



‘A STUDY TO ASSESS THE LEVEL OF STRESS AMONG THE PRIMARY CARE GIVERS OF MENTALLY ILL PATIENTS IN A SELECTED HOSPITAL IN MEERUT’

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ABSTRACT

“A study to assess the level of stress among the primary care givers of mentally ill patients in a selected hospital in Meerut”.

The objectives are ;

- To assess the level of stress among primary care givers of mentally ill patients .
- To associate the between the level among primary care givers of mentally ill patients with their selected demographic variables.

The present study was conducted at “ CHATARPATI SHIVAJI SUBHARTI HOSPITAL” at Meerut.

Descriptive Research Design was used for this study. Permission was obtained from the Superintendent of Subharti Hospital and data collection was done in hospital .The investigator have selected 50 samples primary care givers of mentally ill patients age above 20 – 60 years of age purposive sampling technique. Oral consent was obtained from the subjects. Perceived Stress Scale was used for assessing the level of stress with the help of primary care givers of mentally ill patients then the investigators the perceived scale (among primary care givers of mentally ill patients) for the purpose of assessing the level of stress.descriptive and inferential statics were used to analyze the finding of the study.

There was a significant difference ($p < 0.05$) found mean 20.34, and the standard deviation was 5.2 and the percentage of primary care givers of mentally ill patients stress level was 72% was a significant association ($p < 0.05$) found the stress level in primary care givers of mentally ill patients. The present study was conducted with the view to assess the level of stress among primary care givers of mentally ill patients .

This study shows that most of the primary care givers of mentally ill patients are having moderate level of stress. (average level of stress is 72%).

CHAPTER-1

INTRODUCTION

Mental illness can be defined as a clinical, significant, behavioral or psychological syndrome that occurs in a person and this is normally associated with impairment in one or more important areas in functioning, or an important loss of freedom.

Most of the mental illness is associated with a major change in the behavioral pattern of the client and these changes may affect the patient and family in different degrees. Most of the mental illness does not have a single cause in common and it is generally associated with a structural change in the brain.

The society views the mental illness as something to be ashamed of and usually the members of the society initially recognize most of the mentally ill patients behavior deviated from the social norms.

In such a stage the families play an important role in caring of these mentally ill patients even though the family members of the mentally ill patients are less likely to label the individuals behavior as mental illness. The core concept of the care giving consists of accepting the patient, encouraging and supporting the patient and assist in the daily activities of the patient.

The diagnosis of a person with a mental illness makes the care givers initially denial, which is sometimes expressed by anger and they are looking for a lot of coping methods to cope and adjust with these situations.

The presence of a mentally ill patient in a family cause stressful experience to the care givers especially in physical, emotional, social and financial areas. More the patient behavior and functional disability put the primary care givers in a great risk as the care giving to a mentally ill patient is a very complex process as most of the mentally illness occur with a change in the behavioral pattern of the patient .These factors may act as a stress to the care givers and can affect even the quality of life of the primary care giver too; as a health

professional the mental health nurse has a main responsibility in identifying these levels of stress , coping and quality of life among the care givers specially the primary care givers of the mentally ill patients.

NEED FOR THE STUDY:

In India the period of 2008 – 2010 was termed as a period of Psychiatric Epidemiological survey. According to a survey by (Reddy, 2012) the prevalence estimate rate of mental illness in India is 58.2/1000 population. Now a more recent study of mental disorder in India conducted and concluded that the prevalence rate of a mental disorder in India is 73/1000 that is in Rural 70.5 and in Urban 73.0 out of 1000.

According to WHO survey, it reported the problem of caregivers of psychiatric patients. It is stated that 51% of all caregivers are suffering from stress. 25% of caregivers have no job satisfaction and 43% caregivers are expecting to reduce their working hours.

India Today magazine (2014)

A study was conducted by WHO in 2009 concluded that there are about 40 million mentally ill persons in India. A study conducted on household income and quality of life of primary care givers of persons with mental illness in China showed the burden of the primary care givers positively correlate with household income – which means the economic status, occupation and perceived external support can act directly on once quality of life. As now our country giving much importance for decentralization of mentally ill patients to community based care, there is a strong need to access how they coping with these stress even without professional support.

WHO Report (2009)

A study was conducted regarding the stress of the primary family caregivers of schizophrenia patient and they collected the information from 126 caregivers of the schizophrenic patient 73% caregivers are facing moderate burden. Caregivers of patient with mood disorders were facing over stress and they have poor family functioning. In this, 74% of caregivers had depressive symptoms because of overburden and 22% of caregivers had poor family functioning.

Pandi perumal(2008)

A comparative study reported, among caregivers and non-caregivers that, 63% caregivers have higher rate of affective symptoms than non-caregivers (42%) and 17.5% caregivers have stress symptoms when compared to non –caregivers (10.9%).

Indian mental health statistical reported regarding caregiver of mentally ill patient. It was suggested 40-75% of caregivers had significant psychological illness as a result of their care giving and 15-32% had clinically diagnosable major stress. There may also be physical health consequences; strained caregivers have impaired immunity and a higher mortality rate.

Several other studies showed that there will be a lot of stress and decreased coping among the family members of the mentally ill patients including an alteration in the quality of their life also. So this initiated the Nursing Researcher to conduct a study on stress, coping methods and the quality of life among the care givers of mentally ill patients who are attending the outpatient department of selected hospitals at Bangalore. This study will provide future benefit in developing and intervention to improve the coping methods and quality of life of the primary care givers of the mentally ill patients.

Thus, the major function of mental health nursing staff is to improve mental health through education and counseling. Hence, the investigator felt that there is a need to designed structured teaching programmed regarding stress and coping strategies among caregivers of psychiatric patients. It will help for the mental health programme to conduct stress and coping abilities for caregivers of psychiatric patients

STATEMENT OF THE PROBLEM :

A study to assess the level of stress among primary care givers of mentally ill patients in a selected hospital at MEERUT.

OBJECTIVES:

1. To assess the level of stress among primary care givers of mentally ill patients.
2. To find the association between the level of stress among primary care givers of mentally ill patients with their demographic variable.

HYPOTHESIS:

H1:There will be a significant association between the level of stress among the primary care givers of mentally ill patients with their demographic variable.

OPERATIONAL DEFINITIONS:**ASSESS:**

It refers to assess the level of stress among primary care givers of the mentally ill patients

STRESS :

In the study Stress means a physical and emotional disturbance associated by the primary care givers while caring a mentally ill patient and measured by using standardized perceived stress scale (PSS).

PRIMARY CAREGIVERS:

It refers to Male or female individuals who is taking care of the hospitalized mental ill patient.

ASSUMPTION:

1. Caregiver may perceive challenges regarding the caring of mentally ill patients.
2. Caregiver's quality of life may be altered due to the mentally ill patient.

DELIMITATION:

1. The study is delimited to selected hospital at Meerut only
2. The study was delimited to the data collection period only (one week) .
3. The study was delimited only to primary caregivers who are available at the time of data collection .

