Available online at **www.ijmrhs.com**

ISSN No: 2319-5886

International Journal of Medical Research & Health Sciences, 2016, 5, 12:302-306

The Effect of Stress Coping Skills Training on Family Functioning in Families with Mental Patients Referred to Razi Psychiatric Hospital in Tehran, Iran

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ABSTRACT

The aim of this study was to evaluate the effect of stress coping skills training on family functioning in families with mental patients referred to Razi Psychiatric Hospital in Tehran, Iran during 2015-2016. In this experimental study, 82 members of the families with psychiatric patients who had been hospitalized for the first time for treatment were randomly selected. To collect data, the standard Family Assessment Device (FAD) was used before and after intervention. The samples were randomly divided into two intervention and control groups. The first test was held for both groups. In the intervention group four training sessions were held, as well as educational pamphlet was provided. The second test was held 14 days after the implementation of the training for the intervention group, but it was held for the control group 14 days after implementation of the first test. Finally, the test results were compared before and after training, as well as between the two groups. The results showed that family functioning in the intervention group compared to the control group after training is statistically significant (p= 0.001) also the average of general family function and other dimensions has decreased after the intervention except for behavioral control (p =0.001). According to findings of this study stress coping training is considerably effective on family functioning in families with mental patients; therefore the implementation of this method to improve family functioning is recommended.

Keywords: Coping Skills, Family Functioning, Mental Disorder

INTRODUCTION

Mental disorders the same as physical disorders are important factors to impair health which cause substantial psychological, social and economic problems. Mental illness causes some limitations for patients to participate in social and professional activities also the burden of treatment costs, care and their physical and emotional support is on the shoulder of families of these patients that cause anxiety in patients and their families [1]. Mental disorders not only hurt the patients, but also make life difficult for their family members and do not allow the family to enjoy life [2]. Approximately 60 to 85 percent of people with disability or impairment are caring by family [3]. The family members provide emotional and economic support and play an important role to reduce psychiatric relapse and hospital admission [4, 5]. Signs of the disease and treatment costs cause fear, stress and anxiety in the family [6]. Most of the families of psychiatric patients encounter unpredictable stressors and strange behavior of their relatives daily that it made families isolated [7]. The life expectancy of home caregivers of psychiatric patients is 10 years less than other people which reduce the quality of life [8].Family caregivers in response to symptoms of mental disorders and sequential and persistent care of mental patients in the home, in addition to suffer from physical problems such as weight loss and fatigue they suffer from anger, despair, disappointments, feelings of shame and stress which causing to disturbance in family function and relations and also to isolate the family[9,10].

The results of a study showed the levels of anxiety; depression and stress in family caregivers of mentally ill patients [11].Increasing stress in the caregivers had the consequences such as family isolation, up hope of social protection, disruption of family relationships, insufficient care of the patient and eventually leaving the patient [12].Reducing stress, anxiety and depression in family caregivers and increasing their knowledge on mental disorders improves the quality of care and patients can live with their families normally, thus the family can be adapted with the disease and preserve the family integrity and unity. Training stress coping skills to family could be effective to achieve above mentioned goals [13, 14]. The necessity of this study was to determine the effect of education on family functioning in families of psychiatric patients, therefore the aim of this study was to evaluate the effectiveness of stress coping skills training on family functioning in families with mental patients referred to Razi Psychiatric Hospital in Tehran, Iran during 2015-2016.

MATERIALS AND METHODS

This experimental study was conducted on 82 members of the families of psychiatric patients who had been hospitalized in Razi Psychiatric Hospital in Tehran, Iran during 2015-2016. Based on Cochran formula the sample size was determined as 82 subjects .The samples were randomly selected and divided into two intervention and control groups. In the intervention group stress coping skills training program was implemented and the control group received no training.

Data collecting instrument was a questionnaire which was consisted of two parts. The first part of questionnaire was made by researcher to collect demographic data including sex, age, education level , marital status , occupation ,… and the second part was the standard Family Assessment Device (FAD) .data were collected in two stages; before and after intervention.

