

A Study To Assess The Expressed Emotion Among Caregivers Of Patients With Psychiatric Disorders.

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I. Introduction

Mental illnesses involve changes in emotion, thinking or behaviour (or a combination of these. Mental illnesses are associated with distress and / or problem functioning in social work or family activities. (WHO 2001)

World Health Organization (WHO) has estimated that psychiatric disorders account for 12% of global diseases. This is likely to increase to 15% by the year 2022 (Venkata Shiva, 2013). Psychiatric disorders universally affects across countries, communities and all age groups one in every four persons in affected with psychiatric disorder. It is also reported that 20-25% of people are affected with psychiatric disorder. (WHO 2001)

In India, the overall prevalence of psychiatric disorder is about 5% (Deswal, 2012). An epidemiological study done in NIMHANS, Bangalore reports 9.5-102/1000 population are affected with some type of to psychiatric disorder. (Math 2010). Men are at more risk compared to women (Deswal, 2012). Mental Health report of young population India explains that poor mental health leads to development concerns, low educational performance, substance abuse and violence among young population (Vikram, 2007).

The psychiatric disorders follow chronic course and can be disabling. As a result, most patients with chronic psychiatric disorders require support from their family members. Chronic psychiatric disorder is a term used to describe schizophrenia and major affective disorders, diagnosis by a licensed medical health professional, who have an impairment in areas of work, family relations, thinking or mood and have been hospitalized for this reason in the last 2 years (US Legal definition 2016). Caregivers play a major role in providing care and assistance to persons with chronic psychiatric disorder.

Caregivers perspective about a person with psychiatric disorder is referred to as expressed emotions (EE). It reflects the close emotional link that exists between a person with chronic psychiatric disorder and his/her family members. In other words, EE measures the family environment . Family environment is the emotional atmosphere that includes quality of caregivers attitude and relationship towards the patient (Venkatasubramanian,2012). The Expressed emotions are considered to be an adverse family environment which includes the quality of interaction patterns and nature of family relationships among the family care givers and patients of psychiatric disorders. (Amaresha, 2012).

Family caregivers of patients with a severe mental illness complain of psychological stresses, and such stresses affect the psychological well-being of relatives; they have moderately high levels of burden, and frequently have insufficient support from mental health professionals. For families who are already challenged with a range of day-to-day problems that distress all aspects of their lives, a member with a severe mental illness may have a significant consequence on the entire family system .The caregivers life is affected by the task of caring. (Swaroop, 2013).

II. Need And Significance Of The Study

The construct of EE is now well established as an important measure of the family environment. Several decades of research have established EE as a highly reliable psychosocial predictor of relapse and hospitalization in psychiatric disorder.(Shimodera et al 2012).

More than 60% of patients with long term schizophrenia live with at least one significant primary care giver, who is responsible for fulfilling most of the needs and care of the patient despite the downfall of traditional family structure of joint families to nuclear families. EE reflects the stress in caregiver. Hence there is a need to assess the stress and EE in caregivers of patients with schizophrenia and take steps to cope with them (Parijia, 2016).

Relatives with high expressed emotions reported high subjective burden and perceived themselves as poorly coping people than other relatives with low expressed emotions. The levels of functioning of patients are low when the relatives have high expressed emotions when compared with relatives with low expressed emotions (Nirmala, 2011).

There is limited research regarding this understanding of expressed emotion of patients with chronic psychiatric disorder. The expressed emotion has a greater nursing implication in helping the family member to identify their self and to help in the recovery of patients. Thus, the researcher is interested to do a study on the expressed emotion in primary care givers of patients with chronic psychiatric disorder.

STATEMENT OF THE PROBLEM

A descriptive study to assess the expressed emotion among caregivers of patients with psychiatric disorders, in the Department of Psychiatry, Christian Medical College, Vellore.

