

Emotional Intelligence and Perceived Stigma in the Care Takers of Schizophrenia: A Study from South India

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Abstract: ***Background:** Care givers have an important role in patients care. The stigma associated with illness has made care giving a challenging job. Very few studies had been done focusing on the emotional intelligence and stigma in care givers. Hence the study was undertaken. **Aim:** To study association of emotional intelligence and perceived stigma in the care givers of schizophrenia patients. **Materials and Methods:** Study was done in 100 care givers of schizophrenia attending a tertiary hospital in Warangal after fulfilling inclusion criteria. A semi-structured performance was administered to collect socio-demographic details followed by Wong and Law emotional intelligence scale and Family stress stigma scale. Data was analysed using SPSS 28.0. **Result:** Females, and care givers residing in rural areas perceive higher stigma. Perceived stigma increases as the duration of care giving increases. Males have higher emotional intelligence compared to females. There is a statistically significant association between emotional intelligence and perceived stigma in the care givers. **Conclusion:** The present study shows that emotional intelligence is higher in males compared to female caregivers and female care givers perceive higher stigma compared to male. The study shows a significant association between emotional intelligence in the care givers and the stigma perceived by them.*

Keywords: Care takers, perceived stigma, emotional intelligence

1. Introduction

Schizophrenia is a severe mental disorder, characterized by fundamental disturbances in thinking, perception and emotions. The presence of patient with schizophrenia in the home, especially after deinstitutionalization, can result in many challenges to the care giver. In developing countries, despite the apparent downfall of traditional family structure, over 60% of patients with long-term schizophrenia live with family members^[1, 2]. The stigma attached to mental illness is an issue of great concern to caregivers. Stigma can be a major obstacle for family members.^[3, 4, 5]

Primary caregiver as defined by an adult relative living with a patient, in the same environment, for at least 12 months and was involved directly in giving care to the patient and most supportive either emotionally or financially, and should feel most responsible for the patient^[6]. Studies have shown that 43% to 92% of caregivers of people with mental illness report stigma from society at some point of the time.^[7] This has a huge toll on the psychological and social well-being of the care givers. Care giving is a demanding job which comes with mental and physical distress, financial burden, and disturbed socialization^[8].

Emotional intelligence can be defined as the ability of an individual to recognize, perceive, and develop emotions, assisted by thoughts in order to understand their own and others' emotions. Literature shows family caregivers of patients with schizophrenia show a decrease in emotional intelligence which creates significant obstacles for effective interpersonal communication and for the harmonious functioning of a family.^[9] Low levels of emotional intelligence have been associated with depressive symptoms and a greater perception of burden and anxiety.^[10] The higher levels of emotional intelligence, is related to a better management of the time dedicated to self-care and leisure of the main caregiver. Emotional intelligence thus confirms the positive effect of emotional intelligence on adapted coping.

Even though mental illness is one of the most stigmatized illnesses in our society in with advanced treatment options and modern medication, every one person perceives stigma in a different manner. Various factors including biological, psychological and social factors play a vital role in determining how the stigma is perceived by the person. The interplay between these factors can be the reason why the intensity of the perceived stigma differs in each person.

There is very few study that throws light on the emotional intelligence in the care givers of schizophrenia and how it affects their perception about stigma. Therefore the present study aims to investigate the association between emotional intelligence and perceived stigma in the care givers of the schizophrenia.

Aims and Objectives

To investigate the association between emotional intelligence and perceived stigma in the care givers of the schizophrenia.

2. Methodology

Study Setting

- Study was conducted in MGM hospital Warangal. A tertiary care. Sampling was done by convenient sampling method due to feasibility of the method in obtaining sample whenever patients come for admission. 100 caregivers of patients with Schizophrenia were selected from that visiting outpatient department.
- Cross sectional study.

Study Period

The study was conducted for 6 months between December 2021 to May 2022.

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Inclusion Criteria

- 1) Age of the subjects between 18-65 years.
- 2) Male and female genders.
- 3) Primary caregivers of patients who meet the ICD 10 criteria for Schizophrenia were taken up for the study.
- 4) Those caregivers involved in care giving for at least a period of past 6 months were only taken up.
- 5) Subjects willing to participate in the study and give written informed consent.

