

Psychological Distress among Primary Caregivers of Alcoholics

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Abstract – Introduction: Alcoholism is a major threat to the individual as well as the society and the maximum burden of the illness is born in the family. Alcoholism can have a psychological impact on the family involved in care giving, and coping with the alcohol dependent patient.

Caregivers play a crucial role in the life of alcoholics. Basically, stress creates an emotional and physical imbalance while caring for a spouse with alcohol abuse problems.

Methodology: A descriptive study was conducted using a non probability convenient sampling technique. A total number of 56 study participants who were the caregivers of alcoholics were selected. The data was collected from the study participants at psychiatric unit for 2 weeks. Each study participant took around 15 to 20 minutes to complete the modified self-instructional questionnaires. Average 8 to 9 study participants per day

Results: Among caregivers of alcoholics, the majority of them 27(48.2%) had severe level of psychological distress, 23(41.1%) had moderate level of psychological distress, 4(7.1%) had mild level of psychological distress and only 2(3.6%) had no psychological distress. Among 56 caregivers, 26(46.4) of them feel tired for good reason, 31(55.4) of them feel so nervous, 15(26.8) of them feel calm down, 26(46.4) of them feel hopeless, 20(35.7) of them feel restless, 21(31.5) of them feel restless and unable to sit still, 19 (33.9) of them feel depressed, 19(33.9) of them feel that everything was an effort, 17(10.4) of them feel so sad, and 18(32.1) of them feel worthless.

Conclusion: The present study assessed the level of psychological distress among primary caregivers of alcoholics in psychiatric unit at PIMS. The study assessed the Level of Psychological Distress among caregivers of alcoholics with their Socio Demographic Variables and by using modified Kessler psychological distress scale. The study reveals that there is statistically high significant association between the level of psychological distress with education and family income per month. Pamphlets were distributing to the all the participants like a psychological distress reduce and maintain the stress management.

Keywords— psychological distress, primary givers, alcoholism

1. Introduction

Alcohol dependence has been a serious social and private threat in most countries. Alcohol dependence is considered as a “family disease.” Alcohol dependence affects the individual as well as those around them in terms of occupational and social dysfunction, physical and emotional distress and financial burden which has a serious impact on the lives of the significant others.

Alcohol is a common substance abuse that causes both acute and chronic changes in almost all neuro chemical systems. Heavy consumption is the major public health concern in most of the countries. It results in untold misery to the individual by affecting physical, psychological, economic, and social spheres. The Diagnostic and Statistical Manual for Mental Disorders, has defined the dependence as a cluster of physiological, and cognitive symptoms indicating that the individual continues the use of the substance despite significant substance-related problems.

Need for the study

Nowadays alcoholism has become a major problem for primary caregivers has an increased level of distress and face many problems in meeting needs of the family, isolation, fear and worry. Psycho education can be given to primary caregivers of alcoholics who reduce the Stress, Frustration, worry and improvement in coping strategies. It can develop positive thinking, confidence and can help to adopt to the situation, to solve problem, and to taken responsibility of their family.

Health professionals, particularly those who are within the psychiatry field, are available have regular contact with the of alcohol dependents. Conducting a study during this specialization will assist in planning and teaching effective coping strategies, in order that they will stress and enhance their integrity. Therefore, the investigator felt the necessity to spot the distress among the alcohol dependents and analyze their coping mechanism.

Statement of the Problem

A Descriptive Study to Assess the Psychological Distress among Primary Caregivers of Alcoholics in Psychiatry Unit at PIMS, Puducherry.

Objectives

1. To assess the psychological distress among primary caregivers of alcoholics.
2. To associate the psychological distress among primary caregivers of alcoholics and selected Socio-Demographic Variables.

2. Operational Definition

Psychological distress:

In this study may be a state of emotional suffering related to stressors and demands that are difficult to deal with lifestyle. The shortage of effective look after difficulty in identifying is frustrating for patients.

Primary caregivers:

Primary caregiver is that the one who spend most of their time in caring for the ill person.

Alcoholic's patients:

In this study it refers to a person who consumes alcohol.

