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A Study to Assess the Level of Burden, Coping Methods and Quality of Life Among Primary Care Givers of Selected Mentally Ill Patients in a Selected Clinic at Salem, Tamil Nadu, India

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Abstract: ***Background: Mental illness in a family member affects the family in different ways especially the primary caregiver's life. This study aimed to assess the level of burden, coping methods and quality of life among primary care givers of selected mentally ill patients. Method: A survey descriptive study with co relational design was conducted at outpatient department of Dr. M. Rajeswari Clinic, Salem. Results: The result of the study showed that out of 60 samples 82% had moderate burden and 18% had severe burden, 67% had good coping and 33% had average coping and 03%had poor quality of life, 52% had average quality of life and 45% had good quality of life. The correlation between level of burden and coping method and level of burden and quality of life showed -0.510 and -0.483 respectively. The correlation between coping method and quality of life showed 0.360. There was no significant association between the level of burden with their demographic variables such as age, gender, area of residence, religion, type of family, education, occupation, income per month, relationship with client, marital status and duration of care since diagnosed. There was no significant association between coping method with their demographic variables except their type of family. There was no significant association between quality of life with their demographic variables except the duration of caring the patient. Conclusion: The findings of the study showed that the primary care givers of mentally ill patients are facing a moderate level of burden, using a good level of coping, and having an average quality of life in relation to the caring mentally ill patients. There was association between the type of family and the level of coping and duration of caring and quality of life.. There was a positive co relation between the level of coping and quality of life among primary care givers.***

Keywords: Burden, Coping method, Quality of life, mentally ill patients, Primary caregivers.

1. Introduction

The presence of a mentally ill patient in a family cause stressful experience to the care givers (especially to the primary care givers) such as physical, emotional, social and financial stress. More the patient behaviour and functional disability put the primary care givers in a great risk. As a health professional the mental health nurse has a main responsibility in identifying the burden and stress faced by the primary care givers of mentally ill patient.

2. Statement

A Study to assess the level of burden**,** coping methods and quality of life among primary care givers of selected mentally ill patients in a selected clinic at Salem

3. Objectives

1) To assess the level of burden among the samples.
2) To assess the level of coping methods among samples
3) To assess the quality of life among the samples.
4) To describe the correlation between the level of Burden and coping methods, Burden and quality of life, Coping methods and quality of life among the samples.
5) To find the association between levels of burden, Coping methods and quality of life with their demographic variable.

4. Method

A Quantitative descriptive survey was conducted using descriptive co relational design at outpatient department of Dr.M.Rajeswari Clinic, Salem, after getting formal consent from concerned authorities. The conceptual frame work used in this study was Roy's adaptation theory. Sample size was 60 and was selected using convenient sampling technique. After explaining the purpose of the study, written consent was sought from the samples, the demographic data was collected through interview method. After that the modified WHO's burden assessment schedule, coping method assessment check list, and modified WHO's quality of life instrument scale was administered to the samples and collected relevant data using structured interview method. Scoring and grading was done based on the score. The researcher got 3 to 4 cases per day and it was taking 25 to 30 minutes time for data collection procedure. The samples were well cooperated and given relevant information.

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5. Findings

The Cylindrical diagram below shows the total level of burden distribution among samples.

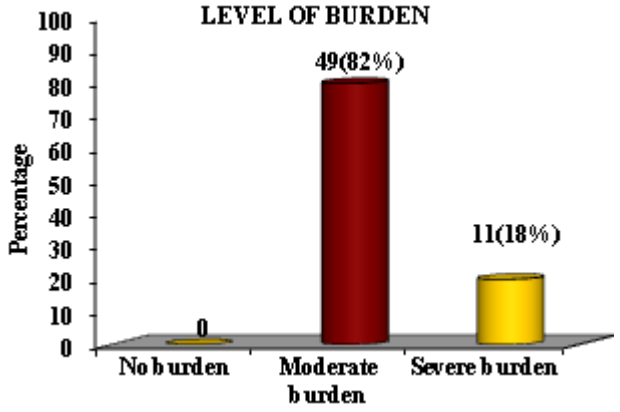


Figure 1: Cylindrical diagram on total percentage distribution of samples based on their level of burden

Figure1 shows that out of 60 samples none of the samples had no burden, 49(82%) had moderate burden and 11(18%) had severe burden

Findings: The Cylindrical diagram below shows the total level of coping among samples.

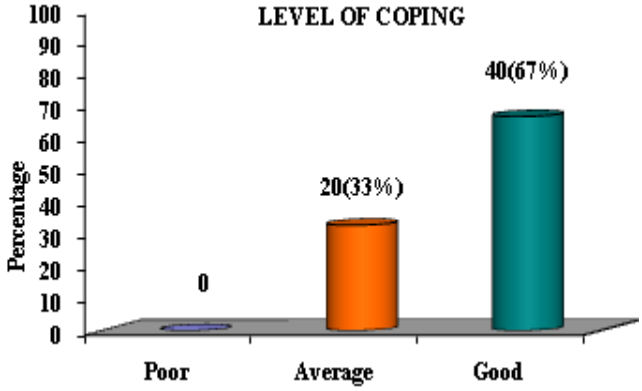


Figure 2: Cylindrical diagram on total percentage distribution of samples based on their level of coping

Figure 2 shows that 40(67%) has good coping methods and 20(33%) has average coping methods.

Findings: The Cylindrical diagram below shows the quality of life among samples.

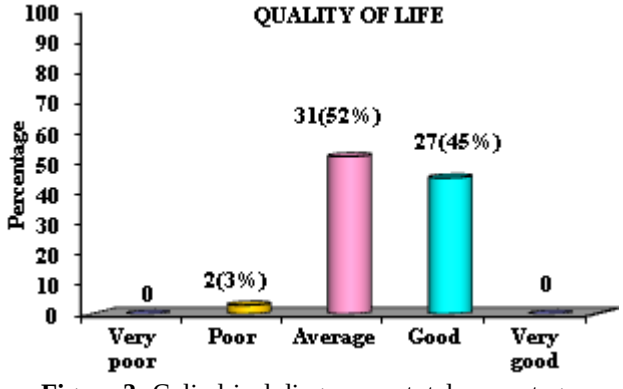


Figure 3: Cylindrical diagram on total percentage distribution of samples based on their quality of life

Figure 3 shows 02(03%) has poor quality of life, 31(52%) has average quality of life and 27(45%) has good quality of life.

The analysis of correlation values for level of burden and coping methods was -0.510 and the analysis of correlation values for level of burden and quality of life was-0.483. It indicated that there was significant negative correlation between level of burden and coping method and burden and quality of life among samples. The analysis of correlation values for coping method and quality of life was 0.360. It indicated that there was significant positive correlation between the coping method and quality of life. The association of level of burden, coping method and quality of life was compared with demographic variables. There was significant association between coping method and type of family (χ^2 =8.330; table value=5.99) and between duration of caring the patient and quality of life (χ^2 =14.2; table value=12.592).

6. Limitation

1) Study was limited to a particular place only.
2) The Level of burden, coping methods and quality of life was only assessed by the researcher.

7. Conclusion

The presence of a mentally ill patient in a family will cause a moderate level of burden to the primary care giver, The samples are using an average coping methods only to get away from these induced stresses. And most of them leading an average quality of life too. The findings of the study showed there is a significant association existing between type of family of the care giver and coping method used and quality of life with duration of caring the patient.

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