FAD has been developed based on the McMaster Model of Family Functioning (MMFF) and measures structural, organizational, and transactional characteristics of the families. It consists of 6 scales that assess the 6 dimensions including; affective involvement, affective responsiveness, behavioral control, communication, problem solving, and roles - as well as a 7th scale measuring general family functioning. The measure is comprised of 60 statements about a family; respondents (typically, all family members ages 12+) are asked to rate how well each statement describes their own family. The FAD is scored by adding the responses (1-4) for each scale and dividing by the number of items in each scale (6-12). Higher scores indicate worse levels of family functioning [15, 16].

Questionnaires were given to participants in both groups. For samples that were not able to fill out the questionnaire it was completed by the researcher. In the intervention group training program were held by a psychologist lecturer in four consecutive days. Educational pamphlets were distributed among participants in intervention group after the first training session. Participants in the intervention group were trained in groups of 8 to 10 people. After the end of training course the first test was held for both groups. The second test was held 14 days after the implementation of the training for the intervention group, but it was held for the control group 14 days after the implementation of the first test. Finally, the test results were compared before and after training, as well as between the two groups. Data were analyzed using SPSS software Ver. 20. Descriptive statistics (mean and standard deviation) and inferential statistics (paired sample t-test, independent t-test, and chi-square test were also used.

RESULTS

The results of this study showed that the age mean ± SD of the intervention group was 38.44 ± 9.78 years and in the control group was 41.10 ±11.35 years. There was no statistically significant difference between the two groups in terms of age (p=0.259).Most home caregivers in both groups were women (56.1% in the intervention group and 70% in the control group). In terms of gender there was no statistically significant difference between the two groups and both groups were homogeneous (p=0.195).The majority of subjects in both groups were married (76.9% in the intervention group and 82.5% in the control group). There was no statistically significant difference between the two groups in terms of marital status (p=0.537) (Table 1).

The results showed that in terms of education level there was no statistically significant difference between the two intervention and control groups (p=0.986).Also the results showed that in terms of marital status there was no statistically significant difference between the two intervention and control groups (p=0.537).

The results of the study showed that in terms of general family functioning (p=0.001) and five dimensions including; affective involvement (p=0.001), affective responsiveness (p=0.001), communication (p=0.001), problem solving (p=0.001) there was statistically significant difference before and after intervention in intervention group, but in behavioral control dimension there was no statistically significant difference before and after intervention in

intervention group(p=0.099).Totally there was statistically significant difference before and after intervention in intervention group(p=0.002)(Table 2).

The results showed that there were no significant differences in all dimensions after the first and second test in the control group (p=0.224) (Table 3)

Table 1. Distribution of demographic characteristics of subjects in the intervention and control groups

Demographic characteristics		Intervention No.(%)	Control No.(%)
Age	≤30 years	11 (26.8)	10 (24.4)
	31-40	14 (34.1)	10 (24.4)
	41-50	8 (19.5)	12 (29.3)
	≥51 Years	8 (19.5)	9 (22.00)
Sex	Male	18 (43.9)	12 (30)
	Female	23 (56.1)	29 (70)
Marital status	Single	11(27.00)	8(19.5)
	Married	30 (73.00)	33(80.5)
Education Level	Primary school or Illiterate	12 (29.25)	12 (29.25)
	Secondary	11 (26.85)	11(26.85)
	High School Diploma	15 (36.50)	13(31.70)
	Academic	3 (7.40)	5(12.20)

Table 2.Family functioning dimensions in the intervention group before and after stress coping skills training

Dimensions	Before Training Mean ± SD	14 days after Training Mean ± SD	t	df	P Value
Problem solving	.429±02.49	.425 ±02.23	6.124	40	0.001
Communication	.280±03.32	.555 ±02.79	5.642	40	0.001
Role	.420±02.72	.466 ±02.22	5.578	40	0.001
Affective responsiveness	.581±03.14	.516 ±02.69	3.940	40	0.001
Affective involvement	0.454±3.15	0.401 ±2.62	5.595	40	0.001
Behavioral control	0.536±2.70	.558 ±02.51	1.691	40	0.099
General Family Functioning	.306±03.38	.449 ±02.79	7.953	40	0.001
Total	0.703±2.99	.770 ±02.49	3.263	40	0.002