CHAPTER – II**REVIEW OF LITERATURE**

Review of literature has two sections:

1. Literature related to level of stress
2. Literature related to level of stress among primary care givers of mentally ill patients

1.Literature related to level of stress

Martin (2015) Across sectional study was conducted in Sweden to find out the stress faced by the primary care givers of mentally ill patients. In Sweden total of 138 primary care givers of mentally ill persons were assessed using questionnaire by using caregiver stress assessment scale, the Nottingham health scale and since of coherence scale. The result of the study shows that more than 80 % of the primary care givers of

mentally ill patients are experiencing a moderate level of stress associated with emotional disturbance, a perceived health changes, isolation and disappointment in relation to caring the patient.

Devecoac (2014) A study was conducted in France to find out the care givers stress in co morbid mental-somatic illness. A total of 100 care givers participated in the study from different parts of the country, the tool used was stress assessment scale and G.D.S scale, and the finding of the study revealed that the care givers often sustain a significant physical, social and emotional burden in relation to caring the patient.

Vincent (2014) A study was conducted in Philippines to assess time related stress among primary care giver of mentally ill persons. A total of 171 familiar were involved in the Epidemiological survey. The result shows that 80% of the parents sleep was disturbed by the patients' unexpected behavior and an average family devoted 7 hours and 11 min per week in caring or supervising a mentally ill patient, 87% families had limited cultural activities and 59% had stopped going on vacations regularly.

Mohammad (2012) A study was conducted on subjective relation between the age and stress among primary caregivers of people with mental illness in South-Western Nigeria. The study was conducted among 100 adult caregivers of mentally ill patients. The aim of the study was to examine the rate the association of burden with the age of the care giver, the result of the study concluded that rather than age of the care giver the perceived health status of the care giver act as a negative factor for development of stress. Caregivers should be encouraged to meet regularly to share their experiences and ventilate their emotions.

Sussu ham (2010) A study was conducted to assess the 'Primary faced stress of a primary care giver on providing care to a mentally ill person' was conducted in Taiwan. The Researcher collected subjective & objective information using observation, face-face interviews, and care giver stress. The tool used was Taiwanese depression scale. The result shows that the primarily facing burden by a care giver was anxiety and depression.

Christo Philip (2010) A study was conducted in USA to understand the religious beliefs and practices associated with the level of stress. A total of 1229 Primary care givers of mentally ill patients were participated in the study. By using p.s.s perceived stress scale and Inventory of complicated grief scale, three areas that is the frequency of attendance at religious, meeting, the frequency of prayer and the importance giving to religious faith were collected and the researcher found the frequency of attendance at religious activities play an important coping role to face the stress of caring.

Ankune (2010) A study was conducted in china to find out the importance of perceived social support and level of stress of Taiwanese care givers of mentally ill patients, a total of 55 care givers of schizophrenic patients were participated in the study. The result of the study shows that the society and social support act as a major coping method in the prevention of stress among the care givers of mentally ill patients.

Josuva (2010) A study was conducted in religious practices by chronic mentally ill patient and their care givers they are living in south India. Persons with mental illness and their care givers were interviewed at religious sites using a guided questionnaire. The result of the study shows that-seeking religious help for mental illness is often a first and common step in which most of the care givers are adopting to cope with the stress

Marsholow (2008) A study was conducted to find out the importance of supportive groups in improving the quality of life and reduce the stress of the primary care givers of the mentally ill patients,. A cross- sectional study was carried out and a total of 404 care givers were participated in the study, the result of the study concluded that the supportive groups and their psycho-educative orientation programs like exchange of experience, open discussion, information's and advices play a major role in coping with the induced stress in caring a Mentally ill patient.

2.Literature related to level of stress among primary care givers of mentally ill patients

Show(2009) A descriptive study determined the patient and caregivers of the psychiatric patient's characteristics associated with stress and it was found 32% of caregivers reported 6 or more symptoms of stress and were noted as stress.

A study suggested that caregiver consequences were found to be limited, although approximately 30% reported distress. Male caregivers used a more avoiding coping style than the female caregivers. A nurse should assess problems of caregiver's distress and efforts should be undertaken to support the caregiver and teach them skill to cope effectively.

Mesas A Eet; al(2009) conduteda study found that those who are taking or providing care to psychiatric patients were worried about the patient's general health. Treatment, safety and future there were relational strains and they felt burdened and they often felt distressed and had to visit a (mental) health practitioner. So, attention should be paid to support relatives and spouses of depressed patients and special attention should be paid to patient's children.

A preliminary study found that caregivers of psychiatric patients were seeking help from the others because of stress. They are expecting counseling from psychiatrics, psychologists, relatives and family members. Some of risk factors of stress and coping factors among caregivers are lack of information about care, lack of training, low quality care and dysfunctional coping and it leads to severs stress and loss of coping ability, nearly 50%.

EngedalK.(2009) comparative study was conducted among 50 caregivers both male and female and they reported female caregivers are facing more stress than male caregivers. It was 62% when compare to male caregiver 38% and majority of complains was found among caregivers such as depression, anxiety and mental disorders.

Wilksyetal(2008) comparative study on relatives of long term psychiatric patients (schizophrenia and bipolar affective disorder) assessed the subjective and objective stress of 54 caregivers of schizophrenia and bipolar affective disorder patients. Results showed that caregivers of schizophrenia patients should increased severity of burden as compared to bipolar affective disorder patients.

SanatombiDevi,E(2007) A study examined 70 caregivers, which were divided into subgroups according to high and low levels of depression and stress, with the three most common groups, reported 46% of caregivers are having low deep and low stress , 26% were having high deep and high stress and 23% were having low deep and high stress and 6% of caregivers reported high depression and low stress .⁷

Subba (2007)A health survey conducted in Pondichery, evaluated the coping styles adopted by caregivers of schizophrenia patients. 44 patients (20 men and 24 women) and some number of caregivers were included in this study. 71% of caregivers used resignation strategies, 79% failed to maintain social contacts and 60% did not seek information about their illness. Only 1/3 of the caregivers were attempted active social involvement of the patients, coercion and avoidance strategies.

WhiteK ,RooksbyK.(2007) A research study was conducted to examine how caregivers cope with stressful care giving situations and the relations between coping strategies and caregiver's psycho social wellbeing. Respondents were 58 family caregivers to patients discharged from a rehabilitation hospital. Caregivers identified a recent stressful event in care giving and indicated strategies used to cope with this even. After controlling for patients impairment level, analysis indicated that caregivers engaging in more escape-avoidance coping related greater depression and more conflict in their personal relationships.

Kang SY(2006)A study was conducted in France to find out the care givers burden in co morbid mental-somatic illness. A total of 100 care givers participated in the study from different parts of the country, the tool used was global stress assessment scale and P..S scale, and the finding of the study revealed that the care givers often sustain a significant physical, social and emotional stress in relation to caring the patient.

Vidhya J .andJosephine S.P(2009)A study was conducted in Philippines to assess time related burdens among primary care giver of mentally ill persons. A total of 171 familiar where involved in the Epidemiological survey. The result showers that 80% of the parents sleep was disturbed by the patients' unexpected behavior and an average family devoted 7 hours and 11 min per week in caring or supervising a mentally ill patient, 87% families had limited cultural activities and 59% had stopped going on vacations regularly.

