ORIGINAL ARTICLE

The Relationship between Family Burden and Social Support in Caregivers of Schizophrenic Patients in Kermanshah City, 2019

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Abstract

Background: Schizophrenia, as a chronic and debilitating disease, has consequences not only for the patient but also for the family and society. It severely destroys the energy and resources available to the patient's family. The purpose of this study was to investigate the relationship between the burden on caregivers of schizophrenic patients and their perceived social support.

Methods: In this cross-sectional study, the statistical population consisted of all Caregivers of schizophrenic patients referred to Farabi Psychiatric Center of Kermanshah in 2019. Out of them, a sample of 125 individuals was selected by the convenience sampling method. Two standard questionnaires, family burden interview schedule, and Social support inventory were used to assess the family burden and social support.

Results: The mean age of the participants was 42.69±12.78 years. The results showed the mean score of social support in the individuals as 14.72±5.93. Furthermore, the mean score of the family burden was found at 28.03±11.03. There was a significant statistical reverse correlation between social support and family burden (P<0.001, r=-378). The regression model showed that social support could predict family pressure. The collected data were analyzed using descriptive statistics and analytical statistics (chi-squared, Spearman's, and linear regression), where the significance level was set at 0.05. (P<0.05).

Conclusion: Caregivers of schizophrenic patients are exposed to high psychological, economic, and social pressures. This can be effective in reducing the quality of patient care. Therefore, increasing the level of social support in these people is essential in reducing the complications of schizophrenia.

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Keywords: Family burden, Social support, Schizophrenic patient, Caregiver

Introduction

Schizophrenia is one of the mental disorders accounting for 10-15% of hospitalizations in psychiatric wards according to the reports in 2019. The disability resulting from this disease influences the condition of the patient, family, and society. Schizophrenia is one of the most debilitating Psychiatric disorders that affects 1.2% of the general population.[1-3]The patient with schizophrenia in a family can impose an impact on the diverse aspects of their life.[4] More than 64% of the patients who are discharged from psychiatric hospitals return to their family and families are the primary source of care for individuals with a severe mental disorder. These families should tolerate the negative impacts due to discrimination and labeling in addition to providing

emotional and physical support for the patients.Living with these patients might impose remarkable stress and pressure on the members of the family.[5] Many studies have investigated the load on the families of schizophrenia patients and the outcomes, such as the weak health of the family, reduced social interactions, disturbed daily performance, and diminished income.[6, 7] In recent years, the role of the family in the control and treatment of schizophrenia has highly been emphasized.[8] Family and other caregivers can be the main source of support for people with a severe mental disorder. It is estimated that 50%-80% of patients with schizophrenia and related psychotic disorders live with or in regular contact with their familial caregivers.[9] Stress load is too high for families taking care of people with a mental health condition. People who take care of patients at home are prone to a variety of disorders, including depression and anxiety disorders. Besides, their life expectancy is 14 years less than other people. Therefore, taking care of a patient affects the general health of the caregivers.[10] Researchers define these stresses as "family burden" or the influences of a serious mental disorder on the family.[11] A plot has described the concept of the family burden as the issues, problems, and negative accidents affecting the lives of the family members of people with a mental health condition.[12] In other words, the family burden is known as the (negative) anxieties experienced by family members in response to the disease of a person they love.[13] Increased load on caregivers is accompanied by several outcomes, such as the social isolation if the family, losing hope in social support, and insufficient care from the patient, finally leading to the exacerbation of the disease. On the other hand, social support is one of the influential factors in reducing psychological distresses and pressures. As a result, the negative impacts on the patient and family decrease.[14] Social support is a social network providing psychological resources for individuals to enable them to cope with the stressful conditions of life and daily problems. This social support creates reciprocal commitments through which a person feels being loved, cared, and value, along with having self-esteem.[15] Social support has different features, the most major ones being structural and functional aspects. The structural feature of social support entails the quantitative and objective characteristics, while the functional aspect encompasses qualitative and subjective characteristics. Emotional support could be considered as developing intimate relationships with others. Moreover, instrumental support is known as providing services, assisting in activities, giving money, and other help that an individual receives.[16-18] Benefiting from social support for making relations and reducing anxieties is among the major strategies, which can help improve the mental situation during the stressful periods of life.[18] Considering the importance of the mentioned subjects, the present study aimed to evaluate the relationship between family burden and social support in the caregivers of schizophrenia patients in Kermanshah, Iran.