Table 3. Family functioning dimensions in the control group after the first and second test

Dimensions	After the first Test Mean ± SD	After the second Test Mean ± SD	t	df	P Value
Problem solving	0.442±3.10	.373 ±03.24	-1.723	40	0.097
Communication	.289±03.38	0.327 ±3.15	1.356	40	0.053
Role	0.492±2.73	.653 ±02.54	1.541	40	0.131
Affective responsiveness	.561±03.06	0.515 ±3.29	-1.875	40	0.057
Affective involvement	.603±03.06	.358 ±03.16	-0.928	40	0.359
Behavioral control	.402±02.72	0.520 ±2.66	0.464	40	0.522
General Family functioning	.434±03.24	.503 ±03.11	1.645	40	0.108
Total	.689±03.02	.757 ±03.19	1.236	40	0.224

DISCUSSION

The results of our study showed that the most home caregivers in both groups were women (56.1% in the intervention group and 70% in the control group). In a study by Nadem Boeeni et al 75% of home caregivers of psychiatric patients were women which is consistent with our findings [17].In the present study most of the caregivers in both groups were spouses of the patients and in a study by Du et al more than 70 % of home caregivers also were spouses of the patients which is consistent with our study [18].

The results of the present study showed that in terms of general family functioning, affective involvement, affective responsiveness, communication and problem solving there was statistically significant difference before and after intervention in the intervention group, but in behavioral control dimension there was no statistically significant difference before and after intervention in intervention group. In a study by Du et al which was conducted in China they found significant differences on four of the FAD scales after intervention except for behavioral control which is in consistent with our study [18]. In a study by BarzanjehAtrithe lower score was on communication and the higher score was on behavior control domain which was not in consistent with our study [19].It seems that the difference is due to study population because in our study the population of study were family members of patients with mental disorders and the population of Barzanjeh Atri`s study were families with a male cancer patient.

According to the results of the present study stress coping skills training can significantly affect the family functioning of the mental patients' families. Gümüşin a study concluded that health education for patients with schizophrenia and their relatives is beneficial [1]. In a study by Eaton et al also the role of stress coping strategies was confirmed. They concluded that the family members of psychiatric patients coped more effectively with emotion-focused coping strategies [20]. Faloon in a study concluded that strategies and skills that enhance the care giving capacity of family members with mental disorders have a significant impact on the course of major mental disorders [21]. Adams found that family functioning of parents who completed parent training program was improved in the areas of problem solving, communication, affective responsiveness, and behavior control also this improved family functioning was found to be clinically as well as statistically significant [22].It seems that stress coping skills training has efficacy on family functioning and improve it.

CONCLUSION

According to findings of this study stress coping skills training is considerably effective on family functioning in families with mental patients; therefore the implementation of this method is recommended to improve family functioning.