Objectives:

1. To assess the expressed emotion among the caregivers of patient with psychiatric disorders.
2. To associate the expressed emotion of the caregivers of patient with psychiatric illness with the demographic variables.
3. To associate the expressed emotion of the caregivers of patient with psychiatric illness with the clinical variables of the patient.

Hypothesis:

There is a significant level of expressed emotion among the caregivers of patient with psychiatric disorders.

Operational definitions:

Expressed emotions: It refers to the primary caregivers attitudes towards a person with psychiatric disorder and is characterized by behavioural pattern such as criticism and hostility as measured by the family attitude scale (FAS).

Caregiver: The caregiver is an individual who is member of the family, taking active in providing care to the patient and has stays with patient at least for the last six months.

Psychiatric disorders: The psychiatric disorder refers to the following conditions like Schizophrenia, Bipolar Affective Disorder, Psychosis, Depression, and Obsessive Compulsive Disorder.

Clinical variables: It refers to the diagnosis of the patient, age of the patient, onset of illness, number of episodes, duration of the treatment and the number of hospitalization.

Demographic variables: It refers to the age, gender, marital status, relationship with the patient educational qualification, religion, occupation, income and the locality of the primary caregivers.

Assumption: Primary caregivers of patient with psychiatric disorder may have expressed emotions.

Projected outcome: The findings of the study will contribute to the much needed information regarding expressed emotion among the primary caregivers with psychiatric disorders. The study findings will help to increase the nursing personnel understanding regarding the level of expressed emotion among the primary caregivers of patient with psychiatric disorder. This will enable the nurses to focus not only on caring for patients but also their families as it plays a major role in the recovery.

III. Review Of Literature

The review of literature is organized under following headings:

- I. Overview of psychiatric disorder
- II. Prevalence of chronic psychiatric disorder
- III. Expressed emotion of primary caregivers of patient with chronic psychiatric disorder

I. Overview of psychiatric disorder

Mental illness in the Indian context remains unnoticed due to many reasons. It is largely ignored as family members do not think or discuss about the mentally challenged person and their mental ailment or consider it a problem, big enough to pay attention. The situation gets further aggravated due to a lack of medical or health facility to treat the case right in earnest (Pugazhendhi, Kathir&Ravishankar, 2018).

Schizophrenia is a serious mental illness, described by significant disturbances; it is one of the most common causes of disability. It can impair functioning through the loss of an acquired capability to carrying out everyday life activities, social functioning, or the disruption of studying (National Alliance on Mental Illness, 2013). Schizophrenia happens in all class, culture, and religion. Internationally 21 million individuals overall experienced schizophrenia (WHO, 2016). Mood and anxiety disorders are common among men. Countries of North and South Asia show lower prevalence rates as compared to other parts of the world (Global mental health,2013). In America ,one in seventeen, lives with chronic mental disorder. In United States 1.1 % have sehizophrenia,6.7% have major depression and 18.1 % live with anxiety disorders (CDC,2013).

II. Prevalence of chronic psychiatric disorder

In India it is roughly estimated that about 4.3 to 8.7 million people in India could be affected with Schizophrenia. Nearly 1.9 per cent of the populations are affected by severe a mental disorder which includes schizophrenia, other non-affective psychosis and bipolar affective disorders. The prevalence of mental morbidity was found to be very high in the Indian urban centers with higher prevalence of 1.4% according to ICD 10 criteria (Murthy, 2017)

It is estimated that percent (1 in 17) of adults are diagnosed with mental illness. This includes 90% schizophrenia ,40-50% bipolar disorder, (shives,2012). Four percent, that is 1 in 25 adults, in US are affected with chronic psychiatric disorder in a given year that interrupts one or more major life activities,21.4%(1 in 5) of young age between 13-18 years and 13.3% of children of age 8-15 years also experience psychological and emotional problems. (National Alliance Mental illness,2015).

In India, prevalence of psychiatric disorder is 65.4 per 1000 population; the prevalence of psychiatric disorders in India are less compared to the Western countries, this is because of good family support, cultural and environmental factors (Math, 2010).

