

ORIGINAL ARTICLE

ATTITUDE OF CAREGIVERS OF SCHIZOPHRENIC PATIENT

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Background: The caregivers can make a substantial influence on the patients in the process of becoming healthy again. The present study was aimed to assess the severity of schizophrenia, and its relation with their caregiver's attitude. **Methods:** One hundred patients (male=50, female=50) with schizophrenia were recruited from psychiatry wards of different hospitals of Faisalabad through purposive sampling technique and their 100 caregivers were taken as sample. It was a correlational study carried out in 2017–18. Positive and Negative Syndrome Scale was used to assess the intensity of schizophrenic symptoms and Family Attitude Scale was used to estimate the attitude of the caregivers towards their schizophrenic patients. **Results:** There was significant positive relationship between positive symptoms of schizophrenia and critical attitude of the caregivers. The critical attitude of caregivers emerged as strong predictor for symptoms of schizophrenia and accounted for 23% and 30% variance respectively in the negative and positive symptoms of schizophrenic patients. **Conclusion:** The critical and negative attitude of relatives especially of primary caregivers can increase the severity of symptoms of patients with schizophrenia. The findings of the current study might be helpful for the caregivers and the health professionals to get acquainted with the issue of critical attitude and its impact on intensity of schizophrenic symptoms.

Keywords: Critical Attitude, Positive and Negative Symptoms of Schizophrenia

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INTRODUCTION

Caring for patients suffering from mental disorders, especially psychotic disorders, brings with it distinctive challenges. More severe mental disorders, such as schizophrenia pose more challenges. Studies conducted on schizophrenics have shown that the caregivers can make a substantial influence on patients in the process of becoming healthy again.¹

Schizophrenia is a severe and constant mental illness characterized by troubles in perception, thought, and behaviour.² Medical or mental health specialists use the terms of negative and positive symptoms of schizophrenia when describing the symptoms of schizophrenia. Positive symptoms of schizophrenia are the oddities that are 'added' to the personality of the person. Positive symptoms may include delusions, hallucinations, and disorganized thought. Negative symptoms are skills that are 'lost' from the personality of the person. Negative symptoms may include social withdrawal, emotional unresponsiveness, lack of drive or initiative and extreme apathy.

Brown *et al* started research on the attitude of relatives towards schizophrenic patients on these patients returning home after hospitalization.³ They concluded that if the patients of schizophrenia live with partner or parents when returning home after hospitalization, they had a greater number of relapses as compared to those returning to another type of living environment. Subsequent studies began to assess the association between attitude of caregivers, caregiver burden, quality of life of caregivers, patients' social functioning, and the effectiveness of family involvement.⁴

Researches conducted on expressed emotion in the families having schizophrenic patients found that the relapse rate is higher (48%) in families that are with high expressed emotion than in those characterized by low expressed emotion (6%).⁵ One study testified that high levels of expressed emotion in the family predicted rates of relapse in the patients with schizophrenia nine months after discharge.⁶

A tensed and stressful family atmosphere is a significant risk factor to aggravate the symptom of schizophrenia as well as the risk of relapse when returning to a family atmosphere with high levels of expressed emotion. By contrast, caregivers with low expressed emotion show better acceptance towards their relative with schizophrenia, and this situation is also related to lesser levels of distress in both caregivers and patients.⁷

Family care is vital for betterment of the patient. There is an association between the family care and coping strategies with mental illness. Professionals often view that the family members can act as co-therapist at home for a patient besides acting as informant of the patient. This also recommends that the attitude of caregiver might be an important predictor for curing the mental illness. So it is well justified that the rejecting, critical and negative attitude of caregivers towards their relatives with schizophrenia have a negative and bad impact on their condition of schizophrenic patients.

Current study examined the relationship between attitude of caregivers and the symptoms of patient with schizophrenia and the impact of their attitude on the patient's mental condition. Objectives of

the study were to assess the symptoms of patient with schizophrenia, to examine caregivers' attitude towards patient of schizophrenia, to examine the relationship between critical attitude of caregivers and the symptoms of schizophrenia, and to examine the predictive power of critical attitude of caregivers for the symptoms of schizophrenia.

SUBJECTS AND METHODS

Patients with schizophrenia and their caregivers were included in the study. Both were selected from Psychiatric Wards of different hospitals of Faisalabad where the schizophrenic patients were hospitalized for treatment. The sample size was calculated by using software G power. Through purposive sampling technique total 100 (50 male and 50 female) patients with schizophrenia and their caregivers (n=100) were selected to participate in the study. The age range of the caregivers and patients was 25–50 years. Only schizophrenic patient and their caregivers were included in research sample. Patients with other disorders and their caregivers were excluded.

The topic was approved by Board of Advance Studies and Research (BASR). The permission from Head of Department for initiation of research and data collection was obtained. Subjects were recruited with permission of the respective Heads of Psychiatry Departments or Wards of different hospitals of Faisalabad. Inform consent was obtained from participants. Demographic information about patients and caregivers was collected. Demographic Information Form covering the information related to gender, age, family system, socioeconomic status and educational level was used to collect the demographic information. For data collection, Positive and Negative Syndrome Scale⁸ was used to measure the intensity of schizophrenic symptoms and Family Attitude Scale⁹ was used to estimate the intensity of negative and critical attitude of the caregivers towards schizophrenic patients. The collected data were arranged analysed using SPSS-20, and $p \leq 0.05$ was taken as significant.

RESULTS

The Family Attitude had significant positive relationship with negative and positive symptoms of schizophrenia, $r=0.46$, $p<0.01$, $r=0.54$, $p<0.01$ respectively which depicted that as the caregivers' attitude became Critical towards their schizophrenic relatives, the symptoms of schizophrenia also increased. This correlation is highly significant.