Methods

In this cross-sectional study, the statistical population consisted of all Caregivers of schizophrenic patients referred to Farabi Psychiatric Center of Kermanshah in 2019. Out of them, a sample of 125 individuals was selected by the convenience sampling method. In this study, after obtaining consent and necessary explanations for the studied samples, data were collected. Inclusion criteria include: 1- Their patient has received a definitive diagnosis of schizophrenia by the treating psychiatrist 2. Their patient is 18-45 years old 3.The family member is responsible for patient care. 4-Caregiver does not have mental retardation disorder, epilepsy, and other disorders. The data were collected through demographic questionnaires, Social support inventory (SSI), and family burden interview schedule (FBIS). The data were analyzed by SPSS 25.

Social support inventory (SSI) was developed by Samati (1997) and has 28 questions that measure three factors: family support, friends support, and Attitude about social support. Friends factor includes items 1,3,5,9,11,13,15,17,19,22,28, family items include questions 2,4,6,8,14,16,18,19,21,23,25,27 and the items related to attitude about social support are7, 10, 12, 20, 24 and 26.[19]

Family burden interview schedule (FBIS) consists of 24 items and a total of 6 categories that are sub-scales of the test and include economic stress (in the past 12 months), dysfunction in activity (in the past 1 month), disturbance in family rest and well-being, disturbance in family relationships, impact on the physical health of family members, and effect on the mental health of family members. Each question has three options and is scored from 0 to 2. The maximum score on this scale is 48, and the minimum score is zero. The higher the score shows the greater burden or pressure on the family. Based on the scores of this scale, the family is divided into three classes of low load (zero to 16), moderate load (17 to 32) and high load (32 to 48).[20, 21] The collected data were analyzed using descriptive statistics and analytical statistics (chi-squared, Spearman's, and linear regression) in SPSS_21, where the significance level was set at 0.05. ($P<0.05$). This study was approved by the Ethics Committee of the Kermanshah University of Medical Sciences with a Code of Ethics (KUMS. REC.1396.278).

Results

Out of the 125 participants in this study, 63 (50.4%) and 62 (49.6%) were male and female, respectively. The mean age of the subjects was 42.69±12.78 years. Other demographic characteristics of the participants are presented in (Table 1). The results showed the mean score of social support in the individuals as 14.72±5.93.

Table 1: Demographic characteristics of participants

		Frequency	Percent
Sex	Men	63	50.4%
	Women	62	49.6%
Level of education	Under diploma	22	17.6%
	Diploma	47	37.6%
	Academic	56	44.8%
Marital status	Married	62	49.6%
	Single	63	50.4%
		Mean±SD	
Age	Men	43.54	13.44
	Women	41.82	12.12
Time spent with the patient	Men	7.56	2.67
	Women	7.66	3.46

Table 2: Comparison of family burden and social support in terms of education

	Under diploma		Diploma		Academic		Value	df	P
	Mean	SD	Mean	SD	Mean	SD			
Total social support	7.14	4.50	12.77	3.01	19.34	3.99	154.34	46	<0.001
Total family burden	31.23	8.93	29.87	8.72	25.89	12.99	97.64	76	0.048

Furthermore, the mean score of the family burden was found at 28.03±11.03. No significant difference was observed between the male and female participants in terms of the level of social support and family burden (P>0.05).

Moreover, 38.4% of the individuals reported a severe family burden. Our results indicated that the scores of social support and family burden were significantly different between different educational levels (P<0.05). Higher education levels were accompanied by elevated social support and lower family burden (Table 2).

The results of the Kolmogorov-Smirnov test revealed that the distribution of data regarding social support was not normal, while the family burden was reasonable. Therefore, Spearman's rank correlation coefficient was used to investigate the correlations between the study variables. According to the results of Spearman correlation, social support and family burden had a significant reverse relationship (-0.378, P<0.001) also, the results of this study showed that longer daily cares of schizophrenia patients lead to the significantly higher family burden. The correlations of family burden, its aspects, and daily care time with social support and its components demonstrated in (Tables 3 and 4).