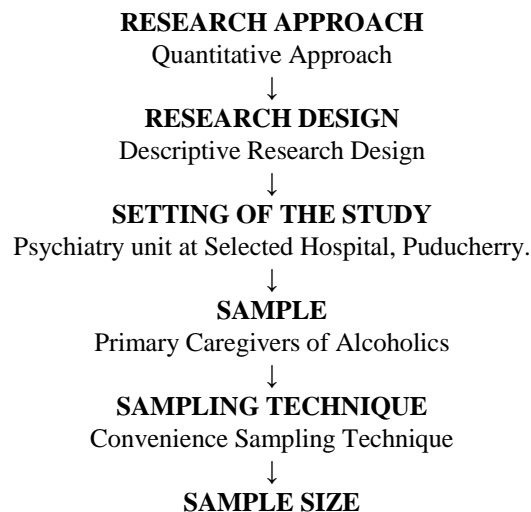
Psychiatry unit:

In this study it refers to Hospital or ward specialized in giving the treatment of patients with Acute and Chronic Mental Disorders.

Hypotheses:

1. H1 There is significant association between the levels of psychological distress experienced by the primary caregivers of alcoholics with selected socio demographic variables.

3. Research Methodology



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DATA COLLECTION

Section -1 Demographic data: It includes Age, Gender, Relationship with Patient, Education, Occupation, Income, Domicile, Types of Family, Duration of time spend by caregivers with alcoholics.

Section-2 Modified psychological distress Scale: (k10) to assess the psychological distress among primary caregivers of alcoholics.

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DATA ANALYSIS

Descriptive and Inferential Statistics

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INTERPRETATION OF FINDINGS AND RESULTS

4. Data Analysis and Interpretation

Table -1 : Frequency and percentage distribution of selected demographic variables of caregivers of alcoholics.

n=56

Sl. No	DEMOGRAPHIC VARIABLES	FREQUENCY (f)	PERCENTAGE (%)
1.	Age (in years)		
	a) 20 – 30 years	9	16.1
	b) 31 -40 years	21	37.5
	c) 41 and above years	26	46.5
2.	Gender		
	a) Male	21	37.5
	b) Female	35	62.5
3.	Education		
	a) Illiterate	8	14.3
	b) Primary	16	28.6
	c) Secondary	10	17.9
	d) Higher	14	25
	e) Dip/ Deg/ Graduate	8	14.3
4.	Occupation		
	a) Unemployed	2	3.6
	b) Self employed	24	42.9
	C) Private employed	28	50
	a) Govt employed	2	3.6
5.	Income		
	a) < 10,000	38	67.9
	b) 10,001 – 20,000	14	25
	c) > 20,000	4	7.1
6.	Domicile		
	a) Urban	19	33.9
	b) Rural	34	60.7
	c) Semi urban	3	5.4
7.	Relationship		
	a) Parents	15	26.8
	b) Spouse	19	33.9
	c) others(siblings/friends)	22	39.3
8.	Type of family		
	a) Nuclear	41	73.2
	b) Joint	12	21.4
	c) Broken	2	3.6
	d) Separated /Divorced	1	1.8

9.	Duration of time spend with alcoholic patients		
a)	0-5 years	30	53.6
b)	6-10 years	15	26.8
c)	>10 years	11	19.6

Table-1: Reveals the frequency and Percentage Distribution of Demographic Variables of caregivers of alcoholics. Out of 56 caregivers, the majority of them 26 (46.5%) were in the age group of 41 and above years. Most of them were females 35(62.5%).

Most of them come under primary in education 16 (28.6%). The majority of the caregivers of alcoholics belong to private employment 28(50%).

The majority of the caregivers of alcoholics were in the monthly income of rupees < 10000/- 38(67.9%).Most of the caregivers lived in rural areas 34(60.7%).