Chronic psychiatric disorder refers to schizophrenia, Paranoid and other psychotic disorders, bipolar disorders (hypomania, mania, depression, and mixed). Major depressive disorder (single episode or recurrent), Schizoaffective disorder (bipolar or depressive). Pervasive developmental disorder, Obsessive-compulsive disorder, panic disorder, post-traumatic stress disorders (acute, chronic, or with delayed onset) (Blue shield of Illionis,2016). Chronic psychiatric disorder includes diagnosis persisting for long periods, causing disability, symptoms impairing functions significantly (Shives,2012).

III. Expressed emotion of primary caregivers of patient with chronic psychiatric disorder

Definition of Expressed Emotion:

Expressed emotion refers to the attitudes and feelings of relatives toward a family member with a psychiatric illness (Le Grange, Eisler, Dare and Hodes, 1992). It is a measure of a family environment that is based on how the relatives of a person with psychiatric illness spontaneously talk about the person. (Butlaff and Hooley, 1998) .

High expressed emotion among the caregivers is one of the indicators for relapse in schizophrenia. High family levels of expressed emotion are directly proportionate to higher rates of relapse in patients with schizophrenia. (Binder, 2016; Koutra et al., 2015).

A meta-analysis of 26 studies affirmed that the mean relapse rate was 48% for schizophrenic patients living with high expressed emotion families and 21% for those in low expressed emotion families. A far reaching investigation for information from 1,346 schizophrenic patients set up the connection between family caregivers figure's expressed emotion and relapse, and furthermore the defensive component of lessened face-to-face contact for patients in high expressed emotion emotion families (Downey, &Zun, 2015 and Sariah, Outwater, &Malima, 2014).

Presence of disabled chronic psychiatric disorder person in family is a huge drain on the family resources. The family provides considerable amount of a care for their psychiatric disorder relative even if they experience burden. Many families view caregiving as their sole responsibility toward their offspring with psychiatric disorder. The caregiver may have to make considerable compromises so as to extend constant care to the sick family member. Sometimes the caregiver may even have to leave the job, further increasing the financial problems (Chada,2014).

Most of the time the caregiver's efforts are neither recognized nor acknowledged. More over caregivers are seen as plentiful resources freely available for caring people with chronic psychiatric disorder. Caregivers, who are strained by caregiving role, develop various strategies of stress reduction. Caregivers' attitude towards a person with psychiatric disorder is referred to as expressed emotion (Weisman de Mamani, A Suro 2016)

George Brown(1960) explained five components of expressed emotion which includes critical comments, hostility, emotional over involvement, positive remarks and warmth.

High expressed emotional -critical relatives also seem to justify and deny responsibility for actions. Which may lead to less active care of psychiatric needs and it is also related to more positive symptoms (Radha, 2011).

Few Indian studies have been done to explore caregiver burden and expressed emotion in schizophrenia patients. The study found high levels of expressed emotion in the form of criticism and emotional over involvement (BP Nirmala, 2011). A cross sectional comparative study was done between caregivers of patients with schizophrenia and obsessive compulsive disorder. Reports that a significant amount of psychosocial support is needed to reduce the expressed emotion in the family members (Jaya, 2015).

In a Finnish study conducted on 8028 persons the lifetime prevalence of all psychotic disorder was estimated to be 3.48%, in the same study they reported lifetime prevalence was 0.87% for Schizophrenia, 0.32%

for Schizo affective disorder, 0,07% for Schizophreniform , 0.18% for delusional disorder, 0.24% for bipolar I disorder and 0.35% for major depressive disorder with psychotic features (**Perala J et al, 2007**).

A prospective study done by **Marom et al (2005)** on 108 patients (93 with schizophrenia and 15 with schizo affective disorder) , and 151 relative to determine whether expressed emotions can predict long term outcome in psychosis provides evidence that High expressed emotion of relatives is significantly associated with patients relapse and rehospitalisation. They also found that high critical comments of the relatives were associated with higher rates of readmissions and longer hospital stay.

