



STIGMA AND QUALITY OF LIFE AMONG CAREGIVERS OF MENTALLY
ILL PATIENTS: FAMILY AND NURSING STAFF

الوصمة وجودة الحياة لدى القائمين علي رعاية المرضى النفسيين: أفراد الأسرة وطاقم التمريض

By

Nesma Nasser Farouk

(B.Sc. Nursing)

Thesis Proposal

Submitted In Partial Fulfillment of

The Requirement For The Master Degree In Psychiatric Mental Health Nursing

Supervisors

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Mental illness stigma is deeply rooted in the community perception in addition to the large numbers of long stay in psychiatric institutions, and abuse of patient's rights in the community, work, family members and institutions were the three main weakness of the Egypt mental health system. Stigma is social construct, and affect not only mentally ill patient, but also their caregivers; family members, nursing staff, and mental health professionals as well.

Stigma is varies from setting to setting ,individuals and groups react differently to the stigmatizing process ,those reactions must be taken into consideration when planning strategies to improve mentally ill patients and their caregivers quality of life. Management of caregivers internalized perception of stigma will affect the patient's recovery and improve caregivers QOL ,therefore ,the present study highlighted the importance and potential benefits of reducing the stigma associated mental illness to mentally ill patients and their caregivers by helping them developing effective intervention strategies to protect them from rejection and discrimination.

Aim of the study :

The current study aimed to assess the stigma and quality of life among caregivers of mentally ill patients from both families and nursing staff perspectives. Setting: the present study was conducted at AL Abassia Mental Health Hospital in Cairo. Convenient sample of (200) mentally ill patient family caregivers, who attended "Outpatient Clinics" of the Al Abassia Mental Health Hospital and (100) nurse who are working in "Outpatient Clinics" and " Inpatient Departments" at the Al Abassia Mental Health Hospital were recruited for this study. Descriptive

correlational design was used. Different questionnaires were used to obtain data including demographic data, modified consumer experiences of stigma questionnaire, nursing staff stigma scale, and quality of life scale.

Results of the study:

1-Family caregivers:

More than half of the sample (51.5%) were females, (83%) of them completed secondary education and more than one third (37.5%) were working free jobs, (32%) were employees, meanwhile, (30.5%) were not working. The majority of family caregivers studied sample (82%) was married and (65%) live in urban areas. Near to one quarter of the sample (22%) were mothers and (21%) were sisters or brothers and (19%) were husband or wives, while, (17.5%) were fathers and (15.5%) were sons or daughters.

There were (58.5%) of family caregivers sample had high level of stigma, more than one third of them (37%) had moderate level of stigma and (4.5%) had low level of stigma, moreover,(99%) of family caregivers studied sample had average level of OOL.

Regarding to the relationship between socio-demographic data and stigma, it was observed that among caregivers aged between (20-40) years old, the discrimination experience and total stigma domains were highly recorded, and there

was statistical significant difference between family caregivers marital status and total discrimination subscale when $F=3.31$ at $p=.021$.

Concerning QOL and family caregivers socio-demographic characteristics, there were no statistical differences relation except, the statistically significant difference between relation to patient and general satisfaction subscale when $F=3.48$ at $p=.017$, and statistical difference relation between place of residence and positive feeling and satisfaction subscale when $t=2.09$ at $p=.043$ and there were statistical relationships between all caregivers stigma subscales and all QOL subscales.

2-Nursing staff:

About two third (64.5%) of nursing staff were females, and two third (65%) of them were married and slightly half of nursing staff (47%) had diploma in nursing, while, (44%) of them had technical institute of nursing degree and the majority (70%) of nursing staff had experience years in nursing field between 2 to 10 years.

Near to two third (60%) of nursing staff had high stigma, while, (21%) had moderate stigma, and (19%) of them had low stigma and all nursing staff studied sample (100%) had average level of OOL.

