CAREGIVERS OF MENTALLY ILL PATIENTS: ROLE OF COPING STYLE AND EMOTIONAL INTELLIGENCE

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ABSTRACT

Objective: To explore the role of coping style and emotional intelligence of caregivers of mentally ill patients.
Study Design: Present study was cross-sectional.
Place and Duration of Study: The study was carried out at Armed Forces Institute of Mental Health (AFIMH) Rawalpindi, during the months of Jun and Jul of 2018.
Patients and Methods: Data was collected through convenient sampling techniques. The sample included 53 males and 47 females, with 29.87 years mean age and 4.30 standard deviation. Demographic sheet, brief coping scale (BCS) and self report measure of emotional intelligence (SRMEI) questionnaire were used.
Results: Brief coping scale (BCS) and self report measure of emotional intelligence (SRMEI) questionnaire has shown satisfactory psychometric properties. Results revealed significant gender differences in subscales of BCS i.e., Active Avoidance Coping (t=3.47*), Problem Focused Coping (t=-1.10*), in overall Brief Coping Scale (t=-2.76*), and on scores of SRMEI (t=-3.27*). Significant marital status differences had been found only in subscales of BCS i.e., Problem Focused Coping (t=2.24*). However, significant positive correlation of Positive Coping with age (r=0.21*), Active Avoidance Coping (r=0.23*), Problem Focused Coping (r=0.43**) and SRMEI (r=0.33**) has been found. Whereas, Problem Focused Coping is significantly positively correlated with BCS (r=0.17*) and SRMEI (r=0.24**). BCS and SRMEI (r=0.43**) has also shown significant positive correlation (r=0.56**). Whereas, no significant moderating role of age, gender and marital status in relationship of coping style and emotional intelligence has been found among caregivers of mentally ill patients.
Conclusion: Emotional intelligence of caregivers of mentally ill patients gets affected by taking care of these patients which disturbs the coping abilities of care givers that brings stress to their lives also.

Keywords: Coping skills, Emotional quotient, Mental health.

INTRODUCTION

Emotional intelligence is the ability of an individual to recognize, perceive, and develop emotions, assisted by thoughts in order to understand their own and others' emotions. Stable emotional intelligence is a strong predictor of better coping abilities[1]. These coping styles get triggered by any disturbance at emotional level in form of internal or external stress, depression, anxiety, fear, danger and anger[2]. Poor coping abilities directly reflect the weak emotional stability[3].

In America and rest of European countries friends, family or other significant individuals provide paid care to patients. Though Asian countries, like Pakistan have a versatile culture but there is no trend of paid care to any patient by his/her significant. Being a care taker is a demanding job which also comes with mental and physical distress, emotional instability, financial burden, disturbed socialization and depression[4,5]. These factors eventually weaken the coping abilities of care taker that might later also impact the health of mentally ill patient[7].

Due to limited documentation of unstable emotional intelligence, mishandling of mentally ill patients by their caregivers, very few to no intervention plan has been designed for the caregivers of mentally ill patients. For this reason, present study was pursued to determine the role

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of coping style and emotional intelligence among caregivers of mentally ill patients.

PATIENTS AND METHODS

The present study was conducted at Armed Forces Institute of Mental Health (AFIMH) Rawalpindi. The study design was cross sectional. Permission to conduct present study was taken from Psychological Research Cell, Personnel Administration Directorate, GHQ Rawalpindi, Pakistan. Data was calculated from only those participants, who were available at time of study. Sample comprised of 53 male & 47 females respondents (N=100). Before data collection formal permission was taken from each author of the scale. Data was collected through purposive sampling technique from all respondents. They belonged to middle socio-economic class and were present at the time of study at AFIMH. After providing general instructions, caregivers were asked to sign a consent form before providing data on demographic sheet i.e. (age, gender, qualification and relationship status), brief coping scale was used. It was designed by Charles Carver 1997 and translated into Urdu by Akhtar in 2005, consisting of 28 items including four sub scales i.e., Active Avoidance Coping, Problem Focused Coping, Positive Coping, Religious/Denial Coping. Self-report measure of emotional intelligence

Table-I: Mean, standard deviation cronbach's alpha reliability, skewness, kurtosis and range of brief coping scale and self –report measure of emotional intelligence scale, (N=100).