WimbushNY,GrossCR ,KreutzerMJ. (2007)A study was conducted on subjective relation between the age and stress among primary caregivers of people with mental illness in South-Western Nigeria. The study was conducted among 100 adult caregivers of mentally ill patients. The aim of the study was to examine the rate the association of stress with the age of the care giver, the result of the study concluded that rather than age of the care giver the perceived health status of the care giver act as a negative factor for development of stress . Caregivers should be encouraged to meet regularly to share their experiences and ventilate their emotions.

LuskinFM,et al(2000)A study was conducted to assess the 'Primary faced stress of a primary care giver on providing care to a mentally ill person' was conducted in Taiwan. The Researcher collected subjective & objective information using observation, face-face interviews, and care giver stress .The tool used was perceived stress scale. The result shows that the primarily facing stress by a care giver was anxiety and depression.

RESEARCH METHODOLOGY

Research Methodology includes Research approach, Research design , Description of setting, Population sampling, Criteria for sample selection, Research tool& technique, Content validity and Method of data collection.

Research Approach:

Quantitative descriptive approach was used in this study.

Research Design:

Descriptive co-related design was used in this study.

Description of setting:

The setting of the main study was **ChhatrapatiShivaji Subharti Hospital, Meerut**. Which is attached with **PannaDhaiMaa Subharti Nusring College**. The hospital is 1500 bedded and also it has included 30 bedded psychiatric unit along with busy psychiatric OPD . They have good facility for mental ill patients.

Population:

Target population of the study is primary care givers of mental ill patients.

SAMPLING:

SAMPLE

Sample consists of primary care givers of mental ill patients who meet the inclusion criteria .

SAMPLE SIZE:

The sample size is 50.

SAMPLING TECHNIQUE:

Purposive sampling technique was used to select the samples.

CRITERIA FOR SAMPLE SELECTION:

The samples were selected based on the following inclusion and exclusion criteria.

Inclusion criteria:

- primary care givers who are willing to participate in the study.
- Primary care givers who are available in during data collection.
- Primary care givers who can speak Hindi and English.

Exclusion criteria:

- ✓ Primary care giver with sensory deficit.
- ✓ Primary care giver who are all not willing to participate.

RESEARCH TOOL AND TECHNIQUE

The data collection tool consists of two section.

Section : A Demographic profile of primary care giver

It comprised if demographic data of the primary care giver such as age, sex, religion, education, previous occupation, monthly income, marital status, type of family, food habits and source of income.

Section : B) Perceived stress scale

It helps to assess the stress among primary care giver to the mental ill patient. It is the major of the degree to which situation in one life are appraised as stressful. Item were designed to assess how to unpredictable, uncontrollable and overloaded respondents find their lives to be.

The scale also includes a number of direct queries of current levels of hence are relatively free of content specific to any sub-population group.

The question in PSS ask about feelings and thoughts during the last month.

Features of the PSS

Purpose :Measure the perception of stress

Length: 10 item

Averagetime : 5-10min

CONTENT VALIDITY:

Perceived stress scale (PSS) is the scale was developed by the investigator upon the review of literature, the content will be evaluated by 5 experts (3 from the department of psychiatric nursing, 1 from psychiatrist and 1 from psychologist). The suggestion given were incorporated.

METHOD OF DATA COLLECTION**Ethical consideration**

A formal consent will be obtained from the Medical superintendent of Subharti Hospital at psychiatry ward and the oral consent will be obtained from the subject. Assurance has been given to the subject regarding the confidentiality of the data and anonymity will be maintained throughout the study.

Period of data collection

The main study was conducted in Chhatarpati Shivaji Subharti Hospital at Meerut from 6/7/2018 to 8/7/2018

Data collection procedure

Before conducting the main study, the researcher met the concerned authorities in the CHHATARPATI SHIVAJI SUBHARTI HOSPITAL in psychiatry ward Meerut and obtained permission for the data collection.

The data collection has been done after explaining the procedure to the primary care givers of mentally ill patients, oral consent was obtained from samples and assured confidentiality and their responses. The primary care giver who met the inclusion criteria and they selected by purposive sampling technique.

The data collection was done in the morning at 10:30AM to 12:30PM as per the research design. Stress is assessed by the Perceived stress scale (PSS)

DATA ANALYSIS:

The descriptive statistics is used for categorical data and chi square is used to find out the association between level of stress with their demographic variables.

CHAPTER 4

ANALYSIS AND INTERPERTATION OF DATA

This chapter deals with analysis and interpretation of data collected through standardized tool for the study population. The study was conducted to assess the level of **stress among primary caregivers of mentally ill patients** .

Analysis and interpretation of data is the most important phase of research process. Analysis is compilation, editing, coding , classification and percentage of data to answer the questions .

Interpretation of data referred to critical examination of analyzed data to draw inference and conclusion. Interpretation is one of the essential task in a research process to frame the recommendations of a research problem. It is an activity of critical thinking, which is done carefully through brainstorming to infer the condensed and statistically computed data, so that research question can be answered .

The data has been presented using tables and diagrams. The data has been analyzed in four sections;

Section : 1. Description of demographic data

Section: 2. Frequency distribution level of stress among primary care givers of mentally ill patients .

Section :3. Description for perceived stress scale

Section :4. Association between the level of stress among primary care givers of mentally ill patientsand selected demographic variables.

SECTION:A

DESCRIPTION OF DEMOGRAPHIC DATE

Percentage wise distribution of Primary Care Givers with their demographic variables

N=50

S.No.	ITEMS	FREQUENCY	PERCENTAGE
1.	AGE		
	(a) 20-29	10	20
	(b) 30-39	5	10
	(c) 40-49	9	18
	(d) 50-59	20	40
	(e) Above 60	6	12
2.	GENDER		
	(a) Male	24	48
	(b) Female	26	52
3.	MARITAL STATUS		
	(a) Married	25	50
	(b) Unmarried	15	30
	(c) Seprate/Divorced	5	10
	(d) Widow/Widower	5	10
4.	RELIGION		
	(a) Hindu	30	60
	(b) Christian	5	10
	(c) Muslim	12	24
	(d) Sikh	3	6
	(e) Other	0	0
5.	EDUCATION		
	(a) No formal education	0	0

	(b) Primary education	0	0
	(c) Secondary education	10	20
	(d) Higher secondary education	10	20
	(e) Graduation	30	60
6.	OCCUPATION		
	(a) Unemployed	0	0
	(b) Business	0	0
	(c) Private Job	40	80
	(d) Government Job	10	20
7.	MONTHLY INCOME		
	(a) Below 2,000	0	0
	(b) 2,001-6,000	0	0
	(c) 6,001-9,000	0	0
	(d) 9,001-12,000	20	40
	(e) 12,001-15,000	20	40
	(f) Above 15,000	10	20
8.	TYPE OF FAMILY		
	(a) Nuclear Family	25	50
	(b) Joint Family	25	50
	(c) Extended Family	0	0
9.	FOOD HABITS		
	(a) Vegetarian	30	60
	(b) Eggetarian	0	0
	(c) Non-Vegetarian	20	40

Distribution of Age

Distribution of primary care givers of mentally ill patients to their age in years shows that (10) 20% of them were in age group of 20-29 years,(5) 20% in 30-39 years ,(9)18% in 40-49 years , (10) 20% in 50-59 years and (6) 12% in age group above 60.

