Social Relationship Pattern of Family Caregivers: A Study of Inpatients at a Mental/Psychiatric Hospital

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Abstract

Background: A well functioning and supportive network around patients with mental illness from their family members who care for them has been shown to be substantially of greater importance in shaping the ultimate course and out come of the condition and influencing the course of the mental disorder.

Objective: To evaluate the social relationship of family caregivers with their inpatients affected by chronic psychiatric disorders in a mental and psychiatric hospital.

Methodology: Studying of (438) medical files belong to inpatients with chronic psychiatric and mental disorders. Data were collected about the patients and their family-members who care for them.

Results: Patients visited by their family members constitute (262) out of (423) in a rate of (62%). Young age group at 20-29 year had the highest rate of family visiting (76%), this rate decreased with increasing age. Patients admitted for the 1st time were visited by his family members at high rate (73%) which decreased to (63%) for those with repeated admissions.

Conclusion: There was poor family patient adherence. A lot of works are needed on family side to breakout the isolation of patients and career.

Key words: Social Relationship Pattern of Family Caregivers

Introduction:

Psychotic disorders are often a life-long disruptive illness which carries a substantial morbidity[1]. There is an abundance of testable hypothesis on etiology and on factors influencing the course of mental disorders, one of these is poverty of social milieu which was found to be closely related to three aspects of patients: clinical condition; social withdrawal; blunting of affect and poverty of speech[2]. The social environment may be substantially of greater importance in shaping the ultimate course and out come of the condition, the relationship of the family to the course of psychotic disease has proven to be a productive area of research [3]. A well functioning and supportive network around a patient with mental illness has been shown to reduce relapse [4] [5]. Similar to the setting of other chronic, debilitating

Diseases, considerable psycho-educational support of the patient's family and other care givers represents a component of appropriately thorough care [6].

Families and patients may feel rejection, real or perceived by relatives, friends and society as a whole. If patient have been admitted to psychiatric hospital or psychiatric ward, some families ensure that no body outside the family knows about it because of the sense of failure and fear of not being accepted by others [7]. Many families may feel stigmatized and isolated. As a result thy often avoid contact with people from whom they could receive support and social company [7]. Stigma has more profound effect on patients and family members when the patient is more severely ill and when the family has a high socio-economic status (8). The effect of stigma on healthy family member was also greater in families in which the patient had a longer duration of illness. The longer the illness persists, the more negative social consequences for the family (both feared and actual) increased [8].

Mental illness imposes a burden not only on the patient, but also on careers, the health services, and wider society [9].It is only in recent times that attention has been focused on family members who care for these patients i.e. (caregivers), this is a neglected area of research in Arab world [10]. Respite care may be useful in reducing the stress associated with these and other problems frequently affecting care givers [6].

Objective:

To evaluate the social relations of family–members with their inpatients in a mental and psychiatric hospital.

Methodology:

This study conducted at Al-Rashad teaching hospital for mental and psychiatric diseases (RTH) from 10th April through 30th May 2004. Medical files (case sheets) belonging to 438 inpatients with chronic psychiatric illnesses were studied. Medical files of patients admitted to the forensic psychiatric ward had been excluded. Additional information about the patients and their visitors were taken from the responsible nurse of each ward, who was indeed very alert to the patients under his responsibility and their family caregivers. Family-members visits and taking the patients into short leaves usually few days were taken as indicators of social relationship with patients. This hospital is the biggest specialized hospital, which serves patients from all provinces of Iraq. The psychiatric aspect managed by well qualified psychiatrists assisted by well trained medical staff. Data were grouped and analyzed by computer using Epi-nfo version 6 programs. Tables were tested by chi-square test of

significance to identify the relationship between different variables.

Results:

Patients visited by their family members constitute (262) out of (423) in a rate of (62%), the remaining (15) medical files were excluded because the age was not recorded. Young age group at 20-29 years had the highest rate of family visiting (76%), this rate decreased with increasing age. Chi-square test was significant for family member visiting (X^2 = 9.23, p value = 0.026). Leaves were very low and limited to young age group (Chi-square test with Fissure Exact correction after pooling of rows was 8.77, p value = 0.012) which is significant too. Table-1

Table-1- Distribution of patient's visits and leaves according to age of the patients.