Variables		No. of Items	M	S.D	α	Skewness	Kurtosis	Range	
								Potential	Actual
Subscales of BCS	AAC	10	19.52	3.43	0.50	0.51	-0.76	10-50	13-27
	PFC	07	20.16	2.59	0.63	0.20	-0.21	7-35	14-26
	PC	07	18.01	2.31	0.61	0.42	0.54	7-35	12-25
	R/DC	04	9.04	2.44	0.60	0.46	-0.39	4-20	5-15
Complete BCS		28	62.25	13.74	0.72	-0.003	-0.73	28-140	40-94
	SRMEI	33	123.28	11.80	0.81	0.17	-0.22	33-165	100-153

M=Mean, S.D = Standard deviation, α = Cronbach alpha reliability, AAC = Active Avoidance Coping, PFC = Problem Focused Coping, PC= Positive Coping, R/DC= Religious/Denial Coping, BCS = Brief Coping Scale, SRMEI = Self –Report measure of Emotional Intelligence scale

Table-II: Gender and marital status differences on scores of briefcoping scale and self –report measure of emotional intelligence scaleamong caregivers of mentally ill patients (N=100).

Variables	M	S.D	M	S.D	*t*	*p*	95% CI		Cohen's d
	Men (n=53)		Women (n=47)				LL	UL	
AAC	20.59	3.34	18.32	3.14	3.47	0.001	0.97	3.56	0.7
PFC	20.00	2.41	20.70	2.72	-1.10	0.049	-2.04	-0.01	0.2
PC	17.83	2.28	18.21	2.36	-0.83	0.412	-1.31	0.54	-
R/DC	8.89	2.55	9.21	2.32	-0.67	0.51	-1.30	0.64	-
BCS	58.79	13.11	66.15	13.51	-2.76	0.007	-12.65	-2.06	0.5
SRMEI	119.81	8.79	127.19	13.52	-3.27	0.001	-11.86	-2.90	0.6
Variables	**M**	**S.D**	**M**	**S.D**	***t***	***p***	**95% CI**		**Cohen's d**
	Married (n=70)		**Unmarried (n=30)**				**LL**	**UL**	
AAC	19.18	3.45	20.30	3.30	-1.49	0.14	-2.59	0.36	-
PFC	20.41	2.55	19.56	2.63	1.50	0.14	-0.27	1.69	-
PC	18.34	2.48	17.23	1.65	2.24	0.03	0.13	2.09	0.5
R/DC	8.75	2.39	9.70	2.43	-1.79	0.08	-1.98	0.100	-
BCS	62.38	14.72	61.93	11.33	0.15	0.87	-5.52	6.43	-
SRMEI	124.15	12.88	121.23	8.59	1.13	0.26	-2.17	8.02	-

M = Mean, S.D = Standard deviation, AAC = Active Avoidance Coping, PFC = Problem Focused Coping, PC= Positive Coping, R/DC= Religious/ Denial Coping, BCS = Brief Coping Scale, SRMEI = Self –Report measure of Emotional Intelligence scale, *p<0.05

developed by Schutte, Marlouf, Hall, Hargger cotypper, Golden & Donhelm, (1998) was also used. It consists of 33 items.

Data of the present study was analyzed by descriptive statistics, t-test, One way ANOVA, Bivariate Correlation, and Moderation (Process Marco developed by Andrew F.) by using IBM SPSS version 23 *p*-value ≤ 0.05 considered significant.

RESULTS

Total of 100 caregivers of mentally ill patients were taken that comprising males (n=53) and females (n=47) with mean age of 29.87 years and 4.30 standard deviation. About 70 participants married while 30 were unmarried 14 participants had done intermediate, 66 had graduated, and 20 had done masters and above.

