Effect Of Guided Imagery On Caregiver Burden Amongst Caregivers Of Mentally Ill Patients Admitted In Selected Hospital Of Bhubaneswar.

Disha Sinha[1], Dr. V. Sivasankari Varadharasu[2*], Mrs. Reena Singh[3], Mrs. Sanjukta Dixit[4]

ABSTRACT

Background: Millions of people look after family members who have one form of mental illness or another. A particularly effective approach for reducing stresses and boosting carers' coping abilities is guided visualisation.
Aim: (i) to assess the degree of burden on caregivers from giving care to the mentally ill patients. (ii) Evaluate effectiveness of guided imagery on the burden on caregivers from giving care to the mentally ill patient. (iii) Determine association between the caregiver burdens on caregivers of mentally ill patient with selected demographic variables.
Methods: the current quantitative pre- and post-experimental study carried out in two tertiary care institutions' inpatient units. The interventional and control groups each received 25 caregivers. Data were gathered using a burden scale of family caregivers and a self-structured sociodemographic proforma. The experimental group received guided imagery treatment, and a post-test was conducted.
Results: The study findings illustrated that reduction in the burden of caregivers with (t=4.063) (p=0.000) which is highly significant at the p<0.05, furthermore there is one sociodemographic variable which had association with the caregiver burden that is education (t=8.7662) (p=0.03) and others had no association with the burden which include age, gender, monthly income, religion, residence, occupation, marital status, duration of care given and relation of the caregiver to the patient.
Conclusion: guided imagery is an effective nursing intervention for reducing the burden of the caregivers of mentally ill patients.

Keywords: guided imagery, caregiver's burden, mentally ill patients, effect.

1107

INTRODUCTION

A clinically substantial impairment in a person's ability to think, control their emotions, or behave is indicative of a mental disorder. It is frequently associated with discomfort or functional limitations in important areas. There is a tremendous gap between the need and availability for therapy all across the world, and when it is provided, it is frequently of poor quality. Just 29% of people who have psychosis and 33% of those who have depression, for example, receive recognised mental health care. [2]

disorders are characterised by bizarre thoughts and experiences. Psychotic patients become disconnected from reality. Hallucinations and delusions are two of the most prevalent signs.[3]

The attempts of these family caregivers in care service should also be aided because virtually the entire over 90 million Indians who suffer from major mental illnesses require both treatment and rehabilitation care. In Odisha, 70% to 80% of patients are exclusively cared after by their families. Therefore, we cannot discount the role that family caregivers play in

*Corresponding Author:-Dr. V. Sivasankari Varadharasu
Address: [1]M. Sc. Nursing 2nd year, Department of Mental Health Nursing, Kalinga Institute of Nursing Sciences, KIIT-DU, Bhubaneswar.
[2*]Associate professor Cum HOD, Department of Mental Health Nursing, Kalinga Institute of Nursing Sciences, KIIT-DU, Bhubaneswar.
[3,4]Assistant Professor, Department of Mental Health Nursing, Kalinga Institute of Nursing Sciences, KIIT-DU, Bhubaneswar.

psychiatric treatment and rehabilitation. [8]

A caregiver is someone who caters to the needs or worries of someone who has restrictions due to disease, accident, or disability, whether such limits be temporary or permanent. "Family caregivers" are those who provide their family members care of origin, but they can also provide their family members careof choice. They might be neighbours, good friends, or members of their congregation. Family caregivers are typically the primary source of crucial information about the patient, which makes them significant players in the health care system[4].

Psychotherapy, often known as counselling, is any approach to treating psychological, emotional, or behavioural difficulties that entails forming a connection with one or more patients in attempt to change or remove symptoms and promote personality development.[5] You learn more about your condition as well as your feelings, ideas, emotions, and behaviour in psychotherapy. Psychotherapy may help one regain control over their lives and create efficient coping skills. With guided imagery, a useful and simple relaxation method, you can even manage stress and quickly and easily relieve physically your body's tension. [6]With guided imagery, a useful and simple relaxation method, you may rapidly and successfully deal with stress and relieve tension in your body physically[7]. It is especially helpful in reducing symptoms of anxiety, stress, burden and other mental health conditions in which invading thoughts have the key role in pathology.