Kavanagh 1992 stated that high expressed emotion is much more frequent in the west than in India.

Mental disorder is a severely debilitating illness and its impact is huge both on the person who is experiencing the symptoms as well as those caring for them. The symptoms can sometimes generate negative feelings among caregivers, which when expressed, can in turn, affect the functional outcome of patients. Several psycho social interventions involving education, support and management planned to reduce expressed emotion within families. Family intervention may reduce the risk of relapse and improve compliance with medication and treatment.

The construct of expressed emotion comprises 5 components: criticism, hostility, emotional over-involvement, warmth and positive comments.

1. Criticism refers to critical comments made about the patient's behaviour. It is measured by the total number of critical comments made in the course of the interview.
2. Hostility is defined as either a generalization off criticism, rejection of the patient as a person or a combination of generalization and rejection.
3. Emotional over-involvement is an exaggerated and disproportionate emotional response by the family member such as attempts to exercise excessive control over the patient, self-sacrifice, overprotection, despair and intense expression of emotion. It can be detected and rated either from the relative's behaviour during the interview or from reported behaviour outside the interview.
4. Warmth refers not only to a general quality in the relative's personality but also to the relative's expression of empathy, understanding, affect and interest towards the patient.
5. Positive is defined as a statement, which expresses praise, approval or appreciation of the behaviour or personality of the patient.

Out of the 5 components, the relative's critical comments, hostility and emotional over- involvement were significantly associated with the patient's symptoms and relapse and constitute a measure called expressed emotion. (**Brown, Birley & Wing, 1972; Marom et al., 2005**). Relatives are considered to have high expressed emotion if they have more criticism or over-involved attitude and expressed more hostility towards a patient with psychiatric illness (**Wig et al**).

IV. Methodology

ACross sectional study was used for the study.This study was carried out in the Department of Psychiatry, CMC, Vellore which caters to patients with severe and minor mental disorders.This study was conducted among the care givers of Adult unit patients with psychosis, schizophrenia, Bipolar affective disorder, Depressive disorder with or without Psychosis, Obsessive Compulsive Disorder admitted in the wards and were attending the outpatient clinics .Care giverswere approached for suitability of inclusion in the study. They were recruited after obtaining the informed consent.All those who satisfied the inclusion criteria and provided consent were selected; 30 caregivers of patients with psychiatric illness were included in the study.

Sampling technique:

INCLUSION CRITERIA:

1. The caregivers of patients diagnosed with psychiatric illness
2. The caregivers who are above 18 years.
3. The caregivers who can speak Tamil and or English.
4. The caregivers who give consent to participate in the study.

EXCLUSION CRITERIA:

1. Caregivers with psychiatric disorders.
2. Caregivers of patients who had intellectual disability.

DATA COLLECTION INSTRUMENT:

1. Demographic variables of caregivers.
2. Clinical variables of the patients.
3. Family Attitude scale

DEMOGRAPHIC VARIABLES OF THE CAREGIVERS: Socio demographic variables include age, gender, marital status, relationship with the patient, education qualification, religion, occupation, income, locality of the primary caregivers.

CLINICAL VARIABLE OF THE PATIENT: Clinical variables include the diagnosis, duration of the illness, age of onset of the illness, family history of psychiatric illness and history of hospitalization of the patient.

FAMILY ATTITUDE SCALE: Family attitude scale is the widely used psychological instrument for measuring the expressed emotion of the relatives. This scale was given by Kavanagh et al (1997). It is a self rating questionnaire that allows a report of current attitude of relatives towards a patient.

SCORING: The total items on this scale are 30. Respondents identify how often each statements are true on a 5 points scale from "Never to Everyday". Items are scored 4,3,2,1,0 with the exception of 10 items(1,9,12,15,16,20,21,24,28,30) which are scored reverse as0,1,2,3,4. Each item is scored 0-4, as indicated below. Total is sum of all 30 items, possible range for total is 0-120.