Table-I gives information about mean, standard deviation, cronbach's alpha reliability, Skewness, Kurtosis and range of each used scale and subscales. BCS consists of four subscales of Active Avoidance Coping (M=19.52, SD=3.43, α=0.50), Problem Focused Coping (M=20.16, SD=2.59, α=0.63), Positive Coping (M=18.01, SD=2.31, α=0.61), Religious/ Denial Coping (M=9.04, SD=2.44, α=0.60), whereas, complete Brief Coping Scale consists of 28 items (M= 62.25, SD=13.74). However, Cronbach's alpha reliability, Skewness, Kurtosis and Range SRMEI (M=123.28, SD=11.80, α=0.81) was also satisfactory. So it has been found that all scales have acceptable reliabilities coefficient (i.e. α>0.7). Results further revealed that data were normally distributed and were fulfilling assumption of parametric testing. The values of Skewness and Kurtosis ranged between -2 to +2 and they are statistically acceptable (George & Mallery, 2010).

Table-III: Qualification level differences on scores of brief coping scale and self – report measure of emotional intelligence scaleamong caregivers of mentally ill patients (N=100).

	Primary to Matric		Intermediate to Graduation		Post-Graduation and Above			
	n=14		n=66		n=20			
Variables	**M**	**S.D**	**M**	**S.D**	**M**	**S.D**	**F**	**P**
BriefCoping	58.71	17.35	63.09	12.60	14.94	3.34	0.59	0.56
Emotional Intelligence	121.29	15.65	121.05	10.05	121.13	10.84	0.006	0.99

M = Mean, S.D = Standard deviation, *p* = Significance level at .05 level

Table-IV: Correlation of age, brief coping scale and self –report measure of emotional intelligence scaleamong caregivers of mentally ill patients (N=100).

S. No.	Variables	1	2	3	4	5	6	7
1	Age	-	-0.05	0.01	0.21*	-0.147	-0.05	0.01
2	AAC	-	-	0.09	0.23*	0.09	-0.13	-0.10
3	PFC	-	-	-	0.43**	-0.04	0.17*	0.24**
4	PC	-	-	-	-	-0.09	0.06	0.33**
5	R/DC	-	-	-	-	-	-0.12	0.02
6	BCS	-	-	-	-	-	-	0.56**
7	SRMEI	-	-	-	-	-	-	-

Active Avoidance Coping, PFC = Problem Focused Coping, PC= Positive Coping, R/DC= Religious/ Denial Coping, BCS = Brief Coping Scale, SRMEI = Self –Report measure of Emotional Intelligence scale, **p<0.01, *p<0.05

Findings of table-II shows significant gender differences on score of subscales of BCS i.e., Active Avoidance Coping (t=3.47, p=0.001), Problem Focused Coping (t=-1.10, p=0.049), in overall Brief Coping Scale (t=-2.76, p=0.007), and on scores of Self –Report measure of Emotional Intelligence scale (t=-3.27, p=0.001). However results further elaborates that in subscale of BCS i.e., AAC men score higher than women whereas, in subscale of PFC, complete scale of BCS and in SRMEI women scores more than men.

Table further explains significant marital status differences only on score of subscales of BCS i.e., Positive Coping (t=2.24, *p*=0.03). Whereas, rest of subscales and overall scale of BSC and SRMEI show no significant differences in category of gender and marital status.

A one way Anova has been applied on category of qualification on scores of brief coping scale and self report measure of emotional intelligence scale among caregivers of mentally ill patients and has found no significant mean differences between and within groups at 0.05 significant level (table-III).

Table-IV of bivariate correlation shows positive correlation of Positive Coping with age (r=0.21*), Active Avoidance Coping (r=0.23*), Problem Focused Coping (r=0.43**) and SRMEI (r=0.33**). Whereas Problem Focused Coping is significantly positively correlated with BCS (r=0.17*) and SRMEI (r=0.24**). Lastly BCS and SRMEI (r=0.43**) also shows positive correlation between two variables (r=0.56**).

Table-V: Moderating role of age, gender and marital status in relationship of brief coping scale and self–report measure of emotional intelligence scaleamong caregivers of mentally ill patients (N=100).