METHODOLOGY
Design and context
The present study is a quantitative pre and post experimental study conducted in the inpatient departments of two different tertiary care hospitals of Bhubaneswar. The university's ethics committee granted permission after receiving ethical approval (KIIT/KIMS/IEC/891/2022). The investigation took place over the course of nine months and purposive sampling technique was used. Variables of the study were for dependent variable caregiver burden on the caregivers of mentally ill patients, independent variable being guided imagery and demographic variables as per need. Sample size consisted of 50 caregivers of mentally ill patients (interventional group- 25, control group- 25) fulfilling the inclusion criteria for the study, in which caregivers of 18 years or above who will be providing care to mentally ill clients(psychosis) for a period of more than 6 months without any remuneration, having a score of BSFC score of more than 42.The study's purpose was communicated to participants, and their signed informed permission was acquired at that point. Age, gender, education, monthly household income, religion, place of residence, employment, marital status, amount of time spent caring for the patient, and the relationship between the caregiver and patient were all factors that were included in a self-structured socio-demographic proforma. The Burden Score For Family Caregivers was used to measure caregiver burden.The entire questionnaire was completed within 15-20 minutes.

Instruments
Demographic and clinical variables
Demographic and clinical variables were collected from the caregivers with caregiver's burden of mentally ill patients by interview method. This was not scored and used only for the sole purpose of analysis.

Burden scale for family caregivers scoring sheet
A 28-item questionnaire called the burden scale for family caregivers (BSFC) was created to gauge how much of a load family caregivers feel themselves to be bearing. The interpretation of the BSFC score depended on the mentally ill patients causing the need of care for caregivers. Scoring was based on the responses of the caregivers. The ratings were regular for the statements with numbers 1, 6, 8, 9, 11, 14, 15, 17, 19, 22, and 28, but inverted for the other statements with numbers 2, 3, 4,5, 7, 10, 12, 13, 16, 18, 20, 21, 23, 24, 25, 26, and 27. [1]

Analysis
The inference and descriptive statistical analysis was performed using SPSS 20.0 and Microsoft Excel version 16. In contrast to categorical variables, which were stated using frequency and percentage, data were reported in perspective of its mean (standard deviations). To compare the associations between the demographic factors and

1108

caregiver load, paired and unpaired t tests as well as chi-square were utilised. For the study, statistical significance was set at p <0.05.

RESULT

50 participants in all—25 in the interventional group and 25 in the control group—who met the exclusion and inclusion criteria were taken into account for the analysis.The distribution of frequencies and percentages was calculated to evaluate the socio-demographic variables (refer to table -1) and degree of negative symptoms (refer to figures 1 and 2). [aired t-test (refer to tables 2 and 3) was done to evaluate the effect of guided imagery on caregiver's burden and chi-square was done for finding the association between caregiver's burden with selected socio-demographic variables.

Table – 1: Frequency and Percentage Distribution of Participants According to Socio- Demographic Variables in Interventional Group and control group.
(n = 50)

| Sl. No	Socio – Demographic Variables		Interventional group		Control group	
			Frequency	Percentage	frequency	Percentage
1	Age (years)	25-35	3	12.0	2	8.0
		36-45	8	32.0	7	28.0
		46-55	11	44.0	13	52.0
		56-65	3	12.0	3	12.0
2	Gender	Male	3	12.0	2	8.0
		Female	21	84.0	22	88.0
		Others	1	4.0	1	4.0
3	Education	No formal education	1	4.0	1	4.0
		Primary education	11	44.0	7	28.0
		Secondary education	11	44.0	14	56.0
		Senior secondary and above	2	8.0	3	12.0
4	Family monthly income	Less than or equal to 15, 000	8	32.0	12	48.0
		15,001- 30,000	16	64.0	10	40.0
		30,001 and above	1	4.0	3	12.0
5	Religion	Hinduism	16	64.0	22	88.0
		Muslim	2	8.0	1	4.0
		Christian	6	24.0	1	4.0
		Others	1	4.0	1	4.0
6	Residence	Urban	13	52.0	11	44.0
		Rural	12	48.0	14	56.0
7	Occupation	unemployed	8	32.0	7	28.0
		Govt. employee	1	4.0	2	8.0
		Private employee	12	48.0	12	48.0
		Others	4	16.0	4	16.0
8	Marital status	Married	15	60.0	20	80.0
		Unmarried	9	36.0	4	16.0
		Others, specify	1	4.0	1	4.0
9	Duration of care given to patient	Less than 5year	20	80.0	18	72.0
		5 to 10 years	4	16.0	6	24.0
		More than 10 years	1	4.0	1	4.0
10	Relationship of caregiver with patient	Father	6	24.0	8	32.0
		Mother	8	32.0	13	52.0
		Relative	2	8.0	00	00
		Others, Specify	9	36.0	4	16.0
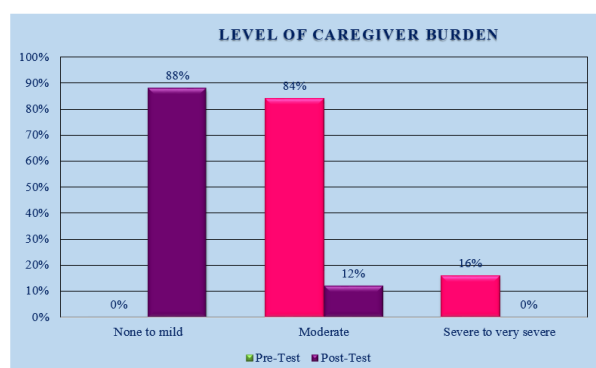
FIG.1: Represents the Percentage distribution of participants according to caregiver burden in pre-intervention and post-intervention assessment among interventional group
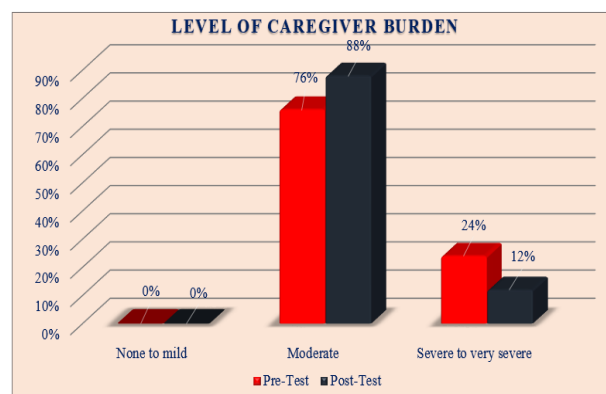