Distribution of gender

Distribution of primary care givers of mentally ill patients to their gender shows that (24) 48% of them were males and (26) 52% were females.

Distribution of Marital status

Distribution of primary care givers of mentally ill patients to their marital status that(25) 50% of them are married, (15) 30% of them are unmarried ,(5) 10% of them are separated/Divorced, (5) 10% of them are widow/widower.

Distribution of Religion

Distribution of primary care givers of mentally ill patients to their religion shows that (30) 60% of them are Hindu, (5) 10% of them Christians , (12) 24% of them are Muslims , (2) 12% of them Sikh, (0) 0% of them others category.

Distribution of Education

Distribution of primary care givers of mentally ill patients to their education shows that (0) 0% of them are no formal education,(0) 0% of them have primary education , (10) 20% of them secondary education, (10) 20% of them higher secondary education ,(30) 60% of them are graduate.

Distribution of Occupation

Distribution of primary care giver of mentally ill patients to their occupation shows that (0) 0% of them were unemployed , (0) 0% of them were doing business ,(40) 80% of were having private job , (10) 20% of were having government job

Distribution of Monthly Income

Distribution of primary care givers of mentally ill patients to their monthly income shows that (0) 0% of them were having below 2,000 , (0) 0% of them were having 2,001- 6,000 , (0) 0% of them were having 6,001- 9,000, (20) 40% of them having 9,000-12,000 , (20) 40% of them having 12,001-15,000, (10) 20% of them were having above 15,000.

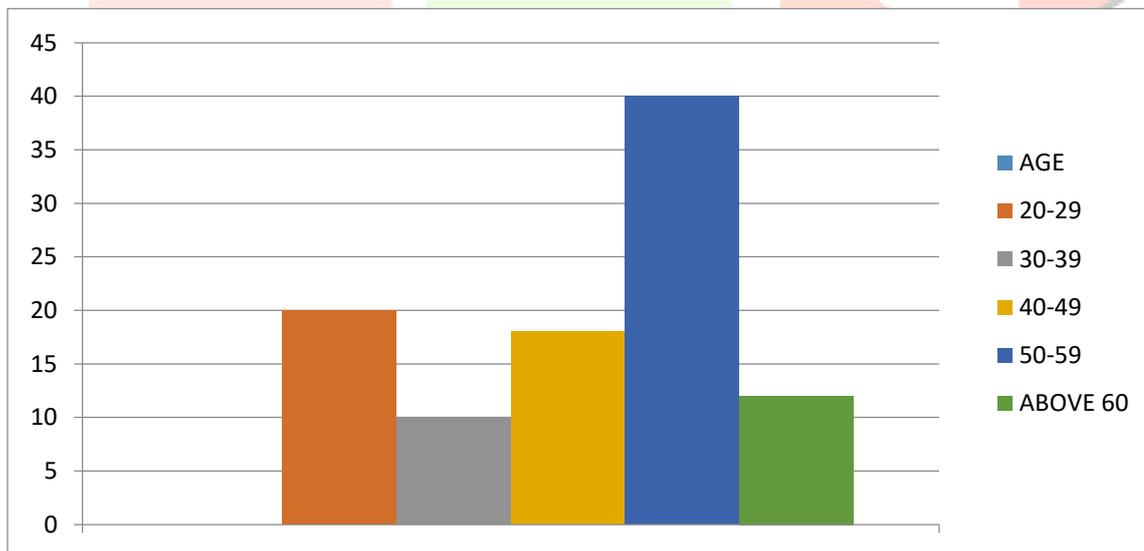
Distribution of Type of Family

Distribution of primary care givers of mentally ill patients to their family shows that (25) 50% of them belongs to nuclear family, (25) 50% of them belongs to joint family,(0) 0% of them belongs to extended family.

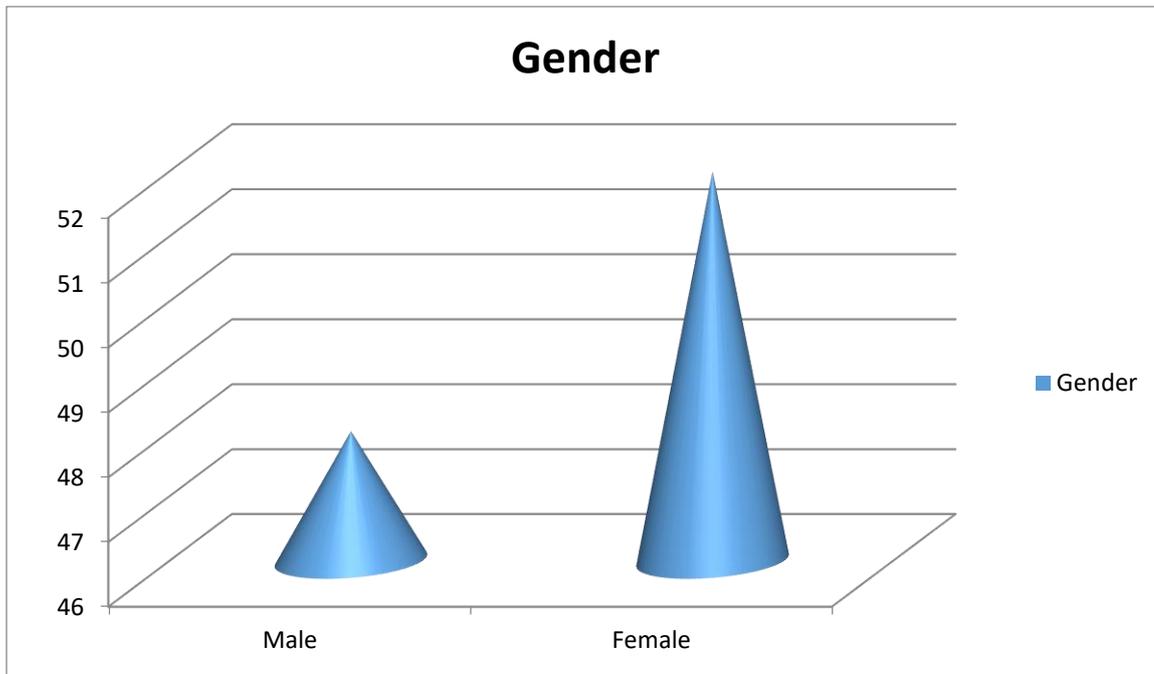
Distribution of Food Habits

Distribution of primary care givers of mentally ill patients to their food habits shows that (30) 60% of them are vegetarian, (0) 0% of them are eggarian, (20) 40% of them are non-vegetarian.