Exclusion Criteria

Caregivers with primary mental illnesses and dependence on substances like alcohol, cannabis, benzodiazepines etc.

Study Procedure

- Institutional ethics committee clearance was obtained prior to the start of the study.
- A consecutive, convenient sample of 100 caregivers of persons with schizophrenia were taken from those attending outpatient and inpatient services.
- Participants were explained the procedure and those who were willing to give written informed consent were only taken up for the study.
- On first contact with the subjects, a questionnaire was administered which collected sample sociodemographic details like name, age, gender, religion, domicile, education levels, occupational background, marital status, socio economic status, relationship with the patient and also clinical details like duration of illness, duration of care giving, medical and psychiatric history of the subjects..
- Caregivers were given two other scales i.e., Wong and Law emotional intelligence scale and Family stress stigma scale
- This data was later compiled and analysed using SPSS software. 21

Scales

Wong and Law Emotional Intelligence Scale^[11]

Cronbach's alpha is in the range of .79 to .86.

Family Stress Stigma Scale^[12, 13]

3. Result

Table 1: Sociodemographic variables

	Frequency(n)
Gender	
Male	47
Female	53
Education	
Uneducated	8
Primary school	10
Middle school	40
High school	20
Intermediate	10
Graduate	12
Marital status	
Married	72
Single	10

Divorced	11
Widow	7
Domicile	
Rural	48
Urban	52
Religion	
Hindu	76
Muslim	18
Christian	6
Socioeconomic status	
Lower	9
Upper lower	41
Lower middle	16
Upper middle	22
Upper	12
Employment	
Unemployed	12
Unskilled	24
Semiskilled	44
Skilled	30

Table 4: Summary of Outcome Parameters

Outcome Parameters	Mean ± SD	Median (IQR)	Min - Max
Emotional Intelligence	39.20 ± 19.27	29.00 (25.00-59.00)	18.0 - 80.0
Stigma	15.49 ± 5.10	17.00 (10.00-20.00)	8.0 - 25.0

Table 1: Association between Stigma and Parameters

Parameters	Stigma	p value
Age (Years)	Correlation Coefficient (rho) = 0.03	0.517 ¹
Gender***		0.001 ²
Male	16.22 ± 4.89	
Female	14.58 ± 5.23	
Background***		0.029 ²
Rural	15.91 ± 4.94	
Urban	14.62 ± 5.33	
Family***		<0.001 ²
Joint	17.73 ± 4.07	
Nuclear	13.86 ± 5.17	
Age of Caregiver***	Correlation Coefficient (rho) = -0.1	0.019 ¹
Duration of Caregiving (Years)***	Correlation Coefficient (rho) = 0.46	<0.001 ¹
Marital Status***		<0.001 ³
Married	16.82 ± 4.64	
Single	19.86 ± 2.41	
Divorced	21.55 ± 1.52	

Table 1: Correlation between Age (Years) and Stigma (n = 100)

Correlation	Spearman Correlation Coefficient	P Value
Age (Years) vs Stigma	0.0	0.517

Non-parametric tests (Spearman Correlation) were used to explore the correlation between the two variables, as at least one of the variables was not normally distributed. There was no statistically significant correlation between Age (Years) and Stigma (rho = 0.03, p = 0.517).

Table 1: Comparison of the 2 Subgroups of the Variable Gender in Terms of Stigma (n = 100)

Stigma	Gender		Wilcoxon-Mann-Whitney U Test	
	Female	Male	W	p value
Mean (SD)	16.22 (4.89)	14.58 (5.23)	37902.000	0.001
Median (IQR)	18 (10-20)	15 (9-19)		
Range	8 – 25	8 - 24		

There was a significant difference between the 2 groups in terms of Stigma (W = 37902.000, p = 0.001), with the median Stigma being highest in the Gender: Male group.