FIG.2: Represents the Percentage distribution of participants according to caregiver burden in pre-intervention and post-intervention assessment among control group

Table -2   (n₁=25)

Interventional Group	Mean	Mean difference	Standard Deviation	Paired 't' test	'P' Value
Pre – Test	45.64	8.4	5.203	4.063 (df = 24)	0.000448 Significant
Post - Test	37.24		9.0796		

Level of Significance at 'P' value < than 0.05

Table – 2: Comparison of Mean, Mean Difference, Standard Deviation and Paired 't' test value of Participants in Interventional Group

Table- 3   (n₂ = 25)

Control Group	Mean	Mean difference	Standard Deviation	Paired 't' test	'P' Value
Pre – Test	51.96	3.36	15.19	1.81169 (df = 24)	0.0825 Not Significant
Post - Test	48.6		13.26		

Level of Significance at 'P' value < than 0.05

Table – 3: Comparison of Mean, Mean Difference, Standard Deviation and Paired 't' test value of Participants in control Group

DISCUSSION

This study supported the impact of guided imagery on caregiver's burden of caregivers of mentally ill patients. According to the study findings, guided imagery helped caregivers in easing their burdens generally.

Majority of cases in age category were found in the age group of 46-55 years in both interventional (44%) and control (52%) groups. Maximum of cases in gender category were found in females for both interventional (84%) and control (88%) groups.Majority of cases for education category were having primary and secondary education for interventional group (44%), whereas in control group had secondary education (56%). Majority cases for family monthly income were in between 15,001 to 30,000 in interventional group (64%), whereas in control group it was less than or equal to 15,000 i.e. (48%). Maximum of cases in case of religion were following Hinduism both interventional (64%) and control (88%) groups. Majority of cases for residence lived in urban (52%) areas in interventional group, whereas for control group, stayed at rural area (56%). Majority of cases for occupation had private jobs for both interventional (48%) and control (48%) groups. In marital status, majority of cases were actually married in both interventional (60%) and control (80%) groups. Majority of cases for duration of care given to patient were in less than 5 years for both interventional (80%) and control (72%) groups. Maximum of cases for relationship of caregiver with patient were in interventional group to be in others category (36%), whereas in control group were in the category mother (52%).

Pre and post-tests between control and interventional groups. Before guided imagery, all 25 samples in interventional group had majority of participants were having moderate levels of caregiver burden i.e. 21(84%). After the guided imagery, with regard to the level of care giver burden majority of the participants 22 (88.0 %) were with none to mild level of caregiver burden. In the control group, in the pre-test maximum participants were having moderate level of caregiver burden i.e. 19(76%). After 15days, the post-test maximum participants were in moderate level of caregiver burden i.e. 22(88%). The results of the current study are in line with a study conducted in 2018 by Sujata Walke et al. to look at the caregiver burden among those who care for mentally ill patients using convenient sampling technique in 320 caregivers from two tertiary care centres. Results proved that according to burden assessment schedule, Moderate burden was 59.1%, while severe burden was 40.9%. Therefore, caring for people with mental illnesses may be quite taxing on the caregiver. [9]

