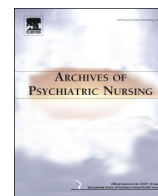




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Relationship Between Caregiving Burden and Anger Level in Primary Caregivers of Individuals With Chronic Mental Illness

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ABSTRACT

OBJECTIVES: The objective of this study was answer to the question: to what extent are the anger of the caregivers of patients diagnosed with schizophrenia and their perceived level of burden are related?

METHOD: The study is a descriptive and correlational study. The information form prepared by the researchers which questions the socio-demographic information of the individuals along with the “Caregiving Burden Inventory” which examines the burden of the caregiver as well as “Trait Anger and Anger Expression Style Scale (TAAES)” which determines the anger levels of the caregivers were used.

RESULTS: The caregiving burdens of the caregivers according to the score averages were determined as 11.88 ± 9.78 for time and dependency burden, 11.93 ± 8.46 for developmental burden, 8.47 ± 6.63 for physical burden, 5.61 ± 5.26 for social burden, 6.29 ± 5.25 for emotional burden and the total burden score was determined as 44.19 ± 26.75 . According to the trait anger and anger expression style scale score averages; trait anger was determined as 15.12 ± 5.95 , anger expression as 9.70 ± 3.43 , anger-in as 15.22 ± 4.02 , anger control as 28.05 ± 5.57 and anger total score average as 68.11 ± 9.97 .

CONCLUSION: According to the results obtained from this study, caregivers of schizophrenia patients experience developmental, physical, social and emotional burdens in addition to trait anger. The caregivers of schizophrenia patients need knowledge and support in order to control the burden and the anger they experience during the caregiving process.

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INTRODUCTION

The concept of caregiving has entered the lives of millions of people regardless of their language, culture or country (Sunanda, Ramesh, & Eilean, 2013). In general, it is the immediate family or close relatives of the patient who take on the responsibility of caring for individuals with chronic mental disorders. Individuals with chronic mental disorders generally live with their families (Saunders, 2003). Hence, the care given by the family forms the basis of all caregiving activities (Sunanda et al., 2013). Since primary caregivers are central to patient's daily lives, caregiving relationships can become one-sided, dependent, and intensive; long term obligations that trouble the lives of caregivers as their caregiving responsibilities also increase (Atagün, Balaban, Atagün, et al., 2011).

The role of the caregiver is a difficult and unpredictable experience that requires effort and toil, while also causing emotional and economic burdens (McCann, Lubman, & Clark, 2009). The concept of burden can

be objective or subjective. Objective burden is defined as the observable, concrete costs to the family that result from the disease. Subjective burden includes individual evaluations of the situation and the emotional problems that arise due to patients' disturbing behavior (Awad & Voruganti, 2008). Studies of caregivers of individuals with chronic mental diseases have found that they experience high levels of burden (Geriani, Savithry, Shivakumar, & Kanchan, 2015, Schulze, & Rössler 2006, Hsiao & Tsai, 2015, Martín et al., 2015). Caregiving burden, especially tension, is associated with caregivers' use of maladaptive coping strategies, poor quality of life and higher levels of psychological morbidity (Kate, Grover, Kulhara, & Nehra, 2013). Studies have shown that the psychological and educational training given to caregivers helps them to cope better and reduces their burden (Chen, Liu, Zhang, & Lu, 2016; Martín-Carrasco et al., 2016; Yesufu-Udechuku et al., 2015). Caring for a person with schizophrenia has a significant impact on the lives of caregivers and alleviating caregiver burden is critical for managing its individual and societal costs (Gater et al., 2014).

Caregiving burden has been determined to be related to lack of information regarding mental disease, behavioral symptoms and anger (Brady & McCain, 2004). Caring for patients with mental disorders and inability to control patients' behavior can cause anger in caregivers

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¹ Interest in families of schizophrenia patients

(Karp & Tanarugsachock, 2000). Causes of anger in caregivers of schizophrenia patients can be related to mental health disorders, whether they can carry out their role in the family and financial problems with treatment (Avci, 2001, Saunders, 2003 Caqueo-Urizar, & Gutiérrez-Maldonado). Caregivers may refuse to acknowledge this feeling since they feel ashamed of it. Hence, the feeling of anger can arise as a result of research (MacNeil et al., 2010). The anger experienced by caregivers has been defined in qualitative studies carried out on caregivers of individuals with chronic mental disorders, and caregivers indicated that they experience difficulty and anger because of the patients' behavior (Chang & Horrocks, 2006; Gater et al., 2014).

OBJECTIVE

Caregivers of schizophrenia patients experience difficulties at every stage of the disease and for the most part have to cope with them on their own (Gülseren, 2002). Nurses continuously interact with patients and caregivers at psychiatric clinics and community mental health centers. Mental health and psychiatric nurses work as consultants, trainers and resource persons and may develop strategies for reducing the burden of caregivers and enabling them to cope with feelings of anger. An understanding of the relationship between anger and burden is needed for such interventions to be developed. This study sought an answer to the question: to what extent are the anger of the caregivers of patients diagnosed with schizophrenia and their perceived level of burden are related?

METHOD

DESIGN

This is a descriptive and correlational study intended to describe the correlation between anger and the perceived burden level of caregivers who care for individuals diagnosed with schizophrenia.