SECTION B: ASSESSMENT OF THE LEVEL OF PSYCHOLOGICAL DISTRESS AMONG PRIMARY CARE GIVERS OF ALCOHOLIC PATIENTS

n=56

S.no	Level of Psychological Distress	Score	Frequency	Percentage
1	Normal	0-39	2	3.6%
2	Mild Psychological Distress	40-49	4	7.1%
3	Moderate Psychological Distress	50-59	23	41.1%
4	Severe Psychological Distress	60-69	27	48.2%

SECTION C: FREQUENCY AND DISTRIBUTION OF PSYCHOLOGICAL DISTRESS AMONG PRIMARY CAREGIVERS OF ALCOHOLICS. MODIFIED BY KESSLER PSYCHOLOGICAL DISTRESS SCALE

Table 2: Frequency and distribution of psychological distress among primary caregivers of alcoholic's .modified by Kessler psychological distress scale.

n=56

SL.NO	PSYCHOLOGICAL DISTRESS LEVEL	FREQUENCY	PERCENTAGE (%)
1	No Good Reason		
	a) 1	5	8.9
	b) 2	26	46.4
	c) 3	23	41.1
	d) 4	2	3.6
2.	Feel Nervous		
	a) 1	3	5.4
	b) 2	12	21.4
	c) 3	31	55.4
	d) 4	7	12.5
	e) 5	3	5.4
3.	Calm Down		
	a) 1	9	16.1
	b) 2	15	26.8
	c) 3	11	19.6
	d) 4	7	12.5
	e) 5	14	25
4.	Feel Hopeless		
	a) 1	3	5.4
	b) 2	18	32.1
	c) 3	26	46.4
	d) 4	3	5.4
	e) 5	6	10.7
5.	Feel Restless		
	a) 1	2	3.6
	b) 2	17	30.4
	c) 3	20	35.7

	d) 4	12	21.4
	e) 5	5	8.9
6.	Not Sit Still		
	a) 1	5	8.9
	b) 2	18	32.1
	c) 3	21	37.5
	d) 4	6	10.7
	e) 5	6	10.7
7.	Feel Depressed		
	a) 1	2	3.6
	b) 2	11	19.6
	c) 3	19	33.9
	d) 4	8	14.3
	e) 5	16	28.6
8.	Everything Was Effort		
	a) 1	3	5.4
	b) 2	19	33.9
	c) 3	16	28.6
	d) 4	11	19.6
	e) 5	7	12.5
9.	Nothing Cheer		
	a) 1	6	10.7
	b) 2	17	30.4
	c) 3	14	25
	d) 4	12	21.4
	e) 5	7	12.5
10.	Feel Worthless		
	a) 1	12	21.4
	b) 2	14	25
	c) 3	18	32.1
	d) 4	4	7.1
	e) 5	8	14.3

Table 2: Reveals that out of 56 caregivers, 26(46.4) of them feel tired out for good reason, 31(55.4) of them feel so nervous, 15(26.8) of them feel calm down, 26(46.4) of them feel hopeless, 20(35.7) of them feel restless, 21(31.5) of them feel restless could not sit still, 19 (33.9) of them feel depressed, 19(33.9) of them feel that everything was an effort, 17(10.4) of them feel so sad, 18(32.1) of them feel worthless.

SECTION D: ASSOCIATION BETWEEN THE LEVEL OF PSYCHOLOGICAL DISTRESS AMONG PRIMARY CAREGIVERS OF ALCOHOLICS WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

Table 3: Association between the level of distress among primary caregivers of alcoholics with their selected demographic variables.

n=56

Sl. No	DEMOGRAPHIC VARIABLES	LEVEL OF PSYCHOLOGICAL DISTRESS				P-value"
		NO PSYCHOLOGICAL DISTRESS (10-19) (f)	MILD PSYCHOLOGICAL DISTRESS (20-24) (f)	MODERATE PSYCHOLOGICAL DISTRESS (25-29) (f)	SEVERE PSYCHOLOGICAL DISTRESS (30-50) (f)	
1	Age (in years)					
	a) 20 - 30 Years	0	0	5	4	0.428
	b) 31 – 40 years	1	2	11	7	NS
	b) 41 and above years	1	2	7	16	
2	Gender					
	a) Male	2	3	8	8	0.083