A two stage hierarchical multiple regression was conducted with positive symptoms of schizophrenia as the dependent variable. Demographic variables relating to caregivers (age, gender, education of caregivers) were entered at stage one of the regression to control them. Critical attitude of the caregivers was

entered at stage two of the hierarchical regression. Correlations between the study variables are reported in Table-1 and the summary of regression analysis in Table-2. The hierarchical regression revealed that attitude of the caregivers explained 30% of variation in positive symptoms of schizophrenia and this change in R^2 was significant, $F(4, 95)=10.97$, $p<0.001$. In Table-3 the hierarchical regression revealed that attitude of the caregivers explained 22% of variation in negative symptoms of schizophrenia and this change in R^2 was significant, $F(4, 95)=6.88$, $p<0.001$.

Table-1 indicates the correlation between Critical Family Attitude and the symptoms (positive and negative) of schizophrenia. Critical family Attitude had significant positive relationship with negative and positive symptoms of schizophrenia, $r=0.46$, $p<0.01$, $r=0.54$, $p<0.01$ respectively.

Table-2 depicts two-stage hierarchical multiple regression to identify the predictors for positive symptoms of schizophrenia. Demographic variables relating to caregivers (age, gender, education of caregivers) were entered at stage one of the regression to control them. Critical attitude of the caregivers was entered at stage two of the hierarchical regression. Critical attitude was emerged as the strong predictor for the positive symptoms of schizophrenia and explain 30% of variance in the positive symptoms was due to critical attitude of the caregivers.

Table-3 is a two stage hierarchical multiple regression to find the predictors of negative symptoms of schizophrenia. Demographic variables relating to caregivers (age, gender, education of caregivers) were entered at stage one of the regression to control them. Critical attitude of the caregivers was entered at stage two of the hierarchical regression. Attitude of the caregivers explained more than 22% of variation in negative symptoms of schizophrenia.

Table-1: Inter-correlation between positive symptoms of schizophrenia, negative symptoms of schizophrenia and attitude of caregiver towards their schizophrenic relative

Variables	1	2	3
Critical Family Attitude	-	0.54**	0.46**
Positive Symptoms		-	0.50**
Negative Symptoms			-

** $p<0.01$

Table-2: Hierarchical Regression for predicting positive symptoms of schizophrenia

Variable	R	R ²	B	SE	β
Step 1	0.14	0.02			
Control Variables					
Age of caregivers			0.007	0.21	0.004
Gender of caregivers			-2.3	2.8	-0.08
Education of Caregivers			1.7	1.8	0.10
Step 2	0.56	0.32			
Attitude of Caregivers			0.65	0.10	0.55

Step 1: $F(3, 96)=0.62$, $p>0.05$. Step 2: $F(4, 95)=10.97$, ** $p<0.001$

Table-3: Hierarchical regression predicting negative symptoms of schizophrenia

Variable	R	R ²	B	SE	β
Step 1	0.12	0.01			
Control Variables					
Age of caregivers			-0.02	0.12	-0.02
Gender of caregivers			0.59	1.6	0.04
Education of Caregivers			1.2	1.1	0.11
Step 2	0.47	0.23			
Attitude of Caregivers			0.32	0.06	0.46

Step1: F (3, 96)=0.44, $p>0.05$. Step 2: F (4, 95)=6.87, $**p<0.001$.

DISCUSSION

The present study was conducted to explore the impact of the attitude of caregiver on the patient with schizophrenia. With respect to the attitude of caregivers of patients with mental disorders, it should be noted that social stigma is attached with schizophrenia which contributes to feelings of anger and frustration. With the task of caring, stress is associated which may lead to a series of conflicts or differences in relations.¹⁰ Thus, in the families who have severe mental disordered patients, it is common that they have emotional responses such as anger, frustration, fear, anxiety, sadness, stigma guilt, and so on which interns can make their attitude critical towards their relatives with schizophrenia.

It was hypothesized that the critical attitude of caregivers of the people with schizophrenia will likely to have relationship with symptoms of schizophrenia. Results indicated the significant positive correlation between caregiver's critical attitude and positive and negative symptoms of schizophrenia. Critical attitude adversely affect the symptoms of the schizophrenia. As the attitude of the caregivers becomes critical, the symptoms of their relatives with schizophrenia become worsen. Similarly a study on association between social functioning of patients with schizophrenia and family attitudes suggested that improvement of the attitude of caregivers must be the part of family intervention programs¹¹.

The results also showed that the caregiver's attitude accounted for more than 30% variance in positive symptoms of schizophrenia and accounted for more than 22% variance in negative symptoms of schizophrenia. Attitude of caregiver towards their schizophrenic relatives proved as the strongest predictor for both negative and positive symptoms of schizophrenia. A study focused on empathic attitude of caregivers with their patients found that more empathic caretakers can modify their behaviour and attitude according to the emotional state and needs of the

patients, which protects them from adverse reactions that can ultimately trigger a relapse. The authors of that study suggested that family intervention programmes must focus on the improvement of caregiver attitudes towards their patients¹¹. The results of present study also clearly mention the importance of caregivers' attitude in curing and worsening the symptoms of schizophrenia.

CONCLUSION

Mental illnesses not only have a direct effect on patients but it also affects their caregivers. For this reason, healthcare services should include some intervention and psycho-education for the caregivers of the patients with severe mental illnesses like schizophrenia. In this way the caregivers of the patients with schizophrenia can have high levels of empowerment and support and lower levels of burden which in turn can make their attitude better and positive towards the patients.

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