Strength of Association (Point-Biserial Correlation) = 0.16 (Small Effect Size)

Table 1: Comparison of the 2 Subgroups of the Variable Background in Terms of Stigma (n = 513)

Stigma	Background		Wilcoxon-Mann-Whitney U Test	
	Rural	Urban	W	p value
Mean (SD)	15.91 (4.94)	14.62 (5.33)	32304.000	0.029
Median (IQR)	18 (10-20)	15 (9-19)		
Range	8 – 25	8 - 24		

There was a significant difference between the 2 groups in terms of Stigma (W = 32304.000, p = 0.029), with the median Stigma being highest in the Background: Rural group.

Strength of Association (Point-Biserial Correlation) = 0.12 (Small Effect Size)

Correlation	Spearman Correlation Coefficient	P Value
Age Of Caregiver vs Stigma	-0.1	0.019

There was a weak negative correlation between Age of Caregiver and Stigma, and this correlation was statistically significant (rho = -0.1, p = 0.019).

For every 1 unit increase in Age Of Caregiver, the Stigma decreases by 0.03 units.

Table 1: Correlation between Duration of Caregiving (Years) and Stigma (n = 100)

Correlation	Spearman Correlation Coefficient	P Value
Duration of Care giving (Years) vs Stigma	0.5	<0.001

There was a moderate positive correlation between Duration of Caregiving (Years) and Stigma, and this correlation was statistically significant (rho = 0.46, p = <0.001).

Table 1: Comparison of the 2 Subgroups of the Variable Gender in Terms of Emotional Intelligence (n = 513)

Emotional Intelligence	Gender		Wilcoxon-Mann-Whitney U Test	
	Female	Male	W	p value
Mean (SD)	36.67 (18.60)	42.34 (19.66)	27190.500	0.001
Median (IQR)	28.5 (25-34)	32 (25-60)		
Range	18 – 80	18 - 80		

There was a significant difference between the 2 groups in terms of Emotional Intelligence (W = 27190.500, p = 0.001), with the median Emotional Intelligence being highest in the male gender:

Correlation	Spearman Correlation Coefficient	P Value
Stigma vs Emotional Intelligence	-0.7	<0.001

4. Discussion

The present study investigated the association between emotional intelligence and perceived stigma in the care takers of the schizophrenia. The study found that emotional intelligence is higher in the males. and perceived stigma was higher in the females A study done by Ergitie et al shows female, rural residency, lack of social support, long duration of relationship with the patient and currently not married are found significantly associated with increased perceived stigma of caregivers.^[14] Similar to this study present study also shows female, rural background and long duration of care taking are associated with higher perceived stigma. A study done by Koschorke et al also shows females are more stigmatized than males in caregivers with mental illness.^[15]

There was significant positive association emotional intelligence and perceived stigma. According to study by Bosson et al Women tend to score higher than men on measures of emotional intelligence. A study done by Ahmed et on gender difference on Emotional reveals that males have high emotional intelligence as compare to females (t=4.522, p<.01).^[16]

A study done by Armstrong E and Nicole son mentally ill patients suggested that emotional intelligence and mental illness stigma are correlated (r = -.514, p <.001) which is in par with the study.^[17] According to a study done by Alikhani et al emotional intelligence is negatively correlated with self-stigma and burn out which is similar to our study result. Emotional intelligence group teaching can be effective in reducing stigma in cancer patients. Therefore, it is suggested to use emotional intelligence teaching to reduce stigma in cancer patients in oncology hospitals.^[18] A study done by Armstrong showed EI and mental illness stigma are correlated (r = -.514, p <.001) and that there is a significant interaction between EI and level of familiarity with mental illness. The above studies therefore indicate that emotional intelligence may have a protective role against self-stigma.

According to Triguero et al emotional intelligence plays a role in coping with mental difficulties or in preserving a positive self-image in the face of emotional exhaustion, The study point towards the importance of emotional intelligence in coping with the challenges offered by care taking of mentally ill patients.^[19]

Our study has certain limitation. This is a single centred study and generalisation of results requires further multi centred research. Since this is cross sectional study causal inferences cannot be made. Hence follow up studies are required

5. Conclusion

The present study shows that emotional I intelligence is higher males compared to female caregivers and female care givers perceive higher stigma compared to male. The study show a significant association between emotional intelligence in the care givers and the stigma perceived by them.

We recommended psycho educational interventional programmes in the community level. Such programmes also decrease the stigma which in turn increases the social support to the caregivers.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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