	b) Female	0	1	15	19	NS
3	Education					
	a) Illiterate	0	1	2	5	0.001* S
	b) Primary	0	0	3	13	
	c) Secondary	0	1	6	3	
	d) Higher	0	0	8	6	
	e) Dip/Deg/Graduate	2	2	4	0	
4	Occupation					
	a) Unemployed	0	1	1	0	0.071 NS
	b) Self employed	1	1	12	10	
	c) Private employed	0	2	10	16	
	d) Govt employed	1	0	0	1	
5	Income					
	a) < 10,000	0	1	16	21	0.048 S
	b) 10,001-20,000	2	2	6	4	
	c) >20000	0	1	1	2	
6	Domicile					
	a) Urban	1	0	10	8	0.126 NS
	b) Rural	1	4	10	19	
	c) Semi urban	0	0	3	0	
7	Relationship					
	a) Parents	0	1	5	9	0.814 NS
	b) Spouse	0	1	9	9	
	c) Others (Siblings, Friends)	2	2	9	9	
8	Type Of Family					
	a) Nuclear Family	2	3	15	21	0.837 NS
	b) Joint Family	0	1	7	4	
	c) Broken Family	0	0	1	1	
	d) Separated/ Divorced	0	0	0	1	
9	Duration of Time Spend with alcoholic patients					
	a) 0-5 Years	1	4	12	13	0.426 NS
	b) 6-10 Years	0	0	8	7	
	c) Above 10 Years	1	0	3	7	

P<0.001highly significant **p<0.05**significant

Table3: reveals that there is statistically highly significant association between the level of psychological distress with education at **p<0.005** by using **Fishers exact test**.

There is significant association between the family income per month at **p<0.005** by using **Fishers exact test**.

There is no statistically significant association between the level of psychological distress with age, gender, occupation, domicile, relationship, type of family, duration of time spend with alcoholic patients at **p >0.005** by using **Fishers Exact test**.

5. Results of the Study

Among 56 caregivers of alcoholics, the study revealed that 46.5% were in the age group of 41 and above years, 62.5% of the study participants were female, 28.6% of the study participants belongs to primary education, 50% of the study participants belong to private employment, 67.9% of the study participants were having an income of below 10000/- rupees per month, 60.7% belongs to rural area residence, 39.3% of the study participants come under others relationship with the patient, 73.2% of the study participants belongs to nuclear family, 53.6% of caregivers belong to 0-5 years of duration of time spend with alcoholic patients.

In caregivers of alcoholics, the majority of them had severe level of psychological distress 27(48.2%), 23(41.1%) had moderate level of psychological distress, 4(7.1%) had mild level of psychological distress and only 2(3.6%) had no psychological distress. Among 56 caregivers, 26(46.4) of them feel tired out for good reason, 31(55.4) of them feel so nervous, 15(26.8) of them feel calm down, 26(46.4) of them feel hopeless, 20(35.7) of them feel restless, 21(31.5) of them feel restless could not sit still, 19 (33.9) of them feel depressed, 19(33.9) of them feel that everything was an effort, 17(10.4) of them feel so sad, 18(32.1) of them feel worthless, The present study shows that there is statistically highly significant association between

the level of psychological distress with education and family income per month at $p < 0.005$ by using Fishers exact test. There is no statistically significant association between the level of psychological distress with age, gender, occupation, domicile, relationship, type of family, duration of time spend with alcoholic patients at $p > 0.005$ by using Fishers Exact test. These are the major findings of the present study.

6. Summary of the Study

The study was conducted in the Psychiatric unit of Pondicherry Institute of Medical Sciences. The purpose of the study was to assess the level of psychological distress among the primary caregivers of alcoholics, through non probability convenience sampling technique. The study includes 56 caregivers of alcoholics, who fulfilled the inclusion and exclusion criteria selected from the Psychiatric unit of PIMS hospital.