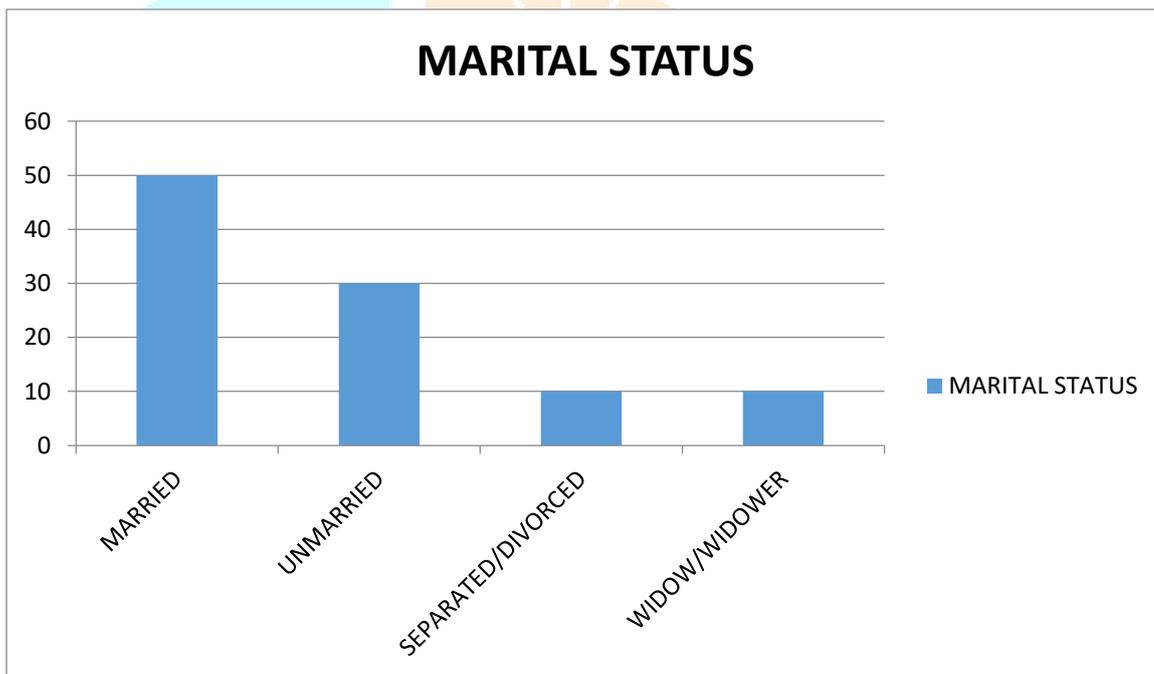
GRAPH 1 : Simple bar Graph showing the percentage of primary care givers of mentally ill patients according to their age groups.



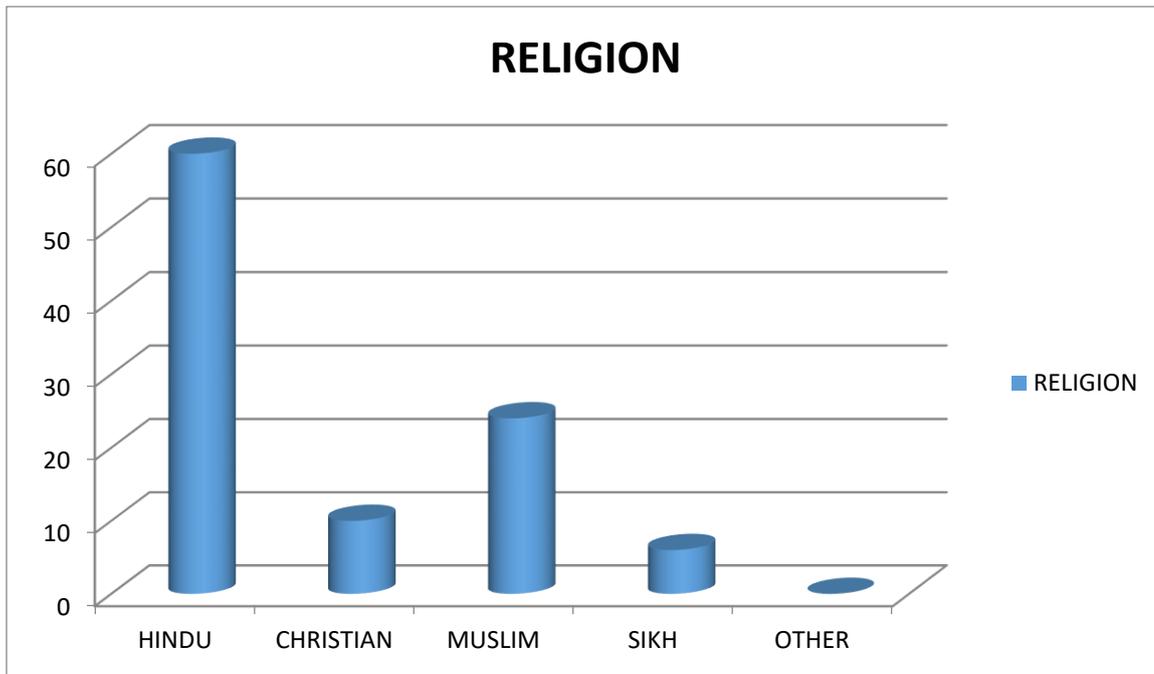
GRAPH 2 : Simple conical chart showing the distribution of Gender



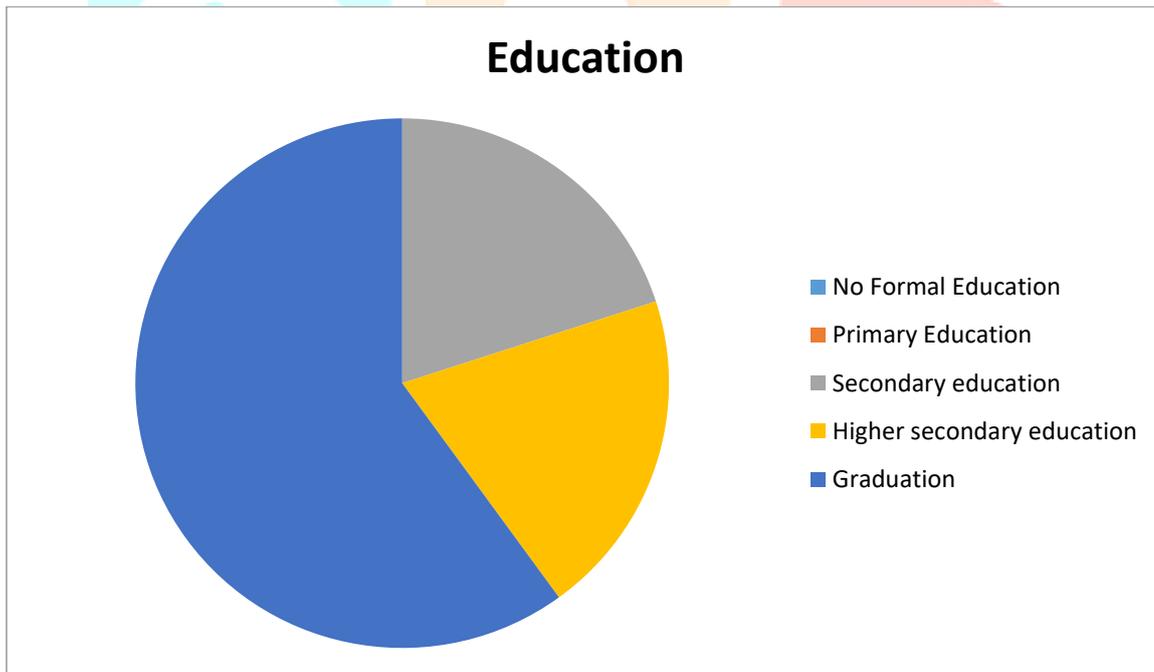
GRAPH 3 : Simple bar graph showing the distribution of Marital Status