REFERENCES

[1] Gümüş A. Health Education Needs of Patients With Schizophrenia and Their Relatives. Archives of Psychiatric Nursing. 2008; 22(3):156-165.
[2] ANTHONY E. The Impact of Mental and Physical Illness on Family Life. American Journal of Psychiatry. 1970; 127(2):138-146.
[3] Yazici E, Karabulut U, Yildiz M, BaskanTekes S, Inan E, Cakir U et al. Burden on Caregivers of Patients with Schizophrenia and Related Factors. Noro PsikiyatriArsivi. 2016; 53(2):96-101.
[4] Dixon L, Adams C, Lucksted A. Update on Family Psychoeducation for Schizophrenia. Schizophrenia Bulletin. 2000;26(1):5-20.
[5] SCHOFIELD H, MURPHY B, HERRMAN H, BLOCH S, SINGH B. Family caregiving: measurement of emotional well-being and various aspects of the caregiving role. Psychological Medicine. 1997;27(3):647-657.
[6] Panayiotopoulos C, Pavlakis A, Apostolou M. Family burden of schizophrenic patients and the welfare system; the case of Cyprus. International Journal of Mental Health Systems. 2013;7(1):13.
[7] Trangkasombat U. Family Functioning in Mental Illness: A Study in Thai Families with Depressive Disorders and Schizophrenia. Journal of Family Psychotherapy. 2008;19(2):187-201.
[8] Haresabadi M, Bibak B, Hoseinzadeh E, Bayati M, Arki M, Akbari H. Assessing burden of family caregivers of patients with schizophrenia Admitted in IMAM REZA hospital- Bojnurd 2010. jnkums. 2012; 4 (2) :165-171
[9] Schneider M, Steele R, Cadell S, Hemsworth D. Differences on Psychosocial Outcomes Between Male and Female Caregivers of Children With Life-Limiting Illnesses. Journal of Pediatric Nursing. 2011;26(3):186-199.
[10] Zauszniewski J, Bekhet A, Suresky M. Effects on Resilience of Women Family Caregivers of Adults With Serious Mental Illness: The Role of Positive Cognitions. Archives of Psychiatric Nursing. 2009;23(6):412-422.
[11] Cabral L, Duarte J, Ferreira M, dos Santos C. Anxiety, stress and depression in family caregivers of the mentally ill. AtenciónPrimaria. 2014;46:176-179.
[12] Utne I, Miaskowski C, Paul S, Rustøen T. Association between hope and burden reported by family caregivers of patients with advanced cancer. Supportive Care in Cancer. 2013;21(9):2527-2535.
[13] Habibi Z, Tourani S, Sadeghi H, Abolghasemi A. Effectiveness of Stress Management Skill Training on the Depression, Anxiety and Stress Levels in Drug Addicts after Drug Withdrawal. International Journal of High Risk Behaviors and Addiction. 2013;2(2):82-6.
[14] Ghazavi Z, Feshangchi S, Alavi M, Keshvari M. Effect of a Family-Oriented Communication Skills Training Program on Depression, Anxiety, and Stress in Older Adults: A Randomized Clinical Trial. Nursing and Midwifery Studies. 2016;Inpress(Inpress).
[15] Family Assessment Device, National Child Traumatic Stress Network - Child Trauma Home [Internet]. Nctsnet.org. 2016 [cited 5 December 2016]. Available from: http://www.nctsnet.org/content/family-assessment-device
[16] Epstein N, Baldwin L, Bishop D. THE McMASTER FAMILY ASSESSMENT DEVICE*. Journal of Marital and Family Therapy. 1983;9(2):171-180.
[17] NademBoeeni M, Ramazani T, Naima K. Survey knowledge of caregivers of patients of schizophrenia about home care in . Holist Nurs Midwifery. 2008; 18 (1):43-50
[18] Du N, Ran MS, Liang SG, SiTu MJ, Huang Y, Mansfield AK, KeitnerG.Comparison of family functioning in families of depressed patients and nonclinical control families in China using the Family Assessment Device and the Family Adaptability and Cohesion Evaluation Scales II. Ann Clin Psychiatry. 2014; 26(1):47-56

[19] BarzanjehAtri S, Rahmani A, Sheikhnejhad L .Access Family Functioning and Related Factors from the Viewpoints of Male Cancer Patients.J Caring Sci. 2014; 3(2): 113–119.
[20] Eaton P, Davis B, Hammond P, Condon E, McGee Z. Coping Strategies of Family Members of Hospitalized Psychiatric Patients. Nursing Research and Practice. 2011; 2011:1-12.
[21] Falloon IR. Family interventions for mental disorders: efficacy and effectiveness.World Psychiatry. 2003; 2(1):20-8.
[22] Adams J. Impact of Parent Training on Family Functioning. Child & Family Behavior Therapy. 2001; 23(1):29-42.