Effectiveness before and after guided imagery on caregiver burden, total score between two groups has been compared in. the mean pre-test score in the interventional group was 45.64 with 5.203 as standard deviation, whereas mean post-test score was 37.24 with standard deviation of 9.079. the mean difference came to be 8.4 and paired t-test value came to be 4.063 for the degree of freedom 24. Hence the level of significance was p= 0.000448, which was highly significant. The findings of the present study are consistent with the study done on effectiveness of guided imagery with 110 samples who were randomly selected and assigned to two interventional and control groups. The results showed significant differences in the mean scores (t = -3.829, p < .001) in the interventional sessions of interventional group. Precisely guided imagery was effective in the research study. [10]

Inferential statistics i.e. chi-square was used to check the level of significance with the caregiver burden of participants on socio-demographic variables. In the Level of Association between Burden Level of the caregivers of mentally ill patients and Socio-

Demographic Variables in Interventional Group depicts the presence of significant association between the socio-demographic variable education ($\chi2$ = 8.7662, level of freedom = 3 &'P' value = 0.0325) with pre-test level of care giver burden among caregivers of mentally ill patients in interventional group. Other demographic variables like age ($\chi2$ = 1.66),gender ($\chi2$ = 0.907), family monthly income ($\chi2$ = 0.354), religion ($\chi2$ = 2.67), residence ($\chi2$ = 0.007), occupation ($\chi2$ = 1.434), marital status ($\chi2$ = 0.52), duration of care given ($\chi2$ = 4.16) and relationship of caregiver with the patient ($\chi2$ = 1.955) were not having any association with pre-test level of care giver burden in interventional group.

LIMITATIONS OF THE STUDY
➢ Procedure is quite time taken.
➢ Biasness might occur on the researcher's side.
➢ Different caregivers had different levels of concentration for which individually therapy to them was given.

DELIMITATION
➢ Randomization was not done. So the sample may not be true representation of the population.
➢ The sample size for the study is small, so generalization of findings was limited.
➢ The study was conducted only in 2 hospital of Bhubaneswar.

RECOMMENDATIONS:
The researcher suggested the following recommendations for more research based on the study's findings:
➢ For improved generalisation, this study can be carried out using a large number of participants.
➢ It is possible to conduct the study utilising other therapeutic techniques.
➢ Different participants may be used for the investigation.
➢ The study could be conducted in a different geographic area.

CONCLUSION

The main conclusion drawn from this present study was that, after giving guided imagery, it was found that there was significant level of reduction in degree of caregiver's burden of caregivers of mentally ill patients. Therefore, guided imagery therapy is effective for reducing caregivers burden of caregivers of mentally ill patients.

REFERENCES
Burden scale for family caregivers BSFC [Internet]. Uk-erlangen.de. [cited 2022 Oct 14]. Available from: https://www.psychiatrie.uk-erlangen.de/med-psychologie-soziologie/forschung/psychometrische-versorgungsforschung/burden-scale-for-family-caregivers-bsfc

Mental disorders [Internet]. Who.int. [cited 2022 Oct 14]. Available from: https://www.who.int/news-room/fact-sheets/detail/mental-disorders

Psychotic disorders. Mental Health and Behavior [Internet]. 2005 [cited 2022 Oct 14]; Available from: https://medlineplus.gov/psychoticdisorders.html

McQuay J. What is A caregiver? | johns Hopkins medicine. 2015. Available from: https://www.hopkinsmedicine.org/about/community_health/johns-hopkins-bayview/services/called_to_care/what_is_a_caregiver.html

Claiborn CD. psychotherapy. In: Encyclopedia Britannica. 2022. Available from: https://www.britannica.com/science/psychotherapy

Psychotherapy [Internet]. Mayoclinic.org. 2016 [cited 2022 Oct 14]. Available from: https://www.mayoclinic.org/tests-procedures/psychotherapy/about/pac-20384616

Scott E. How to use guided Imagery for relaxing in 5 simple steps [Internet]. Verywell Mind. 2005 [cited 2022 Oct 14]. Available from: https://www.verywellmind.com/use-guided-imagery-for-relaxation-3144606

Nayak T. Impact of quality of work life on turnover intention: A study on private health care units in Odisha (Doctoral dissertation).

Walke SC, Chandrasekaran V, Mayya SS. Caregiver burden among caregivers of mentally ill individuals and their coping mechanisms. J Neurosci Rural Pract [Internet]. 2018;09(02):180–5. Available from: http://dx.doi.org/10.4103/jnrp.jnrp_312_17

Parizad N, Goli R, Faraji N, Mam-Qaderi M, Mirzaee R, Gharebaghi N, et al. Effect of guided imagery on anxiety, muscle pain, and vital signs in patients with COVID-19: A randomized controlled trial. Complement TherClinPract [Internet]. 2021 [cited 2022 Oct 15];43(101335):101335. Available from: https://pubmed.ncbi.nlm.nih.gov/33647676/

1111