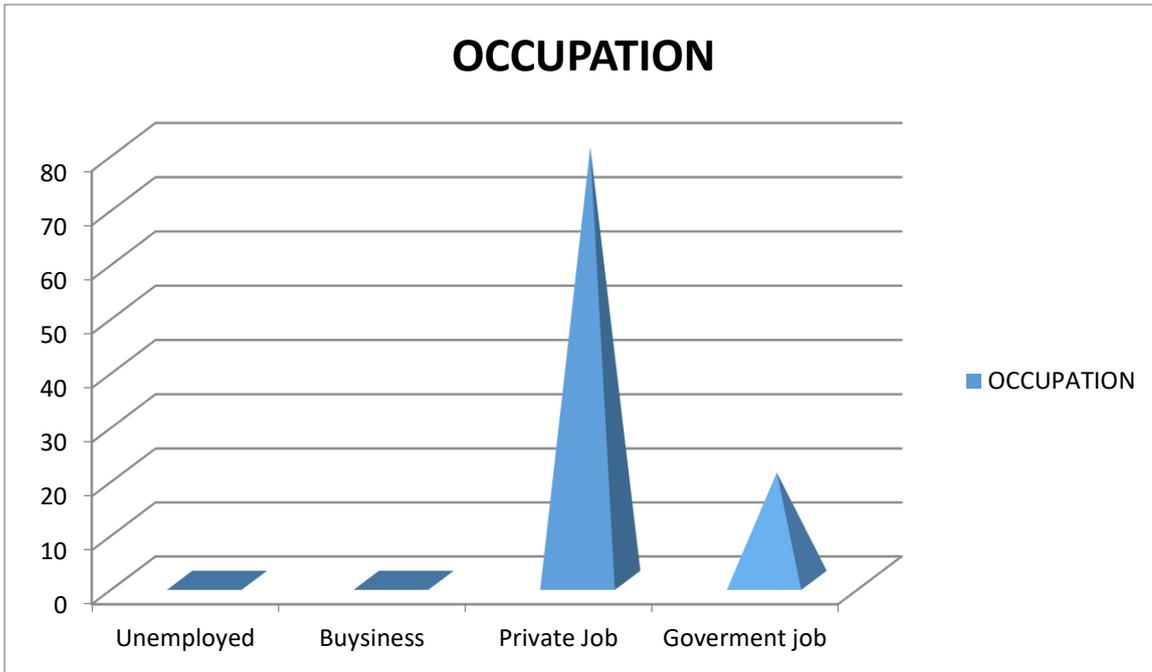
GRAPH 4 : Simple cylindrical graph showing the distribution of religion



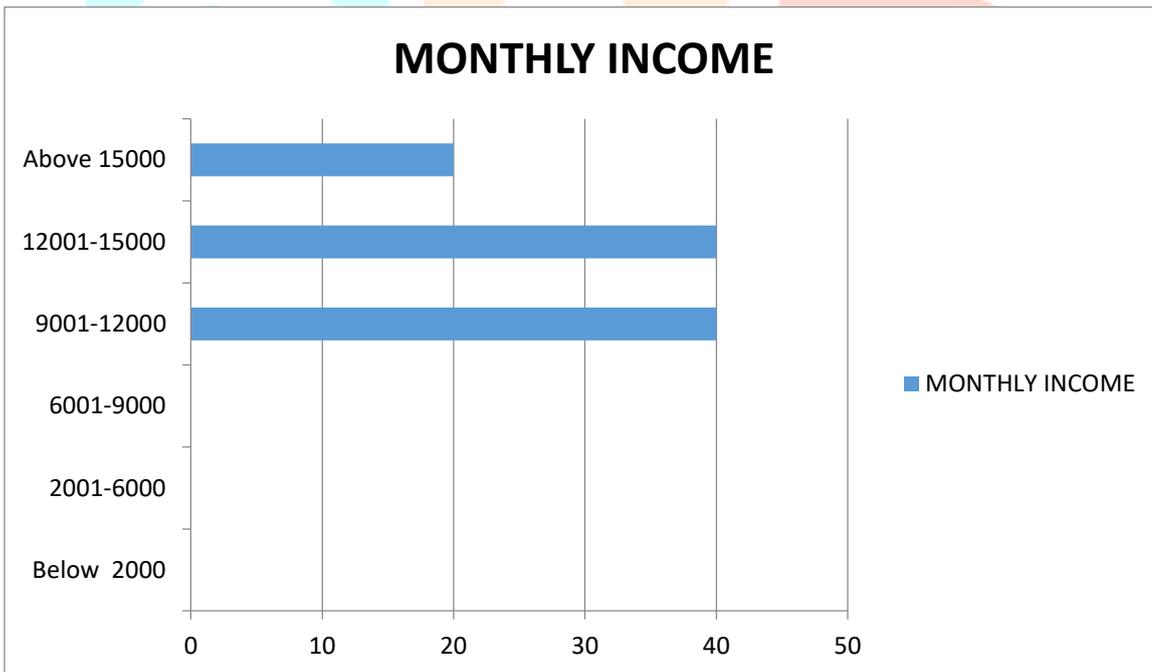
GRAPH 5 : Simple Pie Chart showing the distribution of education



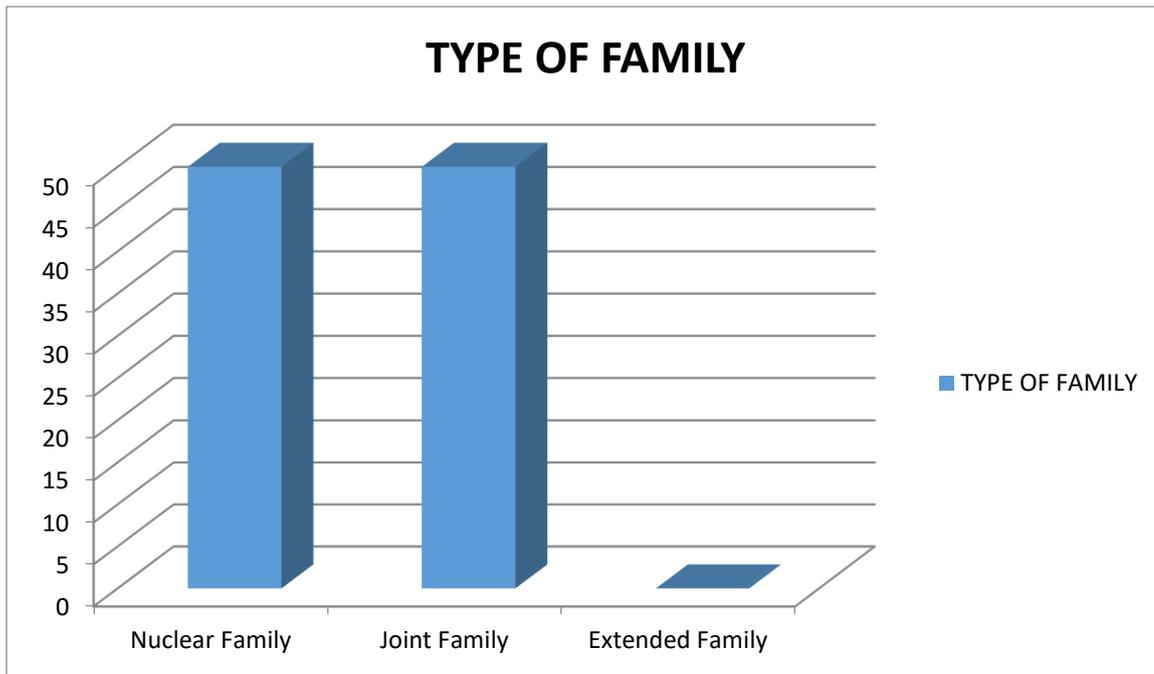
GRAPH 6 : Simple conical graph for showing the distribution of Occupation



