

Assessment of Stress and Coping Strategies among the Family Members of Substance Abuse Patients Attending the Psychiatric OPD of Selected Hospital Purba Bardhaman, West Bengal

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Abstract: ***Background:** Substance use is a serious health problem of individual, family and community. Substance abuse, particularly alcohol abuse cannabis binge and opioids abuse are a widespread problem that has caused disturbance in many families around the world. The family members of substance abuse often face the most severe consequences. The family members may experience a range of negative emotions, including stress, anxiety and shame due to their loved one's addiction. **Objectives:** The aim of the study is to assess stress and coping strategies of family members of substance abuse patients and find out the relationship among them. **Method:** A descriptive survey research was conducted at psychiatric outpatient department at selected hospital, West Bengal. The conceptual framework was based on sister Calista's 'Roy's adaptation model'. Total 270 family members of patients with substance abuse were selected by non probability purposive sampling technique. Semi-structured interview schedule, Perceived Stress Scale and Brief Cope Scale were used respectively to collect data. **Result:** The findings revealed that stress had statistically significant strong negative correlation with coping mechanisms of family members. Total 2.96% respondents had low level stress, 67.78 % had moderate level stress and 29.25 % had high level of perceived stress. The coping score and stress score are negatively related. The findings of the study have implication for nursing education, administration, practice and research. It is recommended that a similar study can be conducted on large sample for wider generalization and an awareness programme can be done on coping strategies of caregivers to reduce caregiving burden.*

Keywords: Family members, Stress, Coping strategies, Substance abuse patients

1. Introduction

Substance use poses a significant health issue for individuals, families, and communities. The widespread problem of substance abuse, especially involving alcohol, cannabis, and opioids, has led to turmoil in numerous families globally. Family members of those struggling with substance abuse often bear the brunt of the consequences. They may go through a variety of negative feelings, such as stress, anxiety, and shame as a result of their loved one's addiction. The burden that substance use places on families can lead to physical, psychological, and behavioral issues that hinder social or work life¹.

In a recent article, the effect of addiction on family members significantly revolves around the safety and welfare of their children. Substance abuse influences both individual lives and those of their family members. The research notes that relatives of individuals struggling with substance abuse endure anxiety, depression, stress, emotional outbursts, and profound decline².

The addiction also effects the environment and the society as whole. An exploratory study of 2019 with researcher Arlappa P, Jha G, Jayaseeli S revealed the effect of addiction on families living in Kolkata particularly. That expresses economic instability, socio-economic problem and other physical issues³.

In India the impact of drug abuse on families has been an interesting subject of research. Drug addiction is relieved as a personal struggle but extends here be far beyond only personal suffering.

The impacts of substance abuse can be both short-term and enduring. In certain situations, addiction may result in the breakdown of marriages and parenting relationships. Offspring of these parents frequently endure feelings of isolation, guilt, anxiety, and fear of being abandoned, which can lead to various behavioral and developmental challenges. Acknowledging the detrimental effects and pursuing treatment and support for both the addicted person and their family members is vital for recovery and restoring family connections^{4,5}.

2. Need of the Study

Comprehending and assisting individuals dealing with addiction is vital. Support for family members is necessary to help alleviate their stress. Families play a significant role in providing support to their loved ones who are struggling with addiction. Numerous research studies indicate that familial support is critical for the recovery of those with addiction issues. If an individual's performance and social interactions are lacking or impaired, it tends to have a more significant effect on the family. Hence, families should consider support groups and counseling as viable options to navigate these challenges. Effective caregivers must focus

on their own well-being to manage the stressful circumstance⁶.

Hence this study was undertaken to assess the stress and coping strategies among the family members of substance abuse patients at psychiatric OPD of selected hospital

Objectives of the study

- To assess the stress and coping strategies of family members of substance abuse patients
- To find out the relationship between stress and coping strategies
- To find out the association between stress & coping strategies and selected demographic variables.

Assumption

The study is assumed that family members of substance abuse patients mainly alcohol, opioids and cannabis experience significant levels of stress due to the emotional, financial, and social burden associated with the patient's condition, and that they adopt various coping strategies, both adaptive and maladaptive to manage this stress.

3. Methodology

Research Approach

Quantitative survey research approach was considered as more appropriate.

Research Design

Descriptive Survey Design was adopted for the present study.

Research variables

- Stress of family members of substance abuse patients
- Coping strategies of family members of substance abuse patients

Demographic variables

Age, Gender, Religion, Educational level, Marital status, Occupational status, Monthly family income, Type of family, Residential area, Relationship with the client, Duration of relationship with the client, Type of substance abused, Duration of substance abuse, Duration of treatment

Research Setting

Out Patient Department of Psychiatry, BMCH, Purba Bardhaman.

Population

All family members of substance abuse clients attending Psychiatric Out Patient Department, West Bengal.

Sample

Family members of substance abuse clients attending psychiatric outpatient department of selected hospitals, West Bengal.

Sampling criteria

Inclusion criteria

- The study includes the family members of substance abuse clients:

- Who are willing to participate in the study.
- Who are available during the time of data collection.
- Who is above 18 years of age.
- Who understands Bengali.

