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ACCEPTED MANUSCRIPT

Is Severity of Family Burden a Correlate of Length of Stay?

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Abstract

It has been difficult to identify relevant correlates of inpatient psychiatric length of stay (LOS), but few have examined family burden as a potential factor. The present study investigated the association of several dimensions of family burden with LOS net of other factors. Dimensions of burden experienced by primary caregivers were evaluated in a sample of 602 psychiatric inpatients in a large hospital in Guangzhou, China within 1 week of admission. Factor analysis reduced the burden data to five factors. Bivariate association and multiple linear regression analyses were used to investigate burden and other factors associated with LOS (average LOS=58.8 days, SD=44.3). Multiple regression analysis showed that in addition to having health insurance coverage, being diagnosed with schizophrenia, being unmarried, and not being employed; being perceived by family members as showing more violent behavior and causing higher levels of caregiver distress were independently associated with longer LOS.

Keywords: length of stay; family burden; mental disorder; acute psychiatric hospital

1. Introduction

In the last few decades, many mental health systems around the world have sought to reduce psychiatric hospital utilization and many studies have sought to identify factors which are associated with increased or decreased length of stay (LOS). Three types of factors have been implicated: clinical factors, treatment factors and factors linked to the care system. Family burden, however, has yet to be examined. Several studies have examined the association between symptom severity and LOS, and most of them found negative symptoms of psychosis were related to longer LOS (Oshima et al., 2003; Warnke et al., 2011). With regard to treatment-related factors, Ahn et al. showed in an observational study that clozapine treatment was associated with shorter duration of hospitalization (Ahn et al., 2005). Warnke et al. found that crisis intervention was related to shorter LOS (Warnke et al., 2011). Finally several studies have suggested that LOS was longer when policies were oriented towards intra-hospital care rather than extra-hospital care and when financial pressures (e.g. a lack of insurance) or rapidly increasing wages of health care workers promoted bed closures (Sytema et al., 1996; Sytema and Burgess, 1999; Sytema et al., 2002). However, there has been little relevant research on the relationship between family burden and LOS, in China or elsewhere.

A large body of past research has suggested that families experience of distress in trying to cope with symptomatic patient behavior and the disorganized thinking of psychotic patients living with them at home or even those living with other relatives or by themselves. Families of people

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