		BCS	
		95% CI	
Predictor	B	LL	UL
Constant	62.26**	59.10	64.52
Age	-0.11	-0.66	0.44
SRMEI	0.65**	0.45	0.84
Age x SRMEI	-0.023	-0.071	0.025
R2	0.33		
F	15.74**		
ΔR2	0.32		
ΔF	0.90		
Constant	62.99**	59.81	64.39
Marital Status (MS)	1.10	-3.95	6.16
SRMEI	0.63**	0.42	0.83
MS x SRMEI	-0.25	-0.78	0.29
R2	0.33		
F	15.66**		
ΔR2	0.29		
ΔF	0.84		
Constant	62.07**	59.67	64.48
Gender	2.87	-1.94	7.67
SRMEI	0.60**	0.38	0.83
Gender x SRMEI	0.10	-0.34	0.53
R2	0.001		
F	15.81**		
ΔR2	0.31		
ΔF	0.19		

***p<0.01, *p<0.05

To study the effects of moderator age, marital status and gender in the relationship between emotional intelligence and coping skills. Moderation analysis was performed by using Process Marco developed by Andrew F. Hayes. Results of table-IV show the main role presented by age, marital status and gender on the scores of brief coping style is non-significant, which means

emotional intelligence or having better emotional intelligence do not predicts increase in coping style or enhance coping skills. Which means age, marital status and gender have neutral effect in relationship of EI and CS. It also has been seen that effect of EI and CS is positively significant (p<.001***) that means increase in EI predicts increase in CS. However, the overall model does not show significant moderation of age, marital status, and gender in relationship between emotional intelligence and coping skills.

DISCUSSION

The present study explored the role of coping style and emotional intelligence among patient's caregivers of Armed Forces Institute of Mental Health (AFIMH) Rawalpindi. Findings of the study revealed that male care givers of mentally ill patients show more active avoidance coping strategy as compared to female care givers. It has been seen that males usually give less attention to any stressors and indoor stressors as compared to women that's why female care givers have shown strong coping styles and emotional intelligence as compare to male care givers of mentally ill patients[6,7]. Females also have to maintain peace and balance at home, and are responsible for giving care to patients that's why they adopt more problem focused coping strategy as compared to male care givers[8]. Results further revealed that some female caregivers show more emotional stability and better coping styles compared to male caregivers. Whereas, it has been analyzed that married caregivers show more problem focused coping strategy than unmarried caregivers, this could be a reason that married individuals better understand their respon-sibilities regarding taking care of mentally ill patients than unmarried[9,10,11]. On the other side marital status has shown no mean differences in overall coping style and emotional intelligence. In Pakistan being married or unmarried does not make much difference in sense of responsibilities, as per cultural rituals one has to perform his/her duty, if assigned any patient to take care. Both married and unmarried caregivers of mentally ill patients experience same amount of emotional instability, active avoidant coping style, denial and positive coping[10].

Results further explain the correlation of age with coping style and emotional intelligence. Findings of the study explain that age is a reflection of maturity level. Greater the age better would be a positive coping; problem focused coping and emotional intelligence. Whereas, it also has been seen that with advancement of age people start avoiding stressful and challenging situation and many times chose to escape from the situation as they are tired of being victimized by stressors and want escape, so they adopt active avoidance coping[11-13]. Whereas, coping style and emotional intelligence has shown positive and strong correlation like previous studies[1-7,11].

Parallel to previous studies present study also has shown that caregivers with better emotional intelligence are more empathetic, composed and opt better skills. Emotional Intelligence had a statistically positive correlation with problem focused coping agreeing with study which has shown that EI was positively associated with the problem-focused style[1-3,11,12].

Lastly it has been explored that no sig-nificant moderating role of age, gender and marital status in relationship of coping styles and emotional intelligence has been found among caregivers of mentally ill patients. This means there is direct and significant correlation between coping styles and emotional intelligence but age groups, being male or female, married or unmarried caregivers do not have any positive or negative impact in relationship of coping styles and emotional intelligence[14-18].

Though current study has strengthened such as using advance statics and broadly investigates the coping styles and emotional intelligence among care givers of mentally ill patents, which lacks in documentation. Further study has explored the moderating role of socio-demo-graphic variables in relationship of CS and EI, however results were non-significant but they

have their importance to scientific world. With the help of these non-significant findings budding researchers will be able to design their researches by keeping more defined inclusion and exclusion criteria. The sample size of the study was small, mostly were graduates and from AFIMH Rawalpindi, therefore, the findings of this study would not be able to generalize on whole Pakistani population.

CONCLUSION

Emotional intelligence of caregivers of mentally ill patients gets affected by taking care of these patients which disturbs the coping abilities of care givers that brings stress to their lives also.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any authors.