The objective of the study was to assess the level of psychological distress among caregivers of alcoholics

7. Major Findings of the Study

Among 56 caregivers of alcoholics, the study revealed that 46.5% were in the age group of 41 and above years, 62.5% of the study participants were female, 28.6% of the study participant belongs to primary education, 50% of the study participants belong to private employed, 67.9% of the study participants were having an income of below 10000/- rupees per month, 60.7% belongs to rural area residence, 39.3% of the study participants come under others relationship with the patient, 73.2% of the study participants belongs to nuclear family, 53.6% of caregivers belong to 0-5 years of duration of time spend with alcoholic patients. In caregivers of alcoholics, the majority of them had severe level of psychological distress 27(48.2%), 23(41.1%) had moderate level of psychological distress, 4(7.1%) had mild level of psychological distress and only 2(3.6%) had normal level of psychological distress. Among 56 caregivers, 26(46.4) of them feel tired out for good reason, 31(55.4) of them feel so nervous, 15(26.8) of them feel calm down, 26(46.4) of them feel hopeless, 20(35.7) of them feel restless, 21(31.5) of them feel restless could not sit still, 19 (33.9) of them feel depressed, 19(33.9) of them feel that everything was an effort, 17(10.4) of them feel so sad, 18(32.1) of them feel worthless, The present study shows that there is statistically highly significant association between the level of psychological distress with education and family income per month at $p < 0.005$ by using Fishers exact test. There is no statistically significant association between the level of psychological distress with age, gender, occupation, domicile, relationship, type of family, duration of time spend with alcoholic patients at $p > 0.005$ by using Fishers Exact test. These are the major findings of the present study.

8. Implications of the Study

The results of the finding should be implicated in the nursing profession. The following headings would show how to implement the above finding into nursing service. Nursing Practice, Nursing administration, Nursing education, and Nursing research.

1. Nursing Practice
2. Nursing Education
3. Nursing Administration
4. Nursing Research

1. Nursing Practice:

- The studies will help the nurse to understand the psychological stress experienced by primary caregivers of alcoholics.
- The nurse should take the responsibility in educating the alcoholics regarding harmful effects of alcoholism in family and prevent potential problems in future.
- Nurses can intervene to alter the physical and psychological discomfort of primary care givers of alcoholics by strengthening the coping mechanism by which psychological distress level may be reduced among primary caregivers of alcoholics.
- It will help the nursing personnel to be in the best position to impart health education to the people in the psychiatric unit or in any community set up which strengthens the community psychiatry.
- Supportive interventions such as diversional therapy, Relaxation technique, Meditation can be taught by the nurses to the primary caregivers of alcoholic which is a cost effective treatment method.

2. Nursing Education:

- The knowledge about level of psychological distress among primary caregivers and it's coping mechanism should be updated by nursing educator for excellent clinical teaching experience.
- Nurse educator can impose the routine utilization of Modified Kessler psychological distress scale for primary care givers in psychiatric unit by the nursing students.

3. Nursing Administration:

- The use of mass media can help in promotion of good health among the alcoholics.
- The nurse administrator should take care to give awareness program in hospital with active support of the available resources.
- Nurse administrators can plan various complementary and alternative therapies in the hospital and community to place emphasis on the psychological distress management.

4. Nursing Research:

- The knowledge regarding the Psychological distress level of the primary caregivers of alcoholics should be published in journals.
- The finding of this study serve as the basis for the nursing professional, also the students must conduct further studies in different aspects of alcoholics.
- There is plenty of scope for research in the field of psychological distress among primary caregivers of alcoholics.
- Research studies on psychological distress among primary caregivers of alcoholics can help to identify the existing knowledge gap in nursing education and to fill in existing gaps.

9. Recommendations

Based on the findings, the following recommendations has been made for further studies,

- A similar study could be replicated on a larger population to generalize the findings.
- A comparative study can be conducted to find out the similarities and differences in the level of psychological distress among primary caregivers of alcoholics on large samples of different places/states.
- A survey can be conducted among caregivers of alcoholics in reducing the level of psychological distress.

10. Conclusion

The present study assessed the level of psychological distress among primary caregivers of alcoholics in psychiatric unit at PIMS. The study assessed the level of psychological distress among caregivers of alcoholics with their socio demographic variables and by using modified Kessler psychological distress scale. It reveals that there is statistically highly significant association between the level of psychological distress with education and family income per month.

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