



Investigation of the Effect of Self-Efficacy Levels of Caregiver Family Members of the Individuals With Schizophrenia on Burden of Care



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A B S T R A C T

Sixty-two individuals with schizophrenia and their families were part of a descriptive study that investigated the effect of self-efficacy levels on the burden of care, using family member caregivers of schizophrenia patients. Data were collected using a questionnaire on the descriptive characteristics of patients and their families, the Self-Efficacy Scale, and Zarit Caregiver Burden Scale. The results for caregivers indicated a total mean self-efficacy score of 76.4 ± 17.76 and a total mean of burden of care score of 68.64 ± 18.60 . A negative significant relation was discovered by looking at the correlation between the total mean scores ($r = -.260$, $p < 0.05$). These results indicate that the burden of care decreases with the increasing level of self-efficacy in caregiver family members.

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Schizophrenia is characterized by disruptions (cognitive healing and relapsing) in perception and emotional areas; it occurs equally in both sexes (Yıldız, 2005). It is present in every society and leads to a 25% occupation of hospital beds, loss of productivity, high costs associated with therapy, a decrease in patient life expectancy, and an increase in patient suicide. The annual incidence rate of schizophrenia is 10–54 individuals per 100,000 people (Işık, 2006; Köroğlu & Güleç, 2007). There are 650,000 individuals with schizophrenia in Turkey (Çekmeci, 2005) and approximately 40 million worldwide (Arieti 2003). Considering the social burden of the disease on the patients' relatives, it is possible to say that 1–2 million people in Turkey are affected by schizophrenia (Üçok, 2008).

Since schizophrenia is a chronic disease that affects the patient and their family, severe disruptions in feelings, thinking, and behavior are experienced by all family members (Göğüş et al., 2001). The symptoms, disease process, and loss of ability causes a great material and spiritual burden for families and society (Awad & Voruganti 2008; Baskak, Atbaşoğlu, & Saka 2009; Chien, Chan, & Morrissey 2007; Liberman 2011). Many of the studies conducted in Turkey demonstrate that caregivers face difficulties and/or burden in various areas of their lives (Akbulut 2009; Başbüyük 2004; Tel & Terakye 2000). There is a consensus that both positive and negative symptoms of schizophrenia impact the caregiver burden, and that the severity level of the symptoms significantly affect the perceived caregiver burden (Awad & Voruganti 2008; Gülseren et al., 2010; Magliano et al. 2002; Roick et al. 2007).

Looking at the studies conducted in Turkey, Karancı (1995) examined the burdens of the patients' relatives and reported that the caregivers mostly experience subjective and financial burdens from the patient's care and treatment. Another study by Doğan (2001) suggests that these families live with economic difficulties, limit their social relations, are unable to cope with the negative behavior of patients, and have negative feelings and attitudes toward patients.

In reviewing the international literature, it is evident that families from Latin America are highly successful in accepting patient's current disabilities, and maintaining hope for the future. Caucasian Americans feel more of a burden than African Americans, and have an attitude of rejection toward the patients (Awad & Voruganti 2008). African Americans are less tolerant to the destructiveness of psychotic behavior than other ethnic groups while Caucasian Americans are less tolerant to the loss of contribution of the patient to the production than other ethnic groups (Hoffmann & Mitchell 1998).

Looking at the comparative studies on caregiving in the cultural field, though a burden of care is experienced in similar areas in Turkey, people were more tolerant overall. Efforts are required to streamline and support caregiver services in Turkey—this study aspires to this purpose.

Self-efficacy and competency, concepts that affect the burden of care, are the self-judgments and beliefs of an individual on his or her level of success in overcoming potential difficulties (Bandura 2002). Self-efficacy is an important characteristic that determines how an individual feels, thinks, and behaves. Feelings of low self-efficacy cause low self-esteem and pessimism, whereas feelings of high self-efficacy lead to overcoming challenges and engaging in purposeful work (Gözüm, 1999). It has been found in the studies conducted on the concept of self-efficacy that the caregiving family members are much less affected by the problems experienced with patients as their coping-capabilities improve, and burden of care and difficulties in care affect coping-capabilities adversely and reduce the quality of care

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(Kara, Van der Bijl, Shortridge - Baggett, Aşti, & Ergüney 2006; Kara & Aşti 2004; Navidian, Keran Saravi, & Navabi Rigi 2012; Stuijbergen, Seraphine, & Roberts 2000).

This study was conducted to determine the burden of care, as perceived by caregiving family members of individuals with schizophrenia, and the effect of self-efficacy on the burden of care.

MATERIAL AND METHOD

This descriptive and correlational study uses a population of caregiving family members of individuals with schizophrenia who are either followed-up at home or hospitalized, and who were diagnosed with schizophrenia (according to DSM-IV diagnosis criteria) between November 15, 2010 and May 30, 2011. No sampling was performed on the study population. The study began with 69 family members that provide care for their individuals with schizophrenia, however 7 of the caregivers were not able to complete the study citing a variety of reasons; the study was completed with a total of 62 caregivers.