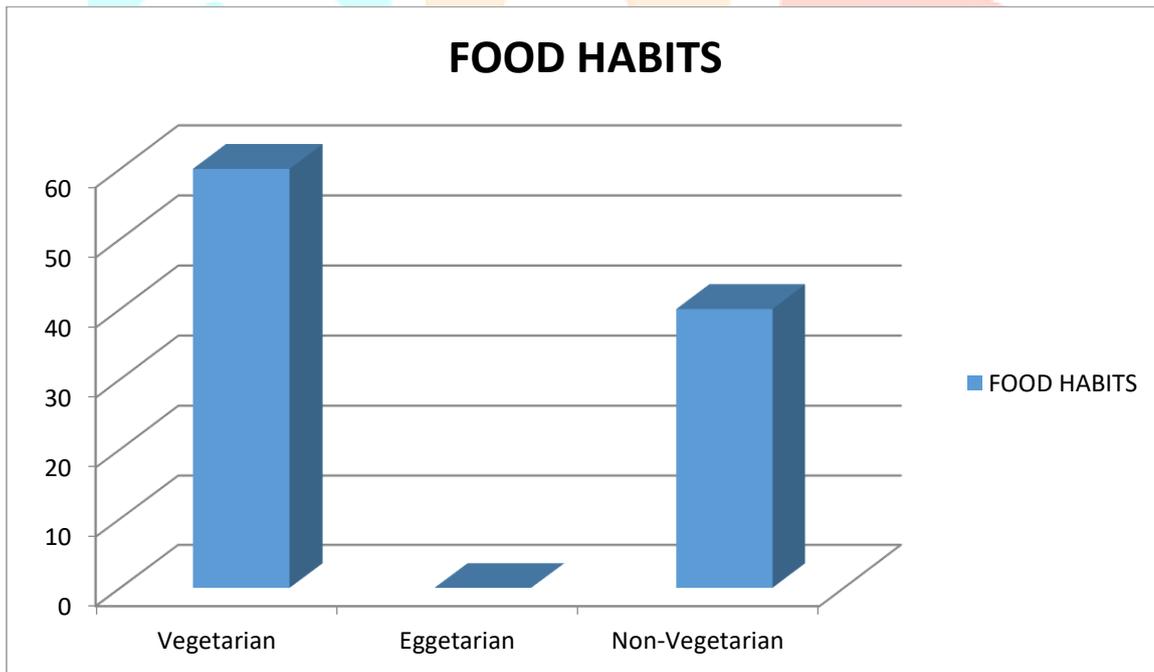
GRAPH 7 : Simple cylindrical Graph Showing the distribution of Monthly Income



GRAPH 8 : Simple Bar Graph Showing the distribution of Type of Family



GRAPH 9 : Simple Bar Graph Showing the distribution of Food Habits



SECTION-B**Frequency distribution level of stress among primary care giver of mentally ill Patients**

N=50

LEVEL OF STRESS	FREQUENCY	PERCENTAGE (%)
Mild (1-15)	4	8%
Moderate (16 -25)	40	80%
Severe (26 -40)	6	12%

Frequency distribution of stress level table shows that among total no of population of 50 members,(4) 8% were mild stress level , (40) 80% were moderate stress level , (6) 12% were severe stress level .

SECTION- C**DESCRIPTION FOR PERCEIVED STRESS SCALE**

N=50

S NO.	Variables	Maximum Marks	Mean	SD	Average Level of Stress (%)
1.	Level of stress	40	20.34	5.2	72%

shows that the mean score of knowledge level was 20.34, the standard deviation was 5.2 and average level of stress was 72%.

SECTION (D)

Association between the stress level among primary care givers of mentally ill patients With their selected demographic variables.

S.NO	Demographic Variables	STRESS LEVEL						CHI SQUARE	TABLE VALUE/ Df
		MILD		MODERATE		SEV ERE			
		F	%	F	%	F	%		
1	AGE								
	(a) Below 20-29	2	4	8	16	0	0	16.0291*	15.51
	(b) 30-39	2	4	3	6	0	0		
	(c) 40-49	0	0	9	18	0	0		
	(d) 50-59	0	0	20	40	0	0		
	(e) Above 60	0	0	0	0	6	12		
2	SEX								
	(a) Male	2	4	15	30	3	6	3.25	5.99
	(b) Female	2	4	25	50	3	6		
3	MARITAL STATUS								
	(a) Married	2	4	20	40	3	6	5.3574	12.59
	(b) Unmarried	2	4	10	20	3	6		
	(c) Seprate Divorced	0	0	5	10	0	0		
	(d) Widow/ Widower	0	0	5	10	0	0		
4	RELIGION								
	(a) Hindu	1	2	15	50	4	8	4.53	15.51
	(b) Christian	2	4	3	6	0	0		
	(c) Muslim	1	2	10	20	1	2		
	(d) Sikh	0	0	2	4	1	2		
	(e) Others	0	0	0	0	0	0		

5	EDUCATION								
	(a) No Formal Education	0	0	0	0	0	0	6.84	15.51
	(b) Primary Education	0	0	0	0	0	0		
	(c) Secondary Education	2	4	8	16	0	0		
	(d) Higher Secondary Education	2	4	5	10	3	6		
	(e) Graduation	0	0	27	54	3	6		
6	OCCUPATION								
	(a) Unemployed	0	0	0	0	0	0	9.3487	12.59
	(b) Business	0	0	0	0	0	0		
	(c) Private job	4	8	32	64	4	8		
	(d) Government Job	0	0	8	16	2	4		
7	MONTHLY INCOME								
	(a) Below 2,000	0	0	0	0	0	0	0.0687	18.31
	(b) 2,001-6,000	0	0	0	0	0	0		
	(c) 6,001-9,000	2	4	15	30	3	6		
	(d) 9,001-12,000	2	4	15	30	3	6		
	(e) 12,001-15,000	4	2	15	30	3	6		
	(f) Above 15,000	0	0	10	20	0	0		
8	TYPE OF FAMILY								

	(a) Nuclear Family	1	2	20	40	3	6	0.161	9.49
	(b) Joint Family	3	6	20	40	3	6		
	(c) Extended Family	0	0	0	0	0	0		
9	FOOD HABITS								
	(a) Vegetarian	3	6	24	50	2	4	3.719	9.49
	(b) Eggterian	0	0	0	0	0	0		
	(c) Non-Vegetarian	1	2	15	30	4	8		

It shows that there is association between the level of stress and demographic variables.

