SOCIAL SUPPORT AND LEVEL OF CARE MANAGEMENT STRESS AMONG FAMILY CAREGIVERS OF THE MENTALLY ILL IN GOVERNMENT HOSPITALS IN THE PROVINCE OF ILOILO

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ABSTRACT

This study was conducted to determine the social support and level of care management stress of family caregivers of the mentally ill in government hospitals in the Province of Iloilo. It aimed to determine whether social support variables and level of care management stress vary according to selected caregiver-characteristics (age, caregiver-care recipient sex combination, marital status, educational attainment, monthly family income, employment status, and relationship to the care recipient) and characteristics of the caregiving situation (duration of caregiving and diagnosis of the care recipient). Furthermore, the study determined whether there is a relationship between social support variables and level of care management stress.

The respondents of this study consisted of 106 caregivers of severely mentally ill clients admitted or seeking consultation at the Out-Patient Departments of Western Visayas Medical Center (WVMC) in Mandurriao, Iloilo City; the West Visayas State University Medical Center (WVSUMC) in Jaro, Iloilo City; and the Western Visayas Medical Center Annex - Mental Health Unit in Pototan, Iloilo at the time of the study from the second to the fourth week of August, 2004.

This study made use of the descriptive correlational study design. Data were gathered using a structured interview schedule prepared by the researcher with some items adapted from the Berlin-Social Support Scales and Gruetzner's Care Management

Stress Questionnaire for family caregivers of Alzheimers patients. The data were processed using the Statistical Package for the Social Sciences (SPSS) software 10.0 for Windows.

The results of the study revealed that the caregivers, on the average, were predominantly female, married, unemployed, poor, and with low educational attainment. The caregivers' mean age was 51.6 years with ages ranging from 16 to 79 years. Most of them are mothers and had been providing care for an average of 55.97 months or 5.05 years ranging from 6 weeks to 20 years. The mentally ill relatives were mostly diagnosed with schizophrenia.

Family caregivers had "high" perception of availability and need of all types of social support. For all types of support, financial assistance was most needed.

On the other hand, the family caregivers received "moderate" emotional, instrumental, and informational social support and had "moderate" satisfaction with all types of social support received. Spouses were the most frequent source of a lot of support. Physicians and nurses, other health professionals, relatives, and members of the clergy or spiritual advisers were seen to provide "minimal" or "moderate support." Other persons with a mentally ill relative were considered as sources of only minimal support.

On the average, the family caregivers had a "moderate" level of care management stress. They registered highest stress reactions in unmet physiologic and financial needs and had the least stress level in feeling abandoned by doctors or health professionals.

The antecedent variables did not have significant bearing on the perceived availability and need of social support of the family caregivers. Family caregivers'

perception of the availability and need for social support remained high regardless of differences in personal and caregiving situation-related variables.

The social support received by the family caregivers significantly differed in terms of marital status and employment status. Single caregivers received considerably more support than the widowed or separated. In like manner, unemployed caregivers received considerably more social support than those who were employed either on a full-time or part-time basis. However, no significant difference was noted on the social support received by the caregivers when grouped according to age, caregiver-care recipient sex combination, educational attainment, family income, duration of caregiving, relationship to care recipient, and diagnosis of the mentally ill relative.

The family caregivers' level of satisfaction with social support significantly differed in terms of caregiver-care recipient sex combination and family income. Caregivers belonging to the male-male (M-M) combination had exceedingly very low level of satisfaction compared to female caregivers taking care of female or male mentally ill relatives. Those coming from impoverished families had also marked lower level of satisfaction compared to those with family monthly income of PhP5,000 or more. Other antecedent variables did not create a significant difference in the social support received and in the level of satisfaction with social support.

Four antecedent variables were found to be associated with the caregivers' stress experience. Old and poor caregivers had significantly higher stress levels than the young and those with higher family income. Male caregivers taking care of male mentally ill relatives were "highly" stressed compared to females taking care of mentally ill relatives

of the same sex. Mothers and fathers taking care of their sick sons or daughters were significantly "highly" stressed than the other caregivers.

Perceived availability of social support was positively related to the need for social support, received social support, and satisfaction with social support. Moreover, the higher the family caregivers' need for support, the higher social support they received. The more support received by the caregivers, the higher their level of satisfaction becomes.

The caregiver's perceived availability and need for social support had no significant bearing on their level of care management stress. On the other hand, the level of care management stress is inversely related to the amount of social support received and the level of satisfaction with social support. The higher the social support received and the more satisfied caregivers are with social support, the lower stress they experience in taking care of a mentally ill relative.

Based on the significant findings of the study, the following conclusions and generalizations are derived:

Significant relationships are noted between the four areas of social support included in the study.

Family caregivers of a mentally ill relative have a high need for social support. This gives an impression that though they are aware of assistance or help that can be offered by other individuals, they do not receive as much support as they wanted to.

It appears that old, poor, widowed or separated caregivers are at a high risk to develop caregiver role strain. Between sexes, the male caregiver is at a higher risk to develop psychological distress related to caregiving duties when compared to females.

The results of the study also give an impression that male mentally ill clients are more stress-provoking than females.

Significant relationships are observed in the level of care management stress and received social support and satisfaction with social support of the caregivers but none with perceived available and need for social support. This creates an impression that the tangible support received, as well as the relative adequacy of the actual support received by the caregiver, is a vital factor in lowering the level of stress experienced by caregivers of the mentally ill.

The responsiveness of the support system to the need of the caregiver proved to be more significant in lowering stress levels than the support only felt or perceived as available and/or needed. Caregivers who received more social support and who found social support to be more satisfying have lower stress levels compared to those who received less support and with less satisfaction.

The findings provide an initial foundation for better understanding the social support needs of family caregivers who care for a mentally ill relative; however, the sample was small and predominantly coming from impoverished families, and only limited to specific categories so that generalizability of the results is also limited.

In view of the significant findings and conclusions, the following recommendations are given:

1. The findings of the study can be used as basis for Mental Health Programs such as that of the Department of Health. The needs of family caregivers of the mentally ill must be addressed and catered to by these programs. Likewise, caregivers must be involved in formulating plans of care for the mentally ill relatives. High-risk groups for

caregiver role strain such as the old, poor, widowed or separated caregivers, must be given priority.

2. The government may include psychotropic medications among the drugs made affordable for the Filipino people. This can prevent poor compliance to medications related to lack of financial resources. Furthermore, the financial burden experienced by caregivers can be lessened.

3. Nurses can take part in strengthening the support system of families with a mentally ill member by being part of it, or by identifying available community resources that are socially and financially acceptable.

In this light, support groups for families of the mentally can be organized. The nurse can act as facilitator and at the same time referral agents. Nurses and other mental health practitioners can help organize Watchers' Governments among caregivers of admitted patients and a self-help group for families with a mentally ill member in the community. Families must be made to realize that it is a strength rather than a sign of weakness to turn to others for support.

4. Nurses and other health care personnel must promote family-centered care in the delivery of primary, secondary, and tertiary prevention. Both the mentally ill client and the family must be involved in the nursing process. Each family member, not only the client, should be made to understand what mental illness is, its management, and the effect of these two factors in family functioning.

5. The public must be made more aware of mental illness through health teachings and information campaigns. The role of the community in the promotion of mental health and its prevention, treatment, and rehabilitation, must be emphasized.

6. Further and continued studies must be conducted to assess the family caregivers' as well as the other family members' readiness and ability to provide continued care and supervision of the sick family member's illness at home when warranted.

7. A similar study be conducted among family caregivers of mentally ill individuals seeking health care in private health care services.