Age	Patient's visit*				Leaves**			
	Yes		No	total	Yes		No	total
	No.	%	No. %		No.	%	No. %	
20-29	56	76%	18 24%	74	6	8%	68 92%	74
30-39	109	63%	65 37%	174	15	9%	159 91%	174
40-49	56	57%	43 43%	99	3	3%	96 97%	99
50-59	36	56%	28 44%	64	-	-	64 100%	64
60-	5	42%	7 58%	12	-	-	12 100%	12
Total¤	262	62%	161 38%	423	24		399	423

¤ (15) Case sheets were excluded because the age was not recorded

(* X^2 = 9.23, DF = 3, P-value = 0.026)

(** X^2 = 8.77, DF = 2, P-value = 0.012)

Patient's came from the same province of the hospital have got the highest rate of visiting (67%), while those from near by and distant provinces are equal and came after that. Same thing applied to patients went in leaves out side the hospital. Chi-square test was not significant for both. Table-2

It has been shown from table -3- that patient admitted for the 1st time were visited by his family at high rate (73%) which decreased to (63%) for those with repeated admissions, and further decreased for those with single long lasting stay in the hospital (56%), yet Chi-square test was not significant (X^2 = 5.45, P value = 0.065). Table -4- showed that monthly visiting was the highest rate (44%) followed by those who visit their patient in an interval less than one month (30%) and lastly came those who visit their patients at an interval exceed one month (27%). Brothers came at the top of the list of the visitors constituting (35%) while both parents came at the button of the list in a rate less than (1%). (Table-5).

Table-2-Distribution of patient's visits and leaves according to geographical location of the visitors.

Geographical location	Patient's visit*			Leaves**		
	Yes	No	total	Yes	No	total
	No. %	No. %		No. %	No. %	
Same province	167 67%	81 33%	248	21 8%	227 92%	248
Near by province	48 59%	33 41%	81	4 5%	77 95%	81
Distant province	46 60%	31 40%	77	2 3%	75 97%	77
Total¤	261	145	406	27	379	406

¤ (32) Case sheets were excluded because the residency was not recorded.
* X^2 = 2.59 df = 2 P-value = 0.274
** X^2 = 3.74 df = 2 P-value = 0.154

Table-3- Distribution of patient's visits according to frequency of patients admission.

	Patient's visit*			Chi-square P-value
	Yes	No	total	
	No. %	No. %		
First admission	43 73%	16 27%	59	X^2 = 5.45 df = 2 P value = 0.065
Repeated admission	146 63%	86 37%	232	
Single long lasting admission	82 56%	65 44%	147	
Total	271	167	438	

Table-4- Distribution of visiting according to time interval between each visit.

Interval	Frequency	%
< month	81	30
monthly	118	44
> month	72	26
Total	271	100

Table-5- The patient's visitors.

The visitors	frequency	%
Parents	2	1
Father	20	8
Mother	61	22
Brother	94	34
Sister	29	11
Relatives	59	22
Sons & daughters	6	2
Total	**271**	**100**

Discussion:

Good Family care directed to young with recent onset diseases is some thing expected but with time and due to the chroniciy of such diseases, families started to fade up so their care decreased. As expected, families in same province are higher in their rate of visiting, because of the special circumstances in the country and lack of security factor, difficulties in transportation and cost-wise mater. Monthly visit is the highest frequency, this is probably related to the fact that high percentage of people working at the governmental sector with monthly salary hence they could visit their patients after date of payment and could support them financially too. Most visitors were men this can be attributed to the bad security situation, financial cause and cultural attitude as men can go to distant area while women can not.

There was poor family patient adherence. Social, economic, and psychological factor have influential effect on this adherence. A lot of works are needed on family side to breakout the isolation of patients and careers and to elevate the level of caregiver's services

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