The chi- square value of age is (16.0291) is greater than table value (15.51) at 0.05% significance which indicates there was an association between age and demographic variables. Other chi square calculated value of demographic variables was founder smaller than chi square test value 0.05% of significant and shows that there was no significant association between the level of stress and other demographic variables.

CHAPTER 5

RESULTS& DISCUSSION

Mental illness can be defined as a clinical, significant, behavioral or psychological syndrome that occur in a person and this is normally associated with impairment in one or more important areas in functioning , or an important loss of freedom.

Most of the mental illness is associated with a major change in the behavioral pattern of the client and these changes may affect the patient and family in different degrees. Most of the mental illness does not have a single causes in common and it is generally associated with a structural change in the brain.

OBJECTIVES

1. To assess the level of stress among primary care givers of mentally ill patients.
2. To find the association between level of stress among primary care givers of mentally ill patients with their demographic variable.

Almost a homogeneous population was considered for study there were participants of almost equal members of males (48%) and females (52%). The participants are starting from 20 years of age and the people of age group above 60 are included in the study.

To assess the level of stress among primary care givers of the mentally ill patients.

In our assessment out of total 50 (100%) among primary care givers of mentally ill patients the sample 4(8%) were having mild stress, 40(80%) were having moderate stress, and 6 (12%) were having severe stress .

Vincent (2014) A study was conducted in Philippines to assess time related stress among primary care giver of mentally ill persons. A total of 171 familiar where involved in the Epidemiological survey. The result showers that 80% of the parents sleep was disturbed by the patients' unexpected behavior and an average family devoted 7 hours and 11 min per week in caring or supervising a mentally ill patient, 87% families had limited cultural activities and 59% had stopped going on vacations regularly.

To find out the association between level of stress among primary caregivers of mentally ill patients .

The chi square was used to find the association between the stress level and demographic variables. The sum findings were not significantly associated with stress level and demographic variables. The chi square calculated value of age (16.0291) is greater than chi square value (15.51) at 0.05% significance which is indicates that there was an association between age and demographic variables was found smaller than chi square test value 0.05% of significance and shows that there was no significant association between stress level and other demographic variables

Mohammad (2012) A study was conducted on subjective relation between the age and stress among primary caregivers of people with mental illness in South-Western Nigeria. The study was conducted among 100 adult caregivers of mentally ill patients. The aim of the study was to examine the rate the association of burden with the age of the care giver, the result of the study concluded that rather than age of the care giver the perceived

health status of the care giver act as a negative factor for development of stress. Caregivers should be encouraged to meet regularly to share their experiences and ventilate their emotions.

Hypothesis

H1- There will be significant association between the level of stress among primary care givers of the mentally ill patients with their age group.

Therefore, hypothesis was supported.

Martin (2015) Across sectional study was conducted in Sweden to find out the burden faced by the primary care givers of mentally ill patients. In Sweden total of 138 primary care givers of mentally ill persons were assessed using questionnaire by using caregiver stress assessment scale, the Nottingham health scale and since of coherence scale. The result of the study shows that more than 80 % of the primary care givers of mentally ill patients are experiencing a moderate level of stress associated with emotional disturbance, a perceived health changes, isolation and disappointment in relation to caring the patient.

SUMMARY

This study revealed that most of primary care givers of mentally ill patients are having moderate level of stress.

CHAPTER -6

SUMMARY, MAJOR FINDINGS, IMPLICATIONS, LIMITATION

RECOMMENDATION

This chapter deals with summary under taken discussion on the findings of the study, and implication to nursing field limitation of study and recommendation for future research in this field.

SUMMARY

The present study was conducted with the view to assess the level of stress among primary care givers of mentally ill patients.

This study shows that most of the primary care givers of mentally ill patients are having moderate stress level. The chi square calculated value of age(16.0291) is greater than table value (15.51) at 0.05% significance which indicates that there was an association between age and selected demographic variables. Now we found the level of stress among primary care givers of mentally ill patients and most of them having moderate stress..

LIST OF REFERENCE:

1. Angermeyer.M.C,(2000) “ Information and support needs of family of psychiatric patients ”, Abstract retrieved from pub med data base on 17.12,10 PMID:11355450. Pp. No.4-7
2. CaqueeoUrizar, (2004) “ Quality of life among care givers of schizophrenic patients”, *Journal of health quality outcome*, 11(7), Pp. No.784-790
3. Denise.F. Polit and Cheryl Tatano Beck, (2004) “*Nursing Research*” Lippincott Willians and Wilkins, Philadelphia,7th edition, P .No.587,661
4. Elmstahl.S, (2008) “level of care givers perceived stress ”, *journal of clinical nurses*, 17(6), Pp. 790-799.
5. Fan CC, Chen YY. (2003) “Factors associated with care stress and quality of life among caregivers of the mentally ill in Chinese society”. Abstract retrieved from pub med database on 17.12,10 PMID: 19833682. Pp. No.2-3
6. Fleischmann H, KluppA(2007) “Quality of life in relatives of mentally ill people” Abstract retrieved from pub med database on 17.12,10 PMID: 1552469.
7. Jugbauer.J (2006) “Stress of family care givers of psychiatric patients” Abstract retrieved from pub med database on 17.12,10 PMID:11407252..
8. Kaplan HI and Sedock BJ, (2000), “*Comprehensive text book of Psychiatry*”, Lippincott Willians and Wilkins, Philadelphia,7th edition, P .No.2587-2613.
9. Lefley HP (2007) “Aging parents as caregivers of mentally ill adult children: an emerging social problem”. Abstract retrieved from pub med database on 17.12,10, PMID: 3666695. Pp. No.5-7.
10. Malliori MM, ChiottiV(2009) “Extra care stress in co morbid mental-somatic illnesses” Abstract retrieved from pub med database on 17.12.10. PMID: 20531077. Pp. No.8-9
11. Molyneux .G ,(2008) “Prevalance and predictors of stress in care givers of old psychiatric patients”, *Internationaljournalof geriatric*, 20(6), Pp. No.1193-2002.
12. Tsang .H.W, (2003) “Source of stress on family of individuals with mental illness.”, *Internationaljournal forrehabilitationresearch*, 26(2), Pp. No.123-130.

13. Willms .H, (2004) “Illness related cost for spouses of patients suffering from a mentall illness”, journal of psychiatry prax, 31(4), Pp. No.177-183.
14. Wittmund B, Wilms HU (2004) “Depressive disorders in spouses of mentally ill patients”. Abstract retrieved from pub med database on 17.12,10 PMID: 12027244.
15. Anna Kristensson, Ekwall (2007), ‘Older Caregivers’ coping strategies and sense of coherence in relation to quality of life’. *Journal of Advanced Nursing* 57 (6): Pp. No.584-596.
16. Annir Steele, Nancy Maruyama (2009). ‘Psychiatric symptoms in caregivers of patients with bipolar disorder :A review ‘journal of affective disorder ;Article in press. Pp. No.78-79
17. Bob Van Wijngaorden, Aart H. Schene(2008) ,Family care giving in depression: impact on caregiver’s daily life, distress and help seeking’. *Journal of Affective Disorders*, 81(3): Pp. No.211-222.