Exclusion Criteria

The study excludes the family members of substance abuse clients who are chronically ill

Sample Size & sampling Technique

Systematic probability sampling technique was used to select 270 sample.

Ethical Consideration

The ethical permission was obtained from The Institutional Ethics Committee and Informed consent was taken from the participant before conducting the study.

Description of Tool

The tools selected by the investigator for this study are as follows:

- 1) Socio – demographic Profile (was developed for the present study)
- 2) Perceived Stress Scale by Sheldon Cohen, it is a five-point scale consists of 10 items. The total Perceive stress scale score ranges from 0–40. With higher score indicating higher perceived stress.
- 3) Brief - Coping Orientation to Problems Experienced Inventory (Brief-COPE)

4. Results and Analysis

Section I A: Demographic Characteristics (Table 1)

Among the 270 sample (Table 1), 40.74% belonged to the age group of 40–49 years, 34.81% belonged to the age group of 30–39 years whereas 17.78% and 6.67% of study samples belonged to the age group of 50–59 years and 60–69 years respectively. The majority of study samples (68.52%) were females and 31.48% were males. The table data shows that majority of study population (61.48%) believed in Hindu religious faith, 37.04% believed in Islam religious faith and 1.48% believed in other religious faiths.

It is seen from table data that 42.59% of study samples had education upto primary level, 24.82% of study samples had studied upto Madhyamik level, 11.11% had studied upto Higher Secondary level and meager 3.7% had education upto Graduation level or above. But 17.78% of study samples were illiterate.

Most of the study participants (87.04%) were married, whereas 11.83% were single and 1.11% study participants were divorced or separated. In occupational status the data showed that 29.26% of study samples were housewives, 28.52% were workers, 24.07% were self-employed, whereas 14.08% were engaged in private jobs and only 4.07% were employed in government service. It showed that more of the study samples (45.56%) had monthly family income in the range of Rs. 10001–15000, 32.59% of study sample had monthly family income in the range of Rs. 5001–10000, 21.11% of study samples family monthly income was ranging in between Rs. 15001–20000 and only 2.51% of study samples monthly family income was above Rs. 20000.

Table data showed that more of the families of study sample were joint (52.59%) in type than nuclear (47.41%). It also shows that 43.33% of the study participants were parents of the patient, 39.26% were spouses of the patients and 17.41% of the study participants were brothers/sisters of the patients.

It was seen in table data that 37.78% of study participants had a relationship of 10–20 years with the patient, 27.04% had a duration of <10 years, 20.74% had 21–30 years of relationship with the patient and 14.44% of participants had more than 30 years of relationship with the patient.

Section I B: Use of Substance related Information of the patients (Table 2)

The data showed that more patients (55.19%) were addicted to alcohol, 38.15% were addicted to ganja and 5.56% and 1.11% of the patients were addicted to Nicotine and Cocaine respectively. It also showed that 43.33% of the study participants were parents of the patient, 39.26% were spouses of the patients and 17.41% of the study participants were brothers/sisters of the patients. 37.78% of study participants had a relationship of 10–20 years with the patient, 27.04% had a duration of <10 years, 20.74% had 21–30 years of relationship with the patient and 14.44% of participants had more than 30 years of relationship with the patient.

Section II: Findings related to perceived stress scale

Table 3: Frequency and Percentage Distribution of study participants according level of stress, n = 270

Stress	Frequency	Percentage (%)
Low stress	8	2.96
Moderate stress	183	67.78
High stress	79	29.25

Data presented in table3 showed that 8 (2.96%) of the study participants were having low level of stress, 183 (67.78%) participants were having moderate level of stress and 79 (29.25%) participants were having high level stress.

Table 4: Findings related to perceived stress scale, n = 270

Variables	Obtained range	Mean	Median	S.D.
Stress	0 – 46	23.13	23	4.64

Minimum possible score = 0
Maximum possible score = 46

Data presented in table 4 showed that minimum obtained range of stress level score was 0 and maximum obtained range was 46 with mean value 23.13, median value 23. So, it could be inferred that data was almost normally distributed and standard deviation was 4.64 which indicated that data was mildly dispersed.

Section III: Finding related to coping level of the family member of substance abuse patient.

Table 5: Frequency and Percentage Distribution of frequency percentage of coping level, n = 270

Coping level	Frequency	Percentage (%)
Low	6	2.22
Moderate	259	95.93
High	5	1.85

Data presented in Table 5 showed that among study participants 259 (95.93%) adopted moderate level of coping, 6 (2.22%) of the family members adopted low level of Coping and 5 (1.85%) of them adopted high level of coping.

Table 6: Distribution of range mean, median and standard deviation of overall coping level score, n = 270

Variable	Obtained range	Mean	Median	S.D.
Coping	28 – 112	70.80	72	6.76

Minimum possible score 28
Maximum possible score 212

Data presented in table 6 showed that minimum obtained range of coping score was 28 and maximum obtained range was 112 with mean value 70.80, median value 72. So it could be inferred that data was almost normally distributed and standard deviation was 6.76 which indicated that data was mildly dispersed.

