



**A STUDY TO ASSESS THE EFFECTIVENESS OF COPING STRATEGIES ON
STRESS AND COPING AMONG THE CAREGIVERS OF ALCOHOL
DEPENDENTS AT SELECTED DE-ADDICTION CENTRES AT UJJAIN, M.P.**

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INTRODUCTION:

Alcoholism is the third leading psychiatric problem in the world today as well as it is a major health and social problem all over the world. The problem of excessive alcohol consumption is a major cause of public health concern both in urban and rural areas. Addiction is a family problem and is a major source of stress for family members. Family disruption related to alcoholism is a serious, complex and pervasive social problem. Alcohol is linked to violence, disrupted family roles, and impaired family communication and partly to physical and psychological illness. At present health professionals' attention is mainly focused towards the alcohol dependents where the actual sufferers are their family members. The caregivers of alcohol dependents use various adaptive and maladaptive coping behaviors to restore the equilibrium and to relieve stress.

Alcohol is hard to avoid now a days. It has become a part of modern life. Alcohol can be very destructive for lot of people, most especially the people who suffer and their family also suffers with the alcoholic dependents. Alcoholism and drug addiction affects the whole family - young, teenage, or grown-up children, wives or husbands, brothers or sisters, parents or other relatives and friends. If one family member addicted to alcohol, the whole family suffers. Addiction is a family disease that stresses the family to the breaking point, impacts the stability of the home, the family's unity, mental health, physical health, finances, and overall family dynamics.

Coping resources are options or strategies that help to determine what can be done as well as what is at stake. Coping resources include economic assets, abilities and skills defensive techniques, social supports and motivation. Coping mechanisms are any efforts directed at stress management.

In order to design the interventions to help these families to cope with the stress, nurses need to learn, more about their experience and coping strategies. Therefore guidance on how to handle stress by use of various coping strategies is important. Hence the researcher felt that the caregivers of alcohol dependents must be empowered by teaching how to handle stress and cope up with the situation by the use of coping strategies. This study will help the community health nurses, and psychiatric nurses to identify, various coping strategies adopted by caregivers of alcohol dependents to help them to strengthen the healthy adaptive coping strategies.

OBJECTIVES:

- To assess the pre and post test levels of stress and coping among the caregivers of alcohol dependents in both experimental and control groups.
- To determine the effectiveness of coping strategies on stress and coping among the caregivers of alcohol dependents in both experimental and control groups.
- To compare the levels of stress and coping among the caregivers of alcohol dependents between the experimental and control groups.
- To correlate the post-test scores of stress and coping among the caregivers of alcohol dependents in both experimental and control groups.
- To determine the association between the pretest levels of stress and coping among the caregivers of alcohol dependents with their selected demographic variables in both experimental and control groups

RESEARCH HYPOTHESIS:

These entire hypothesis were tested at 0.05 level of significance.

H1-There will be a significant difference between the pre and post test levels of stress and coping among the caregivers of alcohol dependents in both experimental and control groups.

H2-There will be a significant difference between the experimental and control group levels of stress and coping among the caregivers of alcohol dependents.

H3-There will be a significant correlation between the post test scores of stress and coping among the caregivers of alcohol dependents in both experimental and control groups.

H4-There will be a significant association between the pre test levels of stress and coping among the caregivers of alcohol dependents with their selected demographic variables.

ASSUMPTIONS:

- The caregivers of alcohol dependents may have more stress and less coping ability.
- Coping strategies may help the caregivers of alcohol dependents to develop their Coping skills.

MATERIALS AND METHODS:

The research approach used for this study is evaluative approach. Quasi experimental research design (non-equivalent control group pre test – post test design) was chosen for this study. Demographic variables of the alcohol dependents such as Age, Duration of alcohol dependence, Number of relapse after the treatment, and demographic variables of the caregivers such as Age of the caregiver, Gender, Relationship with the client, Education, Income, Type of family and Duration of stay. The study was conducted at selected de-addiction Centre at Ujjain, M.P. The total sample size comprised of 80 caregivers of alcohol dependents, 40 in experimental and 40 in control group at selected De-addiction centre. Non probability purposive sampling technique was used in this study.

DESCRIPTION OF THE TOOL:

The tool consisted of three sections

Part I: It consisted of the details of demographic variables about the caregivers of alcohol dependents.

Part II – It consisted of semi structured rating scale to assess the level of stress among the care givers of alcohol dependents. The total item was 21 and total score was 105. The least score was 0 and maximum score was 5 for each item.