REFERENCES

1. Jung HS, Yoon HH. Why is employees' emotional intelligence important? The effects of EI on stress-coping styles and job satisfaction in the hospitality industry. Int J Contemporary Hospitality Management 2016; 28(8): 1649-75.
2. Yamani NI, Shahabi MA, Haghani FA. The relationship between emotional intelligence and job stress in the faculty of medicine in Isfahan University of Medical Sciences. J Adv Med Educ Professionalism 2014; 2(1): 20.
3. Antoniou AS, Koronaiou P. Investigating burnout/occupational stress in relation to emotional intelligence and coping strategies in Greek nurses. Dialogues in Clinical Neuroscience & Mental Health 2018; 1(1): 38-51.
4. Wolff JL, Spillman BC, Freedman VA, Kasper JD. A national profile of family and unpaid caregivers who assist older adults with health care activities. JAMA Internal Medicine 2016; 176(3): 372-9.
5. Ribé JM, Salamero M, Pérez-Testor C, Mercadal J, Aguilera C, Cleris M. Quality of life in family caregivers of schizophrenia patients in Spain: caregiver characteristics, caregiving burden, family functioning, and social and professional support. Int J Psychiatr Clin Pract 2018; 22(1): 25-33..
6. Ndikuno C, Namutebi M, Kuteesa J, Mukunya D, Olwit C. Quality of life of caregivers of patients diagnosed with severe mental illness at the national referral hospitals in Uganda. BMC psychiatry 2016; 16(1): 400.
7. Libin E. Coping intelligence: efficient life stress management. Frontiers in Psychology 2017; 8: 302.
8. Tennakoon L, Fannon D, Doku V, O'ceallaigh S, Soni W, Santamaria M, et al. Experience of caregiving: relatives of people experiencing a first episode of psychosis. Br J Psychiatr 2000; 177(6): 529-33.
9. Eslami AA, Hasanzadeh A, Jamshidi F. The relationship between emotional intelligence health and marital satisfaction: A comparative study. J Educ Health Promotion 2014; 3.
10. Jung YH, Ha TM, Oh CY, Lee US, Jang JH, Kim J, et al. The effects of an online mind-body training program on stress, coping strategies, emotional intelligence, resilience and psychological state. PloS one 2016; 11(8): e0159841.
11. Azman A, Jamir Singh PS, Sulaiman J. Caregiver coping with the mentally ill: a qualitative study. J Mental Health 2017; 26(2): 98-103.
12. Görgens-Ekermans G, Brand T. Emotional intelligence as a moderator in the stress–burnout relationship: a questionnaire study on nurses. J Clin Nurs 2012; 21(15-16): 2275-85.
13. Ae-Ngibise KA, Doku VC, Asante KP. The experience of caregivers of people living with serious mental disorders: a study from rural Ghana. Global Health Action 2015; 8(1): 26957.
14. Rodríguez-Pérez M, Abreu-Sánchez A, Rojas-Ocaña MJ, del-Pino-Casado R. Coping strategies and quality of life in caregivers of dependent elderly relatives. Health Qual Life Outcomes 2017; 15(1): 71.
15. Ramirez C, Christophe V, Dassonneville C, Grynberg D. Caregivers' quality of life and psychological health in response to functional, cognitive, neuropsychiatric and social deficits of patients with brain tumour: protocol for a cross-sectional study. BMJ open 2017; 7(10): e016308.
16. Iseselo MK, Kajula L, Yahya-Malima KI. The psychosocial problems of families caring for relatives with mental illnesses and their coping strategies: a qualitative urban based study in Dar es Salaam, Tanzania. BMC Psychiatr 2016; 16(1): 146.
17. Jeyagurunathan A, Sagayadevan V, Abdin E, Zhang Y, Chang S, Shafie S, et al. Psychological status and quality of life among primary caregivers of individuals with mental illness: a hospital based study. Health Qual Life Outcomes 2017; 15(1): 106.
18. Shamsaei F, Cheraghi F, Esmaeilli R. The Family Challenge of Caring for the Chronically Mentally Ill: A Phenomenological Study. Iran J Psychiatry Behav Sci 2015;9:18-26.