For item 1,9,12,15,16,20,21,24,28,30 are reverse scored

a) Never =0 b) Very rarely=1 c) Some days= 2 d) Most days=3 e) Every day=4

For item 2,3,4,5,6,7,8,10,11,13,14,17,18,19,22,23,25,26,27,29.

a) Never =4 b) Very rarely= 3 c) Some days =2 d) Most days=1 e) Every day=0

FAS have no cut-off point set. The scores are interpreted as High score indicates high expressed emotion and low scores indicates less expressed emotion.

validity and reliability

The scale demonstrated very high internal consistency in multiple samples.It was found that coefficient alpha values were 0.95 for mothers.0.94 for fathers and 0.96 for other relatives in a sample of patients with schizophrenia and schizoaffective disorder and their relatives.(Kavanagh et al.,2007).

DATA COLLECTION PROCEDURE:

The caregivers who met the inclusion criteria were identified. Data was collected for a period of 2 weeks from 26.4.21 to 9.5.21. 5 to 6 patients per 8 hours were included till reaching the sample size of 30. After explaining the need for the study their consent was taken to participate in the study. Then the family attitude scale – self rating questionnaire was administered. 15 to 30 minutes was required per subject.

DATA ANALYSIS:

- 1.The Data was analyzed using SPSS version 21.0.
2. Descriptive statistics such as frequencies and percentages were used to analyzed the socio demographic and clinical variables.
3. Inferential statistics like Chi square test was used to determine association of the expressed emotion of the caregivers of patients with psychiatric illness with the demographic variables.

ETHICAL CONSIDERATION: The study was conducted after obtaining permission from the Head of Nursing Department of Mental Health Center, Bagayam. Written consent was taken from the caregivers of the patients with psychiatric illness to assess their expressed emotion. The data collected from primary caregivers and patients were kept confidential.

V. Results

The study assessed the expressed emotion among the caregivers of patients with psychiatric disorders, admitted in the Department of Psychiatry, Bagayam, Vellore. The data was collected through convenient sampling from a sample of 30 subjects. The data was analyzed using the SPSS software package version 21.0 and discussed under the following heading. The P-value<0.05 is considered to be significant.

SECTION -1

Table-1: DISTRIBUTION OF SUBJECTS BASED ON DEMOGRAPHIC VARIABLES (n= 30)

Variable	N	%
Age		
26 to 35	8	26.7
36 to 45	5	16.7
46 to 55	17	56.7
Gender		
Male	15	50
Female	15	50

Marital status		
Married	30	100
Relationship		
Father	10	33.3
Mother	10	33.3
Wife	5	16.7
Husband	5	16.7
Education		
Illiterate	5	16.7
Primary	7	23.3
Secondary	2	6.7
Higher secondary	11	36.7
Professional	5	16.7
Occupation		
Unemployed	13	43.3
Skilled	9	30.0
Unskilled	5	16.7
Professional	3	10.0
Religion		
Hindu	24	80
Muslim	3	10.0
Christian	3	10.0
Income		
5000-10000	4	13.3
10001-15000	3	10.0
15001-20000	3	10.0
20001-25000	7	23.3
25001-30000	5	16.7
Above 30000	8	26.7
Locality		
Urban	10	33.3
Rural	20	66.7

Table 1 Shows that the majority of the patients caregivers who participated in this study were in the age group between 45-65 years. All the 100% of the caregivers were married,43.3% of them were unemployed, 26.7 % of them having an income above 30000 and 66.7% of them were from rural background.

Table -1: Demographic data of the patients care givers analyzed in terms of frequency.

SECTION 2: CLINICAL VARIABLES OF THE PATIENTS.

Table -2: Clinical variables of the patients analyzed in terms of frequency.