1-35 - mild stress

36-70- moderate stress

71-105-severe stress

Part III- It consisted of semi structured rating scale to assess the level of coping among the care givers of alcohol dependents. The total of item was 21 and total score was 105.

The least score was 0 and maximum score was 5 for each item.

1-35- poor coping

36-70-average coping

71-105-good coping

VALIDITY OF THE TOOL

The tool was developed by the investigator based on the review of literature. The tool was evaluated by experts from the field of Nursing and medicine and it was modified according to their suggestion.

RESULTS:

The data collected were grouped and analysed using descriptive and inferential statistics.

The frequency and distribution of demographic variables of experimental and control groups. In experimental group regarding the age of clients maximum 11 (27.5%) 20-30 years, 15 (37.5%) were 31-40 years, 13 (32.5%) were 41-50 years, 1 (2.5%) client from the age of 51 and above. Where as in control group maximum 10 (25%) clients were of 20-30 years, 12 (30%) clients were 31-40 years, 11(27.5%) clients were 41-50 years, 7 (17.5%) clients were above 51 years. Regarding the duration of alcohol dependence the maximum 10(25) clients, were in less than 5years of duration, 13(32.5%) were 6-10 years, 8(20%) were in 15 years and 9 (22.5) were above 16 years in experimental group, whereas, in control group 10(25%) clients were in less than 5years, 10(25%) were 6-10 years, 15(37.5%) were 11-15 years and 5(12.5%) were more than 16 years. Regarding relapse after the treatment 26 (65%) alcohol dependents were from first time relapse. 13(32.5%) clients in second time and 1(2.5%) came in 3rd time. None of them were in 4th time relapse and more in experimental group. Whereas in control group 27(67.5) clients were from first time relapse, 9(22.5%) in second time and 4(10%) of clients in third time relapse and got admitted in the de-addiction centre. None of them were in 4th time relapse and more. Regarding the age of the caregivers maximum 6(15%) were from 20-30 years, 13 (32.5%) were 31-40 years, 9 (22.5%) were 41-50 years, 12 (30%) were above 51years in experimental group. Whereas, in

control group 10 (25%) were 20-30 years, 12(30%) were 31-40 years, 6(15%) were 41-50 years and 12(30%) were above 51 years. Regarding the gender maximum of 4 (10%) care givers were male and 36 (90%) female in experimental group. Where as in control group 13 (32.5%) were male and maximum 27 (67.5%) were female. Regarding the relationship to client 26 (65%) care givers were spouse, 2 (5%) were siblings, 12(30%) were parents and no offspring came as a caregiver in experimental group. Where as in control group 22 (55%) care givers were spouse, 4(10%) were siblings, 10(25%) care givers were parents and 4(10%) were offspring of alcohol dependents. Regarding the education 5 (12.5%) of care givers were illiterate, 5 (12.5%) were primary education, 18 (45%) were secondary education, 9 (22.5%) were higher secondary education, 3 (7.5%) were degree and none of them in diploma qualification in experimental group. Where as in control group 3 (7.5%) care givers were illiterate, 3 (7.5%) got primary education, 14 (35%) were secondary education, 10 (25%) were higher secondary education, 10 (25%) were degree, none of them from diploma qualification. Regarding the monthly income 10 (25%) were getting less than Rs.5000, 13(32.5%) were Rs 5001 -10,000, 9(22.5%) were Rs10,001 -20,000, 8 (20%) were more than Rs 20,000 in experimental group. Where as in control group 7(17.5%) Less than Rs. 5000, 28(70%) were Rs. 5001-10,000, 4(10%) were Rs. 10,001-20,000 and 1(2.5%) were more than Rs.20,000. Regarding the type of family 32 (80%) care givers were belongs to nuclear family, 5 (12.5%) care givers were joint family, 3 (7.5%) care givers were extended family in experimental group. Where as in control group 27 (67.5%) care givers were belongs to nuclear family, 8 (20%) of care givers were joint family, 5 (12.5%) of care givers were belongs to extended family. Regarding the duration of stay with the client 2 (5%) care givers were in < 5 years, 5 (12.5%) were in 6-10 years, 20 (50%) were in 11-15 years and 13 (32.5%) more than 16 years were staying with the alcohol dependent client.

The assessment of pre test levels of stress among the caregivers of alcohol dependents revealed that 28 (70%) care givers had severe stress and 12 (30%) care givers had moderate stress in experimental group. Where as in control group 26 (65%) care givers had severe stress and 14 (35%) care givers had moderate stress and none of them had mild stress in both experimental and control group.

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