The findings of the regression prediction model indicated that social support could significantly (R^2=0.151) predict family burden in the caregivers of schizophrenia patients (Table 5).

Discussion

The present study aimed to investigate social support and family burden, along with their correlation in the principal caregivers of schizophrenic patients in Kermanshah, Iran. Our findings showed that the two components of social support and family burden had a

Table 3: The correlation between social support and family burden and its dimensions

Spearman's rho	N=125	Total family burden	Economic burden	Daily activity	Family welfare	Family relationship	Family Physical Health	Family mental health
Total social support	Correlation Coefficient	-0.378	-0.335	-0.181	-0.409	-0.348	-0.208	-0.201
	P	<0.001	<0.001	0.043	<0.001	<0.001	0.020	0.025

Table 4: Correlation between family burden, social support dimensions, and daycare

Spearman's rho	N=125	Family support	Friend support	Support attitude	Daily care time
Total family burden	Correlation Coefficient	-0.345	-0.252	-0.320	0.594
	p	0.000	0.005	0.000	0.000

Table 5: Univarate linear regression between social support and family burden

	B	SE	Beta	T	P
Constant	38.973	2.452		-15.894	0.001
Total social support	-0.723	0.155	- 0.389	-4.677	<0.001
Model Summary	R: 0.389		0.151: R^2		AdjR:0.144

significant reverse relationship. Therefore, lower social support in the caregivers of patients with schizophrenia is accompanied by a higher burden.

Besides, the results of the present study showed that social support was moderate level among the participants, and most of the caregivers of schizophrenia patients experienced mild to a severe family burden. More extended daily care from these patients might lead to a higher family burden. Hussein and Khudiar reported the level of social support in the principal caregivers of schizophrenic patients as moderate. They showed a significant relationship between education level and social assistance.[22] Shadia et al. suggest a reverse correlation between social support and family burden in the caregivers of patients with mental disorders.[23] The results of the mentioned investigations are congruent with the findings of the current study.

Various studies reported remarkable psychological pressure and family burden in the caregivers of schizophrenic patients.[24-26] The results of the present study indicated that 84.8% of the participants suffered from moderate tothe severe family burden. Ramdass et al. observed that a high percentage of the caregivers of schizophrenic patients had a mild to low social support. Furthermore, these authors reported a significant relationship between family burden and social assistance (r=-0.45),[11] which is consistent with our findings.

The results of two studies showed that family burden among the caregivers of schizophrenic patients is significantly correlated with their age and gender.[7, 14] On the other hand, education level had reverse and significant direct relationships with the family burden and social support, respectively. It could be explained in this regard that higher education level improves the decision-making and problem-solving skills of people. Moreover, higher education might enhance the social condition of individuals, followed by promoted social welfare.[27]

The relationship between social support and family burden could be justified by the quality of life as an essential component. The results of various investigations revealed that the quality of life of the caregivers of patients with schizophrenia is low that exacerbates family burden and augments mental pressure on them as a defective cycle.[28, 29]

Hajebi et al. stated that the three factors of income, the young age of the patient at disease onset, and the time spent for taking care of the patient profoundly affect family burden prediction.[6] In the current investigation, a significant direct relationship was found between the duration of care and family burden.

Moreover, reverse significant correlation was observed between social support and the components of family burden, including economic burden, daily activity, family welfare, family relationship, family physical health, and family mental health. The literature revealed that a high level of economic and social welfare plays a remarkable role in providing care for patients.[30] Chen reports low income, stress due to the presence of a patient at home, and reduced familial communication as important factors effective in the increased family burden among the caregivers of schizophrenic patients.[31] The limitations of this research were low number of participants and difficult access to the main caregivers of schizophrenic patients.

Conclusion

Taking care of patients with schizophrenia imposes a high load on their caregivers. Social support is an essential practical component predicting mental pressure and family burden in the caregivers of schizophrenic patients. This factor can influence various aspects of family burden, such as economic burden, daily activity, family welfare, family relationship, family physical health, and family mental health. Social support plays a role in diverse levels, including familial support, friends support, and belief in social support. Consequently, making policies toward improving social support and diminishing economic pressure on these families can be a valuable assist for augmenting treatment outcome, care quality, and the quality of life of patients and their families.

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Conflict of Interest: None declared.

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