DISTRIBUTION OF CLINICAL VARIABLES OF THE PATIENT (n=30)

Variable	N	%
Diagnosis		
Schizophrenia	14	46.7
BPAD	10	33.3
Depression with psychosis	6	20.0
Age of onset of illness		
10-20yrs	18	60.0
21-30yrs	12	40.0
No. of. Illness episode in the past		
1-5	24	80.0
6-10	6	20.0
NO OF HOSPITALIZATION		
1-5	23	76.7
6-10	7	23.3
TREATMENT DURATION		
1-5 yrs	23	76.7
6-10 yrs	7	23.3

HOSPITALIZATION		
IP	15	50.0
OP	15	50.0

Table 2 shows the majority of the patients 46.7% had the diagnosis of schizophrenia. Most of the patients 60% had the illness when they were within 10-20 years of age. 80% of them had 1-5 episodes of illness since the onset of illness .76.7% of them were hospitalized for 1-5 times. 76.7% patients treatment duration is 1-5 years. 50% of them were outpatient and 50% of them were inpatient

Section 3: Expressed emotion of caregivers

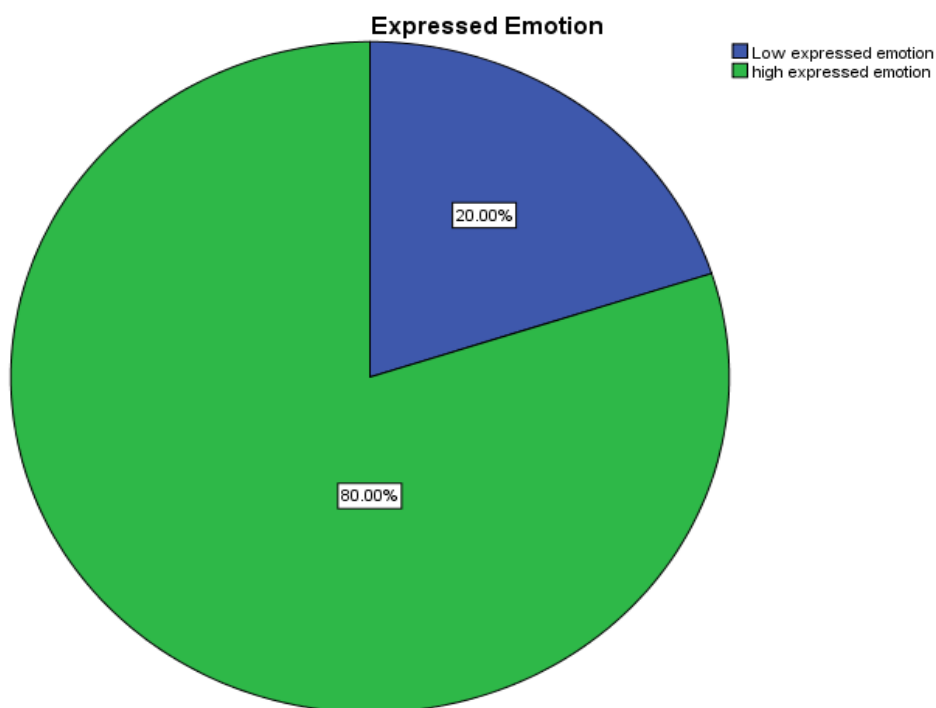


Figure 1 shows that nearly 80% of the subjects had high expressed emotions.

SECTION 4 : ASSOCIATION BETWEEN CAREGIVERS EXPRESSED EMOTION AND DEMOGRAPHIC VARIABLES.

Table-4: Association between caregivers expressed emotion and demographic variables.