Table 7: Distribution of domain wise range mean, median and standard deviation of coping level, n = 270

Coping strategies	Obtained range	Mean	Median	S.D.
Problem focused	8 – 32	20.57	21	3.11
Emotion focused	12 – 48	30.34	31	4.25
Avoidant coping	8 – 32	19.88	20	2.69

Data presented in table 7 showed that the obtained range of Problem Focused coping score was 8 – 32 with mean value 20.57 and median 21 and S.D. was 3.11 which can be interpreted that the obtained score were mildly dispersed.

It also showed that the obtained range of Emotion Focused coping score was 12 – 48 with mean value 30.34, median 31 and SD 4.25. It can be interpreted that data of emotion focused coping was normally distributed and mildly dispersed.

The data also showed that the obtained range of Avoidant Coping score was 8 – 32 with mean value 19.88, median 20 and standard deviation 2.69, which can be interpreted that the data was normally distributed and mildly dispersed.

After analysing the data it also showed that a weak negative correlation was found between stress score and coping score.

5. Discussion

The present study result revealed that 58.51% of the respondents were male. The present study conducted on 270 respondents, majority i.e. 41.22% respondents belonged to the age group 40-49 years. In the present study majority i.e. 32.59% respondents were unemployed.

The present study is much alike to a study, conducted by **Sreekanth SK et al.** on stress of the family members of alcoholics admitted in de-addiction centre in Mangalore (2020). Out of the total 100 respondents, 51 individuals were male accounting for 57% of the sample. The age distribution of the participants was mostly 43% respondents between 40-50 years. The participants displayed a relatively similar distribution of occupation with 38% of respondents were unemployed.

The present study revealed that among all the participants, 67.78% had moderate stress, 29.25% had high stress and 2.96% had low stress

The present study is supported by the study conducted by the **Srekanth SK et al.** on stress of the family members of alcoholic admitted in de-addiction centre in Mangalore (2020) which shows that 54% family members had moderate stress, 42% family members had severe stress and 4% family members had low stress.

The present study is supported by the study conducted by the **Nivetha S et al.** on the stress resilience and coping among the family members of substance use disorder in slum area of Anna Nagar, Chennai which shows that 44% family members had moderate stress, 51% family members had severe stress and 5% had low stress.

The present study is supported by the study conducted by the **Ackerman K et al.** on assessment of stress and coping mechanism among the children and spouse of substance abusers which shows that 55% family members had moderate stress, 39% family members had severe stress and 6% had low stress.

The present study is supported by the study conducted by the **Margaret J. Easly and Noman Epstein** 2017 on coping with stress in a family with the tobacco and alcoholic in Berlin, Germany on which shows that 44% family members had moderate stress, 38% family members had severe stress and 18% had low stress.

6. Conclusion

After conducting the final study and analysis and interpreting the data which collected from the participants, it can be concluded that majority of the family members of substance abuse client had moderate level of stress. There was a significant association between stress with duration of treatment. It was found that there was significant association of stress with gender, occupational status, and duration of relationship with the client, duration of abuse and duration of treatment. There was also significant association of coping strategies with duration of abuse and duration of treatment.

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Table 1: Demographic Characteristics of the participants, N=270

Variables	Frequency	Percentage (%)
Age (years)		
• 30 – 39	94	34.81
• 40 – 49	110	40.74
• 50 – 59	48	17.78
• 60 – 69	18	6.67
Sex		
• Male	85	31.48
• Female	185	68.52
Religion		
• Hindu	166	61.48
• Muslim	100	37.04
• Others	4	1.48
Educational qualification		
• Illiterate	48	17.78
• Primary	115	42.59
• Secondary	67	24.82
• Higher secondary	30	11.11
• Graduate	10	3.70
Marital status		
• Single	32	11.83
• Married	235	87.04
• Divorced/Separated	3	1.11
Occupation		
• Worker	77	28.52
• Housewife	79	29.26
• Self-employed	65	24.07
• Govt. Service	11	4.07
• Private job	38	14.08
Monthly family income (in Rupees)		
• 5001 – 10000	88	32.59
• 10001 – 15000	123	45.56
• 15001 – 20000	57	21.11
• >20000	7	2.59
Types of family		
• Nuclear	128	47.41
• Joint	142	52.59
Relationship with the patient		
• Spouse	106	39.26
• Parents	117	43.33
• Brother/Sister	47	17.41
Duration of relationship with the patient		
• <10 years	73	27.04
• 10 – 20 years	102	37.78
• 21 – 30 years	56	20.74
• >30 years	39	14.44

Table 2: Substances related information of the patients

Variables	Frequency	Percentage (%)
Types of substance abused		
• Alcohol	149	55.19
• Ganja	103	38.15
• Nicotine	15	5.56
• Cocaine	3	1.11
Duration of substance abuse		
• <5 years	136	50.37
• 5–10 years	121	44.81
• >19 years	13	4.81
Duration of treatment		
• <2 years	123	45.56
• 2–4 year	107	39.63
• >4 years	40	14.81