There were statistically significant differences among age groups and stigma experience subscale, discrimination experience subscale, and total stigma scale when $F=23.15$ at $p=.000$; $F=30.02$ at $p=.000$; $F=28.65$ at $p=.000$ respectively.

There were statistically significant differences among marital status and stigma experience subscale, discrimination experience subscale, and total stigma scale when $F=22.48$ at $p=.000$; $F=18.81$ at $p=.000$; $F=21.66$ at $p=.000$ respectively.

There were statistically significant differences among nursing staff experience years in nursing, psychiatric field and stigma experience subscale, discrimination experience subscale, and total stigma scale when $F=22.12$ at $p=.000$; $F=24.16$ at $p=.000$; $F=24.58$ at $p=.000$; $F=26.64$ at $p=.000$; $F=31.28$ at $p=.000$; $F=30.96$ at $p=.000$ respectively.

Regarding QOL and age ,there were statistically significant differences among nursing staff age and positive feelings and satisfaction ,physical health and activities, general satisfaction subscale and total QOL scale when $F=6.47$ at $p=.000$; $F=7.8$ at $p=.000$; $F=6.36$ at $p=.001$; $F=3.80$ at $p=.013$ respectively.

There was statistically significant difference between gender and negative experience and ability to work when $F=3.50$ at $p=.001$ and there was statistical difference between educational level, general satisfaction subscale, and total QOL subscale when $F= 3.14$ at $p=.005$; $F=3.42$ at $p=.002$ respectively, also, there were statistically significant difference between nursing staff marital status and all QOL subscales except positive feeling and satisfaction subscale.

There were statistically significant differences among experience years in nursing, psychiatric field and positive feeling and satisfaction subscale, physical

health and activities subscale, general satisfaction subscale ,and total QOL scale when $F=6.13$ at $p=.003$; $F=11.70$ at $p=.000$; $F=7.45$ at $p=.001$; $F=6.53$ at $p=.002$; $F=6.02$ at $p=.003$; $F=12.86$ at $p=.000$; $F=11.11$ at $p=.000$; $F=10.19$ at $p=.000$ respectively.

There were statistical relationships between all nursing staff stigma subscales and all QOL subscales and there were statistically differences among family caregivers, nursing staff and stigma ,QOL subscales except in physical health and activities subscale when $t=-.115$ at $p=.908$

Conclusion

The current study concluded that, stigma negatively affects the QOL of both family caregivers and nursing staff .High levels of stigma were observed among the family caregivers, and nursing staff, while both had moderate levels of QOL .Age and marital status seem to be related to the presence of stigma among family caregivers and nursing staff .Moreover, age was found as a moderator when it comes to QOL of family caregivers and nursing staff as well.

Recommendations

On the light of findings of the current study, the following are recommendations suggested:

- Designing and implementing public health awareness programs about the nature of psychiatric disorders and the caregiving role of mentally ill patients' which may minimize the experience of stigma.

- Teaching effective coping strategies for both family caregivers and nursing staff of mentally ill patients to improve their quality of life and decrease the experience of stigma.
- Social skill training programs should be introduced as a useful tool to help patients and their caregivers to promote their quality of life.
- Education should focus on empowering family caregivers, increasing their knowledge and working collectively with healthcare providers and policy makers to oppose stigma and manage burden associated with caring for patients. This could improve and promote better quality of life and treatment outcomes for mentally ill patients and their caregivers.
- Implementing training programs for psychiatric nurses to improve their communication and coping skills.
- Assessing stigma in association to wider variety of disorders as neurotic disorders, psychiatric disorder comorbid with addiction is recommended.
- Future researchers should continue to use qualitative methods of research to explore stigma among mentally ill patients' caregivers.
- In the future, more researches will be needed using a wider concept of QOL and should include areas of different cultures.



- Future researches using clinical trials to evaluate nursing interventions tailored to support patients' and family caregivers' QOL.



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