. According to the status of having social security, optimistic approach scores of the patients' relatives were determined to be very low compared to their scores from the other subscales.

It was determined that there was a statistically significant difference between the WCI total scores and subscale scores in terms of the beliefs of patients' relatives about the recovery of their patients ( $p < 0.05$ ), and helpless approach and total WCI scores of the patients' relatives who did not believe that their patients would recover were high. In addition, submissive approach and seeking for social support scores of the patients' relatives who did not believe that the disease would be treated were higher than the scores of the other patients' relatives.

It was also determined that there was a statistically significant difference between the WCI subscale scores in terms of the status of the patients' relatives to be affected by the disease of the patient ( $p < 0.05$ ), the optimistic approach scores of the patients' relatives affected by the disease were lower than those who were not affected by the disease and there was no statistically significant difference, while the WCI total and self-confidence approach scores of the patients' relatives affected by the disease were higher than the patients' relatives who were not affected by the disease.

### **3.3. Results of the Patients' Relatives concerning Multidimensional Scale of Perceived Social Support (MSPSS)**

It was determined that there was a statistically significant difference between the MSPSS total mean scores of the patients' relatives in terms of the educational level ( $p < 0.05$ ), this difference was caused by the primary school and university graduates; total social support scores of the primary school graduates were lower than the individuals with other educational level, and the total social support scores of the university graduates were higher than the other groups. It was also determined that the family support of the patients' relatives without social security was low and their friend and significant other supports were higher.

It was also determined that there was a statistically significant difference between the MSPSS subscale mean scores in terms of the status of the patients' relatives to be affected by the disease ( $p < 0.05$ ), the significant other support of those who were not affected by the disease was low and there was no statistically significant difference, however family support, friend support, and significant other support of those who were affected by the disease were higher.

A low negative correlation was seen between the social support levels and ways of coping with stress of the patients' relatives ( $r = -0.195$  and  $p = 0.048$ ).

When the groups with statistically significant difference in WCI mean scores were examined in the study, it was found that women had the seeking for social support approach more than men, the self-confidence approach mean score of those living in nuclear family was higher than those living in extended families, self-confidence mean scores of those without social security were higher than those with social security, helpless approach mean scores and WCI total scores of those who did believe that the disease would recover were higher, optimistic approach scores of those who expressed that their patients were not affected by the disease were higher than those who expressed that they were affected.

When the groups with a statistically significant difference in their MSPSS mean scores were examined in the study, it was determined that social support total mean scores of the university graduates were higher than the primary school graduates, the significant other scores of those who were affected by the disease of the patient were higher than those who were not.

#### 4. DISCUSSION

Mostly women (68%) took responsibility for the care of schizophrenic patients in this study. It is stated in the literature that family members who take responsibility for patient care vary by gender and women play more roles than men (Budd & Hughes 1997, Provencher & Mueser 1997, Schene & Wijngaarden 1995, Saunders & Byrne 2002, Boyd et al., 2007, Lim & Ahn 2003, Provencher and Mueser 1997, Tel 1999). Ohaeri and Fido (2001) stated that men had more responsibilities for the care of schizophrenic patients than women in Nigeria.

When the distribution of the relatives of the patients in terms of the intimacy to the patients was examined in the study, it was determined that the highest distribution belonged to the spouses (37.9%), which was followed by the children (15.5%). Provencher and Mueser (1997) found that 90% of family members who are responsible for the care of schizophrenic patients were mothers and fathers; on the other hand, the spouses were only 2.9%. In the study conducted by Haan et al. (2002) in five European countries, it was determined that the 72.4% of the family members who took part in the care of schizophrenic patients were the mothers and fathers.

When the distribution of the WCI scores of the patients' relatives was examined in terms of their gender, it was observed that there was a statistical difference only in the seeking for social support approach ( $p < 0.05$ ). It is thought that the cause behind why women use seeking for social support approach more than men is that women are more likely to express their emotions more comfortably and thus they tend more comfortably to their circle in meeting their needs (Dormann and Zapf 1999, Russell and Cutrona 1991).

It was also determined that the patients' relatives living in the extended family used the negative methods in coping with stress such as submissive approach and helpless approach more; on the other hand, those living in the nuclear family used positive methods in coping with stress such as self-confidence approach, optimistic approach, and seeking for social support approach at higher rates. In a study conducted with relatives of schizophrenic patients in Turkey (Tel 1999), it was determined that patients' relatives living in extended family used the combination of helpless and optimistic approaches, namely positive and negative approaches. In a psychodrama study conducted by Göker et al., (2003) with the families of schizophrenic patients, they found that the most common and dominant feelings in the family were guilt, helplessness, and future anxiety.

In the study, coping with stress approaches of the patients' relatives did not show any difference according to their educational levels. However, patients' relatives, who were university graduates, used the negative methods such as submissive and helpless approach less,

on the other hand, they used seeking for social support approach, which is a positive method, more. In this context, it can be asserted that as the educational levels of the patients' relatives increased, they used the positive approaches more in coping with stress.

The common problems experienced by the patients' relatives were determined in the studies conducted in European countries with the families of schizophrenic patients as lack of communication with patients and healthcare professionals, the meaning attributed to the disease by the society and the effects of this situation on their lives, burnout, lack of social support, and stress (Boye et al., 2001, Holzinger et al., 2003, Espina et al., 2003, Angermeyer et al., 2003, Magliano et al., 1998, Schene et al., 1998, Bibou 1997).

When the coping with stress status of the patients' relatives was compared with their sociodemographic and disease process-related characteristics, it was observed that the optimistic approach was lower than the other subscales of WCI in all variables. This result was thought to be associated with social value judgments related to schizophrenia, the fact that the disease caused irreversible disabilities and performing the care of the patients was an important stressor on the family members' lives. In many studies, implementation of supportive programs for the individual and family to maintain the patient care more easily and to effectively cope with the effects of stigmatization for the families of schizophrenic patients is stated (Backlar 1994, Burke 1995, Mueser and Gingerich 1994, Mueser and Gingerich 2006).

In the study, there was no statistically significant difference between the social support levels perceived by the relatives of schizophrenic patients in terms of their family structures, family support scores of those living in extended families were higher, friend support scores of those living in nuclear and extend families were equal and the significant other support scores of those living in nuclear families were higher. Elal and Krepsi (1999) stated that the main source of social support was spouses and children, and other family members had no significant contribution to social support.

Social support mean scores of the relatives of patients with mental illness were higher than the relatives of patients with no mental illness. This makes us think that mental disorders of relatives of patients with mental illness are perceived as characterized by the call of seeking for social support in their environments. In the study by Aksüllü and Doğan (2004), perceived social supports of the depressive elderly people were determined to be higher than the elderly people who did not suffer from depression.

Consequently; in this study, it was aimed to evaluate social support and stress coping levels of relatives who are responsible for the schizophrenic patients. For this purpose, it was determined that relatives of the schizophrenic patients scarcely used the optimistic approach which is one of the positive coping with stress methods, whereas, they more frequently used the helpless and submissive approaches among the negative approaches. It was determined that in the social support of the relatives who are responsible for the care of the schizophrenic patients, they mostly received family support and they used the friend support and the significant other support, which are the social support sources other than family, less. In this



context, friend and significant other supports should be focused in the studies to be conducted for increasing the social support. Recognizing the coping strategies of schizophrenic patients' families helps to determine the burden brought by the patients to the families, patients' social difficulties, behavioral problems, and the course of illness. Family-oriented studies should be planned on the perceived social support and coping with stress approaches by the relatives of the schizophrenic patients.

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