SETTING

The population of the study consists of primary caregivers of schizophrenia patients at the age of 18 and above registered at the Aşır Aksu Community Mental Health Center of Antalya Training and Research Hospital. The Aşır Aksu Community Mental Health Center provides services to schizophrenia patients and their caregivers every weekday. The patients come to the center by service bus at 9:00 and return by bus to their homes at 16:00. The patients receive service between 9:00–15:30. The patients are treated at the center by healthcare professionals so that they can feel better and better adapt to social life. Individual consultations and training in psychosocial skills are also provided.

SAMPLE

The population of the study consists of 426 primary caregivers (family member who lives in the same household as the index patient, who spends time with him/her, and/or is directly and actively involved in the care of the patient (supervising medication, bringing him/her to hospital for follow-up) for at least one month) of schizophrenia patients at the age of 18 or above registered at the Aşır Aksu Community Mental Health Center of the Antalya Training and Research Hospital. The sample of the study was determined using the method of sampling with a known (finite) population. The prevalence is not known since there have been no studies conducted to examine the correlation between caregiving burden and anger in caregivers. For this reason, the researcher calculated the prevalence of observing (p) and not observing (q) the event as 50%, and determined 72 individuals to be included in the sample based on 5% standard deviation and a 95% confidence interval.

The study's inclusion criteria were voluntary participation, being at least 18 years old, being literate and being the primary caregiver of a

schizophrenia patient registered at the Aşır Aksu Community Health Center. Secondary caregivers and minors were excluded.

MEASUREMENTS

The researchers created an information form to collect the participants' socio-demographic data. The researchers also used the Caregiver Burden Inventory to evaluate the burden of the caregivers and the State Trait Anger Scale to determine their anger levels.

THE CAREGIVER BURDEN INVENTORY

This inventory was developed in 1989 in Canada by Novak and Guest to measure the effects of caregiving on the caregiver relatives of patients (Novak & Guest, 1989). It is a 24-item five-point Likert type inventory with five sub-fields: time-dependency burden, developmental burden, physical burden, social burden and emotional burden. All the sub-fields have five items except for the physical field, which has four. Each sub-field is scored between 0 and 20. The items are scored as: not defining or 0 points, somewhat defining or 1 point, moderately defining or 2 points, well defining or 3 points and very well defining or 4 points. Physical burden consists of four items for which the answers given to each item is multiplied by 1.25 to calculate the score and a total score of 20 points is attained from this factor. The total score of each individual varies between 0 and 100. High scores indicate high burden levels, and low scores indicate low burden levels. The reliability and validity of the inventory for Turkish society was carried out by Küçük Güçlü et al. in 2009. Its Cronbach alpha value was 0.94. It was 0.93 for the sub-field of time dependency burden, 0.94 for developmental burden, 0.94 for physical burden, 0.82 for social burden and 0.94 for emotional burden. This study found the Cronbach's alpha value to be 0.89 in general, 0.91 for the "Time-dependency Burden" sub-factor, 0.86 for the "Developmental Burden" sub-factor, 0.90 for the "Physical Burden" sub-factor, 0.88 for the "Social Burden" sub-factor and 0.93 for the "Emotional Burden" sub-factor.

THE STATE TRAIT ANGER SCALE

This scale was developed by Spielberger, Jacobs, Russell, & Crane, 1983 (p. 161). It has two sub-scales: trait anger and anger expression style. The trait anger sub-scale indicates what the individual generally feels or the anger level that the individual experiences. Anger expression style is divided into three sub-scales. The anger-out sub-scale measures how much the individual expresses their anger. The anger-in sub-scale measures how much the individual suppresses their anger and keeps it inside. The scale consists of 34 items. It is based on a Likert type four-point rating that ranges between almost never (1) and almost always (4). The lowest possible score on the scale is 34, and the highest possible score is 136 (Spielberger et al., 1983; Özer, 1994). Scoring is carried out separately for trait anger and anger expression. The first 10 items on the scale measure trait anger. The remaining 24 items are related to anger expression style: 8 for anger-out, 8 for anger-in and 8 for anger control. Anger-out is measured by items 12, 17, 19, 22, 24, 29, 32 and 33 on the anger expression style sub-scale. Anger-in is measured by items 13, 15, 16, 20, 23, 26, 27 and 31. Anger control is measured by items 11, 14, 18, 21, 25, 28, 30 and 34. The arithmetic average of the scores for each group is calculated to score each sub-scale. Low scores indicate low trait anger or anger expression levels, and high scores indicate high trait anger or anger expression levels. The item total score correlations were determined to vary between 0.14 and 0.56, whereas the Cronbach's alpha internal consistency coefficient was determined to vary between 0.73 and 0.84 during the adaptation and reliability studies of the scale (Özer, 1994). In some studies, the Cronbach's alpha internal consistency coefficient was found to be between 0.76 and 0.82 (Albayrak & Kutlu, 2009), 0.77 and 0.90 (Yöndem & Bıçak, 2008) and 0.79 and 0.91 (Güleç, Sayar, & Özkorumak, 2005). In the present study, the Cronbach's alpha internal consistency coefficient was found to be between 0.79 and 0.88.

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