SNO	DEMOGRAPHIC VARIABLES	LOW EE	HIGH EE	CHI SQUARE VALUE	P-VALUE
1	AGE GROUPS(IN YEARS)				
	26-35	1	7		
	36-45	2	3	1.590	0.452
	46-55	3	14		
2	GENDERS				
	Males	2	13		
	Females	4	11	0.833	0.361
3	RELATIONSHIP WITH PATIENT				
	Father	2	8		
	Mother	2	8	2.500	0.475
	Wife	2	3		

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	Husband	0	5		
4	EDUCATION				
	Illiterate	1	4		
	Primary	2	5		
	Secondary	0	2	2.435	0.656
	Higher secondary	3	8		
	Professional	0	5		
5	OCCUPATION				
	Unemployed	3	10		
	Skilled	2	7		
	Unskilled	1	4	0.855	0.836
	Professional	0	3		
6	RELIGION				
	Hindu	6	18		
	Christian	0	3	1.875	0.392
	Muslim	0	3		
7	INCOME GROUP				
	5000-10000	1	3		
	10001-15000	0	3	1.749	0.883
	15001-20000	1	2		
	20001-25000	2	5		
	25001-30000	1	4		
	Above 30000	1	7		
8	LOCALITY				
	Urban	1	9		
	Rural	5	15	0.938	0.333

This table 4 shows there is no association between caregivers expressed emotion and demographic variables.

Section 5: ASSOCIATION BETWEEN CAREGIVERS EXPRESSED EMOTION AND CLINICAL VARIABLES

SNO	CLINICAL VARIABLES	LOW ATTITUDE	HIGH ATTITUDE	CHI SQUARE VALUE	P-VALUE
1	DIAGNOSIS				
	Schizophrenia	3	11		
	BPAD	2	8	0.060	0.971
	Depression with psychosis	1	5		
2	AGE OF ONSET OF ILLNESS				
	10-20 Years	5	13		
	21-30 Years	1	11	1.701	0.192

3	NO OF ILLNESS EPISODE				
	1-5 Episodes	5	19		
	6-10 Episodes	1	5	0.052	0.819
4	NO OF HOSPITALIZATION				
	1-5 Times	5	18		
	6-10 Times	1	6	0.186	0.666
5	DURATION OF THE TREATMENT				
	1-5 Years	5	18		

VI. Discussion

This study was conducted to assess the expressed emotion among caregivers of patients with psychiatric disorders, admitted in the Department of Psychiatry, CMC, Bagayam. The findings of the study are discussed in terms of the objectives mentioned in the study.

A descriptive study design was selected to assess the caregivers expressed emotion. Self-rated questionnaire was used to assess the expressed emotion of the care givers. The samples were selected from Acute Care Room, Low Cost Private Ward, Annexe Ward, and Private Ward in MHC Bagayam. 30 patient caregivers participated in the study.

Majority of the patients' caregivers (56.7%) who participated in this study were in the age group between 46-55 Years. All the (100%) caregivers were married. 43.3% of them were unemployed, 73.3% of them had the income between 1000-25000 and 66.7% of them were from rural background

A correlational study conducted among schizophrenic patients and their caregivers who were attending the Day care center run by the rehabilitation unit at NIMHANS, (*B.P.Nirmla, M.N.Vranda, Shanivaramreddy, 2011*) in Bangalore reveals the age of the majority of caregivers were 54.3% of them were females. 80% of them were Hindu religion. 51.4% were married. 48.6% of the caregivers were mothers.

The first objective of this study is to assess the expressed emotion of caregivers of patients with psychiatric illness

The expressed emotions of the caregivers were assessed using Family Attitude scale and assessment showed that 20.0% of them had low expressed emotion and 80.0% of them had high expressed emotion. So, most of them who participated in this study have high expressed emotions .

In China (*Xia Wang, Qiongni Chen, and Min Yang (2017)*) had done a study on Expressed emotion among caregivers of patients with schizophrenia, in this they have concluded that the caregivers with High expressed emotion have a High score in burden of care compared with those with low expressed emotion.

This findings is in contrast with the findings of a comparative study done to assess expressed emotion between an industrialized and non industrialized society in Asia,which found prevalence of low expressed emotion in Bali,Indonesia.Out of 62 consecutive relatives of patients with schizophrenia assessed,they found only 8(12.9%)relatives to have high expressed emotion(*kurihara,Kato,Tsukahara,Takano&Reverger,2000*).