Inclusion Criteria for the Study

- Resides in the center of Erzurum, Turkey
- Open to communication and collaboration
- Caregivers have not received a psychotic diagnosis at the time of the study
- Patient was diagnosed at least 1 year prior to the study
- Caregiver lived with the patient for at least 6 months and is directly responsible for his or her care

A questionnaire was prepared by the researcher, which included questions on the characteristics of individuals with schizophrenia and the caregiver's family members. Two scales were used in data collection: the Self-efficacy Scale developed by Sherer et al. (1982) and adapted to Turkish by Gözümlü and Aksayan (1999); and the Zarit Caregiver Burden Scale, developed by Zarit, Reever, and Bach-Peterson (1980) and adapted to Turkish by İnci and Erdem (2008).

The General Self-Efficacy Scale measures the general perception of non-specific self-efficacy. Cronbach's Alpha internal consistency coefficient was found as 0.81, and test-retest reliability was found as 0.92, for the reliability and validity of the Turkish version of the scale. Cronbach's alpha coefficient for internal consistency of this study was calculated as 0.847.

Zarit Caregiver Burden Scale is a 22-item instrument that determines the impact of caregiving on the individual's life. The items in the scale are usually for social and emotional areas, and higher scores in the scale indicate higher burden experienced. Internal consistency coefficient of the scale was reported as 0.95. And, internal consistency coefficient of this study was found as 0.93.

RESULTS

Looking at the descriptive characteristics of the caregivers involved in this study, the average age of caregivers was 41.59 ± 13 . A total of 45.2% were females, 19.4% were patients' mothers, 64.5% were married, and 43.5% were unemployed due to their role as caregivers (Table 1).

Examining the descriptive characteristics of patients, their average age was 35.93 ± 14.40 , and their disease duration was 9.16 ± 7.74 years. A total of 77.4% of the patients were male, 25.8% were single, 51.6% had graduated from primary school, and 46.8% were unemployed (Table 2).

Among the difficulties experienced by caregivers while taking care of their patients, exposure to aggression was at 33.9% and included slapping, pushing, beating, or hurting; disobedience (not performing the given tasks or performing the opposite) was at 4.8%; behavioral disorders such as improper behaviors, freezing, constantly repeating

Table 1

Distribution of the Descriptive Information of the Care Giver Family Members of Individuals With Schizophrenia ($n = 62$).

Features	Number	%
Gender		
Female	28	45.2
Male	34	54.8
Education status		
Illiterate	9	14.5
Primary education	29	46.8
High-school	17	27.4
University	7	11.3
Employment status		
Employed	27	43.5
Unemployed	35	56.5
Marital status		
Married	40	64.5
Single	22	35.5
Family structure		
Extended family	12	19.4
Nuclear family	50	80.6
Caregiver's relationship status		
Mother	12	19.4
Father	11	17.7
Sibling	23	37.1
Spouse	0	0
Child	8	12.9
Other	8	12.9
Presence of other psychiatric disorders in the family		
Yes	16	25.8
No	46	74.2
Age	$X \pm SD41.59 \pm 13$	

the same movement were at 32.3%; communication problems such as repeating the same words, mispronunciation, self-talk, or not talking were at 16.1%; and patients' resistance to receiving medication and embracing treatment was at 12.9% (Table 3).

The mean self-efficacy total score of the caregiving family members was 76.4 ± 17.76 . This score indicates a medium level of self-efficacy for caregiving families (Table 4). The mean total score of burden of care for caregiving family members was 68.64 ± 18.60 . This score shows that the level of burden of care of caregiving families is at a high level (Table 4).

The total scores of the caregiving individuals from the self-efficacy and burden of care scales indicated a negative significant correlation ($r = -.260^*$, $p < 0.05$) (Table 5). This result indicates that burden of care decreases with the increasing level of self-efficacy of caregiving family members.

In analyzing the relationship between scores of the sub-scales of the caregivers, a negative significant relation was found between the

Table 2

Descriptive Information of Individuals With Schizophrenia and Distribution of the Features Related to the Schizophrenia ($n = 62$).

Features	Number	%
Gender		
Female	14	22.6
Male	48	77.4
Education status		
Illiterate	4	6.5
Primary education	32	51.6
High-school	20	32.3
University	6	9.7
Employment status		
Employed	27	46.8
Unemployed	35	53.2
Marital status		
Married	16	25.8
Single	43	69.4
Widow/Divorced	3	4.8
Age	$X \pm SD35.93 \pm 14.40$	
Disease duration (years)	$X \pm SD9.16 \pm 7.74$	

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