The second objective of this study is to associate the expressed emotion of the caregivers with psychiatric illness with the demographic variables.

There is no significant association between caregivers expressed emotion and demographic variables

A study done among the caregivers of patients with schizophrenia from Egypt and Saudi revealed that there is association with patients of age,marital status and relationship among caregivers from Egypt,however there was no relationship between the socio demographic variables of caregivers from Saudi.(*NehadHelmyMohamed,Zeinab Ahmed Abdelsalam,Aleya Mohamed Mahmud,2017*).

The third objective of this study is to associate the caregivers' expressed emotion and clinical variables of the patients.

The study reveals that there is no association between caregivers expressed emotion and the patients' clinical variables.

A study done by Carra,Cazulla and Clerici (2012) among relatives of patients with schizophrenia revealed that neither the number of previous hospitalization nor duration of illness were associated with high expressed emotion.This findings is inconsistent with the current findings of the study.

VII. Summary

This chapter presents a brief summary of the study including the major findings, conclusion from the findings, and recommendations for further research in the field.

The purpose of the study was to assess the expressed emotion among caregivers of the patients with psychiatric illness, who are all getting admitted in Mental Health Centre, CMC, Bagayam, Vellore.

This study was descriptive design and conducted during a period from 26.04.2021 to 09.05.2021. The sample consisted of 30 patients caregivers who fulfilled the inclusion criteria and selected using a convenient sampling method.

The expressed emotion of the caregivers of patients with psychiatric illness was assessed using the Family Attitude scale. This instrument was prepared by David J. Kavanagh, who is given permission for using scale. This was selected after an extensive literature review and under the guidance of the experts in the field. The collected data were organized and interpreted in terms of the objectives of the study. Descriptive statistics were used for data analysis.

MAJOR FINDINGS OF THE STUDY :

Include few findings of the clinical and socio demographic variables

- 20.0% of the caregivers have low expressed emotion.
- 80.0% of the caregivers have high expressed emotion.
- There is no significant association between expressed emotion of caregivers and the socio-demographic variables.
- There is no significant association between expressed emotion of caregivers and clinical variables.

IMPLICATIONS OF THE STUDY

NURSING EDUCATION

The findings of the study necessitates the need for all levels of mental health professionals, especially psychiatric nurses and students to equip themselves with adequate knowledge about the concept. Better understanding of the concept of expressed emotion can enable nursing staff and students to incorporate its assessment into their routine psychiatric history taking.

NURSING PRACTICE

Mental health nurses have to be trained on how to identify a caregiver with psychological problems and to promote their wellbeing. This can be done by conducting regular in-service education on assessing the caregivers' expressed emotions. Psycho-education focusing on illness, treatment and coping with the symptoms of the patients can be more useful in reducing the expressed emotion and improving the coping abilities.

NURSING RESEARCH

More studies on expressed emotions among caregivers of patients with chronic mental illness need to be done.

SUGGESTIONS FOR FUTURE RESEARCH

- A similar study can be performed on a larger sample to validate the findings and make generalizations.
- A comparative study can be among caregivers of various diagnosis patients.

Recommendations

Nurses can acknowledge that expressed emotion does exist among caregivers of patients with psychiatric illness. Nurses Can anticipate high expressed emotion among caregivers of patients with severe illness and psychoeducate them regarding the illness.

Limitations

The study was limited only hospital based inpatients, outpatients and their caregivers, hence, cannot be generalized to larger community

The study was limited to only people who can speak Tamil.

VIII. Conclusion

This study attempted to offer an idea about the express emotion among caregivers of the patients with psychiatric disorders. The study findings reveal that most of the caregivers had high expressed emotion. This indicates the need for the nurses working with patients and their families to be more responsible in providing appropriate psych education to reduce the expressed emotions. The nurses also have a certain responsibility to focus on the ways to help the caregivers expressed emotion.

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